**Abbreviations**

**F:** Facilitator.

**R**: Denotes Respondent.

F: But you can combine both, ‘ndithu’, sure.

**R: Alright.**

F: ‘Chabwino’, Alright, as I have already said ‘kuti’, that our aim is to hear from health care workers what are their views ‘komanso’and their experience about management of COVID-19 in the hospital. Alright, so talking about COVID-19, this year that’s when the hospital started considering to admit COVID-19 patients, how has your work been related in the management of COVID-19?

**R: Mmm mostly I can say that I was privileged because I attended one of the trainings**

I: Uhh, ok.

**R: Uhh the coming in of COVID brought with it uhh the need for additional staff because we created some more spaces which we initially didn’t have like the tents, they came up with uhh with the COVID ward firstly at ENT, then the COVID ward at 3A, and the maternity COVID ward at 1A, so it meant that we had to source extra pairs of hands,**

I: Ok.

**R: to work in those areas so I can say that was my involvement but also we had to uhh source other extra materials resources for the people to use uhh in the COVID centers.**

I: Ok, so are you able to explain to me the pathway of a COVID patient or suspect in the hospital from the time that they arrive in the hospital, what are the different stages that they go through to the point that they are either discharged or they pass on?

**R: Ok, so I think currently what is happening we have one main entrance as you know we had so many entrances,**

I: Yes.

**R: but after the coming in of COVID we have one main entrance at the main gate, so there for those that are driving they are screened by those personnel at the gate, yeah so if they answer yes to some of the questions that one would think they would predispose them to having COVID then they are put aside so that they should not proceed to go into the hospital and they go to the tent for further assessment. For those that are coming on foot they go through the small gate, they are also screened and there screening questions that they are asked, so if they are viewed to be low risk they are allowed to come in and access whatever services they came for but if they are seen to be high risk let’s say they have fever, they are coughing or they had contact with somebody with COVID or a suspect of COVID they are returned and further assessments are done and specimens are taken. For those that look sick they are still kept at the tent and they are cared for and the COVID results they come out I think in about less than 24 hours ,**

I: Ok.

**R: so depending on the results, if the result is positive then they are sent to the COVID ward in 3A for further management but if they are those that they can manage to be self-isolate at home they are, the Blantyre district office is also informed so that they are able to really follow up on them, but if they are sick requiring admission it’s when they are taken to ward 3A, if they are maternity women then they are taken to obs and gyne, umm, but there also some maternity cases they come in maybe they are emergencies when they are seen that they are COVID suspects in the obs and gyne department they are isolated, did I say Isolation? No they are quarantined (laughs) in ward 1A and a specimen is taken and a decision is made afterwards after the results whether to keep her there or to discharge her to another ward depending on the results.**

I: Ok.

**R: Yeah, if at the tent the patient is quite sick and needs uhh further management and is negative they are resent to ATC.**

I: ATC, ok.

**R: Yeah.**

I: Ok, and when they die for example in the ward how is that managed?

**R: As a COVID patient?**

I: Yes as a COVID patient.

**R: Uhh initially I think we had a burial team at Blantyre DHO, and the burial was done by the health personnel but nowadays I think the guardians are allowed to take the body following the necessary precautions and the can bury uhh the body themselves.**

I: Ok.

**R: Umm.**

I: Was there any particular reason why there was that change?

**R: Uhh we are told that I think after maybe we can say research is being done every day so I think they felt that uhh a dead body uhh is not very infectious as a live person what is important is just proper handling of the body and proper burial.**

I: Ok.

**R: Yeah.**

I: Ok, alright so the way you’ve explained uhh the pathway because just reading somewhere that one of the key recommendations in management for example COVID cases in this case is a flexible pathway that is able to explain that this is what needs to be done in this stage, these are the inputs that we need to do and this is what we expect when you move to the next stage just as you have done. If you look at this pathway what do you think that you can commend yourself as a hospital that I think we did very well in these areas and what do you think you can recommend to the hospital that I think we needed to have improved or we still to improve in these areas.

