**F: FACILITATOR**

**R: RESPONDENT**

F: would you be able to explain to me about (kuti), what is a pathway of a covid patient, a covid suspect from the time that they get to the hospital, what are the different stages that they go through to the point that they either be discharged or they die.

R: okay, so when they come to Queens, now every patient who comes to Queens, if it’s not accident, you have a medical condition which is showing signs of covid like coughing, fever, shortness of breath, you have to be admitted, first you must be screened at the tent and if they suspect that you might have Covid, you are being held at the tent until the test is done. So when the test is done, if its negative, they will transfer you to a general medical ward, that’s 4A for females and 3B or males. If you have anything related to surgical, what happens is if surgical is a priority they will refer you to surgical wards for managing the medical condition. If medical is a priority, they will refer you to medical then surgical will come as a support system.

F: Support system.

R: yeah, support system. If it is positive, we had three wards, we had HRDU, we had ENT and we had 3A because cases were rising so after they assess, they were assessing at that time so HRDU were admitting very critical conditions where they will need high floor of oxygen, where they will need monitoring, their sugar levels are not stable then they were admitting them in HRDU. Those cases that they were a bit stable, they were being refered to ENT, that was before 3A was opened.

F; okay.

R: so, but there were instances because HRDU could only admit six patients and Covid had a lot of patients and if its full, it’s when you are being referred to ENT. If ENT has a case which is not improving and is getting critical, they will refer to HRDU.

F: okay.

R: So, the patient will be cared for until is stable because that time we did not have 3A where they are admitting stable patient we could keep the patient until they are fine, until they could not require the oxygen and that’s when we could transfer them, there wasn’t a transfer, we will dishcrge home.

F; oh, okay.

R: yeah, so they were going straight home. I don’t remember there was a case we referred to ENT because it was also already full so at the very end when 3A was opened, we just transferred the few, the very last patient to 3A where they will just require oxygen, their sugars are stable, they don’t need any monitoring. But most of them they were discharged from HRDU to home.

F: okay, so most of those that are in HRDU, were those that needed oxygen?

R: Almost everyone needed oxygen but those who were admitted in HRDU needed more attention, I would say.

F; mmmh

R: They needed more close monitoring because other patients in covid they could just require oxygen, their sugar levels could be stable, they could do other things on their own.

F; mmh

R; then we had others who were very critical that they needed support, continuous support of continuous oxygen high flow because we have a pump so we have continuous availability of oxygen flow and we have monitors which other wards did not have. We have transfusion pumps which could give drug slowly which other wards didn’t have so we only admitted those who were in critical.

F: okay.

R; Yeah.

F: alright, so if you look at that pathway for each of those stages zimene a patient has to go through, for each stage, and what is happening at each stage, what do you think or what do you think, what stages do you think are working well at the moment.

R; mmmh

F; what do you think is working well in those stages and where you feel there are gaps in those stages and what sort of gaps in those stages.

R; Amh, I think what is working well is the management, when the patient is being referred to the ward, the management is there, people are trying and there is always, in our time when we were admitting, we were short staffed because we were two nurses out of six patients.

F; okay.

R: and we never had time to sit down, mmh,!mmh, it was mmmh, I can’t even explain it.

F: Oh!

R; it was too much, you wouldn’t even have time either

F; Sorry before you continue why did you have just two nurses?

R: We were not enough. So what we did, we are ten nurses in HRDU and we had to work in teams.

F: okay.

R; So we had to divide ourselves, we were in fives. In those fives, mine, I will do straights, Monday to Friday or Mondays to Saturdays to cover up and then others will come for a night shift and cover for other days. So maybe you would come for three nights a week and the other two straights. There wasn’t, there was literally no time to rest and the roster could only work and that it could admit two people (kuti ituluka anthu awiri)

F: Oh, okay.

R: there couldn’t be a possibility that it will be three (kuti ituluka three), never, and there were only two. So when you come in the morning, (ukabwera m’mamawa uja) to make sure that (kuti ) and for the two of you, (pa awiripo) you have to bath everyone, feed them and give them the bed pants. Mmh, another one was coming in when you are done with another round, (so ukamamalidza round yi, wina akulowa)

F: but the hospital management didn’t realise that (kuti) there is need, there is high need for extra human resources.

R: For staff….So they knew kuti we needed staff komanso amapedzeka kuti iwonso alibe staff you already know kuti m’chipatalamu muli shortage eti so the issue was atenge mu ma shortage momwemo nde atibweresere nde pamakhala kuti…and I remember kuti ENT inali ikupanga kale starve, so the most priority went ku ENT, you know. They had enough staff kumenekoko better than us.

For staff….So they knew that we needed staff and they don’t have staffs as well , you already know that there are shortages of staff in this hospital, right, so the issue was they should take from the same shortages and they bring us and that would lead to… …and I remember that ENT was already starving, so the most priority went to ENT, you know. They had enough staff there better than us.

F: oh.

R: So the priority was to have our staff covered so the priority went to ENT and the time when we were thinking that (kuti) we need to, they need to give the other nurses, it became difficult because they had already taken form the shortage and covered there (ayika kale uko) and (ifeyo) we had started so it happened that when they had (nde kunapedzeka kuti mmene amadzapanga formulate) formulated 3A, that’s when it happened that (mpamene pamadzapedzeka kuti ka pressure kakuchoka koma) the pressured ceased and that time that’s how we worked.

F: so sorry I think I had cut you, you were talking about the things that they are working well and you are talking about management that you are refered to the ward.

R: Yeah, things are going well at the ward, (kumene kukuyenda bwino ndi ku ward.)

F: Yeah.

R: (ku) As for screening, I wouldn’t say that (kuti) its working well because (chifukwa chonena kuti) it’s not always, the screening is, they don’t screen like 24/7.

F: Ammmh!

R: they close at half past four.

F: Oh, okay.

R: yes, and they come in the morning around 07:45 when people have already come, they have already brought in food for the patients, you understand?

F: yeah.

R; So I think they had started well (anayamba bwino kuti) that they will be screening day and night but it failed (koma inalephereka) because of staff so the part that did well with regard to Covid patients (mbali imene inayenda bwino ya ma covid patient) was at (ku)ward but (koma) screening, I feel is not adequate because still you come after 5pm, there are still people coming, temperature is not checked, they are not screened but they still come to the hospital, right (ku chipatala eti) so I think that’s the only stage which (imene) they can work on improving but (koma ku) at the ward as of now (panopa patient akafika) when a patient comes, I can say they are trying because they are enough.

F: okay.

R: yeah.

F: okay, so at the moment what happens is that when they have screened at the (pa) gate and the patient is found positive, you’re sent direct to the ward?

R: Yes.

F; yeah, Okay, so, you talked about screening but if you focus on how you are managing the patients in the ward, do you think that there is anything tha has to be done?

R; to be improved? Aaamh, I don’t think so because as Malawi and as Queens, the (ma) resources that we have, (amene tiri nawo) we are doing our best.

F: yeah.

R: yeah because the only thing that we can do is give high floor of oxygen, give antibiotics, take care of them. Noone can….we had patients previously who could have been incubated but no one was incubated because our (ma) litre provides a patient (athu amathera kumupatsa munthu) up to15 litres per day, so as Queens, what we are doing (pamene tikupanga) they are trying, this is the best Malawi can give.

F: mmh, for each of those stages from screening to ward, are there guidelines and protocols as health care workers you follow or you were trained on?

R: yes, there are, there are protocols and we have a printed protocol about (ya) how the patient would be handled, the management, it was printed and is in the ward. And everyone was trained, everyone, everyone was trained and now we have ma refreshers training about (za) same Covid because there have been some changes about how we were managing, (mmene timapangira manage kaya) dead bodies , patients, amh, a lot has changed with reading, some things when they have changed by WHO (zina kunja akasintha a WHO akasintha) they keep on changing (ma) protocols so we have them and half of us, we have gone for refreshers last of last week too.

