

# HeRAMS Ukraine Status update report

March 2024



A comprehensive mapping of  
the operational status of health  
facilities



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# Table Of Content

|                                                                |           |
|----------------------------------------------------------------|-----------|
| Acronyms.....                                                  | V         |
| HeRAMS Team.....                                               | VI        |
| Summary.....                                                   | VII       |
| Key findings.....                                              | VIII      |
| Methodology.....                                               | XV        |
| Building condition.....                                        | XVI       |
| HeRAMS usage and impact on response in Ukraine.....            | XVII      |
| Interpretation Guide.....                                      | XIX       |
| <b>OPERATIONAL STATUS OVERVIEW.....</b>                        | <b>21</b> |
| Operational status overview, 31.04.2024 .....                  | 21        |
| Building condition.....                                        | 22        |
| Equipment condition .....                                      | 24        |
| Functionality.....                                             | 26        |
| Accessibility.....                                             | 28        |
| <b>BASIC AMENITIES.....</b>                                    | <b>31</b> |
| Basic Amenities overview.....                                  | 31        |
| Basic Amenities overview by oblasts.....                       | 32        |
| Water.....                                                     | 44        |
| Water. Main sources.....                                       | 46        |
| Waste segregation.....                                         | 47        |
| Final disposal of sharps.....                                  | 49        |
| Final disposal of infectious waste .....                       | 51        |
| Waste Treatment Methods.....                                   | 53        |
| Power .....                                                    | 55        |
| Power sources.....                                             | 57        |
| Heating .....                                                  | 58        |
| Heating sources .....                                          | 60        |
| Cold chain .....                                               | 61        |
| Cold chain power sources .....                                 | 63        |
| Transportation.....                                            | 64        |
| Connectivity.....                                              | 66        |
| <b>HEALTH INFORMATION MANAGEMENT SYSTEMS .....</b>             | <b>68</b> |
| Health Information Management Systems overview .....           | 69        |
| Health Information Management Systems overview by oblasts..... | 70        |
| Availability of the eHealth .....                              | 77        |
| <b>HEALTH SERVICE DOMAINS OVERVIEW .....</b>                   | <b>78</b> |
| Health service domains overview .....                          | 79        |
| Health service domains by oblast.....                          | 80        |
| Health service domains by oblast.....                          | 84        |

|                                                                         |            |
|-------------------------------------------------------------------------|------------|
| <b>GENERAL CLINICAL AND EMERGENCY CARE SERVICES .....</b>               | <b>92</b>  |
| Basic Emergency Care.....                                               | 93         |
| Advanced Syndrome-based management.....                                 | 95         |
| Outpatient services for primary care.....                               | 97         |
| Outpatient department for specialized care.....                         | 99         |
| Minor trauma definitive management.....                                 | 101        |
| Emergency and elective surgery.....                                     | 103        |
| Orthopedic/trauma ward.....                                             | 105        |
| Inpatient critical care management.....                                 | 107        |
| <b>CHILD HEALTH AND NUTRITION.....</b>                                  | <b>109</b> |
| EPI.....                                                                | 110        |
| <b>COMMUNICABLE DISEASES.....</b>                                       | <b>112</b> |
| Tuberculosis.....                                                       | 113        |
| MDRTB.....                                                              | 115        |
| Local priority diseases.....                                            | 117        |
| Management of severe and/or complicated communicable diseases.....      | 119        |
| Readiness of epidemic and emergency situations.....                     | 121        |
| <b>SEXUAL AND REPRODUCTIVE HEALTH (STIS AND HIV/AIDS) .....</b>         | <b>123</b> |
| HIV testing and counseling, pre-exposure prophylaxis.....               | 124        |
| PMTCT.....                                                              | 126        |
| Antiretroviral treatment.....                                           | 128        |
| <b>SEXUAL AND REPRODUCTIVE HEALTH (MATERNAL AND NEWBORN CARE) .....</b> | <b>130</b> |
| Antenatal care.....                                                     | 131        |
| Skilled care during childbirth.....                                     | 133        |
| Basic Emergency Obstetric Care.....                                     | 135        |
| Comprehensive Emergency Obstetric Care.....                             | 137        |
| Postpartum care.....                                                    | 139        |
| <b>SEXUAL AND REPRODUCTIVE HEALTH (SEXUAL VIOLENCE) .....</b>           | <b>142</b> |
| Clinical management of rape survivors.....                              | 142        |
| Emergency contraception.....                                            | 144        |
| Post-exposure prophylaxis.....                                          | 146        |
| <b>NONCOMMUNICABLE DISEASES (NCDS).....</b>                             | <b>149</b> |
| Asthma and Chronic Obstructive Pulmonary Disease.....                   | 149        |
| Availability of cancer diagnostics services.....                        | 151        |
| Availability of cancer treatment services.....                          | 153        |
| Hypertension.....                                                       | 155        |
| Medical assistance in acute cerebral stroke.....                        | 157        |
| Medical assistance for acute myocardial infarction.....                 | 159        |
| Diabetes.....                                                           | 161        |
| Psychological first aid.....                                            | 163        |
| Outpatient management of mental disorders.....                          | 165        |

# ACRONYMS

|          |                                                                               |
|----------|-------------------------------------------------------------------------------|
| eHealth  | Electronic Health Information System                                          |
| EPI      | Expanded Programme on Immunization                                            |
| HeRAMS   | The Health Resources and Services Availability Monitoring System              |
| HIV/AIDS | Human immunodeficiency virus infection and acquired immunodeficiency syndrome |
| HSDU     | Health Service Delivery Unit                                                  |
| ICU      | Intensive care unit                                                           |
| MDRTB    | Multidrug-resistant tuberculosis                                              |
| MHPSS    | Mental Health and Psychosocial Support                                        |
| MOH      | Ministry of Health                                                            |
| NCD      | Non-Communicable Diseases                                                     |
| PHC      | Primary Health Centre                                                         |
| PMTCT    | Prevention of Mother to Child Transmission                                    |
| STI      | Sexually Transmitted Infections                                               |
| WHO      | World Health Organization                                                     |

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## Acknowledgement

Special recognition is extended to the Ministry of Health, Departments of Health, Informational-Analytical centers of medical statistics and data contributors at the health facility level, for conducting data collection under the challenging conditions imposed by the ongoing conflict.



# Summary

The Health Resources Availability Monitoring System (HeRAMS) is a World Health Organization (WHO)-initiated platform designed to support the collection, processing, and dissemination of information on the availability, accessibility, and functionality of health resources. In response to the complex emergency in Ukraine, HeRAMS has been deployed in coordination with the Ministry of Health (MoH) to assist in managing the health sector's requirements and the strategic coordination of health service delivery.

From November 2022 to May 2023, data was collated from 2333 public health facilities, and this effort expanded to cover information from over 9000 health service delivery units (HSDUs) between March and October 2023. HSDUs constitute distinct geographical points of care, such as first aid points, family medicine ambulatories, and polyclinics, falling under the jurisdiction of common legal entities, including primary healthcare centers, multiprofile hospitals, or territorial medical unions. Baseline records were continuously revised and updated to ensure chronological data compatibility and consistency with the context of new data.

This comprehensive report is built on 11 602 records, which include information on the functionality and condition of health facilities, availability of basic amenities, and the provision of services across various healthcare domains such as trauma and general services, child health and nutrition, communicable diseases, sexual and reproductive health, maternal and newborn care, non-communicable diseases (NCDs), mental health and psychosocial support (MHPSS).

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# Key findings

## Structural damage

Current data indicates that 93% of health service delivery units are undamaged. Regarding health facility types, 90% of Primary Health Care (PHC) facilities have sustained no damage. Among specialized health facilities, 89% of multiprofile health facilities and 85% of monoprofile health facilities remain intact. Additionally, 94% of HSDUs, defined as geographically distinct entities legally affiliated with a parent health facility, are operational and undamaged.

In the analysis of 825 health facilities with infrastructure damages in Ukraine, conflict-related incidents were the major factor, accounting for 88% of all damages. These damages are unevenly distributed, with concentrations in the North-East, East, South-East and South of the country. Additionally, 10% of the damaged were affected by inadequate maintenance, the most common reason for sustained damages in Central and Western parts of Ukraine.

Upon reviewing the health infrastructure across various oblasts in Ukraine, a distinct pattern of damage is observed. Most health facilities in each region maintains their structural integrity. When it comes to partial damage, regions like Kharkivska, Chernihivska, Donetska and Khersonska stand out with higher numbers, having 134 (21%), 102 (33%), 102 (37%), and 42 (48%) partially damaged health facilities, respectively. As for complete full damages, while most regions reported low counts, some areas, notably Kharkivska, Khersonska and Donetska, have reported concerning figures of 39 (6%), 8 (9%) and 43 (16%) fully damaged health facilities, respectively.

## Equipment damage

The HeRAMS comprehensive dataset shows that 95% of health facilities across Ukraine have intact equipment. This includes 93% of PHC and multiprofile health facilities, 92% of monoprofile health facilities, 96% of HSDUs. It is important to note that 581 (6%) of health facilities have reported equipment as either partially or fully damaged.

Regarding causative factors, conflict-related incidents are the predominant cause, accounting for 95% of equipment damage across the 581 health facilities with partially or fully damaged equipment. The remaining 5% of equipment damage is due to a lack of maintenance.

When analyzing equipment conditions at a regional level, certain oblasts in Ukraine exhibit higher levels of equipment damage, even within the 10 most affected oblasts. Sumska oblast reported 2 instances of fully damaged equipment and 19 instances of partial equipment damage out of 534 facilities. Kyivska oblast observed 54 instances of partially damaged equipment out of 566 facilities, and Kharkivska oblast reported a slightly higher figure with 97 instances of partially damaged equipment out of 640. Kharkivska and Donetska oblasts are particularly challenged, with 56 and 60 cases of fully damaged equipment, and 97 and 72 of partially damaged equipment, respectively. In Khersonska oblast, of the 87 health facilities evaluated, 37 reported cases of partially damaged equipment and an additional 9 instances of completely damaged equipment.

## Functionality and accessibility

This comprehensive review of health facilities in Ukraine, provides insights from data analysis focusing on their functionality and accessibility.

It is essential to note that functionality is assessed only if a health facility is not fully damaged. Out of a total of 11 490 health facilities, 96% were assessed as fully functional. A closer look at the oblast-level data reveals that Mykolaivska oblast has 366 fully functioning health facilities, along with 15 that are partially functioning

and 7 non-functioning. Kharkivska follows, with 521 fully functioning health facilities, 48 partially functioning, and 32 non-functioning. In Zaporizka, Khersonska, and Donetsk oblasts, up to 80% of health facilities are fully functioning, with respective counts of 184, 53, and 146 fully functional health facilities. Notably, Donetsk has 52 partially functioning health facilities and 42 that are non-functioning.

Accessibility is assessed based on whether a health facility is at least partially functional. It should be noted that this assessment reflects the perspective of the health facilities. At the oblast level, Mykolaivska stands out with 17 health facilities that are only partially accessible, while Kharkivska has 19 partially accessible health facilities and 10 that are completely inaccessible. This trend is particularly prominent in Poltavska, where 18 health facilities are partially accessible and another 17 completely inaccessible. Rivnenska oblast has 46 health facilities that are only partially accessible, which demands immediate attention to identify the bottlenecks. The situation in Zaporizka and Donetsk oblasts presents even more limited accessibility with 13 and 41 health facilities being partially accessible, respectively. Meanwhile, Donetsk oblast has 1 completely inaccessible health facility. Lastly, Khersonska oblast reports 25 partially accessible health facilities and 3 that are completely inaccessible, indicating a need for focused interventions.

The main factors impacting the functionality of health facilities include a shortage of staff, accounting for 51% of the challenges, followed by security concerns (32%), and damage to the health facility (31%). On the accessibility side, security issues are again a major factor, affecting 44% of the health facilities. Other impediments to accessibility include infrastructural constraints that do not cater to those with limited mobility (39%), and physical barriers (18%).

This trend of limited accessibility and functionality, especially in the regions mentioned, underscores an urgent need for infrastructural and policy interventions. Despite the resilience shown by most health facilities, there is a clear need to address the infrastructural concerns in specific regions, especially those with a higher count of damages, to ensure the continued provision of health services.

## **Water**

A comprehensive review of water availability in health facilities reveals that out of 11 245 health facilities, 94% have consistent access to water. While most health facilities maintain consistent access, there remain equipment and financial challenges that require strategic interventions to ensure optimal service delivery. Detailed examination of specific types of health facility reveals some variance. Emergency Medical Care Centers report a full 100% water availability, whereas PHC facilities and HSDUs report minor deficiencies, with 5% and 6% having limited availability, respectively.

A deeper investigation into the causes of water unavailability shows that a significant 73% of the affected health facilities attribute this to equipment-related challenges. Financial constraints are the second major factor, impacting 65% of these health facilities.

In Dnipropetrovska oblast, out of 796 health facilities, a substantial majority (748), have a consistent water supply. However, 48 facilities have only partial water availability, indicating some level of operational constraint. Notably, all facilities have at least some water supplies, as none are reported to be completely without water.

In Mykolaivska oblast, 381 health facilities surveyed. The vast majority, 351, reported full water availability, while a smaller segment, 30 facilities, have access to water but face some limitations.

Kyivska oblast reports that out of 561 health facilities, 509 have fully available water supply. Nonetheless, 52 facilities are dealing with restricted water access, which could impact service delivery.

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In Odeska oblast, among 626 health facilities, 557 have reported that water is available without disruption. However, 68 facilities have limited water availability, and 1 is completely without water, which could signify significant challenges for that facility.

In Zaporizka oblast, out of 200 health facilities, most (177) have an adequate water supply. There are 22 facilities where water is only partially available, and 1 facility has no water supply, suggesting critical operational difficulties.

Kharkivska oblast has 559 health facilities, with 490 having water readily available. In contrast, 66 facilities face partial water shortages, and 3 have no water at all, indicating severe resource challenges in these locations.

In Sumska oblast, 522 health facilities were assessed. A significant number, 398, report that water is fully available, but 124 have only partial water supply, which is quite a high number relative to other oblasts.

Khersonska oblast, with only 72 health facilities assessed, reports 51 health facilities have full water supply, while 20 have partial availability. Alarming, 1 facility is operating without any water supply, which is particularly concerning given the small number of total facilities.

Donetska oblast accounts for 187 health facilities, the majority of which (117), report no disruptions in the water supply. Yet, 68 facilities have only partial access, and 2 are completely without water, indicating significant challenges for a portion of this oblast health services infrastructure.

This analysis highlights the challenges faced by health facilities in various oblasts, with some regions demonstrating better overall water supply conditions than others. The data shown is critical for understanding infrastructure needs and for planning resource allocation and aid distribution to ensure proper functioning of health services.

## **Power**

A thorough assessment of power availability in health facilities across Ukraine reveals that out of 11 253 health facilities, 97% consistently have power. Despite this broad resilience in health infrastructure regarding power availability, certain types of health facility, such as PHCs and HSDUs, show slight variances with 4% and 2% respectively experiencing limited power availability.

The reasons for power unavailability are primarily due to equipment inadequacies, affecting 88% of the impacted health facilities. Financial restrictions constitute a concern for 46% of these facilities, while supply disruptions affect 25%.

In Poltavaska oblast, among 633 health facilities, a vast majority, 627 facilities have a consistent electricity supply, ensuring smooth operations. Nonetheless, 6 facilities are only partially powered, and 1 completely lacks power, presenting potential operational difficulties.

In Mykolaivska oblast, out of 381 health facilities, 377 report full power availability. However, a small fraction, 4 facilities report partial power availability.

In Dnipropetrovaska oblast, among the 796 health facilities, a significant number 766 facilities have full access to electricity. However, 30 facilities report partial access, which may hinder certain health services.

Odeska oblast, with its 626 health facilities, also demonstrates strong infrastructure with 589 facilities enjoying uninterrupted power, conversely 37 facilities face partial power issues, and notably, there's 1 facility that does not have power supply.

In the Zaporizka oblast, electricity is well-distributed among the 200 health facilities, with 188 having a reliable power supply. A minority of 9 facilities are partially powered, and 3 facilities completely lack power, which could severely affect healthcare delivery.

Kharkivska oblast has 559 health facilities, with a majority of 525 facilities having power readily available. However, 33 facilities are only partially powered, and 1 has no power, posing significant operational challenges.

Chernihivska oblast shows that out of 310 health facilities, 291 have access to electricity, while 19 facilities report partial availability.

In Kyivska oblast, out of 562 health facilities, 486 have access to power. A considerable number, 76, experience partial power issues, which is relatively high and may impact healthcare operations.

For Donetsk oblast, out of 187 health facilities assessed, 154 have power available. However, 33 have only partial availability, suggesting challenges in ensuring full operational capacity.

Lastly, in the Khersonska oblast, with 72 health facilities, 45 have full power availability. Yet, a significant concern is the 26 facilities with only partial power and 1 facility completely without power, particularly given the small overall number of health facilities in the oblast.

This comprehensive assessment across the oblasts highlights the varying levels of power availability within health facilities, reflecting the differing infrastructure robustness and resilience by oblast.

## Heating

An assessment of heating availability reveals that 97% report complete availability of heating. However, 340 health facilities face challenges 3% have only partial availability, and less than 1% completely lack heating. A detailed analysis of these deficiencies shows that that 88% of the affected health facilities attribute the lack of heating to insufficient equipment. Budgetary limitations are significant barriers for 52% of the health facilities, while 22% experience supply shortages.

Considering heating availability by oblasts, it becomes evident that not all areas have uniform access.

In Chernihivska oblast, out of 310 health facilities, 303 have heating available. However, 7 facilities have only partial heating, indicating operational constraints during cold periods.

Sumska oblast reports a total of 522 health facilities, with 510 having heating available. 12 facilities are partially heated, but none completely lack heating, indicating good overall conditions.

In Mykolaivska oblast, 381 health facilities were assessed, 372 have full heating availability. However, 9 facilities face partial heating access to heating, but all facilities maintain some level of heating.

Dnipropetrovska oblast includes 796 health facilities, with 771 reporting full heating availability. 25 facilities have only partial heating, which may potentially impact comfort and operations during colder months.

Kharkivska oblast, has 559 health facilities, 534 of which have heating available. 19 facilities are only partially heated, and 6 completely lack heating, posing severe challenges for service delivery during winter.

In Zaporizka oblast, out of 200 health facilities assessed, 187 have heating. 7 facilities are only partially heated, and 6 lack heating altogether, which is concerning given the smaller total number of facilities.

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Odeska oblast has 626 health facilities assessed, with 552 facilities reporting full heating availability. However, 73 facilities are only partially heated, and 1 completely lacks heating, potentially affecting healthcare services during cold weather.

Kyivska oblast has 562 health facilities assessed, with 490 reporting heating availability. 72 facilities experience partial heating issues, but none are completely without heating, indicating relatively stable conditions for patient care.

In Donetska oblast, out of 187 health facilities, 147 have heating available. 31 facilities have only partial availability, and 9 completely lack heating, reflecting significant disparities in heating infrastructure across the region.

Lastly, Khersonska oblast, with the smallest count of health facilities at 72, has 50 facilities with full heating availability. However, 19 facilities are only partially heated, and 3 are completely without heating, which could be particularly problematic during the colder seasons.

The comprehensive analysis highlights the critical importance of heating for health facilities, especially where heating is linked to hot water supply. The variations in heating availability could significantly impact patient health and the working conditions for healthcare staff.

In summary, while most health facilities report favorable heating availability, regional disparities persist. Addressing core issues, primarily equipment shortages and financial constraints, is paramount to ensuring uniform service provision. The data underscores the resilience of Ukrainian health infrastructure but also sheds light on specific areas requiring attention to ensure uniform basic amenities availability across all health facilities.

## **Transportation**

The transportation overview for 11 253 health facilities reveals 72% have transportation readily available, 24% have partial availability, and a concerning 3% lack transportation entirely. Transportation is a critical infrastructure component in healthcare, essential for emergency services, patient transfers, and the delivery of supplies.

Availability varies by type of health facility. PHC Centers and Emergency Medical Care Centers report the highest rates of transportation availability, at 95% and 96% respectively, with very few facilities completely lacking transportation. Conversely, HSDUs and monoprofile health facilities have lower rates, at 68% and 76% respectively, indicating that certain facility types are more prone to transportation challenges.

Analysis of the causes of transportation unavailability reveals that the lack of financial resources is the most significant barrier, affecting 71% of facilities without adequate transportation. equipment shortages and staff shortages also contribute to this issue, affecting 47% and 14% of facilities respectively, followed by supply shortages (5%) and lack of training (2%).

Regional data illustrates a varied picture of transportation availability. Regions like Vinnytska and Kyiv City exhibit high levels of transportation availability across most facilities, while others such as Khersonska, experience greater challenges, with a significant portion of facilities lacking full transportation services. The primary causes of unavailability vary by oblast, with financial constraints being a persistent issue, though shortages in equipment and staffing play also significant roles.

This comprehensive dataset highlights the necessity for targeted investments and strategic planning to address transportation gaps. Such measures are crucial for effective healthcare delivery, particularly in emergency settings and in rural or hard-to-reach areas, ensuring that all facilities are equipped to provide timely and efficient services.

## Connectivity and eHealth

HeRAMS further underscores the present state of digital connectivity in health facilities across Ukraine, emphasizing its critical role in eHealth data entry and reporting. Of the 11 253 health facilities assessed, 83% have achieved full digital connectivity. However, 3% lack Internet access, and 9% have only partial connectivity. Concurrently, 76% possess fully available eHealth systems, 3% have partial availability, and 19% find eHealth either irrelevant to their operations or not available at the health facility. Consequently, approximately one in every five health facilities encounters challenges in eHealth availability.

Among the 1854 health facilities with limited connectivity, 65% report that inadequate equipment is the primary obstacle to establishing or maintaining Internet access. Financial constraints are also frequently reported, with 60% indicating insufficient funds as a significant barrier. In analyzing the reasons for limited eHealth availability across 498 health facilities, it becomes evident that the primary obstacles mirror those related to Internet access. A significant 82% of these facilities attribute eHealth availability barriers to equipment scarcity, and 65% cite financial challenges. Additional concerns include a 17% shortage of supplies, 12% reporting understaffing, and a critical 5% highlighting a lack of appropriate training.

In terms of specific facility types, all 25 Emergency Medical Care Centers in Ukraine have reached the 100% connectivity benchmark, though their eHealth availability stands at 92%. Of the 933 Primary Health Care Centers, 96% claim full connectivity, with a near-perfect 98% eHealth availability rate. Conversely, 12% of HSDUs still lack full digital connectivity, with 70% achieving full eHealth availability. Both multiprofile (845 facilities) and monoprofile (331 facilities) health facilities exhibit a connectivity rate of 97%, with a small fraction of 3% in each category still lacking complete Internet access. Multiprofile health facilities report 98% eHealth availability, while monoprofile health facilities stand at 96%.

This assessment underscores the challenges posed by equipment and financial limitations in achieving comprehensive eHealth coverage. The need to streamline supplies, staffing, and training emerges as a crucial next step. Universal digital connectivity across all health facilities represents more than just a technological milestone; it's the gateway to enhanced patient care, improved health outcomes, and strengthening the resilience of Ukrainian healthcare system.

## Health service domains

A comprehensive analysis of health service domains in Ukraine demonstrates widespread availability across various domains. Trauma and general services report 92% full-service availability, with only 7% partially available and 1% completely unavailable.

Child health services show 96% full availability, with only 3% partially available and less than 1% completely unavailable.

The availability of communicable diseases is similarly high at 96%, with 4% partially available and less than 1% completely unavailable. The domain of sexual and reproductive health presents a slightly more varied picture, with 89% of services fully available, 7% partially available and 4% completely unavailable.

Maternal and newborn care services, essential for safeguarding the health of mothers and infants, have an 87% full availability rate, but there is 11% partial availability and 2% complete unavailability that needs addressing.

For NCDs, 91% of services are fully available, with 7% partially available and 2% completely unavailable.

Lastly, the MHPSS domain indicates 87% full-service availability, with 11% partially available and 2% completely unavailable.

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Barriers affecting service delivery primarily include financial constraints and equipment shortages. For instance, in trauma and general services, 34% of barriers are due to medical equipment shortages and 19% to financial constraints. Child health services face a 28% barrier due to equipment shortages. A significant challenge in the MHPSS domain is the 33% barrier due to lack of training, highlighting the need for enhanced capacity-building.

This report emphasizes the critical need for continued investments and targeted strategies to address disparities and achieve universal health service coverage in Ukraine. However, it is important to recognize the uneven distribution of service availability across the country. The all-country indicators in the report aggregate data from oblasts that are heavily, less, and indirectly affected, and only include operational health facilities providing at least one service in a specified domain. A detailed analysis of the most affected oblasts, such as Donetska and Khersonska, reveals a contrasting scenario.

In Donetska oblast, health service availability varies across domains. Trauma and general services are predominantly available at 79%, yet challenges persist, with financial constraints as the primary concern, followed by shortages in medical supplies and staff. Sexual and reproductive health services are only 47% available, with a substantial 41% of services being completely unavailable; the main challenge here is insufficient provision of medical supplies. Maternal and newborn care services are just slightly better, with 49% availability, yet they face medical supply deficiencies and inadequate staff training as their top challenges. Mental health and psychosocial support services in Donetska are particularly concerned with only 47% availability and inadequate training as the most pressing challenge. Contrastingly, in Khersonska oblast, trauma and general services have 73% availability primarily hampered by equipment deficiencies. Communicable disease services are 85% available, with gaps primarily due to staff shortages and equipment inadequacies. Sexual and reproductive health services show a 61% availability, constrained by medical supplies and staff shortages. Maternal and newborn care is particularly alarming, with only 45% of services available and a significant 46% facing medical supply deficiencies. NCDs services report 60% availability, with major obstacles being staff shortages and equipment deficiencies. MHPSS in Khersonska share similar concerns as in Donetska, with 43% availability, where staff shortages pose the primary challenge.

In conclusion, while health services in both regions demonstrate relatively wide availability across domains, they confront significant challenges primarily related to staff shortages, insufficient training, equipment deficiencies, and a lack of medical supplies. This emphasizes the urgency of addressing these core issues to ensure equitable and effective healthcare throughout Ukraine.

# Methodology

Since November 2022, the HeRAMS has comprehensively gathered data from 2333 health facilities. This dataset encompasses almost all public health facilities across Ukrainian oblasts, excluding Luhanska oblast and Avtonomna Respublika Krym, and health facilities along the frontline. However, data from areas in the Donetsk, Khersonska, and Zaporizka oblasts that are under temporary military control by the Russian Federation were not included in this analysis. Additionally, private health facilities, representing a smaller segment of Ukrainian healthcare infrastructure, were not included in this data collection. However, future data collection efforts may consider incorporating them to provide a more holistic view of the healthcare landscape in Ukraine.

The data collection began in November 2022 and concluded in February 2023, focusing initially on the nine most conflict-affected oblasts: Odeska, Mykolaivska, Zaporizka, Kharkivska, Donetsk, Sumska, Chernihivska, Kyivska, Khersonska, and Dnipropetrovska oblasts. Except for Khersonska oblast, subnational focal points nominated by the oblasts' health departments were initially engaged in data collection. These focal points attended a two-day in-person training workshop to ensure familiarity with the questionnaire and ensure a common understanding of key concepts such as 'accessibility' and 'functionality' of a health facility.

In Khersonska oblast, due to the unstable security situation, data collection was initially facilitated by a third-party group specializing in health assessments. However, following the baseline data collection, the Khersonska oblast health department took responsibility for updating and expanding the data collection. The Round 1 of data collection resulted in a separate HeRAMS report "HeRAMS Ukraine First Round Results November 2022 - January 2023"<sup>1</sup>.

In March 2023, data collection expanded to the remaining 13 oblasts of Ukraine and Kyiv city by subnational focal points who had been nominated by the local health departments (Zhytomyrska, Vinnytska, Cherkaska, Poltavska, Khmelnytska, Rivnenska, Kirovohradska, Volynska, Lvivska, Ternopilska, Chernivetska, Ivano-Frankivska, and Zakarpatska oblasts, and Kyiv city). The focal points had completed a standard two-day, in-person training prior to beginning data collection.

The questionnaire and training materials were adapted to the local context and translated into Ukrainian. All health facilities included in the master health facility list provided by the National Health Service of Ukraine were contacted. The overall response rate at the end of Round 1 was over 99%. For Round 2, the dataset was completed in accordance with the initial master health facility list. The data update for Round 1 was centrally initiated in mid-April, ensuring that data from the Round 1 regions are chronologically comparable with the data from other oblasts.

The findings of all-country baseline data collection complemented with the all-country interpretation workshop were published in the "HeRAMS Ukraine Baseline Report 2023: Operational status of the health system. November 2022 - May 2023"<sup>2</sup>.

Between March and October 2023, the data collection effort was further expanded to include information about more than 9000 health service delivery units. HSDUs constitute distinct geographical points of care, such as first aid points, family medicine ambulatories, and polyclinics, falling under the jurisdiction of common legal entities, including primary healthcare centers, multiprofile hospitals, or territorial medical unions.

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<sup>1</sup> HeRAMS Ukraine First Round Results November 2022 - January 2023. 2023 <https://www.who.int/publications/m/item/herams-ukraine-first-round-results-nov-2022-jan-2023>

<sup>2</sup> HeRAMS Ukraine Baseline Report 2023: Operational status of the health system. November 2022 - May 2023 <https://www.who.int/publications/m/item/herams-ukraine-baseline-report-2023-operational-status-of-the-health-system-nov-2022-may-2023-en>

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During the expansion, baseline data was continuously updated by contributors to ensure chronological consistency for the analysis, and subsequent report "HeRAMS Ukraine Status Update Report May - October 2023"<sup>1</sup> was published.

Basic cleaning and logic checks were performed on the raw data to meet quality standards. Additional quality assurance measures were implemented through a piloted project involving third-party on-site verification at 70 health facilities located within a 10 to 50 kilometers zone from either the state border or the frontline areas in Donetska, Kharkivska, and Zaporizka oblasts. The findings of the verification revealed that the data variations between the HeRAMS platform and the observations of the monitoring group were only 6.37%. Notably, in half of the cases, the variations were due to changes in context and situation<sup>2</sup>.

Following the insights gained from this pilot, a comprehensive 12-month third-party verification exercise is underway with the all-country data accuracy at the level of almost 90%<sup>3</sup>. This ongoing effort is designed to uphold high data quality standards and to promptly address any significant data variations.

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1 HeRAMS Ukraine Status Update Report May - October 2023.2023 <https://www.who.int/publications/m/item/herams-ukraine-status-update-report-may-to-october-2023-en>

2 Summary Report: Third-Party Verification of HeRAMS Data in Kharkivska, Zaporizka, and Donetska Oblasts. 2023 <https://www.who.int/publications/m/item/herams-ukraine-third-party-verification-summary-report-kharkivska-zaporizka-donetska>

3 HeRAMS Ukraine verification snapshot: September - December 2023. 2024 <https://www.who.int/publications/m/item/herams-ukraine-verification-snapshot-september-to-december-2023>

# HeRAMS usage and impact on response in Ukraine

The HeRAMS, launched in Ukraine in November 2022, has become a crucial tool for enhancing humanitarian response, especially amidst the ongoing conflict and the initial stages of health system recovery. Initiated by the MOH and the WHO, HeRAMS aims to provide a comprehensive and accurate overview of the operational status of health facilities, which is especially critical in regions heavily affected by conflict.

HeRAMS underscores the importance of real-time data in addressing health-related challenges during emergencies. The system's data and analytical outputs are regularly shared with the MOH, serving as a foundational source for evidence-based policymaking. This information is pivotal for strategic decisions-making in humanitarian operations, ensuring that responses are aligned with the current needs. For instance, HeRAMS data informs the deployment of Interagency convoys, providing a data-driven perspective of the health infrastructure that is instrumental in directing aid efficiently to the most affected areas.

The collaboration with Health and WASH Cluster Partners promotes a culture of data-informed decision-making. The data collected by HeRAMS is also essential for developing Health Cluster response, including the People in Need (PIN) profiles, and the Humanitarian Needs Overview and Response Plan (HNRP).

Beyond emergency response, HeRAMS data plays a vital role in health system recovery efforts. For instance, the Rapid Damage Needs Assessment (RDNA), conducted by the World Bank and the Ministry of Health, utilizes HeRAMS data to estimate health facility damage. The NCD program leverages this data to evaluate the availability of cancer and other NCD services and to develop corresponding action plans. Additionally, it aids in assessing the availability of sexual and reproductive health services across various oblasts, both in primary and specialised care health facilities.

HeRAMS data is invaluable for external missions, facilitating accurate assessments and effective resource allocation. The comprehensive and robust nature of this dataset strengthens official communications, providing authoritative information that highlights the health challenges and the ongoing humanitarian efforts in Ukraine. This system not only enhances the response to immediate needs but also contributes to long-term planning and recovery efforts in Ukraine.

Furthermore, the utilization of HeRAMS in Ukraine extends into areas of policy development and planning for future health system enhancements. By offering a detailed picture of the health service capabilities and infrastructure gaps, it supports governmental and non-governmental organizations in formulating targeted interventions aimed at both immediate humanitarian and sustainable development.

The data gathered through HeRAMS facilitates the identification of underserved regions, enabling a more equitable distribution of medical resources and services. This is crucial in Ukraine, where the displacement of populations and the destruction of infrastructure due to conflict have created uneven healthcare access and increased the vulnerability of certain communities.

In addition to direct health service provision, HeRAMS supports broader public health initiatives. For example, it enables health authorities to monitor outbreaks of communicable diseases more effectively by providing up-to-date information on the operational status of health facilities in outbreak areas. This capability is essential for rapid containment and management of health emergencies, preventing wider spread and additional strain on the healthcare system.

HeRAMS also contributes to resilience building by enhancing disaster preparedness in the healthcare sector. The system's data helps to strengthen health facilities against future emergencies through strategic place-

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ment of emergency supplies, reinforcement of critical infrastructure, and training of healthcare personnel.

In collaboration with international partners and donors, HeRAMS data contributes to funding allocation and project prioritization, ensuring that fundings are directed towards the most critical needs and the areas where they can have the most significant impact. This alignment between on-the-ground needs and donor support is vital for the efficient use of resources and for fostering greater accountability in humanitarian aid.

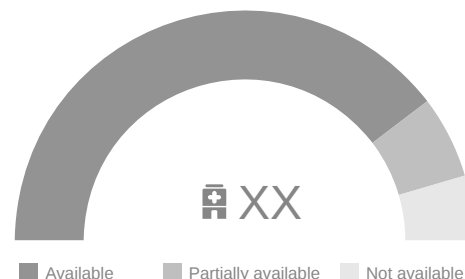
Ultimately, the ongoing contribution of HeRAMS to Ukrainian healthcare landscape is a testament to the power of data-driven decision making in emergency settings. As the country continues to navigate the challenges posed by prolonged conflict and recovery, HeRAMS will remain a pivotal resource in shaping a responsive, resilient, and equitable healthcare system.

# INTERPRETATION GUIDE

## Indicator status

### Arc charts

For each indicator, an arc chart provides an overview of the overall status (i.e. functionality, availability, sufficiency, etc.), hereafter referred to as "availability". The total number of health facilities included in the analysis of an indicator is shown inside the arc chart. It is important to note that the total number of health facilities included in the analysis of an indicator can vary due to the exclusion of non-operational and non-reporting health facilities from subsequent analyses.



### Column charts

Column charts display the status of an indicator by region. The number of health facilities in oblast is shown below the region's name.



### Donut charts

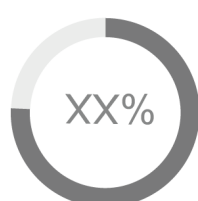
Each donut chart represents a type of health facility. The percentage of health facilities for which the indicators was available or partially available is shown inside the donut while the total number of health facilities included is shown at the bottom of the chart, below the health facility type name. If an indicator was not available in any health facility, the number inside the chart will display the percentage of health facilities for which the indicator was partially or not available.



## Reasons of unavailability

If an indicator was not or only partially available, main reasons of unavailability (i.e. causes of damage, reasons for non-functionality, etc.) were collected. Similarly, indicators assessing availability and sufficiency of basic amenities may have a sub-question gathering additional information on the type of amenity available. Alike reasons of unavailability, types of amenities are only evaluated if the amenity was at least partially available. For simplicity reasons, causes of damage, non-functionality and inaccessibility, reasons of unavailability, types of basic amenities, and type of support provided by partners are hereafter commonly referred to as "reasons".

### Donut charts



Each donut chart indicates the percentage of health facilities having reported a given reason. The total number of health facilities reporting at least one reasons is shown below the chart header.

### Bar charts

Bar charts depicting reasons follow the same logic as donut charts and exclude health facilities where the indicator was fully available. The number of health facilities reporting at least one reason is displayed below the region's name.



**Important:** The denominators for reasons charts exclude health facilities where the indicator was fully available or in the case of basic amenities not available. It should further be noted that health facilities could report up to three reasons for each indicator. Thus, the sum of all reasons may exceed 100%.



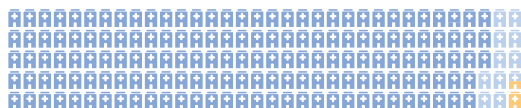
# OPERATIONAL STATUS OVERVIEW



# OPERATIONAL STATUS OVERVIEW\*, 31.03.2024

11602 health facilities assessed

  
Building condition



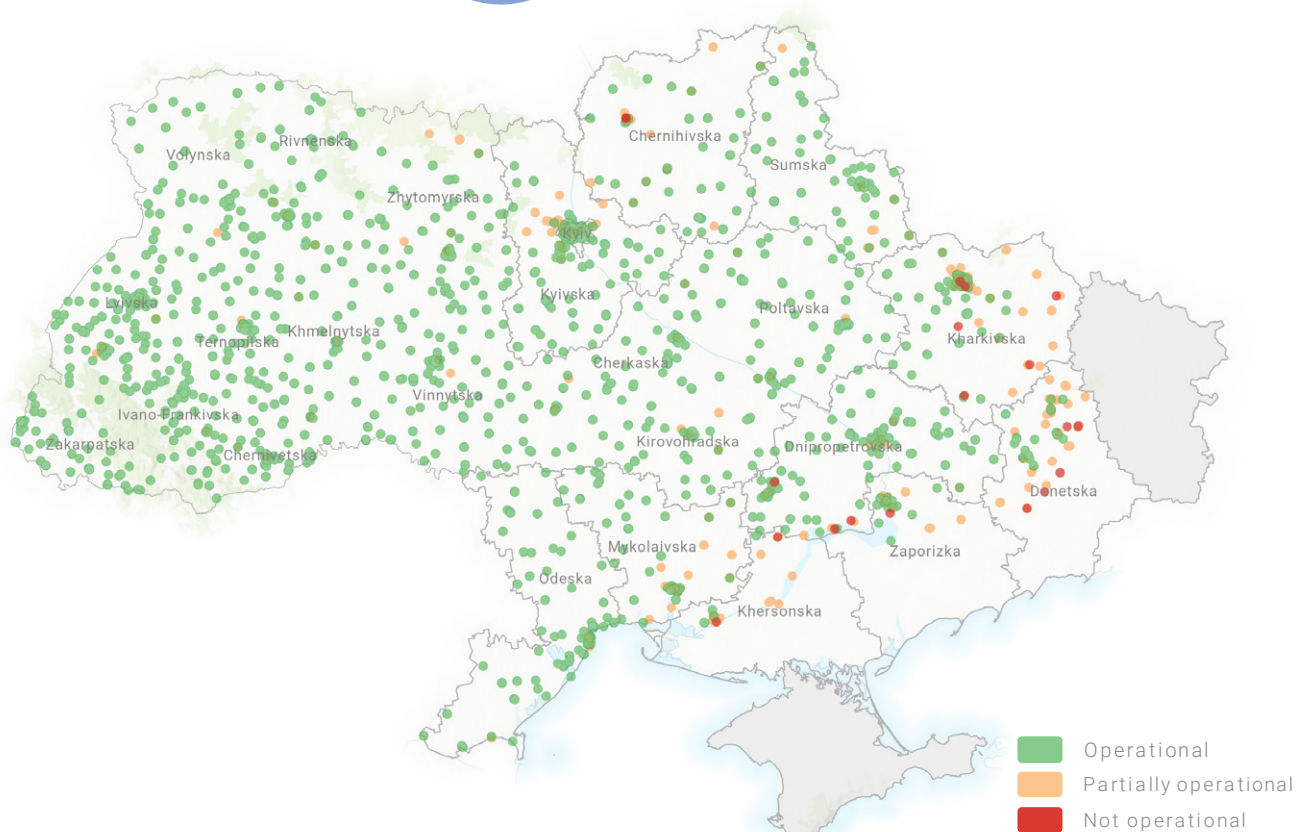
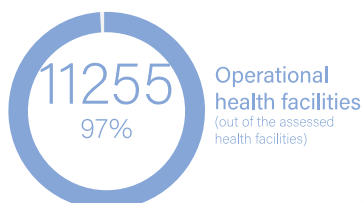
  
Equipment condition



  
Functionality



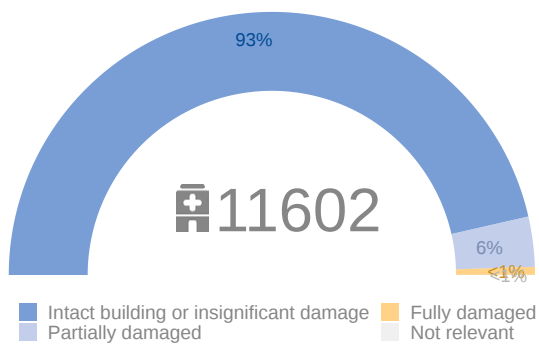
  
Accessibility



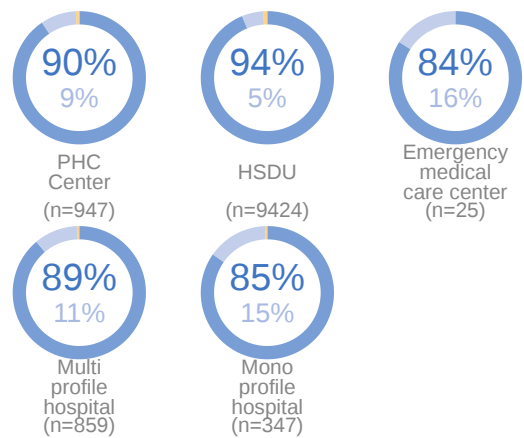
\* HFs (Health Facilities) and HSDUs (Health Service Delivery Units) reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of an HSDU's non-operational status.

## BUILDING CONDITION

### Building condition overview

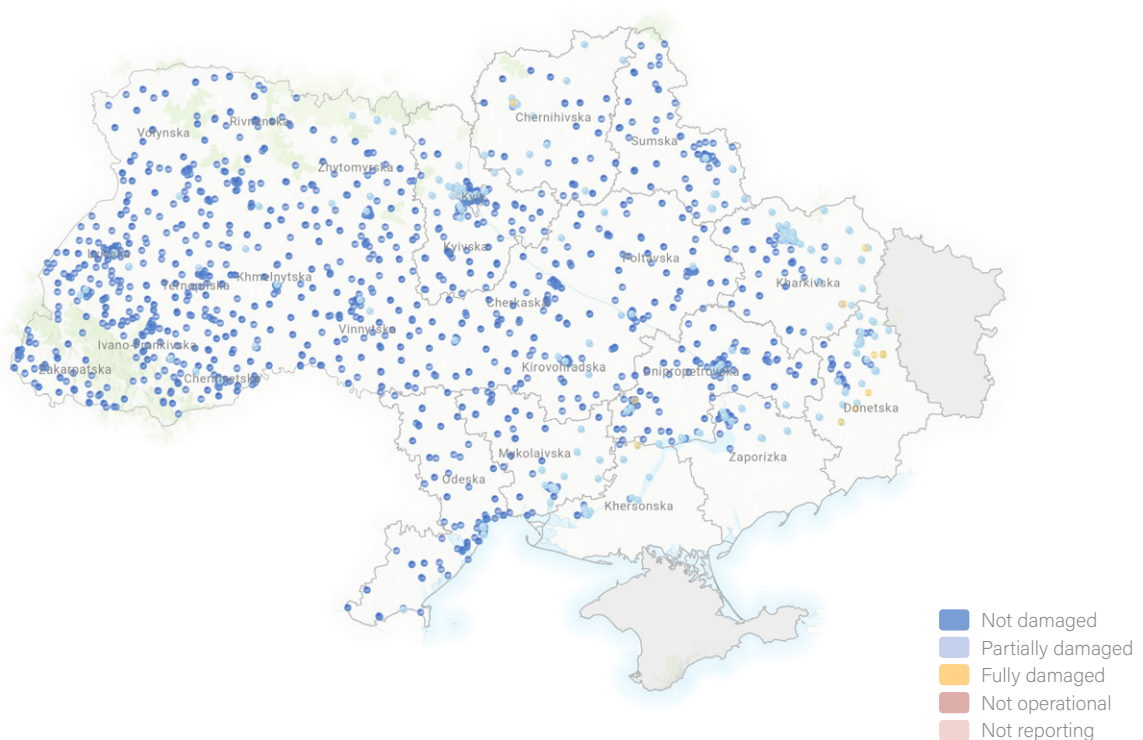
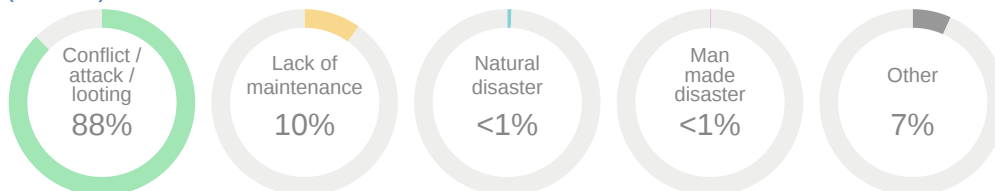


### Building condition by health facility type



### Main causes of damage

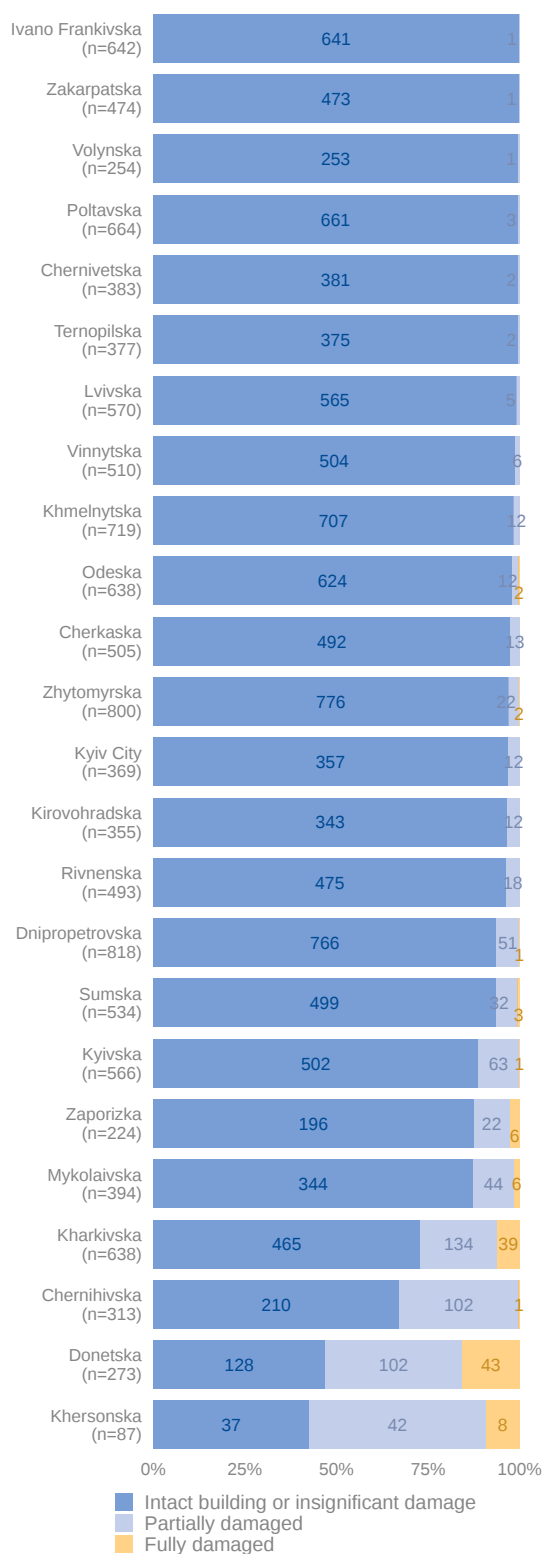
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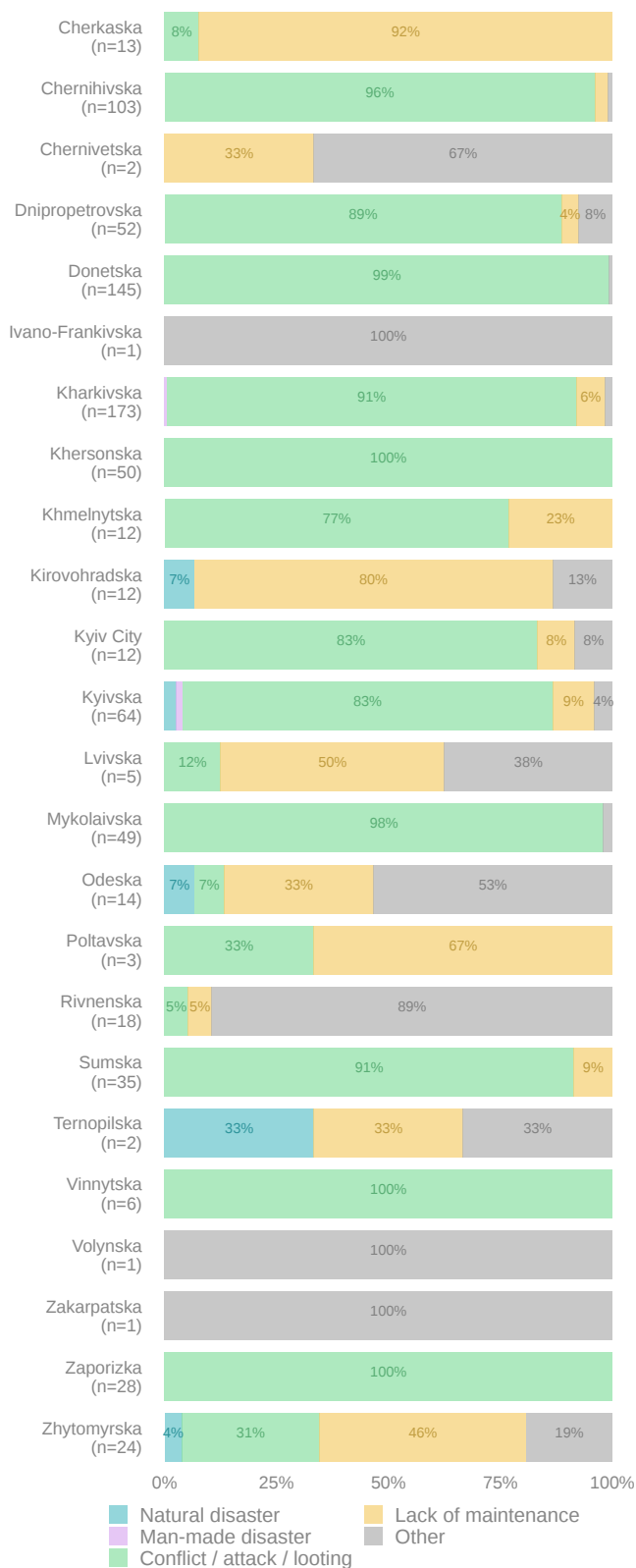
Map excludes HSDUs to avoid overlapping

# BUILDING CONDITION

Building condition by oblast\*



Main causes of damage by oblast\*\*

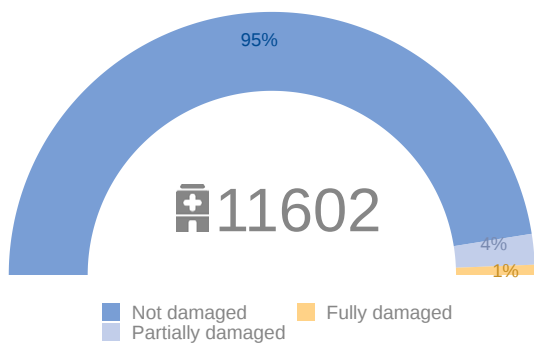


\* Chart excludes health facilities without permanent structures

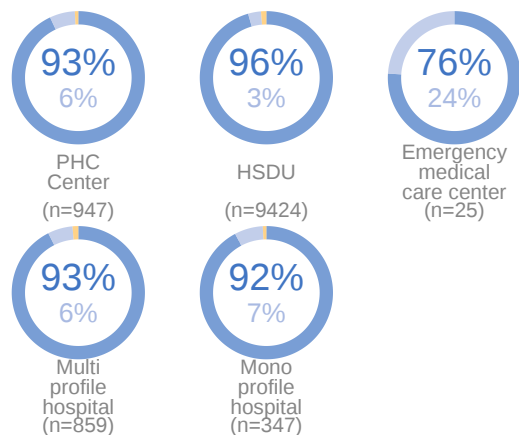
\*\* Chart includes health facilities in which causes of damage were indicated

## EQUIPMENT CONDITION

Equipment condition overview

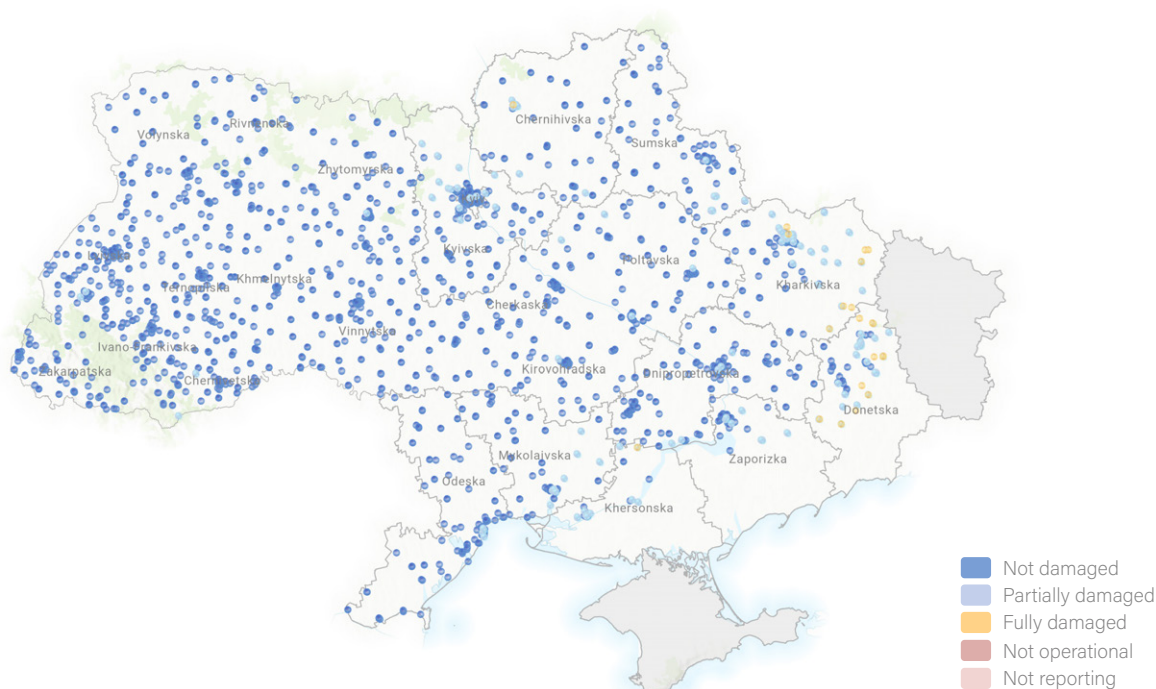
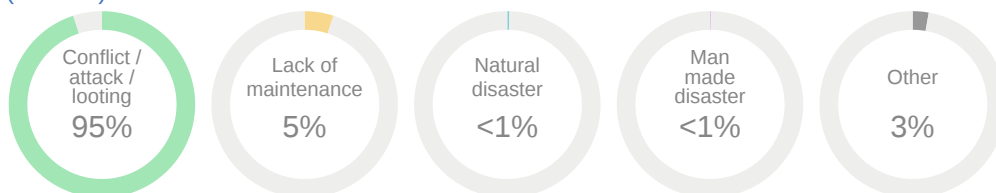


Equipment condition by health facility type



Main causes of damage

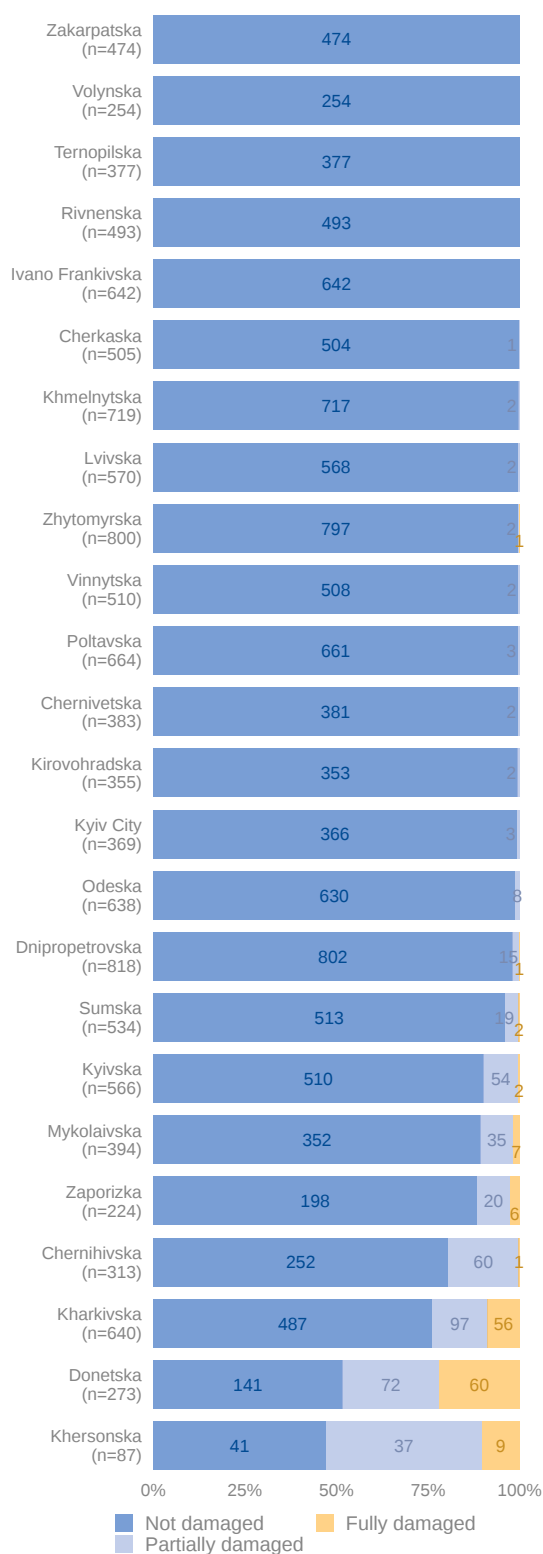
(n = 581)



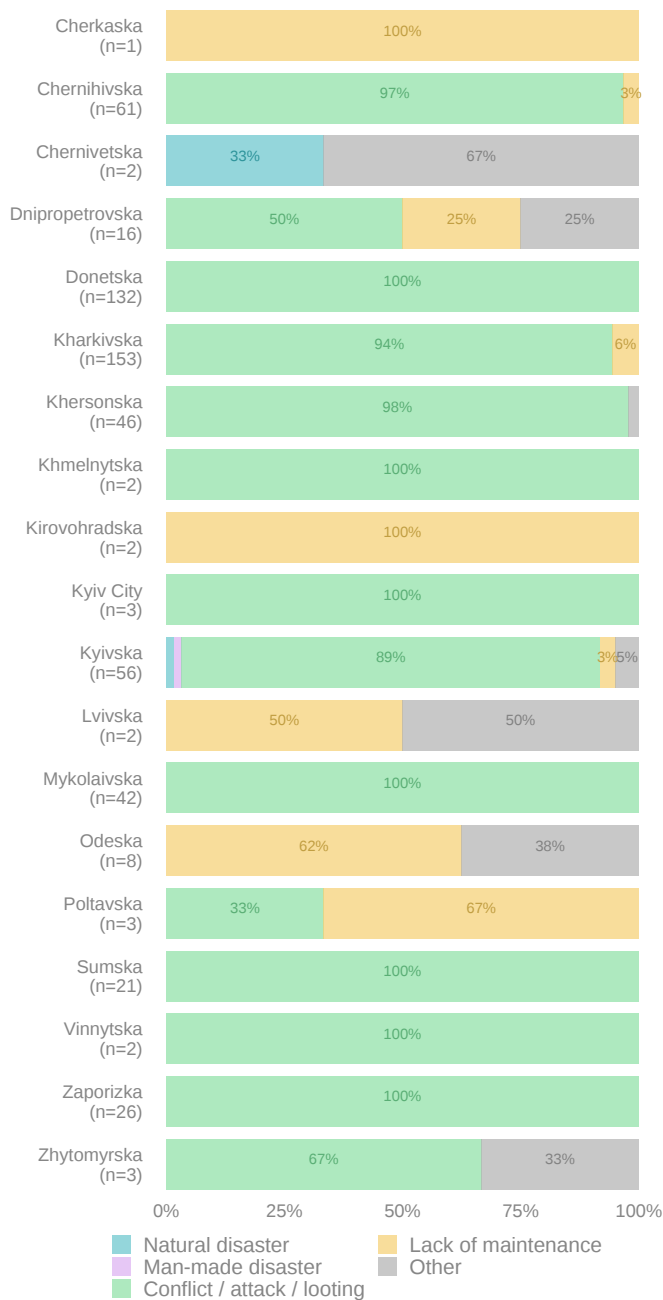
Map excludes HSDUs to avoid overlapping

# EQUIPMENT CONDITION

Equipment condition by oblast



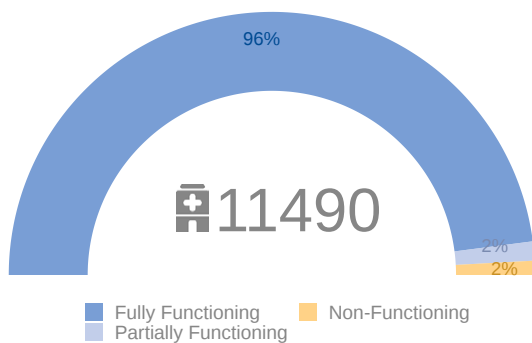
Main causes of damage by oblast\*



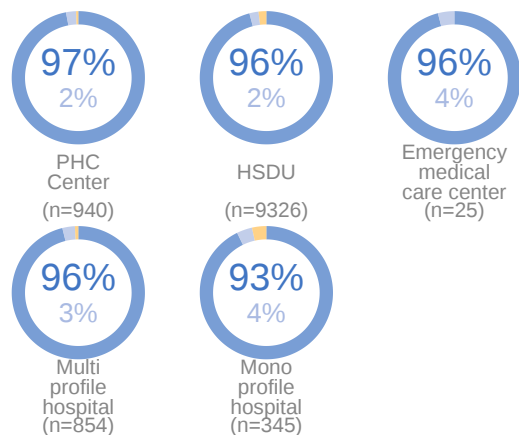
\* Chart includes health facilities in which causes of damage were indicated

## FUNCTIONALITY

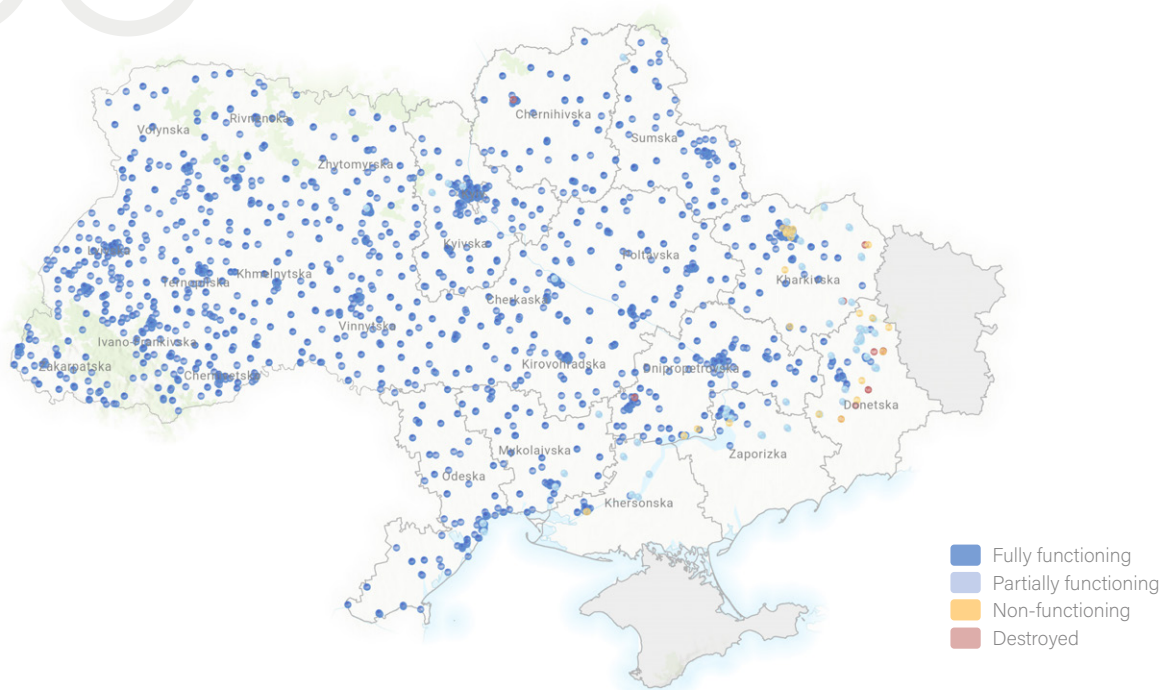
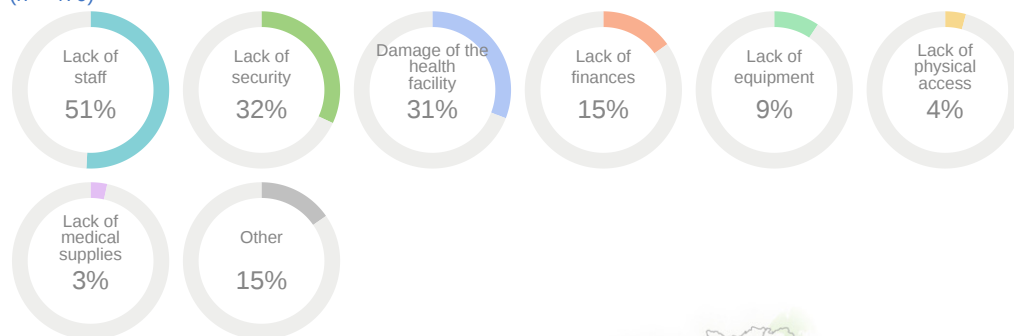
### Functionality overview



### Functionality by health facility type



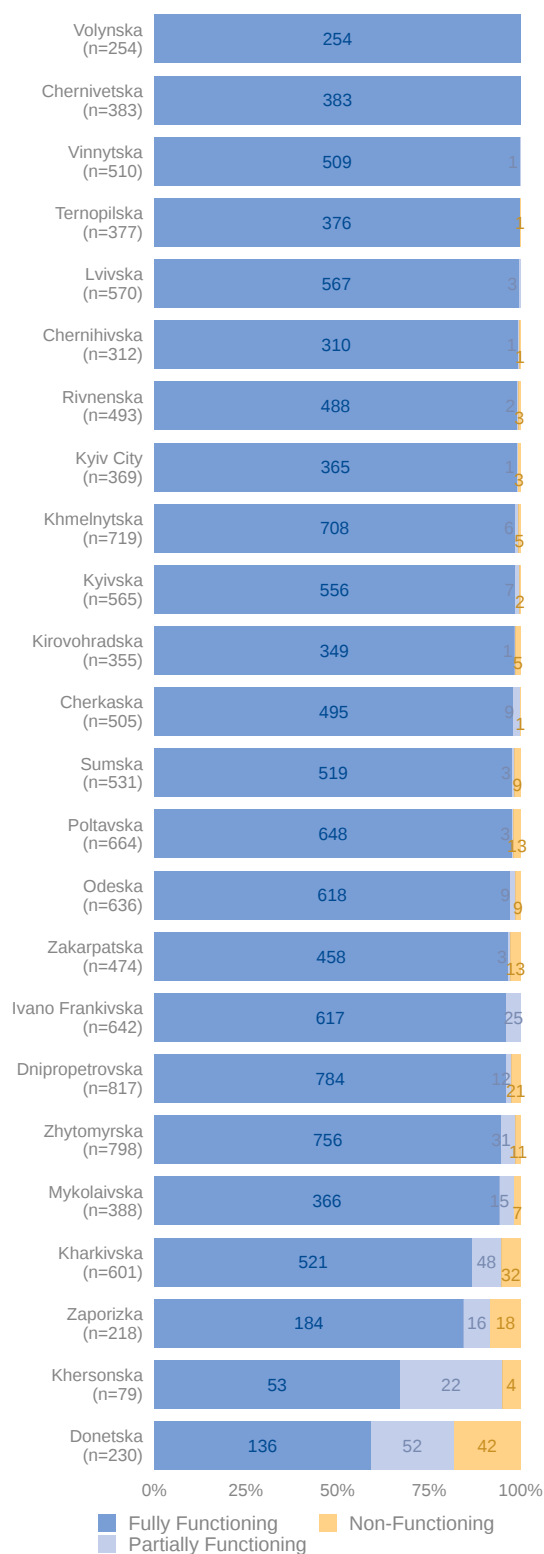
### Main causes of non-functionality (n = 470)



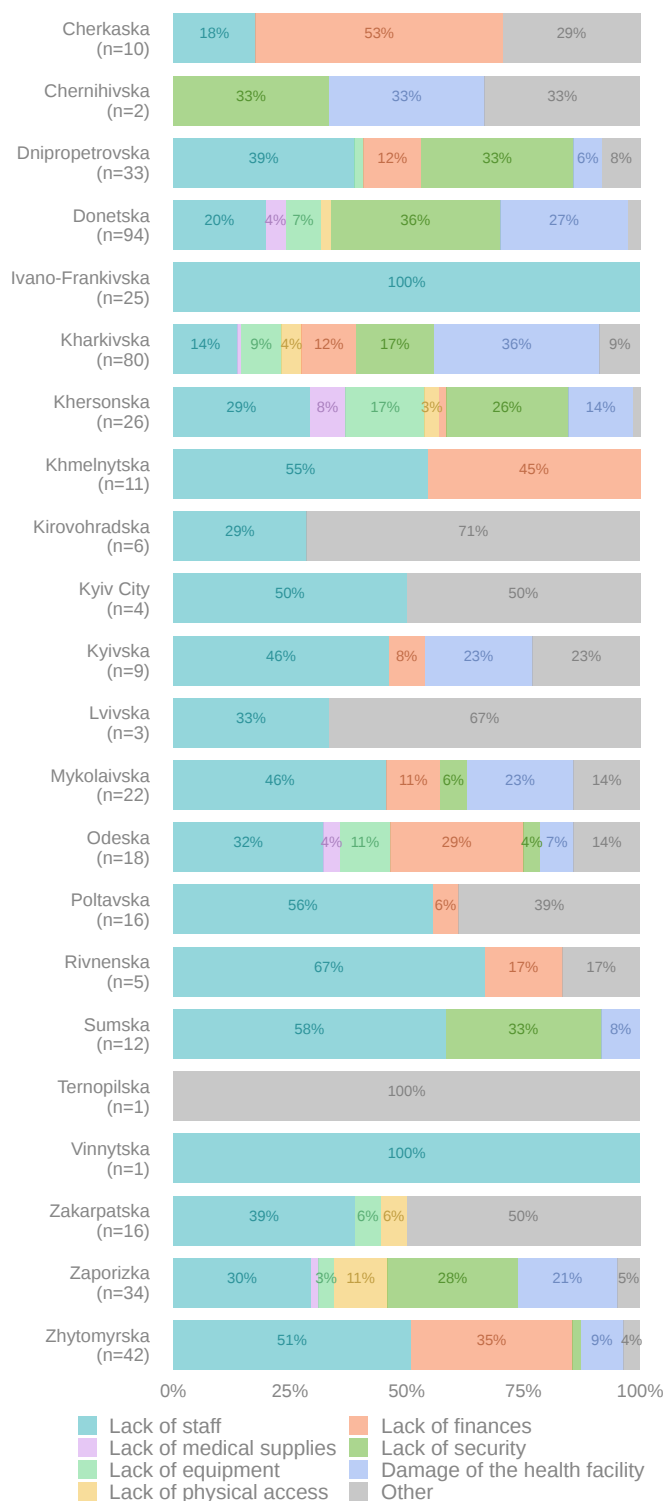
Map excludes HSDUs to avoid overlapping

# FUNCTIONALITY

## Functionality by oblast



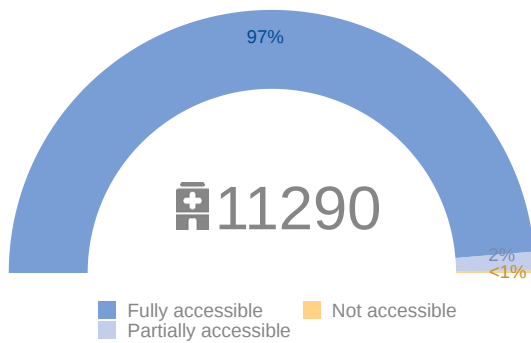
## Main causes of non-functionality by oblast\*



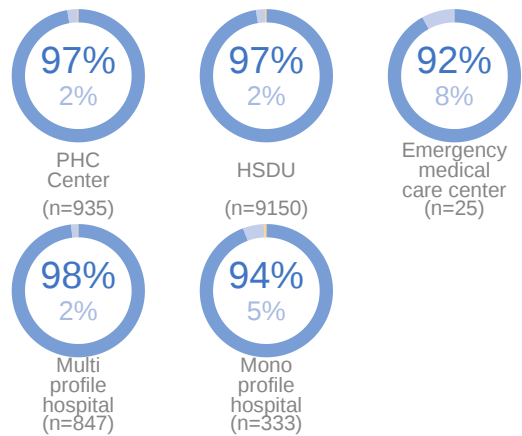
\* Chart includes health facilities in which causes of non-functionality were indicated

## ACCESSIBILITY

### Accessibility overview

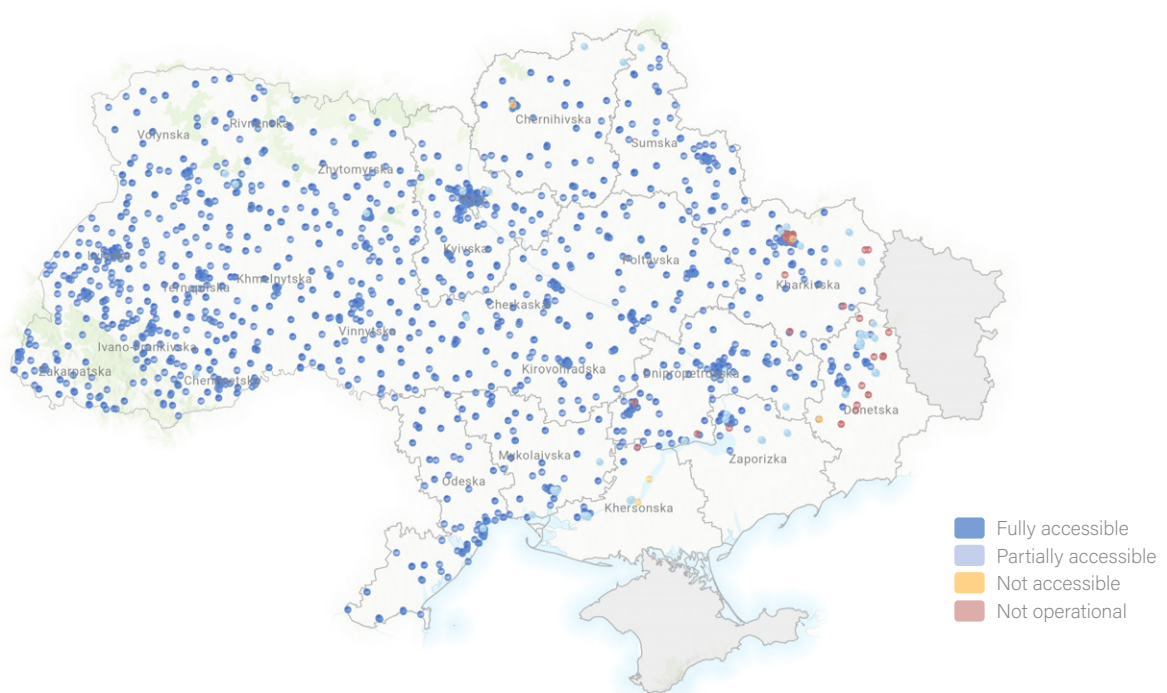
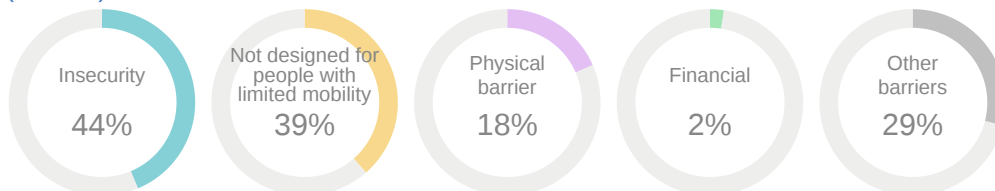


### Accessibility by health facility type



### Main causes of inaccessibility

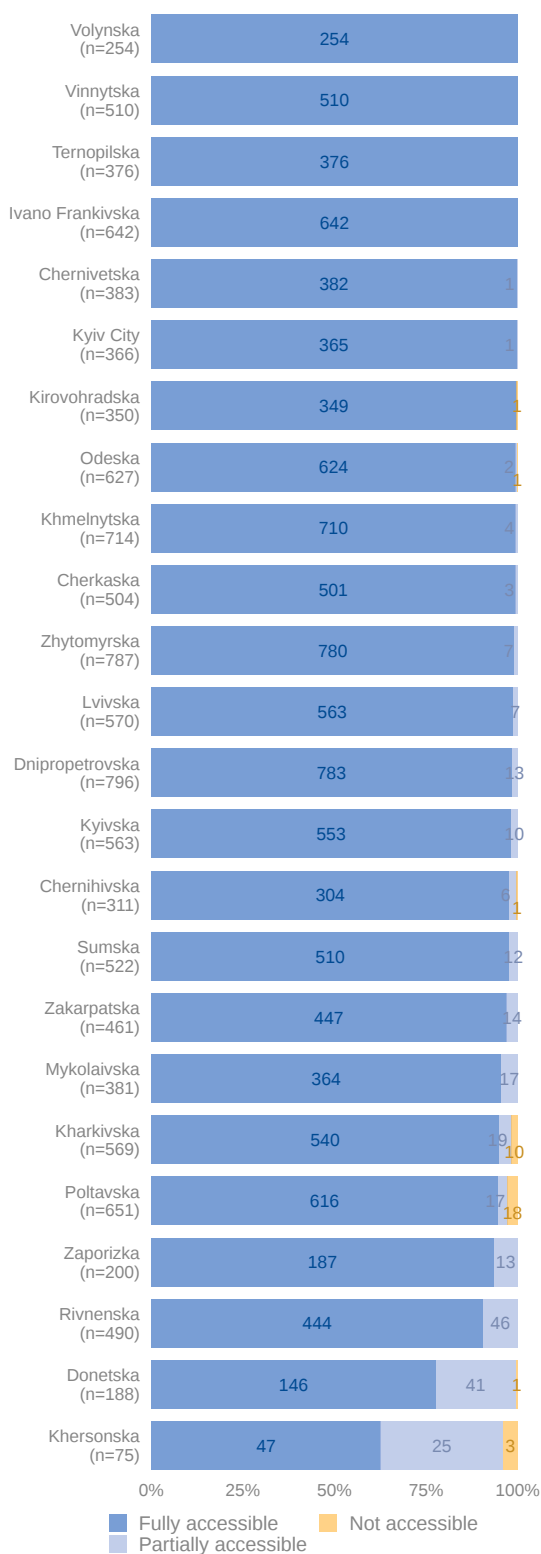
(n = 293)



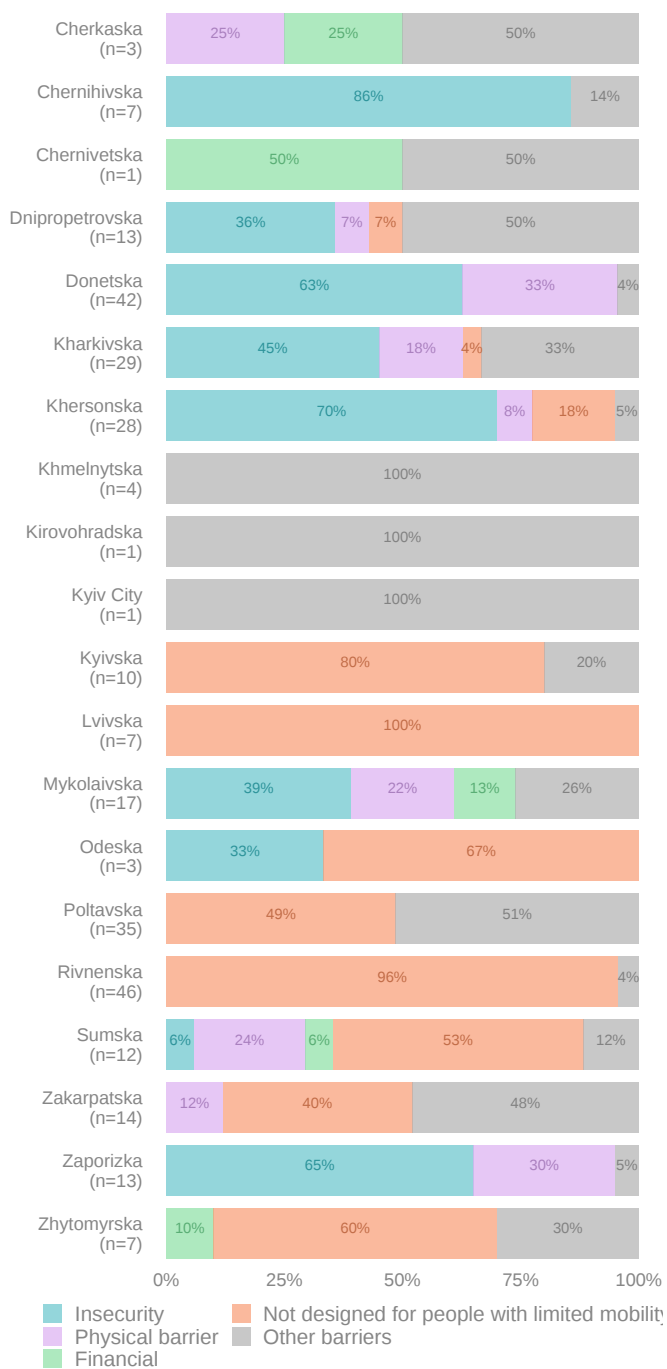
Map excludes HSDUs to avoid overlapping

# ACCESSIBILITY

## Accessibility by oblast



## Main causes of inaccessibility by oblast\*



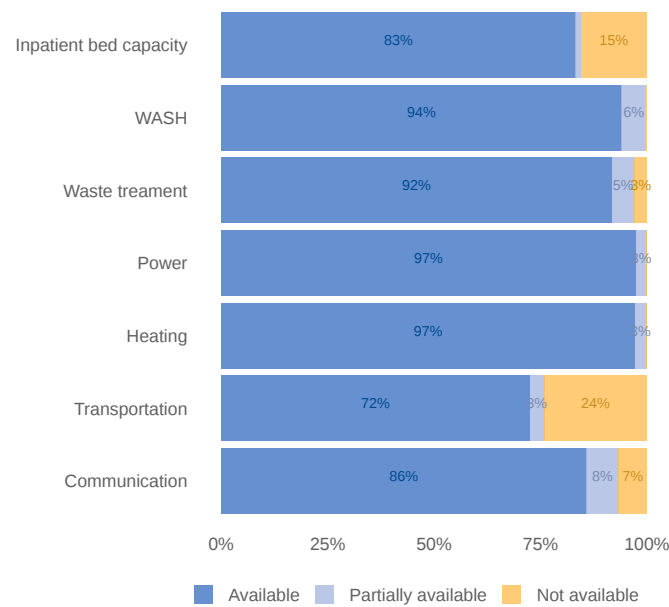
\* Chart includes health facilities in which causes of inaccessibility were indicated

# BASIC AMENITIES

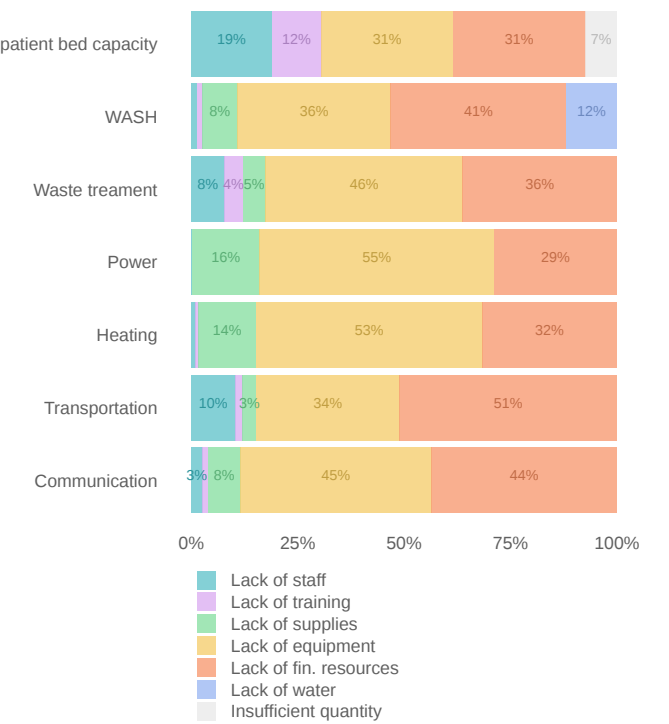


# BASIC AMENITIES OVERVIEW\*

Availability of basic amenities by groups



Main causes of unavailability

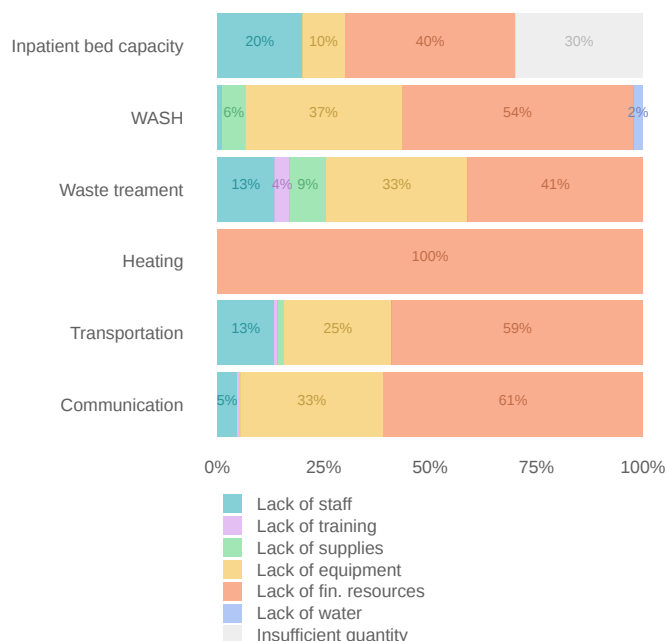
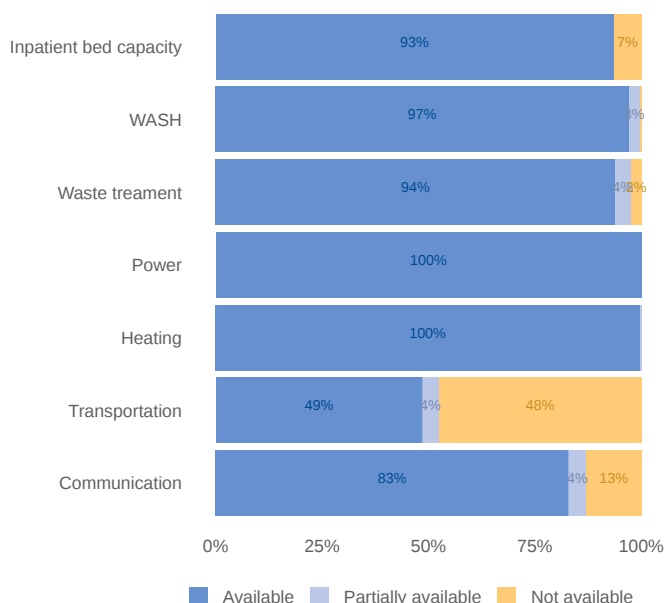


\* Groups include the following indicators:

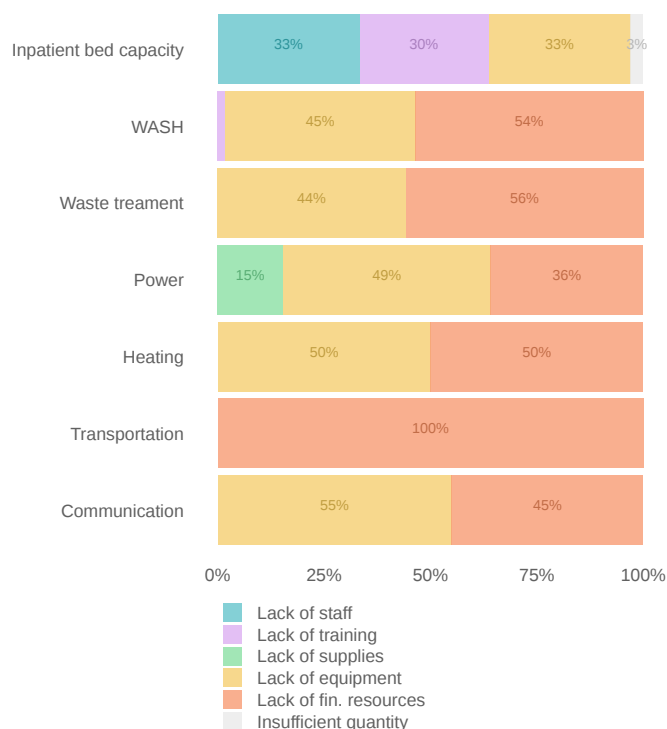
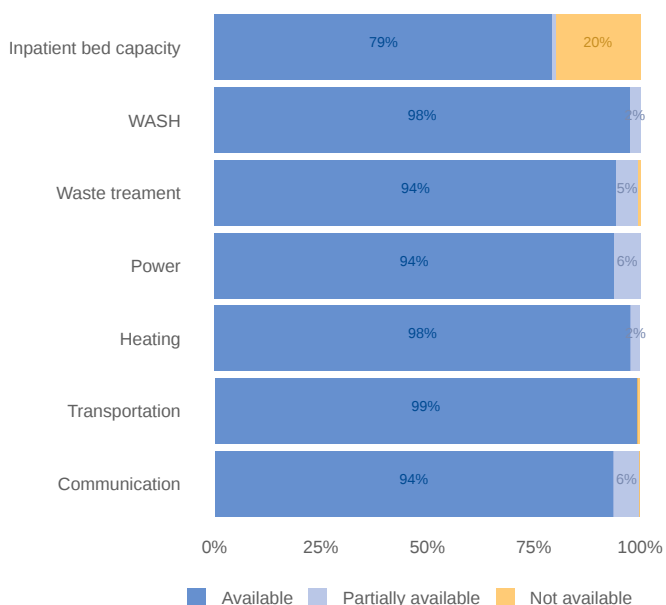
| Group                  | Indicators                                                                                                                             |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Inpatient bed capacity | ICU beds; Maternity beds; Other beds                                                                                                   |
| WASH                   | Water availability; Availability of sanitation facilities; Availability of hand-hygiene facilities; Availability of cleaning equipment |
| Waste treatment        | Waste segregation; Final disposal of sharps; Final disposal of infectious waste                                                        |
| Power                  | Power availability                                                                                                                     |
| Heating                | Heating availability                                                                                                                   |
| Transportation         | Transportation availability                                                                                                            |
| Communication          | Communications Equipment Sufficiency; Connectivity                                                                                     |