**R: Umhuu, ok I think one of the things that we have done well is that at least we have maintained the screening process at the entrance,**

F: Ok.

**R: because I think that has helped because several cases have been identified at the tent because of the screening process so I think that is commendable and uhh the other thing I think we can also commend the members of staff themselves I think they have put in an extra effort, I think they have really worked despite all the uhh, what can I say? The misconceptions that were there or the fears that were there because before we had COVID here we could see on TV how the pandemic was in other countries but the health workers they still were in the fore front caring for the patients doing all sorts of care giving all sorts of care to the patients despite the fears that were there.**

I: Umm.

**R: Yeah, some of the challenges I still feel we could have done better in terms of traffic control,**

I: Ok.

**R: yeah, because initially the hospital had agreed that we would be having no guardians, uhh no visitors and patients that needed guardians would be specific those that really maybe are not able to care for themselves or maybe children, babies those were the ones that will need guardians but for the rest we thought they could just come by the gate and then somebody and the guardian inside or the patient who is mobile can come and get whatever has been brought for the patient, but I think I don’t know maybe it’s because of our culture we believe in going to the hospital still to see the patient that is sick so I think, because we tried to close the door but there was chaos outside, so I think uhh, I think we had a challenge,**

I: Ok.

**R: to implement that.**

I: Ok, so eventually guardians were allowed.

**R: Eventually guardians are still coming in, of course in some wards they are still not allowed but they go on windows and in some wards they are still going inside so I think we are just fortunate that maybe the cases have started declining but otherwise if we had a lot of cases I think we could have some disaster.**

I: Ok.

**R: Yeah**

I: Alright. Were there specific protocols and guidelines that were developed to help clinical staff in management of COVID patients in these specific stages?

**R: Guidelines as in local guidelines?**

I: Yes local.

**R: formed by the hospital?**

I: Yes, local protocols.

**R: Yeah, there were some few guidelines developed locally and other international protocols but maybe with the challenge of reading culture some of them maybe we were not very conversant, fortunate enough there were some trainings whereby almost everybody was trained so at least the guidelines were communicated during the training.**

I: Ok.

**R: Umm.**

I: But are you able to know how these guidelines were developed or who participated and how they were developed?

**R: Yeah, because there was a taskforce, uhh that was formulated and it was led by one of the senior people in management,**

I: Ok.

**R: so it was during the meetings of that task force that some of the guidelines were developed, so the composition of the task force I think they tried to pick people from different areas like clinical nursing even clinical support services uhh administration,**

I: Ok.

**R: yeah.**

I: Ok, and this task force, that you are talking about were you part of that task force?

**R: No I wasn’t but at times if one of the because I don’t want to mention names,**

I: Yes.

**R: if one of the participants of that uhh task force was not available she could ask me to represent her.**

I: To represent.

**R: Yeah.**

I: Ok, so it was a task force that had clear guidelines and about their roles and what they are supposed to do.

**R: I think for the guidelines and roles or TRs I don’t think they were written down, yeah.**

I: Ok.

**R: Yeah.**

I: Ok, alright, but whatever as you are saying that there are protocols, whatever was happening in these different stages of the pathway, obviously I think the staff were guided by protocols that you need to do this, this, this.

**R: Umm.**

I: And most of them maybe were based on recommendations from WHO and the like, but how did you see whatever was happening in this pathway suiting our local context in terms of the resources that we have, the environment was it suitable to manage a pandemic?

**R: Umm I think the environment was really suitable because it’s like we had just improvised what we already had to suit the pandemic that we had,**

I: Ok.

**R: yeah and like in terms of resources I can give an example because maybe some of the guidelines could recommend that use these resources or when you are doing this procedure or this activity but because maybe because of lack of resources people maybe could do the procedures maybe with lack of some of the resources that were required.**

I: Do you have in mind a specific example of such resources?

**R: Yeah, so I could give an example let’s say maybe they are doing procedures maybe that would, I will give an example of maybe of a?? producing procedures you are required to put on the full PPE, yeah, but maybe you don’t have the full PPE but you still have to do that procedure so maybe people were just risking that maybe just let’s just do this to help the patient and yet they were exposing themselves, yeah.**

I: Ok. You earlier talked about trainings uhh how were these trainings structured? Who participated and what were the focus areas?

