**Interviewer:** So, just to start can you explain to me your position and your responsibilities at the hospital, how do they look like?

**PM:** Okay, I am a clinician working within Queens. Being in the medical department I am involved in several activities, working in the medical wards. I work in the other medical wards whenever I am on call

**Interviewer:** Okay alright, so how was it involving in the preparation for COVID-19?

**PM:** honestly, I was on the receiving end

**Interviewer:** Okay

**PM:** Yah

**Interviewer:** So, if you can explain to me if you are familiar with the pathway which was established, like the planned pathway that confirmed or suspected COVID-19 cases were going through, so all the stages starting from the time the patient arrives at the hospital,

**PM:** Uh huh

**Interviewer:** So, whenever within in the hospital till the time they get discharged

**PM:** Mmm, then I can take you back to the introduction

**Interviewer:** Uh huh

**PM:** I said I am working in the hospital but most of my time I work in the research

**Interviewer:** Uh huh

**PM:** And partly in the departments

**Interviewer:** Mmm

**PM:** Even though in practical, that’s in theory, but in practical I spend most of my time in the wards

**Interviewer:** Uh huh

**PM:** Yah, so the pathway that I can say which I was well acquainted with was, when the patient comes to the hospital

**Interviewer:** Uh huh

**PM:** he is usually met at the gate

**Interviewer:** Uh huh

**PM:** with both the health surveillance assistant who will take the referral, do the initial screening

**Interviewer:** Mmmh

**PM:** and the initial screening included a place of residence, if they have fevers, cough or all those symptoms

**Interviewer:** Uh huh

**PM:** and every patient was told to go there to record their temperature

**Interviewer:** Mmm

**PM:** with the symptoms and when the patient has one or two of those

**Interviewer:** mmmh

**PM:** was labelled as a suspect

**Interviewer:** Uh huh

**PM:** and immediately that patient was taken to the tents which are by the gate of Queens

**Interviewer:** Yah

**PM:** so at the tents they are supposed to be screened further, looking at the symptoms

**Interviewer:** yah

**PM:** and the test was done at the tents

**Interviewer:** Yah

**PM:** Once the patient is positive, he is taken to the Covid wards

**Interviewer:** Uh huh

**PM:** and the Covid wards initially were using the eye hospital, ooh sorry were using the ENT for the Covid wards

**Interviewer:** Okay

**PM:** in the initial plans, the ENT was meant to be the start point

**Interviewer:** Okay

**PM:** and patients initially, when they are positive at the tent they were sent to Kameza isolation center

**Interviewer:** Okay

**PM:** but with time, because of some logistics, the Kameza tent was closed

**Interviewer:** Okay

**PM:** One of the reasons I understand was non-payment of allowances to health workers

**Interviewer:** Yah

**PM:** So, they ended up closing the isolation center and the pressure was put back to Queens

**Interviewer:** Okay

**PM:** so the ward which was meant to be ENT ward, was meant to be for staff, they have ended up chasing each and every patient

**Interviewer:** mmm

**PM:** thus putting a burden to the staff, because the ward was now full

**Interviewer:** Mmm

**PM:** I understand that maybe patients were coming up to 15, 18 so the pressure was more, they wanted more space. With that, another ward was renovated

**Interviewer:** Uh huh

**PM:** and made ready for patients

**Interviewer:** patients, yes

**PM:** and that ward happens to be 3A

**Interviewer:** Okay

**PM:** So to-date, 3A is the general Covid ward

**Interviewer:** Okay, so who went actually, I mean, I am interested to know the staff let’s say, working at ENT

**PM:** Uh huh

**Interviewer:** which was initially earmarked for staff

**PM:** Uh huh

**Interviewer:** are they the same as those who were working at Kameza or Kameza was totally managed by-

**PM:** [Kameza was totally managed by DHO

**Interviewer:** Okay

**PM:** whilst the staff at ENT are the staff within the hospital

**Interviewer:** Okay

**PM:** within Queens

**Interviewer:** Okay

**PM:** which included all cadres from the hospital attendants

**Interviewer:** Okay

**PM:** They are there, the nurses, and then the clinicians and doctors

**Interviewer:** Okay

**PM:** Yah,

**Interviewer:** So initially staff at Kameza who were managed by DHO were complaining about allowances which led to closure of Kameza

