**F**: Facilitator

**R**: Respondent

F: So as I earlier said the objective of this research is to solicit views of health care workers on how the hospital was prepared to deal with Covid-19 pandemic, but first please tell me your position here at hospital and outline your daily work.

**R: I work as a hospital attendant. So when I arrive to work I look at patients of course the task is shared; to our part we look at them like when they arrive here at a car, we are supposed to help them from getting off the car. When we get them off the car they first meet with doctor’s right outside, who scan them for Covid-19 and later they are brought inside. And the other task is when a patient has been diagnosed and referred to a ward; our duty as porters is to take that patient from here ATC.**

F: So during this period of Covid-19, have you worked in the wards or departments that were dealing with Covid-19?

**R: During the Covid-19 pandemic there was no ward that I worked in, but because the Covid patients were found here before the tents were mounted, so we were affected with that. After the tents were opened now that’s when there was a change, (??) so from that time we did not hear much.**

F: When you say you were affected here, in what way?

**R: Especially when the patient has been attended to, and if there is a need that they should go to a ward like ENT which was instituted that they should be there; we were escorting them there. Or maybe 3A we could carry the person,**

F: It was you who were carrying the person?

**R: We were carrying the person, yes.**

F: Ok, so when you have carried the person you could know that the patient is a Covid-19 infected person?

**R: Yes, we were being told; we were being told that you will escort this person but he has Covid.**

F: So when handling that person, you were well protected?

**R: Yes.**

F: So what kind of protective clothing were you wearing?

**R: We were wearing gowns, which were donated by that we should use; we were wearing masks maybe two of them and on top of the gown we were putting on a plastic apron, we were wearing masks and face shields.**

F: I just wanted to ask that but during the time Covid just broke out, own your own and as a hospital what measures was put in place to help at the hospital?

**R: What I observed is that there was provision of more masks and gloves as well, that is what i mostly noticed because there was like a threat to people so I noticed that most materials were available during this time. So I would say that on preparation of the pandemic, government started the preparations at Queen Elizabeth Hospital and there were some aprons that were thicker; we were supposed to use them as PPE when we have a patient. That is what I observed as preparations here at hospital.**

F: Are you aware if the hospital instituted a committee to oversee issue to do with Covid-19 management here at hospital?

**R: About the committee maybe we got aware about them during trainings but getting to know that these are the people in the committee of Covid-19, I would say that I don’t know it. All we could see is people coming to tell us that they would like to equip us with various things.**

F: You have talked about people coming to you was that like trainings?

**R: Yes.**

F: How many trainings did you attend?

**R: Two trainings.**

F: Which and which?

**R: The other one was organised right at the beginning and it was hosted at College of Medicine and the other one was held last week right at Medicine as well.**

F: These trainings were specifically for Hospital Attendants?

**R: Yes.**

F: What were the main things that you were taught at these trainings?

**R: Uhh, what we learned that there is a new pandemic called corona-virus, so we should be cautious in our line of work. We should protect ourselves when working in terms of what we put on, they centred much on that and that even when we are at home, we should make sure that we wash the clothes that we were wearing at work because we never know if we are infected or not.**

F: Do you think the training helped to prepare you to fight against Covid or helping patients during the pandemic? What do you think they should have improved about the training?

**R: It helped but still I saw that there were some gaps because what I think they were hiding when they have diagnosed a person that he or she has Covid-19, they were not disclosing that to us. They would only tell us that take this patient to 3A or to ANT, not even,**

F: They were not telling you that the patient you are carrying,

**R: you are carrying, no. But they knew so I saw that, that was not in order because it could be possible that they are not around and we are loitering in the wards, we could just get in a ward without realising that there is a Covid-19 patient.**

F: That time they were at ATC?

**R: Yes, they were at ATC, before they got at ward. Let’s assume they are at (??) we get in there to discharge some duties, maybe we would go to take some things that we have been advised to take but not being cautious on the possible threat, maybe that we should not stay long in there.**

F: But you believe that during that time the doctor was aware that the patient has tested positive for Covid-19?

**R: Yes.**

F: So what do you think why were they denying this information?

**R: Personally, I think that here at work we are not really valued; they only warn each other at the top when there is a threat, so I just watch because had it been there is love, they could have been warning us that,**

F: Careful.

