Interreg
Greece-Bulgaria
SMiLe
European Regional Development Fund

EUROPEAN UNION

Strengthening primary Medical care in IsoLated and deprived cross-border arEas

D.4.4.1.

Constraints` analysis to access PHC

Responsible partner: Municipality of Harmanli (PB4)

Project web-site: *https://www.smile-interreg.eu*

The Project is co-funded by the European Regional Development Fund (ERDF) and by national funds of the countries participating in the Cooperation Programme Interreg V-A "Greece-Bulgaria 2014-2020

I. Оценка на достъпността до първична здравна грижа по определени маршрути в град Харманли.

1. Въведение

За оценката на достъпността до Първична Здравна Грижа (ПЗГ) в гр. Харманли, обл. Хасково бяха подбрани три маршрута. Изборът на трасетата беше направен на база възможността за цялостно покритие на площта на населеното място по главните артерии на града. Целта на обхода беше да се установи възможно ли е лесното и безпрепятствено придвижване на хора с различни видове увреждания от по-значимите места в града, характеризиращи се с усилен поток от хора, до МБАЛ „Харманли“. Внимание беше обърнато на тротоарите, пешеходните пътеки, различни препятствия по пътя, видовете съоръжения предназначени за хора с увреждания, както и липсата на такива, достъпността да различни видове услуги и др. За целта бяха извършени измервания главно на помощните съоръжения и оборудването свързано с различни видове услуги. Резултатите бяха нанесени в предварително изготвени въпросници покриващи голяма част от възможните пречки, които човек с увреждания би срещнал в заобикалящата го среда на територията на населеното място.

Първият маршрут (MI) покрива пространството от ЖП гара Харманли до Автогара Харманли по бул. България, като преминава през основни места в града, като Читалище, Културен Център, редица магазини, заведения, по-големите кръстовища в града, в близост до община Харманли и площадът пред нея. В маршрута е включено и трасе по ул. Никола Петков водещо до северния вход на МБАЛ “Харманли” и прилежащия към него паркинг.

По втория маршрут (MII) бяха обходени двете по-големи улици между ул. Васил Левски и бул. България, а именно ул. Алеко Константинов и Александър Стамболийски. Перпендикулярно на тях бяха обходени и ул. Балкан и ул. Сакар Планина. Целта на маршрута бе да се установи достъпността до ПЗГ от хората пребиваващи във вътрешността на града. Обхода покрива площ главно с жилищни сгради, в частност малки магазини, аптеки и др. Крайните части от маршрута са привързани с улици от първия и третия маршрут – ул. Никола Петков и ул. Цар Освободител, като целта е обхвата да покрива различни възможности за избор от хората с увреждания за достигането им до МБАЛ “Харманли”.

Третият маршрут (MIII) бе проведен от северната част на ул. Цар Освободител през ул. Васил Левски до МБАЛ “Харманли”. Трасето обхваща кръговото кръстовище на пресичането на ул. Цар Освободител и бул. България,

протежението на ул. Цар Освободител и ул. Васил Левски до МБАЛ "Харманли". По площта на маршрута са разположени главно малки магазини и жилищни сгради.
Обобщената информация за маршрутите следва структурата на въпросника приложен за всяко трасе по отделно.

1.1. Свързване на различни нива между тротоара/ пешеходната пътека и повърхността на пътя

По маршрутите има редица места с разлика във височината на тротоарите и платното (разлика във височината на маршрута), които са нанесени на схематичните карти. Скосяванията и рампата са разположени главно по по-големите улици, като са най-концентрирани по бул. България. Срещат се още на кръстовищата – кръгови и на местата на пресичане на по-големите улици. Старата инфраструктура е лишена от подобни съоръжения. На местата където тя се подновява, какъвто е случая с ул. Александър Стамболийски (Fig. 55-58), се изграждат такива в съответствие с нормите на Наредба №4 от 1 юли 2009 г., за проектиране, изпълнение и поддържане на строежите в съответствие с изискванията за достъпна среда за населението, включително за хората с увреждания (Обн., ДВ, бр. 54 от 2009 г.; доп., бр. 54 от 2011 г.). Острови съществуват на места по маршрутите. Такива са например островите на кръговите движения на бул. България при западния вход на града (Fig. 1 и 2), кръговото движение при пресичането на бул. България и ул. Цар Освободител (Fig. 25 и 26), при ул. Никола Петков и ул. Сакар Планина (Fig. 31 и 34). Скосяванията в редица случаи, включително по кръговите кръстовища не отговарят на отсрещните принадлежащи на тротоарите. Така например скосяванията разположени по ширината на островите, в нередки случаи водят до скосявания, които са непроходими или въобще липсват на отсрещните тротоари. На места, какъвто е случая на ул. Цар Освободител при кръстовището с ул. Васил Левски, има остров с растителност, който е абсолютно непроходим, а пешеходната пътека е поставена по начин, по който островът се явява пречка (Fig. 50). Рампите и скосяванията са поставени в повечето случаи на места, където осигуряват естественото движение на пешеходците, с малки изключения, където се намират по-далече от кръстовището – например при такова с острови. Рампите и скосяванията в повечето случаи се явяват част от тротоар и са устойчиви на пързаляне и са сравнително лесни за поддръжка. На места се забелязват препятствия като паркирали автомобили, какъвто е случая до площада при община Харманли (Fig. 4). На

мястото бяха отбелязани редица паркирани автомобили пречещи за свободното ползване на скосяванията и рампите. В периода на провеждането на оценителните дейности за достъпността до ПЗГ, не беше възможно да се оцени степента на дрениране на дъждовната вода по избраните маршрути. Въпреки това изградената мрежа от шахти предполага сравнително добро дрениране на водите.

Скосяването на тротоарите е с минимална ширина 70 cm и с максимална 310 cm. Преобладават тези с ширина 100 cm до 120 cm, малко по-рядко 150 cm, като такива са обикновено скосяванията на обновените тротоари. Препоръчителната минимална ширина за такъв тип скосявания е 120 cm, като скосяването би следвало да е от тип сваляне на целия ъгъл. От последния тип се наблюдават такива на няколко места, какъвто е случая от североизточната страна на кръговото кръстовище на бул. България и ул. Цар Освободител. Преобладаващият наклон на скосяванията и рампите е около 15%, което е над препоръчителния от 5%. На места, например островите – наклон липсва и нивото на подхода е еднакво или близко с това на пътното платно (Fig. 25 и 26). В много голяма част от случаите рампите и скосяванията не стигат нивото на платното и са с до 5 cm по-високо от него, което би затруднило силно придвижването на хора с двигателни увреждания. Освен тези пречки съществуват и перманентни препятствия по скосяванията, в това число пожарни кранове и растителност (Fig. 13 и 27). Началото и края на рампите не са маркирани с тактилни индикатори предупреждаващи за опасност.

1.2. Свързване на различните нива с рампи (между тротоарите/пешеходните пътеки и нивото на другите напр. сгради)

По избраните маршрути няма разлики в нивата, които да се преодоляват посредством рампи.

1.3. Тротоари

Тротоари като съоръжения липсват само в частта от ЖП гарата до първото кръгово движение в посока центъра на града по бул. България. На повечето места по вътрешните улици на града те са или с частична настилка, или с неподходяща такава, или въобще липсва (Fig. 19,20,43,47, 48, 51,61, 63). На местата, на които се извършва подмяна или подновяване на съществуващите съоръжения не е осигурен минимума от 90 cm, като свободна зона за движение на пешеходци. Тротоарите са непроходими и движението се извършва по пътното платно, като знаци осигуряващи безопасността на пешеходците липсват. Тротоарите по цялата дължина на бул. България са с най-добро изпълнение по отношение на качество и проходимост.

Тротоарите в населеното място създават мрежа осигуряваща сравнително голяма достъпност до отделните части на града. Голяма част от тях обаче са труднопроходими, което възпрепятства свободното движение на пешеходците и ограничава капацитета на мрежата да предоставя необходимата достъпност за хора с увреждания в населеното място.

Проблеми при движението на хора с инвалидни колички биха предизвикали местата, на които настилката е от плочи, като най-сериозен проблем от този вид представлява площада в близост до община Харманли (Fig. 5-7). Настилката в този участък е от неравномерни мраморни плочи, които биха причинили вибрации при придвижването по тях. Повърхността на тротоарите е нарушена на места, особено извън обхвата на главните пътни артерии в града. Такива нарушения са например: липса на настилка или разбита такава. На места, какъвто е случая на северния тротоар на бул. България срещу община Харманли, нарушаването на целостта на съоръжението е толкова голяма, че възпрепятства придвижването не само на хора с увреждания, но и на хора без такива (Fig. 19-20). Понижени участъци с потенциална възможност за събиране на вода не липсват. В периода на провеждане на оценката не беше възможно да се окачествят като проблемни поради липсата на дъждове или други източници на вода по трасето. Наличие на хлъзгави повърхности по маршрутите не беше отбелязано, но предвид периода на провеждане на изследването не може да се гарантира, че през зимния сезон няма да съществуват подобни. На местата където има решетки на шахти, които биха попаднали в обсега на движение, те са поставени коректно. Такъв е случая при кръстовището на ул. Никола Петков и ул. Васил Левски, като отворите са перпендикулярни на движението и са с ширина 2 cm. Предвид броя на населението на гр. Харманли – тротоарите по основните пътни артерии са достатъчно широки да поемат потока от пешеходци в натоварените часове на денонощието. Тротоарите обикновено не са с голям наклон към осевата линия на платното с изключение на тези в частта на ул. Васил Левски в близост до кръстовището с ул. Цар Освободител. Наклонът там е сравнително голям и би тласкал

придвижваща се инвалидна количка към платното. Наклонът на тротоарите по тяхното протежение не е голям в повечето случаи и обикновено е между 1% и 2%. В по-малко случаи в стръмни участъци, наклонът може да достигне до 4%, какъвто е случая по улиците с ориентировка север-юг. По тротоарите липсват колчета или друг тип препятствия против паркиране на превозни средства. На много места по тротоарите се срещат различни видове временни и постоянни препятствия ограничаващи свободното пространство за предвижване на пешеходци. Такива са: маси, столове на заведения (Fig. 7, 17), растителност като декоративни растения, дръвчета и др. (Fig. 3, 18, 35, 52), дървен материал (Fig. 38), кофи за боклук (Fig. 43,45), пожарни кранове (Fig. 13, 60), паркирали автомобили (Fig. 36, 38, 39, 46, 62) и др. Такива препятствия често затрудняват придвижването на хора с увреждания, като тези, използващи инвалидни колички са принудени да използват пътното платно за придвижване (Fig. 32, 33, 36). Наблюдава се магазинерско оборудване поставено директно върху тротоара, както и продукти изнесени върху него. Защитни бариери липсват, което прави придвижването на незрящи затруднено и опасно. Пътните знаци са поставени обикновено във външната част на тротоарите, но има случаи в които тяхна височина е от 160 cm до 230 cm, преобладаващо около 200 cm. В случаите когато има растителност по тротоарите, тя е разположена директно върху площта предназначена за предвижване на пешеходците. Това силно възпрепятства безпроблемното движение по тротоарите. В по-редки случаи растителността е обособена като декоративна и не се явява пречка за осъществяване на безпроблемно движение по тротоарите.

Поддържането на улиците в чисто състояние е на добро ниво, въпреки, че нерядко се срещат отпадъци с неголеми размери. Те не представляват пречка за ползването на съоръжението.

Осветлението по централните улици е адекватно поставено и достатъчно силно за използването на съоръженията в тъмната част на денонощието.

Лесно забележимо е къде започва и свършват пешеходните пътеки, като повечето от тях са със сравнително добре запазена маркировка. Ширината на главните пешеходни пътеки е около 350 cm.

1.4. Улични мебели, обзавеждане и табели

На местата където се извършва търговска дейност в близост или директно върху тротоара има пространство по-голямо от 1,2 m, като свободното пространство варира, но преобладаващо е около 3 m. Въпреки това, на места тротоара е напълно непроходим, какъвто е случая със заведение на югоизточния ъгъл на тротоара при община Харманли. Заведението се намира в непосредствена близост до скосяването на тротоара като неговите мебели в комбинация с бетонови заграждения правят пространството напълно непроходимо (Fig. 6-7).

Улични мебели по маршрутите, които да възпрепятстват движението на пешеходците не се наблюдават, като тук се има предвид пейки, столове и други подобни.

Телефонни кабини също липсват в обхвата на оценяваната площ.

Банкоматите в разглежданите зони са концентрирани предимно в централната част на града т.е. около площада и по протежението на бул. България (Fig. 8, 21, 23, 40, 41, 42). Размерите на банкоматите и другите техни характеристики са подробно описани в работните въпросници. Описани са 7 банкомата, от които 2 недостъпни, един от затворен тип (в помещението на банката) и 4 достъпни банкомата. Общо за устройствата е, че нямат аудио система за получаване на информация от потребителите, липсва брайлова азбука. Повечето автомати създават необходимия контраст, който би улеснил използването им от хора със зрителни увреждания. Двата недостъпни банкомата са задигнати спрямо нивото на пешеходната зона без да имат помощни средства за тяхното достигане от хора с двигателни проблеми. При единия от тях има и навес над устройството на височина 185 cm от задигането, което го прави неудобен за използване.

Табели оказващи имената на улиците често липсват, табели за местоположението на забележителности липсват. Това предполага проблем в продължителното насочване на пешеходците по избраното от тях направление.

1.5. Пресичане на пътя

В града има едно регулирано кръстовище със светофарна уредба (Fig. 12-14). Мястото за пресичане от пешеходците следва техния естествен ход, като по време на зелена светлина няма навлезли автомобили в кръстовището, което да възпрепятства пресичането на пешеходците. Ширината на зоната за пресичане в кръстовището надвишава 250 cm, като пресичането се извършва перпендикулярно на потока от трафик. В обхвата

на кръстовището има шахти, но те не попадат в зоната за движение на пешеходците. Ширината на пътното платно не надвишава 12 m и острови в средата му не са изградени. На нерегулираните кръстовища, както и на останалите пешеходни пътеки има сигнализация предупреждаваща за пресичащи пешеходци, оказваща тяхното предимство (пътен знак Д17).

Времето за пресичане при бавно придвижване от единия тротоар на другия е 11 s, при продължителност на сигнализацията – 20 s. Времето за пресичане е достатъчно спрямо натовареността на движението по улицата. По време на пресичането на пешеходците има движение на автомобили правещи завой. Светофарната уредба не се активира от пешеходците т.е. е автоматизирана, като не се използва бутон за контрол. Зелената светлина за свободно пресичане на пешеходците е съпроводена със звуков сигнал. Силата на звука на сигнала е слаба и трудно доловима по време на придвижващ се трафик.

Пресичането на кръговото движение се осъществява посредством остров в средата на пътното платно (Fig. 2, 25, 26, 27). Нивото на участъка предназначен за ползване от хора с увреждания в острова е еднакво или близко до това на пътното платно. Това важи и за островите при по-голяма ширина на платното. Изключение прави островът на кръстовището на ул. Никола Петков и ул. Васил Левски, където нивото е по-високо от това на платното, а разликата се компенсира посредством скосявания.

1.6. Автобусни спирки

В града има автобусни спирки на градска линия обслужваща маршрут от ЖП гарата до автогарата (Fig. 22, 28-30). Разстоянието между тях е по-голямо от 400 m. Спирките в централната част на града са върху тротоарите с осигурено свободно пространство пред тях, докато тези от последното кръговото в посока ЖП гарата са или директно върху тротоар, скосен в участъка на спирката или са такива, които са означени само със знак, отново директно върху тротоара. Част от спирките (3) са с навес като покритата част от спирката е от 150-190 cm. Свободното пространство пред тях е 115-220 cm, а дължината на спирките е 420-440 cm. На покритите спирки са осигурени пейки под навеса без силен цветови контраст, отличаващ ги от останалите части на спирката. На места пейките имат облегалки за лактите. До изградената пейка има достатъчно място за инвалидна количка.

Вертикалните панели на покритите спирки са прозрачни и не възпрепятстват видимостта. На една от покритите спирки на панелите има залепени плакати затрудняващи видимостта. Стъклените панели нямат поставени цветни ивици за индикация. Закритите автобусни спирки могат да бъде лесно разпознати от хора със зрителни увреждания. Това не важи за останалите маркирани само с табела. В случаите когато пред спирките има свободно тротоарно пространство, бордюрите са с височина около 15 cm. Това спомага качването на хора с инвалидни колички в превозното средство, ако то е пригодено за това. Организацията на спирките в централната част на града позволява автобусът да се приближи достатъчно близо до бордюра.

Липсват табели с информация оказваща номера на автобусната линия, както и нейното разписание. Липсва и звукова информация за график, номер на линията и др. На спирките няма тактилна или брайлова информация, няма и тактилна настилка оказваща „автобусна спирка“.

1.7. Стълби

Стълби по избраните маршрути предназначени за оценка на достъпността на хора с увреждания до ПЗГ липсват, освен на тротоара пред читалището (Fig.15). На мястото тротоарът е задигнат сравнително високо над нивото на пътното платно, като денивелацията се преодолява посредством рампа с широчина 100 cm, а паралелно на него има стъпало с височина 15 cm. То е устойчиво на пързаляне без да е осигурен материал против хлъзгане на върха на стъпалото. Липсват парапети. Въпреки, че участъкът е сравнително достъпен има алтернатива за по-лесно придвижване по отсрещния тротоар, който се намира в близост до градската градина.

1.8. Места за паркиране

Местата за паркиране в непосредствена близост до избраните трасета за обход са 5 на брой, като тук се включва и прилежащия към болничното заведение паркинг (Fig. 9-11). На всичките е подсигурено инвалидно място за паркиране. Паркоместата за хора с увреждания са ясно маркирани посредством синя боя с отличителен знак, с отличителен знак, с табела (пътен знак Д21) или в комбинация от посочените, като идентифицирането им от входа на паркинга е сравнително лесно. Максималната височина на автомобила не е ограничена с изключение на паркинга на кръстовището на бул. България и ул. Балкан, където има растителност над паркинга. На всичките паркинги липсват тактилни индикатори и настилки. Локациите на паркингите са както следва:

- пред община Харманли - 1 инвалидно място от общо 13 с ширина 350 cm;
- паркинг до кръстовището на ул. Балкан и бул. България 1 инвалидно паркомясто от 22 места с размери 220/650 cm;
- паркинг на ул. Васил Левски 1 инвалидно паркомясто от 15 места с ширина 350 cm;
- паркинг пред северния вход на МБАЛ "Харманли" 2 инвалидни от 12 места с ширина 350 cm.
- паркинг при северния вход на МБАЛ "Харманли" по протежението на ул. Васил Левски с 1 инвалидно паркомясто.

На последния паркинг не е възможно да се измери ширината на инвалидното паркомясто поради липса на разделителна маркировка на местата, причина да не може да се определи и техния конкретен брой.
Условието броят на инвалидните паркоместа да е минимум 10% от общия брой места за паркиране е спазено за паркинга обслужващ болничното заведение. В останалите случаи може да се приеме за изпълнено с изключение на паркинга на кръстовището на ул. Балкан и бул. България.
Местата отредени за хора с увреждания не са подходящи за автомобил тип „ван" с размери 450/660 cm. За паркоместата отредени за хора с увреждания, чиято ширина е по-голяма или равна на 350 cm, би следвало да може да се извърши прехвърляне на човек с увреждания от автомобила в инвалидна количка в зависимост от габаритите на превозното средство. Достъпът до задната врата на автомобила е свободен, като няма предпоставки да има затруднения за ползването на паркингите от хора с увреждания. Настилката е асфалтова и равна, лесно проходима. Достъпът до ПЗГ от паркинга прилежащ към МБАЛ "Харманли" е свободен, без разлика в нивата по протежение

на трасето, което се ползва за достигане до входовете на заведението. Разлика във височините има само в случая паркинг-тротоар, като е използвано скосяване с цел лесното използване на съоръжението от хора с увреждания. Паркингите са за свободно ползване и липсват автомати за таксуване на престоя.

Заключение

По отношение на достъпността до първична здравна грижа по избраните маршрути, може да се заключи, че има редица препятствия, на които е необходимо да се обърне внимание по отстраняването им. В момента в обхвата на маршрутите се работи по обновяване на инфраструктурата и привеждането и в състояние отговарящо на разпоредбите. Основните проблеми по маршрутите водещи до МБАЛ „Харманли“ са следните:

- Липса на рампи и скосявания на редица места, на които е необходимо да има такива;
- По-голям наклон на скосяванията от препоръчителния;
- Скосяванията не достигат нивото на пътното платно;
- На вече изградените тротоари липсват тактилни индикатори;
- Настилката на много от тротоарите не е в състояние, пригодно за ползването им от хора с двигателни проблеми;
- Паркирали автомобили заемащи пространството пред скосяванията на тротоарите или цялата площ на тротоарите;
- Различни непостоянни препятствия по цялата ширина на тротоарите (коли, дървесина, мебели и др.);
- Липсват информационни табели, както и такива, които да бъдат разбираеми за хора със зрителни проблеми;
- Звуковият сигнал на светофарната уредба на контролираното кръстовище е слаб.

Следните мерки за подобряване на достъпността на хора с увреждания до първична здравна грижа, могат да бъдат взети за улесняване на тяхното придвижване в градската среда:

- Да се изградят рампи и скосявания на местата на които липсват;

- Да се вземат мерки скосяванията на новоизградените тротоари да достигат възможно най-ниско до нивото на пътното платно;
- За новоизградените или ремонтираните тротоари да продължават да се спазват препоръките за поставяне на тактилни индикатори;
- При изграждане на нови тротоари или ремонтиране на стари такива, да се следи за спазване на препоръчителния наклон;
- Да се ремонтира настилка на тротоарите, които не са пригодни за ползване от хора в неравностойно положение;
- На местата по маршрутите, на които липсват тротоари да се изградят такива;
- Скосяванията и други подобни съоръжения да са постоянно свободни за ползване от хора в инвалидни колички;
- Да се вземат мерки (поставяне на препятствия против паркиране и др.) против наличието на спрели автомобили на местата, където има пешеходен трафик;
- Да се забрани поставянето на различни обекти намаляващи ширината на тротоарите;
- Да се подсигури по-силен звуков сигнал от светофарната уредба на контролираното кръстовище.

II. Оценка на достъпността до първична здравна грижа на територията на МБАЛ „Харманли“

1. Въведение

За оценка на достъпността до Първична Здравна Грижа (ПГЗ) беше посетена Многопрофилната Болница за Активно Лечение (МБАЛ) Харманли, на територията на града, намиращ се в област Хасково. Адресът на МБАЛ „Харманли“ е гр. Харманли, ул. Васил Левски №66. Болничното заведение е с едновековна история и е възникнала след Освобождението и Съединението на България. Настоящата сграда на болницата е построена през 1970 година. Персоналът се състои от 44 лекари, 70 медицински сестри, акушери и лаборанти, 1 фармацевт и 53 души заемащи други длъжности. В града болницата заема площта между улиците Никола Петков, Васил Левски и Балкан. Намира се на 40 km от Областния център, като представлява помощтно-консултативно звено обслужващо по-отдалечените от него болници на областта. Това прави МБАЛ „Харманли“ изключително значимо болнично заведение на територията на страната и поради този факт предполага да се обърне специално внимание на възможностите за достъп до него от хора в неравностойно положение.

Болничното заведение полага необходимите грижи за поддръжката на сградите в добро състояние. Взимат се необходимите мерки всичко да е в изправност и се мисли прогресивно за разширяване на базата, както и за отстраняване на належащи проблеми касаещи нормалното функциониране на заведението. При обсъждане с квалифициран персонал от МБАЛ „Харманли“ стана ясно, че заведението се нуждае от саниране, подновяване на асансьорните съоръжения, обновяване на ВиК системата и отходните мръсни води. Предвижда се и изграждане на изцяло нов спешен център в близост до съществуващия в момента.

Болничното заведение включва 4 отделни сгради:

– сграда на два етажа, в която се помещава администрация и спешно отделение (сграда А);

– основната сграда на МБАЛ „Харманли“ с четитри етажа (сграда В), на територията на която се помещават различни отделения, като приемно-консултативни кабинети, акушеро-гинекологично отделение (АГО), диспечерна, вътрешно отделение (ВО) и неврологично отделение (НО), рентгеново отделение; клинична лаборатория, хирургично отделение (ХО), операционна към хирургично отделение. Сградата е свързана и с ДКЦ „Харманли“ посредством топла връзка;

– двуетажна сграда помещаваща детското отделение на болничното заведение (сграда C);
– двуетажна сграда помещаваща ДКЦ „Харманли“ (сграда D).

На територията на МБАЛ „Харманли“, както и на прилежащите части на болничното заведение бяха извършени редица наблюдения и измервания, чиято цел беше да се оцени степента на достъпност на болницата от хора с увреждания. Не беше възможно провеждане на измервания и оценка в спешното отделение поради ограничен достъп. Измервания не беше възможно да се извършат в периода на оценка и в някои заключени помещения.

Настоящият доклад е изготвен въз основа на нанесената първична информация във въпросници попълнени на място за всяка отделна сграда. Съдържанието на въпросниците има за цел да покрие основните аспекти касаещи както достъпността на болницата, така и пречките които съществуват и биха попречили на хора с увреждания да ползват услугите на заведението.

За по-голяма нагледност структурата на доклада следва съдържанието на въпросниците използвани на място, като информацията е обобщена за цялото болнично заведение.

В периода на оценка, достъпът до болницата се извършва през входа откъм ул. Васил Левски, който се използва и за преминаването на линейки, заради ремонт на участъка от ул. Балкан прилежащ към площта на болницата.

2. Вход

Сградата на спешното отделение и администрацията разполага с два входа – респективно за административната част и вход обслужващ отделението. Първия се намира на южната част на сградата, а другия – в източната (Fig. 2). От тях входа на спешното отделение се използва като главен и е предназначен за пациенти и персонал. Главната сграда разполага с пет входа , от които два предназначени за широката общественост и персонал – източен (Fig. 4) и западен (Fig. 5), два за отделения – отделение по анестезиология и интензивно лечение (ОАИЛ) и акушеро-гинекологично отделение (Fig. 6 и 7) и един заключен (не се използва редовно) от югоизточната страна на сградата (Fig. 8). Сградата, в която се помещава детското отделение разполага с един вход от северната си страна, обслужващ пациенти и персонал (Fig. 10). Сградата помещаваща ДКЦ „Харманли“ разполага с един вход от северната си страна (Fig. 11-12) обслужващ персонал и широката общественост, като сградата разполага и с топла връзка (Fig. 26) между нея и главната сграда на МБАЛ „Харманли“.

Пред входовете на всички сграда има достатъчно пространство, по-голямо от 90 cm, осигуряващо свободното движение на ползватели на инвалидни колички, като не се използват рампи и други помощни съоръжения, тъй като такива не са необходими. Пространството непосредствено пред входовете на сградите позволява свободното извършване на маневри с инвалидна количка, като надвишава многократно минимално допустимото от 150/50 cm. Изключение прави детското отделение, до входа на което се стига посредством стълби. Площта пред входовете е изравнена по различни начини за отделните сгради, като за сградата на Спешното отделение се използва рампа (естакада) пригодна за използване от линейки (Fig. 1). Административния вход на сградата е на по-високо ниво от това на обслужващата площ между сградите, като разликата се преодолява посредством стъпало с височина 10 cm. Западния вход на главната сграда на МБАЛ „Харманли“ е изравнен с площта посредством две стъпала. Източния вход (Fig. 4) на сградата е на същото ниво с прилежащата площ. Входът на Акушеро-гинекологичното отделение (Fig. 7) е изравнен посредством четири стъпала. Югоизточния вход се изравнява със стълбище, както и входът към ОАИЛ (Fig 8 и Fig. 6). Стълбище за изравняване на входа с прилежащата площ на сградата се използва и за детското отделение (Fig 10). Същото важи и за сградата на ДКЦ „Харманли“(Fig. 11-12). Площите пред входните врати на сградите са на едно и също ниво с това на вратите, което се отнася за всички сгради на заведението. Вертикални прагове липсват пред входовете на всички сгради. Разлика в нивото между пешеходното пространство пред сградите и техните ходове няма само пред източния вход на главната сграда на болницата. Всички останали са разположени по-високо от нивото на зоната предназначена за движение на пешеходци по различни начини. Тези разлики във височината се преодоляват посредством рампи (сграда А) и стълби (сгради В, С и D). Рампата пред сградата на Спешното отделение е поставена на логично място (Fig. 3) с цел обслужване на линейки. Естакадата е лесно забележима и не са необходими знаци упътващи към нея. Съоръжението стига до нивото на пешеходната зона. Покрита е само в равната си част пред входа на сградата, като за навеса са използвани поликарбонатни плоскости, като удължение на вече съществуващата бетонена козирка. Формата на рампата е различна от северната и южната си страна. В първия случай прави лек завой, докато на срещуположната страна е изправена. Дължината на южната част е 920 cm, а на северната – 540 cm, а ширината и за двете, включително и на площадката е 340 cm. Заради размерите си (по-къси от 10 m) и факта, че са предназначени за моторни превозни средства, рампите нямат междинни площадки. Денивелацията между най-ниската част на рампата и площадката пред входа е 120 cm. Площадката е разположена в средата между двете рампи, съответно в техните горни в краищата. Тя е с размери 640/340 cm. Мястото за отваряне на вратата на

входа, намиращ се на площадката е достатъчно голямо за да може да се извърши отварянето на вратата. Рампите са лишени от тактилни индикатори в краищата си маркиращи „опасност“, предупреждаващи за техния край. Повърхността на съоръжението не предполага пързаляне и е обезопасена с парапети. Тези които се намират на площадката са с височина 75 cm, а тези по протежението на рампата са високи 40 cm, като тяхната функция е по-скоро за насочване на вниманието към опасна зона. Въпреки, че рампата надвишава 300 cm широчина, парапети в средата не са поставени, тъй като тя е предназначена за използване съвместно от пешеходци и от моторни средства.

Стъпалата пред входовете на детското отделение, ДКЦ „Харманли“ и западния вход на главната сграда на МБАЛ „Харманли“ са с права форма. Размери на стъпалата са измерени само за входовете, които се ползват от широката общественост и персонала на болничното заведение. Стъпалата пред главния вход са с размери 350 cm ширина, 10 до 14 cm височина и 30 до 39 cm дълбочина. Стъпалата пред ДКЦ „Харманли“ са със следните размери: 280 cm ширина, 15 cm височина и 34 cm дълбочина. Стъпалата на същата сграда при аварийния изход в източната част са с 173 cm ширина, 33 cm дълбочина и 15 cm височина. Стълбите пред детското отделение са с ширина 150 cm, дълбочина 30-32 cm и височина 17-18 cm. За западния вход на главната сграда и за площадката пред входа на детското отделение е видно, че дълбочината на стъпалата не е еднаква по дължината на стълбището, което не важи за входа на ДКЦ „Харманли“. Стъпалата са със заоблени върхове, като в случая при западния вход са с лайсна, а за другия са заоблени в следствие използването им. Има налично осветление и над двете стълбища. Материала използван за изграждането на стъпалата при входа на ДКЦ „Харманли“ е мозайка, а за западния – гранитогрес, като стълбищата са устойчиви на пързаляне. На всичките стълбища липсват тактилни индикатори предупреждаващи за опасност. Рампи за преодоляване на разликите във височините липсват, липсват и парапети. И на двата входа има предпазни прегради, които са с неподходяща височина. Опасни зони подлежащи на обезопасяване липсват и на двата входа.

Вратите предназначени за широката общественост и персонала обикновено са отключени и предоставят свободен достъп до болничното заведение, като биват заключвани нощем с цел сигурност. Изключение правят тези на спешното отделение и на детското отделение, които биват заключвани по преценка на персонала и през деня. Вратата на западния вход на главната сграда и тази на спешното отделение са напълно покрити с поликарбонатни плоскости, а тези на ДКЦ „Харманли“ са защитени посредством масивна бетонена козирка. Всички врати на входовете на сградите са с панти като светлия отвор на вратите варира от 110 cm до 160 cm.

Всичките достъпни врати са в ролята си на главен вход на сградата освен тази разположена на източната страна на главната сграда на МБАЛ „Харманли“.

Вестибюл има само в сградата на ДКЦ „Харманли“, чиито размери са 255/80 cm. Вратите на вестибюла също са с панти, отварят се ръчно и навън, в посока еднаква с тези на входната врата.

Всички останали врати също се отварят ръчно. Не създават необходимия контраст със сградата която обслужват, което би затруднило тяхното разпознаване от хора със зрителни увреждания. Материалът използван за всички врати е PVC и не е полупрозрачен. Височината на дръжките на вратите е 100 cm, като всички са със стандартна Г-образна форма, освен тази на спешното отделение, чиято форма е триъгълна. Само тя може да се ползва със затворен юмрук, което не важи за всички останали. Значително усилие за отваряне на вратата е необходимо само за тази обслужваща спешното отделение. Пространството пред достъпните входове е достатъчно голямо за да могат да се паркират моторизирани скутери.

3. Циркулация (движение)

Сградата на детското отделение към болничното заведение е на два етажа, както и сградата на спешното отделение. Вторият е с административно предназначение и не е предназначен за ползване от широката общественост. Главната сграда е на четири етажа, като един от тях е приземен. Сградата на ДКЦ „Харманли“ е на два етажа.

Действащи асансьори има само в главната сграда на МБАЛ „Харманли“ (Fig. 13-14), като до тях се стига директно и безпрепятствено от източния вход на приземния етаж, посредством коридор предназначен за носилки. В останалите случаи до асансьорните врати се стига по стълби, които са непригодни за ползване от хора с увреждания. Пространството във входната зала на приземния етаж е достатъчно широко и отговаря на препоръчителния минимум от 150/150 cm за маневриране с инвалидна количка. Пространството пред асансьорите отговаря на същото изискване за минимално пространство от 150/150 cm. Във входната зала има възможност за поставяне на информационно бюро, но такова за момента липсва.

Коридорите в сградата се простират в северна и южна посока от входните помещения като средната им ширина е 218 cm, а минималната – 215 cm. На местата, в които коридорите сменят посоката си има достатъчно място за маневри с инвалидни колички от 150/150 cm. В някои от коридорите са поставени пейки за изчакване

пред кабинетите, които не представляват препятствия за предвижването на хора ползващи инвалидни колички (Fig. 21-22), но размерите им ограничават свободното пространство за придвижване на инвалидни колички почти до неговия минимум.

Подът във всички сгради е от мозаечен тип, който не представлява трудност за придвижването на хора с увреждания. Настилката е устойчива във висока степен на пързаляне и за нейното поддържане не се използват полиращи материали, които биха намалили нейната устойчивост. Настилката е в добро състояние – липсват пукнатини и нарушения от друг тип, като по нея липсват други физически препятствия представляващи опасност за използването ѝ от хора с увреждания. Покривни материали, като килими, рогозки и др. не се използват. Контраста създаван от подовата настилка спрямо съседните повърхности е слаб, но се различава по текстура от тях. На пода има декоративни форми, като линии и шахматно оцветяване (Fig. 23-25), които спомагат разграничаването му от останалите повърхности, но липсват тактилни индикатори по него. Местата предназначени за предвижване са на едно ниво с останалите повърхности. Основите на прозорците на главното стълбище на централната сграда са на височина от 167 cm, а останалите прозорци са на височина от 90 cm.

Придвижването в сградите във вертикална посока се извършва предимно по стълби, като само в основната сграда на болничното заведение има алтернативен вариант – 2 бр. асансьори. Те биват специализиран с възможност за превоз на носилки и стандартен, предназначен за пациенти и персонал и обслужват всички етажи на сградата. Асансьорите са лесно забележими и не е необходимо да има специална маркировка, оказваща тяхното местоположение, но не създават достатъчен контраст с останалите повърхности в помещенията. Товароподемността на специализираният асансьор не е оказана, а на стандартния е 4 души. Размерите на кабината на специализирания асансьор са 140/250 cm, а тези на стандартния са 120/90 cm, а ширините на вратите са съответно 140 cm за специализирания и 70 cm за стандартния. Вратите им се отварят ръчно, като врата на специализирания може да се фиксира в отворено положение, докато тази на стандартния се затваря посредством автомат. И двата асансьора нямат вътрешни врати. Бутоните им са с кръгла форма с диаметър 2 cm за стандартния и 1 cm за специализирания и са поставени съответно на височина от 125 до 150 cm за първия и 120 до 160 cm за втория (Fig. 15-16). Осветлението в кабините е достатъчно силно за да се забелязват лесно бутоните, но те самите нямат подсветка. Издадени са спрямо таблото. Аудио сигнализация липсва в кабината, както и извън нея, липсва и звукова сигнализация за качване и слизане от асансьора. Всякакъв вид брайлово означение липсва в кабината и извън нея. В случаи на извънредна ситуация комуникацията може да се осъществява само звуково, липсват

индукционни линии, визуални знаци, но има инструкции за действия в аварийни ситуации. Наличен е и график за поддръжката на асансьора. При прекъсване на захранването асансьорите не се връщат към по-ниските нива, които обслужа. В кабините няма допълнителни дръжки. На територията на болничното заведение няма подемни платформи предназначени за хора с увреждания.

В сградите съществуват 6 бр. стълбища общо, разпределени както следва: 3 в главната сграда, 1 в ДКЦ „Харманли“, 1 в сградата на спешното отделение водещо до административната част на втория етаж и 1 в сградата на детското отделение. Стълбището в главната сграда е право в едната си част и със завои в другата (Fig. 17), като са налични и площадки между етажите. Ширината на стълбището е 160 cm, като тя важи и за стъпалата в сградата на ДКЦ „Харманли“. Отново и за двете сгради височината на стъпалата е 14 cm, а дълбочината е от 32-35 cm за стъпалата в главната сграда, а в сградата на ДКЦ „Харманли“ са от 35 до 37 cm. Оттук следва, че дълбочината на стъпалата не е еднаква по протежение на стълбището, но не представлява трудност, тъй като разликата е минимална. Стълбите са със заоблени върхове и са устойчиви на пързаляне, но липсват тактилни предупредителни повърхности. Няма разлика в повърхностите по отношение на височината им, които да бъдат свързвани с помощта на рампа. На стълбищата има осигурено осветление, но на места какъвто е случая в главната сграда на МБАЛ „Харманли“ липсват крушките на осветителните тела. На стълбищата има единични парапети, които са позиционирани срещу стените (Fig. 27-28). Тяхната височина е между 70 и 80 cm, а формата им е с правоъгълно сечение, заоблени в горната си част. Диаметърът им е 70 mm. Парапетите продължават непрекъснато по протежението на стълбището и не са прекъснати на площадките. Покриват цялата дължина от най-ниската до най-високата точка на стълбището. Тъй като ширината на стълбището е по-малка от 300 cm не се налага поставянето на парапет в средата му. Парапетите създават необходимия контраст със заобикалящите ги повърхности за лесното им разграничаване от хора със зрителни проблеми. Липсва визуално маркиране на стъпалата и площадките. Опасни зони подлежащи на обезопасяване липсват по стълбищата на сградите. Прозорци в ниските части на стените прилежащи към стълбищната клетка има само в сградата на ДКЦ „Харманли“, като основата им на приземния етаж е по-високо разположена от стълбището, а на по-високите етажи заема цялата странична площ на клетката.

Рампи при осъществяването на вертикалната циркулация на хора в сградите липсват навсякъде.

4. Услуги

Тоалетни има на територията на всяка една сграда на болничното заведение. На територията на главната сграда те се намират в отделенията, като до тях се стига по коридорите. В сградата на ДКЦ „Харманли“ тоалетните са разположени в западната част на сградата, като пред тях има коридор отделен от останалата част от сградата с врати. Тоалетните в сградата на спешното са разположени непосредствено след входната врата, вляво от нея при влизане в отделението. В административната част от сградата помещенията са на етажа (ет. 2) и в тях се влиза от коридора пред офисите. В сградата помещаваща детското отделение, санитарните възли са прилежащи към всяка отделна болнична стая.

Тоалетните на територията на всички сгради на МБАЛ „Харманли“ са достъпни за хора с увреждания с изключение на тези ползващи инвалидни колички.

Разпределението на тоалетните по етажите е еднотипно за отделните сгради, което улеснява ориентирането към тях. Те са неутрални по отношение на пола на ползвателите, като в помещенията са предвидени кабини, както за пациентите, така и за персонала. Изключение прави административната част от сградата на спешното отделение и санитарните възли в детското отделение. В първия случаи етажа е достъпен единствено за персонала на болничното заведение.

Повечето тоалетни са отключени и могат да се ползват по всяко време, като изключение правят тези в сградата на ДКЦ „Харманли“, които са заключени, а достъпът до тях се предоставя от лице от персонала. Вратите на помещенията се заключват посредством ключ. Маркировка оказваща местоположението на възлите или такава, която да води до тях липсва във всички сгради. Липсва и брайлово означение за предназначението на помещенията. Светлият отвор на вратите варира по отношение на размерите си и е в интервала 70 cm – 100 cm, за отделните помещения. Всички врати се отварят ръчно, като формата на дръжките им е стандартна Г-образна, като е трудно да бъде използвана със затворен юмрук. Вратите се отварят без да се налага прилагането на голямо усилие за извършване на действието. Всички врати на помещенията са с панти и нямат автоматична система, както и бутони, които да я контролират. Вратите за влизане в помещението с кабините на тоалетните се отварят навън, което важи за всички тоалетни в отделните сгради на болничното заведение. Разлика по отношението на нивото на коридора и това на тоалетните има само в главната сграда на болницата, като тя се преодолява на места с малка иззидана рампа (Fig. 30) с размери около 5 cm или в други случаи (Fig. 29) посредством праг (стъпало). Рампата е облицована с фаянсови плочки, което е предпоставка за пързаляне при санитарната поддръжка на

съоръжението. Настилката във всички тоалетни в сградите е от фаянсови плочи, което ги прави лесни за поддържането им в чисто състояние. В тоалетните е предвидено адекватно осветление, спомагащо ползването им от хора със зрителни проблеми. В помещенията на тоалетните съществуват коридори (Fig. 36), като ширината им варира. За тези в главната сграда тя е 85 cm, а пред тоалетните в сградата на ДКЦ „Харманли“ е 170 cm, като свободната зона за движение е 120 cm. Ширината е намалена заради наличието на дървени шкафове по протежението на коридора. Вратите на помещенията на тоалетните не създават необходимия контраст за лесното им различаване от хора с намалено зрение (Fig. 31-32). Разлики по отношение на нивото на пода в тоалетните кабини и обслужващото ги помещение пред тях няма. Ширината на вратите на кабините варира, като за главната сграда тя е 60 cm, за тези в ДКЦ е 66 cm, а за вратите в отделните санитарни възли на детското отделение – 68 cm. Вратите на кабините също се отварят ръчно и са с панти, като с изключение на тези в детското отделение, всички се отварят навън.

