**Abbreviations**

**I:** Interviewer

**R**: Denotes Respondent.

I: As I already mentioned that we want to know about patients and covid-19, and I know that it’s still the responsibility of the DHO, but covid-19 patients were being managed at Kameza, and then they moved to manage the patients here at the hospital, how did the decision to manage covid patients here at the hospital affect the hospital especially your office?

**R: At first before the disease came the arrangement was for the patients to go at Kameza, we just prepared but the arrangement was that the patients will be at Kameza, for the staff were supposed to be admitted here but the rest were being sent to Kameza. But after they stopped at Kameza it put pressure on us, it affected us in terms of finances since we were spending more, decisions were being made quickly due to the times were in as to follow the government’s procedure it would take time, so things were being done quickly to contain the situation, so this affected us financially, there could be shortages of PPEs at the DHO, but for us we were supposed to have them in stock. We could buy masks, sanitizers and this helped a lot.**

I: Alright. Apart from the materials you could get from the DHO still the hospital was supposed to buy?

**R: We were supposed to buy, but the challenge was that this was not budgeted for, since we budget, there was an issue of buses, the nurses were being segregated, they were not allowed in minibuses as people said they could spread the disease to them, the hospital decided to have buses and this was a haste decision due to how the situation was, and looking at our budget line we didn’t have hiring budget but we couldn’t do otherwise, so we had the buses for three months, so that the nurses could ably go to work during that period.**

I: Ok.

**R: Sure.**

I: After the patients started coming here from Kameza, I don’t know of you may you know since you are not in the front line medical care, what was the pathway for the patients till they get discharged?

**R: I won’t be able to comment on that.**

I: (Laughs) Alright.

**R: That’s for hospital management.**

I: Alright.

**R: Sure.**

I: Since the disease started what can you commend the hospital or yourselves that was done well, and what areas do you think needs improvement?

**R: Yeah there are some areas that we did well, this was a difficult situation, the patients were not allowed at Mwaiwathu and the other hospitals but here we were receiving them, the doctors dedicated themselves day and night in the wards some at the tents, and they could be at call at night, they dedicated themselves without considering the how serious the disease is, and patients were grateful to the care they were being given.**

I: The dedication of staff.

**R: Yeah the staff really dedicated themselves, and by that time there were no incentives, there was no money attached to it but people still worked, allowances came later and people worked without any allowances and it really happened.**

I: Ok.

**R: But since it’s a pandemic, it’s a disaster there should a provision that in times like these it should help us, some well-wishers could help us with money but it wasn’t enough whilst government was looking into the situation how to handle it, and people were able to get monies in July but the disease peaked in April, June, and we didn’t have enough resources, so there’s need prepare and have funds to take care of emergencies.**

I: To have a stand by just in case.

**R: Yeah, we have learnt a lesson from covid that we can have pandemics unexpectedly and how to handle it. So our hospital set up didn’t take into consideration pandemics like these, but in future there should be provisions to take care of situations like these, like this time they closed ENT ward, they closed antenatal 1A, that’s where we could collect our revenue but we closed for covid patients, so in future if we can have wards to take care for situations like these.**

I: That was my next to say how supportive is the Queens infrastructure to handle increased number of cases number of cases as it is in other countries?

**R: We could have a challenge, umm, we could have challenges, it was by God’s grace that we had numbers which we could manage, if we had more cases that could be a challenge since we don’t have enough space, since at first it was ENT which was extended to 3A ward, but 3A wasn’t full and we were able to manage, but if we had cases like in other countries that was a challenge and it could take time for government to fix it.**

I: Alright.

**R: Umm.**

I: Did the hospital have a committee to manage or prepare for covid-19 or it was part of management?

**R: Yes we had a committee.**

I: You had a committee.

**R: Yes.**

I: And what were some of the things that were put in place to handle the situation?

**R: There were trainings, all staffs were trained, the frontline health workers were oriented how to handle the situation and the committee was responsible for that, even the decision on buses it was the committee’s decision,**

I: Ok, for example the training that you have talked about training of staff was that very expensive exercise for the hospital

**R: Yeah it wasn’t much but it was a donation we were just giving them lunch allowances.**

I: Uhh ok.

