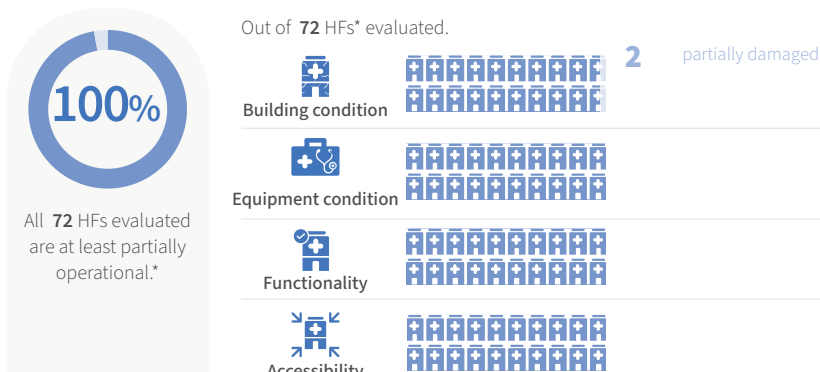




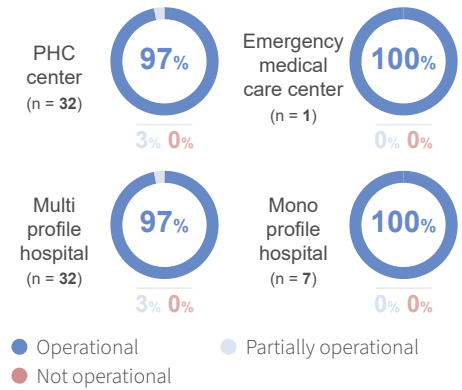
HeRAMS Ukraine | Khmelnytska

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.

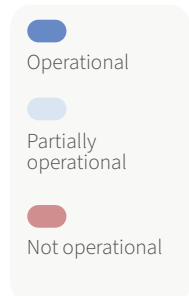
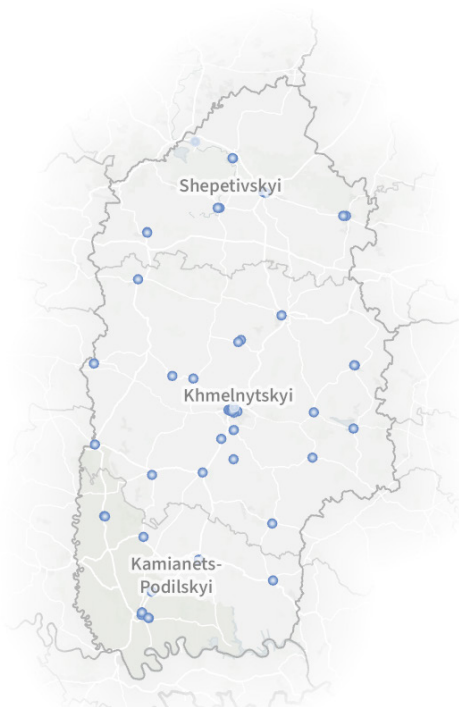
100%
Conflict / attack / looting

50%
Lack of maintenance

Equipment damage
No equipment damage reported.

Functionality constraints
No functionality constraints reported.

Accessibility constraints
No accessibility constraints reported.

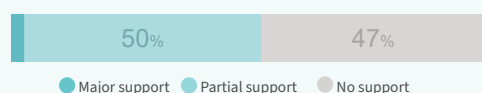


* This analysis is based on data from legally registered health facilities (HFs). Service delivery units such as feldsher-midwife stations and outpatient clinics that are administratively part of these facilities were not included here.

** 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 72 HFIs partially and fully operational HFIs.



Partner support types

Out of 38 HFIs receiving major or partial support from partners.



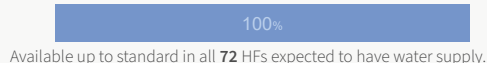
BASIC AMENITIES*

Out of 72 HFIs partially and fully operational HFIs.