**R: Uhh for the trainings it was for everybody the technical personnel and clinicians and nurses they had trainings for support staff like the ward attendants, patient attendants,**

I: Ok.

**R: nursing auxiliaries and also for other support staff let’s say in admin, uhh transport because the drivers like the drivers they are also involved in, they are also involved in transporting patients, yeah the maintenance team because they could also be required to go to a COVID area to do some maintenance they also had to have some basics on how they can prevent uhh protect themselves from acquiring infection. Most of the areas focused on infection prevention especially for the support staff and for the technical staff it also included issues of brief background about the COVID-19, what other countries have done and what we as Malawi have done and we are expected to do, yeah and also how we can manage the cases clinically depending on their presentations or acuity of their conditions.**

I: Ok.

**R: Umm.**

I: So if you look at all those trainings the way they were planned and delivered, do you have recommendations on how they could be improved or they could better be delivered?

**R: Yeah I think what we needed was proper planning because there was like to and fro of doing things,**

I: Ok.

**R: yeah, I understand it was a crisis but maybe we could have been more organized, yeah I think we needed to, we needed a better organization of the trainings, like uhh scheduling them in good time so that people are aware when they are going for trainings like for let’s say nurses or clinicians we have Rotas so if you just say tomorrow there’s a training a three days training it was really a headache for to release people to go for trainings and then to find other people to work on their behalf, so it was like there was chaos sort of.**

I: Oh, ok, but there was no ample time for proper,

**R: For people to prepare.**

I: Preparation.

**R: Yeah.**

I: But in terms of content of the training do you think it was adequate to impart the required skill and knowledge.

**R: Yeah I think the content was adequate and the time also was adequate.**

I: Ok, what is your comment about availability of PPE during this period?

**R: Mmm I can say it was good sometimes we had low stocks even no stocks at all.**

I: Oh ok.

**R: So it was not consistent but the PPEs were there though not consistently.**

I: So there are times that you could run out.

**R: Not everything.**

I: Yeah.

**R: but maybe some of them.**

I: Some of them.

**R: Yeah so I think people could run around and source some more.**

I: Yeah how were these sourced, did the hospital provide resources that ok when you don’t have PPE let’s replace them?

**R: Yeah because some of the PPEs we would get from the Medical Stores Trust, if the Trust doesn’t have then the hospital buys the PPEs and some PPEs were donated by well wishers.**

I: Ok.

**R: Umm.**

I: Ok.

**R: And our partners.**

I: And other partners as well (Laughs)

**R: (Laughs)**

I: Like Welcome Trust. (Laughs)

**R: Yes (Laughs).**

I: Alright, so I’m sure one of the, uhh, no but let me start by asking that as a hospital how did it get prepared to respond, what mechanisms did it put in place for responding to COVID-19 right you talked about training to be one of them but what other things did it put in place?

**R: It could be some of the meetings, I mean some of the things were like the meetings to strategies on what to do so it also incorporated some stake holders like uhh who helped with like election of the tents, provision of some PPEs even providing of funds for the trainings yeah so I think uhh in the task force different people were given different tasks.**

I: Umhuu.

**R: Yeah.**

I: Were there specific IPC procedures or strategies on infection and prevention mechanisms that the hospital had put in place so that it protects its staff including the patients as well.

**R: Yeah I think it’s the same of equipping them with IPC knowledge but also provision of PPEs plus IPC equipment and supplies making sure that things like disinfectants are always available,**

I: Yeah, so these recommendations or these strategies how did you see staff abiding to them uhh putting in place recommendations in one place is another thing practice and implementation is also one other thing, so if you look at this whole period from the time you started meeting patients to now what is your view about staff abiding to these measures?

**R: We can say at the very beginning I think the staff were abiding to the uhh COVID-19 preventive uhh measures but I think now when we are having lower numbers I can see that there’s some relaxation,**

I: Ok.

