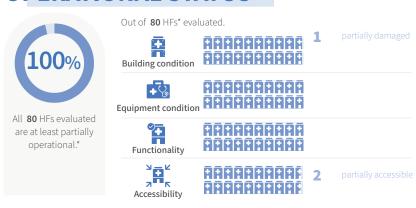
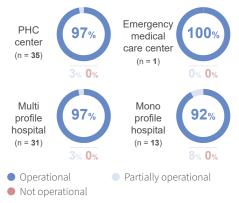


HeRAMS Ukraine | Cherkaska SNAPSHOT AUGUST 2025

OPERATIONAL STATUS



HF by type



MAIN CAUSES OF...

Building damage

The primary cause of building damage reported by ${\bf 1}$ partially damaged HF.



Functionality constraints

No functionality constraints reported.

Equipment damage

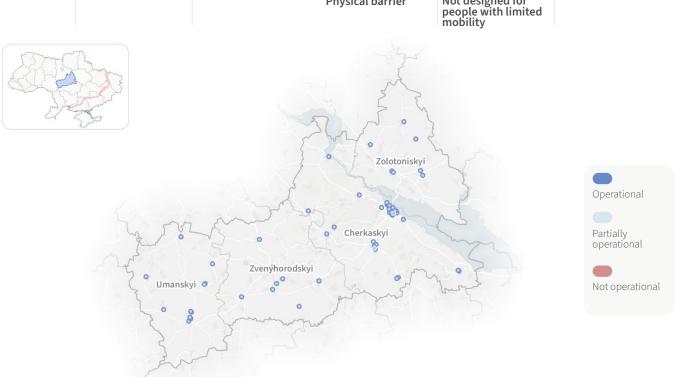
No equipment damage reported

Accessibility constraints

The 2 primary causes of accessibility constraints reported by 2 partially accessible HFs.

50% Physical barrier

Not designed for people with limited



^{*} This analysis is based on data from legally registered health facilities (HFs). Service delivery units such as feldsher-midwife stations and outpatient clinics that are administratively part of these facilities were not included here.

^{**} HFs 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 a HF's non-operational status.

Out of 80 HFs partially and fully operational HFs. Out of 31 HFs receiving major or partial support from partners. Provision of operational costs Provision of operational costs Provision of operational costs Provision of operational costs Oversight Oversight Provision of health staff 6%

♦ ♥ BASIC AMENITIES*

Out of **80** HFs partially and fully operational HFs.



WASH



Main water sources

Out of 80 HFs where water is at least partially available.

Piped Supply Network 84% Tube well/ borehole 26% Other 4%

Water storage



Sanitation facilities



Out of ${\bf 80~HFs}$ where sanitation facilities is at least partially available.

Sanitation facilities types*

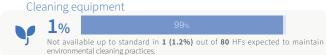
Flush/pour flush to piped sewer system or septic tank 100% Covered Pit latrine or VIP latrine 6% Composting 2%

Sanitation facilities accessibility*

Dedicated 94% Toilets for people with limited accessibility 60% Separated toilets 52%

Hand-hygiene facilities





Cold chain



Cold chain sources

Out of 72 HFs where cold chain is at least partially available.

Public power network	99%	Generator	79 %	Other	4 %
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Waste management

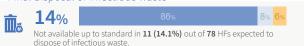
Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of **73 HFs** where final disposal of sharps or infectious waste are at least partially available

Not treated, but collected for medical waste disposal off-site

Power



Power sources

Out of **80 HFs** where power is at least partially available.

National electricity 99% Generator 79% Others 1%

Inpatient bed capacity*

				available beds	
Intensive care	97%			252	
unit beds	Out of 36 HFs expected to provide intensed beds 1 (2.8%) do not have sufficient bed	352			
Maternity beds	81%	19%		251	
	Out of 16 HFs expected to provide mate (18.8%) do not have sufficient bed capac	251			
General inpatient beds	100%	7893			
	All 41 HFs expected to provide general inpatient beds have sufficient bed capacity.				

Main barriers*

Out of ${\bf 3}$ HFs where inpatient bed capacity is not available up to standards.



Number of

Available Partially available Not available

Transportation of patients



Transportation types

Out of 75 HFs where transportation of patients is at least partially available.



Ambulance 33%

Off-road vehicle 13%

Health information management systems



Heating

1+ **1**%

available

Autonomous heating with boiler room



Data entrance into the eHealth



Available up to standard in all 80 HFs where the information system is expected

Not available up to standard in 1 (1.2%) out of 80 HFs expected to have water

50% Autonomous Autonomous

Heating sources

Out of 80 HFs where heating is at least partially available.

Epidemiological Reports



1% Not available up to standard in 1 (1.3%) out of 77 HFs where the information system is expected.

Activity Reports



1% Not available up to standard in 1 (1.3%) out of 79 HFs where the information system is expected.

eHealth trainings to health staff



Available up to standard in all 77 HFs where the information system is expected.

Communications Equipment Sufficiency

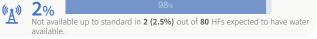


Out of 80 HFs where communication is at least partially available.





