**Interviewer:** so be free to speak Chichewa or English or you can combine whatever would be suitable for you, ndiye *(so)* as I said our aim for the study, is to understand health workers ‘experience with COVID-19

**PF:** Mmmm

**Interviewer:** and where you feel the hospital needs to make some amendments or changes to better prepare for the future epidemic

**PF:** Mmmm

**Interviewer:** what does your day to day work involve

**PF:** Okay in the Covid wardroom?

**Interviewer:** yeah

**PF:** when COVID-19 started, the management thought it wise to involve me with that kind of experience, the critical aspect, because remember, I think COVID Patients really were going through different stages and at some point they needed critical expertise together with other medical staff are also involved in managing the Covid patients.

**Interviewer:** okay,

**PF:** Mmmm

**Interviewer:** so, as I am saying the focus on the Covid patients, would you be able to explain to me the pathway that Covid patients go through in the hospital, what are the different stages from the time they arrive in the hospital to the time that they are either discharged or they have died.

**PF:** Mmmm

**Interviewer:** what are the stages that they go through and what sort of care or what happens to reach those stages?

**PF:** Mmmm, of course things keep on changing, I think at the very first beginning when we received covid patients, they were actually being screened maybe at the ATC but now we have resolved to screening them at the tents, this is a special area, where screening, triaging and maybe testing is done, the moment we identify that the patient is showing some signs of covid, and that time the results were out, when the patient is deemed to be covid-19 positive, they are now referred to the respective areas and at the very first beginning it was pediatric patients that would go to the respiratory unit in the under-five clinic

**Interviewer:** okay

**PF:** they set aside a room for patients and of course even other respiratory patients with respiratory problems

**Interviewer:** Mmmm

**PF:** and then if it is an obstetric patient, that means they will go to 1A, they will be admitted to that ward, as it was set aside for Covid-patients who are pregnant.

**Interviewer:** Mmmm

**PF:** and then with that they will receive all the care together with the Covid-19 issues, attended to at that particular area, and all the other patients, both male and female who are not obstetric or pediatric, they will go to ENT, and ENT was an area which was set aside also for the patients and had most things set there. We had an HDU there at the ward and a theatre and also an ICU for these kinds of patients so that when they need all these other services, they could be attended to

**Interviewer:** Mmmm

**PF:** yeah but I think as time went, things changed and it was also though that the patients should be moved to another area because of other services that were now being affected, so now we are looking at these patients, we started with HDU, taking care of those critical conditions that needed high dependency services and then when they needed a ward then they were being taken care of in 3A, then they could now take care of them. Mmmm, and in these areas that’s where we actually either group them, male they are treated on another side and females on the other side and depending on the presentation we supported them in those areas

**Interviewer:** okay, alright, and specifically, what have you... as personally what has been in care for Covid-19 patients and what have you done?

**PF:** okay, I have been there throughout and it wasn’t only me, because we also needed a nursing leadership

**Interviewer:** yeah

**PF:** so I was there, not there at the very first beginning but I think when we started in 3A, the HDU, but I was also there for other you know decisions that were being made in the HDU set up and all that, and I think at the very first beginning, we started with trainings, so I was fully involved

**Interviewer:** Mmmm

**PF:** so there were all those things that were going on, I was needed in the training, I was needed in setting up the units, but eventually there was a time went on, we trained a lot of people and we had to leave the training aspect mostly to other people that we had trained and had focused on the day to day management of the Covid-19 patients, so basically, I have been spending most of my time here in 3A and the respiratory HDU

**Interviewer:** Mmmm

**PF:** I have been involved in the other aspects, like with other professionals …you know and other people who are important in the management of these Covid-19 patients

**Interviewer:** so the way you have explained it, when you look at that pathway

**PF:** yeah

**Interviewer:** for the different categories of the patients, from the gate, from the ATC to the ward

**PF:** Mmmm

**Interviewer:** what can you commend the hospital to say: at least you have done well in these areas or in these stages?

**PF:** I think they have done, they have supported these Covid-19, starting even from the very first beginning when Covid-19 was just coming, we had to make sure that all the staff trained and there was all these trainings going on. I think they achieved about 80 if not 90 percent trainings and that made the staff to be prepared and the second thing is about setting up the tent where the screening and triaging is being done, the temperature is checked and all the histories of travel and also the testing is done up there, and then making sure that the visitation has been limited, you know… this is a hospital where there are a lot of people just hanging around others maybe not even knowing what they are doing here. The hospital had to help in limiting numbers in the warding areas, making sure that all the patients, everyone that is coming in has been screened and then eventually preventing the situation of Covid-19 as far as the hospital is concerned, they did well on that one, and then there was an issue of supporting us with resources all the time we needed the resources they were sorted out and there was also a time that these patients needed another treatment area

