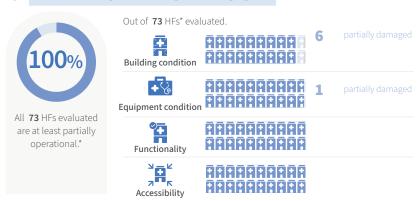
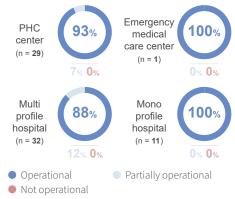


# **HeRAMS Ukraine | Kirovohradska SNAPSHOT AUGUST 2025**

## **OPERATIONAL STATUS**



## HF by type



## **MAIN CAUSES OF...**

#### **Building damage**

The 3 primary causes of building damage reported by 6 partially damaged HFs.







#### **Equipment damage**

The primary cause of equipment damage reported by **1** partially damaged HF.

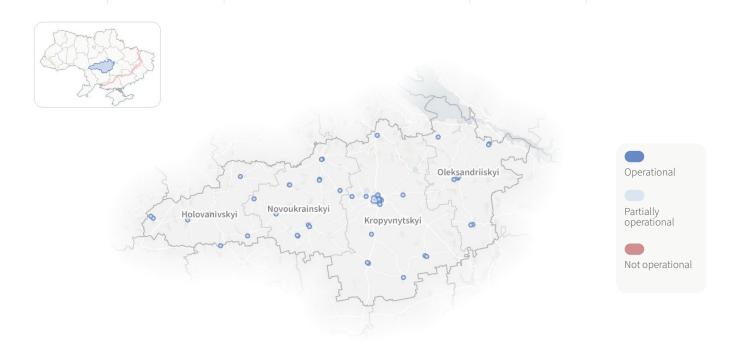
**★ 100**% Lack of maintenance

## **Functionality constraints**

No functionality constraints reported.

#### Accessibility constraints

No accessiblity constraitns reported.



<sup>\*</sup> 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

<sup>\*\*</sup> 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.

<sup>\*\*\* 11%</sup> of HFs have not reported since May 2025, thus data should be interpret with care.

#### Partner support types Out of 31 HFs receiving major or partial support from partners. Out of 73 HFs partially and fully operational HFs. Provision of Provision of 94% 29% operational costs medical supplies Provision Provision of health staff Governance / Oversight of medical equipment **13**% Major support Partial support No support

## **BASIC AMENITIES**

Out of **73** HFs partially and fully operational HFs.



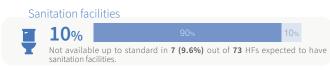








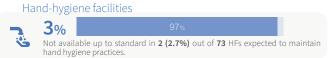






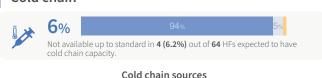








#### Cold chain



#### Cold chain sources

Out of 63 HFs where cold chain is at least partially available.

Public power network 98% Ge	enerator <b>73</b> 9	<b>%</b> Other	6%
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## **Waste management**







#### Final disposal of infectious waste



#### Waste disposal methods

Out of 67 HFs where final disposal of sharps or infectious waste are at least partially available

Not treated, but collected for medical waste disposal off-site 69% Autoclaved 31% Others 27%

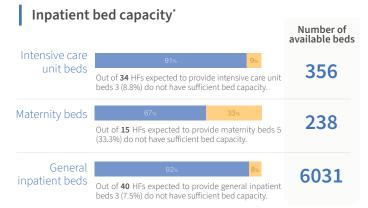
#### **Power**



#### Power sources

Out of 73 HFs where power is at least partially available.

100% Generator 84% Solar system 1%



#### Main barriers\*

Out of 5 HFs where inpatient bed capacity is not available up to standards.







#### **Transportation of patients**



#### **Transportation types**

Out of 73 HFs where transportation of patients is at least partially available.



Ambulance 55%

Truck | 11%

## Health information management systems





#### Communication equipment types

Out of 73 HFs where communication is at least partially available.





Computer 85% Mobile phone 74%

#### Connectivity



#### **Connectivity types**

Out of **73 HFs** where connectivity is at least partially available.

Landline 99%

Mobile data | 37%

47%

4%

48%

## Satellite | 16%

## Heating



#### **Heating sources**

Out of 73 HFs where heating is at least partially available.