**PM:** Yah

**Interviewer:** How about staff who are working at Queens, working directly on Covid?

**PM:** On the Covid allowances part I think I am not sure

**Interviewer:** Uh huh

**PM:** Because as I said, I am on the research part

**Interviewer:** Yah

**PM:** And some of the circulars that came round said, because working in the Covid ward was risky

**Interviewer:** Mmm

**PM:** One had to say yes I would work or not

**Interviewer:** Uh huh

**PM:** and working with other risk factors, if you are old or if you have some conditions

**Interviewer:** Yah

**PM:** That would put you at a higher risk, so I wasn’t involved in managing patients, Covid patients

**Interviewer:** Okay

**PM:** Because the circular that came round was that the allowances was meant for only staff in the government setting

**Interviewer:** Okay

**PM:** so I am not on a payroll of government, so I ended up keeping myself away from the actual handling of Covid patients

**Interviewer:** Okay, but at least you can still answer questions on allowances, like in general. So, if I may ask; how do you see the relationship between risk reductions and financial incentives?

**PM:** Uh huh

**Interviewer:** I have asked you this question because people stopped working at Kameza

**PM:** Uh huh

**Interviewer:** because they were not given allowances

**PM:** Mmm

**Interviewer:** but if they are given allowances-

**PM:** [they would go

**Interviewer:** so how do you relate the two, receiving financial incentives and probably risk allowance

**PM:** Uh huh

**Interviewer:** And the feeling of risk reduction?

**PM:** Yah, I think the risk reduction was so high, it should be both was on the priority part

**Interviewer:** Okay

**PM:** But working at the Covid, Covid came into our work environment

**Interviewer:** Okay

**PM:** we had no choice but to work in that environment

**Interviewer:** Yah

**PM:** But working in that environment was risky, which meant that those working in that department were supposed to have at least a compensation to say; if you get Covid whilst working, at least you have something to say ‘well, I have this one” pa Chichewa timati “panali chipepeso”

**Interviewer:** yah

**PM:** so, there was something that would console you to say; well, though you have this, you battle with the Covid, but maybe your family will still be able to send you some nutritious food, with this

**Interviewer:** Okay,

**PM:** So, I think they were at par even though the risk reduction was supposed to be the first priority

**Interviewer:** Okay

**PM:** Yah

**Interviewer:** So, looking at the pathway which was developed for patients to go through at the hospital, at which stage do you think you were working well on, at which stage do you think you need improvement?

**PM:** I think things are working well both from the start

**Interviewer:** uh huh

**PM:** even though maybe the challenges would be sometimes you can come today with the symptoms

**Interviewer:** Mmmh

**PM:** Or maybe the temperature was negative, maybe it was below 36

**Interviewer:** Mmmh

**PM:** closest to have the symptoms

**Interviewer:** Uh huh

**PM:** so that ended up putting the staff as well at risk

**Interviewer:** Yah

**PM:** And the tests that we are using, I understand we have the rapid test

**Interviewer:** Yah

**PM:** and the other one that tests best

**Interviewer:** Mmmh

**PM:** So, with the rapid test initially I think that was supposed to be available throughout

**Interviewer:** Yah

**PM:** to say each and every one that comes through the day has to have that rapid test, because that test is within minutes you get the results

**Interviewer:** Yah

**PM:** So that would possibly do much of the screening than just the temperature that we are seeing everywhere even the shoprite

**Interviewer:** Mmmh

**PM:** we see the temperature check, so that is deceiving

**Interviewer:** Okay alright

**PM:** Yah, so I think I have said both-

**Interviewer:** [I think you have covered both

**PM:** as I said I haven’t been to the Covid ward myself

**Interviewer:** Mmmh

**PM:** So, the exposure in the wards I think that one I am not sure

**Interviewer:** Okay

**PM:** even though I would say our setting

**Interviewer:** Mmmh

**PM:** we had limited space, then that again put the staff at risk

**Interviewer:** at risk yah

**PM:** they are changing dressing, particularly changing donning and doffing

**Interviewer:** Yah

**PM:** I think in the same room

**Interviewer:** Oh?

**PM:** Yah

**Interviewer:** Okay

**PM:** so that’s again something that wasn’t okay, I am saying this because of the setting that we have, you could don in this room, if you go back you leave your clothes there, you have to doff and put on the other clothes that are all in the same room, which means that if we want to improve, we need possibly to improve by doing more of the infrastructure that would change, maybe putting doors to say maybe you come through this door, you go out through the other door and someone should be responsible for shifting clothes, that is your own clothes

**Interviewer:** Mmmh

**PM:** from the donning area to the doffing area

**Interviewer:** okay

**PM:** That’s something that I would propose in the later run-

**Interviewer:** [to improve

**PM:** To improve

**Interviewer:** Okay, so I think on the same issue about infrastructure, apart from the issue of risk of staff, how about if we had at least a higher number of cases, looking at the infrastructural support, how do you comment and the ability to handle the pressure?