# BASIC AMENITIES OVERVIEW BY OBLASTS

## Cherkaska

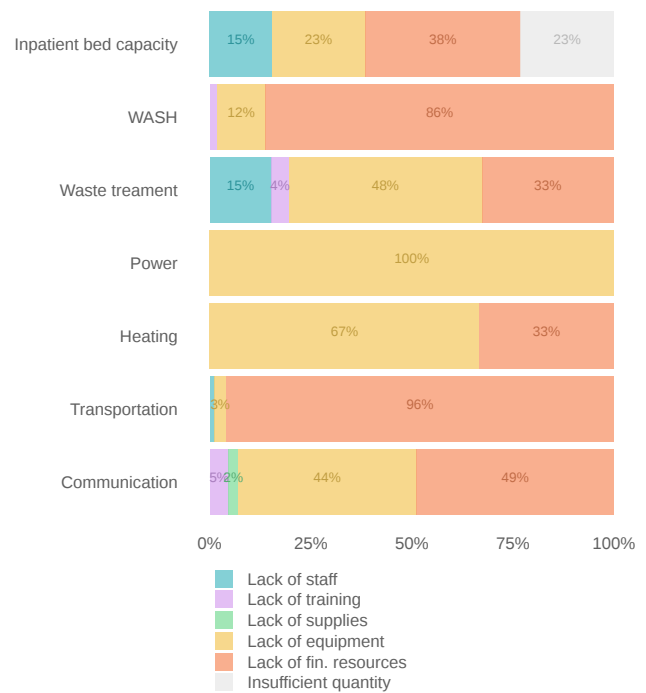
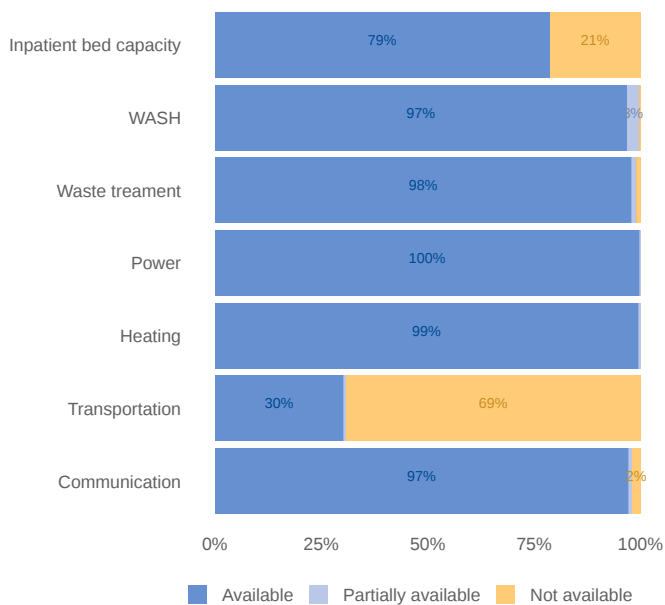


## Chernihivska

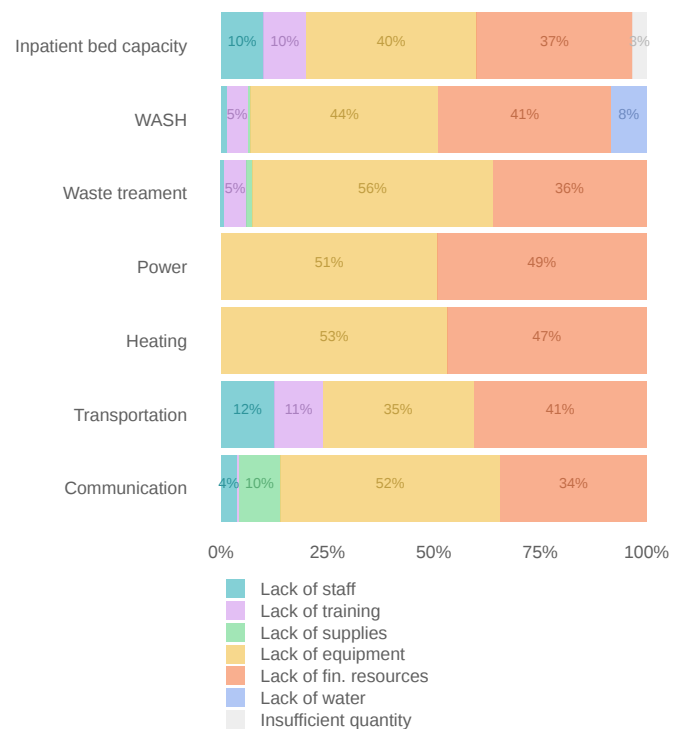
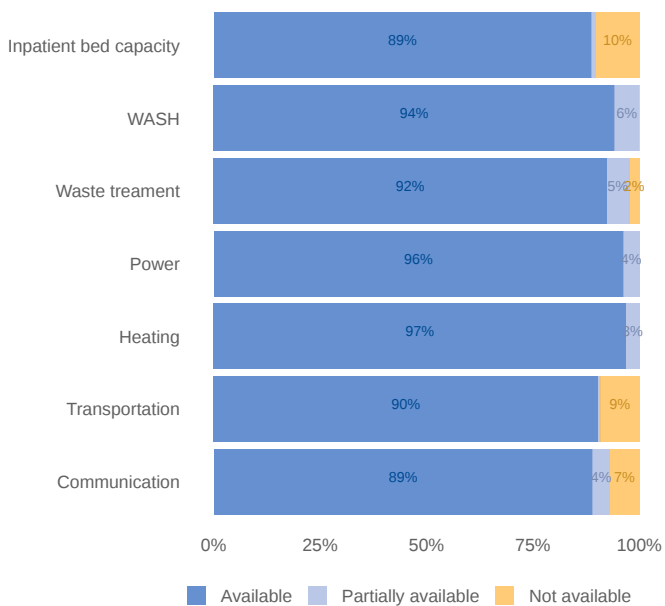


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Chernivetska

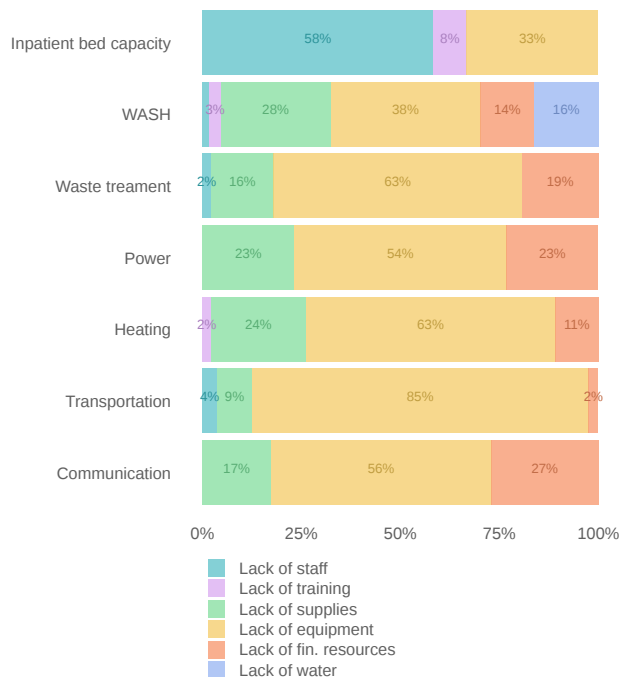
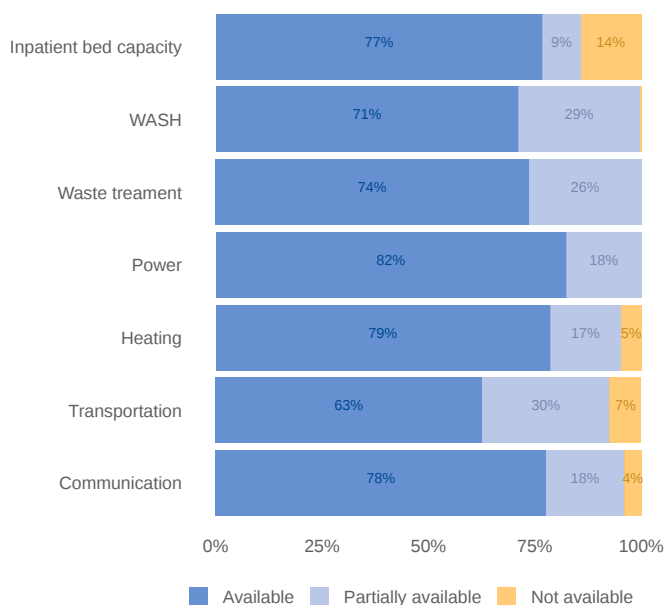


## Dnipropetrovka

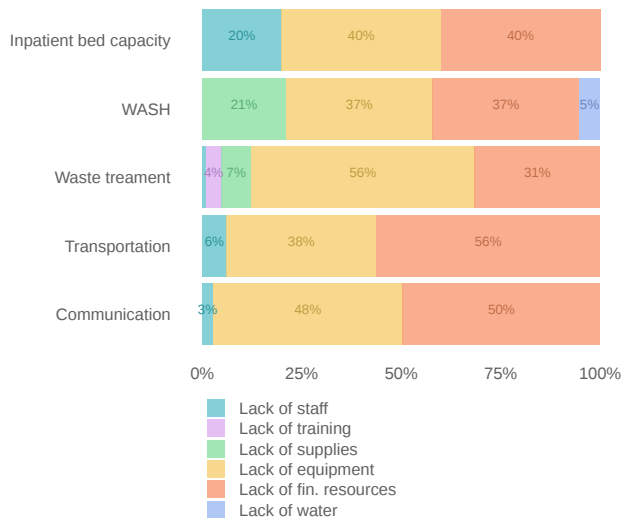
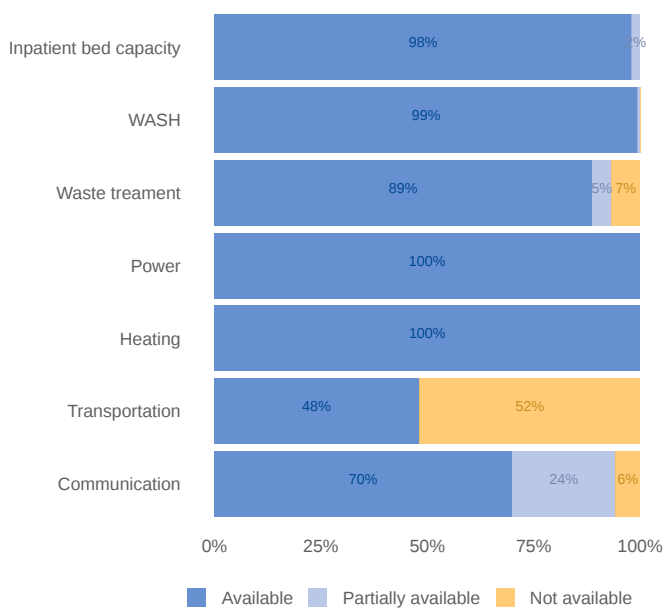


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Donetska

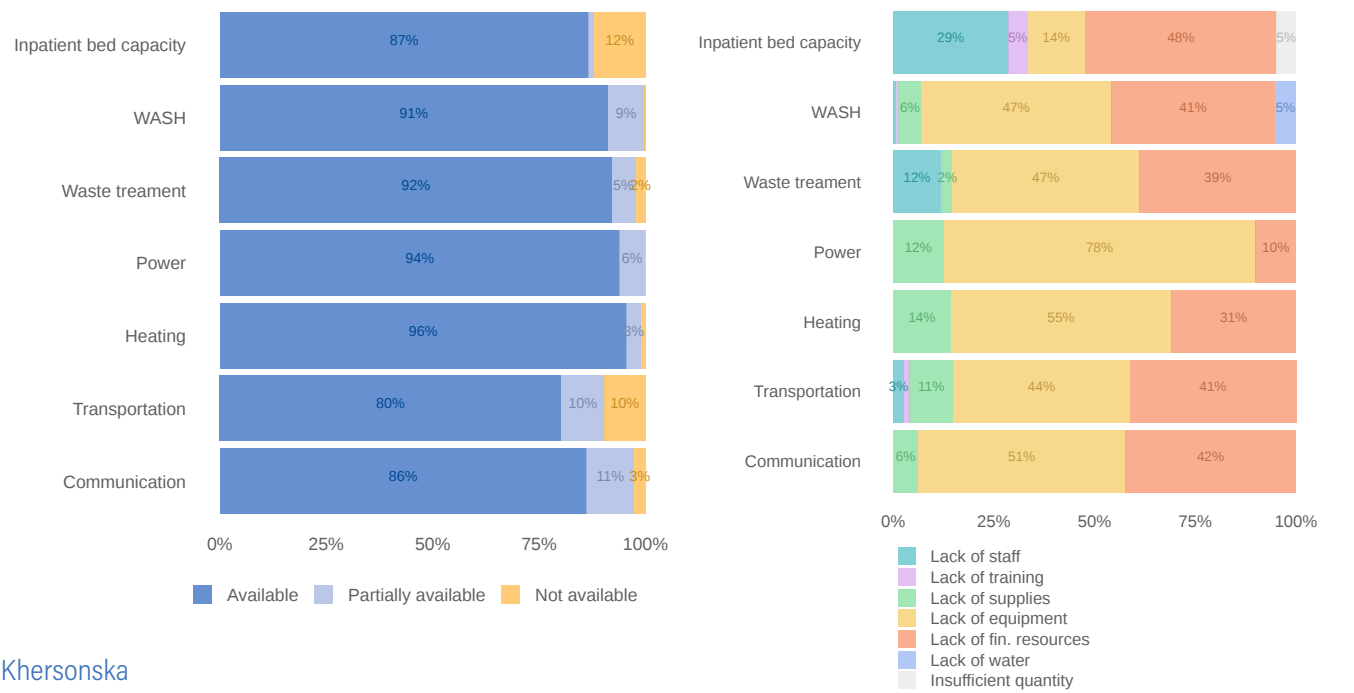


## Ivano-Frankivska

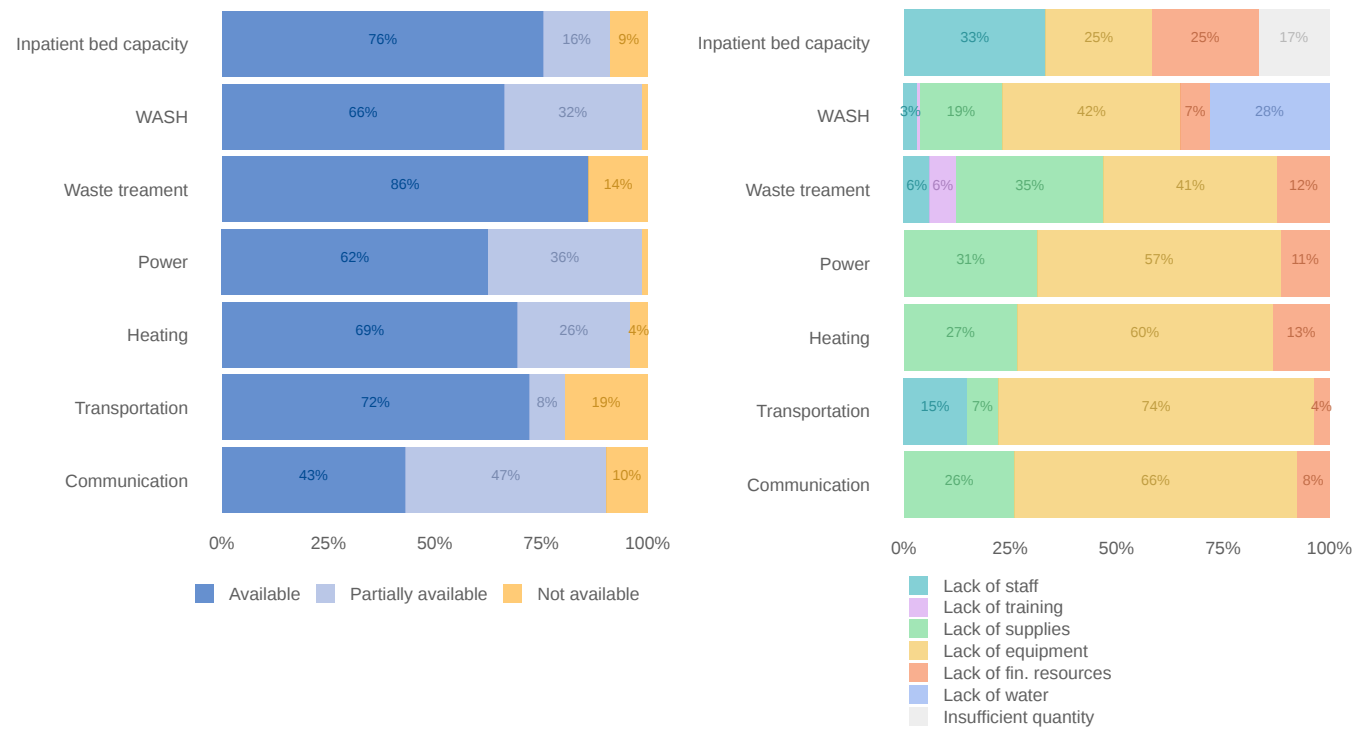


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Kharkivska

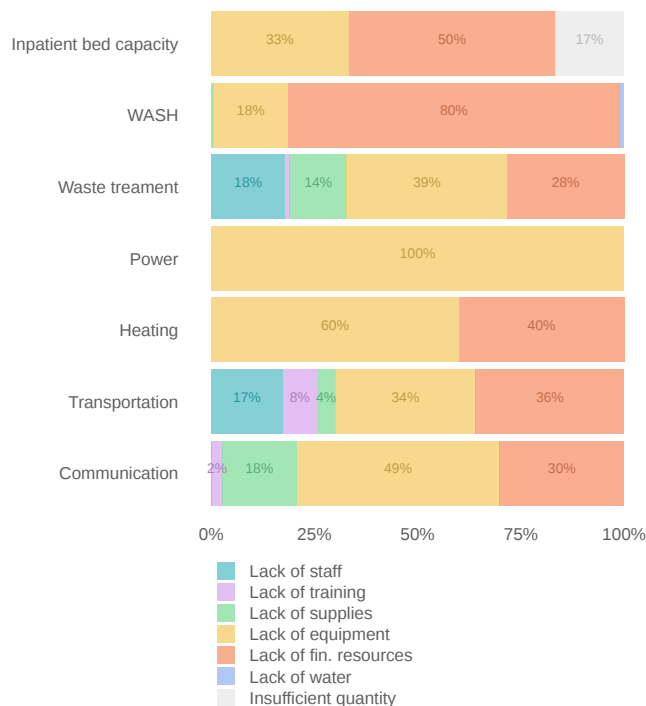
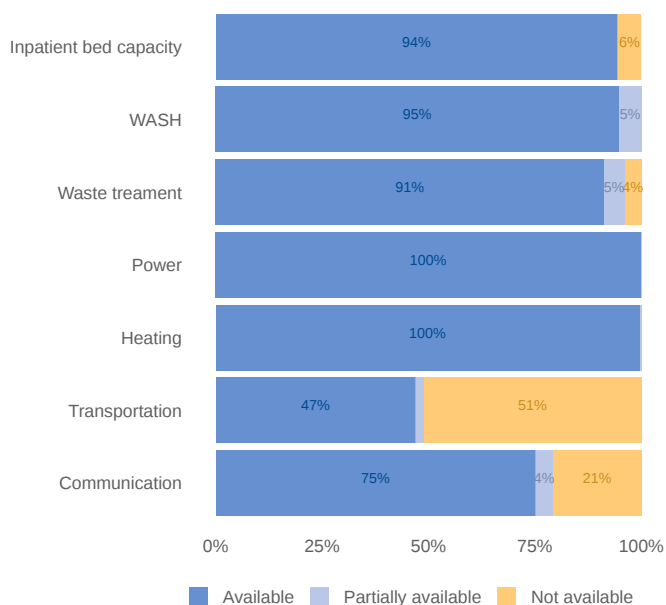


## Khersonska

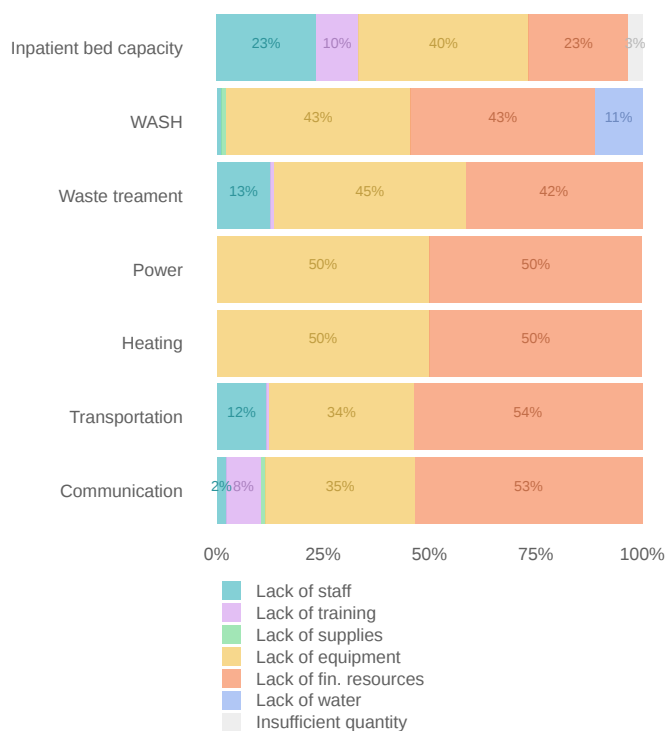
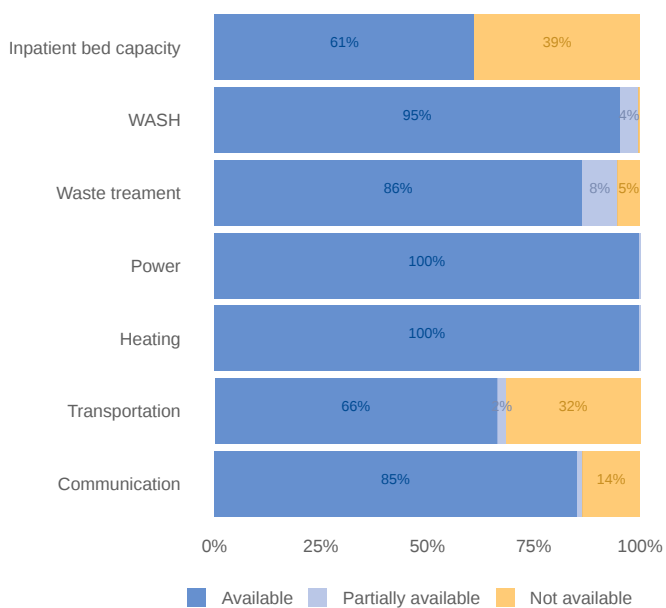


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Khmelnyska

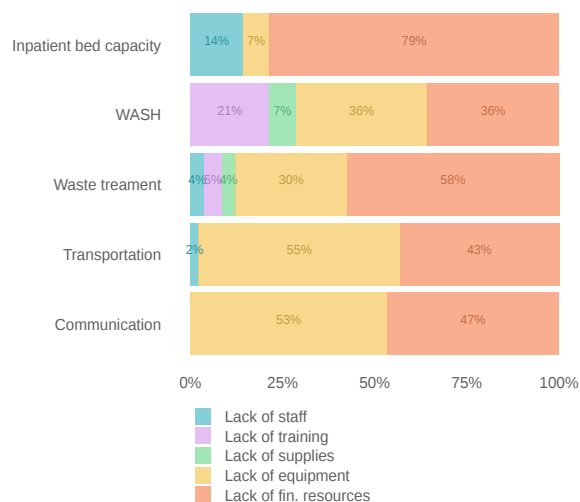
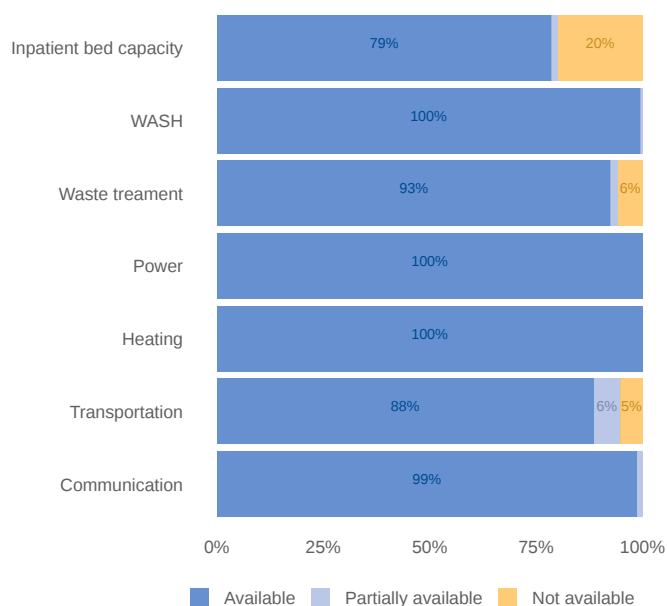


## Kirovohradka

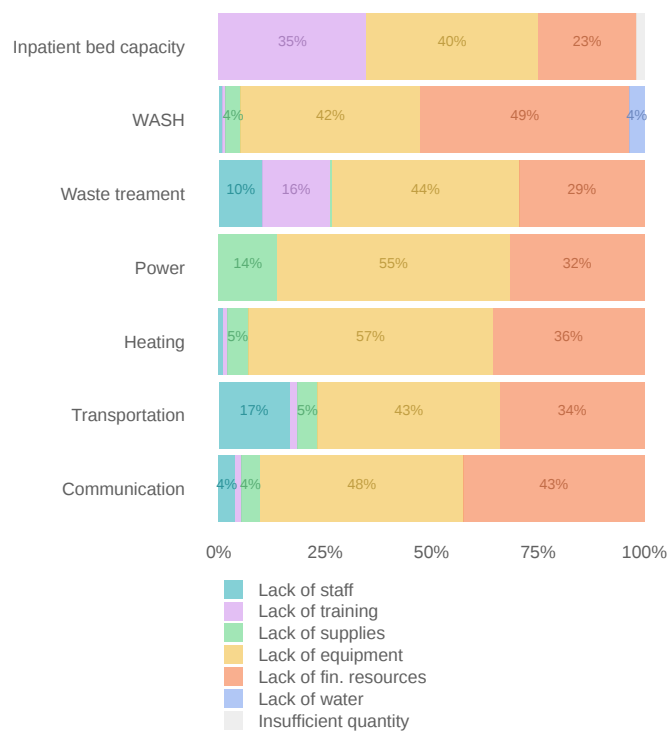
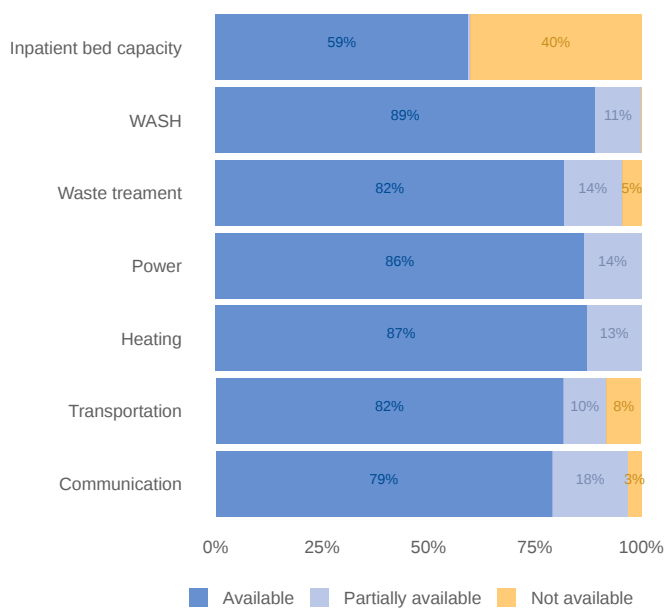


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Kyiv City

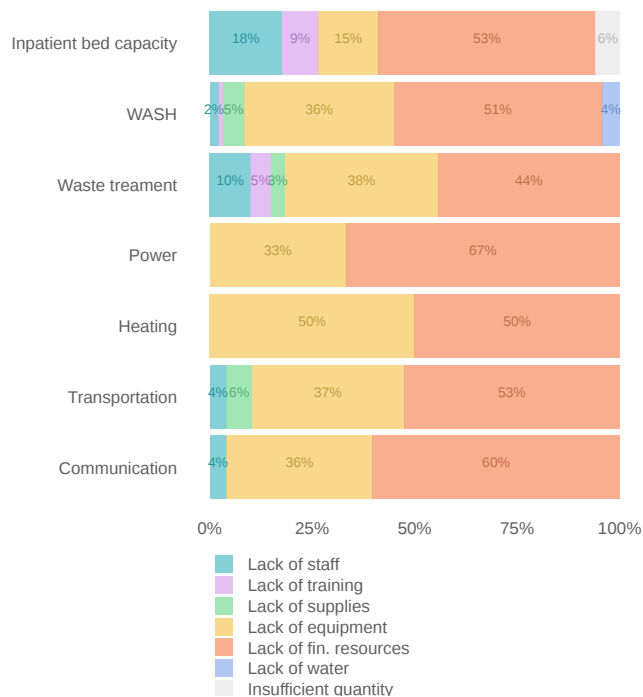
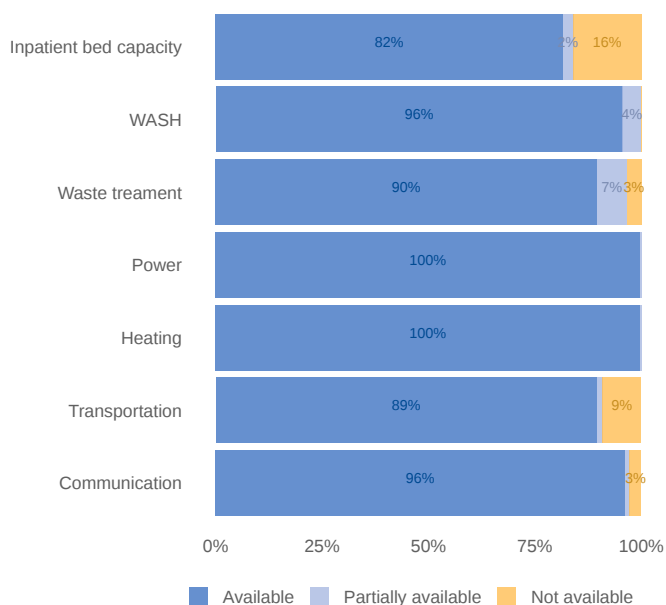


## Kyivska

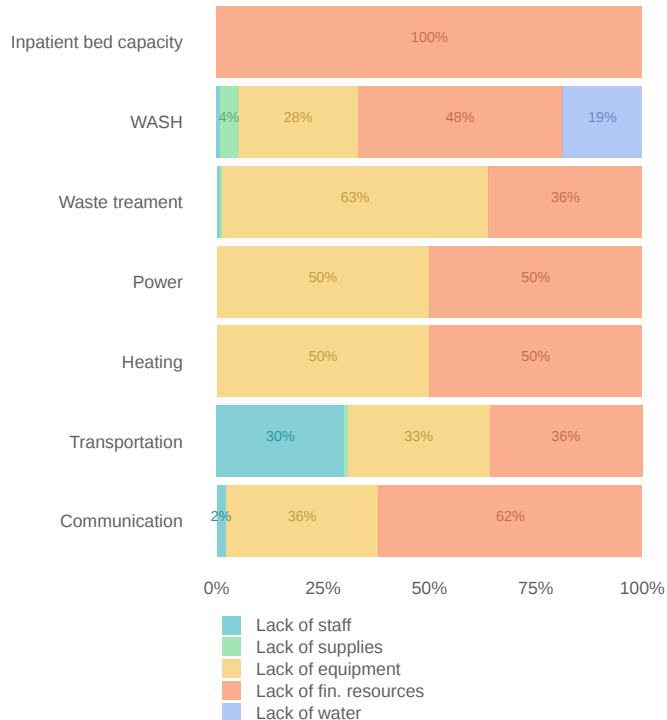
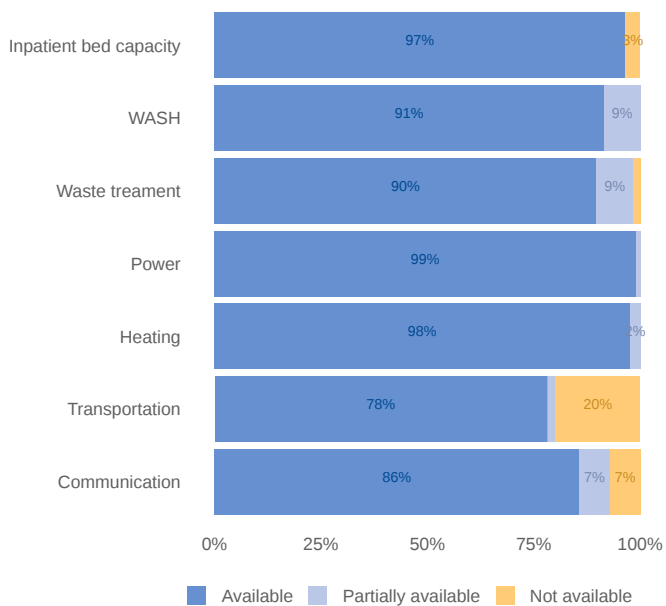


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Lvivska

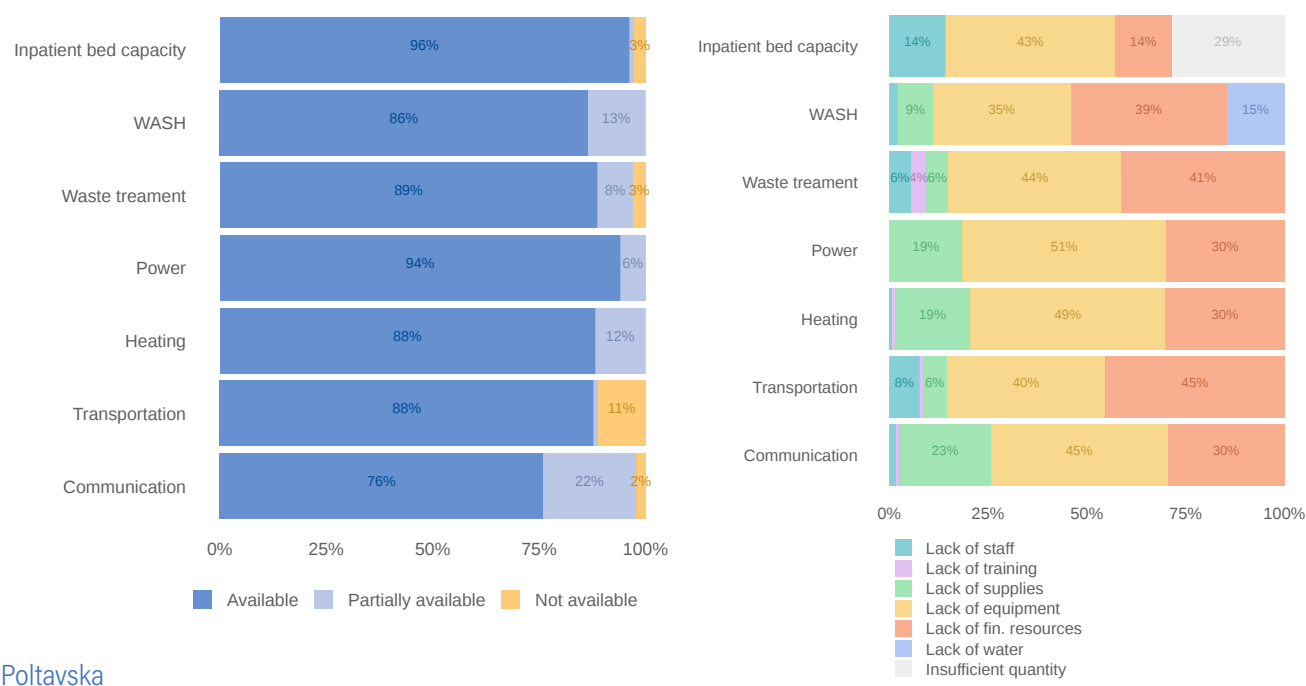


## Mykolaivska

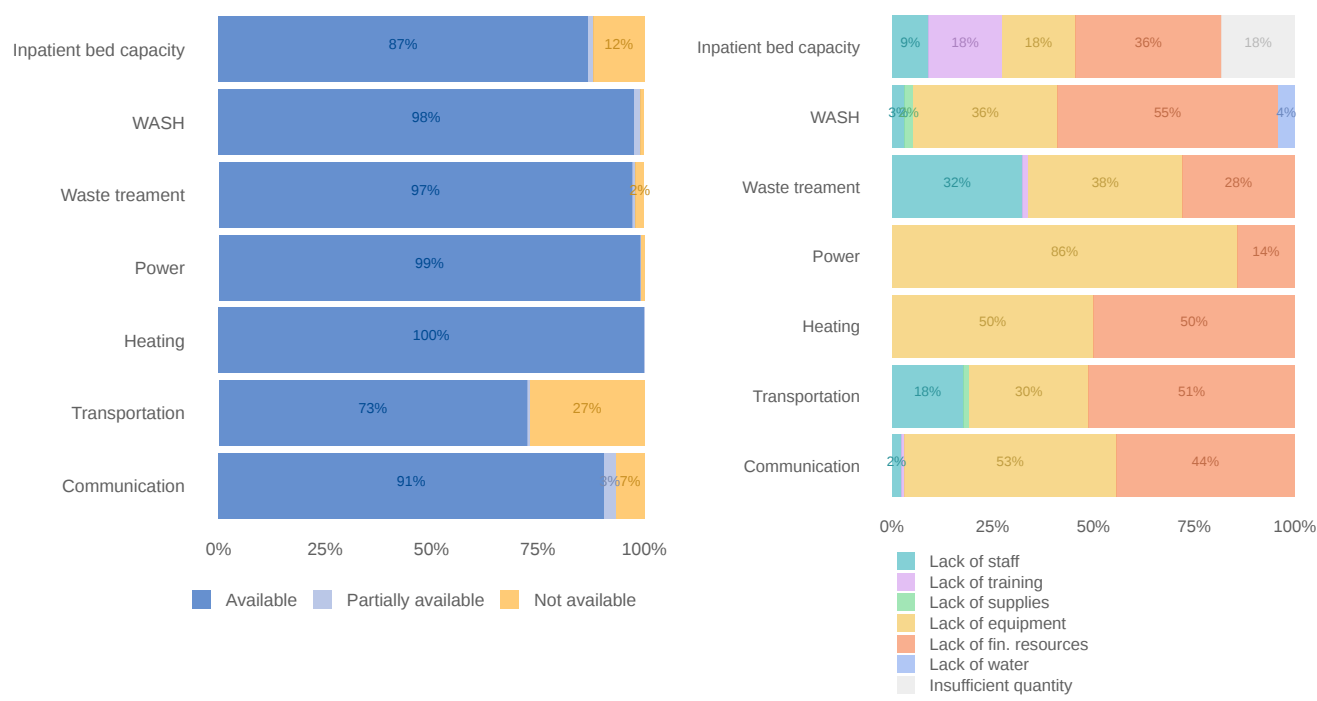


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Odeska

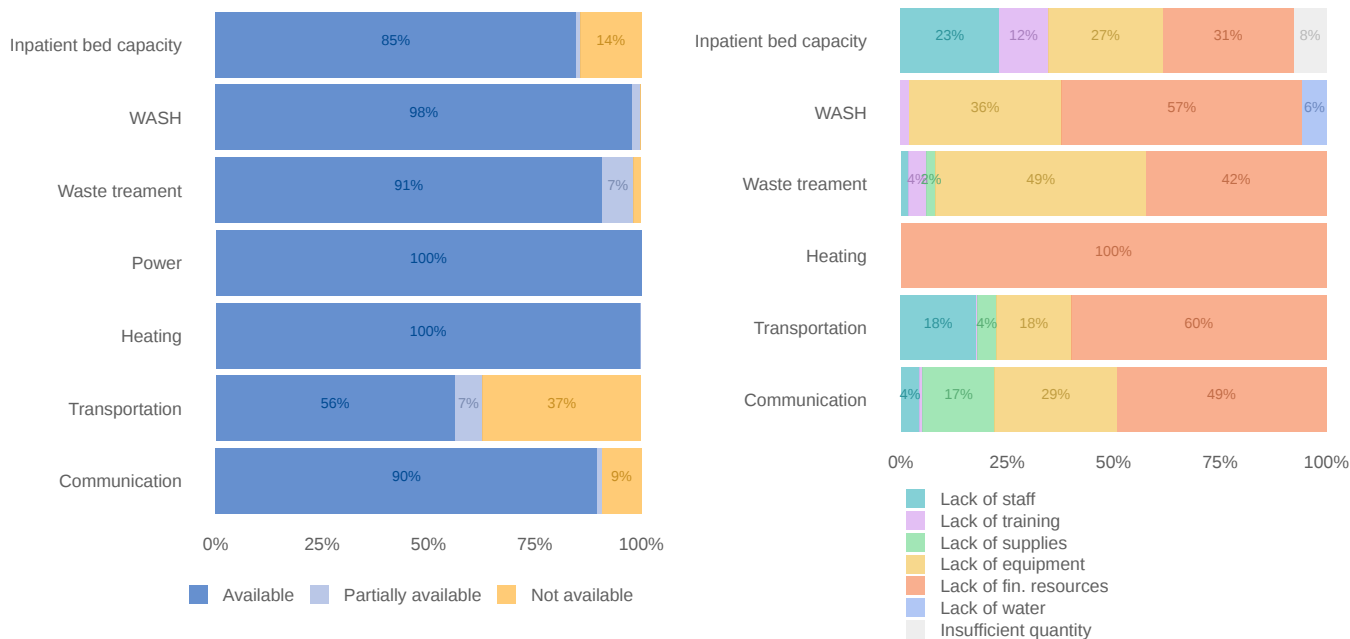


## Poltavska

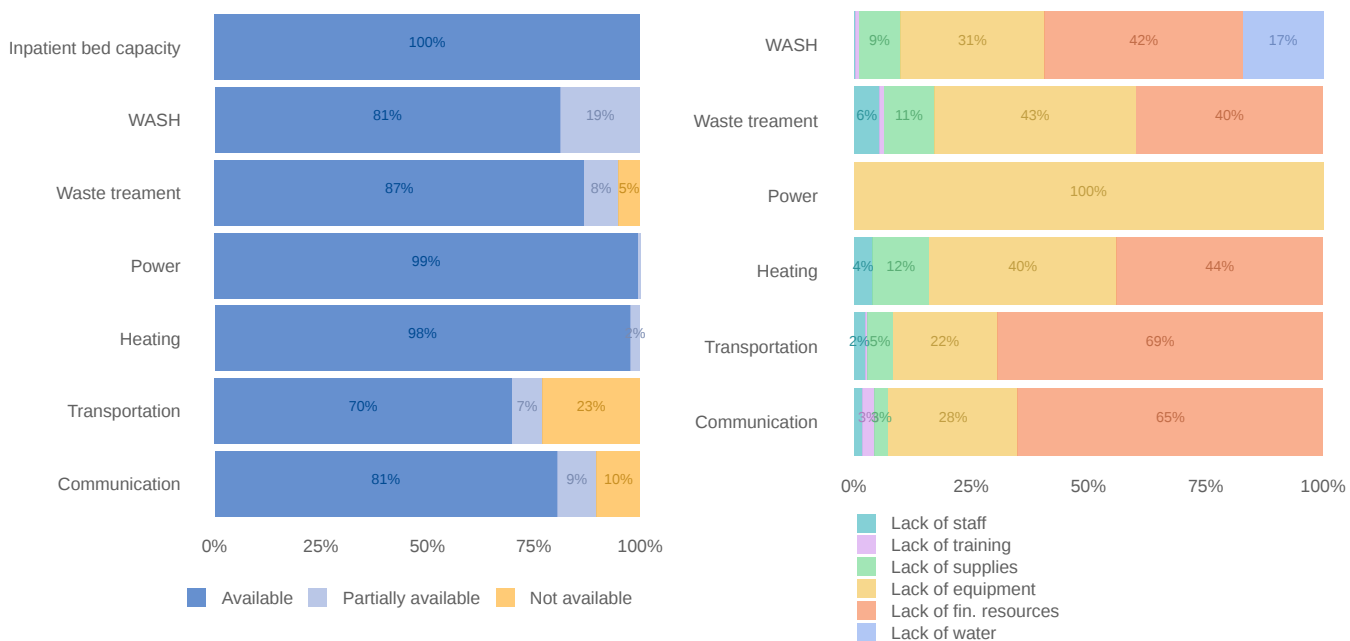


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Rivnenska

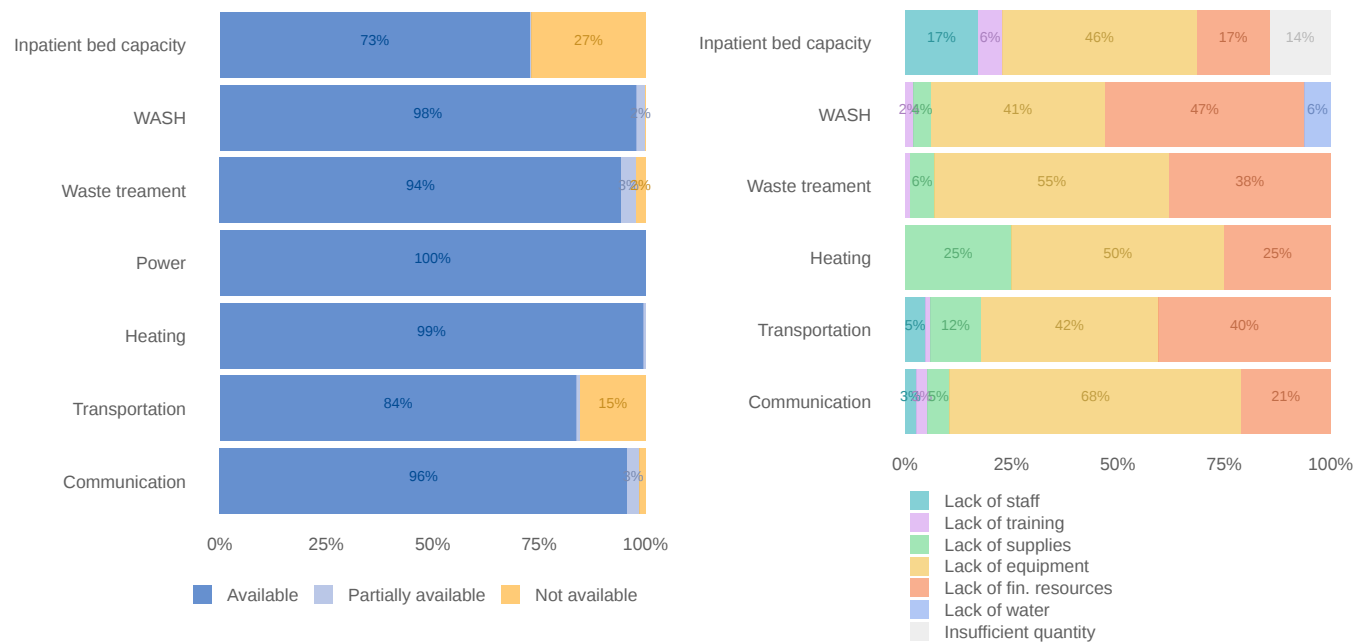


## Sumska

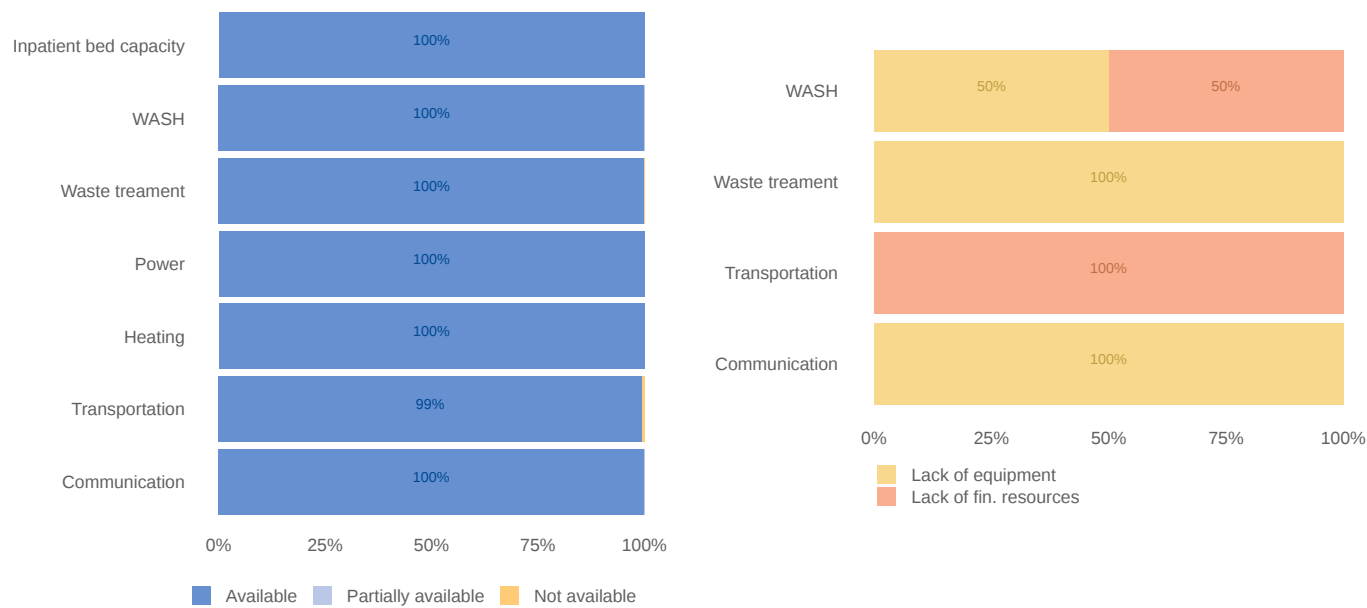


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Ternopil'ska

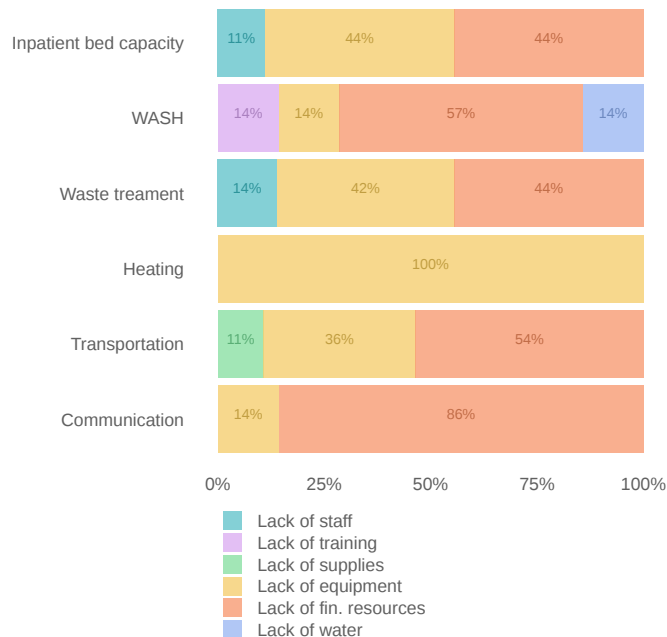
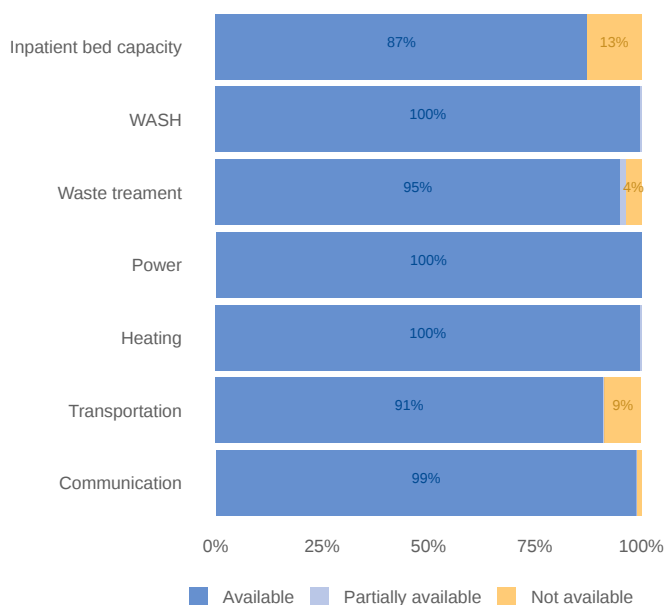


## Vinnyts'ka

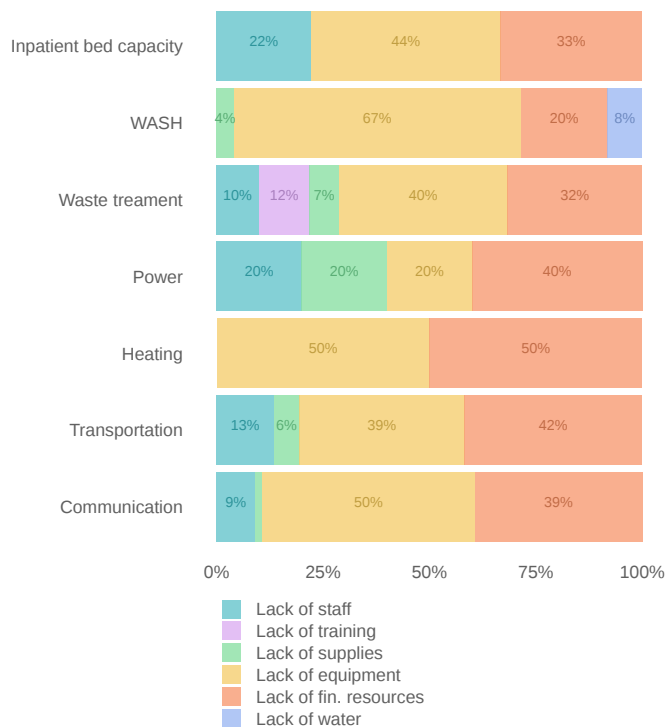
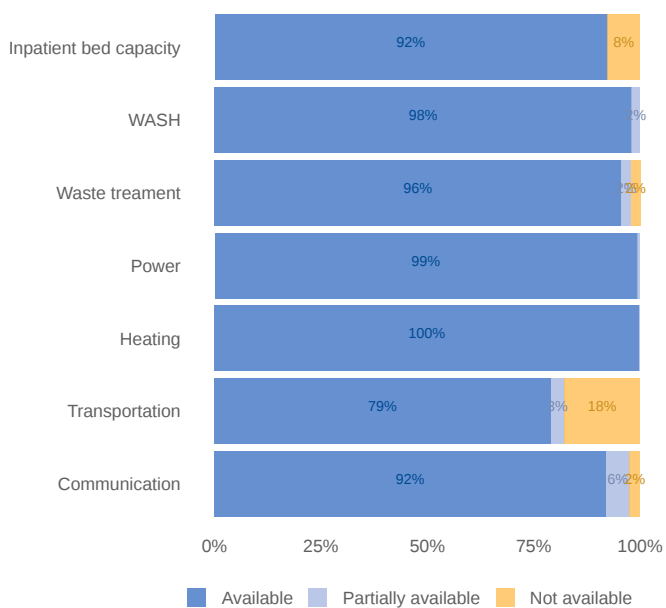


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Volynska

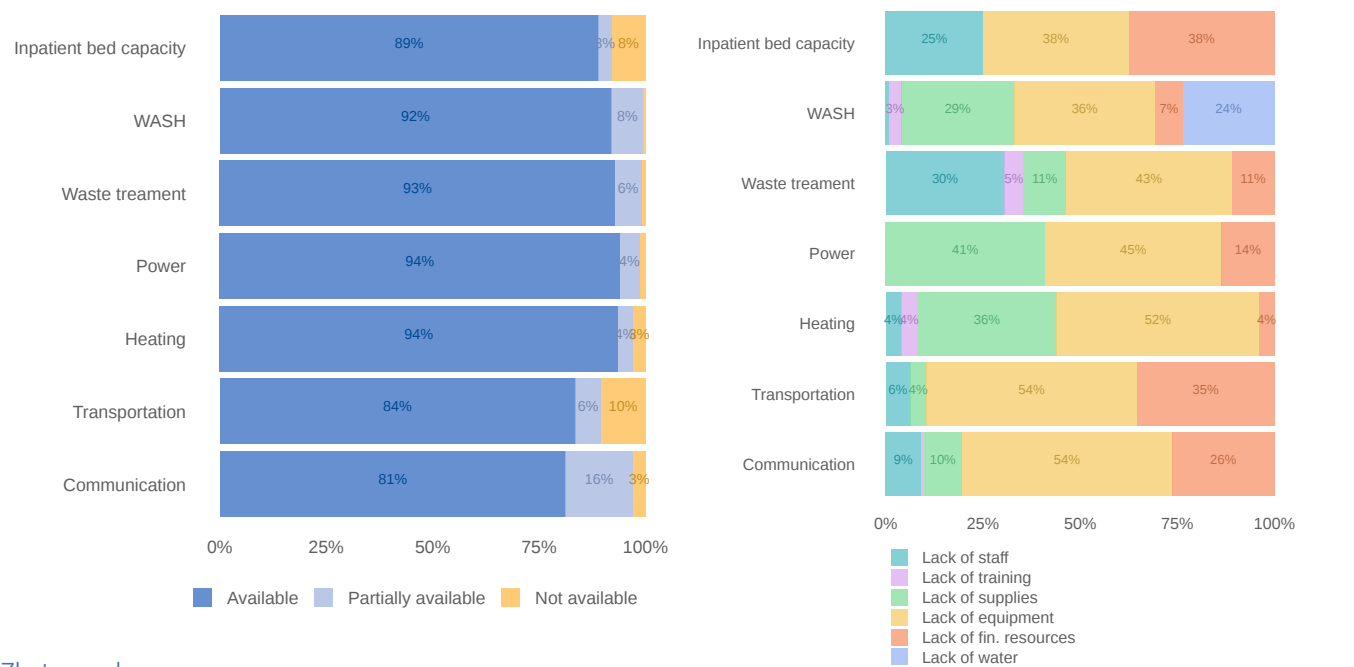


## Zakarpatska

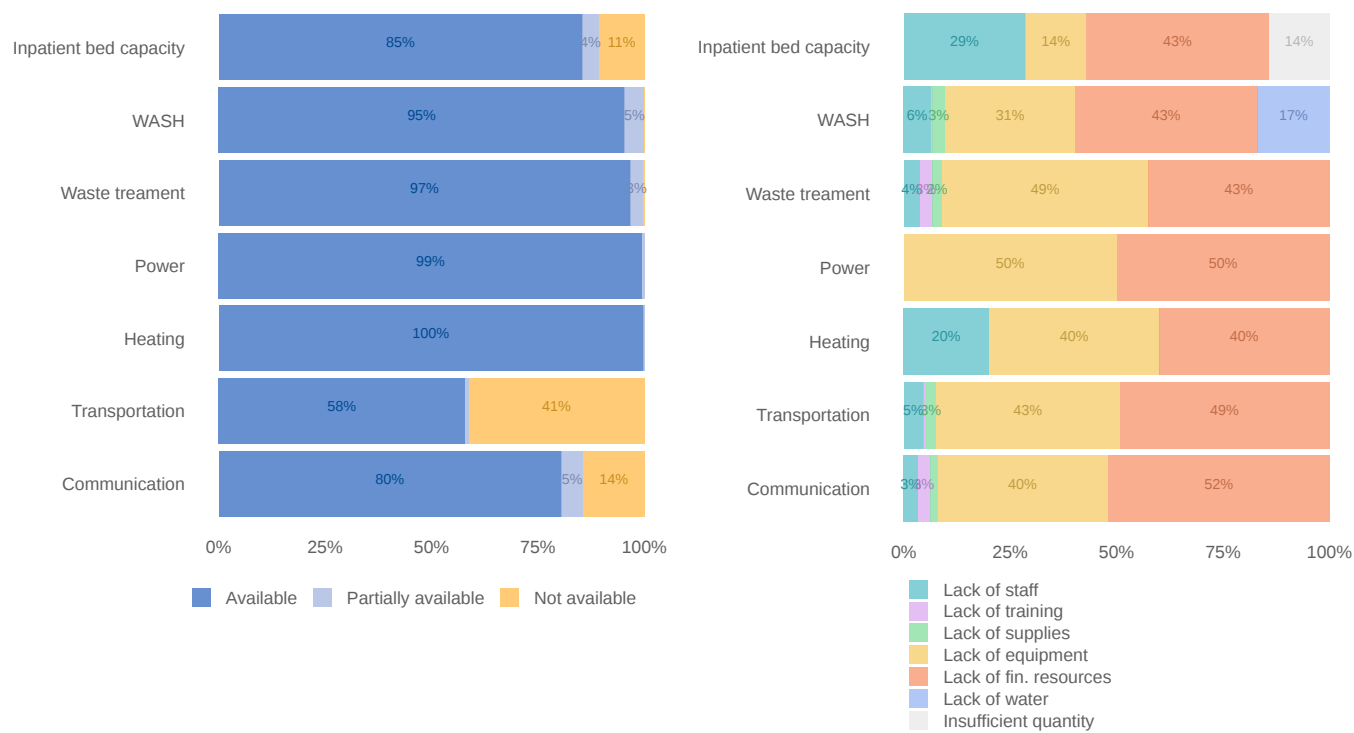


# BASIC AMENITIES OVERVIEW BY OBLASTS

## Zaporizka

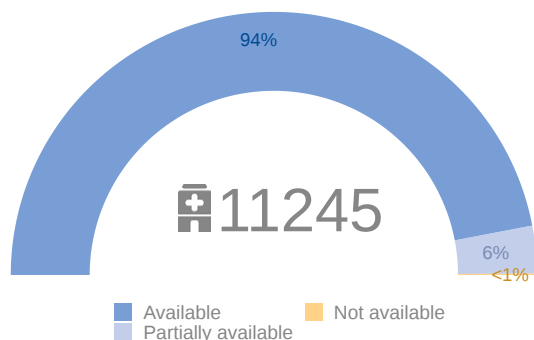


## Zhytomyrska

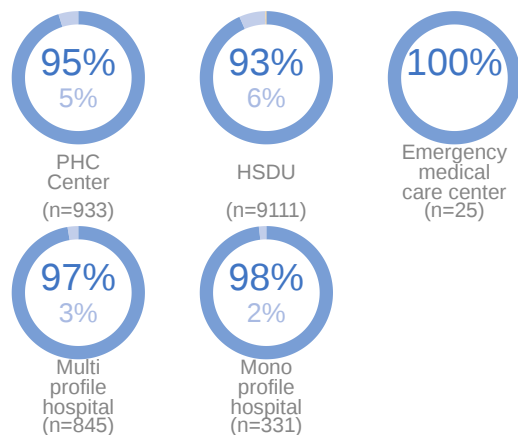


# WATER

## Water overview

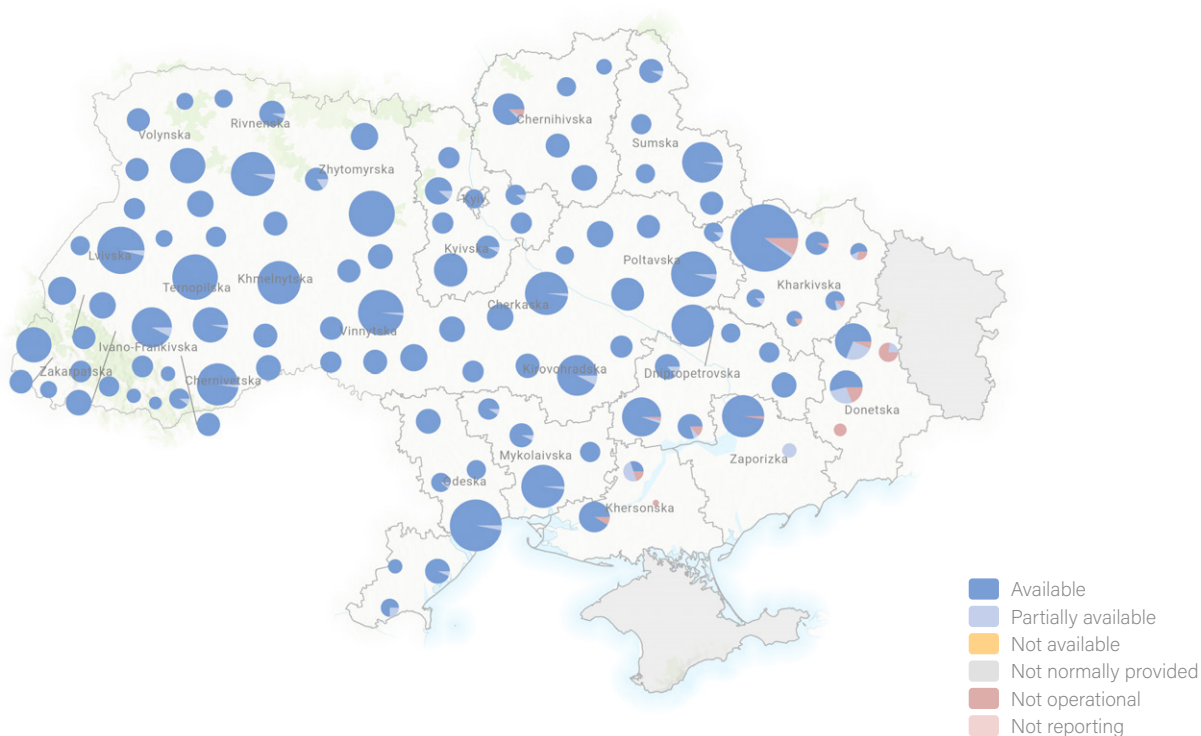
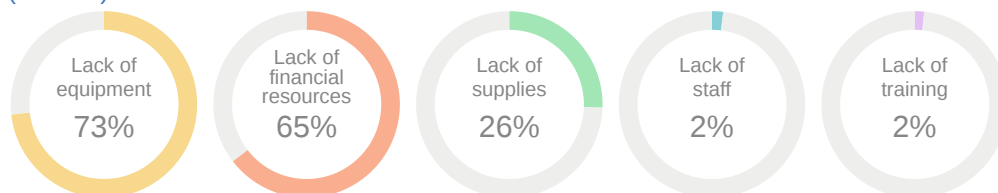


## Availability by health facility type



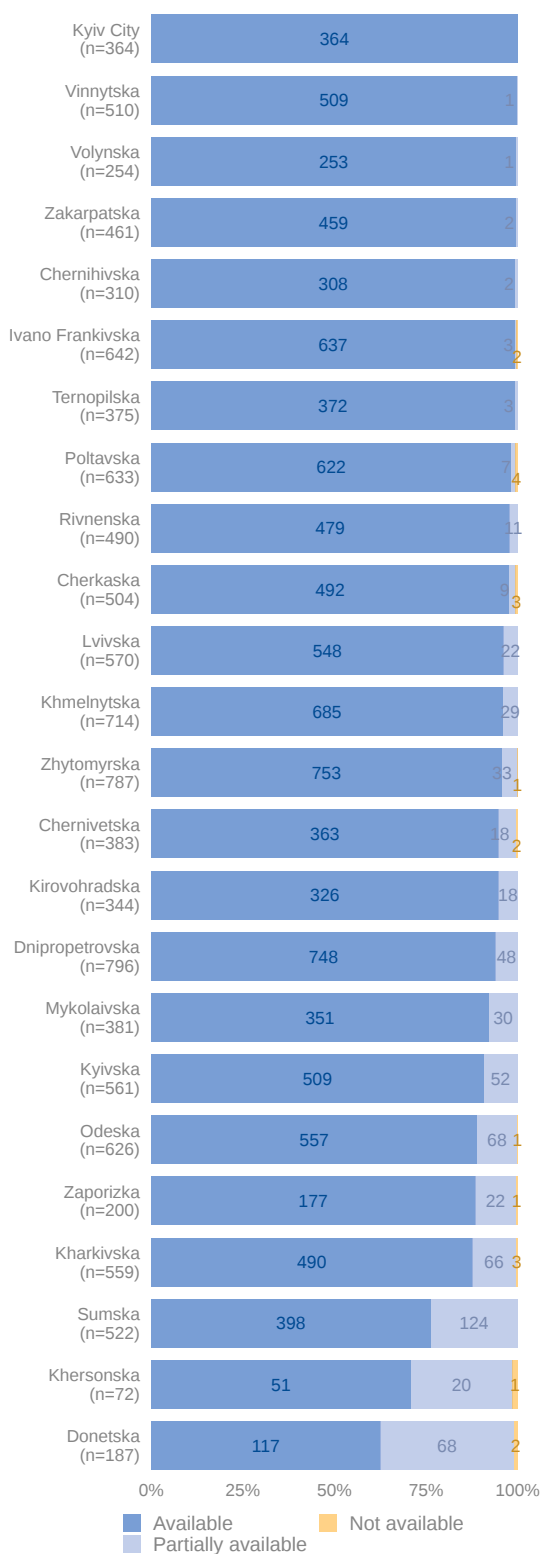
## Main causes of unavailability

(n = 677)

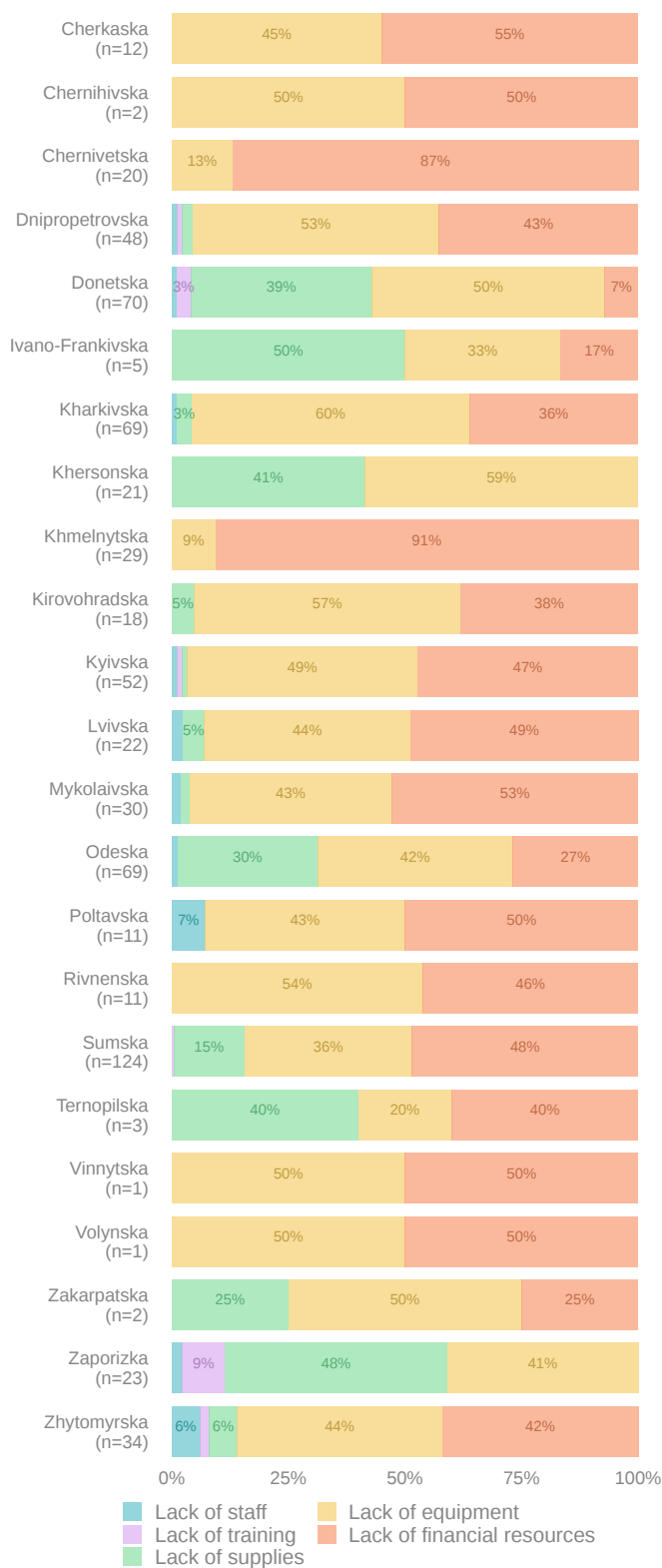


Map excludes HSDUs

## Availability by oblast



## Main causes of unavailability by oblast\*

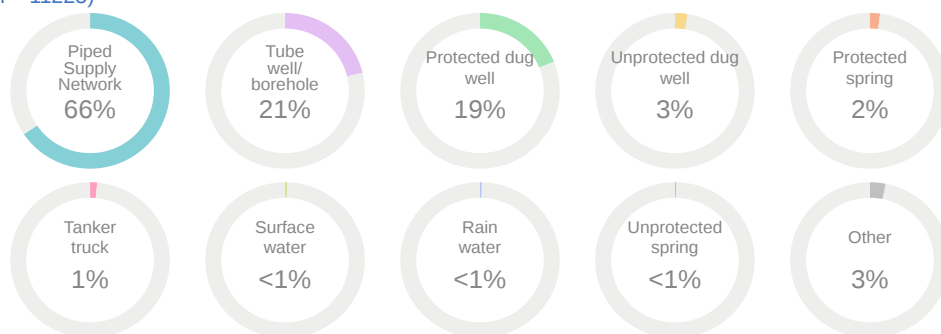


\* Chart includes health facilities in which causes of unavailability were indicated

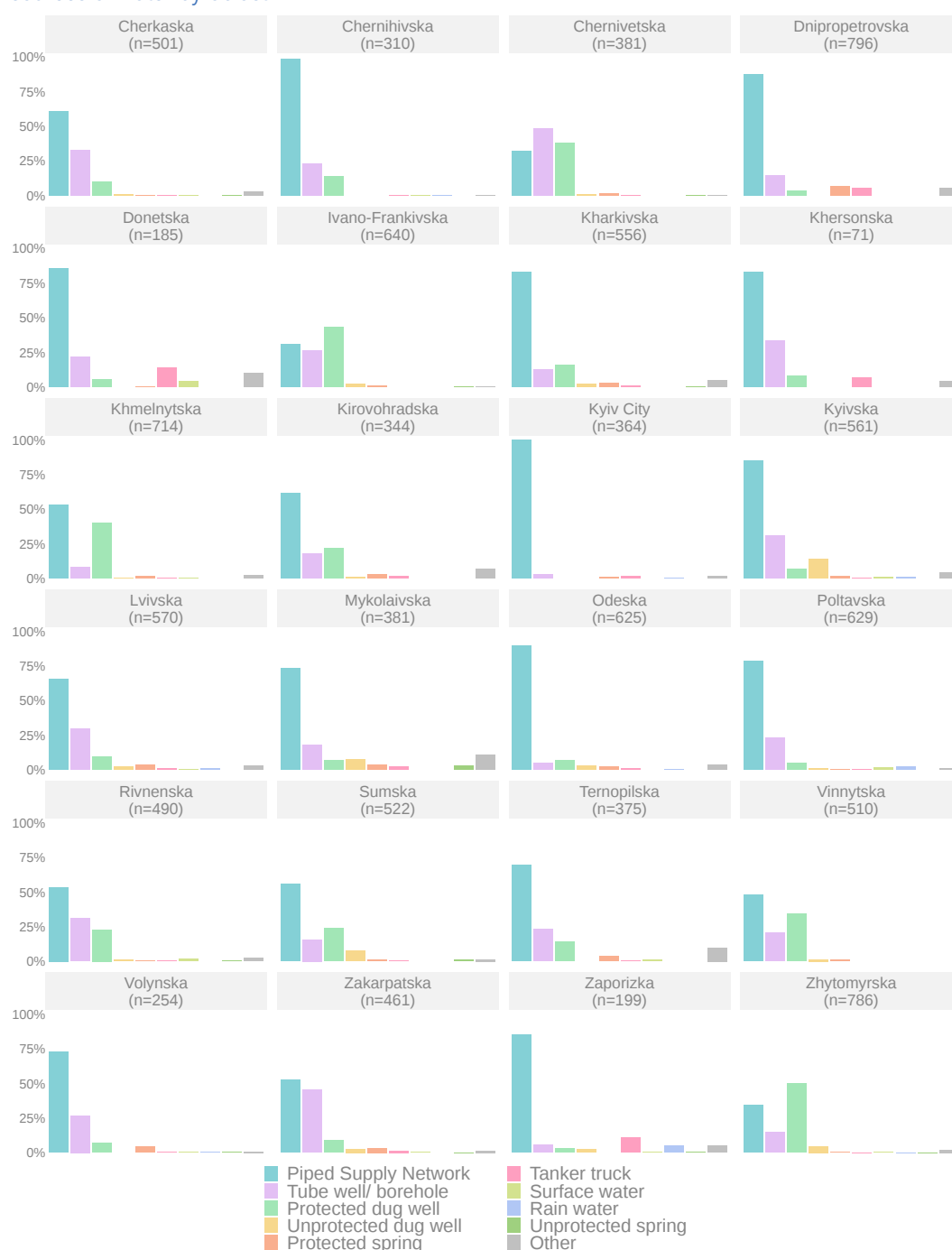
# WATER. MAIN SOURCES

## Main sources of water

n = 11225

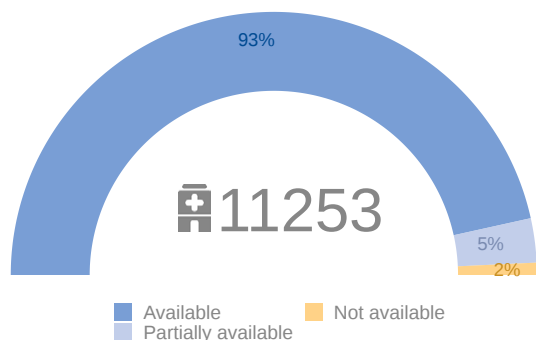


## Main sources of water by oblast

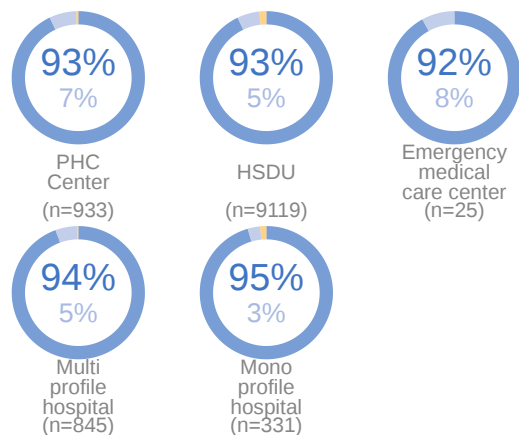


## WASTE SEGREGATION

### Waste segregation overview

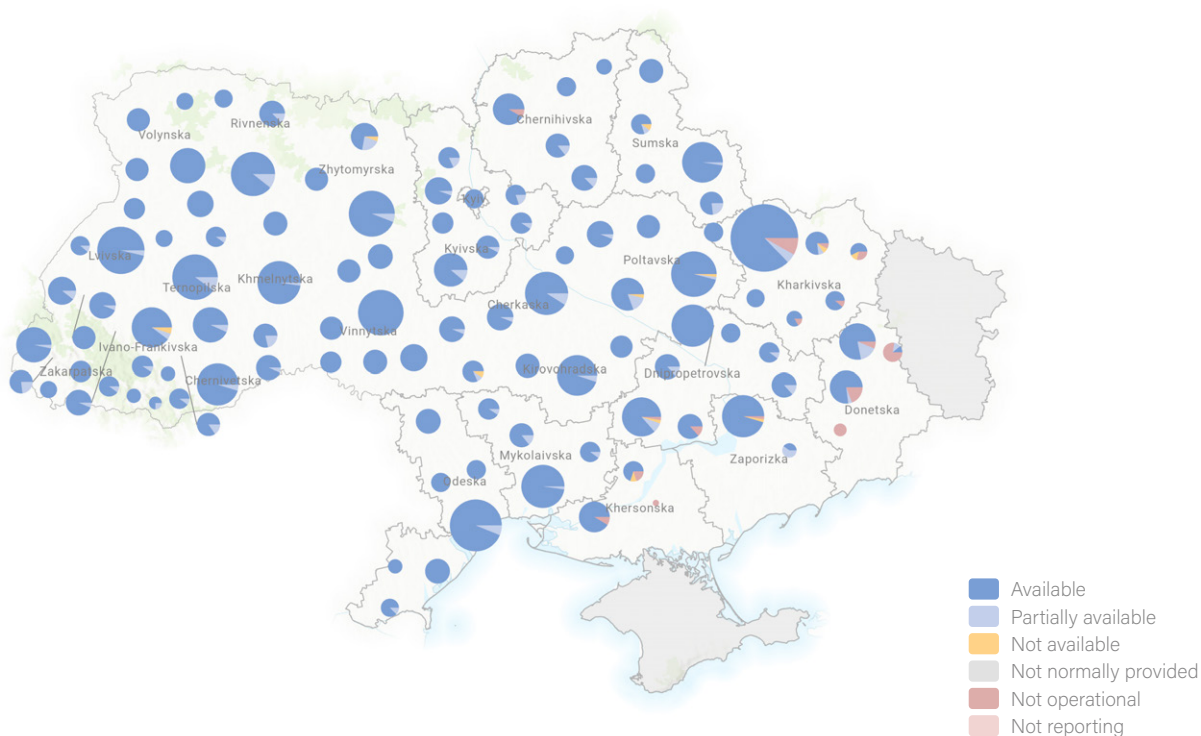
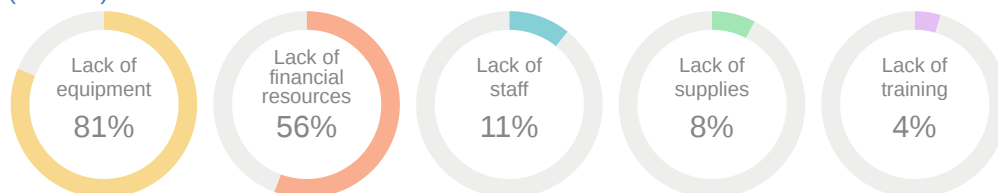


### Availability by health facility type



### Main causes of unavailability

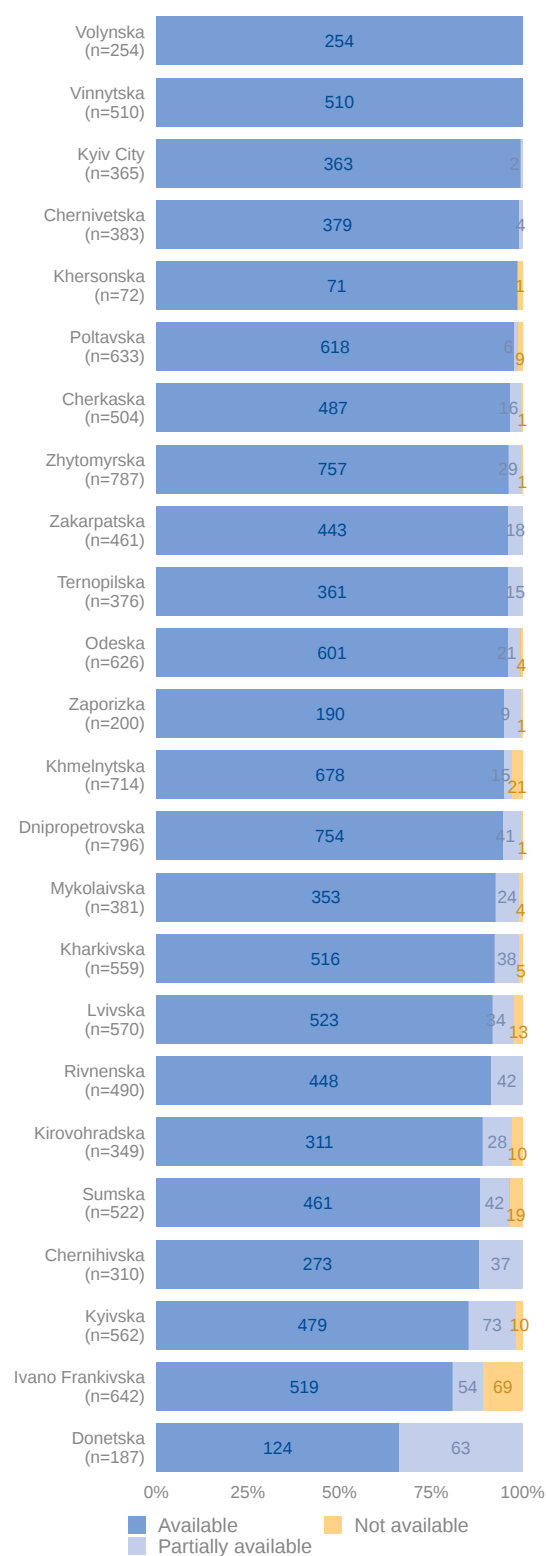
(n = 780)



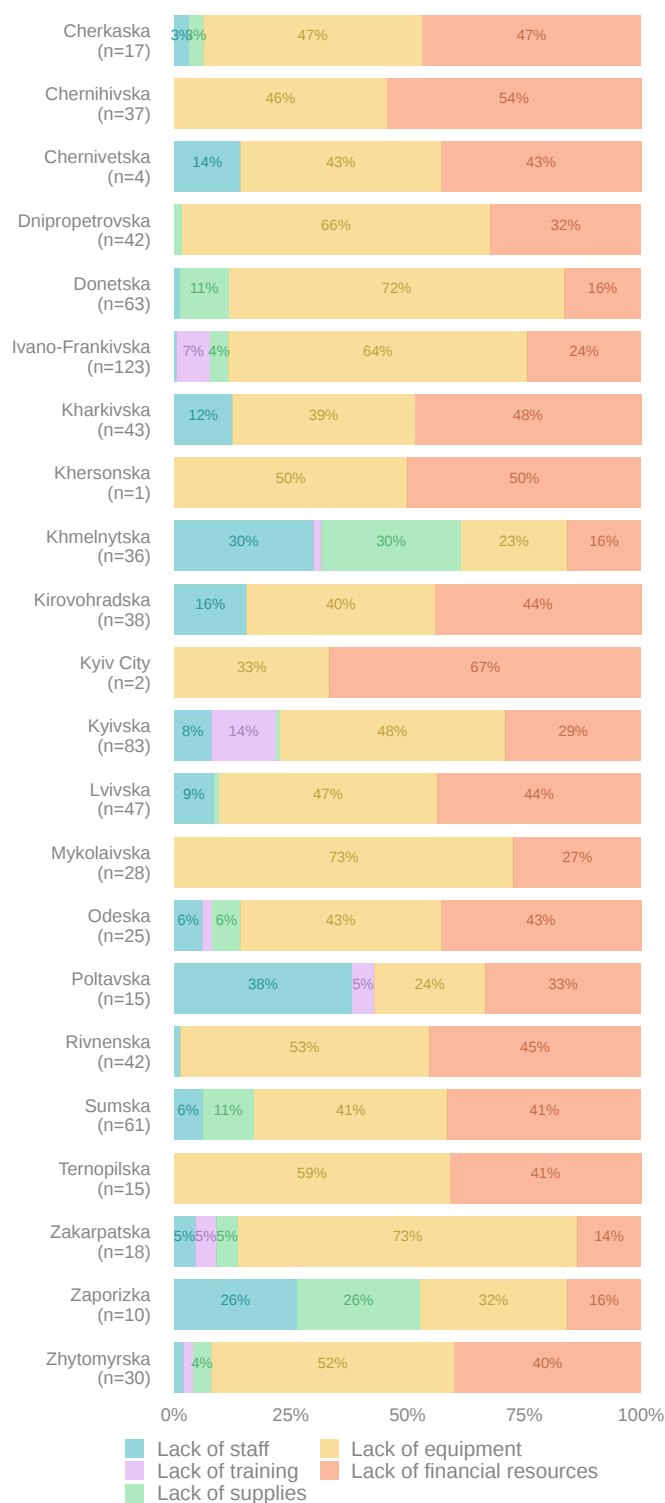
Map excludes HSDUs

# WASTE SEGREGATION

## Availability by oblast



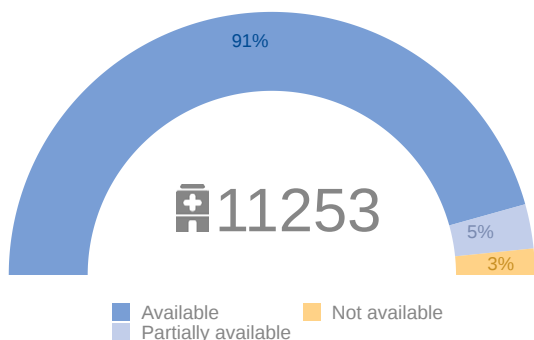
## Main causes of unavailability by oblast\*



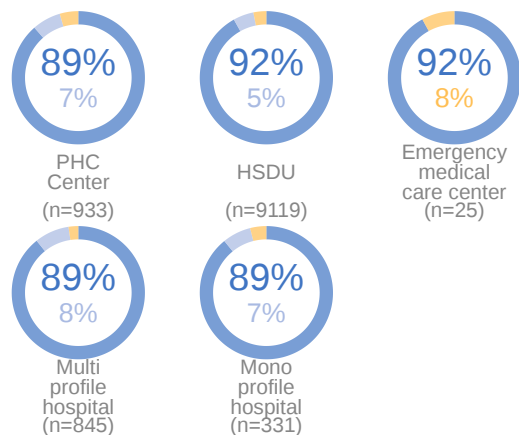
\* Chart includes health facilities in which causes of unavailability were indicated

## FINAL DISPOSAL OF SHARPS

Final disposal of sharps overview

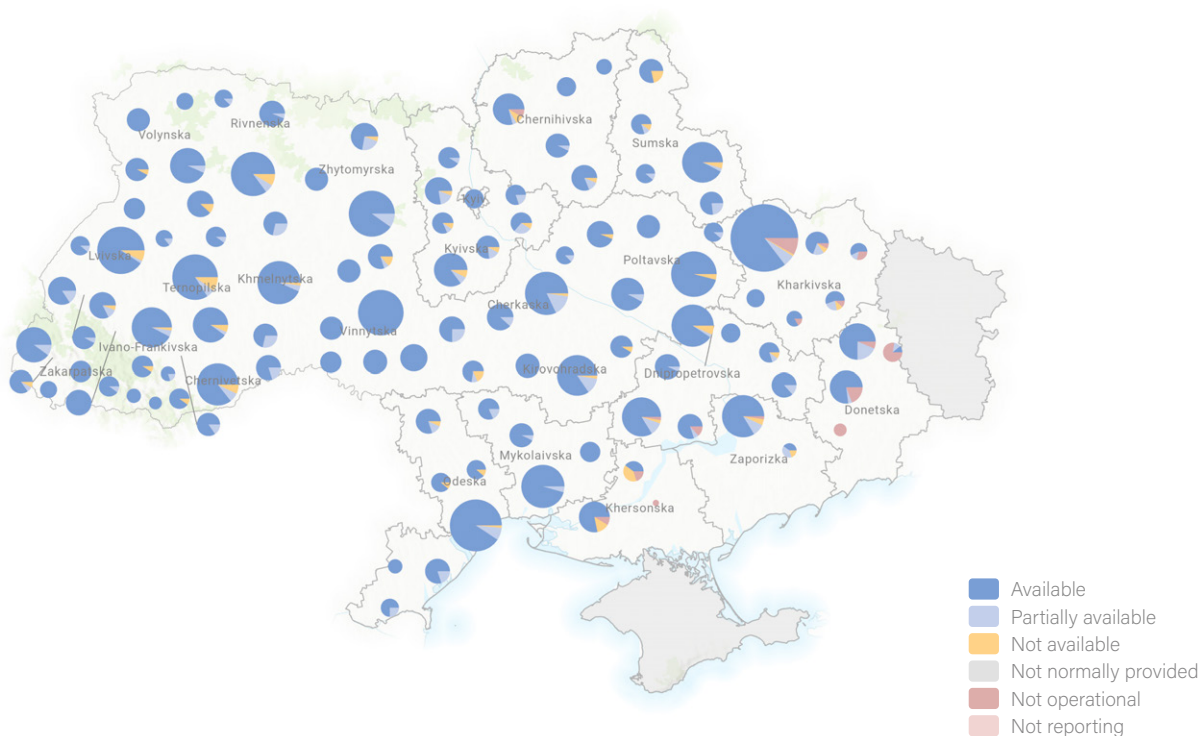
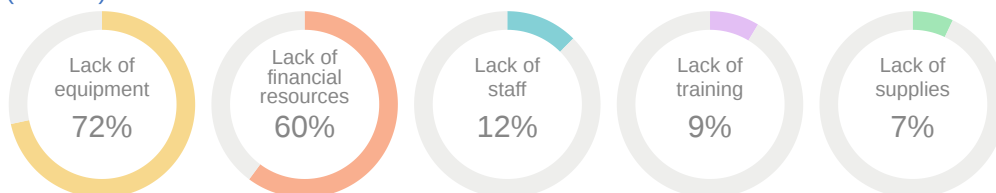