Размерите на кабините са различни за отделните помещения, като тези в главната сграда са с размери 140/80 cm (Fig. 33), а тези в детското отделение (Fig. 35) са с размери 160/150 cm. Разстоянието в лява и дясна посока от тоалетната чиния е 22 cm за тези в главната сграда и 10 cm отдясно, 100 отляво, за тези в детското отделение. В тези пространства често има разположени предмети от различно естество. Свободно пространство от минимум 150 cm в диаметър за маневриране с инвалидна количка има само в санитарните възли в детското отделение. Във всички тоалетни липсват помощни парапети. Височината на тоалетната чиния е 40 cm от пода, като е монтирана директно на него. Казанчето е монтирано към тоалетната, а височината на бутона за пускане на водата е в порядъка на 80-90 cm и се задейства ръчно. Пускането на водата не изисква големи усилия. Казанчето е стандартно и не следва анатомичната форма на гръбначния стълб за тези, които я използват. Мивка на площта на тоалетната кабина има само в детското отделение, а в останалите случаи те се намират извън кабините (Fig. 34). Височината на свободното пространство под мивката е 75 cm. Сифоните и меките връзки към тръбите за отпадни води се явяват, като пречка за ползване от хора в инвалидни колички. Смесителният кран на мивките е стандартен с две ръкохватки за топла и студена вода. Мивките не са с анатомична форма. Липсват монтирани диспенсъри за течен сапун. В помещенията няма монтирани рафтове. Липсва система предоставяща тоалетната хартия под формата на отделни листове с цел улесняване и възможно ползване с една ръка. Душове има монтирани в тоалетните на детското отделение (Fig. 35), като височината на смесителя е 100 cm. Той е от стандартен тип с две ръкохватки за топла и студена вода. Дренажът на водите при използването на душа е коректно поставен.

Пространството пред душа е достатъчно за да може да се използва от човек в инвалидна количка. Алармени системи от всякакъв вид липсват в помещенията на тоалетните.

Вратите на всички тоалетни са с ключалки, чиито патрони могат да се използват и от двете страни. По този начин при случаи на заключване от вътрешната страна, в извънредни ситуации вратите могат да бъдат отворени от външната им страна. Контраста между оборудването в помещенията на тоалетните и останалите им части не е достатъчен, като в тези в детското предоставят по-засилено откроряване на оборудването.

На територията на помещенията на тоалетните липсват обособени части предназначени за бебешка грижа.

Телефони предвидени за публично ползване липсват във всички сгради на болничното заведение.

Диспенсъри за вода също липсват за свободно ползване от широката общественост. Такова оборудване се среща само в административната част на сградата на спешното отделение по работните офиси, като диспенсъра не беше въведен в експлоатация.

5. Спешни случаи

Всички сгради на болничното заведение са снабдени с аварийни изходи. За главната сграда на МБАЛ „Харманли“ те са 4 на брой – два, които се явяват западния и източни вход на сградата, един от южната страна (Fig. 9), представляващ стълбище и още един от източната страна отново под формата на стълбище. За сградата на ДКЦ „Харманли“ единия авариен изход се явява главния вход на сградата от северната и страна, а другият е допълнителен в източната част на сградата, до който се стига по коридора на денталното отделение (Fig. 39). Последния отново е ориентиран на север и извежда на площадка със стълби. Останалите сгради нямат допълнителни аварийни изходи, различни от главните входове на сградите. Всичките аварийни изходи са достъпни, като могат да бъдат достигнати безпрепятствено от всеки етаж на сградата. Аварийните изходи извеждат до публичното пространство пред съответната сграда.

Алармени системи липсват на територията на сградата, като предупреждението за авария или извънредна ситуация се случва чрез устно оповестяване.

За случаите на извънредни ситуации има предвидени, достатъчен брой инвалидни колички, необходими за придвижването на хора с увреждания. На етажите на сградите има предоставена информация за действие при извънредни ситуации във вид на евакуационни схеми (Fig. 40-44). Те ясно оказват маршрутите, необходими да се

спазват за бързото и безпрепятствено напускане на сградата в случай на опасност. Схемите не предоставят информацията в подходящ вид по отношение на хората със зрителни увреждания. Специални евакуационни планове за хора с увреждания не са предвидени. Проучване за пожарна безопасност има за сградите на болничното заведение. Редовно се провеждат тренировъчни ситуации с цел адекватно реагиране от страна на персонала при евентуално възникване на реална извънредна ситуация.

6. Знаци/Маркировка

В болничното заведение липсва тактилна карта оказваща предоставяните услуги на територията на МБАЛ „Харманли“. Маркировка за оказването начина на достигане до различните отделенията липсва също, но надписи за съответното предназначение на отделението са на лице(Fig. 19, 20, 24, 25). Табелите на вратите на кабинетите са поставени в горната част на вратите и са с правоъгълна форма, като шрифта на надписите е с големина на буквите е от 2 до 6 cm, но липсват тактилни маркировки. Не е налична и брайлова маркировка. Табелите нямат покритие възпиращо различни видове отблясъци, но цветово се различават от вратите на помещенията. Вратите създават достатъчен цветови контраст със стените. Кабинетите са номерирани. Пиктограми липсват. Маркировката не е лесна за разбиране и липсва цветово кодиране в сградата, водещо до различните отделения.

7. Акустика

Акустиката в сградата е добра. Не са изградени индукционни линии.

8. Осветление

Осветлението в сградите се задейства ръчно и е адекватно създаващо условия за разчитане по устните, ако е необходимо. Височината на ключовете за пускане на осветлението е 150 cm. Повърхностите на подовете, стените и останалите повърхности в сградите не създават условия за силни отражения, които биха объркали или затруднили хора със зрителни увреждания.

9. Затворени пространства (помещения)

Офиси има на територията на административната част от сградата на спешното отделение. Там се помещават Деловодство, Координатор и др. Вратите са надписани спрямо функцията на офиса и светлия отвор им е около 90 cm. Отварят се ръчно, като височината на дръжката е 100 cm, нейната форма е стандартна Г-образна и не може да се отваря със затворен юмрук. Не е необходимо прилагането на значително усилие за да се отвори вратата. Вратите са с панти и се отварят навътре. Разлика между нивото на пода във и извън офисите не съществува. Подовата настилка в офисите е от балатум. В повечето офиси може свободно да се движи инвалидна количка въпреки, че самото достигане до тях е невъзможно от хора с увреждания. Положението на мебелите и оборудването по офисите не е фиксирано към пода и не създават особено ярък контраст с помещенията, в които се намират. В офисите се ползват щори и завеси с цел засенване, които могат да се ползват и от хора в инвалидни колички.

Вратите на пациентските помещения са на панти и са с ширина на светлия отвор от 90-100 cm. Отварят се ръчно, навън, като дръжката е на 100 cm височина от пода и е със стандартна Г-образна форма. Ползването на дръжката със затворен юмрук не е възможно. Не се изисква голямо усилие за отваряне на вратите. Не съществуват разлики в нивата на различните подови повърхности. Настилката е мозайка. Мебелите и оборудването по кабинетите не са фиксирани. В повечето кабинети маневрирането с инвалидна количка е възможно. От предвидените кушетки по кабинетите предназначени за прегледи има достатъчно свободно пространство за да може да се извърши маневра с инвалидна количка. Кушетките варират във височината си, но най-ниската е 50 cm предназначена за прегледи на деца в детското отделение(Fig. 37). Не е регулируема и не е оборудвана с допълнителни ръкохватки, ремъци и др. В кабинетите има бюра, чието свободно пространство под работния плот е с 70 cm височина. Мебелите и оборудването не създават необходимия цветови контраст за да могат лесно да бъдат разграничавани от хора със зрителни увреждания. В кабинетите и пациентските стаи има завеси и щори, които могат да се използват свободно и безпрепятствено от хора в инвалидни колички. В различните кабинети има допълнително оборудване като везни и др., спрямо предназначението на кабинета или пациентската стая.

10. Общи забележки и други услуги

Многопрофилната болница за активно лечение „Харманли“ разполага със собствена интернет страница (http://mbal-harmanli.org/), съдържаща информация за болничното заведение и ценоразписи. Подробна информация за болничното заведение може да бъде намерена и на интернет страницата на Община Харманли (https://www.harmanli.bg/bg/mnogoprofilna-bolnitsa-za-aktivno-lechenie-harmanli-eood/), като на нея е предоставена информация за различните отделения, като завеждащ отделението, телефонни номера за контакт и др., но записване на часове не е възможно. Персоналът е обучен да работи с хора с увреждания. На територията на болничното заведение няма предвиден специалист, който да борави с жестономичен език. Кучета-водачи се допускат в сградите от цялата структура на болницата. Писмени материали с Брайлова азбука, увеличен печат и т.н. липсват. Информацията за медикаментите предоставяни в заведението е достъпна.

Заключение

В заключение за достъпността на МБАЛ „Харманли“ може да се каже, че липсват основни необходимости, които могат да бъдат предоставени по отношение на достъпността до първична здравна грижа от хора с увреждания.. На лице са трудности, които хора в неравностойно положение, най-вече с двигателни увреждания, трудно биха преодолели самостоятелно. Достъп до услугите, материалната базата и помещенията в сградата на спешното отделение е свободен. Достъпът в основната сграда и тази на ДКЦ „Харманли“ също може да бъде осъществен безпрепятствено през източния вход на главната сграда. Осигуряването на рампи или други подобни съоръжения по останалите входове на тези сгради би съкратило значително времето за достигане до определена локация в болничното заведение от хора с инвалидни колички. Сградата на детското отделение е напълно недостъпна за хора с двигателни проблеми. Персоналът е обучен да се справя със ситуации касаещи достъпа до първична здравна грижа от хората в неравностойно положение. По отношение на сигурността в заведението и реагирането в извънредни ситуации може да се твърди, че възприетите мерки са адекватни. Препоръчително е да се обърне внимание на системите за известяване в извънредни ситуации.

За самостоятелно ползване на услугите в сградите на територията на МБАЛ „Харманли“ от хора с увреждания, може да се обърне внимание за подсигуряване на следното:

- Рампи или подобен тип съоръжения спомагащи достъпа до самото заведение, на местата където е необходимо да се поставят такива;
- Поставянето на необходими тактилни индикатори на местата, където липсват;
- Подсигуряване на повече информационни табели, които да са достъпни за хора със зрителни проблеми, оказващи местоположението на различните обекти на територията на болничното заведение;
- Поставяне на повече достъпни информационни бюра;
- Обновяване на асансьорите и оборудването им със информационни системи достъпна за хора със слухови и зрителни проблеми;
- Поставяне на парапети, които могат да се ползват от хора с малък ръст;
- Ръчното отваряне на вратите може да се замени с автоматично, с цел улеснение за ползването им от хора с увреждания.
- Осигуряване на врати с по-широк отвор в санитарните възли, ако това е възможно, за да може да се ползват безпроблемно от хора в инвалидни колички;
- Инсталиране на необходимото оборудване по санитарните възли за ползването им от хора с двигателни проблеми;
- Мерки може да се вземат и по отношение на различните повърхности (врати, каси, стени, парапети и др.), които не създават необходимия контраст за разграничаването им от хора с намалено зрение.
- Модифициране на системата за предупреждение в извънредни ситуации;
- Подсигуряване на обучение на персонала за жестономичен език.

Интервюта с персонал и хора с увреждания

Персонал

Интервюта касаещи достъпността на хора с увреждания до болничните заведения на територията на област Хасково, бяха проведени с … души персонал от болничните заведения и … души с различени вид увреждания. Интервютата бяха проведени в многопрофилните болници в градовете Харманли, Свиленград… Средната възраст на интервюираните хора от персонала на болничните заведения е … години, а по отделните болници е както следва: Харманли (47,5), Свиленград (56,7)… . Прави впечатление, че персоналът е основно от хора над … възраст. Минималната възраст на интервюираните е…, а максималната … от общо … интервюирани хора, персонал в болничните заведения. От интервюираните … са мъже, а … са жени. В повечето случаи интервюираните са отговаряли за … брой приети хора с увреждания, като минимум са били …, а максимално - … Интервюираните са завършили различни учебни заведения – ВМИ Стара Загора, ПМИ Хасково, ПМИ Пловдив,

ПМИ Кърджали и др., като обикновено не притежават друго допълнително образование. Основните мотиви за избор на съответната длъжност от персонала са желание за професионална реализация, интерес към специалността, хуманността на длъжността и др.

Пациенти (хора) с увреждания

От хората с увреждания са интервюирани … души от болничните заведения. …

III. Приложения

1. **Снимки маршрути I, II и III**

Route I / Маршрут I	

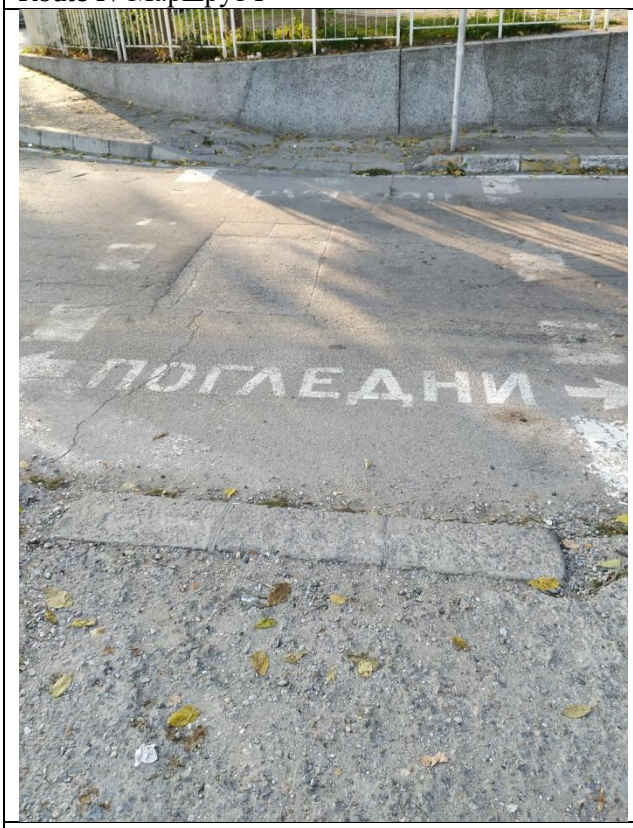



Fig. 1 Beveling and crosswalk / Скосяване и пешеходна пътека	Fig. 2 Beveling and crosswalk / Скосяване и пешеходна пътека

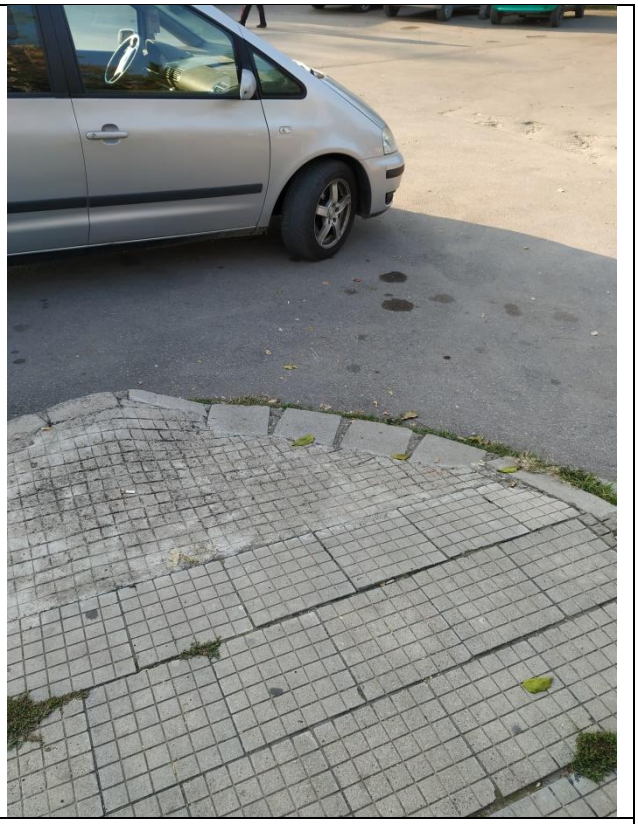
	
Fig. 3 Vegetation on the sidewalk / Разтителност върху тротоара	Fig. 4 Parked vehicle at the bevel / паркиран автомобил при скосяването

Fig. 5 Uneven flooring – marble tiles / Неравна настилка – мраморни плочи

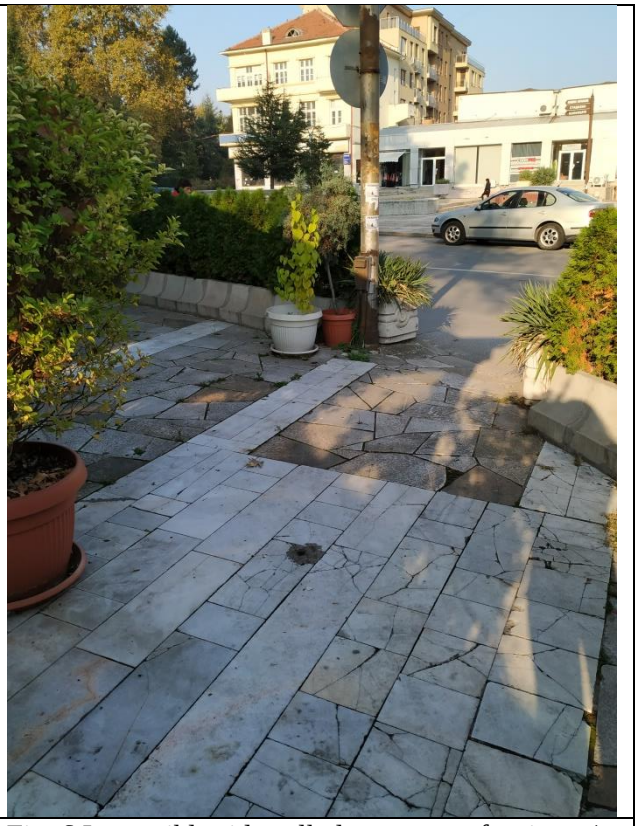


Fig. 6 Impassible sidewalk due to street furniture / Непроходим тротоар поради улично обурудване

Fig. 7 Restaurant occupying the whole sidewalk area / Заведение разположено по цялата площ на тротоара

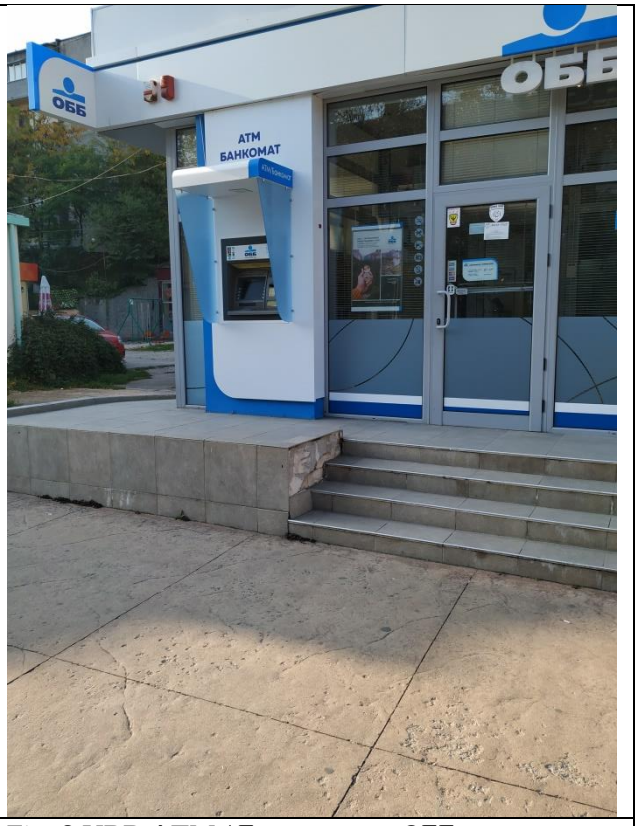


Fig. 8 UBB ATM / Банкомат на ОББ

Fig. 9 Parking space intended for disabled people / Паркомясто за хора с увреждания

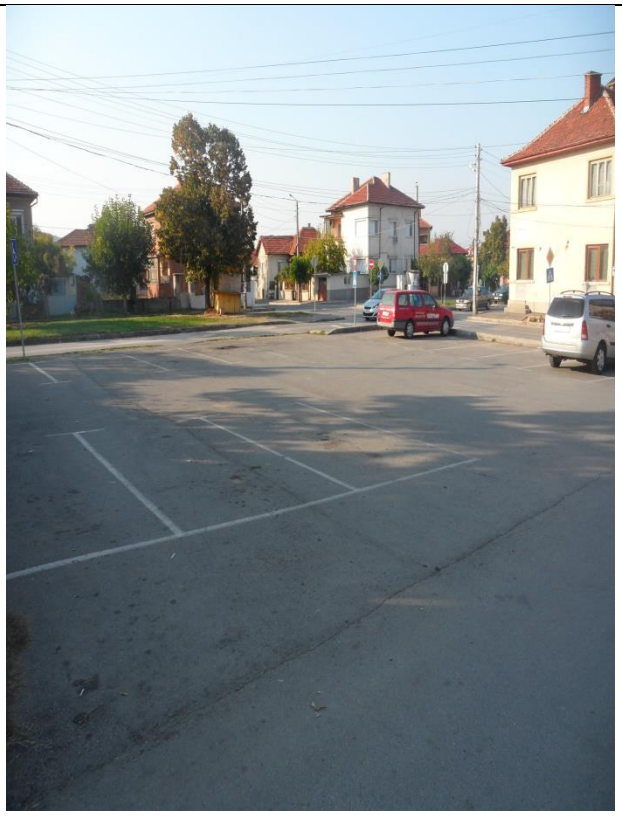


Fig. 10 Parking space intended for disabled people / Паркомясто за хора с увреждания

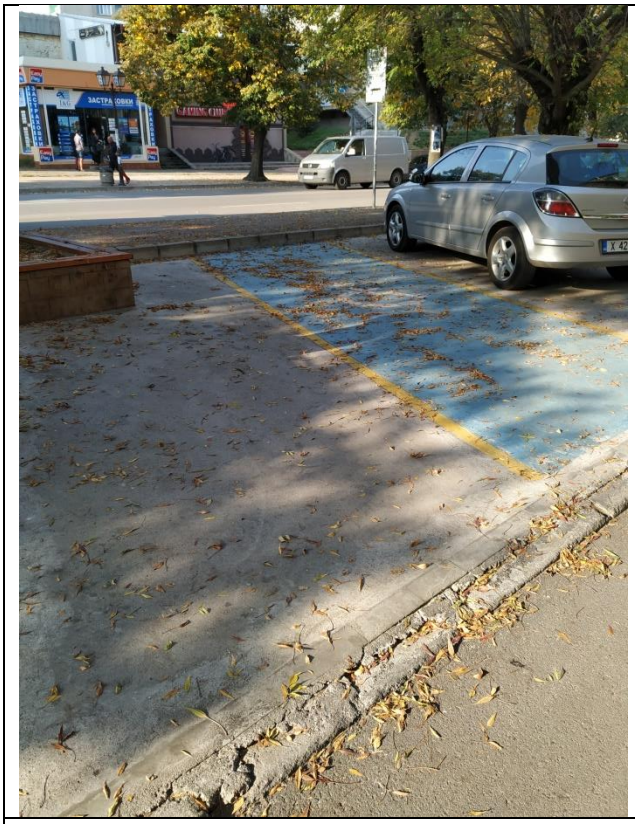


Fig. 11 Parking space intended for disabled people / Паркомясто за хора с увреждания

Fig. 12 Controlled intersection / Контролирано кръстовище

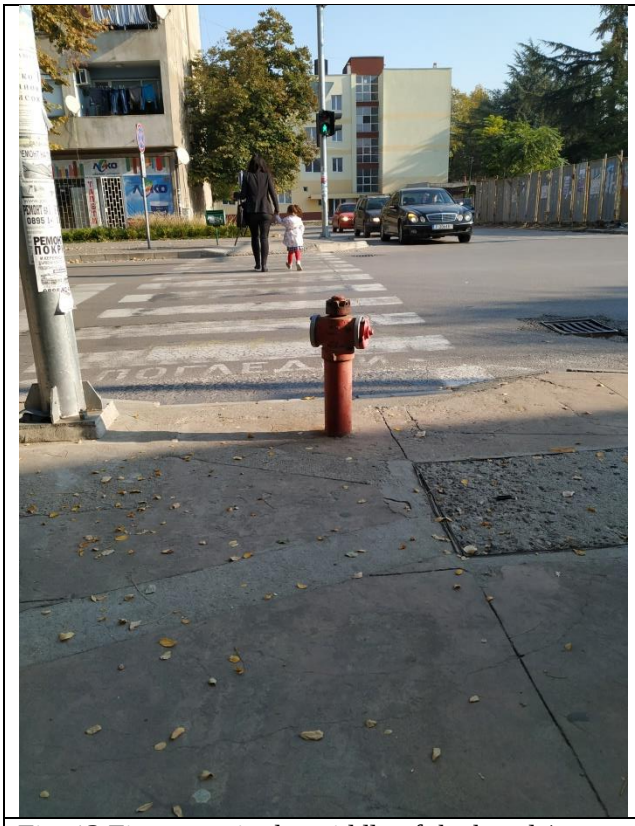


Fig. 13 Fire-crane in the middle of the bevel / Пожарен кран посредата на скосяването

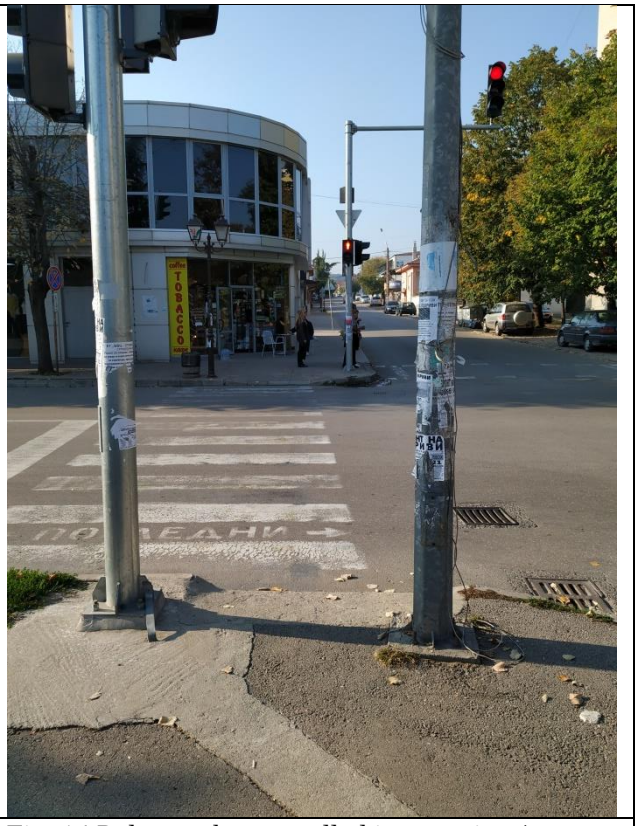


Fig. 14 Poles on the controlled intersection / Стълбове на контролираното кръстовище

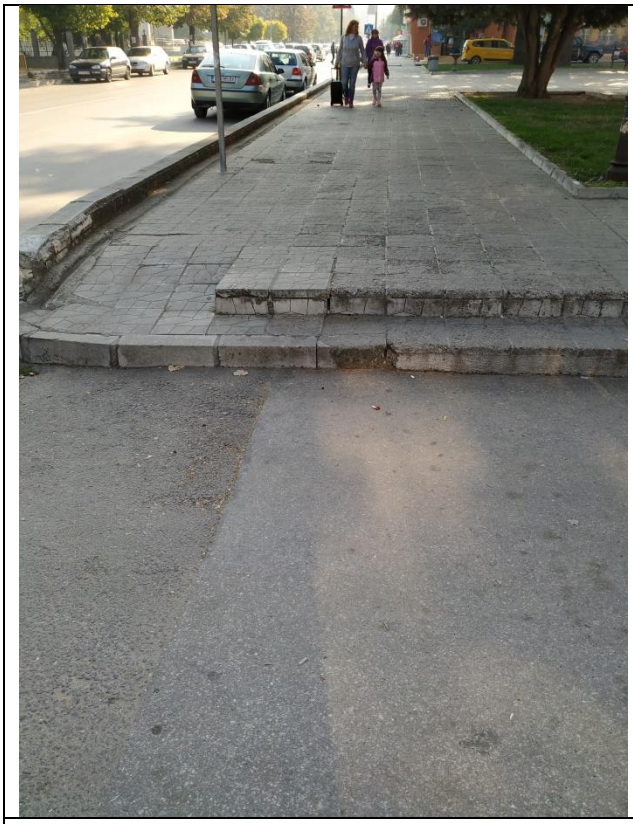


Fig. 15 Bevel and a step next to it / Скосяване и стъплао до него

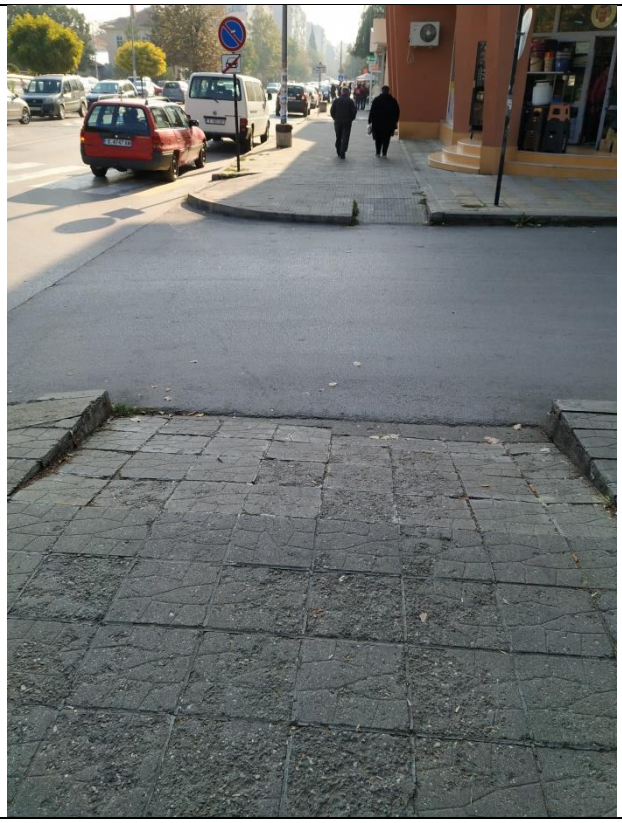


Fig. 16 Beveling / Скосяване

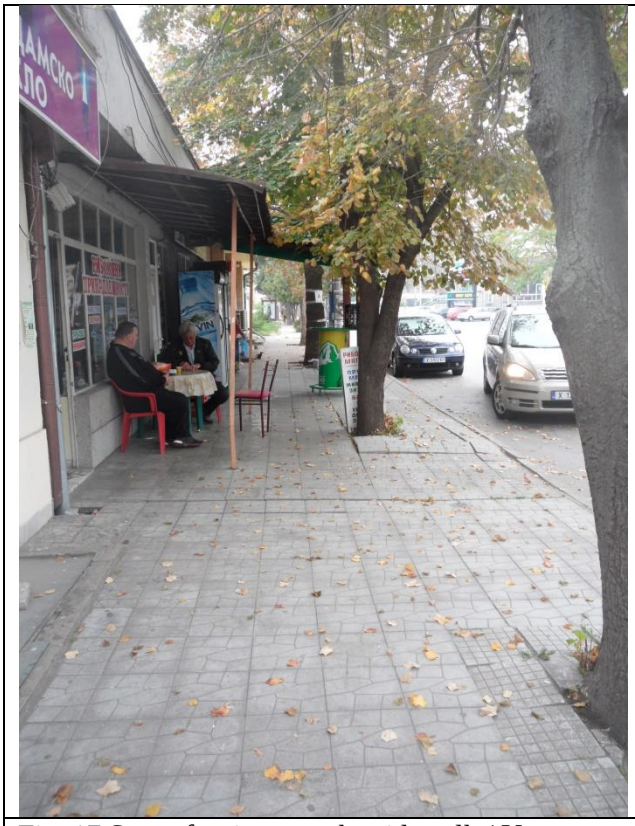


Fig. 17 Street furniture on the sidewalk / Улично обурудване върху тротоара

Fig. 18 Reduced free space of the sidewalk / Намалено свободно пространство на тротоара

Fig. 19 Construction site fence and metal beams / Ограда на строителен обект и метални греди

Fig. 20 Broken sidewalk flooring / Нарушена тротоарна настилка

Fig. 21 Raiffaisen bank ATM / Банкомат на Райфайзен банк

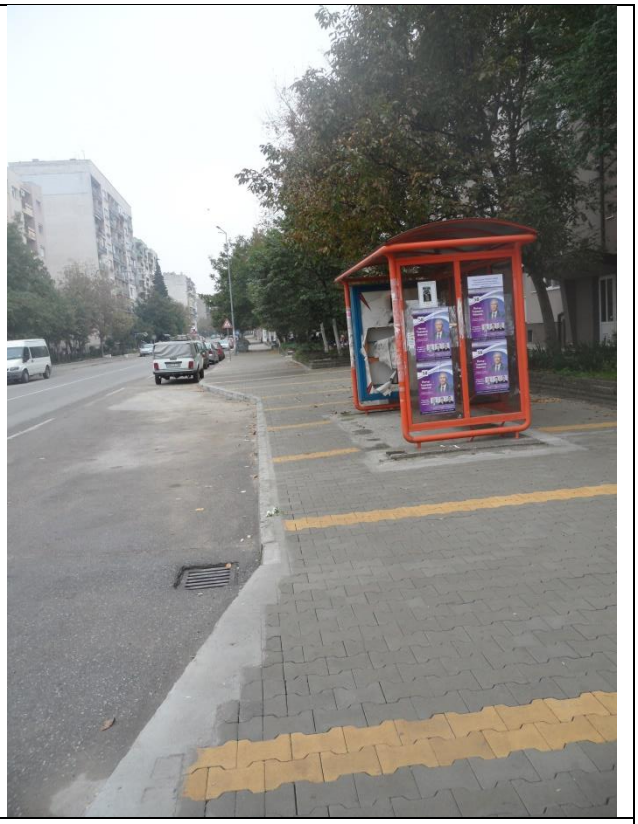


Fig. 22 Bus stop and the sidewalk adjacent to it / Автобусна спирка и тротоара прилежащ към нея

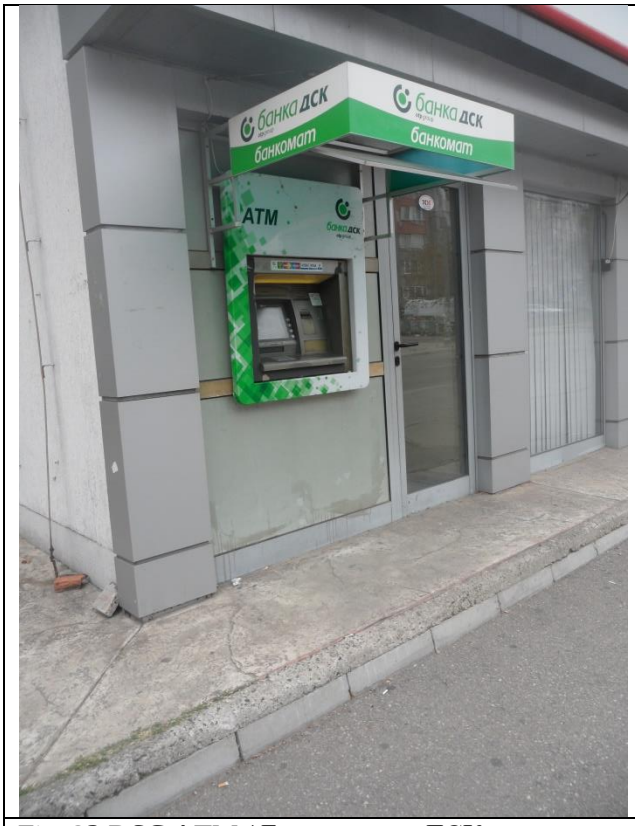


Fig. 23 DSC ATM / Банкомат на ДСК

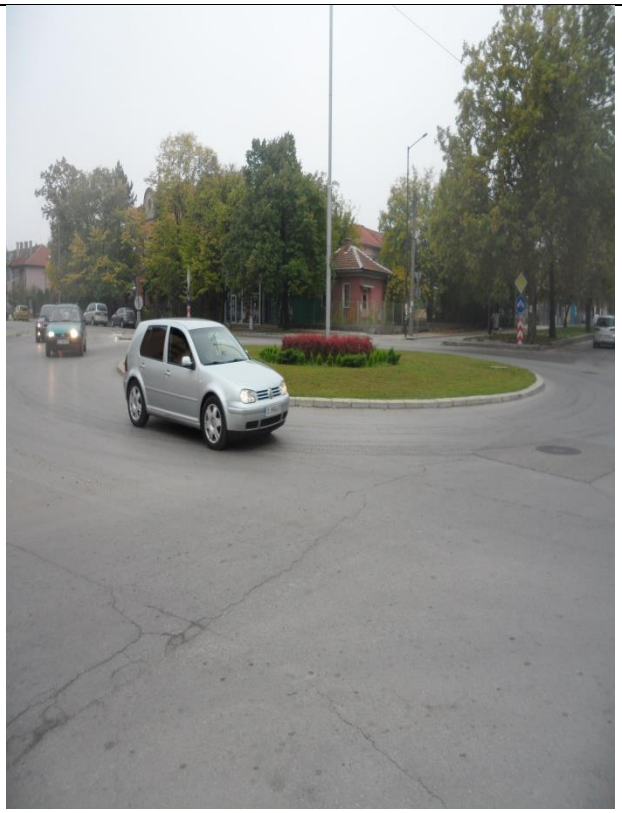


Fig. 24 Roundabout / Кръгово движение

Fig. 25 Crosswalk and pedestrian island / Пешеходна пътека и остров за пешеходци

Fig. 26 Crosswalk and pedestrian island / Пешеходна пътека и остров за пешеходци

Fig. 27 Vegetation on the pedestrian island / Разтителност на острова за пешеходци

Fig. 28 Bus stop / Спирка на автобус

Fig. 29 Bus stop / Спирка на автобус

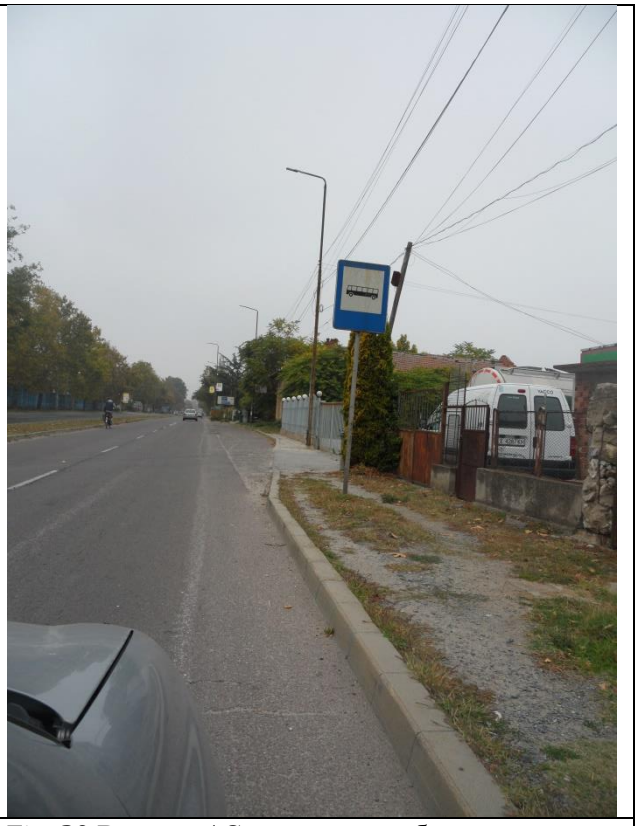


Fig. 30 Bus stop / Спирка на автобус

Fig. 31 Bevel, crosswalk, and parking space for disabled people / Скосяване, пешеходна пътека и парко място за инвалиди

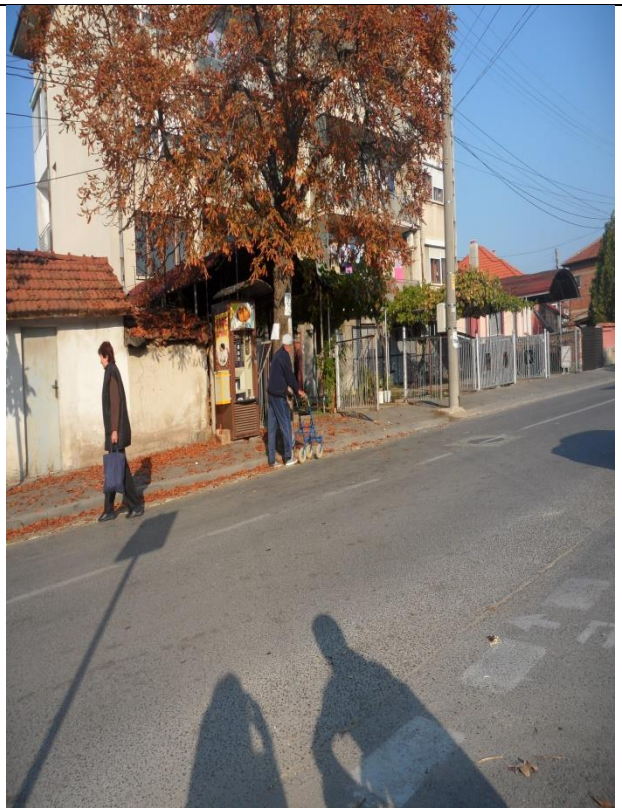


Fig. 32 Pedestrian with motor problems on the road surface / Пешеходец с двигателни проблеми на пътното платно

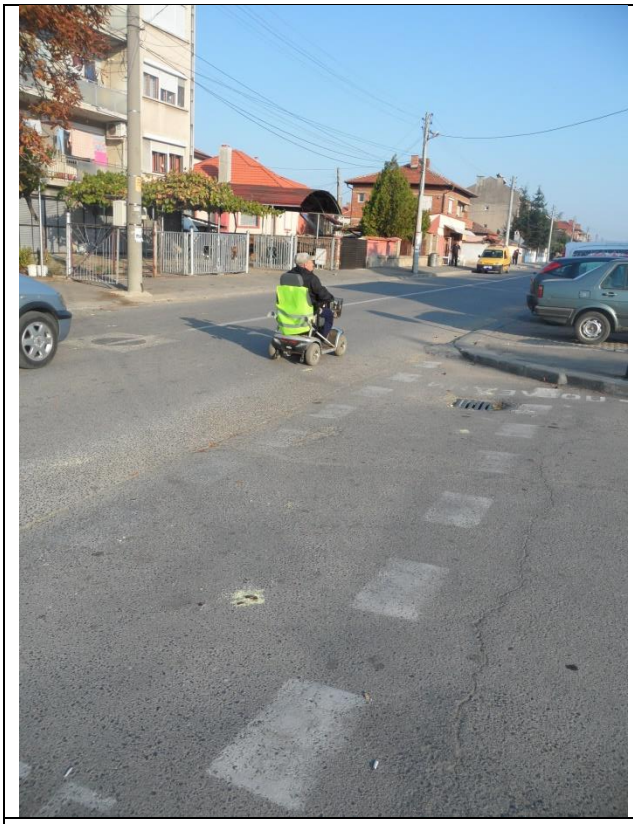


Fig. 33 Pedestrian with motor problems on the road surface / Пешеходец с двигателни проблеми на пътното платно

Fig. 34 Intersection with bevels / Кръстовище със скосявания

Fig. 35 Reduced sidewalk width by vegetation / Намалена ширина на тротоара от разтителност

