**Interviewer:** so just to begin, you are free to express yourself in any language, so if you can explain to me, (*your)* responsibilities or position *(at this hospital or maybe)* in general *(how is your day like, when you come for work)*

**PF:** Okay,basically I have been here for the past 8 years, so *(my job is basically)* planning for the work *(including)* running the clinic and meeting patients, doing surgeries, *(as well as)* doing ward rounds

**Interviewer:** okay, so let us discuss about this clinical management of COVID-19 case, so if you can explain to me the planned path way, *(the first guidelines that were set like)* managing *(the)* suspects *(or the)* confirmed covid-19 cases, so let us say: when the patient arrives *(at the hospital)* to the time they get discharged, *(what is their path way like)*?

**PF:** okay, pathway the way I understand it

**Interviewer:** Mmmmm

**PF:** from the clinic like main hospital,

**Interviewer:** yeah

**PF:** *(going for)* screening,

**Interviewer:** Mmmmm

**PF:** so *(some people)* they were just going there voluntarily

**Interviewer:** yeah

**PF:** so they are screened, *(once it is proved that)* they are suspected,

**Interviewer:** Mmmmm

**PF:** they weretaken samples

**Interviewer:** okay

**PF:** *(they are told to say:)*, those that are not suspects

**Interviewer:** Mmmmm

**PF:** they are going under a system *(that is)* normal,

**Interviewer:** Mmmmm

**PF:** so *(when some people are drawn)* samples, they were told to waitto be taken samples

**Interviewer:** **okay**

**PF:** then when *(the)* result *(are)* negative

**Interviewer:** Mmmmm

**PF: *(****they are taken to the)* wards *(they are supposed to be)*

**Interviewer:** Mmmmm

**PF: *(****on the other hand)* at the same time they are managing *(their)* conditions *(they might have come with)*

**Interviewer: *(****they sit in the)* tents?

**PF:** yeah, *(while waiting for the)* results

**Interviewer:** yeah,

**PF:** so that has been the trend

**Interviewer:** Okay, so *(how about the issues to do with admissions, how does it happen,)* before let’s say for a positive case

**PF:** for a positive case,

**Interviewer:** yeah

**PF:** they opened ENT *(the patients to be going there for treatment)*

**Interviewer:** Mmmmm

**PF:** initially it was meant for the staff *(to say)* only staff members would be admitted, like those that were working in the hospital

**Interviewer:** Mmmmm

**PF: *(****whether it is at)* Wellcome trust *(even here at the)* ward

**Interviewer:** Mmmmm

**PF:** so *(some people)* were being sent *(to)* Kameza

**Interviewer:** Mmmmm

**PF:** Now *(after closing)* Kameza, there were a few things that happened

**Interviewer:** yeah

**PF:** both ma allowances, so *(it was found out that)* it was open to the public now

**Interviewer: okay**

**PF:** so those were now coming straight here, *(once there were)* positive cases *(some of the cases were)*managed here, that is *(like they are in )* critical condition, then later again, 3A was open for other covid cases *(but now because this took time)*, *(it was found out that the cases)*are still coming

**Interviewer:** Mmmmm

**PF:** *(other patients),* other services were suffering

**Interviewer:** Mmmmm

**PF:** ma services ena zinapezeka kuti were stopped, ma surgeries were stopped we stopped them so they were waiting at home, ena were dying

**Interviewer:** okay

**PF:** so we had to negotiate to say: still we have covid yes, but we don’t know whether covid has come to stay, so let us have services running

**Interviewer:** okay, aaah, so let us have services running

**PF:** Mmmmm

**Interviewer:** okay, so you have explained that there are some changes,

**PF:** Mmmmm

**Interviewer:** that probably ……(interrupted by a phone ringing)

**PF:** I don’t think it is an urgent one (the phone)

**Interviewer:** so, you said that there were some changes that took place, for example the initial plan was that patient should go to Kameza?

**PF:** yeah

**Interviewer:** so I mean apart from the issue of risk allowances staff that were working at Kameza if I understood you very well?

**PF:** Mmmmm

**Interviewer:** what other things might have changed queens’ decision from admitting patients, because at first we heard that patients were not being admitted at queens for covid-19 cases?

