

Evidence submission

All-Party Parliamentary Groups on Antibiotics, and Water, Sanitation and Hygiene inquiry

Introduction

In June 2022 WaterAid Tanzania held interviews with healthcare facility staff at two healthcare facilities in Geita District, Tanzania. These facilities had previously been part of an intervention under the four-year Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality, funded by Global Affairs Canada, which in addition to the construction of infrastructure focused on generating change through engaging with community and government advocates. Please find interviews from Joseph Siame, a clinical officer who has worked at Busolwa Dispensary for five years, and Everlyne Okello, nurse and labour ward who has worked at Kharumwa Health Centre for nine years, for consideration in your inquiry into antibiotic resistance and a lack of access to clean water, hygiene and sanitation facilities, in healthcare settings across the world's least developed countries.

Interviewee: Joseph Siame, clinical officer at Busolwa

Health outcomes before intervention

Before we had water infrastructures, incinerators handwashing and sanitation facilities, truly, the environment was so different. When a pregnant woman came to deliver in this facility, there was no water, so we had to request the one accompanying the pregnant woman to go fetch water for the delivery, and the water point was quite far. We needed that water so that we can clean the delivery room, but also for washing the clothes with blood after delivery. We also didn't have an environmentally-friendly area to burn the dirt and used equipments. We disposed them in a not so deep hole. You might find syringes and other dirt disposed in the same hole, and we [would] burn them in the same hole too.

Also, after finishing our daily activities, after deliveries, there was no handwashing facility present, so we could not wash our hands properly. Or sometimes, you might find there was no water at all, so you have to wash your hands after you get home. Given the environment then, patients usually went home with infections they didn't come in with, because of lack of cleanliness. There was no water for cleaning the floors so the infants crawl on a dirty floor, and then he goes back home with a disease that we caused because of an unhygienic environment. Also, for mothers who are delivering babies, because the water is not available, she leaves the HCF with infections like UTIs because the toilets were also hygienic unavailable. It made me feel so bad.

For example, there was a time a woman came to deliver here, and once the delivery was done, we told a relative that accompanied her to go fetch water to clean the area where delivery took place. But she didn't get water at that time, so they had to leave with dirty clothes to go back home. And when they got home, those dirty clothes were not cleaned properly, and she used the same clothes to cover the baby. The baby ended up getting sepsis.

Benefits of the intervention

Let me tell you that things have completely changed, after improving the toilets, incinerator, and the supply of water here in Busolwa. The working environment is very friendly and it makes me love my job even more, I do it with so much pride and confidence. On the other hand, it saves time in my job. Now, I clean on time when I get to work, I provide services early, my patients are well attended with hygiene measures in place. The Busolwa I am talking about now is different from the one I talked about before. A Busolwa which our patients love, and women come here to deliver their babies because it's very clean.

Antibiotics

Before the WASH infrastructures were improved, antibiotics were used a lot. A patient leaves with infections, like UTIs, which forces her to come back to the HCF and for us to prescribe her with antibiotics. UTI was number 2, led only by Malaria. The antibiotic use is lower now because our clinic is clean so both mother and child leave without any infection. So, the antibiotics used and the intake is low. Myself I was using antibiotics twice a month - now, I haven't used antibiotics in 5 months, because the environment is health friendly.

Direct asks to stakeholders

I would like to say that investors in WASH and improving the toilets in the HCF, they won't regret these initiatives. Prevention is better than treatment, when we use a lot of energy in preventing and building improved infrastructures. So, the investment that was done, I highly commend it and request them to continue with the same spirit to improve the WASH infrastructures in HCFs that don't have proper ones, to be like Busolwa.

Interviewee: Everlyne Okello, nurse and labour ward in charge at Kharumwa Health Centre.

Health outcomes before the intervention

Before the project we were having trouble getting water, we nurses and even our clients were also having water problems. You, as a nurse, will first go for water, get wet, carry it, take it to the ward and start serving your client. We used to get challenges because you have already lost a lot of energy, you are tired, and you

have not even started caring for the patient. We were having hard time to take of the patient. I was mentally exhausted, powerless. This led to poor care for our patients.

It really hurt me; my clients have no water, and later they are going to carry the infection from the toilet to take it home. There were many diseases like diarrhea, flu, incurable coughs - our clients, and all we providers had these diseases. You find the client going to the toilet, and the toilet is not clear, and he is going there without water. You would find our clients also coming out with a UTI. Nurses and our clients were infecting each other, meaning if I had the flu I would infect my client, and my client was also going to infect their home.

Benefits of the intervention

Now, that we have access to water infrastructure, it has reduced the cost of paying water suppliers. And even for our customers it is a joy, because when she gives birth she has a shower, she has a laundry area, there is plenty of water. She picks up her clothes and goes to wash them, and she returns to the ward with her clothes clean. And this reduces the chance of infection for us providers, as well as for her family when she returns home.

When I go to work there is a place to wash, there is water. When I arrive, I take care of my patients correctly. The utensils I use for patients I wash them well, and I serve my patients properly and in a timely manner. By the time I get to work I already have energy, my mind is ready I am going to take care of my patient, not like in the past. And we go home clean, and we leave our clothes here at work, and there we reduce the risk of infecting our family at home.

Antibiotics

We used to take a lot of antibiotics. And even for clients we used to give them a lot of antibiotics. Even on my own for a week I was able to use up to three times, four times a week depending on my health. Prescribing antibiotics has been reduced and for our clients. Even for me personally, the use of antibiotics has reduced.

Direct asks to stakeholders

Personally, I would like to sincerely thank the donors for the money they have invested in infrastructure in our facility; it has brought a lot of change to use service providers and community members. So, what I am asking them to do is to invest a lot of money in protecting us service providers, because if we do not provide services no one will provide services here to our customers. Let us not be the field of transmission, but be able to help our customers. We the service providers of Kharumwa health centre, we are really happy, but in our facilities around us the situation there is very bad. When we go to them for supervision, we are deeply saddened by the hardships our fellow providers are going through.