**R: that’s my observation, yeah because like we have a bucket with water, soap for washing hands you can see people just coming in without washing hands, maybe coming in without a mask so I think I’ve seen that there’s some relaxation.**

I: Ok. And what do you think is causing that relaxation?

**R: I think maybe they’ve seen that the numbers are dropping, I don’t know,**

I: Ok.

**R: Umm.**

I: Ok, alright, now if maybe things have not turned out the way we expected in terms of numbers ‘mmene mumanenela kuti’, as you were saying that if you see the cases outside people thought that it will be worse in Malawi or in Africa,

**R: Umm.**

I: but if you look at our hospital, the infrastructure how supportive is it to handle an increased number of cases in case we had lots of cases, how supportive is this infrastructure to support many cases?

**R: I feel like if we were to have the numbers like in US or in Europe I don’t think we can be able to handle the numbers, I think we still have limited space, limited staff, limited supplies I think we will have challenges to handle large number of cases**

I: Ok, so it would have been a very big challenge, what about health care workers capacity in terms of adequacy to handle large number of cases.

**R: Yeah I think that would be a challenge, I think we would have a challenge because we already, without COVID we are already operating at less the number of establishment the number of staff, like for nursing that we require so the coming in of COVID it was even more challenging yeah.**

I: So without COVID you already had low number of cases.

**R: Yeah.**

I: So with COVID you had to take some to,

**R: To manage COVID yeah.**

I: Oh, ok.

**R: Umm.**

I: You talked about inconsistencies in terms of PPEs, sometimes do you have an idea if that was also a case with medication with COVID?

**R: I think on issue of medication maybe we were a little bit better off than the PPEs**

I: Ok.

**R: maybe because the PPEs are used by a lot of people but they are also, we have to change every now and then maybe the usage was just too much as compared to the medications because we had a fewer number of patients and their scheduled times to get medications, so for the medications it was much better.**

I: Ok.

**R: Umm.**

I: So I want to take you into imagination again that in case we had high numbers of cases in hospital and if you consider everything how do you vision, in reality how would have the hospital operated? (Laughs)

**R: (Laughs)**

I: How would it have operated in making sure that despite that there are high number of cases that it’s trying to make sure that who so ever needs ‘chithandizo akulandila’, help, is getting it.

**R: Umm I think firstly I think we need team work, yeah because without team work I think even if you have everything you can’t manage to care for the patients, I think what is paramount is team work, yeah.**

I: Ok, but what do you think could have happened in reality, ‘situation ku chipatala kuno ikanakhala yotani’? What could have been the situation here at the hospital?

**R: ‘Akuti’ to say we have all the resources, we have,**

I: The current level of resources that you have.

**R: Umm, ok, I think uhh we still could have had challenges, umm because we are thinking of resources starting from staff and material resources, if they are not enough I think you can even if you can put in your best but if you don’t have enough things to work with then we still have challenges.**

I: Ok, in some guidelines in cases of epidemics like COVID they recommend reverse triage, where the hospital see the sickest people and all those that are better off they quickly screen the patients and let those that are better off go and recover from home if that could be considered here, do you think that is applicable in our context, in our society?

**R: Yeah, maybe it can be applicable, but maybe the challenge with Queens it means uhh even those that are very sick will still be flocking to Queens, so it means there will still be a lot of work uhh, because those that are not very sick we still have to triage them to yeah, I think the challenge is that we don’t have a district hospital so maybe if we had a district hospital that would work better..**

I: Ok.

**R: Umm.**

I: I know initially the patients were being admitted at Kameza and Queens was not prepared to keep COVID patients,

**R: Umm.**

I: what motivated the sudden change that no let’s start bringing patients here?

**R: Umm I’m not sure but uhh what I understand is that at the Kameza camp I think staff there had a sit-in because of unpaid allowances and there was still need to identify where the patient or the suspect could be put apart from Kameza so that’s when they started coming to Queens of course Queens initially was not very willing to keep COVID cases uhh since it’s a tertiary health facility they thought only maybe those that are very sick maybe they were asked to go to Queens, but I think after that incident all work related to care of COVID patients and the suspects came to Queens. Uhh maybe the other thing that motivated the staff was that there was an attachment of an allowance after caring for COVID suspects.**

I: (Laughs)

**R: (laughs) to care for the COVID suspects I’m not sure that’s just an assumption.**

I: Ok.