**R: Careful, but you would find that someone is sending right there without even cautioning you but some would whisper to you not tell as a group but whisper to you.**

F: They were whispering to you?

**R: Yes.**

F: You said the other thing you learned is about protective clothing PPE, training on how to use them that happened but now availability of the PPE in the hospital was it sufficient or it was inadequate?

**R: Like the gowns?**

F: The gowns yes, no not just gowns.

**R: I would say it was not sufficient because things like these we were purchasing them on our own. Some nurses would bring them to sell to us, so we would buy and take them home. On the other things like washing hands, observing social distance that was not a problem; the challenge was on protective clothing.**

F: Maybe there were instances where you carried a Covid patient without wearing enough protective clothing, because of shortage of the PPE’s?

**R: I would say that sometimes we would carry the patients without enough protective clothing like the gowns I’m talking about; you would find that they are gone, because people have scrambled for them in the morning. So in our line of work maybe I was at mortuary; so I was wearing the same gown and when I’m back I’m take it off disposing it to the right place. Now to find another one it was difficult and now there is a new patient and you have been told to take the patient to somewhere else; you could only use a plastic apron, meaning that the PPE’s were not enough. They could be supplied but it would not take time because after everybody has put them on and they are coming in, taking them off; meaning they were getting finished in no time because there were many people using them.**

F: I would like to understand it right there because there were some staff that were working direct and others who were not working direct; PPE on the staff that was working direct and those that were not working direct what was the difference?

**R: The difference is that the one working direct to the patient is at higher risk because they are the ones who are supposed to put on enough PPE during this period because they were very close to the patient while others like ourselves we would only be close to them when we have been advised to carry the patient to a ward.**

F: So for your colleagues who were working close to the patient, when you ask them they had enough PPE’s?

**R: Like the nurses and doctors, I would say that they had them. Yes, they were protecting themselves.**

F: Hospital Attendants?

**R: For us Hospital Attendants, we were being supplied only when they need us, so we would wear them in accordance with how they have put the protective clothing on.**

F: Alright, the other strategies the hospital put in place to protect health workers from Covid-19, you have talked about the issue of clothes, i don’t know about other things like washing hands frequently, how you can dispose the clothes; these strategies i believe that they were put in place so that health workers you should adhere to, if you scrutinise amongst your colleagues, would you say that they were ardently following these or you could see that your colleague are neglecting some?

**R:  I would say that most were not adhering to them.**

F: Most were not adhering.

**R: Like for instance outside there, there is a drum of water that when everybody arrives they should wash their hands whilst wearing a face mask and now they are inside, but the staff here we felt that we are now used; some would wash their hands and some would just pass there. Some of course were carrying their personal hand sanitizer and they would apply when they get there and where getting in, those were trying on their part but most were just passing there. They would say ‘I have already washed my hands’, whilst the guard is trying to persuade them washing their hands, so that we should lead by example to people coming here. But most of the staff were not following this.**

F: Then how about that they have used some protective clothing and some equipment, how were they handling all that at the end?

**R: Because they have arrived inside, they would try to wear the protective clothing, yes on that they were trying their best like putting on mask, glove; putting on apron. During that time everyone was trying to wear them because if they don’t their colleagues would push them to put the protective clothing on.**

F: So own your own you could tell,

**R: Yes.**

F: instruct each other.

**R: Yes, instructing each other, those if you are not wearing the protective clothing then don’t come in because at the door there, we have a poster advising people without these not to enter.**

F: on how to undress from the protective clothing people were comfortable with all that?

**R: Umm.**

F: If you look at the number of workers maybe we should just look at your section as Hospital Attendants; are you aware that during the time the cases were spiking some were being transferred. On the number of workers was it enough to execute the duties that are expected of you?

**R: I could say that the numbers were not enough, the staff was inadequate.**

F: Ok.

**R: Yes, because you would find that some have been transferred and they would be stuck there up until Covid cases reduced. So for the ones that were still remaining here the challenges were huge you would find that there is only one Hospital Attendant here, so considering how big this health facility is during the evening it means that the person have done a tiring job.**

F: If you are knowledgeable can you describe the stages that a patient that has been found with Covid was going through at the time he or she at hospital, to the time that he is dead or has been discharged? What were the stages that they were going through and at each stage what was happening?