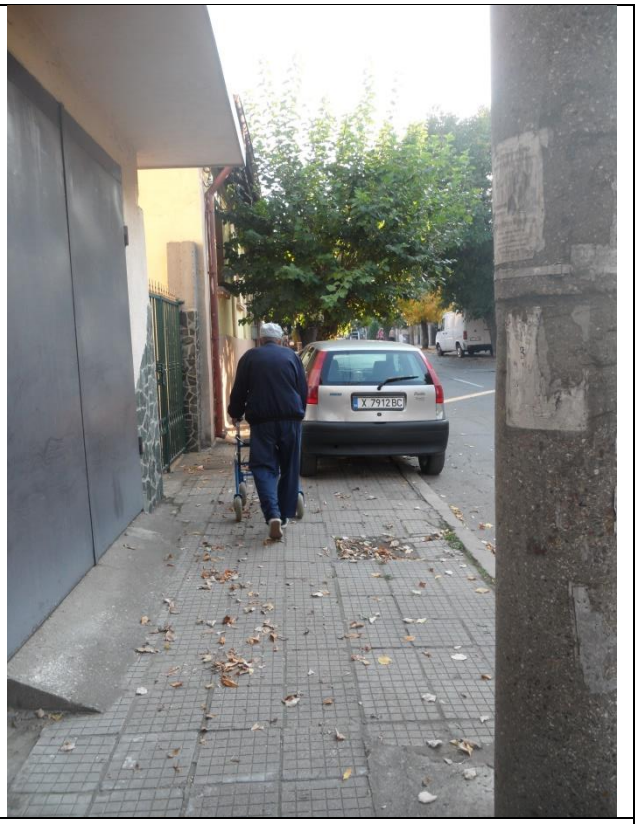


Fig. 36 Parked vehicle obstructing the movement of the pedestrians / Паркиран автомобил пречещ на движението на пешеходците

Fig. 37 Crossroad and bevels / Пешеходна пътека и скосявания

Fig. 38 Obstacles on the sidewalk (wood) / Препядствия върху тротоара (дървесина)

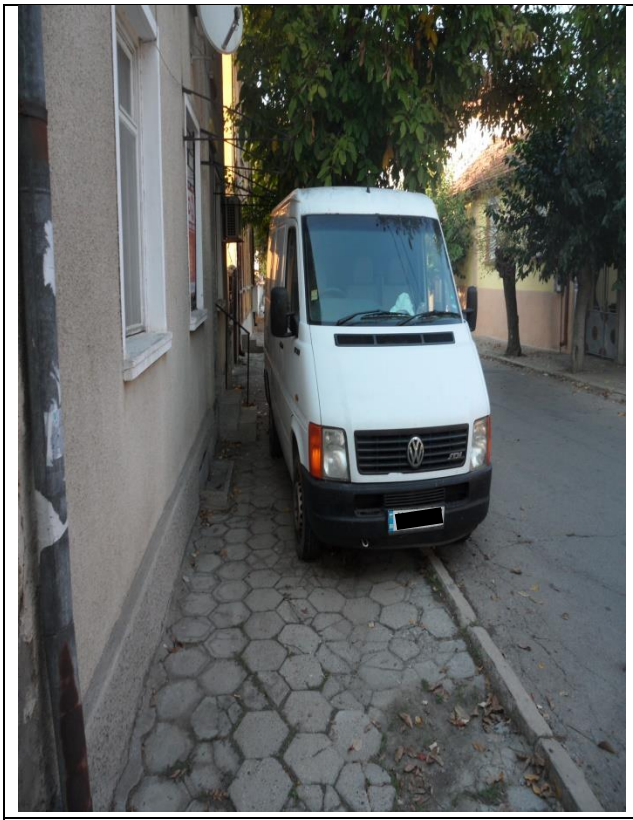


Fig. 39 Parked vehicle on the sidewalk / Паркиран автомобил върху тротоара

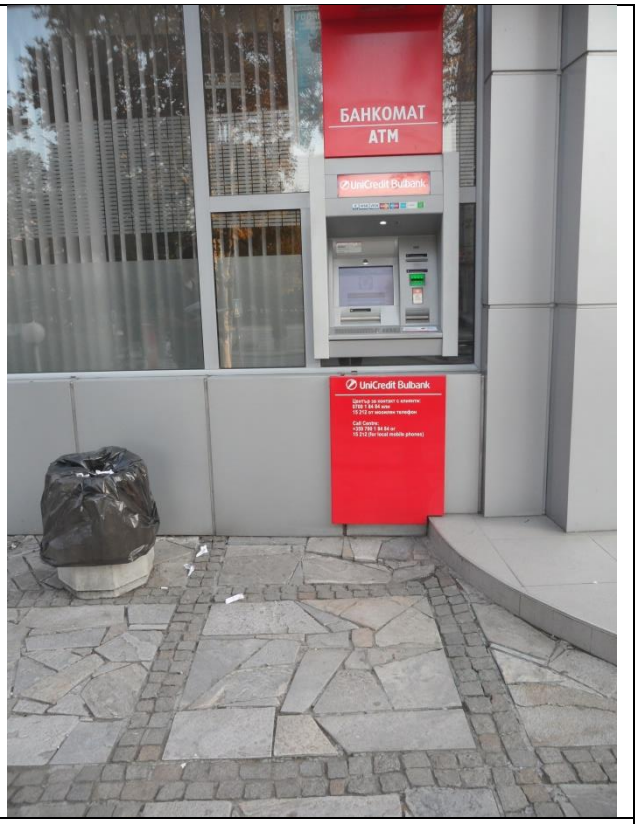


Fig. 40 Unicredit Bulbank ATM / Банкомат на Ъникредит Булбанк

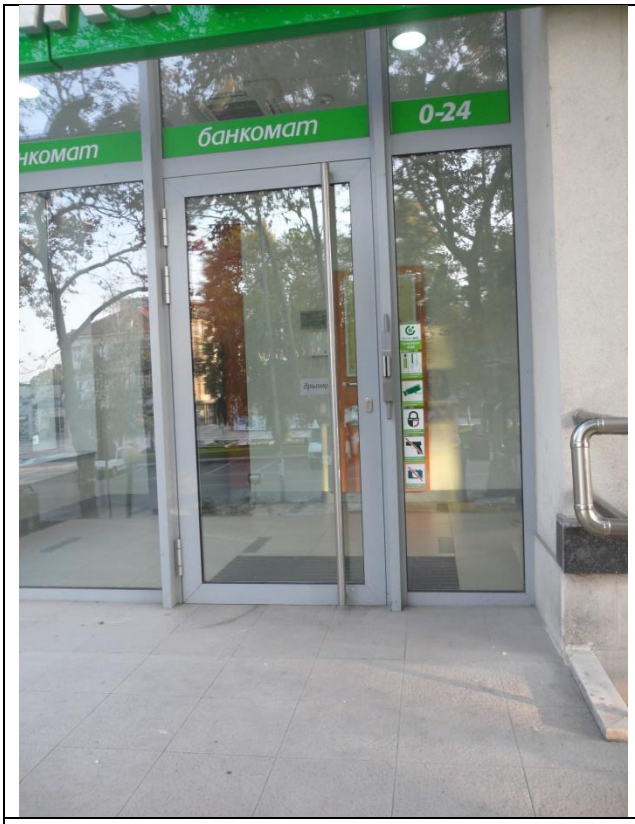


Fig. 41 ATM of close type/ Банкомат от затворен тип

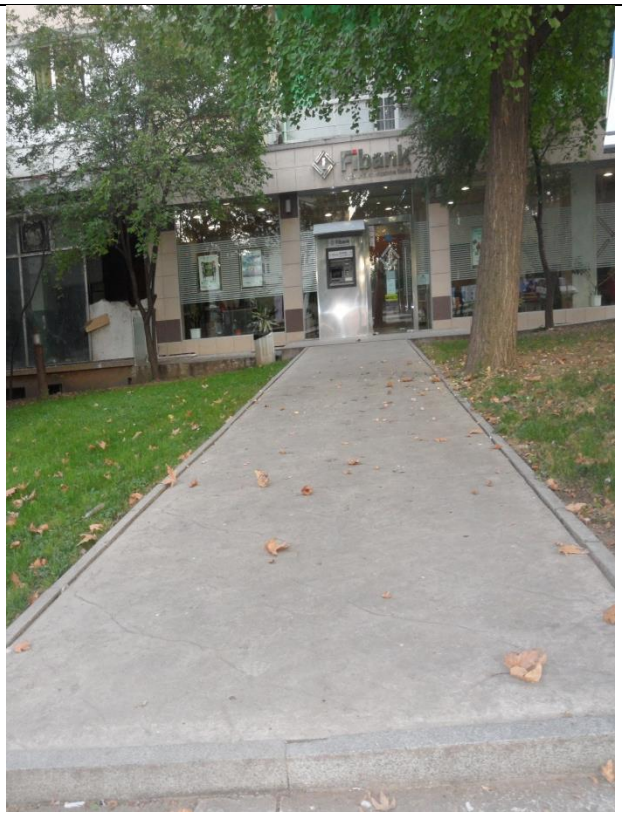


Fig. 42 Fibank ATM / Банкомат на Фибанк

Route 2 / Маршрут 2

Fig. 43 Impassible sidewalk / Непроходим тротоар

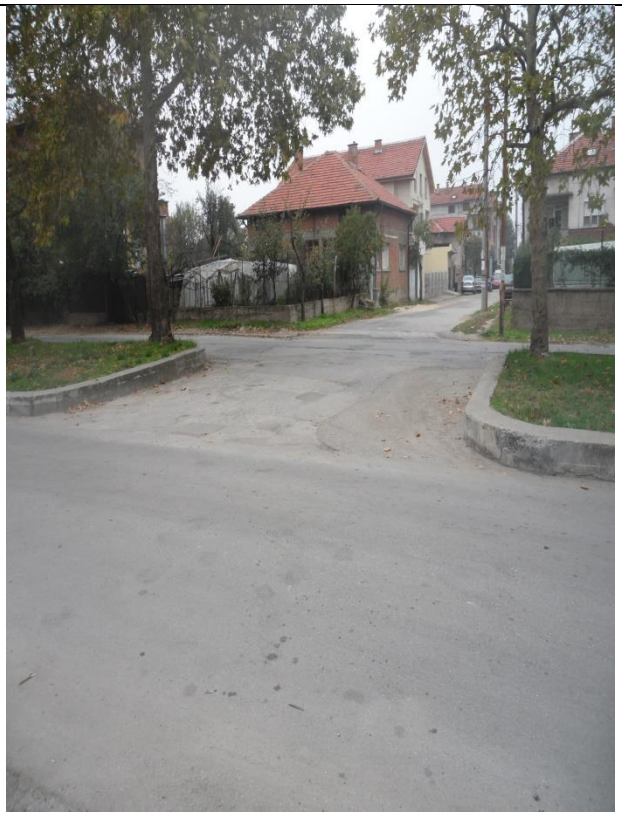


Fig. 44 Intersection /Кръстовище

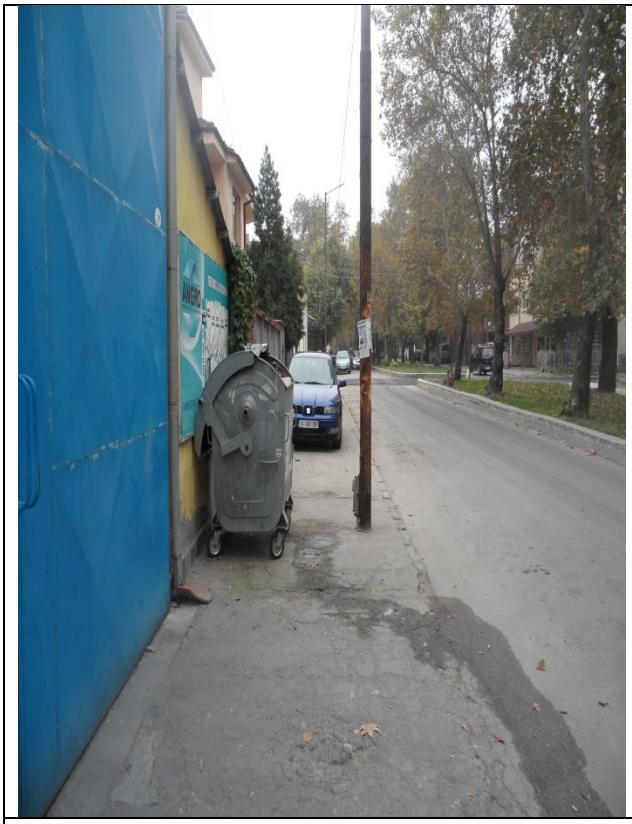


Fig. 45 /Obstacles obstructing the movement / Препядствия пречещи на движението

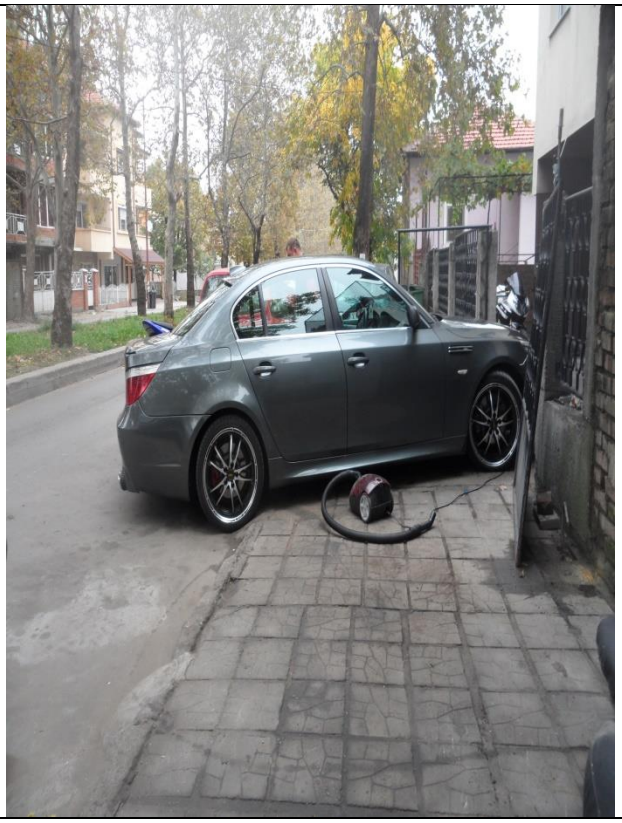


Fig. 46 Parked vehicle on the sidewalk / Паркиран автомобил на тротоара

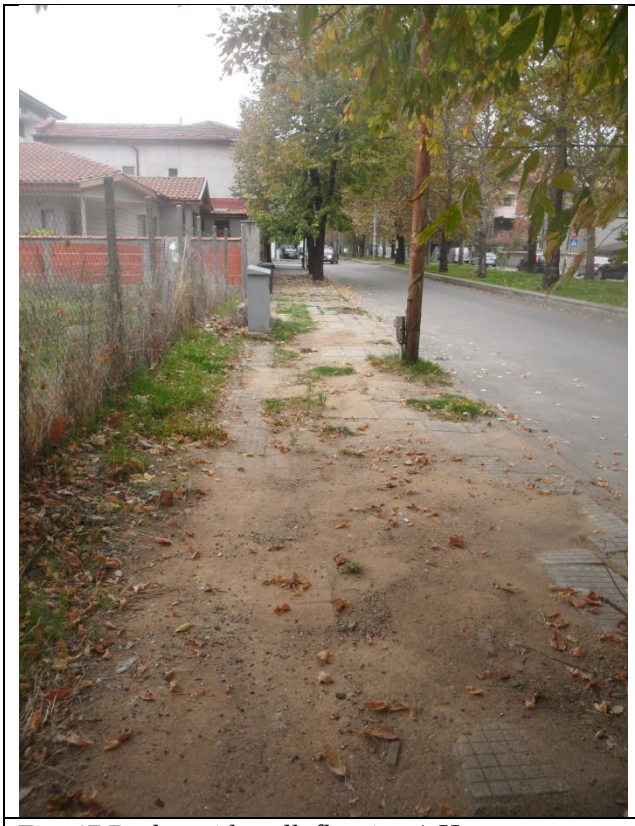


Fig. 47 Broken sidewalk flooring /. Нарушена тротоарна настилка

Fig. 48 Broken sidewalk flooring /. Нарушена тротоарна настилка

Fig. 49 Threshold on the sidewalk /. Праг на тротоара

Fig. 50 Interrupted crosswalk /. Прекъсната пешеходна пътека

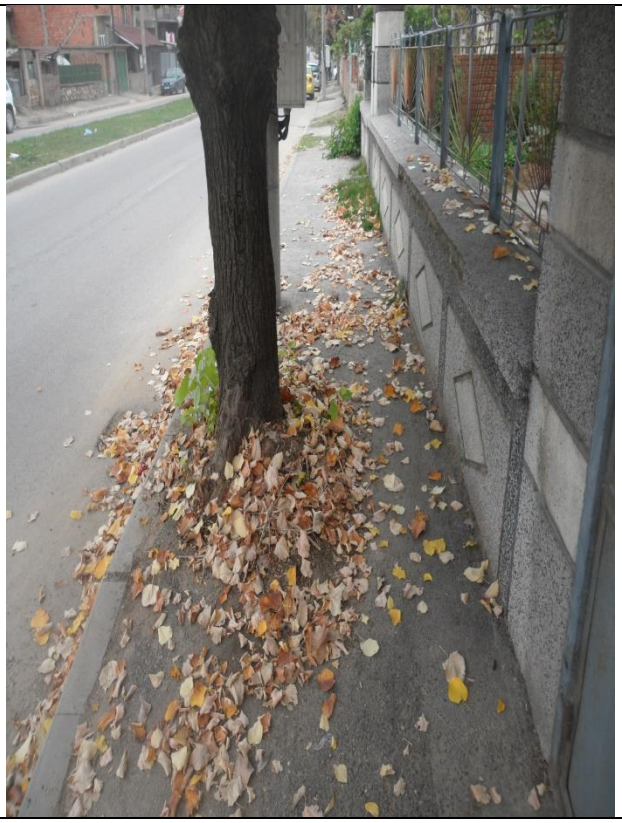
	
Fig. 51 Missing sidewalk flooring /. Липсваща тротоарна настилка	Fig. 52 Reduced sidewalk width by vegetation /. Намалена ширина на тротоара от разтителност

	
Fig. 53 Crosswalk and bevels /. Пешеходна пътека и скосявания	Fig. 54 Crosswalk and bevels /. Пешеходна пътека и скосявания
Route III / Маршрут III	

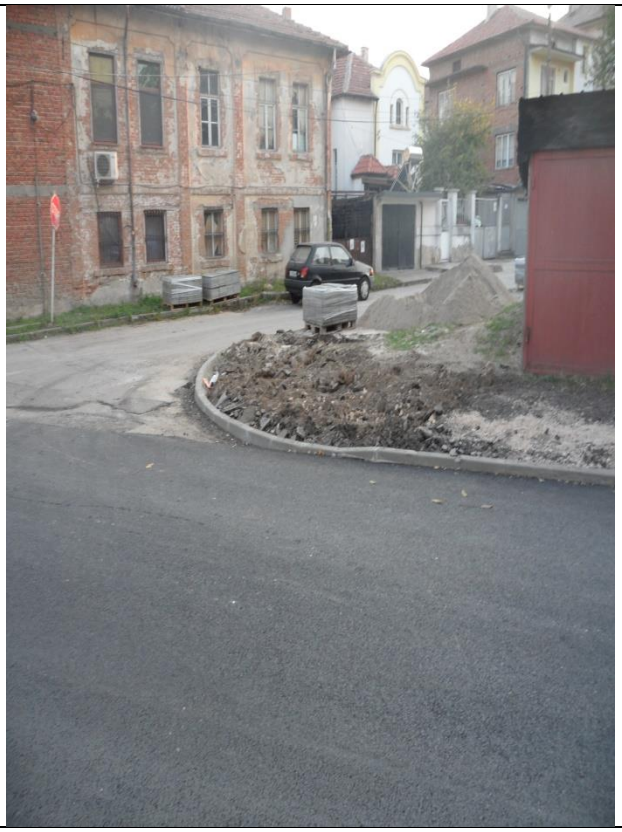
	
Fig. 55 Renewal of existing sidewalk /. Подновяване на съществуващ тротоар	Fig. 56 Renewal of existing sidewalk /. Подновяване на съществуващ тротоар

Fig. 57 Tactile indicators on renewed sidewalk /.
Тактилни индикатори на подновен тротоар

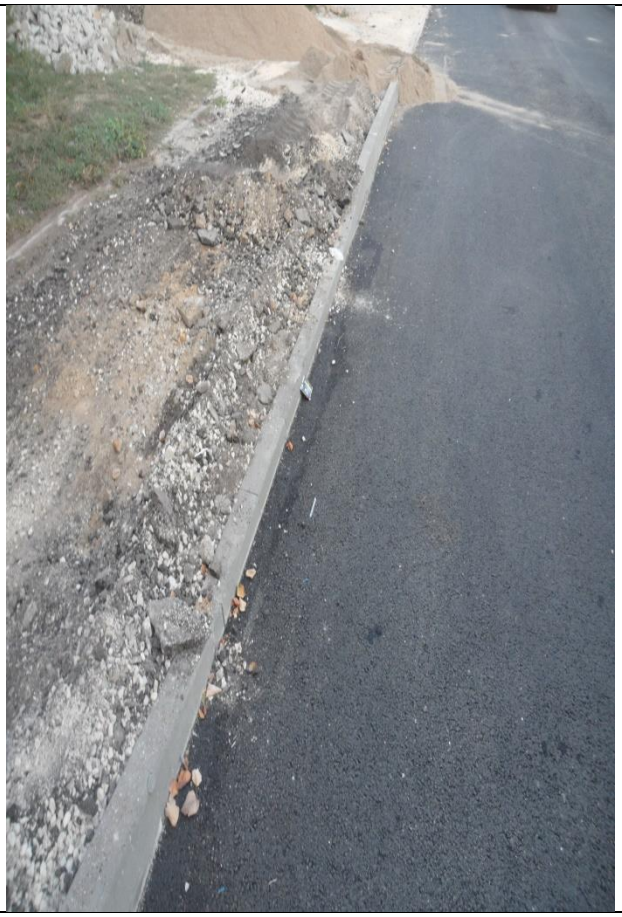


Fig. 58 Renewal of existing sidewalk /.
Подновяване на съществуващ тротоар

Fig. 59 Parked vehicles on the sidewalk /.
Паркирани автомобили върху тротоара

Fig. 60 Firecrane and pole on the sidewalk /.
Пожарен кран и стълб върху тротоара

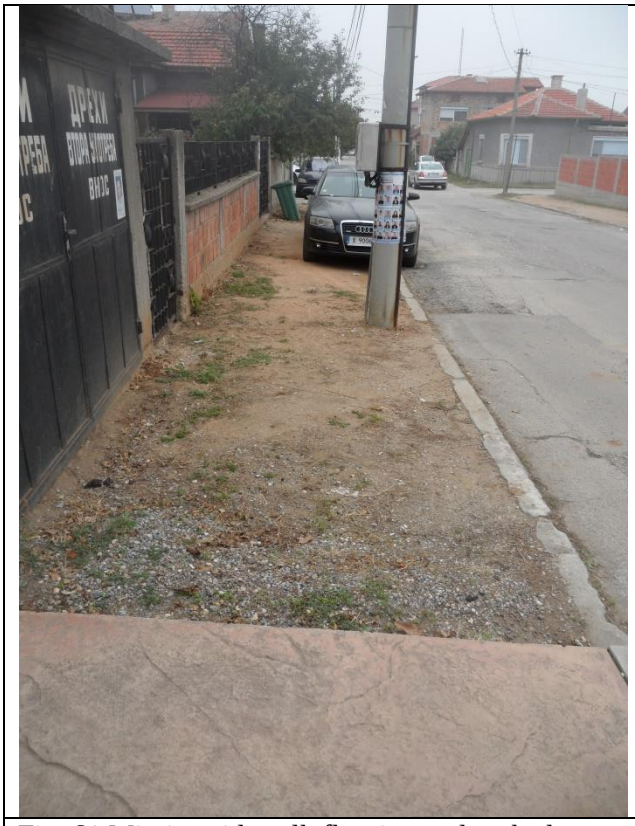


Fig. 61 Missing sidewalk flooring and parked vehicle /. Липсваща тротоарна настилка и паркиран автомобил

Fig. 62 Multiple parked vehicles on both sidewalks /. Множество паркирали автомобили и на двата тротоара

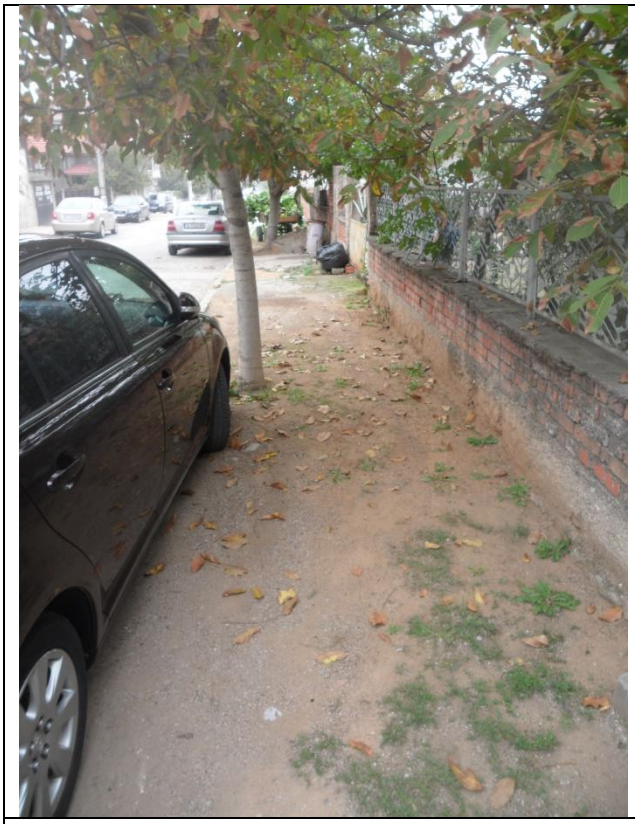


Fig. 63 Missing sidewalk flooring /. Липсваща тротоарна настилка

Fig. 64 Wide sidewalk without flooring /. Широк тротоар без настилка

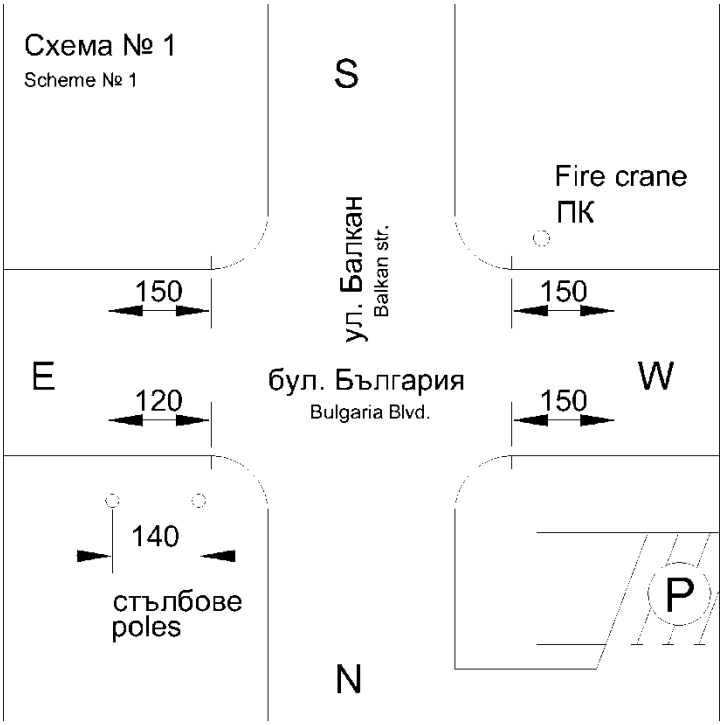
2. Схеми от маршрути I, II и III

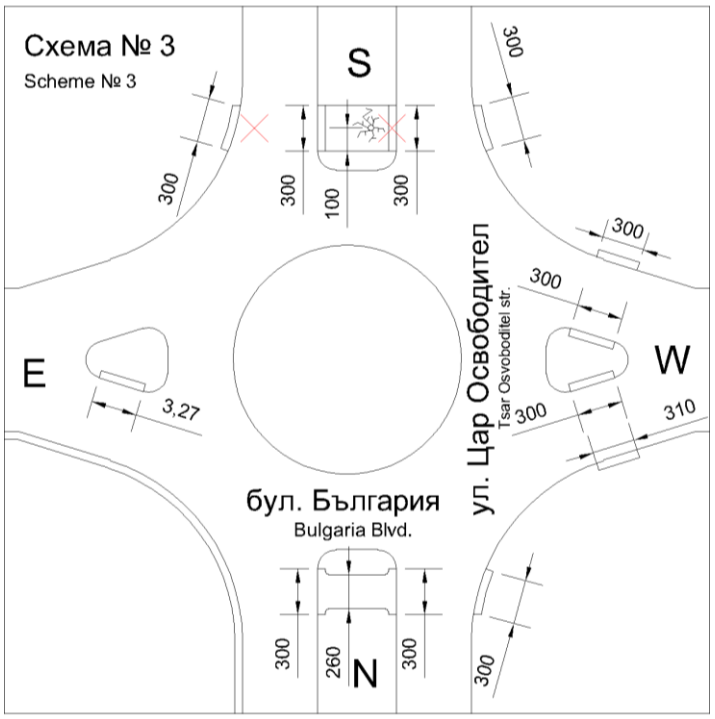
Проектът е съфинансиран от Европейския фонд за регионално развитие и от националните фондове на страните, участващи в Програма за сътрудничество Интеррег V-A „Гърция – България 2014-2020“

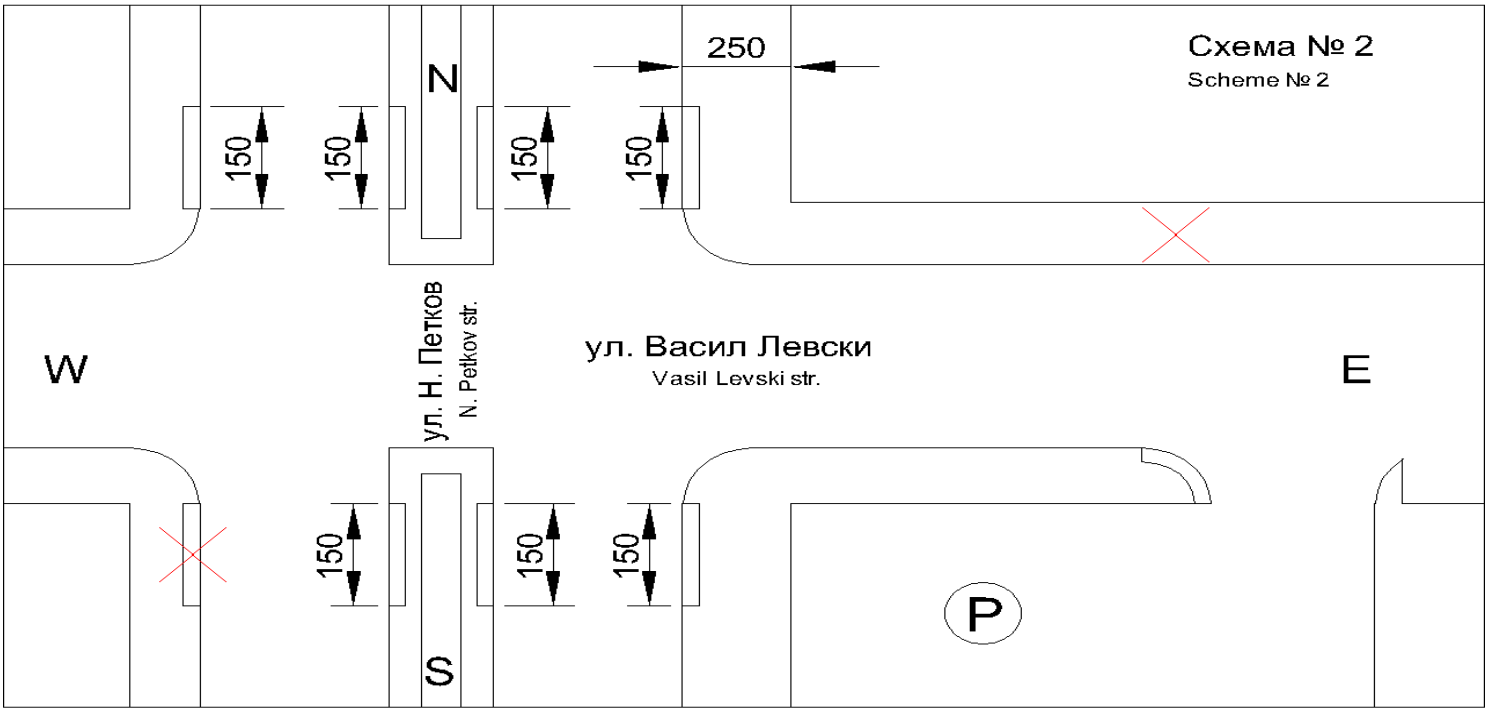
Interreg
Greece-Bulgaria
SMiLe
European Regional Development Fund

EUROPEAN UNION

Проект: Укрепване на първичната медицинска помощ в изолираните и непривилегировани трансгранични райони - SMiLe







Schematic map of showing the routes for accessibility to PHC

Harmanli assessing

Проектът е съ

020“

3. Снимки от оценката на достъпността до ПЗГ на МБАЛ „Хармнали“

4.

Fig 1. Ramps infront of the building of the emergency ward/ Рампи пред сградата на спешното отделение /

Fig 2. Entrance to the emergency ward / Входът към спешното отделение

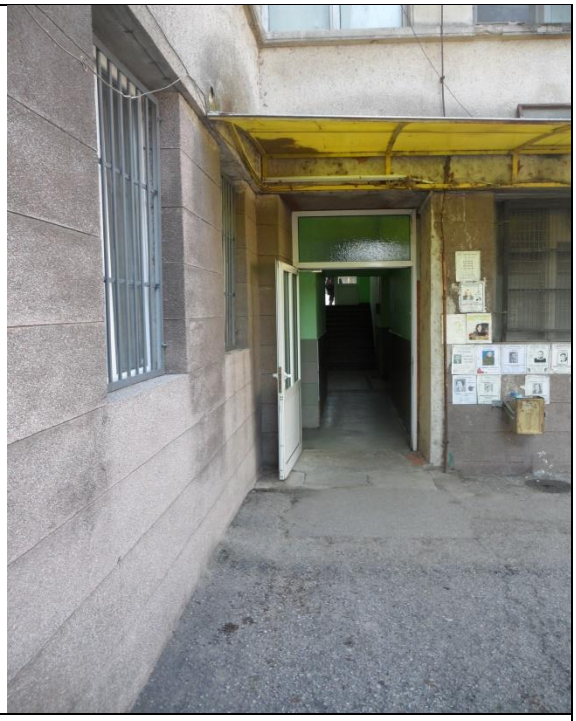
	
Fig 3. Ramps infront of the bulding of the emergency ward / Рампи пред сградата на спешното отделение	Fig 4. The east entrance to the main building of the hopital / Източният вход към главната срада на болницата

Fig 5. The west entrance to the main building of the hospital / Западният вход към главната сграда на болницата

Fig 6. Entrance and emergency exit on the east side of the main building / Вход и авариен изход от източната страна на основната сграда

Fig 7. The entrance to the gynecological ward / Входът към гинекологичното отделение

Fig 8. Entrance on the southeast side of the main building / Вход на югоиточната страна на основната сграда

Fig 9. Emergency exit on the south side of the main bulding / Авариен изход от южната страна на сградата

Fig 10. Entrance to the children's ward / Вход към детското отделение

Fig 11. Entrance to the Harmanli DCC / Вход към ДКЦ „Харманли“

Fig 12. Entrance to the Harmanli DCC / Вход към ДКЦ „Харманли“

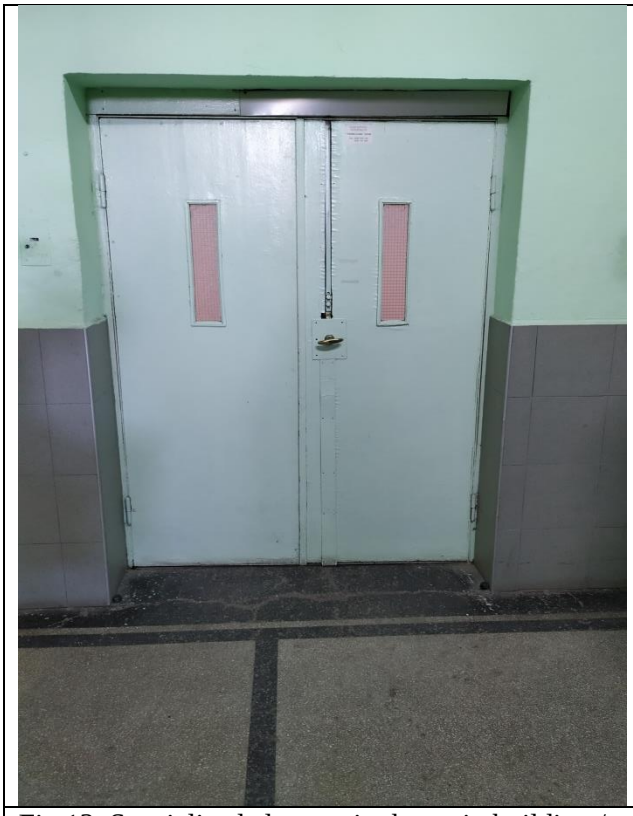


Fig 13. Specialized elevator in the main building / Специализиран асансьор в основната сграда

Fig 14. Standart elevator in the main building / Стандартен асансьор в главната сграда

Проектът е съфинансиран от Европейския фонд за регионално развитие и от националните фондове на страните, участващи в Програма за сътрудничество Интеррег V-A „Гърция – България 2014-2020“

Fig 15. Buttons in the specialized elevator / Бутони в специализирания асансьор

Fig 16. Buttons in the standart elevator / Бутони в стандартния асансьор

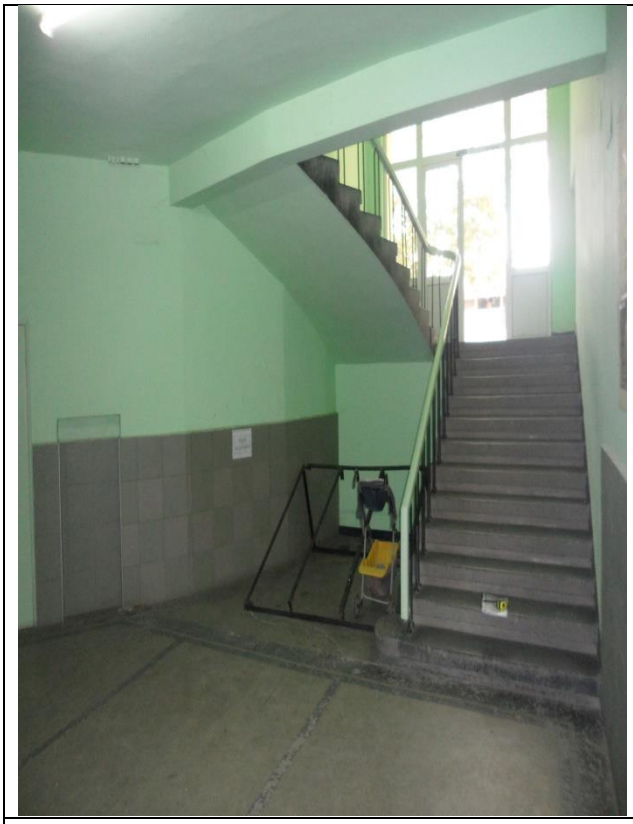


Fig 17. Staircase in the main building / Стълбище в главната сграда

Fig 18. gynecological ward / Акушеро-гинекологично отделение

Fig. 19 The inner entrance to Harmanli DCC / Вътрешен вход към ДКЦ „Харманли“

Fig. 20 Internal medicine ward / Вътрешно отделение

Fig. 21 Hallway with benches / Коридор с пейки

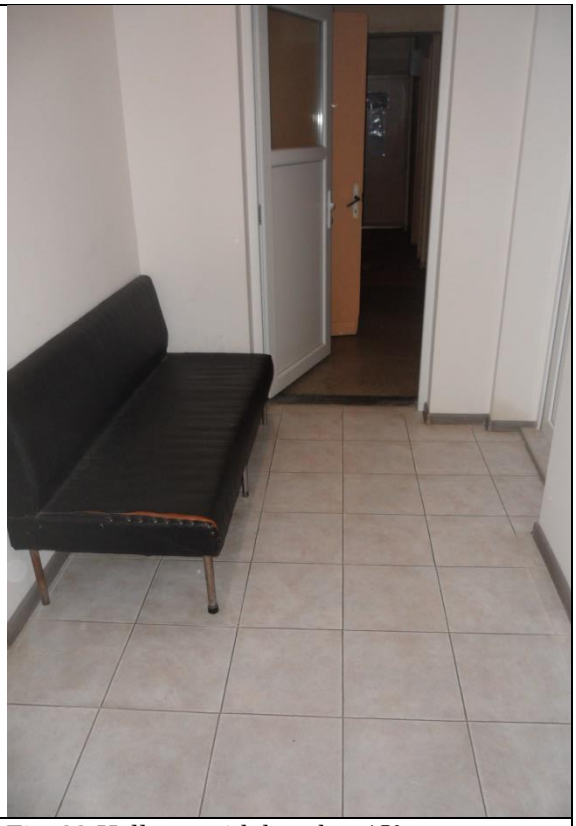


Fig. 22 Hallway with benches / Коридор с пейки

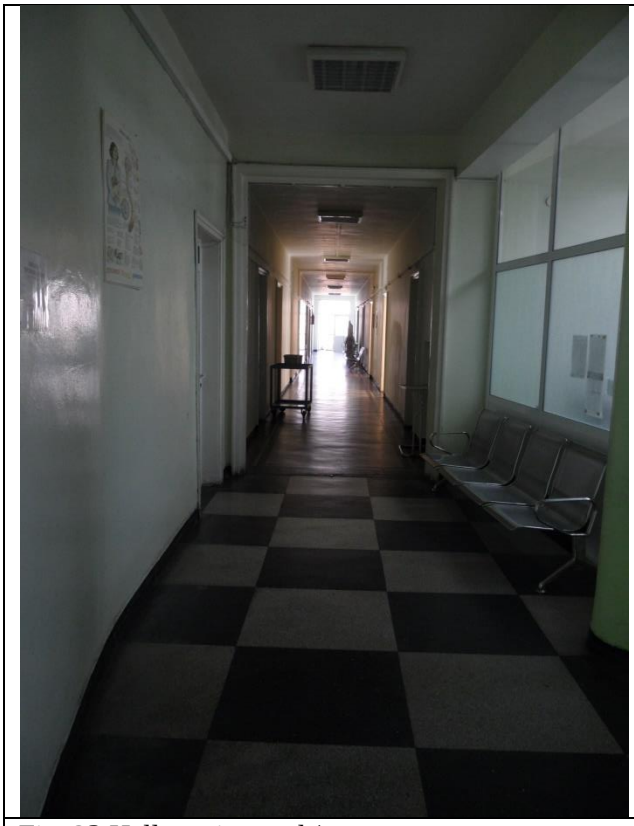


Fig. 23 Hallway in ward / коридор в отделение

Fig. 24 Neurological ward / Неврологично отделение

Fig. 25 Surgery war / Операционно отделение

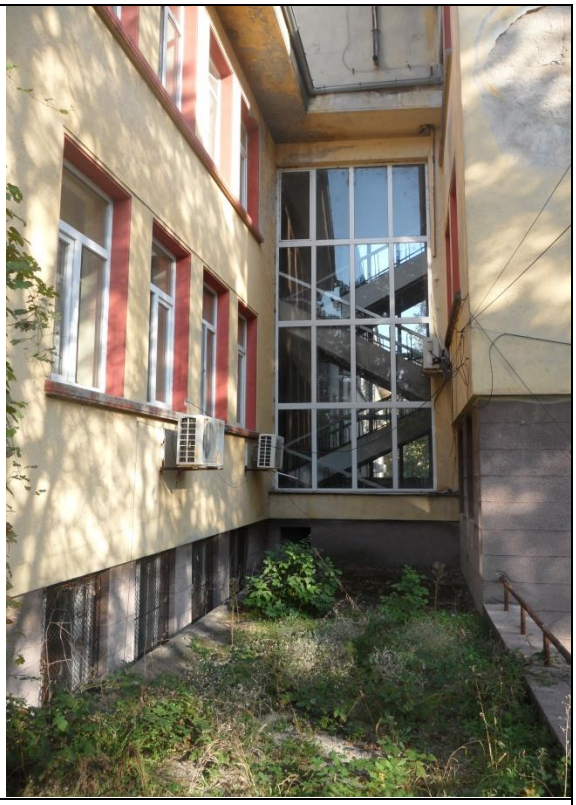


Fig. 26 Connection between the building of Harmanli DCC and the main building / Връзка между ДКЦ „Харманли“ и основната сграда

