**Abbreviations**

**F:** Facilitator.

**R**: Denotes Respondent.

F: So, I welcome you to this interview, our interview has four sections, uhh firstly I want to hear from you COVID-19 care in the hospital, we will then discuss about strategies put in place at this hospital to deal with the disease, then we will discuss about health care workers perspective on COVID-19 care rationing, at the end we will look at your views on COVID-19 and its risks on you. But before we start I want if you can tell me your position and responsibilities

**R: Thank you, I look after the patients, cleaning the wards and offering any assistant, that’s what I do here at the hospital.**

F: Alright. So how is your day like when you report for work?

**R: Usually our day runs smoothly but sometimes we face challenges with when that the guardians as you know they don’t clearly understand about this disease, sometimes we work smoothly but some days we crush with guardians.**

F: So if you can explain to me the path way that is taken for someone who is suspected to have COVID or someone who has COVID when he arrives at the gate to the time he is admitted and discharged from the hospital.

**R: The patients do not come straight here from home, they first report at trauma, ETC,**

F: Umhuu.

**R: from trauma the patient is referred here for testing after they have done some assessment, so they bring the patients here on trolleys or wheelchair, when that are coming here we make sure the guardian and the patient are wearing masks, and we tell the guardians to wash their hands with soap, after that they find us already made the beds and they are allowed in to see the doctor, and then they are assisted by the nurse after that the lab technician comes to get specimen from the patient, because every patient from the tent needs to get tested.**

F: So what does it take for the patient to go to the ward?

**R: If the patient had difficulties in breathing, had fevers, or he was vomiting and he was on O2 he is given medication and specimen is collected and taken to the lab and they wait till the results are out, so this is where we crush with the guardians because we don’t know we don’t know what happens at the lab, because it takes a day for results to be out, the results come the next day around 8 or 9 o’clock, even when there’s death we don’t immediately take the body to the mortuary we wait for the results to be out, when the results are positive it’s when they tell the patient and the guardians and they are told that they are going to 4A, we don’t take them straight to the ward we take them back to trauma and from there it’s when they are taken to the ward**

F: Umm,

**R: but others who are found positive we take them straight to the ward so we put on our personal protective equipment, we don’t put on these because someone has been found positive but when we are working we put on these so that in case the results are out we take them straight to 3A ward or in the past we used to take them to ENT, that’s how we do it.**

F: Ok, so between uhh, on the pathway of the patients from the tents to the lab up to the wards which stages do you think works better and which stage do you think needs improvement?

**R: I don’t see any short falls in the patent path way from trauma to here to get tested because we can’t take a patient to (??) without being tested.**

F: Umm.

**R: The only thing I can’t point out is the alarm**

F: Ok.

**R: the lab know the challenges we face here had it they took this issue somewhere, so that they should be given a machine to assist because we get overwhelmed with the numbers cause of delays of the results, and the beds are in short supply and others sleep on the floor, so if there can be a way that there should be delays for results to come out.**

F: In the past we could just hear that some could be referred to Kameza, how was this?

**R: Kameza is also a government hospital and some people were going there but some time back staff were not being paid the patients started coming here, but now some do go to Kameza some do come here, because I have never seen a patient being referred from Kameza.**

F: Ok.

**R: And in the past before they constructed the 3A and ATC wards, if one is found positive he was being taken on an ambulance to Kameza, but after they constructed these we stopped referring patients to Kameza.**

F: At first there were rumors that Queens was refusing to admit patients, what happened for them to change their mind?

**R: They stopped after they opened 3A ward, and the staff, the patient attendant, nurses, the doctors accepted to work, that’s why they opened ENT and 3A.**

F: Are there guideline or protocols put in place by the hospital for people to follow when attending to a COVID patient, and if there are guidelines where were they formulated?

**R: The strategies that were put in place by the hospital were that the patients and us the staff should frequently wash hands our hands with soap.**

F: Umm.

**R: This strategy helped a lot and is helpful even now and I would like to ask government that hand washing system with soap should continue and not only on COVID because rainy season, mango seasons are coming , the system of washing hands will also help us the health workers prevent Cholera, even the wearing of masks, some people have stopped wearing masks even in minibuses, I would like if the Ministry of health can do a sensitization campaign around Malawi because people think COVID-19 is no longer there.**

F: Alright, do you think all the health care workers know and follow guidelines that are put in place?