Connectivity



Connectivity types

Out of 80 HFs where connectivity is at least partially available.

Landline 100% Mobile data 31% Satellite 21%

ESSENTIAL HEALTH SERVICES

Service domain overview

trauma care

General clinical and

Child health and nutrition



Available
 Partially available
 Not available
 Not normally provided

Communicable diseases





Sexual and reproductive health

46%

3%

50%



NCD and mental health



30% 3%

66%

^{*}Out of 80 HFs. HFs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



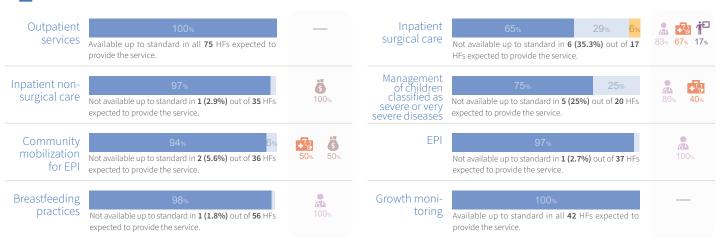
General clinical and emergency care

Request for ambulance services by the patient	93% 7% Not available up to standard in 1 (6.7%) out of 15 HFs expected to provide the service.	100%	Recognition of danger signs	97% Not available up to standard in 2 (3.3%) out of 60 HFs expected to provide the service.	50% 50% 50%
Acuity-based formal triage	98% Not available up to standard in 1 (1.6%) out of 61 HFs expected to provide the service.	100%	Basic emergency care by prehos- pital provider	100% Available up to standard in all 68 HFs expected to provide the service.	_
Basic Emergency Care	98% Not available up to standard in 1 (1.7%) out of 58 HFs expected to provide the service.	100% 100% 100%	Advanced Syn- drome-based management	91% 6% Not available up to standard in 3 (8.6%) out of 35 HFs expected to provide the service.	67% 67% 33%
Referral capacity without the need of specific transportation	100% Available up to standard in all 78 HFs expected to provide the service.	_	Monitored referral with transportation	79% 12% 9% Not available up to standard in 7 (20.6%) out of 34 HFs expected to provide the service.	86% 43% 14%
Acceptance of referrals	100% Available up to standard in all 38 HFs expected to provide the service.	_	Acceptance of complex referrals	100% Available up to standard in all 31 HFs expected to provide the service.	_
Outpatient services for primary care	98% Not available up to standard in 1 (2.1%) out of 47 HFs expected to provide the service.	100%	Outpatient department for specialized care	92% Not available up to standard in 2 (7.7%) out of 26 HFs expected to provide the service.	50% 50% 50%
Home visits	97% Not available up to standard in 2 (3.4%) out of 59 HFs expected to provide the service.	50% 50%	Minor trauma definitive management	96% Not available up to standard in 2 (4.2%) out of 48 HFs expected to provide the service.	100% 50% 50%
Emergency and elective surgery	97% Not available up to standard in 1 (3.4%) out of 29 HFs expected to provide the service.	100% 100% 100%		89% 7%4% Not available up to standard in 3 (11.1%) out of 27 HFs expected to provide the service.	67% 33% 33%
Orthopedic/ trauma ward	91% Not available up to standard in 2 (9.1%) out of 22 HFs expected to provide the service.	100% 50% 50%	Short hospitalization capacity	100% Available up to standard in all 34 HFs expected to provide the service.	_
Basic inpatient bed capacity	100% Available up to standard in all 33 HFs expected to provide the service.	_	Advanced inpatient bed capacity	96% Not available up to standard in 1 (3.8%) out of 26 HFs expected to provide the service.	100%
Inpatient critical care management	100% Available up to standard in all 32 HFs expected to provide the service.	_	Basic laboratory	93% 7% Not available up to standard in 5 (6.8%) out of 74 HFs expected to provide the service.	80% 40% 40%
Laboratory services for specialized care	86% 14% Not available up to standard in 6 (13.6%) out of 44 HFs expected to provide the service.	83% 33% 33%	Blood bank services	72% 21% 7% Not available up to standard in 8 (27.6%) out of 29 HFs expected to provide the service.	75% 62% 38%
Hemodialysis/ Peritoneal dialysis	57% 43% Not available up to standard in 3 (42.9%) out of 7 HFs expected to provide the service.	100% 100% 67%	Basic X-ray service	90% 5% 5% Not available up to standard in 4 (9.5%) out of 42 HFs expected to provide the service.	100% 25% 25%
Radiology unit	48% 52% Not available up to standard in 16 (51.6%) out of 31 HFs expected to provide the service.	100% 38% 19%	Early discharge of post-operatory patients in mass casualty scenarios	The state of the s	_
Remote consultations telemedicine	84% Not available up to standard in 10 (16.1%) out of 62 HFs expected to provide the service.	60% 60%	Burns treatment	71% 29% Not available up to standard in 4 (28.6%) out of 14 HFs expected to provide the service.	50% 50% 25%

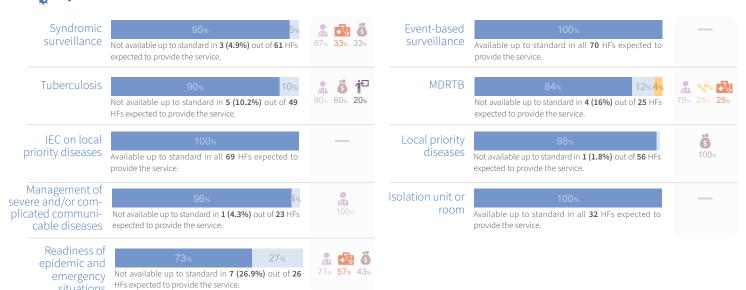
^{*} Out of **80** HFs. HFs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.







