**Interviewer:** As I had highlited the main topic of our discussion is about COVID-19, has your job being affected as the hospitals started hosting COVID-19 patients? Have you ever worked in the hospital ward where COVID-19 patients were admitted?

**PF:** I have never worked in a COVID-19 ward butour job was affected for instance if the patient comes here at the hospital and when the nurses call out that we should assist them. In the end we up touching that patient. We are also responsible for the changing of patient’s linen and there was this other time we received a patient; we had to assist that patient in the same manner, and it was discovered very late that this patient had COVID-19.

**Interviewer:** How long did that patient stayed in the ward?

**PF:** This patient did not stay for a long time because after they had found out that he or she had COVID-19, this patient was transferred to another ward on the same day. In addition, on that day the whole ward was fumigated with chlorine.

**Interviewer:** Can you explain to me the procedure which a COVID-19 patient undergoes through right here at the hospital?

**PF:** I only have an idea of what happens as the people are entering at the main gate right here at Queen Elizabeth Central hospital, they undergo through screening of body temperature. If the body temperature is high and at the same time if that person is experiencing difficulties in breathing. Furthermore, there are some other questions which are probed to every individual right there at the main entrance such of those questions are: do you have a cough? Have you made any encounter with a COVID-19 patient? Therefore, if person profess to any of the above questions, then he or she is sent to the tents. It should be noted that if an individual is depicting the signs of COVID-19, he or she is detained at the tent so that should undergo through a test. If the results turn out to be negative, then this person is allowed to get into the hospital ward. On the contrary, if the results shows that this person has COVID-19 then he or she is sent at ward number 3A.

**Interviewer:** Do you know if the hospital administration has put in place a special committee or a team which must handle issues about COVID-19?

**PF:** Yes, there is indeed a special team which is handling that?

**Interviewer:** Do you know the members and the roles which have been assigned to them?

**PF:** I only know that there is indeed a team that has been set because there was this other time, we went for a training about COVID-19, and we were told that there is a special team which is dealing with COVID-19 issues.

**Interviewer:** When did you attend your training and what was the main agenda for that training?

**PF:** I have forgotten the exact date, but it was few months ago and I attended the second training about COVID-19 last month.

**Interviewer:** In total you have undergone through two trainings; what were you told in the first training and the second training?

**PF:** During the first training we were taught on how we can prevent ourselves from contracting COVID-19. We were also taught on how we can handle patient’s linen whereby initially we were using only chlorine and they said that we should include soap because this virus can not survive when soap has been applied. The second training we were told that we should not be using chlorine but rather we better be using soap because soap is more effective than chlorine. Furthermore, chlorine tends to damage things; in the past when a patient vomits on the floor, we were applying chlorine on that place, but they said that we should stop because it is facilitating the spread of diseases. Therefore, we are supposed to use a mop which has been fully soaked with chlorine and clean up that area. Then after that we can use a mop that has been soaked with soap to clean up again on that same place.

**Interviewer:** Were you told that during the first training?

**PF:** No, it was during the second training whereby they emphasized that we should be using soap.

**Interviewer:** How about durig the first training what were you taught?

**PF:** They said that we can be using both chlorine and soap.

**Interviewer:** Were these trainings meant for the hospital attendants only?

**PF:** Yes, when it comes to the nurses, they had their own traning session

**Interviewer:** What was the duration of your training sessions?

**PF:** The second training was done in three days while the first one was conducted in a day

**Interviewer:** Out of all these training do you think that you were imparted with the right skills on how you can prevent yourself and other people from contracting this disease of COVID 19? In addition, did you taken note of any gaps which were not considered during the training sessions? If you had noted those gaps what was supposed to be done to improve the training delivery?

**PF:** The main gap that I noted is there are several infectious diseases out here, but they only focused on COVID-19. In the past we have been using chlorine which proved to be effective in terminating viruses and we have been told that we should be using soap only that means other viruses will still thrive thus that has intrigued fear among us. The only good thing is that we were told essential measures on how we can prevent ourselves from contracting COVID-19 and on how we can take handle the patients.

**Interviewer:** You have explained that there are still other infections; what do you think was supposed to be considered?