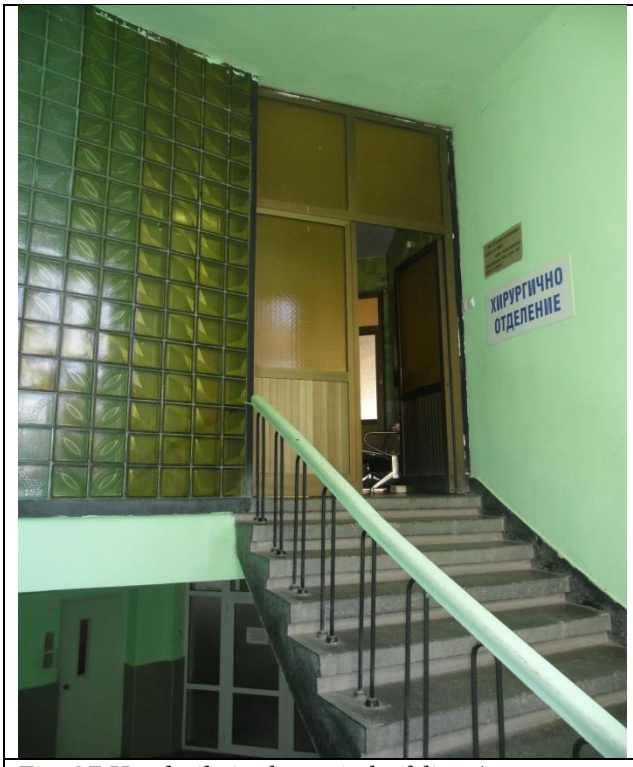


Fig. 27 Handrails in the main building / парапети в главната сграда

Fig. 28 Handrails in Harmanli DCC / Парапети в сградата на ДКЦ „Харманли“

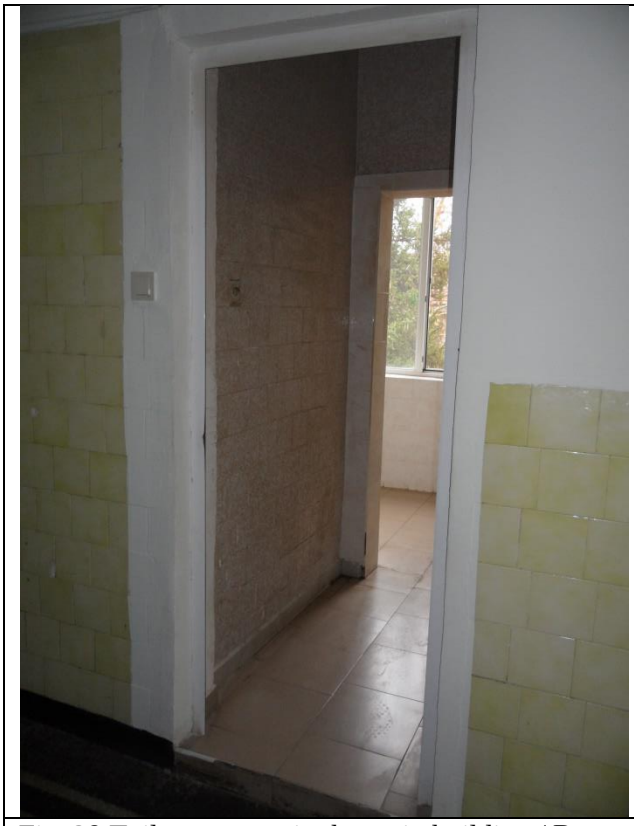
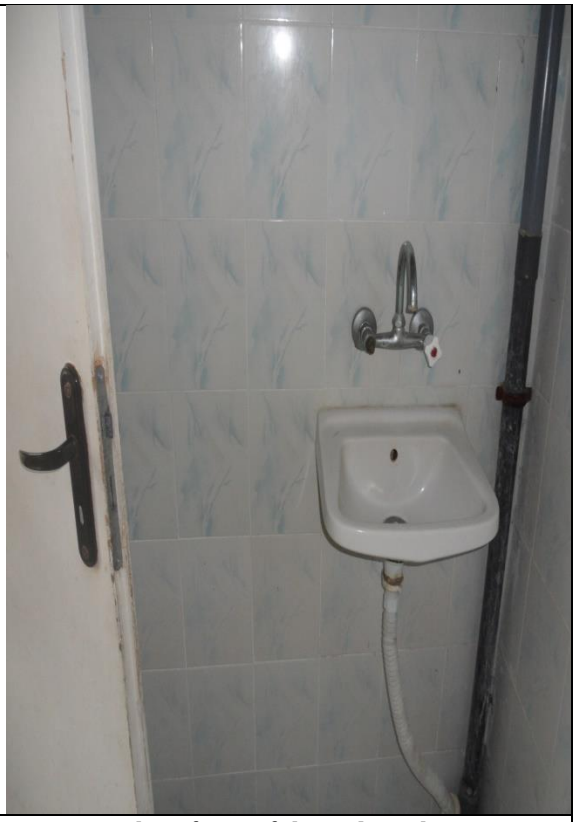


Fig. 29 Toilet entrance in the main building / Вход към тоалетните в главната сграда

Fig. 30 Toilet entrance in the main building / Вход към тоалетните в главната сграда

Fig. 31 Premises for hazardous waste / Помещение за опасни отпадъци

Fig. 32 Toilets intended for patients / Тоалетни предвидени за пациенти

	
Fig. 33 Toilet cabins / Тоалетни кабини	Fig. 34 Sink in front of the toilet cabins / Мивка пред тоалетните кабини

Проектът е съфинансиран от Европейския фонд за регионално развитие и от националните фондове на страните, участващи в Програма за сътрудничество Интеррег V-A „Гърция – България 2014-2020“

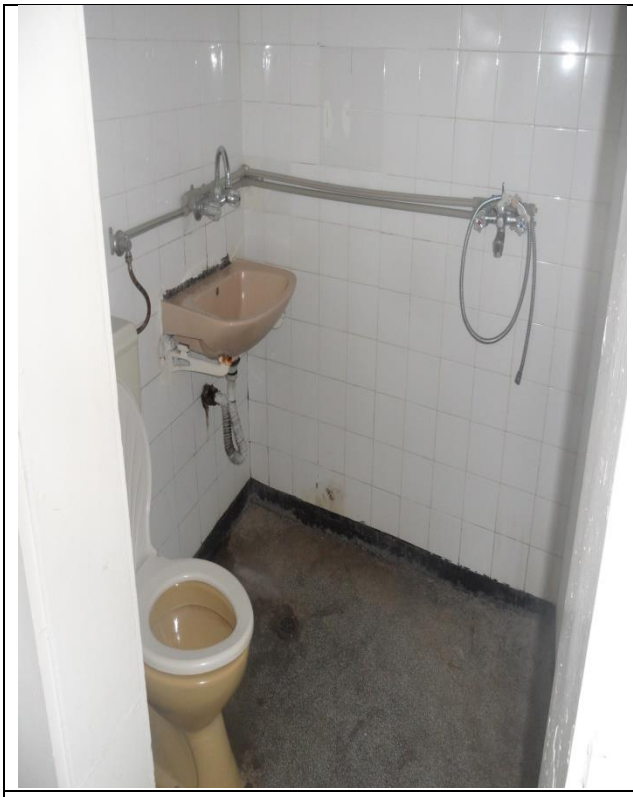
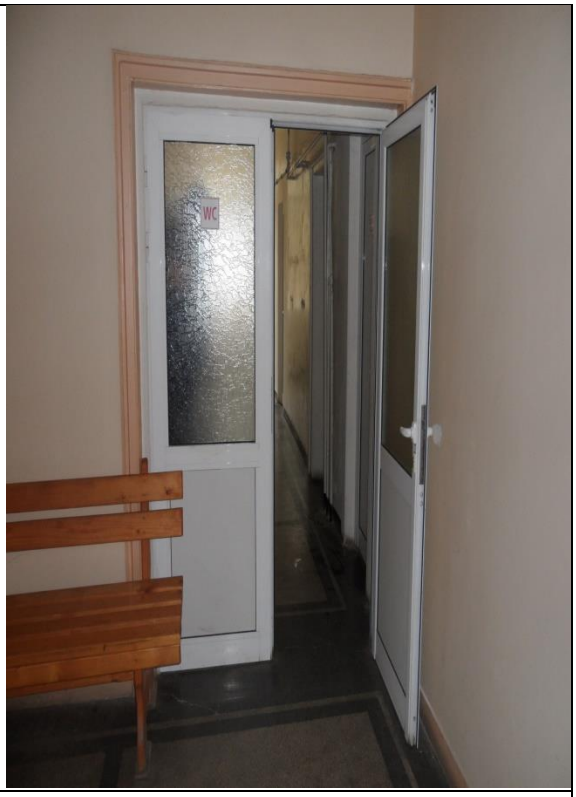
	

Fig. 35 Toilet with shower in the children's ward / Тоалетни с душ в детското отделение	Fig. 36 Entrance to the hallway in front of the toilets / Вход към коридора пред тоалетните

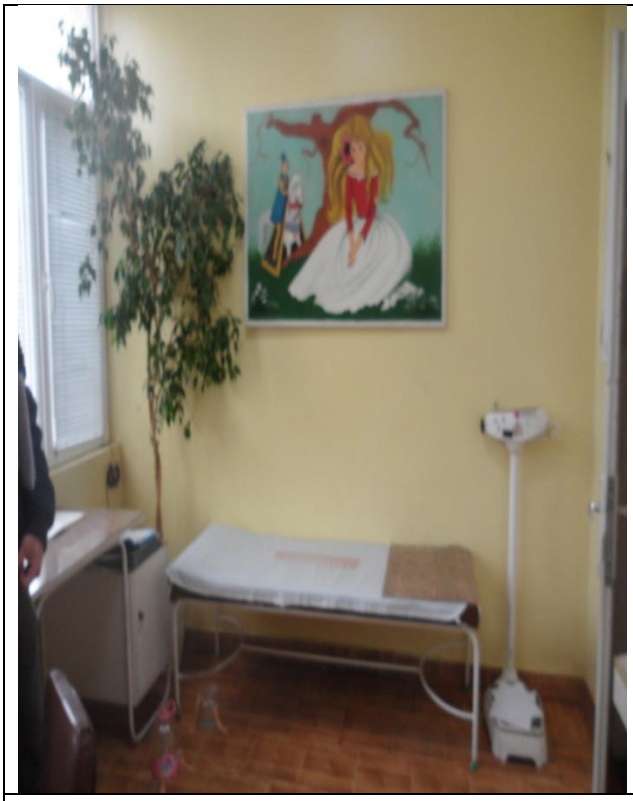


Fig. 37 Examination room in the children's ward / Кабинет за прегледи в детското отделение

Fig. 38 Examination room in the children's ward / Кабинет за прегледи в детското отделение

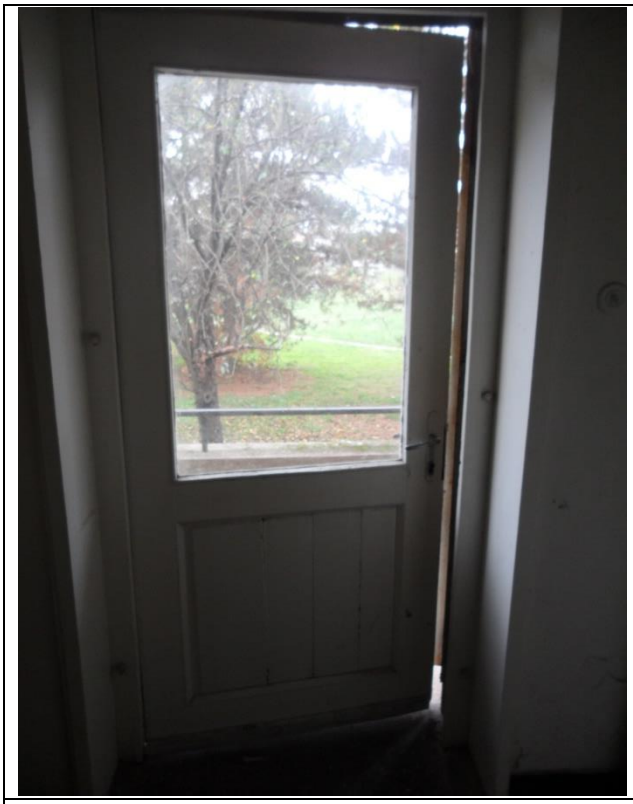


Fig. 39 Emergency exit on the Harmanli DCC / Авариен изход на ДКЦ Харманли	Fig. 40 Sign marking the emergency exit / Знак маркиращ аварийния изход

Проектът е съфинансиран от Европейския фонд за регионално развитие и от националните фондове на страните, участващи в Програма за сътрудничество Интеррег V-A „Гърция – България 2014-2020“

Fig. 41 Scheme for evacuation / Схема за евакуация

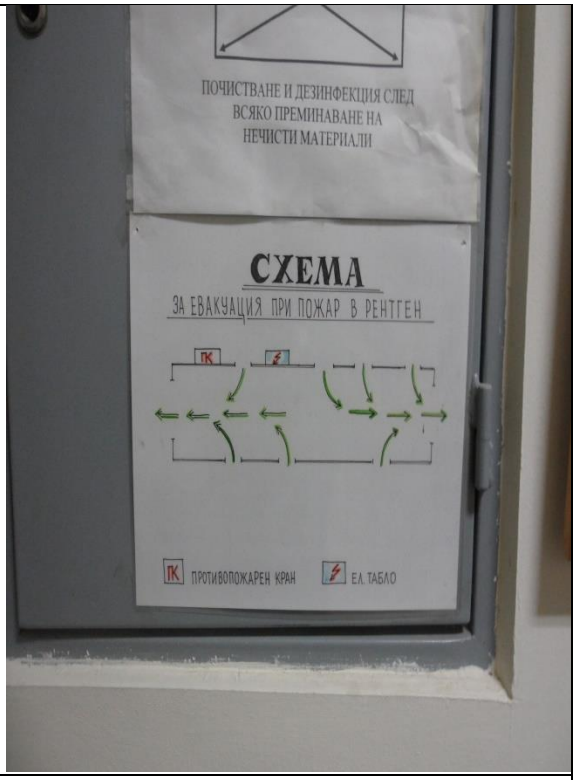


Fig. 42 Scheme for evacuation / Схема за евакуация

Fig. 43 Sign marking the emergency exit / Знак маркиращ аварийния изход

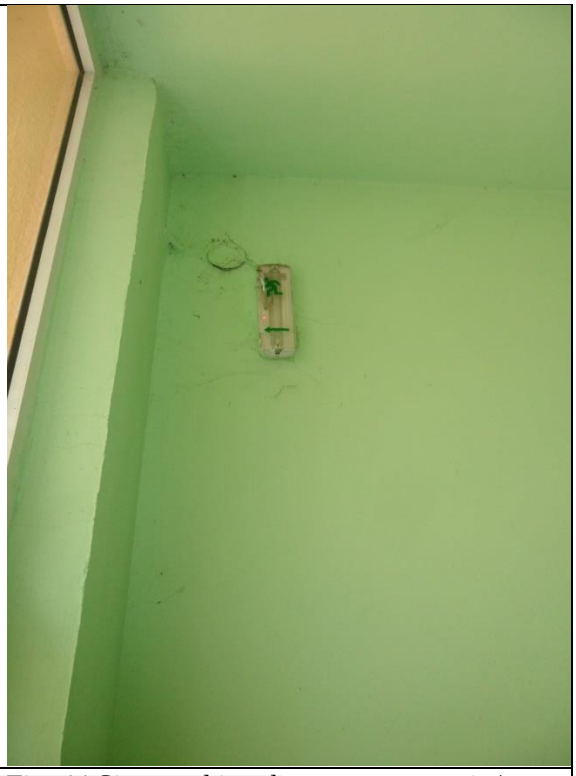
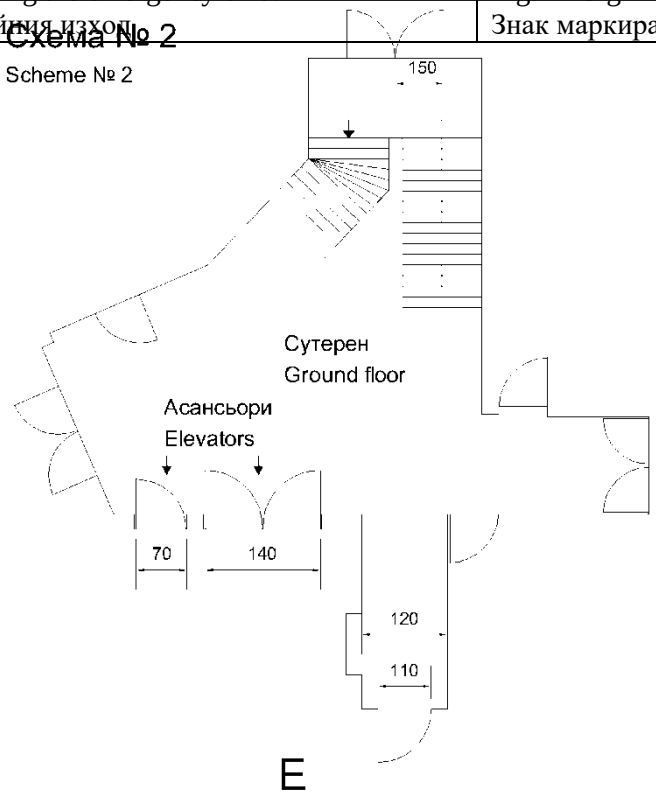


Fig. 44 Sign marking the emergency exit / Знак маркиращ аварийния изход

5. Схеми от оценката на достъпността до ПЗГ на МБАЛ „Харманли“

Схема № 2

Scheme № 2



IV. Въпросници

1. Въпросници за достъпността до ПЗГ по избрани маршрути в град Харманли

Проектът е съфинансиран от Европейския фонд за регионално развитие и от националните фондове на страните, участващи в Програма за сътрудничество Интеррег V-A „Гърция – България 2014-2020“

V. Интервюта за достъпността до ПЗГ на персонал и хора с увреждания

Проектът е съфинансиран от Европейския фонд за регионално развитие и от националните фондове на страните, участващи в Програма за сътрудничество Интеррег V-A „Гърция – България 2014-2020“

Project: Strengthening primary Medical care in IsoLated and deprived cross-border arEas

Report from the assessment of accessibility to Primary Health Care (PHC) in the city of Harmanli, Haskovo district, Bulgaria

The Project is co-funded by the European Regional Development Fund and by national funds of the countries participating in the Interreg V-A "Greece-Bulgaria 2014-2020" Cooperation Programme

I. Assessment of accessibility to primary helthcare on designated routes in Harmanli.

1. Introduction

For the assessment of accessibility to Primary Health Care (PHC) in the city of Harmanli Haskovo were selected three routes. The choice of the routes was made on the basis of the possibility of full coverage of the area of the settlement along the main arteries of the city. Their purpose was to assess how unhindered is the movement of people with various types of disabilities from the most significant places in the city, characterized by a high flow of people, to the Harmanli Hospital. Attention was paid to sidewalks, pedestrian paths, various obstacles on the road, types of facilities for people with disabilities, as well as lack thereof, accessibility to different types of services and more. For this purpose, measurements were made mainly of ancillary facilities and equipment related to different types of services. The results were submitted in pre-prepared questionnaires covering most of the possible obstacles that a disabled person would encounter in the surrounding environment in the urban area.

The First Route (MI) covers the area from Harmanli Railway Station to Harmanli Bus Station along Bulgaria Blvd., passing through major places in the city, such as Community Center, Cultural Center, a number of shops, restaurants, major crossroads in the city, near Municipality of Harmanli and the square in front of it near it. The route also includes observations along Nikola Petkov Street leading to the northern entrance of the Harmanli Hospital and its adjacent parking lot.

On the second route (MII), two streets were assessed between Vasil Levski Street and Bulgaria Blvd. - Aleko Konstantinov Street and Alexander Stanboliyski Street. Perpendicularly were also assessed Balkan Street and Sakar Planina Street. The purpose of the route was to establish access to the PHC by people residing inland. The route covers an area mainly with residential buildings, in particular, and small shops, pharmacies etc.. The outer parts of the route are tied to the streets of the first and third routes - Nikola Petkov Street and Tsar Osvoboditel Street. The purpose is to assess the different options for people with disabilities to reach Harmanli Hospital.

The third route (MIII) was conducted from the northern part of Tsar Osvoboditel Street through Vasil Levski Str. to Harmanli Hospital. The route covers the roundabout of the intersection of Tsar Osvoboditel Street and Bulgaria Blvd., along Tsar Osvoboditel Street and Vasil Levski Street to the Harmanli Hospital. Mainly small shops and residential buildings are located along the route.

The information about the routes is summarized in this report and follows the structure of the questionnaire applied to each route separately.

1.1. Bridging different levels between sidewalk/walkway and road surface

Along the routes, there are a number of places with a difference in the height of the sidewalks and the road surface (difference in the height of the route), which are indicated on the schematic maps. The slopes and ramps are located mainly on the larger streets, mostly on Bulgaria Blvd. They are also present at crossroads - roundabouts and at intersections of the larger streets. Old infrastructure is devoid of ramps and slopes. At the places where the infrastructure is being renewed, as is the case with Alexander Stamboliiski St. (Fig. 55-58), the slopes are constructed in accordance with the norms of Ordinance No. 4 of July 1, 2009, for the design, execution and maintenance of the buildings in accordance with the requirements for accessible environment for the population, including for people with disabilities (Prom. SG 54/09; suppl., issue 54 2011). Pedestrian islands exist in places along the routes. They are present at the roundabout of Bulgaria Blvd., located at the western entrance of the city (Fig. 1 и 2) and the roundabout at the intersection of Bulgaria Blvd. and Tsar Osvoboditel Str. (Fig. 25 и 26). Islands are present also at Nikola Petkov Street and Sakar Planina Street (Fig. 31 и 34). Bevels in many cases, including those at the roundabouts, do not correspond to the adjacent sidewalks. For example, bevels located across the width of the islands often lead to slopes that are impassable or does not exist at all on the opposite sidewalks. In some places, as in the case at the intersection of Tsar Osvoboditel Str. and Vasil Levski Str., there is a pedestrian island covered by vegetation and is completely impassible and the crosswalk is placed in such way that the island is an obstacle for the pedestrians (Fig. 50). In most cases, the ramps and the slopes are located at places providing “natural” pedestrian movement. There are few exceptions where they are farther from the intersection - for example, where islands are present. In most cases, the ramps and the slopes are skid resistant and relatively easy to maintain. Obstacles such as parked cars, as is the case (Fig. 4) near the main square of Harmanli, are present. Parked vehicles are obstructing the free use of slopes and ramps. During the period of evaluating the accessibility of the PHC, it was not possible to assess the degree of rainwater drainage along the selected routes. However, the construction of the drainage system implies a relatively good drainage of water. The sidewalk bevel has a minimum width of 70 cm and a maximum of 310 cm. Those with a width of 100 cm to 120 cm are predominant, slopes with a width of 150 cm are fewer than the other mentioned and are usually located on the renovated sidewalks. The recommended minimum width of the

bevel is 120 cm, and the bevel should cover the whole area of the corner. This type is observed in several places, as is the case on the northeast side of the roundabout of Bulgaria Blvd. and Tsar Osvoboditel Street. The prevailing slope of the bevels and ramps is about 15%, which is above the recommended one of 5%. In some places, such as at pedestrian islands, the slopes are not existing and the level of approach is equal or close to the level of the roadway (Fig. 25 и 26). In most cases, ramps and slopes do not reach the level of the road surface and are up to 5 cm higher than it. This would make it difficult for people with disabilities to pass it. In addition to these obstacles, there are permanent obstacles along the bevelling, including fire cranes and vegetation (Fig. 13 и 27). The start and end of ramps are not marked with tactile indicators warning for "danger" ahead.

1.2. Bridging different levels with ramps (between the sidewalks/walkways and the level of other land uses, e.g. buildings)

The selected routes do not have any differences in levels to be overcome by ramps.

1.3. Sidewalks

Sidewalks are missing only in the area from the railway station to the first roundabout towards the city centre along Bulgaria Blvd. In most places along the inner streets of the city, they are either partially covered, inappropriate or missing (Fig. 19,20,43,47, 48, 51,61, 63). In places where existing facilities are being replaced or renewed, the minimum width for free pedestrian movement of 90 cm is not provided. Sidewalks are impassable and the traffic is made on the roadway, without any signs, placed to ensure the pedestrian safety. The sidewalks along the entire length of Bulgaria Blvd. are of the best quality and walkability in the assessing region. The sidewalks in the settlement creates a network providing relatively high accessibility to the different parts of the city. However, many of them are difficult to navigate, which impedes the free movement of pedestrians and limits the capacity of the network to provide the necessary accessibility for people with disabilities in the settlement. The places where the flooring is made of marble tiles would cause difficulty for the movement of wheelchairs. There is such a situation at the square near the Municipality of Harmanli (Fig. 5-7). The flooring in this section is made of uneven marble slabs, which would cause vibrations as wheelchairs move along them. The surface of the sidewalks is disturbed in places, especially outside the main streets of the city. Such violations are lack of pavement or a broken one. In places, such as the case on the north sidewalk of

Bulgaria Blvd., opposite the Municipality of Harmanli, the disruption of the integrity of the facility is so great that it impedes the movement not only of people with disabilities but also of the ones without any disabilities (Fig. 19-20). There are no low areas where water could be collected for any reason. During the assessing period, such a case could not be observed due to the lack of rain or any other sources of water to be collected in low areas along the route. The presence of slippery surfaces along the routes was not noted during the period, but it cannot be guaranteed that such will not exist during the winter season. In places where there are grids of shafts that are within the range of pedestrian movement, they are correctly installed. Such is the case at the intersection of Nikola Petkov and Vasil Levski streets. The openings of the shafts are perpendicular to the traffic and are 2 cm wide. Given the number of population of Harmanli, the sidewalks along the main streets are wide enough to ensure the flow of pedestrians in the busy hours of the day. The sidewalks usually do not have a slope to the centerline of the road, except those along Vasil Levski Street near the intersection with Tsar Osvoboditel Street. The slope there is relatively large and would carry a moving wheelchair toward the road. In most cases, the slope along the sidewalks is not large and is usually between 1% and 2%. In some areas, the slope can be as high as 4%, as is the case with north-south oriented streets. Sidewalks lack poles or other obstacles preventing the parking of vehicles. In many places on the sidewalks, there are various types of temporary and permanent obstacles limiting the free space for the movement of pedestrians. These are tables, dining places (Fig. 7, 17), vegetation such as decorative plants, trees, etc. (Fig. 3, 18, 35, 52), timber (Fig. 38), trash bins (Fig. 43,45), fire cranes (Fig. 13, 60), parked vehicles (Fig. 36, 38, 39, 46, 62) etc. Such oobstacles make difficult the free movement of people with disabilities, and those using wheelchairs are often forced to use the road surface for movement (Fig. 32, 33, 36). The shop equipment is placed directly on the sidewalk, as well as the products placed on it. There are no protective barriers, which makes the movement of the blind difficult and dangerous. Road signs are usually placed on the outside part of the sidewalks, but there are cases in which their height is from 160 cm to 230 cm, predominantly about 200 cm. In cases where there is vegetation on the sidewalks, it is located directly on the area intended for the movement of pedestrians. This greatly impedes the smooth movement on the sidewalks. In rare cases, the vegetation is classified as decorative and does not impede the smooth movement along the sidewalks. There is good maintaining of the streets in clean condition, although there are often small waste products. They do not impede the use of the facility. The lighting on the central streets is adequately placed and strong enough to use the facilities during the dark part of the day. The crossings are easy to see as well as their beginnings and endings and most of the markings are relatively well-preserved. The width of the main crossings is about 350 cm.

1.4. Street furniture, equipment and signage

In places where commercial activity is carried out near or directly on the sidewalk, there is an area greater than 1.2 m, with free space varying in width. Predominantly the free space is about 3 m. However, in some places, the sidewalk is completely impassable, as is the case with the establishment at the southeast corner of the sidewalk near the Municipality of Harmanli. The restaurant on the site is located close to the sidewalk, and its furniture, combined with concrete enclosures, make the space completely impassable (Fig. 6-7). Street furniture on the routes, such as benches, chairs etc., impeding pedestrian traffic is not observed. Telephone booths are also missing in the assessed area. The ATMs in the area are concentrated mainly in the central part of the city, i.e. around the square and along Bulgaria Blvd. (Fig. 8, 21, 23, 40, 41, 42). The dimensions of ATMs and their other characteristics are described in detail in the field questionnaires. Seven ATMs have been described, 2 of which are inaccessible, one of closed type (at the bank premises) and 4 accessible ATMs. Common for the devices is that they do not have an audio system for receiving information from the users and there is no Braille. Most of the ATMs create the necessary contrast that would make it easier for use by people with visual impairments. The two inaccessible ATMs are elevated compared to the level of the pedestrian area without any existing aids for reaching them by people with disabilities. One of them has a shed above the device, which is 185 cm in height, making the ATM uncomfortable to use. Street nameplates are often missing and signs for the current location are missing too. This implies a problem in the long-term orientation of pedestrians in their direction.

1.5. Road Crossings

The city has one regulated intersection with traffic lights (Fig. 12-14). Pedestrian intersections follow their natural course, with no vehicles entering the intersection during a green light, which will not prevent the pedestrians from free crossing. The area for crossing the intersection exceeds 250 cm, and the crossing is perpendicular to the traffic flow. There are shafts in the intersection, but they are not located into the pedestrian crossing area. The shafts do not constitute an obstacle. The width of the roadway does not exceed 12 m and there is no need for islands to be present. Unregulated intersections, as well as other pedestrian crossings, have a warning signal for crossing pedestrians, giving them an advantage over other traffic (road sign E17). The crossing time for slow movement from one sidewalk to another is 11 s, and the duration of the signalization is 20 s. The crossing time is sufficient in relation to the traffic load on the street.

There are cars turning simultaneously with the pedestrians crossing. Pedestrian traffic signalization is not activated by the pedestrians themselves, i.e. is automated without using a control button. The green pedestrian crossing light is accompanied by an audio signal. The volume of the signal is weak and difficult to detect during moving traffic. The crossing of the roundabout is done through an island built in the middle of the roadway (Fig. 2, 25, 26, 27). The level of the section intended for use by people with disabilities on the island is equal or close to that of the road surface. This also applies to pedestrian islands located on wider road surfaces. An exception is the island at the intersection of Nikola Petkov Street and Vasil Levski Street, where the level is higher than the level of the road, and the difference is compensated by bevels.

1.6. Bus stops

The city has bus stops on the city line that serves the route from the train station to the bus station (Fig. 22, 28-30). The distance between them is greater than 400 m. The stops in the central part of the city are located on the sidewalks with free space for movement in front them, while those from the last roundabout in the direction of the railway station are either directly on the sidewalk, bevelled at the section of the stop or they are only marked with a sign, again directly located on sidewalk. Some of the stops (3) have a shed and the covered part of the bus stop is 150-190 cm. The free space in front of the bus stops is 115-220 cm and the length of the stops is 420-440 cm. The covered bus stops are provided with shed benches, lacking a strong colour contrast that makes them more visible compared than the rest of the stop. In places, the benches have elbow rests. There is ample wheelchair space next to the bench. The vertical panels of the covered stops are transparent and do not obstruct visibility. One of the covered with panels bus stops has stickers that make it difficult to see through them. The glass panels do not have coloured stripes for indicating them. Closed bus stops can be easily recognized by visually impaired people. This does not apply to others marked only by a sign. In cases where there is a free pavement space in front of the stops, the curbs are about 15 cm high. This helps to get people with wheelchairs into the vehicle if it is suitable for their needs. The organization of stops, located in the central part of the city, allows the bus to get close enough to the curb. Information plates indicating the bus line number and its timetable are missing. There is no audio information for the bus schedule, line number, etc. There is no tactile or braille information at the stops, and there is no tactile floor indicating the bus stop.

1.7. Stairs

There are no stairs along the selected routes selected for assessment of the accessibility by people with disabilities to the PHC. An exception is the sidewalk in front of the community centre (Fig.15). The sidewalk is raised relatively high above the level of the road surface, and the high difference is overcome by a 100 cm wide ramp or by a 15 cm high step located next to it. It is slip-resistant, but there is no anti-slip material provided on the step. There are no railings. Although the area is relatively accessible, there is an alternative for movement on the opposite sidewalk, which is located next to the city garden.

1.8. Parking spaces

There are 5 parking lots adjacent to the selected routes, including the parking lot adjacent to the hospital (Fig. 9-11). All are provided with a wheelchair accessible parking space. The parking spaces envisaged for people with disabilities are clearly marked with blue paint, with a distinctive sign (road sign D21), or a combination of these, making it easy to identify them from the entrance to the parking lot. The maximum height of the car is not limited, except the parking lot located at the intersection of Bulgaria Blvd. and Balkan Street, where there is a stretch above the parking lot. All parking lots lack tactile indicators and flooring. The parking locations are as follows:

- in front of the Municipality of Harmanli - 1 parking space for people with disabilities out of 13, 350 cm wide;
- parking at the intersection of Balkan Street and Bulgaria Blvd. 1 parking space for people with disabilities out of 22 spaces with dimensions 220/650 cm;
- parking on Vasil Levski Str. 1 parking space for people with disabilities out of 15 places - width 350 cm;
- parking in front of the northern entrance of the Harmanli Hospital, 2 parking space for people with disabilities out of 12 places with a width of 350 cm;
- parking at the northern entrance of the Harmanli hospital along Vasil Levski Street with 1 parking space for people with disabilities.

In the mentioned parking lot, it is not possible to measure the width of the parking space for people with disabilities due to the lack of separation marking on the grounds, and their specific number cannot be determined. The condition that the number of disabled parking spaces is at least 10% of the total number of parking spaces is met for the

parking lot serving the hospital. In other cases, it can be considered completed except for the parking lot at the intersection of Balkan Street and Bulgaria Blvd. Disabled places are not suitable for a van type vehicle with dimensions 450/660 cm. For parking space for people with disabilities which width is greater than or equal to 350 cm, it should be possible to transfer a disabled person from the vehicle into a wheelchair, depending on the dimensions of the vehicle. The access to the rear door of the vehicle is free, with no preconditions for difficulty for the user of the parking lots by people with disabilities. The flooring is asphalt and it is flat and easily accessible. Access to the PHC from the parking lot adjacent to the Harmanli Hospital is free, without differences in the levels along the route used to reach the entrances of the establishment. There is a difference in height only in the case of a parking/sidewalk, but there is a bevel for easy use of the facility by people with disabilities. The parking lots are for free use and there are no taxes for parking.

Conclusion

In terms of accessibility to primary care on the routes selected, it can be concluded that there are a number of obstacles that need to be paid attention in terms of eliminating them. Currently, in the scope of the routes actions are taking place for upgrading the infrastructure and bringing it into a compliant state. The main problems on the routes leading to the Harmanli Hospital are:

- Lack of ramps and slopes in a number of places where such are necessary;
- Greater slope of the bevels than the one that is recommended;
- The bevels do not reach the level of road surface;
- There are no tactile indicators on the sidewalks which are already built;
- Many pavements are not suitable for use by people with mobility problems;
- Parking vehicles occupying the space in front of the sidewalks or at the whole area of the sidewalk;
- Various non-permanent obstacles along the entire width of the sidewalks (cars, wood, furniture, etc.);
- There are no information boards, as well as ones that are understandable for people with visual problems
- The audio signal of the traffic lights system at the controlled intersection is weak.

The following measures to improve accessibility for people with disabilities to primary health care can be taken to facilitate their mobility in the urban environment:

- Building of ramps and bevels at the places where they are missing;

- Ensuring that the slopes of the newly constructed sidewalks are as close as possible to the level of the roadway;

- For the newly constructed or repaired sidewalks – following of the recommendations for tactile indicators;

- When constructing new sidewalks or repairing old sidewalks, they should be built respecting the recommended slope for bevels;

- Repairing of the sidewalks that are not suitable for the use of disadvantaged people;

- At the places along the routes where they are missing - building new ones;

- Bevels and other similar facilities to be permanently free for people using wheelchairs;

- Take measures (placing obstacles against parking, etc.) against the presence of parked vehicles in places where there is pedestrian traffic present;

- Prohibit the placement of various objects reducing the width of the sidewalks;

- Provide a stronger audio signal from the traffic lights system at the controlled intersection.

II. Assessment of accessibility to primary healthcare in the territory of the Harmanli Hospital

1. Introduction

To assess the accessibility of Primary Health Care (PHC), the Multidisciplinary hospital for active treatment of Harmanli was visited in the city of Haskovo. The address of the hospital "Harmanli" is 66, Vasil Levski Str., Harmanli. The hospital has a century-long history and emerged after the Liberation and Unification of Bulgaria. The current hospital building was built in 1970. The staff consists of 44 doctors, 70 nurses, obstetricians and laboratory assistants, 1 pharmacist and 53 occupying other positions. In the city, the hospital ис positioned in the area between Nikola Petkov, Vasil Levski and Balkan streets. It is located 40 km from the Regional Center and is a support and advisory unit serving the more distant hospitals in the district. This makes the Harmanli Hospital an extremely important hospital on the territory of the country and, therefore, implies special attention that should be paid to the possibilities of accessing it by disadvantaged people. The hospital administration takes the necessary care to maintain the buildings in good condition. The necessary measures are taken to keep everything in order and there is progressively thinking about expanding the material base, as well as to eliminate urgent problems concerning the normal functioning of the establishment. When discussing with qualified personnel from the Harmanli Hospital, it became clear that the facility needs insulation, renovation of the lifting facilities, renewal of the water supply and sewage system and wastewater. It is also planned to build a brand new emergency centre near the existing one at the moment. The hospital comprises 4 separate buildings:

- a two-storey building housing the administration and emergency department (building A);
- the main four-storey building of the Harmanli hospital (building B), on the territory of which there are various wards, such as the admission-consulting rooms, the obstetrics and gynaecology ward, dispatching room, internal ward and the neurological ward, X-ray ward, Clinical laboratory, Surgical ward and Surgery ward. The building is also connected to the Harmanli Diagnostic Consultative Center (DCC) through a walkway;
- a two-storey building housing the children's ward of the hospital (building C);
- a two-storey building housing the Harmanli DCC (Building D).

A number of observations and measurements were made on the territory of the Harmanli Hospital, as well as the adjoining parts of the hospital, with the aim of assessing the accessibility of the hospital by people with disabilities. Measurements and assessment were not possible to be carried out in the emergency department because of limited access. It was not possible to make measurements in premises that were locked during the evaluation period.

This report is based on the primary information provided in the on-site questionnaires for each building. The content of the questionnaires is intended to cover the main aspects concerning both the accessibility of the hospital and the obstacles that exist which would prevent persons with disabilities from using the services of the establishment. For the sake of clarity, the structure of the document follows the content of the questionnaires used on the site, with information summarized throughout the hospital. During the evaluation period, access to the hospital is made through the entrance from Vasil Levski Str., Which is also used for passing ambulances, because of present repair works of a section of Balkan Street adjacent to the hospital area.

2. Entrance

The building of the emergency ward and the administration has two entrances - respectively for the administrative part and the entrance servicing the ward. The first is located on the south side of the building and the second - on the east (Fig. 2). The entrance to the emergency room is used as the main entrance and is intended for use both patients and staff. The main building has five entrances, two of which are intended for the general public and staff – east (Fig. 4) and west (Fig. 5), and two are for the wards - anesthesiology and intensive care unit and obstetrics (Fig. 6 and 7), and another one which is locked (not used regularly) from the southeast side of the building (Fig. 8). The building where the children's ward is located has one entrance on its north side, serving patients and staff (Fig. 10). The building housing the Harmanli DCC has one entrance on its north side (Fig. 11-12) serving staff and the general public, and the building also has a connection (Fig. 26) between it and the main building of the Harmanli hospital. In front of all entrances to the buildings, there is a space larger than 90 cm to allow wheelchair users to move freely, without using ramps and other ancillary equipment, as such is not required. The space immediately in front of the entrances allows the wheelchair manoeuvres to be freely executed, exceeding the minimum of 150/50 cm. An exception is the children's ward, which is accessed by stairs. The area in front of the entrances is levelled in different ways for individual buildings, using a ramp (trestle) suitable for use by ambulances (Fig. 1) serving the Emergency Department building. The administrative entrance of the building is at a higher level than that of the serving area between the buildings, the gap is being overcome by a 10 cm high step. The western entrance of the main building of the Harmanli Hospital is levelled with the area by two steps. The east entrance (Fig. 4) of the building is on the same level with the adjoining area. The entrance to the Obstetrics and Gynecology Unit (Fig. 7) is levelled by four steps. The southeast entrance is levelled with a staircase, as is the entrance to anesthesiology

and intensive care unit (Fig. 8 анд 6). A staircase is used to level the entrance with the adjacent area of the building for the children's ward (Fig. 10). The same applies to the Harmanli DCC building (Fig. 11-12). The areas in front of the entrance doors of the buildings are on the same level as the doors, which applies to all buildings of the establishment. Vertical thresholds are not present in front of the entrances of all buildings. There is no difference in the level between the pedestrian space in front of the buildings and their walkways only at the east entrance of the main hospital building. All others are with a higher level than the one of the areas intended for pedestrian movement. These height differences are overcome by ramps (building A) and stairs (buildings B, C and D). The ramp in front of the Emergency Department building is logically positioned to service ambulances (Fig. 3). The trestle is easily visible and no signs pointing to it are needed. The facility reaches the level of the pedestrian zone. It is covered only in its flat part in front of the entrance of the building by polycarbonate panels for the shed, which is an extension of the existing concrete visor. The shape of the ramp is different from it is north and south sides. In the first case, it makes a slight bend while on the opposite side it is straight. The length of the southern part is 920 cm, the northern part is 540 cm, and the width is 340 cm for both, including the landing. Because of their dimensions (shorter than 10 m) and the fact that they are designed for motor vehicles, the ramps do not have any platforms. The difference in the level between the lowest part of the ramp and the platform at the entrance is 120 cm. The landing is located in the middle between the two ramps, respectively at their upper edges. It has dimensions of 640/340 cm. The space at the entrance to the building which is on the landing is large enough to allow this to open the door unimpeded. The ramps are devoid of tactile indicators marking "danger" at their edges and warning for their end. The surface of the facility is not slippery and it is secured with railings. Those on the landings are 75 cm high and those along the ramp are 40 cm high, and their function is mostly to draw attention to the danger zone. Although the ramp exceeds 300 cm in width, railings in the middle are not installed as it is intended for use by both pedestrians and motor vehicles.