**PF:** Mmmmm, I think they were looking at other things like the capability, *(because of the reason that)* it was like it was run by Blantyre DHO and Kameza was run by the Blantyre DHO,

**Interviewer:** Mmmmm

**PF:** now Blantyre DHO *(the)* critical care management *(it was found that, most people)* they don’t know the critical care management, so that’s why (they did it to say: aaah, no,) like queens has the expertise and we need to come to join in and address *(some of the)* issues

**Interviewer:** yeah

**PF:** Mmmmm

**Interviewer:** Mmmmm, that’s true, *(but now)* where it is difficult to understand is that patients at Kameza were under Blantyre DHO, but patients were screened at queens,

**PF:** yes

**Interviewer:** so what was happening to Blantyre DHO?

**PF:**  I think the main reason is that Blantyre DHO does not have a hospital

**Interviewer:** okay,

**PF:** I think the way I look at it, Blantyre DHO does not have a hospital

**Interviewer:** So they depend on queens?

**PF:** they depend on queens,

**Interviewer:** Mmmmm

**PF:**  if at all they have the health centers to run, so I think that is it

**Interviewer:** Mmmmm

**PF:** even when you look at those guys that are screened there, from Blantyre DHO

**Interviewer:** so the way you are outlined the pathway to these covid confirmed cases, from your own perspective, at which stage do you feel like things were happening well or maybe things probably in the future will be happening?

**PF:** okay, I would not say things that were happening well, *(because in most cases, we people only look at mistakes), (we usually not look on the positive side)*

**Interviewer:**  Mmmmm

**PF:** aaah, *(most cases),* although it is not documented anywhere else

**Interviewer:** Mmmmm

**PF:** *(but now, most people)*, we host many patient’s *(by the)* gate, on the other hand there was this fear of other people coming to the hospital

**Interviewer:** Mmmmm

**PF:** I would say this, *(there are a number of them that I have seen)* I do not want to go to the hospital, *(but now)* you look at them, they are very sick

**Interviewer:** they are very sick

**PF:** if I don’t want to go to queens, *(they will just conclude it is covid-19)*

**Interviewer:** Mmmmm

**PF:** *(I will be left at the big)*tent,

**Interviewer:** Mmmmm

**PF:** now I know a guy who passed away, he was drunk *(but did not eat),* so it was something similar, so *(he came)* …

**Interviewer:** so this is like a mortality not related to covid but was just a patient who was waiting for their results?

**PF:** yes, so *(he came there, but)*, he passed on *(is waiting for the results of)* covid, come negative, so everything was pointed to covid with great data and other critical conditions

**Interviewer:** Mmmmm

**PF:** so, everything was pointed to covid with great data of other conditions

**Interviewer:** yeah, okay. so how about the recommendations that were developed I understand that probably, I don’t know, but they did not have any protocols or guidelines but people were following in handling covid-19 cases and how do you think these protocols were developed?

**PF:** we can’t say *(only at the hospital)*, (*but now)* country wide, we had protocol*(s)* *(that stated that)* they were put in place

**Interviewer:** Mmmmm

**PF:** *(but now)* we had that negativity towards covid, *(saying: there is no covid)*

**Interviewer:** Mmmmm

**PF:** a kind like that, *(but now, the other thing was that)* how *(the)* cases *(of people who died with covid)* were being handled,

**Interviewer:** Mmmmm

**PF:** so *(some people, we would hear from)* news *(saying)* aah… *(some people are being against saying):* its not covid

**Interviewer:** it is not covid,

**PF:** so *(we people did not accept this, as regards to education background I would say)*

**Interviewer:** Mmmmm

**PF:** *(that it is difficult for us to understand what covid is)*

**Interviewer:** Mmmmm

**PF:** though *(the)* guidelines were there *(but we don’t follow most people)*

**Interviewer:** so…(interruption).. sorry continue

**PF:** until *(the)* cases *(started to go high)*, people started to accept, *(but now)* it was too late

**Interviewer:** Okay, alright, I wanted to say (*that)* if the guidelines were there, whether national wide guidelines, adopting international guidelines, were they working in our condition, in our setting at queens Elizabeth?

**PF:** they were not working

**Interviewer:** okay,

**PF:** they were not working *(because of the reason to say):* if you look at the guidelines, *(there was an issue of)* infrastructure building, it wasn’t there

**Interviewer:** okay

**PF:** *(but now)* it was only that structure that was being built out, so to be honest *(it was not a good place to be )* of course *(we would hear people say):* it is a beautiful place *(this and that, but now)* what if it was rainy season or what if it was rainy season *(even though the)* cases are going up

**Interviewer:** yeah

**PF:** *(but now)* what if it was rainy season

**Interviewer:** yeah

**PF:** I think there was a need *(for another space to be)* developed, already existing structure*s (whereby)* people should be going there

**Interviewer:** yeah

**PF:** Mmmmm

**Interviewer:** alright, let us discuss about preparation and response strategies that were used at queens, so for you as an individual, if you can explain to me, how prepared were you when you heard that there was covid?

