**Abbreviations:**

**F:** Facilitator

**R:** Respondent

F: So like I said there are some specific areas that we are looking for information, so the first one is we will discuss about the clinical management of Covid-19 cases at the hospital and then we will look at Covid-19 preparation and the response strategy that the hospital used of that you are using. And then we will look at the perspective of health care workers rationing care and also attitudes towards Covid-19 perception of risks and then we will talk a little bit the about testing procedures for Covid-19. If we are lucky enough that should take us about 45 minutes to an hour. Yeah, so to begin with if you can just tell me how does your day look like or you can explain your position and responsibilities at the hospital.

**R: Yeah so at first you know with the way Covid-19 in other countries like i was somehow afraid,**

F: Umm, umm

**R: to say what are we going to meet, with how health workers were dying in several other countries and then we look at our situation here in Malawi in particular, as a country and how we used to manage these other illnesses,**

F: Yeah, Yeah

**R: so as with Covid it was a different thing and a new thing to me, so when I came in we did all the trainings.**

F: Umhuu.

**R: yes, I was comfortable I could manage Covid-19 patients, so with the team that I was working with we were collaborating very well so in the end, i feel like we have done alot.**

F: That’s nice. Ok, so you can speak freely in Chichewa or any other language, its fine.

**R: Ok.**

F: or if i ask a question, and you don’t understand, you can ask i can also speak in Chichewa

**R: Alright**

F: So, the next question is about clinical management of Covid-19 cases at the hospital, so can you explain to me the planned pathway for managing suspected or confirmed Covid-19 patients. So we are looking at the time the patient enter the hospital or they arrive at the hospital to the time they are discharged or how does it look like what is the pathway, what do they go through. So this is both suspected and confirmed.

**R: Confirmed cases.**

F: Yeah.

**R: Ok, so I will start with suspected cases,**

F: Yeah.

**R: as they arrive they are taken to tent, there they are checked their temperature and they do ask if they have any comorbidities. So when they are found that their body temperature is too high they do isolate them. We give them space in the tent to wait for screening for Covid-19, when tested they would have to wait for eight hours for results. When they test negative but they have contacts of a confirmed case they are advised to isolate at home,**

F: Umhuu.

**R: yeah, for the next ten days, but when the results are positive they are now taken here from the tent. Most of them when they are coming here they exhibit signs and symptoms like shortness of breath or their sugar levels are high because it has been noted that Covid disrupts sugar levels. It impairs production of insulin at the same time its affects better cells which makes it hard for insulin to work on those places. So if you are a Covid patient you turn to have high levels of sugar, so with that they are brought at the ward for admission. So when they are there and they have shortness of breath they are put on oxygen,**

F: Where?

**R: at the tent,**

F: Tent

**R: yeah, before bringing them here and whilst on oxygen they will be managing hyperglycaemias, so it’s either they will be put on sliding scale or they will be managed as diabetes, type two diabetes. So that how its happening but if they happen to be contacts and have been to self-isolate they should also follow Covid-19 preventive measures like washings hands with soap, and putting on face mask**

F: So, on these different stages, before we started recording cases before 3A was named as a Covid-19 isolation ward, where were the suspected people being helped?

**R: by then they opened ENT, ENT was initially closed but it was made to be a Covid-19 ward. Now the patients who were being found at tent they were being treated at ENT as the treatment centre this was June, July, so by then they were being treated at ENT.**

F: Alright, so in your explanation you said somebody can see that at each and every stage there are guidelines and protocols that are being followed, what are the recommended management and treatment protocols that are required at every stage? Do you think there were the protocols that people were following?

**R: the protocols are there, as a hospital they did set the protocols not only as Queens, X-ray or ENT but all of us was managing the same way. When people arrive at the tent and they exhibit shortness of breath when they are tested on sugar level it was being found that it was high and maybe respirations are high, temperature as well is high. They were given antibiotics and being started on cheftrackzone no they were being given antipyretics Panado and the likes, and antibiotics like chefrackzone after the antibiotics, they were being given dexamethasone and hepaliv, yeah.**

F: So the protocols, how were they developed?

**R: At first, it started at ENT, so when we got here after being recruited when they wanted to change 3A to become a Covid ward, we were only trained that these are the protocols that you will be following,**

F: For queens.

