**Abbreviations**

**F:** Facilitator.

**R**: Denotes Respondent.

F: So uhh, once again welcome, uhh, first of all I just want to know if you can explain to me your position and the responsibilities and then what does your day look like when you come to work.

**R: Ok.**

F: Yeah.

**R: uhh, working with Queens, uhh, usually my day starts with the, with the morning handovers,**

F: Yeah.

**R: and then we, then we assign work to, because like in my department where I am working,**

F: Umhuu.

**R: we are a number of us, so we assign each one according to uhh the day’s activities so, you are assigned to a certain unit you revenue some patients,**

F: Umhuu.

**R: and then, yeah that’s what,**

F: Which specific, which department is this?

**R: It’s medical department.**

F: Ok, alright. Uhh thanks with that, and the next set of questions we will be looking at uhh, the clinical management of the Covid-19 cases at Queen Elizabeth Central Hospital, so if you can explain to me the planned pathway uhh, uhh for managing suspected and confirmed Covid-19 patients, so we are looking at from the time that they arrive at the hospital to the time that they get discharged what’s the, how does it look like what is the pathway that the patient go through?

**R: So like for Queens they are saying uhh, those ones who are coming from home,**

F: Umhuu.

**R: and then they pass through the tents,**

F: Umhuu.

**R: located by the entrance of the hospital,**

F: Yeah.

**R: so you go, you are screened for your body temperature, you are asked whether you have been in contact with anybody who is COVID-19, or you have been to, you had an external travel,**

F: Yeah.

**R: and then, and then they ask for some other symptoms suppose one is exhibiting some symptoms,**

F: Yeah.

**R: which they are suspecting and then you are referred to a clinician,**

F: Umhuu.

**R: and then the clinician takes some history and examine you and then you are requested for a test,**

F: Umhuu.

**R: and then once tested and then suppose you come negative,**

F: Yeah.

**R: and then you are referred to the ETC for further examination and treatment,**

F: Yeah.

**R: but if you are found positive and then you are asymptomatic,**

F: Yeah.

**R: yeah, so like you are short of breath and then you are sent to 3A,**

F: Ok.

**R: for admission I suppose and then in those days you were being sent to ENT as well**

F: Ok.

**R: Yeah, for management.**

F: Yeah.

**R: Now since we’ve, since the cases now are sort of declining,**

F: Yeah.

**R: now I’m told the ENT is now closed,**

F: Umhuu.

**R: and then some patients they are still coming through the tents and then examining them and then those ones that are asymptomatic and then**

F: They go to 3A.

**R: to 3A.**

F: Ok, but this is at the time when we started having COVID cases,

**R: Umm.**

F: but how about before the cases, what was the plan like?

**R: The plan, it wasn’t clear,**

F: Yeah.

**R: yeah it wasn’t very clear but the patients they were going through, AETC,**

F: Umhuu.

**R: but then there were no tents.**

F: Ok.

**R: so they were going through AETC and then those ones whom they suspect,**

F: Umhuu.

**R to have COVID-19 they will be sent to Kameza.**

F: Kameza.

**R: Yeah.**

F: Ok, alright so because remember at first I think the hospital or Queen Elizabeth Central hospital did not want to admit any COVID-19 cases,

**R: Yes.**

F: what happened for them to change their mind?

**R: Uhh, I’m not really sure,**

F: Umhuu.

**R: but I would say it was sort like chaotic so to speak,**

F: Umhuu

**R: because it wasn’t really, there wasn’t really a formulated plan to say that is what we are going to do,**

F: Yeah.

**R: so, and they there were, the management of Queens, they were afraid maybe because by then were a lot of people who had COVID by then,**

F: Umhuu.

**R: so they said maybe if we admit them to the hospital,**

F: Yeah.

**R: and then there will be a rapid increase in numbers, in cases of COVID-19.**

F: Yeah.

**R: So they were really adamant to say they should be admitted to Queens.**

F: Ok.