Availability by health facility type



Main causes of unavailability

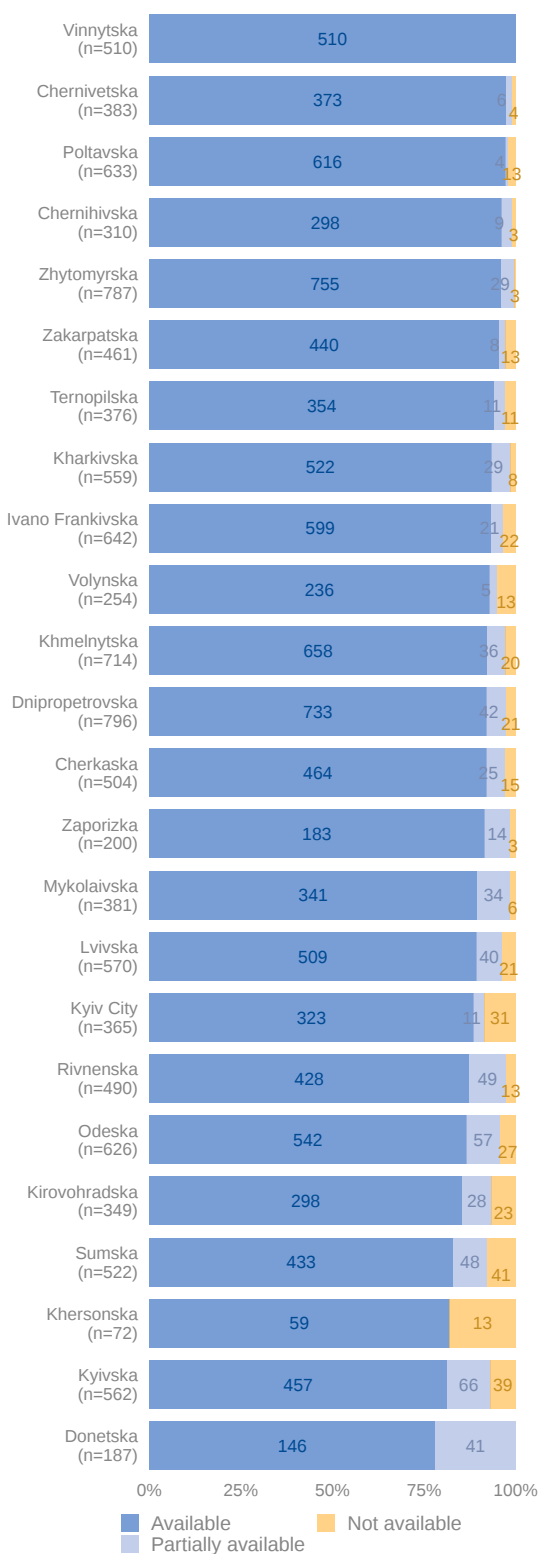
(n = 976)



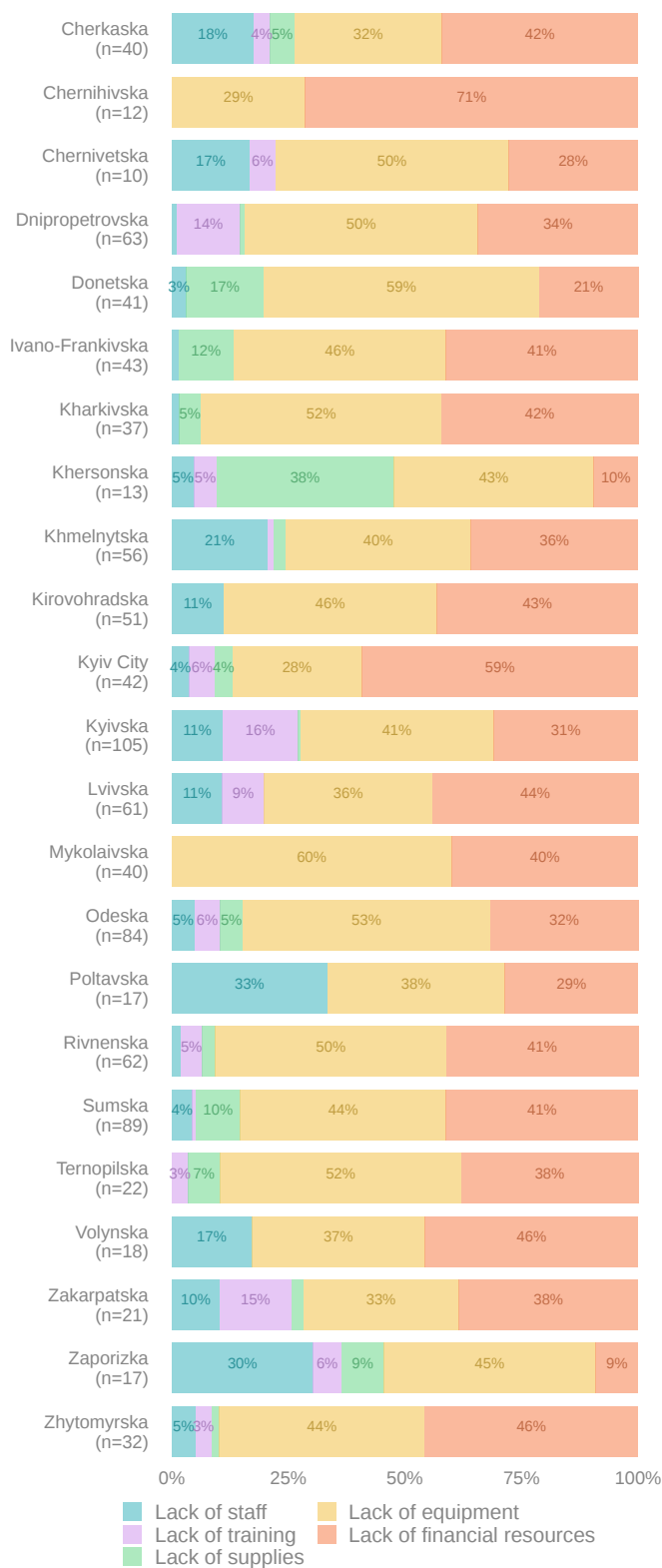
Map excludes HSDUs

# FINAL DISPOSAL OF SHARPS

Availability by oblast



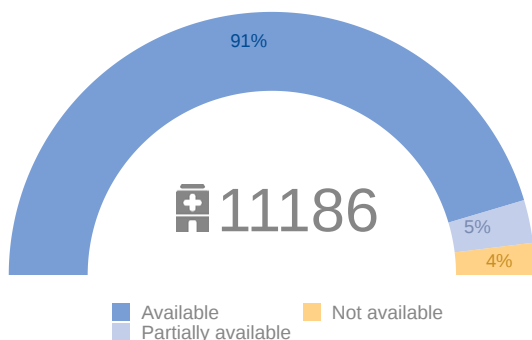
Main causes of unavailability by oblast\*



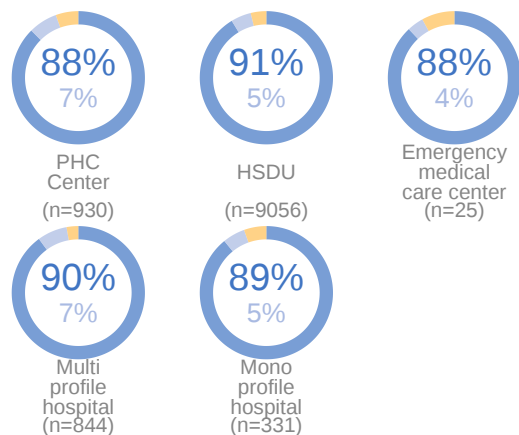
\* Chart includes health facilities in which causes of unavailability were indicated

# FINAL DISPOSAL OF INFECTIOUS WASTE

Final disposal of infectious waste overview

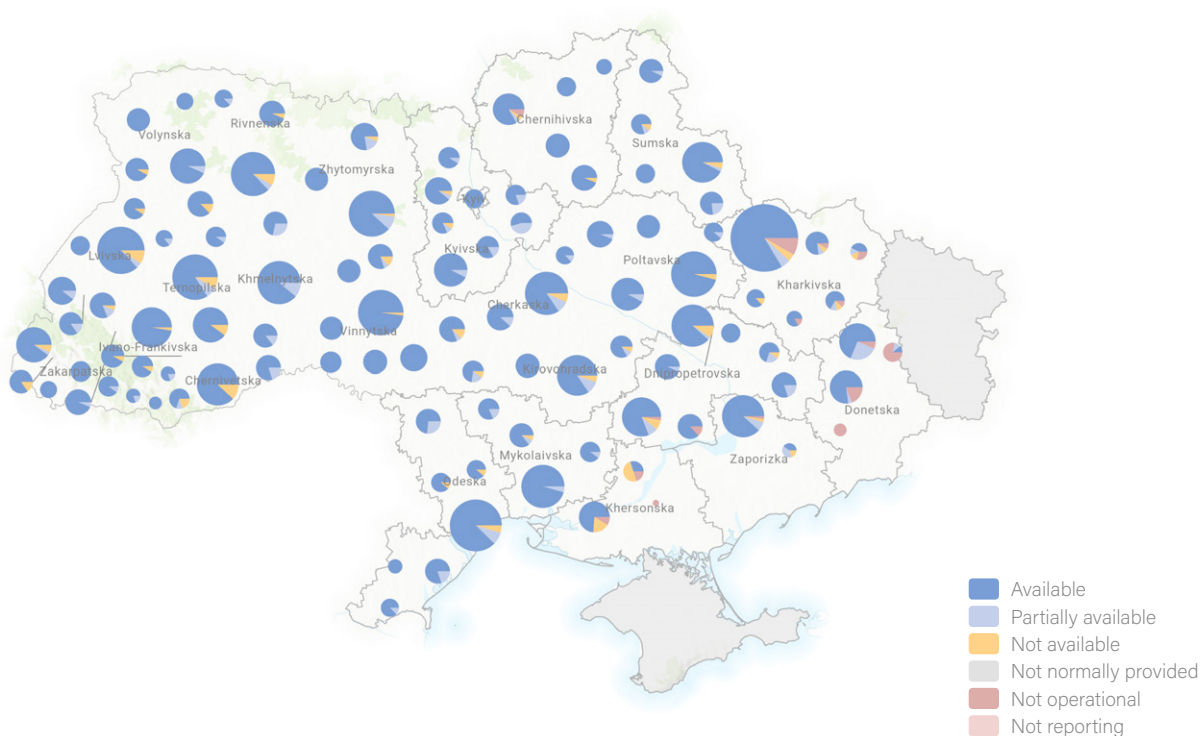
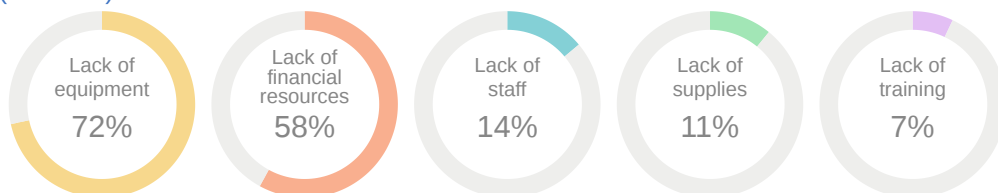


Availability by health facility type



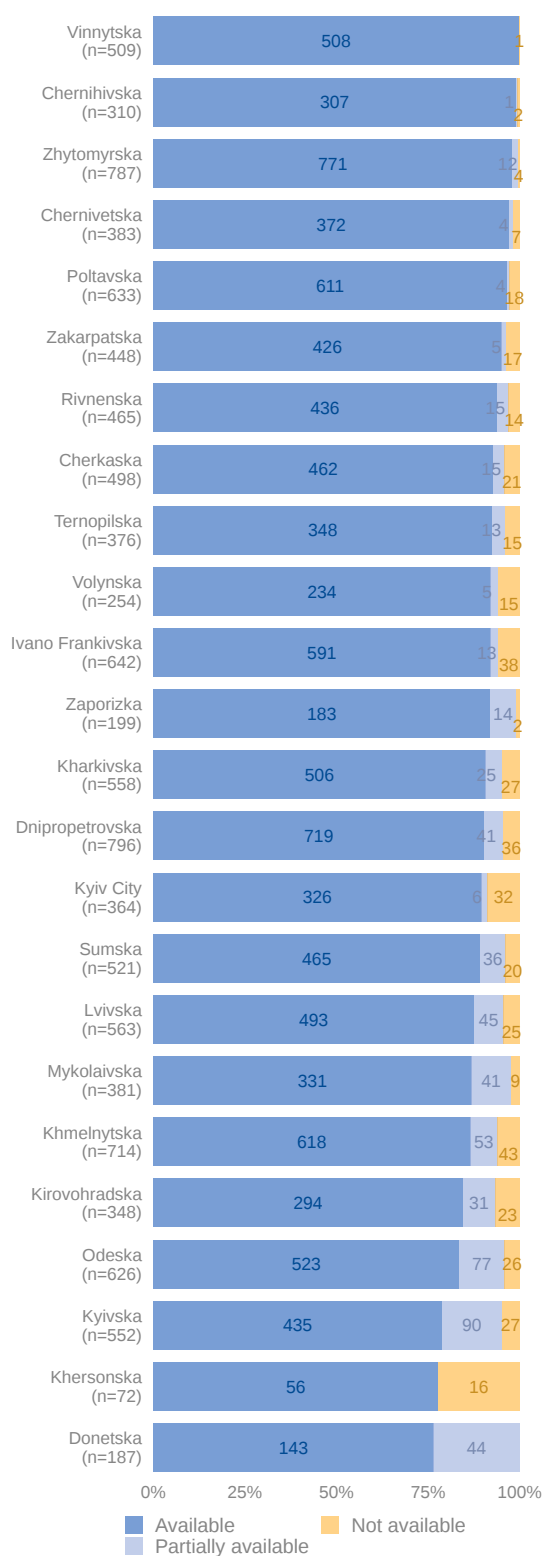
Main causes of unavailability

(n = 1021)

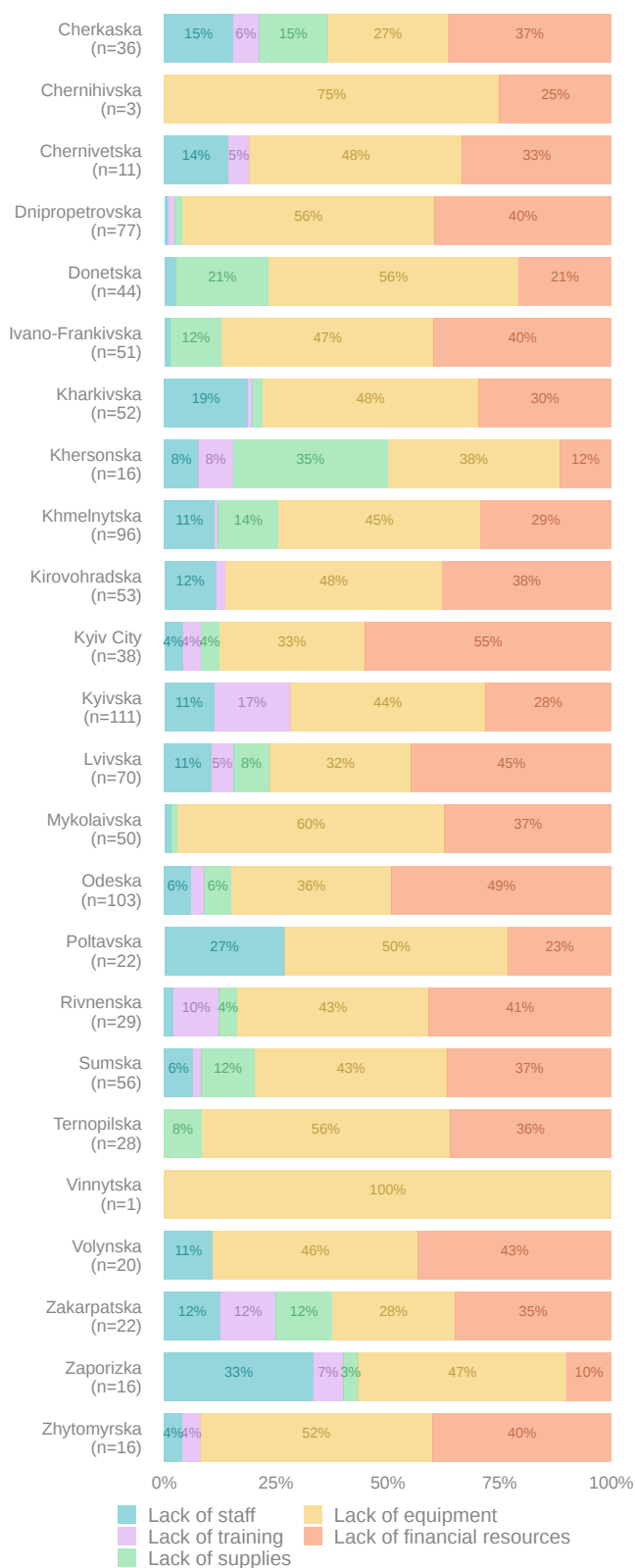


# FINAL DISPOSAL OF INFECTIOUS WASTE

Availability by oblast



Main causes of unavailability by oblast\*

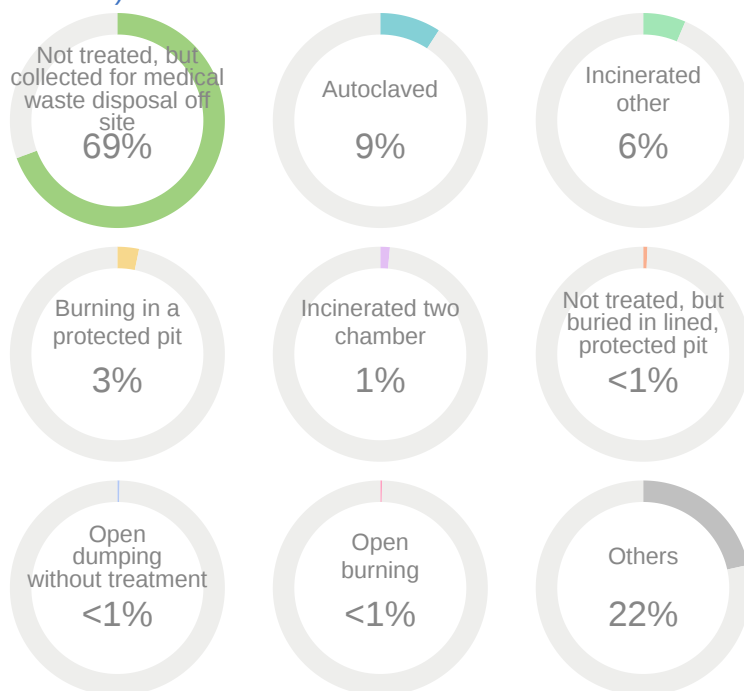


\* Chart includes health facilities in which causes of unavailability were indicated

# WASTE TREATMENT METHODS

Waste treatment methods

n = 10967)



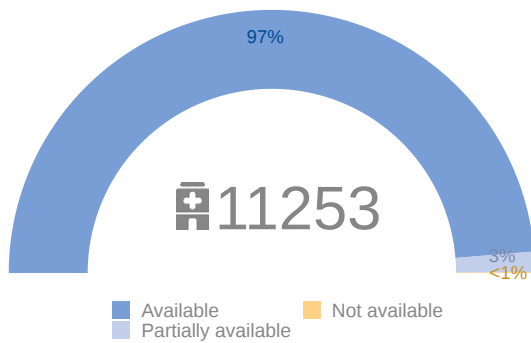
# WASTE TREATMENT METHODS

## Waste treatment methods by oblast

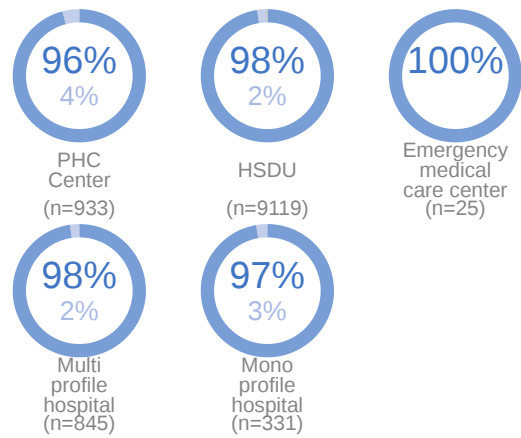


# POWER

## Power overview

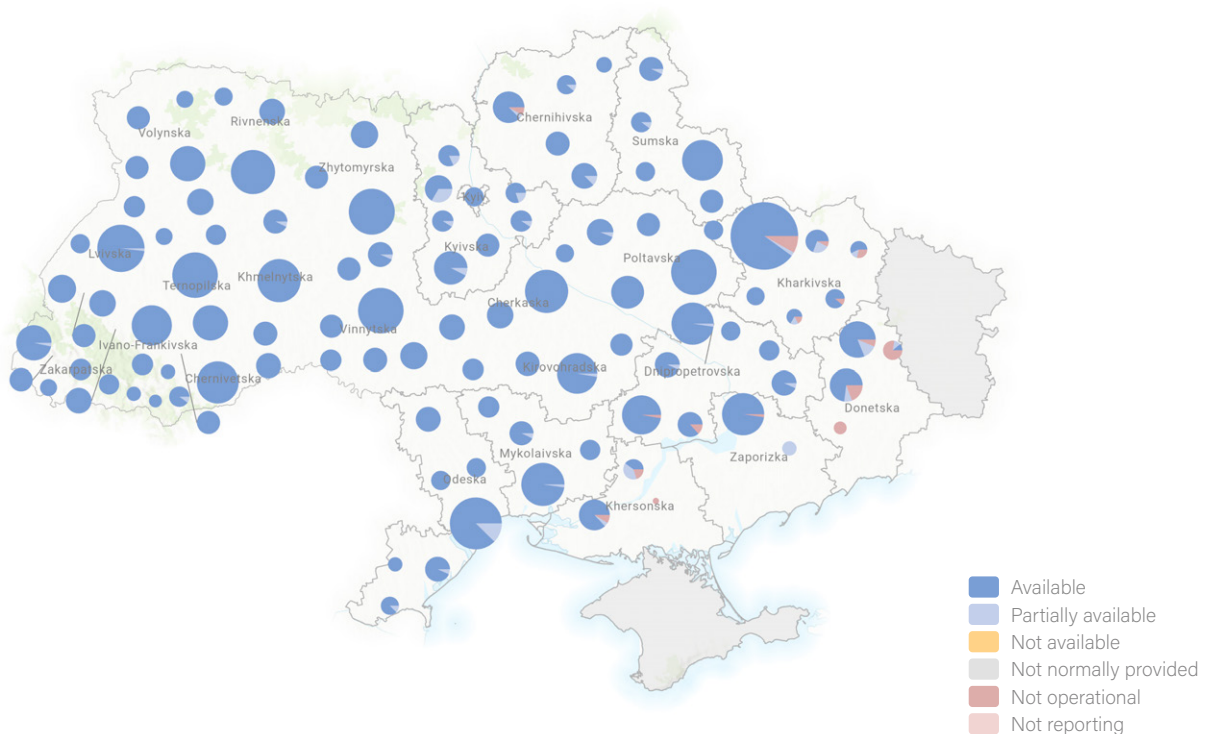
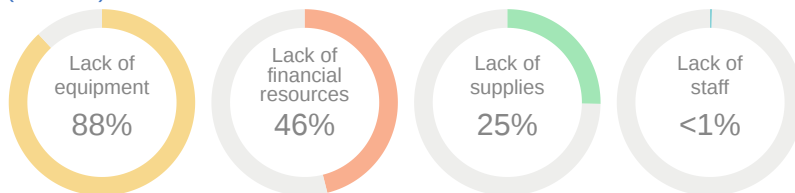


## Availability by health facility type



## Main causes of unavailability

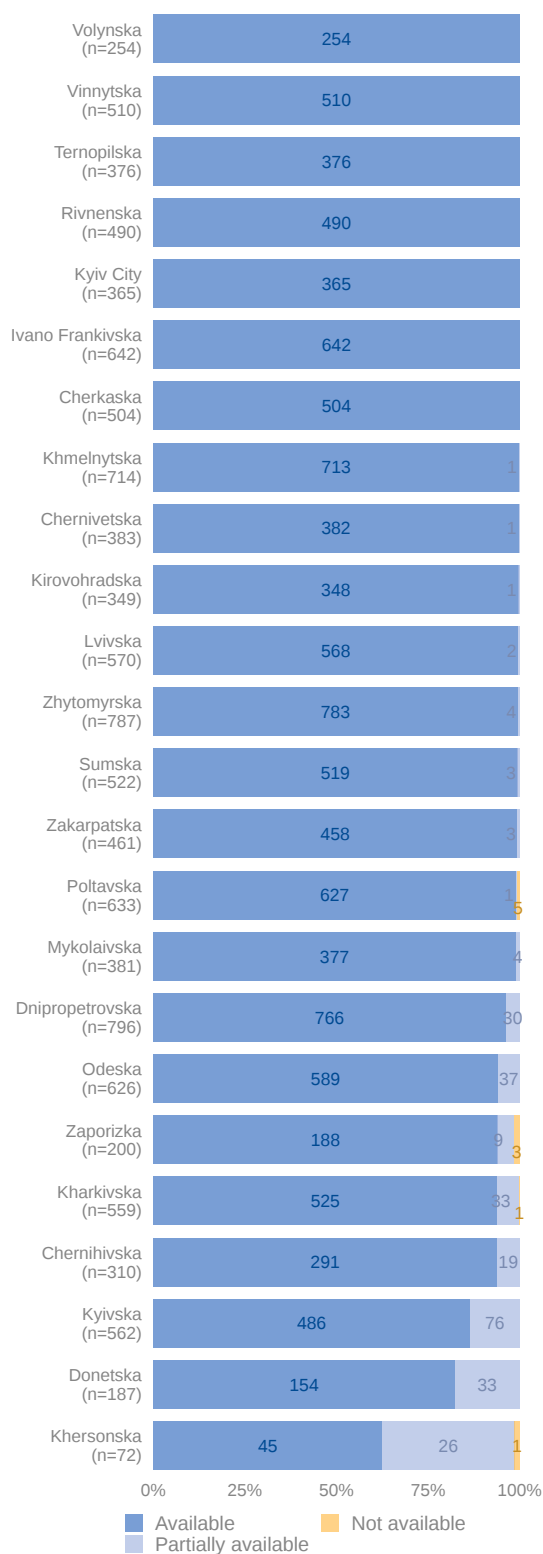
(n = 293)



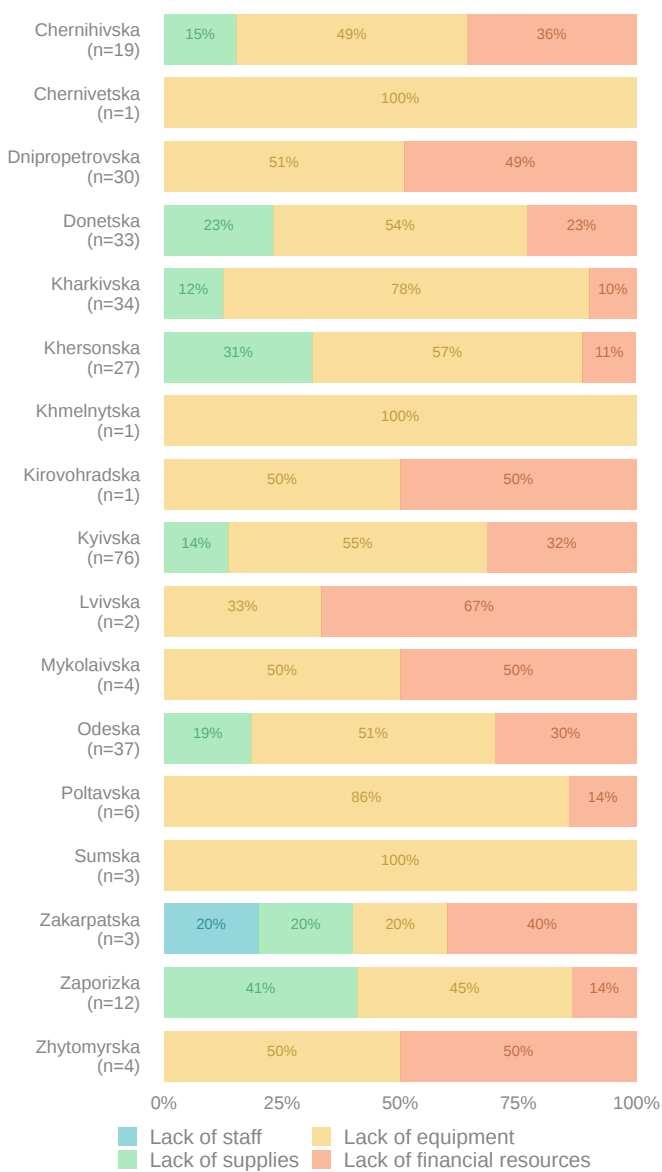
Map excludes HSDUs

# POWER

## Availability by oblast



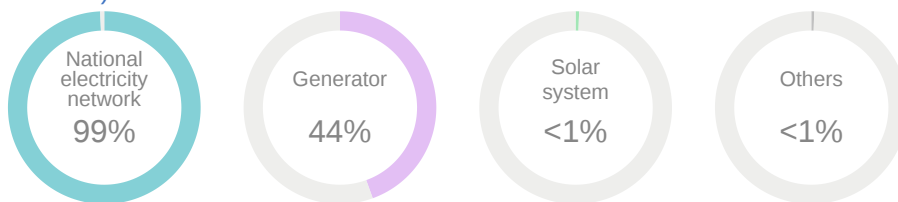
## Main causes of unavailability by oblast\*



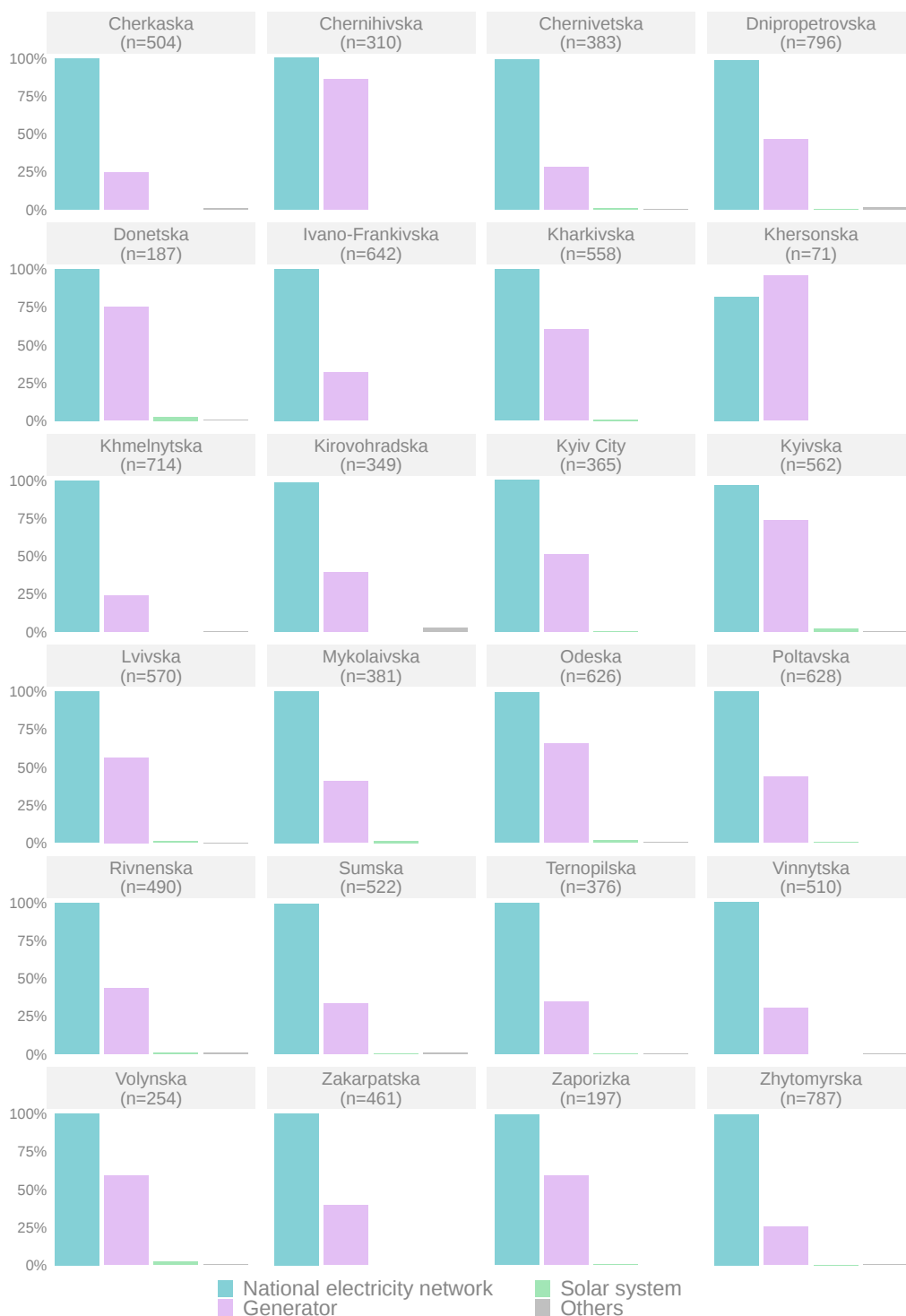
\* Chart includes health facilities in which causes of unavailability were indicated

# POWER SOURCES

Main power sources  
n = 11243

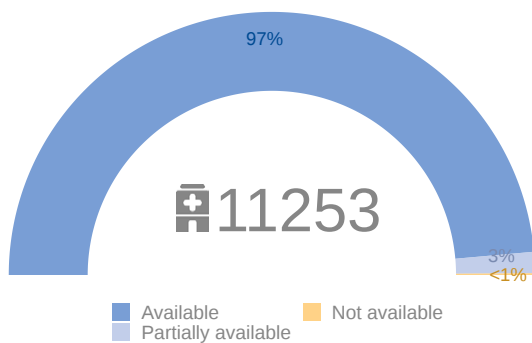


Main power sources by oblast

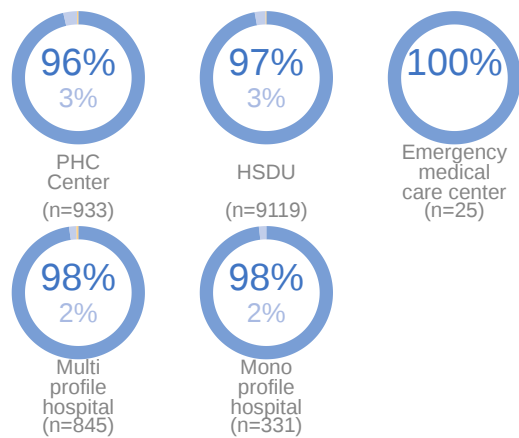


# HEATING

## Heating overview

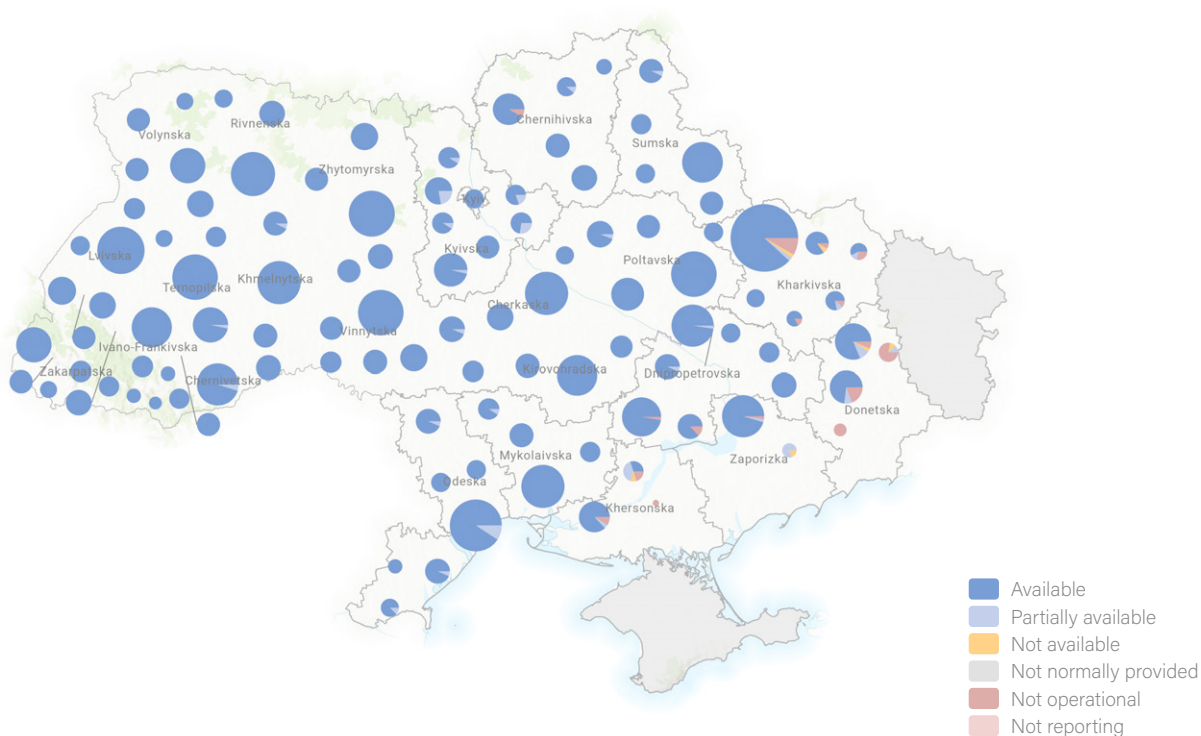
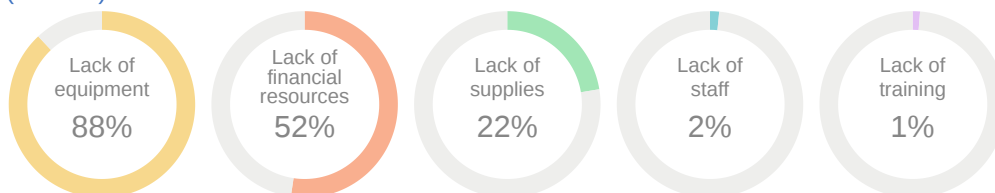


## Availability by health facility type



## Main causes of unavailability

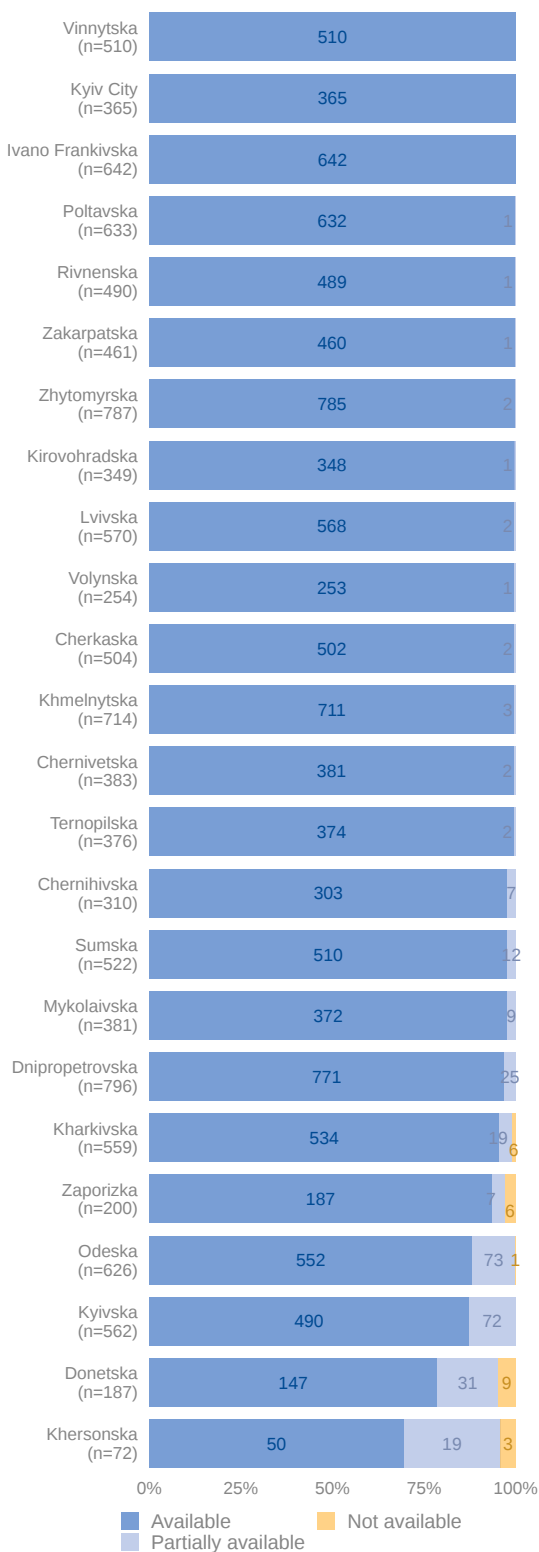
(n = 317)



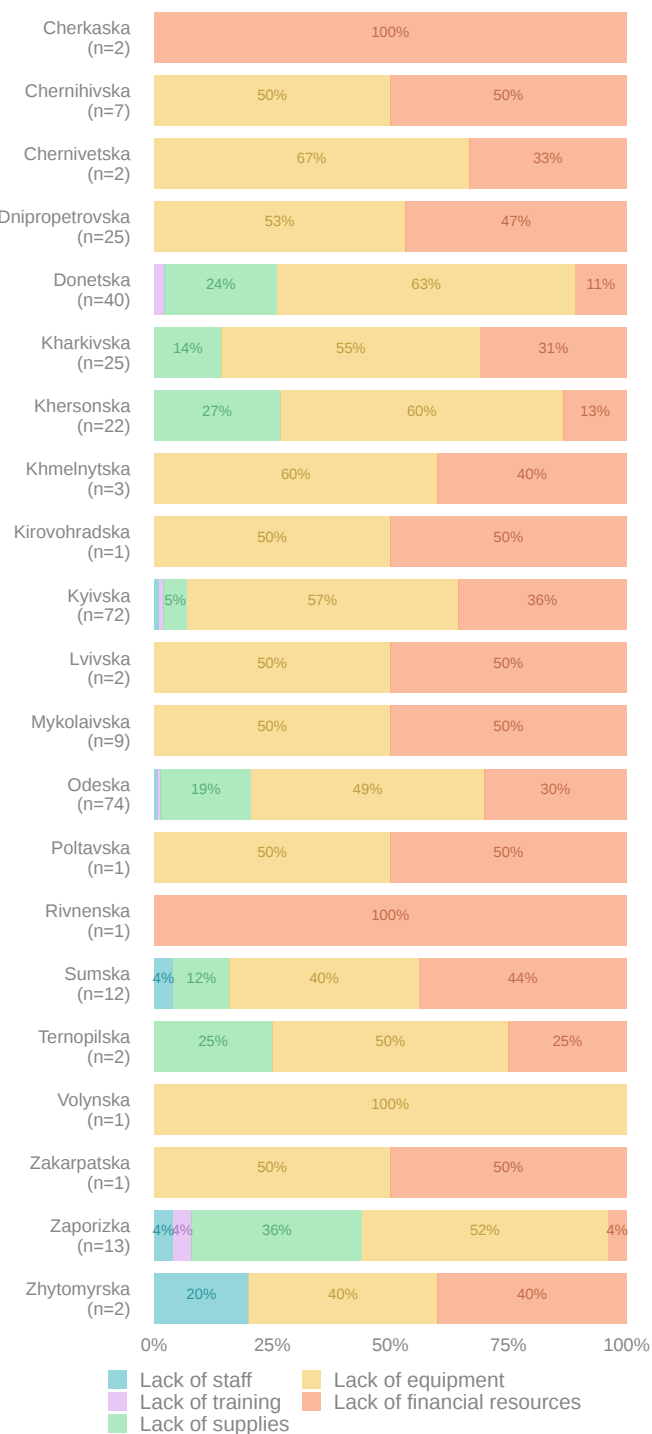
Map excludes HSDUs

# HEATING

## Availability by oblast



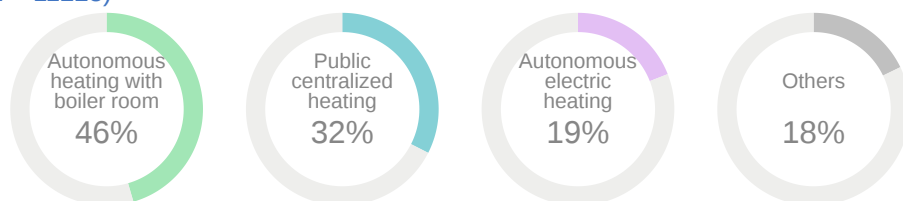
## Main causes of unavailability by oblast\*



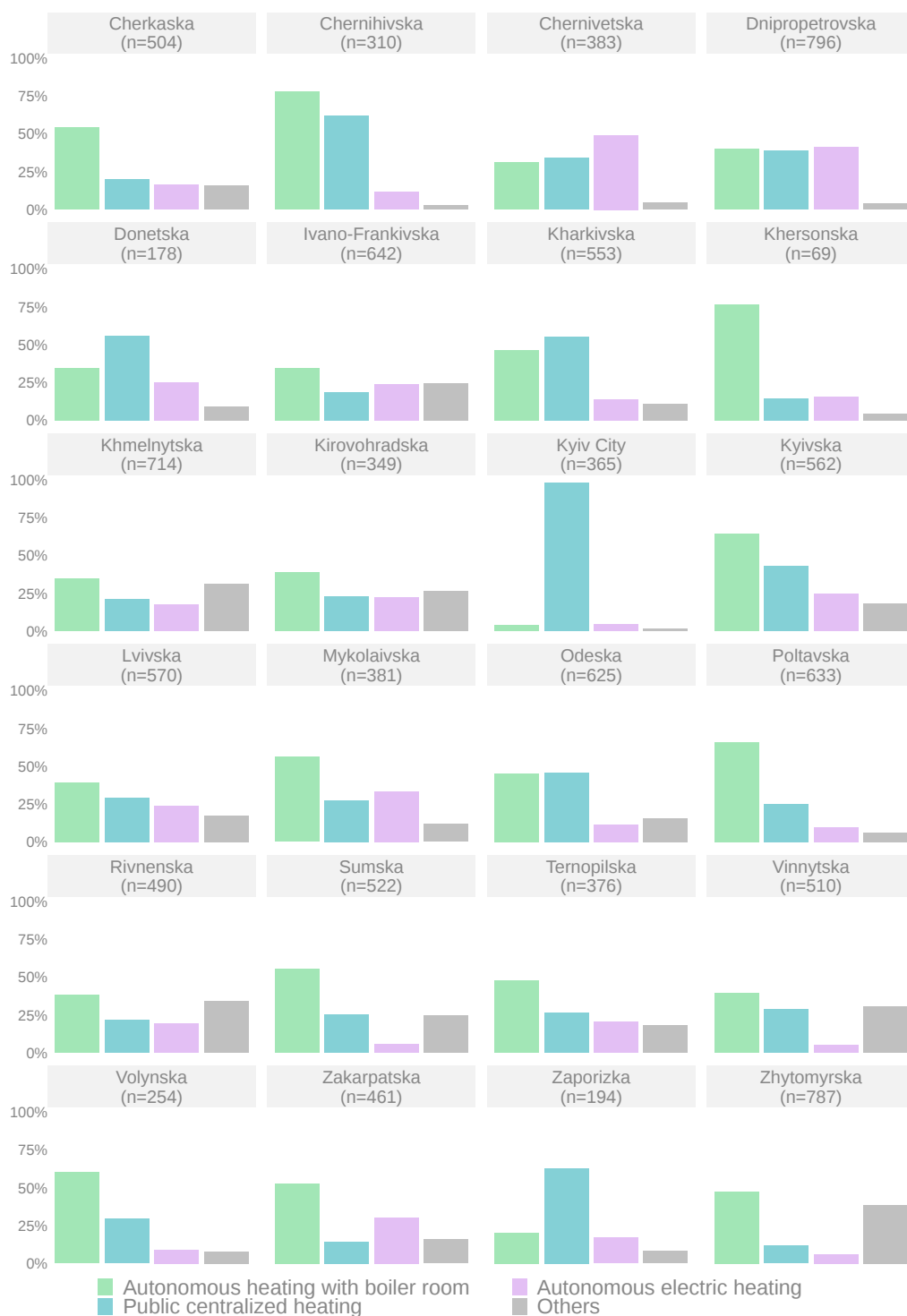
\* Chart includes health facilities in which causes of unavailability were indicated

# HEATING SOURCES

n = 11228)

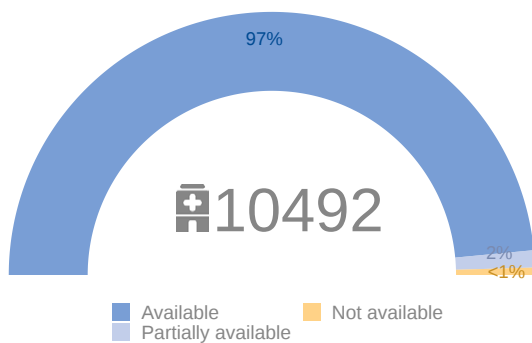


Main heating sources by oblast

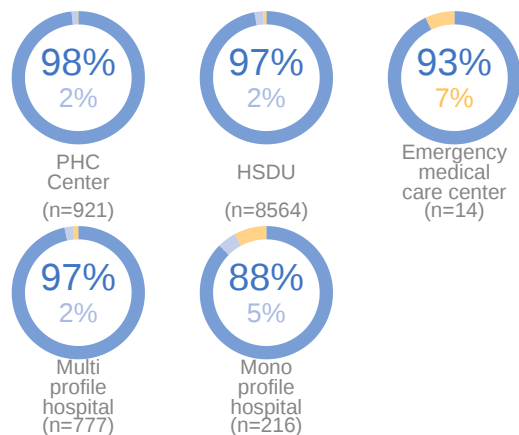


## COLD CHAIN

### Cold chain overview

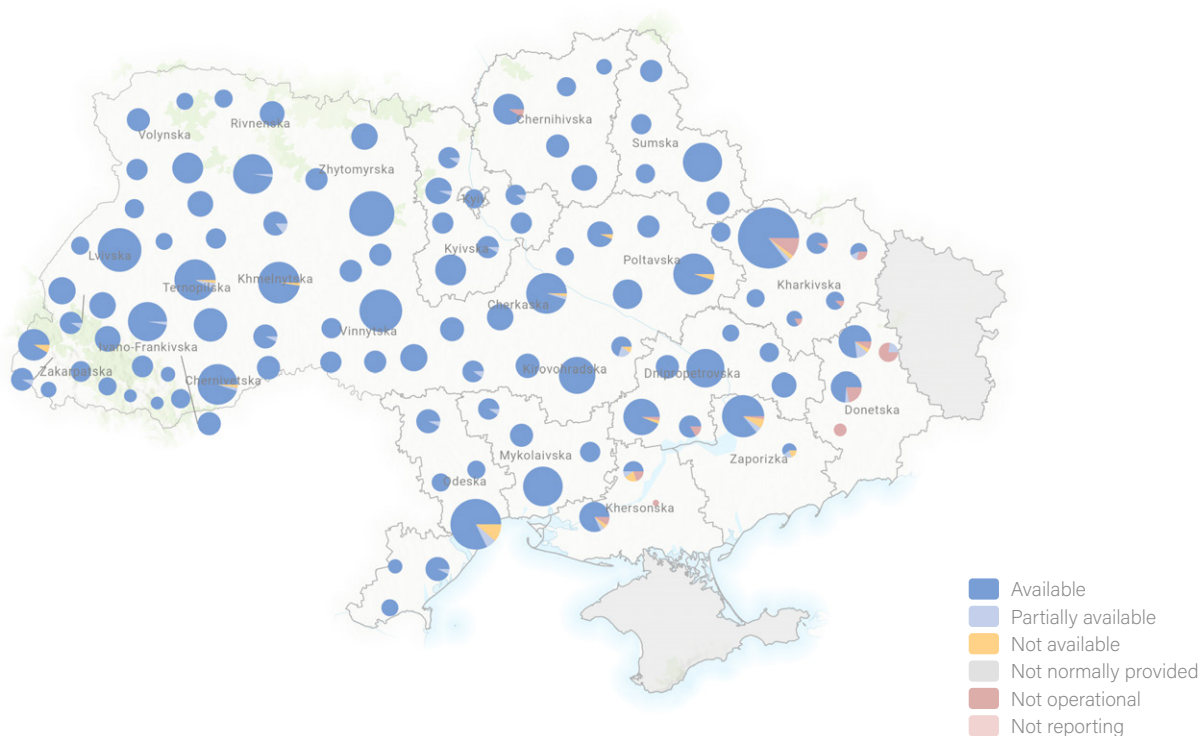
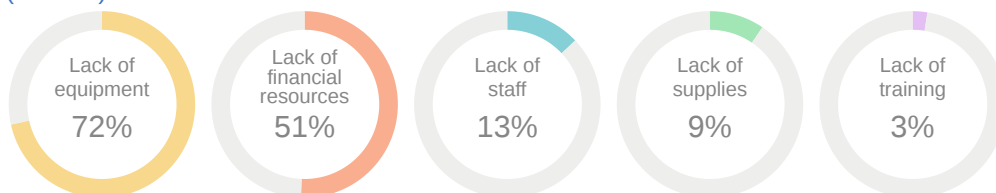


### Availability by health facility type



### Main causes of unavailability

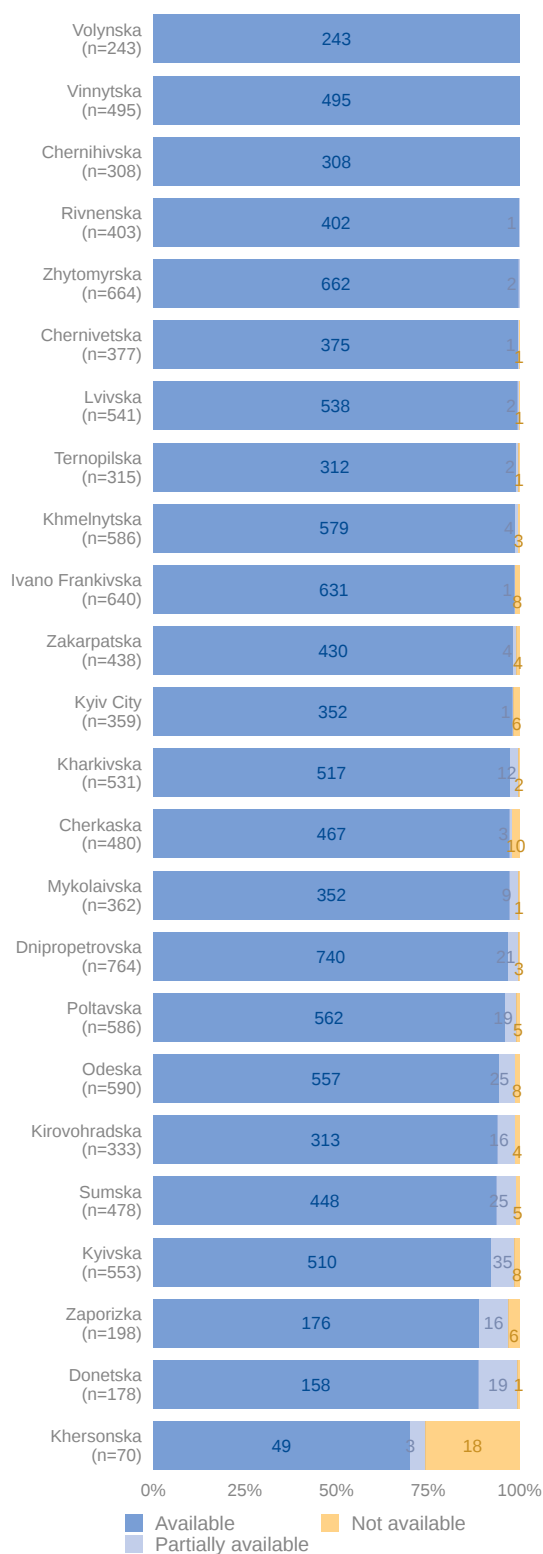
(n = 316)



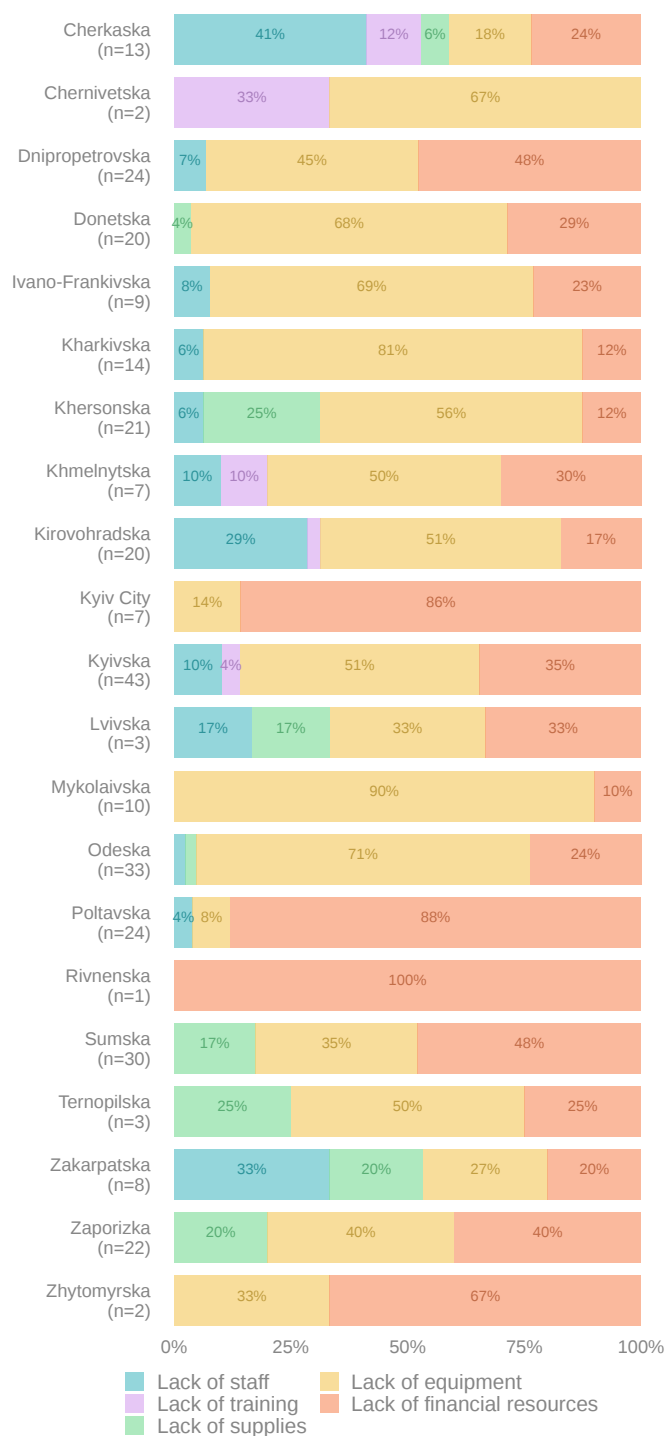
Map excludes HSDUs

# COLD CHAIN

Availability by oblast\*



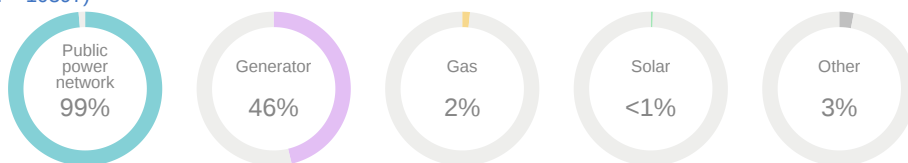
Main causes of unavailability by oblast\*\*



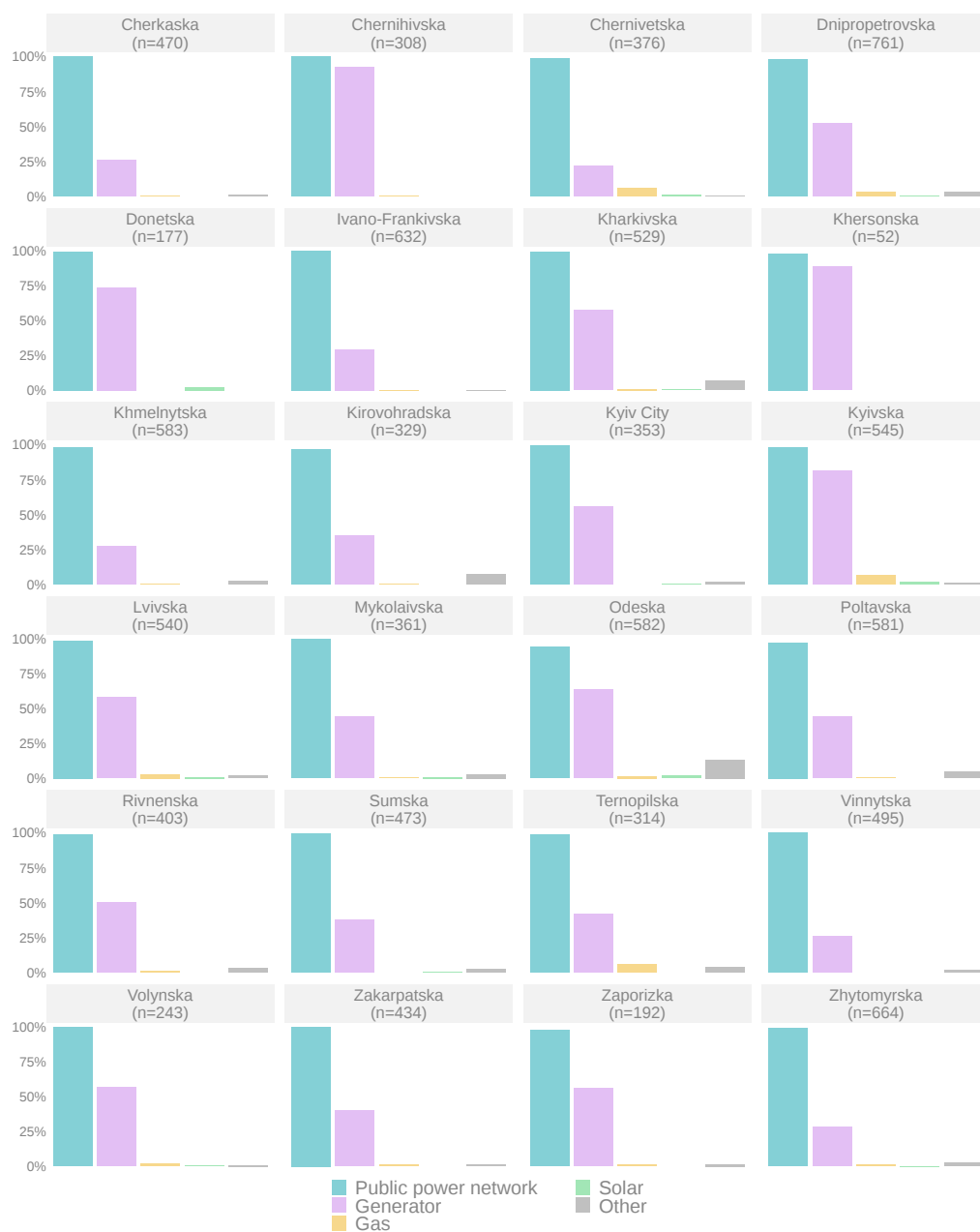
\* Chart includes health facilities in which causes of unavailability were indicated

# COLD CHAIN POWER SOURCES

Main power sources  
n = 10397

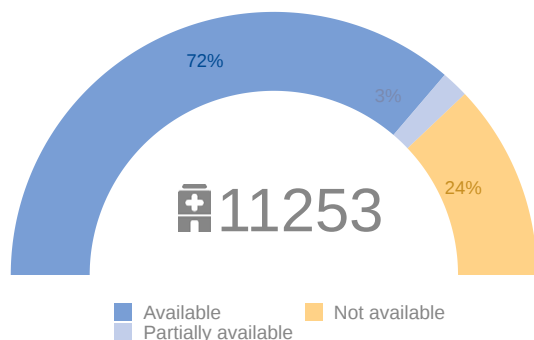


Main power sources by oblast

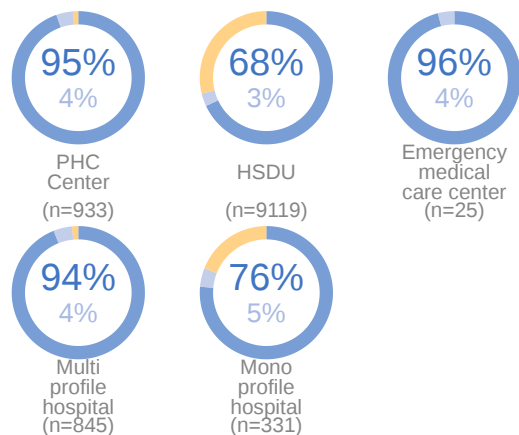


# TRANSPORTATION

## Transportation overview

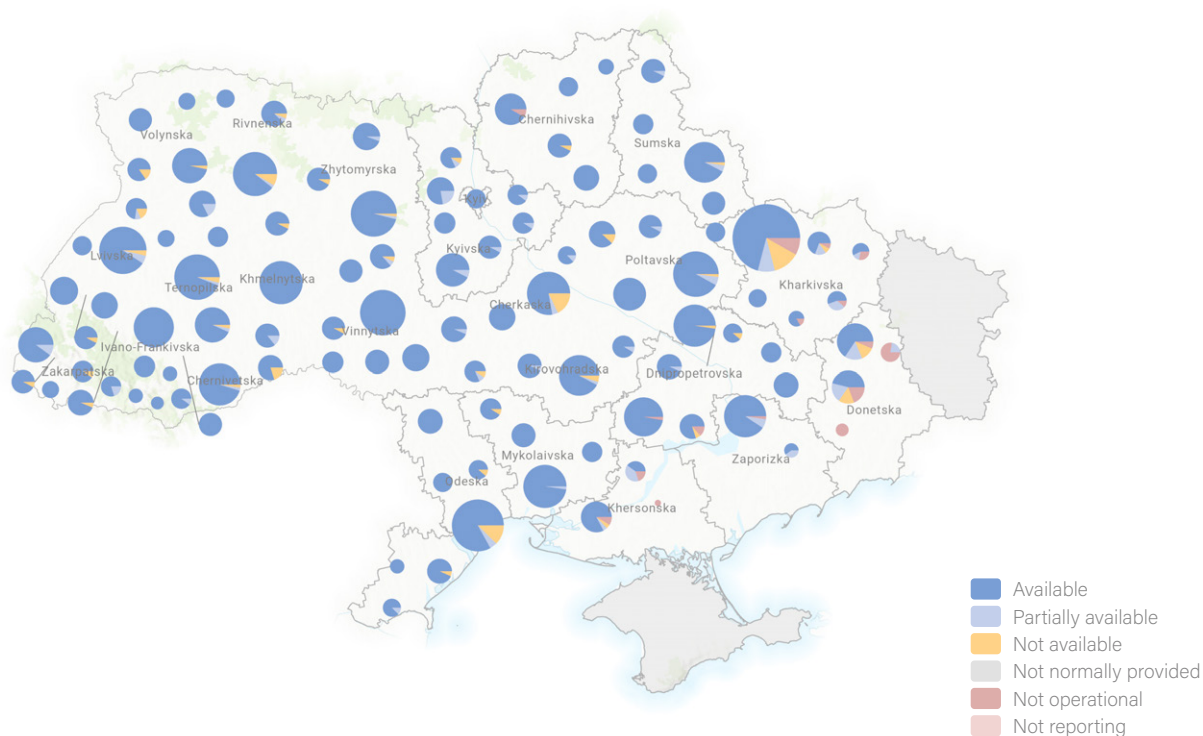
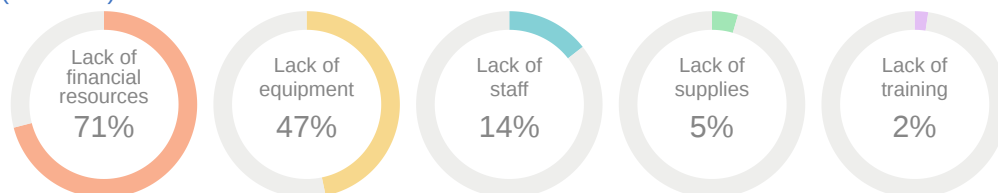


## Availability by health facility type



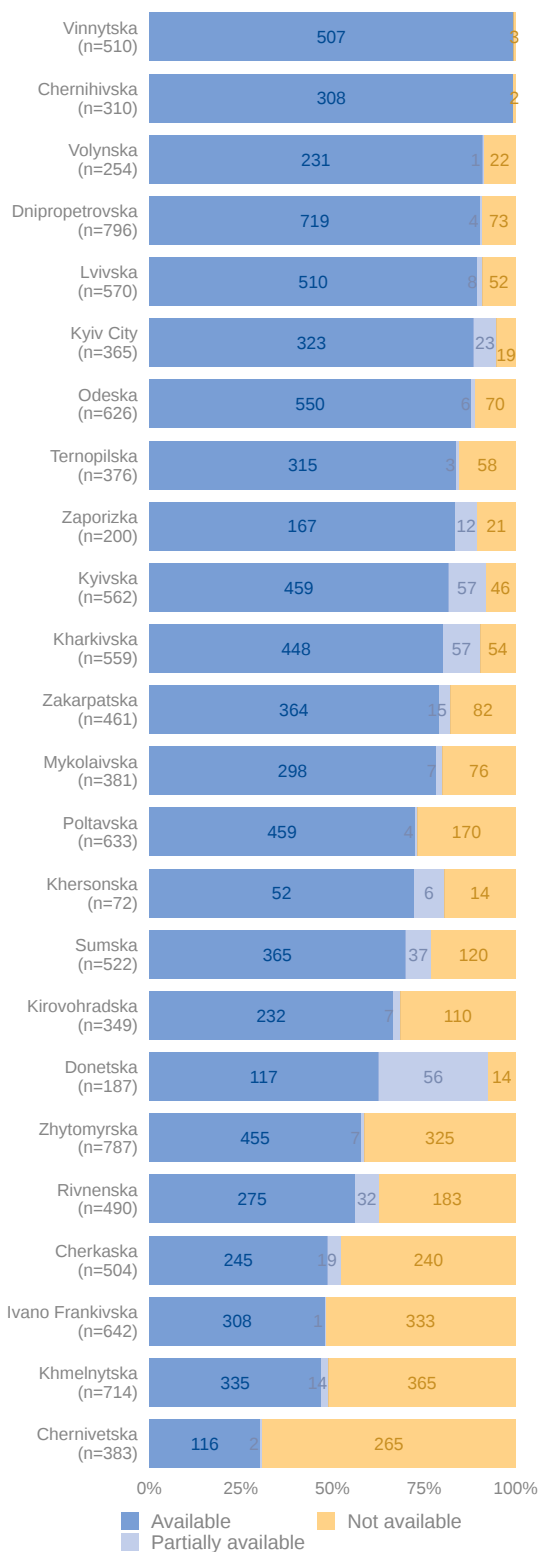
## Main causes of unavailability

(n = 3088)

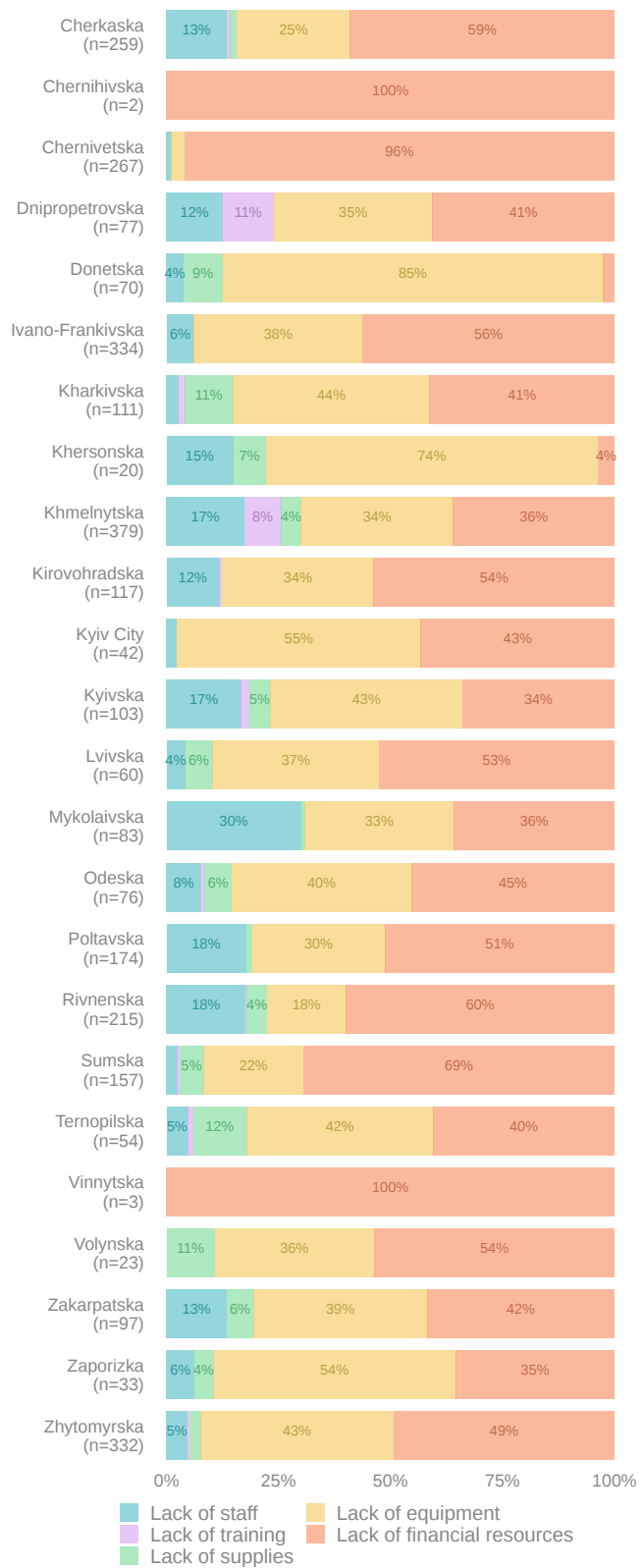


# TRANSPORTATION

## Availability by oblast



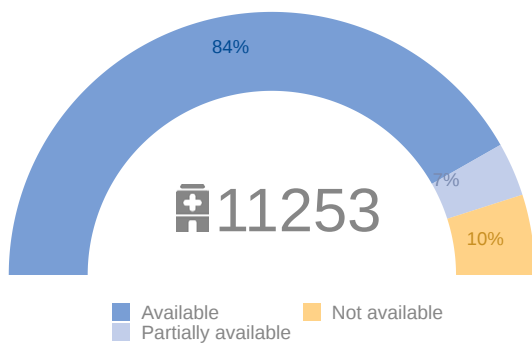
## Main causes of unavailability by oblast\*



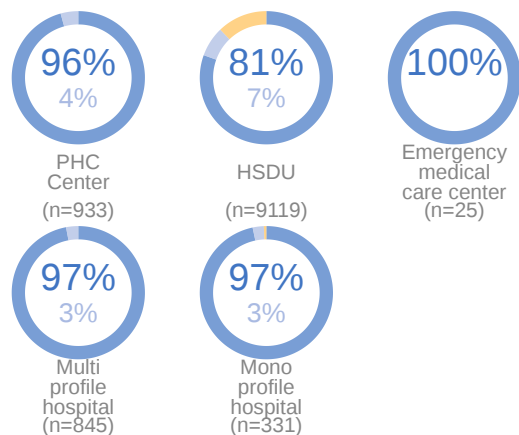
\* Chart includes health facilities in which causes of unavailability were indicated

# CONNECTIVITY

## Connectivity overview

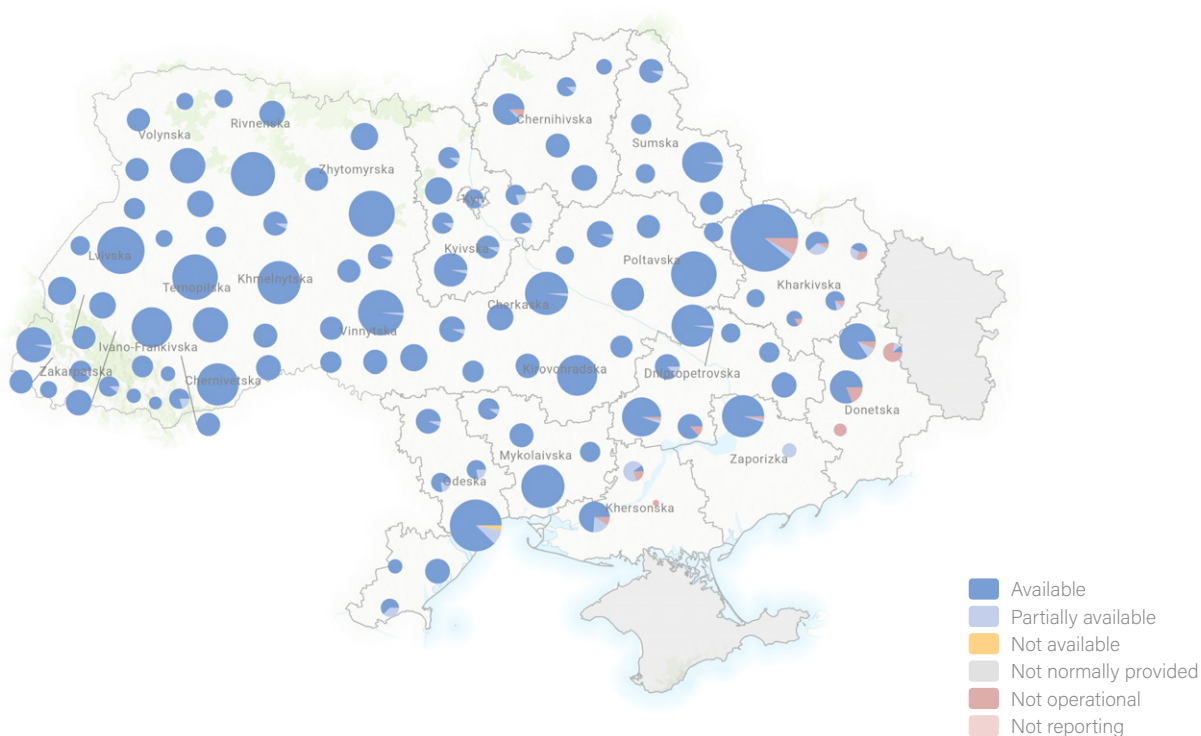
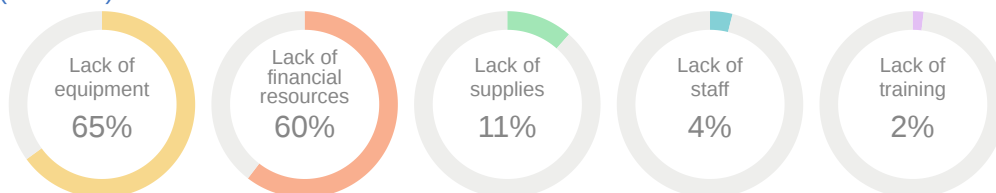


## Availability by health facility type



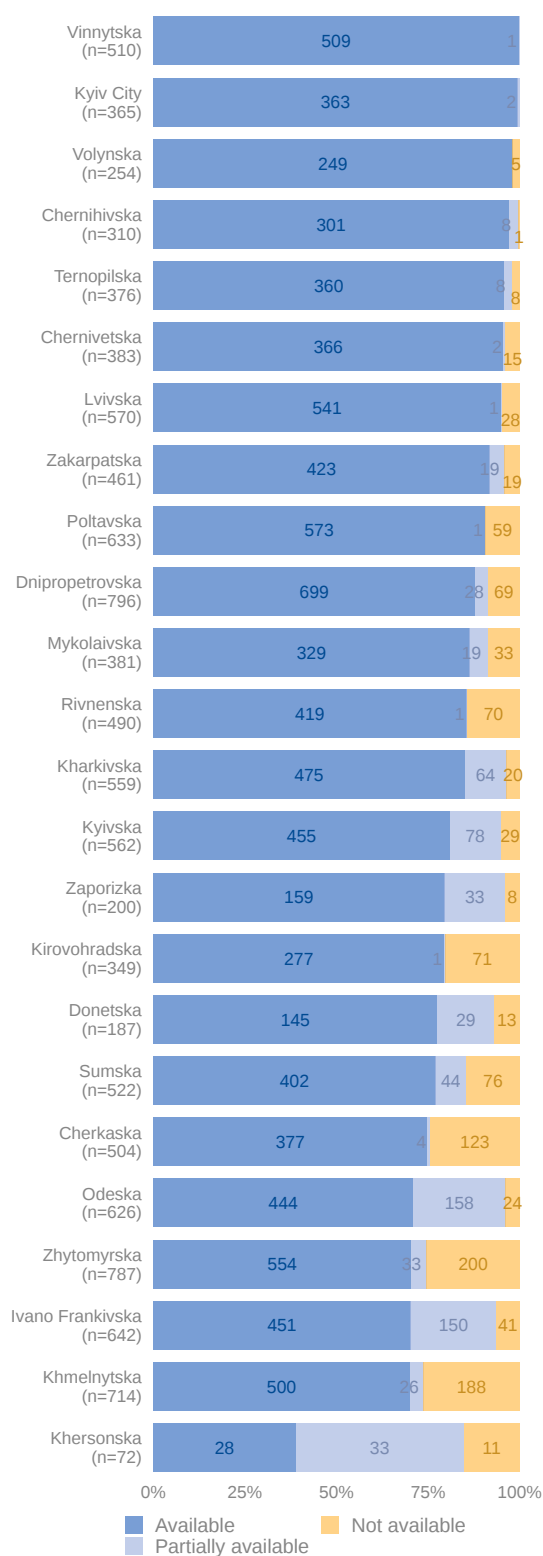
## Main causes of unavailability

(n = 1854)

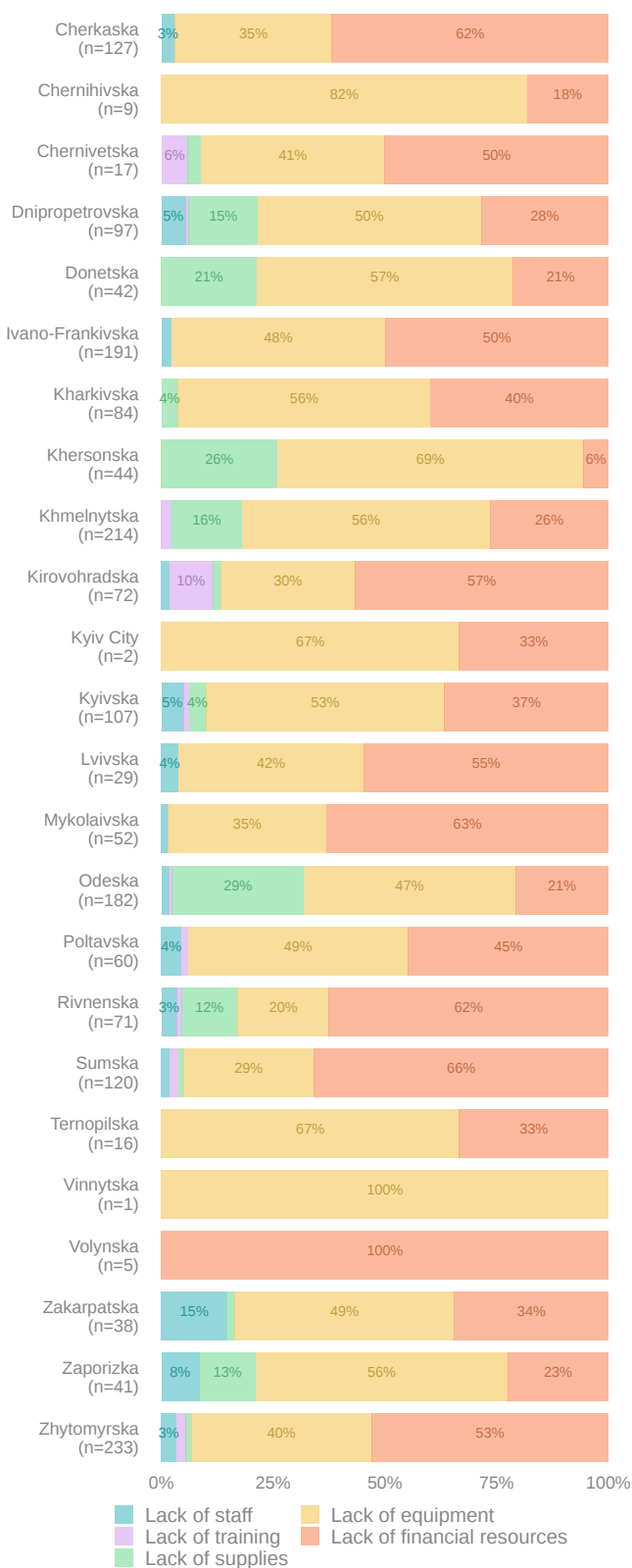


# CONNECTIVITY

## Availability by oblast



## Main causes of unavailability by oblast\*



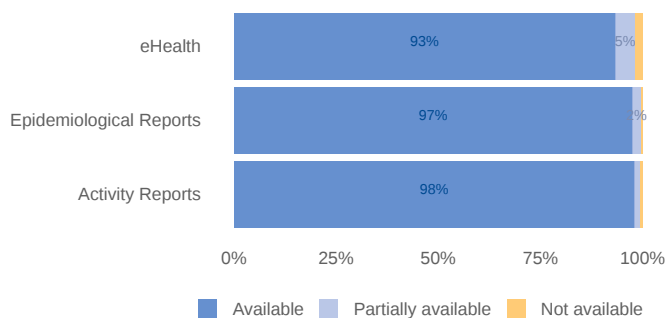
\* Chart includes health facilities in which causes of unavailability were indicated

# HEALTH INFORMATION MANAGEMENT SYSTEMS

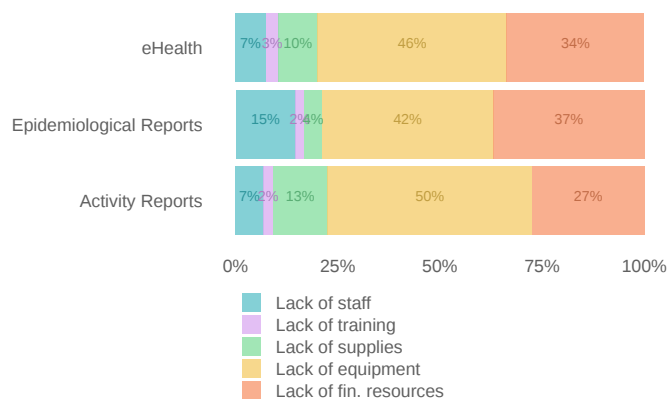


# HEALTH INFORMATION MANAGEMENT SYSTEMS OVERVIEW\*

Availability of health information management systems



Main causes of unavailability

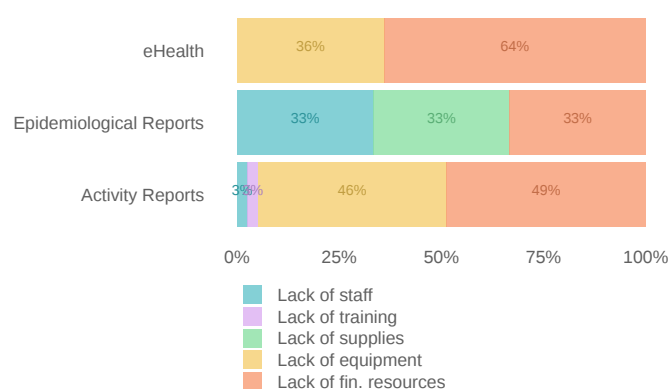
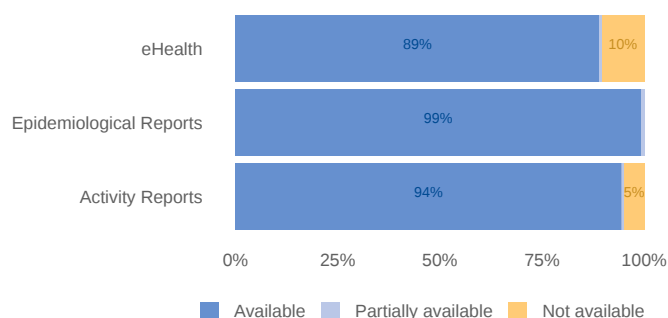


\* Groups include the following indicators:

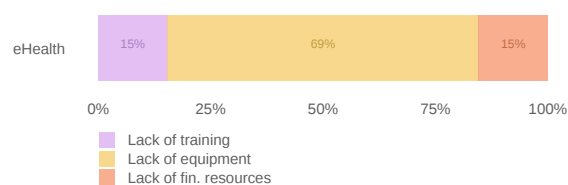
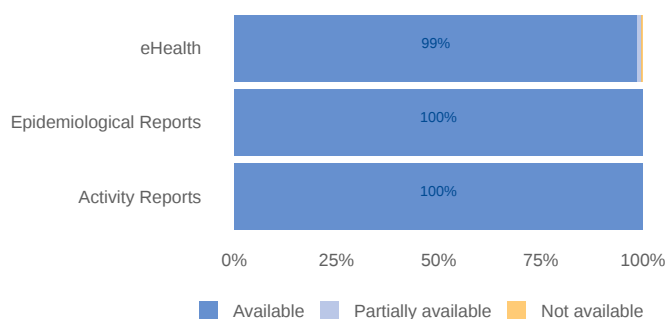
| Group                   | Indicators                                                                                                          |
|-------------------------|---------------------------------------------------------------------------------------------------------------------|
| eHealth                 | Availability of the eHealth; Availability of data entrance into the eHealth                                         |
| Epidemiological Reports | Availability of Epidemiological Reports (e.g., emergency notifications) to the local CDC                            |
| Activity Reports        | Availability of Activity Reports: Availability and functionality of activity reports.(monthly reports sent to NHSU) |

# HEALTH INFORMATION MANAGEMENT SYSTEMS OVERVIEW BY OBLASTS

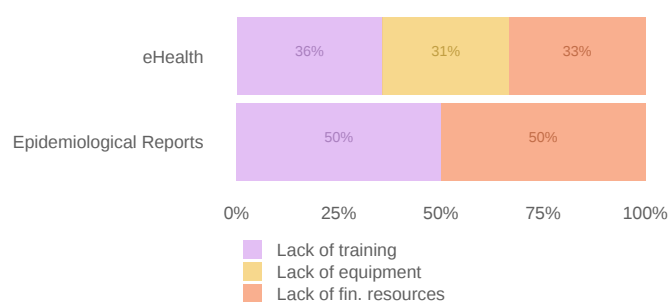
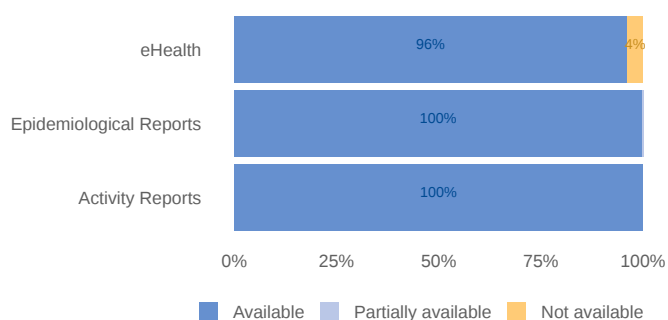
## Cherkaska