**R: for Queens.**

F: Ok.

**R: Now we are treating patients with these drugs,**

F: So the protocols or guidelines they are specifically for Queens,

**R: yeah**

F: they were developed maybe they were adopted from somewhere else?

**R: yeah.**

F: so since they were adopted, how are these protocols or guidelines how do they suit our environment or local settings or how do they suit Queen Elizabeth Central hospital, as an institution?

**R: Ok, I would say looking at the drugs we were prescribing to them at specified time because there were limits that you receive for two weeks or ten days like dexamethasone, my view was that it was helping, i don’t where they adopted the protocol itself**

F: Yeah, yeah.

**R: the treatment.**

F: Yeah.

**R: Type of the drug they were giving, but it was helping.**

F: Alright, so all the stages that a patient has arrived maybe he is or she is a suspected, and in the other wards they have screened the suspected for Covid-19, to the time he has been admitted and later discharged. Which stage was most effective or the one that you think will be effective in the near future on the stages?

**R: Ok, I think the most effective stage is that one of identifying Covid-19 patients and isolating them (??) we had a problem back then like everybody was being screened at the entry gate but with time it turned out that in the evening people were not being screened. So it was like some people were being missed in the evening, so with time we went to another training the most heated issued was screening, because by then we were saying we are screening people who are entering the hospital at noon but those people coming in the evening from 4pm to 5pm they were just entering. It got to the point that people noted that when they come in the evening they were not being screened which was not the case in the morning and at noon, so it was a challenge especially at ATC; there they could not notice if a patient is exhibiting what signs and symptoms and i have seen a lot of health workers from those wards being self-isolated as Covid-19 suspects because they could handle the patients just like any other patients not knowing that maybe there are suspects.**

F: Ok, alright, so back to the question of protocols in terms of staff knowledge on awareness or having access to these policies, protocols or guidelines, do you feel like health care workers have enough knowledge or have enough access to use of the developed protocols?

**R: honestly speaking the hospital has tried its best we could say almost every health care worker has been trained and the protocol is there,**

F: And these protocols are available in written?

**R: Yes.**

F: Form or?

**R: Yes, they are available in written form,**

F: So anyone can access?

**R: Yes, anyone can access.**

F: Alright, how about the support that you as a nurse you get from management? Senior management or as a nurse the support that you get from senior medical doctors or senior nurses or the support that you give to the support staff, do you think are there any issues or?

**R: Of course some hiccups are there, but i would say that coordination is good starting from top management to the bottom or that sometimes there are issues of staffing here because currently we are registering few cases but back then we could record four or five. So most of them needed holistic care, so for the health care worker you can to bath them, feed them and it was three health care workers per shift. So its was challenging to complete all the tasks like bathing them since we were being understaffed**

F: Alright, so in terms of Covid-19 and the response strategies can you explain to me how prepared you are or in this case i should say how prepared you were as an individual of how prepared the hospital as an institution to respond to high numbers of Covid-19, because previously we were preparing with anticipation that the country will record high corona-virus cases, as an individual how prepared were you or how prepared are you in case we record many cases?

**R: Ok, I would say I’m well prepared because now I’m well equipped with information to do with Covid, but previously when we were preparing that Queens will also be a Covid-19 treatment centre, i would say we weren’t prepared enough, we didn’t prepare very well because reports were indicating that neighbouring countries like Mozambique and Zambia were hit by Covid-19, but here we were only training health care workers and this was by then not instituted, and things were progressing at a slow pace. So i would say at Queens the preparedness was not well planned, if i recall very well at the entrance get there were placed two tents. We were told that the first blue tent was to be the one to screen all the staff here, the other patient for the general public was to be for patients and guardians and all others but it turned out that up to date the tent is not in operational and water as well as electricity was delayed as well. So the preparedness was problematic despite knowing that Covid-19 is within**

F: But now if you are trying to compare how it was back then and currently?

**R: I would say things are better now,**

F: Ok.

**R: They are better indeed.**

F: Aright, and now on the same issue of infection, prevention and control practices, do you feel like you as an individual or care workers do you feel like they have sufficient knowledge and skills in terms of infection prevention related to Covid-19

**R: Yes, I strongly agree.**

F: How can you justify that?