**Interviewer:** Mmmm

**PF:** they had to discuss with other department, the ENT and then all the other services were you know sent to the other areas so that we should care for this Covid-19 patient in the ENT, and that I commend the hospital for doing that

**Interviewer:** alright, what about things of where the hospital could have done better

**PF:** Mmmm

**Interviewer:** if we still focused on the same pathway

**PF:** Mmmm

**Interviewer:** and you could feel kuti komano pakuti-pakuti paja*(to say: but now, such-such an area)* should have improved or could have done better, or I could recommend kuti*(that)* we do it in another way

**PF:** yeah, of course, as we know, this is a pandemic and usually there were also challenges, yeah, there were resources, there were times when we didn’t have enough and I commend other organizations, other well-wishers who were to come in and help, MLW has been one of the organizations that has supported the hospital fully on this, but we really had problems with gowns sometimes with masks, especially when we were just beginning and in terms of staffing, there were times when I could struggle to get a staff to work in the unit because of the shortages and all those things and eventually we had to involve you know locum nurses and there were times we were pressured to start but we didn’t have staff until we said know we needed staff, yeah that I found it quite challenging especially to provide the services and there were times that we wanted like when we were setting up 3A

**Interviewer:** yeah

**PF:** you know structural challenges that we saw

**Interviewer:** Mmmm

**PF:** there was a place where we were supposed to decontaminate the dead bodies

**Interviewer:** Mmmm

**PF:** up to now that has not been set and there was also another structural change that was requested to make sure that Covid patients are not mixed up from the tent,

**Interviewer:** Mmmm

**PF:** they should come using the back door in 3A

**Interviewer:** Mmmm

**PF:** and we should create maybe a pavement, we just needed a slab maybe just you …know a ward building maintenance work, I thought it was not that expensive for the hospital not to do it, but that didn’t materialize.

**Interviewer:** Mmmm

**PF:** I find that quiet challenging, yeah, I think basically those are the things, because we even had problems of getting a phone for communication..(Laughing)… in the unit,

**Interviewer:** yeah

**PF:** Mmmm

**Interviewer:** right, were there specific guidelines or protocols that were developed to guide the delivery of care during this period for Covid-19, when we started?

**PF:** there were no specific guidelines, let me just say there were few

**Interviewer:** Mmmm

**PF:** let me just say there were few international guidelines

**Interviewer:** yeah

**PF:** and eventually we started working on them and is it after a month, I think something came up for the ENT,

**Interviewer:** Mmmmm

**PF:** and when we started 3A, we had to use the ones we had developed in the ENT and then just worked on them to turn the environment in 3A. for 3A I would say they were there, but at the very first beginning we had few international guidelines that we could get from all these other organizations that were trying to bring in this information regarding how we can take care of these Covid-19 patients and maybe looking at other experiences in other countries, but eventually I think we came up with something

**Interviewer:** okay, but you said that when you started with ENT you had to use the international care guidelines, how did you find them flexible to our local settings?

**PF:** it was difficult because some of the things that were mentioned we couldn’t have them here and the other thing is that you still need to have your own experiences for you to come with something that you needed to, but I do understand, you know… it is a pandemic, we are learning as we are doing things, so yeah it was quiet difficult, we had to come up with the second one

**Interviewer:** okay, so the second one have the staff that, especially those that are in the front line of the provision of care, what is the level access to those guidelines and protocols are they readily available to staff whenever they want to use them and staff abiding to them?

**PF:** Mmmm, yeah, they are available, we used to keep them in the nurses’ station,

**Interviewer:** okay,

**PF:** but as I said on the issue to do with challenges, there were times we used to involve locum nurses and sometimes, there are these times when we know that some might not go through that experience before and it would take time maybe to get accustomed to maybe to the guidelines, but eventually most of them knew what we were supposed do, after all we had to also make sure that we oriented them on the expectations and the protocols of the unit

**Interviewer:** yeah

**PF:** so, they were available

**Interviewer:** so let me take you back, when you say: we adopted them and make sure that they suit our context, who do you refer to when you say: we?

**PF:** okay, it wasn’t like something that was done by only one department, it was both nursing you know, clinical and we had to sit down and maybe put in our input and then together we came up with one document to support the care, the services in the Covid areas

**Interviewer:** okay, alright, so what is your feeling or what are your views if you look at you know m’mene imayamba poyambilira muja eti*(the time it was starting at the beginning)*

**PF:** Mmmm

**Interviewer:** the hospital had, okay we had it as cases to be reported from outside, we started hearing things in the hospital,