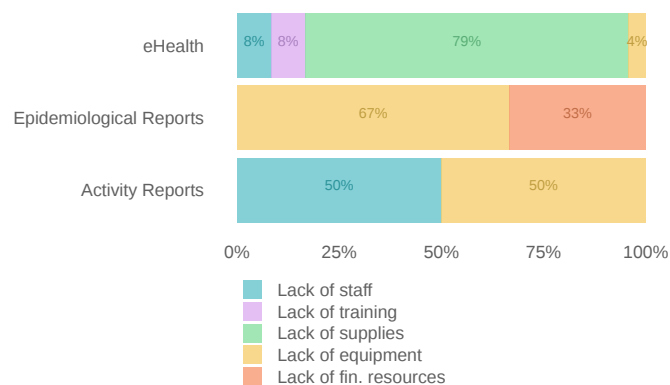
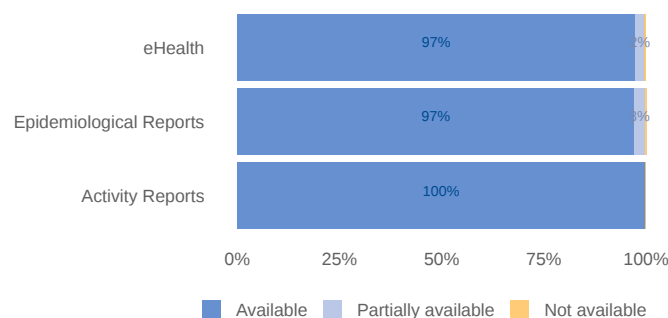
## Chernihivska



## Chernivetska



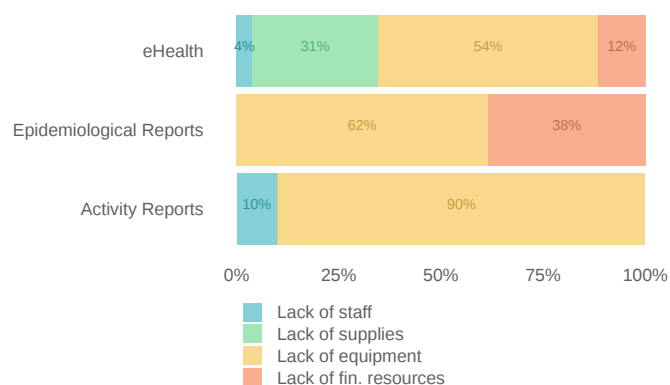
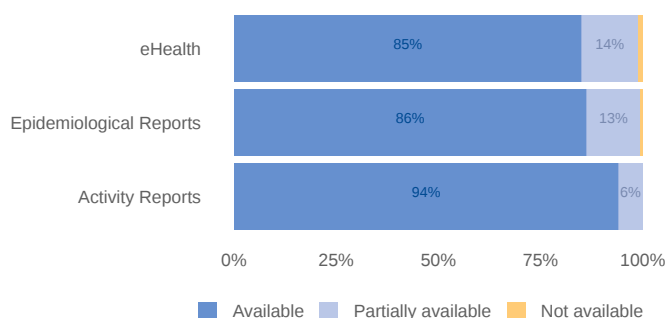
## Dnipropetrovska



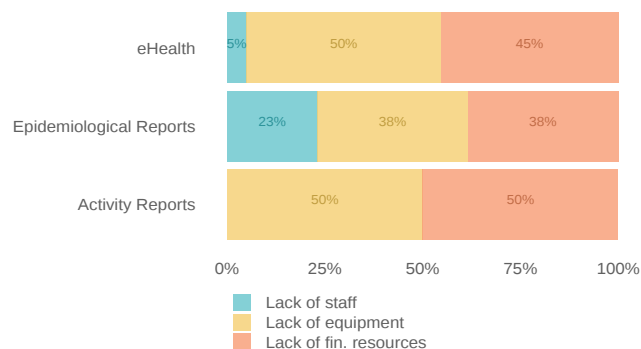
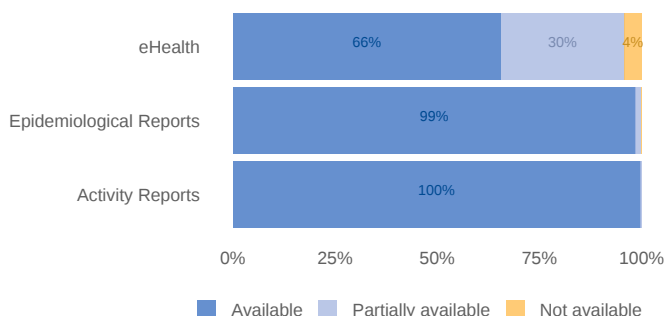
# HEALTH INFORMATION MANAGEMENT SYSTEMS

## OVERVIEW BY OBLASTS

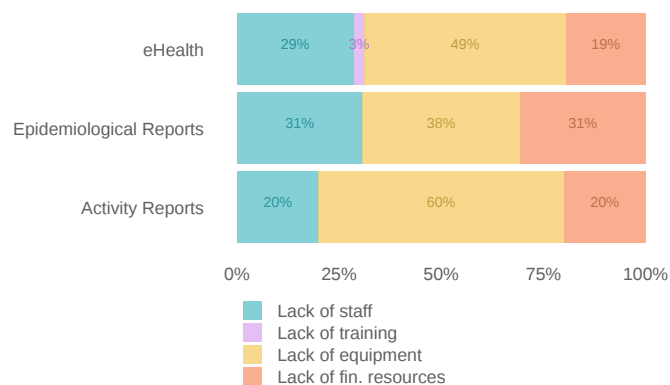
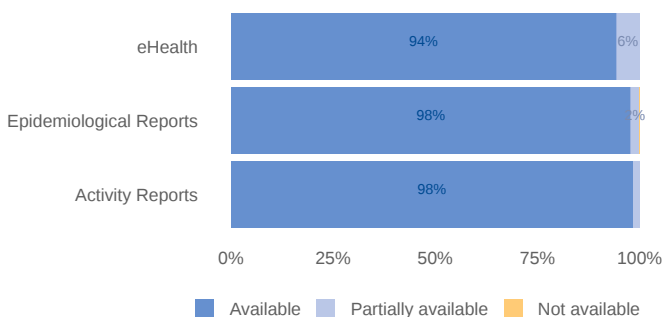
### Donetska



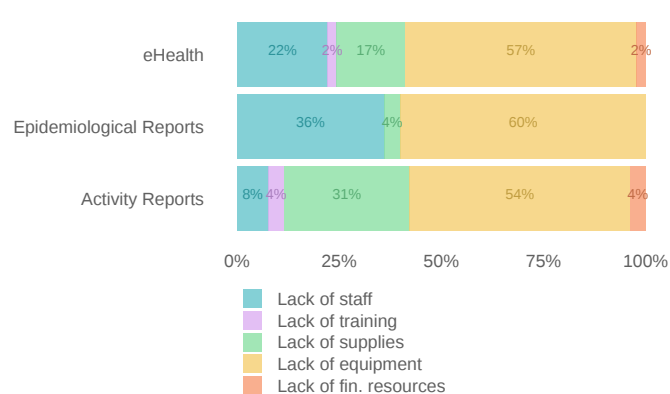
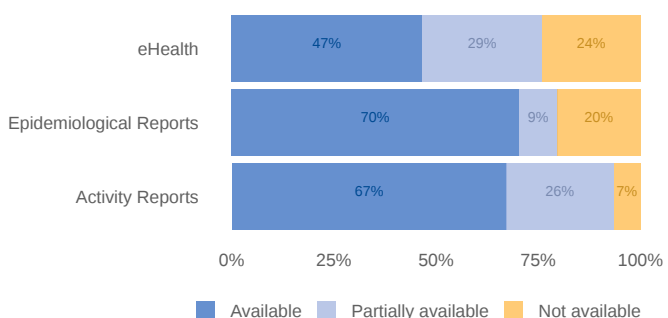
### Ivano-Frankivska



### Kharkivska

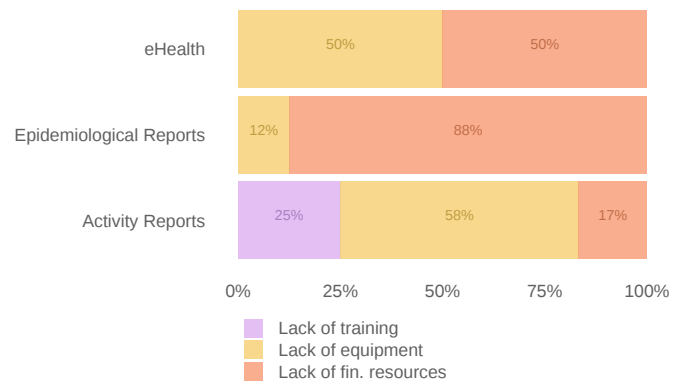
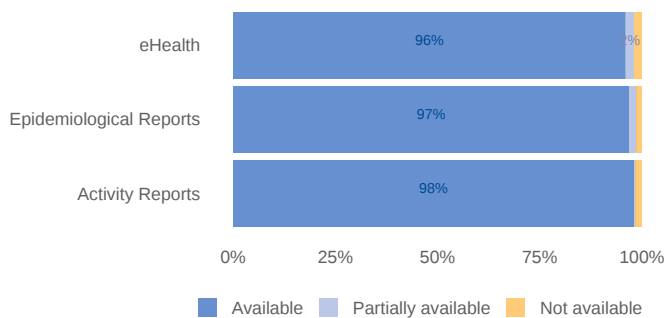


### Khersonska

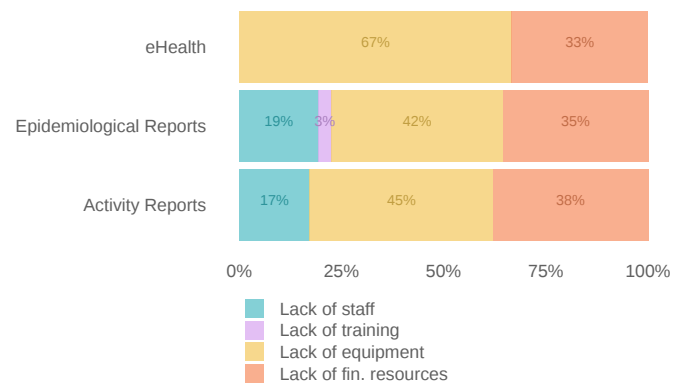
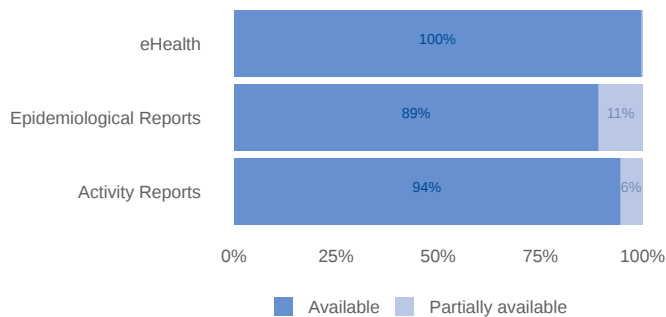


# HEALTH INFORMATION MANAGEMENT SYSTEMS OVERVIEW BY OBLASTS

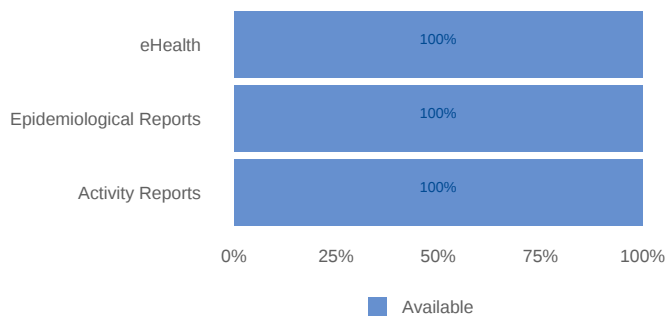
## Khmelnytska



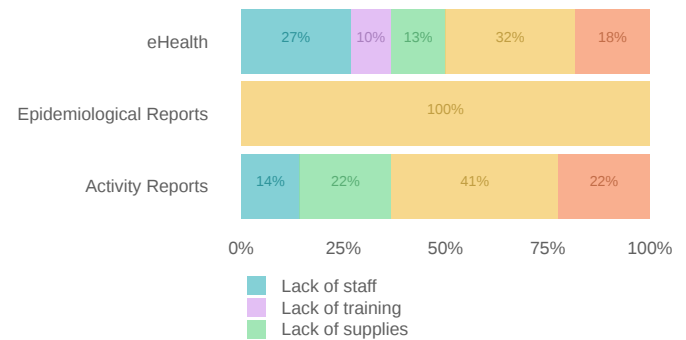
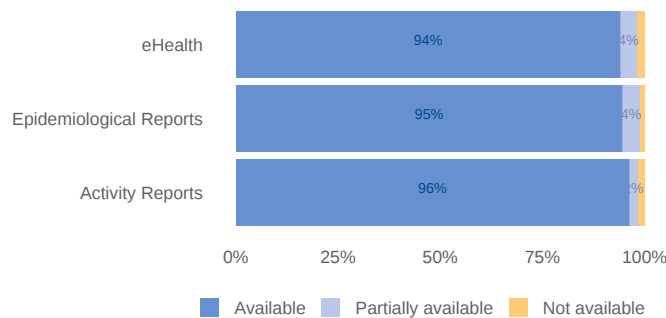
## Kirovohradska



## Kyiv City



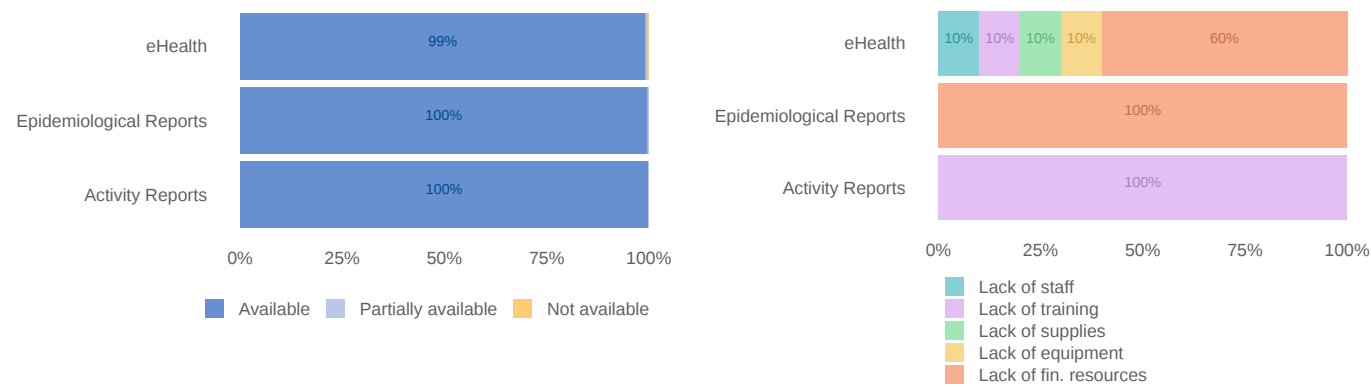
## Kyivska



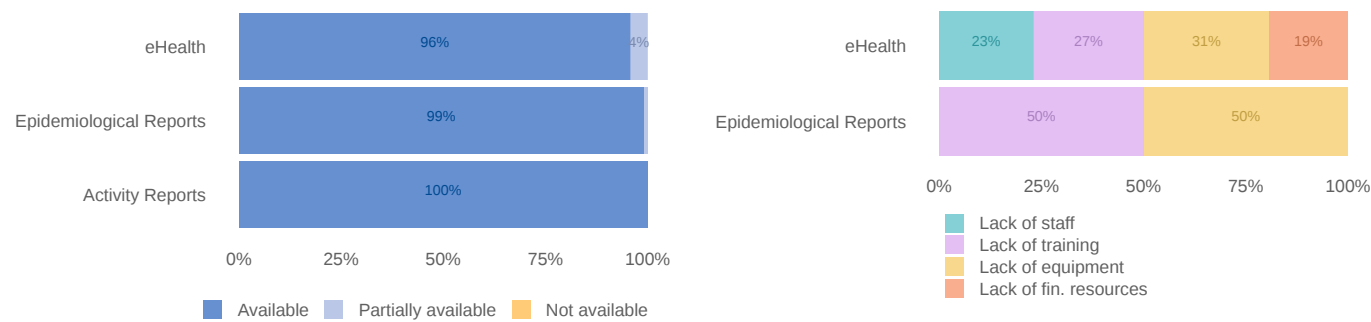
# HEALTH INFORMATION MANAGEMENT SYSTEMS

## OVERVIEW BY OBLASTS

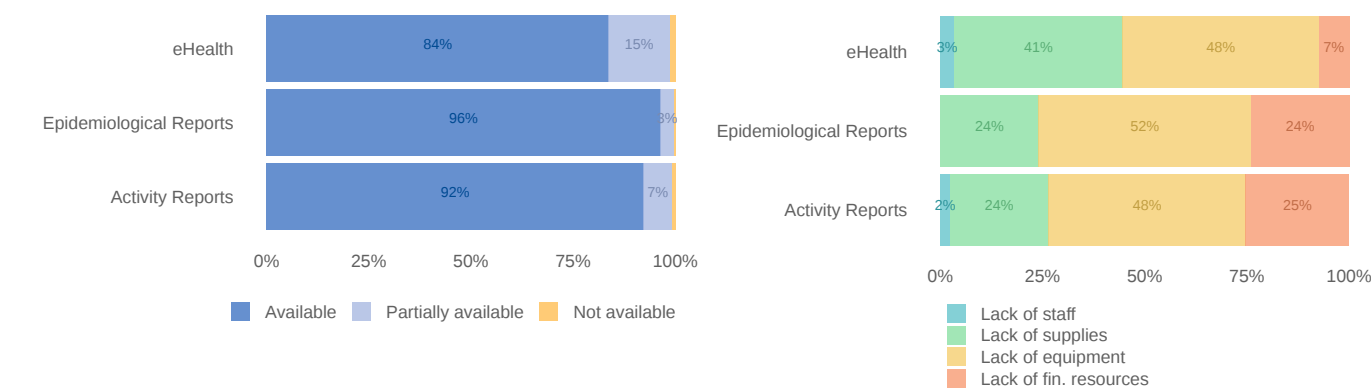
### Lvivska



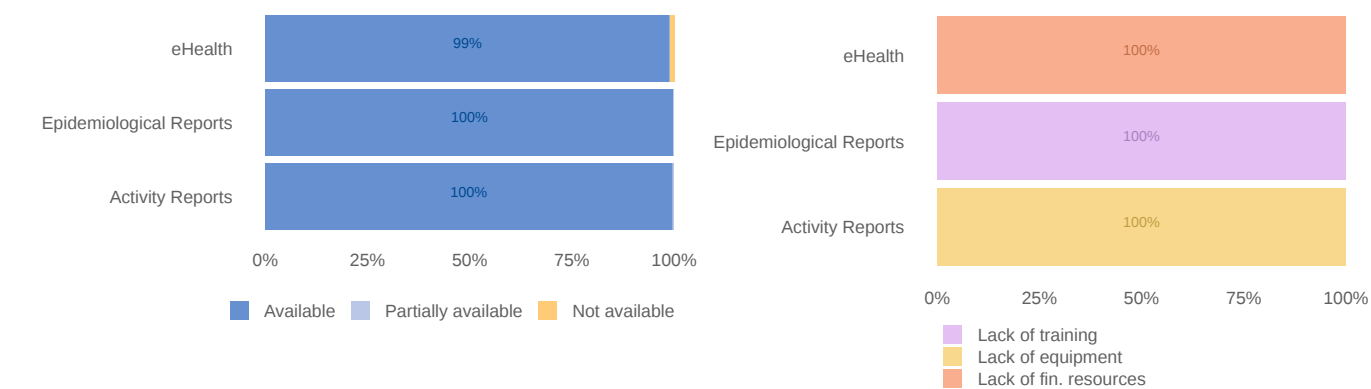
### Mykolaivska



### Odeska

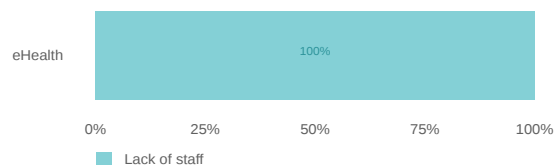
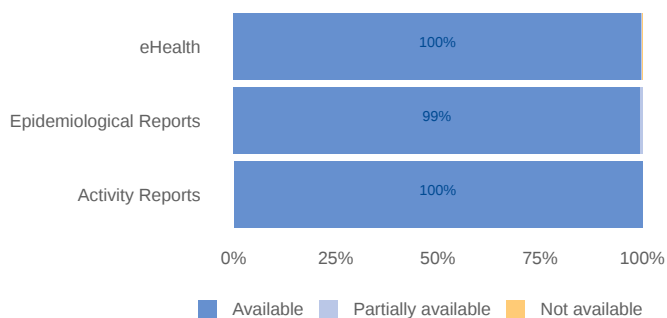


### Poltavska

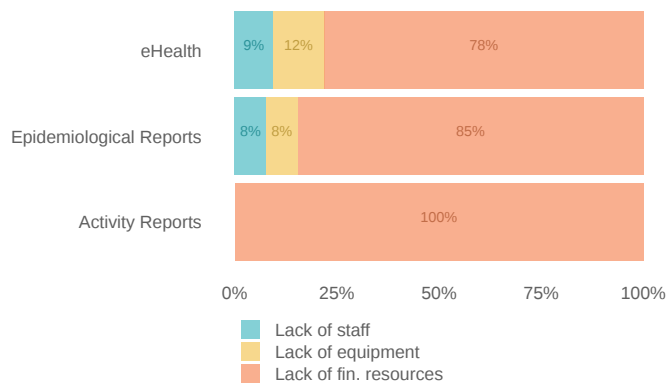
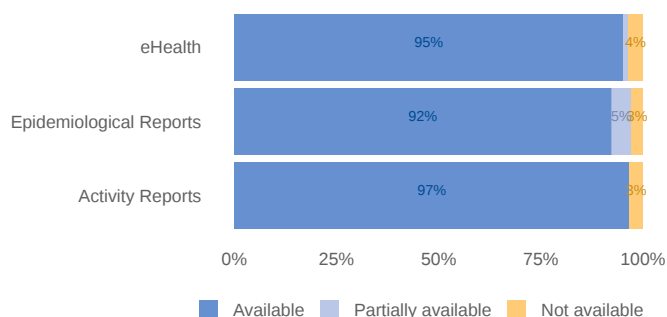


# HEALTH INFORMATION MANAGEMENT SYSTEMS OVERVIEW BY OBLASTS

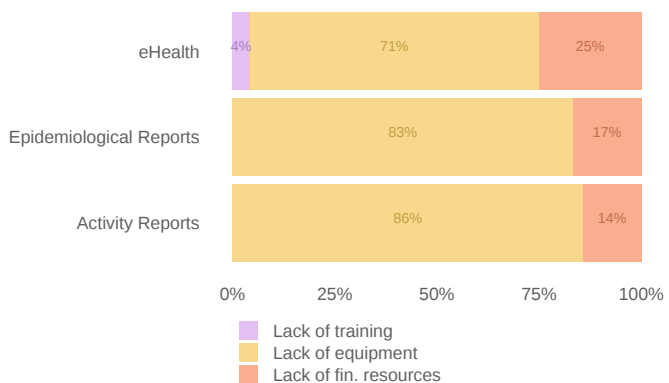
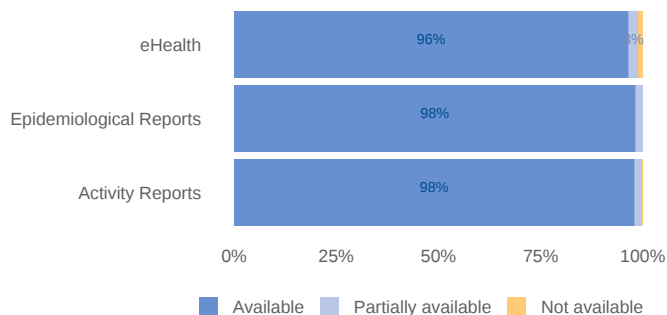
## Rivnenska



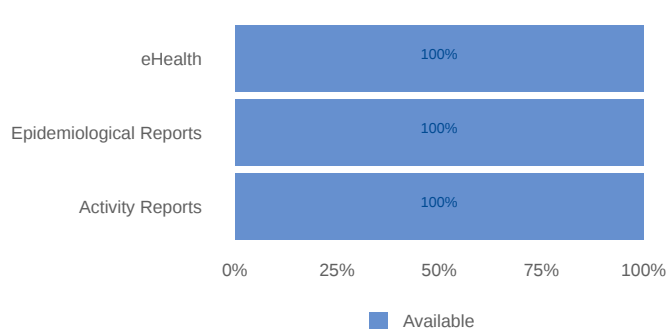
## Sumska



## Ternopilska



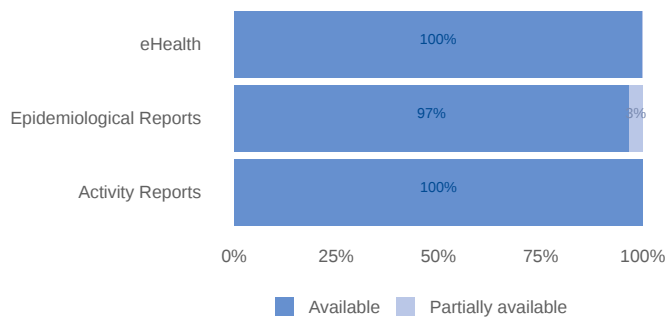
## Vinnytska



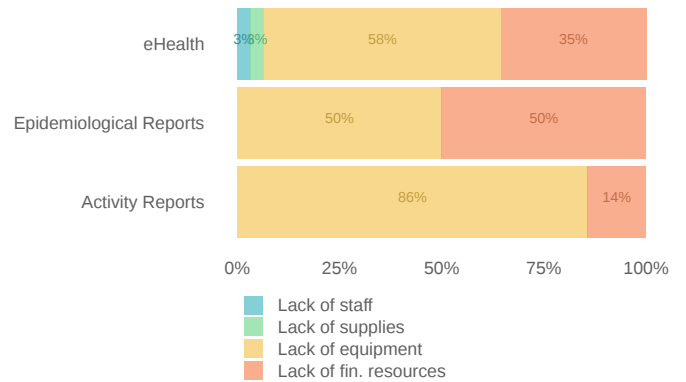
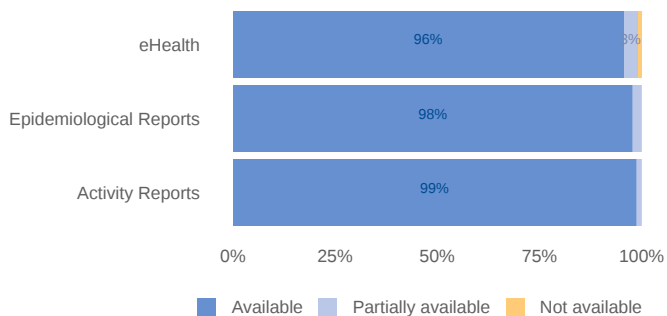
# HEALTH INFORMATION MANAGEMENT SYSTEMS

## OVERVIEW BY OBLASTS

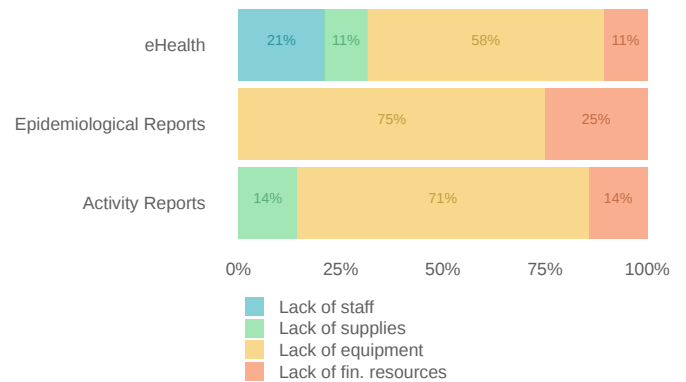
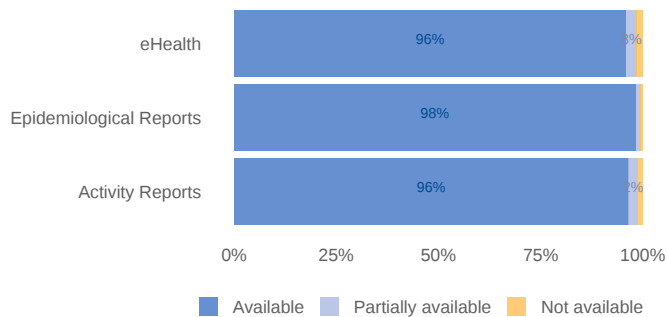
### Volynska



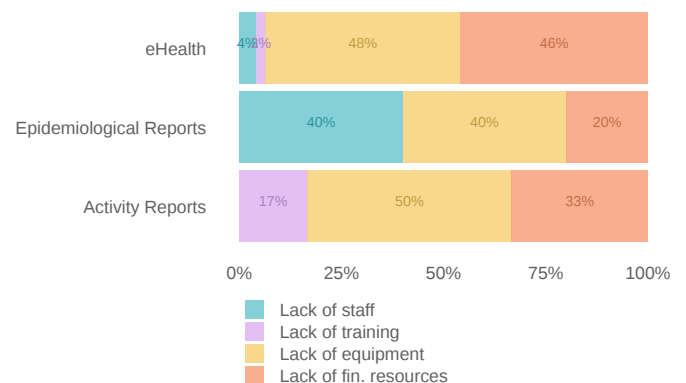
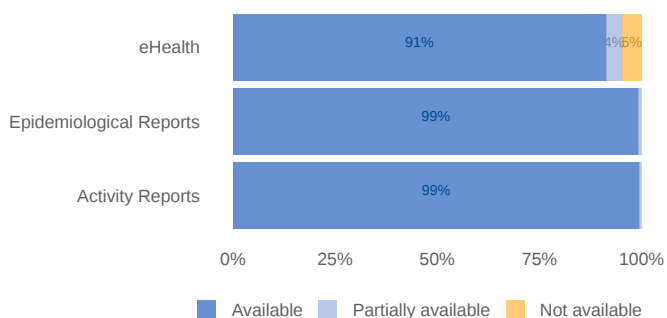
### Zakarpatska



### Zaporizka

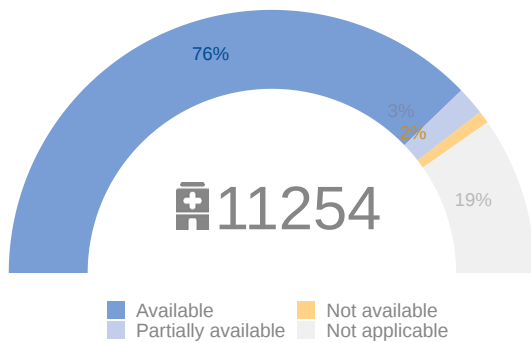


### Zhytomyrska

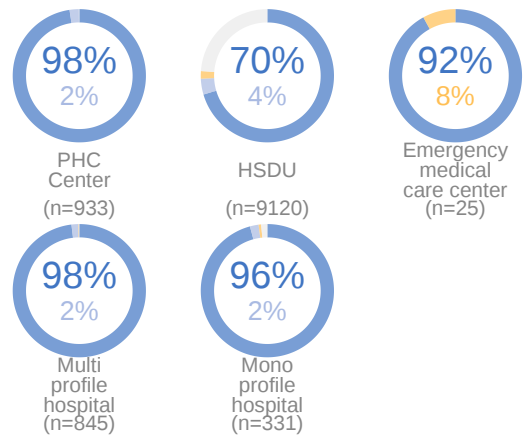


# AVAILABILITY OF THE eHEALTH

Availability of the eHealth overview

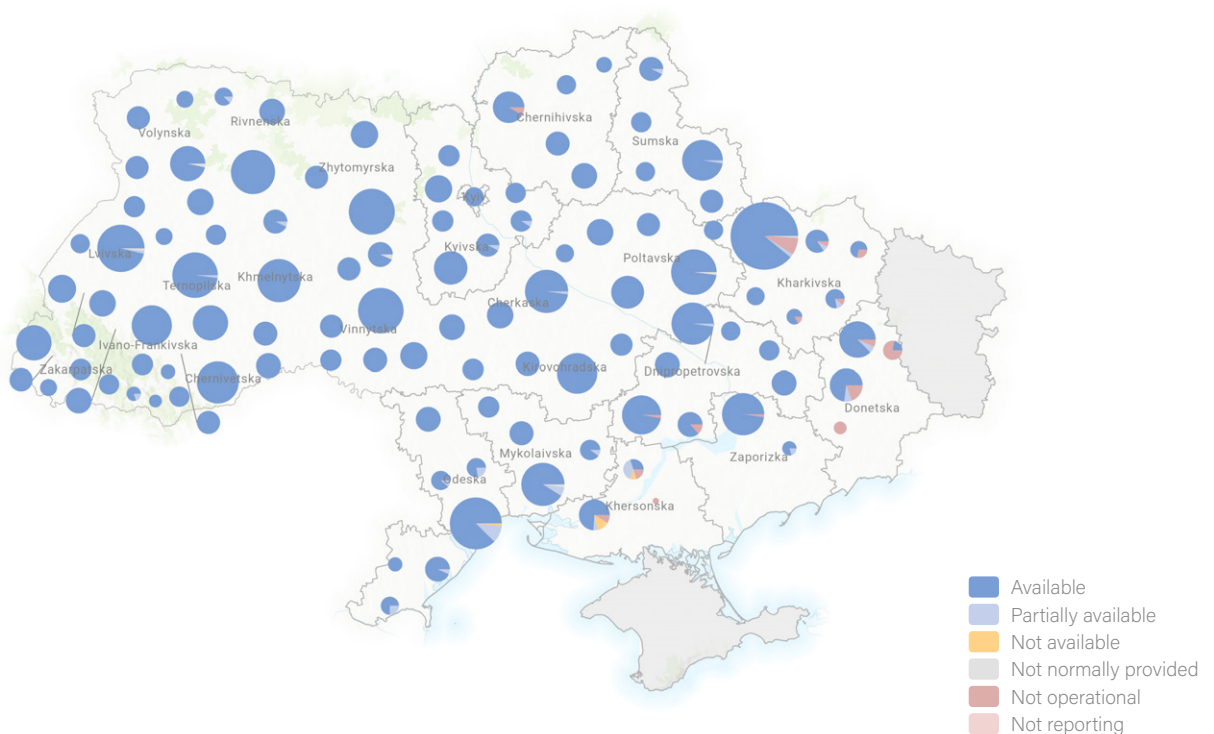
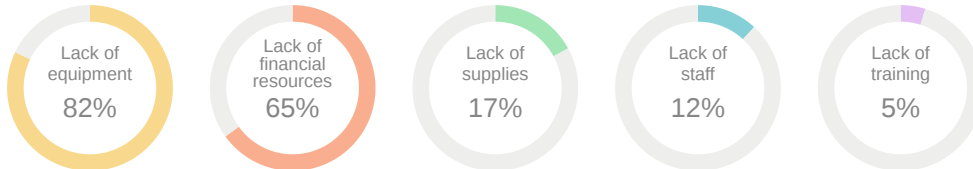


Availability by health facility type



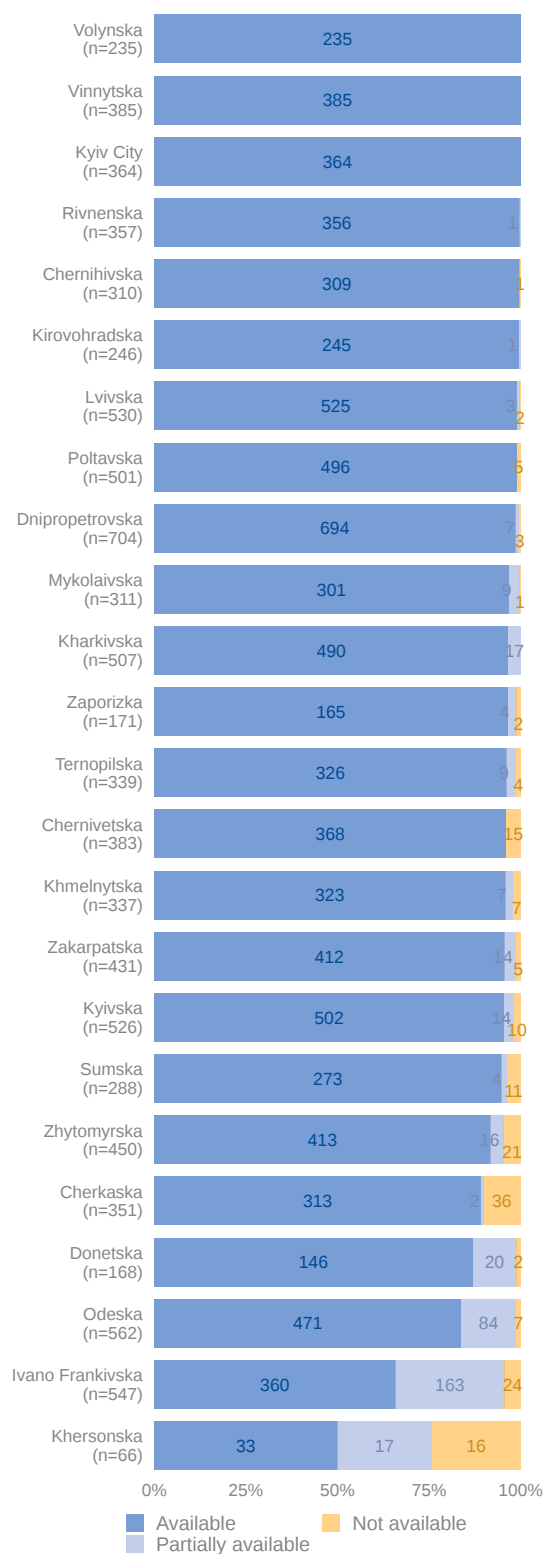
Main causes of unavailability

(n = 498)

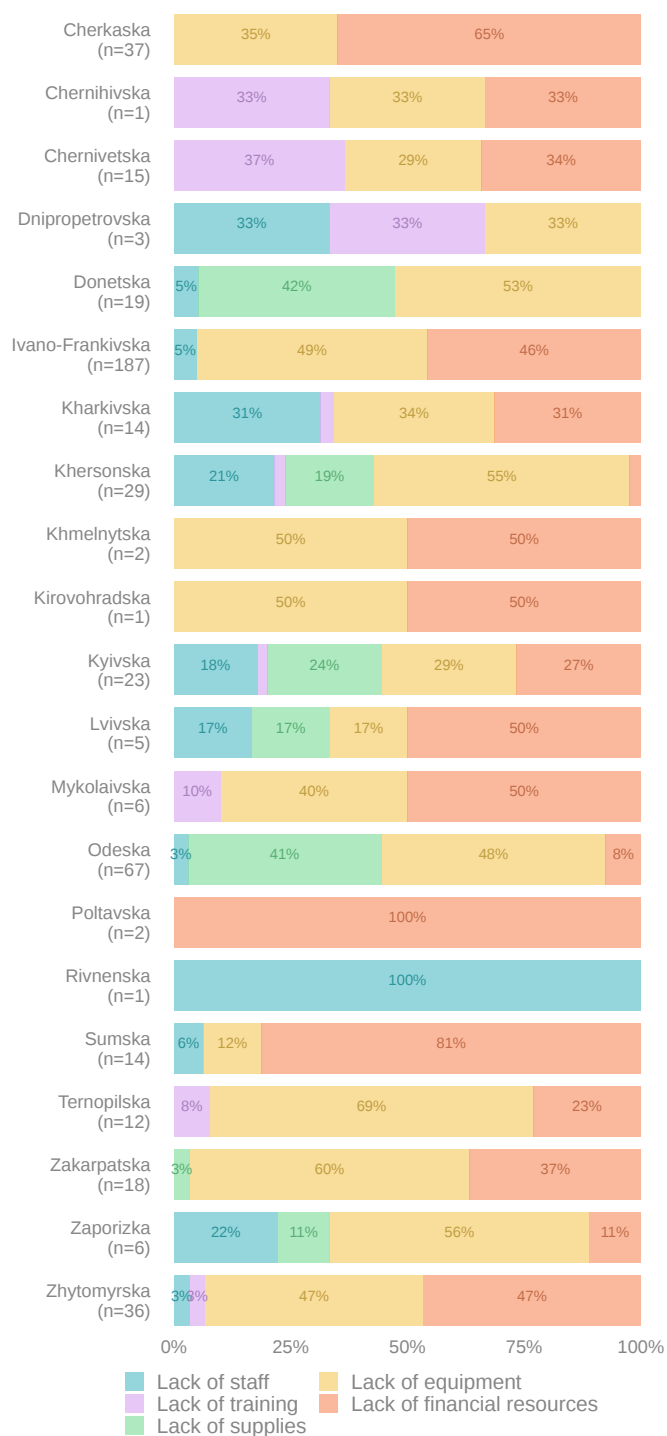


# AVAILABILITY OF THE eHEALTH

Availability by oblast



Main causes of unavailability by oblast\*



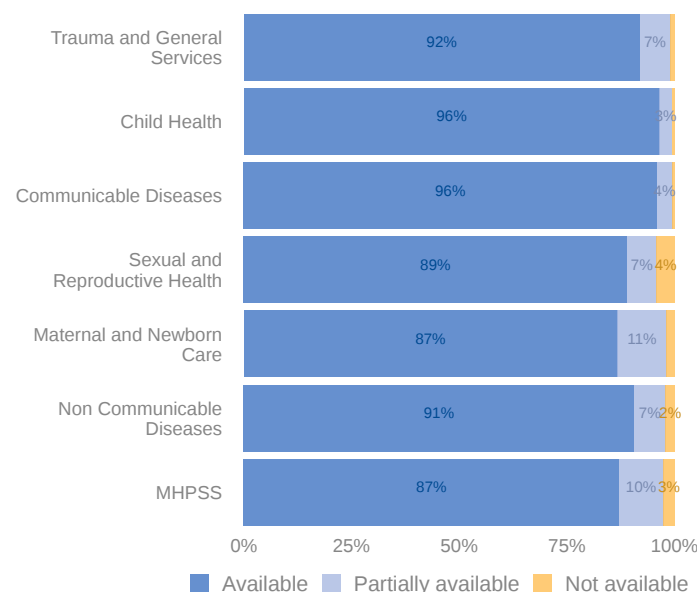
\* Chart includes health facilities in which causes of unavailability were indicated

# HEALTH SERVICE DOMAINS OVERVIEW

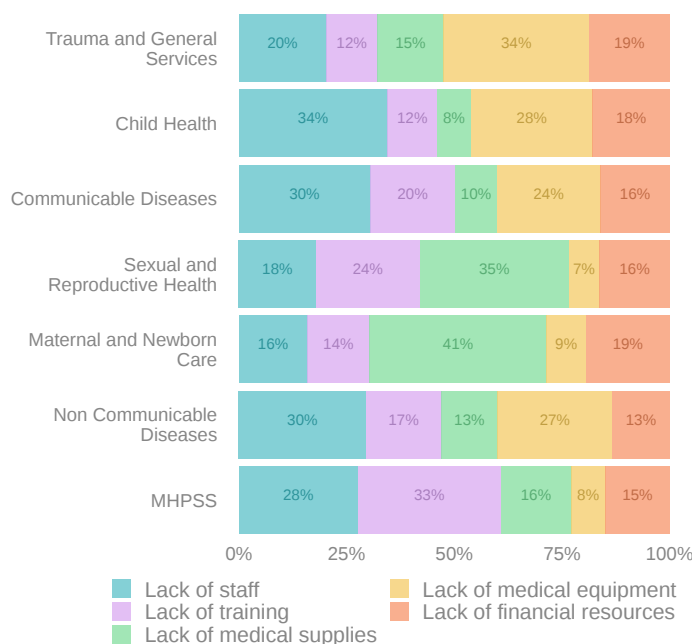


# HEALTH SERVICE DOMAINS OVERVIEW\*

Availability of services by domains



Barriers to service domains delivery

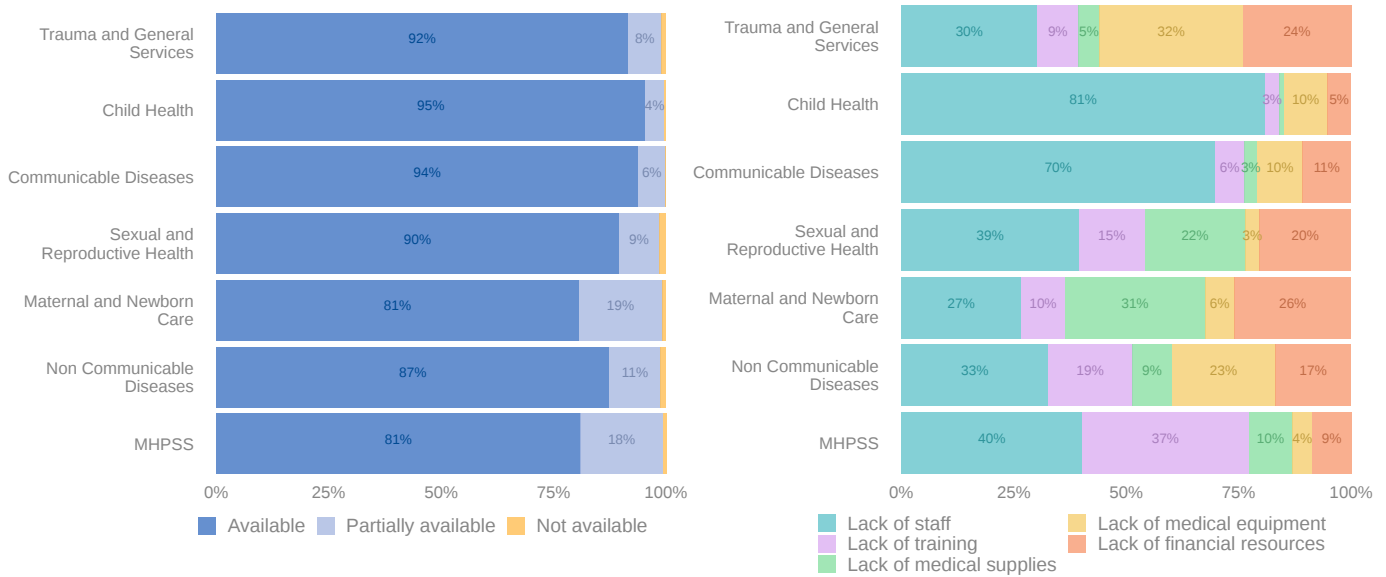


\* Services domains include the following services:

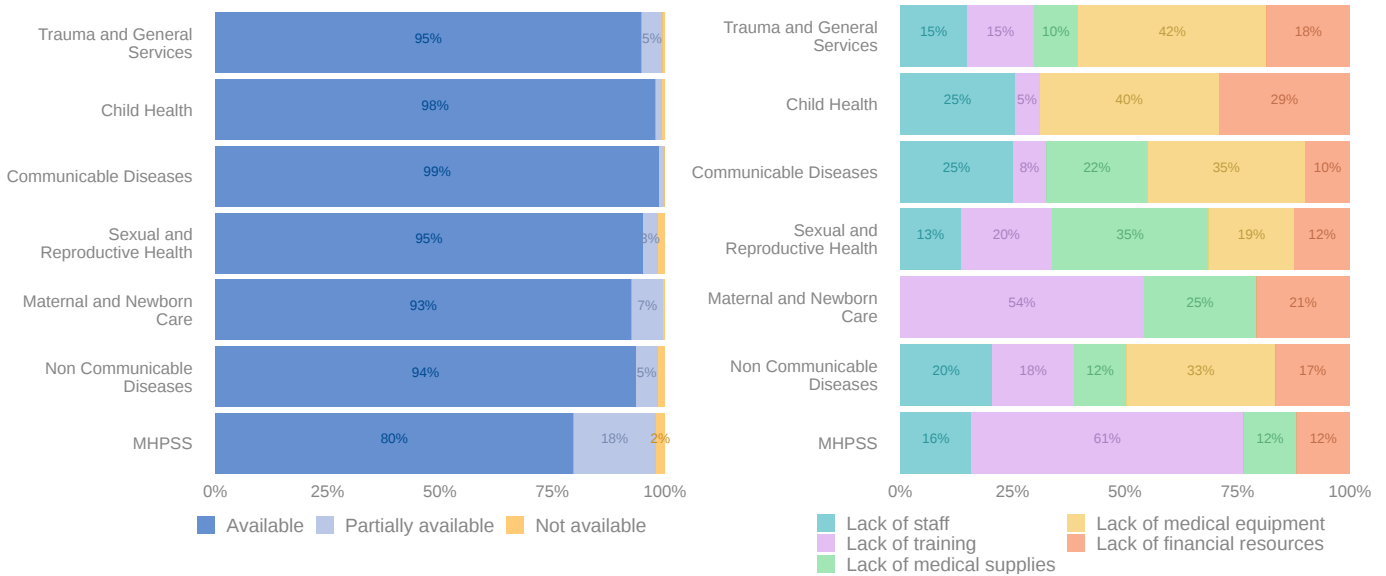
| Domain                         | Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Trauma and General Services    | Request for ambulance services by the patient; Recognition of danger signs; Acuity-based formal triage; Basic emergency care by prehospital provider; Basic Emergency Care; Advanced Syndrome-based management; Referral capacity without the need of specific transportation; Monitored referral with transportation; Acceptance of referrals; Acceptance of complex referrals; Outpatient services for primary care; Remote consultations telemedicine; Outpatient department for specialized care; Home visits; Minor trauma definitive management; Emergency and elective surgery; Burns treatment; Emergency and elective surgery with at least two operating theatres; Orthopedic/trauma ward; Short hospitalization capacity; Basic inpatient bed capacity; Advanced inpatient bed capacity; Inpatient critical care management; Basic laboratory; Laboratory services for specialized care; Blood bank services; Hemodialysis/Peritoneal dialysis; Basic X-ray service; Radiology unit; Early discharge of post-operative patients in mass casualty scenarios |
| Child Health                   | Outpatient services; Inpatient surgical care; Inpatient non-surgical care; Management of children classified as severe or very severe diseases; Community mobilization for EPI; EPI; Breastfeeding practices; Growth monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Communicable Diseases          | Syndromic surveillance; Event-based surveillance; Tuberculosis; MDRTB; IEC on local priority diseases; Local priority diseases; Management of severe and/or complicated communicable diseases; Isolation unit or room; Readiness of epidemic and emergency situations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Sexual and Reproductive Health | Free access to condoms; IEC on STI/HIV; Syndromic management of STIs; HIV testing and counseling; Pre-exposure prophylaxis; PMTCT; Antiretroviral treatment; Clinical management of rape survivors; Emergency contraception; Post-exposure prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Maternal and Newborn Care      | Family planning; Antenatal care; Skilled care during childbirth; Basic Emergency Obstetric Care; Comprehensive Emergency Obstetric Care; Postpartum care; Comprehensive abortion care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Non-Communicable Diseases      | Promote self-care; NCD Clinic; Asthma and Chronic Obstructive Pulmonary Disease; Availability of cancer diagnostics services; Primary cancer screening (non-instrumental methods); Mammography; Hysteroscopy; Esophagogastroduodenoscopy; Colonoscopy; Cystoscopy; Bronchoscopy; Prostate biopsy; Availability of cancer treatment services; Chemotherapy treatment and follow-up; Radiotherapy treatment and follow-up; Hematological and oncohematological diseases; Hypertension; Medical assistance in acute cerebral stroke; Medical assistance for acute myocardial infarction; Diabetes; Inpatient acute rehabilitation; Outpatient or community level rehabilitation services; Prosthetics and Orthotics; Oral health and dental care                                                                                                                                                                                                                                                                                                                         |
| MHPSS                          | Psychological first aid; Outpatient management of mental disorders; Management of opioid drugs abuse; Inpatient care for mental disorders by specialists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