**R: Yeah.**

F: Alright now uhh, from the process, the patient pathway you have explained whether suspected or confirmed case to say from the tents if they have symptoms they go to the ward, they are managed and they better and they get discharged but, from the whole process at which stage do you feel things were better or they can get better?

**R: Say it again.**

F: The way the strategy was organized, to say when a person arrives at the hospital this is what is going to happen at each stage, and when sent to the ward this is what is going to happen till discharged, so at what stage do you feel things were moving perfectly?

**R: You said before or maybe during right now?**

F: Uhh, let’s start with before.

**R: Where I feel things were moving perfectly?**

F: Yeah.

**R: I think from my own perspective to say although I see it as a shortfall**

F: Yeah.

**R: things were moving perfectly when they were diagnosing the patients because they were screening the people but there is a shortfall because the people were mingling amongst the other patients when coming here, so the incidents that they can transmit to others,**

F: Umm, umm.

**R: although the Queens were denying it to say we will be overwhelmed with the cases,**

F: Yeah.

**R: so when the patients were coming here they were mingling amongst the other patients and then the member of staffs as well the health providers they were not protected,**

F: Umhuu.

**R: in such a way to say they didn’t know who had COVID or who didn’t have it.**

F: Yeah.

**R: so the incidents that they could contract it and them also transmitting it to patients was also very high.**

F: Ok.

**R: So, although the Queens were afraid that keeping the patients here we will be overwhelmed and the other departments will suffer, but the fact that there was no clear plan,**

F: Yeah.

**R: so it was easy for the patients to spread the disease.**

F: Ok, now how about the time when now we started having cases and then Queens accepted to admit the cases, at which stage do you think things were moving smoothly or things are moving smoothly or in future things will move smoothly?

**R: Where I can say things can move smoothly or they are moving smoothly or they can move smoothly it’s when the cases are coming they should be screened as they are doing now,**

F: Yeah.

**R: but I still feel there are shortfalls as well because they usually screen during the day, the health, the HSAs who are taking the temperatures and the like,**

F: Yeah.

**R: they are doing that during the day,**

F: Ok.

**R: and then at night the patients they are coming through AETC,**

F: Umhuu.

**R: now AETC, let’s say someone has shortness of breath or cute respiratory distress and then refer him back to the tents.**

F: Umhuu.

**R: Now, let’s say the patient has arrived and there a lot of patients in the AETC and then the Patient is COVID-19 but he is not tested, then they remove him and send him to the tents,**

F: Yeah.

**R: and then there are other shortfalls at the tents because they are just using the oxygen cylinders**

F: Ok, ok.

**R: Ok?**

F: Yeah.

**R: Of which some of the patients, we were losing them at the tents because,**

F: There is no equipment.

**R: they were not prepared enough to say a patient whilst waiting for results needs high flow oxygen,**

F: Yeah, yeah.

**R: and it’s not there which means the patient is using oxygen cylinder of which he or she needs a lot of oxygen but he is being managed at the tents, and then the patients not necessarily that they are bypassing but they are being given the freedom to move without coming through the tents and then they are going to the AETC,**

F: AETC.

**R: and then at the AETC they are referred back to the tents.**

F: Ok, alright. What guidelines were there that people were supposed to follow what to do at each stage, and if the guidelines were there who came up with them?

**R: I just hear about the guidelines, for example I’ve worked once in 3A HRDU,**

F: Yeah.

**R: but we were just being told about the guidelines of which we don’t know where the guidelines are coming from,**

F: Umm.

**R: or who has got those guidelines,**

F: Yeah.

**R: so it’s something which we just hear about, maybe my colleagues but as for me I don’t have the guidelines.**

F: So we can say that there are a very few people who have access.

**R: I would say so.**

F: Yeah.

**R: Umm.**

F: Ok.

**R: Umm.**

F: Alright. Uhh, how about the approaches, what approaches do senior uhh medical doctors or nursing officers apply to support staff to use the guidelines, to those who have access, do you think there’s any support from senior medical doctors or senior nurses to support the juniors in use of the guidelines?