Available Partially available Not available

WASH

Water

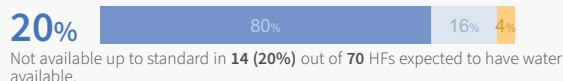


Main water sources

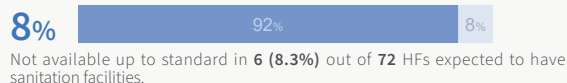
Out of 72 HFIs where water is at least partially available.



Water storage



Sanitation facilities



Out of 72 HFIs where sanitation facilities is at least partially available.

Sanitation facilities types*



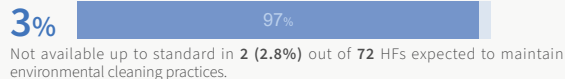
Sanitation facilities accessibility*



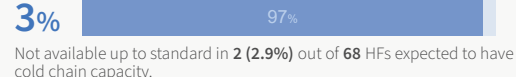
Hand-hygiene facilities



Cleaning equipment



Cold chain



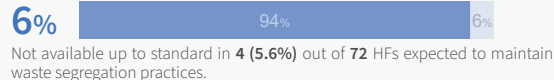
Cold chain sources

Out of 68 HFIs where cold chain is at least partially available.

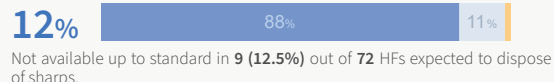


Waste management

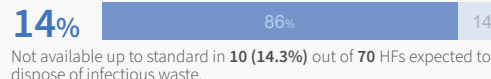
Waste segregation



Final disposal of sharps

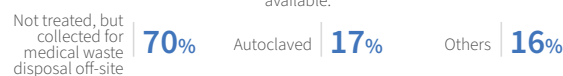


Final disposal of infectious waste

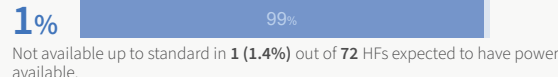


Waste disposal methods

Out of 70 HFIs where final disposal of sharps or infectious waste are at least partially available.



Power



Power sources

Out of 72 HFIs where power is at least partially available.



Inpatient bed capacity*

Intensive care unit beds



Out of 34 HFIs expected to provide intensive care unit beds 1 (2.9%) do not have sufficient bed capacity.

Maternity beds



Out of 17 HFIs expected to provide maternity beds 3 (17.6%) do not have sufficient bed capacity.

General inpatient beds



Out of 39 HFIs expected to provide general inpatient beds 1 (2.6%) do not have sufficient bed capacity.

Number of available beds

312

395

8248

Main barriers*

Out of 3 HFIs where inpatient bed capacity is not available up to standards.



*Out of 72 HFIs. HFIs 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.

BASIC AMENITIES*

Out of 72 HFIs partially and fully operational HFIs.

● Available ● Partially available ● Not available

Transportation of patients



6%

94%

Not available up to standard in 4 (5.6%) out of 72 HFIs expected to have water available.

Transportation types

Out of 70 HFIs where transportation of patients is at least partially available.

Car 86% Ambulance 50% Off-road vehicle 13%

Heating



1%

99%

Not available up to standard in 1 (1.4%) out of 72 HFIs expected to have water available.

Heating sources

Out of 72 HFIs where heating is at least partially available.

Autonomous heating with boiler room 58% Public centralized heating 51% Autonomous electric heating 11%

Communications Equipment Sufficiency



3%

97%

Not available up to standard in 2 (2.8%) out of 72 HFIs expected to have communication means.

Communication equipment types

Out of 72 HFIs where communication is at least partially available.

Internet/mobile data 96% Computer 94% Mobile phone 61%

Health information management systems

eHealth



1%

99%

Not available up to standard in 1 (1.4%) out of 72 HFIs where the information system is expected.

Data entrance into the eHealth



1%

99%

Not available up to standard in 1 (1.4%) out of 72 HFIs where the information system is expected.

Epidemiological Reports



3%

97%

Not available up to standard in 2 (2.8%) out of 72 HFIs where the information system is expected.

Activity Reports



100%

Available up to standard in all 72 HFIs where the information system is expected.

eHealth trainings to health staff



1%

99%

Not available up to standard in 1 (1.4%) out of 72 HFIs where the information system is expected.