**R: Yeah.**

I: So during this period we know that Mwaiwathu, Seventh day, they were not admitting patients for COVID-19, and you had some VIPs coming to this hospital, just your perception what do you think the hospital could have handled or should have plans of managing these VIPs in a special way.

**R: I think at the point that we were it was difficult to say VIPs should be given this care or non-VIP should be given this care because maybe we were lucky that we had few cases but what if we had thousands and thousands I think the issue of special care for VIPs would not work.**

I: Ok.

**R: Umm so I think during pandemic or disasters you just have to help everybody just like everybody, umm.**

I: Based on the need they have.

**R: Umhuu.**

I: Ok, alright. I was reading in one of the COVID, uhh guidelines, protocols from the hospital, how patients are supposed to be managed and they raised an issue that as the hospital acknowledging that I think during the pandemic staff are likely to experience anxiety, fear, burn out and all sorts of emotional stress which when I talked to a number of staff they admitted that especially at the beginning there was a lot of fear among staff, did the hospital have plans of addressing fear, burn out and all those issues about anxiety amongst staff especially for example in your nursing section?.

**R: Mmm I can say that maybe the plans were there but maybe they were not documented in black and white.**

I: Ok.

**R: But we have a like a mental health unit that could assist with that and I also forgot during the trainings there was also a topic on psychological first aid,**

I: Ok.

**R: so all the staff that went through the trainings they went through that topic, so it’s a nice topic so I think when you go through it and it also helps uhh, uhh as you care for the COVID patients, and it also helps you to even support providing psychological support to the patient as well.**

I: Ok.

**R: Umm, so maybe I don’t know when that time we found them that maybe they had emotional breakdown or whatever it was before or after this training I’m not sure.**

I: It should be after it was during these interviews.

**R: Umhuu.**

I: Yeah, we’ve done this since last month, it started last month.

**R: Ok.**

I: So it should be after the training.

**R: Ok, so it was at that time you were doing the interviews that they still had the fears or,**

I: No.

**R: they were putting that initially.**

I: Yeah, yeah so initially, so as you are saying that basically most of those fears have gone down because now they have seen the numbers going down, but my question was that at that very first session what plans and as you have said my next question was, was those plans really implemented that you could organize sessions maybe with nurses to talk about it.

**R: Yeah, umm.**

I: Ok, alright, as part of preparation for COVID-19, we know that during emergencies or epidemics like those uhh emergency or disaster drills are recommended did the hospital carry out any drills in preparation for COVID?

**R: Umm I can’t remember of one, of course I know ‘poti ‘since drill we plan ‘komano’ but it could be like eeh the patient and a suspect is coming eeh, and people could prepare and then no the patient is not coming but I think maybe that was the real situation because drill you just,**

I: Not necessarily a drill because a drill you do when there’s nothing.

**R: Yeah so I think there was no drill.**

I: Umm.

**R: Yeah.**

I: Ok, in your planning as management did you engage the community or involve the community or did the community participate in any way to give their views on how you can design and deliver management of COVID cases, was there any community involvement?

**R: I’m not sure, but for most of the outbreaks or pandemics uhh the issue of community issues are done by the Blantyre DHO.**

I: Ok.

**R: Queens is not very much involved but I don’t know for COVID, if Queens was involved maybe if Blantyre DHO incorporated Queens in some of it’s programs involving the community.**

I: Ok.

**R: Umm.**

I: Alright, my last set of questions (laughs) so it’s about concerns and worries, what are you most worried about or concerned about at this point? In relation to being able to provide care to COVID cases, if you look how the hospital is prepared under that what are you most worried about?

**R: As current situation?**

I: Yes.