**R: I would say when it comes to infection prevention, here as staff we were encouraging each other that Covid is a new thing, and we have seen has it has affected other countries and in the country we are just fortunate that we are not registering high cases but we need to be very careful, so when we are going inside if someone has done something wrong lest make sure we correct each other because if one of us is infected then everybody is at risk. So let’s try correcting each other on areas someone has failed to do the right way. So with that it seemed that when everyone is entering and is doffing or donning it was being done orderly, which worked well because we registered no health workers with suspected or confirmed Covid**

F: That’s nice, then how about availability of Personal Protective Equipment to staff when you need them, were they readily available or how were they made readily available

**R: Ok, the equipment were readily available, we accessed them through our in charge, which were being kept at stores, but somehow what was missing was headgear by then we had to improvise by maybe putting an apron but the remaining needed equipment were always there.**

F: Now, question of comparing pre and post, so how can you compare the time before Covid-19 in terms of availability of PPE with the time that Malawi had started registering cases

**R: Before Covid-19, PPE’s were not being found not at all, not even the infrared thermo it was a challenge to access at ward level because by then before i started working here i was working at surgical department. So there we were also putting in place measures that we should screen people but the challenge was the PPE’s but when we had corona-virus cases we had no issues with PPE’s**

F: Ok, how about ability of staff to follow the recommended infection prevention measures, do you think if you look at before we had Covid cases and after having some cases, do you feel like staff are able to follow the infection prevention measures better now or it’s just the same?

**R: I think now it’s better**

F: I mean putting in consideration all infection prevention; I would highlight something like regular hand washing, use of PPE’s and proper disposal of the equipment

**R: I think now we are doing better than before because by then we were like, because back then people thought Covid was mere rhetoric, only a few would comply with measures such as washing hands or putting on the PPE’s; some would argue that the shield was giving them headache. So they were neglecting all those things but currently when everyone is entering the ward they wash their hands and putting on the face shield and at least nowadays we see people moving around with face masks so I would say right no its better.**

F: Ok, how supportive is the infrastructural setup in managing the increased cases of Covid-19, so imagine if we have high cases of Covid-19, do you think we have enough infrastructural setup like in terms of isolation rooms and spacing in our wards?

**R: I don’t think so, we don’t have much because we are inside what happens is that whenever we have three to four patients like that being in the male ward alone. We would make sure that if we have a patient on first bed then the next bed would have to be vacant. So with the issue of that maybe we have recorded high cases it can be challenging.**

F: Umhuu.

**R: Yeah, it could be challenging, like I said the infrastructure is not enough.**

F: How about the staff that maybe the cases have increased would you have the capacity?

**R: I would say right now most were trained they know, now they scaled down the workers due to dwindling numbers of patients but they also ensured that in case they have registered high cases of Covid patients then they will make sure to bring in back. So I would say in terms of staff we are always sure**

F: That they will manage,

**R: That they will manage, yes.**

F: How about issues of medications, is the hospital well prepared in terms of medications?

**R: Yeah.**

F: And other resources that are used to manage Covid-19.

**R: Yeah, the hospital is well prepared because ever since i started working in Covid-19 ward we have never had a case where drugs were out of stock. We have always had them.**

F: Ok, that’s good and what do you see as key barrier or as key barriers and possibly facilitators currently affecting Covid-19 response strategies is there anything that you think probably this is a problem to management of Covid-19?

**R: Can you come again with the question?**

F: So, I’m looking at what do you see as key barriers or is should say something that can hamper Covid-19 response plan that to say all the measures which were put in place for preparation for management of Covid-19 cases, what do you see as barrier?

**R: Uhh.**

F: Or maybe what you see that could make things accelerate or on the other side make things go bad. If there is none its fine.

**R: There isn’t.**

F: There is none.