**PF:** Mmmm

**Interviewer:** got involved, how are your views and feelings towards how the hospital prepared itself?

**PF:** yeah, the hospital tried, they tried

**Interviewer:** Mmmm

**PF:** they were not 100 percent

**Interviewer:** Mmmm

**PF:** you know like for example the tent, the set up was not as fast as we would want to be, and it took time for it to start to be functional until you know… there were time we had experiences with the going inside the hospital without being screened and without being screened, and we would take all the staff who have been exposed to the patients until we had to knock and knock I think to the director’s office to say that no can we make the tent start functioning, I think those types of experiences were not good, but eventually when we started, I mean that was much better, we had had those experiences where staff were exposed, some were positive and some were sent for isolation

**Interviewer:** Mmmm

**PF:** yeah, and you know, there were times when we had some even admitted of course not so much, usually I think they could be supported at home and do well, yeah but people were afraid because of all those things

**Interviewer:** Mmmm

**PF:** and then we had to change the system, like for the nurses, I mean starting from the nursing, the clinical we had to start working in shifts, because we didn’t want a lot of people to be exposed at once and that was the doctor as well

**Interviewer:** so initially the plan was that patients would be, Kameza would be specifically for Covid

**PF:** I forgot that (laughs)

**Interviewer:** so, what influenced the changes for the hospital to start accepting patients?

**PF:** yeah, yeah, you know I forgot about that, initial plan was that Covid should… most Covid patients should be OPDs or maybe they will need a district you know support, so they were supposed to be managed by a district hospital, but unfortunately, I think there were problems. I think one, the tent, they isolated the place at Kameza Ebola side, so it had challenges, there was no water, no electricity and then they had to shift to Kamuzu College of medicine, they used the skills lab and they used the facilities that were there and also took advantage that the students were not there. And now I think it was the issue about the critical aspect,

**Interviewer:** yeah

**PF:** because they were not able to take care of those critical patients who needed oxygen you know with Covid when the patient comes, they came in a state that they needed on going supervision and also critical thinking and decision making as you are taking care of them especially the first day or two.

**Interviewer:** Mmmm

**PF:** so with that, I think it affected the care at Kameza, we were called frequently to go there and assist, there were times that even the patients would request the ones that were sent to ATC to Kameza, they would call us, the guardians would call us to say: no we are not being done this, the monitoring is not good and all those things. And another thing is that there were issues to do with payments

**Interviewer:**  Mmmm

**PF:** I don’t know what was happening that time, but eventually this led to the staff going on strike, and with that, we thought that the management, I think now management really supported

**Interviewer:** Mmmm

**PF:** aaah, because they thought it wise that we should take care of the patients, because it would sometimes be our relatives and it could even be us,

**Interviewer:** Mmmm

**PF:** and who will take care of us, so with that I think we forgot to commend management here at queens, they thought it wise and the set up, you know, the ENT and then make sure that the other sites are also functional, that’s the tents and that assisted us, and we have received patients from all over and we have seen a lot of patients getting better, those that came in critical stage are getting better and then at the end of the day that would be number one…(laughs).. Recommendation for the hospital

**Interviewer:** Okay

**PF:** Mmmm,

**Interviewer:** the hospital put in place a structure or a team, a committee to lead?

**PF:** yes,

**Interviewer:** and what was the role of this team?

**PF:** yes there was a structure as I said that there was just too many things to do, I think at the very beginning, I think the trainings, you know the setting up, there were structures, there were you know groups that were formulated, just to make sure that they were supervising.. You know, the work, the establishment of the sites, so like for ENT there was a structure for teaching, there was also a structure…and usually it could be a combination of these and together we were planning you know on the next step and all that, to make sure that sites could start. And there I have been involved in most of these

**Interviewer:** talking about the training, you have also said that you are a national trainer

**PF:** Mmmm

**Interviewer:** what’s your comment on the structure of the trainings, especially for health workers here, is it something that is sufficient and provided adequate skills and information to staff or there needed some improvements?

**PF:** aaah, there was need for improvements, the way as I said, being a pandemic, I still go to that. Being a pandemic, there are things that were done quickly, that would have been done properly, and the way we were informing, people sometimes we would see that people not even turning up because it was short notice

**Interviewer:** Mmmm

**PF:** and even facilitator preparation, they couldn’t be done sufficiently because even information kept changing, but eventually we tried to provide basic information for Covid-19 management, and I like the fact that after we conducted the training, because before we did the training, people were afraid and they couldn’t even you know, volunteer to work in the sites

**Interviewer:** Mmmm

**PF:** and it was even hard for the leaders to start the thing, even to inform our colleagues, even their juniors, because everyone was afraid, but eventually, with the training, when we started you know explaining and learning, we were giving out these experiences from other countries and all that we managed to install some confidence in most of the staff and then I will be happy to say that and eventually we had a lot of people volunteering who couldn’t even believe ourselves… (Laughs), yeah, especially the nursing part, because we needed a lot of staff that side. And when we started, it went well, so the hospital has done a lot frankly speaking, I think these other people they just forgot..(Laughs).

