**F: FACILITATOR**

**R: RESPONDENT**

F: Okay, so as I said kuti our interest is to find out the views of health workers as far as management of covid is in the hospital ndiye maybe you can just let me know to your knowledge kuti what is the current pathway, what are different stages a Covid patient goes through from the time that they are identified to a time that they have been discharged from the hospital and others have died, there are different stages that they go through komanso what happens in those stages.

R: alright, so, I think first of all, if patients when they come positive, when they screened to the tent, so we have to screen them if they are covid suspects if they have the symptoms (01:51 voice not clear) may be they have missed the Covid ATC, at the ATC they screen again so if they think is a covid suspect, if they think that the patients has signs and symptoms of Covid19, they are sent to tent and then at tent they are assessed, if the management is treated then timatenga sample. Yeah so after the sample comes positive they were sent to ward 3A.

F; okay.

R: Yes. Negative results were sent to ATC.

F: okay so from the tent it’s direct to the ward.

R: If it’s positive direct to the ward and if its positive and if the patient needs admission, we send to the 3A.

F: okay.

R: That is usually when the patient is here in the morning and usually the results come next day morning.

F: Yeah.

R: so when the results are here and the patients still needs to be in the hospital we send to 3A.

F: Okay, so, when they turn out to be positive you said the results are usually the next day.

R: Yes.

F: Where do they stay when they are waiting for the results?

R: they are kept in the tent.

F: they are kept in the tent?

R: yes,

F: And those that are sick and those that are not sick.

R: That are not sick, they are usually send home to self-isolate while waiting for the results and when the results are positive and they are not sick, they are also send home to self-isolate.

F: okay, alright, okay, if you look at the path way that you have described amh from the tent to the ward, the screening then the ward kapena they are send home for self-isolation, what do you think is working well at the moment and what do you think needs to be improved along that pathway.

R: mmh, well, I think amh I think that thing that is working well, I could say, the screening is working well, and the first, amh, the immediate management of the patients that are suspects is working well also it’s not like earlier on when the pandemic was just coming there were stories that…amah, health personal were worrying about the patients who are suspects were not given proper treatment but these days, if the patients need treatment even if you don’t know their Covid tests results, immediate management is treat for example if the patient has asthma, is managed while waiting for the results. If they have heart failure, if they have pneumonia, if they have uncertainty, immediate management is treated while waiting for the results, so that is working well. Amh, about what is not working well, I can talk about, I don’t the standards or the procedures at the labs that have been sometimes the patients spend more time here amh before going to the wards, that’s not going well because I mean the patient comes for example maybe they come 4am, they don’t take samples at right there or even they take the sample right there and they cannot load it, they have a lot right at lunch at ten pm so even if you can come at 6am but the sample might be taken and kept waiting for 10pm and the results will come the other day. Some patients would spend more that 24 hours here and sometimes it could have been risk to some patients who are negative covid negative and they are spending a lot of time here waiting for results, it might be risk to them because they might be exposed to some other patients who are positive here. Of course there is issue of social distance, good PPE and everything but sometimes those measures sometimes fail people get Covid even with those Covid preventive measures so the time period you are here tested and waiting for results is somehow wrong so I think that is not going well but as I have already said I am not sure, I don’t work in the lab and I don’t know what causes this up so it could be the standard procedure as well.

F; But the delay is normally the getting of the feedback from the lab?

R: Yes.

F: okay, alright, so in your work here what are the specifics that you do to a patient so amh whether is a suspect or you are suspecting a patient, yes, is a suspect, what are the specific procedures that (07:24, voice not clear)

R; good procedure.

F; yes.

R; Aamh, I would say, typically anything that have to do with any other patient.

F; okay.