**PF:** *(it was difficult)*, I have taken an example, what happened, *(because we were told that we will have)* …covid patients will be admitted here

**Interviewer:** Mmmmm

**Interviewer:** Mmmmm

**PF:** so there was a staff member, I think one of the medical officers was doing internship, *(he said he had)* attended *(a covid)* patient

**Interviewer:** Mmmmm

**PF:** so *(he was also)* was shaken

**Interviewer:** yeah

**PF:** so she just came straight to here *(to say)* aaah, I want to stay here

**Interviewer:** (laughs) Mmmmm

**PF:** so *(everyone)* didn’t know what covid was *(to the point whereby people)*, *(the)* nurses, including myself we were all saying, I want to go there, so to be honest, we were not prepared

**Interviewer:** okay

**PF:** we saw it coming but we were not prepared, *(but now)* the other contributing things, we were looking at *(the)* cases *(from other countries like)* Europe, what if this thing come to Africa to Malawi

**Interviewer:** Mmmmm

**PF:** *(how shall we survive)*, maybe *(the likes of the)* Bill Gates *(is the one who said)* …

**Interviewer:** Mmmmm

**PF:** *(he said)* we are foreseeing dead bodies in African streets, so *(everyone)* was scared *(saying, my fellow people)*, covid, covid, so it was bad, we were not prepared

**Interviewer:** *(but now)* in general, how prepared was the hospital, like if we were to have large numbers or higher numbers?

**PF:** I don’t think we would have survived

**Interviewer:** Mmmmm

**PF:** we were prepared, *(but now we people always want to see something)*, we should have evidence *(to prove to say, this is what it looks like)*. *(but now)* if had ma cases as high as Europe, we would not have contained it

**Interviewer:** what are some of the areas where you see that we had a very big challenge?

**PF:** the challenge was with testing

**Interviewer:** Mmmmm

**PF:** *(the tests) (are usually few)* per day

**Interviewer:** yeah

**PF:** you look at *(we were talking about the issue to do with)* infrastructure *(but now)* *(the)* sites *(that did testing)*, *(the)* central places *(but now)* we were not reaching *(in the)* peripherals like other districts, so we were not prepared

**Interviewer:** so were there any structure of a team that was responsible for the preparations?

**PF:** yeah, it was, I think it was there

**Interviewer:** yeah

**PF:** *(but now)* it was not a big team, I would say so, it wasn’t a big team

**Interviewer:** Mmmmm

**PF:** it was a new thing (for everyone) in the team, so there wasn’t any experience

**Interviewer:** okay, how about in terms of staff knowledge and skills or maybe going for any training in terms of infection, prevention, and control measures of managing Covid -19 cases, did the staff have sufficient knowledge in training?

**PF:** no, *(yes most people have nothing to do with)* trainings *(but now)*, *(most people who go for training)* training they don’t go there to get new knowledge *(but most of them)* they look at incentives to say I will go to a training, *(there is an)* allowance

**Interviewer:**  Mmmmm

**PF:** *(but now)* not that knowledge to practice it,

**Interviewer:** Mmmmm

**PF:** *(of course most people when it comes to the issue to with training), (most people go for training)* to get the new knowledge but *(most people)* they look at the incentive

**Interviewer:** Mmmmm

**PF:** *(but now)* not that knowledge to practice it

**Interviewer:** Mmmmm

**PF:** *(some people go to)* to get the new knowledge *(but most of them just go there)*

**Interviewer:** how readily available are the PPEs, the personal protective equipment? How readily available were they?

**PF:** I remember (during that time, the issues to do with) PPEs, *(it was difficult, we told them to say)* no, we are not working until we get *(the)* PPE, *(during that time there were not enough)* PPEs, until people made some noise, *(that)* sit-in *(really helped)*, so at least and other NGOs came out *(to put the right equipment in the hospital)*

**Interviewer:** *(the)* PPEs, *(therefore if there was to be a)* set, *(some)* demonstration, (when the PPEs began to be available people), were they able to use that equipment?