F; oh, okay.

R: yeah.

F; Are you aware how those guidelines were developed and adapted from.

R: I don’t know. But (Koma) mostly the contents (zimene zilimo) is from WHO.

F: WHO.

R; yeah and apart from zinthu zina zomwe zinasintha chifukwa chokuti its Malawi and WHO nthawi zambiri akamapanga ma guidelines awo aja samapanga fit into our sitiaution so apart form those zimene we could not do in Malawi and ma guidelines only concentrate on ma issue opanga manage ma patient without incubation chifukwa chokuti we don’t have those facilities yokuti ukhonza kupanga incubate, so mainly they focus on manage imene tingakwanitse ku Malawi kuno koma zambriri ndi zaku WHO.

yeah and apart from the other things that changed was because its Malawi and WHO and most of the times the guideline do not fit into our situation so apart from those that we could not do in Malawi and the guidelines only concentrate on issues to manage patients without incubation chifukwa chokuti we don’t have those facilities to facilitate the incubation yokuti ukuhonza kupanga incubate, so mainly they focus on the management that we can do here in Malawi but mostly its from WHO.

F: okay, that was my next question that (kuti) in those guidelines, are there any specific issues that you can think of that you feel that they are not practical (kuti Sali practical) for Malawi based on our resources, capacity or anything else to our context.

R: Practical, chimene chingakhele practical ndi PPE,

Practical, PPE is the thing that is practical.

F: PPE?

R: Eeh, when you see anzanthu kunja mmene amavala ndi mmene timavala ife zosiyana, kunja they weren’t using tima usable gown.

Yes, when you see our collegues from abroad about how they were dressing, it differs with how we are dressing here, they were not using the usable gowns.

F; oh

R: yes. Kunja they were given ma headgears, ife we didn’t have them tu, there were supposed to be gumboots koma anabwera mochedwa, there were supposed to be nthawi yokuti ukhalamo komanso nthaiwi yokuti sukhalamo koma with our sitituation, we couldn’t, we couldn’t leave a patient alone, mmh we were not supposed angati ifeyo we were not even supposed to even change m’momo koma ndi sitituation m’mmene amawonekera patient kuti mmmh mapeto ake ndipalamula, I better take care of the patient, nde I feel like PPE imene anayikamo iwowo ndi zimene zinaperekedwa, I think sidzikukwana.

Yes. Abroad, they were given the headgears, we didn’t have them, there were supposed to be gumboots but they came late, there were supposed to be time where by you will be in the ward and there was time whereby you were not supposed to be in the ward but with our situation, we couldn’t, we couldn’t leave a patient alone, mmh we were not supposed like us,we were not even supposed to even change inside the ward but based on our situation of the patient, that you might be at fault, I better take care of the patient, so, I feel like PPE which was adopted by them and what was provided, I think, is inadequate.

F: Yeah. Apart form PPE anything else?

R; ammmh, mankwalawo ndi omwewo koma pena of course amadzapedzeka kuti atani, asowa eti, koma kwambirir I would say ma PPE ndi ma facilities oyenelera chifukwa chokuti anzanthu kunjako anamanga specifically kuti iyi ndi ward ya Covid, eti, kuti should match where you disinfect zinthu, we don’t have those, m’mene mungapangire dispose zinthu we don’t have those, tilibe. We have to have proper ….(17:48not clear) we only have one, and like now we don’t have covid (17:59) our friends are handling covid patients, we use one….. (17; 59) w share, we share things, we can’t avoid that. You know, so ma facilities ena okuti it could been as strick as covid tilibe ndinene chilungamo.

ammmh, they are the same drugs but sometimes of course, the drugs might be out of stock, but I would say that mostly the PPE and good facilities, because people from other countries built wards specifically for Covid, right, so that it should match, where you disinfect thing, we don’t have those, how we can dispose things, we don’t have those, we don’t have. We have to have proper sluice, we only have one, and like now we don’t have covid sluice, our friends are handling covid patients, we use one sluice, we share, we share things, we can’t avoid that. You know, so some facilities, it could been as strick as covid. Frankly speaking, we don’t have.

F: okay, alright.

R: Sure. (Eyetu)

F; Okay, so having polices and guidelines, use is also another thing

R: Yes.

F; based on your experience you feel health workers are abide by guidelines and policies?

R: not 100 percent, not 100 percent because of the (ma) facilities we have ( amene tiri nawo) the situation we are in, (ma) the number of health care workers, the nurses that we have (amene tiri nawo), its easy to write a policy but I tell you to put those into practice, it’s not easy, you see they will write you should wear this and they are not even providing you what is written in the policies, so its kind of difficult and it’s difficult for you to follow them because you don’t have the required resources.

F; Okay, so as you are saying not following might be a result of the head system not providing the requirements?

R: yes.

F: are there situation where the health care workers do not follow because they don’t understand what needs to be done or they don’t have that knowledge and skill or maybe relaxity in the part of the health care workers?

R; Ah, no,

F: No.

R: They know and they try as much as possible and in most cases (nthawi zambiri nso amachita) they could improvise just to follow because Covid right, its you (ndi iweyo), you have to protect yourself and to protect others.

F: yeah.

R: (Nde) so, you try as much as possible to follow those guidelines (aja) with what you have. (Ma)The health worker are trying to follow, had it been that, they are not following, (akanakhala kuti sakutsatira), a lot of them could have been infected. They try to follow them and they understood (anamvetsetsa) what to do.

F: mmh

R; (komano mwina) But perhaps, the ideal situation to practise that 100 percent is in difficult.

F: oh, yes, my last question on this section.

R; mmh

F; Amh, is there existing approaches by senior staff or (kaya) senior nurses kaya doctors,

R; mmh

F: Are there approaches where junior staff nurses are supported in the use of these protocals and guidelines so that…and the application of the recommended infection prevention, is there senior support?

R: yeah there is, there is senior support.

F: Okay.

R: (Chifukwa sitimagwira tokha) because we do not work alone, there are always some other people who are superior and because we are at Queens, in most cases, (anthu ena a superior chifukwa chokuti tiri ku Queens nthawi zambiri) we are ahead of the matrons, the head of department and we have been in touch, with medicine, nursing, they have been in touch they have been always there to give the support they can. They try.

F; They try.

R: yes.

F: Alright, and now I want to focus on preparation on responding to Covid19, and I will take you back to the very first beginning in (kumayambiliriro koyambilira kuja,) February, march, (kumayambiliro kuja)in the begining when this was just…how prepared were you and the hospital as a whole to responding to high cases of Covid19.

R: Kuseka…

Laughs..

F: preparation yake inali yotani, I know panopa kuti a lot of things have changed.

How was the preparation, I know that a lot of things have changed now.

R: things have changed

F; Komano.

But..

R; Frankly speaking there wasn’t any preparation and you would wonder what you could hear on the radio and what was on the ground, totally different. Because the time…that’s why I feel that (kuti) that’s why they were more relactant so that (kuti) they should start handling those cases (amene aja) because they knew that (kuti) they will not manage.

F: they will not manage.

R: There wasn’t space the time Covid was…as on ENT, its for Ear, nose and throat (ndi ya Ear, timati, Ear nose and throat)

F: Ammh,

R: Sikukuyenelekanso kukhala covid cases.

It is not meant for Covid cases.

F: okay.

R: Yes, there wasn’t space provided to admit (kuti azadimita) covid patients there wasn’t. There wasn’t even PPE, people were not even trained by that time. They just trained those that were at kameza (Anangopanga train amene anali kwa Kameza) the only preparation they had was no patient should come to Queens, all of them should go where, (onse azithera kuti,)

F; To Kameza.

R: So there wasn’t that preparation and I think they never expected that (kuti) it will hit that hard.

