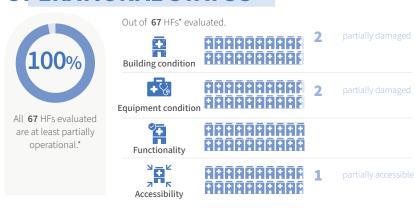
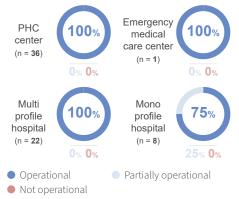


HeRAMS Ukraine | Chernivetska **SNAPSHOT AUGUST 2025**

OPERATIONAL STATUS



HF by type



MAIN CAUSES OF...

Building damage

The 2 primary causes of building damage reported by 2 partially damaged HFs.





Functionality constraints

No functionality constraints reported.

Equipment damage

The 2 primary causes of equipment damage reported by 2 partially damaged HFs.

··· 100% Other



Accessibility constraints

The 2 primary causes of accessibility constraints reported by ${\bf 1}$ partially accessible HF.

5 100% Financial

··· 100% Other barriers



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

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

^{*** 6%} of HFs have not reported since May 2025, thus data should be interpret with care.

Partner support types Out of 14 HFs receiving major or partial support from partners. Out of 67 HFs partially and fully operational HFs. Provision of ≼ Governance / Oversight 93% 29% medical supplies Provision of Provision Provision of health staff of medical equipment operational costs Major support Partial support No support

BASIC AMENITIES

Out of **67** HFs partially and fully operational HFs.



WASH



Main water sources

Out of 67 HFs where water is at least partially available.

Tube well/ borehole 33% Protected dug well 16% Piped Supply Network 78%

Water storage



Sanitation facilities



Out of 67 HFs where sanitation facilities is at least partially available.

Sanitation facilities types*

Covered Pit latrine or VIP latrine 99%

Sanitation facilities accessibility*

Toilets for Genderpeople with limited accessibility Dedicated staff toilets 87% **67**% 31% separated toilets

Hand-hygiene facilities



Cleaning equipment



Cold chain



Cold chain sources

Out of 60 HFs where cold chain is at least partially available.

Public power network 98% Generator 78% Gas 7%

Waste management

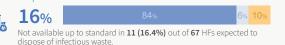
Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 60 HFs where final disposal of sharps or infectious waste are at least partially available

Not treated, but collected for medical waste disposal off-site 45% Autoclaved 42% Others 28%

Power



Power sources

Out of 67 HFs where power is at least partially available.

National 99% Generator 81% Solar system 4% electricity network

Inpatient bed capacity*

				Number of available beds	
Intensive care	77%	23%		0.40	
unit beds	Out of 30 HFs expected to provide intensive care unit beds 7 (23.3%) do not have sufficient bed capacity.			248	
Maternity beds	60%	40%		170	
, and the second	Out of 20 HFs expected to provid (40%) do not have sufficient bed ca	173			
General inpatient beds	90%	10%		4540	
	Out of 39 HFs expected to provide general inpatient beds 4 (10.3%) do not have sufficient bed capacity.			4549	

Main barriers*

Out of 8 HFs where inpatient bed capacity is not available up to standards.









quantity 38% Insufficient

Lack of medical equipment

^{*}Out of 67 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.



Transportation of patients



Transportation types

Out of 63 HFs where transportation of patients is at least partially available.



Ambulance 30%

Computer 76% Mobile phone 70%

Off-road 17%

Heating

N+ 3%

42% Autonomous electric heating

Communications Equipment Sufficiency



Connectivity



Connectivity types

Out of 67 HFs where connectivity is at least partially available.



Mobile data 48%

Satellite 24%

Heating sources

Out of 67 HFs where heating is at least partially available.

Not available up to standard in 2 (3%) out of 67 HFs expected to have water

Autonomous heating with boiler room

available

Health information management systems

eHealth



Data entrance into the eHealth



Available up to standard in all 67 HFs where the information system is

Epidemiological Reports



Available up to standard in all 67 HFs where the information system is

Activity Reports



Available up to standard in all 67 HFs where the information system is

eHealth trainings to health staff



Available up to standard in all 67 HFs where the information system is expected.

ESSENTIAL HEALTH SERVICES

Service domain overview

trauma care

Child health and

Available Partially available Not available Not normally provided

General clinical and



nutrition



Communicable diseases



52% 3%

45%

Sexual and reproductive health



NCD and mental health



28% 2%

68%

31%

2%

66%

^{*}Out of 67 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.