**PF:** yes

**Interviewer:** how do you compare before and after?

**PF:** I think *(as of now, people)* we have changed, we have changed, *(they are even telling me to say)* even if someone coughs there, (they look at that two, three times saying:) aaah.. what is that, so it has changed our mind set as well

**Interviewer:** what is that it has changed our mindset as well. And in terms of people’s mindsets, probably it might have changed but in terms of for example regular handwashing. What happened to the current practice?

**PF:** a few have changed *(because of the space that is there, some haven’t changed)* *(some have changed)*, for example I was in the main theatre today,

**Interviewer:** yeah

**PF:** *(as of now),* I think they are encouraging to use liquid soap

**Interviewer:** Okay

**PF:** If you go to the main theatre *(they have tablets of soap today)*, after covid, not after covid but during covid

**Interviewer:** Mmmmm

**PF:** so, they are still using that,

**Interviewer:** Mmmmm

**PF:** I think *(some places)* needs improvement

**Interviewer:** Mmmmm

**PF:** in terms of hand washing

**Interviewer:** yeah

**PF:** Mmmmm

**Interviewer:** okay,

**PF:** because we are talking about the hospital *(saying at is where people are usually)* alright

**Interviewer:** Mmmmm

**PF:** *(but now)* things that are *(at the)* ATM, *(at the)* ATM you find liquid soap.

**Interviewer:** yeah

**PF:** *(but in the)*main theatre (where there is usually someone who is sick, there is tablet soap), so what is that?

**Interviewer:** okay, so you mentioned about challenges with infrastructure, so you mentioned about the tents not being enough, so assuming that this higher number of covid-19 cases, how do you look at the infrastructure at queens to handle… let us say about 10,000 or 1000 cases,

**PF:** we cannot manage because *(our)*infrastructure, I think, *(as of now it is said that at, there is insufficient space)*,

**Interviewer:** yeah

**PF:** so if we have 10,000 cases involved, the tents are not even enough, *(but now)* if we have designated place like *(we have)*, I would say ma state houses

**Interviewer:** Mmmmm

**PF:** *(that is not being used)*,

**Interviewer:** yeah

**PF:** (*not so)*, *(we have schools)*,

**Interviewer:** yeah

**PF:** *(but now)* I would say like with *(the)* state houses, (*the government houses)*, why not turning those houses into covid *(hospitals)*,

**Interviewer:** yeah

**PF:** we have seen *(our friends in)* Europe they were donating ma hotel, they were donating

**Interviewer:** yeah

**PF:** why not in Africa, why not Malawi, we can do that, *(they are just there but do not function in anyway)*

**Interviewer:** how prepared was the hospital in terms of human resource?

**PF:** human resource?

**Interviewer:** Mmmmm

**PF:** in terms of human resource again I would say: people were willing, to work *(in the)*covid camps,

**Interviewer:** yeah

**PF:** they were very willing, *(but now)* I think what government was offering, *(thre was a time when this)*was very little, I will give an example *(of)* Kameza, Kameza was closed people were not getting *(their money towards )* risk allowances

**Interviewer:** yeah

**PF:** so *(they thought of doing what, sitting in)*,

**PF:** yeah,

**Interviewer:** so you would say: people were there, they were willing to work, *(but now)*what they were getting wasn’t encouraging

**Interviewer:** okay,

**PF:** Mmmmm, so human resource was there

**Interviewer:** okay

**PF:** *(most people wished to work in the)* covid camps

**Interviewer:** *(how about the)* the availability of medication because now we have the experience from the few cases, we had

**PF:** Mmmmm

**Interviewer:** how available were the medication to manage covid-19?

**PF:** I wasn’t exactly *(in the)* covid camps

**Interviewer:** yeah

**PF:** *(but now)* the way covid cases were handled, I would say that they were handled well because I haven’t read from anywhere *(that)*there was a shortage *(of drugs)* so I think *(on that side)* people did very well

**Interviewer:** okay, so, alright, let us continue imagining this higher number of covid-19 cases, supposed you had higher numbers of covid-19 cases at queens, I want to focus on tension and rationing care,

**PF:** Mmmmm

**Interviewer:** whereby we have like 500 patients at the same time, how can the hospital make sure that everyone receives care

**PF:** *(as of now, we struggle with)* other conditions, the ration between a health worker against number of patients *(is already not enough)*