Autonomous heating with boiler room

eHealth

44% Autonomous Autonomous

## Available up to standard in all 72 HFs where the information system is

Data entrance into the eHealth



Available up to standard in all 72 HFs where the information system is

#### **Epidemiological Reports**



1%

Not available up to standard in 1 (1.4%) out of 73 HFs where the information system is expected.

#### **Activity Reports**



Available up to standard in all 72 HFs where the information system is

## eHealth trainings to health staff



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

## **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



49% 4%

45%

Sexual and reproductive health



#### NCD and mental health



29% 3%

66%

39%

4%

56%

<sup>\*</sup>Out of 73 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.

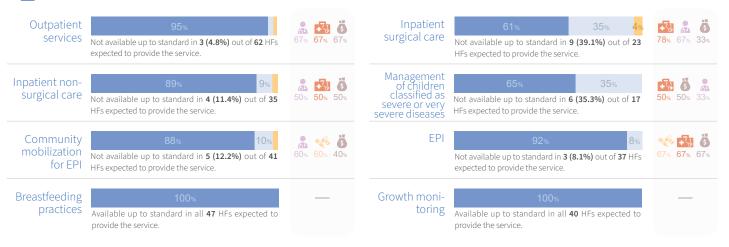


# General clinical and emergency care

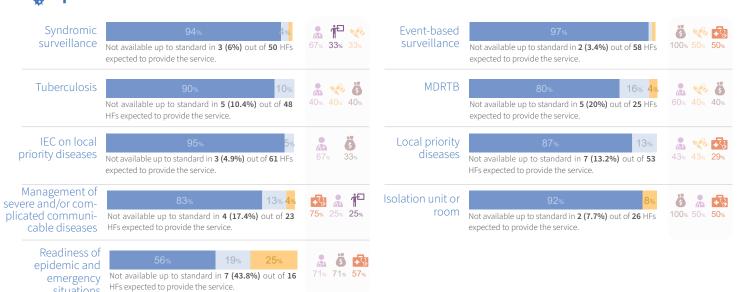
Request for ambulance services by the patient	86% 14%  Not available up to standard in 3 (13.6%) out of 22  HFs expected to provide the service.	100% 33%	Recognition of danger signs	93%  Not available up to standard in 4 (6.7%) out of 60 HFs expected to provide the service.	75% 75% 50%
Acuity-based formal triage	98%  Not available up to standard in <b>1 (1.7%)</b> out of <b>60</b> HFs expected to provide the service.	100% 100% 100%	Basic emergency care by prehos- pital provider	97%  Not available up to standard in 2 (3.2%) out of 62 HFs expected to provide the service.	100% 100% 50%
Basic Emergency Care	91% 7%  Not available up to standard in <b>5 (8.8%)</b> out of <b>57</b> HFs expected to provide the service.	80% 60% 60%	Advanced Syndrome-based management	77% 19%  Not available up to standard in <b>7 (22.6%)</b> out of <b>31</b> HFs expected to provide the service.	71% 29% 29%
Referral capacity without the need of specific transportation	100% Available up to standard in all <b>67</b> HFs expected to provide the service.	_	Monitored referral with transportation	95% 5%  Not available up to standard in 2 (5.3%) out of 38 HFs expected to provide the service.	100% 50%
Acceptance of referrals	94%  Not available up to standard in 2 (5.9%) out of 34 HFs expected to provide the service.	100% 100%	Acceptance of complex referrals	90% 7%  Not available up to standard in <b>3 (10%)</b> out of <b>30</b> HFs expected to provide the service.	67% 67% 33%
Outpatient services for primary care	96% 4%  Not available up to standard in <b>2 (4.3%)</b> out of <b>47</b> HFs expected to provide the service.	100% 50% 50%	Outpatient department for specialized care	92%  Not available up to standard in 2 (8.3%) out of 24 HFs expected to provide the service.	100% 50% 50%
Home visits	88% 12%  Not available up to standard in <b>7 (12.1%)</b> out of <b>58</b> HFs expected to provide the service.	57% 57% 29%	Minor trauma definitive management	86% 14%  Not available up to standard in 6 (13.6%) out of 44  HFs expected to provide the service.	50% 33% 33%
Emergency and elective surgery	Not available up to standard in 3 (11.5%) out of 26 HFs expected to provide the service.	67% 67% 33%		91% 9%  Not available up to standard in 2 (9.1%) out of 22 HFs expected to provide the service.	50% 50% 50%
Orthopedic/ trauma ward	92% 4%, Not available up to standard in 2 (8.3%) out of 24 HFs expected to provide the service.	100% 50%	Short hospitalization capacity	94% 6%  Not available up to standard in 2 (5.7%) out of 35 HFs expected to provide the service.	100% 50%
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	81% 15% 4%  Not available up to standard in 5 (19.2%) out of 26  HFs expected to provide the service.	80% 40% 20%
Inpatient critical care management	84% 16%  Not available up to standard in <b>5 (16.1%)</b> out of <b>31</b> HFs expected to provide the service.	80% 60% 20%	Basic laboratory	98%  Not available up to standard in <b>1 (1.5%)</b> out of <b>66</b> HFs expected to provide the service.	100%
Laboratory services for specialized care	82% 18%  Not available up to standard in 8 (17.8%) out of 45  HFs expected to provide the service.	75% 50% 50%	Blood bank services	93% 7%  Not available up to standard in 2 (7.1%) out of 28 HFs expected to provide the service.	100% 50%
Hemodialysis/ Peritoneal dialysis	67% 33%  Not available up to standard in 3 (33.3%) out of 9 HFs expected to provide the service.	100% 67% 67%	Basic X-ray service	100%  Available up to standard in all <b>39</b> HFs expected to provide the service.	_
Radiology unit	48% 45% 7%  Not available up to standard in <b>15 (51.7%)</b> out of <b>29</b> HFs expected to provide the service.	93% 33% 33%	Early discharge of post-operatory patients in mass casualty scenarios	96% 4%  Not available up to standard in <b>1 (4%)</b> out of <b>25</b> HFs expected to provide the service.	100%
Remote consultations telemedicine	86% 12%  Not available up to standard in <b>7 (13.7%)</b> out of <b>51</b> HFs expected to provide the service.	86% 43% 14%	Burns treatment	79% 14% 7%  Not available up to standard in <b>3 (21.4%)</b> out of <b>14</b> HFs expected to provide the service.	67% 67% 33%