The steps in front of the entrances to the children's ward, the Harmanli DCC and the west entrance of the main building of the Harmanli hospital are straight. Measurements are taken only for the entrances used by the general public and the hospital staff. The steps in front of the main entrance are 350 cm wide, 10 to 14 cm high and 30 to 39 cm deep. The steps in front of the Harmanli DCC have the following dimensions: 280 cm wide, 15 cm high and 34 cm deep. The steps of the same building at the emergency exit at the east part of the building are 173 cm wide, 33 cm deep and 15 cm high. The stairs in front of the children's ward are 150 cm wide, 30-32 cm deep and 17-18 cm high. For the steps of the western entrance of the main building and those in front of the entrance of the children's, the depth of the steps is not the same

along the staircase. The case is not the same for the entrance of the Harmanli DCC. The steps have rounded tops, in the case at the western entrance they have nosings, and for the other, they are rounded due to their use. There is lighting provided for both stairs. The material used to construct the steps at the entrance of the Harmanli DCC is a mosaic, and for the west - granite tiles. All stairs are resistant to sliding. All staircases lack tactile hazard warning indicators. Elevators to overcome height differences are missing and railings are missing as well. Both entrances have barriers that are inappropriate height. Dangerous zones are missing at both entrances. Doors intended for the general public and staff are usually unlocked and give free access to the hospital and are locked at night for security purposes. An exception is made by the emergency department and the children's ward, which are locked at the discretion of staff during the day. The doors to the west entrance of the main building and the emergency compartment are fully covered with polycarbonate panels, and those of the Harmanli DCC are protected by a solid concrete visor. All doors to the entrances of the buildings are hinged and the clear width for the doors ranges from 110 cm to 160 cm. All of the accessible doors are in the role of the main entrance of the building except the one located on the east side of the main building of the Harmanli Hospital. Vestibule is available only in the building of the DCC Harmanli. Its dimensions are 255/80 cm. The vestibule doors also have hinges, the doors are opening manually and outwards, in the same direction as the main door. All other doors also open manually. They do not create the necessary contrast with the building they serve, which would make it difficult for them to be identified by people with visual impairments. The material used for all doors is PVC and is not transparent. The door handles have a height of 100 cm and all of them are with standard right-angle shaped handle, except for the one at the emergency compartment, which is triangular in shape. Only the last described can use with a closed fist, which does not apply to the rest. There is no need for considerable effort to open the door. This does not apply for the door at the emergency department. The space in front of the accessible entrances is large enough to allow motorized scooters to park.

3. Circulation (movement)

The building of the children's ward at the hospital is on two floors, as is the building of the emergency ward. The second is intended for administrative purposes and is not free for use by the general public. The main building has four floors, one of them is the ground floor. The Harmanli DCC building has two floors. There are elevators in operation only in the main building of the Harmanli Hospital (Fig. 13-14), which can be reached directly and unhindered from the east entrance on the ground floor via a hallway designed for stretchers. In other cases, the elevator doors are accessible by stairs that are

unfit for use by disabled people. The space in the ground floor entrance hall is wide enough and meets the recommended minimum of 150/150 cm for wheelchair manoeuvring. The space in front of the lifts meets the same minimum space requirement of 150/150 cm. There is a possibility of installing an information desk in the entrance hall, but currently, there isn't one. The corridors in the building extend north and south from the entrance rooms, with an average width of 218 cm and a minimum width of 215 cm. In places where the corridors change direction, there is enough space for wheelchairs with dimensions of 150/150 cm. In some of the corridors, waiting benches are placed in front of offices and they do not obstruct the movement of wheelchair users (Fig. 21-22), but their dimensions limit the free space for movement almost to their minimum. The floor in all buildings is of a mosaic type, which does not make difficulties for the movement of disabled people. The flooring is highly sliding resistant and no polishing materials are used to maintain it, which would reduce its slippery resistance. The flooring is in good condition - there are no cracks and violations of another type, and there are no other physical obstacles that pose a risk to the use of disabled people. Materials such as carpets, mats and more are not used. The contrast created by the flooring to the adjacent surfaces is weak but differs in texture from them. There are decorative shapes on the floor, such as lines and chess type colouring (Fig. 23-25), that help distinguish it from other surfaces, but the floor lack tactile indicators on it. The places intended for movement are on the same level as the other surfaces. The bases of the windows of the main staircase of the central building are 167 cm high and the other windows are 90 cm high. The movement in the buildings in the vertical direction is carried out mainly on the stairs, with only the main building of the hospital having an alternative - 2 elevators. They are one specialized for stretcher and standard, designed for patients and staff and serve all floors of the building. The lifts are easily visible and there is no need for special marking to indicate their location. They do not create sufficient contrast with the other surfaces in the premises. The capacity of the specialized lift is not provided, and the standard is 4 people. The dimensions of the cabin of the specialized elevator are 140/250 cm, and for the standard one are 120/90 cm. The door widths are 140 cm for the specialized and 70 cm for the standard elevator. Their doors are manually opened, and the door of the specialist can be held in the open position, while the standard door is closed by a door closer. Both lifts have no interior doors. The buttons are round, 2 cm in diameter for the standard and 1 cm for the specialized one, and are placed respectively at a height of 125 to 150 cm for the first and 120 to 160 cm for the second one (Fig. 15-16). The lighting in the cabs is strong enough to make the buttons easily noticeable, but they themselves have no backlight. The buttons are convex compared to the surface of the dashboard. There is no audio signal inside or outside the cabin, and there is also no sound signal for entering and exiting the elevator. Any type of braille badge is missing inside and outside the cabin. In the case of an

emergency, communication can only be made by verbal communication, there are no induction lines or any visual signs, but there are instructions for emergency operations. An elevator maintenance schedule is also available. When power is interrupted, the elevators do not return to the lower levels I serve. There are no additional handles in the cabs. There are no lifting platforms on the territory of the hospital intended for people with disabilities.

In the buildings, there are 6 staircases in total, distributed as follows: 3 in the main building, 1 in the Harmanli DCC, 1 in the emergency department building leading to the administrative part of the second floor and 1 in the children's ward building. The staircase in the main building is straight in one part and with turns in the other (Fig. 17), and there are also landings between floors. The staircase is 160 cm wide and this dimension applies to the steps in the Harmanli DCC building. Again for both buildings, the height of the steps is 14 cm, the depth is 32-35 cm for the steps in the main building, and in the building of the DCC Harmanli are from 35 to 37 cm. The depth of the steps is not the same along the staircase but is does not create difficulties, since the difference is minimal. The stairs have rounded edges and are slip-resistant, but lack tactile warning surfaces. There is no difference in the height of the surfaces to be connected by a ramp. Lighting is provided on the stairways, but in places like in the main building of the Harmanli Hospital, the light bulbs are missing. There are single railings on the stairs that are positioned opposite the walls (Fig. 27-28). Their height is between 70 and 80 cm and their shape is rectangular, rounded at the top. They are 70 mm in diameter. The railings continue along the staircase and are not interrupted at the landings. They cover the entire length from the lowest to the highest point of the staircase. As the width of the staircase is less than 300 cm, it is not necessary to be mounted a handrail in the middle of the stairs. The railings make sufficient contrast with the surrounding surfaces so they can be easily distinguished from people with visual problems. There is no visual marking on the steps and platforms. There are no hazardous areas to be protected at the stairs of the buildings. There are windows in the lower parts of the walls adjacent to the staircase and they are present only in the building of the Harmanli DCC. On the ground floor, they are higher than the beginning of the staircase and at the higher floors, the windows cover the entire lateral area of the staircase. Ramps for the vertical circulation of people in buildings are missing at all places.

4. Services

There are toilets on the territory of every building of the hospital. On the territory of the main building, they are located in the wards, and they are reached through the corridors. In the Harmanli DCC building, the toilets are located in

the western part of the building, with a corridor, and they are separated from the rest of the building by doors. The toilets in the emergency ward are located immediately after the front door, to the left of it when entering the ward. In the administrative part of the building, the premises are on the second floor and the entrance to them is from the corridor in front of the offices. In the building that houses the children's ward, there are toilets in each separate hospital room.

The toilets throughout the Harmanli Hospital are accessible for people with disabilities except for those who use wheelchairs.

The distribution of the toilets on the floors is the same for individual buildings, which makes it easier to navigate to them. They are gender-neutral to users, with rooms for both patients and staff. An exception is the administrative part of the emergency ward building and those in the children's ward. In the first case, the floor is accessible only to the staff of the hospital. Most toilets are unlocked and can be accessed at any time, with the exception of those in the Harmanli DCC which are locked and the access key can be obtained from the staff. The doors to the restrooms are locked with a key. A marking indicating the location of the toilets or such leading to them is missing in all buildings. There is also no Braille indicating the purpose of the premises. The clear width of the door varies in size and ranges from 70 cm to 100 cm for individual rooms. All doors are manually opened, with the shape of their handles being standard with right-angle handle and difficult to use with a closed fist. There is no need for sufficient effort to open the doors. All the doors to the restrooms are hinged and do not have an automatic system and buttons to control it. The door to enter the room with the cabins of the toilets opens outwards, which applies to all toilets in the individual buildings of the hospital. There is a difference in the level of the corridor and that of the toilets only in the main building of the hospital, which is overcome in places with a small ramp (Fig. 30) measuring about 5 cm in size or otherwise(Fig. 29) by a threshold (step). The ramp is covered with faience tiles, which may become slippery during the sanitary maintenance of the facility. The flooring in all the toilets in the buildings is made of faience tiles, which makes it easy to keep clean. The toilets provide adequate lighting to assist their use by people with visual problems. There are corridors (Fig. 36) in the restrooms, varying in width. For those in the main building, it is 85 cm wide, and in front of the toilets in the building of the Harmanli DCC is 170 cm, with a free movement area of 120 cm. The width is reduced due to the presence of wooden cabinets along the corridor. The doors to the restrooms do not create the necessary contrast (Fig. 31-32) to easily distinguish them by a visually impaired choir. There are no differences in the level of the floor in the toilet cabins and the service room in front of them. The width of the cabin doors varies - for the main building, it is 60 cm, for those in the DCC it is 66 cm, and for the doors in the separate bathrooms of the children's ward - 68 cm. The cabin doors also open manually and have hinges and all of

them open outwards, which does not apply for the doors in the children's ward. The dimensions of the cabins are different for the individual rooms, the ones in the main building are 140/80 cm (Fig. 33) in size and the ones in the children's ward are 160/150 cm (Fig. 35). The distance to the left and right of the toilet bowl is 22 cm for those in the main building and 10 cm to the right, 100 to the left for those in the children's ward. Often there are objects of different nature in these spaces. Free space of at least 150 cm in diameter for wheelchair manoeuvring is only available in the toilet facilities in the children's ward. There are no auxiliary railings in all the toilets. The height of the toilet bowl is 40 cm from the floor and is mounted directly on it. The toilet cistern is mounted on the toilet and the height of the water start button is in the range of 80-90 cm and is manually operated. Flushing the water does not require much effort. The toilet cistern is standard and does not follow the anatomical shape of the spine for those who use it. There is a sink on the toilet cabin area only in the children's ward, and in other cases, they are outside the cabins (Fig. 34). The height of the free space under the sink is 75 cm. Siphons and the connections to the sewage pipes appear as an obstacle to wheelchair users. The sink faucet is standard with two handles for hot and cold water. The sinks are not anatomically shaped. There are no liquid soap dispensers installed.

There are no shelves installed on the premises of the toilets. There is no system providing toilet paper of separate sheets for ease of use with one hand. There are showers installed in the toilets of the children's ward (Fig. 35), the height of the shower mixer is 100 cm. It is a standard type with two handles for hot and cold water. The drainage of water in the cabin is correctly installed. The space in front of the shower is wide enough to be used by a person in a wheelchair. Alarm systems of all kinds are missing in the restrooms. The doors to all the toilets have locks, and they can be used on both sides. Thus, in cases of locking from the inside, in emergency situations, the doors can be opened from the outside. The contrast between the equipment on the premises of the toilets and other parts is not sufficient. Only in the restrooms in the children's ward, they provide more enhanced contrast. The premises of the toilets lack room intended for baby care. Phones intended for public use are missing in all hospital buildings. Water dispensers are also missing for free use by the general public. Such equipment is found only in the administrative part of the building of the emergency department in the administrative offices, and the dispenser was not put into operation.

5. Emergency cases

All buildings of the hospital have emergency exits. For the main building of the Harmanli Hospital, they are 4, two of them are the western and eastern entrances of the building, one on the south side (Fig. 9) representing a staircase and another on the east side - again a staircase. For the Harmanli DCC building, the emergency exit is the main entrance door of the building on the north and side, and the other is on the east side of the building, which leads to the corridor of the dental ward (Fig. 39). This emergency exit also faces north and leads to a landing with stairs. The other buildings have no extra emergency exits other than the main entrance doors of the buildings. All emergency exits are accessible and can be reached from any floor of the building. Emergency exits lead to the public space in front of the building concerned. Alarm systems are missing throughout the building, with and the emergency alert is via verbal notification. In the case of emergencies, there is a sufficient number of wheelchairs required for the movement of disabled people. Emergency response information in the form of evacuation schemes is provided on the floors of the buildings. They clearly outline the routes necessary to be followed for rapid and unhindered exiting of the building in the event of an emergency. The schemes do not provide the information in an appropriate manner to the visually impaired. There are no special evacuation plans for people with disabilities. There is a fire safety study for the buildings of the hospital. Training situations are regularly carried out in order for the staff to respond adequately in the event of a real emergency situation.

6. Signage

The hospital lacks tactile signs indicating the services provided on the territory of the Harmanli Hospital. Signage showing the way to the different wards is also missing, but there are lables present indicating the purpose of the ward (Fig. 19, 20, 24, 25). The door signs are placed at the top of the doors and are rectangular in shape, with lettering fonts ranging in size from 2 to 6 cm, but no tactile markings are present. No Braille is available. The signboards do not have a deterrent preventing different types of glare, but they are different in colour compared to the doors of the rooms. The doors create sufficient colour contrast with the walls. The cabinets are numbered. Pictograms are missing. The marking is not easy to understand and there is no colour coding in the building leading to different compartments.

7. Acoustics

The acoustics in the building are good. No induction lines are present.

8. Lighting

The lighting in the buildings is manually triggered and is adequate for lip reading, if necessary. The height of the ignition switches is 150 cm. The surfaces of floors, walls and other surfaces of buildings do not create conditions for strong reflections that would confuse or hamper visually impaired people.

9. Closed spaces (premises)

There are offices in the administrative part of the emergency department building. It houses the Registry, the Coordinator and more. The doors are labelled according to the function of the office and their clear width is about 90 cm. They are manually opened, with a height of the handle of 100 cm, its shape is standard right-angled shaped and cannot be opened with a closed fist. No significant effort is required to open the door. The doors are hinged and open inwards. There is no difference between the floor level inside and outside the offices. The flooring in the offices is linoleum. Wheelchairs can be moved freely in most offices, although it is impossible for people with disabilities to reach them. The office furniture is not fixed to the floor and does not create a particularly high contrast to the rooms in which they are located. Shades and curtains are used in the offices for shading purposes, which can also be used by people in wheelchairs.

The doors to the patient rooms are hinged and have a clear width of 90-100 cm. They open manually, outwards, and the height of the handle is 100 cm with a standard right-angle shape. It is not possible to use it with a closed fist. No great effort is required to open the doors. There are no differences in the levels of the floor surfaces. The flooring is mosaic. Furniture and cabinet equipment is not fixed to the floor. Wheelchair manoeuvring is possible in most offices. There is enough free space in front of the couches for examinations, allowing free wheelchair manoeuvring. The couches vary in height, but the lowest is 50 cm, intended for child examinations in the children's ward (Fig. 37). It is not adjustable and is not equipped with additional handles, straps, etc. There are desks in the offices and the free space below them is 70 cm. The furniture does not create the necessary colour contrast to be easily distinguished from people with visual

impairments. In the study and patient rooms, there are curtains and blinds that can be used freely by people in wheelchairs. In different offices, there is additional equipment such as scales, etc., according to the purpose of the office or the patient's room.

10. General remarks and other services

The Harmanli Multidisciplinary Active Treatment Hospital has its own website (http://mbal-harmanli.org/) containing information on the hospital and pricing lists. Detailed information about the hospital can also be found on the website of the Municipality of Harmanli (https://www.harmanli.bg/en/mnogoprofilna-bolnitsa-za-aktivno-lechenie-harmanli-eood/). Information on the various departments, such as the head of the department, contact telephone numbers, etc. No appointments can be made on the website. The staff is trained to work with people with disabilities. There is no specialist in the hospital who can handle sign language. Guide dogs are allowed in the buildings. Written materials with Braille, enlarged print, etc. are missing. Information on medicines provided at the facility is available.

Conclusion

In conclusion, for the accessibility of Harmanli Hospital, it can be said that there are no basic needs that can be provided in terms of accessibility to primary care by people with disabilities. There are difficulties that disadvantaged people, especially those with physical disabilities, would find hard to overcome on their own. Access to services, facilities and premises in the emergency department building is free. Access to the main building and that of the Harmanli DCC can also be made seamlessly through the east entrance of the main building. Providing ramps or similar facilities at other entrances to these buildings would significantly shorten the time to reach a specific location in a hospital by wheelchair users. The building of the children's ward is completely inaccessible to people with mobility problems. Staff are trained to deal with situations concerning access to primary care by people with disabilities. With regard to security at the facility and emergency response, it can be concluded that the measures adopted are adequate. It is advisable to pay attention to emergency alert systems. For the self-use of the services in buildings in the territory of the Hospital of Harmanli by disabled people, attention must be paid to the following:

- Ramps or similar type of facilities must be installed where necessary for granting access to the establishment;

- Placing the necessary tactile indicators where they are missing;
- Provision of more information boards that are accessible to people with visual problems, which indicates the location of the different objects on the territory of the hospital;
- Setting up more accessible information offices;
- Upgrading of lifts and equipping them with information systems accessible for people with hearing and visual problems;
- Installation of railings that can be used by people of small height;
- Manual door opening can be replaced with automatic doors to make it easier for people with disabilities to use them;
- Provision of doors with a wider opening in the bathrooms, if possible so that they can be easily accessible by people in wheelchairs;
- Installation of the necessary equipment at the toilets for their use by people with mobility problems;
- Measures can also be taken on different surfaces (doors, casings, walls, railings, etc.) that do not create the necessary contrast to distinguish them from visually impaired people;
- Modification of the emergency alert system;
- Provide staff training in Sign Language.

Interviews with staff and people with disabilities

Staff

Interviews regarding the accessibility of people with disabilities to hospitals in the Haskovo region were conducted with… staff from hospitals and… people with different types of disabilities. Interviews were conducted at multidisciplinary hospitals in the cities of Harmanli, Svilengrad, Haskovo, Dimitrovgrad and Topolovgrad. The average age of interviewed people from hospital staff is… years, and at individual hospitals it is as follows: Harmanli (48), Svilengrad (57)…. It is noteworthy that the staff is mainly from people over age of …. The minimum age of interviewees is… and the maximum… of the total… interviewed people, staff in hospitals. Of the interviewees ... are men and ... women. In most cases, the interviewees were responsible for… the number of admitted people with disabilities, at a minimum they were… and maximum - … The interviewees had completed various educational institutions - Stara Zagora Higher Medical Institute, Medical Institute Haskovo, Medical Institute Plovdiv, Medical Institute Kardzhali, etc. The staff usually don't have other additional education. The main motives for choosing the relevant position by the staff are the desire for professional realization, interest in the specialty, the humanity of the position and others.

Patients (people) with disabilities

... People with disabilities were interviewed from the following multidisciplinary hospitals for active treatment: Harmanli, Haskovo, Dimitrovgrad, Topolovgrad and Svilengrad.

III. Annexes

1. Pictures from routes I, II and III

Route I

Fig. 1 Beveling and crosswalk

Fig. 2 Beveling and crosswalk

Fig. 3 Vegetation on the sidewalk

Fig. 4 Parked vehicle at the bevel

Fig. 5 Uneven flooring – marble tiles

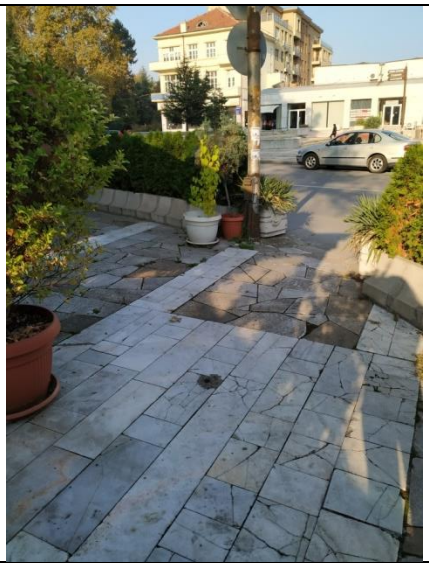


Fig. 6 Impassible sidewalk due to street furniture

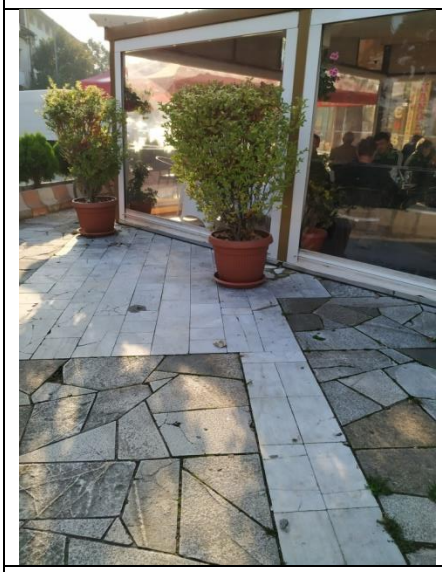


Fig. 7 Restaurant occupying the whole sidewalk area

Fig. 8 UBB ATM

Fig. 9 Parking space intended for disabled people

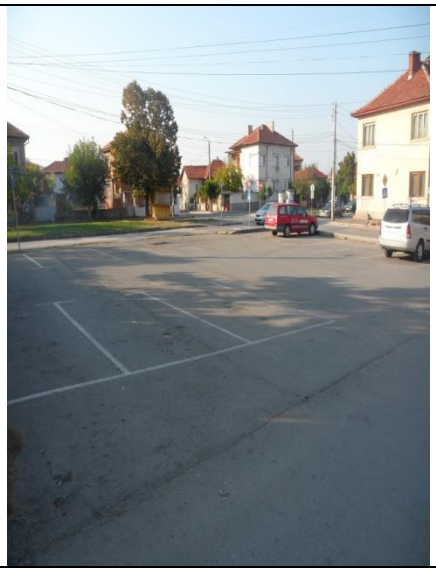


Fig. 10 Parking space intended for disabled people

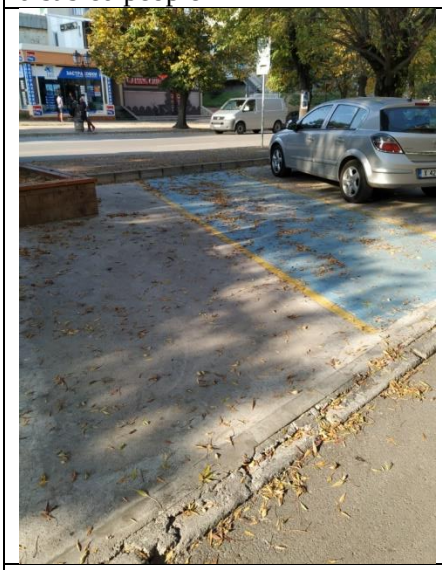


Fig. 11 Parking space intended for disabled people

Fig. 12 Controlled intersection

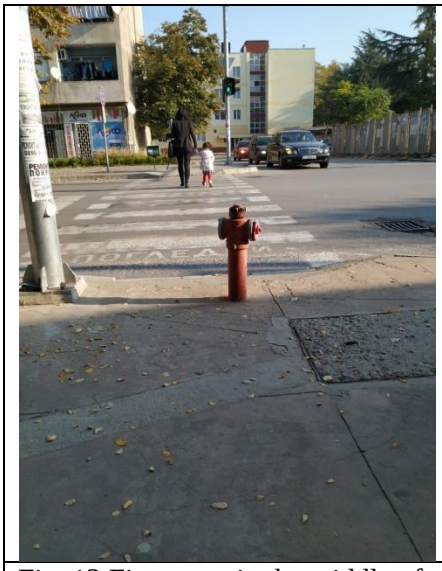


Fig. 13 Fire-crane in the middle of the bevel

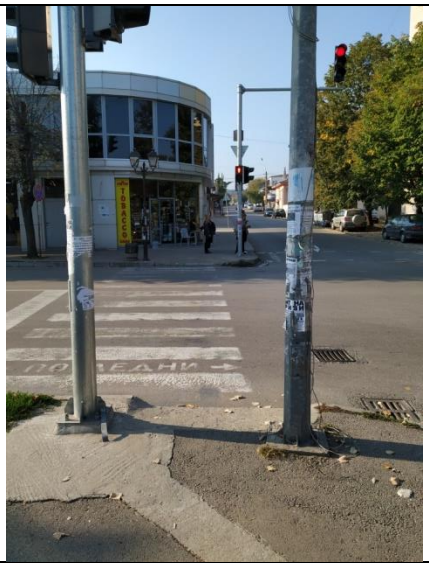


Fig. 14 Poles on the controlled intersection

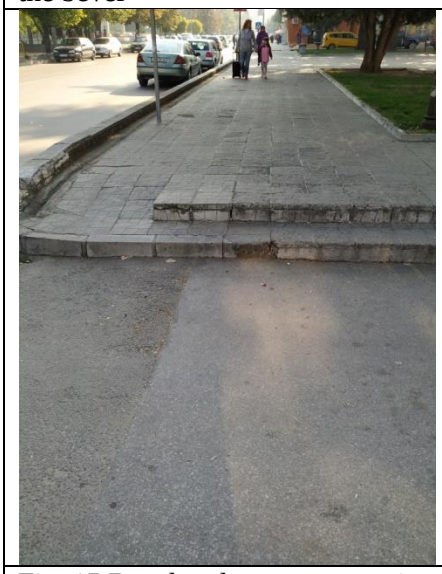


Fig. 15 Bevel and a step next to it

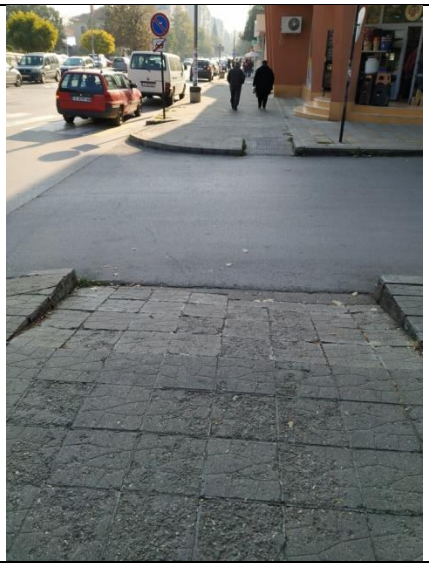


Fig. 16 Beveling

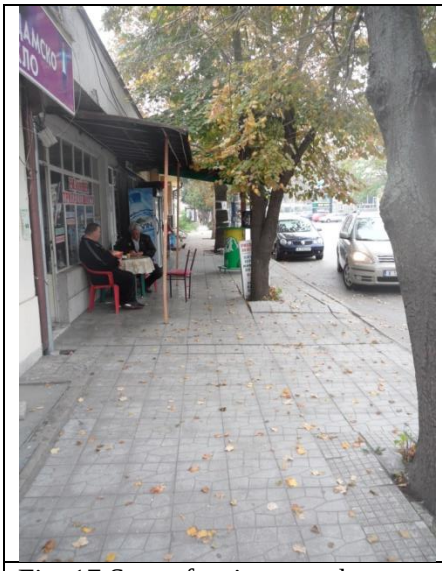


Fig. 17 Street furniture on the sidewalk

Fig. 18 Reduced free space of the sidewalk

Fig. 19 Construction site fence and metal beams

Fig. 20 Broken sidewalk flooring

Fig. 21 Raiffaisen bank ATM

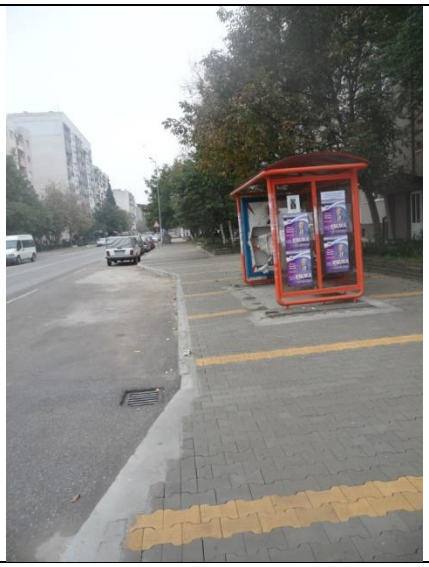


Fig. 22 Bus stop and the sidewalk adjacent to it

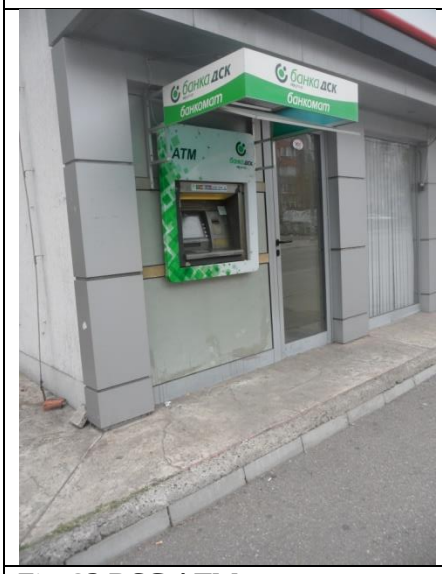


Fig. 23 DSC ATM

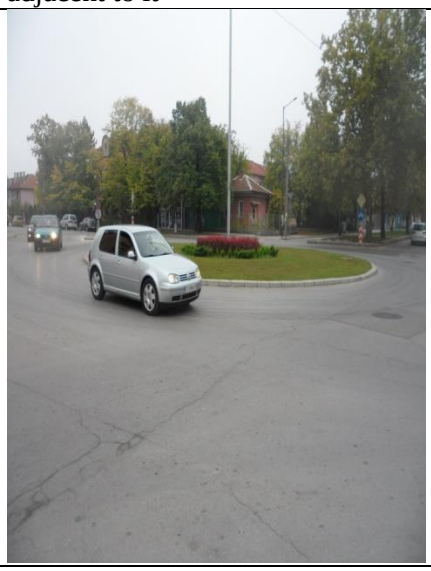


Fig. 24 Roundabout

Fig. 25 Crosswalk and pedestrian island

Fig. 26 Crosswalk and pedestrian island

Fig. 27 Vegetation on the pedestrian island

Fig. 28 Bus stop

Fig. 29 Bus stop

Fig. 30 Bus stop

Fig. 31 Bevel, crosswalk, and parking space for disabled people

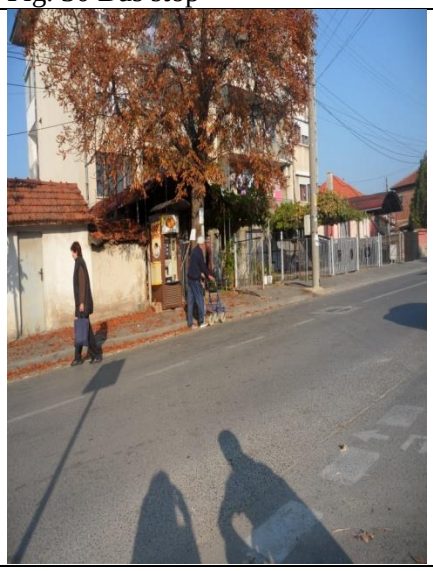


Fig. 32 Pedestrian with motor problems on the road surface

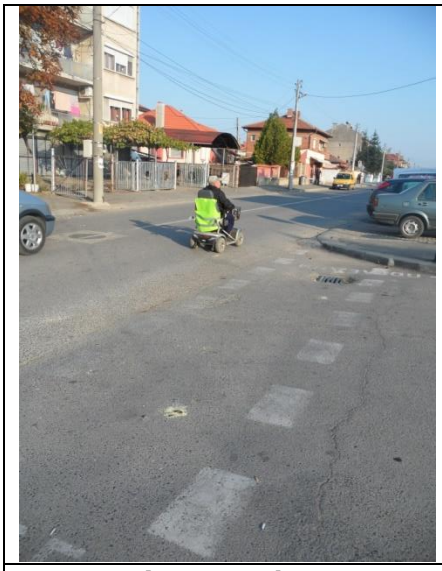


Fig. 33 Pedestrian with motor problems on the road surface

Fig. 34 Intersection with bevels

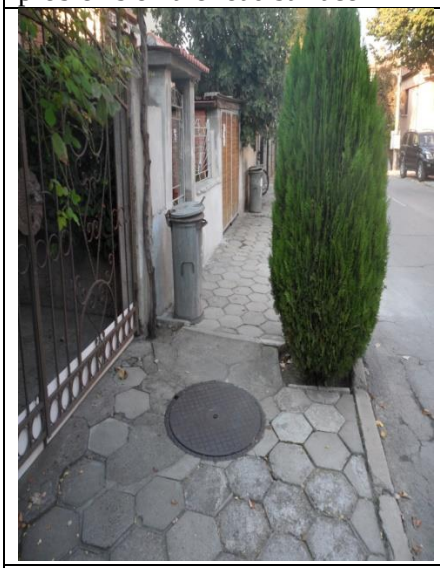


Fig. 35 Reduced sidewalk width by vegetation

Fig. 36 Parked vehicle obstructing the movement of the pedestrians

Fig. 37 Crossroad and bevels

Fig. 38 Obstacles on the sidewalk (wood)

Fig. 39 Parked vehicle on the sidewalk

Fig. 40 Unicredit Bulbank ATM

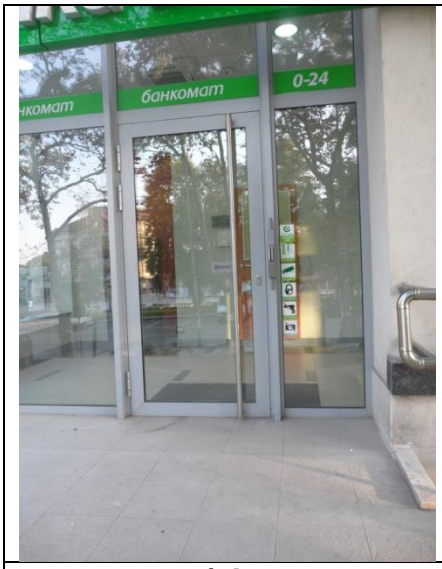


Fig. 41 ATM of close type

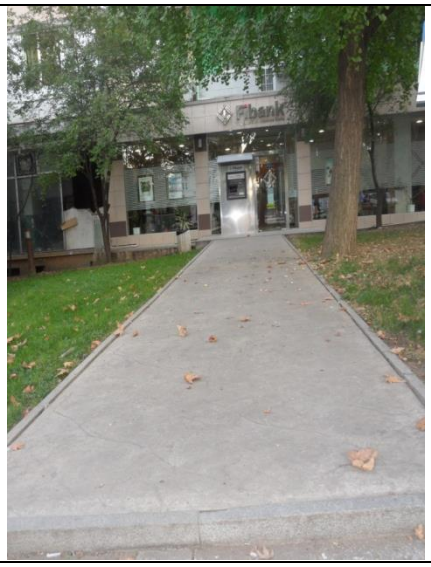


Fig. 42 Fibank ATM

Route 2

Fig. 43 Impassible sidewalk

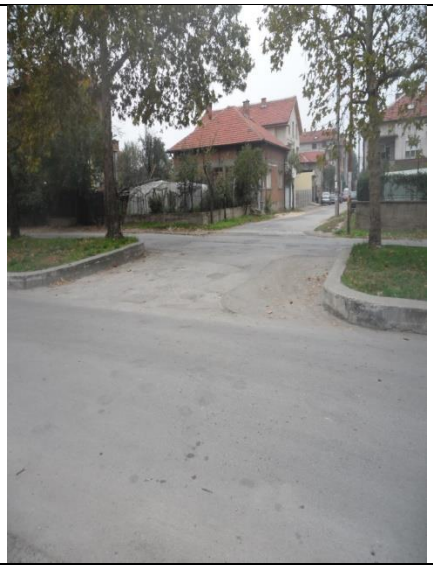


Fig. 44 Intersection

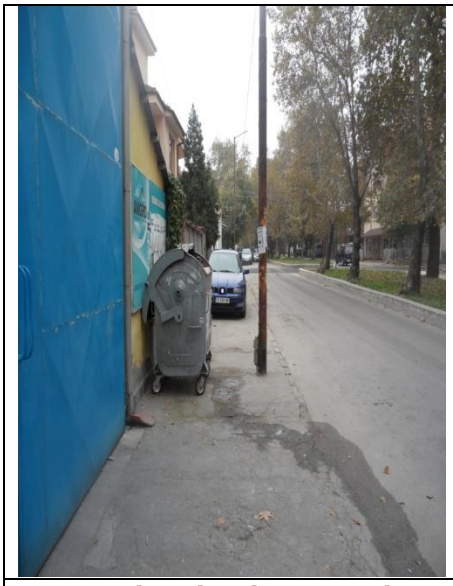


Fig. 45 Obstacles obstructing the movement

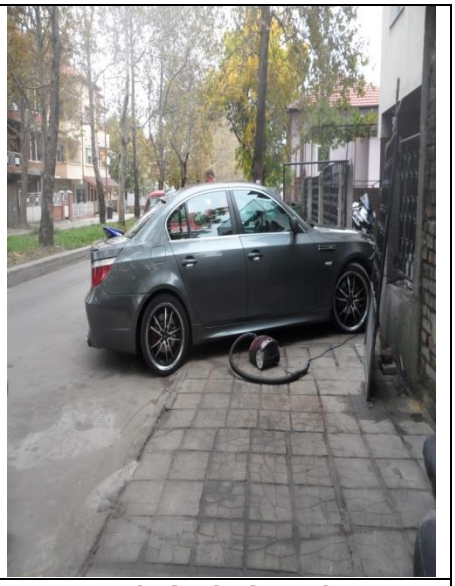


Fig. 46 Parked vehicle on the sidewalk

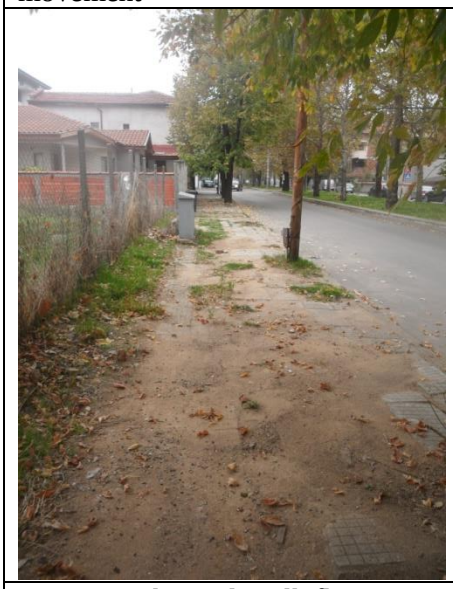


Fig. 47 Broken sidewalk flooring

Fig. 48 Broken sidewalk flooring

Fig. 49 Threshold on the sidewalk

Fig. 50 Interrupted crosswalk

Fig. 51 Missing sidewalk flooring

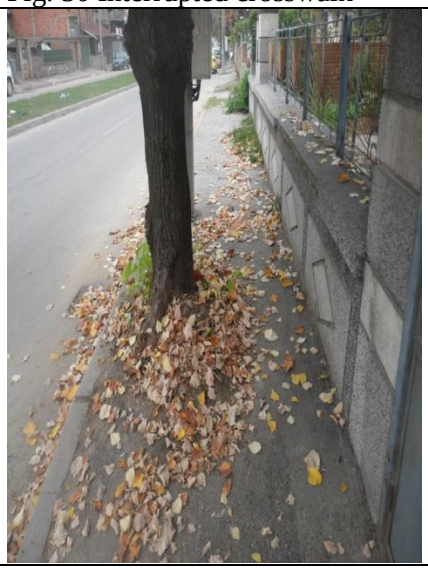


Fig. 52 Reduced sidewalk width by vegetation

Fig. 53 Crosswalk and bevels

Fig. 54 Crosswalk and bevels

Route III

Fig. 55 Renewal of existing sidewalk

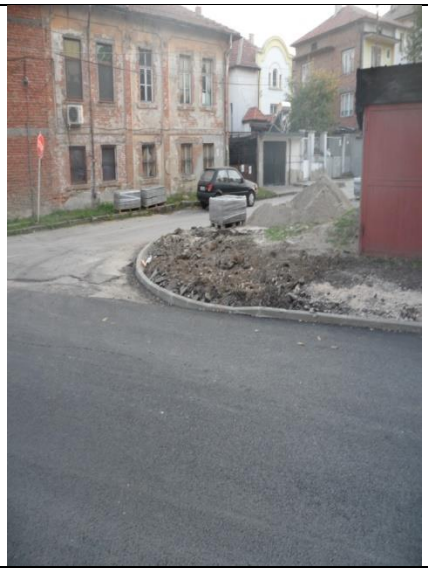


Fig. 56 Renewal of existing sidewalk

Fig. 57 Tactile indicators on renewed sidewalk

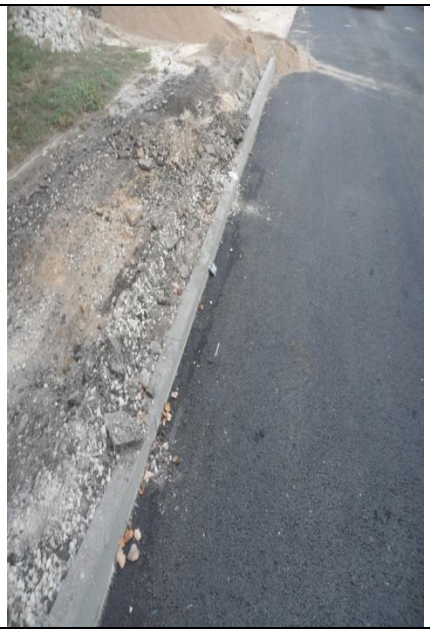


Fig. 58 Renewal of existing sidewalk

Fig. 59 Parked vehicles on the sidewalk

Fig. 60 Firecrane and pole on the sidewalk

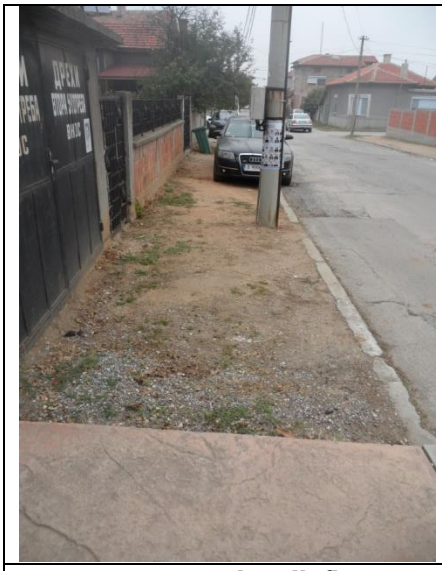


Fig. 61 Missing sidewalk flooring and parked vehicle

Fig. 62 Multiple parked vehicles on both sidewalks

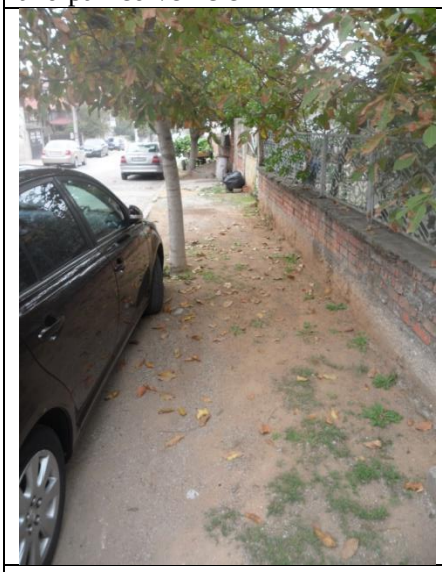
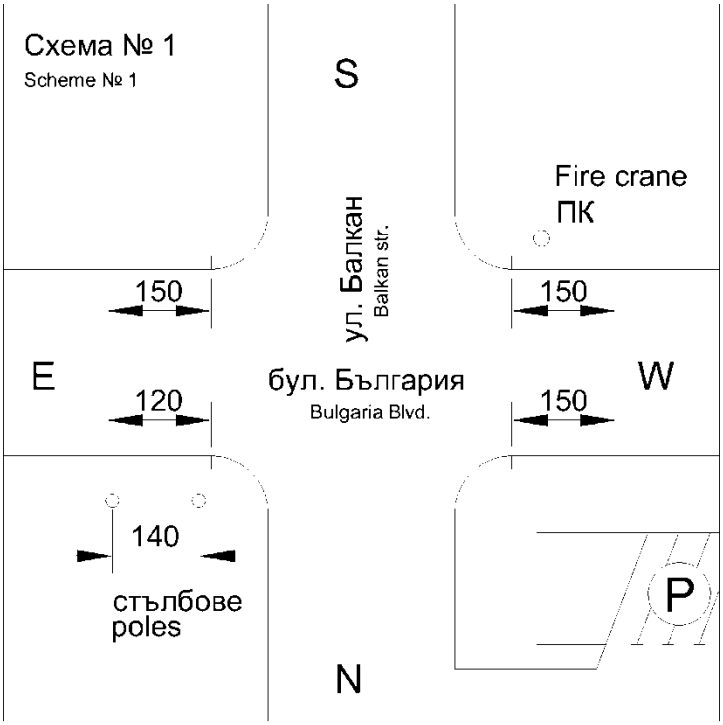
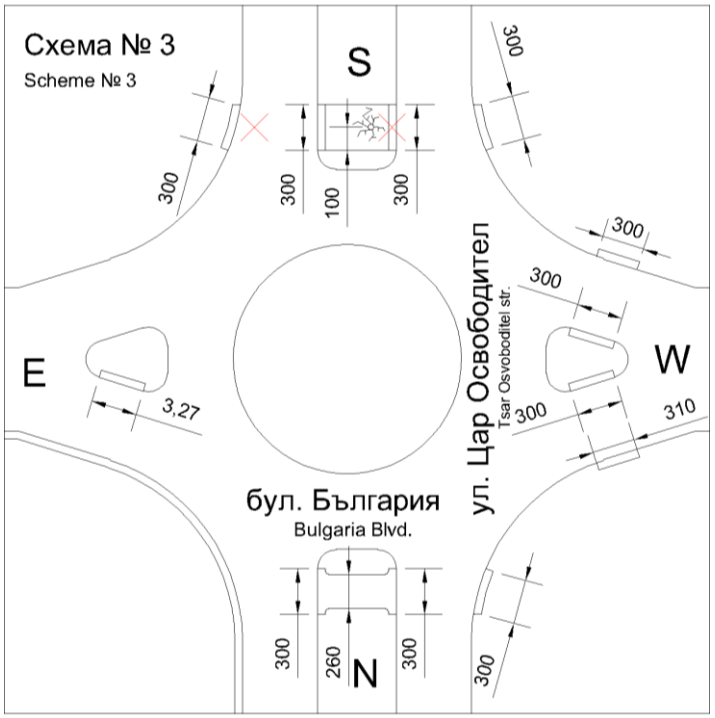