**Interviewer:** yeah

**PF:**  so we are looking at *(the)*covid cases 10,000 cases

**Interviewer:** yeah

**PF:** that’s too much, *(we cannot manage that)*

**Interviewer:** Okay

**PF:** *(we cannot manage because the)* number *(of patients is high)*, *(those who need to be helped are many)*, you look at the disease itself *(alright)*, *(because people do take turns to say)*you have this work, the other work will go what if that person without knowing was tested Covid-19 positive,

**Interviewer:** yeah

**PF:** so *(it means the number of people to help with the work is small)*, even ma expertise

**Interviewer:** Mmmmm

**PF:** *(the)* consultancy so *(it is difficult)*

**Interviewer:** so what would happen in reality to the patient?

**PF:** I think *(it would have been difficult)* in terms of care of patients

**Interviewer:** okay,

**PF:**  *(it would have really been hard for us)*

**Interviewer:** okay, (let us assume) that the high number of covid cases *(there are also)* VIPs *(how can the ration care go about)*? *(because these are)* VIPs *(and they are people who are)*equals to social status

**PF:**  yeah with names,

**Interviewer:** yes

**PF:** aaah, I would say: *(one the issue regarding that)* I would give an example *(for here at the)* ENT *(alright)*

**Interviewer:** Mmmmm

**PF:** *(at first regarding the)* plan *(that stated that there was going to a)*covid-19 wing, *(they said there was going to be)* staff members

**Interviewer:** Mmmmm

**PF:** network *(in)* Blantyre DHO, *(the)* Wellcome-trust *(or maybe)*queens, *(they will be here)*, Kameza still it was opened, *(then later some people started coming, they were)* VIP, so *( it is difficult for)*you say *(this person )* has a name, *(he should therefore go this side)*, people would be forced to say aaah, *(go this side)*

**Interviewer:** Mmmmm

**PF:** so it could be unfair *(for)* other people *(right there)*, so *(the)* VIPs could have been treated *(but now maybe because of how prepared we were)*, *(we were not prepared for a large number of people)*

**Interviewer:** Mmmmm

**PF:** *(maybe because our preparedness was not for everyone)*, *(we just focused on)*the general public plus the

**Interviewer:** *(looking at the)* staff

**PF:** *(the)* staff, (because of the reason to say, this middle class), *(the first one, the upper one, that of the)* VIPs in normal setting, they don’t access government hospitals

**Interviewer:** government services

**PF:** *(they go to the)* private

**Interviewer:** *(the)* private

**PF:** so covid *(has no)* private

**Interviewer:** (laughs)

**PF:** so *(the issue regarding)* Covid *(in the)* private facilities…(laughs).. they say *(that)*we don’t want covid cases, so *(these people have nowhere to go)*

**Interviewer:** Mmmmm

**PF:** so *(they)* forced *(themselve to go into the stage that they were not planned to be)*

**Interviewer:** yeah

**PF:** so ….(interuption)

**Interviewer:** that makes sense

**PF:** *(it was difficult)*, *(our) (planning for this group was not)* included

**Interviewer:** okay, so considering the level of preparedness, for you as an individual and the hospital as an institution, what was your attitude and perceived risks of covid-19 infection like your risk of infection or as an institution the risk of probably many people getting infected, what was your attitude like, let us start with your risk of getting infected with covid-19?

**PF:** I would say: to myself

**Interviewer:** yeah

**PF:** the risk was high, why high, like in our unit *(alright)*

**Interviewer:** Mmmmm

**PF:** …. ndi malo amene (interaction)

**Interviewer:** where people would say is covid-19 entry

**PF:** yeah, so I would say it was high, so *(I took every day as a day of grace alright)*

**Interviewer:** Mmmmm

**PF:** *(reaching to this stage was a grace)*, *(yes, sometimes you reach the stage where by you could have)* fever *(like that, whatsoever)*, (saying) aah, I think *(with is)*Covid-19, you force yourself *(but could still feel that you are not okay)*

**Interviewer:** Mmmmm

**PF:** I remember *(there was a certain day)*, I went to attend *(to a child at the ward, I think this child was around)* 9 months 7 months I think, that was the youngest child *(with)* covid *(at that time)*

**Interviewer:** Mmmmm

**PF:** *(at the)* respiratory ward consultation, I went there in the morning before coming here,

**Interviewer:** yeah

**PF:** so *(I came here)*,

**Interviewer:** yeah,

**PF:** so I got a call from one of the guys *(we work with at the)* special ward, they said *(our dear fellow), (did you see that child)*, *(then I said, I did see her)*, what are your findings then they said aaah,*(what’s this)*, (her) covid results *(are here)*, it is covid positive, I remained quiet(laughs).. then I said covid…