**R: Yes, we got the monies from somewhere for training, so it wasn’t much expensive since we were just giving them lunch allowances and not subsistence allowance, it was just K4,000.00 per person lunch allowance.**

I: Ok, what could be the situation like of you had little support from outside, that it was sorely the hospital, because most of those I have interviewed they said the PPE was available but with support from outside.

**R: We could have challenges if we didn’t have outside support, of course we have ministry of disaster but their response may go through government’s procedures it goes through different stages for the monies to be released, because those who were in fore front were Red cross and others that’s why I’m saying the government gave us proper funding in August after they responded to the proposal, while in the past they just gave us fuel for the buses and the people just dedicated themselves to work because they was no allowance whether one worked during day or night, so we couldn’t manage on our own but we have been helped by the outsiders.**

I: So this new support that has come in what are the key areas it is supporting?

**R: Like in our case it’s fuel for the buses, but the buses stopped on 31July we didn’t extend because there were few cases in August.**

I: Yeah.

**R: And the owners of the buses hiked their charges during the covid time they reduced their charges as they were idle nut when we were to sign the second contract they hiked so we just gave up, but mainly they gave us money for allowances,**

I: Ok.

**R: Yes, and we have paid the staff.**

I: Ok

**R: they are still being paid, up to 31st October.**

I: And these are the people working direct with covid patients.

**R: Yes.**

I: OK.

**R: Those at the tent and those at the ward,**

I: Ok.

**R: Sure.**

I: And also there was this general risk allowance which was given to staff.

**R: Yes which was given to staff the health workers and not us.**

I: (Laughs) That’s why you said you are not a health worker?

**R: Yes because they say we are not in direct contact with a patient.**

I: Ok.

**R: Sure.**

I: Although you are not a health worker but working in the hospital,

**R: Umm.**

I: I don’t know if you were one of those who attended trainings,

**R: Umm.**

I: and I know you were trained on prevention strategies, wearing masks, washing hands, disposing masks

**R: Umm.**

I: all those prevention measures if you look around fellow staff do you feel staffs were able to follow all that or there are cases that staffs were not following the measures.

**R: We can say there’s laxity now, but that time it was not easy, we could watch everything since we were here, I saw how people were dying and it was scary but we did our best.**

I: Why do you think there’s this laxity?

**R: Because they think the cases have gone down, but we now that 1 or 2 cases are being found**

I: Maybe people believe that there’s no covid?

**R: The hospital knows there’s covid, but in other groups that’s where they don’t know there’s covid.**

I: Ok.

**R: Sure.**

I: What was the availability of PPE here at the hospital was it readily available or it was a challenge?

**R: It was a challenge since, I don’t know maybe I will miss, but I don’t remember buying, most of them were donations and the main supplier was DHO Blantyre,**

I: Ok.

**R: but I don’t remember buying PPE.**

I: Ok. Most came as support.

**R: Yes.**

I: Ok, If you had a situation where you have received a complaint that drugs that covid patients are supposed to receive have run out or they are not available.

**R: Yeah we had those situations at ENT, mmm we could take care of that, the good thing with drugs fund is that they give us a three month funding, so when we get it now, October, November, December and during this period it means you readily have the monies,**

I: For drugs?

**R: Yes for medication, and when they say the drugs are out we could quickly process the requisition and buy the drugs.**

I: Ok.

**R: Yes.**

I: Would you say the covid period there was adequate financing?

**R: For drugs?**

I: Yes.

**R: Yes it was adequate.**

I: To say if they are running out (??)

**R: yes that was in place.**

I: As you were saying that it was God’s grace that we didn’t have higher number of cases as people were expecting, had it been that we had more cases like in other countries and with the resources that you have here at the hospital in reality what do you think could have happened?

**R: Heya, the challenge could be where to keep the patients, maybe ICU could only handling a few patients since we have only 4 beds in the ICU, so space could be a challenge and maybe some could even die before being assisted, since sometimes those who were to help could report late, so it was just by a chance that we had low number of cases and were easily managed.**

I: Do you think the hospital should have prepared to treat VIPs differently with special care?

