**Abbreviations**

**F:** Facilitator.

**R**: Denotes Respondent.

F: So, uhh once again welcome to these interviews and in this interview we have about four sections so the first one we are looking at the clinical management of COVID-19, cases at your hospital and then I will look at the perspectives of health care workers in rationing care, and your attitudes towards COVID-19, uhh, and perception of risk and then finally we will discuss about the health care workers and patient perspective on COVID-19, testing procedures.

**R: Alright.**

F: Yeah, so just to begin uhh, if you can just explain to me your position and responsibilities or in general how does your day look like.

**R: Ok like my position here at Queens?**

F: Yeah, yeah.

**R: Ok, I work at the laboratory,**

F: Ok,

**R: yeah, so if you ask like how is my day like mostly as you know laboratory personnel we receive samples from the wards,**

F: Umhuu.

**R: Yeah, some walking patients to come and collect samples and we analyze whatever the doctor has requested us to,**

F: Yeah

**R: so mostly it’s that routine.**

F: Ok.

**R: Yeah.**

F: So if you are uhh aware of the uhh clinical pathway that the patient were going through these are the suspected or confirmed COVID-19 cases will you please explain to me uhh I mean all the stages that uhh the patient uhh go through.

**R: Specific for COVID, COVID patients?**

F: Yeah, just COVID patients, so I’m looking at from the time a suspected case or a confirmed case arrives at the hospital to the time they get discharged,

**R: Ok.**

F: if you are aware of the stages that,

**R: Alright. The only thing that I know is that there’s screening at the main gate,**

F: Umm.

**R: so, some of the suspected cases were spotted there,**

F: Umhuu.

**R: like they check your temperature and the ask for signs and symptoms,**

F: Yeah.

**R: if you happen to like uhh, if you happen to meet the criteria they were using to isolate you as a suspect case they were taking you to the tents, the isolation tents (??)**

F: Yeah.

**R: and then from there they would have you COVID sample collected, yeah and then I think they were keeping them there,**

F: Yeah.

**R: yeah until they receive the results, so from there I don’t know what was happening.**

F: Ok.

**R: were they, I just heard some were admitted in the wards 3A there was an isolation ward, I just , but I wasn’t really much involved in the COVID.**

F: Ok. So from the little that you know how about screening at the tent or everything happening at the tent, how was this part, I mean who was involved in planning all these?

**R: To be honest I don’t know, cause.**

F: Ok, yeah.

**R: Yeah.**

F: Ok, so uhh, and ofcourse you’ve just explained about what you are involved in so, testing samples if they come from the tents,

**R: Yeah.**

F: and between uhh, what is happening at the tents and what you do at the lab, if you are to rate this to stages, uhh which one do you think it works better?

**R: Ok what is happening at the tents in terms of what?**

F: In terms of screening for participants.

**R: Ok and what is happening at the lab as,**

F: Yes, so at which stage do you think the system is working better than the other?

**R: Ok, I feel like the lab is much better**

F: Because you are working in the lab.

**R: (Laughs). Not, exactly, but I feel like it’s more established,**

F: Yeah.

**R: yeah, than at the tent cause we can’t really trust the screening that is happening that side cause some people still pass, so if we are to compare the systems,**

F: Yeah.

**R: I would feel like, I think maybe and also cause in the lab we are working with people who are trained, people who know mostly what they are doing,**

F: Yes.

**R: unlike with the guys at the tents they are always meeting strange people, people who don’t really understand what’s going on, so I feel like things will really be hard for them, they are interacting with people who don’t really, who like, they are not as willing to, yeah like to comply to the COVID restrictions.**

F: Ok, yeah, so what, what do you want to see improved at the tent because it seems they have a weakness.

**R: Yeah, at the tent?**

F: Yeah, what could they improve on?

**R: Ok, I just feel like, ok, to be honest, I don’t think cause they are working with people from the communities,**

F: Umm.

**R: people who they don’t even know their backgrounds,**

F: Yes.

**R: some are patients, some are so I feel like the people who planned that procedure,**

F: Umhuu.

**R: I feel like they tried their best,**

F: Ok.