**R: The stages maybe are for people that I know.**

F: Yes, people that you can know.

**R: In some stages I wouldn’t know what was transpiring. I would say that when a person is here and a doctor has recognised that they have Covid; they were supposed to place the person in isolation. That means they have started treating that person and there was special security, so that people should not get in there anyhow.**

F: Where was this isolation room?

**R: It was here, right after the corridor, close to the short stay.**

F: Short stay.

**R: Yes, some door there, they just arranged some room.**

F: They just arranged some room.

**R: Yes, so the people were being treated there, on how they were being discharged; they were communication with DHO’s Office so that they should take him or her to Kameza Isolation Centre, for that time during the early days. But, when they opened here (??) they were not delaying any more they were not going to isolation anymore they would just take them to the tents, but previously that was how it was the process so at the other end.**

F: The DHO.

**R: Yes, DHO; when they arrive they would take him to Kameza. There at Kameza I don’t know what was happening.**

F: So after they opened the tents, when one is found he was being taken to the tents?

**R: Yeah.**

F: From the tents?

**R: From the tents I hear that they were being admitted right there. I was just hearing that after they have inspected a patient there at the tents they would take him or her to ENT and 3A, so that they should be like at quarantine.**

F: So if you look at all these procedures that you have described from the previous arrangement to the current on; all these processes where do you think was the big challenge where the hospital was supposed or is supposed to fix?

**R: The major thing that they should have fixed is that staff should be more because i felt that people were risking their lives, of course there was risk allowance but still they were risking their lives because a person cannot be working here the whole working being on a shift. I felt that with the coming in of the pandemic health workers should work less hours like four then they shift with others.**

F: Why? How do you think working fewer hours could have helped?

**R: It could have helped because the pandemic it was evident that it brought mayhem, so for people with families they felt that it could have been better if they worked less hours and then rush home, that means other health workers are taking the job.**

F: If others stay longer in the wards they have higher chances of contracting the virus?

**R: of contracting it. So i felt that if they could have fixed that. I believe that could have helped.**

F: How about your duty of carrying patients to ward, anything you felt should have been fixed concerning your work.

**R: Despite that we had the protective clothing; i have earlier said that they were inadequate because it was only face masks which were readily available, although there were some rules. But i think it could have been better if they had just given everybody his packet of masks that you take good care of it, because it got to the extent that even at pharmacy there were no masks, so it meant that you take good care of what you have. Maybe had it been everybody was given his personal PPE’s and a special uniform for the period, it could have been better. Two, there was an issue of money; on the issue of money to do with Covid-19, it was supposed to go to everyone because we all are health workers. But it turned out that there was more like isolation that these people alone should receive, but everyone working in the hospital was under the same threat including ourselves. So it was like when it comes to work we do it together but on the monetary issue there were some blockades.**

F: But wasn’t risk allowance provided to everyone?

**R: Here at hospital?**

F: Yes.

**R: No.**

F: I know that there was another one that was being provided to those working in Covid ward and another that was to every other health worker.

**R: No, others did not receive.**

F: Oh?

**R: Yes, others did not receive like here we received, it was once and it was like after we expressed bitterness; that how about us here because Covid started from right here and we received because we were so organised and continue to exert pressure that we have received the risk allowance package last month. That is starting from June and July whilst our colleagues (??) were also receiving what we have recently received and they are continuing to receive but in our case it seems that there is no any other risk allowance package coming.**

F: On issue of pandemic’s if health workers cannot be given risk allowance or nay other incentive, how do you think this could affect the management of the pandemic that has broke out?

**R: On issue that some have not received?**

F: Umm.

**R: It brings laxity.**

F: It brings laxity?

**R: And it brings disorder on the job since some would have resentments, because even if it is a single person who has been left out on the risk allowance, if you ask him he would have his justifications saying ‘did I receive any incentives’?**

F: I should put it this way, after Covid broke out government announces that it is not providing any incentive to any health worker; do you think that could have affected service delivery?

**R: It would have not affected because everybody could have accepted it. People could have taken it just like the case with any disease but because it is more deadly maybe that could have affected our work. I can also say that because people could have been more worried about their life, so I believe that some people could have resigned.**

F: Some people could have resigned?