# HEALTH SERVICE DOMAINS BY OBLAST

## Cherkaska

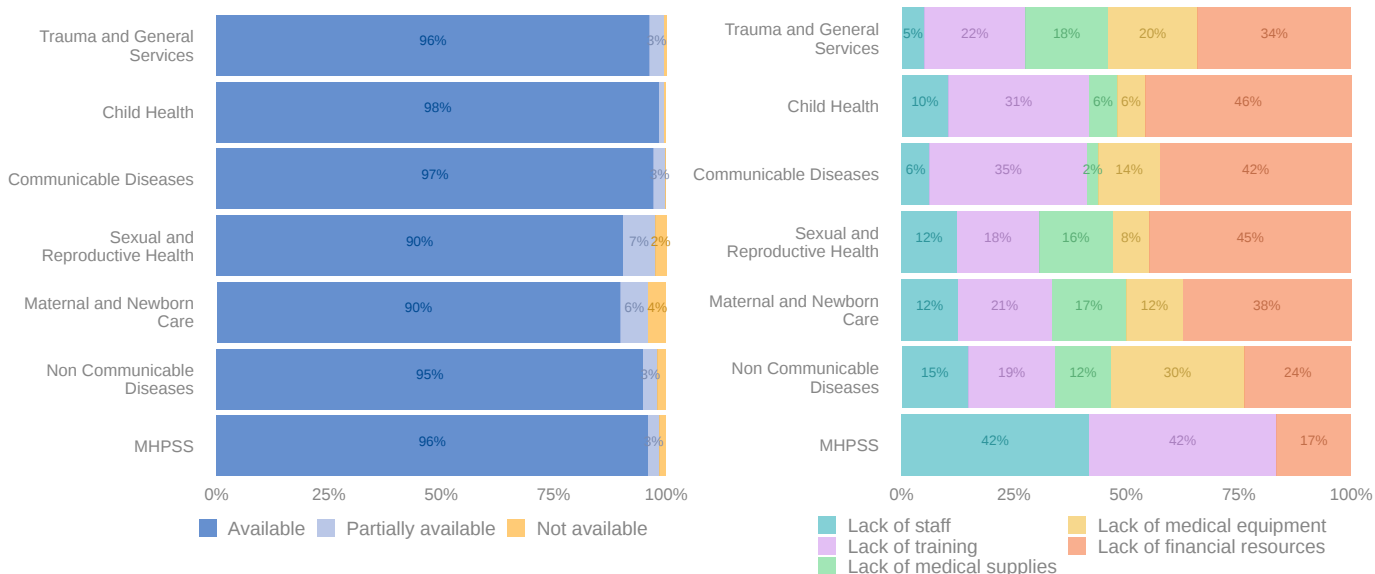


## Chernihivska

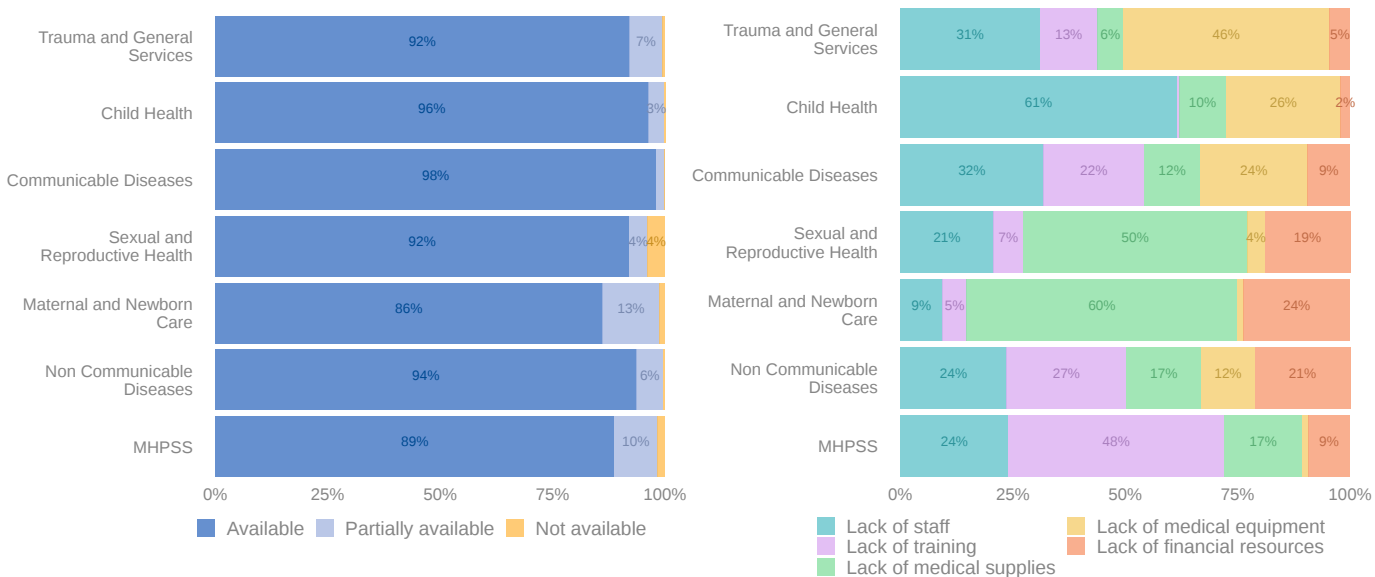


# HEALTH SERVICE DOMAINS BY OBLAST

## Chernivetska

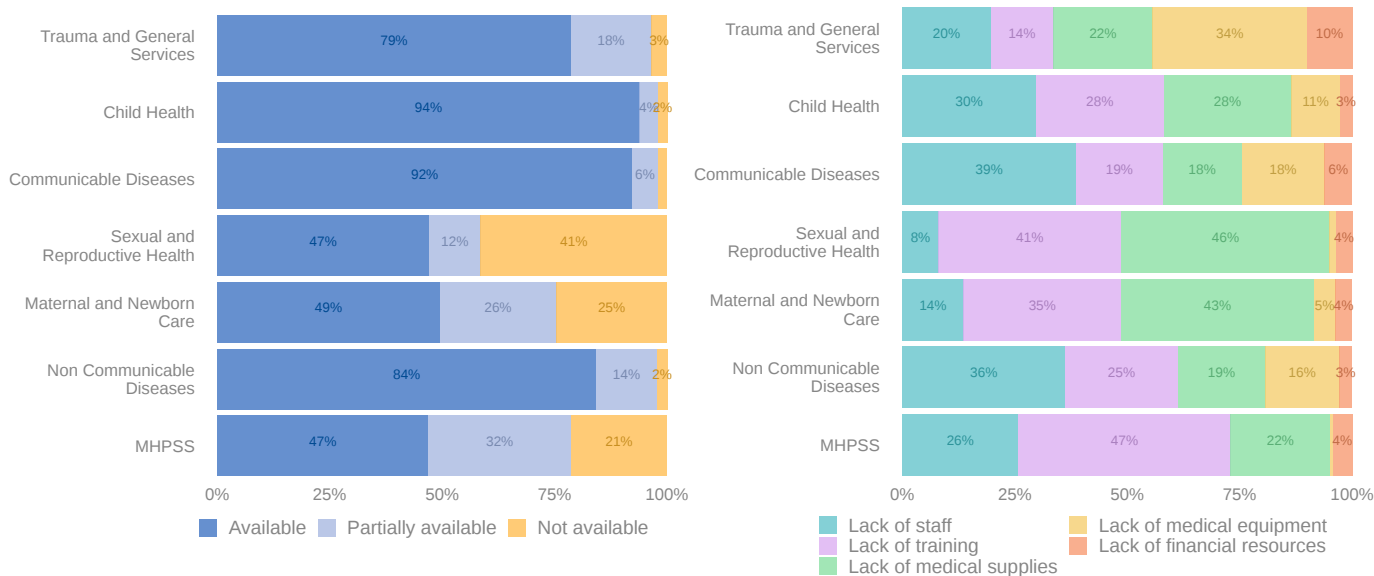


## Dnipropetrovka

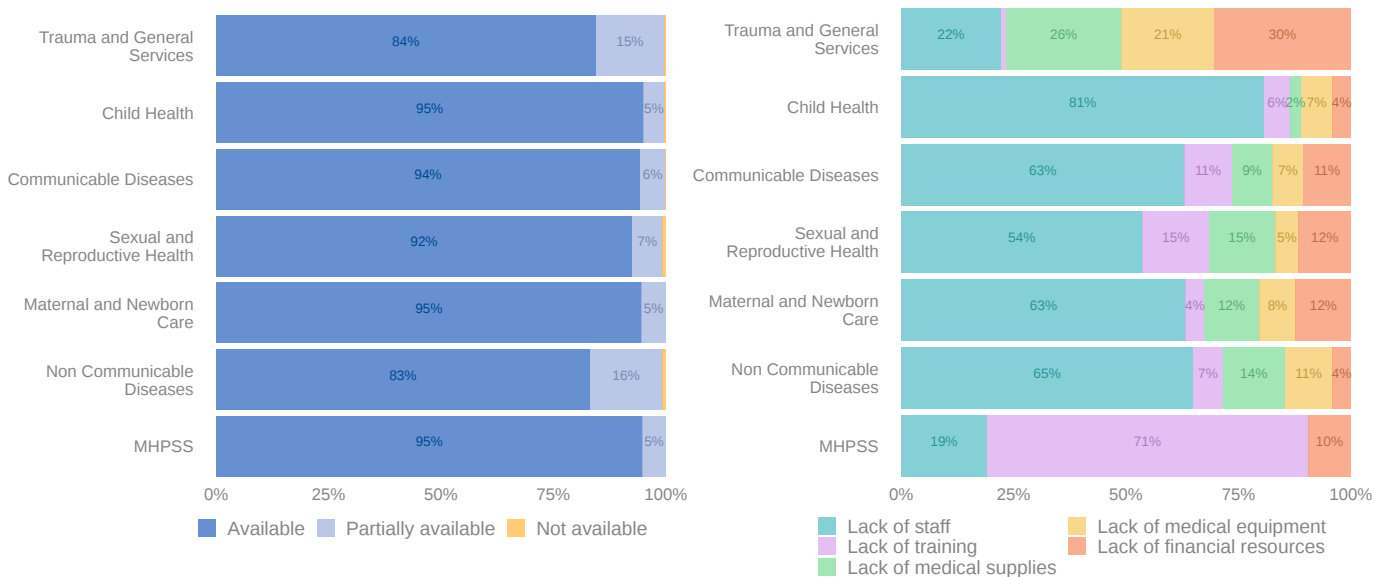


# HEALTH SERVICE DOMAINS BY OBLAST

## Donetska

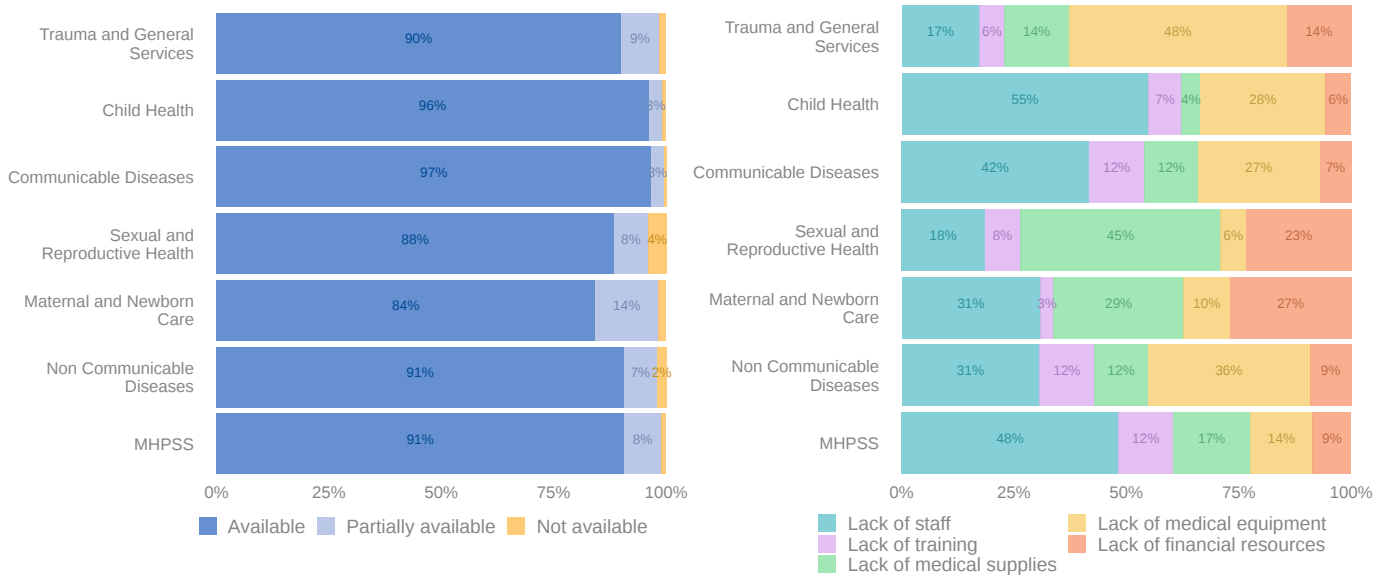


## Ivano-Frankivska

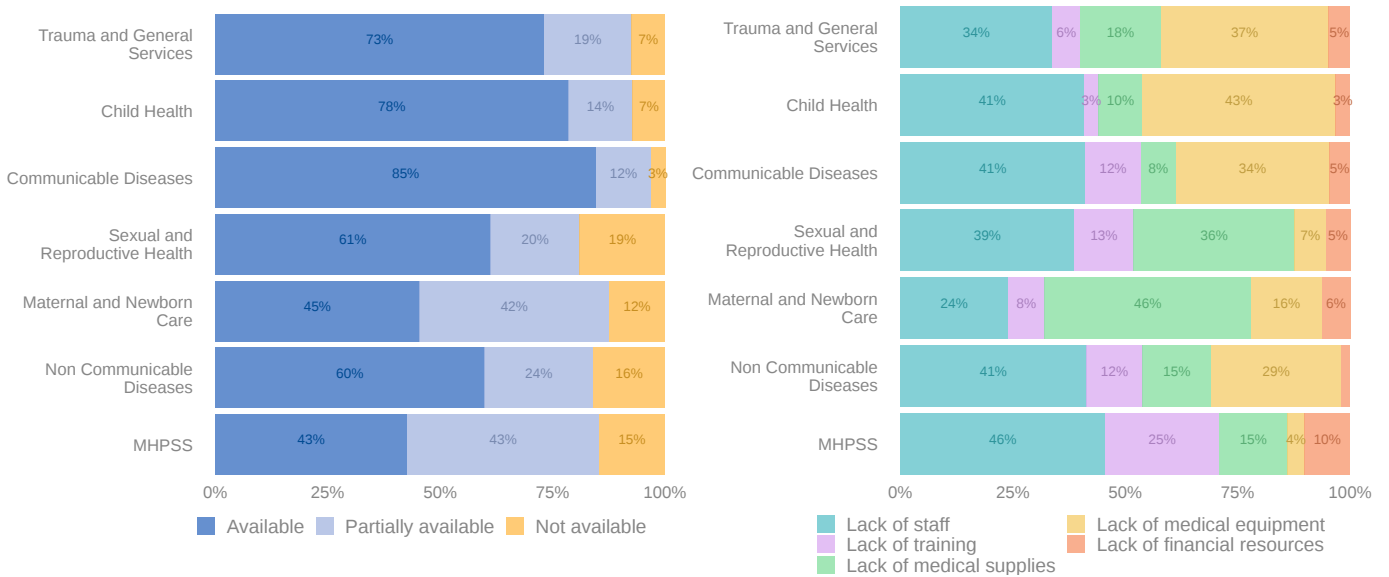


# HEALTH SERVICE DOMAINS BY OBLAST

## Kharkivska

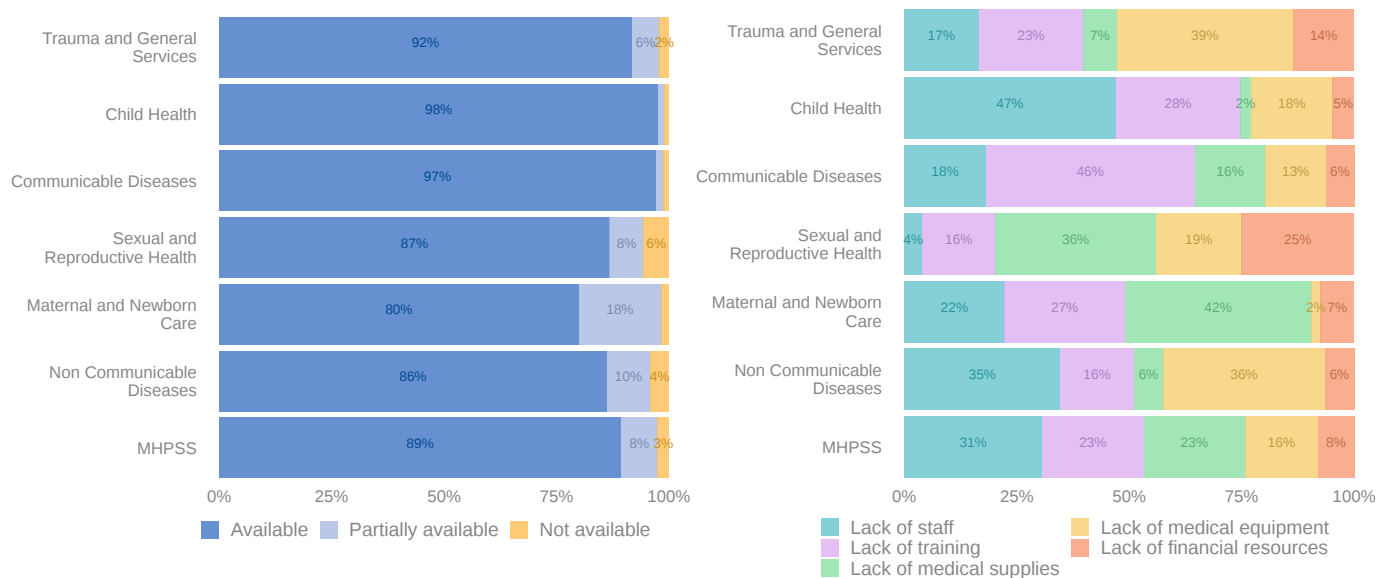


## Khersonska

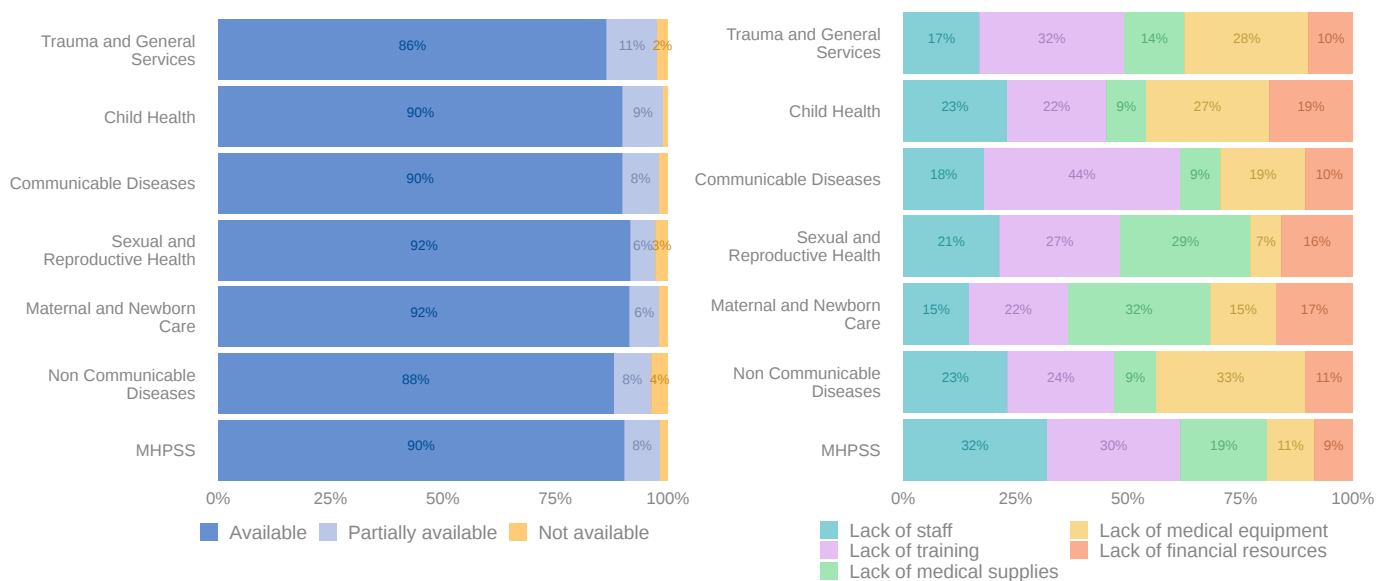


# HEALTH SERVICE DOMAINS BY OBLAST

## Khmelnyska

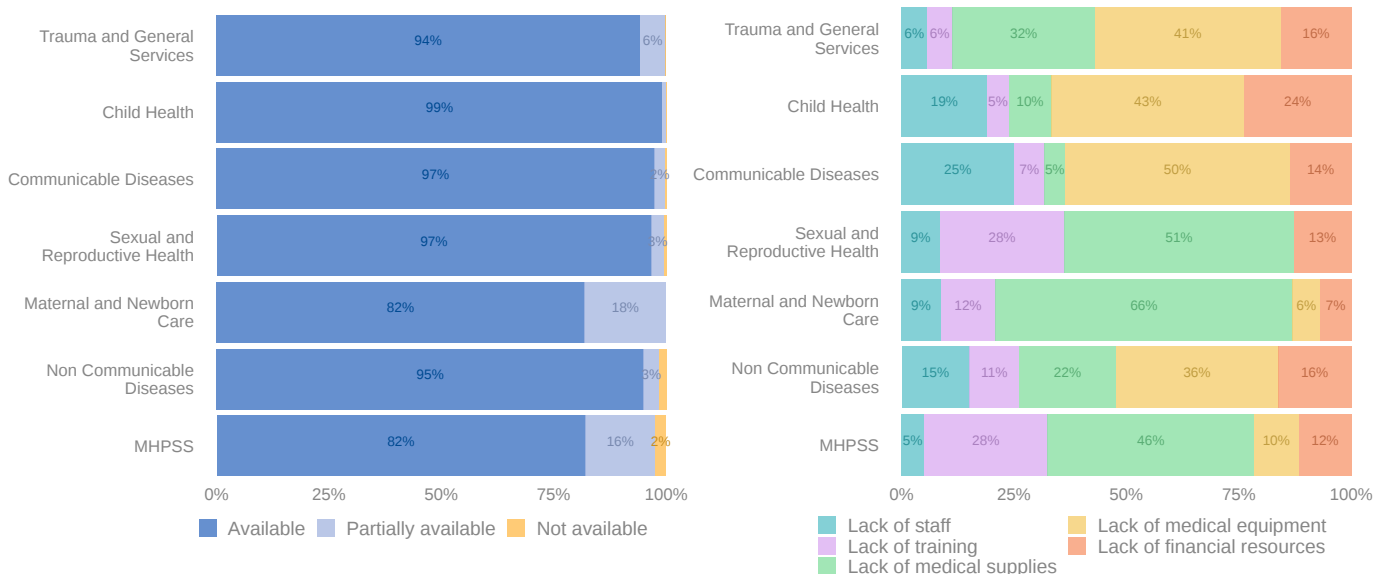


## Kirovohradska

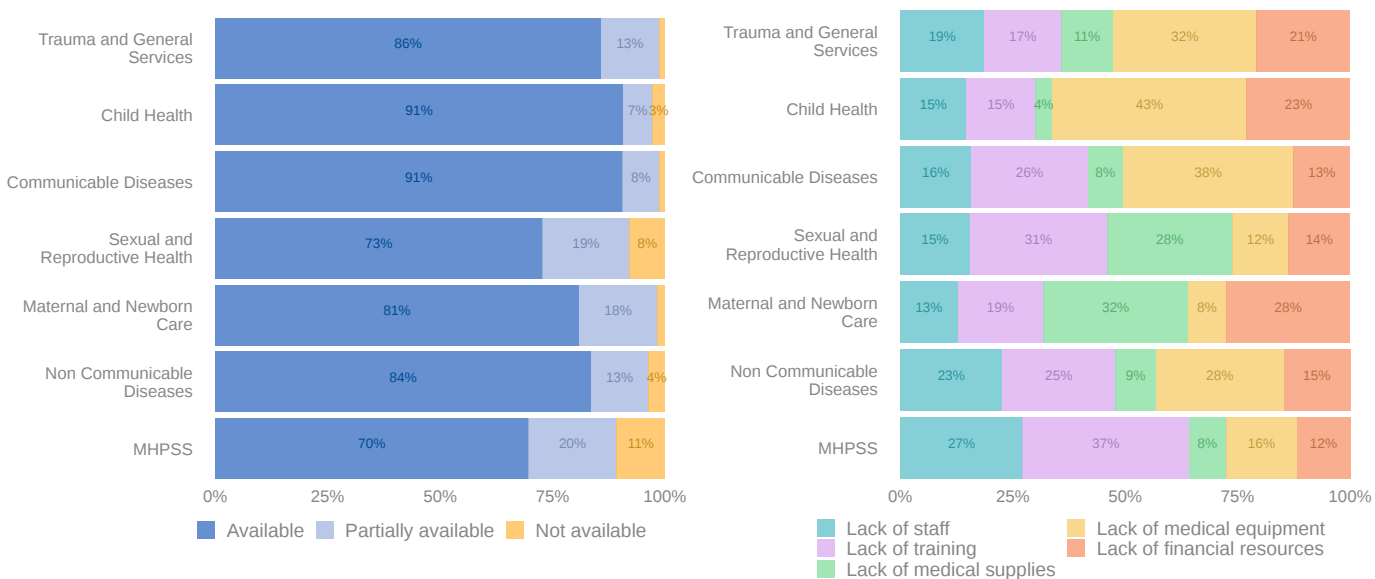


# HEALTH SERVICE DOMAINS BY OBLAST

## Kyiv City

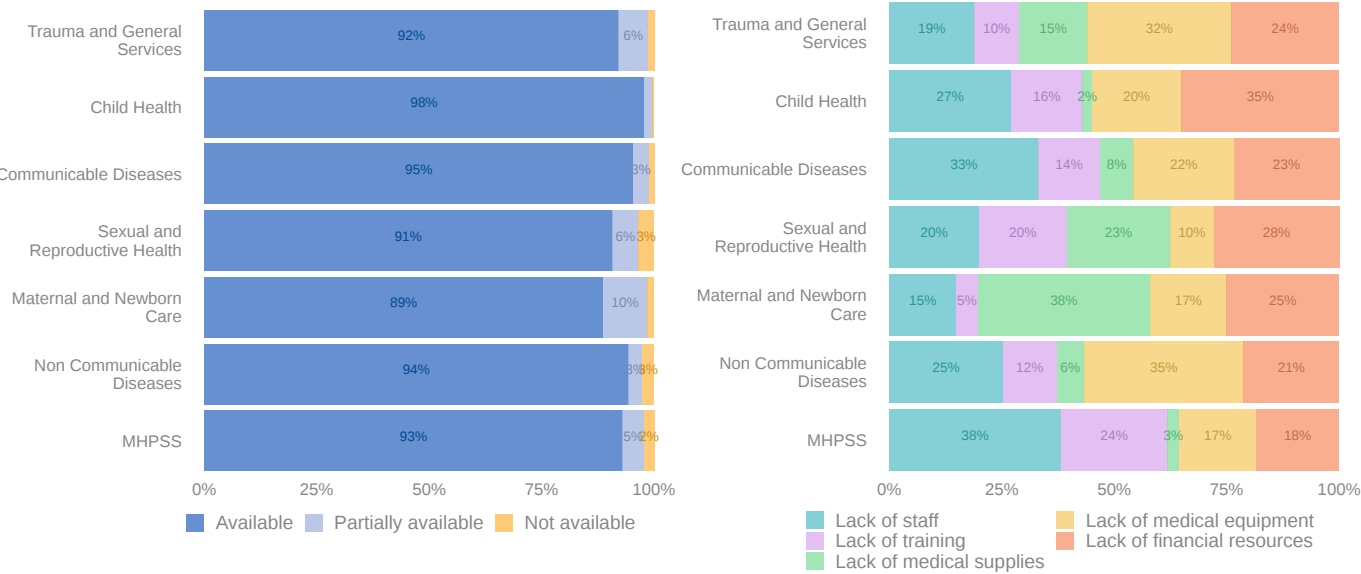


## Kyivska

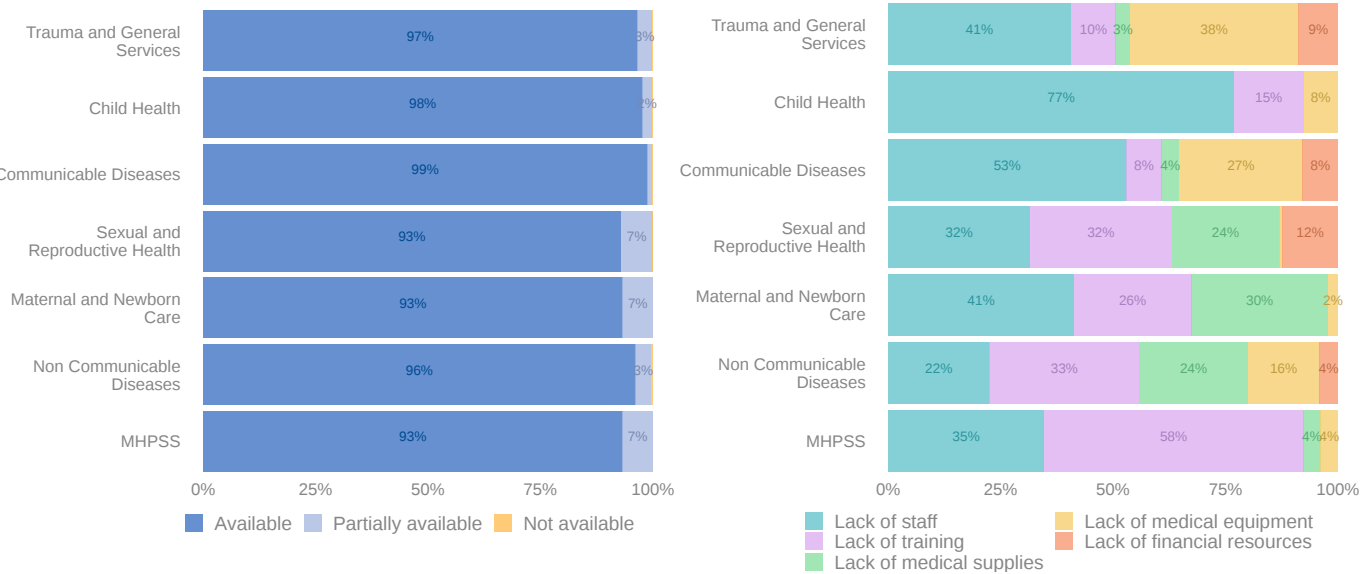


# HEALTH SERVICE DOMAINS BY OBLAST

## Lvivska

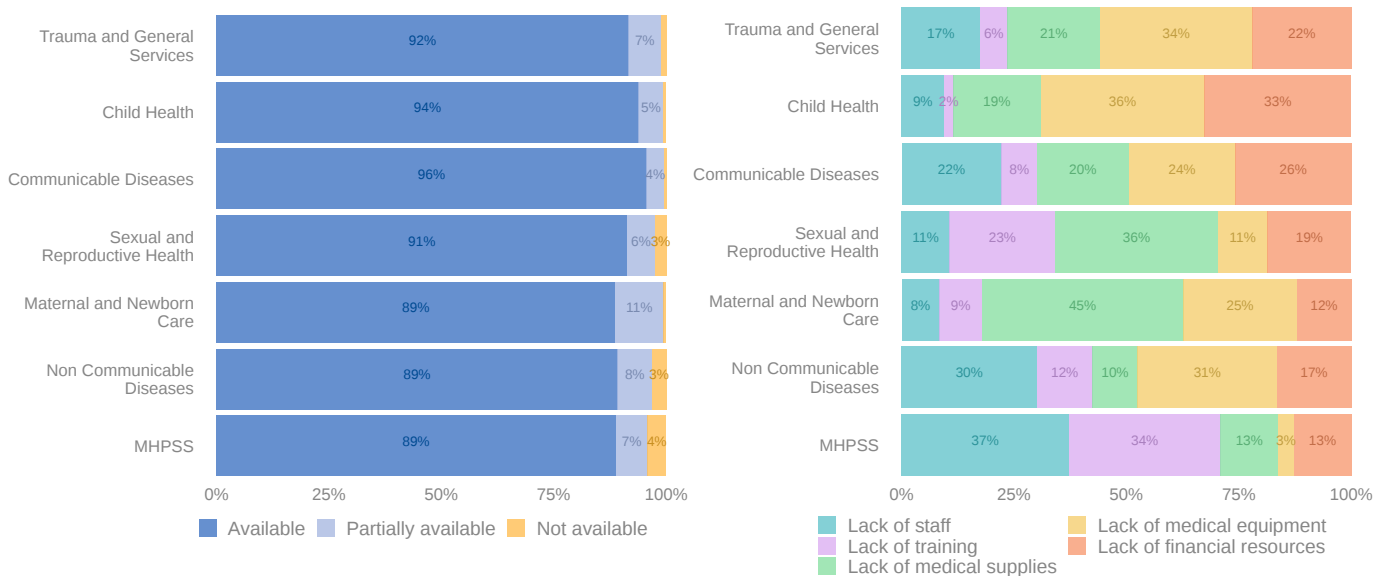


## Mykolaivska

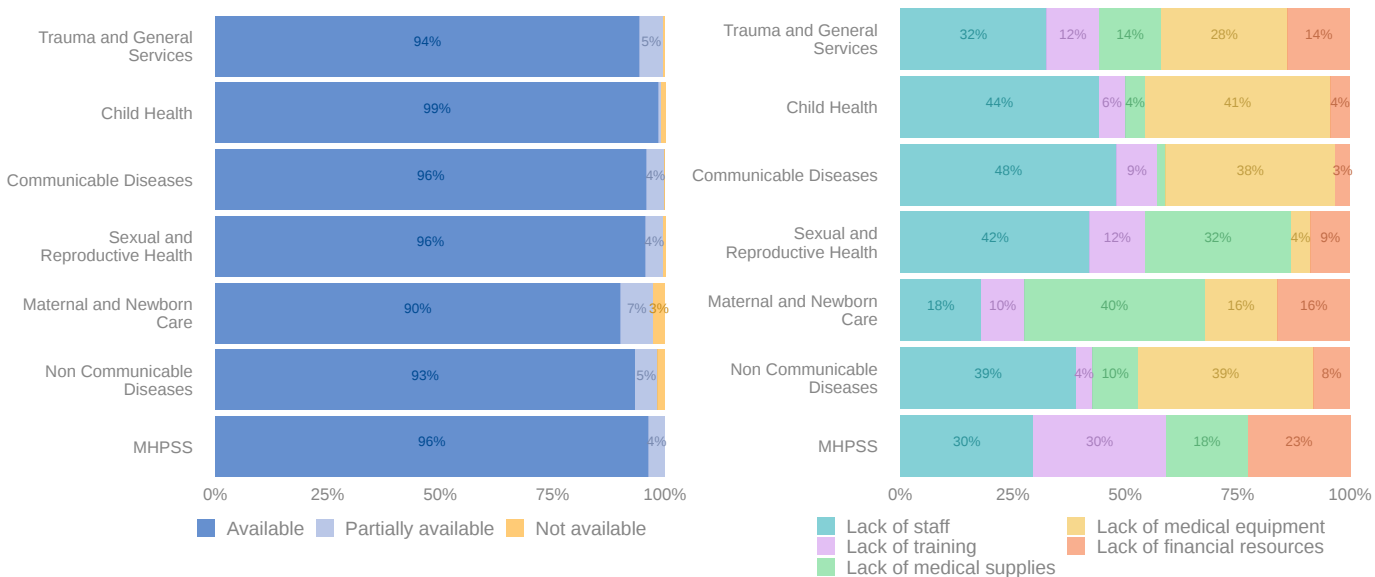


# HEALTH SERVICE DOMAINS BY OBLAST

## Odeska

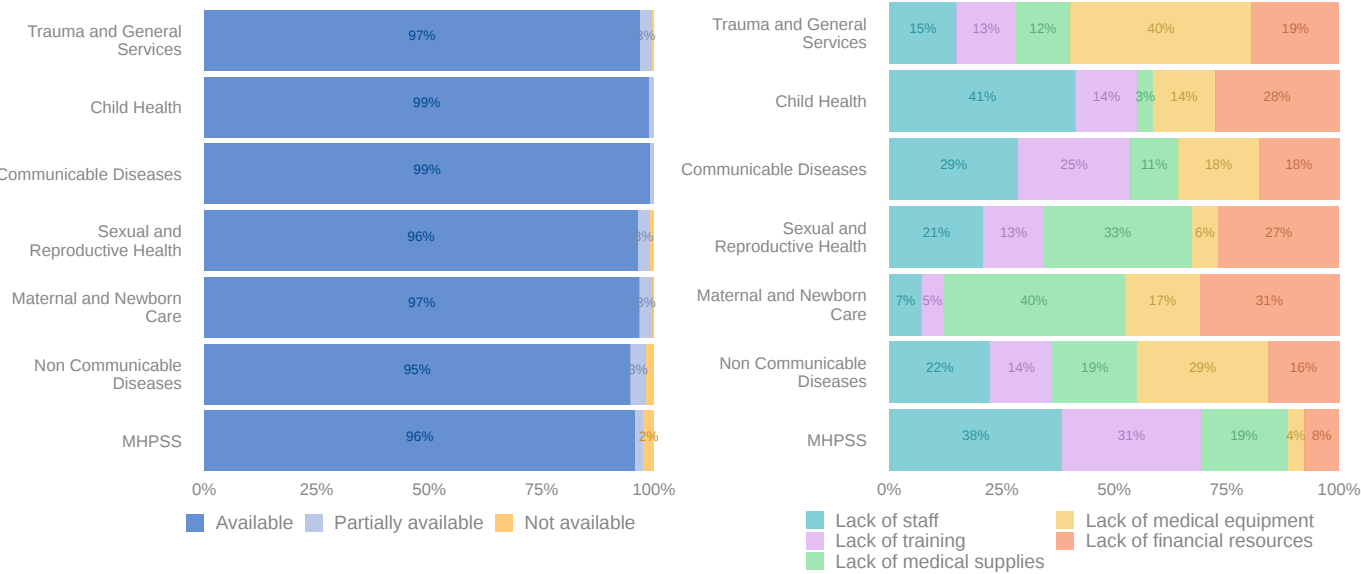


## Poltavska

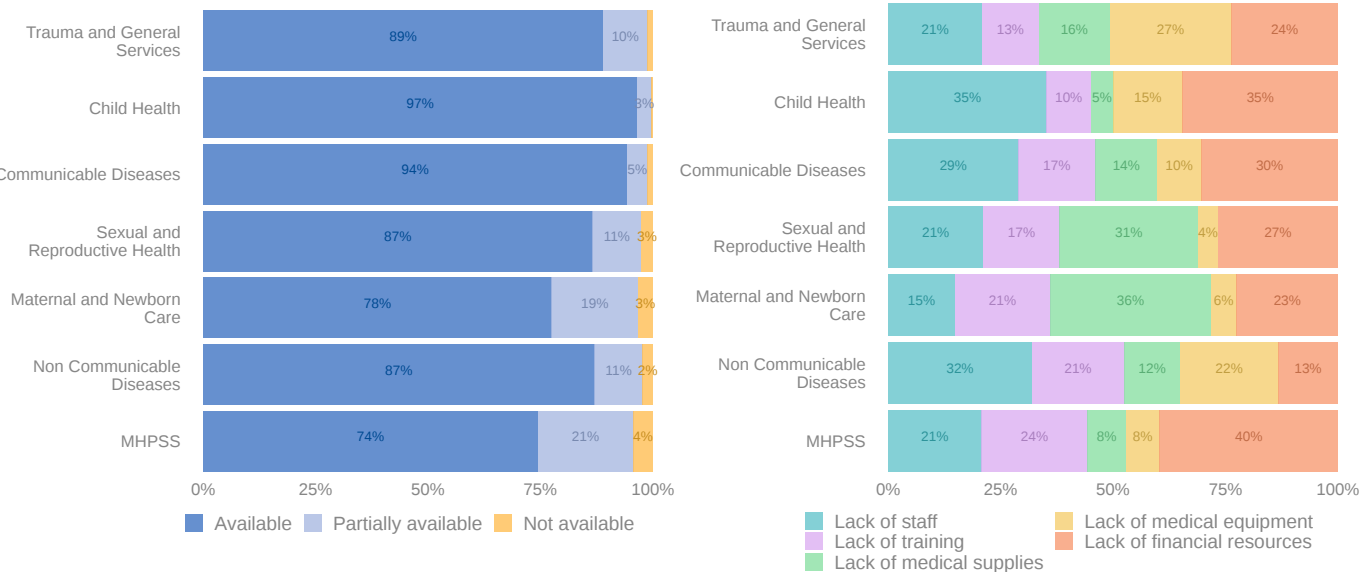


# HEALTH SERVICE DOMAINS BY OBLAST

## Rivnenska

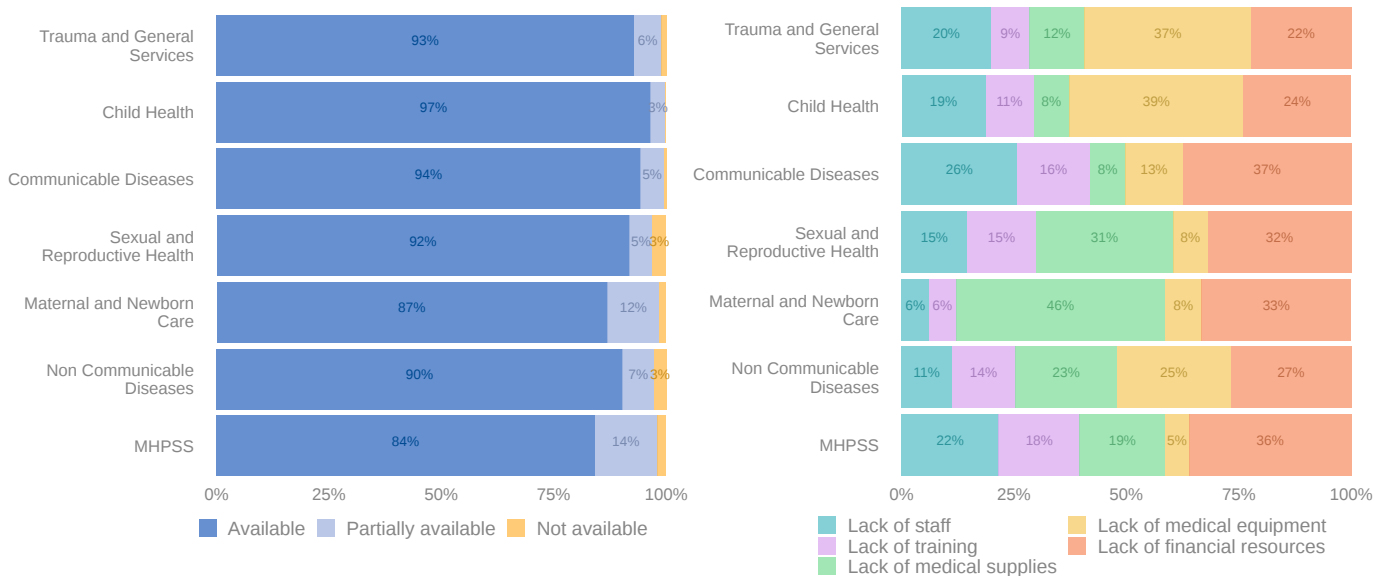


## Sumska

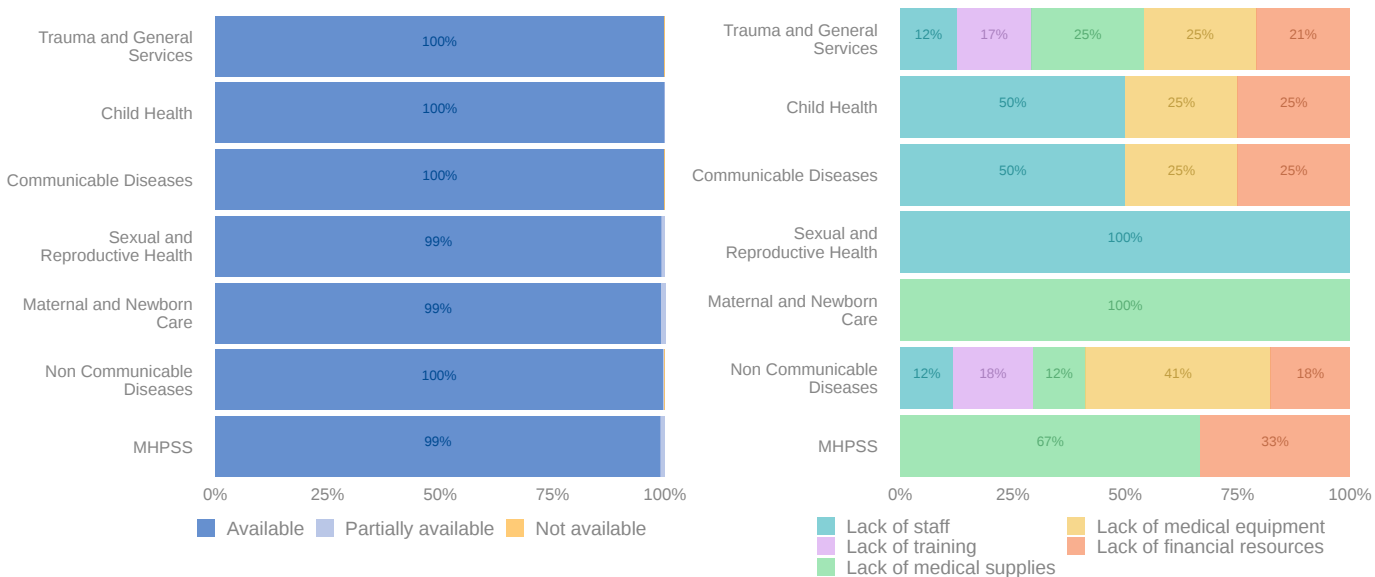


# HEALTH SERVICE DOMAINS BY OBLAST

## Ternopil'ska

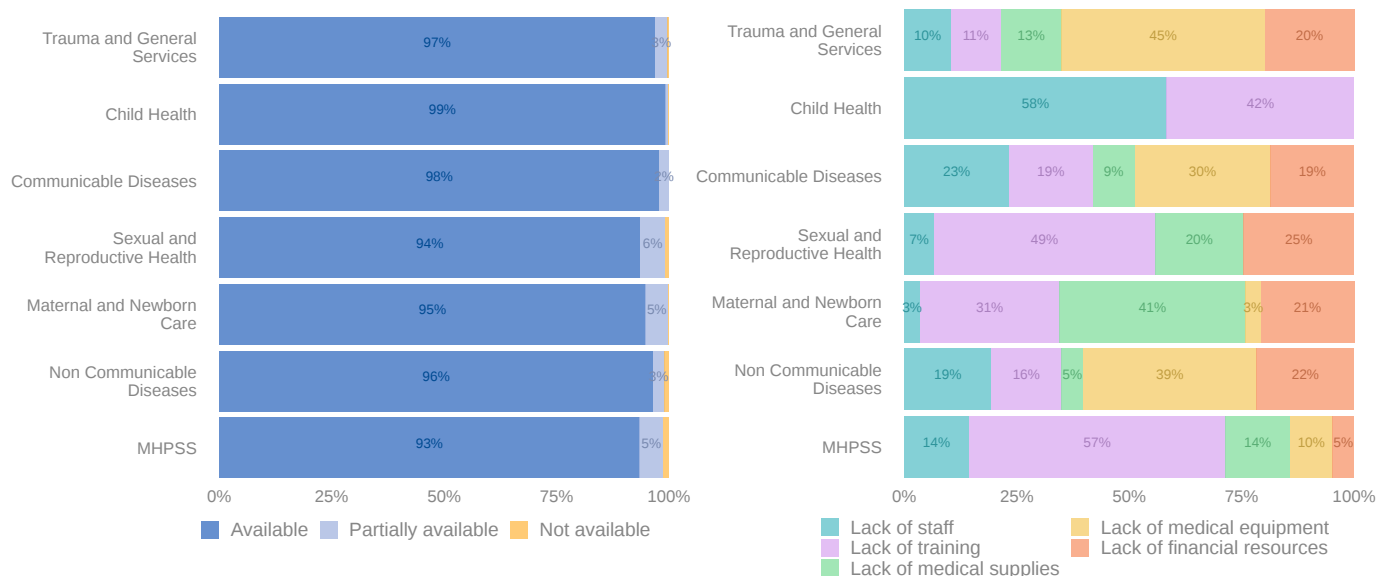


## Vinnytska

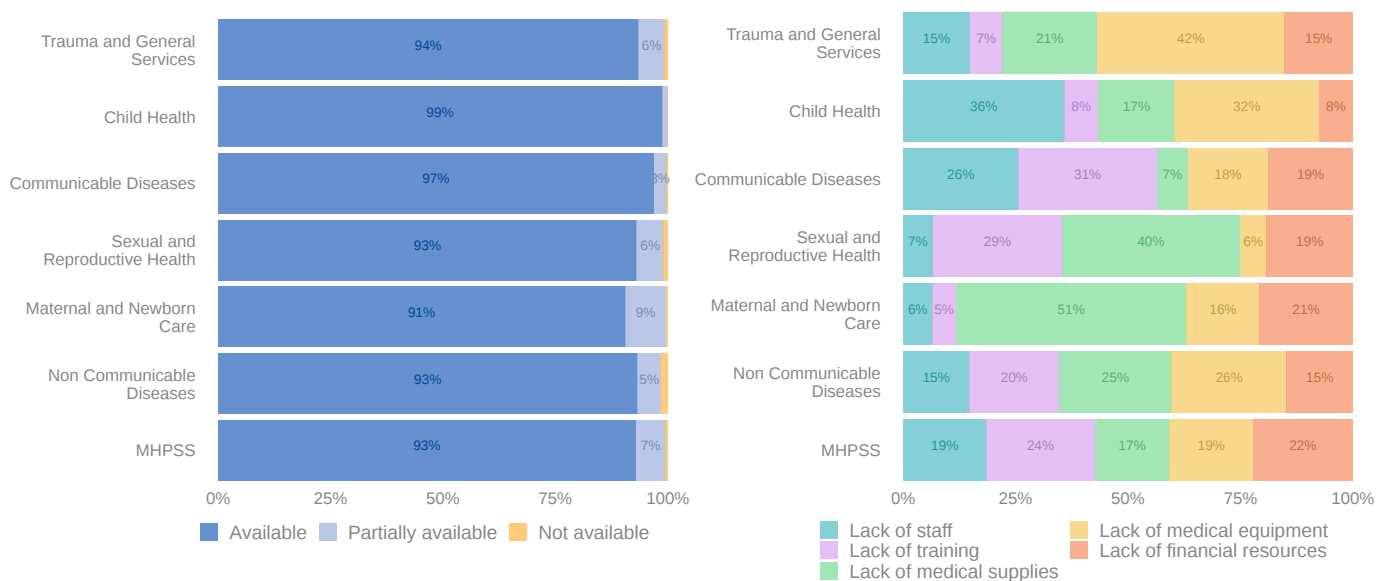


# HEALTH SERVICE DOMAINS BY OBLAST

## Volynska

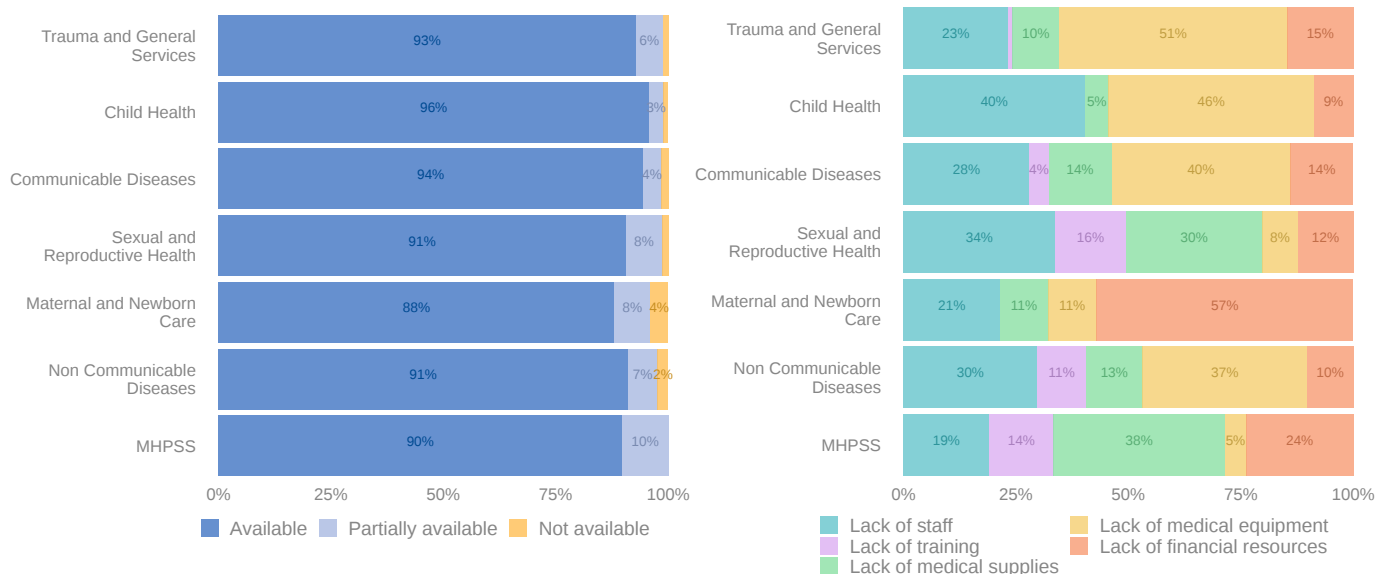


## Zakarpatska

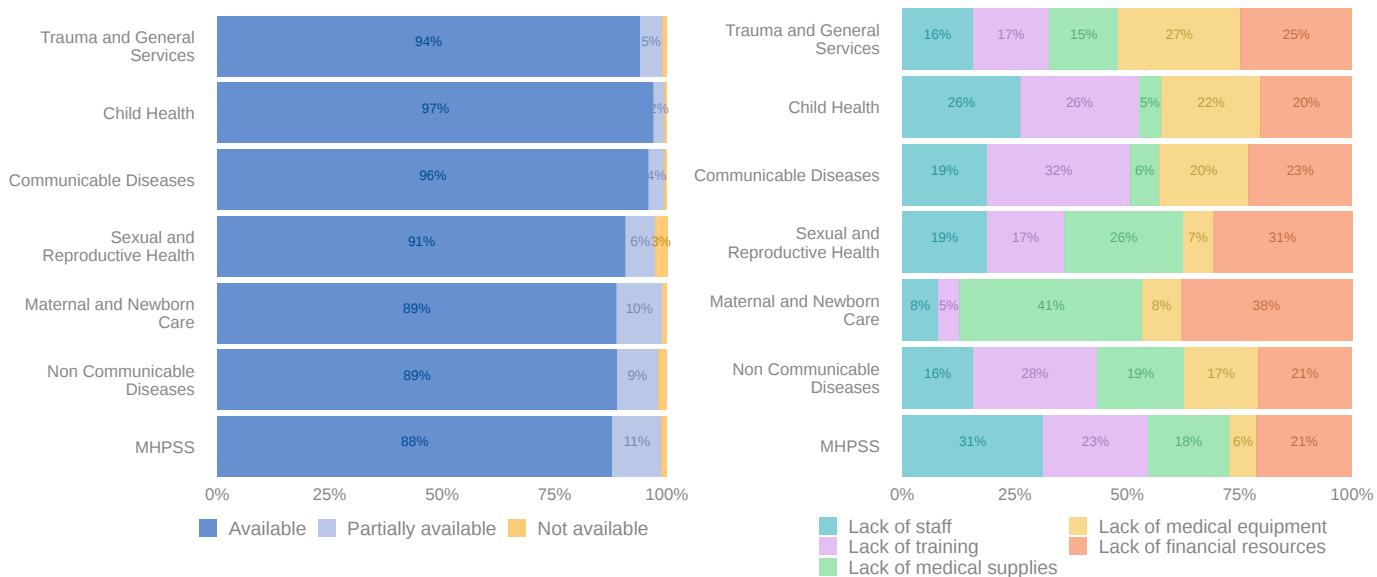


# HEALTH SERVICE DOMAINS BY OBLAST

## Zaporizka



## Zhytomyrska



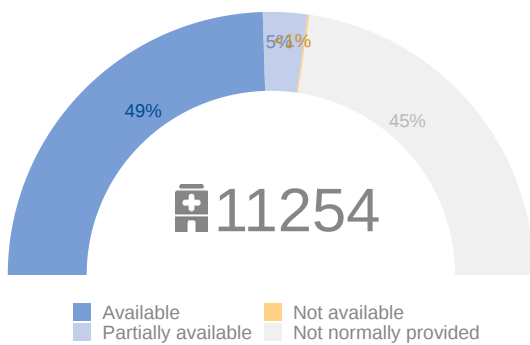


# **GENERAL CLINICAL AND EMERGENCY CARE SERVICES**

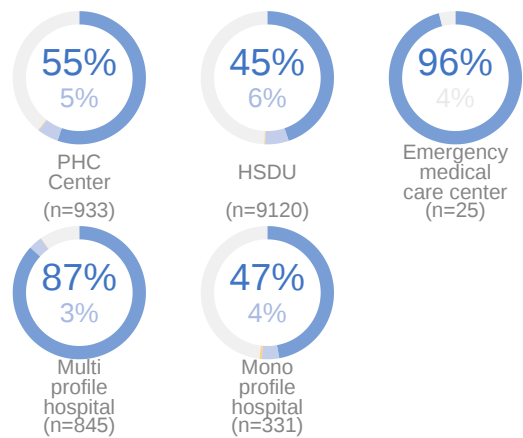


# BASIC EMERGENCY CARE

Service availability

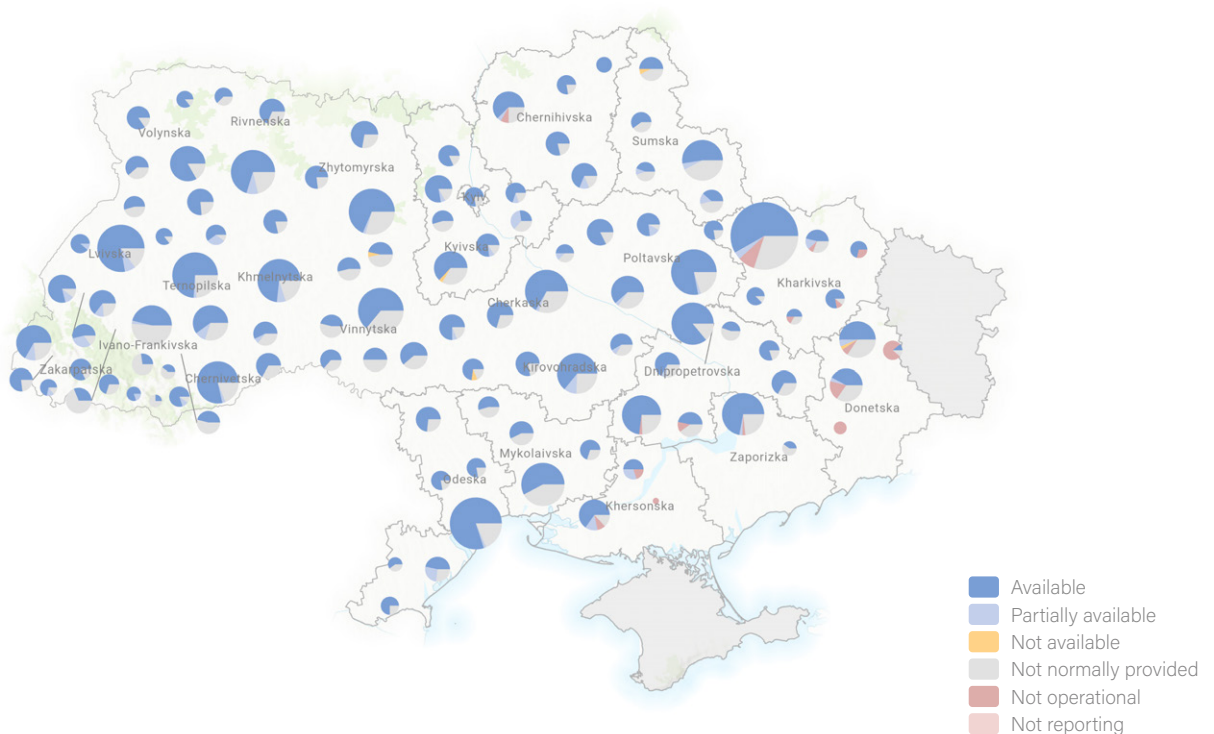


Service availability by health facility type



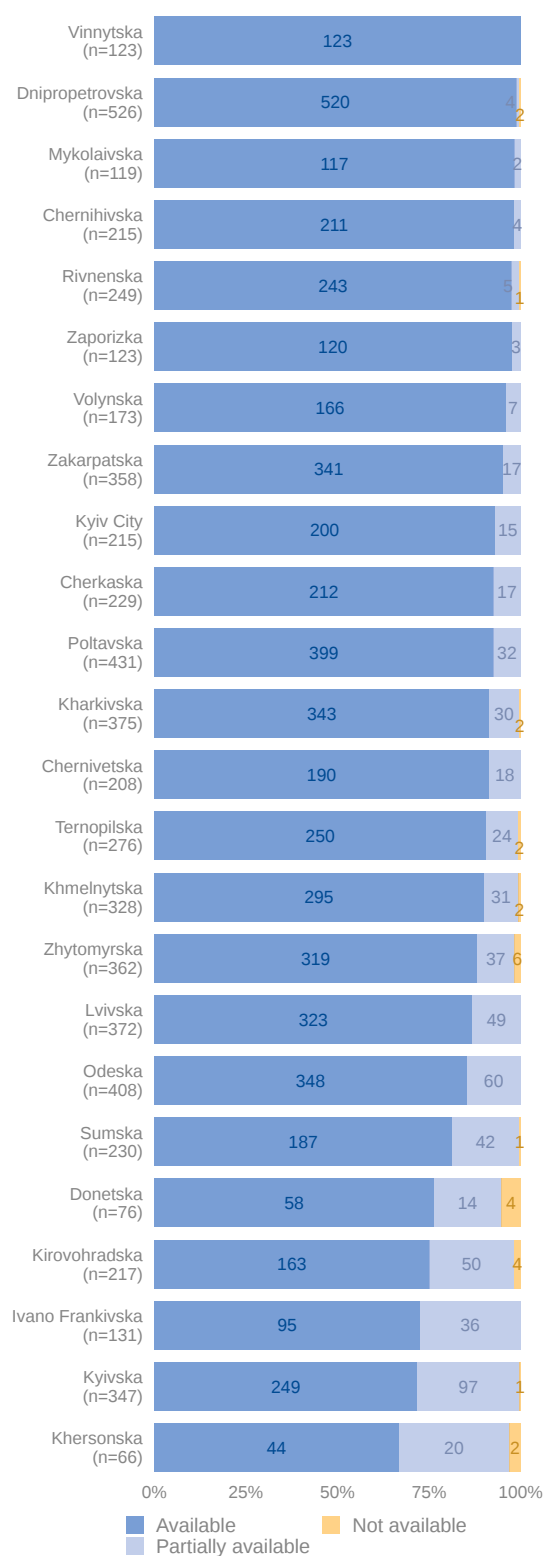
Main barriers impeding service delivery

(n = 641)

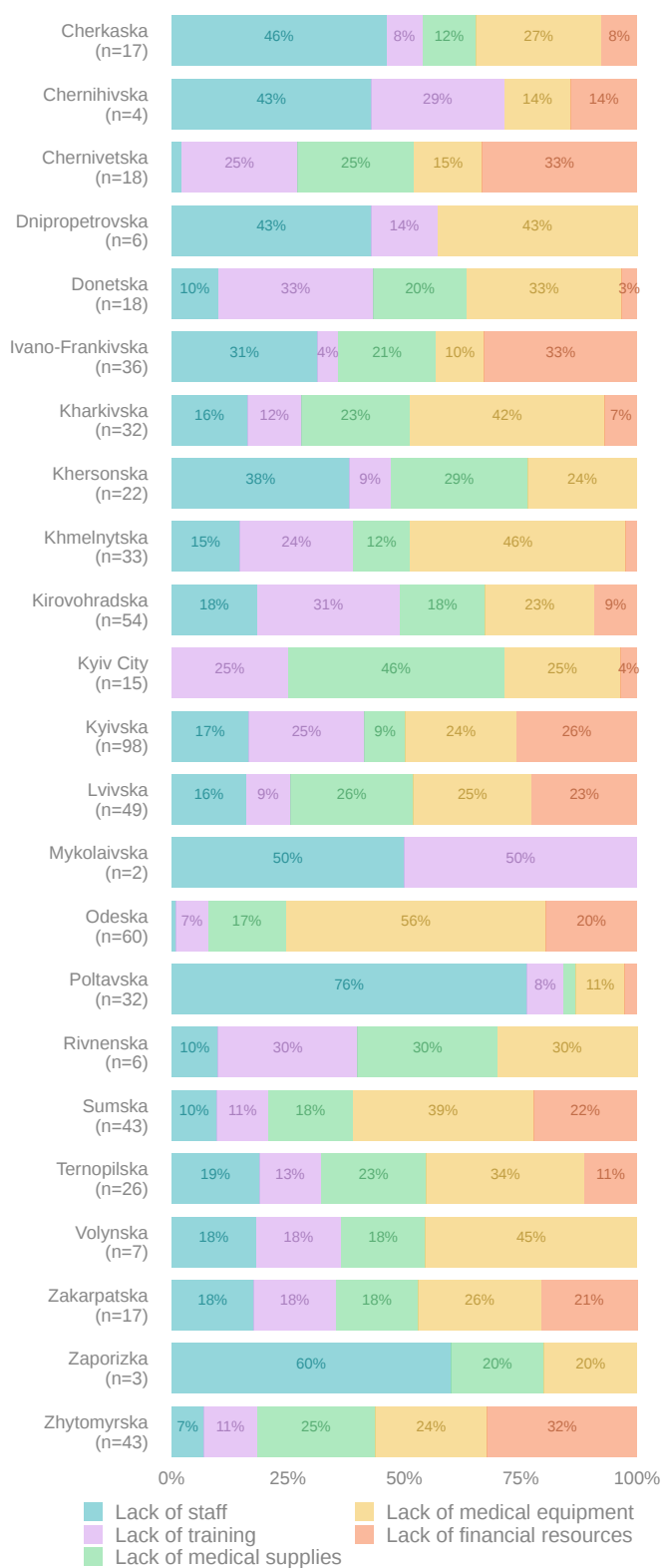


# BASIC EMERGENCY CARE

Service availability by oblast



Main barriers impeding service delivery by oblast\*

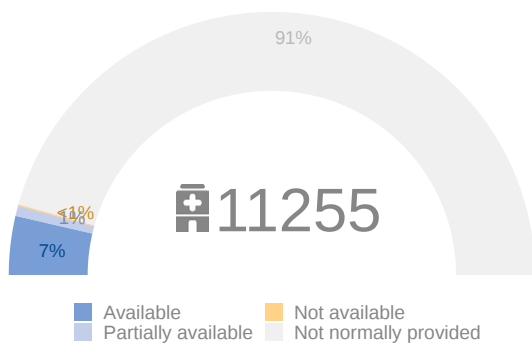


\* Chart excludes health facilities where the service is not normally provided.

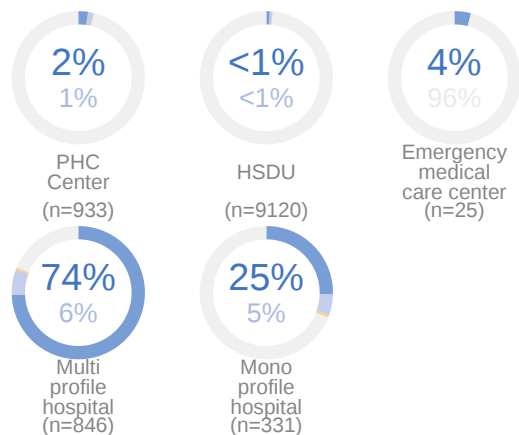
\*\* Chart includes health facilities where the causes/barriers were indicated.

# ADVANCED SYNDROME-BASED MANAGEMENT

Service availability

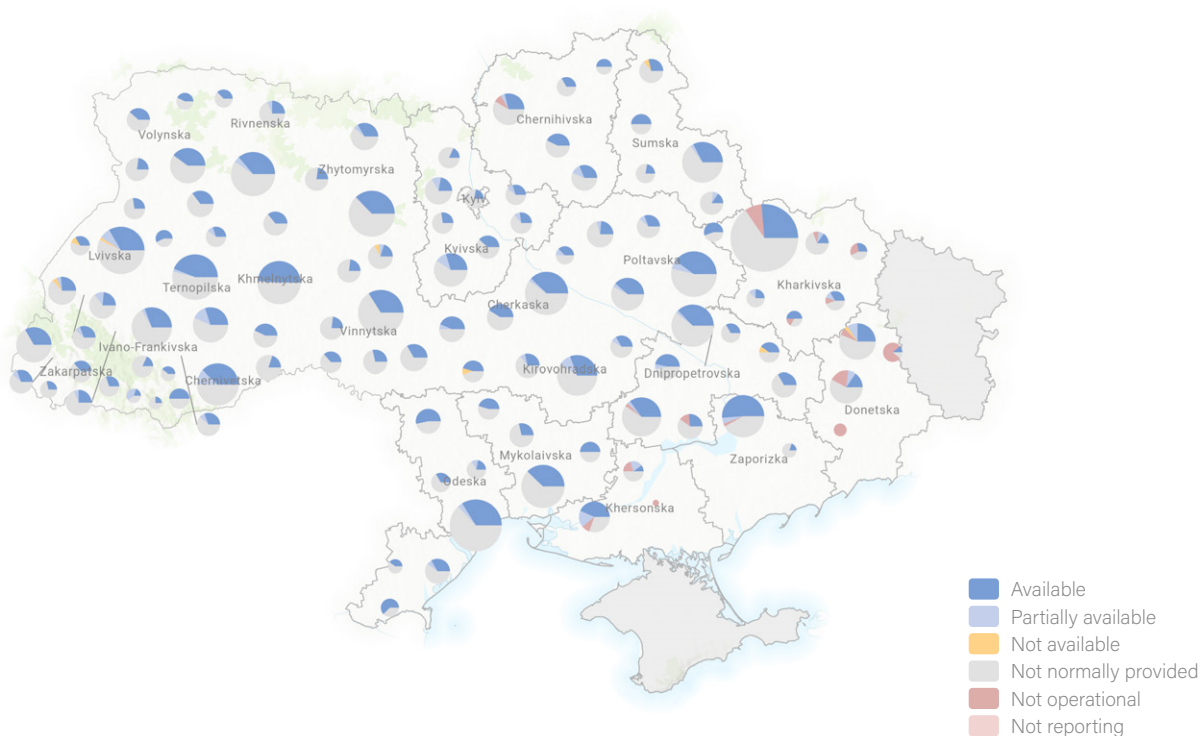


Service availability by health facility type



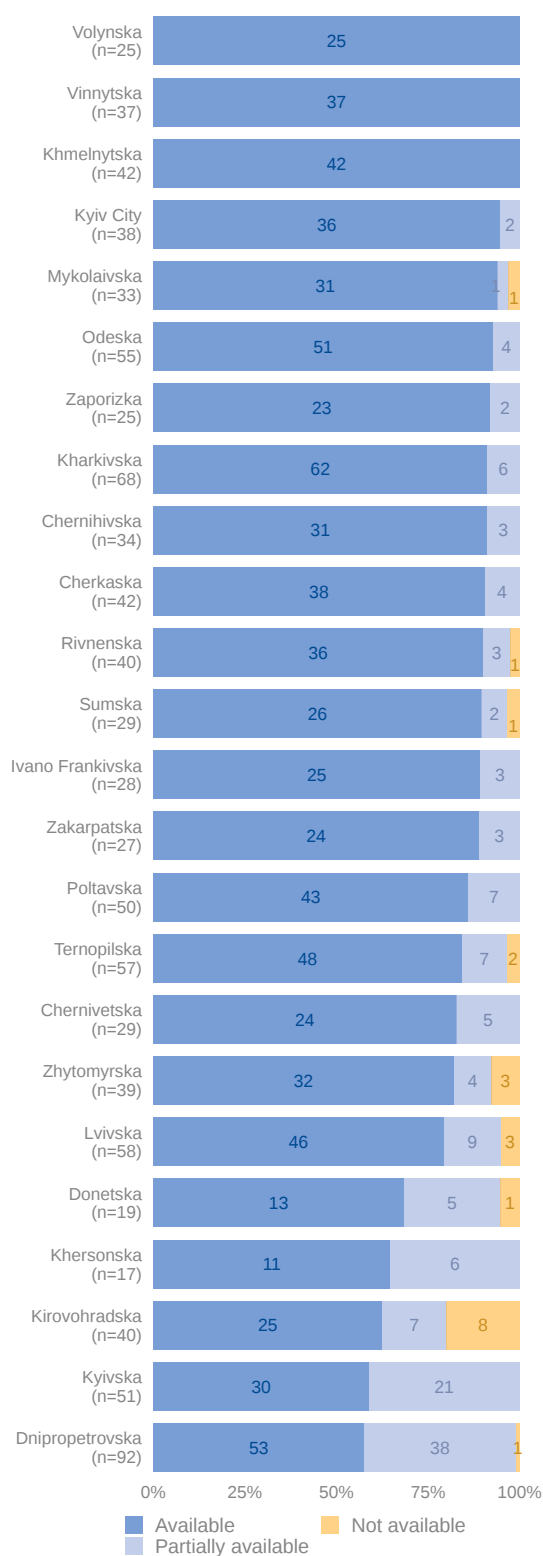
Main barriers impeding service delivery

(n = 163)

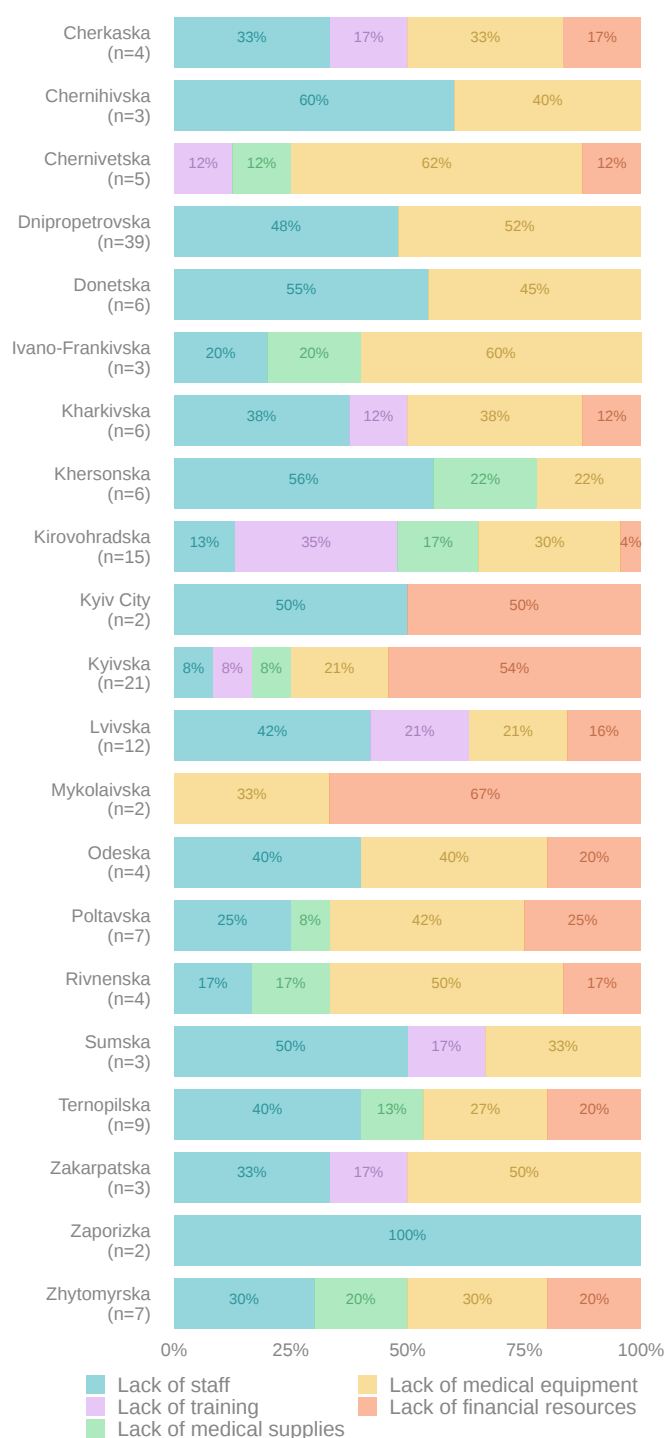


# ADVANCED SYNDROME-BASED MANAGEMENT

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

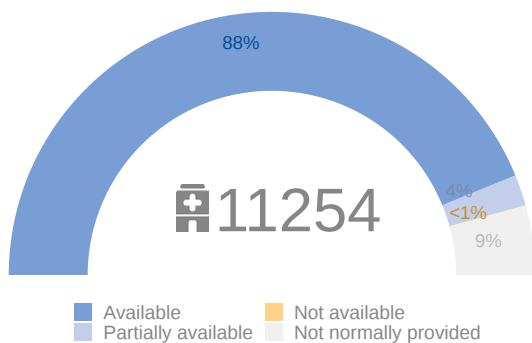


\* Chart excludes health facilities where the service is not normally provided.

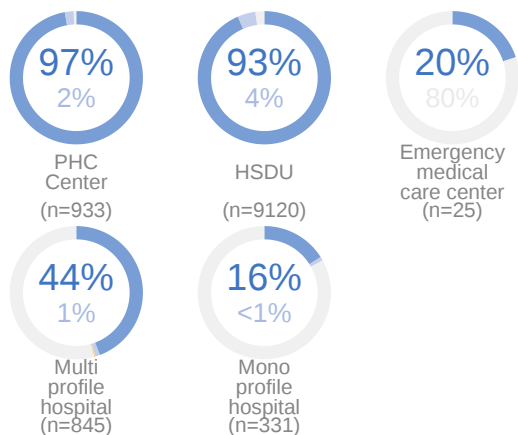
\*\* Chart includes health facilities where the causes/barriers were indicated.

# OUTPATIENT SERVICES FOR PRIMARY CARE

Service availability

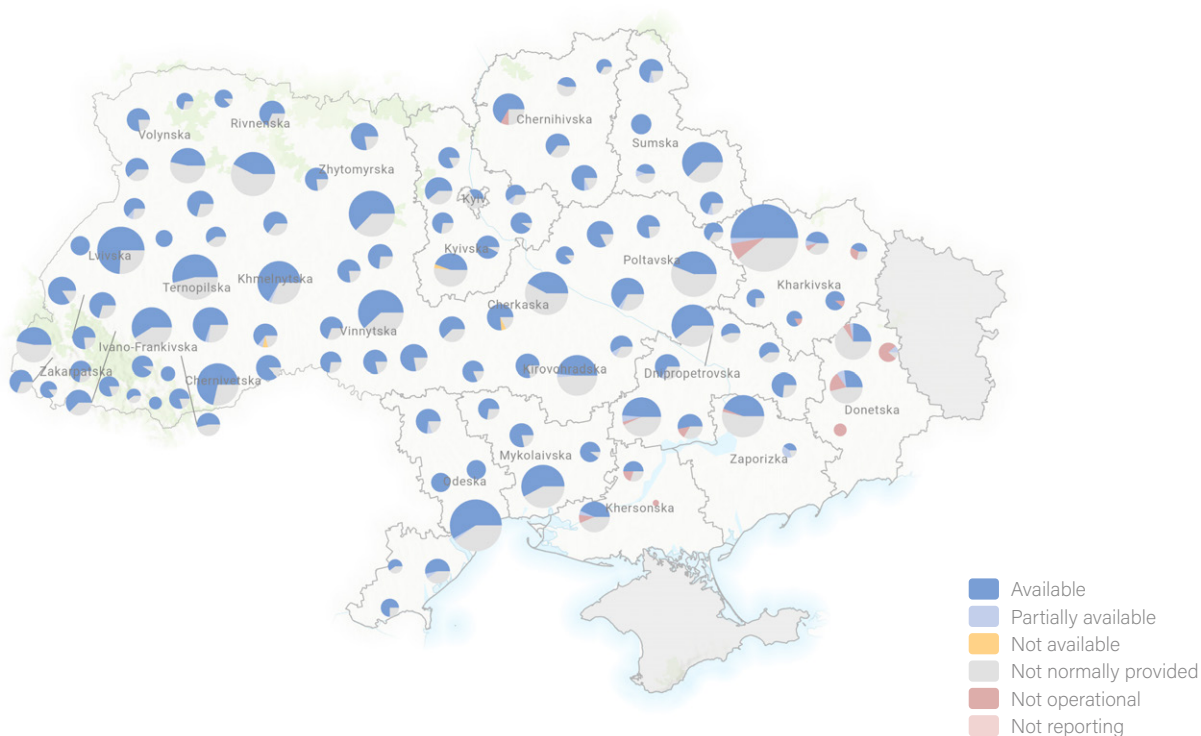
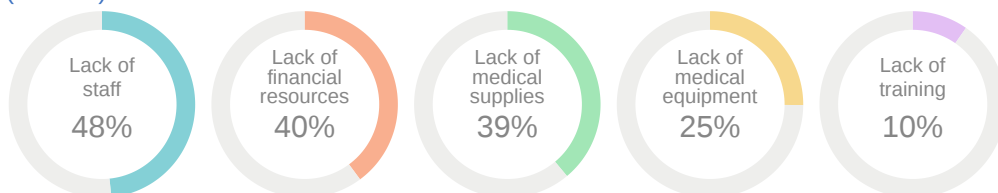


Service availability by health facility type



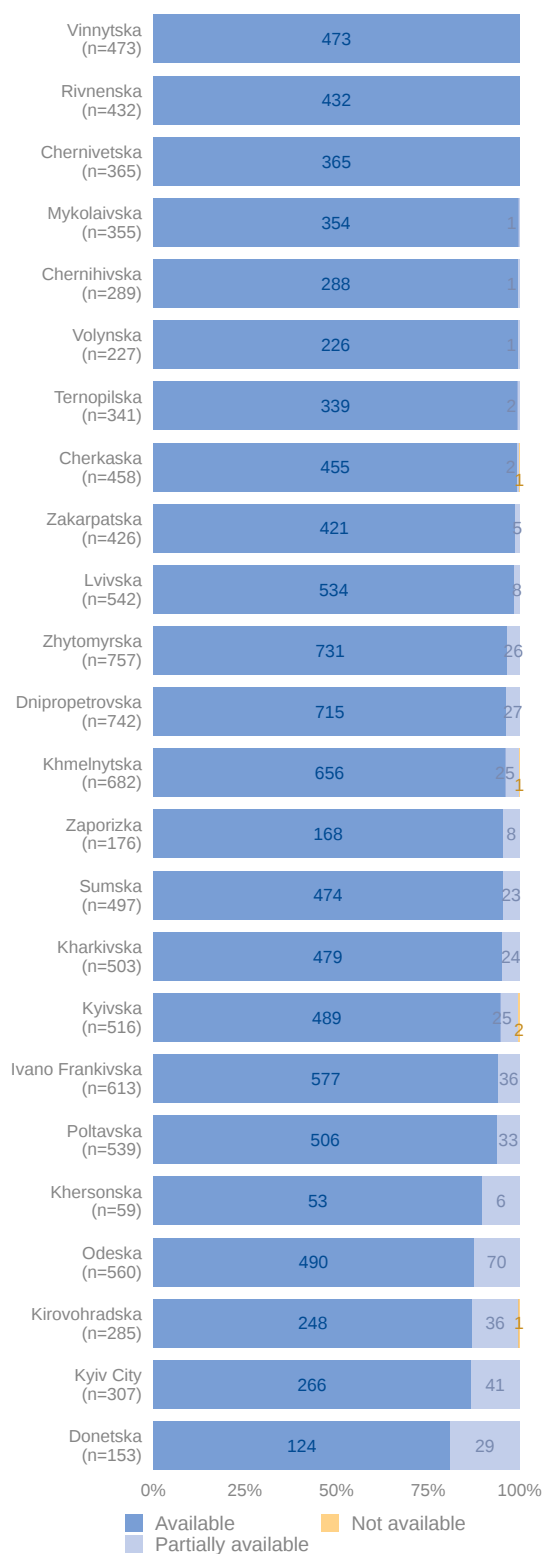
Main barriers impeding service delivery

(n = 434)

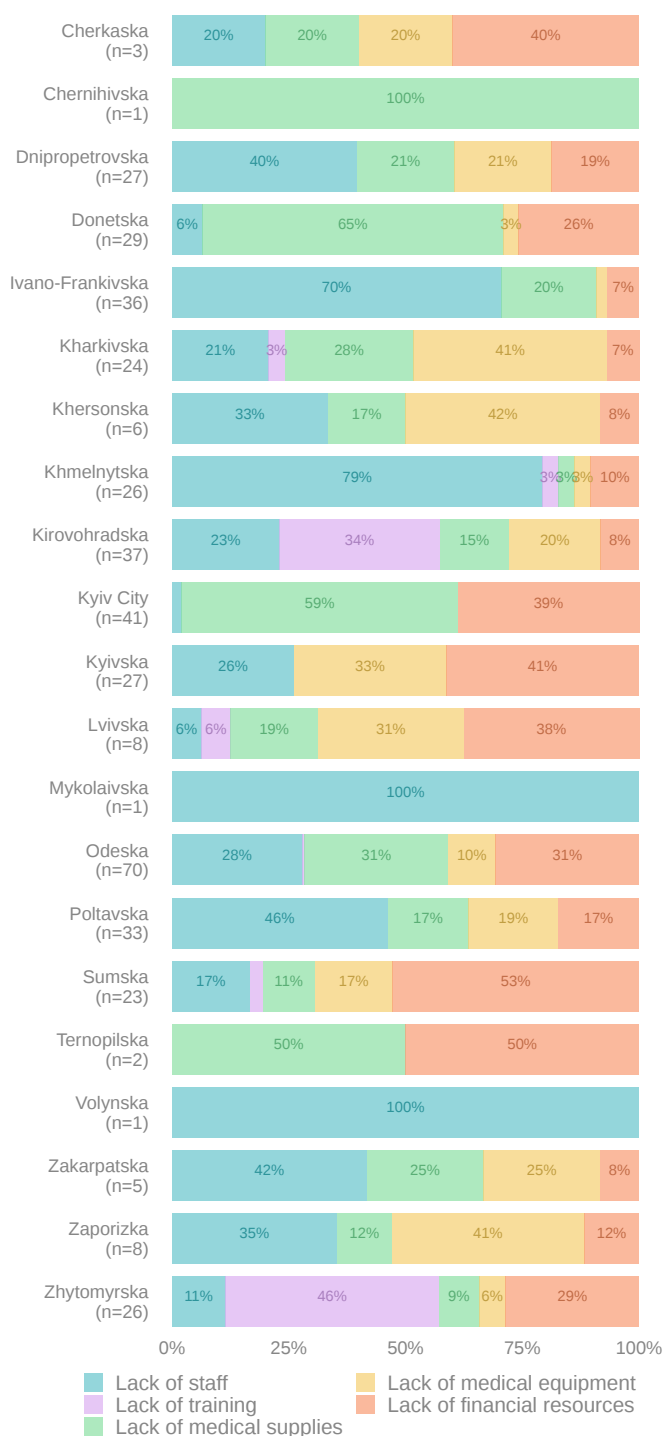


# OUTPATIENT SERVICES FOR PRIMARY CARE

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

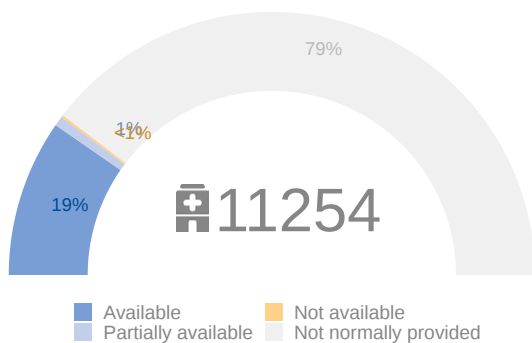


\* Chart excludes health facilities where the service is not normally provided.

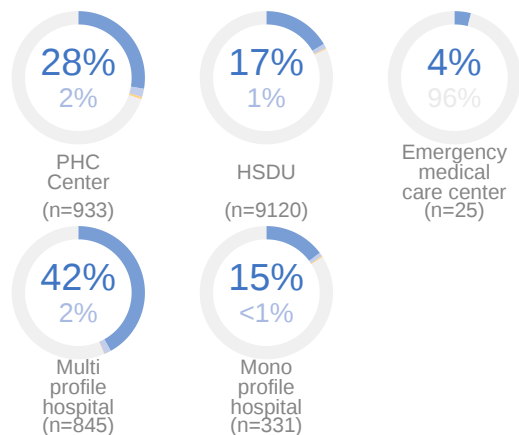
\*\* Chart includes health facilities where the causes/barriers were indicated.

# OUTPATIENT DEPARTMENT FOR SPECIALIZED CARE

Service availability

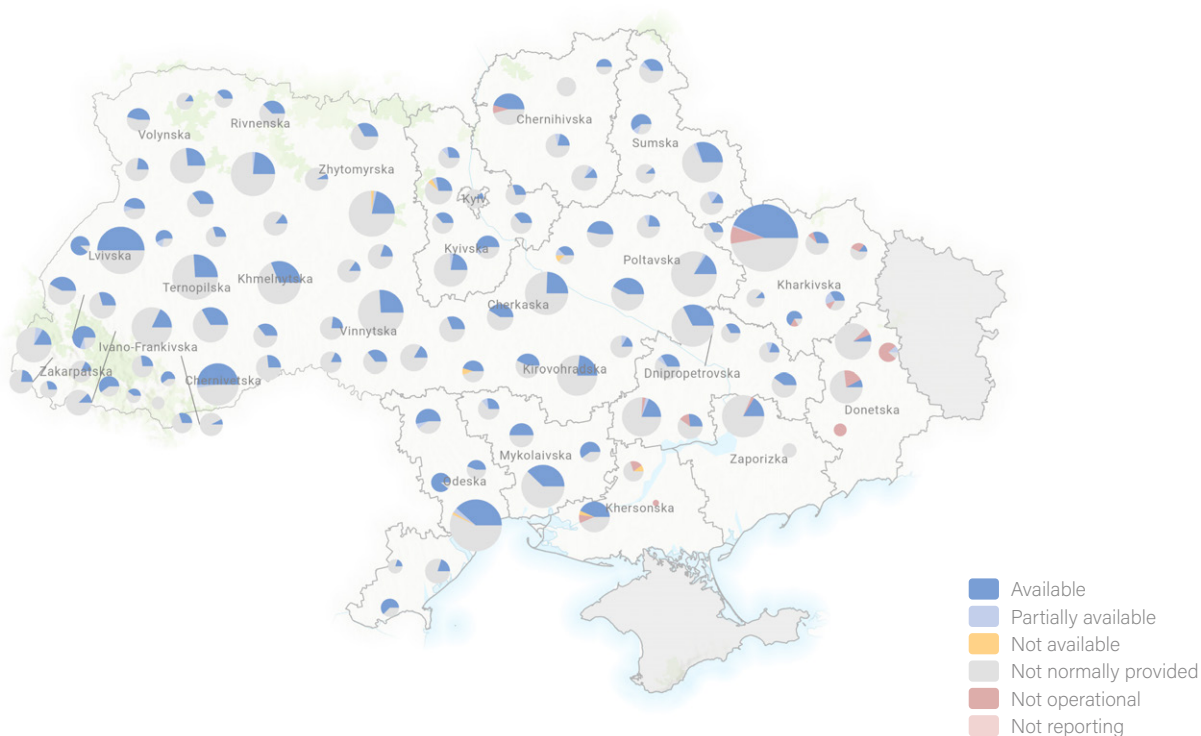


Service availability by health facility type



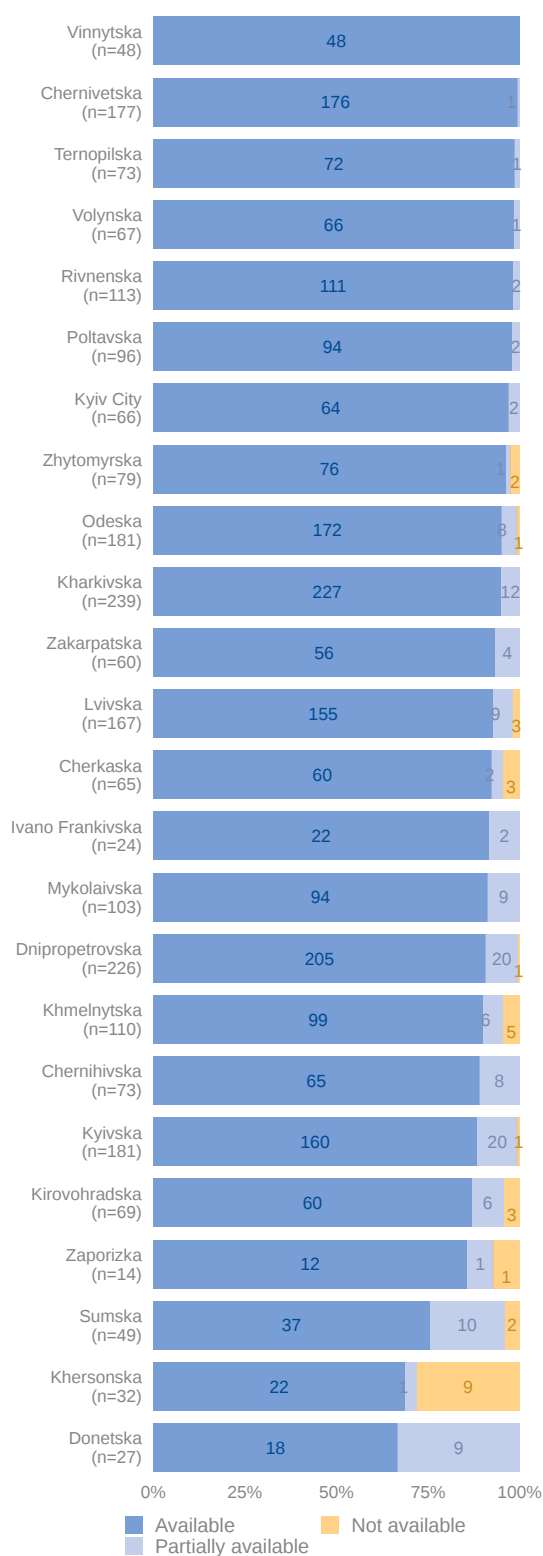
Main barriers impeding service delivery

(n = 168)

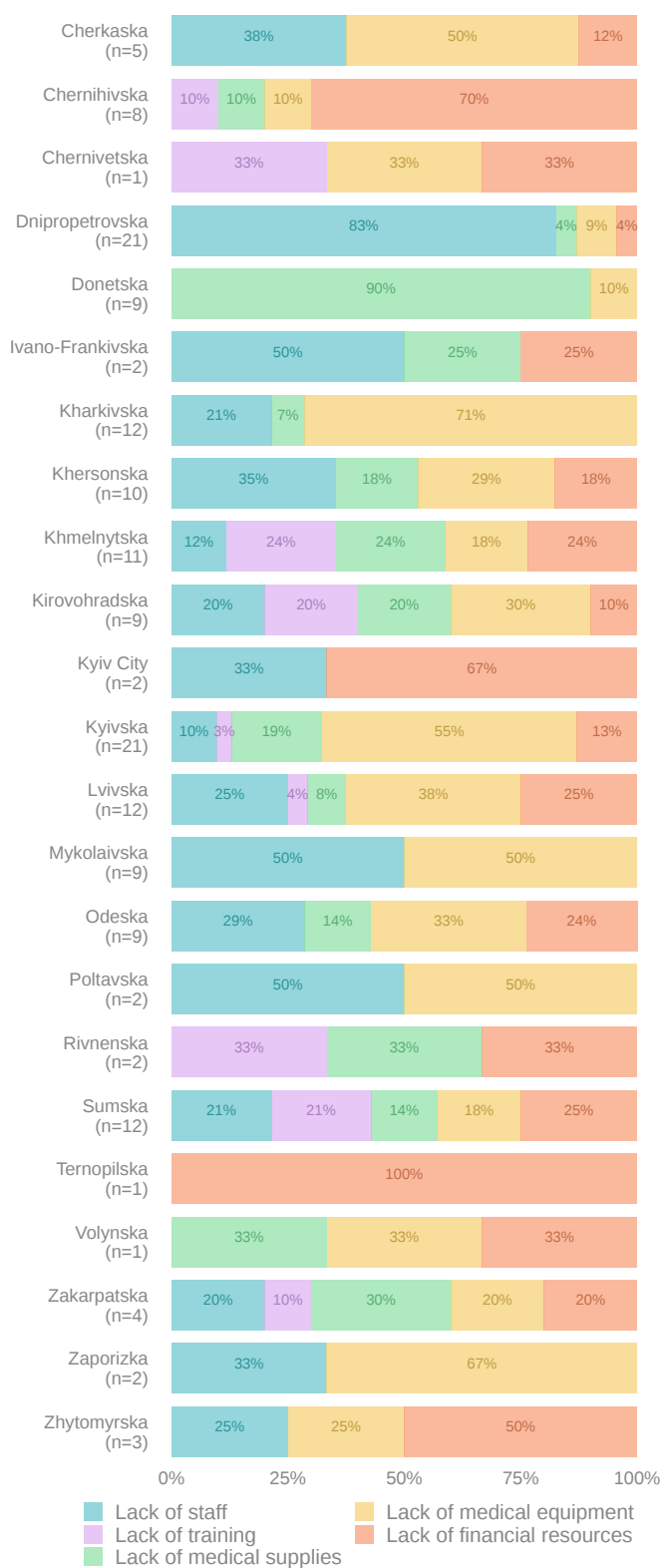


# OUTPATIENT DEPARTMENT FOR SPECIALIZED CARE

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

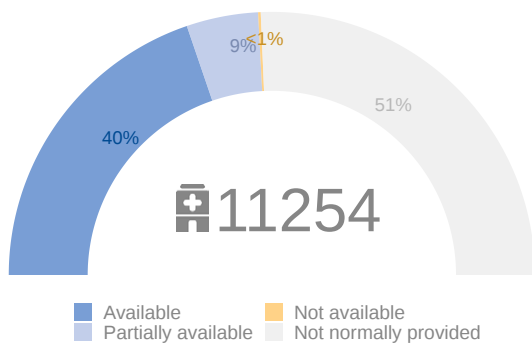


\* Chart excludes health facilities where the service is not normally provided.

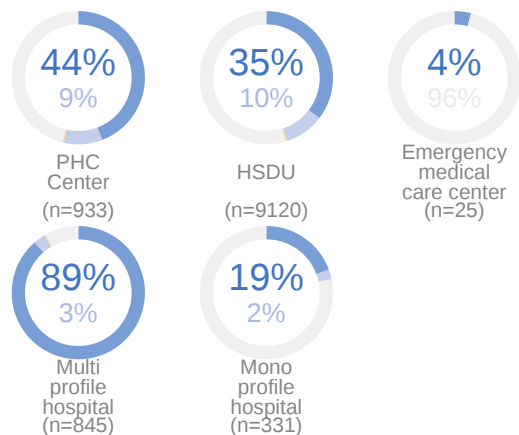
\*\* Chart includes health facilities where the causes/barriers were indicated.

# MINOR TRAUMA DEFINITIVE MANAGEMENT

Service availability

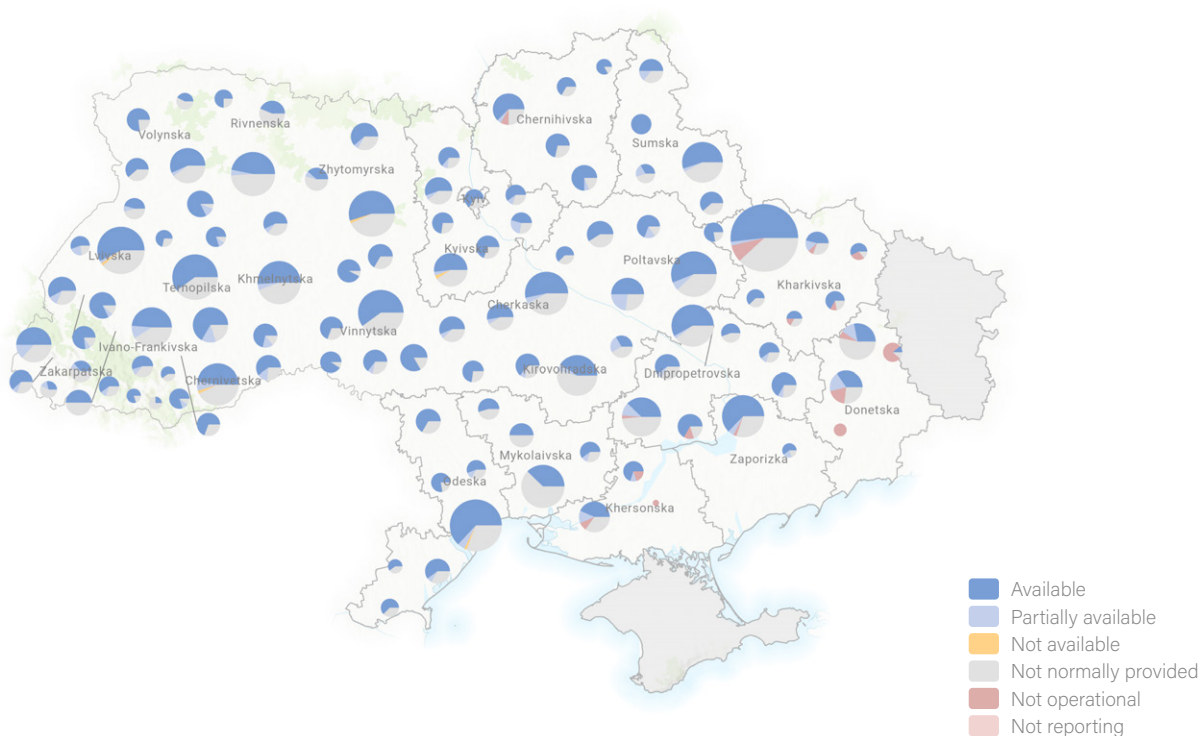
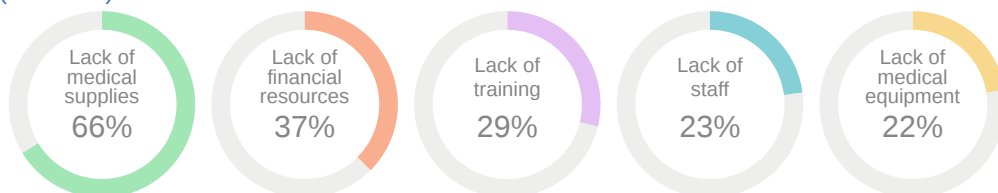


Service availability by health facility type



Main barriers impeding service delivery

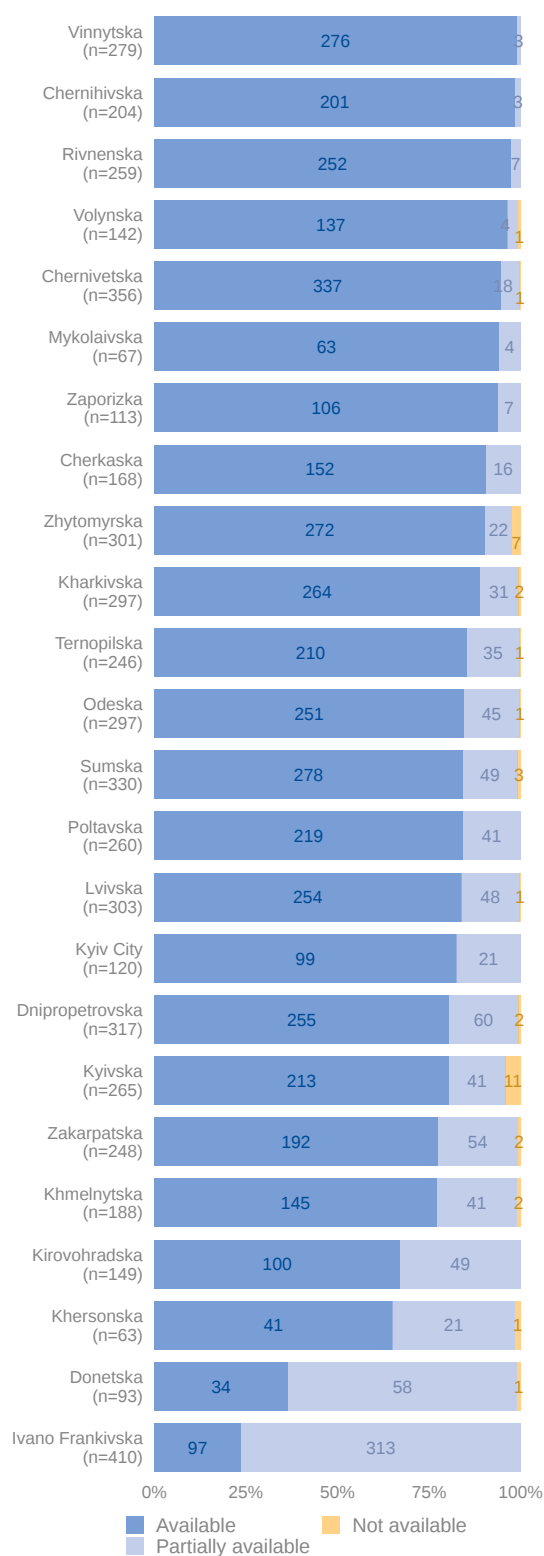
(n = 1027)



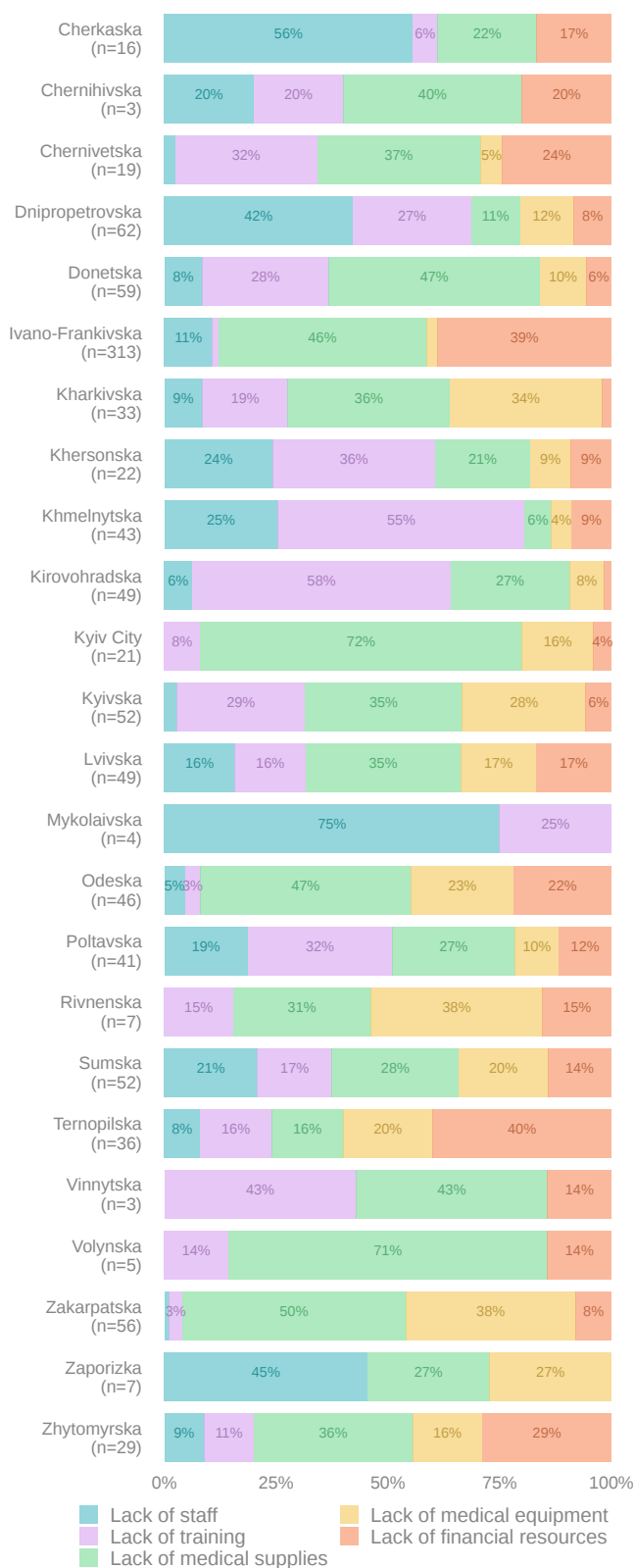
Map excludes HSDUs

# MINOR TRAUMA DEFINITIVE MANAGEMENT

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

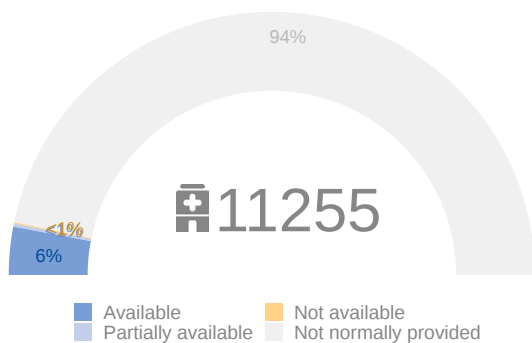


\* Chart excludes health facilities where the service is not normally provided.

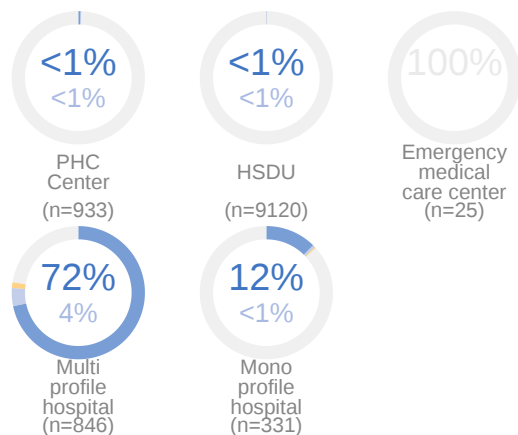
\*\* Chart includes health facilities where the causes/barriers were indicated.

# EMERGENCY AND ELECTIVE SURGERY

Service availability

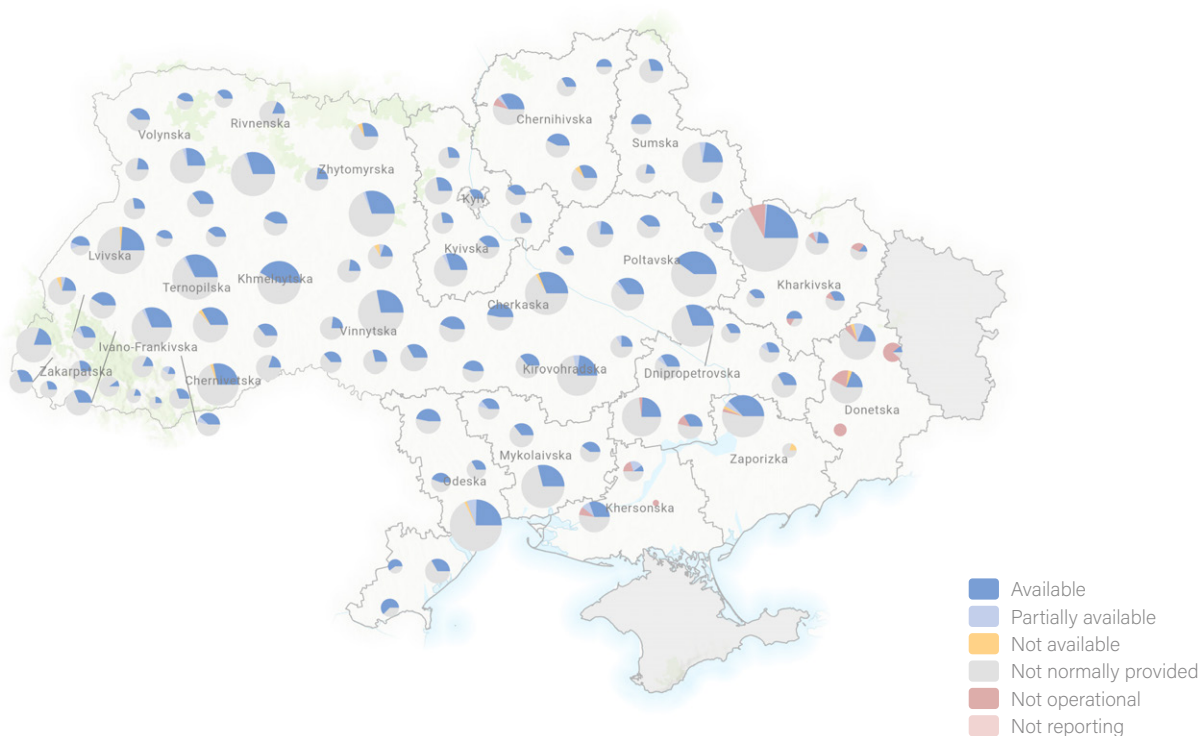
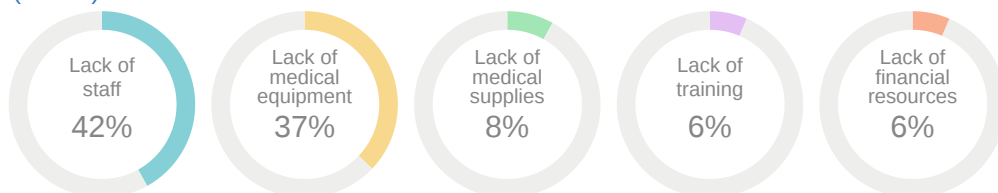


Service availability by health facility type



Main barriers impeding service delivery

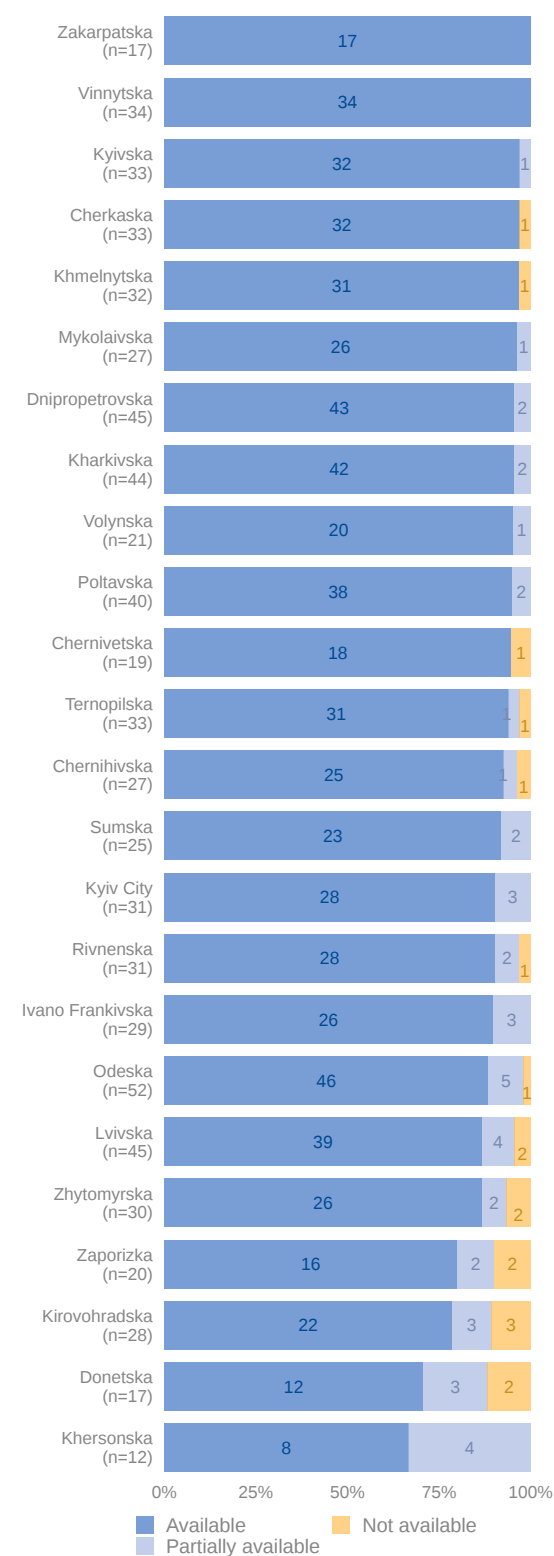
(n = 62)



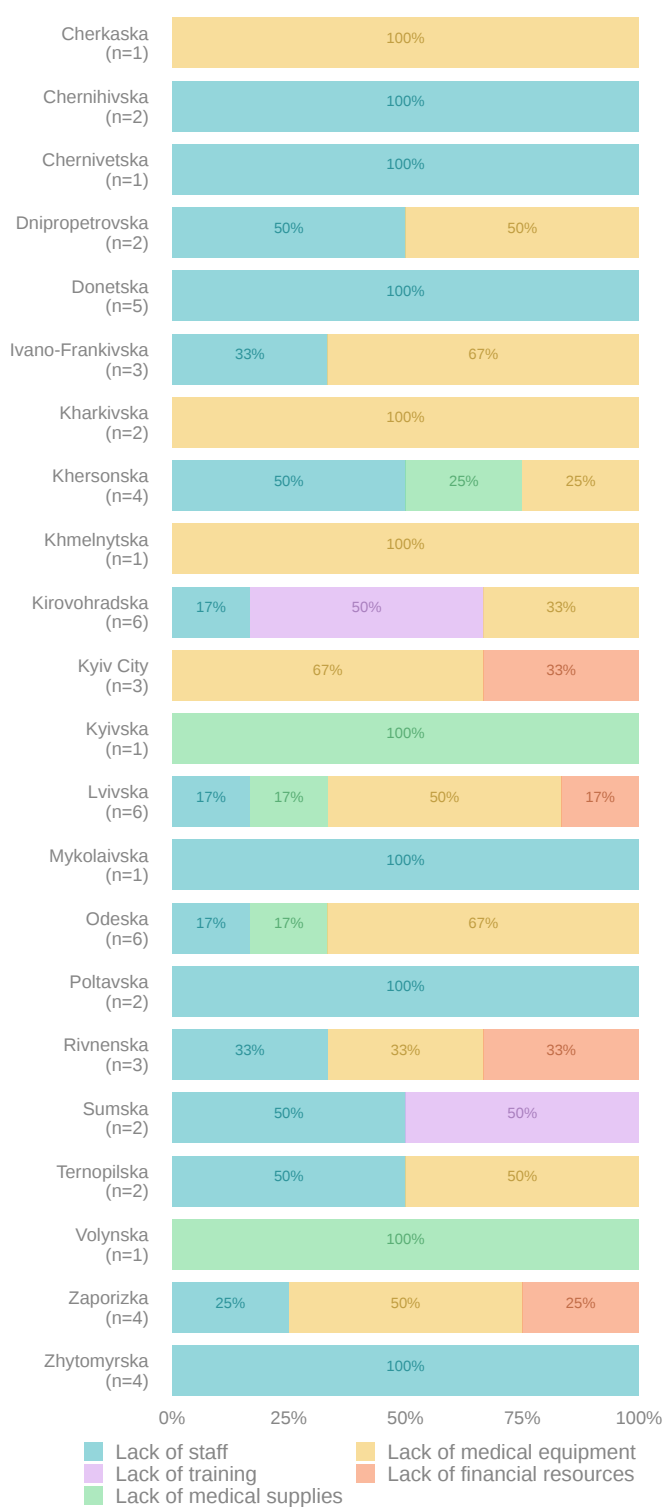
Map excludes HSDUs

# EMERGENCY AND ELECTIVE SURGERY

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

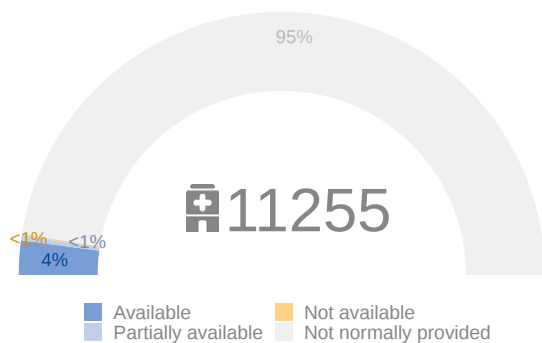


\* Chart excludes health facilities where the service is not normally provided.

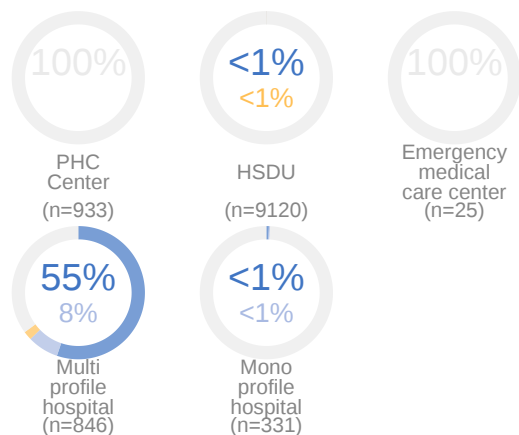
\*\* Chart includes health facilities where the causes/barriers were indicated.

# ORTHOPEDIC/TRAUMA WARD

## Service availability

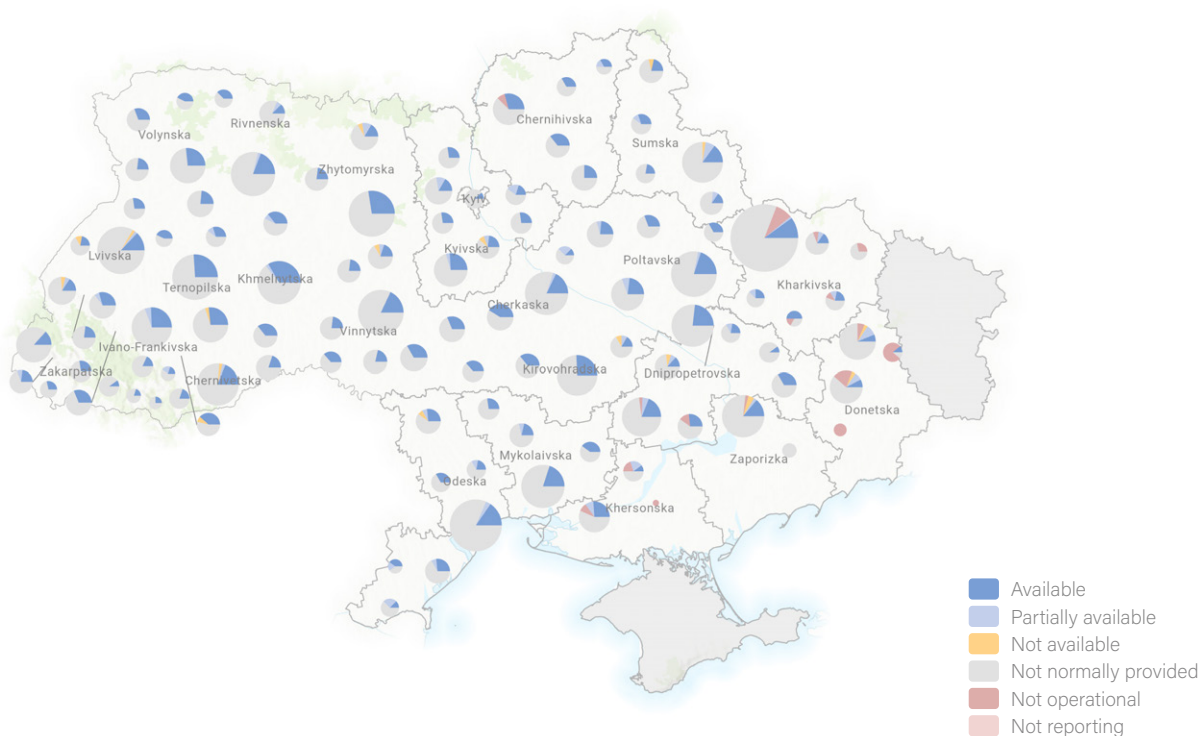
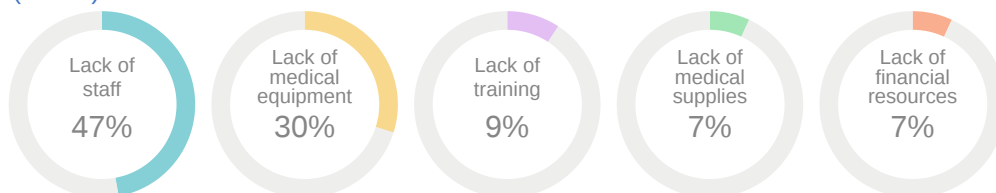


## Service availability by health facility type



## Main barriers impeding service delivery

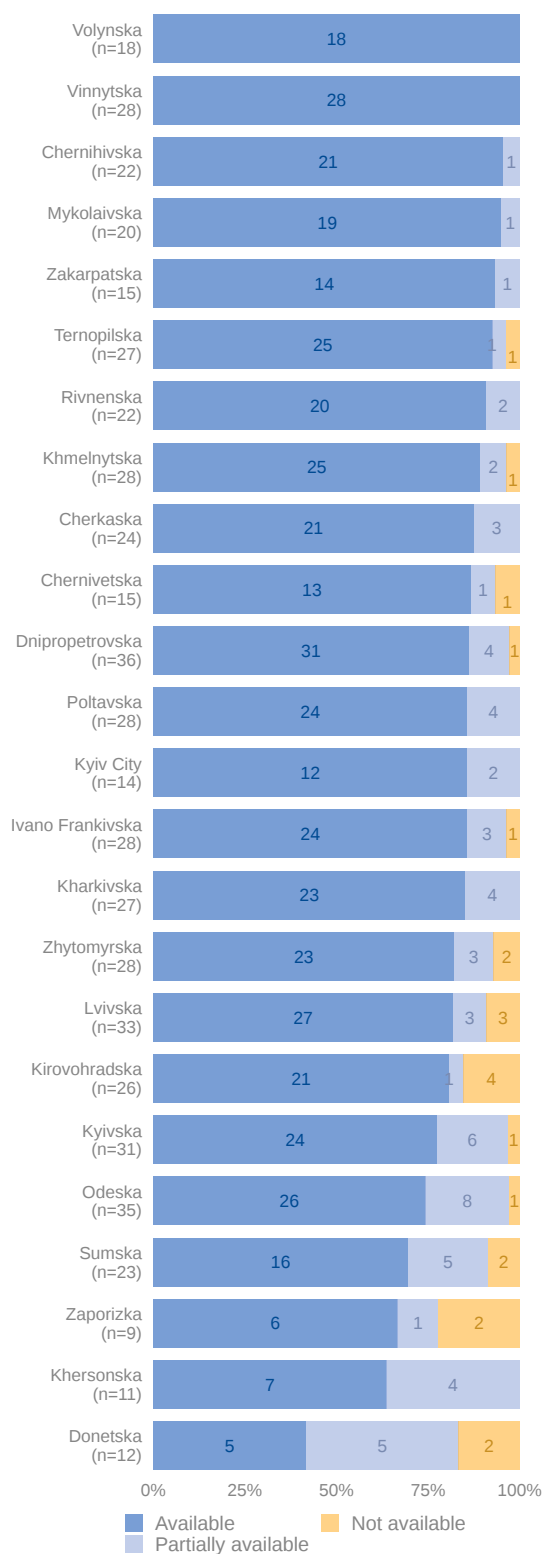
(n = 87)



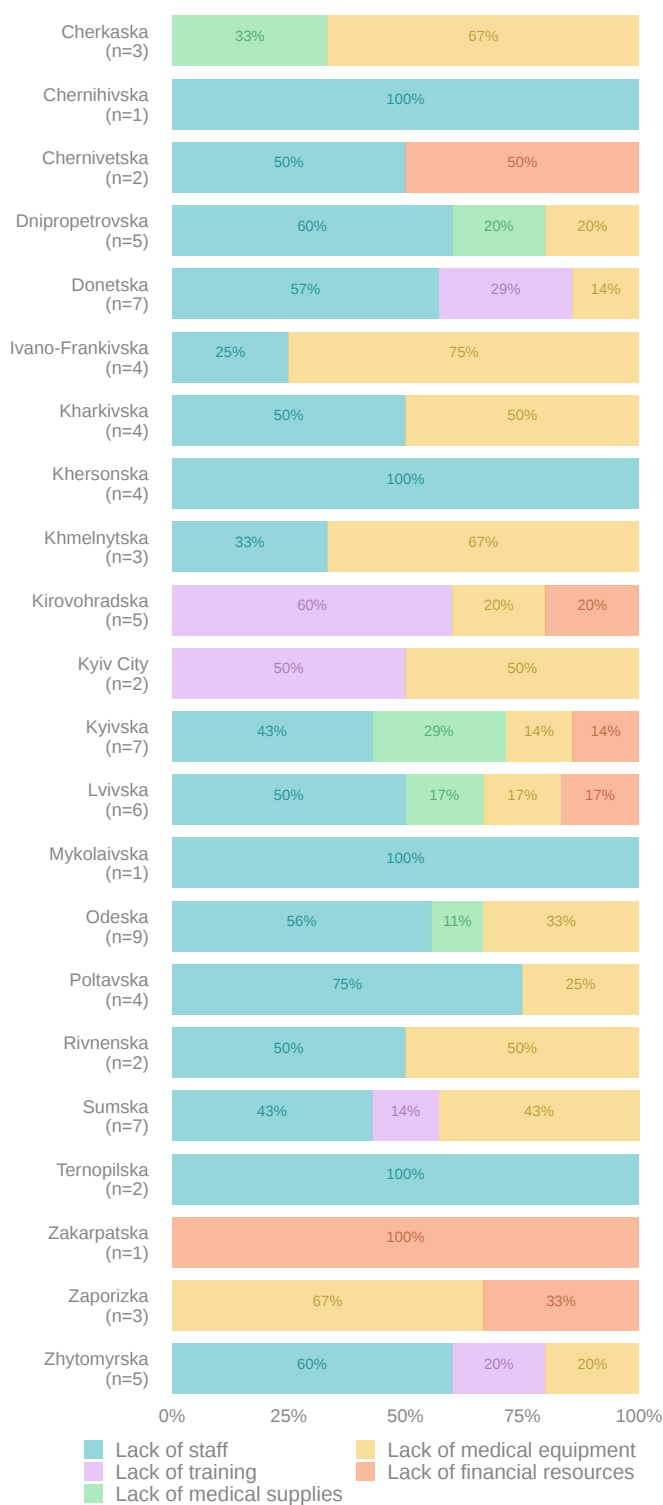
Map excludes HSDUs

# ORTHOPEDIC/TRAUMA WARD

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

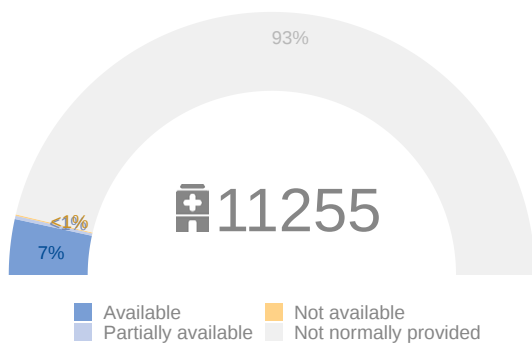


\* Chart excludes health facilities where the service is not normally provided.

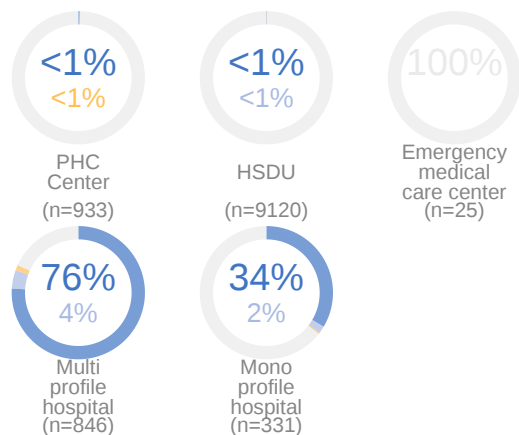
\*\* Chart includes health facilities where the causes/barriers were indicated.