R; amh, just that extra preventive measures are taken into place and its almost in any management procedures that I can do, that I do to patients that’s why maybe in HCE maybe for example even before there is Covid, so for example if the patient comes and maybe her results are taken then quicker assessment then emergency care then assessing the patient and what is going on and the investigation and another constrain is that the investigation take too long to be done to other patients that might maybe negatively affect the need of the patients, for example maybe he patients needed the xray for example maybe you are suspecting…or example there was a patient a few days ago who was suspecting amhs TVD shortness of breathing and embolism then we cannot take them for scanning, for doctors scanning because they are no be allowed there without the results. So they had to wait the next day for results s maybe you can juts treat pain. So I was just going back for the things that (Voice collided and not clear 09:15 )

F: Voice collided (09:15)

R; So yeah some investigations I think necessarily are wrong. Here I think we only do glucose, malaria test and maybe urine tests for blood gas and then imaging the patients, the scanning, they delay.

F: okay.

R: Going back to the specifics I think I would explain that its typically what we do to almost every patient,

R; Yeah. The triaging, the vital signs, the history taking, physical examinations, the investigation and management while waiting for the results.

F: Okay, alright, are there guidelines and protocols that have been developed that specifically during this specific period that you are using for the managements of the patients, if you have access to.

R: (10:34, voice not clear)

F: yeah.

R: because what can I say, I can say here when the covid results are out, patients are immediately taken to the wards so here we don’t have specifically guidelines for the patients with Covid because I can say that patients with confirmed Covid they are not managed by us, but at the wards, but suspects there are not specific guidelines for suspecting Covid, it’s just general clinical day.

F; The way you do to patients.

R: yes, general clinical day we do to all patients because after the results the patients are immediately taken to the ward.

F; Okay, but were you part of the training that are going on?

R; Covid trainings yes. I attended that I think should be July.

F: Okay,

R: yeah, June, July, yeah around July.

F; oh, okay. Okay, existing amh, senior support, is that readily available for you in your work at the tent, is there senior support readily available for you to make sure that staff are using the correct procedures in their work, are there senior support whereby they can go around supervise what is going on assist, provide feedback and discuss any challenges that you have?

R; Yes, there is senior who comes because sometimes we might stack somehow so they come and ask for help

F: To ask for the help?

R: yes.

F; Which you also say that it’s a normal routine thing and you are dealing with each and every patient?

R: Yes.

F; okay, you also do the testing at the tent?

R; yes.

F: amh, the what, the nasal and the throat swab process of testing, what has been your experience with that approach what if you talk to patients or even yourself if you go that experience, in terms of comfortability and with that process of testing.

R: okay, you said nasal and throat?

F: yes.

R: I think here they only do nasal.

F; Okay, here they only do that nasal.

R: Yeah, nasal. And the one I had experienced is the one getting the nasal.

F: Alright.

R: well, honestly speaking, I did not like it.

F: Smiles…

R: Yes, I don’t like it.

F: Okay.

R: yeah. For patients they do because they are sick and they want help but it’s not very pleasant test but its done anyway

F; It’s not very pleasant

R: Yes.

F; Do you think is better alternative like using saliva

R: I think that’s the better alternative, that one would be most welcome. yeah

F; okay.

R: Yeah, personally I can say that I did not like that one so if I had an option , a simple one, I will definitely go for that.

F; But were there some people that have refused based on your past experience?

R: mmh, Yes, there have been situations like that, there was a guy, of course he was stable so he did not like, he did not welcome the idea that he should be tested, yes, he went back, unfortunately if you have Covid symptoms you cannot be allowed…

F; inside there…

R; yeah, you cannot be allowed so there was a few instances where a patients have walked away.

F: Okay. Because they didn’t want to be tested.

R; because they didn’t want to be tested and whatever reason.

F: Okay, alright, let me move to the next section, which is to do with preparation, the way the hospital was prepared to respond to Covid 19. Amh, can you explain to me what you are aware of or what you know amh, different things the hospital had done in preparation to Covid19.

R: During Covid 19, I remember that time I was an intern.