**PM:** I think it would be disastrous

**Interviewer:** Okay

**PM:** I do not think we were ready enough to handle more cases

**Interviewer:** Uh huh

**PM:** Fortunately we did not have more cases that would demand a lot of manpower

**Interviewer:** Do you think there are any alternatives that can be used?

**PM:** the alternatives that would lead us to, including even the private sector in managing these cases

**Interviewer:** Okay

**PM:** But you see, almost every Covid case was pushed to Queens

**Interviewer:** yah

**PM:** no private hospitals are handling the Covid cases if I am not mistaken

**Interviewer:** Yah

**PM:** so, I would think that way maybe we would easily handle the large number of Covid cases

**Interviewer:** Okay, and were there any recommended guidelines or protocols which were put in place for the management and handling of covid-19 cases, and if they were, how were they developed?

**PM:** I think there are several recommendations that passed through especially on prevention, we have seen a lot of information that passed through

**Interviewer:** Yah

**PM:** Almost at each and every corner you could find health education messages

**Interviewer:** Yah

**PM:** that helped in the prevention

**Interviewer:** uh huh

**PM:** we have seen a lot of buckets around, buckets of water around

**Interviewer:** yah

**PM:** which I think it’s a new development that we need to maintain

**Interviewer:** yah

**PM:** but for the long run, I would propose that maybe if we can have extension sinks around which would require lots of work like plumbing

**Interviewer:** Yah

**PM:** because these buckets are temporary, you find a bucket today there is no water

**Interviewer:** Yah, yah

**PM:** and on the other hand, I would say the protocols are done in liaison with several departments

**Interviewer:** Uh huh

**PM:** Including the medical department, which was the main player in the actual management, because the Covid cases presented mostly with respiratory symptoms

**Interviewer:** Yah

**PM:** which is related to medical cases

**Interviewer:** yah

**PM:** So I think we had several doctors around

**Interviewer:** Yah, so they were adopted like from international guidelines, or the ministry of health?

**PM:** yah, I think most of them were adopted from there

**Interviewer:** So how does that suit our settings?

**PM:** normally we easily adopt and adapt to the environment

**Interviewer:** environment, yah

**PM:** and most of the drugs possibly were initially maybe not available, but with the fund government managed to procure most of those drugs that were supposed to be used

**Interviewer:** Uh huh

**PM:** Even though the actual management was a supportive management, but there were other drugs that came in

**Interviewer:** Mmmh

**PM:** just within this period

**Interviewer:** Okay, in terms of preparation and response strategies to these at Queens

**PM:** mmmh

**Interviewer:** you as an individual, how prepared were you if we were to have large numbers of Covid cases?

**PM:** Come again

**Interviewer:** How prepared were you as an individual if we were to register higher numbers of Covid cases?

**PM:** yah, I think I was prepared

**Interviewer:** Uh huh

**PM:** To support, to work anywhere

**Interviewer:** Yah

**PM:** And to support this

**Interviewer:** Yah

**PM:** so, all that included psychological preparation because in other settings people were supposed to be isolated from families, even the staff

**Interviewer:** Mmmh

**PM:** So, psychologically I was ready to support even though we still needed more trainings to make sure that we are ready for that

**Interviewer:** Mmmh

**PM:** So, some of the trainings maybe I did not attend because I was no part, I ended up being not part of the actual management

**Interviewer:** Okay

**PM:** with that, the circulars that passed as I said earlier

**Interviewer:** Yah

**PM:** so it was like leaving other players behind to say well; because you are not under government payroll, you cannot do this, that again-

**Interviewer:** [I understand what happens in the government {laughter}, so in terms of the hospital though you mentioned that it would have been a chaos, but how do you see the hospital, how prepared was it in general?