**PF:** We were not given the right answers because we asked that there are some HIV/AIDS patients who can contaminate their linen with blood and when we get such linen, we are supposed to soak them in soap. In such condtions if my gloves are worn out, I can contract the virus right? Back then we were just soaking them in chlorine solution for about ten minutes so that all the viruses can be denatured. So, as we are using soap and chlorine; is this soap effective enough to wipe out all the virus so that our lives can be safeguarded?

**Interviewer:** Therefore, you are using soap only for cleaning and you do no longer rely on chlorine?

**PF:** No, we are still using the chlorine but most of times we are applying soap.

**Interviewer:** Can you give out your comment on the availability of personal protective equipment?

**PF:** I can only say that the personal protective equipments are very few since they are only being provided to those working in the wards which are hosting COVID-19 patients. The personal protective equipment was supposed to be distributed to everyone working here at the hospital because everyone is a suspect of COVID-19. An individual may seem to be energetic yet he or she has COVID-19 therefore if we get into contact with that person you can end up contracting the virus. Worse still, right here at the hospital we have different individuals therefore it is essential if the personal protective gear was provided to anyone who is on duty everyday.

**Interviewer:** As of now what kind of protective gear do you have access to?

**PF:** We are provided with apron, gloves, and masks.

**Interviewer:** Were you provided with the plastic gloves?

**PF:** Yes, we were given surgical gloves.

**Interviewer:** Therefore, you were requesting if you can be provided with the whole personal protective equipment like the boots?

**PF:** Yes, we are supposed to be given that.

**Interviewer:** There are several preventive measures which were put in place by the hospitals that were meant to help every health worker from contracting COVID-19. Can you explain to me some of the methods?

**PF:** Most of the procedures which were set by the hospital mainly targets those individuals who are dealing with the patients whereby they are told to put on gambots, gown, face mask and goggles. I need to point out that all these equipment that I have mentioned we were not provided and as you can see, I did not put on a gown. As I said earlier on those equipments are only provided to those individuals who are working in the COVID-19 ward.

**Interviewer:** For those working in different wards apart from the COVID-19 ward; what were you told that you are supposed to follow so that you can not contract COVID-19?

**PF:** I explained earlier on that if it happens that a patient has thrown up, we are supposed to go and mop on that area with both chlorine and soap. Whenever we are helping the guardian to hold the patient, we are supposed to put on a protective gear like the face mask. In addition, we are supposed to be washing our hands very often that is prior to wearing of the gloves we should wash our hands and after working we should also wash our hands with soap.

**Interviewer:** Out of your own observation, did you notice that your fellow health workers abide to that?

**PF:** No some of them do not adhere to those measures yet others are following that.

**Interviewer:** Why are they not following those preventive measures?

**PF:** Once you tell them that they should stick to the preventive measures they give out their own responses; whereby they say that we are being protected by God because we have been encountering with those COVID-19 patients, but we did not get sick. This means that God has been shielding us and will continue doing that. Some even say that this disease is meant for the rich people, and they are the ones dying.

**Interviewer:** This implies that people are no longer afraid right?

**PF:** Yes, there are those who are no longer terrified and there are also those individuals who are still afraid. All in all, it solely depends on how much you value your life because there are some other individuals who are reckless and they do not consider living health lifestyle.

**Interviewer:** You said that you have never worked at the COVID-19 ward but are there any other patient attendants who have been working in that ward?

**PF:** Yes.

**Interviewer:** Did you notice that there was a need of more health workers during this COVID-19 era or there isn’t that requirement?

**PF:** There is need to add up human resource because during the winter season we experienced a drastic increase in the number of COVID-19 cases. A lot of health workers were working at the COVID-19 ward in the end the other wards were lacking human resource. Thus, a single health worker was assigned a lot of tasks this shows that there is indeed a need of more human resource to be deployed.

**Interviewer:** From the moment that this hospital had been dealing with COVID-19 patients; what is the main challenge that this hospital has faced?

**PF:** The main challenge that has been faced by this hospital is that firstly, lack of preparation since it’s an emergency. Secondly, COVID-19 patients were supposed to be admitted in their own special hospitals yet the 3A ward is very close to the main hospital. With this proximity in the end, we stand a great chance of contracting this virus as it spreads through the air. It could have been good if a special hospital was constructed for the COVID-19 patients which should be far from other hospitals.