**R: Uhh, I wouldn’t say so,**

F: Umhuu.

**R: I can say it’s both sides,**

F: Yeah.

**R: it’s possible to say there was support and it’s possible to say there was no support, I have the evidence, I saw the guidelines for example as I said I was working at 3A,**

F: Yeah.

**R: it was something which we could just hear to say for example we give this patient dexamethasone,**

F: Umhuu

**R: so it’s something we just hear about but if it’s about the support among the nursing officers and the like I would say yeah in terms of working together it was ok.**

F: Ok, fine. Uhh, ok, the next set of questions uhh, it’s about the COVID-19 preparation and the response strategies which were put in place. So as an individual, how prepared were you uhh if we had an increased or higher numbers of COVID-19, how prepared were you?

**R: No, I wasn’t, to say the truth I wasn’t prepared, prepared in the sense that uhh, in terms of, let’s say sensitization or teachings, because the way I could look at it is that people they are money centered,**

F: Ok.

**R: ok, so instead of eeh, disseminating the information to the people to hold a workshop to sensitize them so some of the people were being left behind they didn’t attend those workshops.**

F: Yeah, yeah.

**R: So some they were going,**

F: Umhuu.

**R: for example, people who go for trainings from Queens are people who are,**

F: Top positions.

**R: on top positions.**

F: Yeah.

**R: On top level, matrons, ok, especially the matrons I would say.**

F: Yeah, yeah.

**R: Especially the matrons,**

F: Umhuu.

**R: so you see that they are not working on the ground and those ones who are working on the ground they are being put on the front line,**

F: Yeah.

**R: but the person is blank, but the one who has gone for training is coming back only to supervise him but the person doesn’t know anything.**

F: Yeah.

**R: But the ones they went for training if told to work with the juniors they don’t want, what they want is to put the front liners and then them supervising , so I feel like in terms of preparedness,**

F: Umm.

**R: because I had a feeling of fear in myself,**

F: Yeah, yeah.

**R: to say eeh, we don’t know the disease and we are hearing that it’s killing a lot of people,**

F: Yeah, yeah.

**R: so mmm, so if I go work there, I will contract the disease and I will infect my family, my relatives as well,**

F: Yeah, exactly.

**R: Umm.**

F: How about the hospital at large, do you feel like the hospital is prepared enough or the higher numbers of COVID-19 cases if we happen to have a higher numbers of COVID cases like it happens in other countries, do you think the hospital is prepared?

**R: I don’t think so.**

F: Why? Which area do you feel like?

**R: Uhh areas in terms of, let’s say, suppose the cases have started again to rise**

F: Umm, umm.

**R: it means we have got the ER which has got limited number of deaths we have got ENT,**

F: Umhuu.

**R: equally the same.**

F: Umm.

**R: now the tents it’s only a waiting area whilst the tests are being done and then results are given out, so let’s say we have found many cases,**

F: Umm.

**R: Queens is not ready in terms of uhh, beddings,**

F: Yeah.

**R: bed numbers,**

F: Yeah.

**R: and even the staff as well.**

F: Ok.

**R: Yeah, staff in the sense that as of now,**

F: Umm.

**R: many people they feel let down,**

F: Umm.

**R: that they have worked and then they are not getting the remuneration which they were promised,**

F: Yeah.

**R: and then on the remuneration itself, it seems as if there is no transparency, for example people are told if you work say for seven days, like myself I was told by my senior that you are supposed to work after you work for seven days and then after that seven days you will be given ten days which you should go on quarantine.**

F: Yeah.

**R: Now that quarantine it was really specified ofcourse we could just hear from our colleagues from Lilongwe that I’m told that they go to College of Medicine,**

F: Yeah.

**R: so there was no such a thing here, ofcourse there were rumors that some people could go to College of Medicine and then you stay there for ten days, now in terms of the money part of it some they were saying that they were being given equivalent to those number of days which they have been in quarantine.**

F: Ok.