F; mmh

R: there wasn’t any preparation, they only prepared that (kuti) we admit at Queens and it was happening that once you are a suspect (amachita kuti ukangokhala suspect) even before testing you, just coughing (kungokhosomola) you go straight to kameza (wakwa kameza)…kuseka…laughs..

F; Kuseka…

Laughs….

R: akakuyedzera kuti, akakuyedzera komko, ikamatuluka negative, kuti wafika kale you are coming back, so there wasn’t any preparation, I shouldn’t lie, there wasn’t any preparation.

Where you will be tested right there, when the results test negative, you are already there and you are coming back, so there wasn’t any preparation, I shouldn’t lie, there wasnt any preparation.

F; okay, what changed, I don’t know if I should call it perception, what changed for Queens to start accepting that (kuti) now we are going to accommodate the (ma) patients

R; So, anawona pressure, there was pressure, anawona kuti ma cases aja ayambano kuchuluka and Kameza nso wa closed ndi issue ya ma allowance.

So, they saw the pressure, there was pressure, they saw that the cases started to rise up and kameza was also closed with allowance issue.

F: yeah.

R: yeah, so there were not given so you would see that a person (munthu) is looking for help, because it’s the hospital where people go and seek treatment. (kumene munthu amapita akadwala ndikuchipala.)

F: yeah.

R; And you have urge ija yokuti ukapita akakuwudza kuti kulibe…nde you would feel kuti mmh,

And you feel that urge that you should be told that there isn’t any when you go there…so you feel that mmmh

F: this is our responsibilities.

R: One day it would be us, sick, it would be our aunt, our husband having (amene akudwala) covid, are they going to go ku kameza. So the pressure wa high and frankly speaking, people who were sick during that time were those of high profile, and they saw that for them just to admit health workers, ( anthu amene anayamba kudwala nthawi imene ijayo anali a ma high profile nde anawona kuti mmmh zoti tizidimita ma health workers okha) we will not handle this.

F: tikunama.

We are lying….

R: (Tikunama). (we are lying.) This is the hospital and everyone thinks of going to the hospital and not kameza (aliyense akadwala thinks of going kuti, ku chipatala osati kwa kameza) so the pressure was too much and people were sick (amadwala) so you couldn’t send them back. There was a time I remember people could just walk in to the (ku) ward and they will say that (kuti) I have heard that (kuti) this is covid ward and I am sick, you look at the patient is very sick, you wouldn’t send them back, you wouldn’t. We admitted such cases literally knocking on the door not even passing through the (ma) processes because they know that (kuti) I have Covid, they were tested positive and then they were home and pressure is too high, they are sick and its at night (ndi usiku), you wouldn’t send them back.

F: okay, so when that changed , was there a team or a structure that was set up to…responsible for covid in the hospital?

R: yeah.

F: And if that was what was its key role and who were the members in terms of the positions in terms of those.

R; amh, I will not lie because I was not part of that.

F: you were not part of that.

R; I know that (kuti) MLW ndi Queens, they joined, (anapanga) they made a joint team that (kuti) they should facilitate that and their roles was to make sure that (kuti) there was space and the place was created and it happened (zinachitika) fast, when it started to (itakhala kuti yapanga) hit hard, they started looking for space and other patients like ward 3A it was for TB patients, they closed it (inali ya anthu a TB anayitseka) just to make sure that (kuti) ma covid patients they were being supported right, (eti), perhaps there was a team that made the protocals, the one that had made sure that the PPEs were available and we are ordering form the pharmacy, the team that trained the nurses, so there was a team but I was not part of that but I know that there was a team. I am not not sure about the positions but the doctors and nurses were there and the adminstration staffs were there but I don’t know what were they.(mwina inalipo team imene inapanga ma protocals, imene inapanga sure kuti ma PPE ayamba kupedzeka, we are ordering from pharmacy, amene anapanga train ma nurse, so there was a team, koma I was not part of that koma I know kuti there was a team, ma position nde ndinama koma I am sure kuti ma doctors and ma nurses were there, akwa administration were there komano I don’t know kuti ndi chani ndi chani.)

F: have you been part of the team that were trained?

R; Yeah.

F: How sufficient were they in terms of impacting knowledge and skills. Did health workers feel confident and knowledgeable enough to respond to covid19 based on those training?

R; yeah, I think it was enough kwambirinso chimavuta kuti how iwe ophunzitsidwawe ukuchitengera nde pena zimene zinazachitikanso kuti ma trainings aja anadzakhala ngati achedwakonso pang’ono, Covid uja wakwera kale, people are just doing zoti anangomva ndikuwerenga eti and later ma trainings aja amadzatani, amadzabwera koma kumayambiliro kweni kweni koma titapangapo two, three cases nde zoti tayamba kale, we are trying, kuti zinthu za ne one sitinayambeko, I feel like training ija inathandidza chifukwa imakambako za oh this is how we are supposed to do things, oh this is how….chifukwa poyambapo we were faked out kuti kuganiza kuti kungoyankhulana ndi munthu, you will get covid,

Yeah, I think it was enough, because usually the challenge sometimes becomes on how the trainee respond to the training, and it happened that the trainings delayed , Covid is aleady in, people are just doing things because they understood and later the trainings came in but in the very beginning, we had even administered two or three cases before the training and we are trying the things that you have never done before, kuti zinthu za ine one sitinayambeko, I feel like training helped us because it was addressing on, oh this is how we are supposed to do things, oh this is how…because in the beginning, we were faked out that once you talk with the person, you will get covid.

F: kuseka…

Laughs…

R: Kuseka… mwina kungogwira pena pake and this was affecting….and I remember anthu ambiri tinalira kuti oh yape…kuti we have been exposed, ngati mmene wandiwudzira ben muja, I couldnt have been here likanakhala kalekale.

Laughs..maybe just touching somewhere and this was affecting…..and I remember most of us cried that…..we have been exposed

R; So after the training, it was an eye opener (ndinawona kuti tatseguka mmaso kuti) and I was like oh this is how you can get it, this is how you can do and this you cannot do,

F; But the challenge is that the training came later?

R: Yeah, it came (anadzabwerako) a bit late but I have forgotten (koma ndaiwalako) exact date but after we had admistered two or three cases. (koma after tipangako awiri or atatu.)

F; okay, what the availability of PPE at the hospital, are they readily available?

R: PPE is readily available. MLW really really supported and I don’t remember the day we had no masks, no.

F; Oh

R: yeah, I shouldnt lie, (ndisaname) PPE was readily available, (chipatala) the hospital provided the boots, the shoes that we wear, the scubs. (ma gambusi, nsapato zimene timavala, ma scrubs, )

F: a chipatala amenewo?

That was the hospital?

R; Eeh, achipatala so I think panali anali ndi ndalama kaya andizitenga kuti koma anagula zimenezozo, PPE, welcome trust inatipatsa ma usable gown mpakana panopa amatipatsa ma usable gowns, ma masks, zimene zinalipozo ndisanama zija zovala zija timati zima source zija, they were available ma donations, people were donating kwambiri Queens and there wasn’t a aday we lie kutiwe doo not have the PPEs, we were fully supported.

Yes, the hospital, so I think they had money and I don’t know where they got the money from but they bought the PPE, Wellcome trust gave us the usable gowns and until now, it provides us ith the usable gowns, there were available, the donations, people were donating a lot at Queens and there wasn’t a day we lie kuti we do not have the PPEs, we were fully supported.

F: (Koma) But were those only available, were those available across the different department or (kapena)you are only talking about Covid wards?

R: So the priority was in Covid ward,

F; Alright.

R: yeah, ngati ma N95, ifeyo we could have alot of them pamene ma ward amene sakupanga covid amawapatsa limited supply koma ifeyo we could have constant supply, we could have lots of them komano kwinako it wasn’t across the hospital, it was selected ku ma ward.