**R: The guidelines are there, here even in the wards, for example myself I was moved from here to ENT, the guidelines are there and are in section, doctors have their own guidelines, nurses have their guidelines, and us patient assistants have our guidelines and we follow them, for example us cleaners we read how to dilute chlorine, soap, how to take care for a patient when he vomits and how to take care of linen, everyone has guidelines we can’t just work without guidelines.**

F: My other question is on preparation on the coming of COVID-19, how prepared were you individually?

**R: Since we were already told that for us to deal with this disease we need to frequently wash our hands so we prepared but the challenge is that here at the tent or even in the wards they just put water without soap , we need to continue using water and soap if we are to prevent COVID we need water and soap, but if I go around inside I only see pails of water without soap which puts us at risk, we push them to provide us with soap.**

F: How did the hospital prepare?

**R: The hospital bought buckets, they trained us, the support groups, nurses, doctors everyone was trained since they could watch on screen how the disease was killing people in other countries, so they trained us on how to prepare and the equipment to use before the epidemic reached here.**

F: How readily available were the PPEs?

**R: They were readily available as I have said we prepared for this and we also received donations from well-wishers, that’s why each ward had a water bucket for washing hands.**

F: How are people using the personal protective equipment now if you compare it with the past?

**R: In the past people were strict using them, they could put them head to toe but now people are becoming reluctant to use them, for example the past few weeks we found three COVID patients and people could go into the ward where the patients were without masks on, in the end when some are found positive that’s when they worry, this puts a risk on staff because we think COVID is no longer there.**

F: Alright, let’s imagine we had high numbers of COVID-19 like three hundred cases at once as it is in other countries, how do you think this can be managed here at Queens?

**R: I feel like it couldn’t be easy firstly we didn’t know that we will occupy these tents, they were installed before the disease came, they knew the four tents won’t be enough that’s why they opened 3A for the patients, we know the hospital has many buildings they could have given us another building but since we didn’t have high number of cases, we could only have fourteen or sixteen patients before they constructed 3A and ENT and we were not going beyond that, had it been that we were having maybe two hundred admissions at Queens they could have allocated us another building.**

F: How about staff?

**R: Most nurses were reluctant to work but there two nurses who dedicated themselves to work, they said even if it meant death, so these two are the ones we started working with here, even if you see HSAs here they are from the DHO, the job the HSAs are doing was meant for patient attendants, maids, auxiliaries from Queens, but they were scared that’s why they opted from DHO, the other nurses after they saw that three months has passed and their friends are working that’s when they started coming to work, we could have seven, eight nurses, maids. They were few who dedicated themselves and we know them, even at ENT there was a few staff, most were reluctant to work, but we started long time ago and we dedicated ourselves, some could continue from night shifts to morning shifts, we also had a few staff here at the tents it’s now that we have received more staff.**

F: Alright, from all you have said, we are still imagining if we could have high number of cases how do think patients could have been taken care of in the wards

**R: In the wards, the patients could have been properly taken care of since we prepared and we were trained and there was no any danger, and since the patients needed oxygen supply and before the disease came government supplied O2, so we could easily take care of the patients even if the number could reach three hundred.**

F: Alright, how could you ration care if among the three hundred patients there were VIPs?

**R: On that Queens already gave us a credit, because we had special rooms for VIPs, the likes of Ngumuyas, lawyers they were already attended to here at ENT, before going to ENT, they could first check in here at the tents it’s from here where we could decide who was VIP and where to go, 3A had two sections VIP and general, we were prepared we couldn’t put the VIPs and ordinary people in the same wards.**

F: Alright, what about the risk of COVID-19 that was there on you as an individual as you are working?

**R: The risk that was there was that our collogues could have COVID, but this didn’t stop us from reporting for work, if we felt unwell we could get tested, in some cases they could tell us that maybe it was due to overworking, but others could be found positive and report back for work after they got better, so the risk was there even though we were wearing masks or the whole kit but we weren’t fully protected that’s why some of our colleagues were COVID positive after testing.**

F: So how did this affect your work, did anything change?

**R: Risk that we are working?**

F: Yes, did anything change in how you were working?

**R: Yes there were some changes, especially our matron they make sure that we are always wearing masks whenever we are working, whether we are going to the pharmacy or where ever we are supposed to hand wash with soap on return, so they advise us and also advise our colleagues.**

F: Working in the hospital do you think you are protected from COVID-19?

**R: The protection is there but we can’t be protected 90 percent that’s why we get tested when we feel unwell, so we get encouraged when the results are out (??)**

F: What were you worried about working in the hospital, or at your home where you stay?