**R: Now, it was discovered that some were not being given, so as of now what people are saying is suppose if we have, the cases are rising again we are not even ready for that.**

F: Alright, how about in terms of the uhh sufficiency in knowledge, how sufficient in knowledge and skills are the staff or people at Queens in general for the use of uhh PPEs infection, prevention control uhh Training measures?

**R: Uhh that still needs a lot of civic education because PPEs some have the knowledge but they have their own beliefs,**

F: Yeah.

**R: maybe the choose not to put on those PPEs because maybe because of beliefs maybe, I don’t know, but some it’s because of lack of knowledge like what I have said to say it’s not all who went for training**

F: Training, yeah.

**R: and then people, if another team has gone it’s now that they want to close, but during that time a lot of people didn’t go I don’t know whether they couldn’t afford everybody to go I don’t know,**

F: Ok.

**R: So in terms of knowledge on PPEs I would say it wasn’t really sufficient, yeah.**

F: How about the availability, were the PPE materials available?

**R: Not, I would say not much, because it’s only in the, in selected eeh wards,**

F: Umhuu.

**R: yeah.**

F: Ok. So supposedly we had uhh, higher numbers of COVID-19,

**R: Umm.**

F: ofcourse you have already mentioned that the hospital can be overwhelmed but interms of infrastructural uhh support do you think Queens as a hospital has enough infrastructural support if they have higher numbers of COVID-19, so interms of uhh, dedicated isolation rooms or spacing in the rooms do you think Queens is capable?

**R: No.**

F: Ok.

**R: No.**

F: Alright, uhh, and ofcourse you also mentioned about uhh human resource as a challenge, how about availability of medication for the management of COCID-19 cases?

**R: Yes, yes, availability of medicine?**

F: Yeah. (Paper flips in the background)

**R: I would put it at maybe 45 percent, I would say so.**

F: Umhuu.

**R: If I would rank it,**

F: Yeah.

**R: up to 100 then I would say maybe 45 or 45, 50, percent I would say so.**

F: Ok. So what do you think is the key, or what could be the key barrier to uhh, to the current management of COVID-19 response strategies, what do you think like something which can be like a barrier that can hinder some strategies that were put in place to manage COVID-19?

**R: A key barrier?**

F: Umm. To say if we can have a high number of cases, what can be the barrier to manage them?

**R: Yeah, it’s obviously the infrastructure which I was talking about,**

F: Umhuu.

**R: and then the human power,**

F: Umhuu.

**R: and, yeah so it’s the infrastructure, the human power, the resources itself,**

F: Yeah.

**R: Yeah, so I would say so, those are the.**

F: Ok.

**R: Yeah.**

F: So the next question is an imaginary question, ofcourse I have been using an example of having uhh a higher numbers of COVID-19 cases, so would like to explore your, your thoughts around the potential need to ration uhh the care so, rationing care means you have higher numbers of let’s say three hundred cases at a time, how would care be provided to all these, or how would the hospital make sure that everyone receives care of COVID-19?

**R: By itself I don’t think it would be possible for Queens alone,**

F: Umhuu.

**R: maybe if they can have a joint eeh, what, eeh, if they can liaise with the Blantyre DHO,**

F: Umhuu.

**R: interms of human power maybe,**

F: Yeah.

**R: but interms of the infrastructure and the staff like that I don’t, I don’t know whether it’s still viable for Queens,**

F: Umm.

**R: but I don’t think Queens alone can manage to tackle those cases alone.**

F: They can’t manage.

**R: They can’t.**

F: Ok, so you have worked in the hospital for quite a long time and you have worked with the VIPs,

**R: Umm.**

F: so in this COVID-19 case, let’s say we have higher numbers of COVID cases then we also have the VIPS who have higher social status, how do you see rationing of care, making sure that everyone gets the same amount of care?

**R: To attend to cases including the VIPs as well?**

F: Yeah. How do you think you can take care of this?

**R: It’s obvious that care will go to those with high social class.**

F: Umhuu.

**R: Yeah.**

F: Why would it be like that?