**PM:** yah, I think the first preparation was the information

**Interviewer:** Mmmh

**PM:** A series of meetings were conducted, trainings were conducted

**Interviewer:** Yah

**PM:** Even though maybe they are inadequate, because even up to now some are still being trained

**Interviewer:** Uh huh

**PM:** You can see 6 months down the line, some were not trained during the first training phases when we had acute cases

**Interviewer:** Yah

**PM:** they are still being trained to prepare them. So, that information was the first thing that was spread

**Interviewer:** Mmmh

**PM:** that the hospital was ready

**Interviewer:** Okay

**PM:** So there were times that you could hear that maybe the masks are in short supply

**Interviewer:** Mmmh

**PM:** you remember even with Wellcome Trust there was an office that was established to co-ordinate the issuing of protective wear

**Interviewer:** Mmmh

**PM:** within a month or two the PPEs went down, so when the number of PPEs went down, they now started giving selectively

**Interviewer:** Uh huh

**PM:** you are supposed to have a full PPE possibly, but you were just given a surgical mask, maybe you are working in an environment that needed an N95

**Interviewer:** Mmmh

**PM:** but you are given surgical mask, so this is what we have. You are just given an apron so because you are working in this area

**Interviewer:** Yah

**PM:** Just take the apron, which was even putting the staff at risk

**Interviewer:** Yah

**PM:** So at least maybe this was a national problem that the supplies were getting down within a short period

**Interviewer:** Uh huh

**PM:** Within months

**Interviewer:** so, we conclude then that the PPEs were not readily available when staff needed them or maybe-

**PM:** [adequate PPEs were not available

**Interviewer:** mmmh

**PM:** They were there but possibly adequate and suitable ones were not available at times

**Interviewer:** Okay

**PM:** Mmm

**Interviewer:** So, on the same for the large or higher numbers of Covid cases, what was the capacity of the hospital or what is the capacity of the hospital to handles those cases in terms of human resource or in terms of availability of medication?

**PM:** I think the hospital is well equipped

**Interviewer:** Uh huh

**PM:** It has well trained personnel that can handle the cases

**Interviewer:** Okay

**PM:** Maybe the problem was just the allocation and team work

**Interviewer:** Okay

**PM:** yah, because when it comes to problems like this, you need to work as a team

**Interviewer:** yah

**PM:** We know we already work as a team, we complement each other in the services

**Interviewer:** Mmmh

**PM:** But this was another paramount period that the government was supposed to recognize people within the hospital or who would offer the services

**Interviewer:** Okay

**PM:** yah

**Interviewer:** alright, so yet another imaginary question, I will still use the example of; if we had a higher number of Covid cases

**PM:** Uh huh

**Interviewer:** so let’s talk about the rationing care

**PM:** Uh huh

**Interviewer:** In reality how would it happen, trying to make sure that if we had for example 500 cases at a time

**PM:** Uh huh

**Interviewer:** how would care be provided to all these patients, the way we look at things at Queens?

**PM:** I think if we had large numbers

**Interviewer:** yah

**PM:** it would be chaotic

**Interviewer:** Uh huh

**PM:** because we would end up taking all the resources to the Covid wards

**Interviewer:** Mmmh

**PM:** And denying the other clinics within the hospital for service

**Interviewer:** Uh huh

**PM:** As you could see during this period that cases were increasing

**Interviewer:** Yah

**PM:** we had stopped to offer other services, like in the medical departments we normally conduct diabetic clinics, hypertension clinics, chest clinics, general medical clinics, all those clinics were stopped

**Interviewer:** Okay

**PM:** So which meant that these patients suffered a lot during the possible 6 months that we had almost closed the hospital and all our eyes were on Covid

**Interviewer:** Covid, I see

**PM:** So this is just an example

**Interviewer:** Yah

**PM:** Maybe if we go to Gynae there are cases that were not being done, even up to now some of the operations have not yet started in other departments

**Interviewer:** Okay

**PM:** So, because we were looking at Covid only, we drew our attention to Covid, many patients have suffered

**Interviewer:** Okay

**PM:** Others are still struggling with pain pending their surgery

**Interviewer:** Uh huh

**PM:** To say; when are they opening the theatres?.. up to now

**Interviewer:** Mmmh

**PM:** But hopefully for the Covid cases management would deplore enough staff to those cases

**Interviewer:** Yah

**PM:** But my worry is still the same that we would end up denying care for the others

**Interviewer:** Okay , and if we had a VIP within the higher numbers of Covid-19 cases and then we happen to have a VIP

**PM:** Uh huh

**Interviewer:** These are people with social status, how would care be provided, how would care be rationed in the Covid ward?