**R: Yes, some people could have resigned.**

F: I have asked about this because in the early days of the pandemic that is when people started the strikes believing that their life was in danger. So I’m saying authorities were adamant that ‘we are not providing any incentives, as health workers you pledged to help’.

**R: I believe that people could have been unrelenting, yes they could have not agreed.**

F: Ok, alright, the other thing I would like to know is had it been that we were registering high confirmed cases like it was the case in other countries, and we only have this hospital with the same number of health workers. If that was the case what do you think the hospital could have done that despite the high confirmed cases but everyone should receive quality treatment?

**R: We Malawians despite sometimes boycotting work but we love our work, so I believe that although striking some could have still been working with the intent to help people because as a hospital we are not sure on who is coming here tomorrow, because it could happen that come the day you are the one who is sick. So despite the boycotting of work here in Malawi people still love the job, it’s just that they want some answers.**

F: What I mean is that; let’s put the boycotting of work aside. Let’s say everyone is committed to executing their job but the number of patients is piling so much, so with the Covid-19 pandemic the numbers continue to soar, what could have happened here?

**R: I think a lot of people could have died, because even though we have health workers but they are few. I think it could have been appropriate for government to recruit more health workers during the period, so that the personnel should be increased and the treatment should not only be provided here at Queens. There is a need for a lot of health centres to take part in the management of Covid-19 cases because we could hear from other countries that 700 people could die on a die. So you look at our mortuary is it small, so we could have been in big challenges, so there could have been great risk for health workers. We have many people who are qualified but are not working, so government should have recruited them and we also could have needed people to sensitize masses about the pandemic. Chiefs, there could have been a need to train them. I’m saying this because when the pandemic broke out the then President Peter Mutharika announce a 21 day lockdown but people turned it down, some even arguing that it is better to die to Covid-19 unlike dying of hunger. People were only looking at the hunger aspect; they neglected the part our foreign counterparts had food but could register 700,1000 death toll. So on the issue if the cases could have soared then government should have recruited more health workers and look at the issue of equipment, because currently I’m not sure if we still have the medication for Covid-19.**

F: You did mention that health centres could have helped, how could have health centres helped? With the way our health centres operate.

**R: Yeah, they could have trained people to impart the knowledge to the health centres so that people residing in areas surrounding the health centres should be treated there.**

F: Some hospitals abroad in the face of pandemics they practice what they call reverse triage; that the hospital should only be admitting those that are in critical condition meaning all those that are recuperating are discharged, do you believe this could be applicable here?

**R: Yes.**

F: It could be possible?

**R: Yes, because during this time we were hit hard by Covid-19 there was swift testing, even here there was few people; those that were very sick whilst the others were being discharged**

F: So it was applied?

**R: It was applied and worked.**

F: During this period everybody was coming at Queens including the VIP’s, in your view these people here at a public health centre how are they supposed to be managed in terms of the treatment?

**R: Please ask again.**

F: Those that seem to be in influential positions,

**R: The bosses.**

F: Yes, the bosses because during this time they could not go to Mwaiwathu they are supposed to come here, how do you think the hospital was supposed to treat them?

**R: The hospital in order to save lives; the people were not supposed to get any special treatment like considering their status because this is a public health facility. Like one time at 3A ward a doctor was admitted there, I would say that there was a number of high profile people in the ward. But on the issue of differentiating treatment due to status we never did that. But when doctors are discharging their duties they just focus at saving human life not looking at social status because if that was the case then the VIP’s could have had their won hospital.**

F: As you have said that most patients that you saw who were admitted were well to-do people,

**R: Yes, true.**

F: the poor were not in majority,

**R: They were few.**

F: Then the other thing to look into is to scrutinise why was that the case, who was the disease behaving. The last section of questions is as health workers, the disease has broke out and you are hearing the news out there. Then the decision has been made, initially it was at Kameza right?

**R: Umm.**

F: Now Queens should start receiving patients, how were you feeling in terms of your life being under threat? That is from the beginning up until now, did you have any anxiety or feeling any threat?