Yeah like the N95, we could have a lot of them unlike the other wards that were not dealing with covid, they were given limited supply but we could have constant supply, we could have lots of them but it wasn’t across the hospital, I was selected to the wards.

F: maybe there was a feeling that other wards were not at risk?

R: Yes. Though they were at a high risk, you see m’mmene akunenera kuti wapedzeka positive kuti ma positives amapedzeka mkati mwa ma ward mom’muja amene sakuwapasta chani, amene sakuwapatsa ma PPE nde kumapedzeka kuti kwapedzeka positive. I don’t know kuti zinayenda bwanji koma mulungu amangotitetedzera, otherwise, you can’t explain it.

Yes. Though they were at a high risk, you see as they are saying that they were comfirmed positive which were not provided with PPE, and you could get positive cases there …cases from other wards. I don’t know how it was happening but God was just protecting us, other wise, you can’t explain it

F: Kuseka….

Laughs..

R: Kuseka…

Laughs…

F: okay, in terms of the procedures for infection prevention and control, based on your experience do you feel that (kuti) health care workers are following that washing hands, collecting of PPEs or (kaya ndi) disposable equipments like just as I have said that (m’mmene ndannen muja kuti) what is on the paper, is different from what people are doing (ndi zinthu zimene anthu akupanga), when you see helath care workers in their day to day, do you think they are following this?

R: Not all of them.

F; not all of them.

R: yeah, it depends chifukwa anthu ena they take zinthu zina lightly, not all of them koma majority are following because you woudnt find them kuti, most of them amapedzeka kuti avala mask, washing hands I wouldn’t follow up komano I would speak ku ward kwathu, washing hand nde you wash mpaka manja amatuwa.

Yeah it depends because some people take other things lightly, not all them but majority are following because you wouldn’t find them that…most of them were masking up, as for washing hands, I wouldn’t follow up but I would speak of our ward, you wash hand until your hands get blurred

F; kuseka…

Laughs..

R: Seriously amatuwa, matuwa manja, washing hands imachitika and zonse zofunkira to wash hands we were provided with, so, pamapedzeka kuti palibe reasons yoti usasambe m’manja ndi covid you would feel kuti pena paliponse pali dirty nde if you don’t wash hand you would feel kuti uri pa risk, nde majority now have changed on how they were handling patients chifukwa aliyense they feel kuti it’s a risk. Akhonza kukhala ndi risk nde chirichonse ukangogwira nde kusamba m’manjatu, ethanol is everywhere, spirit is everywhere, so I think kuti they are following.

Seriosuly, the hands gets blurrred, we do wash our hands and all things required for the washing hands, we were provided with, so, there was no reason for you not to wash your hands and with covid, you would feel that everywhere is dirty so if you don’t wash hands, you would feel that you are at risks, so the majority now have changed on how they were handling patients because everyone, they feel that it’s a risk. They might be exposed to risk, so we could wash hands all the time when you touch anything, ethanol is everywhere, and spirit is everywhere, so I think that they are following.

F: mmh

R; of course sipangalepherebe ena osamva, you know ena amadzitengera lightly kuti eeh sitingadwale Covid, chani koma anthu ambiri akupanga follow.

Of course, there might be others who are disobedient, you know, some people might take it lightly, that, eh, we can’t get sick of Covid and the like but lots of people are following.

F; okay, earlier on you talked about capacity…I mean inadequacy of number of health workers.

R: mmh

F: has that changed over time?

R: yeah, not really, kwinako they have enough, since, our numbers never changed, we were maximum number 12 to 11 so sanatiwonjedzere ife we worked like that mpaka tinamalidza.

Yeah, not really, in other wards, they have enough, since, our numbers never changed, we were maximum number 12 to 11 so they added, but we worked like that until we finished.

F; okay, the other thing is, how supportive is the infrastructure of (ya) Queens we know that (kuti) infrastructures in terms of the (ma) guidelines needs to be well prepared, the number of beds, spacing the (ya) bed( ija), how the set up in the ward.

R: amh..kuseka.. its spacious koma chifukwa kwa cubic kamodzi amapanga admit four, its spacious chifukwa there is atleast ka one metre apart yeah. Because the ward is never full nde there is no need to put them pamodzi eti, komano ifeyo our ward can take ten patients koma we were admitting six.

Amh..laughs..its spacious but because of the one cubic, they then admit four, its spacious because there is atleast that one metre apart, yeah. Because the ward is never full, so, there is no need to put them together, right, but our ward can take ten patients but we were admitting six.

F; okay.

F; one, because we were few nurses komanso timafuna space, mudzilowa mpheya anthu asamachite kukhala chonchi ndekuti we could have been at risk chifukwa timakhala m’momo 24/7 so we admit up to six, maximum number. Olo tikhalepo ma nurse four, maximum number number yathu ndi six patients. So, at least imatheka spacing eti, ukukonso samakhalanso ambiri nde amawapanganso one metre apart.

one, because we were few nurses and we wanted space to allow the circulation of air, patients shouldn’t be staying like this, in so doing then we could have been at risk because we are always there in the ward 24/7. So, we admit up to six, maximum number. Although we might be six nurses but our maxmum number is six patients. So, at least spacing was possible, right, and there were not even a lot in the other side and they were also doing one metre apart.

F; But do you think that there anything that needed to have changed or improved in terms of the infrastructure?

R: yes, a lot ngati mmene ndikunenera kuti ma toilet ndi omwewo kaya patient ali n di Covid kaya Sali ndi covid we use the same toilets, sluwis we share, zomwezii za covid tikatsuka momwemo ifenso tikasuka muti, sikupanga support eti, sikupanga support kuti ikanakhala Covid ward, apapa ifeyo we are within 3A, ifeyo we use the same door, ma patient athu uses same door kwinaku Covid, kwinaku ma general medical patients. Onse akufunika support nde the infrastructure is not supportive akufunika olo pangono, ma nurses amakhala kutali ma toilet ake ndi omwewo, so ma infrastrure are not set for Covid. Koma nanga tikanatani.

Yes, a lot. As I am saying that we use the same toilets whether you are a covid patient or you are not a Covid patient, sluice we share, we clean items for Covid, and we also go there and clean ours, its not supporting, I think there should have been a Covid ward, because we are within 3A, we use the same door, our patients uses same door, here there is Covid and the other sides there are general medical patients. And they all need the support, so, the infrastructure is not supportive, there is a need, at least a little bit, the nurses use the same toilets, so, infrastrures are not set for Covid. But what else could we have done.

F; availability of medication - was there any challenge or there were readily available?

R; Medication was really available ndipo pharmacy supported us kwabasi panalibe kuti amatibwenzao, no, we were the priority kunena chilungamo eti, there was ka nthawi kenakake atleast panali kaya timati nazopalene panalibepo koma it was just ka period kochepa, the rest mankwala onse they were meant treat Covid patient there were available in Malawi.ndinama kuti there were not available. Anatipanga prioritize kwambiri.

Medication was really available and pharmacy supported us a lot, and there could not send us back…no, we were the priority, frankly speaking, right, there was a time when nazopalene was out of stock but it was just for a short period, the rest of the time, all the medication they were meant treat Covid patient there were available in Malawi. I would lie if I say that there were not available. They were priotising us so much.

F; okay, nde we had talked about path way ya ma patients, kenakonso ndinadzakamba about preparation ya chipatala and then the next thing imene ndikufuna ndifunse ndi about kugawa kwa chithandizo, amh, chimene ndikufuna kuwunikira kwambiri ndi chonena kuti I know kuti mmene tikukambira kuti maybe as a hospital, we did not reach ma extent yokuti critical, an epindemic that we have got lots and lots of cases komano what I would like to find out from you ndi zonena kuti imagine we had reached a stage yokuti its an epidemic, we have got a lot of cases and what would have happened in reality in terms of providing care and making sure kuti although we have got ma cases ambiri koma wina aliyense chithandizo akutani akulandira.

okay, so, we had talked about path way of the patients, and we had as well talked about preparation of the hospital and then the next thing that I would like to discuss is about rationing of care, amh, what I would like to understand is about I know that as we are discuss that, maybe the hospital, we did not reach critical extent, an epindemic that we have got lots and lots of cases but what I would like to find out from you is that imagine we had reached a stage whereby its an epidemic, we have got a lot of cases and what would have happened in reality in terms of providing care and making sure that although we have got lots of cases but everyone is receiving the care..