**Interviewer:** you think the volunteering was as a result of..?

**PF:** the trainings

**Interviewer:** and the incentives, the risk allowance

**PF:** the risk allowance, I think you know, when people are afraid, even if there is money attached to it, they will do it, and when we say people were volunteering it wasn’t everyone who was volunteering, especially when we were starting ENT, just a few people were… but they were enough to start

**Interviewer:** then, I can go ahead, I just wanted to

**PF:** but were enough to start with and some when some they even refused because at first of course we had a few volunteers but we were thinking with the other ones got infectedthat means we will need a backup, so when we started approaching the others, you know there were those that really didn’t want to work there, of course there were others who had health problems which we understood, but eventually when we were setting up 3A, a lot of people came up, maybe they had seen the way their friends working, not getting infected and getting allowances maybe, and I would say that a lot of people that …(laughs)… were working in ENT wards were just on the money aspects, but the ones that were in 3A it could be both, because maybe they had seen their friends you know, working and not getting infected and getting allowances maybe, these other groups I should say it was 50/50, but the very first group, I don’t think it was just the money aspect, yeah

**Interviewer:** okay, how readily available is PPE in the hospital?

**PF:** right now it is, but there are some... it is, sometimes we do get a rapid surprise of especially sanitizer, black bags had issue but not like having them for a week or so, but the issue is, it could be a day or two and then we would go to other departments to ask for especially the black bags, but for gowns, no. apart from the hospital when they receive the extra support, MLW and other you know… organizations, Rotary club, Multi choice, they assisted us with a lot of gowns, the Hartman suits, and also of resources they did bring and that also added to what the hospital. So gowns, masks, both N 95, with this side, we didn’t have problems, gloves, we didn’t have problems.

**Interviewer:** Mmmm

**PF:** gumboots, the hospital managed to buy, gloves we have, even the scraps, the hospital managed to buy enough, so we haven’t had problems with that, except for those black bags because we use them so much

**Interviewer:** Mmmm

**PF:** and they really needed to supply them in large quantities, but now that has stopped

**Interviewer:** Mmmm

**PF:** it was just a certain week that we ran out of the black bags, but now I think it is fine

**Interviewer:** some of the health workers have spoken to… they expressed that yeah, PPE is available but the focus is on the Covid side, on the Covid wards, but they would have loved… that if that was to be across all the health workers, especially that there have been cases that were identified from other wards

**PF:** Mmmm

**Interviewer:** and as well as that the Centre is not isolated, is within the same structure,

**PF:** Mmmm

**Interviewer:** do you share the same views?

**PF:** yeah, I think for, the other wards, of course my focus was mainly on the Covid ward, but I think for the other wards that could be possible, and we know, aah, the issue was, should we provide you know.. The few resources, to all the other departments equally, including Covid wards, or should we target the Covid wards, because this situation needed to be contained, even within the hospital, and the other issues, we also had you know, special Covid supply

**Interviewer:** yeah

**PF:** that was coming from the headquarters that supported Covid and that wouldn’t have been shared to the other wards,

**Interviewer:** Mmmm

**PF:** but for the hospital, they tried their best I think, for the other wards again to have resources but they said that it is always erratic

**Interviewer:** Mmmm

**PF:** this is a big hospital by paying sometimes, you know sometimes during this Covid-19 era, people can be afraid and over use the PPE and that was quiet often, until we kept on you know helping each other, you know reminding each other and then teaching each other how we can use,

**Interviewer:** Mmmm

**PF:** even after the trainings, unfortunately it was people were like afraid

**Interviewer:** Mmmm

**PF:** that they can get infected and all those things, and they would put maybe two masks

**Interviewer:** Mmmm

**PF:** all those things, and there was that little bit information about the misuse of the resources as well

**Interviewer:** Mmmm, how are staff able to follow the prevention and control of infection procedures that the hospital had put in place, if you look around among health workers both in the Covid side and generally hospital?

**PF:** Mmmm

**Interviewer:** so which is about the correct use of the PPE

**PF:** Mmmm

**Interviewer:** handwashing and disposal?

**PF:** not all the times, not all the times, even if…aah, maybe it just needs frequent training, but it is not all the time, there are areas they do it properly, but there are other areas still challenging, I know, it is the way our system is, we don’t have enough staff sometimes we involve locum staff, sometimes we even involve the staff who might miss the training, sometimes the trainings are targeting the permanent staff,

**Interviewer:** Mmmm

**PF:** these would just be oriented, sometimes we were even involving, we were contracting outside services okay, for the cleaners, the guards and the impact is that even if train them, the contract doesn’t stipulate, you know there are these times that you see people, there is high staff turnover in those companies, so you might see that they bring in new people, you are just surprised, not very.. You know, it is quite difficult I think working with the contractor, I means contracting out services for these other things, but I know something that needs to be tackled maybe at another level