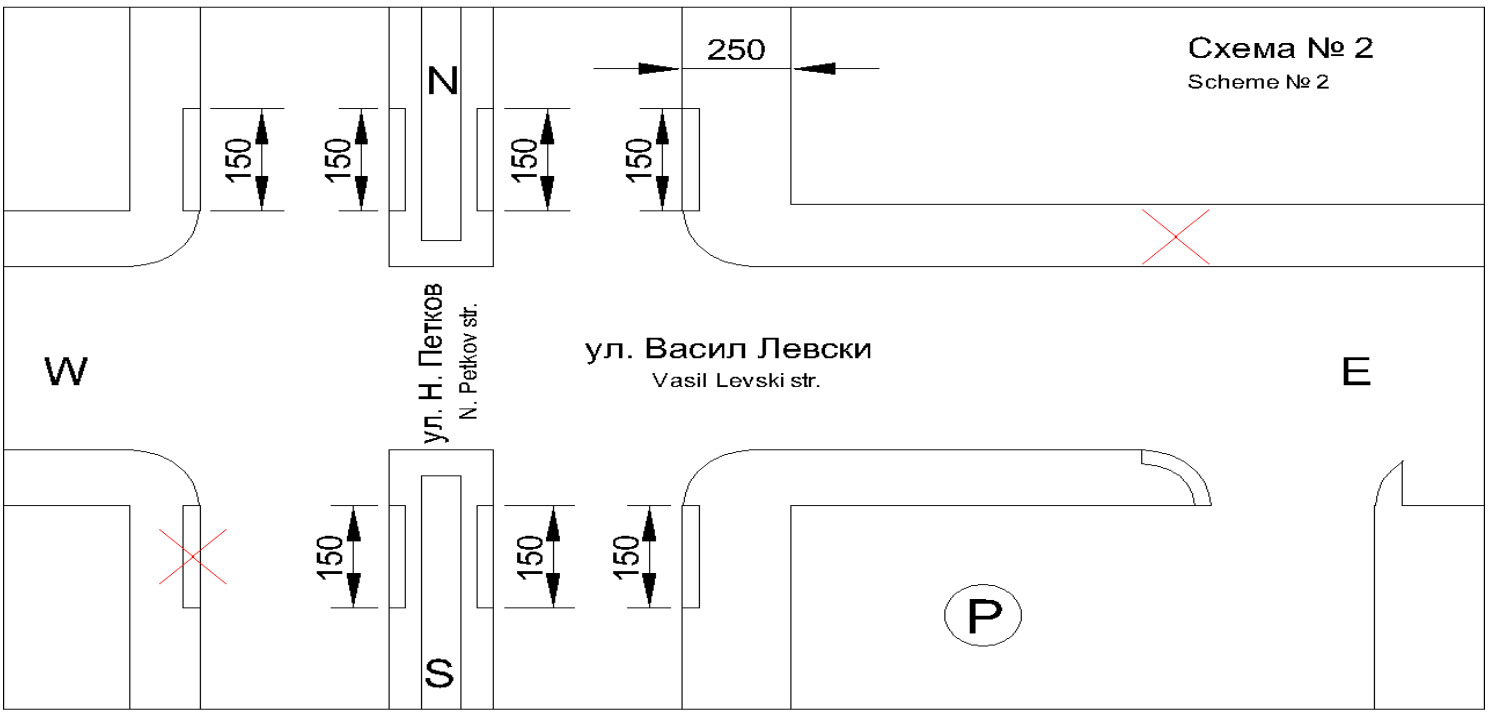
Fig. 63 Missing sidewalk flooring

Fig. 64 Wide sidewalk without flooring

2. Schemes of routes I, II and III







Схематична карта на гр. Харманли, отразяваща маршрутите за оценка на достъпността до ПЗГ

3. Pictures from Harmanli Hospital

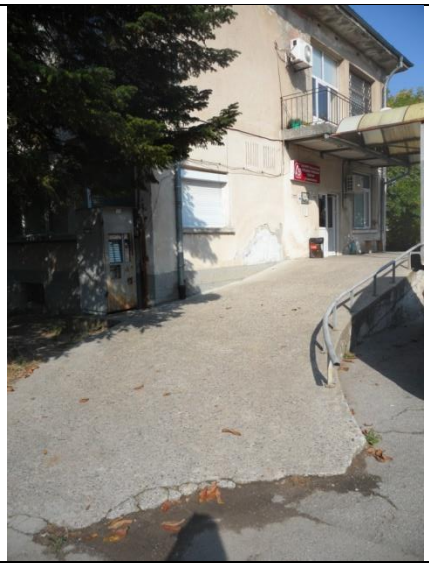


Fig 1. Ramps infront of the building of the emergency ward

Fig 2. Entrance to the emergency ward

Fig 3. Ramps infront of the bulding of the emergency ward

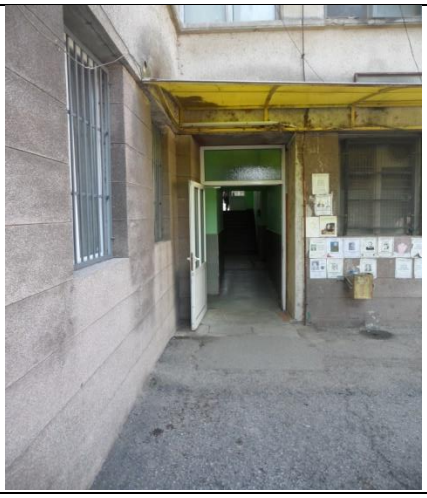


Fig 4. The east entrance to the main building of the hopital

Fig 5. The west entrance to the main building of the hospital

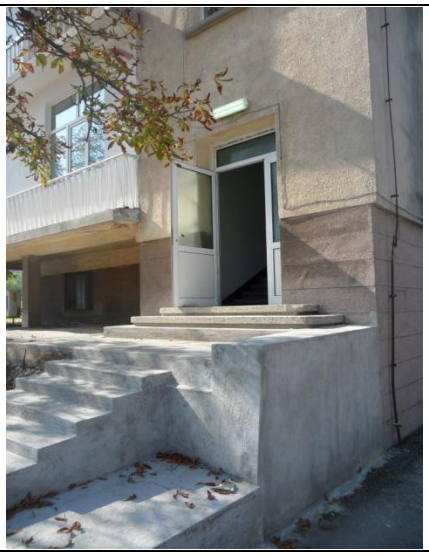


Fig 6. Entrance and emergency exit on the east side of the main building

Fig 7. The entrance to the gynecological ward

Fig 8. Entrance on the southeast side of the main building

Fig 9. Emergency exit on the south side of the main bulding

Fig 10. Entrance to the children's ward

Fig 11. Entrance to the Harmanli DCC

Fig 12. Entrance to the Harmanli DCC

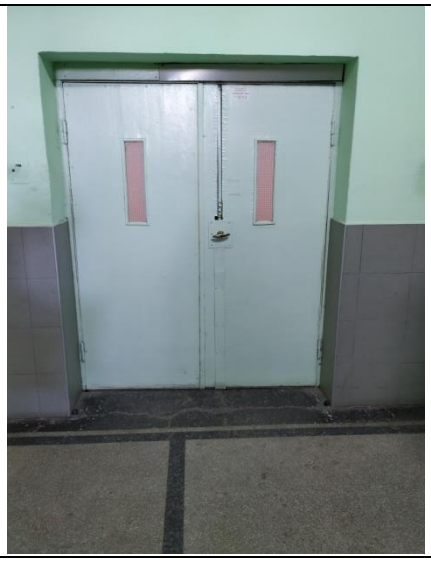


Fig 13. Specialized elevator in the main building

Fig 14. Standart elevator in the main building

Fig 15. Buttons in the specialized elevator

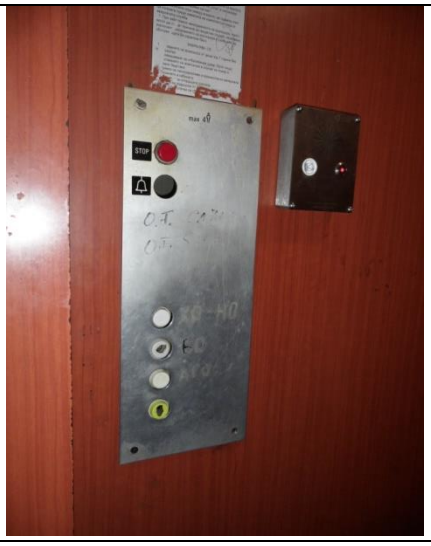


Fig 16. Buttons in the standart elevator

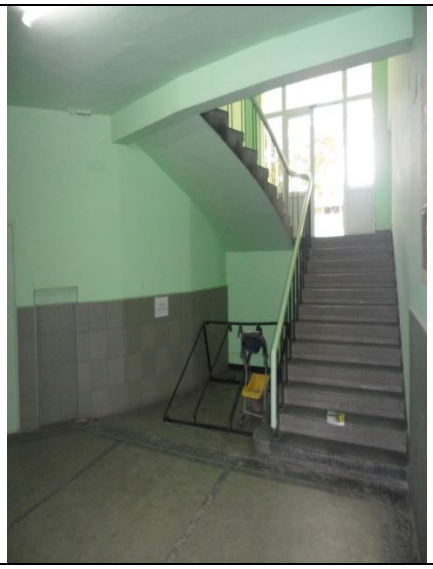


Fig 17. Staircase in the main building

Fig 18. gynecological ward

Fig. 19 The inner entrance to Harmanli DCC

Fig. 20 Internal medicine ward

Fig. 21 Hallway with benches

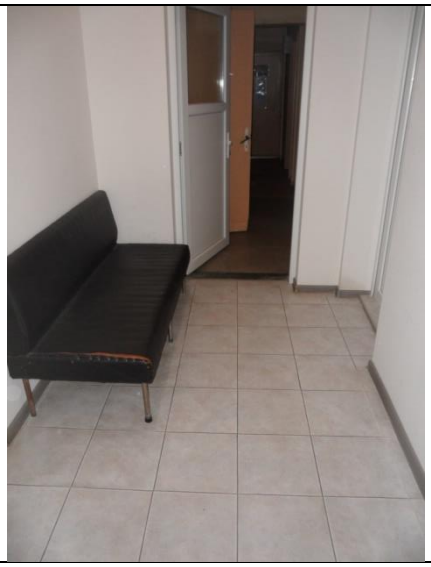


Fig. 22 Hallway with benches

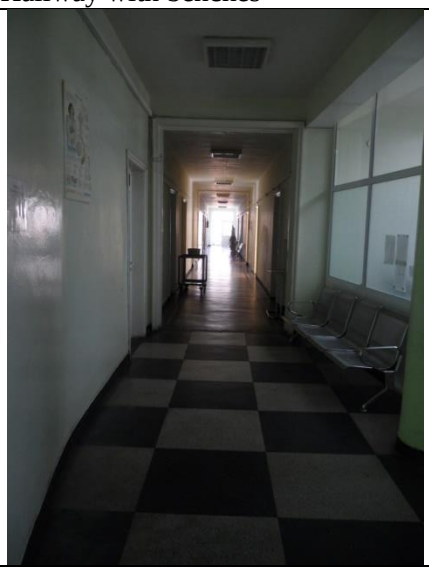


Fig. 23 Hallway in ward

Fig. 24 Neurological ward

Fig. 25 Surgery war

Fig. 26 Connection between the building of Harmanli DCC and the main building

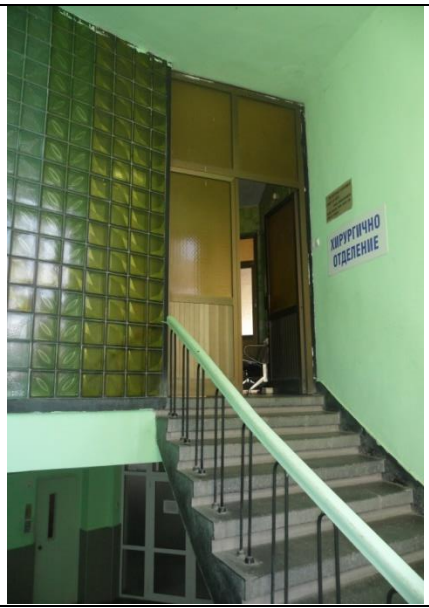


Fig. 27 Handrails in the main building

Fig. 28 Handrails in Harmanli DCC

Fig. 29 Toilet entrance in the main building

Fig. 30 Toilet entrance in the main building

Fig. 31 Premises for hazardous waste

Fig. 32 Toilets intended for patients

Fig. 33 Toilet cabins

Fig. 34 Sink in front of the toilet cabins

Fig. 35 Toilet with shower in the children's ward

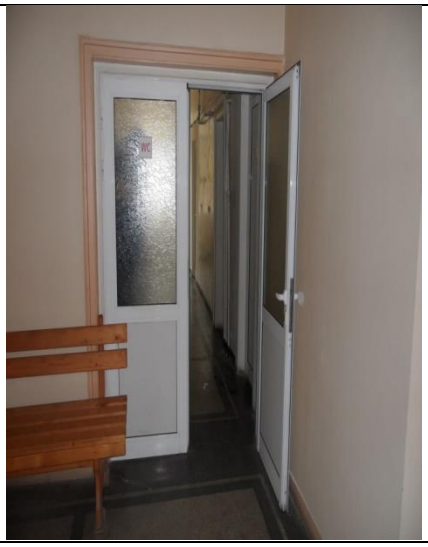


Fig. 36 Entrance to the hallway in front of the toilets

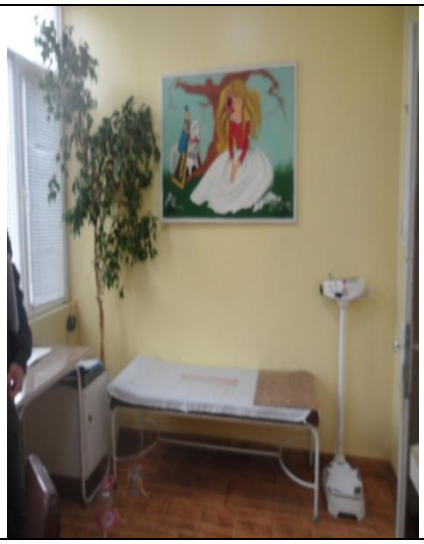


Fig. 37 Examination room in the children's ward

Fig. 38 Examination room in the children's ward

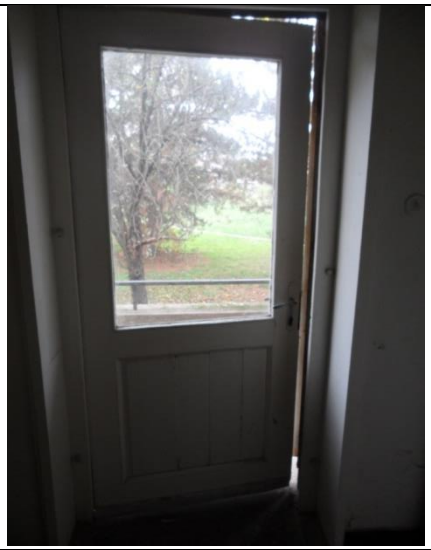


Fig. 39 Emergency exit on the Harmanli DCC

Fig. 40 Sign marking the emergency exit

Fig. 41 Scheme for evacuation

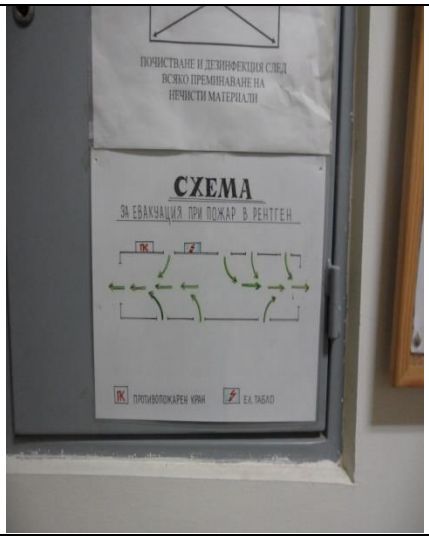


Fig. 42 Scheme for evacuation

Fig. 43 Sign marking the emergency exit

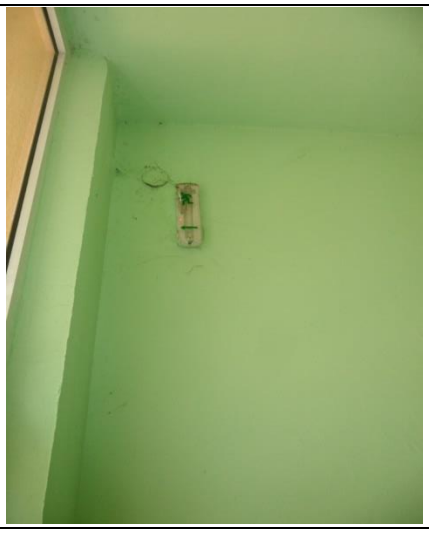
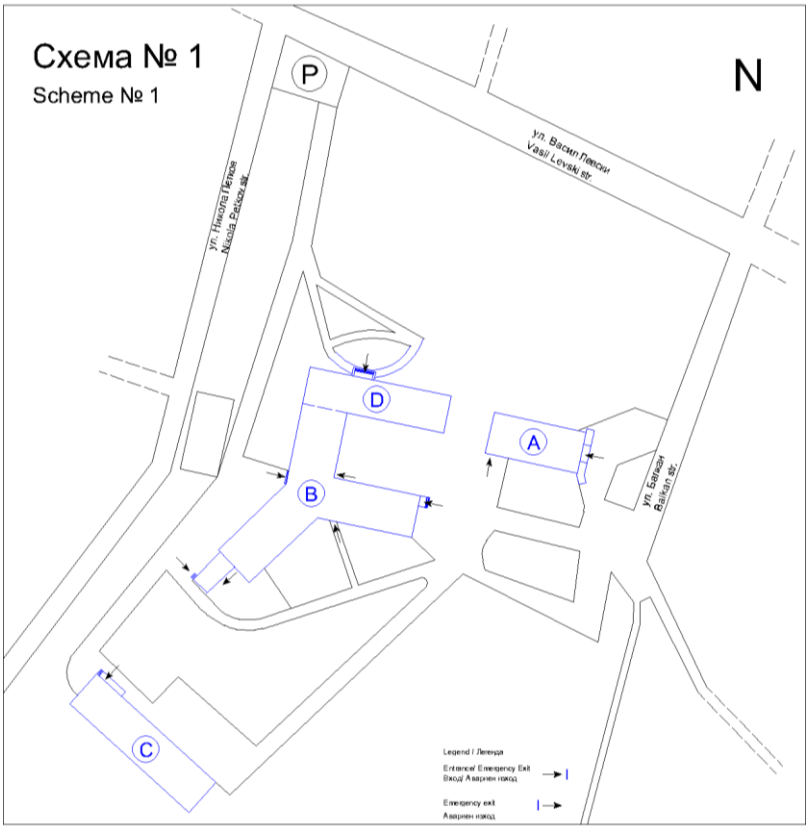


Fig. 44 Sign marking the emergency exit

4. Schemes of Harmanli Hospital



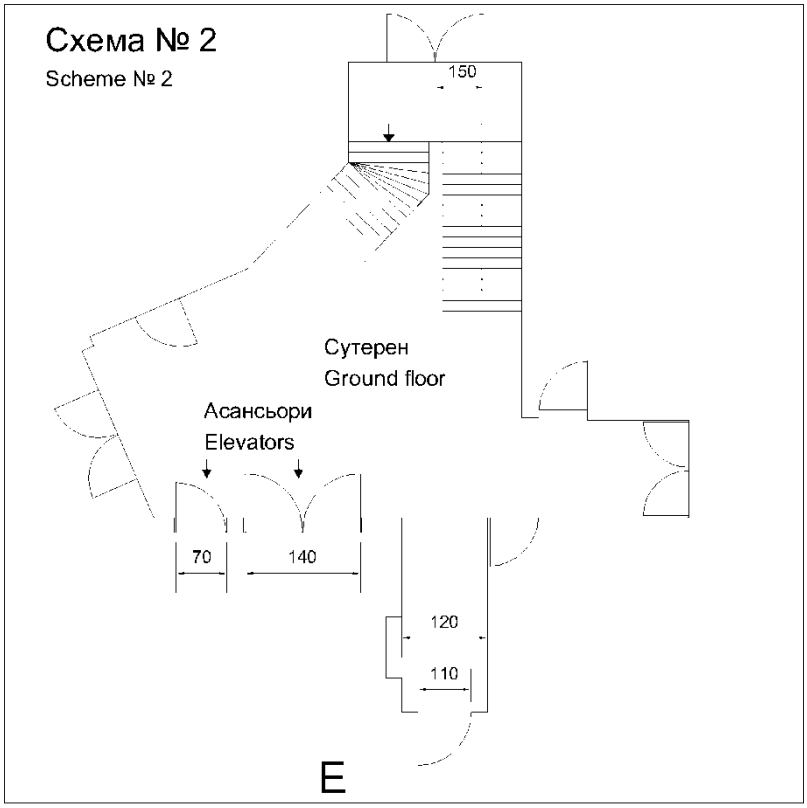


Схема № 2
Scheme № 2
150
Сутерен
Ground floor
Асансьори
Elevators
70
140
120
110
E

IV. Questionnaires

1. Accessibility questionnaires on selected routes in Harmanli

№	Question	Route I			Route II			Route III		
		Yes	No	Information	Yes	No	Информация/Information	Yes	No	Information
1.2 Bridging different levels between sidewalk/walkway and road surface										
1.2.1	Is there a height difference along the route which is bridged with a ramp – dropped kerb? If yes, please mark it on the map.	x			x			x		
1.2.2	Continuity: does a ramp / dropped kerb exist at the opposite side of the road?	x		In most cases/	x		In most cases/	x		In some cases
1.2.3	In case there is a “safety island” on the road do they exist ramps/dropped kerbs on it?	x		In most cases			N/A			N/A
1.2.4	Do safety island’s ramps/dropped kerbs correspond to those of the road/sidewalks?	x		In most cases			N/A			N/A
1.2.5	Visibility: can a pedestrian easily see the opposite side of the road?	x			x			x		

1.2.6	Placement: are ramps / dropped kerbs located where the pedestrians "naturally" want to cross the road?	x		In most cases	x		In most cases	x		In the cases where the slope is presenet
1.2.7	Има ли препятствия, които ограничават широчината на рампата?	x		In some cases/fireplugs or vegatation		x		x		In some cases/fireplugs or vegatation
1.2.8	Is the ramp usually occupied by parked vehicles?	x		In some cases		x			x	
1.2.9	Is the ramp's surface slip-resistant, stable and easily maintained?	x			x			x		
1.2.10	In case of rain, is there proper drainage of water?			N/A due to meteorological conditions during the period			N/A due to meteorological conditions during the period			N/A due to meteorological conditions during the period
1.2.11	Ramp width: should be at least 1.5 m, more necessary particularly in case of pedestrian traffic / dropping the whole corner at street corners is recommended.			Prevailing 100 to 200 cm (in some cases 70,150 and 310 cm			Prevailing 100 to 200 cm (in some cases 70,150 cm)			Prevailing 100 to 200 cm (in some cases 70,150 cm)
1.2.12	Ramp slope.			~15%			~15%			~15%

1.2.13	Is the slope appropriate? (5% recommended, 1/10 maximum at technical impossibility). This question can be answered after field study, at evaluation stage.		x	~15%			~15%			~15%
1.2.14	Is there special care taken so that there is no height difference where the end of the ramp and the road surface are joined?		x	In most cases the baveling does not level with the road surface			In most cases the baveling does not level with the road surface			In most cases the baveling does not level with the road surface
Signage											
1.2.15	Is the beginning and the end of the ramp marked by tactile indicators signifying “Danger”?		x			x			x	
1.3 Bridging different levels with ramps (between the sidewalks/walkways and the level of other land uses, e.g. buildings)											
General											
1.3.1	Is there a height difference which is bridged with a ramp? If yes, please mark it on the map.		x			x			x	
Geometry											
1.3.2	Ramp length:		x			x			x	

1.3.3	Ramp height:		x			x			x	
1.3.4	Ramp slope:		x			x			x	
1.3.5	In which way are the ramp's sides protected (e.g. solid kerbs, railing, etc.)?		x			x			x	
1.3.6	Does the ramp have landings at its beginning and end?		x			x			x	
1.3.7	If there is no landing at the end of the ramp, is there enough space available for the opening of a door (if a door exists)?		x			x			x	
1.3.8	Does the ramp have a landing in the middle due to increased length (for ramps more than 10 m. long), change of slope or direction?		x			x			x	
1.3.9	Dimensions of landings (particularly in case of direction change).		x			x			x	
1.3.10	Are there appropriate landings in each direction change? This question can be answered at the evaluation stage.		x			x			x	

1.3.11	In case the ramp's width exceeds 3.0 m., is there a continuous handrail in the middle?		x			x			x	
1.3.12	Does the ramp have handrails in both sides?		x			x			x	
1.3.13	Is there a double handrail in both sides?		x			x			x	
1.3.14	In which height is the upper level of the used handrails (50-75 cm for children and small people and 85-100 cm for adults)? Measure the height of handrails		x			x			x	
1.3.15	What is the shape of the handrails' cross-section?		x			x			x	
1.3.16	Does it facilitate their use?		x			x			x	
1.3.17	Do the handrails have enough colour-contrast with the environment? Please take photo: photos can be used at the evaluation stage.		x			x			x	
1.3.18	Material used for the construction of the handrails (e.g. is it slippery, difficult to grip)?		x			x			x	

Surface/ Signage										
1.3.19	Is the ramp's surface slip-resistant?		x			x			x	
1.3.20	Is the ramp's surface stable?		x			x			x	
1.3.21	Is the ramp's surface easy to maintain?		x			x			x	
1.3.22	Are the landings marked with colour-contrast?		x			x			x	
1.3.23	Are there the appropriate yellow Tactile Surface Indicators marking "Danger" at the beginning and the end of the ramp?		x			x			x	
1.4 Sidewalks										
Genera										
1.4.1	Do sidewalks exist? Pay attention to cases where sidewalks do not exist although they are required.	x		Rarely the sidewalks does not exist (from the railway station to the westbound roundabout)	x		On Aleko Konstantinov str., the sidewalks are in repairs (renewal)	x		

1.4.2	In case construction works take place within the free zone for the movement of pedestrians, is there a new free zone for the movement of pedestrians created, with a width of at least 0.9 m, with appropriate signage, that secures safe movement of all sidewalks users? Measure the width of the new free zone.			N/A		x	There is not free zone for the movement of pedestrians			N/A
1.4.3	Do the accessible sidewalks create "networks" so that easy movement of pedestrians is not interrupted? An appropriate sidewalks network can be determined at the evaluation stage, with reference to the corresponding maps.	x			x			x		
Walking surface										
1.4.4	Are there problems which can cause vibrations to wheelchair users? If yes, what kind (e.g. surface, pavement problems, too many joints)?	x		Pavement made of marble tiles on the square infront of Municipality of Haranli		x	In the cases where the pavement is not missing			

1.4.5	Is the surface continuous? Check for cracks, bad joints, additions, broken or damaged surfaces. Slight height differences.		x			x			x	
1.4.6	Are there depressions which might concentrate water? If yes, please mark it on the map.			N/A due to meteorological conditions			N/A due to meteorological conditions			N/A due to meteorological conditions
1.4.7	Are there slippery surfaces? If yes, please mark it on the map.		x			x			x	
1.4.8	In case grids are placed, are the gaps created more than 2 cm. wide or lined along the walking route? If yes, please mark it on the map.	x		They are placed correctly						
1.4.9	What kind of material is used for the pavement?			Asphalt, pavement plates, marble tiles			Asphalt, pavement plates			Asphalt, pavement plates
1.4.10	Are there any problems where different surfaces meet (e.g. height differences, etc.)? If yes, please mark it on the map.		x			x			x	
Geometry										

1.4.11	Is the sidewalk of a sufficient width to accommodate pedestrians during the peak hour (esp. near places where pedestrians are gathered, such as cinemas, theatres, etc.)?	x			x		The sidewalks are not located in the intesed part of the town	x		The sidewalks are not located in the intesed part of the town
1.4.12	Please, measure sidewalk width.			The dominating width is 200-270 cm, in some cases (west part of Bulgaria blvd. - 5,5 m)			The dominating width is 200-270 cm			The dominating width is 200-270 cm
1.4.13	Pay attention to the slope (desirable 1-1.5%, both along the route and vertically. Is the cross-section slope more than 4% “pushing” wheelchair users to the carriageway? (It may not be possible to measure sidewalk slope, taking photos, and measuring on the map may be better.			The dominating slope is 1-2% to 4% in some cases, along the sidewalk			The dominating slope is 1-2% to 4% in some cases, along the sidewalk			The dominating slope is 1-2% to 4% in some cases, along the sidewalk
1.4.14	In case the sidewalk width is only 1.2 m. or less, is there a widening of 1.8 m. every 50 m.? If yes, mark it on the map.		x			x			x	

1.4.15	Please measure kerb height of the pavement/sidewalk.			~15 cm			~15 cm			~15 cm
1.4.16	Are there rest areas with benches available every 50 m. with minimum space for a wheelchair to the bench 0.8 m. * 1.3 m.? If yes, mark it on the map.		x			x			x	
1.4.17	In case of streets dominated by shops, is there a free standing zone of 1.2 m. width in front of the shops? If yes, mark it on the map	x		Point 19 from the schematic map			N/A			N/A
1.4.18	Are there obstacles used prohibiting the sidewalk's occupation by vehicles (e.g. small pillars)?		x			x			x	
1.4.19	What is their shape and height?			N/A			N/A			N/A
1.4.20	Are they rigid? Твърди ли са?			N/A			N/A			N/A
1.4.21	Is their shape and material such that could cause serious injury on someone who falls on them (e.g. cyclist, motorcyclist, pedestrian)?			N/A			N/A			N/A
1.4.22	Are there special provisions for "forgiving infrastructure"?		x			x			x	

1.4.23	Do the obstacles create enough colour contrast with the environment? Please take photos.			N/A			N/A			N/A
1.4.24	Is the pavement occupied by obstacles restricting its free width (e.g. shops' and cafes' chairs and tables, trees and branches)?	x			x			x		
1.4.25	25 If there are protecting barriers, do they have a height of at least 68 cm., with width equal to the width of the obstacle, rounded corners and a horizontal bar 10 cm. from the ground in order to facilitate their identification from people with sight problems who use canes? Please, measure their height.		x			x			x	
1.4.26	Is the sidewalk free of obstacles (e.g. tree branches, signs) for a height of 2.2 m. along the length and width of the free pedestrian movement zone?		x			x			x	
1.4.27	Is the width of the plants zone is additional to the free movement pedestrian zone?		x			x			x	

1.4.28	Are there stands or shop products (e.g. furniture) on the sidewalk?	x						x		
1.4.29	Are there obstacles which cannot be identified by people with visual impairments who use a cane?	x			x			x		
1.4.30	Mark the temporary obstacles: if they are necessary to exist, they should be marked with a certain continuous railing, painted usually with two sharp colours, lighted during the night, so that they will always be visible.			N/A			N/A			N/A
1.4.31	Are there objects (e.g. garbage) which make the use of the surface by pedestrians and wheelchair users dangerous or difficult? If yes, mark it on the map.	x		Along Nikola Petkov str.		x			x	
1.4.32	Are there signs of inadequate cleaning of sidewalks?		x			x			x	
1.4.33	Is there adequate lighting? Please take photos.	x			x			x		
1.4.34	34 Is it obvious where the footpath ends (particularly for parents and persons with visual impairments)? Please take photos.	x			x			x		

1.4.35	Please measure the width of the pedestrian movement zone.			~350 cm			~350 cm			~350 cm
1.4.36	Is the width of the free pedestrian movement zone 3.00 m. at least, so that, besides the unrestricted move of pedestrians, the pavement can be used by emergency and goods supplying vehicles? This question can be answered at the evaluation stage.	x			x			x		
1.4.37	In areas where the prevailing use, by planning, is the commercial one, a free zone of 1.2 m. width is required in order to create a stop zone in front of the shops' windows (zone of visual trade) in addition to the free pedestrian movement zone. Is there such a zone? This question can be answered at the evaluation stage.		x			x			x	
1.4.38	Check for excessive use of street furniture. If yes, please take photos.		x			x			x	
1.4.39	Is the equipment's design of a high quality? Please take photos.			N/A			N/A			N/A

1.5 Street furniture, equipment and signage										
1.5 Улични мебели, обзавеждане и табели										
1.5.1	Are the street furniture and signage really required? Check for repetitions.			N/A			N/A			N/A
1.5.2	Does the street furniture create obstacles or interrupt the smooth movement of pedestrians? If yes, please take photos.			N/A			N/A			N/A
1.5.3	Is street furniture in good working conditions (i.e. is it proper)? If not, state the problem.			N/A			N/A			N/A
1.5.4	Does the street furniture create obstacles to people with visual impairments? If yes, please take photos.			N/A			N/A			N/A
1.5.5	Can all the equipment be used by people with disabilities? If yes, please take photos.			N/A			N/A			N/A
1.5.6	Is there “standardization” of the equipment present? Please take photos.			N/A			N/A			N/A

1.5.7	Are all street furniture "projected" to the ground in order to be identified by people with visual impairments using a cane? Please take photos.			N/A			N/A			N/A
1.5.8	Is there a clear route through the street furniture of a minimum width of 0.90 m.? Please take photos.			N/A			N/A			N/A
1.5.9	Is there proper tactile signage guiding people with visual impairments? Please take photos.			N/A			N/A			N/A
1.5.10	Are there seats available so that pedestrians can rest for a while?			N/A			N/A			N/A
1.5.11	Is the seat "friendly" to the user (upright position, comfortable surface, separate arms, etc. height)?			N/A			N/A			N/A
Telephone booths										
1.5.12	If there are any telephone boots please mark them on the map, and take photos.			N/A			N/A			N/A
1.5.13	Please measure available space in front of each.			N/A			N/A			N/A
1.5.14	Is there enough space available for wheelchair users' feet? This question can be answered at the			N/A			N/A			N/A

	evaluation stage.									
1.5.15	Please measure the height of telephones' booth. Are they placed in at a height less than 1.2 m. from the ground?			N/A			N/A			N/A
1.5.16	Can the visual messages displayed be read by wheelchair users, or are they placed too high?			N/A			N/A			N/A
1.5.17	Is this information available in audible format as well?			N/A			N/A			N/A
1.5.18	Is there an induction loop available for people using hearing aids?			N/A			N/A			N/A
1.5.19	Can the handset volume be adjusted?			N/A			N/A			N/A
1.5.20	Are the buttons used in Braille?			N/A			N/A			N/A
ATMs										
1.5.21	Please measure the available space in front of the ATM.			1. 160 cm 2. 140 cm 3. closed type 4. 415/240 cm 5. inaccessible 6. >90 cm 7. inaccessible			N/A			N/A

1.5.22	Is there enough space available for wheelchair users' feet? This question can be answered at the evaluation stage.			1. yes 2. no 3. no 4. no 5. inaccessible 6. no 7. inaccessible			N/A			N/A
1.5.23	Is there a level surface of at least 0.8 * 1.3 m. in front of the machine?			1. yes 2. no 3. yes 4. yes 5. inaccessible 6. yes 7. inaccessible			N/A			N/A
1.5.24	Can the visual messages displayed be read by wheelchair users, or are they placed too high?			1. no 2. no 3. yes 4. no 5. inaccessible 6. no 7. inaccessible			N/A			N/A
1.5.25	Is this information available in audible format as well?		x	Applies to all			N/A			N/A

1.5.26	Is there a strong colour contrast between letters and background on the display?			1. yes 2. yes 3. yes 4. yes 5. yes 6. no 7. no			N/A			N/A
1.5.27	Are the buttons used in Braille?		x	Applies to all			N/A			N/A
1.5.28	Please measure the height of the ATM.			1. 100 cm 2. 115 cm 3. closed type 4. 130 5. 120 6. 110 7. 130			N/A			N/A
1.5.29	Are they placed in at a height less than 1.2m from the ground (particularly concerning the card receiver)?			1. no 2. no 3. yes 4. no 5. yes 6. no 7. no			N/A			N/A
1.5.30	Is there telephone support connected to the ATM?		x	Applies to all			N/A			N/A

Signage										
General										
1.5.31	Is there is any signage available? If yes please mark it on the map, and take a photo.		x			x			x	
1.5.32	Is signage easy to understand, or does it create confusion?			N/A			N/A			N/A
1.5.33	Is the pedestrian continuously guided by appropriate signs?		x			x			x	
1.5.34	Are there gaps in continuity?	x			x			x		
1.5.35	Are there signs available guiding the pedestrian to the city's "points of interest"?		x			x			x	
Geometry										
1.5.37	Is signage clear, well designed and readable (i.e. easily understood by many users)?			N/A			N/A			N/A
1.5.38	Are pictograms used?		x			x			x	
1.5.39	Използват ли се малки букви?			N/A			N/A			N/A

1.5.40	Do the characters used have the appropriate size (i.e. if they are read from a long distance, e.g. buildings' entrances, 15 cm., from average distance, e.g. instructions in corridors, 5-10 cm., from small distance, e.g. signs on the wall, 1.5-2.5 cm)?			N/A			N/A			N/A
1.5.41	Do the symbols have the appropriate size (i.e. depending on reading distance 4 cm. for 3-6 m. distance, 6 cm. for 6-9 m. distance, 8 cm. for 9-12 m. distance, 10 cm. for 12-15 m. distance)?			N/A			N/A			N/A
1.5.42	Има ли достатъчно цветен контраст между букви, символи, пиктограми и фон?			N/A			N/A			N/A
1.5.43	Are there tactile letters, numbers etc. or Braille signage used for people with sight problems (if you think they are required)?			N/A			N/A			N/A
1.5.44	Is signage located at a height which facilitates its use by all? All signage should be located outside the "free movement zone" and if it is placed on walls it should be located at a height between 1.4 -			N/A			N/A			N/A

	1.6 m.									
1.5.45	If there is any map, please mark it on the map and take a photo.		x			x			x	
1.5.46	Are maps provided?		x			x			x	
1.5.47	Are they available in tactile form?		x			x			x	
1.5.48	How is signage placed: Is placement on poles absolutely necessary – could signs and lamps be placed on buildings?			N/A			N/A			N/A
1.5.49	Is there a Tactile Surface Indicator implemented?		x			x			x	
1.5.50	If necessary, is it appropriately placed?			N/A			N/A			N/A
1.5.51	Do the TSIs form networks or are they abruptly terminated?			N/A			N/A			N/A
1.5.52	Are the appropriate tiles used for the formation of the TSIs according to national guidelines?			N/A			N/A			N/A
1.5.53	Although it is not allowed, do grids and other obstacles exist on the TSI?			N/A			N/A			N/A