# INPATIENT CRITICAL CARE MANAGEMENT

Service availability

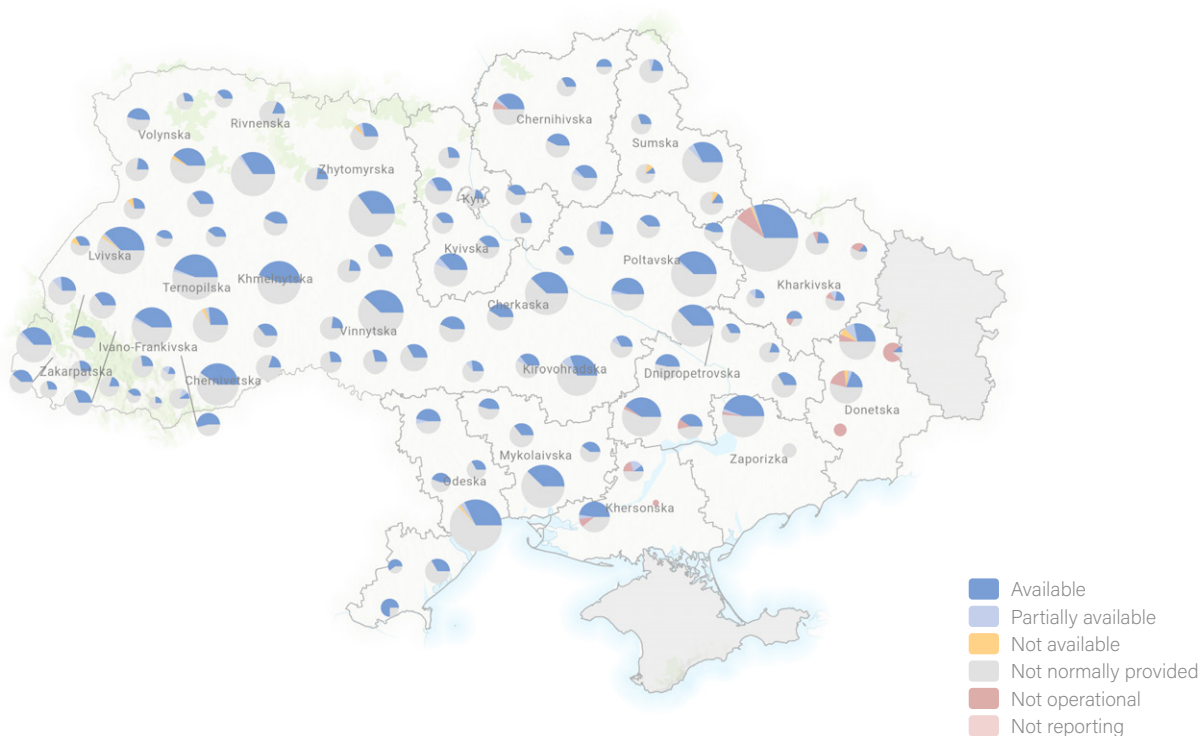


Service availability by health facility type



Main barriers impeding service delivery

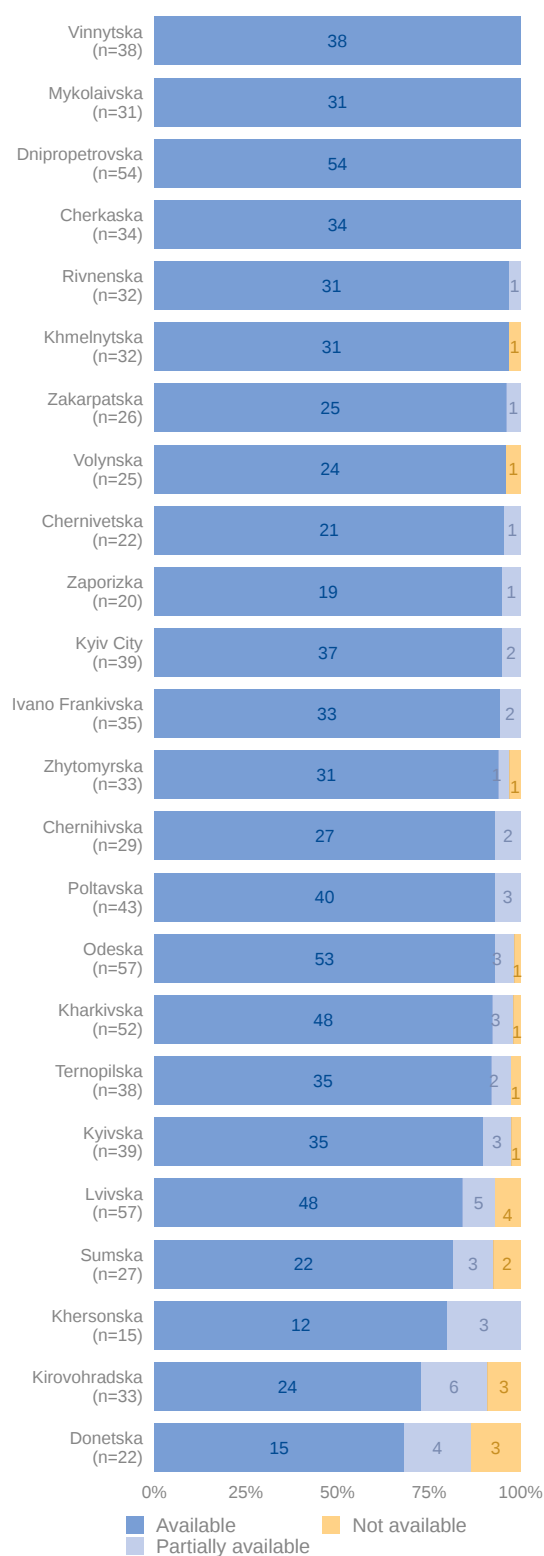
(n = 65)



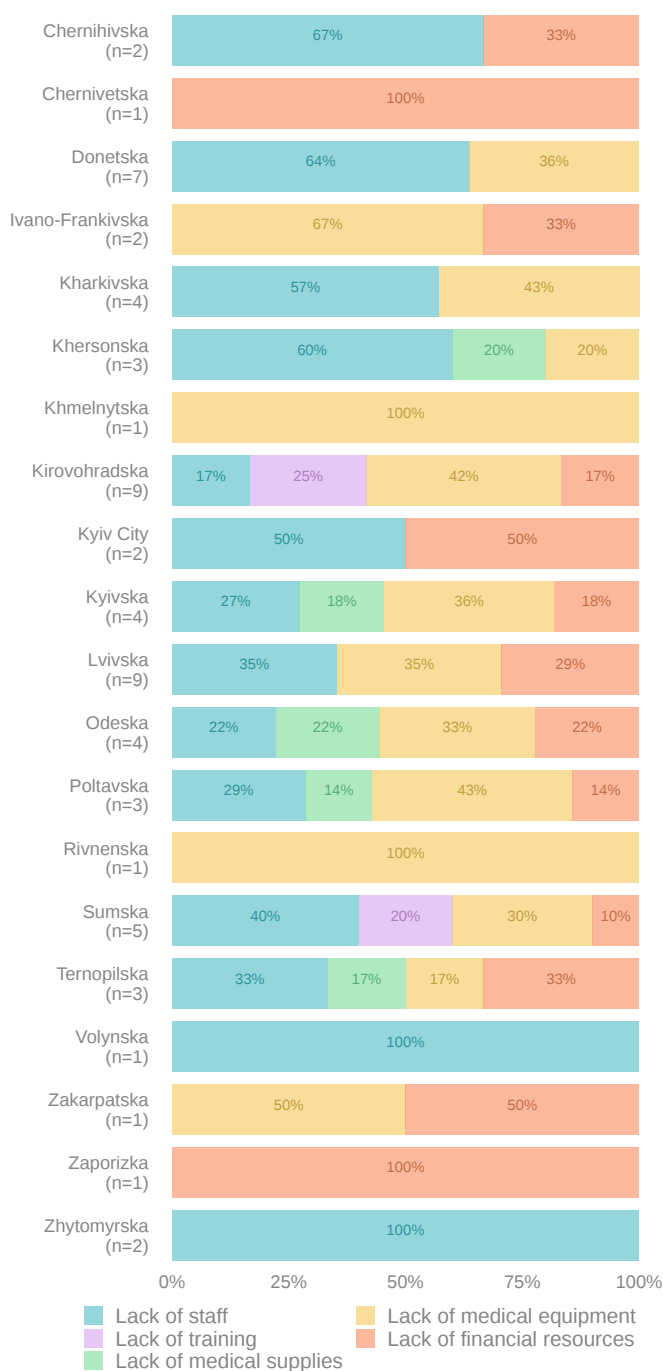
Map excludes HSDUs

# INPATIENT CRITICAL CARE MANAGEMENT

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*



\* Chart excludes health facilities where the service is not normally provided.

\*\* Chart includes health facilities where the causes/barriers were indicated.

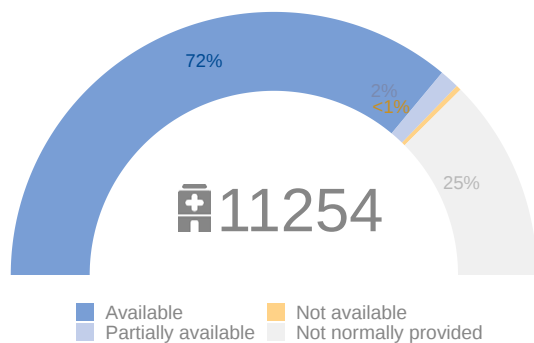


# CHILD HEALTH AND NUTRITION

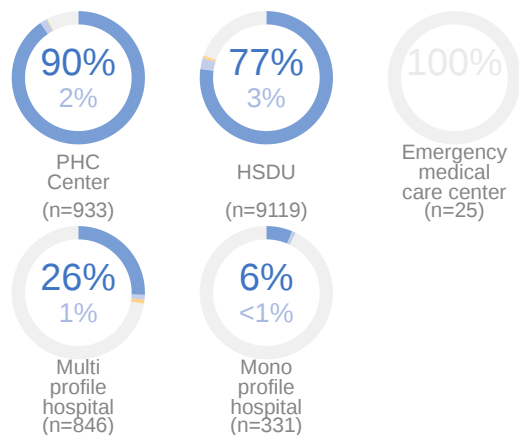


# EPI

## Service availability

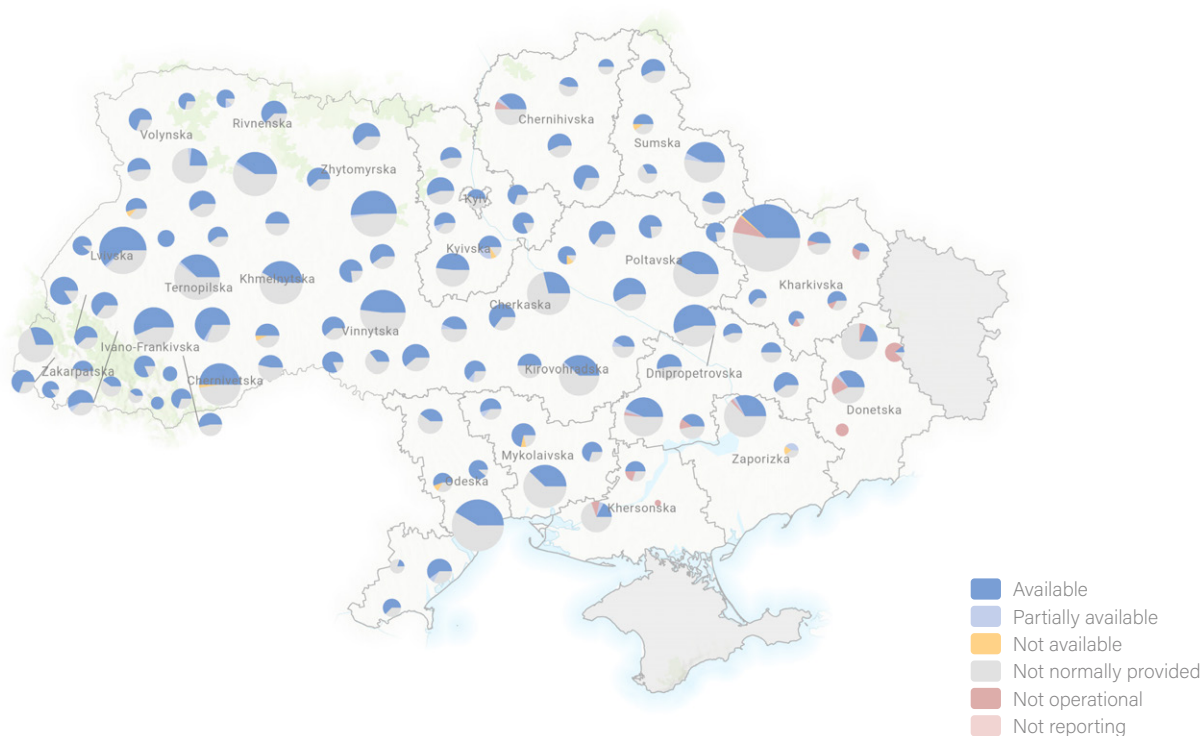


## Service availability by health facility type



## Main barriers impeding service delivery

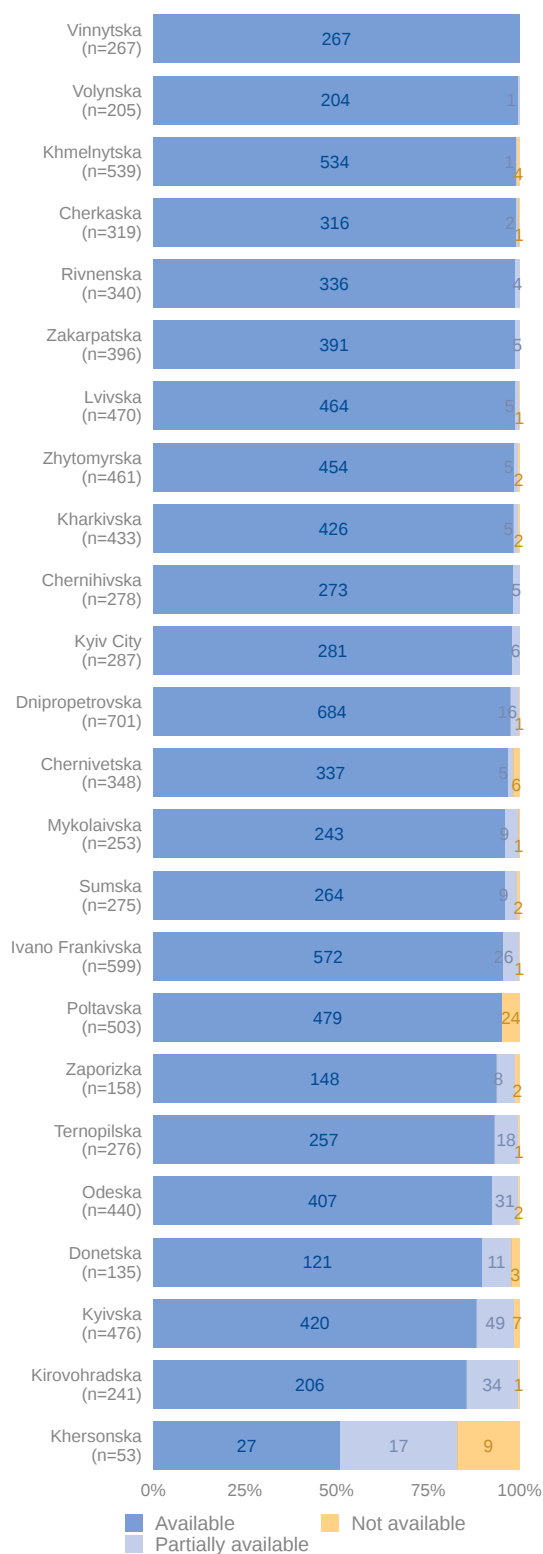
(n = 342)



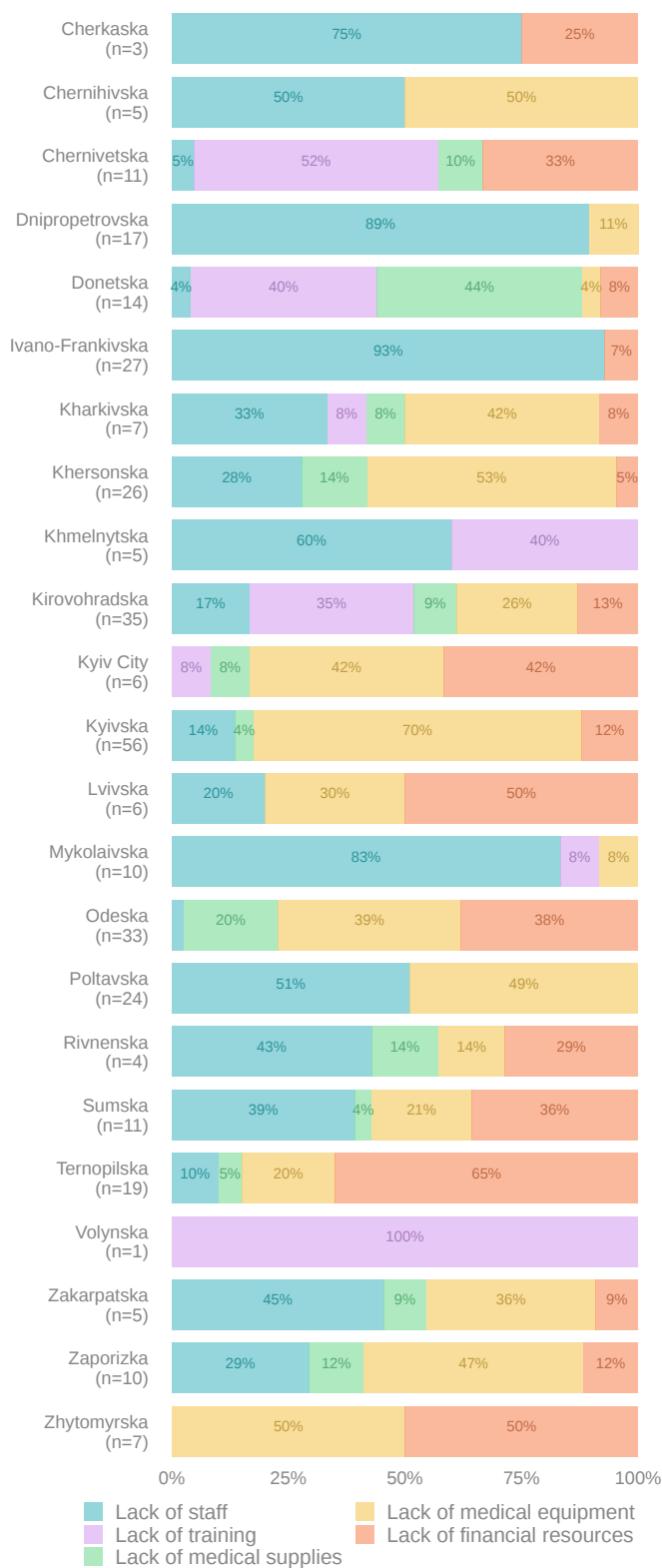
Map excludes HSDUs

# EPI

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*



\* Chart excludes health facilities where the service is not normally provided.

\*\* Chart includes health facilities where the causes/barriers were indicated.

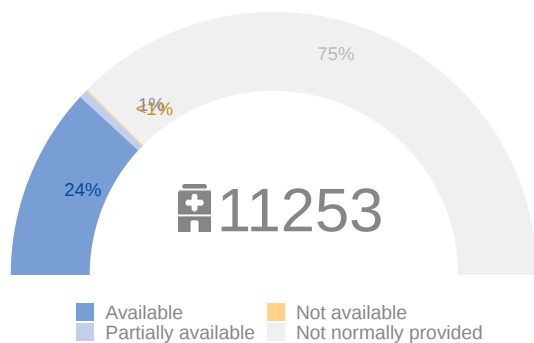


# COMMUNICABLE DISEASES

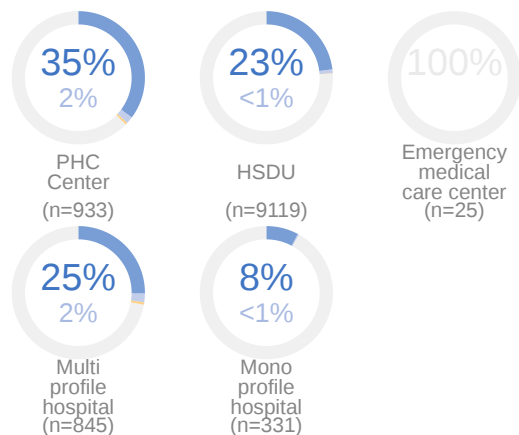


# TUBERCULOSIS

## Service availability

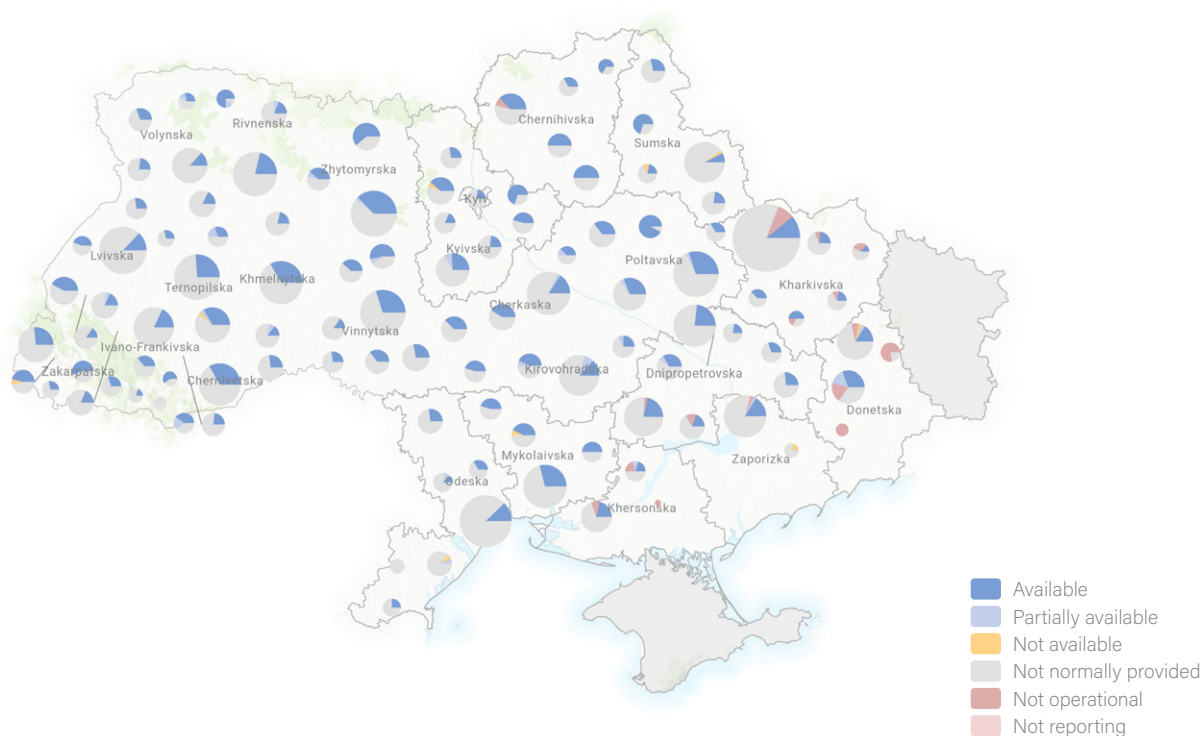
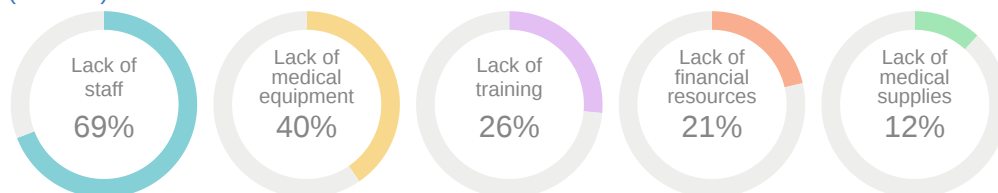


## Service availability by health facility type



## Main barriers impeding service delivery

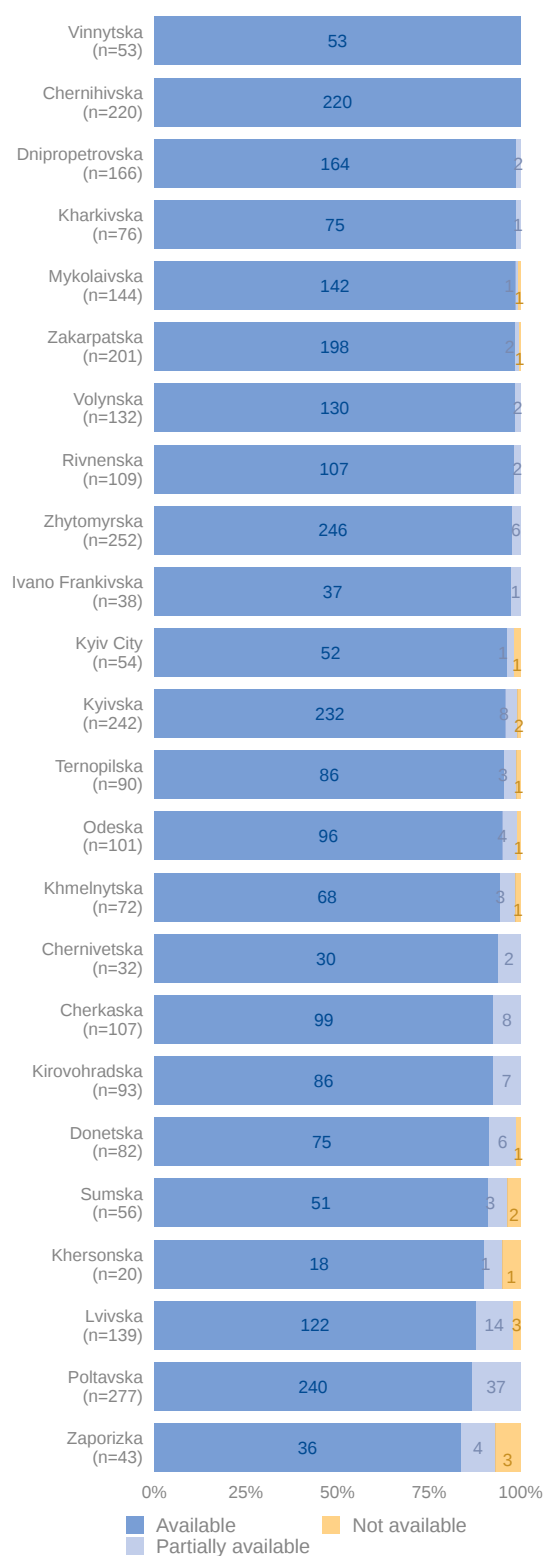
(n = 136)



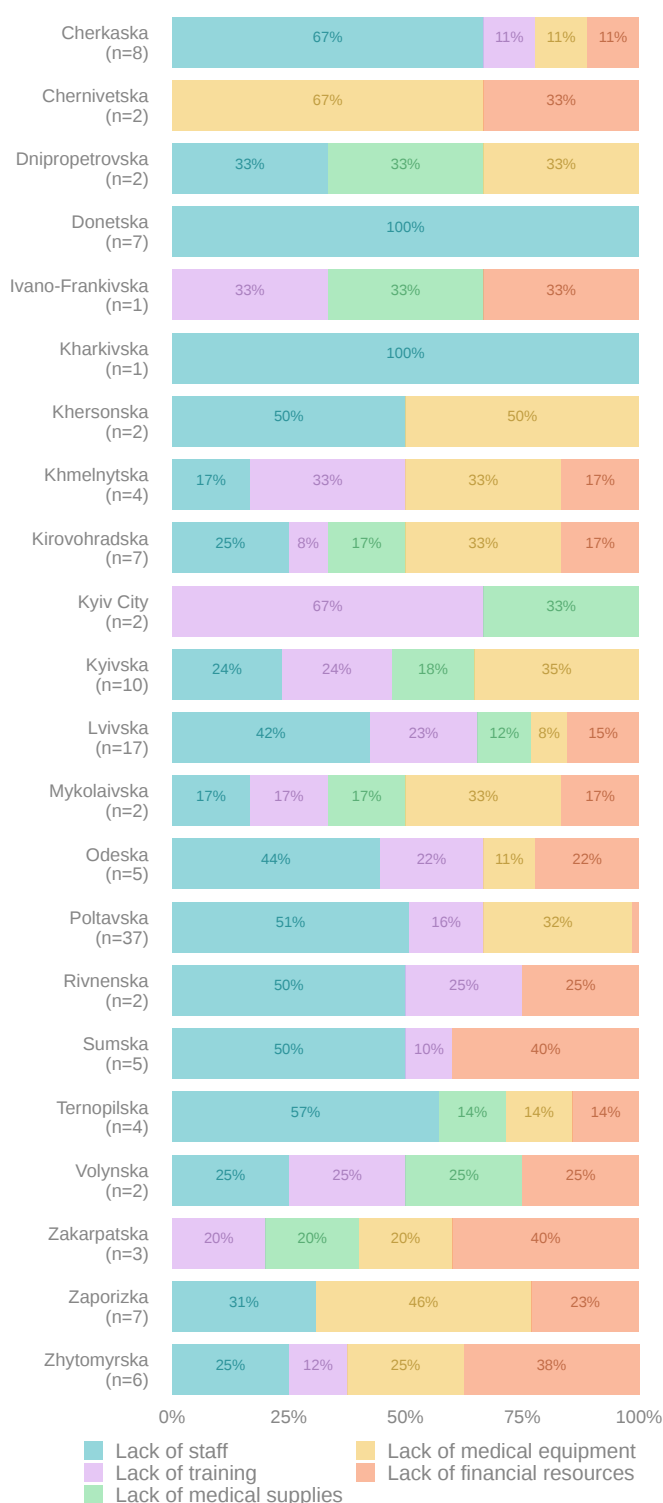
Map excludes HSDUs

# TUBERCULOSIS

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

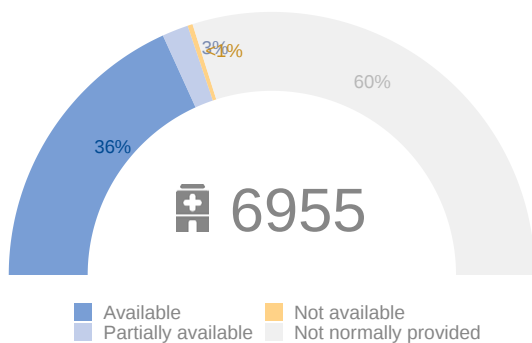


\* Chart excludes health facilities where the service is not normally provided.

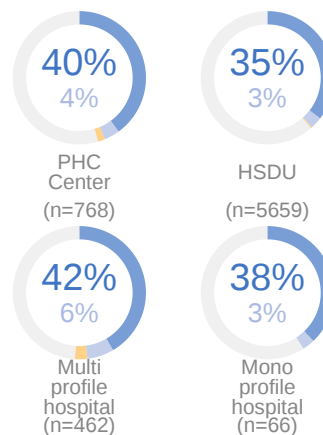
\*\* Chart includes health facilities where the causes/barriers were indicated.

# MDRTTB

## Service availability

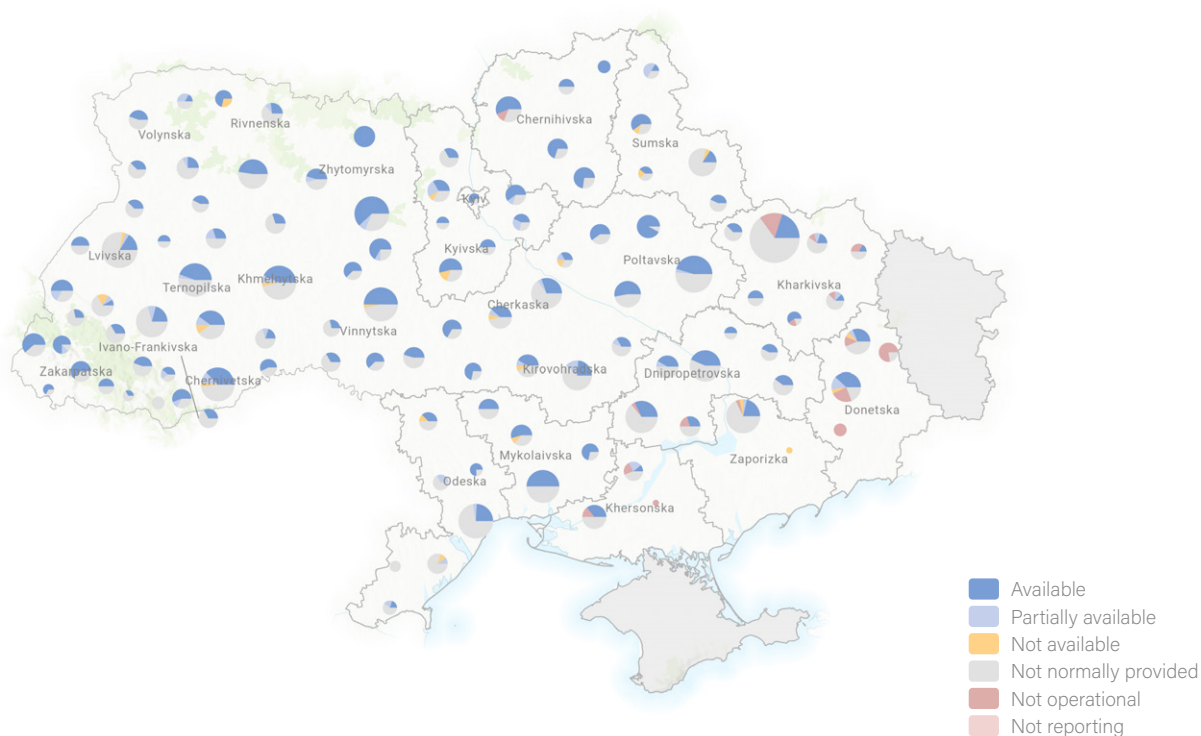
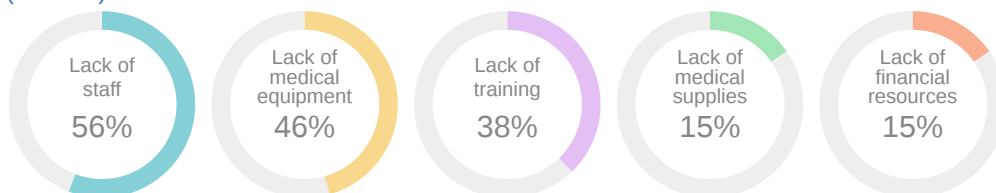


## Service availability by health facility type



## Main barriers impeding service delivery

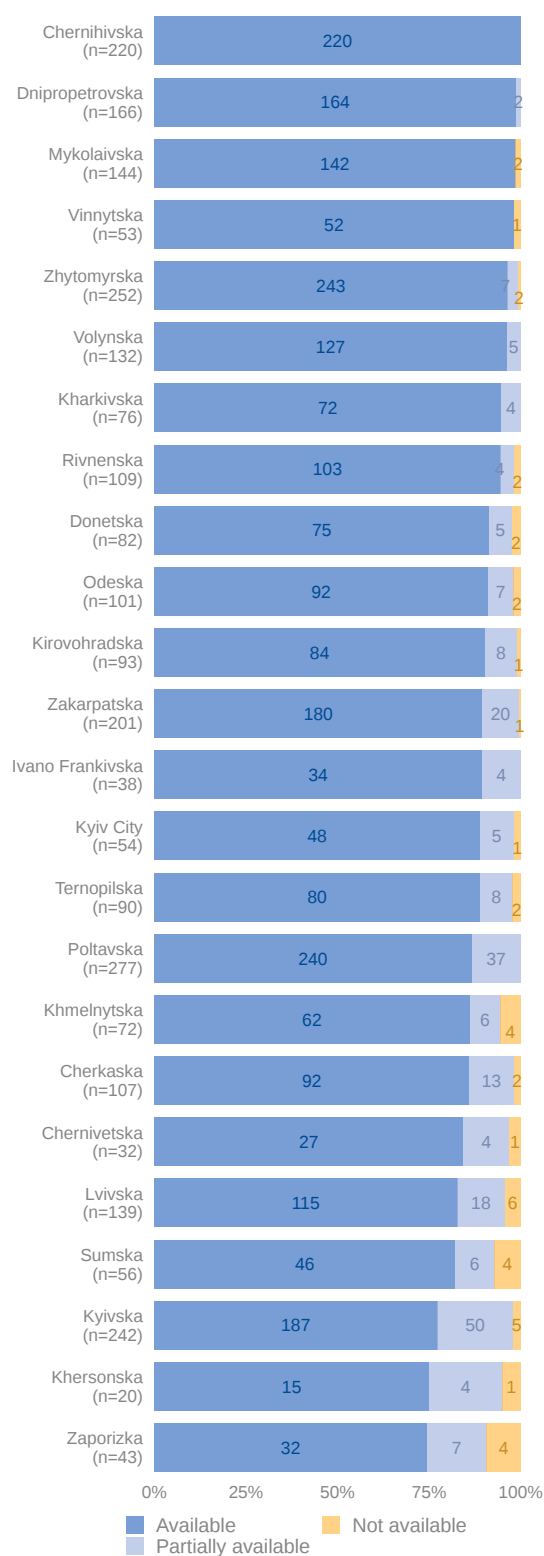
(n = 267)



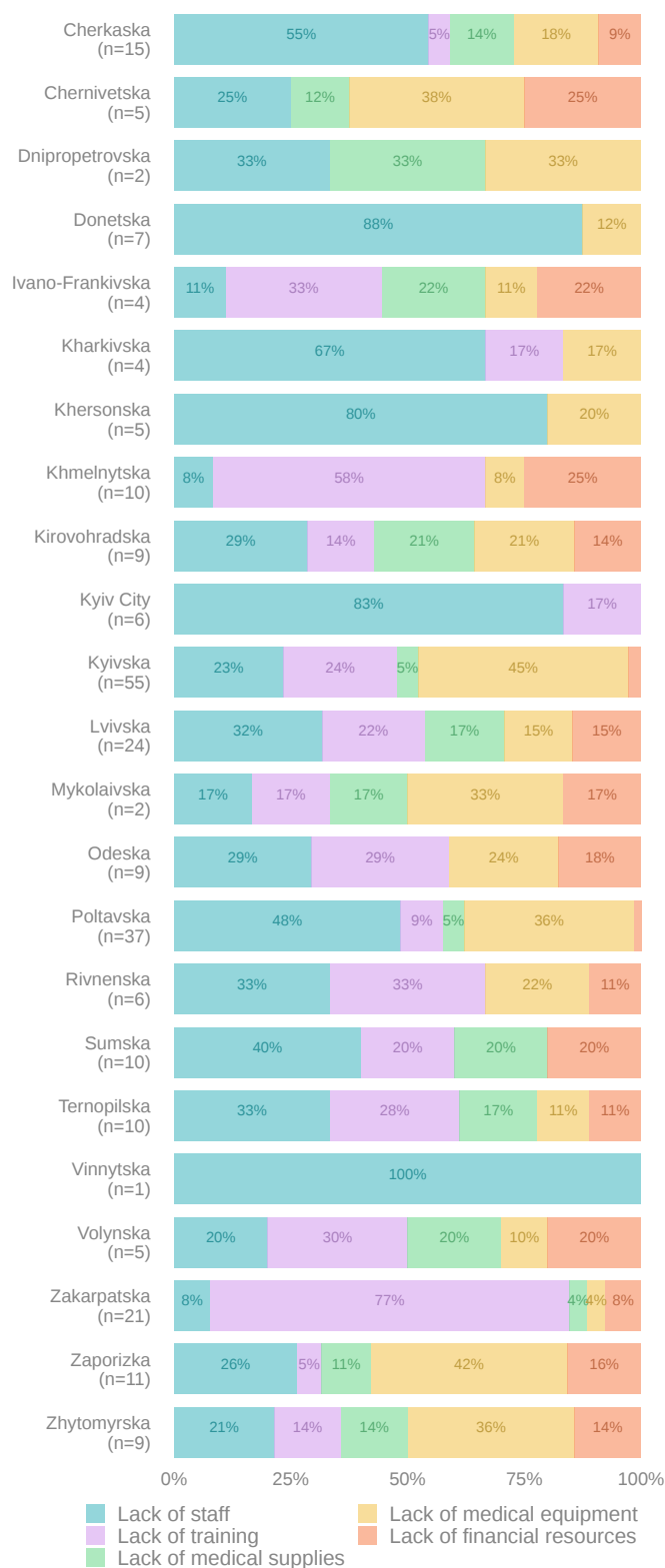
Map excludes HSDUs

# MDRTB

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

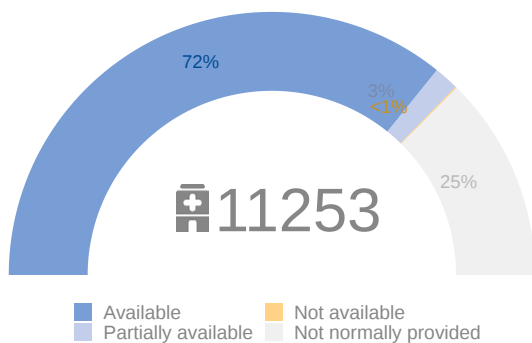


\* Chart excludes health facilities where the service is not normally provided.

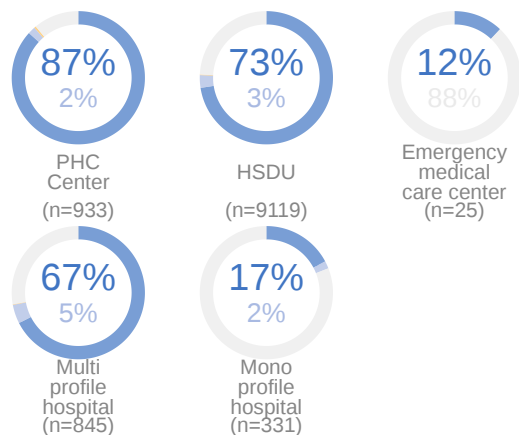
\*\* Chart includes health facilities where the causes/barriers were indicated.

## LOCAL PRIORITY DISEASES

Service availability

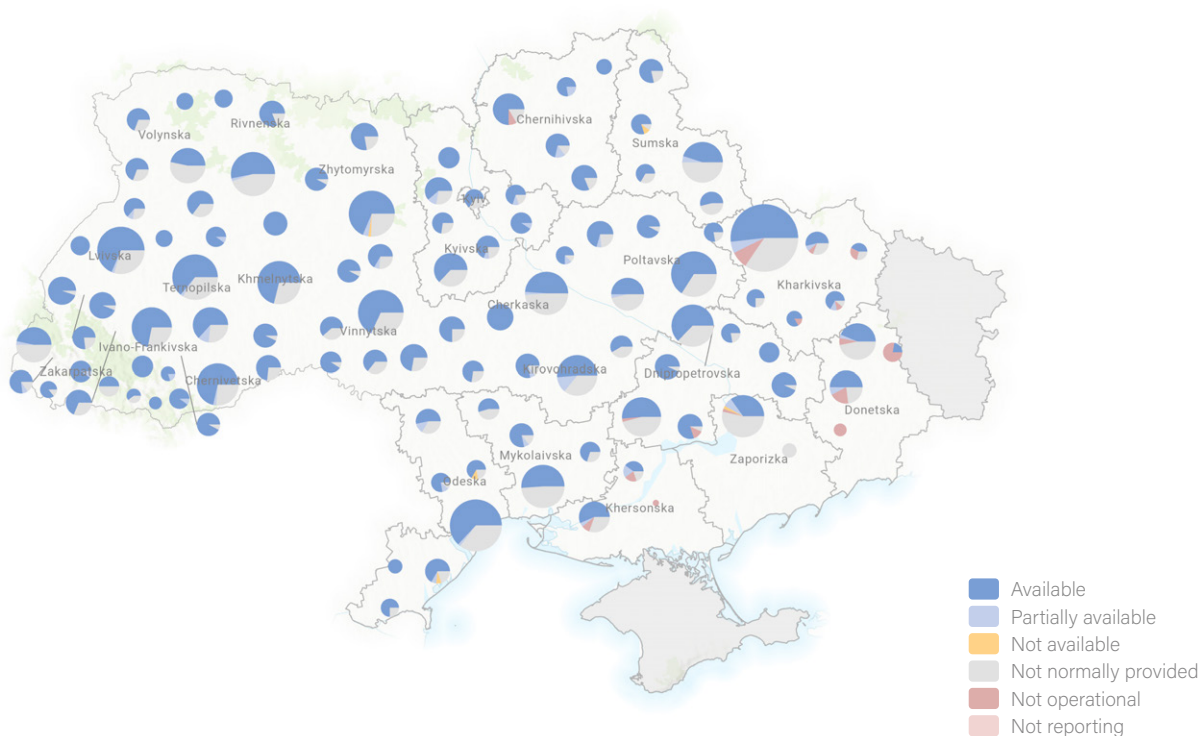
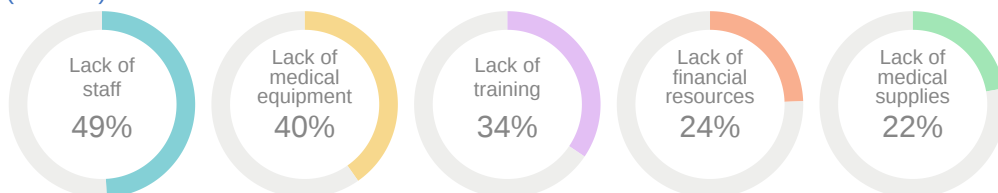


Service availability by health facility type



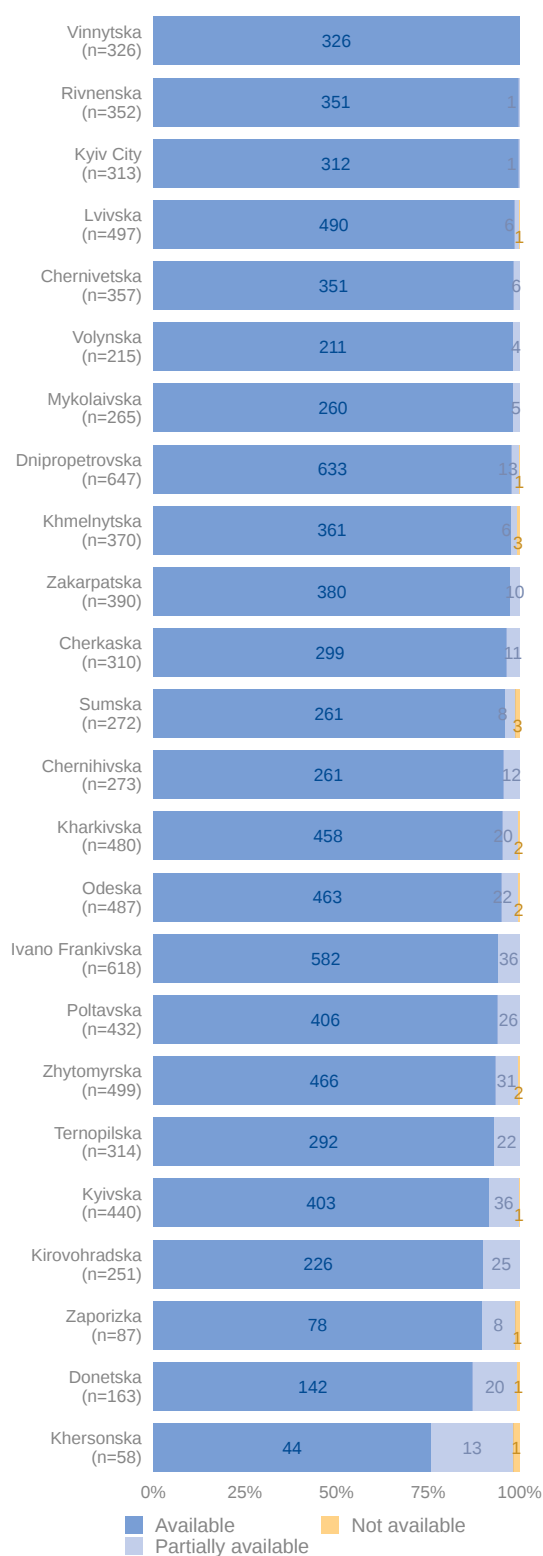
Main barriers impeding service delivery

(n = 360)

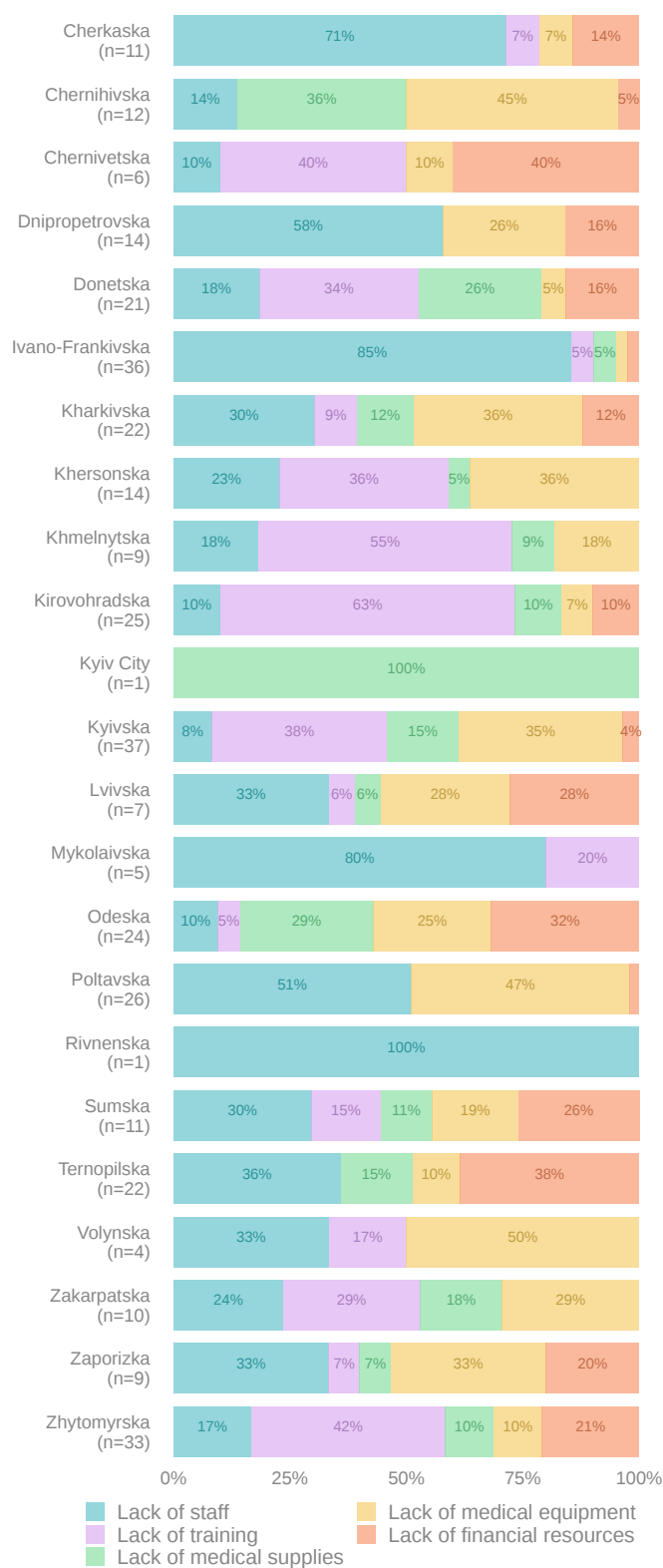


# LOCAL PRIORITY DISEASES

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

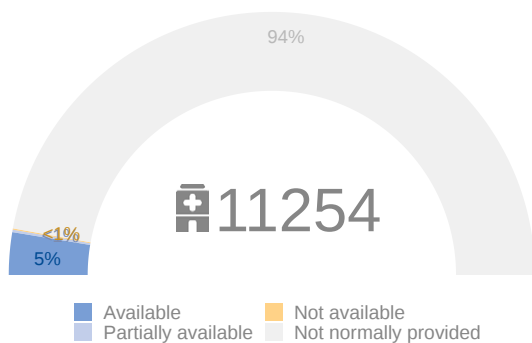


\* Chart excludes health facilities where the service is not normally provided.

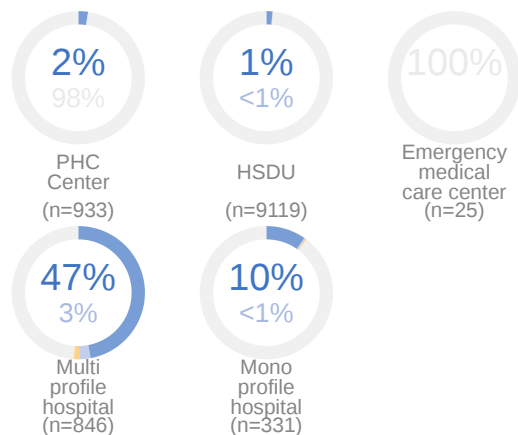
\*\* Chart includes health facilities where the causes/barriers were indicated.

# MANAGEMENT OF SEVERE AND/OR COMPLICATED COMMUNICABLE DISEASES

Service availability

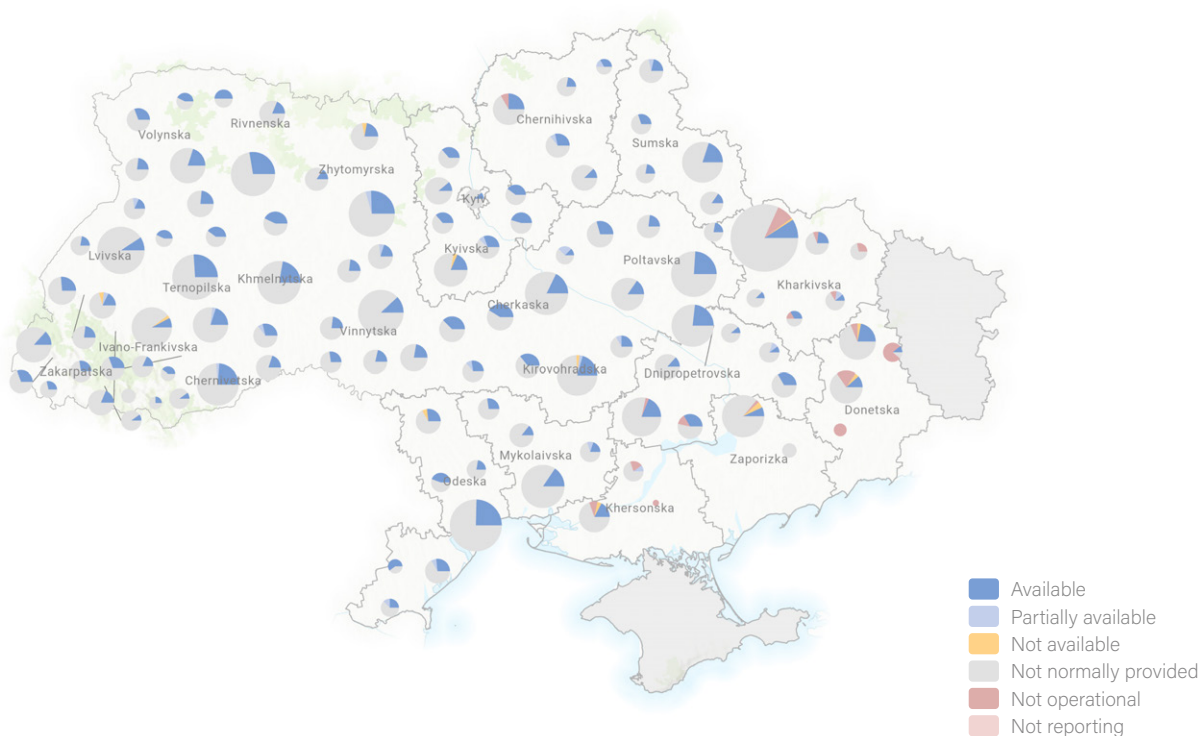


Service availability by health facility type



Main barriers impeding service delivery

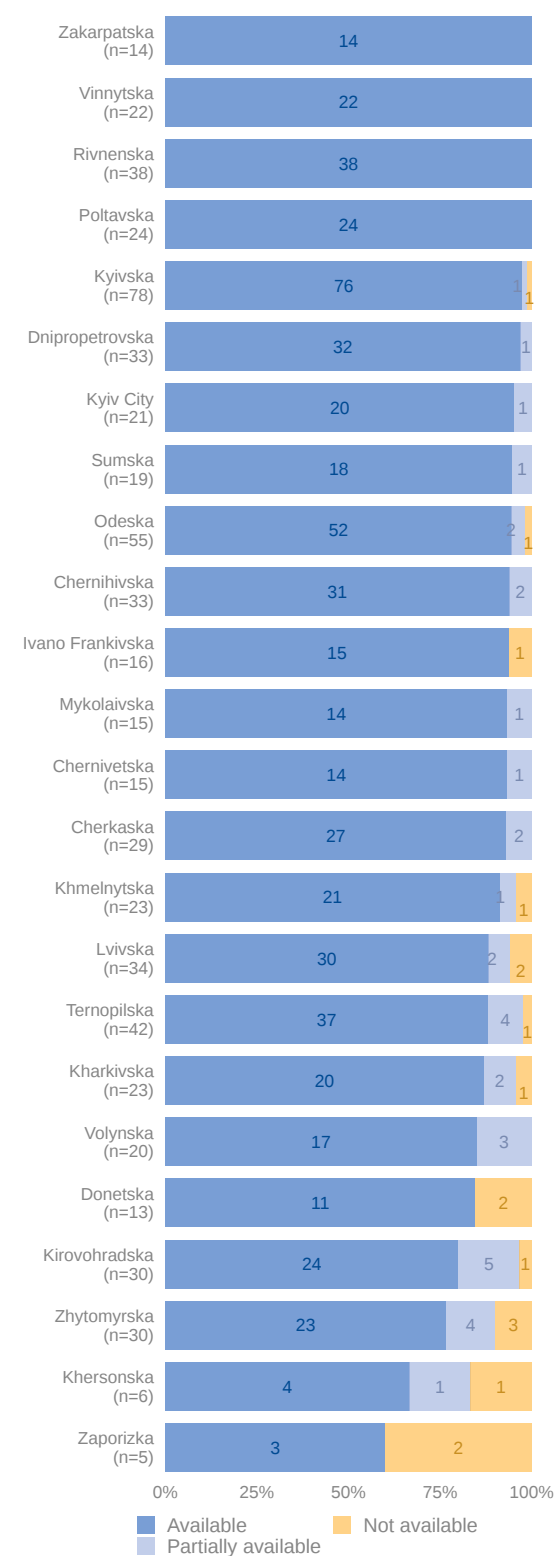
(n = 51)



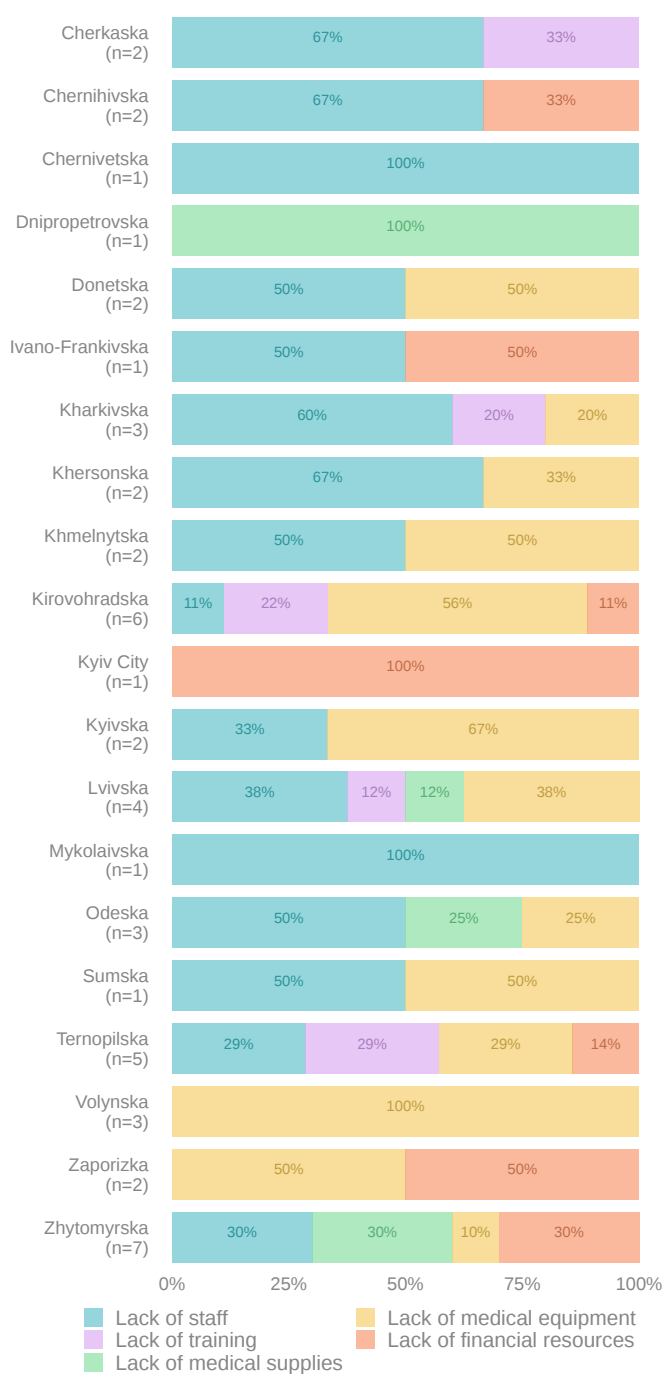
Map excludes HSDUs

# MANAGEMENT OF SEVERE AND/OR COMPLICATED COMMUNICABLE DISEASES

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

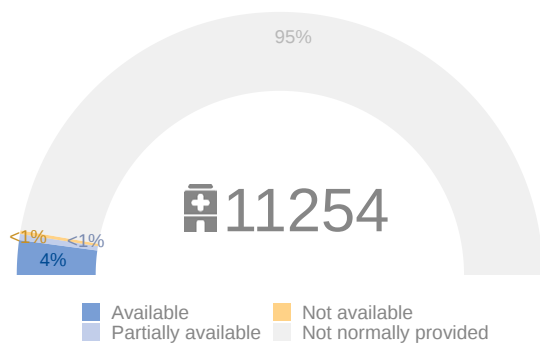


\* Chart excludes health facilities where the service is not normally provided.

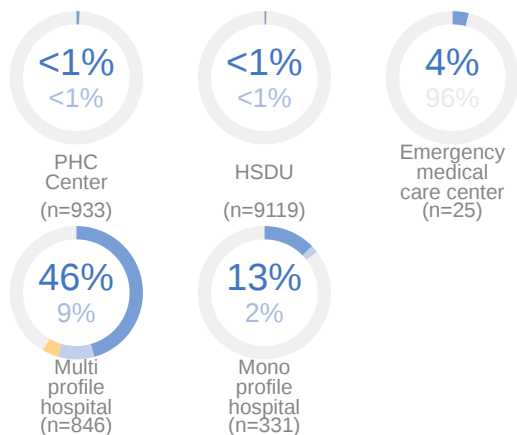
\*\* Chart includes health facilities where the causes/barriers were indicated.

# READINESS OF EPIDEMIC AND EMERGENCY SITUATIONS

Service availability

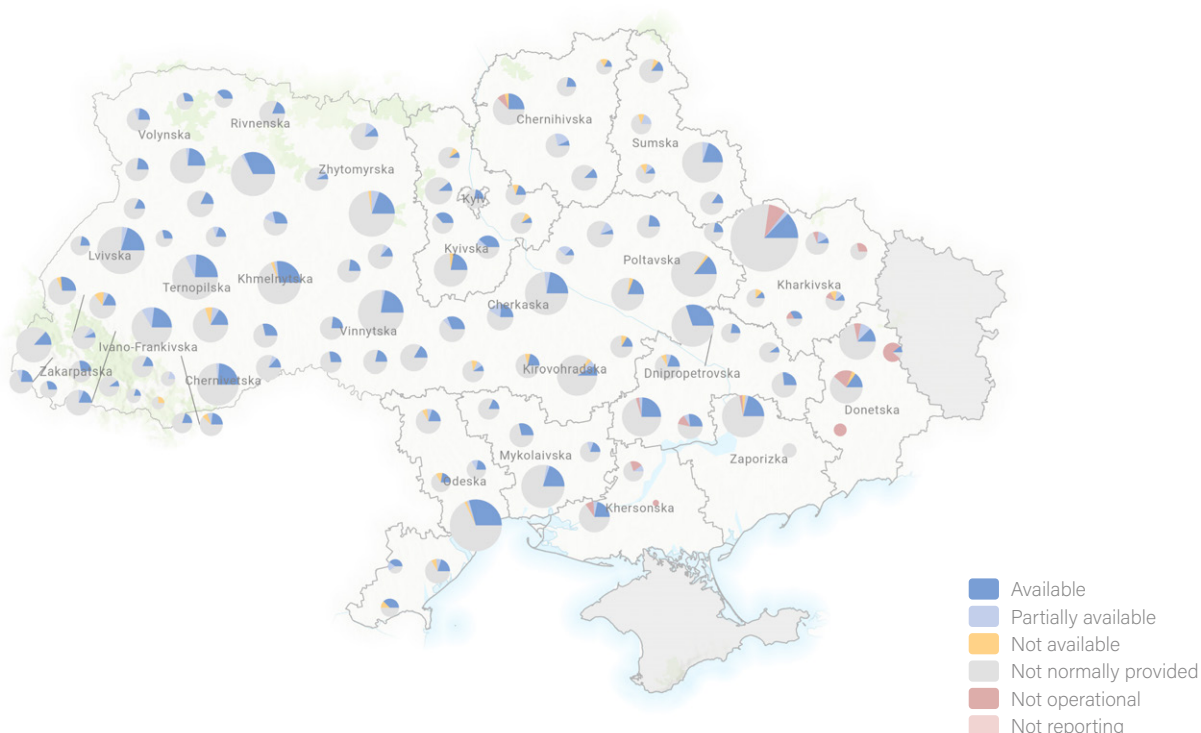


Service availability by health facility type



Main barriers impeding service delivery

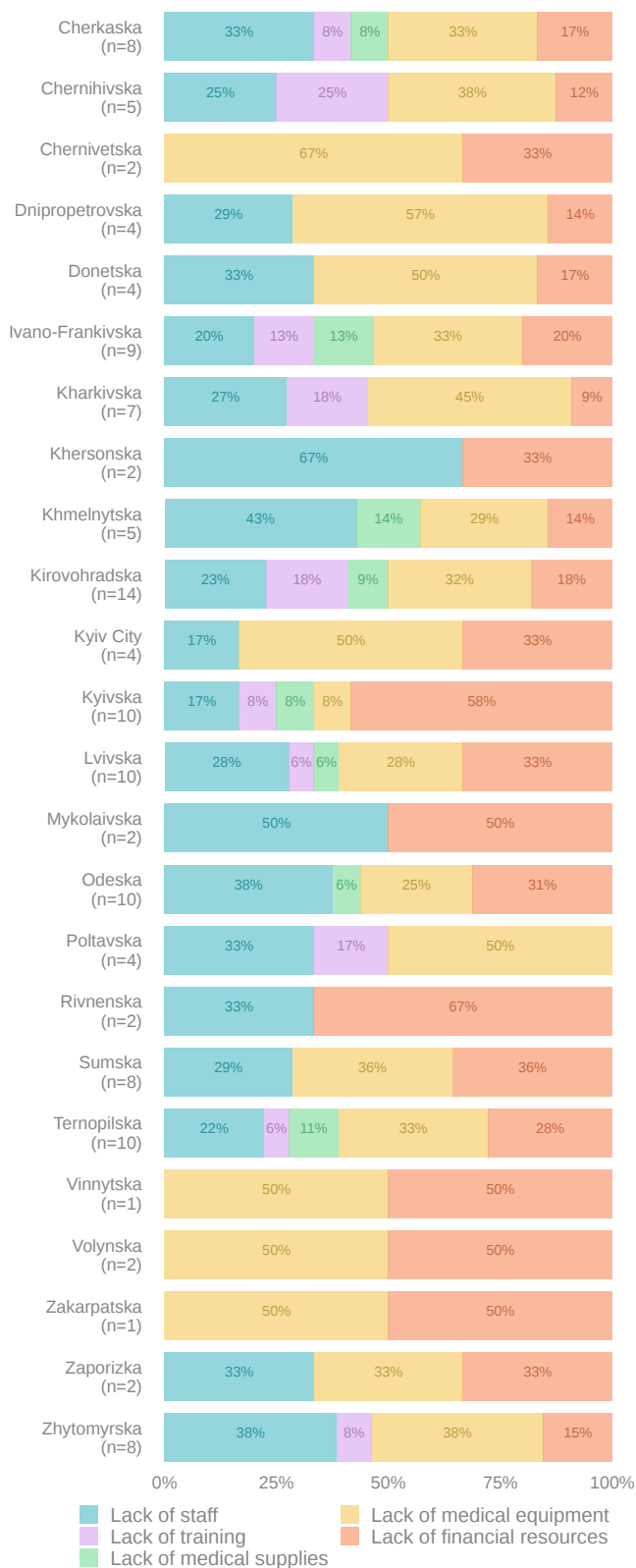
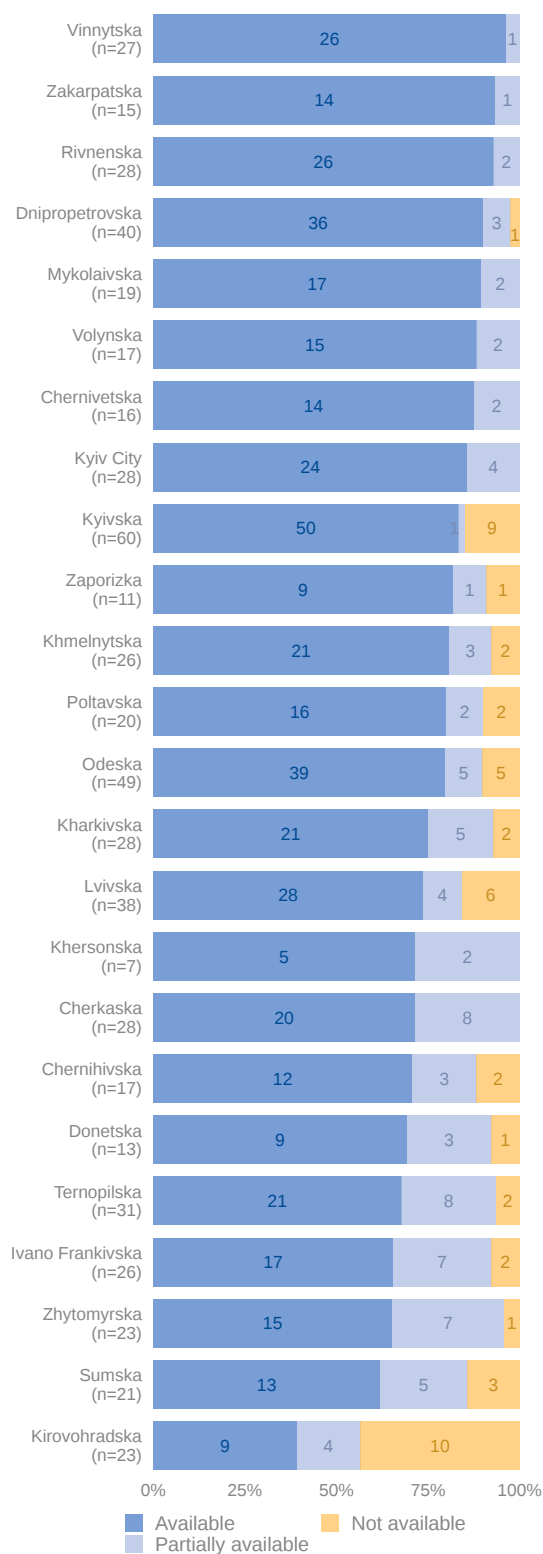
(n = 134)



# READINESS OF EPIDEMIC AND EMERGENCY SITUATIONS

Service availability by oblast\*

Main barriers impeding service delivery by oblast\*\*



\* Chart excludes health facilities where the service is not normally provided.

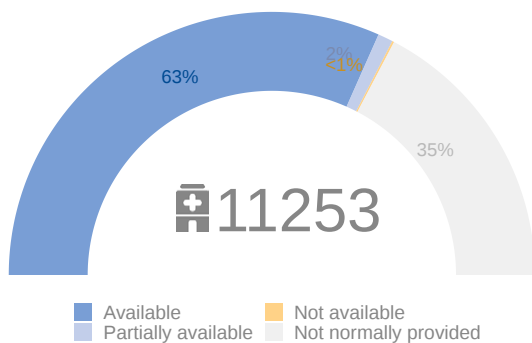
\*\* Chart includes health facilities where the causes/barriers were indicated.

# **SEXUAL AND REPRODUCTIVE HEALTH (STIS AND HIV/AIDS)**

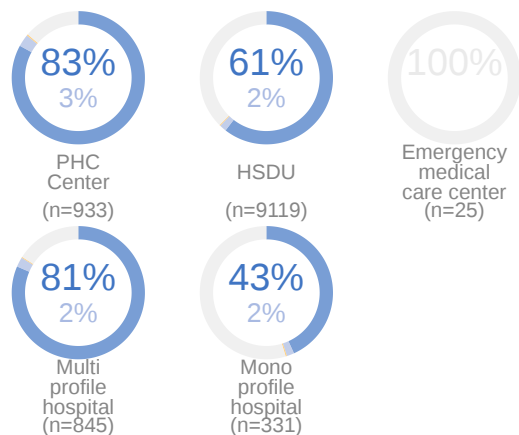


# HIV TESTING AND COUNSELING, PRE-EXPOSURE

Service availability

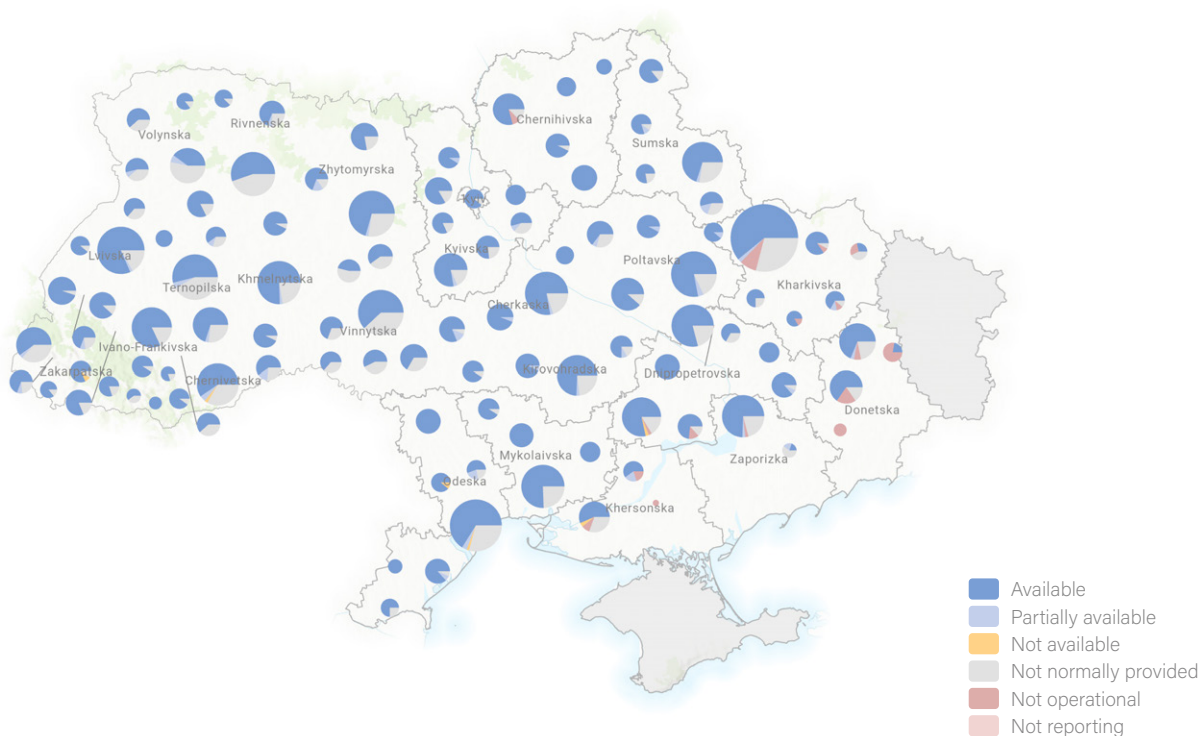
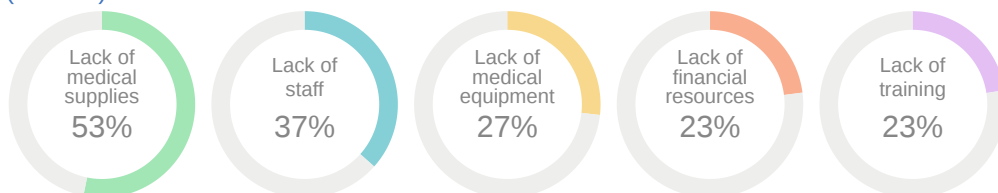


Service availability by health facility type



Main barriers impeding service delivery

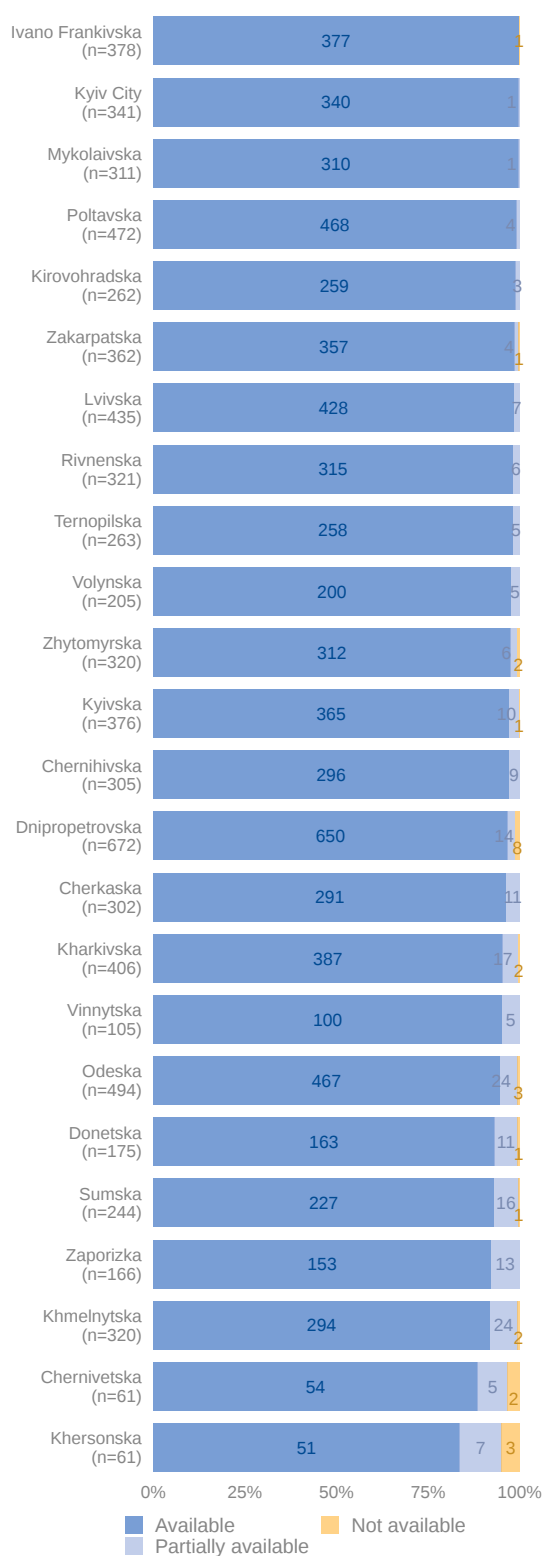
(n = 235)



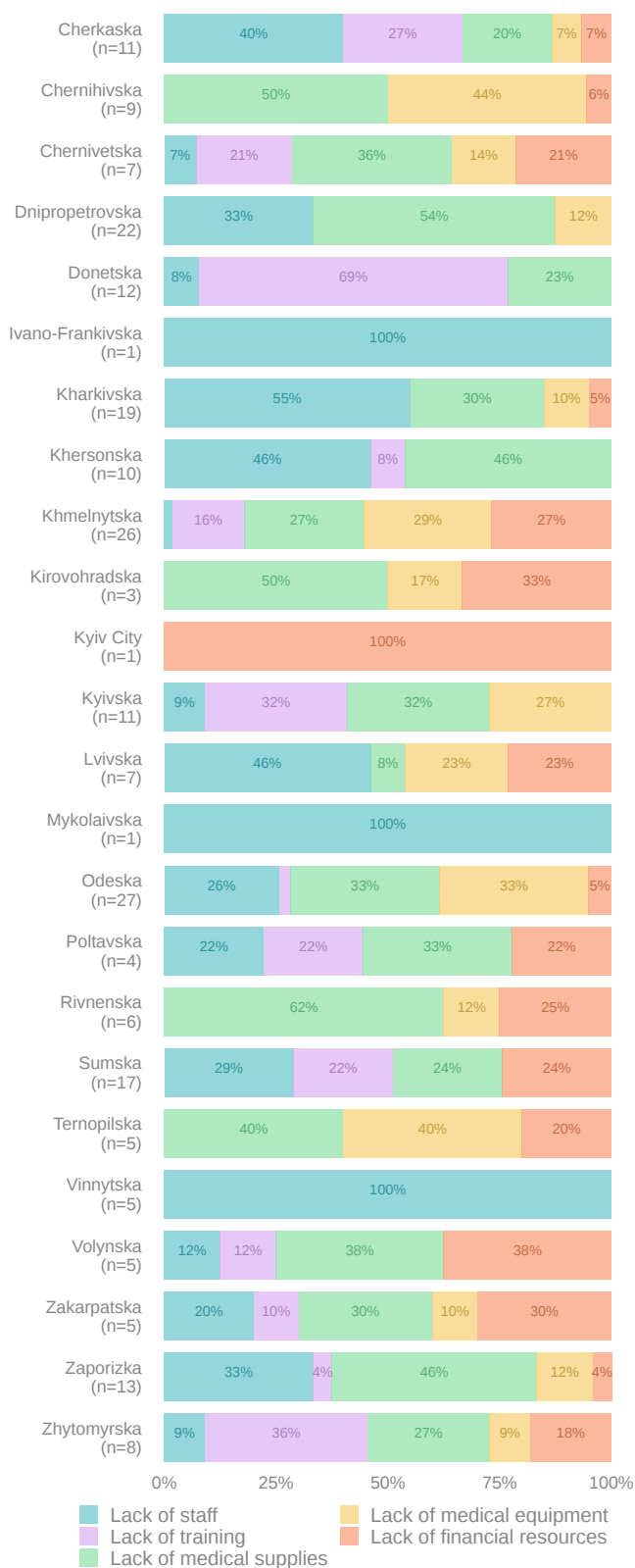
Map excludes HSDUs

# HIV TESTING AND COUNSELING, PRE-EXPOSURE

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

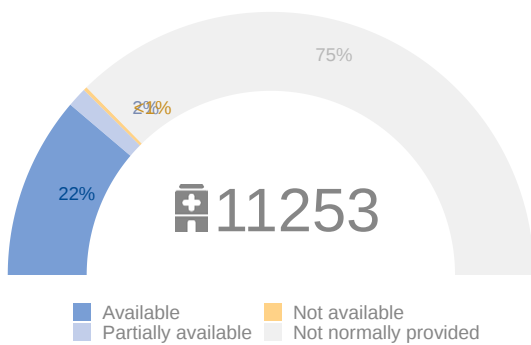


\* Chart excludes health facilities where the service is not normally provided.

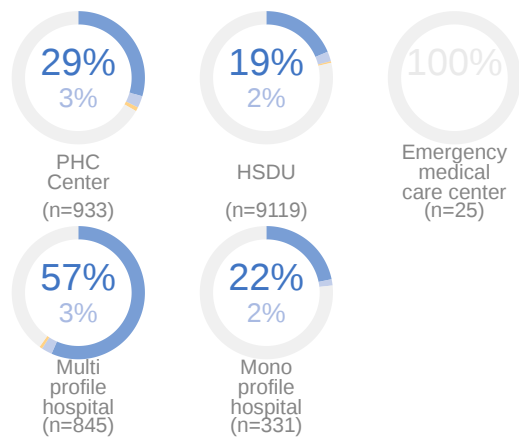
\*\* Chart includes health facilities where the causes/barriers were indicated.

# PMTCT

## Service availability

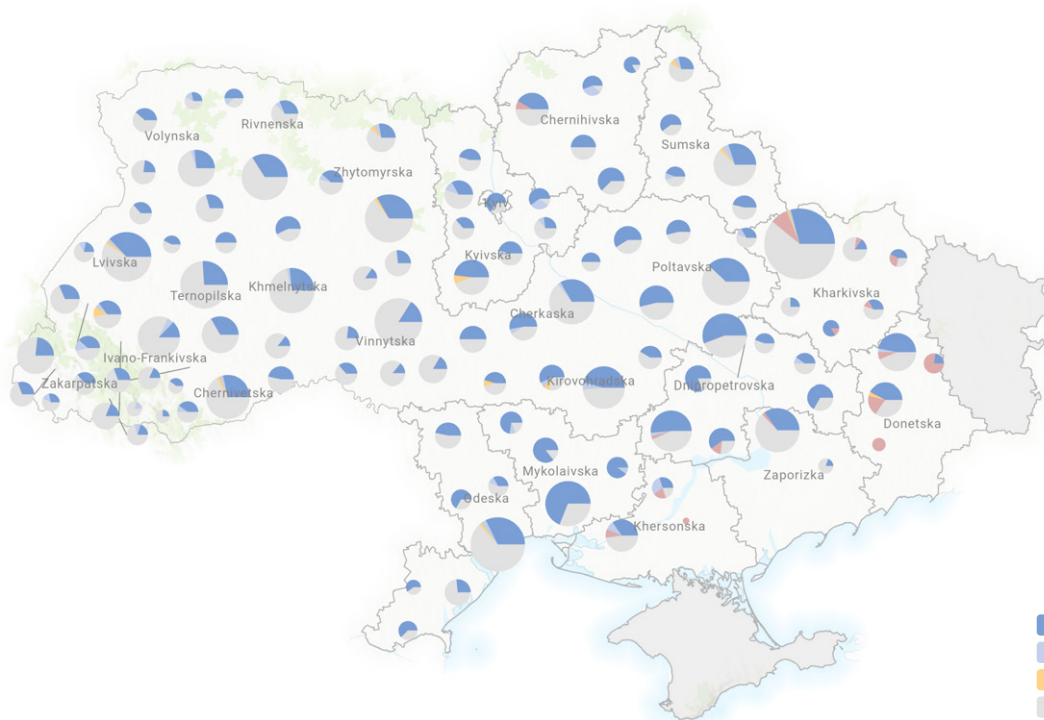
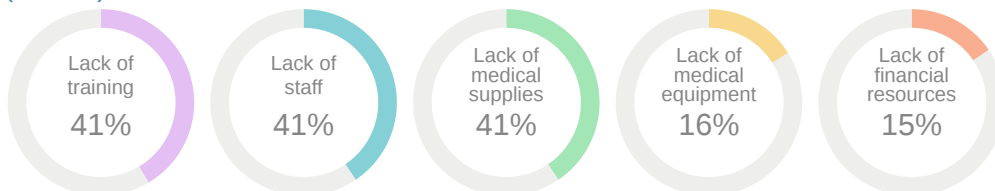


## Service availability by health facility type

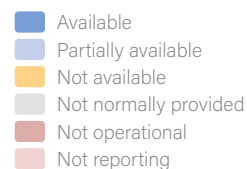


## Main barriers impeding service delivery

(n = 323)

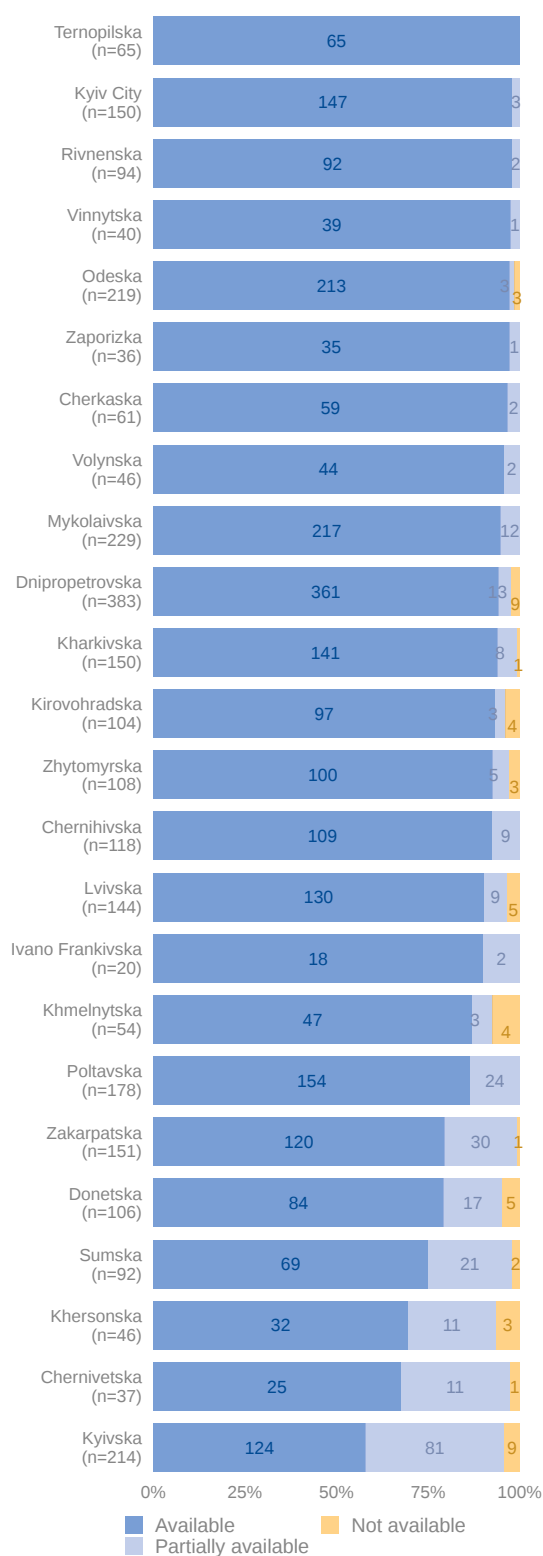


Map excludes HSDUs

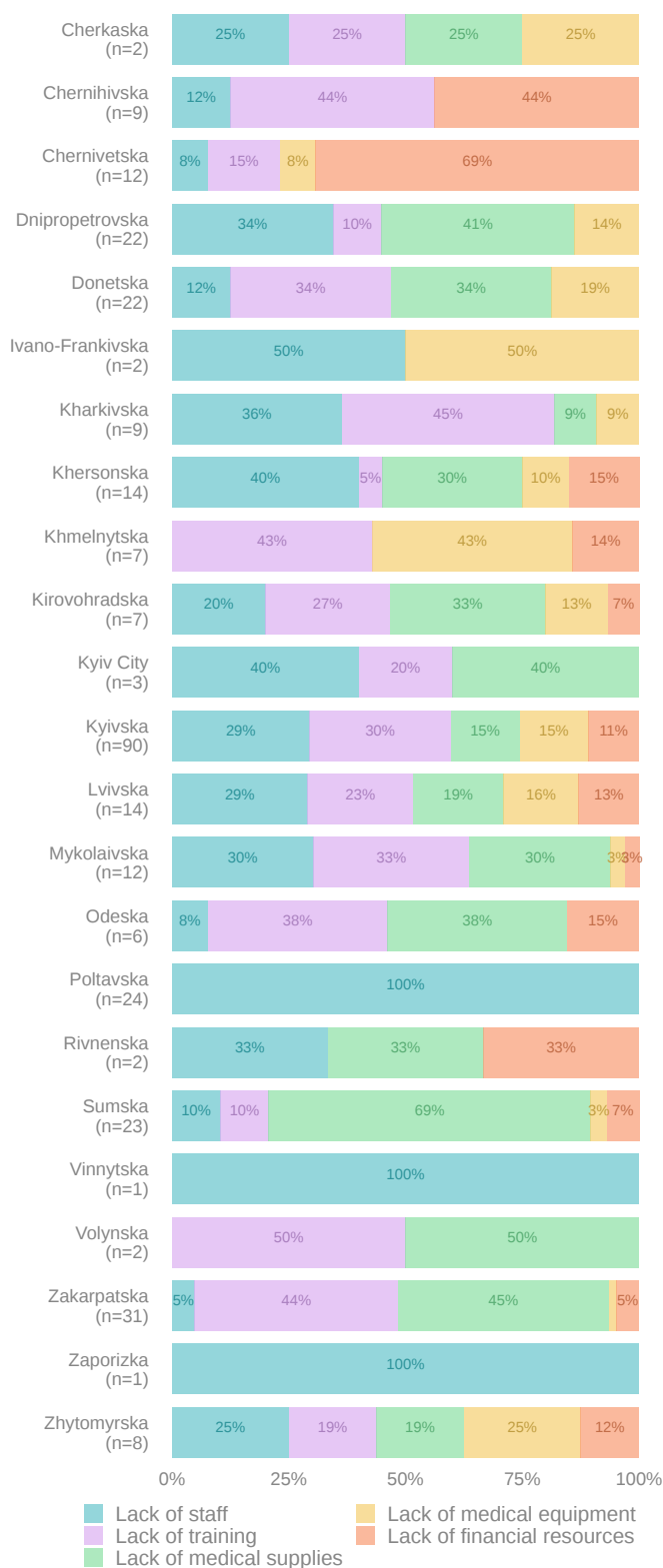


# PMTCT

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

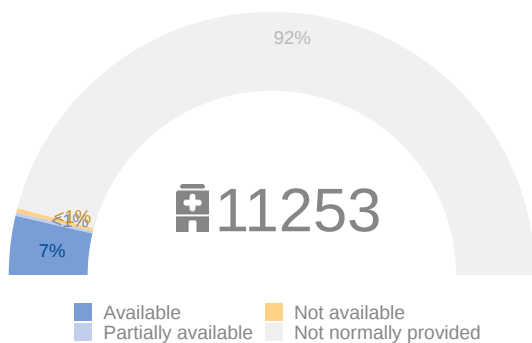


\* Chart excludes health facilities where the service is not normally provided.