**Interviewer:** Mmmm

**PF:**  but if it was, just the permanent staff, if they were enough, I think that would have been okay, because we would be able to follow up you know all the trainings and all those things we could do

**Interviewer:** Mmmm

**PF:** so it is really challenging on that one, I wouldn’t say that people might not follow you know those things. But with Covid

**Interviewer:** Mmmm

**PF:** we have illustrated this and even on the trainings, there is a culture, cultural change

**Interviewer:** Mmmm

**PF:** we have seen doctors, we used to have problems with doctors including the IP issues

**Interviewer:** Mmmm

**PF:** but now everyone is like trying to do their level best to follow you know the protocols aaah… as regard to infection prevention

**Interviewer:** Mmmm

**PF:** Mmmm

**Interviewer:** okay, in case we had an increase in the number of cases which initially we thought we could have but it did not turn out that way, but in case we had a high number of cases

**PF:** Mmmm

**Interviewer:** how would have the infrastructure

**PF:** Mmmm

**Interviewer:** the queen’s infrastructure been like, in supporting the huge number of cases?

**PF:** Mmmmh, okay, let me just say that 3A

**Interviewer:** Mmmm

**PF:** is 36 bed, the way we had planned

**Interviewer:** Mmmm

**PF:** we would take up to 36 patients

**Interviewer:** okay

**PF:** and aaah.. The original plans were that we would also use the HDU which has about 6-8 beds

**Interviewer:** Mmmm

**PF:** so we were thinking that.. I mean they are 8 beds let me just say,

**Interviewer:** Mmmm

**PF:** so we were thinking that if that situation arises,

**Interviewer:** Mmmm

**PF:** that means we will go back to our original plan, where we will have ENT, ENT has got also more spaces, it has got also got a nice and also a theatre

**Interviewer:** Mmmm

**PF:** and we would also use the HDU and also the theatre, so we would take close to around 50 patients, unless if it is beyond that, I think that is when it would be chaotic

**Interviewer:** Mmmm

**PF:** we don’t know what we can do, but remember that we also have 1A for obstetric patients and respiratory patients at the HDU and under five, so if it is beyond 50, maybe let me say: beyond 60, it would be chaotic for the hospital because we would not know where we can put the other patients, and it would be hard to get staff to take care of them and then to make sure that other services are continuing

**PF:** Mmmm, unless if we declare this a state of emergency then we entirely close the hospital and then we take care of the Covid patients and I don’t know,

**Interviewer:** Mmmm

**PF:** but the other services would still suffer,

**Interviewer:** that was my first question, but what do you think would have happened in the reality?

**PF:** in reality?

**Interviewer:** Mmmm

**PF:** we would still beg the DHO to open their side, so that they can do with you know the moderate cases

**Interviewer:** Mmmm

**PF:** and then we focus on the severe cases, the critical cases and that would work, but anyway, DHO there was a time when we trained them, okay, and I think they have also gone through some training, I think lately when we were being busy taking care of these patients, so yeah, I think we would try, but anyway, a crisis is a crisis, as long as we have other support, from organizations, continued support, that would assist us, but the external support as well stops, I don’t know what happened with the management

**Interviewer:** Mmmm

**PF:** whether it can manage everything, even with the 50 cases that I am talking about, so in most cases I think in an event where there is an influx, that increase in the number of cases

**Interviewer:** Mmmm, what we have done is or what is considered is first triage

**PF:** Mmmm

**Interviewer:** and screen the patients and those that seem to better

**PF:** Mmmm

**Interviewer:** they discharged them to go home

**PF:** Mmmm

**Interviewer:** that would work in our context

**PF:** yeah, there was a time when we were just starting ENT, to have more patients and that was applied, we would screen those, and the ones that we knew were safe like you know, I had graduated from critical condition to maybe a moderate or mild condition, then we would discharge them, that was done and even if there were still Covid positive, because we knew that when they go home, they would supported, and we also had to assess you know the situation at home and there was a time when we had to send them at DHO when they had started… you know… operating, soon after the strike, so those patients would be sent today, there was a time when that was happening

**Interviewer:** Mmmm

**PF:** but I know, I think those are the things that we can use, the testing, it is a crisis, even the testing would not be done, that means basically we can look at the symptoms and then you treat them first, because that’s now a crisis,

**Interviewer:** Mmmm

**PF:** the testing can be done later, because that happens, if you have a crisis, you know if all the patients are coming with all the symptoms, first thing that you need to do is consider them as Covid-19, that happens in crises, when it is just too many patients

**Interviewer:** yeah

**PF:** but I think we didn’t go up to that state, usually patients would be tested and when it was full in the end, that was when we had to move out some and leave out those who are critically ill, there was only patients I think when he was discharged, he came back very critical again, I don’t know what happened at home, but eventually he died