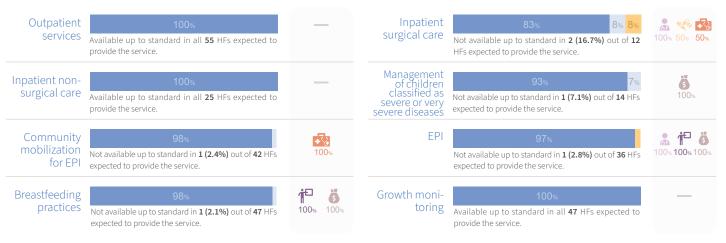


General clinical and emergency care

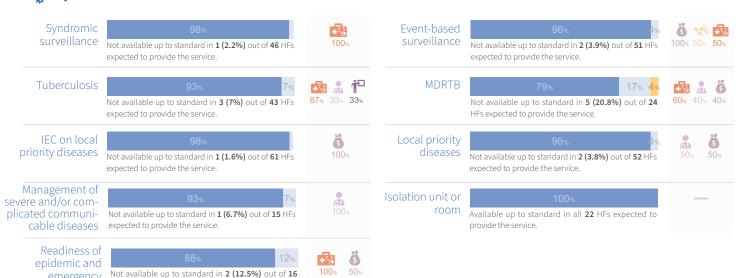
Request for ambulance services by the patient	100% Available up to standard in all 24 HFs expected to provide the service.	_	Recognition of danger signs	98% Not available up to standard in 1 (2%) out of 50 HFs expected to provide the service.	+ 3 5 100% 100%
Acuity-based formal triage	98% Not available up to standard in 1 (2%) out of 51 HFs expected to provide the service.	100%	Basic emergency care by prehos- pital provider	100% Available up to standard in all 57 HFs expected to provide the service.	_
Basic Emergency Care	96% Not available up to standard in 2 (3.8%) out of 53 HFs expected to provide the service.	50% 50% 50%	Advanced Syn- drome-based management	83% 17% Not available up to standard in 5 (17.2%) out of 29 HFs expected to provide the service.	100% 20% 20%
Referral capacity without the need of specific transportation	100% Available up to standard in all 58 HFs expected to provide the service.	_	Monitored referral with transportation	89% 8% Not available up to standard in 4 (10.5%) out of 38 HFs expected to provide the service.	75% 25% 25%
Acceptance of referrals	100% Available up to standard in all 33 HFs expected to provide the service.	_	Acceptance of complex referrals	97% Not available up to standard in 1 (3.1%) out of 32 HFs expected to provide the service.	5 100% 100%
Outpatient services for primary care	100% Available up to standard in all 51 HFs expected to provide the service.	_	Outpatient department for specialized care	97% Not available up to standard in 1 (3.4%) out of 29 HFs expected to provide the service.	5 100% 100%
Home visits	92% 8% Not available up to standard in 5 (8.5%) out of 59 HFs expected to provide the service.	60% 60% 20%	Minor trauma definitive management	84% 14% Not available up to standard in 7 (15.9%) out of 44 HFs expected to provide the service.	57% 57% 29%
Emergency and elective surgery	95% Not available up to standard in 1 (5.3%) out of 19 HFs expected to provide the service.	100% 100% 100%	Emergency and elective surgery with at least two operating theatres	94% 6% Not available up to standard in 1 (5.9%) out of 17 HFs expected to provide the service.	100% 100%
Orthopedic/ trauma ward	87% 7% 7% Not available up to standard in 2 (13.3%) out of 15 HFs expected to provide the service.	50% 50% 50%	Short hospitalization capacity	96% 4% Not available up to standard in 1 (3.7%) out of 27 HFs expected to provide the service.	100%
Basic inpatient bed capacity	100% Available up to standard in all 25 HFs expected to provide the service.	_	Advanced inpatient bed capacity	88% 12% Not available up to standard in 2 (12.5%) out of 16 HFs expected to provide the service.	50% 50% 50%
Inpatient critical care management	95% Not available up to standard in 1 (4.5%) out of 22 HFs expected to provide the service.	100%	Basic laboratory	94% 6% Not available up to standard in 4 (6.5%) out of 62 HFs expected to provide the service.	75% 50% 25%
Laboratory services for specialized care	71% 27% Not available up to standard in 12 (29.3%) out of 41 HFs expected to provide the service.	75% 42% 17%	Blood bank services	75% 12% Not available up to standard in 4 (25%) out of 16 HFs expected to provide the service.	100% 75% 50%
Hemodialysis/ Peritoneal dialysis	71% 29% Not available up to standard in 2 (28.6%) out of 7 HFs expected to provide the service.	100% 100% 100%	Basic X-ray service	97% Not available up to standard in 1 (3.4%) out of 29 HFs expected to provide the service.	100%
Radiology unit	74% 26% Not available up to standard in 6 (26.1%) out of 23 HFs expected to provide the service.	100% 50% 50%	Early discharge of post-operatory patients in mass casualty scenarios	95% 5% Not available up to standard in 1 (5.3%) out of 19 HFs expected to provide the service.	100% 100%
Remote consultations telemedicine	80% 12% 7% Not available up to standard in 11 (19.6%) out of 56 HFs expected to provide the service.	73% 55% 18%	Burns treatment	100% Available up to standard in all 19 HFs expected to provide the service.	_