**R: I could really worry because at my home they knew that there is COVID-19, so we could face discrimination even from our colleagues from other wards, but since we dedicated ourselves we were able to work, but our worry was that we could get the disease from the patients as some were vomiting, but we were making sure that after two weeks, three weeks they should test us, because we were facing danger that time you could come with only a mask and gloves on without maybe goggles or whatever and you have to attend to a patient or death so we could just help whether one had COVID or not, so we were worried of contracting the disease.**

F: So how was the hospital assisting?

**R: What I can tell you is that we are different from our colleagues from Kameza we just dedicated ourselves though in the past people were saying that it’s because of allowance, it is now that that we are getting it but in the past we just dedicated ourselves, for example before ENT, 3A were opened it was here at the tent we just dedicated ourselves, it’s only the HSAs who had an agreement since they came from somewhere, but for us we just said we will work it will be up to management to see how they could help us.**

F: Since you have mentioned about allowance, I have one question on allowance, in most cases like the issue of COVID people say if you don’t give me an allowance I will not work, if you give me I will work, so what do you think is the relationship between getting an allowance and the risk that you can contract the disease?

**R: I already mentioned that that’s why we just dedicated ourselves here at the tent, it was later that some were saying that they won’t work till they get allowances, unwilling to work comes in because the agreement is not being fulfilled, three or two months may pass without paying, but the agreement was after two weeks, four weeks, the same thing if you employ a maid, the first month and second month you pay her but then you fail to pay her in the third month she may end up leaving, so it’s the same with staff here if they had an agreement that they will be giving them allowances they had to fulfill that, but as for us we worked because we didn’t put money first.**

F: But do you think people may feel that since they are getting allowance it will reduce the risk of contracting the COVID-19 disease?

**R: No it’s not like that, if we are getting the allowance we shouldn’t forget putting on our kit, protecting our lives, because protection and allowance, we started with protection allowance came later.**

F: Ok, alright, uhh, I have a few questions on COVID-19 testing whether nose swabbing or throat swabbing, what is your experience?

**R: No, they were doing nose swab, we were being encouraged when the results are out and we are negative, so you should be afraid to get tested, even any other disease whether TB or HIV, as one knows how they are, so as now there is COVID it is good that you get tested so that you should know.**

F: But how was the procedure of testing?

**R: The procedure is just fine, not only for COVID disease but also for staff they could just come in, at first we didn’t have night, but when we report for day we could just hear there’s a covid patient in 5 whatever, how did the patient get here? Because there was no one here, so the whole staff from that ward could come to get tested, just the same here at the tent when we had high number of cases, as I already mentioned we were not allowing anyone who was not feeling better to work he was supposed to go get tested**

F: What do patients say about the procedure, since some complain that the procedure is painful.

**R: The patients complain even us the staff, we sneeze after that, but they are counseled and they are asked for consent before being tested, but ever since I started working here no one has refused to get tested, because everyone wants to get tested and know the results whether it’s covid or BP or asthma, in some cases the patient may be in a serious condition in this case we talk to the guardians because some may deny that their relative cannot suffer from covid, so we tell them that we are not saying it’s covid but we will start from there, so the doctors and nurses talk to the guardians till they allow their relative to get tested, we tell them that if they don’t have results they will not go beyond here because you won’t be assisted.**

F: What if there can be other ways of testing because that are doing a research that they should just test saliva, urine?

**R: That can be a good idea since people just accept to get tested, when they are sick or they just want to know how their bodies are but if there can be another way like testing saliva or urine because most people even staff feel uncomfortable with nose swabs, so and so was bullied after testing but if there can be another way (??)**

F: Uhh, what do you think the hospital can improve to prepare for diseases like covid or in future if there can be another pandemic like covid?

**R: I was thinking if hospitals, health centres, central hospitals they should form groups that could sensitize people, for example three people may go to outpatient and sensitize them, even going around health centres sensitizing the people, on what to do, if there can be a second wave, and the people can also be encouraged not to stop what they were doing in the past, that’s why I am saying that this will help us civil servants on diseases that come during the rainy season, we shouldn’t stop encouraging people to was hands with soap maybe this year we can reduce cholera cases since we have already started with covid washing hands with soap, just asking that wherever there is a bucket of water to wash hands soap should also be available, this should not stop even if we are having a few cases of covid, even in our homes our children are used now, when they come back from school they will tell you mum we want to wash hands, so this should continue.**

F: Alright, is there anything you want add?

**R: No, nothing to add, the main thing I have noted is that (??) 1: no hand shaking, people are used to this and this should continue, 2: hand washing with soap, we are even telling the children that no hand shake**