R: mh, I think….

F: Just start thinking about, if we had lots and lots of cases what do you think would have happened in reality according to the resources and other things available at the hospital? (ma resources ndi zinthu zina zimene ziri pachipatala.)

R: It could have been zoopsa.

It could have been dangerous.

F: eti?

Isn’t it?

R: very, chifukwa chonena kuti….ndingoti almost aliyense wa Covid kuti wadimitidwa kuchipatala, was admitted because of the need of oxygen.

Very, because, I can say that almost every covid patient was admitted because of the need of oxygen.

F: Amh.

R: and amh space yokuti anthu atha kupasidwa oxygen and oxygen yake not from the cylinder of which kuti we decide kuti tiwapasa pa cylinder, ma cylinder wo kulibe, kulibiletu, mmh.

And amh space to accommodate people for oxygen and this oxygen is not from the cylinder of which we decide that we will give them through the cylinder because there are no cylinders, there aren’t cyclinders.

F: kunalibenso mmh

There aren’t, aaamh.

R: Ward imakhala kuti iri ndi ma cyclinder awiri, olo kulibiletu nde it could have been chaos chifukwa even capability ya 02 anayika 100 beds ndekuti 100 beds you you could just get oxygen yo without being monitored because ma monitoring equipments wo kulibeko ndekuti you cant even imagine ndekuti there could have be chaos and anthu would be dying chifukwa one space sikanapedzeka and even ma ward amane tikunenawo, ENT, was holding up to 15, ife we were holding up to six, iyoyo ndi ma bed okuti akhonza kukwana 30. All this which is not going even to handle it, its less than 100 kuphatikidza onsewo and pamenepopo 100 po sikuti malo opereka oxygen akukwana chifukwa chokuti even if anayika oxygen koma

The wards has either two cyclinders or none, so, it could have been chaos because even capability of 02 had put 100 beds so that 100 beds, you could just get the oxygen without being monitored because the monitoring equipments aren’t available so, you cant even imagine and so there could have be chaos and people could be dying because one; space wouldn’t have been available and even ma wards which we are talking about, ENT, was holding up to 15, we were holding up to six, and that can accommodate 30 beds. All this which is not going even to handle it, its less than 100 and adding on that so, that kuphatikidza 100 cannot supply enough oxygen because even if they had supplied oxygen but….

F: Its not all.

R: Ayi, pali something to connect kuti we should get the oxygen palibepo, it wasnt provided. Oxygen can be there koma kuti ulumikidze ku…what do you call it, I have forgotten the name komano kuti you should get the oxygen..you should deliver.

No, there is something to connect so that we should get the oxygen, its not there, it wasnt provided. Oxygen can be there but for you to connect…what do you call it, I have forgotten the name but for you to get the oxygen..you should deliver.

F: amati ma wire connector?

Is it the wire connector?

R; not necessarily ma wipers, ma modified bottles, you need modified bottled kuti umatse munthu more especially more than 4 litres it has to be moist eti, even pa cylinder imakhalanso moist nde 15 litres you can leave it dry, mphuno mumatati, mumathetheka (scrack) and that wasn’t a possibility chifukwa chokuti ku ward ko kulibe, plant is there kom aimene inapangidwa provide simafika 100. We needed someone kuti the plant is there koma agule ma modified bottles. There could have been chaos because people could have been dying chifukwa chokuti even number of nurses siyokwanira ndekuti other cases could have suffered chifukwa chokuti even bwenzi atatenga attention yonse all other nurses kuti apange concentrate kwa covid so it could have be chaos and people could just have been dying popanda kuwapanga care chifukwa it would have been very difficult to choose who to take care of chifukwa I believe kuti aliyense akapanga present kuchipatala amakhala needs assistance and then from omwewonso you should be priotizing uwone kuti who need this and who doesn’t need this panopa o I don’t think kuti…we couldn’t have handled panopa. We couldn’t.

not necessarily ma wipers, ma modified bottles, you need modified bottled so that you should give the patient more especially more than 4 litres it has to be moist right, even pa cylinder its moist so 15 litres you can leave it dry, the nose gets scracked and that wasn’t a possibility because we don’t have that at the ward, plant is there but but it doesn’t take 100. We needed someone that the plant is there but should buy the modified bottles. There could have been chaos because people could have been dying because even number of nurses is inadequate so other cases could have suffered because all the nurses could have taken all their attention to concentrate on the covid so it could have been chaos and people could just have been dying without being cared for because it would have been very difficult to choose who to take care of becuase I believe that when every person presents in the hospital, it means that that person needs assistance and then from them you should be priotizing and you see that who need this and who doesn’t need this and here, I don’t think that…we couldn’t have handled here. We couldn’t.

F: based on the experience that you had, we know kuti all patience were coming here, was there any way you treated the VIPs differently?

R: Differently? Unfortunately no, because there wasn’t that capability and the most preferred place, tinene kuti tikudzibakila, the most prefered place imene amanena kuti kukhale VIP was HRDU, chifukwa chonena kuti at least it offers zinthu zonena kuti kuchipatala kulibe ngati privacy and other care yokuti anthu ena samapereka and though they wouldn’t say kuti we will be admitting VIP ku HRDu koma I am sure that was the thing, that could have happen chifukwa I noted kuti some people were transferred from ENT to HRDU seeing kuti mwina ti yokuti status, chani, komano, as much as possible, we tried kuti if we do this ndekuti pali wina wake who doesn’t have status in this society and is very sick and doesn’t have m’bale wake wakuchipatala, still need this, s we tried as much as possible to balance kuti much as there are other peole who will need care, komanso enawanso they will need to. Nde panalibepo kukondela I would say ande aliyense amenen amayenereka kubwera ku HRDU amabwera, amene amapit aku ENT amapita komano we did not have VIP case. Komano one case anadzabwereko MP kumayambiliroko kwenikweniko anadzabwera and after assessment it was seen kuti he doesn’t need to be admitted, still be home, so he was sent back home, so that was that was the only person. Enawo ndi andale koma we were just hearing kuti they have died panali wakuti wakuti timangoti oh okay.

Differently? Unfortunately no, because there wasn’t that capability and the most preferred place, and we are not backing ourselves up, the most prefered place they said VIP should be was HRDU, because at least it offers things that the hospiyal does not offer like privacy and other care which isn’t provided by other people and though they wouldn’t say that we will be admitting VIP at HRDU but I am sure that was the thing, that could have happen because I noted that some people were transferred from ENT to HRDU seeing that maybe their status, and what not, but, as much as possible, we tried that if we do this then it means there is someone who doesn’t have status in this society and is very sick and doesn’t have any relation at the hospital, still need this, so, we tried as much as possible to balance that much as there are other peole who will need care, and others they will need to. So everybody was treated the same, I would say and those that were menat to go to HRDU, they could come, those going to ENT, they could go but we did not have VIP case. But one case, a member of parliament came in the very beginning and after assessment it was seen that he doesn’t need to be admitted, still be home, so he was sent back home, so that was the only person.some were policians but we were just hearing that they have died and there was so so and we were like okay.

F: Okay, personally, do you believe kuti the VIPs should be given special attention or treatment when there is an outbreak like this?