1.5.54	Is the TSI at a distance of at least 0.4 m from the street plan line but in such a distance that the user can follow it?			N/A			N/A			N/A
1.6 Road Crossings										
General										
1.6.1	If there is any road crossing, please mark it on the map, take a photo, and measure its dimensions.			Scheme 2		x			x	
1.6.2	Is there a safe place for a pedestrian to cross the road, where it is needed and justified by pedestrian traffic (e.g. controlled crossing)?	x		Scheme 2		x			x	
1.6.3	Is the crossing placed at a reasonable location (i.e. where the pedestrian "naturally" wants to cross the road)?	x		In most cases	x		In most cases	x		In most cases
1.6.4	Are crossings available every 100 m.? This question can be answered at the evaluation stage.		x			x			x	
1.6.5	Is the crossing "occupied" by vehicles during the green light for the pedestrians?		x				N/A			N/A
1.6.6	Is the traffic light for vehicles placed in a way that "forces" drivers to do so?		x				N/A			N/A

Geometry										
1.6.7	Is the crossing's width at least 2.5 m.?	x				x			x	
1.6.8	Is the sidewalk's kerb dropped at the whole crossing?		x			x			x	
1.6.9	Is there bridging of height difference with the road surface on both sides?		x		x					
1.6.10	Are the crossings perpendicular to the traffic flow?	x			x			x		
1.6.11	Are the drainage grids placed outside the pedestrian movement zone?	x			x			x		
1.6.12	If yes, do the drainage grids create an obstacle on the road surface higher than 2 cm.?		x			x			x	
1.6.13	For roads more than 12 m. wide, are there "islands" at least 1.5 m. wide created?	x					N/A			N/A
1.6.14	In case there is a "safety island" on the road do they exist ramps/dropped kerbs on it?	x		In most cases			N/A			N/A
1.6.15	Do safety islands' ramps/dropped kerbs correspond to those of the road/sidewalks?	x		In most cases			N/A		x	

Signage										
1.6.16	Do the crossings have markings on the road surface which imply the pedestrians' priority?	x			x			x		
1.6.17	Is there tactile signage for people with sight problems?		x			x			x	
1.6.18	If yes, has it been appropriately implemented?			N/A; Н/П			N/A; Н/П			N/A; Н/П
1.6.19	Are there "DANGER" markings placed at the beginning and the end of the crossing?		x			x			x	
Controlled crossings										
General										
1.6.20	If there is any controlled crossing, please mark it on the map and take a photo.			Scheme 2		x			x	
1.6.21	Is there no controlled crossing, although this is justified by pedestrian traffic?		x				N/A			N/A
1.6.22	Can the pedestrian easily see the signal box? Пешеходците могат ли лесно да видят светофара?	x					N/A			N/A
Geometry – Characteristics										

1.6.23	Please cross to the opposite side slowly, and measure the crossing time. What is the "green walking man figure" time? It is determined by the quotient of the road surface width over the mean walking velocity of 1.35 m./sec.			11 s time for crossing, 20 s duration of the signalization			N/A			N/A
1.6.24	Is there a large traffic of elderly pedestrians and people with disabilities which would justify a longer "green walking man figure" time at the particular crossing?		x				N/A			N/A
1.6.25	During the "green walking man figure" time, is the road surface exclusively used by pedestrians, or there is simultaneously moving car traffic?			There is simultaneously moving traffic			N/A			N/A
1.6.26	Is the crossing activated by the pedestrian?		x				N/A			N/A
1.6.27	Is there a control button used?			N/A			N/A			N/A
1.6.28	If yes, in what height is it located? It should be 1 m.			N/A			N/A			N/A
1.6.29	Is the post on which it is located clearly marked?			N/A			N/A			N/A
1.6.30	Is it facing the correct direction?			N/A			N/A			N/A

1.6.31	Does the crossing have a system that recognizes the presence of pedestrians?		x				N/A			N/A
Signage										
1.6.32	Is there an acoustic signal which assists pedestrians with visual impairments?	x		The sound of the signal is low			N/A			N/A
1.6.33	If yes, does it work continuously or is it user activated?			Continous			N/A			N/A
1.7 Bus Stops										
General										
1.7.1	If there is any bus stop, please mark it on the map, and take a photo.	x		Point 20,24,27 from the schematic map		x			x	
1.7.2	Is the distance between two consecutive bus stops less than 400 m.? 200 m. are preferable for bus line with frequent use by elderly passengers or people with disabilities. At the evaluation stage, the distance can be measured on the map.		x				N/A			N/A
1.7.3	Where is usually located the bus stop at the study area (e.g. on the sidewalk/walkway, on a widening of the sidewalk/walkway, etc.)?			On the sidewalk			N/A			N/A

Geometry										
1.7.4	Is the bus stop sheltered?	x		On 3 of 4 busstops			N/A			N/A
1.7.5	If yes, is the shelter fully covered or only with one end panel?	x					N/A			N/A
1.7.6	Please measure the shelter's dimensions. Is the shelter's width at least 1.4 m.?			150-190 cm			N/A			N/A
1.7.7	Does a seat exist for waiting passengers?	x		On 3 out of 4 stops			N/A			N/A
1.7.8	Is the seat user-friendly (up-right, separate arms, colour contrasted)?	x		The seat is up-right with elbow rests			N/A			N/A
1.7.9	Is there enough space next to the seat to accommodate wheelchair users (the wheelchair space has to be sheltered too)?	x					N/A			N/A
1.7.10	Are the vertical panels of the shelter constructed using safety glass or any transparent panels that don't hinder visibility?	x					N/A			N/A
1.7.11	Is there a corridor at least 1.5 m wide in front of the bus stop?	x		Applies for busstop №2			N/A			N/A
1.7.12	If yes, measure its width.			115-220 cm			N/A			N/A

1.7.13	Is there an unobstructed boarding area at the stop of 2.0 m. * 2.0m.?		x				N/A			N/A
1.7.14	If yes measure its dimensions.			N/A			N/A			N/A
1.7.15	Is there an obstacle free walkway of 1,5 m. provided, despite the presence of the bus stop?	x					N/A			N/A
1.7.16	Is a raised bus boarding area provided in order to keep transition gradients to acceptable levels? 1 in 20 preferably, 1 in 10 maximum.		x				N/A			N/A
1.7.17	What is the kerb height? A kerb height of 16 cm. can give a good compromise between ease of access and reduced damage to the bus, depending on the bus type.			~16 cm			N/A			N/A
1.7.18	Can the bus approach the sidewalk in order for it to be almost adjacent to the kerb?	x					N/A			N/A
1.7.19	Is the gap between the bus and the kerb more than 3 cm.?		x				N/A			N/A
Signage										
1.7.20	Are there maps and information tables (giving info about arrival times, bus lines, etc.) located at an appropriate (1.4-1.6 m.) height?		x				N/A			N/A

1.7.21	Is the text provided of the appropriate size? Please take a photo.		x				N/A			N/A
1.7.22	Is the text orientated in order to assist pedestrians?			N/A			N/A			N/A
1.7.23	Are there VMS signs?		x				N/A			N/A
1.7.24	If yes, what info do they provide?			N/A			N/A			N/A
1.7.25	If yes, are they placed at a proper height? Please measure its height.			N/A			N/A			N/A
1.7.26	Is there audible info provided (mostly for people with sight problems)?		x				N/A			N/A
1.7.27	Is there tactile info (in Braille) provided?		x				N/A			N/A
1.7.28	If a TGSI is implemented near the bus stop, does it have the appropriate “Service” tile marking the bus stop?		x				N/A			N/A
1.7.29	Do glass or transparent panels have coloured bands at least 15 cm. wide at a height of 1.4-1.6 m. from the ground? If there is any glass panel, please take a photo.		x				N/A			N/A
1.7.30	Is the bus stop easily identifiable by people with visual impairments?	x					N/A			N/A
1.8 Stairs										

General										
1.8.1	If there are any stairs please mark them on the map, and take a photo.	x		Маркирано на схематичната карта		x			x	
1.8.2	Is there an alternative route apart from the staircase provided through a lift or ramp?	x				x			x	
1.8.3	Is there enough lighting provided?		x				N/A			N/A
1.8.4	Is there a provision for bridging small height differences (about 5 cm.) in the same horizontal level?		x			x			x	
1.8.5	Is the back of the staircase covered so that it does not impose a danger to people with visual impairments?			N/A			N/A			N/A
Geometry										
1.8.6	Are the steps with rounded tips?		x				N/A			N/A
1.8.7	The staircase should not be open tread.		x				N/A			N/A
1.8.8	What is the stair width (minimum clear width preferred 1 m., preferably 1.2 m.)?			240 cm			N/A			N/A
1.8.9	What is the height of the riser (15 cm. max)?			15 cm			N/A			N/A
1.8.10	What is the tread depth (30 cm. preferred, 25 cm. minimum)?			One step			N/A			N/A

1.8.11	Do all treads have the same depth?			One step			N/A			N/A
1.8.12	Are the treads slip resistant?	x					N/A			N/A
1.8.13	If not, do treads have slip resistant materials at their edge?			N/A			N/A			N/A
1.8.14	Is the number of risers in each flight less than 12?			One step			N/A			N/A
Handrails										
1.8.15	If there is a handrail, please note it and take a photo.		x				N/A			N/A
1.8.16	If yes, do they exist at both sides?			N/A			N/A			N/A
1.8.17	What is the material used (is it cold, slippery, difficult to grip)?			N/A			N/A			N/A
1.8.18	Do the handrails have a cross-section which facilitates their use?			N/A			N/A			N/A
1.8.19	What is the diameter of the handrail (preferred 30-50 mm. of circular cross section)?			N/A			N/A			N/A
1.8.20	Do the handrails continue beyond the end of the stairs by a 30 cm. minimum?			N/A			N/A			N/A
1.8.21	Please measure the dimensions of the handrail.			N/A			N/A			N/A
1.8.22	Are double handrails at 50-75 cm for children and small people and 85-100 cm for adults provided?			N/A			N/A			N/A
1.8.23	Are there handrails provided at			N/A			N/A			N/A

	landings?									
1.8.24	Do handrails provide enough colour contrast with the environment?			N/A			N/A			N/A
Signage										
1.8.25	Is there enough colour contrast provided between tread and height?		x				N/A			N/A
1.8.26	Are there tactile warning surfaces at the foot and head of stairs (tiles marking “Danger”)?		x				N/A			N/A
1.8.27	Are the steps’ edges marked with colour contrasting material?		x				N/A			N/A
1.8.28	Is the number of stairs provided in Braille at the foot and head of the staircase?		x				N/A			N/A
1.9 Parking spaces										
General										
1.9.1	If there is a parking space available, please draw on the map and take a photo.			See on scheme			N/A			See on scheme
1.9.2	What is its parking space capacity (number of cars)?			12-22 parking spaces			N/A			15 parking spaces
1.9.3	Are there parking spaces reserved specifically for drivers and passengers with disabilities?	x					N/A	x		

1.9.4	If yes, how many parking spaces are reserved for them?			1 to 2			N/A			1
1.9.5	Are these parking spaces on accessible routes and as close to accessible entrances of the served facilities as possible? Please measure the distance between parking space and the served facilities, or else this question can also be answered by measuring distances on the maps, at the evaluation stage.		x	Only the parking of Multiprofile Hospital for Active Treatment "Harmanli" is accesable - avg. dist. To main entrance is 20 m			N/A			N/A
1.9.6	Are 10% of all parking spaces reserved for people with disabilities?	x		In most cases			N/A		x	
1.9.7	Is there the possibility of reserving a parking space (over the telephone, by email, etc.)?		x				N/A		x	
Geometry										
1.9.8	Please measure the dimensions of parking spaces reserved for vehicles of people with disability.			The width is up to 350 cm and the length varies up to 650 cm			N/A			The width of the parking space is 350 cm

1.9.9	Is 1/8th of all parking spaces reserved for people with disabilities appropriate for Van type vehicles (4.5 * 6.6 m.)?		x				N/A		x	
1.9.10	Can vehicle doors be fully opened within the designated space in order to allow drivers and passengers with disabilities to be transferred to an adjacent wheelchair, if this is required?	x		Depends of the vehicle			N/A	x		Depends of the vehicle
1.9.11	Is there enough space provided for drivers to access the vehicle from the rear door (depending on the vehicle)?	x					N/A	x		
1.9.12	Is there enough free height provided (that is 2.6 m. as some disabled motorists use vans or high-top cars, while others have wheelchairs stowed on top of their vehicles)?	x					N/A	x		
1.9.13	Type of surface used? (Loose gravel surfaces can cause problems to wheelchair users.)			asphalt			N/A			asphalt
1.9.14	Are all height differences appropriately bridged, or are the routes interrupted by stairs and		x	Only the parking of Multiprofile Hospital for Active			N/A	x		A slope on the one side is present

	kerbs?			Treatment "Harmanli" is accesable						
1.9.15	Is there a free moving route available?		x	Only the parking of Multiprofile Hospital for Active Treatment "Harmanli" is accesable			N/A	x		The sidewalk is right next to the parking lot
1.9.16	If yes please measure its width (it should be at least 90 cm. wide available).			N/A			N/A			200 cm
1.9.17	Is there a height difference between the parking space and the sidewalk?	x					N/A	x		
1.9.18	If yes, is it appropriately bridged?	x		In most cases			N/A	x		With a slope
1.9.19	Is there any ticket dispenser present? If yes, please measure its height. Are ticket dispensers, slots for cards etc. placed between 90 cm. and 1.2 m. high?		x				N/A		x	
Signage										
1.9.20	Are the parking spaces reserved for people with disabilities and persons with restricted mobility clearly indicated (appropriate signing on the ground and on a pole using the International Symbol of Access)?	x					N/A	x		

1.9.21	Are the designated parking spaces easily identified from the entrance of the car park?	x					N/A	x		
1.9.22	Is there a sign indicating the allowed vehicles' maximum height available?		x	Such sign is not needed			N/A		x	Such sign is not needed
1.9.23	Are there Tactile Surface Indicators implemented, where necessary?		x				N/A		x	

2. Accessibility questionnaires on Harmanli Hospital

№	Question	Building A			Building B (East entr.)			Building B (West entr.)			Building C			Building D		
		Yes	No	Information	Yes	No	Information	Yes	No	Information	Yes	No	Information	Yes	No	Information
Entrance																
2.2.1	How many entrances does the building have?			2; east and south			5; 2 on the west 2 on the east 1 on the south-east			5; 2 on the west 2 on the east 1 on the south-east			1; the north one			1; the north one
2.2.2	How many of these are used by the general public?			1; east			4; west and east			4; west and east			1; the north one			1; the north one
2.2.3	Which one(s) being used as the main entrance(s)?			The east one			1; the west one, closest to V. Levski str.			1; the west one, closest to V. Levski str.			1; the north one			1; the north one
Entrance: Approach																
2.2.4	If there are sidewalks in front of the entrance, are they accessible (ramps, appropriate free space of 90 cm. for the circulation of wheelchair users, tactile surface			N/A			N/A			N/A			N/A			N/A

	indicators for the blind people, etc.)?															
2.2.5	Is there clear level space in front of the entrance that can accommodate a wheelchair manoeuvre (150 cm / 50 cm)?	x		More than 150/50 cm	x		More than 150/50 cm		x	More than 150/50 cm		x	More than 150/50 cm	x		More than 150/50 cm
2.2.6	How is the area in front of the building entrance levelled in relation to the walkway (same level, level change with step(s), ramp(s), lift(s) or a combination)?			Leveled with ramp (ovepass); The difference between the area infront of the building and the entrance is 120 cm			Same level There is no difference between the area infront of the building and the level of the walkways			Step(s)			Step(s):			Step(s)
2.2.7	How is the area in front of the building entrance levelled in relation to the entrance door (same level, level change with step(s),			Same level			Same level			Same level			Same level:			Same level

	ramp(s), lift(s) or a combination)?															
2.2.8	In front of the building entrance, if there are any vertical thresholds where floor materials change, are they less than 1 cm.?		x			x			x			x			x	
Entrance: Ramps/Stairs General																
2.2.9	Are there any level differences between the walkway and the entrance area in front of the building?	x				x		x			x			x		
2.2.10	If yes, how they are bridged (stairs or ramps)?	x		With ramp (overpass)			N/A			With steps			With steps			With steps
Entrance: Ramps																
2.2.11	If a ramp is used, where is it located? Ако се използва рампа, къде се намира?			On the scheme			No ramp is used			No ramp is used			No ramp is used			No ramp is used

2.2.12	If a ramp is used, is it located in a logical place relative to the entrance?	x					No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.13	If the ramp is not visible at a first glance, does signage exist guiding to the ramp?			N/A			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.14	If a ramp is used, does the ramp extend to the walkway or is it sunken in the entrance area?			It extends to the walkway			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.15	If a ramp is used, is it sheltered?			The shelter covers only the landing			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.16	If ramp is used, what is the shape of the ramp (linear, l-turn, U-turn)?			Linear with slight turning			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.17	If ramp is used, what is the length of the ramp?			920 cm - south; 540 cm - north			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.18	If ramp is used, what is the width of the ramp?			340 cm			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.19	If ramp is used, what is the height difference between beginning and end of ramp – slope?			120 cm			No ramp is used			No ramp is used			No ramp is used			No ramp is used

2.2.20	Does the ramp have landings at its beginning and end?	x		In the end of the ramp			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.21	If there are landings in the beginning and the end, what are their dimensions?			650/340 cm			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.22	If there is no landing at the end of the ramp, is there enough space available for the opening of a door (if a door exists)?	x					No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.23	Does the ramp have a landing in the middle due to increased length (for ramps more than 10 m. long), change of slope or direction?		x				No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.24	If there are landings in the middle, what are their dimensions?		x				No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.25	Are the landings marked with colour-contrast?		x				No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.26	Are tactile surface indicators signifying “danger” placed at the beginning and end of		x				No ramp is used			No ramp is used			No ramp is used			No ramp is used

	ramps?															
2.2.27	Is the ramp's surface slip-resistant, stable, and easy to maintain?	x					No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.28	In which way are the ramp's sides protected (e.g. solid kerbs, railing, etc.)?			Handrails			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.29	At which height is the upper level of the handrails used (50-75 cm for children and small people and 85-100 cm for adults)?			75 cm handrails on the landing, 40 cm along the ramp			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.30	In case the ramp's width exceeds 300 cm., is there a continuous handrail in the middle?		x				No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.31	What is the shape of the handrails' cross-section? Does it facilitate their use?	x		◯			No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.32	Do the handrails have enough colour-contrast with the environment?		x				No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.33	Do the handrails continue beyond the			The handrails cover the			No ramp is used			No ramp is used			No ramp is used			No ramp is used

	end of the ramps by a 30 cm. minimum?			whole length of the ramp													
2.2.34	Does the ramp have a landing in the middle due to increased length (for ramps more than 10 m. long), change of slope or direction?		x				No ramp is used			No ramp is used			No ramp is used			No ramp is used
2.2.35	If a permanent ramp cannot be constructed, are other alternatives available (e.g. portable ramp, platform lift, stair lift, etc.)? This question can be answered after field study, at evaluation stage.			N/A			No ramp is used			No ramp is used			No ramp is used			No ramp is used
Entrance: Stairs																	
2.2.36	If stairs are used at the building's entrance, where are they located?		x	There are no stairs			There are no stairs			The stairs are located infront of the building			The stairs are located on the north side of the building next to the entrance			The stairs are located infront of the building
2.2.37	What is the shape of the stairs (straight, round, etc.)?			There are no stairs			There are no stairs			The stairs are straight			The stairs are straight			The stairs are straight

2.2.38	What is the width of the stairs?			There are no stairs			There are no stairs			350 cm			150 cm			280 cm
2.2.39	What is the height of the riser?			There are no stairs			There are no stairs			10÷14 cm			17÷18 cm			15 cm
2.2.40	What is the depth of the tread?			There are no stairs			There are no stairs			30÷39 cm			30-32 cm			34 cm
2.2.41	Do the treads have the same depth along the walking line?			There are no stairs			There are no stairs		x			x		x		
2.2.42	Do the steps have rounded noses?			There are no stairs			There are no stairs	x				x		x		
2.2.43	Is there proper lighting in the staircase?			There are no stairs			There are no stairs	x			x			x		
2.2.44	What is the material used for the stairs?			There are no stairs			There are no stairs			Granite tiles			Mosaic			Mosaic
2.2.45	Are the treads slip-resistant? If not, do treads have slip resistant materials at their edge?			There are no stairs			There are no stairs	x			x			x		
2.2.46	Are there tactile warning surfaces at the foot and head of stairs (tiles marking "Danger)?			There are no stairs			There are no stairs		x			x			x	
2.2.47	Is there provision for bridging by ramp small height differences (5 cm.) at the same level?			There are no stairs			There are no stairs		x			x			x	

2.2.48	Are there handrails provided at both sides of the stairs?			There are no stairs			There are no stairs		x			x	Only on one side		x	There are handrails which height is not proper
2.2.49	If yes, at what is the height of the handrails?			There are no stairs			There are no stairs			There are no handrails			94			There are no handrails
2.2.50	If there are any landings, are there handrails provided at landings?			There are no stairs			There are no stairs			There are no landings			There are no landings			There are no landings
2.2.51	If yes, what is the height of the handrails?			There are no stairs			There are no stairs			There are no handrails			N/A			There are no handrails
2.2.52	Do the handrails continue beyond the end of the stairs by a 30 cm. minimum?			There are no stairs			There are no stairs			There are no handrails		x				There are no handrails
2.2.53	Do the handrails have a cross-section which facilitates their use?			There are no stairs			There are no stairs			There are no handrails			◯			There are no handrails
2.2.54	What is the diameter of the handrail (preferred 30-50 mm. of circular cross section)?			There are no stairs			There are no stairs			There are no handrails			3 cm			There are no handrails

2.2.55	If the stairs run along a wall surface, is the distance between the handrail and the wall larger than 4 cm. for smooth walls and 6 cm. for harsh walls?			There are no stairs			There are no stairs			There are no handrails			N/A			There are no handrails
2.2.56	Are handrails provided at the middle of stairs when the unobstructed width of stairways is more than 300 cm.?			There are no stairs			There are no stairs			There are no handrails		x				There are no handrails
2.2.57	Do handrails provide enough colour contrast with the environment?			There are no stairs			There are no stairs			There are no handrails	x					There are no handrails
2.2.58	Are the steps' edges marked with colour contrasting material? Is there visual marking of landings?			There are no stairs			There are no stairs		x			x			x	
2.2.59	Are all dangerous areas suitably protected?			There are no stairs			There are no stairs			There are no dangerous zones to be protected	x		The danger zones on the landing are protected with handrail			There are no dangerous zones to be protected
Entrance: Doors																

2.2.60	Is the entrance door open to visitors/employees at all times when the building operates (locked, coded, unlocked, etc.)?		x	The door is locked by the hospital staff	x		The door is unlocked and free for use by the public and by the staff		x			x			x	
2.2.61	Is the main entrance protected from weather elements (e.g. shelter)? If yes, is it partially or fully sheltered?			Fully covered by polycarbonate plates			Fully covered by polycarbonate plates	x		Fully covered by polycarbonate plates			Fully covered by concrete roof visor	x		Fully covered by concrete roof visor
2.2.62	Is the main entrance's door swinging, revolving or sliding (automatic sliding doors are recommended)?			Specify type: Door with hinges			Specify type: Door with hinges (the door is not on the main entrance)			Specify type: Door with hinges			Specify type: Door with hinges			Specify type: Door with hinges
2.2.63	What is the clear width of the accessible door (recommended 120 cm., minimum 90 cm.)?			150 cm			110 cm clear width			150 cm clear width			95 cm			160 cm clear width for both wings
2.2.64	Is the accessible door the main entrance? If it is not, show its location on the map/drawing	x				x		x			x			x		

2.2.65	Is there a vestibule present?		x			x	Directly through a corridor intended for stretchers		x	Directly on the main staircase		x		x		
2.2.66	If yes, what are its dimensions?			N/A			N/A			N/A			N/A			255/80 cm
2.2.67	How are its doors opening (swinging, sliding)?			N/A			N/A			N/A			N/A			Door with hinges
2.2.68	Do they swing inwards or outwards?			N/A			N/A			N/A			N/A			Outwards
2.2.69	Do the doors in the vestibule open in the same direction?			N/A			N/A			N/A			N/A	x		
2.2.70	Are the doors (entrance door or vestibule doors) manually operated or automatic?			Manual; Entrance door			Manual; Entrance door			Manual; Entrance door			Manual; Entrance door			Manual for the entrance and vestibule
2.2.71	If automatic doors are used, are they equipped by a sensing device or a push button?			The door is manual			The door is manual			The door is manual			The door is manual			The doors are manual
2.2.72	If there is a push button, is it raised? Does it have clear signage and texture?			N/A			N/A			N/A			N/A			N/A

2.2.73	Is sufficient time provided for a user with mobility impairments?			N/A			N/A			N/A			N/A			N/A
2.2.74	Is there a way to keep automatic doors open?			N/A			N/A			N/A			N/A			N/A
2.2.75	Is there a doormat installed?		x			x			x			x			x	
2.2.76	If yes, does it hinder easy entrance?			N/A			N/A			N/A			N/A			N/A
2.2.77	How is the mat placed - directly on the floor completely or partially stuffed (maximum vertical threshold should be 1 cm)?			N/A			N/A			N/A			N/A			N/A
2.2.78	Does the entrance create sufficient color contrast with the environment?		x	There is not enough contrast		x	There is not enough contrast	x				x			x	There is not enough contrast
2.2.79	What is the material used for the main entrance door (e.g. metal, wood, glass, etc.)?			PVC			PVC			PVC			PVC			PVC
2.2.80	If the entrance gate is made of translucent material, does contrasting colour			The door is not constructed of translucent			The door is not constructed of translucent			The door is not constructed of translucent			The door is not constructed of			The door is not constructed of

	banding at eye level and between 80-100 cm. above floor level exist?			material			material			material			translucent material			translucent material
2.2.81	What is the height of the door handle?			100 cm			100 cm			100 cm			100 cm			100 cm
2.2.82	What is the shape of the door handle? Каква е формата на дръжката на вратата?			Triangular shaped handle			Right angle handle			Right angle handle			Right angle handle			Right angle handle
2.2.83	Can the door handle be operated with a closed fist?	x				x			x			x			x	
2.2.84	Is there significant force required to open the door?	x				x	There is no need of significant force to open the door		x	There is no need of significant force to open the door		x			x	
2.2.85	Do security systems of automatic doors (if they exist) have audible and visual warnings when they are activated?			The door is manual			The door is manual			The door is manual			The door is manual			The door is manual
2.2.86	Is there enough space to park motorised scooters near the entrance in case these cannot move inside the	x		There is enough space for parking motorised scooters	x		There is enough space for parking motorised scooters	x		There is enough space for parking motorised scooters		x	There is not enough space for parking motorised	x		There is enough space for parking motorised

	building?												scooters			scooters
2.3 Circulation. Horizontal and vertical movement																
2.3.1	How many floors does the building have?			2			4			4			2			2
2.3.2	Which floors are open for public/employees use and access?			1			4			4			1			2
Horizontal movement: Entrance halls																
2.3.3	Does the accessible entrance lead directly to an area serving the visitor or to a lift?			Directly to an serving area	x		The accessible entrance leads to 2 elevators - specialized and standart		x	The accessible entrance leads to 2 elevators - specialized and standart			Directly to an serving area			Directly to an serving area
2.3.4	If that is not the case, is there an accessible route leading to the above?	x			x		Through a hallway designed for strechers / Стига се през коридор предназначен за носилки.		x	By stairs unsuitable for disabled people / Стига се по стълби непригодни за хора с увреждания		x			x	
2.3.5	Is there free space of 150 cm. * 150 cm. in the entrance hall?			N/A	x		>150 cm	x		>150 cm i	x		>150 cm	x		>150 cm

2.3.6	If access to public serving areas is done through stairs, is there a ramp or a lift available?			N/A			N/A		x				N/A			N/A
2.3.7	Does the entrance area allow (dimensions – form) the installation of an information desk?	x			x				x			x		x		
2.3.8	If there is an information desk, is it accessible to wheelchair users (lower height of the transaction bench at a length of 1,00m, enough free space (150 * 150 cm.) in front of the desk)?			There is no information board			There is no information board			There is no information board			There is no information board			The information is accessible only from building B
2.3.9	Is there free 150 cm. * 150 cm. area in front of the lift?			N/A	x		>150 cm in all directions	x		>150 cm in all directions			N/A			N/A
Horizontal movement: Corridors																
2.3.10	What is the average free width of the building's corridors			220 cm			220 cm			220 cm			220 cm			180 cm

	(not counting furniture or other obstacles)?															
2.3.11	What is the minimum width encountered?			220 cm			215 cm			215 cm			220 cm			180 cm
2.3.12	Is there free space 150 cm. * 150 cm. available where corridors change direction?	x			x			x					N/A	x		
2.3.13	Are there any furniture or objects that create obstacles for free movement in the corridors?		x			x	In most cases benches in the hallways		x	In most cases benches in the hallways		x		x		In most cases benches in the hallways
2.3.14	Are the objects (such as fire extinguishers, water fountains, trashcans, etc.) placed/mounted along the same side of the corridors so that people with disabilities can follow the other wall without obstacles?	x			x			x			x			x		
2.3.15	What is the material used on floor?			Mosaic			Mosaic			Mosaic			Mosaic			Mosaic

2.3.16	Does the floor material used allow easy movement of people with disabilities?	x			x			x			x			x		
2.3.17	Is it slip-resistant?	x			x			x			x			x		
2.3.18	Are polishing products used on the floor?		x			x			x			x			x	
2.3.19	Are there any maintenance problems on floors such as raised tiles?		x			x			x			x			x	
2.3.20	If carpeting or mats are used, are they fixed (at the sides or edges)?			No carpets are used			No carpets are used			No carpets are used			No carpets are used			No carpets are used
2.3.21	Are there elements on the corridor floor that possibly could cause danger (loose cables, etc.)?		x			x			x			x			x	
2.3.22	Does the corridor floor have a different colour and texture than adjacent surfaces?			The floor is with different color and texture			The floor is with the same color but different texture			The floor is with the same color but different texture			The floor is with different color and texture	x		The floor is with different color and texture
2.3.23	Does the floor have any decoration drawings or shapes with changes in colour?	x			x			x			x			x		

2.3.24	Is there some form of Tactile Surface Indicator inside the building?		x			x			x			x			x	
2.3.25	In case that the corridor is on a higher level than the adjacent surfaces, is there a protective formation at its sides at least 15 cm. high?			The corridor is with the same level with all surfaces			The corridor is with the same level with all surfaces			The corridor is with the same level with all surfaces			The corridor is with the same level with all surfaces			The corridor is with the same level with all surfaces
2.3.26	On which height are the windows' bases?			90 cm			90 cm			90 cm			90 cm			90 cm
Vertical movement: general																
2.3.27	How are the vertical connections between floors done (check all that apply)?			With staircase			With stairs and elevators			With stairs and elevators			With staircase			With staircase
Vertical circulation: Elevators, lifts																
2.3.28	Is there an elevator in operation?			N/A	x		2 elevators - specialized and standart	x		2 elevators - specialized and standart		x	One not operating elevetor	x		N/A
2.3.29	Is there clear signage in the building directing the visitor to the elevator, in case the elevator is not directly visible?			N/A		x	There is no signage but the elevators are visible		x	There is no signage but the elevators are visible			N/A			N/A

2.3.30	For how many persons has the elevator been designed? When was it constructed?			N/A			Standart – 4 persons Specialized – not provided			Standart – 4 persons Specialized – not provided			N/A			N/A
2.3.31	What is the clear width of the elevator's door?			N/A			140 cm-specialized; 70 cm-standart			140 cm-specialized; 70 cm-standart			N/A			N/A
2.3.32	What are the clear dimensions of the elevator cabs?			N/A			140/250 cm – specialized; 120/90 cm - standart			140/250 cm – specialized; 120/90 cm - standart			N/A			N/A
2.3.33	How does the elevator's door open (swinging, sliding)?			N/A			Manual			Manual			N/A			N/A
2.3.34	Is the elevator door automatic?			N/A		x			x				N/A			N/A
2.3.35	Does the elevator door-closing mechanism provide enough time for a person with mobility impairments?			N/A			The door is manual			The door is manual			N/A			N/A
2.3.36	Can the elevator door be fixed in the open position?			N/A			standart –no; specialized – yes.			standart –no; specialized – yes.			N/A			N/A
2.3.37	Has the elevator got internal opening doors? Do they reduce			N/A		x			x				N/A			N/A

	the cabin's dimensions?															
2.3.38	In what height are the elevator operating buttons placed? What is their size?			N/A			Standart - 125÷150 cm, round with diameter 2cm; Specialized 120÷160, round with diameter 1 cm.			Standart - 125÷150 cm, round with diameter 2cm; Specialized 120÷160, round with diameter 1 cm.			N/A			N/A
2.3.39	Are the elevator operating buttons easily visible, lighted, and easy to use?			N/A	x			x					N/A			N/A
2.3.40	Are the elevator operating buttons raised?			N/A	x			x					N/A			N/A
2.3.41	Is there audible announcement of floors?			N/A		x			x				N/A			N/A
2.3.42	Does the elevator serve all floors?			N/A	x			x					N/A			N/A
2.3.43	Is there audible and visible signage for rise/descent and opening/ closing of elevator's doors?			N/A		x			x				N/A			N/A
2.3.44	Is there Braille signage			N/A		x			x				N/A			N/A

	next to the elevator's doors at each level?															
2.3.45	In the elevator cabin, is there a way other than audible to communicate in case of an emergency?			N/A		x			x				N/A			N/A
2.3.46	Are the elevators equipped by emergency phones with induction loops and volume control, visual signage and instructions for use in case of an emergency?			N/A			Induction loops - no; Volume control– no; Visual signage – no; Instructions - yes			Induction loops - no; Volume control– no; Visual signage – no; Instructions - yes			N/A			N/A
2.3.47	Is there a height difference between the elevator's floor and the floor level? Can it be adjusted?			N/A		x			x				N/A			N/A
2.3.48	Does the elevator's door create colour contrast with the door's surface?			N/A		x			x				N/A			N/A
2.3.49	Are there grab bars placed in the elevator cabin? If yes, at what height?			N/A		x			x				N/A			N/A
2.3.50	In case the height			There is no			There is no			There is no			There is no			There is no

	difference bridged is more than 120 cm., is the platform lift of a closed type?			platform			platform			platform			platform			platform
2.3.51	Does the platform lift have a platform for carrying the user with their wheelchair or a folding chair?			There is no platform			There is no platform			There is no platform			There is no platform			There is no platform
2.3.52	In case a stair-lift is used, is the minimum clear remaining width of the stairs greater than 90 cm. when the stair lift is in operation?			There is no platform			There is no platform			There is no platform			There is no platform			There is no platform
2.3.53	In case the stair lift uses a folding chair, is there a wheelchair provided to the upper level?			There is no platform			There is no platform			There is no platform			There is no platform			There is no platform
2.3.54	In case the stair lift uses a folded chair, does this remain closed when the lift is not in use?			There is no platform			There is no platform			There is no platform			There is no platform			There is no platform
2.3.55	In case of a power cut, does the lift return automatically to the lower of the levels it			N/A		x			x				N/A			N/A

	connects?															
2.3.56	Is there a lift maintenance schedule?			N/A	x			x					N/A			N/A
Vertical circulation: Stairs / Вертикална циркулация: Стълби																
2.3.57	How many staircases do exist in the building?			1			3			3			1			1
2.3.58	What is the form of the staircase (e.g. straight, with a turn and landing, round, etc.)?			Straight with landings			With turns and landings			With turns and landings			Straight			Straight
2.3.59	What is the main staircase's width (minimum clear width preferred 100 cm., preferably 120 cm.)?			130 cm			160 cm			160 cm			130 cm			160 cm
2.3.60	What is the height of riser (15 cm max)?			15 cm			14 cm			14 cm			14 cm			14 cm
2.3.61	What is the depth of the tread?			30-33 cm			32-35 cm			32-35 cm			30-33 cm			35-37 cm
2.3.62	Do the treads have the same depth along the walking line?		x			x			x			x			x	
2.3.63	Do the steps have rounded noses?	x		Rounded due to use	x		Rounded due to use	x		Rounded due to use	x		Rounded due to use	x		Rounded due to use
2.3.64	Is there proper lighting in the staircase?	x				x	There are no lightbulbs		x	There are no lightbulbs	x			x		

2.3.65	What is the material used for the construction of staircase (e.g. metal stairs, wooden treads, concrete, etc.)?			Mosaic of the same type use for the floor			Mosaic of the same type use for the floor			Mosaic of the same type use for the floor			Mosaic of the same type use for the floor			Mosaic of the same type use for the floor
2.3.66	Are the treads slip-resistant? If not, do treads have slip resistant materials at their edge?	x			x			x			x			x		
2.3.67	Are there tactile warning surfaces at the foot and head of stairs (tiles marking "Danger)?		x			x			x			x			x	
2.3.68	Is there provision for bridging by ramps small height differences (5 cm.) at the same level?			N/A			N/A			N/A			N/A			N/A
2.3.69	Are there handrails provided at both sides of the stairs?		x	The handrails are located only from one side		x	The handrails are located only from one side		x	The handrails are located only from one side		x	The handrails are located only from one side		x	The handrails are located only from one side
2.3.70	If yes, at what is the height of the handrails?			97 cm			70÷80 cm			70÷80 cm			97 cm			85 cm

2.3.71	Are there handrails provided at landings?	x			x			x			x			x		
2.3.72	If yes, what is the height of the handrails?			97 cm			70÷80 cm			70÷80 cm			97 cm			85 cm
2.3.73	Are the handrails continuous throughout the staircase?	x		The handrails are continuous throughout the staircase	x		The handrails are continuous throughout the staircase	x		The handrails are continuous throughout the staircase	x		The handrails are continuous throughout the staircase	x		The handrails are continuous throughout the staircase
2.3.74	Do the handrails continue beyond the end of the stairs by a 30 cm. minimum?		x			x			x			x			x	
2.3.75	re double handrails at both 70 and 90 cm. provided?		x	The handrail is single		x	The handrail is single		x	The handrail is single		x	The handrail is single		x	The handrail is single
2.3.76	Do the handrails have a cross-section which facilitates their use?		x			x			x			x			x	
2.3.77	What is the diameter of the handrail (preferred 30-50 mm. of circular cross section)?			50 mm			70 mm			70 mm			50 mm			70 mm
2.3.78	Is the distance between the handrail and the wall larger than 4 cm.			The handrail is not located on the side of the			The handrail is not located on the side of			The handrail is not located on the side of			The handrail is not located			The handrail is not located

	for smooth walls and 6 cm. for harsh walls?			walls			the walls			the walls			on the side of the walls			on the side of the walls
2.3.79	Are handrails provided at the middle of stairs when the unobstructed width of stairways is more than 300 cm.?		x	The width of the staricase is less than 300 cm		x	The width of the staricase is less than 300 cm		x	The width of the staricase is less than 300 cm		x	The width of the staricase is less than 300 cm		x	The width of the staricase is less than 300 cm
2.3.80	Do handrails provide enough colour contrast with the environment?		x			x			x			x			x	
2.3.81	Are the steps' edges marked with colour contrasting material? Is there visual marking of landings?		x			x			x			x			x	
2.3.82	Are all dangerous areas suitably protected?	x					There are no areas to be protected			There are no areas to be protected			There are no areas to be protected			There are no areas to be protected
2.3.83	Are low windows in landings protected by bars?			There are no low windows on the landings			There are no low windows on the landings			There are no low windows on the landings			There are no low windows on the landings		x	The lower part of the windows is located on the base of the handrail
Vertical circulation: Ramps																
2.3.84	How many ramps are there in the building used for vertical			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used

	circulation?															
2.3.85	Where are they located?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.86	Are ramps located at logical places?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.87	What is the shape of the ramp (linear, L-turn, U-turn)?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.88	What is the height difference between beginning and end of ramp?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.89	Does the ramp have landings at its beginning and end?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.90	If there are landings in the beginning and the end, what are their dimensions?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.91	If there is no landing at the end of the ramp, is there enough space available for the opening of a door (if a door exists)?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used

2.3.92	Does the ramp have a landing in the middle due to increased length (for ramps more than 10 m. long), change of slope or direction?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.93	If there are landings in the middle, what are their dimensions?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.94	Are the landings marked with colour-contrast?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.95	Are tactile surface indicators signifying danger placed at the beginning and end of ramps?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.96	Is the ramp's surface slip-resistant, stable, easy to maintain?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.97	In which way are the ramp's sides protected (e.g. solid kerbs, railing, etc.)?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.98	In which height is the upper level of the handrails used (50-75 cm for children and small people and 85-			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used

	100 cm for adults)?															
2.3.99	In case the ramp's width exceeds 300 cm., is there a continuous handrail in the middle?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.100	What is the shape of the handrails' cross-section? Does it facilitate their use?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.101	Do the handrails have enough colour-contrast with the environment?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.3.102	Do the handrails continue beyond the end of the ramps by a 30 cm. minimum?			No ramps are used			No ramps are used			No ramps are used			No ramps are used			No ramps are used
2.4 Services																
Services: Restrooms-General																
2.4.1	How many accessible lavatories exist in the building (to dispose at least appropriate door opening, enough space for free movement of wheelchair users,			N/A			N/A			N/A			N/A			N/A

	accessible toilet, accessible shower, etc.)?															
2.4.2	How are the restrooms (lavatories/toilets) distributed in the building (personnel restrooms, public restrooms, etc.)?			Personnel and public restrooms			Personnel and public restrooms			Personnel and public restrooms						Personnel and public restrooms
2.4.3	Is there an accessible public restroom (lavatory/toilet) available at each floor?	x			x			x			x			x		
2.4.4	Is the accessible toilet separate or located in a restroom of common use? If located in another restroom specify type (e.g. 2nd floor personnel, etc.).			For common use			For common use			For common use			For common use			For common use
2.4.5	Are the restrooms (lavatories/toilets) concentrated/dispersed in the building? Are they at the same location at each floor?			At the same loaction at each floor			At the same loaction at each floor			At the same loaction at each floor			At the same loaction at each floor			At the same loaction at each floor
2.4.6	Is the accessible restroom	x			x			x			x			x		

