**Abbreviations**

**F:** Facilitator.

**R**: Denotes Respondent.

F: So welcome once again,

**R: Thank you very much,**

F: but my questions are in three sections,

**R: Alright,**

F: so the first section I want the strategies that were put in place in preparation to dealing with COVID-19, the second section people’s perspective of health care workers especially on rationing care to patients, and at the end we will discuss about your thoughts on COVID-19 disease and its risk on you as an individual. Uhh but before we start if you can just explain to me your position and your daily responsibilities when you report for work.

**R: the first thing I do when I report for work is to make sure we register in the computer all the patients who have come for treatment, so we register their names, where they are coming from what they do, their phone numbers, before they go see the doctor, after that they go for testing before consulting the doctor, so my duty is to make sure they have been registered, the other duty is that we go collect tests results from the laboratory and at the end of every month we write a report on how many patients were attended to and the number of cases, yeah.**

F: Ok.

**R: Sure.**

F: Umhuu, alright, thank you. Uhh if you can just explain to me the pathway of COVID-19 patients since you are the first to meet the patients.

**R: Umm, umm.**

F: so let’s say the patients, or suspects, or confirmed cases how does it go?

**R: In case of COVID disease,**

F: Umm.

**R: when the patients arrive here at the hospital,**

F: Umm.

**R: uhh, they first check in at the tents, but it may happen that a patient was not properly screened and was missed, we are the first to attend to that patient, so when the patient arrive here when we ask about complaints and if we are suspecting that he can be COVID positive we could send him back to the tents for though screening or else we could tell the Doctor to properly screen the patient here after that if we suspect that the person has COVID, we created a special room here for COVID patients,**

F: Ok.

**R: so they were taken care of in these rooms.**

F: Ok, so this was the procedure you were following maybe when we started having COVID-19 cases, but what was the first plan when COVID came for the patients’ pathway

**R: The plan was that there were procedures that were put in place on how to assist the patients, firstly they were supposed to pass through the tent at the gate to be taken temperature and asked how he is feeling at that time, so if the patient has fever or he has some difficulties breathing we were suspecting that he could be**

F: COVID positive.

**R: COVID positive, the other tent was meant to b e a lab where a person was supposed to be tested for COVID, there were also procedures for every staff to be tested, so they could go department by department.**

F: Alright, now I will ask you questions on preparations that were put in place by the hospital in dealing with COVID, and if you can explain to me you as an individual how you prepared, and this should be before COVID and after we started having COVID cases

**R: This is how I prepared, after we discovered that there is COVID, firstly we made sure that our environment should be clean,**

F: Umhuu,

**R: firstly, we also made sure we had soapy water so that we should be washing hands frequently after we were told that this is the best preventive measure, so this we did at our department and staff, so these were the strategies that were put in place to fight COVID yeah.**

F: Ok, how did the hospital prepare?

**R: After management met they agreed that every patient should be screened at the tent before coming here,**

F: Umhuu.

**R: secondly if a patient is suspected to have COVID,**

F: Umm.

**R: he should be quarantined, so these were the procedures that were put in place to say people should be thoroughly screened and if a person is diagnosed he should be in isolation and they also made sure that every suspect should be tested, and there should be equipment for staff to protect themselves from COVID**

F: Uhh you have clearly explained strategies put in place by the hospital are there protocols or guidelines that the hospital that people should follow?

**R: I believe that we have them,**

F: Umm.

**R: though we haven’t seen them but I believe there are there, but what we were told and I remember is that people should not be allowed in office anyhow, no visitation for patients in the ward and one guardian per patient or unless the patient is very serious whether with COVID or other disease guardian is not allowed, all this was to minimize the spread of the disease.**

F: Alright, you know in some countries these measures do really work, do you think these measures were working in our country?

**R: No these measures were not working because we don’t have enough personnel and also because of our culture, as Malawians if you don’t go visit your relative who is sick is taken as a sin, we always make sure we visit our relative who is sick, so people could still come even though there were measures put in place not to visit the patients and the guardians could make their way through just to see their relation.**

F: Ok, who formed COVID-19 task force and who are the members and how was it formed?

**R: Uhh we really have a task force here at the hospital which is looking after the COVID-19 disease,**

F: Umm.

**R: Uhh, although they didn’t mention to us the members but we see them working, those who are on frontline, we have doctors, nurses and we also have lab technicians yeah, but we don’t know their names but we know they put in place a task force which looks after the patients like nurses and assistants to take care of things.**

F: Uhh do you think the hospital carries enough civic education and sensitization on prevention of the COVID-19?

**R: The civic education and sensitization done here are not enough with the extent of the disease there was need for every health worker to follow the procedures to follow so that the disease should not spread.**

F: What about Personal Protective equipment like masks, aprons, how readily available were they?

**R: Uhh, I can say these equipment were available but in short supply, because there was need for them to completely cover themselves from head to toe, because this is a serious disease, but there was need for the equipment to be available in full supply, for example one could put on a mask from morning to late afternoon which is not a good thing.**

F: Ok, alright, how can you compare COVID prevention measures now and in the past?

**R: It is different in the sense that maybe people had fear because they heard COVID kills, and people were trying to protect themselves unlike in the past for example in the past one could touch something without gloves on, whilst now people are using personal protective equipment**

F: How prepared was the hospital if there were high numbers of COVID-19 cases as it in other countries, how prepared was the hospital to handle this?