F: Okay

R: there was a stand still. I think there was amh, there was poor preparation maybe not only in the hospital but maybe prior to work I think it was issues with policy and there was an issue of the PPE and people went on strike by then they were saying that PPE is not enough and amh things of risk allowance then. so however, I think things like trainings were done and I think those are the thing that the hospital….but I think the training were done when Covid was already here.

F; yeah.

R: So it came as a surprise, people were not ready in the onset of the pandemic here in Malawi.

F; okay.

R: yeah, so I remember that time people were not believing that there is Covid, there were these things of court issues, people thought that they want to use Covid to run away from elections, so it was a tough one and preparation was not the best.

F; okay, so as you are saying, training came in at a later stage.

R; yes, came in when Covid was already here.

F: Was already here. Amh, okay, was ,do we, are you aware of that there is a structure or a team in the hospital that is leading the management of Covid, if you are aware, do you know their roles and what they are doing?

R: mmh, management like in the wards maybe?

F: yeah, I think leading the overall response.

R: overall response/

F; overall response of the hospital.

R; overall response, I think overall response is lead by I think the critical care, the emergency, the emergency physicians, I think they are the ones who help up in steering this with hospital management. I think they are the ones leading the care and in the wards I think there are the internal medicine personal, the registrar, they are ones seeing the patients but I think almost, sometimes, almost every clinician handle covid cases.

F: okay but to be specific do you know of a committees that was specifically put to run the response…

R: I am not. I don’t know about a committee specifically executed to handle Covid.

F; okay, you talked about training which came at a later stage, Amh, what’s your comment about amh the adequacy in terms of the skills and sufficiency to impact what is required, what is your comment about the training?

R; I think the training was good enough. It impacted the necessary skills to help manage Covid patients or suspects, patients or suspects.

F; how many did you attend/

R; I attended one.

F; okay.

R: I understand some people attended two and some are still attending, I think this week or last week or the other week people were attending refreshers courses. But I didn’t.

F; okay, availability of , how readily available are personal PPEs? Do you …you can comment on the section you are working in but you can also comment on the other sections kuti availability now and then and the different time intervals within this period.

R: Okay, I think as of now we have adequate PPEs, I should say that. But then early on, it was a challenge, it was a challenge even a staff to have mask, in the earlier stages, masks. Even surgical masks and now we have masks, aprons, gowns, so now, I think PPE is available compared to early on, I think it was much difficult.

F: okay, do you know why that was the case during that period and what has necessitated the change now?

R; ah, during that time, I am just assuming that the reason was more of, it was unforeseen.

F: okay.

R; Amh, i think it wasn’t well prepared and amh, even the materials, there was talks that people or the management or the people they had money to buy PPE but there was poor supply because they were in high demand, everywhere in the whole world.

F; okay.

R; okay, so it was an issue of demand, so even those place they can manufacture mask, it was difficult to get PPEs because the demand was that big.

F; okay, alright, if you look around among your health workers, you have procedures that are in place for prevention and control for covid 19 like the regular use of hand, collect use of PPE, issue of procedures of disposal, if you look around among your fellow health care workers, do you feel like people are abiding to what needs to be done for infection prevention?

R: Okay.

F: looking at, again looking at the period that you have been involved in Covid.

R: mmh, to be honest, I think these days people are not as strict in their PPE thing as it was in the winter, May June July these days sometimes people just put on mask, gloves and maybe a simple Apron.

F: When they are attending to the patients.

R; when they are attending to the patients. But then in the wards, in the wards, okay, that experience I am talking is in the tents where there are suspects…

R; But then in the wards, I had a chance to work in the ward, I stayed for five days, yeah, the PPE there, they don’t compromise.

F; Smiles.

R: yeah. The reason being, they are sure that these are…

F; that they are dealing with Covid patients.