**R: Those people were given the same treatment as ordinary people, and these people or covered by MASM and the challenge with MASM is that they don’t pandemics like this, so when they come here from Mwaiwathu they were treated the same as ordinary people. And it could be a challenge for us to have a special ward for these people of course there were suggestions but management said no everyone should be given the same treatment.**

I: And for future plans that’s how it starts with (??).

**R: Yeah, if there can be an element of MASM, since they don’t accept MASM, since Queens is a central hospital and the drugs are for free, so had it been that MASM was supplementing us we could have benefitted, so if there can be plans for a paying section and right now as for us the staff we don’t have any paying wards that we can go to, plans are there that in future we should have paying wards where staff can go**

I: But Zomba has a paying section.

**R: Yes, but here we don’t have, here it’s only the maternity ward.**

I: As someone who was working hear at the hospital what was your level of fear? And how did you look at your self were you at risk or not

**R: It was very scary as support staff right?**

I: Yeah.

**R: because the government released a circular that everyone should stay home, and the staff from other departments were home but since we work in the hospital it wasn’t possible to stay home because the hospital needed the accounts department for procurements of drugs and other things, so were forced to come and the fear was there as we were afraid to spread the disease to our family members.**

I: Ok.

**R: But we were able to report for duties and we followed the protective measures, washing hands and wearing masks.**

I: With how the hospital prepared do you feel you were adequately prepared?

**R: Uhh we weren’t adequately protected because some our colleagues could fall sick,**

I: Because you were mixing?

**R: Yes, so there was no protection and some of our colleagues tested positive.**

I: Umhuu.

**R: Sure.**

I: My last set of questions is about your concerns and worries to say if you look at the way the hospital prepared itself to handle covid-19 what were you most worried about? What was your greatest concern or you are worried or you were worried that in case we have high number of cases what are you most worried about?

**R: For everything to run smoothly it’s about finances, if we have enough resources maybe it’s possible to manage, if there is no money then it’s a challenge, there’s need for adequate resources, money, infrastructure, enough staff, during this period we had a challenge because we had many interns, with the coming of covid there was shortage of staff so we outsourced, so if there’s enough staff, money, covid equipment and wards maybe we can be able to manage the pandemic.**

I: Is there anything you would like to know about covid?

**R: About covid?**

I: Yes.

**R: (Laughs) that’s a difficult question. We hear from radios, we have read, but what I have noted is that more men died, even the people I know, but women were recovering, so I don’t understand this.**

I: Maybe men have fear (Laughs)

**R: Maybe fear but we don’t know what’s happening because a husband may die but the wife may recover, within a short period of time they are dying.**

I: My last question.

**R: Umm.**

I: What would be your two priorities that you can recommend to management?

**R: I think the first thing is staff,**

I: Staff?

**R: yes staff and trainings, so that they should equip staff.**

I: The trainings you already had, do you feel there was anything that needed to be improved on the trainings?

**R: A few trainings were carried out, so we don’t know maybe it was covid because you could find that what you were taught in the first training is somehow different from the second training like at first they told us to take any death straight to HHI, and now they are telling us that the relatives can bury their relation while at first when somebody dies let’s say around eleven by two o’clock the burial could have already taken place, so it’s confusing, so they were the same people who trained us but now they are changing so maybe it’s because it was the first pandemic and they didn’t have the information, so through research that’s why they are coming with new things, but I feel training is important.**

I: Alright.

**R: Sure.**

I: So this is the end of the questions that I had,

**R: Alright.**

I: Since you said you are not a health care worker so I just picked,

**R: Those I could be able to answer.**

I: those you could answer

**R: Alright.**

I: I don’t know if you have any comment?

**R: Uhh, just want to say thank you as I was able to express my views on how to prepare if we can have a pandemic, and I think you will be able to put the views in your reports.**

I: I just want to say thanks because the people I am interviewing are raising important issues that can help the hospital,