**R: yeah, just that if there’s something hard that they are meeting is something that they can’t control like the people from the community.**

F: Yeah.

**R: Cause I don’t know but then other hospitals like Mwaiwathu, Adventist people do follow the procedure and I think it’s cause maybe of social status of people who goes to those hospitals,**

F: Umm.

**R: yeah, it helps them, the procedure is quite easier than,**

F: Ok, so does the hospital have any recommended management and treatment protocols uhh that are required at each stage, for example at the tents or at the lab, does the hospital have any recommended management and treatment protocols for that?

**R: Yeah I think they do, I don’t know which standards you are talking, you are using but I feel like they do, like at the tents they try to make sure that everyone who passes has a mask and if you are going through the screening procedure you are in a car a pedestrian you have to wash your hands,**

F: Umm.

**R: So actually I forgot that’s one thing that I feel like there is a weakness because people, pedestrians are much screened than people in the cars,**

F: Exactly.

**R: cause if you are driving they won’t ask you to wash your hands, they don’t even have hand sanitizer to,**

F: Ok.

**R: yeah but people who uses the small gate they are not in cars they are forced to wash their hands or if they have sanitizers they should apply, so I feel like I should have mentioned that when you said if there is something they need to improve.**

F: Ok.

**R: But then,**

F: Umhuu,

**R: talking of the treatment procedures they try the people who do the screening they are always in their masks,**

F: Umhuu.

**R: and mostly I see them with their PPE, I don’t know if it’s appropriate but yeah they have something to cover themselves. Even on the samples I’m not involved in the COVID testing but I can see that the samples when they come, they are handled with uhh, utmost care,**

F: Yeah.

**R: the people who handle them.**

F: Ok, but how about at your work place in the lab?

**R: My department?**

F: Yeah, do you have any protocols or guidelines of how to handle COVID-19, samples.

**R: Yes, uhh I would say so, much as I’m not involved in,**

F: Yeah.

**R: COVID-19 testing but then I know that there are people who are, who were allocated,**

F: Umhuu.

**R: to be handling COVID-19 and take samples.**

F: Umm.

**R: Uhh, I don’t directly deal with those samples,**

F: Yeah.

**R: maybe only sometimes when people, there’s actually, I heard there’s a ward is it 1A? They admit people with COVID, yeah, so those people sometimes do send hematology samples, I’m working at hematology department so they do send some samples for a full blood count, sometimes chemistries, so, ok to be honest we handle them just like the way we handle any other sample, like always have your PPE on, yeah, and.**

F: Ok, so if you think there are some guidelines or protocols how do you think they were developed I mean for Queens?

**R: Uhh, to be honest I don’t know.**

F: Ok, alright, uhh, alright so let’s look at uhh, uhh next set of questions is on uhh preparation and the response strategies that were used at the hospital, so if you can uhh explain to me how prepared you were as an individual like in the first place before we had COVID-19 cases, how prepared were you because this is like we are just hearing there is COVID in other countries and so how prepared were you?

**R: Ok, at first I think I was just overwhelmed with fear,**

F: Umhuu.

**R: knowing that uhh the people who have like COVID we will be receiving the samples in the lab we will be working much as we won’t be directly in contact but then we will be I mean a little exposed.**

F: Umhuu.

**R: So, apart from observing the washing hands, having musk on I don’t this there’s, I wouldn’t say there’s anything else I did specifically as in getting prepared to COVID-19, it was just focusing on washing hands and PPE.**

F: Yeah.

**R: Yeah.**

F: How about the hospital, how prepared was it if being a lab personnel I think you should be able to know some (laughs), how prepared was the hospital, because you know you can talk in terms of how prepared were you at the lab to handle like mass numbers of cases?

**R: Ok, uhh, ok I think but uhh talking about the hospital,**

F: Umhuu.

**R: at large,**

F: Yeah.

**R: I saw that they tried their best as in they tried to reduce congestion,**

F: Umhuu.

**R: they minimized the numbers of clinics that do come,**

F: Umm.

**R: like the sugar and BP people they were not coming as frequent, they only asked to be coming when there’s a need,**

F: Umm.