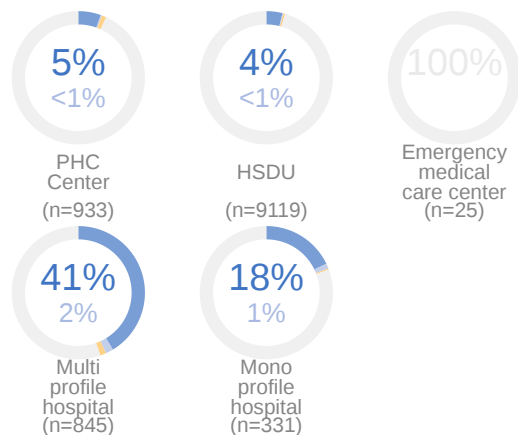
\*\* Chart includes health facilities where the causes/barriers were indicated.

# ANTIRETROVIRAL TREATMENT

## Service availability

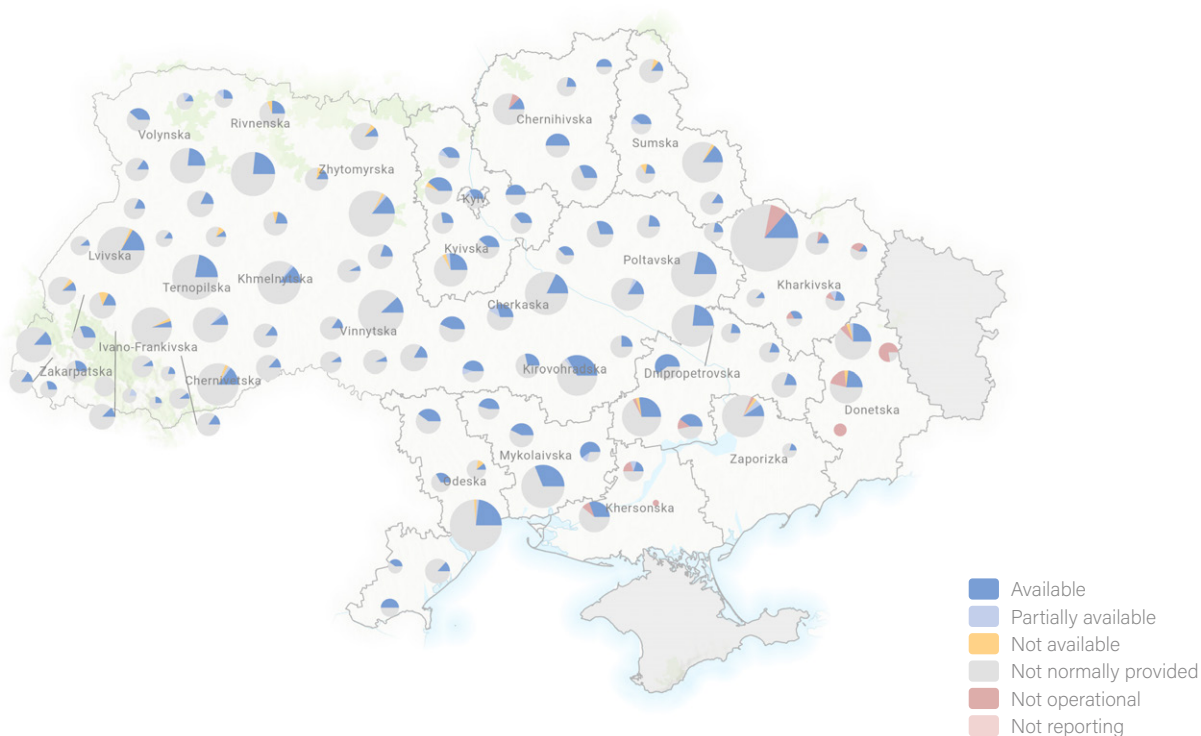
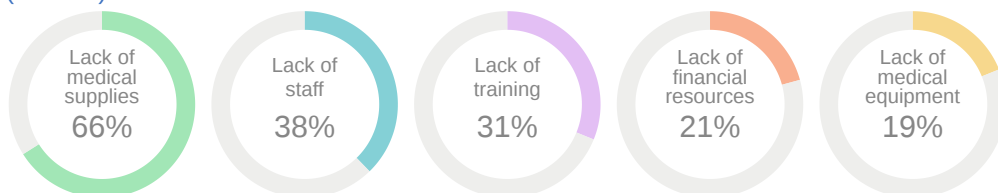


## Service availability by health facility type



## Main barriers impeding service delivery

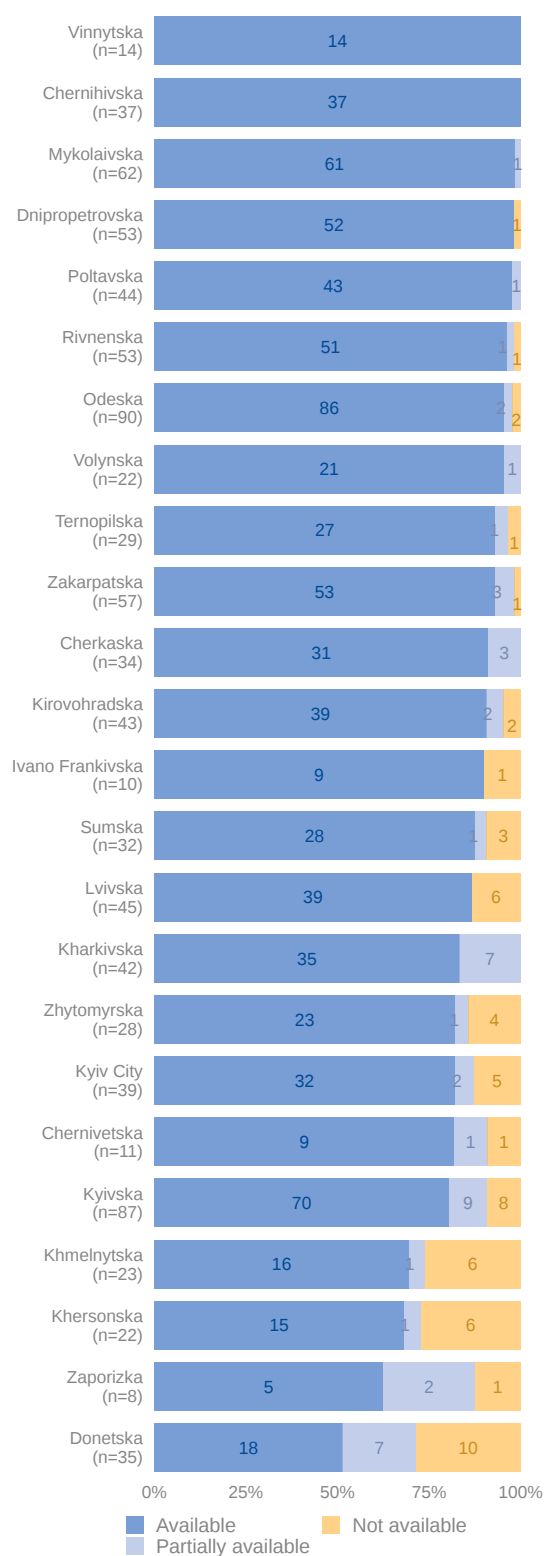
(n = 106)



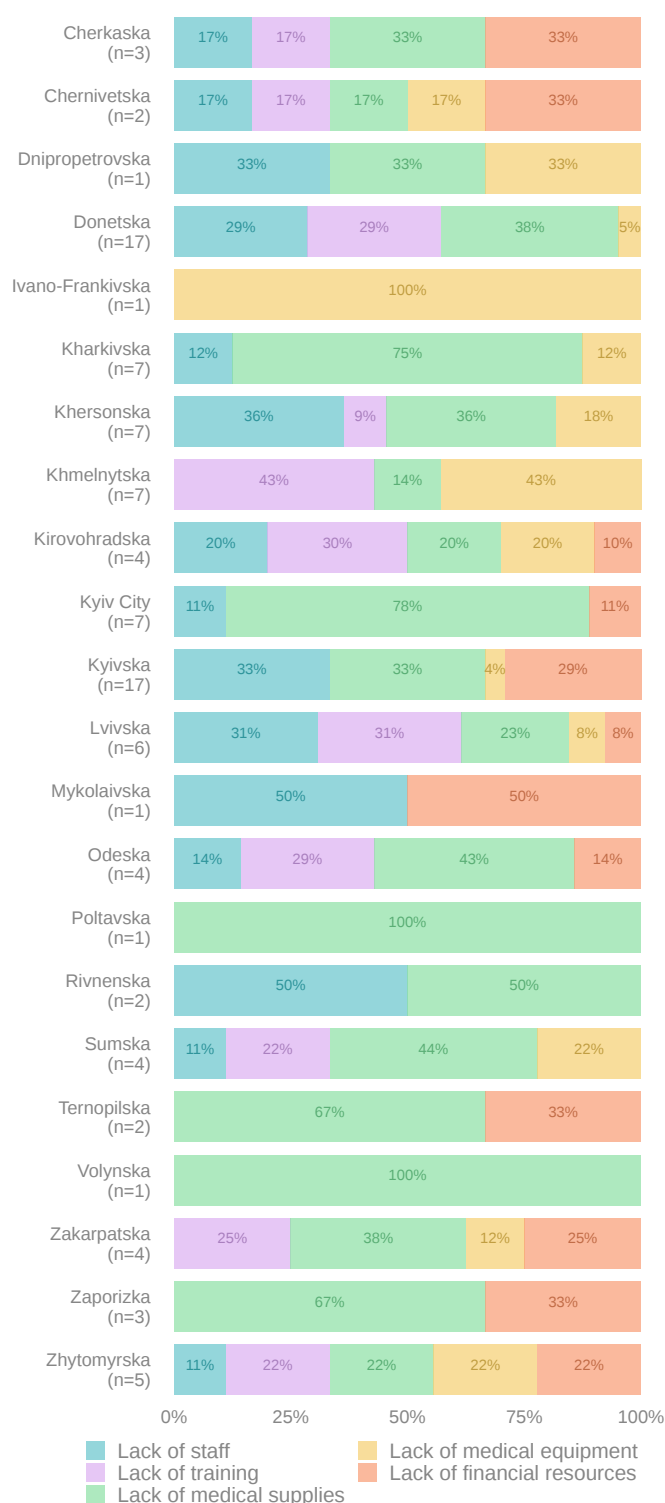
Map excludes HSDUs

# ANTIRETROVIRAL TREATMENT

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*



\* Chart excludes health facilities where the service is not normally provided.

\*\* Chart includes health facilities where the causes/barriers were indicated.

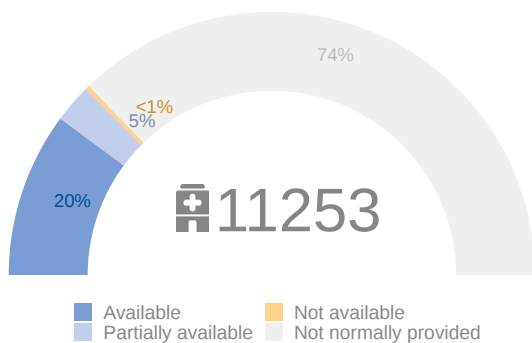


# **SEXUAL AND REPRODUCTIVE HEALTH (MATERNAL AND NEWBORN CARE)**

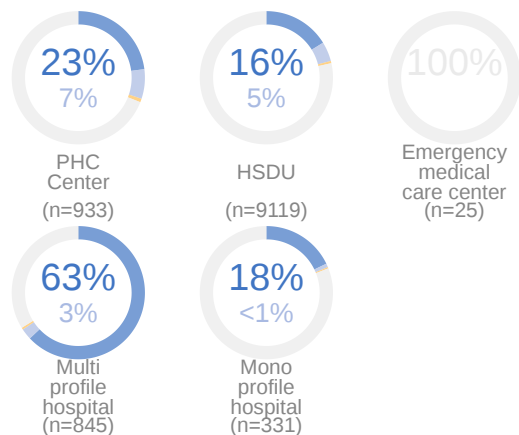


# ANTENATAL CARE

Service availability

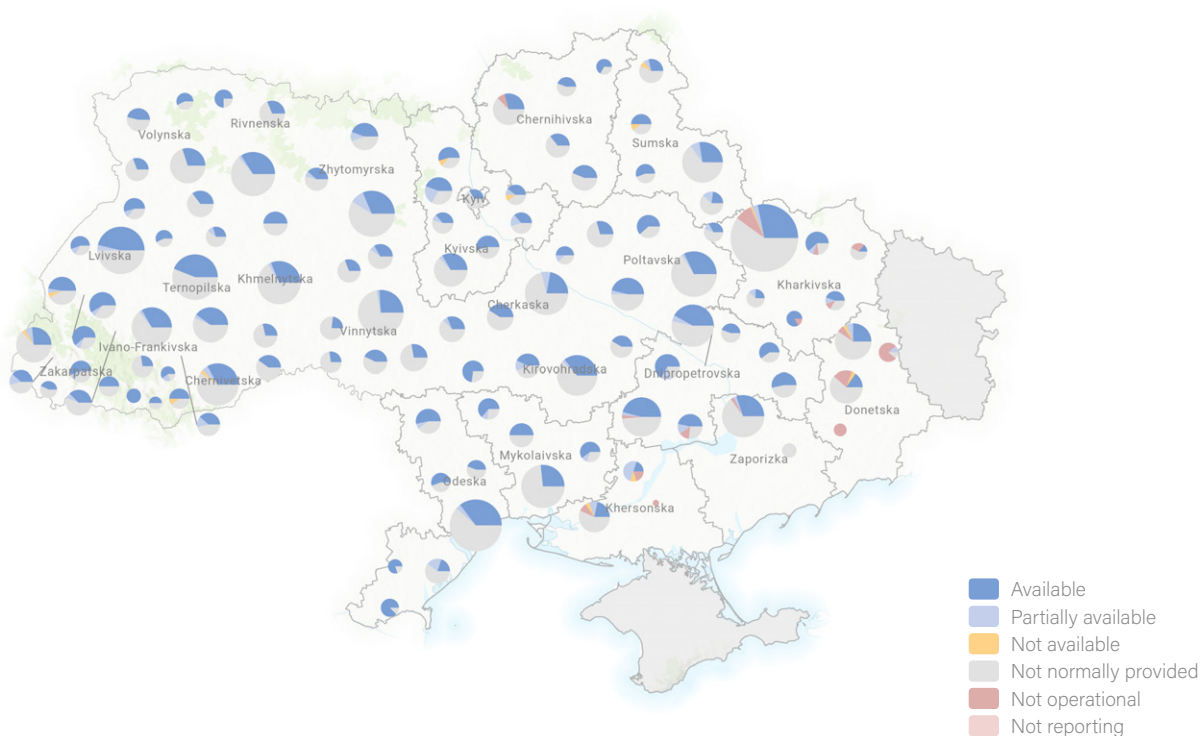
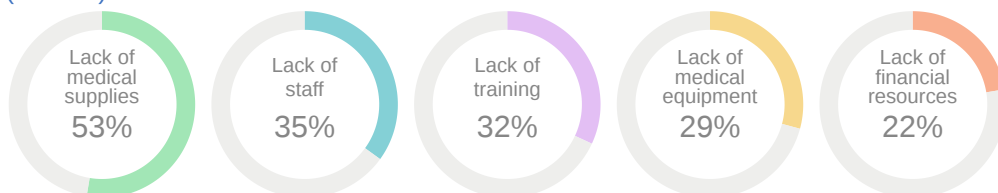


Service availability by health facility type



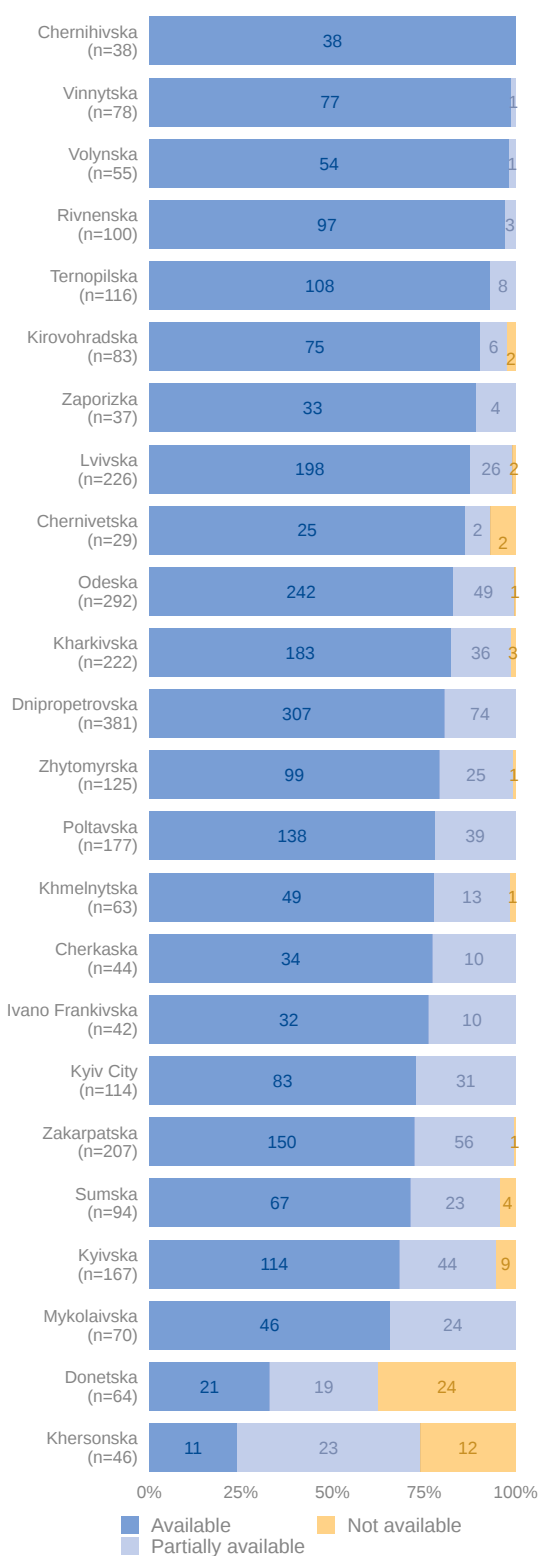
Main barriers impeding service delivery

(n = 589)

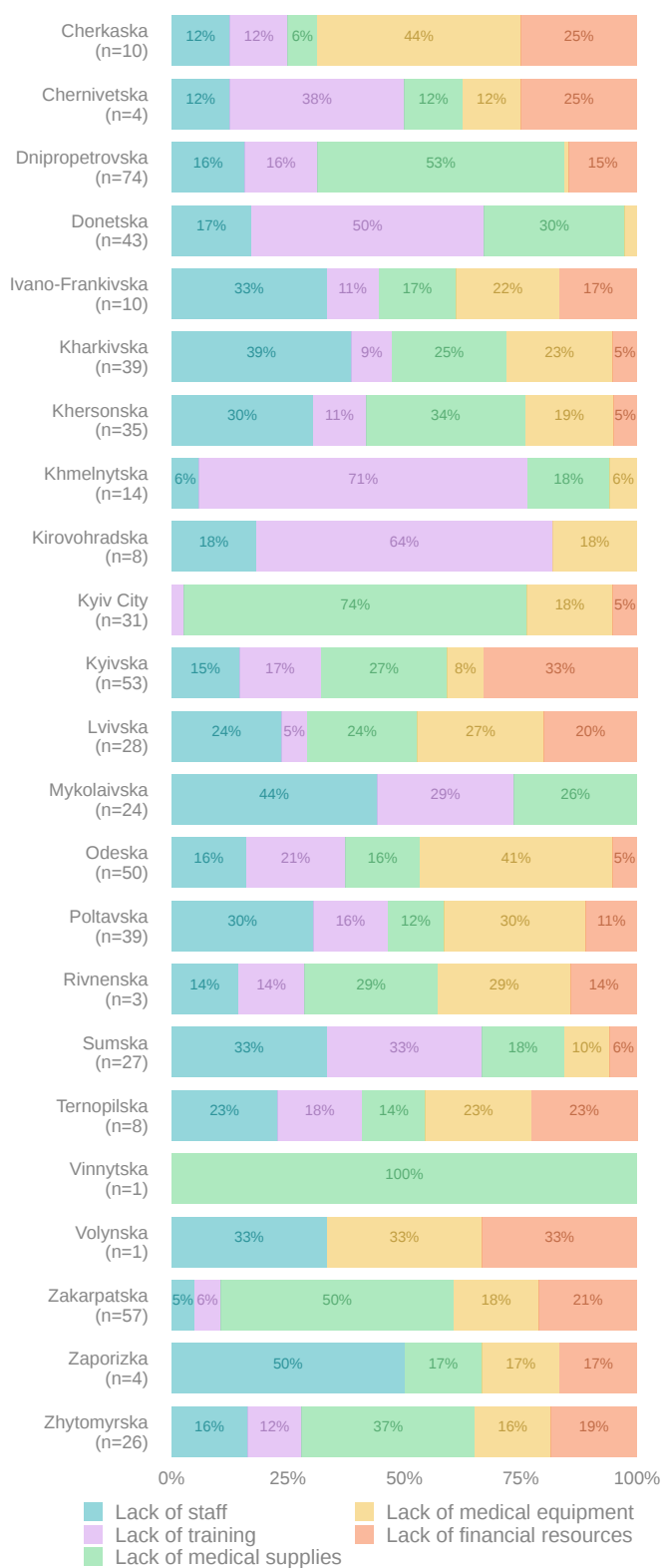


# ANTENATAL CARE

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

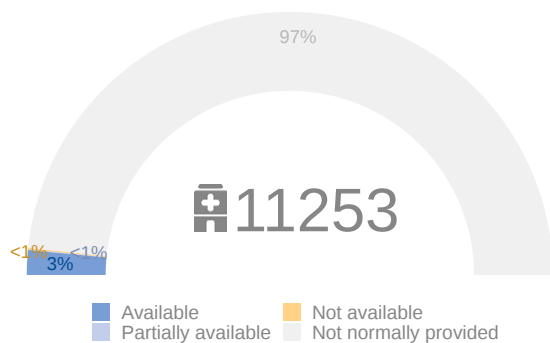


\* Chart excludes health facilities where the service is not normally provided.

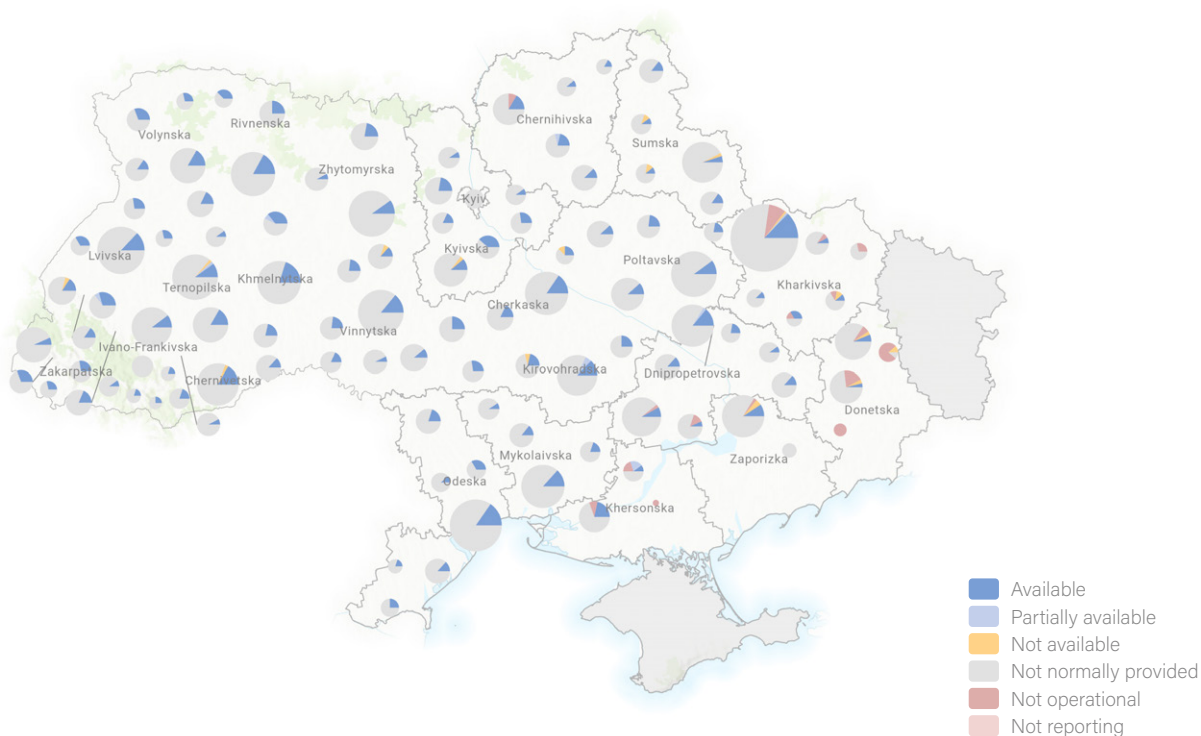
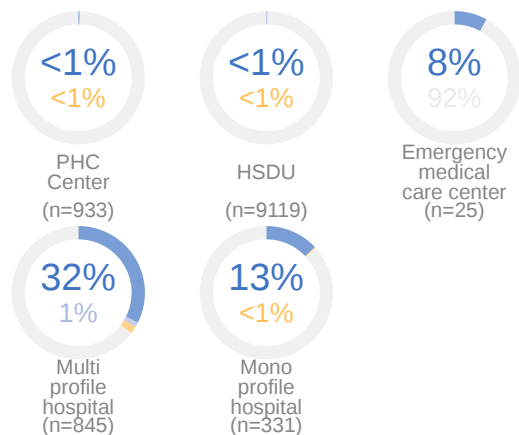
\*\* Chart includes health facilities where the causes/barriers were indicated.

# SKILLED CARE DURING CHILDBIRTH

Service availability



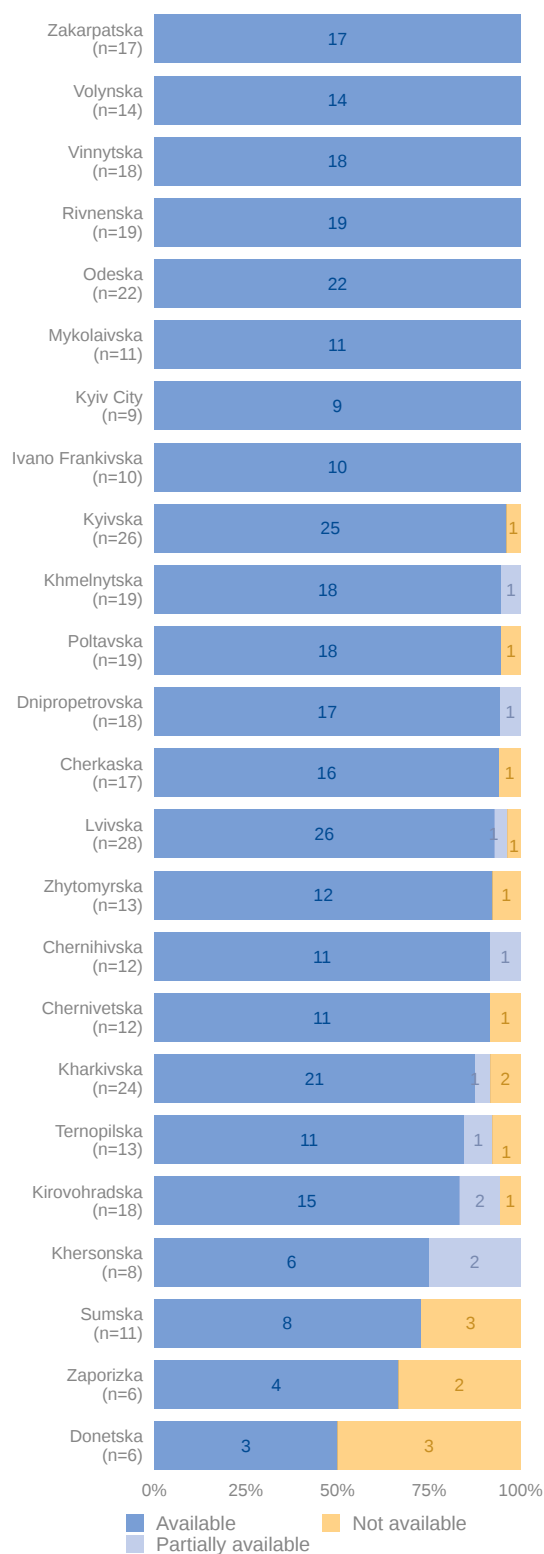
Service availability by health facility type



Map excludes HSDUs

# SKILLED CARE DURING CHILDBIRTH

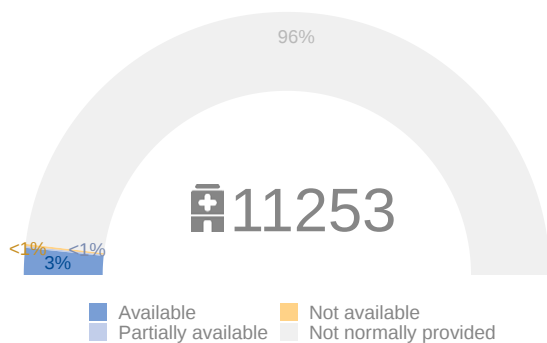
Service availability by oblast\*



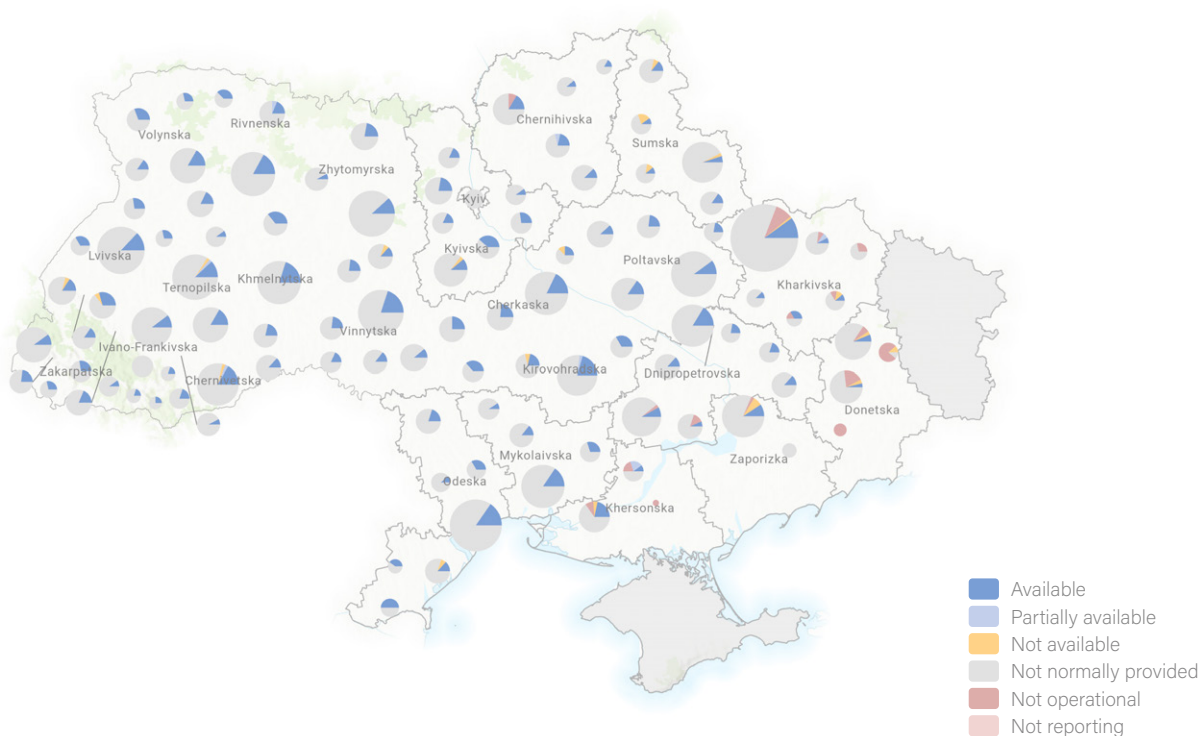
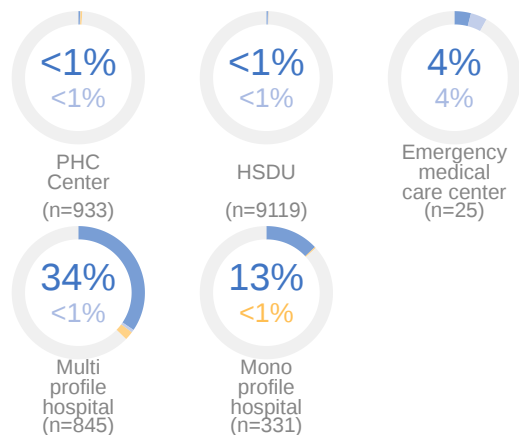
\* Chart excludes health facilities where the service is not normally provided.

# BASIC EMERGENCY OBSTETRIC CARE

Service availability



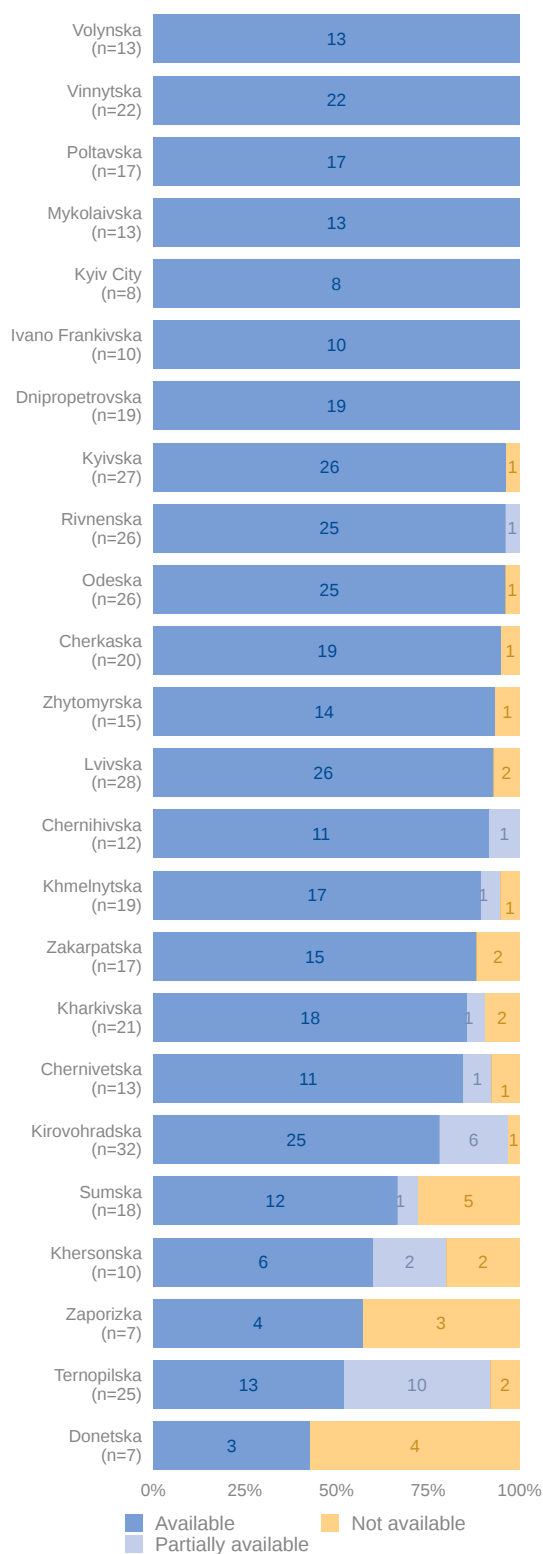
Service availability by health facility type



Map excludes HSDUs

# BASIC EMERGENCY OBSTETRIC CARE

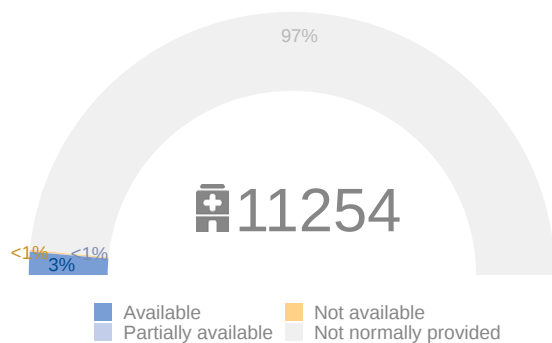
Service availability by oblast\*



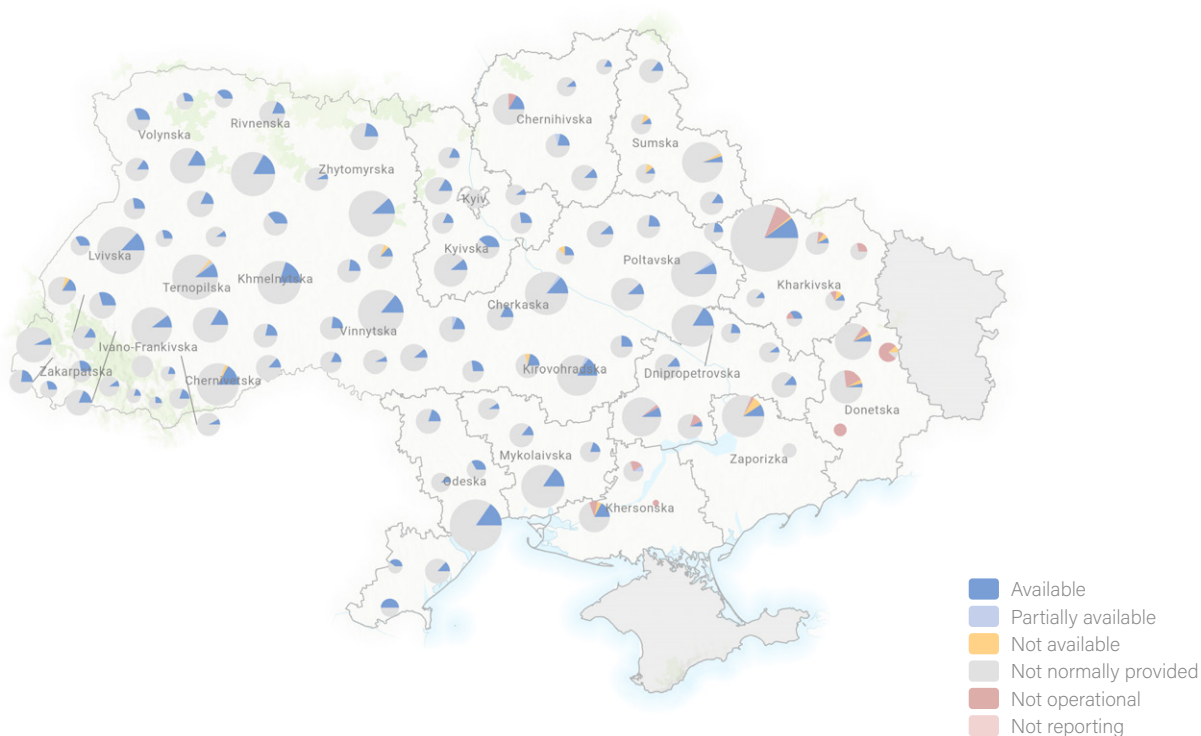
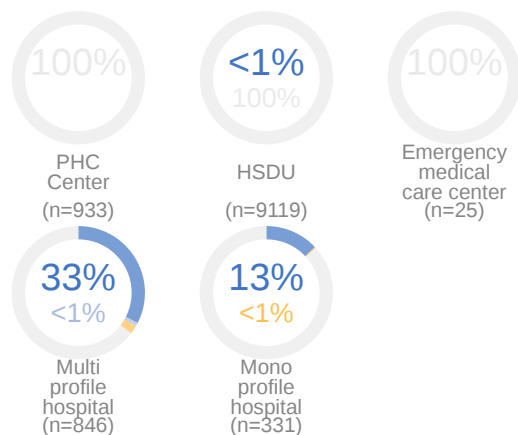
\* Chart excludes health facilities where the service is not normally provided.

# COMPREHENSIVE EMERGENCY OBSTETRIC CARE

Service availability



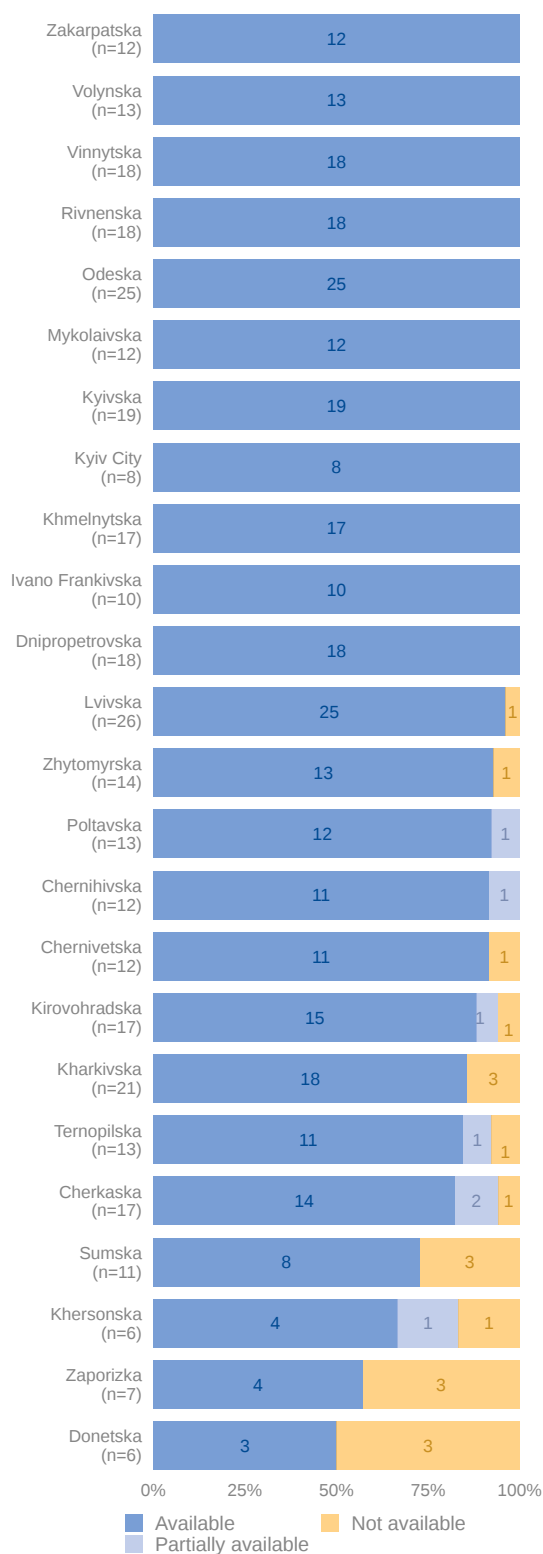
Service availability by health facility type



Map excludes HSDUs

# COMPREHENSIVE EMERGENCY OBSTETRIC CARE

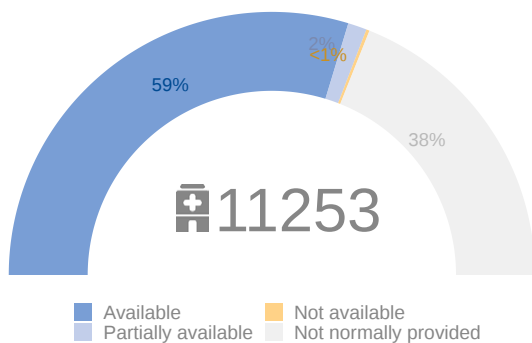
Service availability by oblast\*



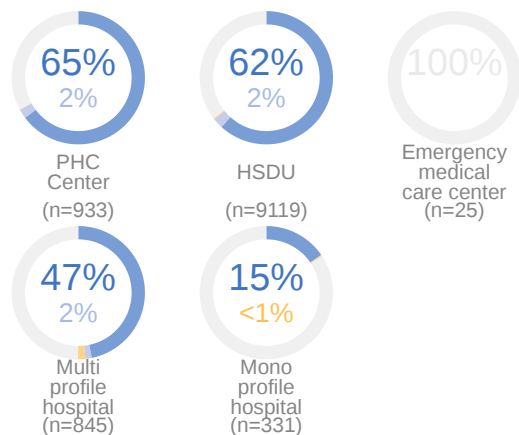
\* Chart excludes health facilities where the service is not normally provided.

# POSTPARTUM CARE

Service availability

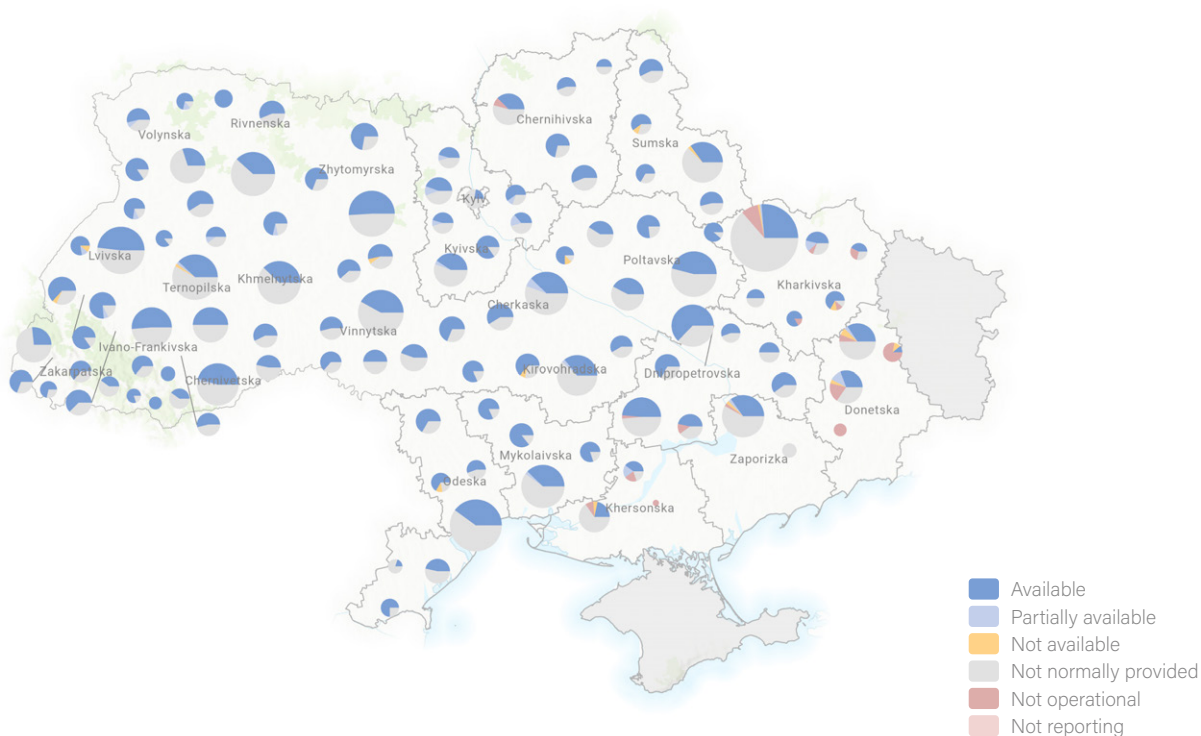
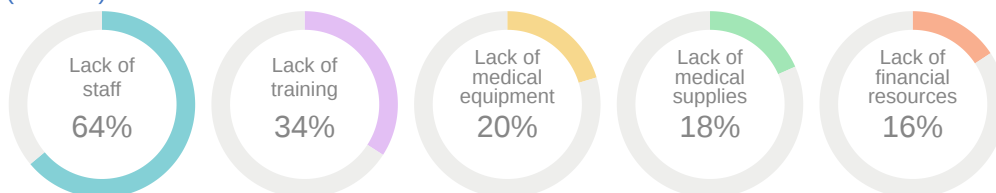


Service availability by health facility type



Main barriers impeding service delivery

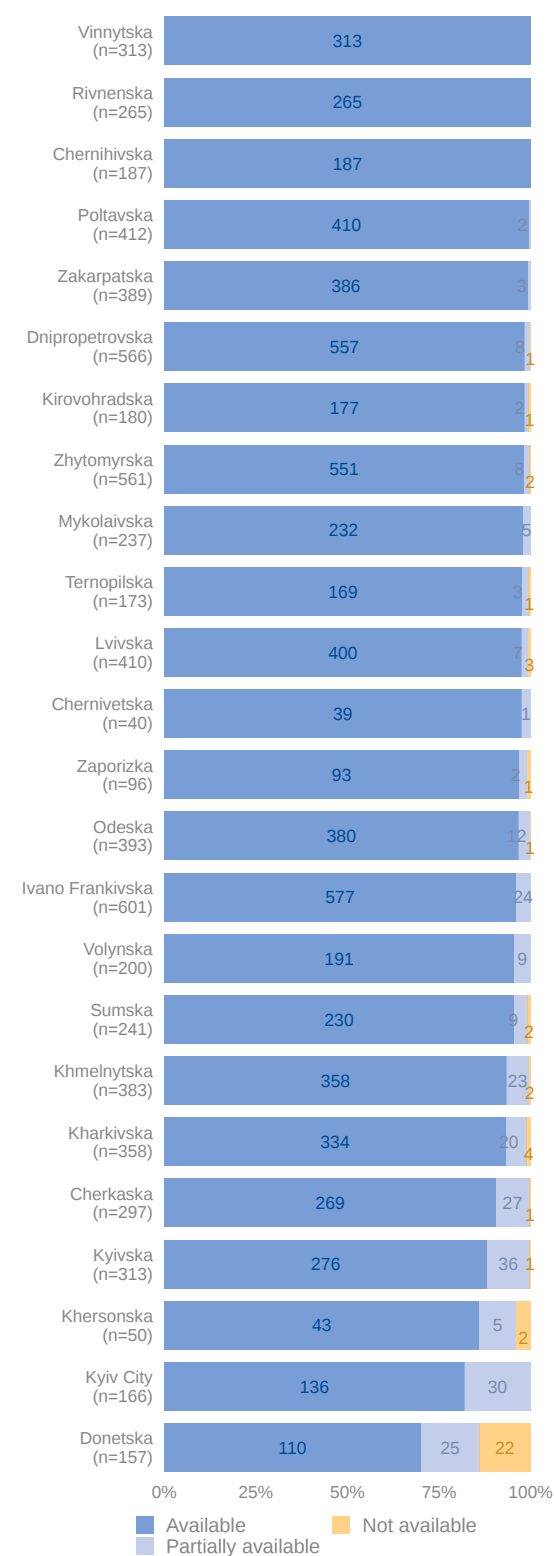
(n = 305)



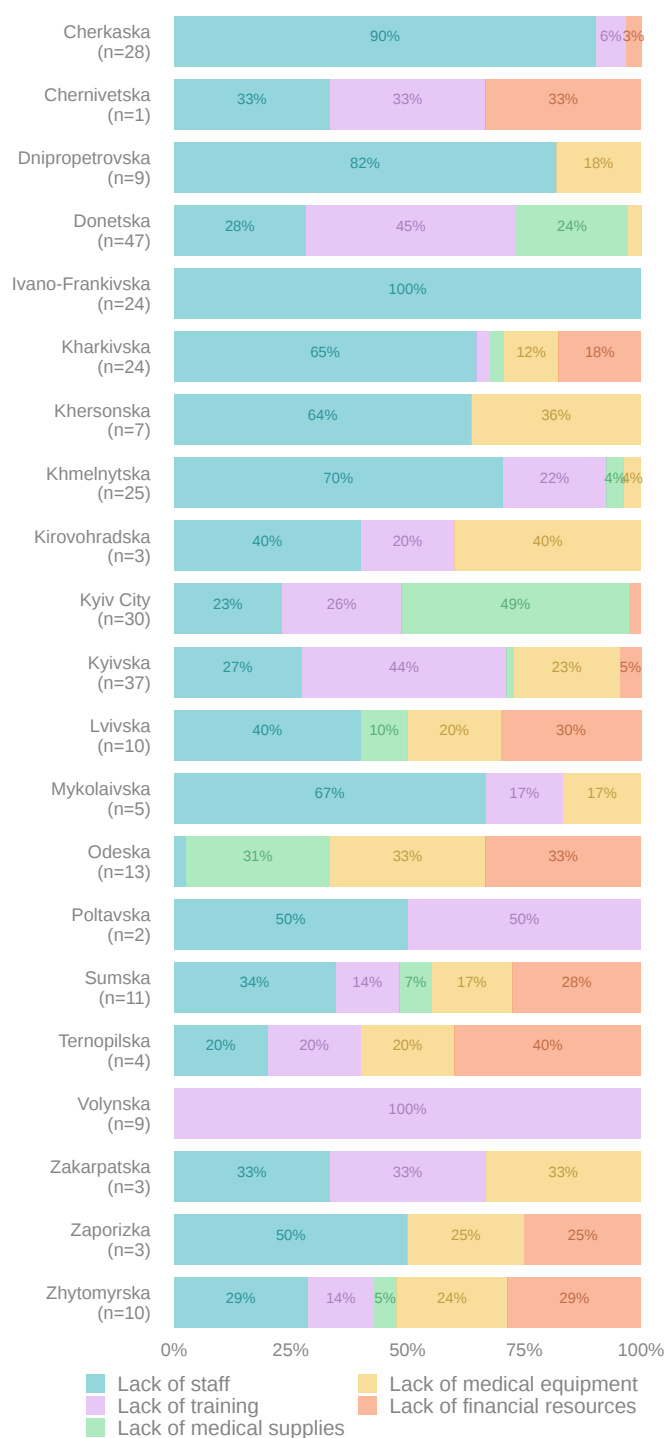
Map excludes HSDUs

# POSTPARTUM CARE

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*



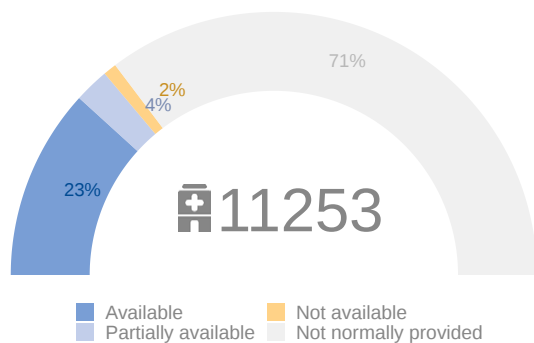
\* Chart excludes health facilities where the service is not normally provided.  
 \*\* Chart includes health facilities where the causes/barriers were indicated.

# **SEXUAL AND REPRODUCTIVE HEALTH (SEXUAL VIOLENCE)**

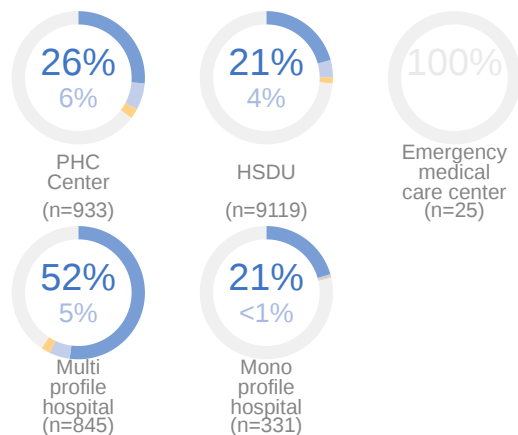


# CLINICAL MANAGEMENT OF RAPE SURVIVORS

Service availability

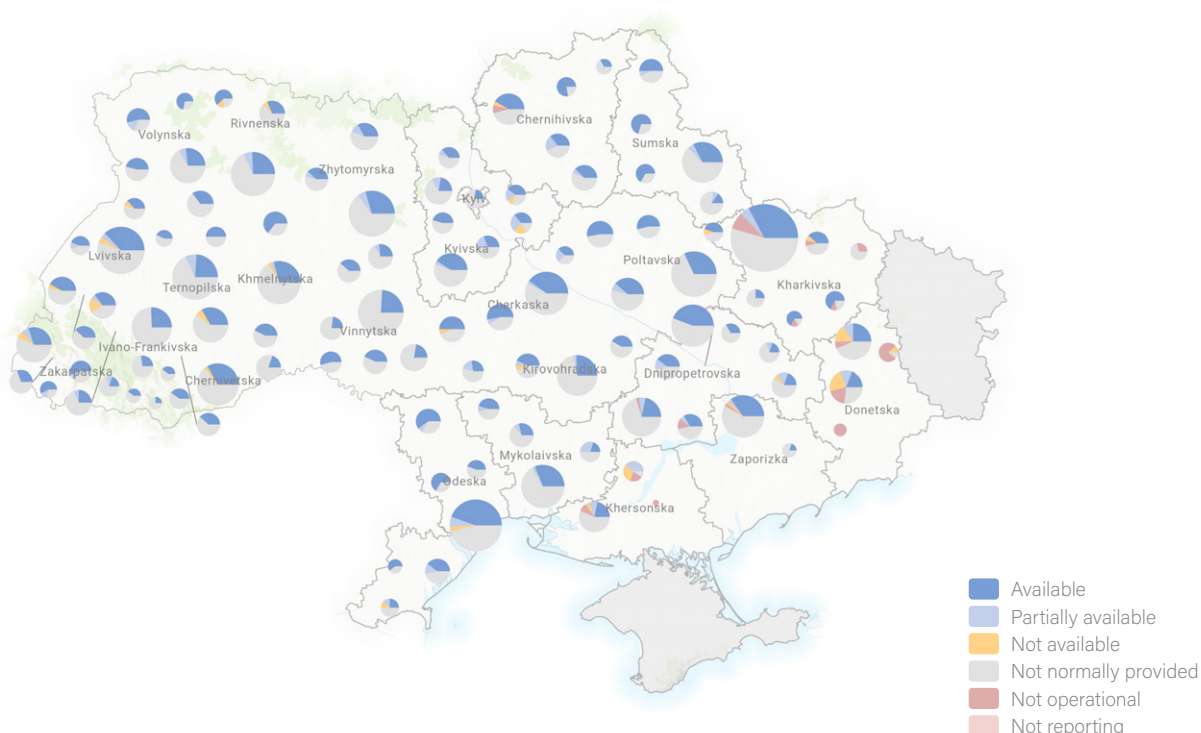


Service availability by health facility type



Main barriers impeding service delivery

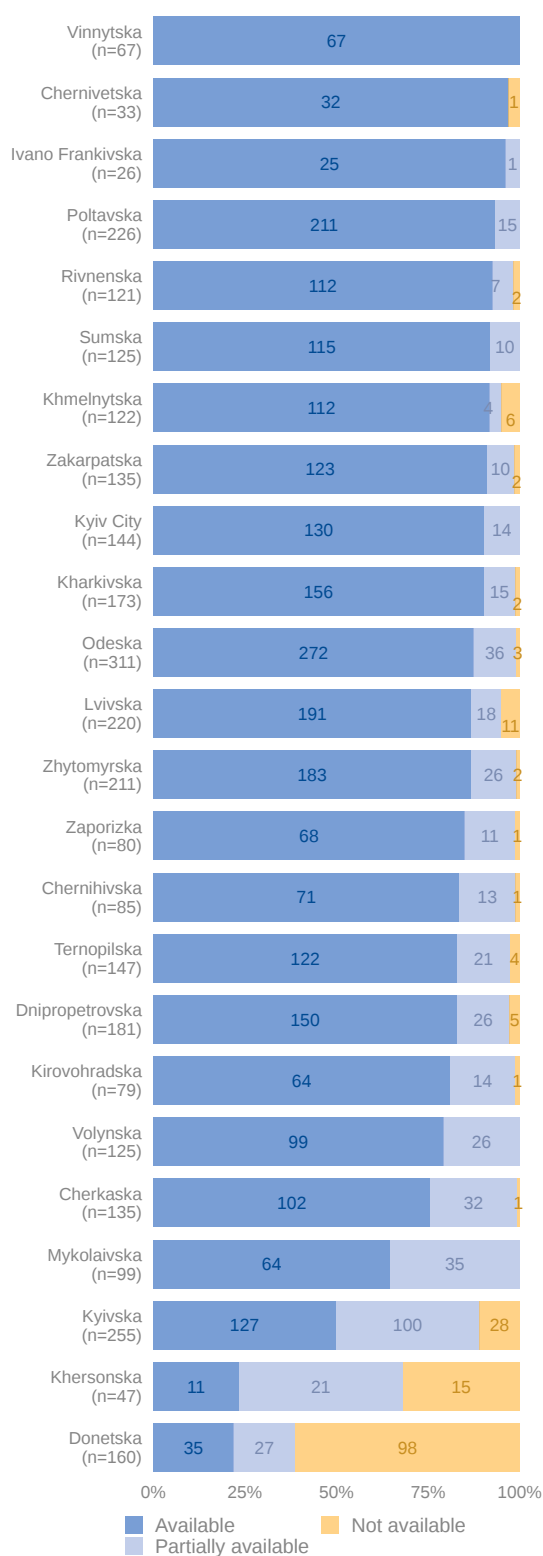
(n = 665)



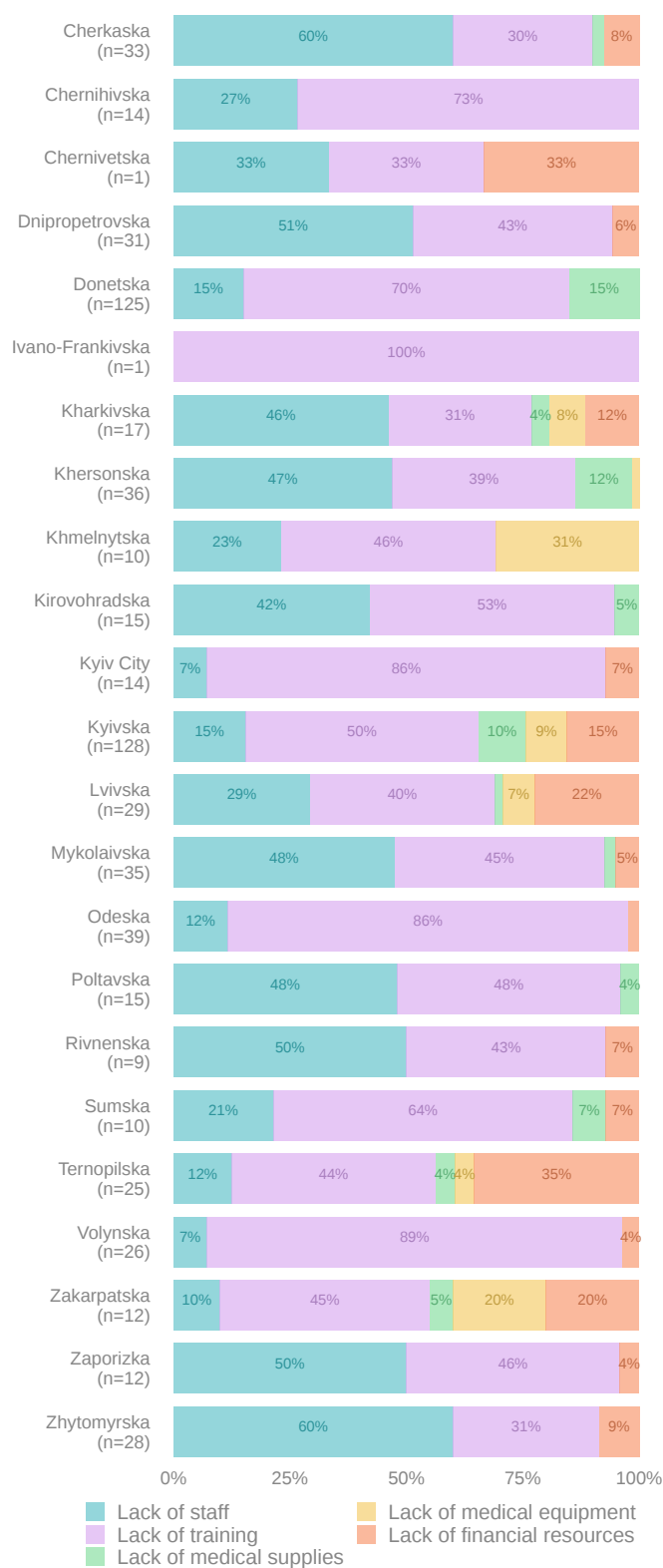
Map excludes HSDUs

# CLINICAL MANAGEMENT OF RAPE SURVIVORS

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

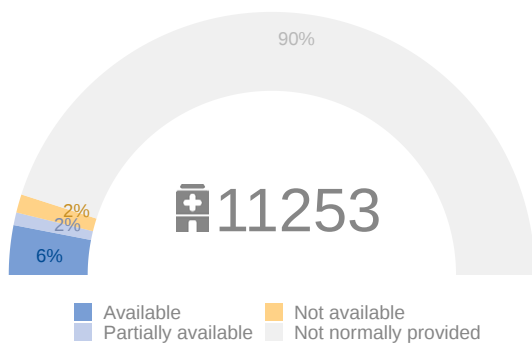


\* Chart excludes health facilities where the service is not normally provided.

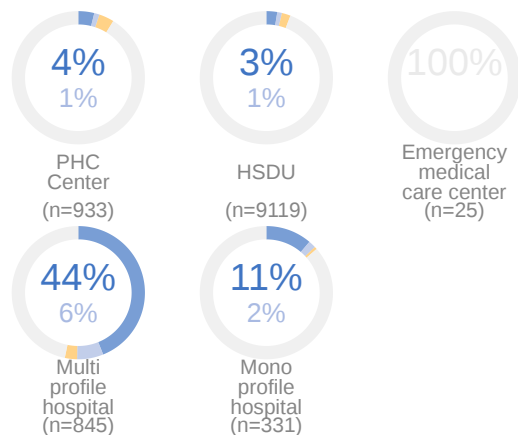
\*\* Chart includes health facilities where the causes/barriers were indicated.

# EMERGENCY CONTRACEPTION

Service availability

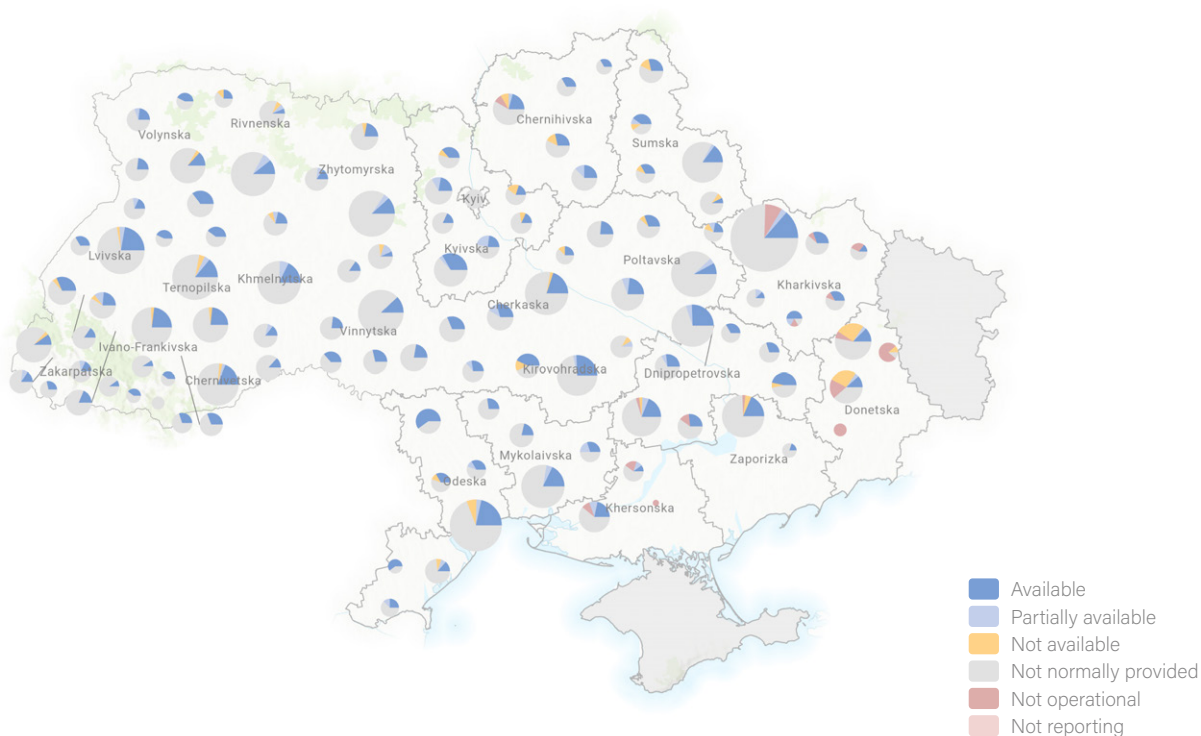


Service availability by health facility type



Main barriers impeding service delivery

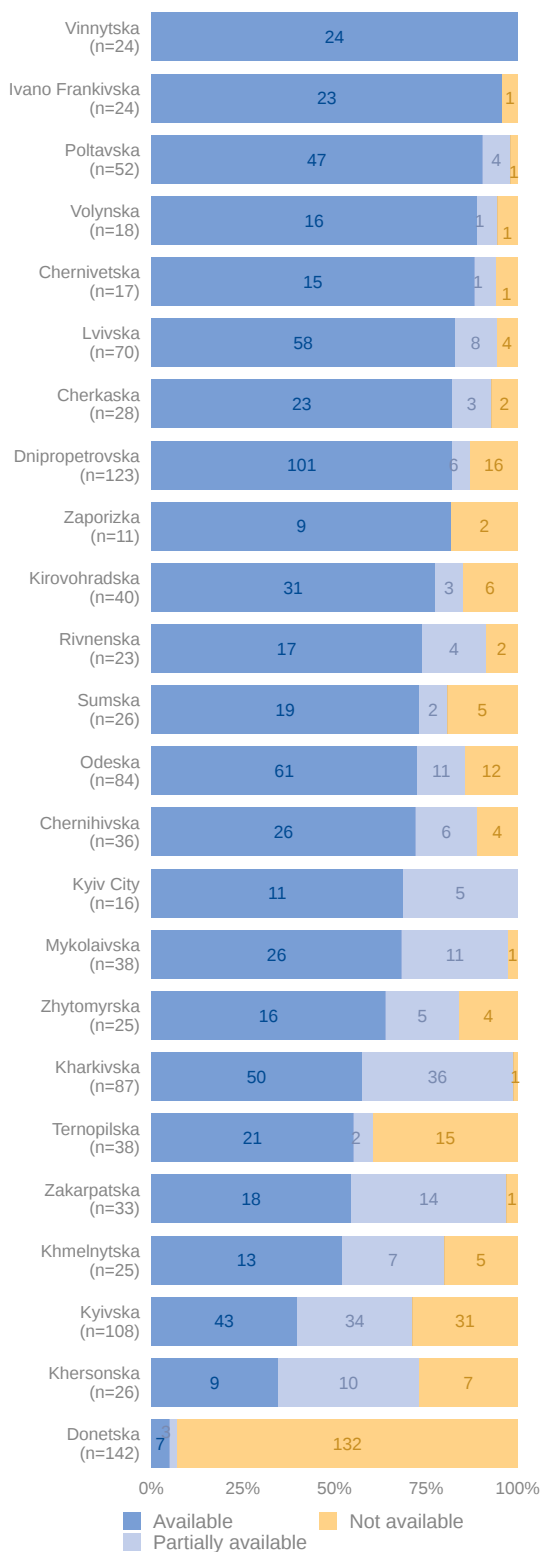
(n = 430)



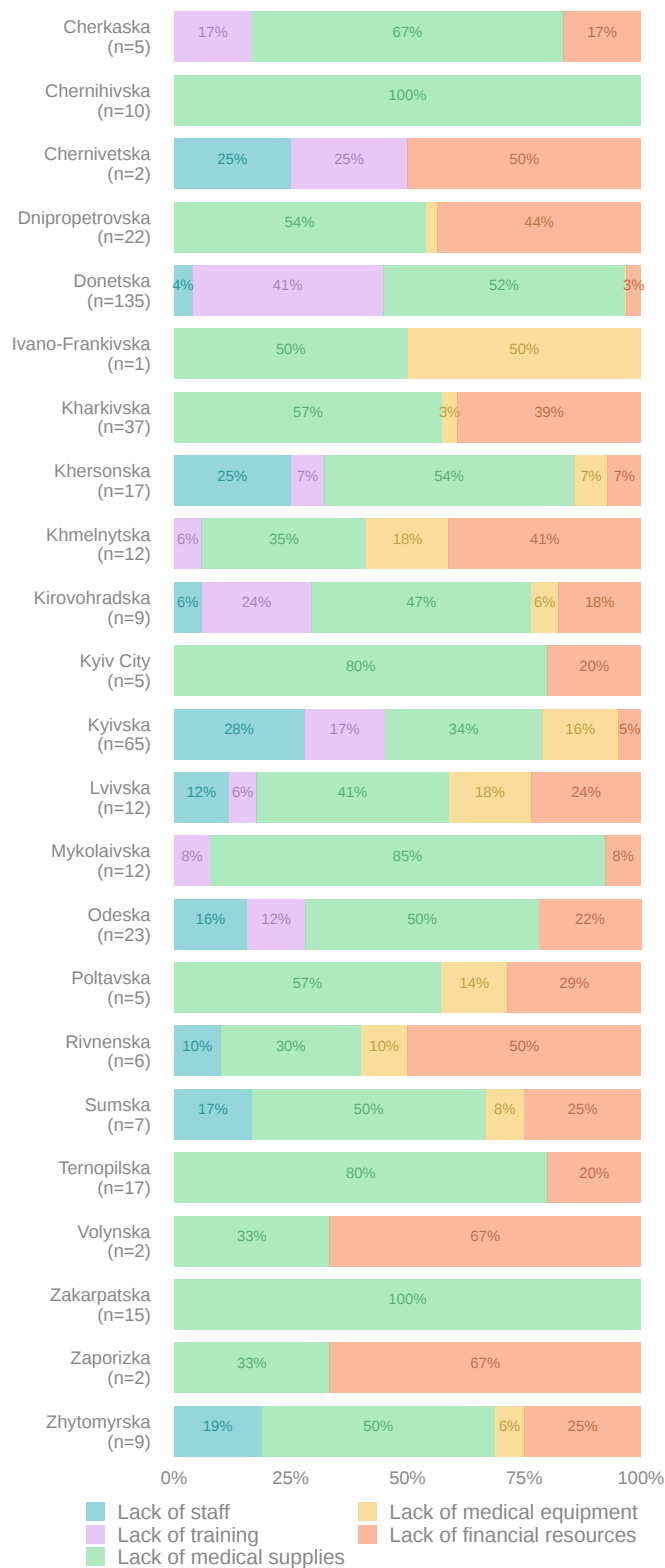
Map excludes HSDUs

# EMERGENCY CONTRACEPTION

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

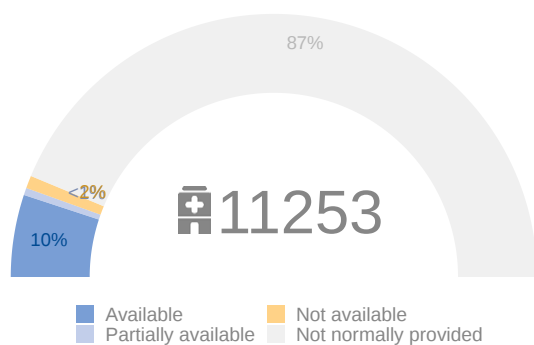


\* Chart excludes health facilities where the service is not normally provided.

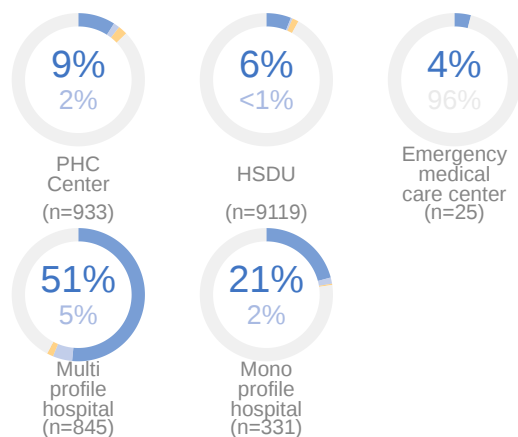
\*\* Chart includes health facilities where the causes/barriers were indicated.

# POST-EXPOSURE PROPHYLAXIS

## Service availability

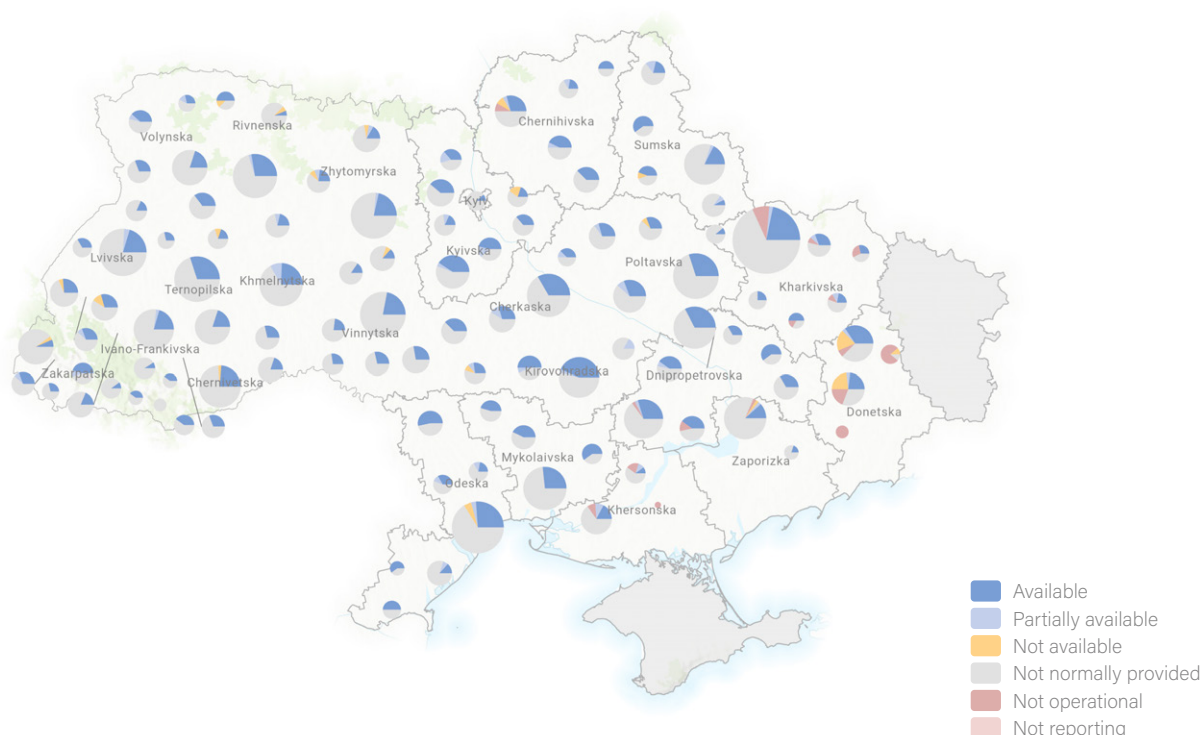


## Service availability by health facility type



## Main barriers impeding service delivery

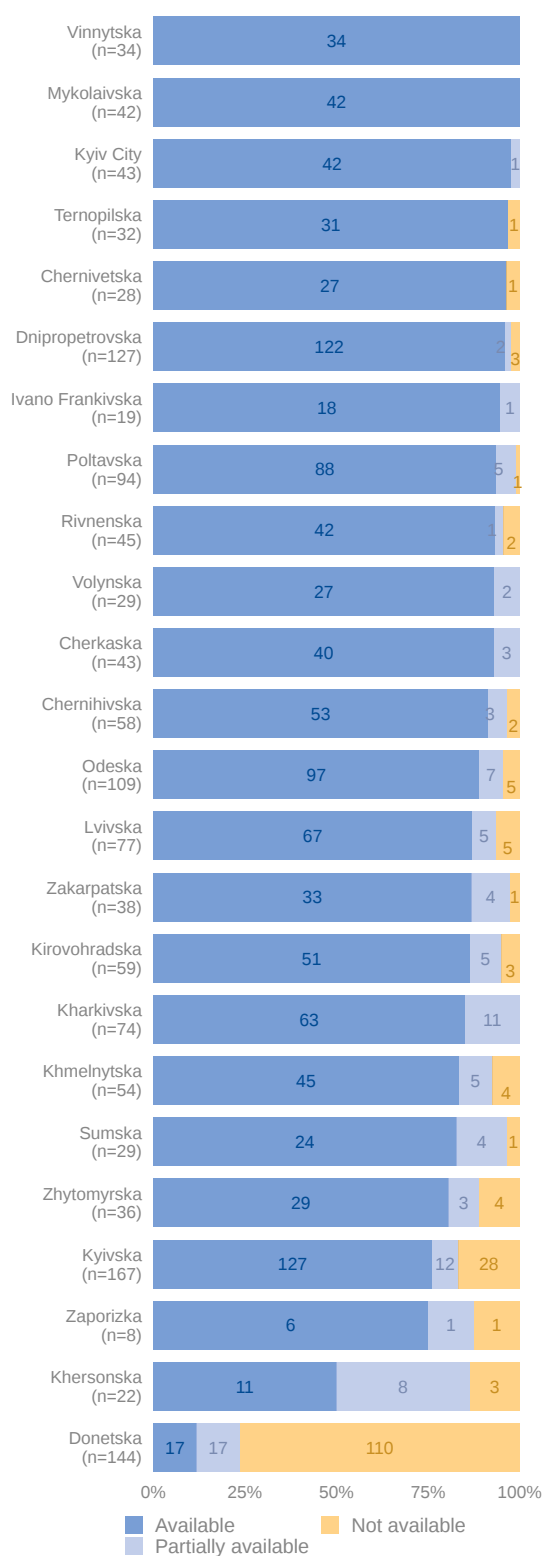
(n = 275)



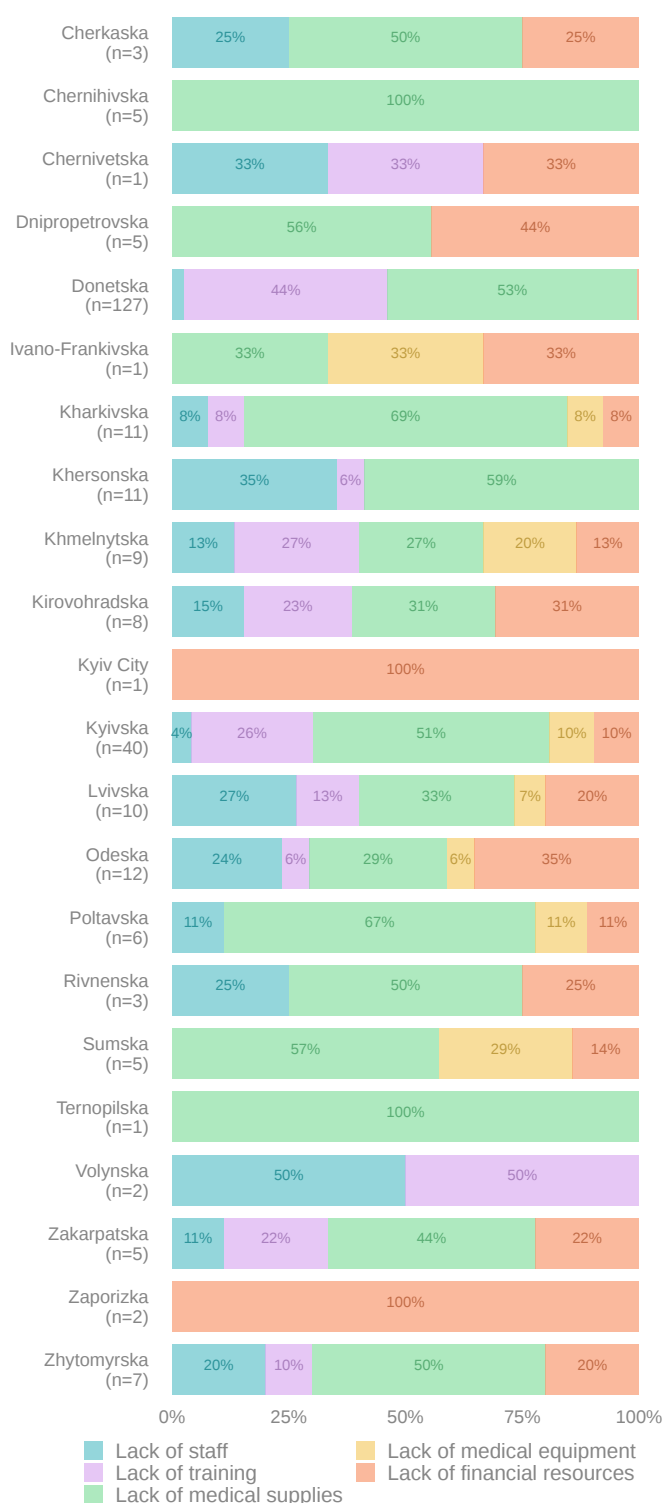
Map excludes HSDUs

# POST-EXPOSURE PROPHYLAXIS

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*



\* Chart excludes health facilities where the service is not normally provided.

\*\* Chart includes health facilities where the causes/barriers were indicated.