**Interviewer:** okay,

**PF:** but most of them they did well

**Interviewer:** that was what I wanted to find out, the case that happened

**PF:** Mmmm

**Interviewer:**  you feel the hospital, because it is not only about discharging, but following up them and making sure that they are safe, wherever they are going

**PF:** Mmmm , yeah, anyway, that would be districtresponsibility

**Interviewer: (laughs)**

**PF:** they would later come up with their own teams as well, they have you know, the transport teams, they have all these other teams, with specific tasks and follow up with one of with the main part, if that is not done, that will be detrimental to the life of the patient, it will be detrimental to the patients, but as the hospital maybe as the central hospital always to stabilize these critical patients, and once they are stabilized, but otherwise if there is a chance to put them up to the community, then that could be done and then give hand over to the district hospital to continue the follow-up. But I know they also have challenges, they will say: maybe resources were not enough, because they also have to man the district, I mean the site, the treatment center, so they had those issues as well…(laughs)

**Interviewer:** okay, during that time, there were also some VIPs that came here

**PF:**  Mmmm

**Interviewer:** do you feel that these VIPs should have been managed in a special way in the hospital?

**PF:** aaah, this is a crisis, I think, and it is in a country where we are doing whatever we can, to make sure that the service is being provided, people should also understand, so for me, I would say: even the VIP, the care that we are providing at that time, it was necessary for the VIP as well as any other patient I think, and there were testimonies that we were getting from most of the patients that they didn’t think they would be treated like that

**Interviewer:** yeah

**PF:** and they were showing that they were satisfied with the care, so we just levelled that care, and even the staff that were taking care of these patients, we would tell them that treat every patient equally, make sure that you are providing care to your best capability and with our supervision, this was being done, yeah, so

**Interviewer:** yeah

**PF:** Mmmm

**Interviewer:** my last section questions, but before I go to that

**PF:** Mmmm

**Interviewer:** before I go to that last section, the other part, I wanted to ask is the experience, I am not sure if the first hand being tested for Covid experience,

**PF:** Mmmm

**Interviewer:** or you have heard it from the patients that have been tested

**PF:** Mmmm

**Interviewer:** what has been their experiences, what did they say about the nasal swabs or the throat swabs?

**PF:** it is not good

**Interviewer:** it is not good how?

**PF:** it is not good, it can make you vomit

**Interviewer:** Mmmm

**PF:** you know, it makes you cry, I mean it is not good, it is very you know, I would say: if it is done twice, you wouldn’t want it to be done twice.

**Interviewer:** yeah,

**PF:** but there were times that you would, people had to be tested for three times, you know all that, it is not a nice experience, I wished there was another way to do it

**Interviewer:** or maybe using saliva

**PF:** or maybe using saliva, even blood test would have been better but I know the sensitivity issues and all that, the specific setting

**Interviewer:**  alright, if you look at the way the hospital, my last section will be how you were prepared for the pandemic

**PF:** Mmmm

**Interviewer:** but your own on preparation as they were, personally, did you feel, what was your perception about being risky or being at risk?

**PF:** aah, it was risky, I have a family, with three kids and some are still at nursery

**Interviewer:** okay

**PF:** every time I was afraid, I was hyper in terms of getting myself cleaned, and all those things, I was… that time we had agreed that people can go home, those that know that they can practice IP Properly, and there was also a site that was also set up, those that felt that they can’t self-isolate,

**Interviewer:** Okay

**PF:** so, I think during that experience, every time that I was here, when going home, oooh, it wasn’t easy for me and it was stressful and it was traumatic, but eventually after time went on, when I saw that I was negative, things were okay, my staff were okay, then I got the confidence, when I went there I was like no don’t touch me, I am infected, I would leave my clothes, I will change like three times,

**Interviewer:** ooooh

**PF:** putting on gloves I wouldn’t want the kids to me near me you know, went straight to the bathroom and all thing, clean my staff you know and disinfect myself to make sure that I am protecting my loved ones it wasn’t easy and there were times that we could even cry, it wasn’t easy, I wouldn’t’ even run away from the.. You know I wouldn’t say I quite volunteered to work…(laugh).

**Interviewer:** (laughs)

**PF:** you know, I was supposed to do it, I was in a position where I couldn’t make a choice, I couldn’t even refuse, so it was that I was supposed to go through stages, then eventually I accepted and it was okay, and I never regretted,

**Interviewer:** Okay

**PF:** and I am happy that I was part of the team, I assisted the population of Malawi which needed our help most, yeah…

**Interviewer:** (laughs)

**PF:** it wasn’t easy honestly speaking, mpaka panopa*(up to date)* I feel like aaah.. You know, God has favored us a lot, because I was expecting the worst, even when I was teaching people, I was like okay, we have seen this, maybe it is the same that will happen here, let us just be ready here for everything, and zinthu izi ndizoti sitingangozisiya*(and these things are something that we cannot leave out)*, somebody has to be there to assist you know these patients

**Interviewer:** Mmmm

**PF:** and yeah we got carriage along the way, yeah, God has been merciful to us honestly

**Interviewer:** okay, in case the cases just started going up again, you think that fear will come back

**PF:** the fear will always be there in terms of you know this is a risky condition that we are dealing with, it can kill whether you okay or not, you know it comes with that high you know power, eventually munthu atha kumwalira nazo*(an individual can die because of that)*, ndiye *(so)* the fear will be there but I don’t think it will be to that extent.