**R: Had it been that the cases were like in other countries, it could have been difficult for us to handle because we didn’t have enough space where to keep our COVID patients, the staff had their own place at ENT where they could sleep, the ordinary patients were sleeping at the tents, but the space at the tent was small which can occupy almost ten patients, had it been that we were overwhelmed with the numbers of patients it could have been a difficult situation but it was just by grace that we didn’t have large numbers.**

F: What other challenges could have been there apart from lack of space to keep the patients

**R: The other challenge could have been difficult to diagnose people with the disease because of lack of equipment, we could have been doing it the way we do with HIV that everyone should get tested.**

F: Ok, alright. So you explained that after we started having the cases staff were put at

**R: ENT**

F: ENT then the general patients were at the tent, uhh let’s just imagine that we had large number of cases between the two how do you think the rationing of care would be?

**R: It could have been a difficult situation in the sense that the staff were also falling sick, so it could have been difficult for staff to take care of the patients, staff were not even interested to work on locum basis because they were afraid so had it been that we were receiving high number of patients we could have a challenge of shortage of staff**

F: On rationing care, between staff and ordinary patients, how do you think this could have worked, do you think staff could have been given first priority?

**R: Uhh, it was not supposed to be like that and it wasn’t like that,**

F: Umm.

**R: any COVID patient whether staff or ordinary patient was treated the same because the signs are the same, treatment is the same, so everyone was being regarded as a patient.**

F: Alright, whilst we are on the same issue, how can care be rationed if we can have high number of cases of ordinary patients and then we also have VIPs from our society?

**R: Uhh, if we could have VIPs as patients**

F: Umm.

**R: I believe as is always here VIPs receive more respect than an ordinary person like me, when VIP is coming here he may be connected to many doctors or other seniors, he may just go to the doctor without even registration so it’s obvious that the VIPs won’t be taken care of just like the ordinary patients, so we can say the VIPs are given first priority.**

F: On risks, what was the risk that you could have contracted the disease?

**R: The risk was that all the patients when coming our office is the first place of contact because it’s a reception, so with this we were at high risk of contracting the disease because of the way the disease is spread we were at risk of contracting the disease.**

F: How did the risks affect your work?

**R: This affected our work in the sense that we came up with two teams, one team could work for one week then the other team could work the other week.**

F: As you have explained that you were at risk of contracting the disease since you work in the hospital, how about the risk to your family, the patients or your colleagues of contracting the disease?

**R: The risk was there whether at home or even here, when you go home you could still have fear that maybe I have contracted the disease and I will spread to my family members the challenge here in Malawi is that we have extended families which becomes easy to spread the disease, so that’s a challenge as you could fear that maybe you have spread the disease to colleagues.**

F: Whilst working here at the hospital do you feel you are protected from of getting the COVID-19 disease?

**R: Yes the risk is there.**

F: Do you feel you are protected since the risk is there but you are still working?

**R: The protection is there since we are told to wash hands frequently with soap, or if soap is not available we should use sanitizer frequently, because it’s through the hands that the disease spread, we should put on masks and when we are working we should put on protective gear like aprons, so we are assured by these that we are protected.**

F: What we were your worries about COVID?

**R: My worry was that if there could be a way that there is enough space to keep found COVID patients**

F: Umm.

**R: a way should be found so that we should have enough COVID testing kits, so that anyone can be tested without any challenge, a way should be found that there should be enough personal protective equipment, I feel if we could have enough of these we could easily fight the disease.**

F: Umhuu, alright, another question, although it’s not easy to ask but I will still ask, uhh it’s about risk allowance, uhh what’s the relationship between risk allowance and the chances minimizing contracting the disease.

**R: It’s really a difficult question, but with the way you have asked, there is no any relationship.**

F: Umm.

**R: it doesn’t mean when you get a risk allowance you are not at risk of contracting the disease, risk allowance is just a form of compensation for working in risky situations.**

F: I was asking this question because if risk allowance is raised people are motivated to work, that’s why I was asking about the relationship, but you have clearly explained. Another question is on COVID-19 testing procedure maybe you have heard from people who got tested or even yourself if you once tested, what’s their views or your views on the testing procedures or how do they feel when going through testing?

**R: Uhh I will answer as one of those who went through testing,**

F: Umhuu.

**R: it was painful, especially they swab in the nose, but you still go through the testing since you want to be helped**

F: Umhuu, so what can be your recommendations on COVID-19 testing procedures?

**R: There is no any other better way apart from what is being used now, because I heard COVID is found in fluids, whether in tears, mucus all fluid substances from a person’s body, so for one to get the fluids you are supposed to swab in the nose, throat so I believe there is no other way.**

F: What if another way is found, since there was research so that they should be testing saliva as another way of testing COVID, what can you say about that?

**R: I don’t know will they be testing saliva only or they will also be doing nose swabs?**

F: No saliva only.

**R: Saliva only?**

F: Umm.

**R: This will be a better way since they will not being a throat swab, they will easily get the saliva from the mouth, so this can be a reliable way.**

F: Uhh, Mr, Bwanali, these are the questions I had.

**R: Alright.**

F: I don’t know if you have anything to add.

**R: One thing that I can add, I would love if health workers are counseled because they are psychologically affected by this disease, this disease is the same as HIV only that this kills fast once one contracts it, whilst HIV takes a long time. Another thing is that health care workers should frequently get tested since for example I may be found to be COVID positive today but after 14 days I may get better only to be infected again, so if health care workers are frequently tested. Another thing is that if the testing kits are readily available to easily test people who come here for testing, if you can have a look at yesterday’s update it shows that the fraction of those who were tested is just small as compared to the population of Malawi, the number of those who tested is around fifty out of eighteen million plus so it means we have a long way to go, so I would love if we can have enough testing kits. We can be saying Malawi is better off whilst in the real sense we are not because we haven’t done enough testing, had it been that on the daily update we are have having atleast ten thousand people who have been tested, this can really help.**

F: Alright.

**R: The last thing.**

F: Umm.

**R: If we can have enough equipment like PPEs, so that we are protected.**

F: Ok, so thank you very much.