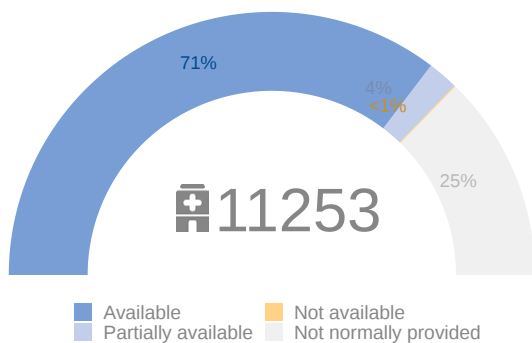


# **NONCOMMUNICABLE DISEASES (NCDs)**

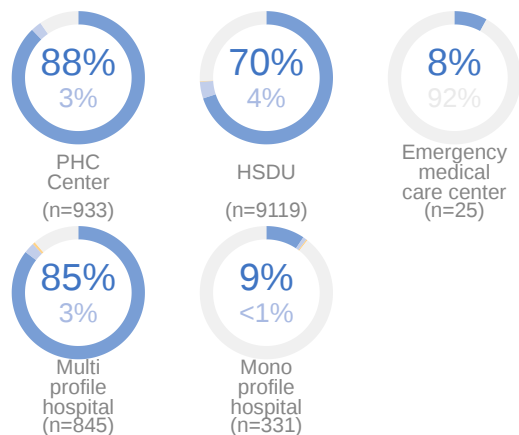


# ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Service availability

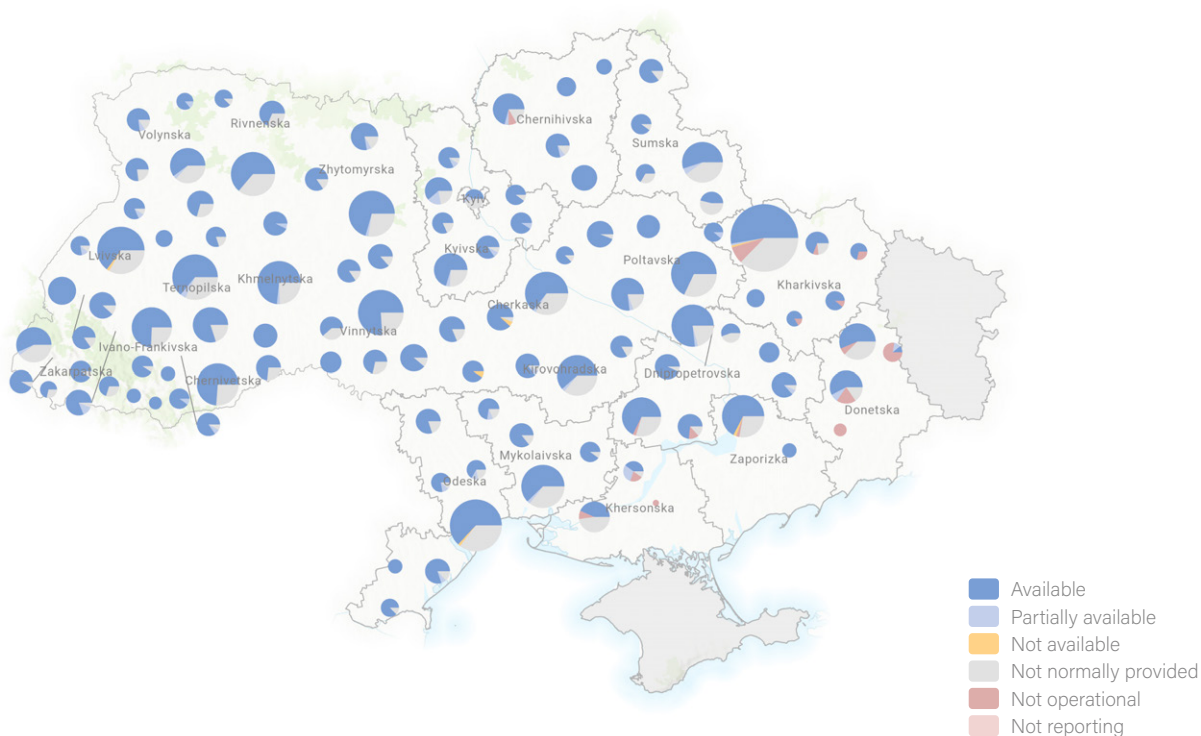
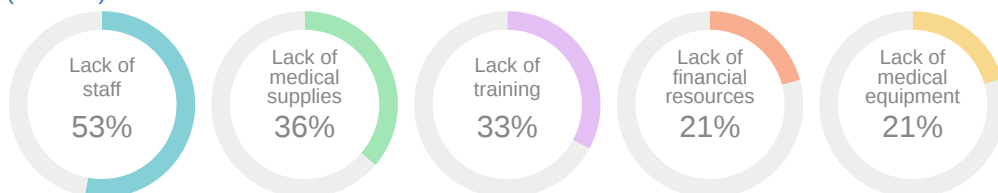


Service availability by health facility type



Main barriers impeding service delivery

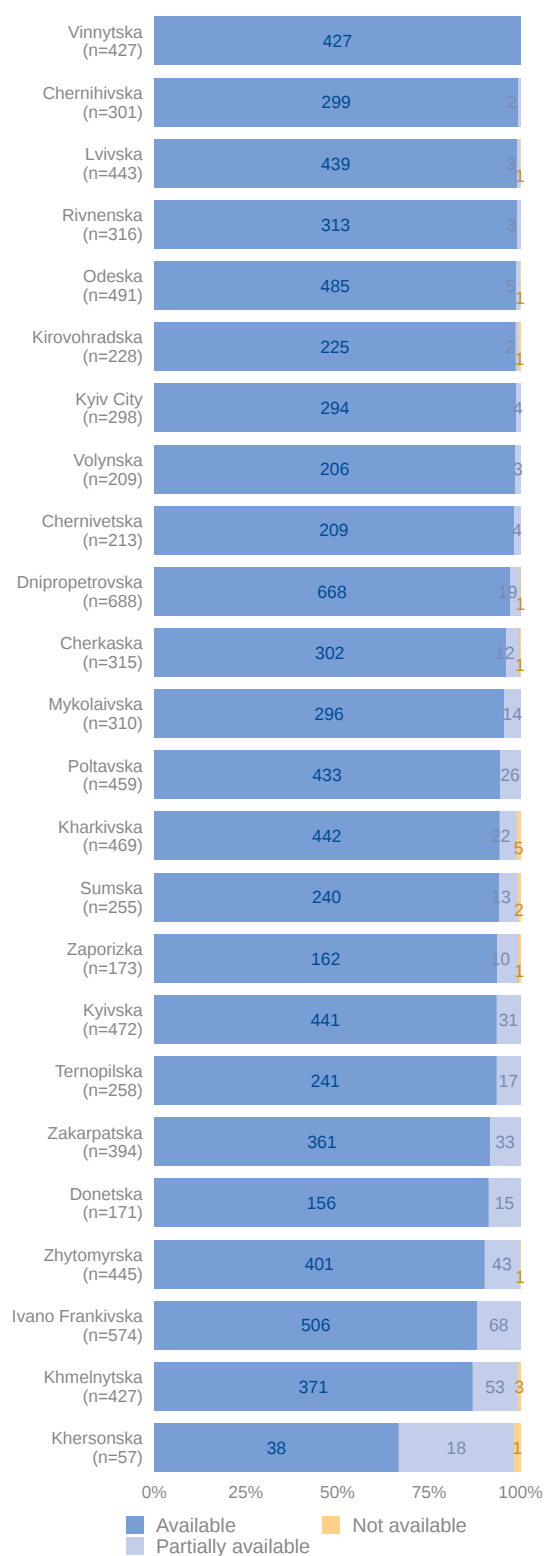
(n = 438)



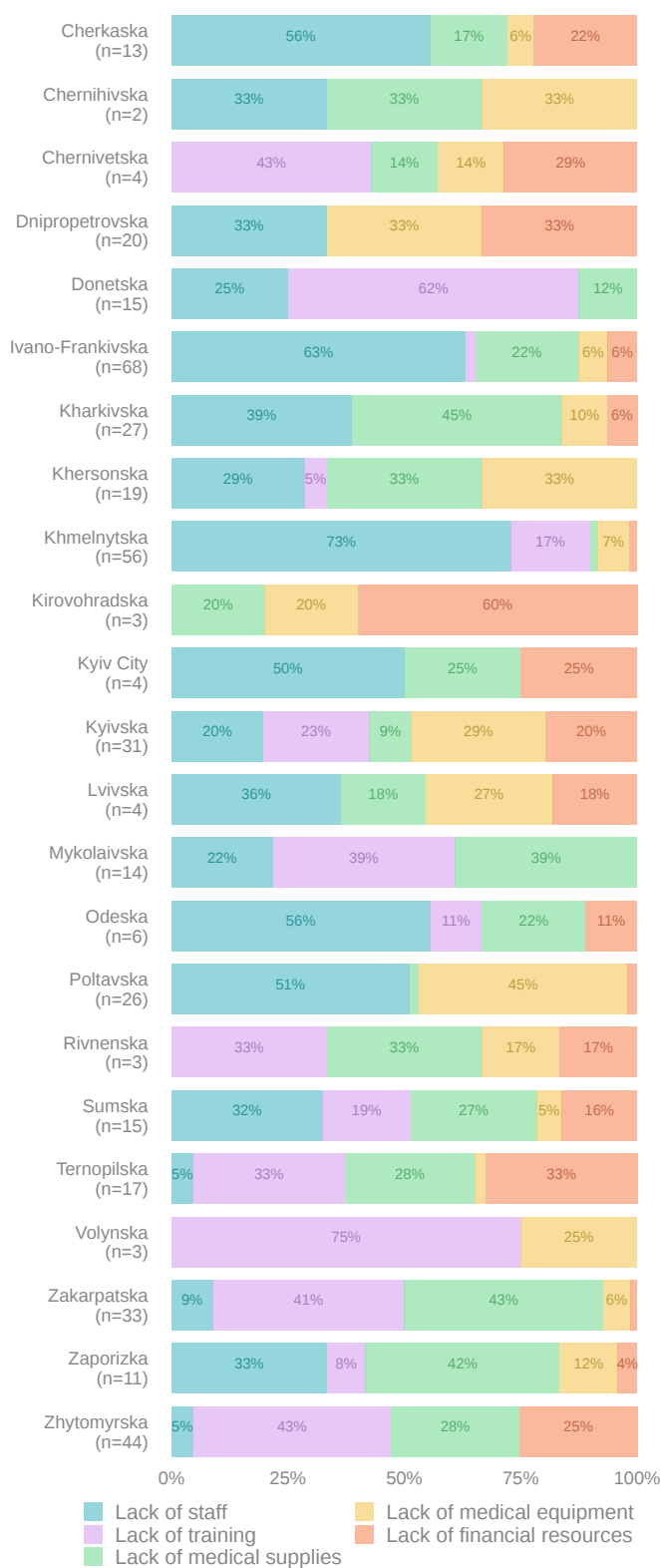
Map excludes HSDUs

# ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

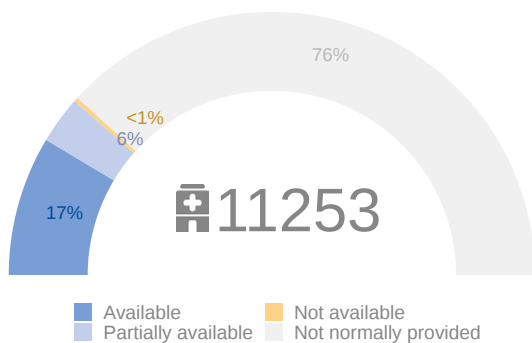


\* Chart excludes health facilities where the service is not normally provided.

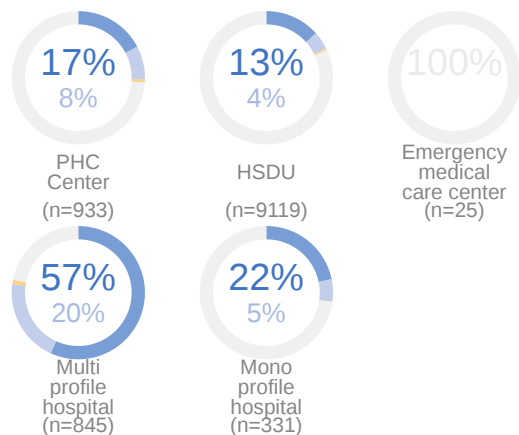
\*\* Chart includes health facilities where the causes/barriers were indicated.

# AVAILABILITY OF CANCER DIAGNOSTICS SERVICES

Service availability

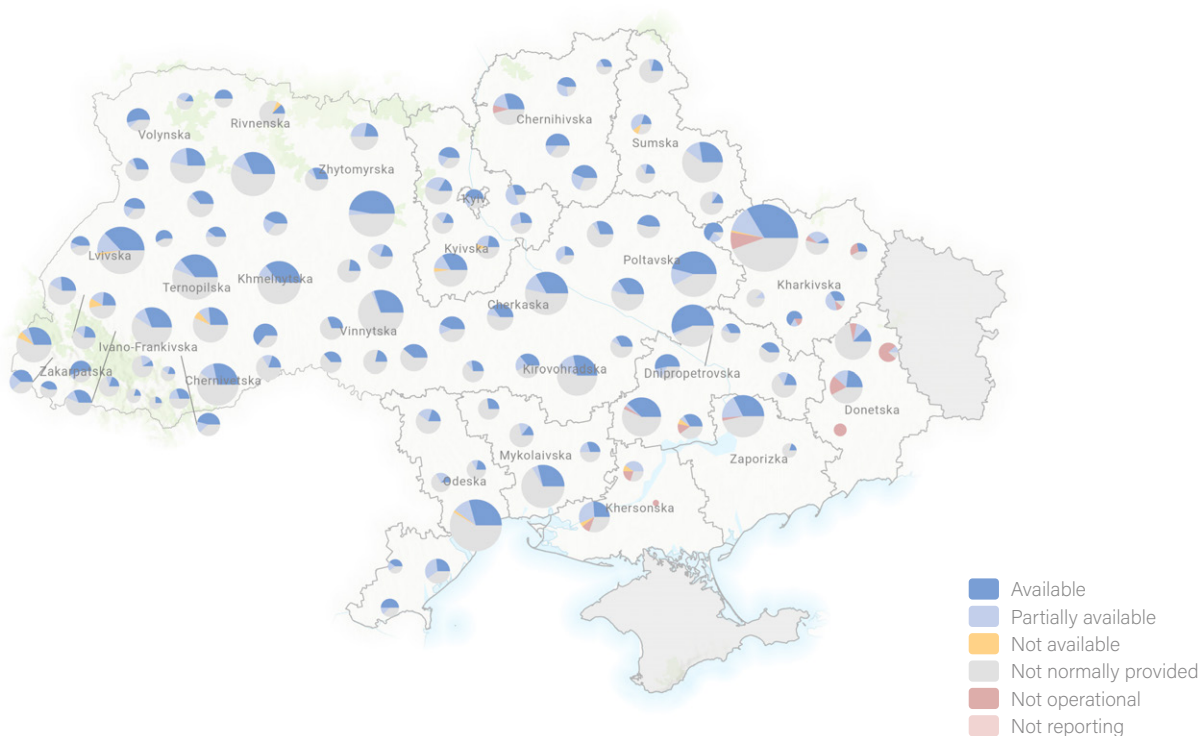
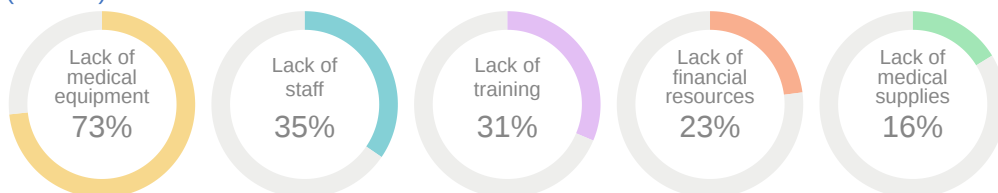


Service availability by health facility type



Main barriers impeding service delivery

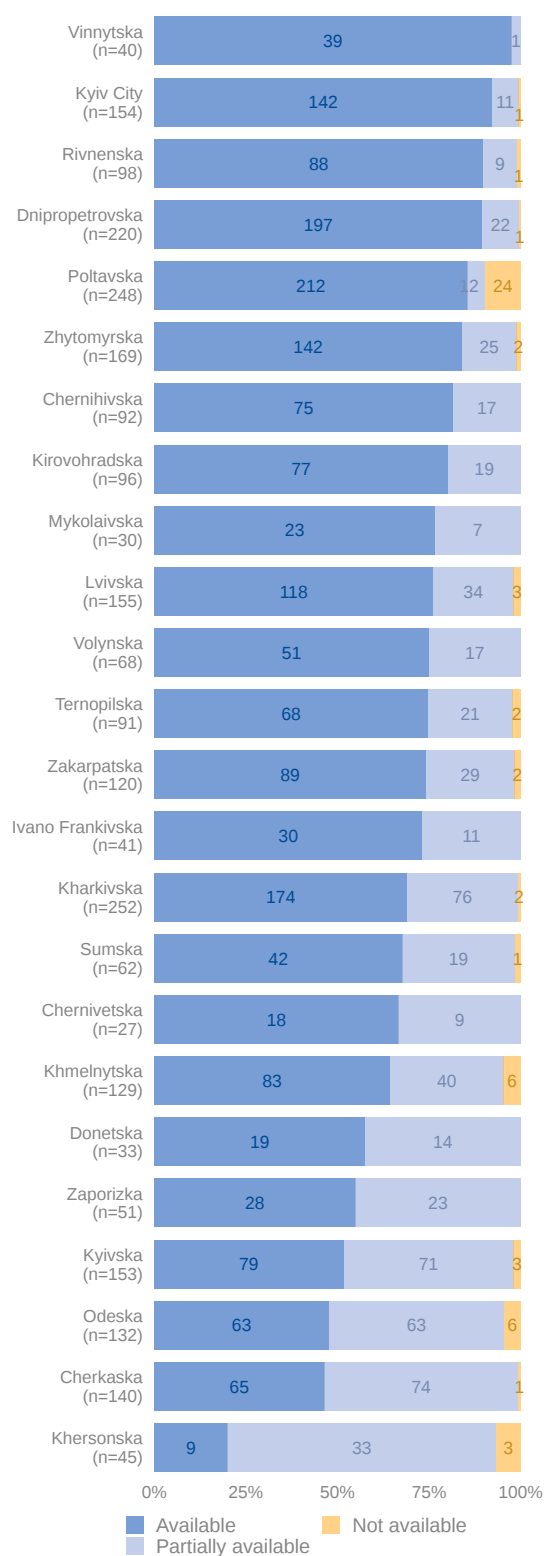
(n = 715)



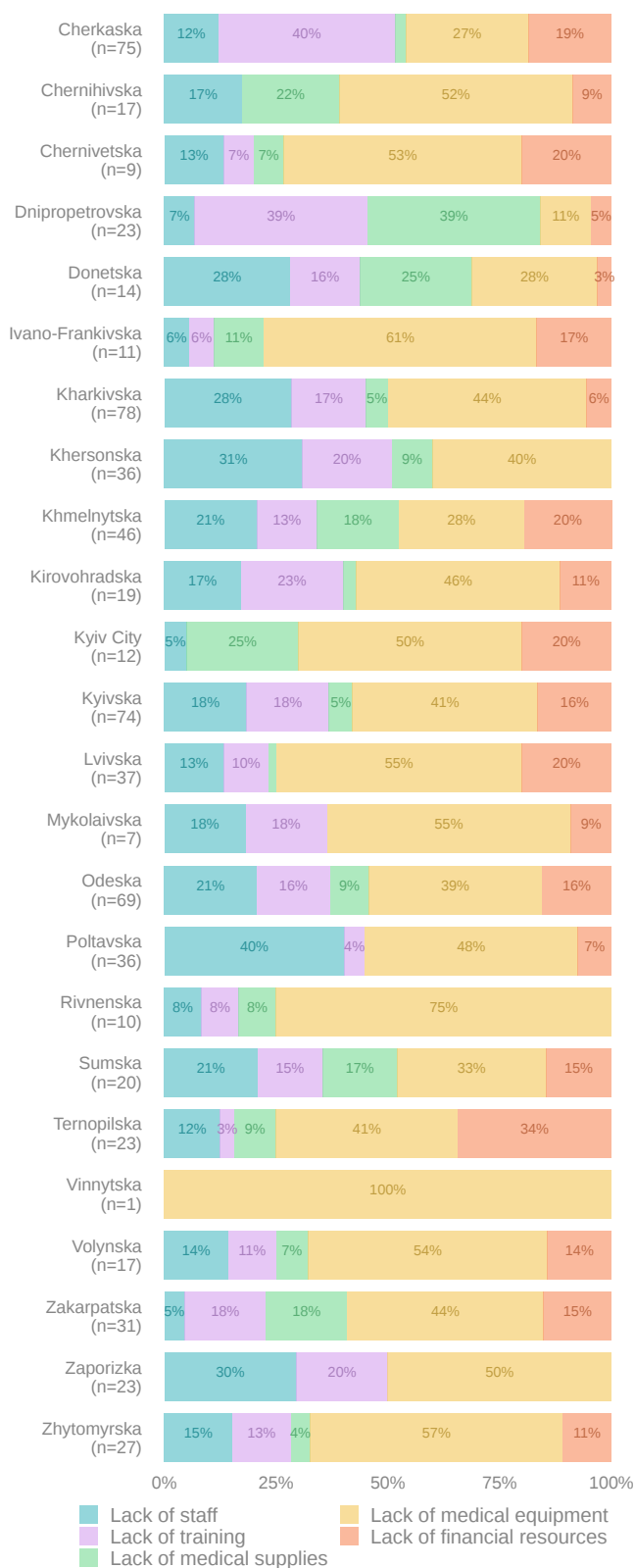
Map excludes HSDUs to avoid overlapping

# AVAILABILITY OF CANCER DIAGNOSTICS SERVICES

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

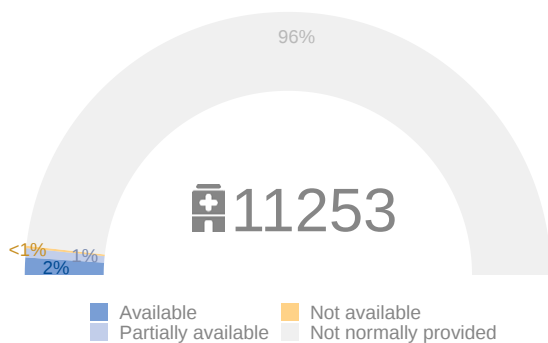


\* Chart excludes health facilities where the service is not normally provided.

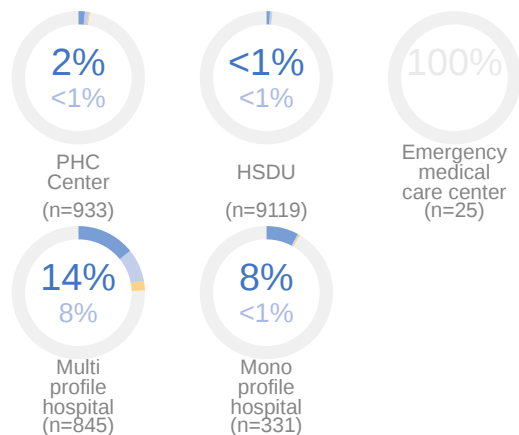
\*\* Chart includes health facilities where the causes/barriers were indicated.

# AVAILABILITY OF CANCER TREATMENT SERVICES

Service availability

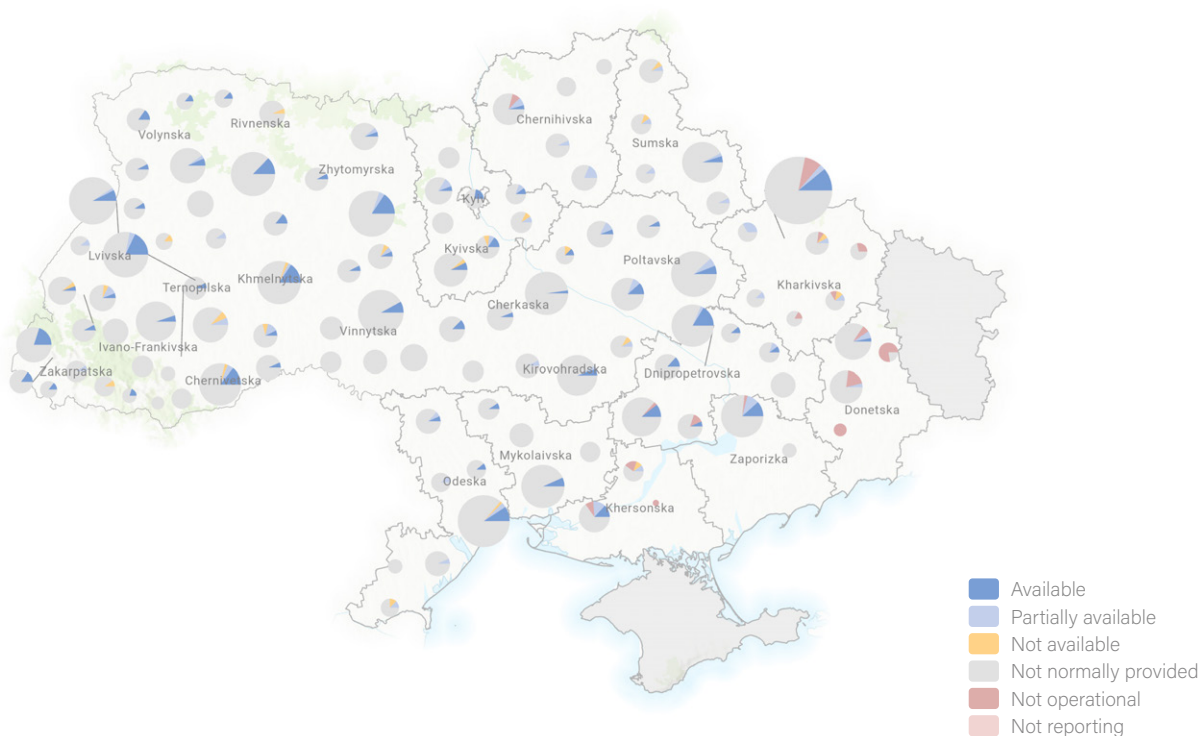
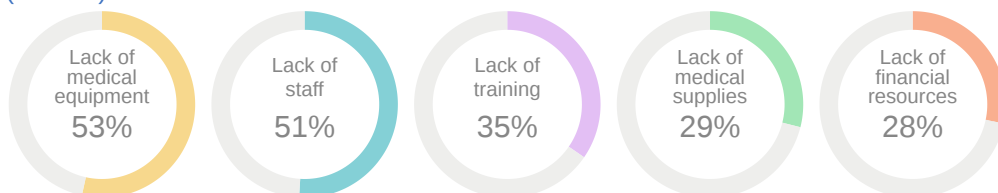


Service availability by health facility type



Main barriers impeding service delivery

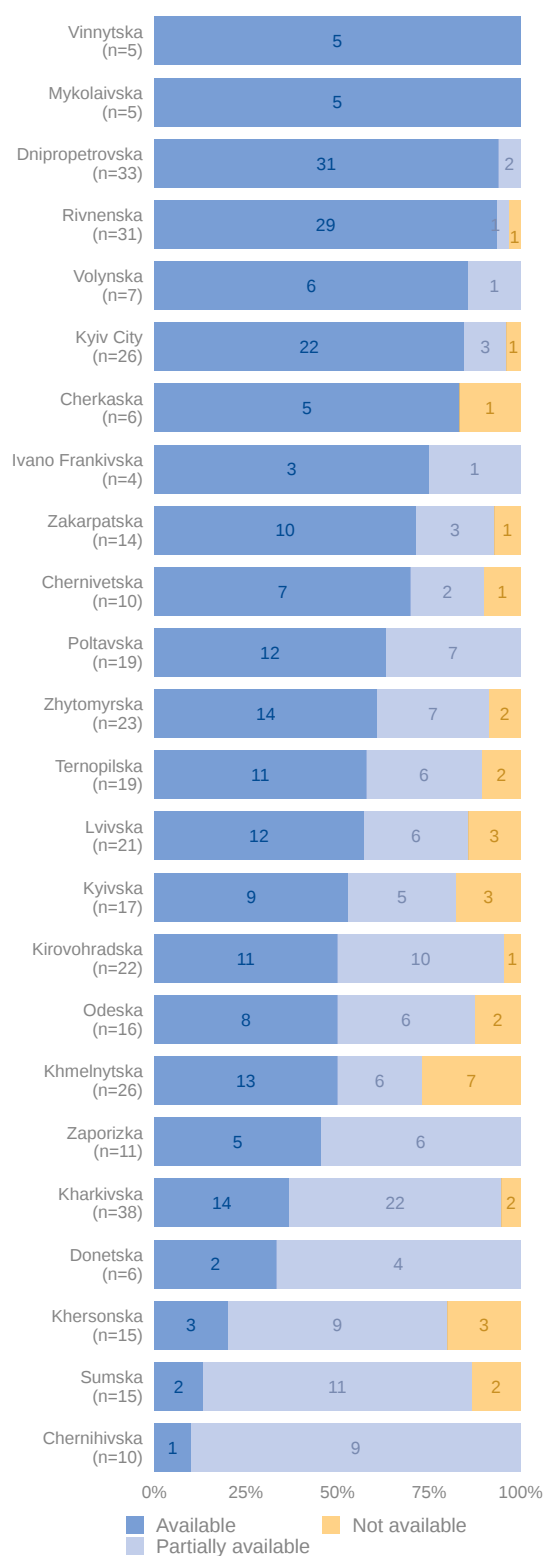
(n = 159)



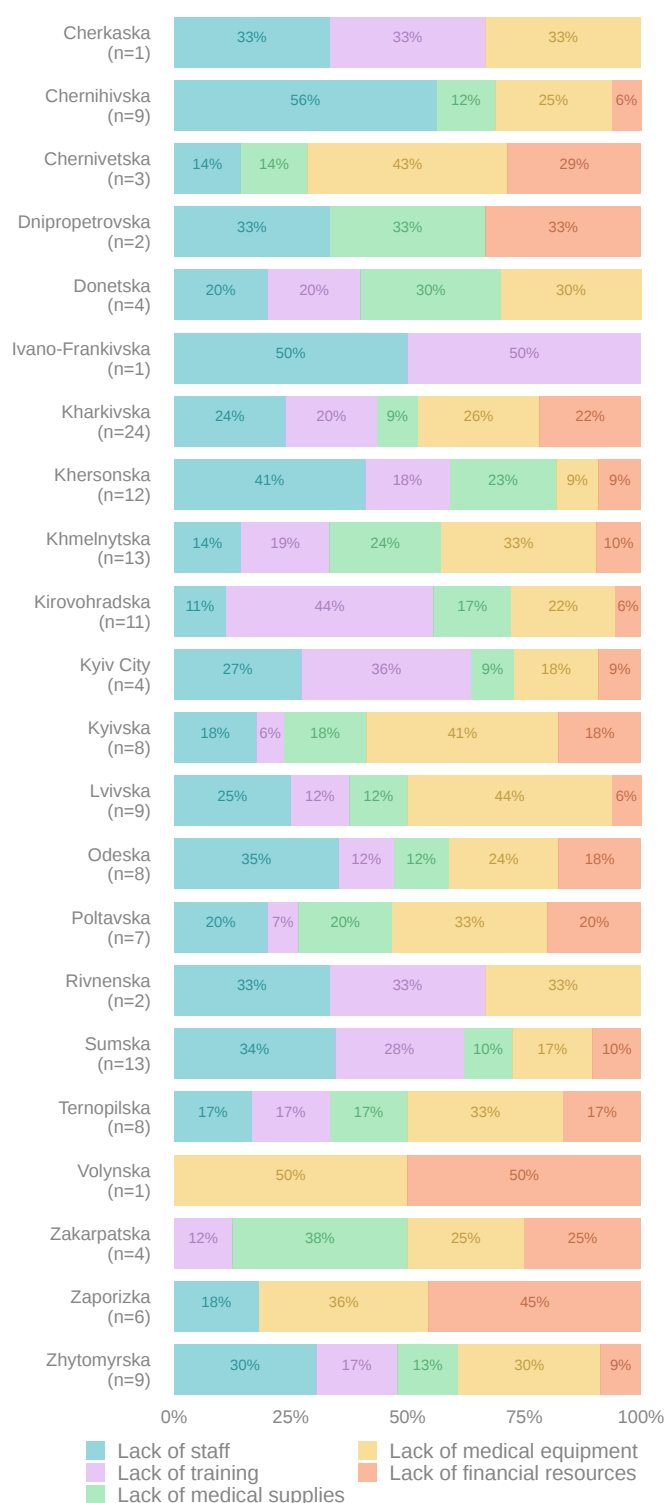
Map excludes HSDUs

# AVAILABILITY OF CANCER TREATMENT SERVICES

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

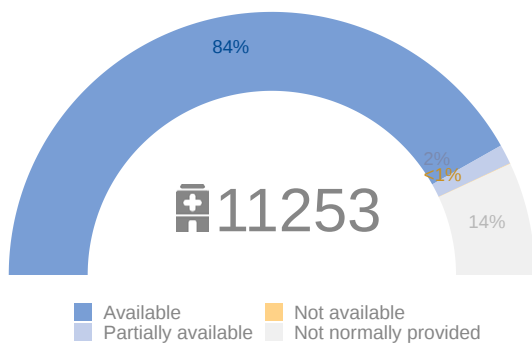


\* Chart excludes health facilities where the service is not normally provided.

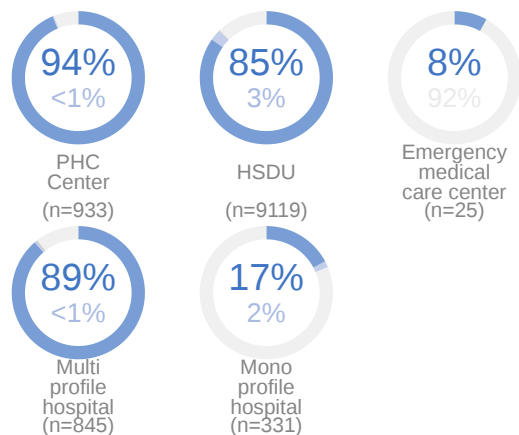
\*\* Chart includes health facilities where the causes/barriers were indicated.

# HYPERTENSION

Service availability

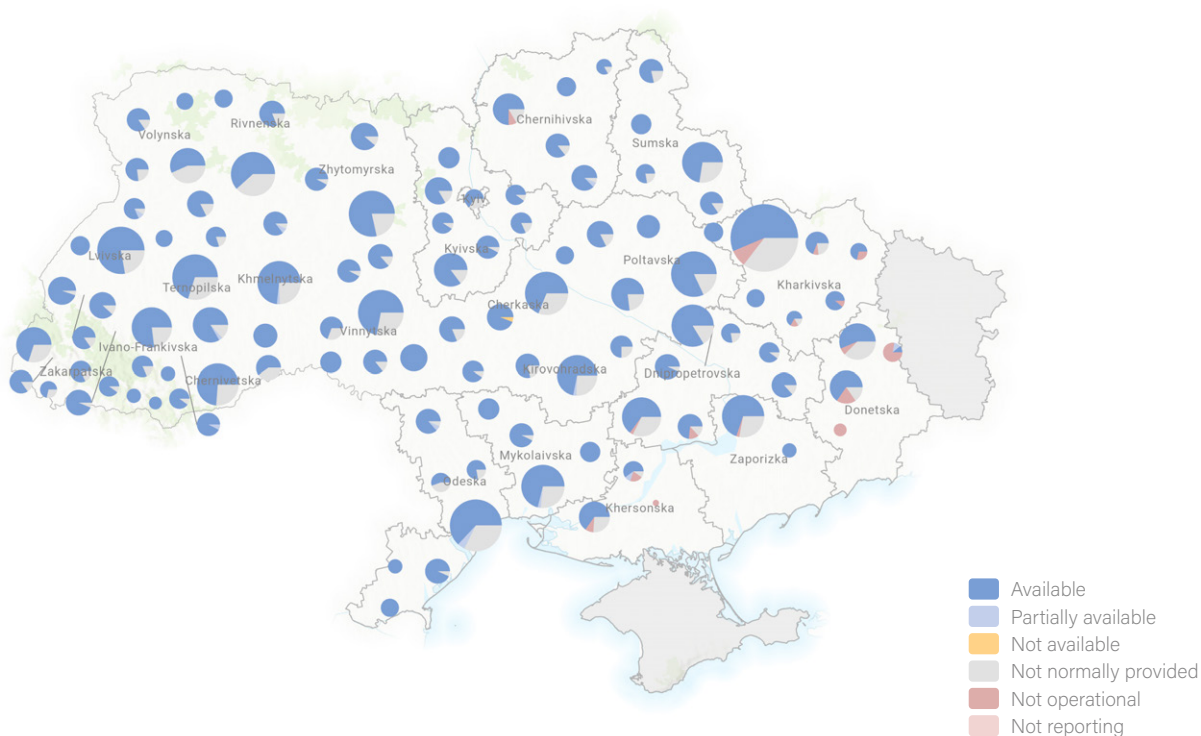
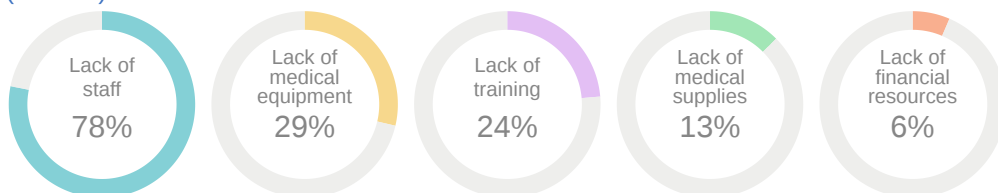


Service availability by health facility type



Main barriers impeding service delivery

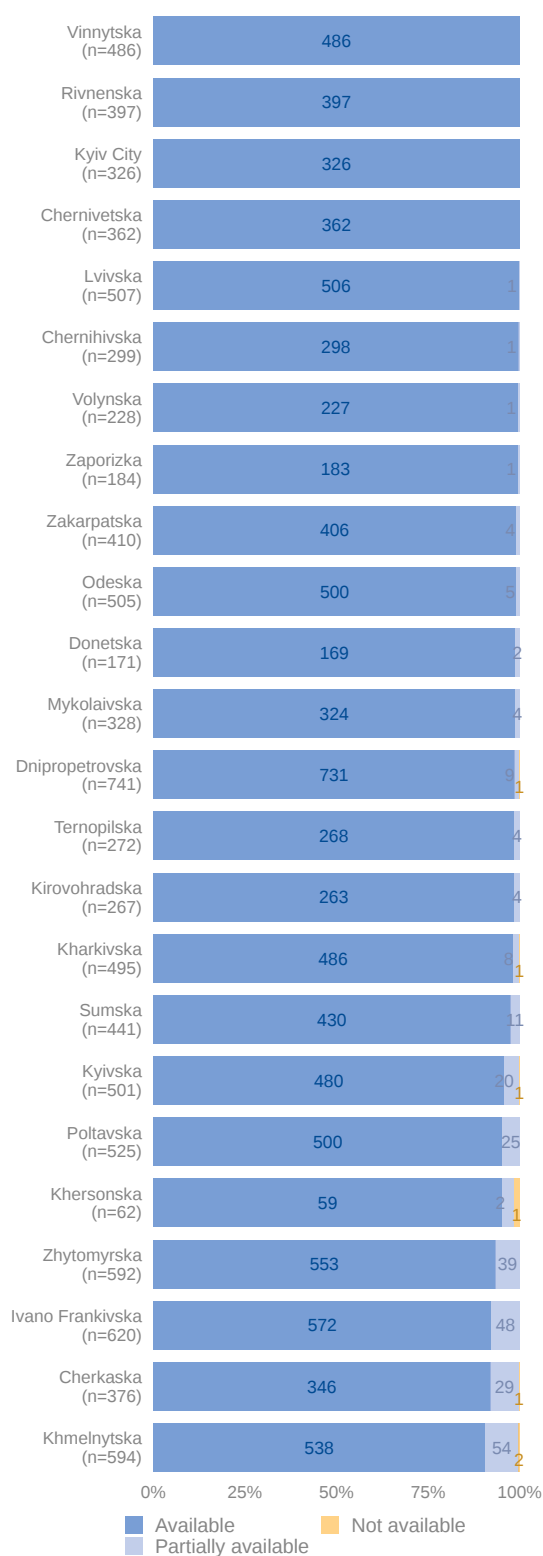
(n = 279)



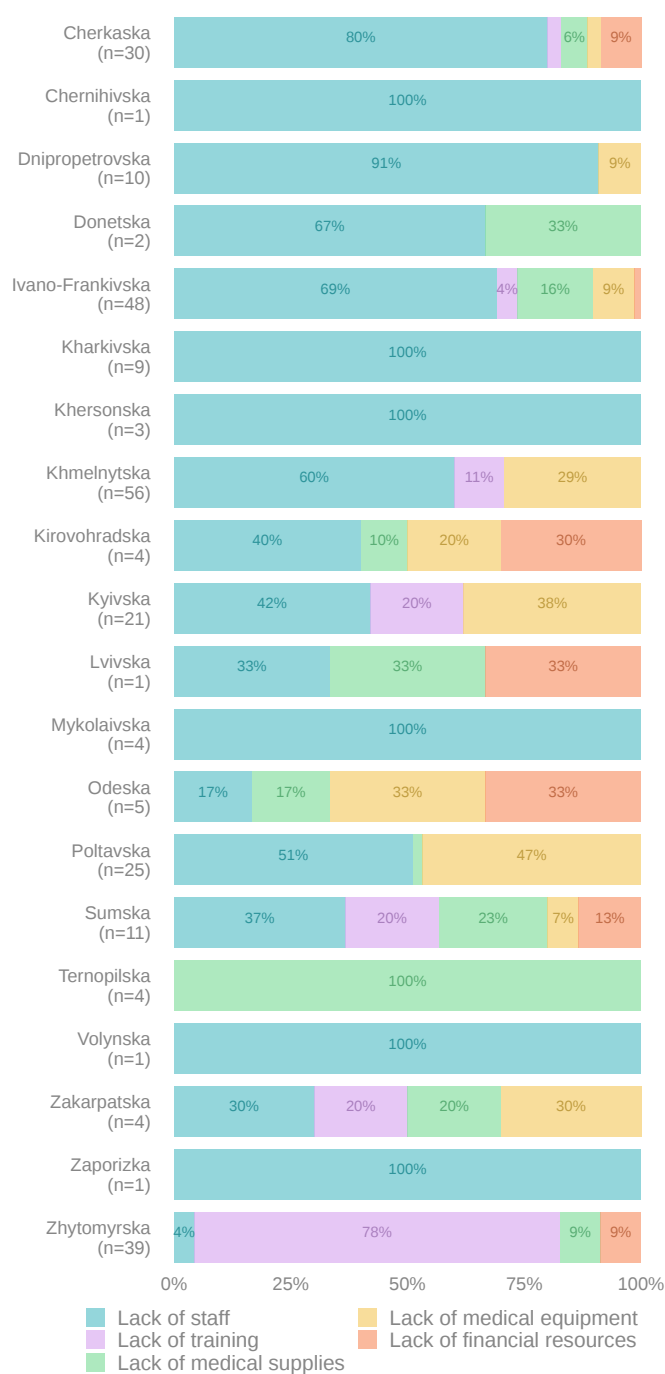
Map excludes HSDUs

# HYPERTENSION

Service availability by oblast\*



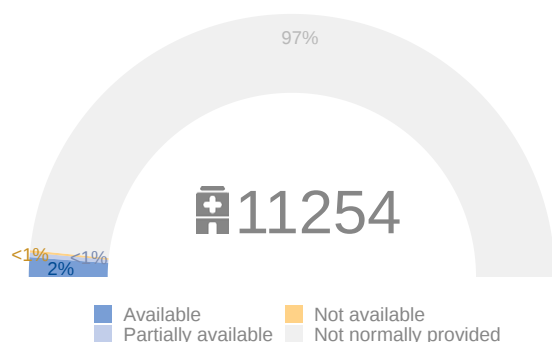
Main barriers impeding service delivery by oblast\*\*



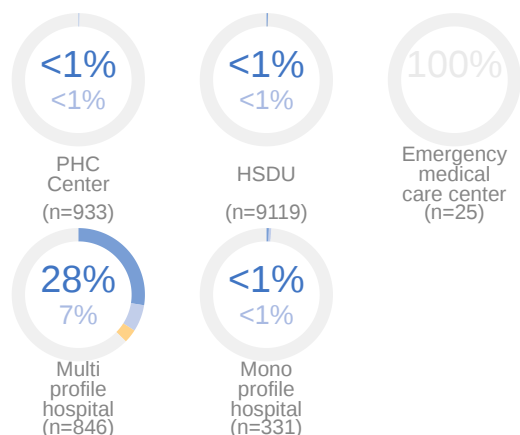
\* Chart excludes health facilities where the service is not normally provided.  
 \*\* Chart includes health facilities where the causes/barriers were indicated.

# MEDICAL ASSISTANCE IN ACUTE CEREBRAL STROKE

Service availability

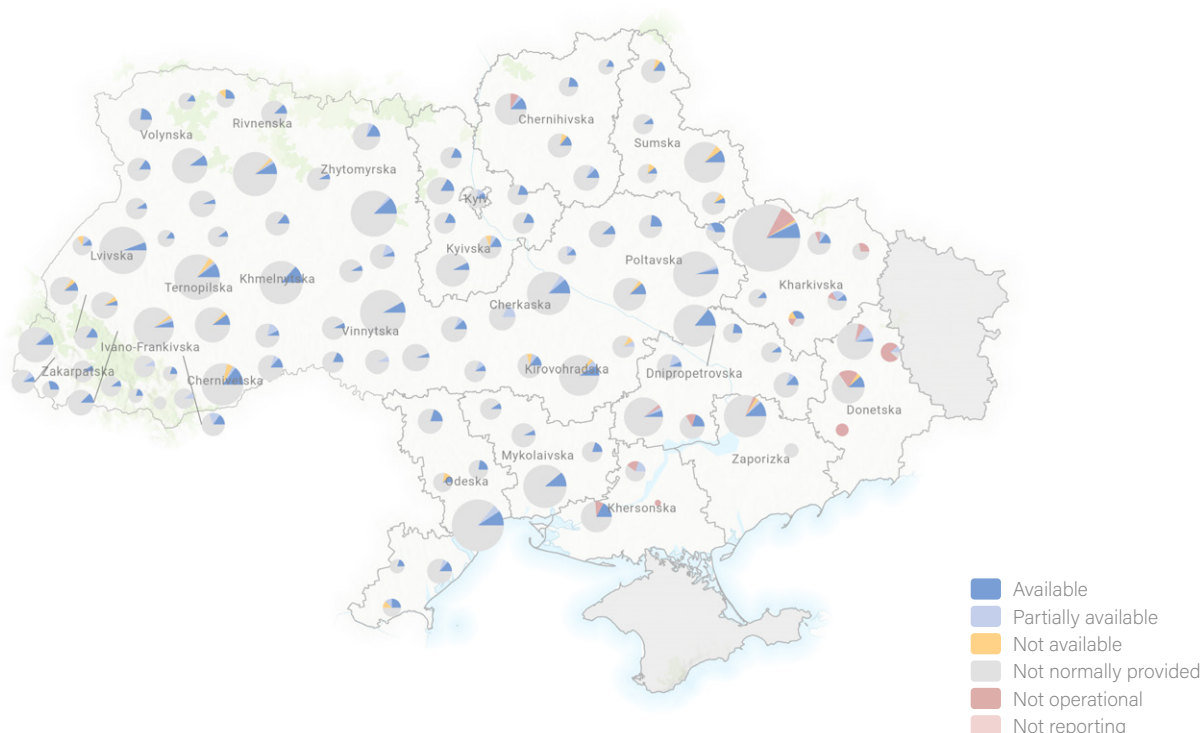


Service availability by health facility type



Main barriers impeding service delivery

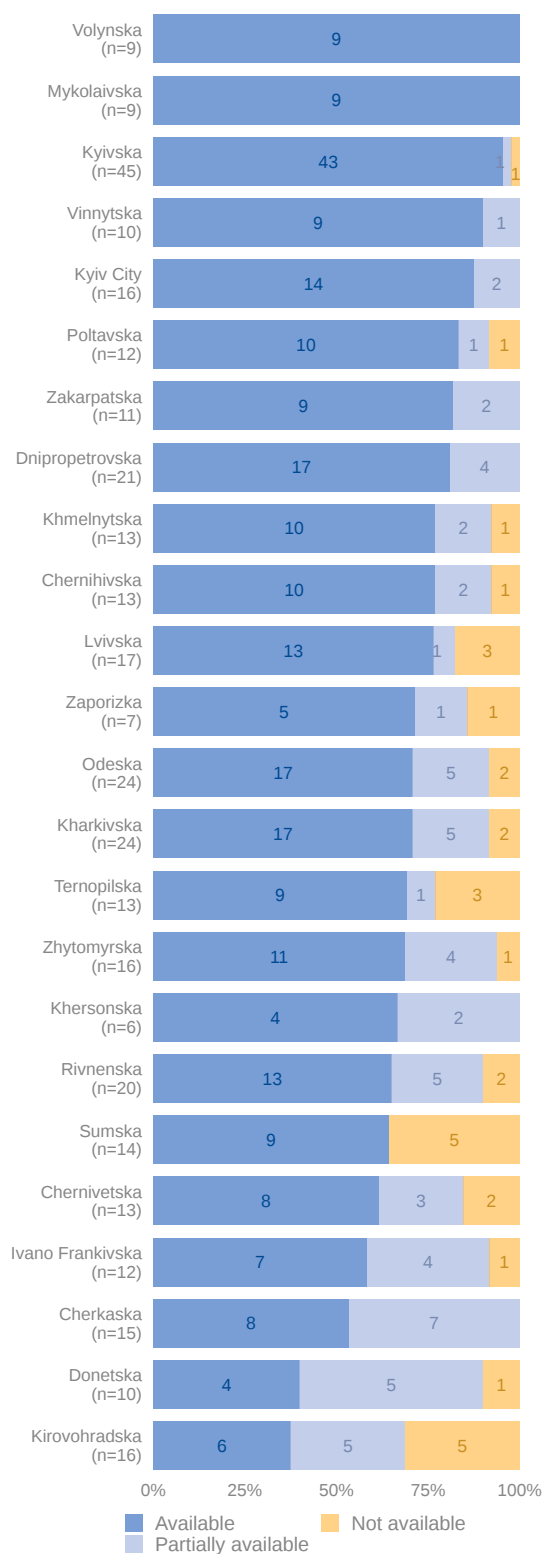
(n = 95)



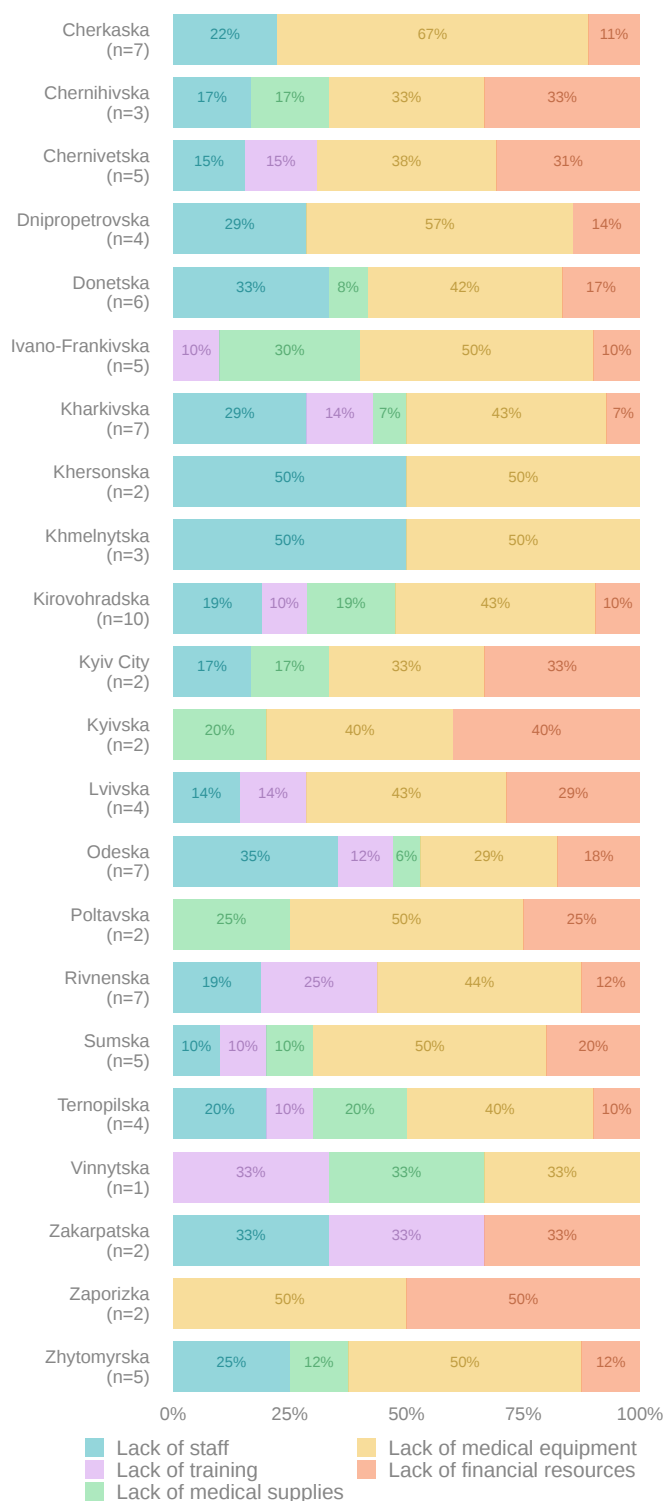
Map excludes HSDUs

# MEDICAL ASSISTANCE IN ACUTE CEREBRAL STROKE

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

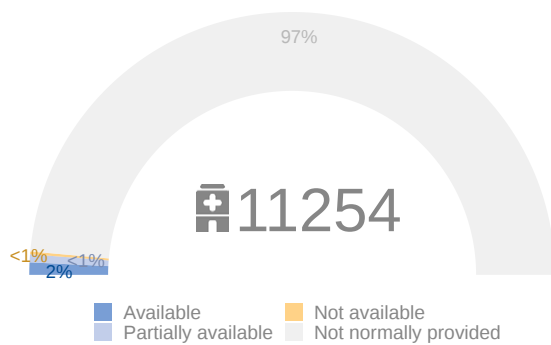


\* Chart excludes health facilities where the service is not normally provided.

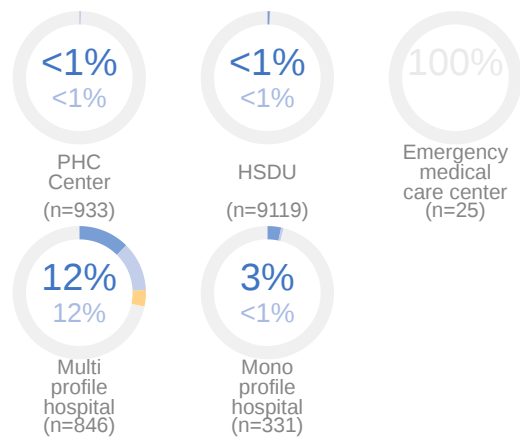
\*\* Chart includes health facilities where the causes/barriers were indicated.

# MEDICAL ASSISTANCE FOR ACUTE MYOCARDIAL INFARCTION

Service availability

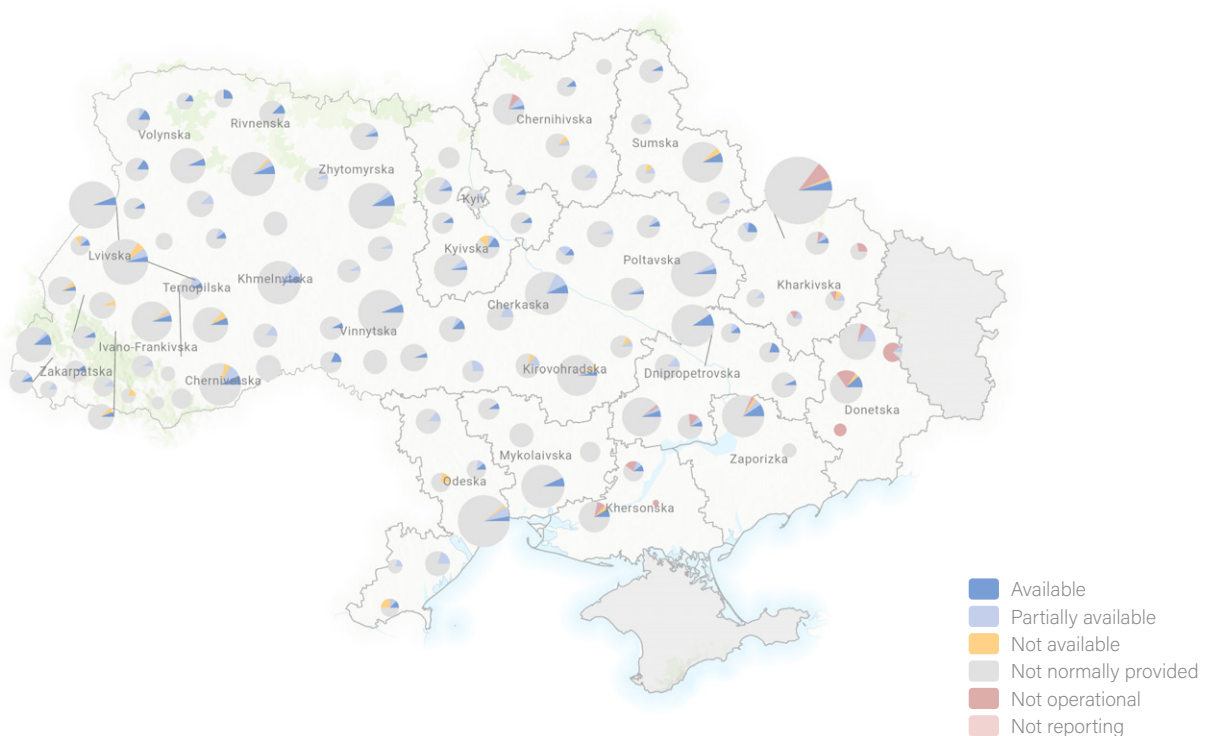


Service availability by health facility type



Main barriers impeding service delivery

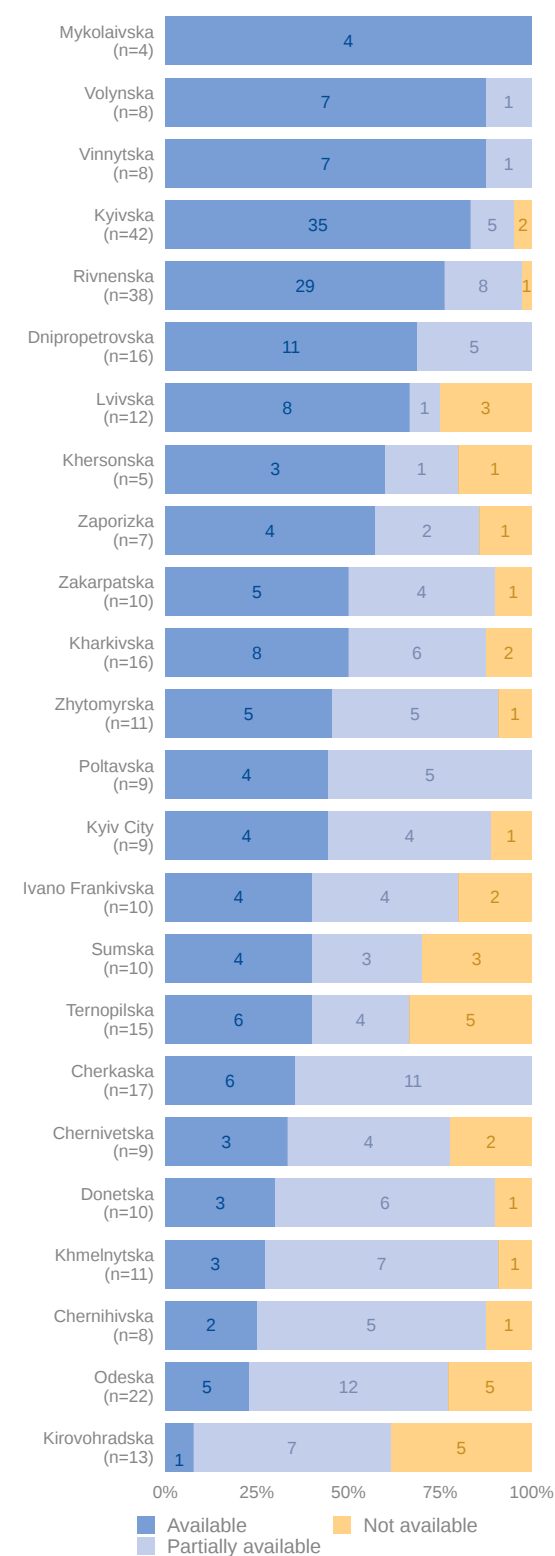
(n = 149)



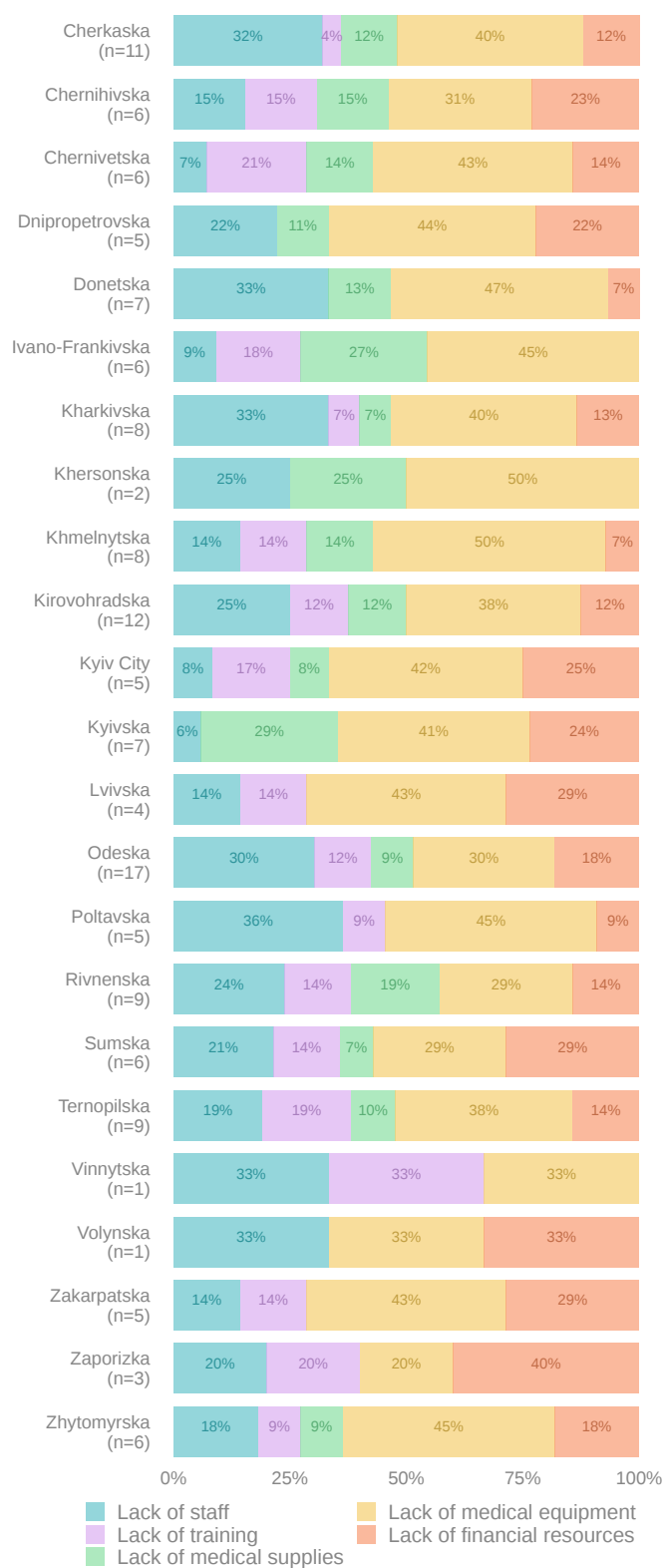
Map excludes HSDUs

# MEDICAL ASSISTANCE FOR ACUTE MYOCARDIAL INFARCTION

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

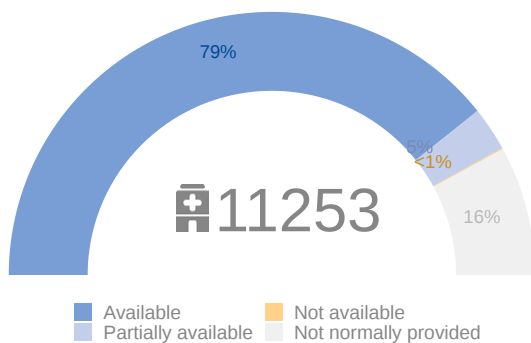


\* Chart excludes health facilities where the service is not normally provided.

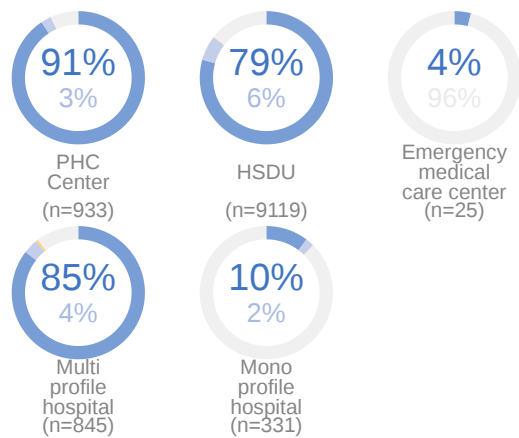
\*\* Chart includes health facilities where the causes/barriers were indicated.

# DIABETES

## Service availability

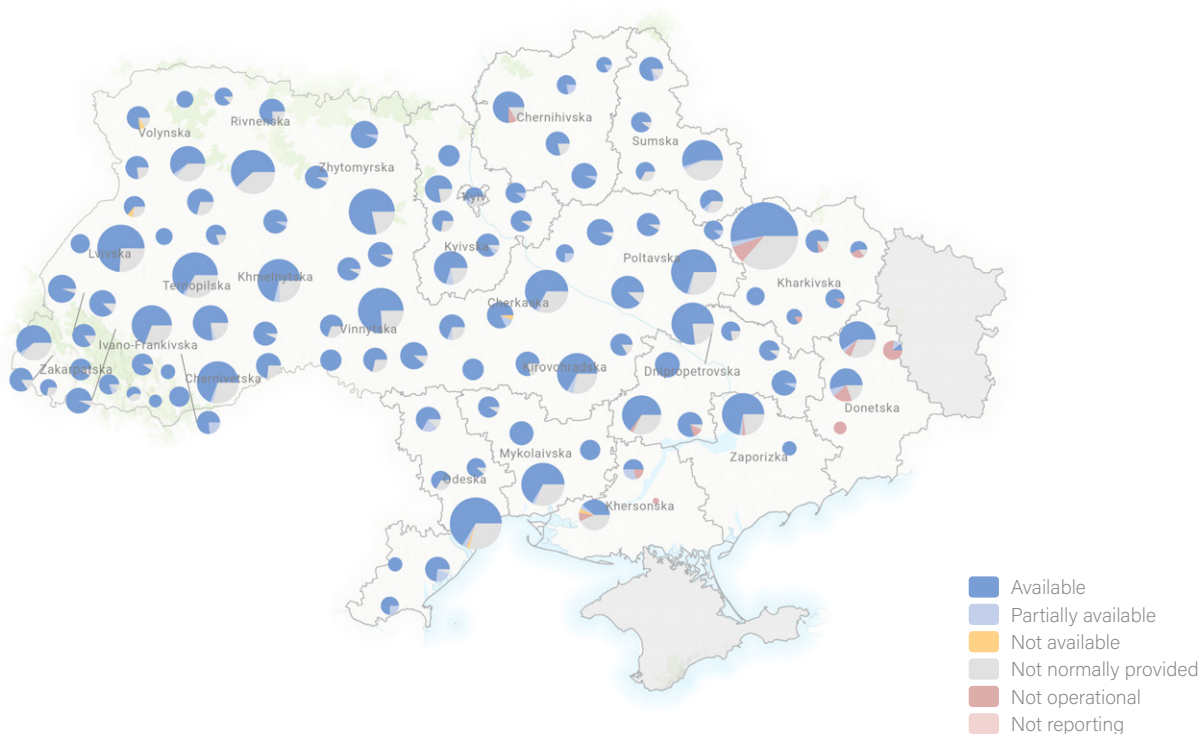
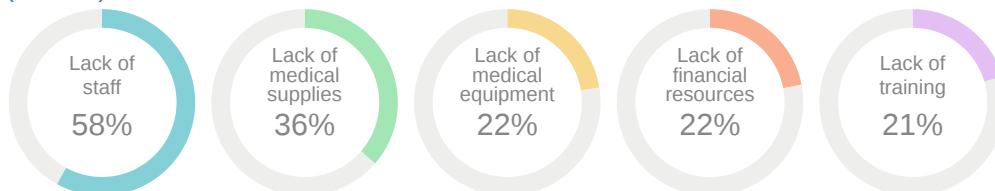


## Service availability by health facility type



## Main barriers impeding service delivery

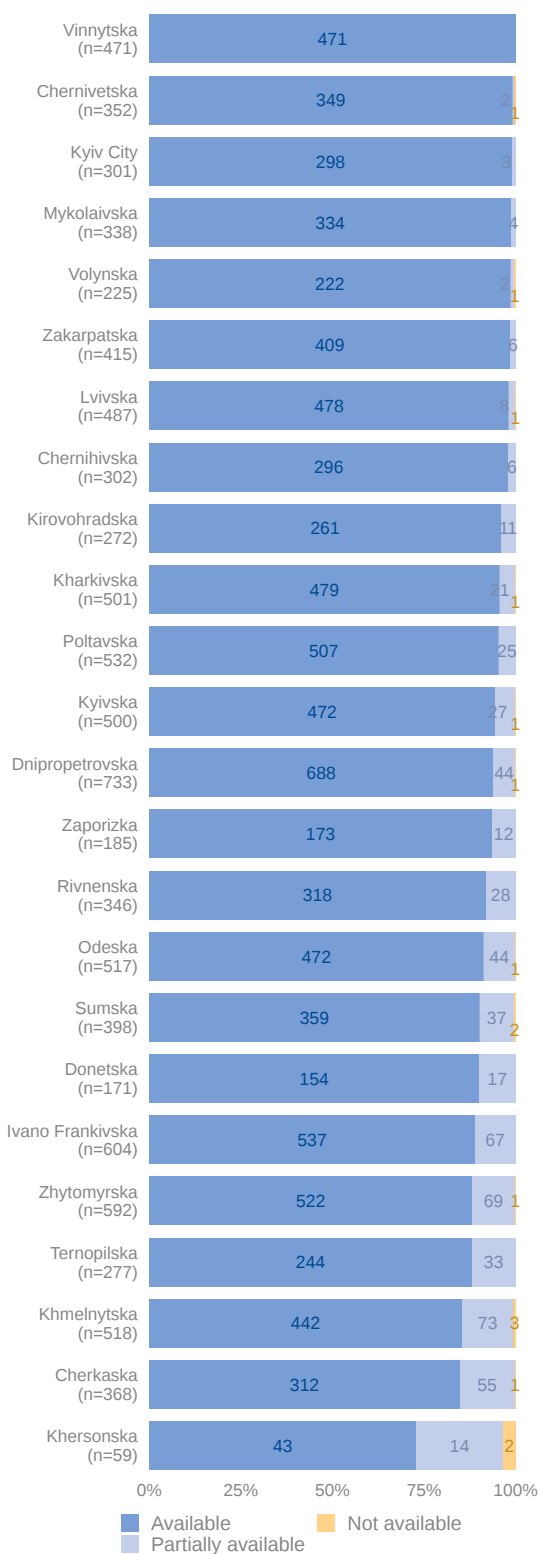
(n = 624)



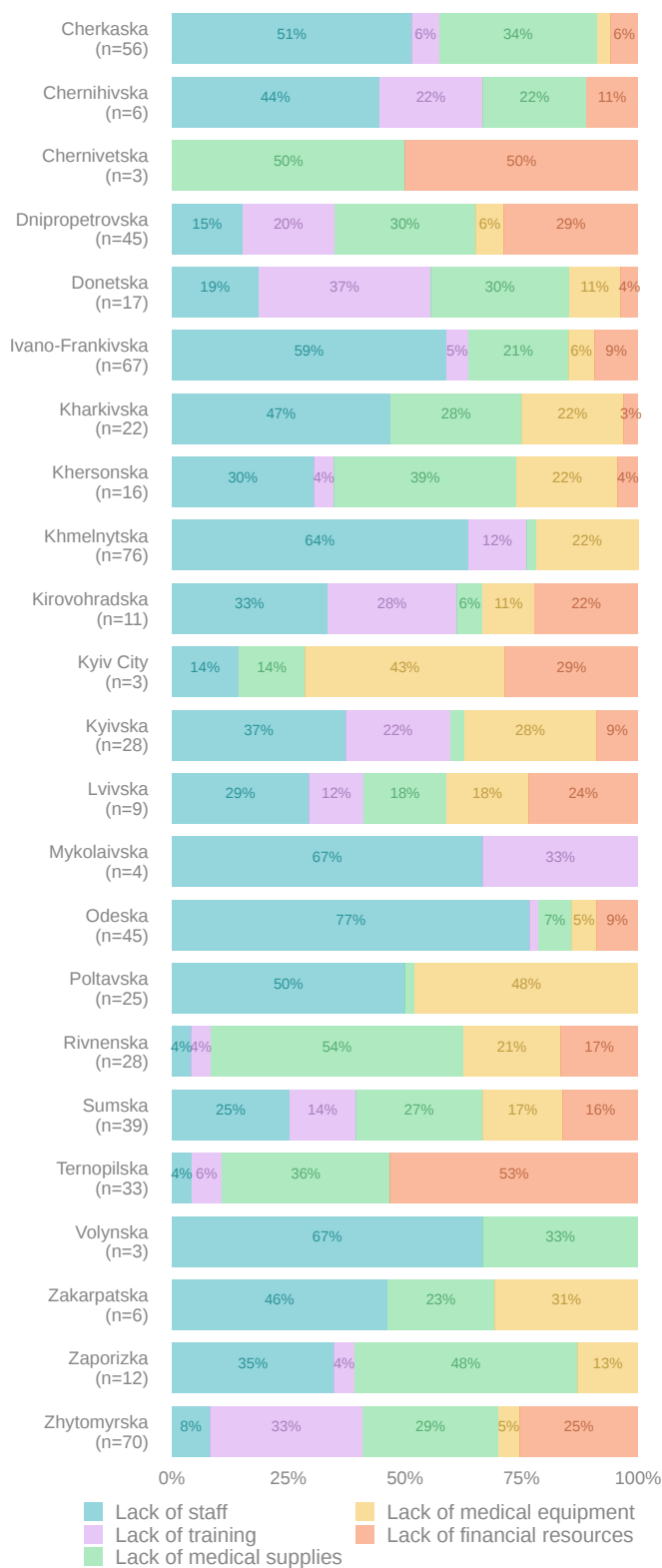
Map excludes HSDUs

# DIABETES

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

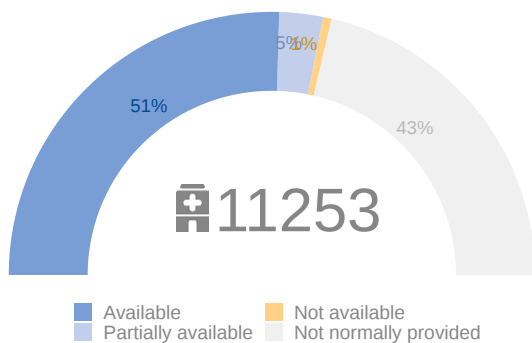


\* Chart excludes health facilities where the service is not normally provided.

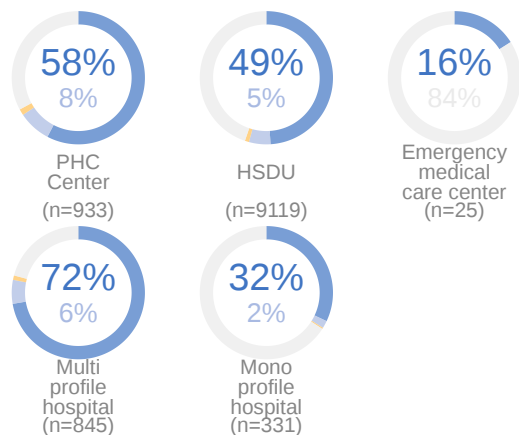
\*\* Chart includes health facilities where the causes/barriers were indicated.

# PSYCHOLOGICAL FIRST AID

Service availability

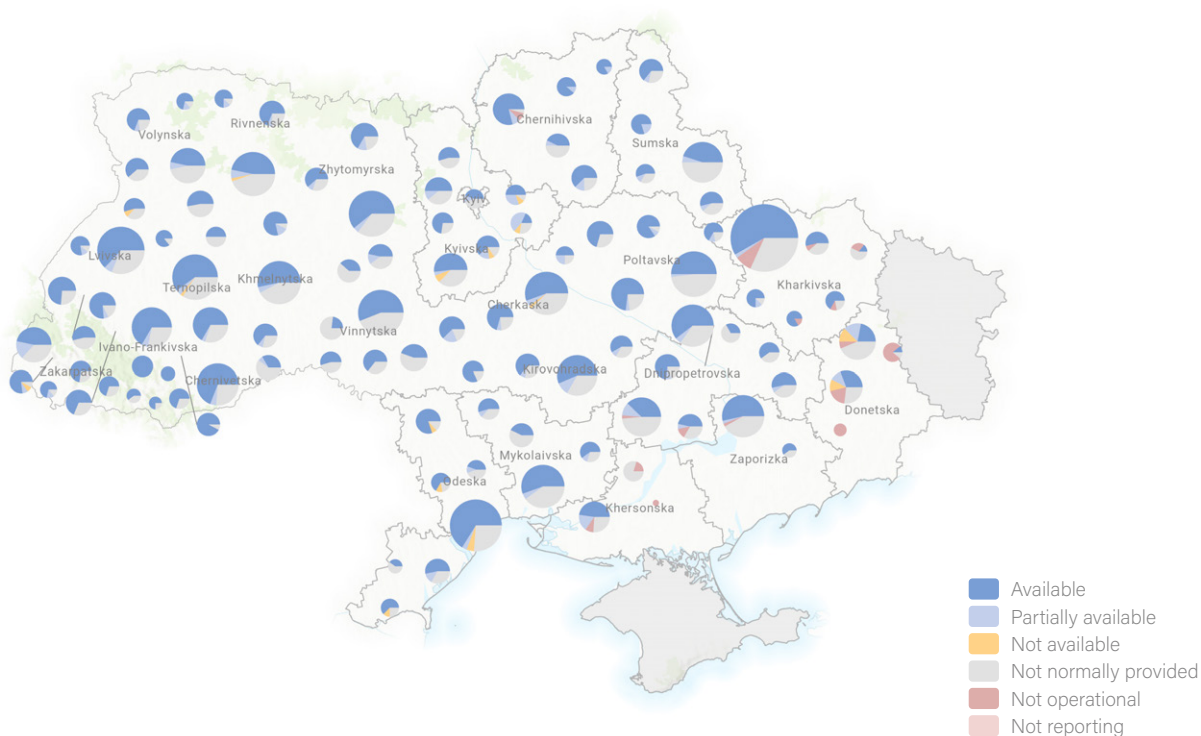


Service availability by health facility type



Main barriers impeding service delivery

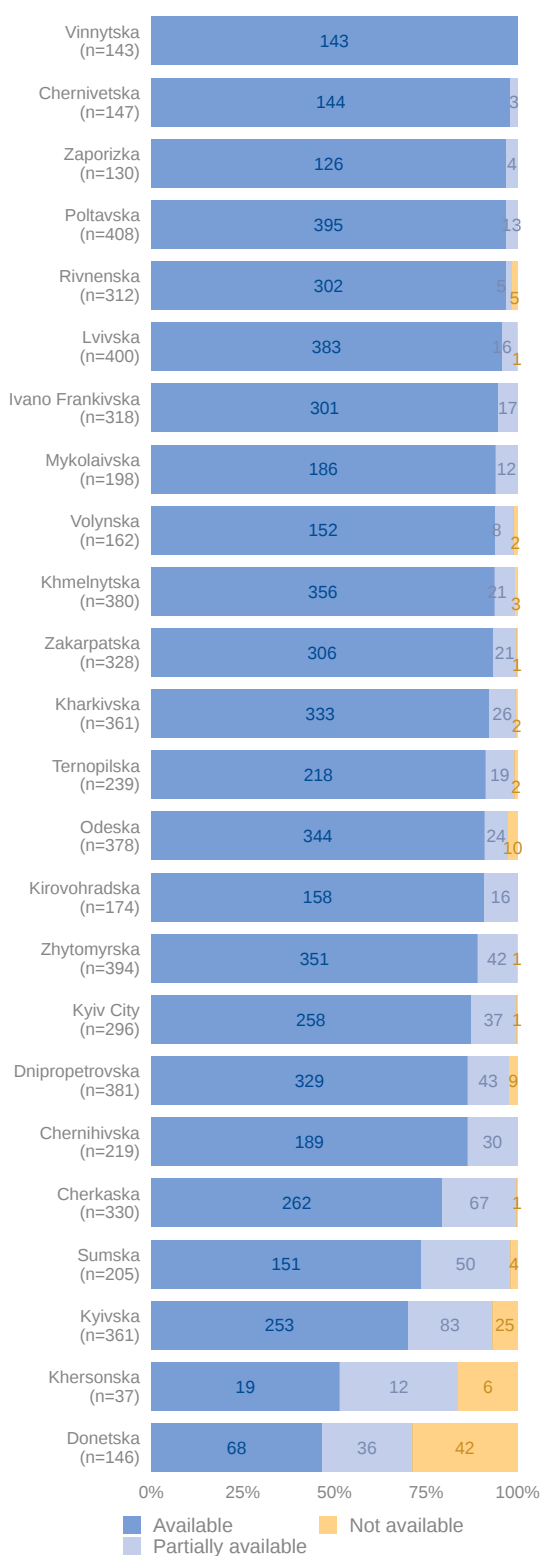
(n = 720)



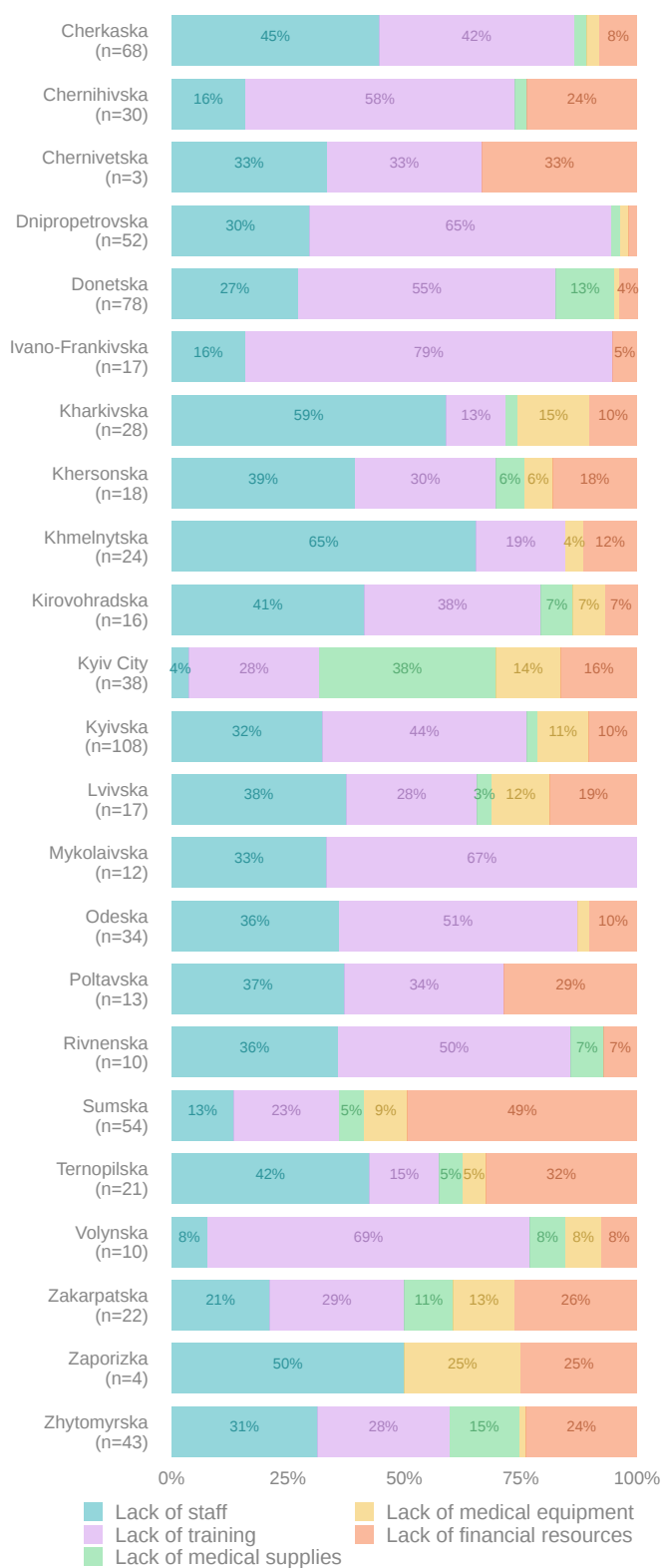
Map excludes HSDUs

# PSYCHOLOGICAL FIRST AID

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*

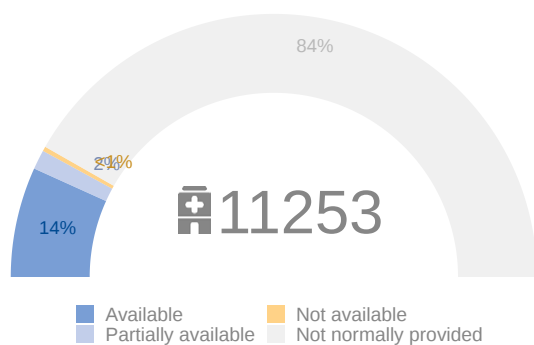


\* Chart excludes health facilities where the service is not normally provided.

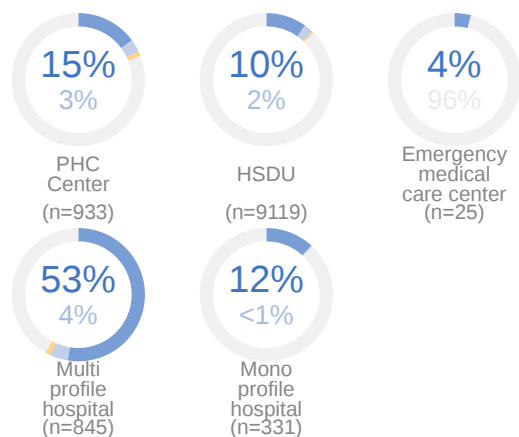
\*\* Chart includes health facilities where the causes/barriers were indicated.

# OUTPATIENT MANAGEMENT OF MENTAL DISORDERS

Service availability

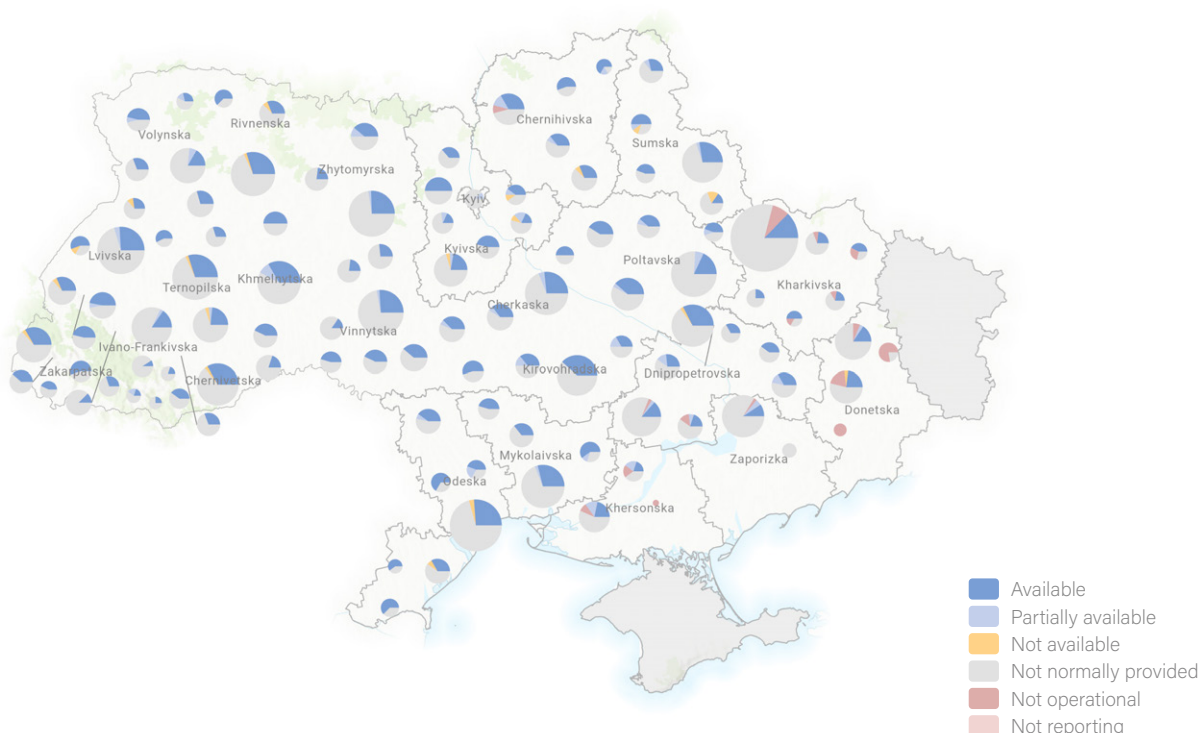
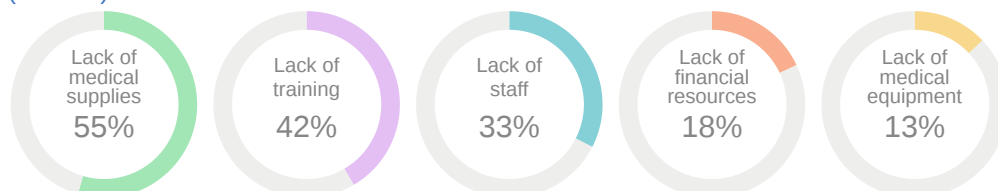


Service availability by health facility type



Main barriers impeding service delivery

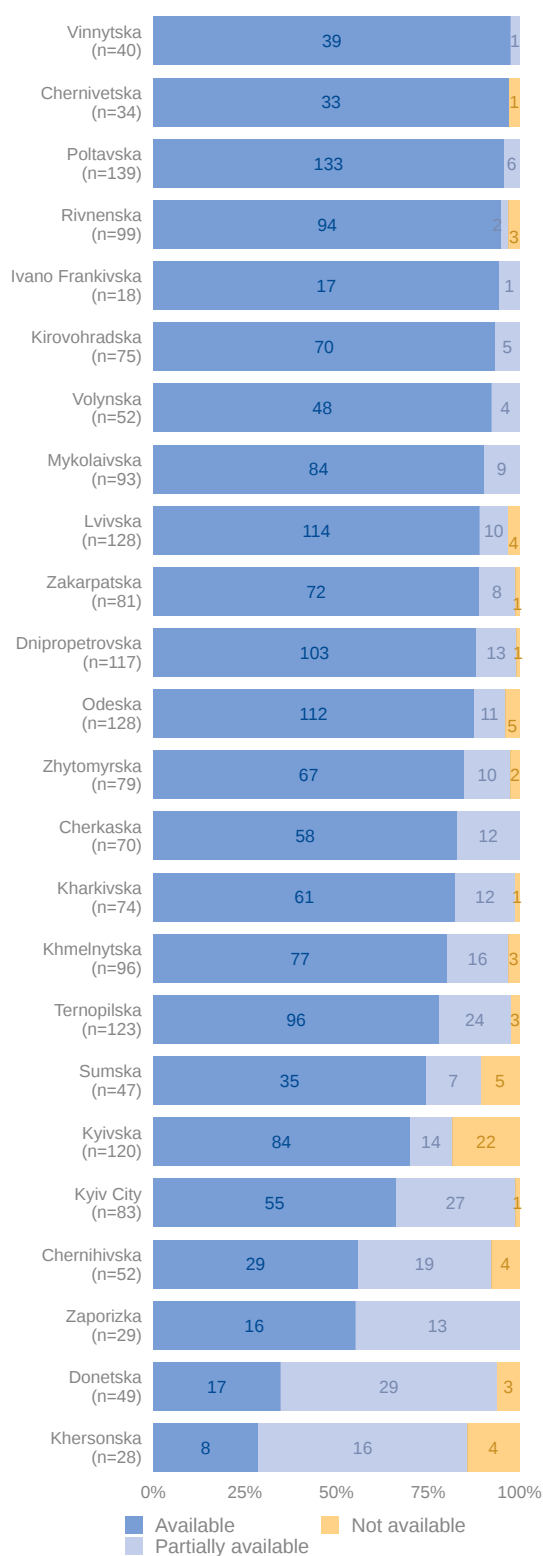
(n = 332)



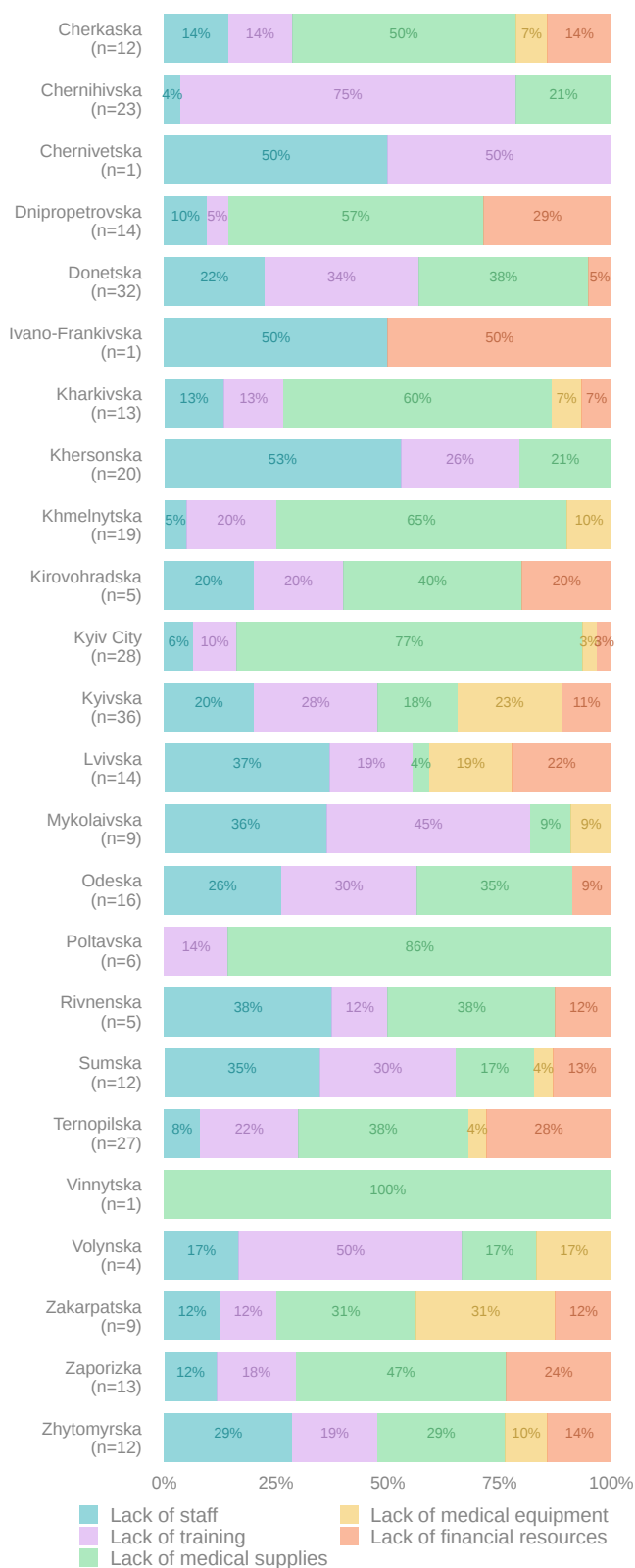
Map excludes HSDUs

# OUTPATIENT MANAGEMENT OF MENTAL DISORDERS

Service availability by oblast\*



Main barriers impeding service delivery by oblast\*\*



\* Chart excludes health facilities where the service is not normally provided.

\*\* Chart includes health facilities where the causes/barriers were indicated.