**R: Yeah, the threat was there because when a new disease has broke out; the people need to be careful. At the beginning they could inform us all here right there saying ‘there is this disease which is mostly affecting those with sugar, BP, Asthma, like when they contract it they are at higher risk’. They could tell us that but to protect those people it was not happening, because they said that ‘those with this problem should say it, so that we should transfer them’ like for instance here (??)**

F: Yeah.

**R: We should transfer them that they should be working in other departments be it Lepra, or where there is no high interaction of people; so that was said but that was not fulfilled. So to date the threat is there since the pandemic broke out and you could feel it when a Covid patient is here from the way people were reacting here, you could see doctors, nurses, clinician hospital attendant as well as clerk they were all leaving the place.**

F: All leaving.

**R: You would even wonder like where have those people gone and the following that you find that they are absent all because it was a threat and everybody was valuing his life. So I would say that the risk is still big with this kind of disease to us the staff.**

F: How about when you are coming here at work were you afraid?

**R: Yes, right from the moment you arrive and the work has been handed over to you and you here that there is case somewhere; the day would elapse without you getting there. You would just sneak out to outside just to pass time; it was obvious that then everybody was being negligent because of the pandemic.**

F: So as you say that despite their promising that staff with diseases like sugar will be transferred that did not happen,

**R: It did not happen. If you could ask them ‘that these people have such problems, they would respond ‘just keep working’.**

F: What do you think could have been done to ensure that the staff is no longer fearful or do not have anxiety? What do you think the hospital could have done?

**R: The hospital should have organised more trainings to teach people on how to protect themselves, how to handle themselves during work and for the people not to be distressed there was a need to encourage them. Health workers we treat different kinds of diseases, so we need to execute our duties without fear as per our oath.**

F: Isn’t that what you were taught at the trainings?

**R: Yes, this was being discussed but now implementation was not taking place. That is now where the confusion was coming in that you could see the nurses and doctors loitering around not wanting to work. The same people who were teaching us. So the hospital was need to make sure that everybody is encourage and enthusiastic so that we respond positively so that we have the protective clothing and other essentials, so that we could treat people maybe then the anxiety could have left us, because we could have not having cases where you are optimistic that when I arrive at work i will wear this but you arrive at work; you find that someone is wearing that so that was bringing fear. But had it been that the resources were plenty with like protective clothing.**

F: So what was the problem? Protective clothing?

**R: Yes, there wasn’t enough protective clothing**

F: Ok, at home for those who knew that you work at the hospital what was the relationship like? (??)

**R: True, people were (??) but because people were not proud of us and they could tell us that you are not supposed to be at this grouping. Like in my case what I was learning here after I have mastered them I could also impart those to other people like at church. I would ask for sometime at church maybe ten minutes, then I would tell the congregation how we are supposed to do some things with our prayers and some would come to me saying with what you have said it would be proper that you should not be frequenting; next Saturday don’t come, you will infect us. So I was telling them that I can infect you or Ii can also not infect you because if I’m telling you this, I want you to be careful, because if I stay at home you will continue doing some things ignorantly like a church’. So people came to being accustomed with it to the point that every Saturday they would allocate me some time that I should tell people, something about Covid-19, so sometimes it could happen that some friends would say that lets not continue meeting, we should maybe just waive each other when we meet; believing that being a health worker I can infect them.**

F: Since Covid broke out do you think that your graph of fear is it rising or declining?

**R: Mine is constant.**

F: Constant.

**R: What is causing it to be constant is that people are talking saying Covid-19 is over (??) but in my case I feel that there is a lot that have not been done. Some say the cases have plummeted and we can register a single case but it was announced that the only people that will be tested are the ones that have are critical but in the beginning everyone was being tested. So for my case the fear is still there because I don’t see the pandemic ending even though they are saying that cases are plummeting but i don’t think so. I was telling my colleagues that ‘saying that the cases have plummeted but were football players tested that when they are going on the ground, so that they should be all fine’. But we are hearing that Covid-19 is over but you can as well test positive if you are tested.**

F: So if they could start testing door to door.

**R: Then how could it turn out? So I would say that the threat is still there and (??).**

F: On you day to day job if you could be supported with something, what would be that thing? Related with Covid-19.

**R: That the hospital should do for us?**

F: Yes.

**R: It is hard, because believing that the hospital can do something for us but it is like increasing the number of medical equipments.**

F: Examples?