**R: yeah just to cut on congestion,**

F: Ok.

**R: and they also try to help uhh the staff in the transportation they provided buses at some point,**

F: Umm.

**R: like to maybe avoid spreading uhh to the community,**

F: Yeah.

**R: they also trimmed on number of people who should be coming to work, we were working on shifts,**

F: Umhuu.

**R: so I feel like they did all that just trying to minimize the exposure,**

F: Yeah.

**R: trying to getting themselves yeah I feel like maybe one of the staff members is affected shouldn’t quickly affect others so is that.**

F: Ok.

**R: And they try their best they provide face mask each and every day since then till now.**

F: Ok, and what was the I mean the composition of the team that were responsible to make sure that everything is,

**R: The hospital as large?**

F: Yeah.

**R: Uhh I don’t know.**

F: You don’t know?

**R: Yeah.**

F: Alright, fine, how about in terms of trainings, uhh did the staff in general have uhh sufficient uhh training to have knew skills or knowledge about uhh infection prevention, control practices or managing COVID-19, cases.

**R: Uhh, no, if there are any,**

F: Umhuu.

**R: then I didn’t really attend, the only training I attended,**

F: Umhuu.

**R: It was conducted by the Blantyre DHO, it was actually about contact tracing,**

F: Contact tracing?

**R: Yeah it wasn’t about infection prevention and stuff.**

F: Ok.

**R: Yeah, so I don’t think, maybe cause I joined Queens in May,**

F: Ok.

**R: by then CORONA had already popped up,**

F: Yeah.

**R: so I think maybe if they did before I came that I have never heard that some people attended trainings on prevention.**

F: Yeah but I mean joining in May, we started having cases in June, so probably preparations were just underway.

**R: Yeah.**

F: Ok, so you mentioned about being serious with the use of PPE, yourself as an individual and you’ve seen others are using the PPEs, so how readily available are these uhh these PPEs to staff when they need them?

**R: Ok, when I talked about PPEs mainly I was talking about face masks, those are the only additional PPEs that we are having now due to COVID,**

F: Umm.

**R: and the, I don’t know about the other departments but in the lab they do provide us with face mask each and every morning.**

F: Ok.

**R: Yeah.**

F: Alright, uhh, now let’s look at specifically let’s look at the lab,

**R: Yeah,**

F: Uhh, in terms of following the infection prevention measures, uhh, I mean what are the current practices to people uhh in terms of hand washing or putting on masks or proper disposal of these equipment, what are the current practices?

**R: Ok, to be honest uhh, initially people were kinda strict like even myself I wouldn’t have come here without a mask.**

F: Yeah.

**R: Yeah, but then with how, I think, I don’t know I think we are getting used to it, I feel like to the point we are losing the fear that we had,**

F: Umhuu.

**R: so I wouldn’t say that people are strict as we were before.**

F: Yeah.

**R: Yeah, we do wash hands in the lab cause we are supposed to do,**

F: Umm.

**R: to be doing that, like you know you were touching blood and stuff like that yeah, and the face mask yes we do put on sometimes especially those who work at the (??) they need walking patients.**

F: Yeah.

**R: so those ones they do try their best, but apart from that since the hospital resumed it’s like full scale work,**

F: Umhuu.

**R: yeah, so I wouldn’t say that we still like try to cut on congestion, no, right now everyone is coming to work.**

F: Ok.

**R: Yeah.**

F: Alright. Uhh imagine if we had uhh higher numbers uhh or increased cases of COVID-19,

**R: Yeah.**

F: how supportive is the infrastructural set up of the hospital? To handle high higher numbers of.

**R: I feel like infrastructure wise the hospital is not prepared, is not ready cause even seeing the people some people admitted at the tent I don’t feel like it’s appropriate cause sometimes it’s cold out there so we could actually ham patients instead of maybe helping them,**

F: Yeah.

**R: I feel like infrastructure wise we are not ready sometimes I also, I just hear that uhh, I don’t know now cause we have a gas plant but then I feel like I think before we didn’t really have a proper one people were struggling with gas I have heard some people who died cause like maybe the gas cylinder was empty and they were trying to fetch for some cylinder which has gas and stuff like that.**

F: Umm.