**Interviewer:** Therefore, the main challenge that you have figured is that the hospital did not prepare for this outbreak?

**PF:** Yes.

**Interviewer:** Most people were expecting that the number of caeses will be high, this is based on what they had observed from other countries. Lucky enough the number of cases did not reach that extent. Let’s imagine that the cases were high what could happen at this hospital basing on our capacity?

**PF:** There could have been an increase of the mortality rate because this hospital is already congested and with the additional of the COVID-19 patients, some individuals tend to be reckless and most of them they could have died. In addition, this hospital does not have enough equipment hence this could have been a challenge for instance there are some other patients who are sleeping on the floor at night.

**Interviewer:** Assuming there was that kind of situation, what can the hospital administration do to assist every patient despite having high number of cases?

**PF:** The nurses and doctors who are working in other wards could have been told to work at the COVID-19 ward. In addition, if there was lack of space in the COVID-19 wards then other rooms could have been amended so that they should act like COVID-19 wards.

**Interviewer:** Are you implying that those having different illnesses could have been transferred?

**PF:** Yes, they could have been allocated in the same room so as to create space for the COVID-19 patients.

**Interviewer:** But isn’t there congestion already in those wards where other patients are being admitted?

**PF:** Yes, they are crowded, for instance in this ward we received Tuberculosis patients from TB ward yet this ward is meant to cater for those with kidney and skin difficulties. It should be noted that those with kidney and skin difficulties have been currently allocated in the same ward.

**Interviewer:** Who has occupied that room which was initially meant for those with skin difficulties?

**PF:** It has been occupied by the Tuberculosis patients since ward 3A has been occupied by the COVID-19 patients yet initially it used to host Tuberculosis patients therefore if the COVID-19 cases were that rampant in the end these other patients could have been amalgamated in one room and those nurses who have not yet been deployed by the government could have been offered a job so that they can be looking after the COVID-19 patients.

**Interviewer:** In other countries if the cases are very high, they do what is called reverse triage so that the patients can be screened as soon as possible so that those who seem not be that critically ill can be discharged with an aim of admitting only those who are critically ill. Do you think that reverse triage can be applicable here in Malawi or what can be the factors which may affect its implementation?

**PF:** You have just reminded back then that used to happen right here at Queen Elizabeth Central Hospital whereby those patients who are critically ill were supposed to be admitted at the hospital and those who seem not to be in that critical condition were being discharged. I noted that most people were willing to go back home while they are still critical ill because they were afraid that if they will still be in the hospital, they may end up contracting other diseases.

**Interviewer:** Were the people being discharged while they are still critically ill?

**PF:** Yes, they were still discharged and just to add on that, guardians were being barred from meeting with the patients to reduce high influx of guardians at the hospital.

**Interviewer:** How about in such scenario whereby a patient is being discharged while he or she is still not feeling well, how can you make sure that the patient understands that he or she is being discharged due to lack of space in the hospital?

**PF:** In such cases there is need to talk to the patient cordially so that he or she can understand the reason he or she is being discharged from the hospital. In most cases many patients do not reason properly therefore if they can be approached with dignity, I believe that they can understand the reason why they are being discharged. It’s also good to tell them that this decision was made basing on the analysis that was done by the medical doctors and nurses.

**Interviewer:** There are some very important people who are being admitted here at the Queen Elizabeth hospital this is since it’s only this hospital that has been mandated to admit COVID-19 patients. What is your opinion on how this hospital should take care very important individuals?

**PF:** Every patient right here at Queen Elizabeth Central Hospital must get equal medical treatment regardless of their social status because this is a public hospital. In addition, every patient must be respected; it should be noted that we have been facing some challenges whereby other political leaders were posing pressure on the medical doctors if their relative was sick in the end the doctors were leaving behind an individual, they had been attending to at that time just to attend that patient who is related to that politician.

**Interviewer:** You mean that has been happening here?

**PF:** Yes, that has been taking place, there were some instances whereby the doctor was attending to a COVID-19 patient and had to stop looking after him or her due to high influx of phone calls from the politicians.