**R: Example, like (??) they told us to submit our grievances which we did, that as a hospital every department should have enough resources like wheelchairs, stretchers; there other things like linen. Those things should be in high supply so that we should not get to the point of borrowing each other. So in my case if they could do things like that for us, I think it can be good for us as a hospital, because you find the same wheelchair maybe I have carried a Covid-19 patient and taking it to carry another patient maybe we have not cleaned it; maybe the same wheelchair using it for four times. So I see that as a problem because if we have enough wheelchairs we would say that use this other wheelchair, ‘we should clean this one first’. When coming back you would do visa versa, as hospital attendants we are many of course but we are under threat, they should recruit more. The reason is that we should have rest maybe you would come for three or four days and your colleagues come in but just working continuous and without any protection. The second this is money is a motivator whilst we are working during this pandemic government should give us some incentives.**

F: I’m remaining with two questions, the other one is; is there anything you don’t understand about Covid, that you would like to understand?

**R: The genesis of the disease that one I would like to understand how the disease started and what was the cause; to the extent that now the whole world is being affected with one pandemic and in a small period of time not over years like five. I would also like to understand what will happen at the end.**

F: Or else it’s not ending.

**R: Like it is the case with other diseases, I would like to understand that.**

F: My last question, if the hospital management could call for you to ask you on how its preparedness on management of Covid-19 was, what can you advise the hospital on how to improve as a hospital in preparation for any other diseases?

**R: They should accept things fast, they should not undermine anything like the case with Covid-19 we could hear about it but it took us a month hearing about where they have been hit but here in Malawi we were quiet.**

F: As if it would not get here.

**R: As if it would not get here, now when we were hit that when we were frantic with mounting tents but the seniors should have had a plan on what to do should we start registering cases. They should not wait to learn from others.**

F: This is the end of our discussion, if you have any comment or any other last words.

**R: My comment or last words, this research you are conducting I’m proud of it.**

F: Alright.

**R: On the questions you asked, in other areas you were satisfied and in others you were not, but that’s being human. This is a good research and despite that you are targeting health personnel but I could have loved if you also approached people in the villages to get their understanding on Covid-19 because being honest in the villages people do not know about it.**

F: That there is Covid-19,

**R: they don’t know.**

F: and they don’t even believe.

**R: No.**

F: You go there whilst wearing a mask they will ask you, what is this?

**R: Have you brought Covid-19? You have Covid-19, you will infect us; it’s because these things started in urban areas and it ended there. Things like that I think, if we could ask them as well as teach them because it seems it is over but it not. It can resurge abruptly and affect a lot of people because we are not sure that is it over or not. The other thing that i forgot is my thoughts as a country (??)**

F: Go ahead.

**R: I would like to talk as a country; the country is the one that is bringing us trouble because (??) whilst creating a problem for someone else on the other side, I’m saying this because when the disease broke out, we were being swayed by what was being reported and when it got to electoral campaign period people that love (??) on all their rallies there was nothing like (??) there were thousands,**

F: Yeah, yeah.

**R: without anyone wearing a mask, those things like a country we should not (??) had it been that God did not hold us so tightly, so many people could have died when the campaign was launched.**

F: Meaning that politicians also took a part,

**R: politicians also took a part in spreading it. So they should know that when a pandemic has broke out; they should know that it will wipe the people that they also need. Currently, bars are open; people are drinking but churches and weddings there are restrictions whilst the campaigns they are holding they are a lot of people there.**

F: It’s like there is no proper direction.

**R: Like we are on some part allowing people to have some good time and on the other should have some tough time and the ones that church would be there maybe two hours and that is praying in the right manner, but at a rally they (??). So I’m saying the politicians should also see that they are the ones that are spreading corona-virus whilst on the other hand Covid-19 is going to the end, they are worsening the situation.**

F: You are at a situation health workers.

**R: Health workers we are the ones who are under threat because when it all done there it would end in our hands. So if we are infected it means we are dying right?**

F: I’m really satisfied with this interview, it’s one of the interviews in which I have had a lot of information. So I really appreciate for your time.

**R: Thank you very much.**

F: I believe that after we compiled our reports we would also give you feedback to the people that took part in the interviews.

**R: I appreciate.**

F: Thank you.