**R: Because it seems that the coordination is good top management, things are progressing well there are no barriers**

F: Ok, the next section is about perspectives of health care workers in rationing care, so this is an imaginary question which you could just imagine in a period of an epidemic measures such as reverse triage, so triaging is when you have a queue of patients and take those serious

**R: Yeah, serious**

F: Now we are looking at reverse triage, reverse triage is when you have an increased number of patients looking at the same care; now the reverse triage is those that are feeling better they have to be discharged. So you should just imagine if we had an increase in Covid-19, we would like to explore around your perception the potential need for rationing care. So in case that you have many patients what kind of care can you provide that at the end of the day everybody has had enough treatment

**R: I think if I have had increased cases, i would say it would be a challenge because by then when I was coming here, when the country has just started recording Covid cases, most people were afraid to come to Covid ward. We volunteered because we thought we were already treating people whom we were not sure if they are Covid suspects, so to us it was all the same but we were making sure that we follow all measures to prevent an infection. But with an increased number of patients i would say the care we give to patients would not be enough as we have tried managing at the moment because**

F: What could be?

**R: I think staffing could have been the problem because had it been that the hospital has been overwhelmed with high numbers of Covid; with the some health workers were afraid of the illness, i don’t think any more health workers could have come to work in the Covid ward**

F: So what would be the most equitable way of trying to make sure that everyone has received care, what do you think?

**R: I think there was a need maybe for the hospital or government itself that maybe as much as they know that we have always had a shortage in hospitals. They could have recruited additional health care workers because there were some who were willing to work in Covid ward but they were not employed. So there were under other measures that were stipulating that when you have been found positive you can’t do such and such or the hospital will be on your neck, so people like those could not have worked in the Covid ward but they were eager to work in the Covid ward. So main issue is staffing which happens to be an issue that had always been there from way back**

F: Ok, how could the VIP’s or people with higher social status be treated in this context? Or how were you treating the VIP’s?

**R: Ok, by then ENT was running and here we were also admitting patients, so the setup was that here we treat any other patients apart from the VIP’s or health workers from any other district or NGO’s. It was said that those will be treated at ANT, so after it was closed there now here we were accommodating everybody. So the VIP’s we treated them,**

F: Like.

**R: like any other patient.**

F: Alright, the other section is about attitudes towards Covid-19 and the perception of risk, so considering the level of preparedness as an individual and the hospital as an institution; if you can explain to me your attitude and the perceived risks about Covid-19 infection, how has your work changed due to Covid-19?

**R: Ok, I would say with the coming in of Covid i have improved on my work performance comparing with how I was discharging my duties previously because i always wanted to treat Covid patients. And by then when i told people at home that I’m starting to work in the Covid ward, there were complaints like but why have they chosen you. And I was telling them thati got trained in this and I have to face the reality now. So when i was coming in i was fully confident that I can manage any patient. Now looking at how the cases were being in other countries through television it was scary but still i was optimistic that I can manage. So I would say since I came in I have improved greatly in terms of the way I,**

F: You had some fears.

**R: The fears were there because maybe when we are out of here you cough and you fear that isn’t this Covid. But with time we came to understand that was mere cough and looking at how we were handling patients you could assure yourself that there cannot be a possibility to get Covid, maybe outside because you are surrounded by people whom you are not sure. But in the ward the way we out our PPE’s, the way we handle patients because we also give them masks. So whenever you are like near them you can also see that I’m protected**

F: So considering the preparedness the hospital has put in place, do you feel that you as a health care worker and other health care workers are sufficiently protected from Covid-19, when you are working?

**R: Yeah, I feel well protected.**

F: Ok, what are the greatest risks and fears that you have at the moment?

**R: I would say at the moment i do not have any fears,**

F: They reduced.

**R: Reduced, because looking at the number of Covid patients that we have registered from August,**

F: Up to now.

**R: October, they are very few so the fears are gone, fears were there when at first we were handling the patients more like it is done in the other wards but now knowing that these people have Covid-19, so we had the thought that if anything goes wrong then we also have got it, but right now i would say all those fears are gone.**

F: Taking it that we live with people in communities on issues of stigma because you work at a hospital.

**R: Yeah, by then i made a decision that i should not be home because i have my siblings and parents. So i talked with top management and they told me that there is a place I could be staying at College of Medicine, so by then i was staying there and they were open enough to say anybody who cannot manage to stay at his or her home they can come forward there was a place to stay. So previous, from the reports we had like from Lilongwe nurses were being segregated in public transport like minibuses as people were afraid of Covid, but here i did not here of such reports**

F: Ok, you just answered my follow up question on if you had any concerns on how did the facility (??) but that fine. So in case of risks what are the ways of trying to mitigate or trying to end those risks to infection or do you think are the ways of trying to end the risks to infection with Covid?