**R: or**

I: No at current situation as I said incase the hospital faces an increase in number of cases. ‘Panopa’ now it might be ok ‘si nanga’ since the numbers are very low very minimal ‘koma’ but in case the numbers starts growing up again, then you look at the preparation of the hospital what are you most worried about?

**R: I think firstly is the issue of staff numbers.**

I: Umm.

**R: Yeah, because in case the cases start rising again or we experience another pandemic I think with the current numbers we are prone to having another crisis again in terms of staffing mm the other worry could be the issue of PPEs yeah because those are very paramount if we are like in cases like COVID because the workers also have to be protected because if the health worker gets sick then that’s another disaster as well, yeah.**

I: So those are your two major worries.

**R: I think the third one would be attitude,**

I: Ok.

**R: of the health care workers themselves, that’s my other worry because if we continue maybe having the attitude of relaxation because the cases are declining we can also be inviting another disaster because we never know when it can strike us again, yeah.**

I: Ok, in terms of protecting health care workers I think that’s one of the most critical and paramount issue do you think the hospital is meeting the required standards of protecting, providing services in a safe way in a way that you are protecting the health care workers from infection.

**R: Yeah I think I can say the hospital is trying yeah to source all the necessary resources like PPEs or even like the hand sanitizers, uhh washing soap providing access to points where people can wash hands I think the hospital has tried, umm.**

I: Ok, what about support has there been adequate especially in your department if you review your department has there been adequate support from the ministry during this COVID period?

**R: Yeah I can say there has been support because whatever money we get it comes through, (laughs)**

I: (Laughs)

**R: the ministry so I think we’ve had some support and even the allowances also I think the ministry is also helping so we will direct them where they are needed.**

I: Talking about the allowances you think if there were no allowances management could have been very difficult or it could have been differences in the way health care workers managed or provided care during this COVID period.

**R: I can’t say yes, I can’t say no totally,**

I: (Laughs)

**R: (laughs) but I can say that maybe it would have had an effect, mm.**

I: Ok, alright because I have been always interested in that because it’s called risk allowance should health care workers receive that risk allowance how does it affect their risk, does their risk go down now that they have got the risk allowance.

**R: Mhuu it doesn’t but it soothes them (laughs), maybe.**

I But do you think there’s that willingness for health care workers to provide care?

**R: Yeah there’s, there’s willingness.**

I: Ok, alright, at this moment uhh is there anything that personally you are unsure of about COVID or you are uncertain that anything that you’ve always wanted to know about COVID, that despite that youconcerning are a health worker but there are some things that you always wanted to have answers about COVID?

**R: Not really.**

I: Ok.

**R: Yeah.**

I: Not really. My last question - what are your priority recommendations that you can make to top management, that in case we have another epidemic or we have increased number of cases one of my priority recommendations or two of my priority recommendations in management we need to look into this and this.

**R: Umhuu I think the first one that I would ask uhh management is to should I say to revise? Because we used to have disaster management week,**

I: Ok.

**R: but I think it has not been that active so I feel it should be revised so that it is vibrant so that next time we have a disaster or an outbreak or something uhh the team should be readily there it should have it’s TORS on what it’s supposed to do in case of any disasters or outbreak, so that when we experience another disaster we don’t have to start from scratch, yeah.**

I: So this is a committee that should continuously keep on working and planning for disasters.

**R: Yes, umm, ok other issue will be to lobby for more resources, yea like PPEs even members of staff like lobbying the ministry for lobbying for more permanent staff and while waiting for that maybe uhh employing some nurses to be on upkeep allowance so that the hospital is well staffed so in case of such disasters or outbreaks at least we don’t stretch too much yeah.**

I: Ok.

**R: Yeah.**

I: Alright. No this brings us to the end of our discussion I don’t know if you have any last comment or anything that you wanted to say but I did not ask?

**R: I think that is all.**

I: (Laughs). Alright, so I really, really appreciate your time as we say I think we want information that should help the hospital but again all other tertiary uhh facilities to better prepare and address epidemics and we believe that information that is coming from the front line staff has been involved based on their experience should be credible information.

**R: Ok.**

I: I really, really appreciate your time, thank you.

**R: You are welcome.**