Communicable diseases





Antiretroviral treatment

emergency

Sexual and reproductive health

Not available up to standard in 2 (18.2%) out of 11

HFs expected to provide the service.

HFs expected to provide the service.



STI and HIV/AIDS

Free access to	80% 10% 10%	Ğ	IEC on STI/HIV	98%	\$
condoms	Not available up to standard in 2 (20%) out of 10 HFs expected to provide the service.	100%		Not available up to standard in 1 (1.8%) out of 56 HFs expected to provide the service.	100%
Syndromic management of STIs	Not available up to standard in 3 (12%) out of 25 HFs expected to provide the service.	67% 33%	HIV testing and counseling	90% 8% Not available up to standard in 5 (10.4%) out of 48 HFs expected to provide the service.	80% 40% 20%
Pre-exposure prophylaxis	100% Available up to standard in all 1 HF expected to provide the service.	_	PMTCT	88% 8%4% Not available up to standard in 3 (11.5%) out of 26 HFs expected to provide the service.	67% 33% 33%

100% 50% 50%



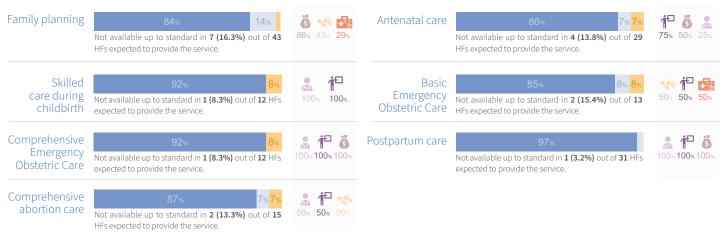




Sexual and reproductive health (cont.)

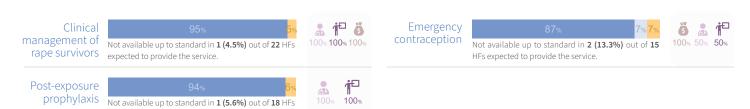


Maternal and newborn health





Sexual violence





Noncommunicable diseases and mental health

expected to provide the service.

Promote self-care	96% Not available up to standard in 2 (4.2%) out of 48 HFs expected to provide the service.	100% 50% 50%	NCD Clinic	97% Not available up to standard in 2 (3.4%) out of 58 HFs expected to provide the service.	50% 50%
Asthma and Chronic Obstruc- tive Pulmonary Disease	98% Not available up to standard in 1 (1.9%) out of 52 HFs expected to provide the service.	100%	Availability of cancer diagnostics services	67% 33% Not available up to standard in 9 (33.3%) out of 27 HFs expected to provide the service.	89% 33% 22%
Primary cancer screening	100% Available up to standard in all 15 HFs expected to provide the service.	_	Availability of Mammography	50% 8% 42% Not available up to standard in 6 (50%) out of 12 HFs expected to provide the service.	100% 33% 33%
Availability of Hysteroscopy	81% 19% Not available up to standard in 3 (18.8%) out of 16 HFs expected to provide the service.	67% 67% 33%	Availability of Esophagogastro-duodenoscopy	95% Not available up to standard in 1 (4.8%) out of 21 HFs expected to provide the service.	100% 100% 100%





Noncommunicable diseases and mental health (cont.)



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.





