

WASH REFLECTIONS

Report from Dnipro, Ukraine



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During the week of 22 January 2024, I was in Dnipro, in Eastern Ukraine where the World Health Organization (WHO) co-facilitated a training on improving water, sanitation and hygiene (WASH), waste and infection prevention and control (IPC) in health care facilities (HCFs).

The training focused on use of [WASH FIT \(WASH Facilities Improvement Tool\)](#) and [IP-CAF \(Infection prevention and control assessment framework at the facility level\)](#) tools and was conducted in partnership with UNICEF along with the Ukraine regional Centers for Disease Control and the Ukraine Public Health Center. It is part of wider national effort, supported by the US Centers for Disease Control (US CDC) and other donors to strengthen the resilience and safety of water and sanitation services in Ukraine.

What impressed me most was the energy, insights and eagerness of the participants. They were nurses, doctors, facility administrators and regional health officials. Health care facilities had to “apply” to be part of this focused effort. Of the 160 who submitted applications, ten were selected. Engagement requires that facilities commit time and resources and in return they benefit from capacity building, key supplies, such as

hand hygiene materials and water storage tanks, as identified in individual facility improvement plans and on-site mentoring, monitoring and skills building sessions throughout 2024.

All the facilities have been directly affected by the ongoing conflict. Some were without water for months after the Kakhovka dam explosion in 2023 left over 40 towns and villages flooded. Other facilities have absorbed many internally displaced individuals and others are very close to the front line with constant shelling nearby. All are doing their best, despite the neglected infrastructure services and lack of investments that pre-date the conflict. Yet, the participants felt hopeful they could make a change. They wanted to meet the highest WASH and IPC standards to provide better care and support their communities. It was inspiring.

We also had the opportunity to visit one of the project facilities in Dnipropetrovsk Oblast which serves 5,000 patients a year, including many internally displaced individuals. While many of the basic WASH services exist, a closer look at old and corroded plumbing revealed a complete renovation is needed. In addition, toilets upgrades are needed to meet the needs of women and those with limited mobility. Finally, a complex web of outdated policies revealed a need to ensure WASH



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and IPC regulations are streamlined and strengthened in line with European Union and global standards.

Beyond the conflict, where in one day we had 15 different missile alerts, there are other challenges; incomplete and complex regulations, outdated infrastructure, and implementation of health financing reforms. Yet, I also saw that when a group of committed individuals come together with a common aim, using the same tools and approach and supported by government institutions and collaborative partners, change can happen. We must focus on what we can do today. A lot can be done today.