**Interviewer:** But do you feel that everyone must be treated equally?

**PF:** Yes, there must be an equal treatment without considering one’s social status.

**Interviewer:** Out of your own analysis basing on how the hospital dealt with COVID-19 and on how yourself as an individual dealt with it too, were you afraid that your life was at risk every time you report for work?

**PF:** Everytime we were reporting for work, we were afraid that we are risking our lives for instance after getting into contact with a different person we could rush and clean ourselves with soap. Despite doing that we were still skeptical if we are fine or not. We were also afraid to talk to even friends because every individual was like a COVID-19 suspect. Furthermore, at some point I even thought of quitting my job because I observed that many health workers in the overseas were dying therefore, I was not sure if I will survive.

**Interviewer:** So how did you gain your courage to come and continue executing your duties?

**PF:** The only thing that triggered me to continue working is that I came here with an aim of helping and saving the lives of the patients. It’s my duty to assist the patients and I even made a promise that I shall save the lives of people and if I quit my job then patients will suffer.

**Interviewer:** Ever since the beginning of this pandemic from March up until this period I understand we are in November, is there any change in terms of your fears?

**PF:** I am no longer afraid, and I have even learnt how to live with it because even if I resign from my job as I get home, I may still encounter some neighbours who positive.

**Interviewer:** For those people that know you as a health worker; how were they approaching you during that period whereby everyone was petrified with this outbreak?

**PF:** It was a very difficult period because we were being sidelined in the community for instance in my own house my children were segregating me, and some friends could not even dare to talk to me. After some time, the society accepted the way I am.

**Interviewer:** There was this other time health workers were claiming to be offered risk allowance; according to your grade where you provided with the risk allowance?

**PF:** Yes, I received.

**Interviewer:** You explained the reason why you opted for this job, I just want to understand; what is the correlation between risk allowances and the fact that your life is on risk as it is termed as risk allowance?

**PF:** In other countries health workers were being provided with allowances yet here in Malawi the salary is little and the nature of this job it’s risky, even if the risk allowance was put in place, it’s also subjected to tax. Despite that there is that provision of risk allowance it doesn’t mean that we are not prone to any risk. This money was just put in place to compensate the health workers**.**

**Interviewer:** Do you think that without the risk allowance the health workers will not be committed to their job?

**PF:** It all depends on one’s passion therefore I can not just conclude that they will be committed or not.

**Interviewer:** On your role; what can you suggest that the hospital administration should consider you during this pandemic of COVID-19?

**PF:** Firstly, there is need of more equipments like gumboots which are very essential everytime we are mopping water can spill over our legs that’s why we need gumboots. Gowns are also needed because we wear short sleeved dresses therefore with the gowns we can be covered. In addition, they should also consider increasing our salaries basing on how risky our job is. We are getting little money which does not meet our basic needs.

**Interviewer:** Is there anything that you seem not to understand about COVID-19?

**PF:** There is just one thing that I don’t really understand about COVID-19 whereby they say that it is a disease which does not have any cure, yet I hear that people are being healed; what is the main factor that is restoring their health yet they say that it does not have any cure?

**Interviewer:** My last question, you have observed how this hospital had prepared in the fight against COVID-19 and all the activities that were put in place if the cases can drastically rise or if there can be another outbreak of a different pandemic; therefore if the hospital management had given you a chance to give out recommendations what factors should they consider if at all there can be another outbreak?

P**F:** They should consider setting up a location where they can build a hospital which will cater for the incoming outbreak rather than just combining people with different illnesses in a single ward because it may happen that you have an abscess in the stomach, yet you have been put in the same ward with a person with other diseases in the end you can contract other diseases. In addition, if the number of health workers is less therefore there is need for the government to employ more health personal because if they are depending only on the very same human resource thus, we can have shortfalls in other hospital sectors. Lastly, there is also needed to have more medical equipment.

**Interviewer:** I appreciate for the time that you had allocated; I really don’t know if you may have any comment or if you may have any question.

**PF:** I have nothing to say.

**Interviewer:** I am delighted for this discussion, as I said earlier on the main objective is that the hospital should get to know different views of the health workers in relation to the preparations which were set by the hospital so that areas that need to be improved can be identified in case there can be another outbreak so that the hospital management should be well prepared.