**R: So I feel like infrastructure and equipment wise we are not ready.**

F: Ok.

**R: Yeah, we are not ready.**

F: And how about the staff, human resources and number health care workers?

**R: I don’t know about other departments but in the lab I feel like we are enough.**

F: To handle,

**R: Yeah.**

F: Even if we had like ten thousand cases per day (laughs)

**R: (Laughs) Ok, that would be something else then but,**

F: Cause the are the large numbers that I am referring to,

**R: ok,**

F: You’ve heard about other countries,

**R: Yeah.**

F: how much they do.

**R: ok, yeah but then, alright if you talk about uhh, such numbers,**

F: Umm.

**R: then maybe cause mostly the lab is involved in sample collection and testing,**

F: Yeah.

**R: so if there’s a stage that uhh, needs the lab most maybe is sample testing and collection, so I feel like if we are to have such huge number of cases,**

F: Umm.

**R: it meant that we are supposed to have such huge number of people to be collected sample maybe even more than that, so I feel like maybe that’s when we would say that we don’t really have enough human resources,**

F: Umhuu.

**R: technicians working on the ground.**

F: Yeah. Ok, so a follow up question is just an imaginary question really, I’m looking at rationing care, so the care that is provided to patients, so I will still use the imagination of having a larger numbers of cases,

**R: Yeah.**

F: who require admission at our hospital so at Queens, uhh, how would care be rationed, how would care be provided in your imagination, how would like in reality, how would care be provided if we had like very, very, very high numbers.

**R: I feel like it will be a disaster, I feel like it will be a disaster cause uhh, first, like previously we talked about infrastructure and equipment.**

F: Yeah, yeah.

**R: cause if we are to have large number of cases it means we need to be uhh fit in infrastructure and equipment and that’s where I feel like the hospital is remaining behind mostly.**

F: Umhuu.

**R: So if we are to have let’s say five thousand cases in a day,**

F: Yeah.

**R: and all those will need to be, they will need maybe life supporting maybe, life support machines maybe, gas cylinders and staff, care will be hard, I feel like some people will still suffer while in the hospital.**

F: So who will be given priority if you think (laughs)

**R: (Laughs)**

F: Do you think people will suffer at the expense of others?

**R: I don’t know maybe I don’t know how they do it but I just feel like maybe sometimes you can check, cause I work in the labs so sometimes we do like maybe someone requires needs transfusion,**

F: Umhuu.

**R: yeah, so you only have one pint of blood,**

F: Yeah.

**R: I will just give an illustration**

F: Yea, yeah.

**R: you only have one pint of blood and you have two people that needs transfusion the same group, sometimes we do check on their hemoglobin level**

F: Umhuu.

**R: it maybe that maybe you requested blood earlier than me,**

F: Yeah.

**R: but maybe your hemoglobin level is 6.5**

F: Umhuu.

**R: I’m just coming in I’m already 2.1 so even if you were the one to issue I feel like you would issue to the one suffering the most.**

F: Ok.

**R: So I just think that maybe if that’s how they do it so maybe they will take on like severity of the symptoms, the signs and the symptoms.**

F: Umhuu.

**R: Some people you can literally see that they are struggling to breathe, some people you can see they are positive but they are able to walk, so I feel like they will prioritize those ones that are really struggling.**

F: Yeah. But how about in cases of having a VIP individual so these are like people with social status

**R: Ok, with social status**

F: Social status in society.

**R: and connections.**

F: Yeah. How would care be rationed if we have that uhh higher numbers of

**R: To be realistic I just have, I just feel like, I’m not saying that uhh that’s what they do,**

F: Yeah.

**R: I’ve never been there,**

F: Yes.

**R: I’ve never managed a patient there directly,**

F: Yeah.

**R: but I just feel like people with social status are always at a higher advantage people respects them the most so I feel like if I was struggling there to breathe a minister comes with,**

F: Umhuu.

**R: his or her kid**

F: They will just leave you.

**R: (??) just say let’s help him so that he should go back to work**

F: Yeah, yeah.