Connectivity



1%

99%

Not available up to standard in 1 (1.4%) out of 72 HFIs expected to have water available.

Connectivity types

Out of 72 HFIs where connectivity is at least partially available.

Landline 99% Mobile data 38% Satellite 14%

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided

General clinical and trauma care



Child health and nutrition



Communicable diseases



Sexual and reproductive health



NCD and mental health



*Out of 72 HFIs. HFIs 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.

Availability status

Available Partially available Not available

Barriers for partial availability or non-availability.

Lack of staff Lack of supplies Lack of financial resources
Lack of training Lack of equipment



General clinical and emergency care

Request for ambulance services by the patient	80% Not available up to standard in 3 (20%) out of 15 HFs expected to provide the service.	100% 33% 33%	Recognition of danger signs	98% Not available up to standard in 1 (1.6%) out of 62 HFs expected to provide the service.	100% 100%
Acuity-based formal triage	98% Not available up to standard in 1 (1.7%) out of 59 HFs expected to provide the service.	100% 100%	Basic emergency care by pre-hospital provider	98% Not available up to standard in 1 (1.7%) out of 60 HFs expected to provide the service.	100%
Basic Emergency Care	93% Not available up to standard in 4 (7.1%) out of 56 HFs expected to provide the service.	75% 50% 25%	Advanced Syn-drome-based management	100% Available up to standard in all 33 HFs expected to provide the service.	—
Referral capacity without the need of specific transportation	100% Available up to standard in all 69 HFs expected to provide the service.	—	Monitored referral with transportation	94% Not available up to standard in 2 (5.6%) out of 36 HFs expected to provide the service.	100% 100%
Acceptance of referrals	97% Not available up to standard in 1 (2.8%) out of 36 HFs expected to provide the service.	100% 100%	Acceptance of complex referrals	100% Available up to standard in all 31 HFs expected to provide the service.	—
Outpatient services for primary care	94% Not available up to standard in 3 (6.1%) out of 49 HFs expected to provide the service.	67% 33% 33%	Outpatient department for specialized care	100% Available up to standard in all 20 HFs expected to provide the service.	—
Home visits	98% Not available up to standard in 1 (1.7%) out of 59 HFs expected to provide the service.	100% 100%	Minor trauma definitive management	87% Not available up to standard in 6 (13%) out of 46 HFs expected to provide the service.	67% 50% 50%
Emergency and elective surgery	100% Available up to standard in all 30 HFs expected to provide the service.	—	Emergency and elective surgery with at least two operating theatres	100% Available up to standard in all 30 HFs expected to provide the service.	—
Orthopedic/trauma ward	96% Not available up to standard in 1 (3.7%) out of 27 HFs expected to provide the service.	100% 100% 100%	Short hospitalization capacity	100% Available up to standard in all 32 HFs expected to provide the service.	—
Basic inpatient bed capacity	97% Not available up to standard in 1 (3.1%) out of 32 HFs expected to provide the service.	100%	Advanced inpatient bed capacity	93% Not available up to standard in 2 (7.1%) out of 28 HFs expected to provide the service.	50% 50%
Inpatient critical care management	100% Available up to standard in all 31 HFs expected to provide the service.	—	Basic laboratory	100% Available up to standard in all 69 HFs expected to provide the service.	—
Laboratory services for specialized care	88% Not available up to standard in 5 (11.6%) out of 43 HFs expected to provide the service.	80% 40% 20%	Blood bank services	97% Not available up to standard in 1 (3.2%) out of 31 HFs expected to provide the service.	100%
Hemodialysis/Peritoneal dialysis	50% Not available up to standard in 5 (50%) out of 10 HFs expected to provide the service.	100% 60% 60%	Basic X-ray service	95% Not available up to standard in 2 (4.9%) out of 41 HFs expected to provide the service.	100% 50% 50%
Radiology unit	61% Not available up to standard in 12 (38.7%) out of 31 HFs expected to provide the service.	92% 58% 25%	Early discharge of post-operative patients in mass casualty scenarios	96% Not available up to standard in 1 (3.6%) out of 28 HFs expected to provide the service.	100% 100%
Remote consultations telemedicine	75% Not available up to standard in 15 (25%) out of 60 HFs expected to provide the service.	80% 47% 13%	Burns treatment	65% Not available up to standard in 7 (35%) out of 20 HFs expected to provide the service.	86% 43% 29%

* Out of 72 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.