R; Yeah. Covid cases, that everyone has Covid, so in the ward then I think last month, earlier last month, I went there, the experience that I had, no one compromise with the PPE and even if you forget to put on your goggles or your shoes, people will remind you to put on the shoes or if you have forgotten the gloves they can remind you to change on the gloves. (kuti musinthe ma gloves wo). But here to be honest, not so much.

F; Not so much. Okay, what about the rest of the wards in general?

R; amh, rest of the wards, it’s almost like here

F; Its almost like here.

R; and even maybe here, better. Maybe

F; Smiles..

R; because you have a fear that there well, they are Covid suspects so its hot, April is so hot, I think that could be the reason as well.

F; but have there been situation where by cases have been identified in the other wards?

R; in the other wards? Yes, there have been situations like this, I think there is a time when a patient was identified in a surgical ward, that the patients had concerned surgery and later on he developed cough, they took a test and the results came positive. I think back then, around May, June, July.

F: Okay, alright, if you look at Queens as a hospital and if you look at the infrastructure, and what is required in supporting Covid, maybe with the references to other countries and the news that we have been hearing in terms of spacing, isolation, generally if you look at the infrastructure, how supportive it is in management of Covid cases/

R: Okay, just to be sure, the infrastructure, you mena the buildings/

F: yes, the buildings and space

R: Okay, to be honest, the buildings are very poor, they are very poor and I don’t know what will happen if rains have started and this things, I don’t know, I don’t know. Maybe these things will fall off.

F: yeah. Rainy seasons.

R: a few weeks ago I think some three weeks ago, I think there was some rains.

F; yeah

R: it was terrible.

F: laughs…

R: it was so dirty here, I was on night shift.

F; okay.

R; And then when I was coming the rain had stopped but then it was so dirty, mud everywhere and even where will sleep, there was mud everywhere so it was only one day of rain so I don’t know what will happen if rains start.

F: if the rains started.

R; Well, I don’t know but the infrastructure honestly is very poor.

F: if you look around again from your section, in terms of the adequacy of the health care workers, amh, doctors, nurses, versus the demand that you have do you think its adequate.

R; yes, for now, its adequate

F: for now is adequate

R: we can manage we usually have two nurses and three clinicians so usually it’s not hectic and at night we have two nurses and one clinician so we can manage the patients and maybe I think I the cause cannot be seen that there a lot of patients, I don’t know but to be honest we have a strength as health care workers.

F; okay, one of the issues that some health care workers raised when I was interviewing them in the hospital was the issue of screening at night. I am told there is no screening at night.

R: yes. They don’t screen at the gate at night usually they screen at ATC and then they are sent here.

F; Amh, okay. But still for the tents you still on taking care for the patients

R: Yes, from the tents is 24hours. We are usually here one clinician on night duty and two nurses taking care of the patients that they have been found positive in the tents and taking care of them and monitoring and everything so we receive patients they usually come from ATC. So they screened

F: okay, so do you feel that’s gap or a loophole if screening is not done at night?

R: yes. That’s a gap because I think the essence of the screening is to identify them before they meet other suspecting health personnel so there is a gap because if they screen there they obviously meet them and sometimes they even miss that they have been touched by a lot of people, examine a lot of people, and suspecting and later on, upon review, they say oh there is a patient, there is shortness of breath, let us send him back to the tent. So that’s a gap that should be sorted to be screened at the gate.

F; okay, alright, availability of medication?

R: mmh, availability of medication, that’s amh, also an institutional challenge but not specifically this place because medication has to be ordered from the main pharmacy. So we all know that…….. So I think that does not only apply here.

F; yeah sure.

R: Its not only for the tent here but it’s a general thing in the hospital.

F: Aright, I want to take you into an imagination amh, that (kuti) in case of an event of an epidemic, we know that as I was saying that (m’mene ndimanenera muja kuti) things did not turn out the way we expected but if it had turned out the way people had expected that we had an epidemic and we had high numbers of cases of patients coming in, had probably the number of cases the demand is surpassing the supply, the care that could have been provided to the patients, what do you think could, if you look at the way you are working now, what do you think could have happened in reality if we had lots and lots of case coming in?