	(lavatory/toilet) gender-neutral?															
2.4.7	Is the accessible restroom (lavatory/toilet) open for use at all times (open, locked, card entry, etc.)?			Most of them are open at any time			Most of them are open at any time			Most of them are open at any time			Most of them are open at any time			Most of them are open at any time
2.4.8	If it is locked or a card entry, who has the keys and how is he notified?			Unlocked			Unlocked			Unlocked			Unlocked			The keys are held by the personnel
2.4.9	In case there is an employee with disability, does he have access (i.e. key, access card, etc.) to the accessible restroom (lavatory/toilet)?	x		Key	x		Key	x		Key	x		Key	x		Key
2.4.10	Is there signage directing to the accessible restroom (lavatory/toilet)?		x			x			x			x			x	
2.4.11	Is there signage provided with Braille – International Symbol of Access?		x			x			x			x			x	
2.4.12	What is the clear width of the door entering the			70 cm			90-100 cm			90-100 cm			100 cm	cm		70 cm

	restroom (lavatory/toilet)?															
2.4.13	How does the door to the restroom (lavatory/toilet) operated (automatically, push button, manually, etc.)?			Manual			Manual			Manual			Manual			Manual
2.4.14	If a manual door is used, what is the shape and height of the door handle?			Standart handle with right angle			Standart handle with right angle			Standart handle with right angle			Standart handle with right angle			Standart handle with right angle
2.4.15	Can the door handle be operated using a closed fist?		x			x			x			x			x	
2.4.16	Does the door require significant force to open (such as a 6 year old can open)?		x			x			x			x			x	
2.4.17	If a push button system is used, what is the height of the button?			N/A			N/A			N/A			N/A			N/A
2.4.18	What type is the door to the restroom (lavatory/toilet) (hinge, sliding, swing, etc.)?			With hinges			With hinges			With hinges			With hinges			With hinges
2.4.19	If hinged doors are installed, to which			Outwards			Outwards and Inwards			Outwards and Inwards			Outwards			Outwards

	direction do they open (outwards, inwards)?															
2.4.20	Are there any height differences on floors at the entrance to the restroom (lavatory/toilet)?		x		x			x				x			x	
2.4.21	If there are height differences at the entrance what is the height difference?			N/A			5 cm			5 cm			N/A			N/A
2.4.22	If there are height differences at the entrance how these are bridged (step, ramp, etc.)?			N/A			In some cases with step or with small ramp			In some cases with step or with small ramp			N/A			N/A
2.4.23	What is the surface material used on restroom floor?			Faience tiles			Faience tiles			Faience tiles			Faience tiles			Faience tiles
2.4.24	Is there sufficient lighting in the restrooms?	x			x			x			x			x		
2.4.25	Do hallways exist in the restrooms?		x		x			x				x		x		
2.4.26	If there are hallways in the restrooms what are the dimensions of the clear space?			N/A			85 cm			85 cm			N/A			170 cm hallway; 120 cm free space

2.4.27	Is there a colour contrast between toilet cabin doors and the other adjacent walls?		x			x			x			x			x	
2.4.28	Are there any height differences between the restroom floor and toilet cabin floor?		x			x			x			x			x	
2.4.29	If yes, what is the difference in height?			N/A			N/A			N/A			N/A			N/A
2.4.30	If yes, how are these bridged (step, ramp, etc.)?			N/A			N/A			N/A			N/A			N/A
2.4.31	What is the clear door width of the toilet cabin?			Not assesed			60 cm			60 cm			68 cm			66 cm
2.4.32	How does the toilet cabin door operate (auto/manual)?			Manual			Manual			Manual			Manual			Manual
2.4.33	What type of door is used in toilet cabins (hinge, sliding, folding, etc.)?			With hinges			With hinges			With hinges			With hinges			With hinges
2.4.34	At which direction does the toilet cabin door open (outwards, inwards)?			Outwards			Outwards and Inwards			Outwards and Inwards			Outwards			Inwards
2.4.35	What are the dimensions of the clear			Not assesed			140/80 cm			140/80 cm			150/160 cm			Not assesed

	space in the toilet cabin?															
2.4.36	What is the distance of the toilet unit from the walls to the left and to the right?			Not assesed			22 cm to the right, 22 cm to the left			22 cm to the right, 22 cm to the left			10 cm to the right, 100 cm to the left			Not assesed
2.4.37	Is this area free from obstacles?			Not assesed		x			x			x				Not assesed
2.4.38	Is there a space of minimum 150 cm. diameter where a wheelchair user can rotate without obstacles?			Not assesed		x			x		x					Not assesed
2.4.39	Is the toilet equipped with appropriate handrails?		x			x			x			x			x	
2.4.40	What is the height of handrails from ground level?			N/A			N/A			N/A			N/A			N/A
2.4.41	What is the length of handrails?			N/A			N/A			N/A			N/A			N/A
2.4.42	What is the height of the toilet unit?			40 cm			40 cm			40 cm			40 cm			40 cm
2.4.43	What type is the toilet unit (e.g. wall mount, floor mount, etc.)?			floor mount			floor mount			floor mount			floor mount			floor mount

2.4.44	What type is the flush tank (e.g. wall mounted high, toilet mounted, embedded, etc.)?			toilet mounted			toilet mounted			toilet mounted			toilet mounted			toilet mounted
2.4.45	Does the flush tank form an anatomic "back" for the user?		x			x			x			x			x	
2.4.46	How is the flush tank operated (e.g. manual pull type, manual push type, auto with sensor)?			Manual push type			Manual push type			Manual push type			Manual push type			Manual push type
2.4.47	If manual flush tank system is used, what is the height of the flush tank operator cord/button?			Not assesed			80 cm			80 cm			90 cm			Not assesed
2.4.48	If manual system is used, does it require significant force to operate?		x			x			x			x			x	
2.4.49	Is there a basin in the toilet cabin?			Not assesed		x			x		x					Not assesed
2.4.50	What is the free height under the basin?			Not assesed			75 cm			75 cm			75 cm			Not assesed
2.4.51	Do waste pipes under the basin prohibit easy	x			x			x			x			x		

	use by a wheelchair user?															
2.4.52	Are hot water pipes under the basin properly insulated?			N/A ; Н/П			N/A ; Н/П			N/A ; Н/П			N/A ; Н/П			N/A ; Н/П
2.4.53	Does the basin have a lever-operated mixer tap?		x			x			x			x			x	
2.4.54	Is the basin of “anatomical” shape?		x			x			x			x			x	
2.4.55	What is the height of soap dispenser from the ground? Is it easy to use? Is it within reach of a wheelchair user?			N/A			N/A			N/A			N/A			N/A
2.4.56	What is the height of the mirror from the ground? Can a wheelchair user easily use it or the mirror should be inclined?			N/A			N/A			N/A			N/A			N/A
2.4.57	Are there shelves provided (a changing shelf to the side of the WC at a height of 95 cm., a lower shelf at 70 cm. above floor level by the wash basin)?		x			x			x			x			x	

2.4.58	Is there a system providing toilet paper by sheet, helping users with only one hand?		x			x			x			x			x	
2.4.59	Are there any showers?			Not assesed		x			x		x					Not assesed
2.4.60	If yes, are these accessible (without any height difference from the surrounding floor, with appropriate dimensions for wheelchair users – minimum 90 * 150 cm.)?			Not assesed			N/A			N/A	x					Not assesed
2.4.61	If there is an accessible shower, are there grab rails and a folding seat provided? What is their height from the ground?			Not assesed			N/A			N/A		x	N/A			Not assesed
2.4.62	Is there an alarm system in case of emergency which contains a cordon placed around the room, parallel to the ground at a height of 10-15 cm. from the floor, so that it can		x			x			x			x			x	

	easily be used? Who is receiving the alarm notice?															
2.4.63	Does the floor ensure proper drainage of water?			Not assesed			N/A			N/A	x					Not assesed
2.4.64	Does the shower have a lever-operated mixer tap? What is its height from the ground?			Not assesed			N/A			N/A		x	100 cm			Not assesed
2.4.65	Can the door of the accessible restroom (lavatory/toilet) be opened from the outside in case of emergency, although it is locked from the inside?	x			x			x			x			x		
2.4.66	Is there enough colour contrast provided between the equipment and the walls?			Not assesed		x			x		x					Not assesed
2.4.67	If there is no basin in the accessible toilet cabin is there any accessible basin in the lavatory area of common use (with appropriate free space underneath, easy to use	x			x			x			x		The basin is in the cabin	x		

	accessories, etc.)?															
2.4.68	Is there a room for baby-care?		x			x			x			x			x	
2.4.69	If yes where is it located?			N/A			N/A			N/A			N/A			N/A
Service equipment: Telephones / Оборудване за обслужване: Телефони																
2.4.70	Where are the public telephones located in the building?			There are no public telephones			There are no public telephones			There are no public telephones			There are no public telephones			There are no public telephones
2.4.71	What is the free height under the telephone?			N/A			N/A			N/A			N/A			N/A
2.4.72	What is the free space in front of the telephone?			N/A			N/A			N/A			N/A			N/A
2.4.73	Does the telephone have buttons in Braille?			N/A			N/A			N/A			N/A			N/A
2.4.74	Is the telephone compatible with hearing aids?			N/A			N/A			N/A			N/A			N/A
2.4.75	Can the phone's volume be adjusted?			N/A			N/A			N/A			N/A			N/A

2.4.76	Is it equipped with a text phone?			N/A			N/A			N/A			N/A			N/A
2.4.77	If yes, does it have proper signage?			N/A			N/A			N/A			N/A			N/A
2.4.78	Are there phone books provided at a suitable height?			N/A			N/A			N/A			N/A			N/A
2.4.79	Is the telephone cord longer than 75 cm.?			N/A			N/A			N/A			N/A			N/A
2.4.80	What is the distance of button from the ground?			N/A			N/A			N/A			N/A			N/A
Service equipment: Water coolers																
2.4.81	Where are the water coolers providing drinkable water located in the building?			In the administrative offices			There are no water coolers			There are no water coolers			There are no water coolers			There are no water coolers
2.4.82	What is the clear height from the ground?			100 cm			N/A			N/A			N/A			N/A
2.4.83	What is the free space in front of the water coolers?			N/A			N/A			N/A			N/A			N/A
2.4.84	What is the height of water cooler's operating button from the ground?			75 cm			N/A			N/A			N/A			N/A
2.4.85	What type of buttons is used to operate the			Push buttons			N/A			N/A			N/A			N/A

	water coolers?															
2.5 Emergency cases																
Emergency: exits																
2.5.1	How many emergency exits does the building have?			1			4			4			1			2
2.5.2	How many of these exits are accessible? Which ones?			1			4			4			1			2
2.5.3	Are there accessible emergency exits at every floor?	x			x			x			x			x		
2.5.4	Where do emergency exits lead (public space, footway, etc.)?			Public spcae			Public spcae			Public spcae			Public spcae			Public spcae
2.5.5	If the building has a terrace, can it be accessed?		x		x			x				x			x	
Emergency: Alarm systems																
2.5.6	Is there both light and audible alarm?			Verbal warning			Verbal warning			Verbal warning			Verbal warning			Verbal warning
2.5.7	What other systems for alerting visitors are provided in case of emergency?			N/A			N/A			N/A			N/A			N/A
2.5.8	What is the colour and frequency of the alarm?			N/A			N/A			N/A			N/A			N/A

2.5.9	Can the alarm be easily heard in all the building?			N/A			N/A			N/A			N/A			N/A
2.5.10	Can the alarm be seen from all rooms of the building?			N/A			N/A			N/A			N/A			N/A
2.5.11	Can the alarm be easily activated by the visitor?			N/A			N/A			N/A			N/A			N/A
Emergency: evacuation																
2.5.12	Are there special wheelchairs provided for the transportation of people with disability in case of emergency?	x			x			x			x			x		
2.5.13	Is there info provided about the building's evacuation process? Can it be understood by blind or deaf people?	x			x			x			x			x		
2.5.14	Is there an active fire safety survey completed?	x			x			x			x			x		
2.5.15	What are the longest routes according to the passive fire safety survey?			N/A			N/A			N/A			N/A			N/A

2.5.16	Any provisions, independent from the building's electric supply provided? What are its clear dimensions?	x		Generator	x		Generator	x		Generator	x		Generator	x		Generator
2.5.17	Are the longest routes according to the passive fire safety survey accessible?	x			x			x			x			x		
2.5.18	Is there an evacuation plan for the public in case of emergency?	x			x			x			x			x		
2.5.19	Is there a special plan (or provision in the general plan) for the evacuation of the building by visitors with disabilities in case of emergency?		x			x			x			x			x	
2.6 Signage																
2.6.1	Is there a tactile map indicating routes inside the building and the services provided?		x			x			x						x	
2.6.2	Is there clear signage concerning different uses of the building's rooms? If yes where is	x		On the doors	x		On the doors	x		On the doors	x		On the doors	x		On the doors

	it located (doors, floors, etc.)?															
2.6.3	Where are signs located on doors (centre, side)? What form do they have?			The signs are rectangular and are mounted in the upper part of the door			The signs are rectangular and are mounted in the upper part of the door			The signs are rectangular and are mounted in the upper part of the door			The signs are rectangular and are mounted in the upper part of the door			The signs are rectangular and are mounted in the upper part of the door
2.6.4	What kind of typeface is used? What's the letters' size?			6 cm			2÷6 cm			2÷6 cm			6 cm			2÷3 cm
2.6.5	Are tactile characters with colour contrast used?			There are no tactile characters			There are no tactile characters			There are no tactile characters			There are no tactile characters			There are no tactile characters
2.6.6	Is Braille signage used?		x			x			x			x			x	
2.6.7	Do signs have anti-reflective surface?		x			x			x			x			x	
2.6.8	Are pictograms used? Are they according to guidelines?		x			x			x						x	
2.6.9	Is signage easy to understand?		x			x			x			x			x	
2.6.10	Are the rooms numbered?		x		x			x			x				x	

2.6.11	Is the colour of the doorplates different from the one on the doorframe and the adjacent wall?		x		x			x			x			x		
2.6.12	How is information provided at the front desk (e.g. “Office 410 in the Department”)?			N/A			The information is given in the ward			The information is given in the ward			The information is given in the ward			The information is given in the ward
2.6.13	Is there colour coding available in the building leading to the different departments?		x		x			x				x			x	
2.7 Acoustics																
2.7.1	Do the reception and public areas of the building have good acoustics?	x		Applies for the public areas	x		Applies for the public areas	x		Applies for the public areas	x		Applies for the public areas	x		Applies for the public areas
2.7.2	In case it is considered necessary, is there a quiet room where a confidential discussion with a person with hearing problems can take place?		x			x			x			x		x		In the ENT office
2.7.3	Are there any induction loops in use?		x			x			x			x			x	
2.7.4	If yes, where are they			N/A			N/A			N/A			N/A			N/A

	located?															
2.8 Lighting																
2.8.1	Is there sufficient lighting that allows lip reading, the use of sign language and assists people with sight problems?	x			x			x			x			x		
2.8.2	Do the surfaces used on floors and walls create reflections?		x			x			x			x			x	
2.8.3	Does the area have artificial lighting if needed?	x			x			x						x		
2.8.4	If yes, is it sensor operated or manual?			The lighting is manual			The lighting is manual			The lighting is manual			The lighting is manual			The lighting is manual
2.8.5	If it is manual, how high are the buttons used to operate them from the ground?			150 cm			150 cm			150 cm			150 cm			150 cm
2.9 Closed spaces: Offices																
2.9.1	What is the type of the office setting (e.g. administrative office, etc.)?			Administrative			N/A			N/A			N/A			N/A
2.9.2	What is the clear width of the door opening?			90 cm			N/A			N/A			N/A			N/A

2.9.3	How does the door to the room operate (e.g. automatic, push button, manual, etc.)?			Manual			N/A			N/A			N/A			N/A
2.9.4	If a manual door is used, what is the shape and height of the door handle?			100 cm standart handle with right angle			N/A			N/A			N/A			N/A
2.9.5	Can the door handle be operated using a closed fist?		x				N/A			N/A			N/A			N/A
2.9.6	Does the door require significant force to open?		x				N/A			N/A			N/A			N/A
2.9.7	If a push button system is used, what is the height of the button?			N/A			N/A			N/A			N/A			N/A
2.9.8	What type is the door to the room (hinged, sliding, swing, etc.)?			With higes			N/A			N/A			N/A			N/A
2.9.9	If hinged doors are installed, to which direction do they open (outwards or inwards)?			Inwards			N/A			N/A			N/A			N/A
2.9.10	Are there any height differences on floors at the entrance to the rooms?		x				N/A			N/A			N/A			N/A

2.9.11	If there are height differences at the entrance, what is that height difference?			N/A			N/A			N/A			N/A			N/A
2.9.12	If there are height differences at the entrance, how these are bridged (step, ramp, etc.)?			N/A			N/A			N/A			N/A			N/A
2.9.13	What is the surface material used on room floor?			Linoleum			N/A			N/A			N/A			N/A
2.9.14	Is furniture fixed or can it be moved in order to facilitate its use by people with disabilities and different attributes?		x				N/A			N/A			N/A			N/A
2.9.15	Is there enough space for a wheelchair user to circulate within the room (width of 90 cm. minimum, 120 cm. recommended)?		x				N/A			N/A			N/A			N/A
2.9.16	Is there enough space for a wheelchair user to manoeuvre in the room (150 cm. * 150 cm. required)?	x					N/A			N/A			N/A			N/A

2.9.17	In case fixed desks are used, what is the height of the clear space underneath from ground?			N/A			N/A			N/A			N/A			N/A
2.9.18	Does the furniture used create colour contrast for easy identification by people with low-vision?		x				N/A			N/A			N/A			N/A
2.9.19	How high is the windows lower level from ground?			90 cm			N/A			N/A			N/A			N/A
2.9.20	In case blinds or curtains are used, can these be operated by a person using a wheelchair?	x					N/A			N/A			N/A			N/A
2.9 Closed spaces: Patients' rooms/ examination rooms																
2.9.21	What is the clear width of the door opening?			90-100 cm			90-100 cm			90-100 cm			90-100 cm			90-100 cm
2.9.22	How does the door to the room operate (e.g. automatic, push button, manual, etc.)?			Ръчно			Ръчно			Ръчно			Ръчно			Ръчно
2.9.23	If a manual door is used, what is the shape and height of the door handle?			100 cm standart handle with right angle			100 cm standart handle with right angle			100 cm standart handle with right angle			100 cm standart handle with right angle			100 cm standart handle with right angle

2.9.24	Can the door handle be operated using a closed fist?		x			x			x			x			x	
2.9.25	Does the door require significant force to open?		x			x			x			x			x	
2.9.26	If a push button system is used, what is the height of the button?		x			x			x			x			x	
2.9.27	What type is the door to the room (hinged, sliding, swing, etc.)?			With higes / с панти			With higes / с панти			With higes / с панти			With higes / с панти			With higes / с панти
2.9.28	If hinged doors are installed, to which direction do they open (outwards or inwards)?			Outwards			Outwards			Outwards			Outwards			Outwards
2.9.29	Are there any height differences on floors at the entrance to the rooms?		x			x			x			x			x	
2.9.30	If there are height differences at the entrance, what is that height difference?		x			x			x			x			x	
2.9.31	If there are height differences at the entrance, how these are bridged (step, ramp, etc.)?			N/A			N/A			N/A			N/A			N/A

2.9.32	What is the surface material used on room floor?			Mosaic			Mosaic			Mosaic			Mosaic			Mosaic
2.9.33	Is furniture fixed or can it be moved in order to facilitate its use by people with disabilities and different attributes?		x			x			x			x			x	
2.9.34	Is there enough space for a wheelchair user to circulate within the room (width of 90 cm. minimum, 120 cm. recommended)?	x			x			x			x			x		
2.9.35	Is there enough space for a wheelchair user to manoeuvre in the room (150 cm. * 150 cm. required)?	x			x			x			x			x		
2.9.36	Is there clear floor space 1,20 *80cm. at either side of the examination table? If not, is there a room with reverse furniture layout available?	x									x			x		
2.9.37	What is the height of the examination table? Is it adjustable?			N/A			N/A			N/A			50 cm not ajustable			N/A

2.9.38	Does the table have other assistive equipment? (rails, straps, stabilization cushions)			N/A			N/A			N/A		x				N/A
2.9.39	Are patient lifts available? What kind (portable floor, overhead lifts, etc.)					x			x			x			x	
2.9.40	Are transfer boards available?					x			x			x			x	
2.9.41	In case desks are used, what is the height of the clear space underneath?			N/A			N/A			N/A			70 cm			N/A
2.9.42	Does the furniture used create colour contrast for easy identification by people with low-vision?		x			x			x			x			x	
2.9.43	How high is the windows lower level from ground?			N/A			167 cm			167 cm			90 cm			90 cm
2.9.44	In case blinds or curtains are used, can these be operated by a person using a wheelchair?	x			x			x			x			x		

2.9.45	Can specialized equipment (e.g radiologic equipment, mammography equipment) be used by patients using wheelchairs?			N/A	x			x			x					N/A
2.9.46	Is other accessible equipment available (e.g. accessible scales)?			N/A			N/A			N/A ; H/			N/A			N/A
3. General remarks/ services																
3.1.1	Is a Sign Language Interpreter available?		x			x			x			x			x	
3.1.2	Is the health centre's website, if available, accessible?	x			x			x			x			x		
3.1.3	Are there accessibility enhancing technologies available? Please describe them.		x			x			x			x			x	
3.1.4	Is personnel trained on the particular needs of disabled patients?	x			x			x			x			x		
3.1.5	Is written material available in accessible form (braille, enlarged print etc.)?		x			x			x			x			x	
3.1.6	Are guide dogs	x			x			x			x			x		

	accepted in the premises?															
3.1.7	Is the name of medication and dosages provided in accessible forms for patients?	x			x			x			x			x		
3.1.8	Is the patient's appointment system online? Is it accessible?		x			x			x			x			x	

V. Interviews on accessibility to PHC of staff and people with disabilities

1. Interviews with hospital staff

Information Sheet/ Информационен лист

Persons with Disabilities/ Лица с увреждания

Age/Възраст ☐ ♀ ☐ ♂ ☐

1. Number of individuals in the household/ Брой лица в домакинството .....

2. Type of relationship with these individuals/ Вид взаимоотношения с тези лица .....

3. Marital Status/ Семейно положение:

   Married/Женен/Омъжена ☐ Divorced/Разведен/а ☐

   Unmarried/Неженен/ Неомъжена ☐ Widowed/Овдовял/а ☐

4. Children, if any/ Деца, ако има такива:

   Number/ Брой ☐ Age of children/ Възраст на децата ☐

5. Profession / Employment Професия/Заетост

   .....

6. Level of education/ Образователна Степен

   .....

7. Profession / Employment of parents Професия / работа на родители

   .....

8. Level of education of Parents/ Образователна Степен на родителите

   .....

9. In case of adult children/ В случай на пълнолетни деца

Place of residence/
Местоживеене.....

Profession/ Employment
Професия/Заетост .....

Level of education/
Образователна Степен
.....

.....

10. In case the person has monthly income or receives disability allowance –estimate of amount
В случай, че лицето има месечен доход или получава обезщетение за инвалидност – изчисление на сумата

11. Total monthly income of all individuals living with the interviewee. Up to :
Общ месечен доход на всички лица, живеещи с интервюирания. До :

500 €	
501 - 1000 €	
1001- 1500€	
1501-2000 €	
2001-3000 €	
3001-5000 €	
More than 5000 € Повече от 5000 €	

12. In case of mortgage / other debts, estimate of total amount
При ипотеки / други дългове, оценете общата сума

13. Home ownership/ Притежание на дом
Yes/Да ☐ No/ Не ☐

14. Type of residence / Description Вид на пребиваване / Описание

Rooms / Стаи

Internet access/
Интернет достъп

Heating/ Отопление

Access to means of transport/ Достъп до транспортни средства

Adaptation of living environment to the needs of the PWD/ Адаптиране на жизнената среда към нуждите на лицата с увреждания

15. Area of residence: urban, semi-urban, rural/ Район на местожителство: градски, полу-градски, селски

Information Sheet/ Информационен лист

Nr./ №

PHC Staff/ Персонал Първична Здравна Грижа (ПЗГ)

Age/ Възраст:	♀:	♂:

1. Profession (and professional experience) / Професия (и професионален опит)

.....

.....

.....

2. Short professional resume/ Кратко професионално резюме

.....

.....

.....

.....

.....

.....

.....

.....

.....

3. City / area of HC unit Град/ район на обекта за Здравна Грижа (ЗГ)

.....

4. Type of HC unit/ Тип на обекта за ЗГ:

   -Number of employees/ Брой служители .....

   -Collaborations with other structures/professionals: Yes / Да No/ Не
   Сътрудничество с други структури / професионалисти

   -If yes, specify which structures/professionals.....
   Ако отговорът е "да", посочете кои структури / професионалисти

5. Number of persons with disabilities received / watched daily
   Брой на хората с увреждания, приети / гледани ежедневно:.....

6. Degree, place and year of attainment/ Степен, място и година на завършване:

   .....

7. Other education (lifelong learning)/ Друго образование (учене през целия живот)

   .....

8. Reasons for choosing to work in specific structure/ Причини да изберете да работите в конкретната структура

   .....

9. Any other comments? / Други коментари

A guide to conducting semi-structured interviews with persons with disabilities

The location of the interviews will be determined according to the convenience and availability of the two parties.

The content of the interview will be recorded only with the agreement of the interviewee and will be complemented by the preparation of an information sheet.

Information Sheet / Individual Record

(Information collected systematically)

1. Age
2. Sex
3. Number of individuals in the household
4. Type of relationship with these individuals
5. Marital Status:
   Married – Unmarried – Divorced – Widowed
6. Number and age of children, if any
7. Profession / Employment
8. Level of education
9. Profession / Employment of parents
10. Level of education of parents
11. In case of adult children: place of residence, profession / employment, level of education
12. In case the person has monthly income or receives disability allowance –estimate of amount
13. Total monthly income of all individuals living with the interviewee. Up to :

    500 €……
    501 - 1000 €……
    1001- 1500 €……
    1501-2000 €……..
    2001-3000 € ……
    3001-5000 €……..
    More than 5000 €.....
14. In case of mortgage / other debts, estimate of total amount
15. Home ownership (yes/no)
16. Type of residence / Description (rooms, heating, internet access, access to means of transport, adaptation of living environment to the needs of the PWD)
17. Area of residence: urban, semi-urban, rural

Interview Guide

Objective	Topics to be explored
Highlighting the personal experience of the person with disabilities regarding health issues. Self-estimated health.	- Identification of important events that, according to the interviewee, have affected his or her health; - Identification of health problems (in chronological order); - General health assessment.
Identification of information sources of the person with disabilities regarding health issues.	- Sources of information/orientation on health issues.
Demand and use of health care services – especially of PHC services.	-Description of the latest use of health services. Clarification on the use of primary health care services; - Description of the health services and the reasons they were sought in the last year. What are the most usual reasons health services are used?
Identification of problems faced by the person with disabilities regarding their access to health care.	- Description of a particularly negative and / or positive experience with the use of health services; - Description of the most common problems faced by the person with disabilities in their access to health.
Identification of unmet needs regarding access to health care. Submitting suggestions for improving access of the person with disabilities to health care.	- Description of the strategies the interviewee uses to address them, and assessment of their effectiveness; - Proposals that would improve the interviewee's access to health care.
Identification of everyday activities and their changes over time.	- Description of the activities of the interviewee during the previous day/week.
Identification of individuals among relatives /friends and health workers/professionals, as well as the type of interaction-relationship they develop with the interviewee, with emphasis on health issues.	- Description of the kind of help and identification of the people who offer it. Clarification of activities more specifically related to health issues;
Identification of the most important problems (unmet needs) faced by the person with disabilities in their everyday activities	-Description of the most important problems faced by the person with disabilities in their everyday routine;

(reduced autonomy, communication, accessibility, safety, etc.) and could have an impact on their health. Involvement of relatives/friends and health-care professionals in creating or addressing the problem. Addressing problems and submitting suggestions for improving the health of the person with disabilities.	-Description of the strategies the interviewee uses to address them, and assessment of the results. - Proposals to improve the overall health of the person with disabilities.

Ръководство за провеждане на полуструктурирани интервюта с лица с увреждания

Местоположението на интервютата ще се определя според удобството и възможностите на двете страни.

Съдържанието на интервюто ще бъде записано само със съгласието на интервюирания и ще бъде допълнено с изготвянето на информационен лист.

Информационен лист / индивидуален запис

(Информация, събрана систематично)

1. Възраст
2. Пол
3. Брой лица в домакинството
4. Вид взаимоотношения с тези лица
5. Семейно положение:
   Женен/Омъжена – Неженен/ Неомъжена – Разведен/а – Овдовял/а
6. Брой и възраст на децата, ако има такива
7. Професия/Заетост
8. Образователна степен
9. Професия / работа на родителите
10. Степен на образование на родителите
11. В случай на пълнолетни деца: местоживеене, професия/заетост, образователна степен
12. В случай, че лицето има месечен доход или получава обезщетение за инвалидност – изчисление на сумата
13. Общ месечен доход на всички лица, живеещи с интервюирания. До :
    500 €……
    501 - 1000 €……
    1001- 1500 €……
    1501-2000 €……..
    2001-3000 € ……
    3001-5000 €……..
    Повече от 5000 €.....
14. При ипотеки / други дългове, оценете общата сума
15. Притежание на дом (да/не)
16. Вид на пребиваване / Описание (стаи, отопление, достъп до интернет, достъп до транспортни средства, Адаптиране на жизнената среда към нуждите на лицата с увреждания)
17. Район на местожителство: градски, полу-градски, селски

Ръководство за интервю

Цел	Теми, които трябва да бъдат проучени
Отбелязване на личния опит на лицето с увреждания по отношение на здравните проблеми.	- Идентифициране на важни събития, които според интервюирания са повлияли на нейното/неговото здраве; - идентифициране на здравни проблеми (в хронологичен ред);
Самооценка на здравето	- Обща здравна оценка
Идентифициране на източниците на информация на лицето с увреждания по отношение на здравните проблеми.	- Източници на информация / ориентация по здравни въпроси.
Търсене и използване на здравни услуги - особено на услугите по ПЗГ.	- Описание на последното използване на здравни услуги. Изясняване на използването на първични здравни услуги; - Описание на здравните услуги и причините, по които са били потърсени през последната година. Какви са най-обичайните причини, поради които се използват здравни услуги?
Идентифициране на проблемите, с които лицето с увреждания се сблъсква по отношение на достъпа до здравни грижи.	- Описание на особено негативен и/или положителен опит с използването на здравни услуги; - Описание на най-често срещаните проблеми, с които лицето с увреждания се сблъсква при достъпа до здраве.
Идентифициране на незадоволени нужди по отношение на достъпа до здравни грижи.	- Описание на стратегиите, които интервюираният използва, за да ги адресира и оценка на тяхната ефективност;
Представяне на предложения за подобряване на достъпа на хората с увреждания до здравни грижи.	- Предложения, които биха подобрили достъпа на интервюираните до здравни грижи.
Идентифициране на ежедневните дейности и техните промени във времето.	- Описание на дейностите на интервюирания през предходния ден / седмица.
Идентифициране на лицата сред роднини / приятели и здравни работници/ специалисти, както и вида на взаимоотношенията, които развиват с	- Описание на вида помощ и идентификация на хората, които я предлагат. Изясняване на дейностите, свързани по-специално със здравните проблеми;

интервюирания, с акцент върху здравните проблеми.	
Идентифициране на най-важните проблеми (неудовлетворени нужди), с които лицата с увреждания се сблъскват в ежедневните си дейности (намалена автономия, комуникация, достъпност, безопасност и др.) и биха могли да окажат въздействие върху тяхното здраве. Участие на роднини/ приятели и здравни специалисти при създаването или решаването на проблема.	- Описание на най-важните проблеми, с които лицето с увреждания се сблъсква в ежедневието си; - Описание на стратегиите, които интервюираният използва, за да ги адресира, и оценка на резултатите.
Адресиране на проблеми и подаване на предложения за подобряване на здравето на хората с увреждания.	- Предложения за подобряване на цялостното здраве на хората с увреждания.

INTERVIEW GUIDE

HEALTH CENTER STAFF

-Types of disability and estimation of the number of people with disabilities coming to the health center.

- Type and reason of services sought.

-Frequency of demand by category of persons with disabilities (categories will be defined by the interviewee).

Description of the cases of persons with disabilities met by the interviewee on the day of the interview / on the previous day. Alternatively, description of the last case met by the interviewee.

For this case(s):

-Description of the case(s).

-Identification of needs – health status assessment of the person(s) with disabilities

- Ways to facilitate the expression of needs by the person(s) with disabilities

- Practices used to meet the needs of the person(s) with disabilities

- Obstacles encountered and practices used to overcome them

-Identification of unmet needs

-Practices that could improve the person's health

Description of a specific case that constitutes an important (positive or negative) experience for the health professional.

For this case:

- Reasons that make this case special for the interviewee.

-Assessment of needs - health status assessment of the person with disabilities.

- Practices used to meet the needs of the person with disabilities

- Obstacles encountered and practices used to overcome them

-Identification of unmet needs

-Practices that could improve the person's health

- Proposals to improve professional practices

-Relationship of health-care professional with the caregivers: who they contact and for what reason(s).

- Possible cooperation with other public or private bodies: example of cooperation /common actions.

-Sources of information on health issues for health professionals and persons with disabilities.

-Relationship of health-care professional with persons with disabilities and caregivers regarding their information on health issues.

- Problems encountered by the health-care professional in accessing information or coordinating actions with other actors.

-Training received or planned by the health-care professional on disability issues.

-Proposals related to the training of health professionals.

- Proposals to facilitate the access of persons with disabilities and their caregivers to health-related information sources.

НАРЪЧНИК ЗА ИНТЕРВЮТА

ПЕРСОНАЛ НА ЗДРАВЕН ЦЕНТЪР

- Видове увреждания и оценка на броя на хората с увреждания, идващи в здравния център.

- Вид и причина за търсените услуги.

- Честота на търсенето по категории лица с увреждания (категориите се определят от интервюирания).

Описание на случаите на лица с увреждания, срещани от интервюирания в деня на интервюто/ предишния ден. Алтернативно, описание на последния случай, срещнат от интервюирания.

За този/тези случай/и:

-Описание на случая/на случаите.

-Идентифициране на нуждите – оценка на здравословното състояние на лицето (лицата) с увреждания

- Начини за улесняване изразяването на потребностите на лицето/лицата с увреждания

- Практики, използвани за посрещане на потребностите на лицето/лицата с увреждания

- Възникналите препятствия и практиките, използвани за преодоляването им

- Идентифициране на неудовлетворени нужди

- Практики, които биха могли да подобрят здравето на човека

Описание на конкретен случай, който представлява важен (положителен или отрицателен) опит за здравния специалист.

За този случай:

- Причини, които правят този случай специален за интервюирания.

- Оценка на потребностите - оценка на здравословното състояние на лицето с увреждания.

- Практики, използвани за посрещане на нуждите на хората с увреждания

- Възникналите препятствия и практиките, използвани за преодоляването им

- Идентифициране на неудовлетворени нужди

- Практики, които биха могли да подобрят здравето на човека

- Предложения за подобряване на професионалните практики

- Връзка на здравния специалист с лицата, които се грижат: с кого се свързват и по какви причини.

- Възможно сътрудничество с други публични или частни органи: пример за сътрудничество / общи действия.

- Източници на информация по здравни въпроси за здравните специалисти и хората с увреждания.

- Връзка на здравния специалист с хората с увреждания и лицата, които се грижат за тях, по отношение на тяхната информация по здравни въпроси.

- Проблеми, срещани от здравния специалист при достъпа до информация или координиране на действията с други участници.

- Обучение, получено или планирано от здравния специалист по въпроси, свързани с хора с увреждания.

- Предложения, свързани с обучението на здравни специалисти.

- Предложения за улесняване достъпа на хората с увреждания и лицата, които се грижат за тях, до източниците на информация, свързани със здравето.

PARTICIPATION AGREEMENT FOR PERSONS WITH DISABILITIES

Interview Nr……..

Within the framework of the qualitative survey on access of persons with disabilities to primary health care, as part of the project "Strengthening Primary Medical Care in Isolated and Deprived Cross-Border Areas" (SMILE)-INTEREGG V-A cooperation program: Greece-Bulgaria, I, the undesigned ……, hereby declare that I have been fully informed of the content of this agreement and the information letter I have been presented to. I also declare that I have had the opportunity to ask all the questions I would like about the survey and that I have received satisfactory answers.

I understand the terms of my participation in the survey and more specifically that I have the option of not participating. My acceptance to participate in the research does not deprive me of the right to refuse to answer some of the questions that I will be asked during the interview without having to explain my refusal. In the same context, I can interrupt the interview at any time without having to justify my decision.

I declare that I have been informed of the following:

- Researchers carrying out this study are bound by the obligation of professional secrecy and confidentiality. My identity will never be mentioned in the publications that will be made later.
- The survey does not involve any kind of medical practice.
- My participation in the interview is voluntary and I do not receive any remuneration for it.
- I have the option to request my data to be withdrawn from the survey at any time.

In.....(city/area), on.....(date)

Signature

I, ...(Name-Surname), researcher participating in the qualitative survey on access of persons with disabilities to primary health care, as part of the "project Strengthening Primary Medical Care in Isolated and Deprived Cross-Border Areas" (SMILE)-INTEREGG V-A cooperation program: Greece-Bulgaria, hereby confirm that I have informed Mr /Ms…….. on the objectives and procedures of the survey.

I hereby pledge to respect the terms of this agreement in order to conduct the survey on the best terms, respecting the individual rights, freedoms and requirements of research work.

In .....(city/area), on.....(date)

Signature

I, ...(Name-Surname), interpreter participating in the qualitative survey on access of persons with disabilities to primary health care, as part of the project "Strengthening Primary Medical Care in Isolated and Deprived Cross-Border Areas" (SMILE)-INTEREGG V-A cooperation program: Greece-Bulgaria, hereby affirm that I am bound by the obligation of professional secrecy and confidentiality.

In.....(city/area), on.....(date)

Signature

СЪГЛАСИЕ ЗА УЧАСТИЕ ЗА ЛИЦА С УВРЕЖДАНИЯ

Интервю №……..

В рамките на качествено проучване на достъпа на хората с увреждания до първичната здравна помощ като част от проект "Укрепване на първичната медицинска помощ в изолираните и непривилегировани трансгранични райони" (SMiLe)-по Програма за сътрудничество ИНТЕРРЕГ V-A: Гърция-България, аз, долуподписаният/долуподписаната ……, декларирам, че съм напълно информиран/а за съдържанието на настоящото съгласие и за информационното писмо, което ми беше представено. Също така декларирам, че имах възможността да задам всички въпроси, които исках да задам за проучването, и че получих задоволителни отговори.

Разбирам условията на моето участие в проучването и по-конкретно, че имам възможността да не участвам. Приемането ми да участвам в изследването не ме лишава от правото да откажа да отговоря на някои от въпросите, които ще ми бъдат зададени по време на интервюто, без да трябва да обяснявам моя отказ. В същия контекст, мога да прекъсвам интервюто по всяко време без да трябва да мотивирам решението си.

Декларирам, че съм информиран/а за следното:

- Експертите, които извършват това изследване, са обвързани със задължението за професионална тайна и поверителност. Моята идентичност никога няма да се споменава в публикациите, които ще бъдат направени по-късно.
- Проучването не включва никаква медицинска практика.
- Моето участие в интервюто е доброволно и не получавам възнаграждение за него.
- Имам възможността да поискам моите данни да бъдат оттеглени от изследването по всяко време.

В.....(гр./район), на.....(дата)

Подпис

Аз, ...(Име-Фамилия), изследовател, участващ в качественото проучване на достъпа на хора с увреждания до първичната здравна помощ, като част от проект "Укрепване на първичната медицинска помощ в изолираните и непривилегировани трансгранични райони" (SMiLe) - по Програма за сътрудничество ИНТЕРРЕГ V-A: Гърция-България, потвърждавам, че информирах г-н / г-жа ..... относно целите и процедурите на проучването.
С настоящото се ангажирам да спазвам условията на това споразумение, за да проведем проучването при най-добрите условия, като спазваме човешките права, свободи и изисквания на изследователската работа.

В .....(гр./район), на.....(дата)

Подпис:

СЪГЛАСИЕ ЗА УЧАСТИЕ ЗА СПЕЦИАЛИСТИ ПО ПЪРВИЧНА ЗДРАВНА ГРИЖА (ПЗГ)

Интервю №……..

В рамките на качествено проучване на достъпа на хората с увреждания до първичната здравна помощ като част от проект "Укрепване на първичната медицинска помощ в изолираните и непривилегировани трансгранични райони" (SMiLe)-по Програма за сътрудничество ИНТЕРРЕГ V-A: Гърция-България, аз, долуподписаният/долуподписаната ……,
декларирам, че съм напълно информиран/а за съдържанието на настоящото съгласие и за информационното писмо, което ми беше представено. Също така декларирам, че имах възможността да задам всички въпроси, които исках да задам за проучването, и че получих задоволителни отговори.

Разбирам условията на моето участие в проучването и по-конкретно, че имам възможността да не участвам. Приемането ми да участвам в изследването не ме лишава от правото да откажа да отговоря на някои от въпросите, които ще ми бъдат зададени по време на интервюто, без да трябва да обяснявам моя отказ. В същия контекст, мога да прекъсвам интервюто по всяко време без да трябва да мотивирам решението си.

Декларирам, че съм информиран/а за следното:

- Експертите, които извършват това изследване, са обвързани със задължението за професионална тайна и поверителност. Моята идентичност никога няма да се споменава в публикациите, които ще бъдат направени по-късно.
- Проучването не включва никаква медицинска практика.
- Моето участие в интервюто е доброволно и не получавам възнаграждение за него.
- Имам възможността да поискам моите данни да бъдат оттеглени от изследването по всяко време.

В.....(гр./район), на.....(дата)

Подпис

Аз, ...(Име-Фамилия), изследовател, участващ в качественото проучване на достъпа на хора с увреждания до първичната здравна помощ, като част от проект "Укрепване на първичната медицинска помощ в изолираните и непривилегировани трансгранични райони" (SMiLe) - по Програма за сътрудничество ИНТЕРРЕГ V-A: Гърция-България, потвърждавам, че информирах г-н / г-жа ..... относно целите и процедурите на проучването.
С настоящото се ангажирам да спазвам условията на това споразумение, за да проведем проучването при най-добрите условия, като спазваме човешките права, свободи и изисквания на изследователската работа.

В .....(гр./район), на.....(дата)

Подпис

PARTICIPATION AGREEMENT FOR PHC PROFESSIONALS

Interview Nr……..

Within the framework of the qualitative survey on access of persons with disabilities to primary health care, as part of the project "Strengthening Primary Medical Care in Isolated and Deprived Cross-Border Areas" (SMILE)-INTEREGG V-A cooperation program: Greece-Bulgaria, I, the undesigned ……, hereby declare that I have been fully informed of the content of this agreement and the information letter I have been presented to. I also declare that I have had the opportunity to ask all the questions I would like about the survey and that I have received satisfactory answers.

I understand the terms of my participation in the survey and more specifically that I have the option of not participating. My acceptance to participate in the research does not deprive me of the right to refuse to answer some of the questions that I will be asked during the interview without having to explain my refusal. In the same context, I can interrupt the interview at any time without having to justify my decision.

I declare that I have been informed of the following:

- Researchers carrying out this study are bound by the obligation of professional secrecy and confidentiality. My identity will never be mentioned in the publications that will be made later.
- The survey does not involve any kind of medical practice.
- My participation in the interview is voluntary and I do not receive any remuneration for it.
- I have the option to request my data to be withdrawn from the survey at any time.

In.....(city/area), on.....(date)

Signature

I, ...(Name-Surname), researcher participating in the qualitative survey on access of persons with disabilities to primary health care, as part of the project "Strengthening Primary Medical Care in Isolated and Deprived Cross-Border Areas" (SMILE)-INTEREGG V-A cooperation program: Greece-Bulgaria, hereby confirm that I have informed Mr /Ms…….. on the objectives and procedures of the survey.

I hereby pledge to respect the terms of this agreement in order to conduct the survey on the best terms, respecting the individual rights, freedoms and requirements of research work.

In .....(city/area), on.....(date)

Signature