**Interviewer:** Mmmmm

**PF:** I remained quiet

**Interviewer:** (laughs)

**PF:** everyone was saying: covid, *(that’s all)*, I just moved on, the risk was high each and everyday

**Interviewer:** okay, did that change anyway how you like your normal ways of working?

**PF:** yeah, it changed

**Interviewer:** okay

**PF:** because I looked at each and every patient, as covid positive patient, so that changed my attitude

**Interviewer:** and how about the changes which were there, you are free to express yourself in terms of changing to you, any perceived changes in terms of that you consider on the importance of the patient or for your family or for you team or for your institution?

**PF:** okay, it was difficult like for the family, *(because of the reason to say)*, you look at *(the children)*, you go home, *(they want you to be playing with you)*, so just to tell *(the child to go and sit afar)*, it was difficult *(to tell that to the child, saying: I am coming from work, and then I realized to say: when I come from work to home)* first thing to visit is the bathroom to change my clothes

**Interviewer:** and then you take a shower

**PF:** I take a shower then *(sit down)*

**Interviewer:** okay

**PF:** so it just changed my attitude and towards *(my friends that I work with alright)*, so we are still practicing no hand shaking, use of mask each and every time *(wherever we go)*

**Interviewer:** Mmmmm

**PF:** so a kind of that

**Interviewer:** alright, and when you are working in the hospital, how protected are you like do you feel that you are protected enough from getting COVID-19 infection?

**PF:** you will never feel protected enough with covid-19…(laughs)

**Interviewer:** (laughs)…. Why are you saying so?

**PF:** *(because of the reason to say)* it is something you can’t see okay, unlike blood okay

**Interviewer:** Mmmmm

**PF:** you say: aaah, I am protected *(but now)* something that is in the air, you cannot tell how you got covid

**Interviewer:** Mmmmm

**PF:** how did you got it, they will say: they do not know, aah, I was practicing hand washing, a kind of that,

**Interviewer:** Mmmmm

**PF:** *(you still find that)* I still have covid, *(they say)* no way, the only statement I can say is that Covid is real, so with covid I think you will never feel safe,

**Interviewer:** okay, so what was your main concern about your risk for your infection, when working in the hospital, I mean what was the one most important thing you were very much concerned about.

**PF:** my family,

**Interviewer:** Okay,

**PF:** My family

**Interviewer:** yeah

**PF:** *(because of the reason to say, those who go to care for patients there)*

**Interviewer:** yeah

**PF:** *(it is me)*, so if my family got covid, so automatically it’s me

**Interviewer:** it’s me

**PF:** it’s me, so my main concern was, my family

**Interviewer:** yeah, yeah, did the hospital do anything to mitigate that or to…

**PF:** No, only to those that were working in the covid camps

**Interviewer:** Okay

**PF:** not in other areas,

**Interviewer:** not in other areas?

**PF:** yeah

**Interviewer:** Okay, alright, I have a question here which is a bit difficult to ask, but I will ask you, so it is about the relationship which is there between risk reduction, so being at reduce risk and financial incentives in terms of risk allowance, what do you see as being the relationship between not receiving risk allowance and …

**PF:** receiving

**Interviewer:** and receiving risk allowance

**PF:** Mmmmm

**Interviewer:** because…(interuption)

**PF:** towards work,

**Interviewer:** because everybody knows now that people from health care workers started complaining about the risk allowance, it is too small

**PF:** Mmmmm

**Interviewer:** so, wat is the relationship between risk allowance and perceptions towards having been reducing risk probably through risk allowance?

**PF:** it is just mind set,

**Interviewer:** okay

**PF:** mmmm, I think *(on the issue to do with)* risk allowance, *(every work)*has got risks

**Interviewer:** yeah

**PF:** *(but with covid, everywhere)*, there was risk, now to put it as a risk allowance, because it was already existing *(previously)*

**Interviewer:** yeah in the system

**PF:**  in the system, aah, with or without risk allowance,

**Interviewer:** Mmmmm

**PF:** I think people can still work

**Interviewer:** okay

**PF:** *(but now)* already, (they would just want to complicate things, because of the issue to do with) salaries *(in the)* health system