R: As of now in reality if we had like lots and lots of cases like the way we hear other countries, we would have been definitely overwhelmed, yes, we have, the workforce is not a lot, is not adequate, I don’t know how it was by then but I am not sure that its adequate, and if there was real epidemic that has taken long time like it has happened other countries, human resources will never have been enough.

F: okay.

R; Yeah, I don’t know maybe we are just lucky because right now we are not having lot of cases.

F: laughs…

R: that’s why we are able to manage, the human resource are able to try to manage but in a full blow, the monitors could manage to do this.

F: okay, I think this is also an opportunity and a lesson for caring for future epidemics.

R; yes.

F: amh, and in case of future epidemics, what do you think could be considered as a best strategy for rationing care you know we have got our limitations, we have got a lot of people who require care, how, what do you thinks needs to be done to make sure that all those people at least they seek the care that they require.

R; You are asking in terms of , maybe rephrase the question.

F; Kuti if case there was an epidemic and there are a lot of people requiring care (amene akufuna chithandizo) and as a hospital, (chipatala) you are very limited in terms of the resources and the like, what could be the best approach to make sure that despite the challenges the hospital has, but at least all those people that require care are getting the necessarily care that they need in terms of treatment and management of those patients.

R: Okay, so its that’s systemic question,

F; systemic

R: Systemic issue of posting the human resources, the health personnel in terms of numbers, a lot of people are there, a lot of nurses are there who are unemployed, and by then there were shortages by these staffs so recruiting all could be the best thing and so the best things is also motivation, motivating the health workers by giving them allowances but the main thing should be the adequacy of the health workers. I don’t know whose responsibility that is, so it’s a difficult one, it’s not something that can be sorted out easily. But amsh, and also preparing the personnel, maybe is treating a special task force, a special task force maybe at hospital level that this task force are the ones to deal with the emergency pandemic l when they arise, maybe this deal be involved for example of an infectious epidemic for example the Covid and talk of Ebola, those are those things and preparing them well maybe during reviews because we will have a long way to manage the epidemics as they occur because there would be a dedicated team of people who will be prepared in responding to epidemic.

F: With Covid, did those deals happen/

R: I am not sure.

F; you are not sure. Did you think that just for your perception, do you think this being a government hospital, could it have been better based on experience with Covid, if there was a special way or approach of managing cases that are VIP or those with high status, because its Covid.

R: yes, it was.

F: Universal?

R: Mmh

F; generally everybody was there.

R; yes, those are questions of ethics.

F: laughs…

R: laughs.. Ethically I don’t think that’s a good thing to have VIP in their wards, in government institution, no. but I think just make sure the infrastructure system is standard to take care of everyone whether a VIP or someone. So no, in government hospitals I wouldn’t recommend that. I think every person deserves the same treatment in their disease. So its about improving the whole system instead of preserving some special things for other people and poor services for other, no.

F; Alright, my last set of question is about the risk if you look at the level of your preparedness and as an individual, how prepared you were, what was your attitude or perceived risk on Covid 19? How did you feel for yourself?

R: Amh, personally, based on my experienced, at very on, I was scared of Covid, I was very scared.

F: When did you start working in the Covid tent?

R; here?

F; yeah.

R; here it was September

F; okay.

R: Early September but before then before Covid was coming, before this thing I was in ATC. Working in ATC

F; okay.

R: So all the suspects were kept there in the ATC, so, sometimes we could go and see the patients and let me not hide, I was very scared, I was scared, it was a scary thing that you can die or something like that. It was very scary.

F; very scary.

R: very scared because I mean we were reading the news, we were hearing that people in Italy thousand a day.

F: laughs..