Availability status

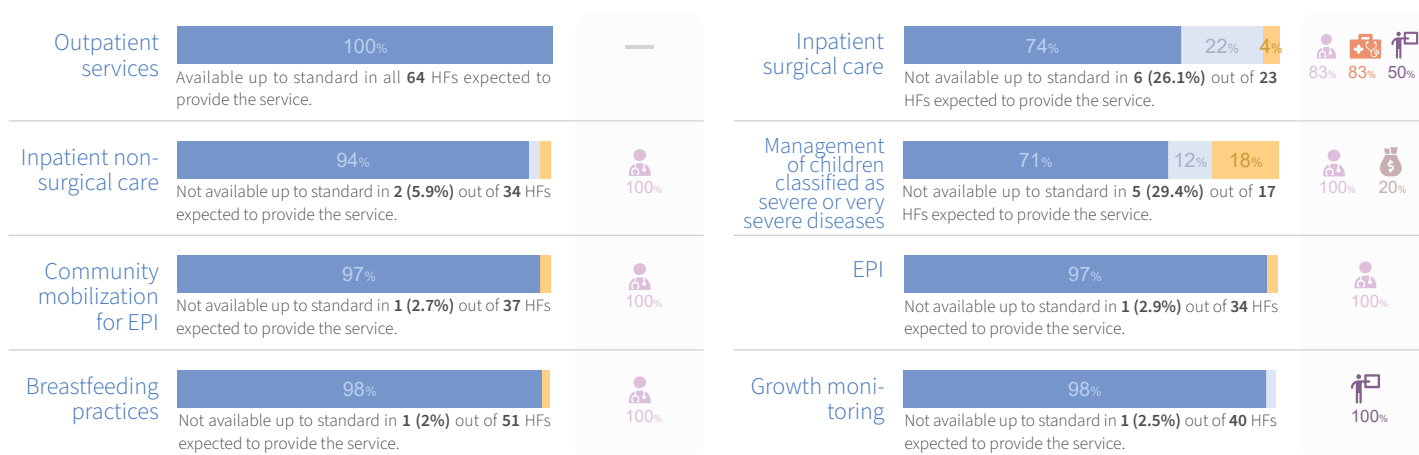
Available Partially available Not available

Barriers for partial availability or non-availability.

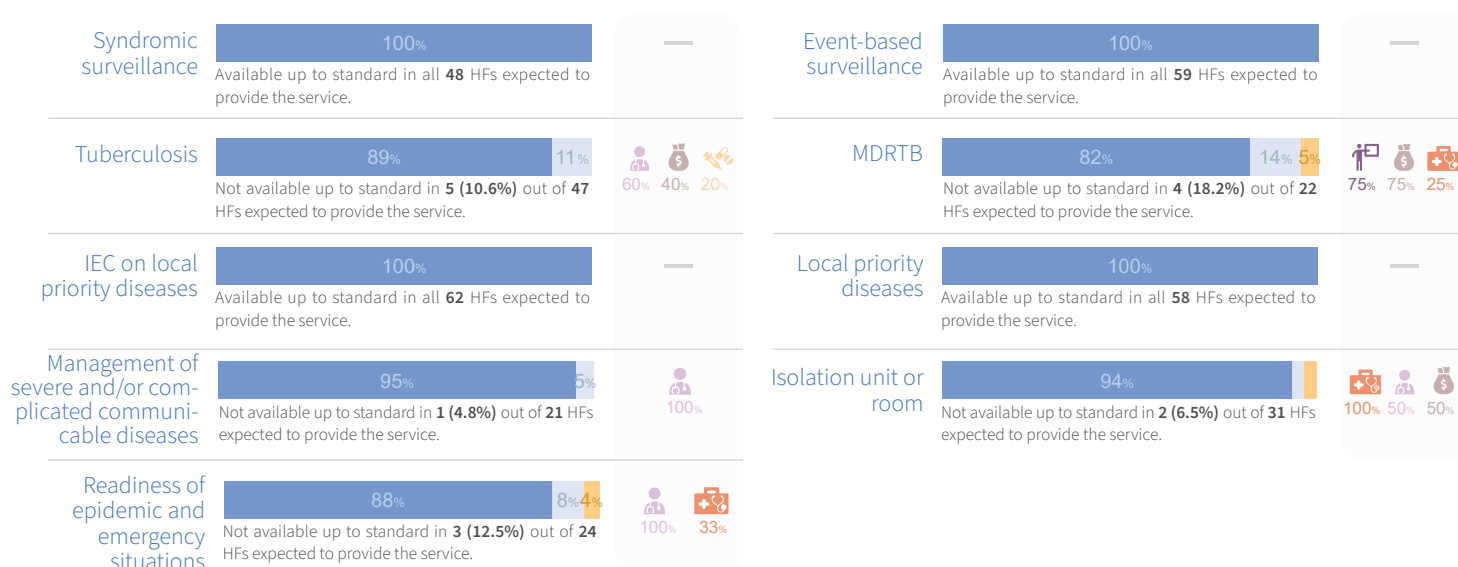
Lack of staff Lack of supplies Lack of financial resources
Lack of training Lack of equipment