**R: Why? It’s because of their political, uhh, ehh, how do I say that? Ehh they have got status then they can use their status,**

F: Umhuu.

**R: to influence how they should be treated, ok?**

F: Yeah.

**R: Politicians for example,**

F: Umm, umm.

**R: they can use their political influence for them to have the best out of the best treatment, out of the, or the first ehh, for them to be attended to.**

F: Yeah.

**R: Yeah, so it’s obvious that those ones who are ehh, have status in society**

F: Umm.

**R: are the ones who can be assisted,**

F: Ok.

**R: why I am saying this is that we are the juniors,**

F: Yeah, yeah.

**R: So we never know maybe the seniors they are, they know the, they know the,**

F: Yeah they are connected.

**R: they are connected to those ones who have got status, so they may say uhh this one I think uhh treat him first and then we don’t have any say,**

F: Umhuu.

**R: Ok? So those who have status in society are the ones who can be first to be attended to.**

F: Ok, umm, the next set of question is on attitudes towards COVID-19 and the perception of risk, so considering the level of preparedness for you as an individual and the hospital as an institution, uhh if you can explain to me your, the way you see or you think about uhh, uhh, the risks that you are at, so the risks to COVID-19 infection, uhh what’s your attitude like, or how do you perceive or what do you think about your risks to getting COVID-19, when you are working in the hospital? Do you feel like you are at higher risks of getting COVID-19 or you are confident that everything is fine?

**R: Uhh, myself I think I am at higher risk,**

F: Umhuu.

**R: for getting this COVID-19,**

F: Umhuu.

**R: yeah I think why am I saying so? Because we are in daily contact with patients,**

F: Yeah.

**R: of which we don’t know some of them uhh they might be asymptomatic yet they are, they have got the disease, so eeh since they are not testing everybody, so the fact that they are not testing everybody,**

F: Umhuu.

**R: So it puts you, it puts us,**

F: At risk.

**R: at risk coz some people may not have the symptoms then they are given the green light to go into the hospital,**

F: Yeah.

**R: and then there they infect.**

F: Ok, and do you think this uhh perception of knowing that you are at higher risk has changed uhh the way work or your daily work in the hospital?

**R: Yeah, before, before, before I think it really changed,**

F: Umm.

**R: it really affected me, because I was living in fear of this disease,**

F: Umm.

**R: so, the coming of the disease we were living in fear because I think, we were equating COVID-19 to death.**

F: Yeah.

**R: So, so after the disease came we had fear to go into the hospital, so I had fear to say if I contract this disease what will happen to me, and what will happen to my family?**

F: Umm.

**R: And my relatives as well.**

F: Umhuu. Ok, so all the risks and all the fears, what has the uhh, the hospital, how has it responded to those concerns for you as an individual and probably to everyone in the hospital, how has the hospital responded to all those concerns as people might (??).

**R: Now you are talking of Queens?**

F: Yeah. How has the Queens as a whole responded to those concerns for risks for health care workers?

**R: I wouldn’t say because what I was expecting was that maybe to say Queens has done something,**

F: Umhuu.

**R: was that maybe management or somebody or from management team to say the hospital has done this, or to say they are saying this, there was nothing like that so it was something that was just circulating amongst us the health workers,**

F: Yeah.

**R: to say maybe you are getting some information from the radio but as Queens there was nothing.**

F: Ok.

**R: Umm.**

F: Alright, so there was also the risk allowance issue,

**R: Umm.**

F: so, uhh, what can you tell me about the relationship between risk reduction so reducing the risk to COVID-19, and through getting financial incentives? Because people were complaining,

**R: Yeah.**

F: that uhh risk allowance they are not getting enough risk allowance,

**R: Umm.**

F: do you think if people get risk allowance they would be motivated to work and do you think they would feel they have reduced uhh the risk to get infected with COVID-19 and why?

**R: I don’t think that they will feel like maybe they have removed the risk if they can receive even if they can be getting the risk allowance so the risk allowance is already there even without COVID-19, ok, but in this context we are talking of COVID-19.**

F: Yeah.