R: laughs.. I was very scare but then the personal perception changed because of my experience, I then got Covid, I tested Covid positive in July.

F: Okay.

R; and then I didn’t have reasons to hide and I only went for testing because I was in contact with the person who had Covid because two of them clinical doctors, who also work here were tested covid positive so I came here I was tested positive but by then I did not really get sick so after that my perception changed but still more Covid is dangerous virus.

F; but working right now, do you feel, you are sufficiently protected by the hospital?

R: In terms of PPEs?

F; like PPEs, and such things that have been put in place?

R: yes, think so yes. I feel yes. I feel alright.

F; you feel protected.

R: yeah. That’s why I am working and it’s not like they forced me, they said will you be okay to work with them fully. I got it there is nothing,

F; okay, what has been your relationship with other people, with your family members, communities, knowing that now you are working directly with Covid.

R; okay, the other reason why I stay away from my family, I live with two of the clinical doctors.

F; Okay.

R: you haven’t been experienced some sort of stigma?

R: yes.

F; Okay, and my question is right now some health workers working directly with Covid are getting risk allowance. Is that correct?

R: yes.

F: if. If there could not have been such kind of a thing, do you think that health workers would have been willing to work in Covid?

R; okay, to be honest, it could have been a very difficult task to do. It’s not like they are here for money but then, I mean, its not easy to go to dangerous thing, it’s a dangerous thing.

F; because I was thinking that its good risk allowance that’s getting allowance perception of risk goes down

R: mmh. Yeah, somehow.

F: laugh..

R: honestly it could have been difficult, it could have been difficult to do because honestly speaking we had been exposed to risks in the wards but again its now how you will perceive the risks for example, there are risks which are avoidable like those of catching the needles but with covid, you can easily catch so you can even easily catch with full PPE and Full PPE is uncomfortable like honestly in the heat it is uncomfortable so with that with allowance it will be difficult to work in the covid areas/wards.

F; okay, alright, any uncertainties’ or areas that you are still unsure of and you want to know more about in relation to Covid , the one that you are not sure about.

R; Covid is a new virus, one thing that sometimes crosses my mind is long term of Covid, I mean we haven’t studied it or maybe for long time. It’s not like HIV, the diseases came and then it crossed down and it stayed. So you feel.

F; it might come back.

R; yeah, so those things we are not sure and we do not know because it hasn’t been studied. So those are the things we are not sure and we cannot know as of now

F; Okay, it might come again.

R; yes, it might surface. It might come again and another thing that crosses my mind is immunity after getting the covid. If they get the immunity, how long does it take, does it fade with time, maybe you can get again the Covid and maybe no. So those are the things that they haven’t been readdressed because people were getting re-infected. So there are a lot of scientific investigation that needs to be done.

F: okay, my last question is if you look at the way the hospital was prepared for Covid, and in case we had a lot of numbers or preparation for future independence, what would be your priority recommendation for the hospital that needs to work on this this in case these will an epidemic

R; I could suggest for epidemic preparedness team. I think that will be helpful.

F; Okay.

R; because there will victims because they will know that this is my job and this will be well coordinated if these teams are put in place.

F; working on preparation every day.

R; yeah, working on preparation, everything for the epidemics because early on people were all over the place, I mean there was no one who would want to take the responsibility I mean no one wouldn’t want to risk themselves but then if you are in a team to put in place to work on that. You still have to do the job so If you are in those teams, greatness team, then that will be helpful to properly respond to future epidemics.

F; okay, any other comment in case I didn’t ask but feel like you want to say.

R: Ah, no, I think I have said a lot.

F; you have said a lot

R: yeah.

F; okay, thank you have given us very helpful information and I am very optimistic I think that the information that you have given me will save the heath care workers if the hospital have been taken seriously, should help them. Because as you said putting in place plans is one is helpful but what are the feeling of health workers towards those plans and preparation.

**THE END…**