R: to me, no. To me is completely no, why? Because I believe kuti everyone deserves same level of care and if they feel…you know, I liked Covid very much you know why? There was no any other private which was (imene imapanga) offer care for Covid and that should have been an alarm that (kuti) oh, we need to work on our health system because some day (kudzabwera) pandemic will come, we will still go back to Queens. And I don’t think That (kuti) there should have been any special care, no. This is the pandemic and everyone has been affected the same way and every one should be treated the same way. (Ma) the resources that we have, (omwe tiri nawo), we have two, lets share one , one, we two and we are four, lets say should take half. So I am saying, no. noone should be treated because of the status in the society. No..

F: okay.

R: Yes.

F: In many countries when there is a pandemic like this, (chonchi), (amapanga) they do what they call reverse triage that (kuti) they quickly see the patients and screen them and those that they are better off, they screen them back home to continue ta home (kunyumba kuti adzikapitilidza kunyumba) as they getting in more patients do you think that could work amhm in our scenariao in our situation…

R: Of course that was also be done ndi Covid,

F; okay, ndi covid nso zinachitika.

Okay, that was also be done ndi Covid,

R: mmh, amapanga screen amawona kuti who will need kwambiri….chifukwa kuti ena…despite kuti ena amabwera kuchipatala kuno eti, ena amakhala kuti ndi mantha eti.

Yes, they could screen and see who will need a lot……because some…despite that some people were coming here, right, some were coming because of the fear.

F; aaahm

R; kuti Covid is killing a lot of people and I will die and imangokhala kuti ndi stress and I believe kuti ena anamwalinso chifukwa cha stress

That Covid is killing a lot of people and I will die and they were just stressed up and I believe that some died because of stress.

F: chifukwa cha stress.

Because of stress.

R: Stress amapedzeka kuti munthu akabwera kuti ah..amapedzeka kuti…for example MP atabwera iwowo chifukwa chokuti ndi Covid, they would think kuti iih ndekuti adwalika adwalika koma atabwera kuona kuti ma oxygen suspension ziribwinobwino, BP iri bwinobwino, sugar iri bwinobwino so people were also screened back kuti m’mene tikuonera ndi situation ndi mmene anzanu alili, you can wait home. So that was being done. akabwera kuchipatala they have covid kuwona ndi covid mmene ilili Covid ya uyu ngati sakufunika Oxygen, so people were being sent back home. So that was happening but not on larger scale.

Its stress, it was happening that if a persone comes, amh, it was happening that….for example when the MP came, he thought that because its covid, then it means that he/she is very sick but when he/she came and see that the oxygen suspension was okay, BP was okay, sugar was okay, so, people were also screened back that based on the his condition and comparing to other patients, you can wait home. So that was being done. When they come to the hospital and they have covid and after seeing that his/her covid is better that the other patient and he does not need oxygen, so people were being sent back home. So that was happening but not on larger scale.

F; Have you have had a chance to chat with with patients and (kuchedza ndi ma patience komanso) based on your own experience if you have been tested for Covid, comfotability or (kapena) experience of (ya)that Nasal and throat swab (ija), (ambiri), the majority, what were the comments about that.

R: ineyo I have been tested, the very first time tinapangdwa expose kuti patient was tested positive ku Wellcome ndi ku Queens negeative and we were exposed and that was the very first time we had started admitting covid, ma patients, that was a general eti ngati mmene anapedzekera last week ija kuti amongst them wapedzeka kuti positive so I was stressed nde we could always went for Covid testing, I cried ndi that nasal, I literally cried, it is painful, ndipo I don’t want that experience again. I literally cried and from ma patients even if you are doing a repeat, amadandaula, no one like that testing. They could have changed. Noone. No one could say kuti better. Almost everyone and ma patient amadandaula mwin ayou need to check if its negative amadandaula kuti I don’t want that experience its painful. From what I have heard and from my experience, its painful, it is not comfortable. Its not.

I have been tested, the very first time, I was exposed that the patient was tested positive at Wellcome and Queens negative and we were exposed and that was the very first time we had started admitting covid, the patients, that was a general, right, just like the one who was found positive last week amonst them, I was stressed so we could always go for Covid testing, I cried with that nasal, I literally cried, it is painful, and I don’t want that experience again. I literally cried and from the patients even if you are doing a repeat, they complain a, no one like that testing. They could have changed. Noone. No one could say that better. Almost everyone and the patients were complaining that maybe you need to check if its negative, they were complaining that I don’t want that experience its painful. From what I have heard and from my experience, its painful, it is not comfortable. Its not.

F: okay, but I there was an alternative for example if we could have been saliva.

R; yes, actually that’s what I wanted to say that if they could find another way because I have seen studies that( ine ndaona ma study angati kuti) if we are doing covid test, throat swab is better than

F: nasal.

R: yeah. It is better like throat swab is working when people are being checked for Covid, right,(anthu akumawacheker Covid eti), if they could have found another way other than that one, it could have been helpful.

F; one of the respondents also said that sometimes (amanenenso kuti nthawi zina) throat swab cause others to vomit, right/ (anthu amafuna kusanza nayonso eti?) .

R: Yeah, imatengerabe , ine I have seen anthu, pena timatenga ma throat swab amafuna kusanza chifukwa chokuti it goes back to…komano that is better than nasal, throat swab is better.

Yeah, it depends, I have seen people, sometimes we take the throat swab they would want to vomit because it goes back to…but that is better than nasal, throat swab is better.

F: okay, so if you look at how Queens was prepared for Covid, amh, I want you to let your perception of risk, did you feel kuti if you look at PPEs and others (ndi zina ndi zina,), infrastucture, generally if you look at the prepared, how prepared Queens was, did you feel that (kuti) you were at risk of getting infected?

R: yes, we were at risk, risk ija yoti, I can’t even explain it, one, as I have said earlier on kuti what we were using is not what other people are using. People were not using reusable gowns. It was disposable, you have used it, and off you go. Pomwe yathuyoo it was, imangolekedza just below the knees eti konseku will be exposed. There were patients who were vomiting, zimatha kupanga splash, ifeyo ma ladies we don’t wash our hair like daily and we need a cap, they saids kuti no, no one could provided with that. So priority was like ma respirators zoti should protect us ku nkhani yopuma eti koma nkhani ya kwinaku I felt kuti we are at a very high risk because of PPE imene timapangidwa provide though tinaedzeka kuti sitinatenge. Two, infrasture yake simalowa eti, chifukwa chokuti it was inclosed eti, simalola ndi busy imene umakhak nayo ndi time imene umapanga spend u ward mo. You were at high risk chifukwa chokuti imatopetsa mask yi chifukwa not always you cant have kuti it has fitted you well all the time wina spending 7 hours umayiwala. The other instances imayiwala kuti apa ndi pa dirty unavula ma glove nde wagwira. We were at risk, risk inali pena paliponse. Risk inali kaya ndi PPE kaya ndi infrastrure olo zinthu zimene zimagwiritsidwa nthito olo mopping zinthu zina zinali zoti we were not supposed even to reuse eeeh, koma chifukwa chokuti ndi kunoko we were using so we were still at risk as health workers.

Yes, we were at risk, that risk,I cant even explain it, one, as I have said earlier on that what we were using is not what other people are using. People were not using reusable gowns. It was disposable, you have used it, and off you go. Yet ours, it was, it was just below the knees and will be exposed. There were patients who were vomiting, it could flashed, us ladies we don’t wash our hair like daily and we need a cap, they said that no, noone could provided with that. So priority was like the respirators that should protect us with regard to breathing, right, and I felt that we are at a very high risk because of PPE which we were provided though we did not take the Covid. Two, infrastructure was not enabling, it could not allow, because it was closed, right, it could no allow…and because we were busy and with limited time that you could spend in the ward. You were at high risk because masking up became tiresome because not always you cant have that mind that it has fitted you well all the time, and spending 7 hours, you tend to forget. The other instance is that, you forget that, the place is dirty and you had put off the gloves and you had touched something. We were at risk, risk was everywhere. Risk was even with the PPE, the infrastructure or the things that we were using like for mopping and even for some other things that we were not even supposed to reuse it, but because its here, we were using so we were still at risk as health workers.