**R: So, the risk is already there but we took an oath that we will be helping patients,**

F: Yeah, yeah.

**R: so with the oath, initially we were getting 1.8, which is very, very low.**

F: Yeah.

**R: Ok, or which I will say there wasn’t anything,**

F: Nothing yeah.

**R: it was nothing, so if you are receiving money that amount of money and then even though they increased it,**

F: Yeah.

**R: but it didn’t completely remove the risk, to say there is a risk allowance then the risk is gone, no it’s still, it’s still there, despite the risk allowance they are giving us it’s not something that is motivational.**

F: Ok.

**R: Umm.**

F: Alright, what is the one thing that uhh, could be done to support you at this time of the epidemic, what would you need, just one thing that you would need to do support you uhh at this time of the outbreak. You feel that there is anything that you would want to support you in terms of your work or doing this.

**R: Oh you mean by Queens?**

F: Yeah, but this is for you now as an individual, what could be that one thing that you would need to support you at this?

**R: The support is that, I think in terms of, suppose I fall sick or maybe my wife, or my family,**

F: Yeah, yeah.

**R: suppose in terms of if they are really sick and then they need an admission, so one thing I would want, since we can’t say take us to Mwaiwathu,**

F: Yeah, yeah.

**R: since Queens is the helping center for patients.**

F: Yeah, exactly.

**R: but the environment itself leaves a lot to be desired, ok,**

F: Ok.

**R: even though I’m working there at Queens,**

F: Yeah.

**R: so, I know the wards in which we are working which are assigned for COVID patients but there are so many shortfalls,**

F: Umhuu.

**R: ehee, so I would want is that maybe if they can improve the infrastructure,**

F: Umhuu.

**R: and then they improve on the availability of PPEs,**

F: Umhuu.

**R: then ofcourse they look into our welfare as well,**

F: Ok.

**R: as health,**

F: Health care worker, ok.

**R: since apart from, I know that our country is a poor country of which we, but it applause me to say to hear about, although we are saying our country is poor but we hear through the radios about mismanagement of funds,**

F: Yeah, yeah.

**R: and a lot of corruption which is happening in government and stealing of money from the public coffers,**

F: Yeah.

**R: and yet you are given peanuts and then you are forced to believe that this country is poor,**

F: Yeah

**R: Ok? So it leaves a lot to be desired, so let’s say the politicians, they are going to parliament for example,**

F: Yeah.

**R: they go to the parliament and they stay there for about six weeks and then on a daily basis they are getting, they are walking out of the parliament buildings on a daily basis with eighty thousand,**

F: Yeah, yeah.

**R: and then we the health workers are given that eighty thousand not even eighty thousand maybe sixty thousand,**

F: Yeah, yeah, umm.

**R: in a month ok, so this demotivates as you say are going to be used as,**

F: Umhuu.

**R: to say are just being used**

F: Yeah.

**R: whatever will happen to us, whether we are not going to contract the disease or whatever will happen that’s your own thing.**

F: Alright. Uhh, I have some few questions regarding uhh testing procedures for COVID-19,

**R: Umm.**

F: so what has been your experience so far with the nasal probes or the oral swabs for testing COVID-19, or what do people say about these testing procedures?

**R: What do people say?**

F: Yeah or your experience if you have to test it.

**R:** No I haven’t tested.

F: Umhuu.

**R: But I have seen patients being tested,**

F: Yeah.

**R: but,**

F: So what do they say about those procedures?

**R: Well most of them they say that, not necessarily that it’s painful but it’s uncomfortable to undergo such a test,**

F: Yeah.

**R: Yeah, so.**

F: So what would be your recommendation?

**R: The recommendation is that from what I have seen from the people who have been tested like in the tents I don’t know whether maybe people they are used that there are more negatives,**

F: Yeah.

**R: So people we are becoming negligent, because they are supposed to take the patient to be tested but you find a lab technician is coming and then with just little information because for us we just tell them that you need to be tested.**

F: Yeah, yeah.