## Communicable diseases





situations

treatment

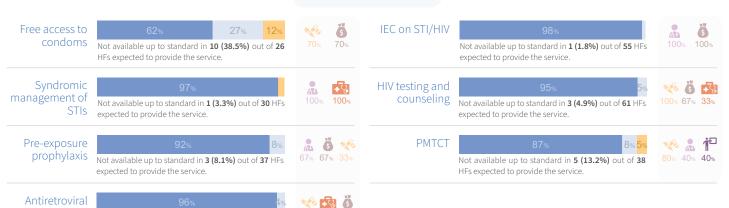
## Sexual and reproductive health

Not available up to standard in 1 (4.2%) out of 24 HFs

expected to provide the service.



#### STI and HIV/AIDS





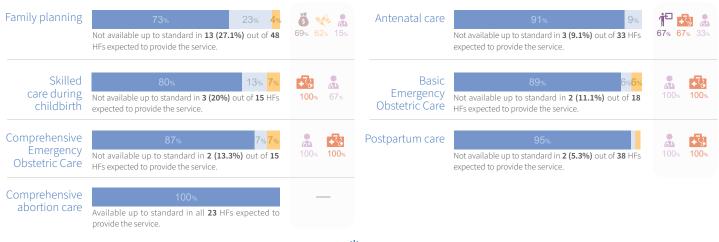




## Sexual and reproductive health (cont.)

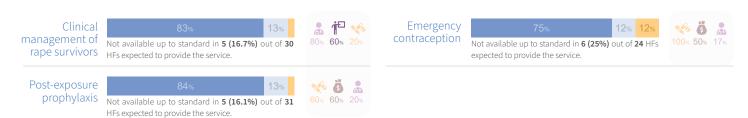


#### Maternal and newborn health



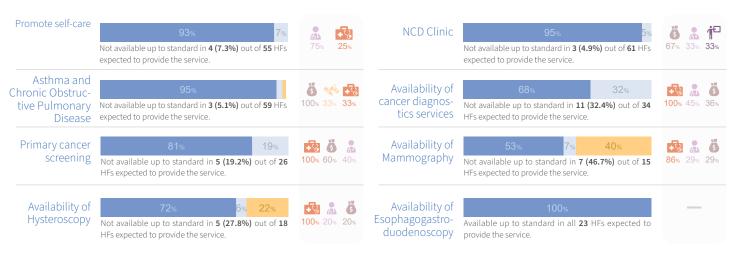


#### Sexual violence





## Noncommunicable diseases and mental health







## 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.