 **Interviewer:** Mmmm

 **PF:** now that we have learnt, you know if we follow the IP properly, these are things that you can prevent and you know it is something that is preventable, so yes, I would be afraid, but not to that level where I was crying, when I was coming I would say: oh my, this country will have all these challenges, how are we going to cope and all these things but I think I wouldn’t be afraid, unless if the resources would not be enough..(Laughs) that will be quite stressful

**Interviewer:** Mmmm

**PF:** yeah

**Interviewer:** Mmmm

**PF:** but I don’t think we can reach to that far, I don’t think so

**Interviewer:** yeah, did you experience some sort of stigma in the community?

**PF:** yes, a lot, not in the because the better part is that I try on my own ndimayendetsa ndekha galimoto eti *(I drive a car by myself alright)*

**Interviewer:** okay,

**PF:** ndiye *(so)* mostly I don’t use public transport, for my staff at the very first beginning anthuwa amasalidwa *(these people are segregated in)* buses chani *(and whatsoever)*, you know ma *(the)* conductors chani *(and whatsoever)*, amawauza kuti inu akuchipatala *(they are told to say you are from the hospital)*, especially when you are in a uniform, then we had to sit down kuti *(to say)* they shouldn’t put on uniforms and then we had to ask management, the other thing that management did to… management thought it wise to get buses

**Interviewer:** Mmmm

**PF:** you know special transport for the staff and that was good,

**Interviewer:** Mmmm

**PF:** it really helped the staff and people were being taken to their homes and stuff and that was something that reduced stigma, but I know every time you put on a mask, somebody would think to say: awawa akukhala ngati kuti ndi a Covid *(this one seems to have Covid)*

**Interviewer:** Mmmm

**PF:** and even here, amongst ourselves, the staffs that were not directly working in the Covid ward, nawonso amakhala kuti amatitsala *(these people also segregate us)* and they wouldn’t want to associate with them in our respective departments, so that one eeeish

**Interviewer:** it wasn’t good

**PF:** but eventually anthuno anayamba kutani*(people now started to do what)*, kutizolowera*(to get used of us)*.

**Interviewer:** okay, yeah, if you look at what pre-Covid and after Covid, what really changed?

**PF:** with my work?

**Interviewer:** Mmmm

**PF:** aaah… I would say: I work in a critical area, honestly speaking, it’s that kind of you know….that area where you just need to be on your toes, when you have the patients, there hasn’t been much change, in fact this wasn’t aaah… in terms of the direct care, I would say that it was just that minimal care that I would compare with the critical area how we were working in the ICU but on the other hand, I have learnt a lot in organizing people, okay

**Interviewer:** Mmmm

**PF:** I have learnt a lot in also aaah….tying to source, get resources and also resource management, I think I have learnt a lot and you know I have seen a lot of people coming in, and then working together as a team and all those things, it has improved, you know collaboration aspect that I think sometimes it is quite challenging, but I have seen that we are working quite well and the other issue is about the way we have interpreted these Covid-19 patients, and they were coming, you know, because at first I was like ooh Covid\_19 in black, not black but in an African patient, it wouldn’t be us you know as hard as it was in other areas, but you know, I saw this happening in these patients, the way they were responding to those short of breaths, desaturating, the moment they take out the mask and needing the high support of oxygen

**Interviewer:** Mmmm

**PF:** that really made me to be on my toes as well and you know, I had to support patients with whatever you know support that I could and even encouraged, you know at first we were afraid, spending most of the time in the HDU with the patient, because we thought that the more we stay with the patient, of course the recommendation says that the more somebody can be exposed, we had to come up with you know this idea of coming up with teams and these teams would take turns, when we stay with the patients, maybe for like two hours, then another team would come in for two hours, something like that, and I think on that aspect I have learnt something important, it is something that can help me improve on the unit that I am working