**R: I think all the measures that were put in place just have to be followed as you know, Covid is transmitted via right now people are confused that maybe it could be airborne.**

F: Airborne.

**R: through the droplets, so the best thing to do right now is adhere to all the measures like masking up always when you are going out there, washing hands with sanitizer**

F: Ok, there was an issue of risk allowance, how do you relate the two? Like relationship between risk reduction, having a reduced risk of getting Covid, with the financial incentives do you think financial incentives or risk allowances have anything to do with people’s perception about reduction to get Covid.

**R: Uhh.**

F: Because people you were arguing that we should receive the allowance

**R: I think people were looking at the risk of being affected under a certain amount of, like some argue that there some in top management who are getting a huge share but they are not on the ground tackling on those kinds of things. Now it is like they were oppressing the front line workers, so people were saying at least we should get paid enough risk allowance so that it should be worthy to risk our lives. So people were committed to work but first they wanted the allowance, for myself i thought it better to first work and assess the situation and comment later about the risk allowance but I would the risk allowances from way back was very little. I wouldn’t stand now to demand for an increase in the risk allowance because of Covid but it has been very little from sometime back.**

F: From way back.

**R: Yeah, so it is increased now there is no problem**

F: Ok, are there any uncertainties or is there any area where you feel unsure of in terms of Covid-19, things that you are not sure how they get down or how it could be if they occur?

**R: I have nothing, currently I’m well equipped on anything to do with Covid that even if patients happen to ask me a question to do with Covid, I’m able to answer them giving, them the status update.**

F: Right now lest talk about testing, i think you are aware of Covid-19n testing they use nasal prongs, so what has been your experience on using the nasal prongs?

**R: I for once i got tested, but i haven’t tested anybody but.**

F: Your experience how was it?

**R: It’s somehow painful, but it could also depend on how they have tested you because some would say it was not painful and some would they have hurt me but for my case i would they hurt me when i was coming out i had tears in my eyes. So it was painful of course.**

F: And what do patients say as the patients are tested several times.

**R: Some patients are afraid, like we had a scenario where a patient was complaining that why are you testing me again, but some after you explain to them they would fully consent that test me because are eager to go home**

F: And what are your views about using saliva testing, i think there are some researchers they are doing research if they could use saliva to test Covid-19, what are your views on that?

**R: I think that could be a (??) story as people were complaining basing their experience with the nasal prong but the saliva one it would be a good story I think. And with that one there would be complaints**

F: So just to conclude what are your top priority recommendation including the level of preparedness and strategies responding to Covid-19? The things you see that these they must at all cost happen

**R: I think just strengthening the screening procedures that are supposed to happen at the tent. At least if we have people doing that at noon and evenings, it can be helpful because let’s say they have screened people at noon only then they have missed people coming in the evening. Some maybe the people bringing, we have had in patients testing positive, so it was the people coming in the evening or guardians who have not been screened have infected patients in the wards. Like at 3B I found such case and other wards like gynaecology, at labour ward in the end it was found that most staff tested positive. So if we strengthen screening in shifts that it’s now 24 hours operational, i think we could really say that**

F: Like here we are talking about Covid, if now we have another epidemic in the nearly future what could be your priority recommendation either to the hospital or to the country in general.

**R: I think with the way we have covered Covid, i think we have learnt a lot that maybe we have registered another pandemic on preparedness alone we should improve, because we did not prepare very well on Covid-19, because we could hear the areas which has been affected by we were optimistic that it would not get here. And when it got here it is when we started conducting training and people were entering into the hospital without being screened, so it’s clear that we did now prepare but we were aware that the problem was heading our way. So I think should we have another pandemic on preparedness we will do much better**

F: Alright, thank you very much unless you have other issues that you want to say, but these are the questions that I had.

**R: No questions.**

F: Ok, thank you so much for your time and for the information that you provided.

**R: You are welcome.**