**PF:** Mmmmm

**Interviewer:** *(it is not enough)*, so they were looking at the fact that there is money, *(people are coming with money),* (the credentials to do with money), and you remember *(that time, those people)*, *(the ministers)*

**Interviewer:** yeah

**PF:** *(the issue was all over)*, *(they were talking about money)* about money

**Interviewer:** Mmmmm

**PF:** *(very lamp some amount of money)*, so people said, these people are not working directly with the patients, but how come they are getting this

**Interviewer:** Mmmmm

**PF:** and *(we)* we are not, what is happening, so (the thing that provoked the mountain, was the people, the) top government officials

**Interviewer:** yeah

**PF:** were getting allowances from covid instead of that money *(going to the right people)*

**Interviewer:** *(to the right people)*

**PF:** so I think the noise came *(because of that)*, therefore this issue was straightforward, *(people here at ENT)* are still complaining, *(their)* salaries are not enough, *(it is in the)*health system

**Interviewer:** okay, *(because what is difficult to understand is the thing to say, once I fail to get my)* risk allowance *(I will not work)*

**PF:**  Mmmmm

**Interviewer:** *(but once I get a)* risk allowance *(I will work)*,(what we want to understand is that maybe people think that, once I get the) risk allowance (it means that the covid-19 will go down, *(or maybe what is it that people think )*?

**PF:** I would say: I wouldn’t put it as risk allowance,

**Interviewer:** Mmmmm

**PF:** I will put it as a motivation allowance

**Interviewer:** okay

**PF:** *(because of the money)*, it is not the risk that we are going through, but you want the money to motivate you, so I would put it as a motivation allowance

**Interviewer:** Okay

**PF:** *(because of the reason to say)* risk is everywhere *(alright)*

**Interviewer:** okay

**PF:** *(Like in the hospital alright)* , you look at *(people)* are at risk of getting HIV/AIDS, people are at risk of getting TB, people are at risk of getting hepatitis, *(alright)*, so many things

**Interviewer:** yeah

**PF:** in the hospital is at risk, so with covid, still people are at risk, just *(that we are just increasing the number of the)* risks, so risks are everywhere in the hospital, *(but now)* for people going *(to work in the)* Covid camps,

**Interviewer:** Mmmmm

**PF:** I would not say that was a risk allowance, I think that is more of a motivation allowance

**Interviewer:** okay

**PF:** *(provided)* I have an upkeep

**Interviewer:** Mmmmm

**PF:** *(because of the reason that, during the time we had an issue of)* risk allowance,

**Interviewer:** Mmmmm

**PF:** *(then later the teachers)* came in *(to say: they want)* risk allowance

**Interviewer:** *(we also want)* risk allowances (laughs)

**PF:** so it was *(all over)* risk allowance, *(at)* MRA risk allowance, *(the)* police, risk allowance, because they were looking at *(the fact that this disease)* it is everywhere.

**Interviewer:** okay,

**PF:** Mmmmm

**Interviewer:** alright, of course *(I already said something to say: that question is difficult)*,

**PF:** eeeh

**Interviewer:** *(but now, because an as individual you may fall sick, and you may ask yourself why)*?

**PF:** Mmmmm

**Interviewer:** *(most people happen to be)* so comfortable

**PF:** Mmmmm

**Interviewer:** *(going to work in areas with)* risks,

**PF:** Mmmmm

**Interviewer:** *(just to be given)* allowances

**PF:** Mmmmm, something as to motivate them to work

**Interviewer:** Mmmmm

**PF:** something to motivate a health worker, not the risk that is there

**PF:** Mmmmm

**Interviewer:** so what would be other ways of motivating *(those people)* apart from any financial incentives

**PF:** *(as of now, the thing that troubles us a lot in our life here)*

**Interviewer:** Mmmmm

**PF:** *(all we want is money)*, you wake up every day you want money, so the only way to motivate someone is to give him money

**Interviewer:** okay, *(alright)*, *alright*, so, I just want to know your perspective of probably, patient perspective on covid-19 testing procedures,

**PF:** Mmmmm

**Interviewer:** so what has been your experience so far, maybe those procedures they use to test covid whereby they take samples *(from the nose or maybe the throat, what do the patients say)*

**PF:** *(most people say that they feel painful)*

**Interviewer:** Mmmm

**PF:** we have the majority, *(they feel pain, I sometime back wrote down something somewhere, it was said that)* what will we improve