**Interviewer:** okay

**PF:** Mmmm

**Interviewer:** now, we are winding up, (laughs)

**PF:** there are lots of questions …(laughs)

**Interviewer:** are there any uncertainties or areas where you feel unsure about Covid?

**PF:** Mmmm

**Interviewer:** about it, it could be in relation to information about Covid that you would love to know more?

**PF:** Mmmmh, Mmmm, of course I have read a lot, maybe the issue about the relapse, I would still want to know what is actually causing the relapse in other countries and what would… any way I would still want to have an idea, where we could be..(Laughs)… as a country, if this would happen, what would be the things that would cause it and if we go maybe to that level, where it will also be a crisis, that is something that I would like to learn and the other thing about Covid, I know the other things are changing but in terms of drugs, the medication where have we actually.. I know there were anti-retroviral that were on trial, but I think I haven’t heard whether it has finally been approved and what are the thing that we can learn from and would that be something that can be used in a country like ours

**Interviewer:**  Mmmm

**PF:** yeah, so you know these other drugs, I would want to be updated where we are whether it is promising and the vaccination

**Interviewer:** Mmmm

**PF:** those are the things that I would want to know where those things are, but if anything, it is also the physiology

**Interviewer:** Mmmm

**PF:** we know the explanations about why it didn’t happen so much in Africa

**Interviewer:** Mmmm

**PF:** I would like to have more information on, you know and these other things that why is it so common in men and pediatrics and maybe there are all these other explanations that are there, but if there are changes they I would also like to learn all those things, Mmmm

**Interviewer:** medication that they talked about, the medication that you gave to patients,

**PF:** Mmmm

**Interviewer:** was there a time when sometimes we could run out of that medication?

**PF:** not really, because we have the anti-hypotension we got them, the insulin we got, the dexa, we got

**Interviewer:** Mmmm

**PF:** Mmmm

**Interviewer:**  my last question, if you look at the hospitals prepared

**PF:** Mmmm

**Interviewer:** and you were asked to recommend 3 priorities, in case of future epidemics or in case we have increased number of cases, what would be those three priorities be?

**PF:** testing, I think number 1 that was also another challenge

**Interviewer:** Mmmm

**PF:** testing, yeah, should be at least maybe maximum, maybe 5 hours, it should be within the day, testing if we can have enough testing kits and all those testing equipment and then improved turnaround time would be number 1, number 2 aah, staffing, to improve the staffing, I think if possible, that’s another thing that is controlled at a higher level but it will still be good if we can bargain and have enough staff, so that when we involve the staff, the other services shouldn’t suffer

**Interviewer:**  Okay

**PF:** number 3 structure, structural changes, if anything we need to have a special place, ENT is okay, if we can have that again, but the issue is that there are other services at ENT that were suffering, so I don’t know whether they can build or maybe we can still improve 3A, okay improve the structural changes, I mean the structural aspects in 3A or get the ENT and make sure that the other services are also being provided like on the ward they are supported

**Interviewer:** Mmmm

**PF:** so that they shouldn’t feel like their services are not working well, so that’s number 3

**Interviewer:**  Mmmm

**PF:**  number 4, the tent, if the tent could be there we can improve, you know the environment at the tent make it more friendly for the patients and staff because it is a ground and if it can be built with a tent to make it friendly for the staff

**Interviewer:** Mmmm

**PF:** yeah, I think that can be, and then the mortuary, if we can have 3A, if we were to use 3A, it means we need a tent outside, that will be elected and then we can do the decontamination of dead bodies there, I don’t think we can have a mortuary there but that could help, and the coming in of welcome trust and getting the dead bodies to COM, if that can improve them and continue then that would also be something helpful

**Interviewer:**  so how long do the dead bodies take to decontaminate?

**PF:**  so the dead bodies were decontaminated at the Back Bay

**Interviewer:** Mmmm

**PF:** because at that particular time there were more patients we just isolated one bay, but at ENT they had a special place, I think they were doing it, it used to be a laundry or something

**Interviewer:** Mmmm

**PF:** so they were doing it there

**Interviewer:** Mmmm

**PF:** but here I think there was space issues

**Interviewer:**  no, I really appreciate your time,

**PF:** Mmmm

**Interviewer:**  I don’t know whether you have something or last comment

**PF:** Mmmm

**Interviewer:** (laughs)

**PF:** I think I would like to comment to say if possible, share the results

**Interviewer:** Mmmm

**PF:** these are the things I am still interested to hear about, I would like to have a copy of your results

**Interviewer:** you would like to have the results?

**PF:** Mmmm and be involved in the time that you will be providing feedback

**Interviewer:** yeah

**PF:** and be disseminating

**Interviewer:** definitely there have been a lot of interesting stories

**PF:** Mmmm

**Interviewer:**  from the rest of staffs, even the lower cadre, you never expected that there could be information

**PF:** Mmmm

**Interviewer:** come out and give good ideas

**PF:** Mmmm

**Interviewer:** maybe definitely we will plan that in November, when we have a draft report a

**PF:** Mmmm

**Interviewer:** and for feedback especially the staff that have been involved as well as you are saying about the report you are talking about