Communicable diseases





situations

treatment

Sexual and reproductive health

Not available up to standard in 2 (8.3%) out of 24 HFs

expected to provide the service.



STI and HIV/AIDS

Free access to condoms	70% 22% 7% Not available up to standard in 8 (29.6%) out of 27 HFs expected to provide the service.	62% 38%	IEC on STI/HIV	97% Not available up to standard in 2 (2.9%) out of 68 HFs expected to provide the service.	100% 50% 50%
Syndromic management of STIs	97% Not available up to standard in 1 (3.3%) out of 30 HFs expected to provide the service.	100%	HIV testing and counseling	96%	100% 33% 33%
Pre-exposure prophylaxis	94% 6% Not available up to standard in 2 (5.7%) out of 35 HFs expected to provide the service.	50% 50% 50%	PMTCT	94% 6% Not available up to standard in 2 (5.7%) out of 35 HFs expected to provide the service.	50% 50% 50%
Antiretroviral	92%	å × 5			

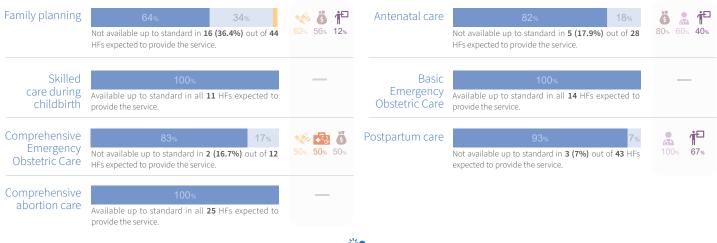




Sexual and reproductive health (cont.)

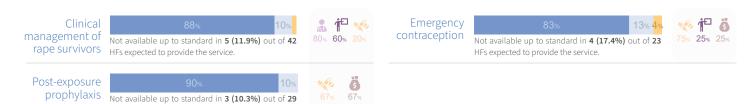


Maternal and newborn health





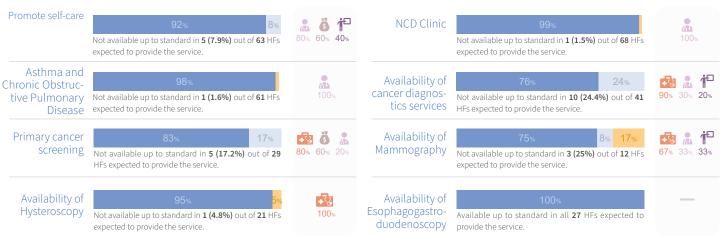
Sexual violence





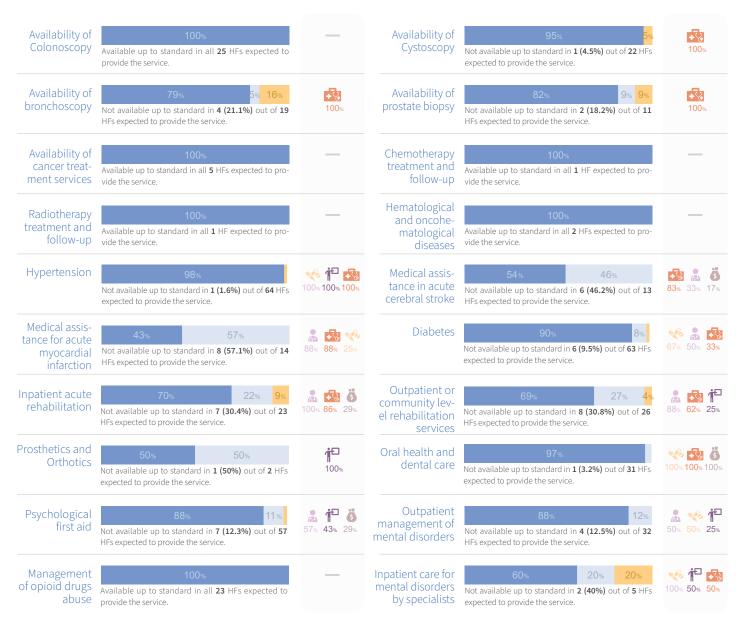
Noncommunicable diseases and mental health

HFs expected to provide the service.









This analysis was produced based on the information reported into HeRAMS up to 27 August 2025 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

- Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
- The analysis of barriers impeding service availability was limited to HFs where the health service is not available up to standard.
- The analysis of individual services was limited to HFs expected to provide the specific service.