Child health and nutrition



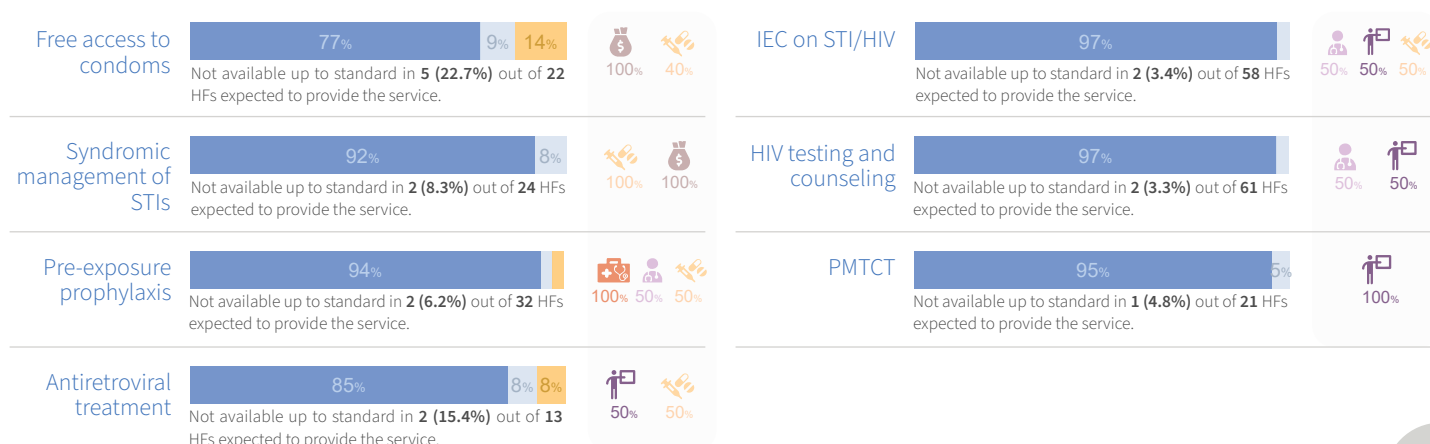
Communicable diseases



Sexual and reproductive health



STI and HIV/AIDS



Availability status

Available Partially available Not available

Barriers for partial availability or non-availability.

Lack of staff Lack of supplies Lack of financial resources
Lack of training Lack of equipment

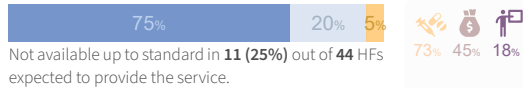


Sexual and reproductive health (cont.)