F; (komano)but at the moment what are your greatest fears?

R; (Panopa)as of now, my greatest fears are to have second episode of having high numbers of covid cases because people have relaxed, (chifukwa chokuti anthu atayilira) you will find the guardians they are at the hospitals they are looking after their reatives who are sick but they are not even putting on a mask. Now people feel that (kuti) there isn’t covid and my greatest fear is it will come back (idzabweranso)

F: If it comes again, do you think that (kuti) we are prepared?

R: No, we are not prepared because I haven’t seen anything changing, I haven’t seen anything because had it been that they (akanakhala kuti ali) are prepared something could have been built, something could have been built, by march, you can put an infrasctures perhaps if its rainy season, because even in rainy season, (kuti kaya ndi nthawi ya mvula chifukwa even nthawi ya mvula) that tent is not comfortable, is not a acomfortable place. (Nthawi ya mvula), during rainy season, it will not gonna work. By now they would have been (akanakhala kuti) they are prepared, something could have been constructed or (kaya) just something like a hall (china chake changati chi hall), something could have been…equipment could have been bought, PPE could have been bought, people could have been put in place that imagine it has come today (kuti itangoti yabwera leroli), we have 100 cases, this people, but people have relaxed and nothing has been done. So no preparation.

F: Okay, so you said people have relaxed, (kuti mwapanga relax), ma guardians, does that apply to (ma) the healthworkers as well, do health workers relax as well?

R yes, somehow, somehow we have relaxed and that is not what we were doing with Covid (si mmene timapangira ndi covid ) (kaya)maybe we have a feeling (yoti) that we have survived that and ah we cannot contract it (aah sitingatengenso)

F; Kuseka.

Laughs..

R: kuseka… so others they are literally saying kuti I think ndinayitenga kale nde ndinachila so I cant get that back. So we have relaxed.

Laughs.. so others they are literally saying kuti I think I was already infected and I got cured, so I cant get that back. So we have relaxed.

F; Okay, so what has been the relationship with the community, yourself, community, family members, knowing that (kuti) you are a health worker of Queens, I don’t know (kuti) if they knew that (kuti) you are working with Covid (ndi covid) and what was their reaction.

R; So, the relationship didn’t change, I would lie that (kuti) it did change. The neighbours were the same except a few (ena sangalephere koma) but maybe (kuti) because of my personality , I am not that kind of person who have a lot of friends, or people come to my house, no, I am not that kind of person and I dont usually go to other people’s houses (kumanyumba kwa anthu) so it didn’t affect me much but you know my family you know (makolo) parents, they will call everyday kuti (that) how are you today, (zowona iwe) is this true that you are working in covid ward you know that kind of stress from parents (ka makolo koma zoona, kuyimba dailiy koma lero nde mwadzuka bwanji), calling you very day, greeting you and saying is this true, that fear from family that our child indeed is working at covid ward, and what I have heard about Covid, so parents (ku family be amati zoona mwana wathu ujadi akugwira ku covid ward mmene ndamvera ine za Covid nde makolo) were very very worried like are you serious.

F; Did you tell them either…(kapena.)

R; ine I told them because I didn’t want them kuti adzamve kuti mwana uja wadwala covid, how, ndinawawudza. Ndinawawudza kuti ndikugwira ku Covid daily ndimakhala ndi contant ndi ma….ndinawawudza , everyone kwathu know kuti ndimakhala ku covid even my neighbours, I have two neighbours ndinawawudza kuti ndimagwira mu covid ward, ndinawudza I felt kuti mwina asadzawone ngati ndawabweretsera chifukwa ndimawona kuti ifeyo we were very careful chifukwa timadziwa kuti we are dealing with covid patients eti pamene kunyumbako anthu ena apanga relax eti, so ine I told them kuti I am working in Covid ward, ndimawawudza.

I told them because I didn’t want them to hear that their child has Covid, how, I told them that I am working at covid ward and I am always in contact with…I told them, everyone,my family members know that I work in the covid wards and even the neighbours know that I work in covid ward because I never wanted them to think later that I am the one who has brought in the covid to them because we were very careful knowing that we are dealing with Covid patients yet people at home are relaxed, so, I told them that I am working in the covid ward, I told them.

F; you didn’t experience some sort of stigma?

R: No. Noone, no one, I should not lie (ndinama). The relationship was okay, until I finished (mpakana kumalidza.)

F; it didn’t change.

R: It didn’t change.

F; okay, was there a time that (yokuti) you have got a concern you had in the hospital (kuchipatala) and what you had you took up to the management and if it was addressed.

R; mmmh. Issue ya ma allowance. Of course PPE ndinama, mankwala we were fully supplied, food amatipatsa.

Mmmmh, allowance issue, of course I cant lie about the PPE, medication, we were fully supplied, we were given food.

F: amabweretsa.

They could bring you.

R: eeh. Special food. Amatipatsa high protein chifukwa mkaka amatipatsa daily, eegs , lunch it was meat, veges, amatiphikira zinthu zabwino.

Yes, special food, we were given high protein because they were giving us milk everyday, eggs, and for lunch, it was meat, veges, they were cooking good food for us.

F: very well prepared.

R; eeh, very well prepared koma panopa anthu they are eating eggs koma ifeyo kumayambiliro we were eating meat, chicken, beef, mmamawa amatipatsa mkaka, high protein diet amatipatsa. PPE ndikunena kuti inali its okay. Issue imene inadzavuta ndiya ma allowance, what happened was ifeyo a MLW ndi a Queens timagwira nthito limodzi komano what happened was a ku Queens were getting an allowance and that was the only concern and we took it to MLW management and we did not win so that was the only issue.

Yes, very well prepared but people are eating eggs now but at the very beginning, we were eating meat, chicken, beef, and in the morning, they were giving us milk, we were given high protein diet. PPE was okay.

F: Why do people need risk allowance?

R: Need? They neeed risk allowance beucase what they are doing….

F: Does it reduce the risk?

R; No, it doesn’t. Komabe at least if you die, kaya otsalawo kaya iweyo, risk allowance ija should change your life style lets say kuti Covid ndi chinthu chokuti ndi risk eti than imene anakulembela nthito eti, if you get something you wouild change zinthu mwina diet mwina pamenepo kwanu usintha chifukwa we needed to buy zinthu ma ginger, zimene amanene anthu zijatu we could buy it,kaya ndi zabodza kaya koma we were doing that.

No, it doesn’t. But at least if you die, maybe those who will remain or even you, risk allowance ija should change your life style lets say that Covid is a risk thing than something that you were employed for. If, you get something you would change something perhaps you would change your diet at home, because we needed to buy things like ginger, what people were saying, we could buy it, whether it was a lie, but we were doing that.

F: You were doing that.

R: ukapita kunyumba, ukaweruka muja kuyamba kumwa nawo zi ma ginger kaya zimachani so because it changes your lifestyle so you need something its like a compensation you are doing something which other people, anthu ena amakanatu kugwira ku Covid, literally they would say no.

When you get home, you could drink the ginger and other stuffs so because it changes your lifestyle so you need something, it’s like a compensation, you are doing something which other people, some people refused to work in Covid ward, literally they would say no.

F: yeah

R: I can’t work 9ku) in the covid ward, we risked our lives, we could have died. So they needed to pay (kuti) that atleast I die today, my parents could have alteast have something.

F; kuseka…

Laughs..

R: mmh

F; Okay.

R; Eyetu.

Sure.

F: If there was one thing that could support you not in your home life (komano) but in your work life, working with covid, what could that one be, (chimene) something that you could need to be supported.

R: increase number of staff

F; okay, increase number of staff.