**R: I feel like that’s what would happen.**

F: Ok, so so considering the level of preparedness for you as an individual and the hospital at large if you explain to me your attitude and your perceived risk to COVID infection.

**R: Can you come again.**

F: Umm, yeah, if you can explain to me,

**R: Yeah.**

F: your attitude and your perceived risk to COVID-19 infection, so do you I mean how do you perceive your risk of COVID-19, you think you are at higher risk of infection or?

**R: Uhh, to be honest I feel like uhh the level of risk that we are at right now,**

F: Umm.

**R: is just the same as anyone and the general public, I feel like that cause I don’t see, I don’t think there’s any ok if I’m to say that I’m at higher risk,**

F: Umhuu.

**R: than people outside,**

F: Umhuu.

**R: I feel like I will be really realistic,**

F: Yeah.

**R: cause atleast when we are working in the hospitals we are a little bit observant,**

F: Ok.

**R: we do, we are a little bit strict,**

F: Yeah.

**R: yeah, unlike people who are in the minibuses, in the shops and in the markets**

F: Umhuu.

**R: I feel like those ones are the ones who are at higher risk, and here you know this is a patient,**

F: Yeah.

**R: these are admitted here cause they are positive,**

F: Umhuu.

**R: for COVID.**

F: Yeah.

**R: So I feel like atleast cause we know whom we are dealing with we are not at very higher risk,**

F: So you feel like you are at lower risk of

**R: Moderate I would say**

F: and has this changed because we have registered a few cases than expected or?

**R: Individually that’s how I have always felt, although people say we work in the hospitals we are at higher risk of getting it, yeah somehow biologically we would say so but I feel like the risk the levels of risks they are much higher outside,**

F: Ok.

**R: to people who are working with people they don’t know,**

F: Umhuu.

**R: atleast in the hospital you know there’s something that brought this person to the hospital so.**

F: Ok so we can that you are sufficient you are sufficiently you feel like you are sufficiently protected,

**R: Yeah, kind of.**

F: from the infection?

**R: Yeah.**

F: Ok, so, uhh with the coming in of this all COVID-19, has that changed your work in any way, the way you work or you do your things at work or I mean you are free to describe changes you perceive as important maybe for your family or your patient or the team that you work with, has anything changed in the work?

**R: Now, now that the hospital is back to its full scale services,**

F: Yeah.

**R: things are like back to the normal.**

F: Umhuu.

**R: Yeah, jus that uhh right now we kinda ok, much as I said that we are not really running low currently on human resource**

F: Umhuu.

**R: but also cause also the lab needs to be providing people to be collecting the samples, yeah ofcourse those ones they have special arrangement but sometimes it happens that uhh they were supposed to be on duty today,**

F: Umm.

**R: in the main lab,**

F: Yeah

**R: and the same day they are supposed to be on duty at the tent, sample collection, so I feel like sometimes it affects the**

F: Ok.

**R: work flow.**

F: Ok.

**R: Yeah.**

F: Have you ever at any time had any concerns regarding uhh feeling at risk of COVID-19 since you started working at the Queens?

**R: Uhh, no.**

F: Ok. Alright, now there was this issue about uhh risk allowance or financial incentives to be given to uhh health care workers or people who directly work on COVID-19, so uhh what do you see as a relationship between uhh risk reduction and financial

**R: (??)**

F: Yeah, do you think when people get uhh financial incentives they feel like they have reduced risk or infection now they can go and work.

**R: Ok, first of all uhh, ok maybe I really understand the meaning of risk allowance,**

F: Yeah.

**R: but I feel like risk allowance doesn’t come to reduce the risk,**

F: Ok.

**R: I feel like it comes as a compensation,**

F: Umhuu.

**R: cause you are at a higher risk**

F: Ok,

**R: much as we really can’t buy life, but I feel like maybe we can calm someone down so I think that’s why they brought in the issue of risk allowance because people they feel like they are at higher risk than others**

F: Umhuu.