**PM:** I think maybe because we have now two wards

**Interviewer:** Uh huh

**PM:** the one that was meant for staff and the one that has been made for general patients, so the VIP cases would definitely go to the ENT

**Interviewer:** Yah

**PM:** Where it is the same care that would be offered

**Interviewer:** Yah

**PM:** only that possibly maybe it would be a different setting and environment

**Interviewer:** And how would that be explained to other patients?

**PM:** Aah it’s very difficult

**Interviewer:** Mmmh

**PM:** yah, but with the setting of even the 3A setting

**Interviewer:** Yah

**PM:** It is well set because we have cubicles that can take up to I think 4 patients in a cubicle

**Interviewer:** Yah

**PM:** So there is a bit of privacy there

**Interviewer:** People will not know that there is a VIP there

**PM:** Yah

**Interviewer:** or what’s happening in there

**PM:** and the fact that no guardian was allowed into the wards

**Interviewer:** Mmmh

**PM:** once the patient is ruled into the Covid ward, no more visitors, no guardians

**Interviewer:** Okay

**PM:** that’s it

**Interviewer:** okay

**PM:** yah

**Interviewer:** I think you can attain to have this preference

**PM:** Aah

**Interviewer:** I can just…………….(long pause..participant attending to other issues) so on perception of risk, how has your work been before Covid-19?

**PM:** Yah, I think the work has definitely changed because of the risk

**Interviewer:** Yah

**PM:** the fear of the risk because of Covid

**Interviewer:** Mmmh

**PM:** for example, we have not been doing most of the procedures

**PM:** so, for the past 6 months we haven’t done any, it means even the skills maybe might be affected

**Interviewer:** Yah

**PM:** when we start again to say; I know how to do this but I haven’t done it for this period

**Interviewer:** Uh huh

**PM:** always we have to put on masks if you are doing a normal history taking

**Interviewer:** Yah

**PM:** that has changed our work working in the environment and in fear of a risk for Covid-19. So, even though it is a good practice

**Interviewer:** Uhhuh

**PM:** we should always remember that the hospital is not a thorough environment. So, on the other hand it has a negative impact to our fellows, on the hand it is a positive to the environment even after the Covid

**Interviewer:** Mmmh

**PM:** we should maintain using some of these technics that we have

**Interviewer:** So, what are some of the greatest risks and fears that you have at the moment, now that we had probably registered some cases at the hospital, and admissions

**PM:** Mmmh

**Interviewer:** And you are still working within the same setting

**PM:** Yah

**Interviewer:** So, what is your greatest fear or concern?

**PM:** I think we have come to accept {laughing}

**Interviewer:** Okay

**PM:** Yah, we have come to accept the situation that we are in this field

**Interviewer:** Yah

**PM:** where whether you are at risk of getting the Covid or/and other conditions

**Interviewer:** Yah, how do you compare that with the previous, like before we had Covid?

**PM:** And now?

**Interviewer:** Yah, when you were just hearing that aah there are Covid cases in other countries and within, how do you compare your concerns and risk?

**PM:** I think now the concerns are high

**Interviewer:** Okay

**PM:** Because you have the problem within, so you never know even while you are talking there maybe I have it or you have it

**Interviewer:** Yah

**PM:** So the risk is still high even though the cases might be going down, the numbers might be going down now

**Interviewer:** Mmmh

**PM:** But the risk is still high and we just have to practice safe..

**Interviewer:** apart from putting all these infection prevention measures in place by the hospital, how else does that hospital try to mitigate the risks or concerns that people have at the hospital?

**PM:** I don’t think they have any other-

**Interviewer:** [measures

**PM:** any other measures apart from that

**Interviewer:** Yah

**PM:** But what we need is just reinforcement

**Interviewer:** Uh huh

**PM:** yah, to maintain

**Interviewer:** Yah alright. So, just few questions on testing procedures

**PM:** Mmm

**Interviewer:** So, how has been your experience with the nasal testing procedure of the throat swab, what do people say or what do patients say about those procedures?