R; Yes, priority

F; Yeah.

R: Yeah, because if you are enough you could spend less time with the (ndi ma) those patients (aja) and your risk is low.

F: Amh

R: Even if asakupatse risk allowance koma if you are enough, sukutopa, ukugwira nthito yako yoyenera osawonjedzerapo that’s better than spending seven hours, eight hours on your fit pamene ukapuma you are not in contact with the person and the risk reduced, to me, priority should be enough nurses.

Even if you are not given risk allowance but if you are enough, you are energetic, you are doing your work properly without any addition, that’s better than spending seven hours, eight hours on your fit, so when you are relaxing, you are not in contact with the person and the risk reduced, to me, priority should be enough nurses.

F; yes, so that could…

R: That could work out.

F; Okay, enough nurses.

R: Mmh, enough nurses .

F: okay, are there any uncertainites or areas (zimene) which you would like to know more about Covid perhaps those you are still unsure about Covid? (mwina zimene you are still unsure about Covid?)

R: Treatment.

F: umh

R: treatment chifukwa I know kuti kulibeko sinapedzeke.

I know that they haven’t yet found the treatment.

F; yeah.

R: anthu amene amachila amangochilira by chance anyway kuti thupi lawolo langa…I would like to know more about the treatment. China…

Those patients who were recovering, they were recovering by chance any way that may be their body….. I would like to know more about the treatment. And…

F: Komano the patients that were…there were being given mankwala eti

But the patients that were…..they were being given medication, not so/

R; mmh, amapatsidwa.

Yes, they were given.

F; amapatsidwa.

They were given.

R; Amapatsidwa ma antibiotics, mmh, ma antiquantilant, ndi ena ma pankillers chifukwa cha fever, ndi insulin, zinthu zitatu zimenezizi ndi zimene inali backborne ya treatment ya covid, mmh, antiquantilant, amh, ma antibiotics, insulin for glucose ndi za painkillers that was it, unless if we need something extra.

They were given antibiotics, antiquantilant, painkillers because of fever and insulin, these three things were the backborne of covid treatment. Mhm, antiquantilant, amh, antibiotics, insulin for glucose and painkillers, that was it, unless if we need something extra.

F: Umh, china ma uncertanities,

Umh, what else were the uncertainities

R; come again the question,

F: ndinafunsa kuti …you had said kuti you want to know more about za treatment.

I asked that… you had said that you want to know more about treatment.

R: yeah, I think that’s all, the treatment for Covid.

R: my last question, if you were to recommend Queens hospital, (ku chipatala ku Queens) in terms of improving the level of their preparedness to Covid, what is two or three priority you will recommend to , You have said that (mwanena kuti) incase there is another outbreak.

R: infrastructure number one.

F; infrastructure.

R; And also recommend equipment, equipment kulibeko chifukwa chokuti even if we have had 100 nurses, if they don’t have oxygen, patient wouldn’t have been saved, nde chachitatu kwa ine chibwere, ndanena kuti infrastucture, equipment, chachitatu, they should prepare anthu odzagwira nthito kumenekoko

And also recommend equipment, there isn’t equipment because even if we have had 100 nurses, if they don’t have oxygen, patient wouldn’t have been saved, and thirdly, I have said that the infrastructure, equipment, and thirdly, they should prepare human resources there.

F: (ma) The human reources.

R: yes, ma human resource. Choyambilira, building, they have space kaya changati hall kaya chichani koma something ndekuti chimenechocho chidzidzayuzidwa kaya kubweranso ma outbreak ena that will be reused kaya kubweranso ma outbreak ena, Chifukwa poyambapo aah izizi is a referal hospital nde zithera kwa DHO.

Yes, human resources. Firstly, buiding, they need to have space, something like a hall or anything but something that it should later be used in case there is another outbreak, that will be reused incase of other outbreaks because this a referral hospital and it goes through the DHO.

F: Aamh

R; mmh, zina sidzothera ku DHO, sidzingatheke, they should build something and prepare this for anything, they should buy ma equipments zinthu monga ma concentrator aja, they have a plant mwina kungokokera ifike kumeneko, mwina plant, tima small passimity just know kuti wina wake is saturating at peace, it gives you a crop of what you should do next, eti, koma you don’t know.

Yes, some things aren’t meant to be only tackled at the DHO, they should build something and prepare this for anything, they should buy equipments, things like concentrators, they have a plant but maybe just to get it there, perhaps the plant, the small passimity just to make sure that someone is saturating at peace, it gives you a crop of what you would do next, but you don’t know.

F; (Koma) but those were not available.

R; they were not even available, for you to check sugar (sugar kuti utcheke), you don’t have as in sugar…these things are not even expensive but I don’t know (kuti ) how the priorities (amayenda bwanji )are made but its even less that MK10, 000.00. But you see the whole world which is treating 1000 people, it doesn’t have. Amh nurses, there are a lot of nurses out there who are looking for a job, alot, thousands of nurses, we shouldn’t have had a shortage. These things if they can just prepare so that if the other pandemic comes in (kuti atadzabweranso chinacho koma) but if it comes today even if it is 100 cases, you will see people how they will run up and down.

F: kuseka…. Laughs…How helpful was the oxygen plant that Wellcome trust supported?

R; wow! That one, is everything, (ndipo), and mmh, in our unit we have lant behind there and it holds six cylinders (ifeyo ku unit kwathu, tiri ndika plant kuseli kwake kuti it holds six cylinders)

F; Okay.

R: nthawi ya covid munthu timamupatsa 15 litres per minute,

During Covid, we could give a patient, 15 litres per minute.

F; oh

R: 15 times 60, I don’t know kuti ndima litres angati of which one cyclinder ija it couldn’t last a day eti, ndekuti ma cylinder amenewowo, kaya its my weight times three chifukwa chokuti its 100 plus something Kgs, we were supposd to carry them, pamene kunalibe plant so if given 15 litres I was imagining kuti ….could we have been kunyamula, we couldn’t. people could have died chifukwa chokuti priority ya treatment yaCovid, inali ya oxygen, inali ya oxygen ou give someone oxygen, zinazo later ndekuti sungakayambe kusungunura mankwala munthu akupanga gasp no, ukangomupatsa oxygen amayamba ku breatha bwinobwino, So it really did wonders, and that really really helped. Umangotsegula munthu kuyamba kumupatsa oxygen zinazo udziona pambuyo so it really really helped, it really helped and MLW, yeah.

15 times 60, I don’t know how many litres, of which that one cyclinder, it couldn’t last a day right , and those cylinders are perhaps my weight times three because its 100 plus something Kgs, we were supposed to carry them, when there was no plant so if given 15 litres I was imagining that….could we have been been able to lift it, we couldn’t. people could have died because priority for Covid treatment was oxygen, it was oxygen, you give someone oxygen, and other come later because you cant start diluting the medication when a patient is gasping, no. Once a patient is given oxygen, the patient could start breathing properly, so it really did wonders, and that really really helped. You could just open and start giving him/her oxygen and you could do other things later, so it really really helped, it really helped and MLW, yeah.

F: Smiles…..Okay.

R; that was very helpful that time and it will continue to be helpful

F: helping the hospital.

R: kwambiri

Very.

F; okay, so, these are the only questions i had for you.

R: Okay.

F; Yes, I don’t know if there is anything you wanted to say but I did not ask or (kapena) that’s not.

R; Amh, I think, I have talked a lot. (ndayankhula kwambiri), I think I have said everything. (Ine )I like expressing my mind the way it is. Yeah, that’s the way it is.

F: this has been been a very helpful interview. I know sometimes you talk with other people they are not sure, should I say this or not.

R; mmh, (ine), it’s just me, I will say things they way they are.

F: Kuseka…..

Smiles..

R: as long…yeah so that’s for covid, but that was the experience (koma.)

**THE END…**