**Interviewer:** yeah

**PF:** *(to)* one of the covid trainings, I would say *(the)* use of headlight

**Interviewer:** Mmmmmhu

**PF:** for taking ma samples *(because of the reason to say, whenever they could be taking the)* sample going into the nose

**Interviewer:** yeah

**PF:** *(but now)*, it was a blind procedure

**Interviewer:** Mmmmm

**PF:** you need a headlight *(taking a)* *(good)*specimen,

**Interviewer:** okay

**PF:** *(but now)* from patient’s perspective *(most people say that they feel painful)*, *(they feel like vomiting)* a kind of that, *(someone)* one of my friends was going out,

**Interviewer:** Mmmm

**PF:** I think 4, 3 weeks ago, *(he asked me to say)* have you ever gone for a covid testing, I said: ‘no” he told me to say: “don’t you ever dare to go”

**Interviewer:** Mmmmm

**PF:** it is painful, so *(most people)* were complaining *(to say)* it was painful

**Interviewer:** apart from the use of the headlight, what would be your recommendation in terms of the test?

**PF:** I think I would say still headlight

**Interviewer:** if there was to be some suggestion

**PF:** I don’t know the use of the, I don’t know whether the use of *(like)* the use of myalgia pain plays as an anesthesia

**Interviewer:** yeah

**PF:** could help, could help in the sense *(that)*the sample that they can get *(the)*positive results

**Interviewer:** Mmmmm

**PF:** so if there was a use of like local anesthesia just to minimize *(the)* complaints *(those people like)* pain

**Interviewer:** okay, there were some people some researchers that were trying to develop other tests kits for example *(saying, maybe they should be testing)*?

**PF:**  that will be great,

**Interviewer:** okay

**PF:**  I am sure it will be a rapid test

**Interviewer:** I think most of the scientists want that

**PF:** *(laughs)* because of, you look at *(I was talking about that place like waiting)*, we lost a number of people,

**Interviewer:** patients

**PF:** patients *(because of waiting for the)* results

**Interviewer:** Mmmmm

**PF:** *(someone was waiting for the)* results, *(he came with the dad)*, *(they asked me saying)* how long does covid results take

**Interviewer:** take to come out, yeah

**PF:** then I said, I think *(maybe)* it’s a minimum of 24 hours, so *(they came)*, of course *(they took the)* (other) specimen *(alright)*

**Interviewer:** Mmmmm

**PF:** so *(by the time they were coming, the)* results *(for)* covid *(and those)* other results, *(it was found that that this person had)* had kidney failure, he was covid negative, passed on *(right there)*k. So people have very bad experience,

**Interviewer:** yeah

**PF:** *(right there at the)* camp *(because of the reason to say, those people)* were just working towards covid

**Interviewer:** Mmmmm

**PF:** our mind was just covid-covid

**Interviewer:** forgetting about other things, okay, so what are the priority recommendations that you can make in terms of improving the preparedness for covid-19 pandemic if we happen to have increased cases or for any future epidemics for queen Elizabeth central, what would be your priority recommendation?

**PF:** okay, the hospital is divided in terms of departments, right?

**Interviewer:** Mmmmm

**PF:** there is medical, there is gynae, then there is surgical departments, now to me I am now looking at covid-19 to be a medical condition,

**Interviewer:** yes

**PF:** now it doesn’t need every department to be involved, it is just like malaria

**Interviewer:** Mmmmm

**PF:** it doesn’t need to be every department to be involved, you say *(the child)* has been tested for malaria, if he is in surgical department, we know *(some of the)* guys, say *(that)* you can give like La, so *(but)* in severe cases *(to say)*the patient has to be seen

**Interviewer:** Mmmmm

**PF:** so just like covid, I think *(the)*medical *(team)* they have to develop their own protocol, including *(their)* guidelines,

**Interviewer:** Mmmmm

**PF:** there is covid as a new disease

**Interviewer:** Mmmmm

**PF:** so leave *(the)* (*other)* departments *(to play their part)*

**Interviewer:** yeah

**PF:** so let us say orthopedics *(or maybe)* gynae,

**Interviewer:** *(they should be doing their things)*

**PF:** *(there should be progress)*, *(whether the)* pediatrics, *(but now)* they should incorporate all *(the)* guidelines *(for what)*

**Interviewer:** *(the)*medical *(team)*

**PF:** yeah, *(and their conditions)*

**Interviewer:** okay, alright, unless you have other things to add on the questions that I had?

**PF:** *(we are tired)* (laughs)

**Interviewer:** *(alright)*

**The end**