**PM:** It is a nasty procedure

**Interviewer:** Okay

**PM:** One wouldn’t like to have the procedure now and then

**Interviewer:** Uh huh

**PM:** well, I know we have been doing some invasive procedures

**Interviewer:** Yah

**PM:** But with this the experience has been..others would come with just a cough

**Interviewer:** Mmmh

**PM:** Once they have that nature of swab, they end up started sneezing continuously maybe for days

**Interviewer:** Mmmh

**PM:** 3 days, so we are trying to..if the patient already has some symptoms and with the procedure itself, it seems to aggravate the symptoms rather than..I know it’s not part of the treatment

**Interviewer:** Yah

**PM:** Mmm

**Interviewer:** So what would be your recommendations on testing procedures, and if you are given a chance to make recommendations on Covid testing?

**PM:** Maybe the only problem then is; we cannot do it…maybe if someone is sedated

**Interviewer:** Aha

**PM:** But with sedation maybe that would help, because the patient wouldn’t feel the pain whilst we are doing the procedure

**Interviewer:** Okay

**PM:** but that, putting patients through sedation, would again put higher risk to the one doing the procedure

**Interviewer:** Yah

**PM:** Even though that would help on the other hand

**Interviewer:** Mmmh

**PM:** it would put them on higher risk because maybe they will have no places to prepare

**Interviewer:** Yah

**PM:** But it would help in reducing the aerosol generation because once that is done, the patients cough

**Interviewer:** Uh huh

**PM:** and that cough would produce the aerosols

**Interviewer:** Yah yah

**PM:** because if that one sedated, you won’t see anything, and you take the samples with no any other aerosol is generated

**Interviewer:** Okay

**PM:** So that would be my suggestion

**Interviewer:** Yes

**PM:** {laughs}

**Interviewer:** Yah, what would you comment when somebody comes with another testing procedures like testing saliva or any other fluid apart from poking someone in the nose?

**PM:** Yah, that would be a great idea but I do not know with the sensitivity

**Interviewer:** Uh huh

**PM:** Because with the swab, you are taking the actual area that is normally engulfed with the virus

**Interviewer:** Yah

**PM:** but the other strategies I do not know how sensitive that would be, like taking bloods

**Interviewer:** uh huh

**PM:** so, maybe at a later stage or advanced stage maybe the bloods would be much effective

**Interviewer:** Okay

**PM:** than in early stages

**Interviewer:** Yah

**PM:** Mmm

**Interviewer:** and finally what are your priority recommendations in terms of preparation for epidemics like Covid or any other future epidemics. What would you recommend for the hospital to prioritize in terms of preparation?

**PM:** I think I should recommend the idea of bringing in oxygen plant around

**Interviewer:** uh huh

**PM:** because with the Covid, as we are seeing now the numbers are getting down

**Interviewer:** Mmm

**PM:** but in other countries we are hearing of resurfacing of the cases

**Interviewer:** Yah

**PM:** So, we should not relax

**Interviewer:** Okay

**PM:** We should at least get more preparations

**Interviewer:** Uh huh

**PM:** And that oxygen plant is not enough at the moment because it has selected wards

**Interviewer:** Okay

**PM:** other wards are not serviced by that oxygen plant

**Interviewer:** Yah

**PM:** So, maybe for now, whilst we have no numbers coming up

**Interviewer:** Yah

**PM:** we need to make sure every corner of the hospital has oxygen. Someone might have a surgical issue

**Interviewer:** Uh huh

**PM:** At the same time has Covid

**Interviewer:** Yah

**PM:** It shouldn’t mean that that patient should be moved from the surgical ward to the medical ward

**Interviewer:** Yah

**PM:** if we have issues like oxygen around

**Interviewer:** yah

**PM:** so, another thing is; I mentioned earlier about water sources

**Interviewer:** Yah

**PM:** if we can have several water sources, at every door we should have a sink [laughs} it’s not feasible, it’s very difficult but as we go into-

**Interviewer:** [Yah, long time I think

**PM:** I think each and every ward we should have a sink

**Interviewer:** Yah

**PM:** running water there

**Interviewer:** Yah

**PM:** That would be permanent and even after the Covid is gone-

**Interviewer:** [people can still use

**PM:** people can still use, we can still use those sinks around

**Interviewer:** Yah

**PM:** rather than these short-term plastic sinks-

**Interviewer:** [buckets

**PM:** buckets

**Interviewer:** Okay,

**PM:** so I think those are the two areas that I would recommend

**Interviewer:** uh huh

**PM:** To start with

**Interviewer:** alright

**PM:** Mmm

**Interviewer:** Thank you so much, these were the few questions that I had, thank you for your time

**PM:** Okay

**Interviewer:** If anything then we will inform you

**PM:** Okay,

**Interviewer:** Yah