**R: So from what you have explained we suspect you have the disease and you need to get tested, so someone will come to pick you to swab you in the nose and mouth. So we assume that they will explain to them in details because you (??) now they are coming and just say we are going to test you without necessary explanation and procedure and then the patient feels uncomfortable, even shouting at the patient.**

F: Umhuu.

**R: You see, so it’s just something on our part we are becoming negligent because people are being found.**

F: Ok, what if there can be testing uhh, some other testing procedures or means of testing like using saliva?

**R: Yeah I think that will be if at all I would say so.**

F: Ok.

**R: Umm.**

F: Alright so in uhh, conclusion, uhh what are the priority recommendations that you can make uhh in improving the level of preparedness for the hospital, how, what can you recommend about uhh preparations that they can make for like in case of any future epidemic or the same COVID if we have increased number of cases.

**R: Yeah if we have got increased numbers of cases I would say, because they need to, we need to, we need to improve the infrastructure**

F: Umhuu.

**R: Since the things we are using like the tents 1: they are not for Queens, Queens just borrowed,**

F: Ok.

**R: and then the tents they have got their own disadvantages as well,**

F: Yeah.

**R: because now it’s hot, so the patients stay there, ok so it’s really hectic to work in such environment, so in terms, in the past it was windy**

F: Umm.

**R: now at night you would fear to say won’t this blow away or maybe we have some cases whereby the oxygen cylinder tank may fall on the bed because of the strong winds, ok?**

F: Umhuu.

**R: So in terms of infrastructure I don’t know maybe because I take it in coats that we are poor but I think we have the capability to do it even though we are poor, I think we are capable even the tents can be divided into two for females and males,**

F: Yeah.

**R: and then even there is shortage of space they can even improve Kameza if there is, I don’t know because I have never been there,**

F: Ok.

**R: and then build a certain structure which, because it will cater for different types of people,**

F: Umhuu.

**R: some of low status, some middle so it should be something which will be owned by us Malawians,**

F: Ok,

**R: Ok, something that can comfortably be used by anyone,**

F: Ok.

**R: Ok, so interms of infrastructure I would say maybe we need a lot of preparations**

F: Yeah.

**R: in that, and then we need also some preparations interms of procuring of the necessary drugs which are needed for those patients with COVID-19,**

F: Yeah, yeah.

**R: alright, and then PPEs as well they need to be, and then lastly on the motivation of health workers because I believe Queens on its own, because it can do its own part, apart from the government ok,**

F: Yeah, yeah.

**R: for example, here at Queens motivation interms of health workers maybe to create paying services,**

F: Umhuu.

**R: for those who can afford to pay,**

F: Yeah.

**R: they can be paying, and then that money can be used for**

F: Improving the services.

**R: I think in short I can say that.**

F: Alright, any other additions, any other thoughts, otherwise this is the end of.

**R: Uhh still on preparations,**

F: Umhuu.

**R: I feel like it’s not motivational in terms of, even if you can look at the type of the food that we eat here,**

F: Ok.

**R: So the thing is the food is poor, ok, you are given, uhh you are given nsima with half baked beans**

F: Yeah

**R: they have just been soaked in water and they say people should eat that, so I think there should be, on preparations there should be that flow of information from the top level to the down, because if there is unity to say what the management has agreed upon then there is that communication even, let’s for example say even management can invite people to say we need to talk to you, you our fellow health workers to have a meeting so that people should know this is what is discussed at management level but that does not happen at Queens, it doesn’t happen so of which maybe they just leave it in the heads of departments maybe the head of departments may have issues, because since I came here at Queens I have never heard about that,**

F: Umhuu.

**R: it’s done haphazardly just like that,**

F: Ok.

**R:** so we just work just like that at times.

F: Ok.

**R: So in terms of communication,**

F: Yeah.

**R: Communication that is, management is meeting with the people,**

F: Umm.

**R: and then there is that face to face talk so that people should know that this is first-hand information from management and we know the direction that we are going.**

F: Yeah.

**R: But that doesn’t happen.**

F: Ok.