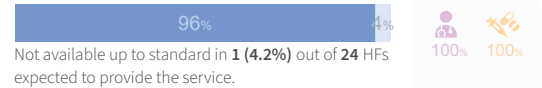


Maternal and newborn health

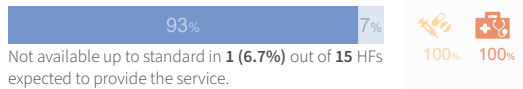
Family planning



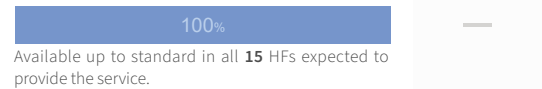
Antenatal care



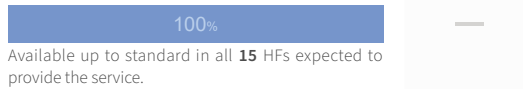
Skilled care during childbirth



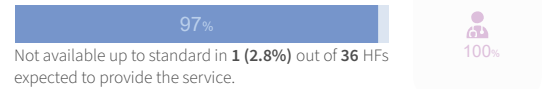
Basic Emergency Obstetric Care



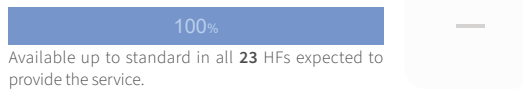
Comprehensive Emergency Obstetric Care



Postpartum care

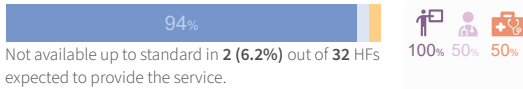


Comprehensive abortion care

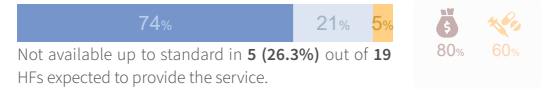


Sexual violence

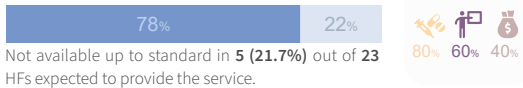
Clinical management of rape survivors



Emergency contraception

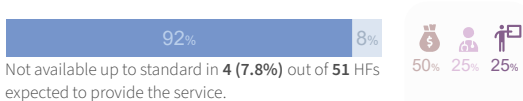


Post-exposure prophylaxis

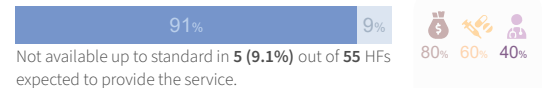


Noncommunicable diseases and mental health

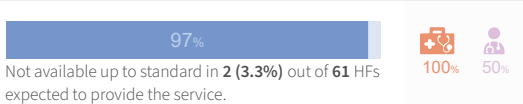
Promote self-care



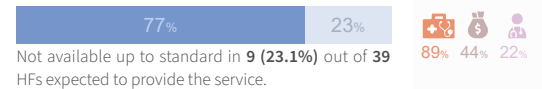
NCD Clinic



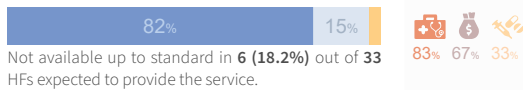
Asthma and Chronic Obstructive Pulmonary Disease



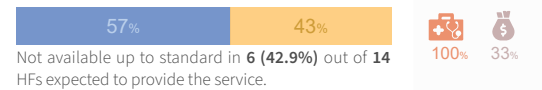
Availability of cancer diagnostics services