**R: not to reduce the risk by giving them money but to just to compensate them,**

F: Ok,

**R: because, yeah, but then answering your question I would say I don’t think there’s any relationship between receiving money and reducing risk,**

F: So if I may ask you this is, it might be out of context,

**R: Yeah.**

F: but if I may ask you uhh, why do people choose to start working when they receive risk allowance and they choose not to when they are not given,

**R: They are not given.**

F: Yes.

**R: I think in general I would say that uhh, everybody needs money,**

F: Ok.

**R: so it’s just uhh like in a way, a way of like uhh maybe trying to get enough like I said that the risk allowance just comes as compensation,**

F: Yeah.

**R: I think we will be wrong if we will be backing ourselves up that we receive risk allowance cause we are exposed so we are going to reduce the risks that will be a lie,**

F: Ok.

**R: cause there’s nothing that happens with that money**

F: Umhuu.

**R: that will help us reduce uhh the levels**

F: Levels of risk.

**R: Yeah.**

F: ok.

**R: Yes.**

F: Alright. Uhh the final section is about the health care workers and patients perspective on COVID-19 testing procedures,

**R: Yeah.**

F: so uhh, what has been your experience so far with the uhh the nasal probes or the oral swabs, throat swabs, uhh testing procedures, what do people say or what do patients say about those procedures?

**R: Ok, ever since this thing started I have never met anyone who recommended this type of procedure,**

F: Yeah.

**R: yeah, ok, I was also, I was once had a sample taken,**

F: Umhuu.

**R: it was the nasal one,**

F: Yeah.

**R: it’s really uncomfortable, it’s painful sometime,**

F: Yeah.

**R: yeah it’s uncomfortable, so I don’t know others but then from what I hear and from the experience that I have,**

F: Umm.

**R: uhh, I wouldn’t say that, I don’t know if theresn’t any other way of doing it, but I wouldn’t say it’s the best procedure to do.**

F: Ok, so what would be your recommendation if you may think of any other way of testing?

**R: I heard, I also heard.**

F: You also work in the lab.

**R: Yeah (laughs).**

F: (Laughs)

**R: I also heard that uhh, a suspect, a person, a patient can have their samples collected like orally,**

F: Ok.

**R: Yeah, through the mouth,**

F: Ok.

**R: I just don’t know why they prefer the nasal one, as I said I’m not much involved in COVID testing.**

F: Yeah, yeah.

**R: and if there’s any training they did on sample collection I wasn’t involved.**

F: Ok, ok.

**R: So I would prefer the mouth one,**

F: Ok, because I mean, there’s a, there are some researchers they are trying to develop uhh the test kits for COVID-19 using saliva, so that’s why we are asking.

**R: Ok, that will be good, that will be really good, convenient and comfortable unlike the nasal one. I feel like even the mouth one will be a little simple, yeah a little painful than**

F: The HIV oral (??)

**R: Yeah.**

F: Ok, so what are the priority recommendations in improving the level of preparedness for COVID-19, if you may, if you may have any recommendation for the hospital?

**R: Uhh like COVID-19, prevention?**

F: Umm like any preparedness,

**R: Yeah preparedness.**

F: and response strategies that can be used, what would be the priority recommendations or for any future epidemics.

**R: Ok, I feel like first of all I feel like infrastructure wise,**

F: Umm.

**R: yeah the hospital needs to improve on infrastructure,**

F: Ok.

**R: we don’t need to see a need for us to have it, as in we don’t need to wait for the need to arise for us to have it.**

F: Yeah.

**R: we can just have some just that if anything happens, we will do this, we will do this so I would recommend infrastructure wise,**

F: Ok.

**R: and also maybe human resource to talk about the other departments.**

F: Yeah.

**R: Even also in the lab like I said that people are supposed to be working in the labs sometimes are involved in sample collection,**

F: Ok.

**R: which is more like whole different issue,**

F: Yeah, yeah

**R: with (??) sample, so I feel like we improve also on human resource,**

F: Ok.

**R: have enough number of people to work.**

F: Alright any other issue that you don’t want to, you just want to express yourself or any other issues on COVID-19.

**R: Uhh, no.**

F: No,

**R: Yeah.**

F: Ok let’s stop.