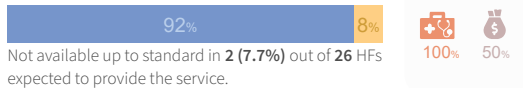
Primary cancer screening



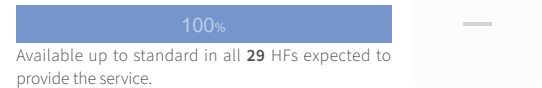
Availability of Mammography



Availability of Hysteroscopy



Availability of Esophagogastroduodenoscopy



Availability status

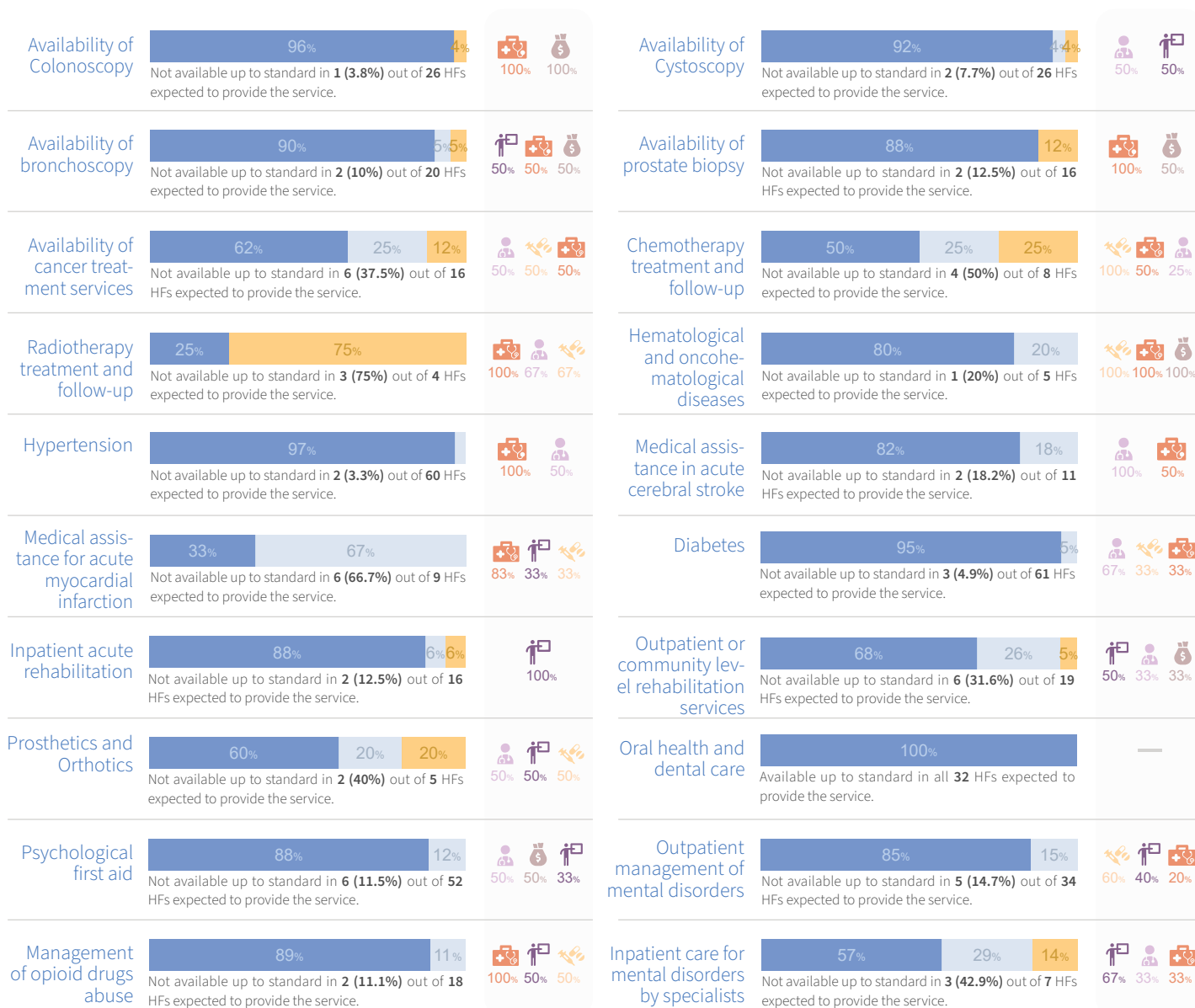
Available Partially available Not available

Barriers for partial availability or non-availability.

Lack of staff Lack of supplies Lack of financial resources
Lack of training Lack of equipment



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 HF where the health service is not available up to standard.
- The analysis of individual services was limited to HF expected to provide the specific service.



Data source: HeRAMS Ukraine
Data accessed on: 27 August 2025
Date report created: 30 October 2025
Contact: herams@who.int

