**F: FACILITATOR**

**R: RESPONDENT**

F; nde mmene ndinanera muja kuti our discussion mainly focusses on Covid 19and ndimafuna ndidziwe kuti how has your work been related to Covid19.

So, as I have said that our discussion mainly focusses on Covid 19 and I wanted to know that how has your work been related to Covid19.

R; okay.

F: Yeah

R: nditha kunena kuti with coming of covid eti, amh, nthito inasintha the way imakhalira chifukwa chonena kuti panakhala ngati panabwera ma challenges ambiri eti, mwachitsanzo, mmene imafika muja eti, its unfortunate kuti inachitika nthawi ya amh, campaign.

I can say that with coming of Covid, right, amh, the work got changed the way it was because lots of challenges came in, right, for example, when it was coming, its unfortunate that it came during the campaign.

F: Yeah, yeah.

R: ndiyeno, inali ngati kuti, olo even ma cases akapedzeka kuti iweyonso kuti uwadziwe, zimavuta kwambiri, chifukwa chinali ngati kuti something very confidential.

So, it was like, even if there are new cases, for you to know about them, it was very difficult, because it was like something very confidential.

F: That’s true. That’s true,

R; eeh, nde pamapedzeka kuti iweyo you are with somebody, two three days sukumuwona munthu uja, bwanji akuti wapiti kuti, akuti wapiti ku quarantine kapena ku isolation. So challenge ina imene inabwera ndi Covid, panakhala ngati kuti tsopano chinsinsi chinakula among, simumatha kupanga share information yomweyo imene timapanga share bwinobwino kuti timuwudze health worker kuti ziri mwakuti mwakuti mwakati, zimakhala zovuta kwambiri.

Yes, so it was like, you are with somebody, two, three days, the person is nowhere to be seen and you ask about his/her where abouts, they will be like, he/she is in quarantine or isolation. So the challenge that came with Covid was that it created secrecy among us we could not share the information which we used to easily share, to tell a health worker that this and that, it was very difficult.

F; ndekuti there was a lot of secrecy.

So there was a lot of secrecy.

R: kwambiri compared ndi panopa kuti at least we are able to know koma the first three months zimakhala zovuta chifukwa you cant just say anyhow and uyitanidwa ku despilinary kuti wamva kwa ndani kuti chiri chonchi. Mmh, that is chinthu china chake chimene chimabwera kuti iweyo udziwe zimakutengera nthawi kuti zidutse kaye all the levels because ma results amayeneraka kuti afike kaye m’manja mwa director kapena a deputy hospital director.

There was a lot compared with now that at least we are able to know but first three months it was very difficult because you can’t just say anyhow and they will call you at disciplinary and ask you from whom you have heard that from. Mmh, so if something come up, it was difficult for you to know because it had to go through all levels because the results had to go to the director first or deputy hospital director.

F: So, that kind of secrecy, are you referring to a health worker being found covid kapena wina aliyense.

So, that kind of secrecy, are you referring to a health worker being found covid or anyone else?

R; yes, even among ourselves, among ourselves because there was a fear yokuti if I know, mmene inabwelera muja eti, inabweretsa fear kwa aliyense eti

Yes, even among ourselves, among ourselves because there was a fear that if I know, the way it came right, it brought fear to everyone, right,

F; mmh

R: nde amawona kuti staff idziwe kuti wakuti wakuti uja wapedzeka positive kunthito satani,

So, they thought that for staffs to know that so, so staff has been found positive, the will not come to work

F: sabwera

Will not come to work.

R: eeh, amasiyatu anthu kuti patient uja eti, kuti iih covid osamutani, osamuyandikira si chani, sinali ngati kuti ndi matenda okuti anthu samawadziwa bwinobwino. Admistration yakeyo, zina ziri zonse zopanga surrounding, nde I have even seen people dying without being attended fearing kuti eeh ma signs a Covid akuwatchula aja.

Yeah, people could not come closer to a Covid patient because people did not well what that disease was, its administration and its surrounding, so, I have even seen people dying without being attended fearing that they could see the signs of Covid being said.

F: So, heath workers deliberately neglecting?

R: apopo it’s because of that fear, I can’t say that deliberately neglecting komano they had that fear.

It’s because of that fear, I can’t say that deliberately neglecting but they had that fear.

F; okay

R; komanso ma resources, ma resources ndithu challenge yo nde inalipodi yayikulu

And resources, there was a big challenge with regard to the resources.

F: mmh

R: Inali yayikulu chifukwa chonena kuti umatha kudziwa munthu kuti ngati ndikudziwa kuti uyuyu nd suspect wa Covid, komatu ineyo ndidzitetedza bwanji mbali yanga kuti ndikamugwire patient yu, you remember kuti kunali issue ya ma PPE

It was a big challenge because you could know that this is a covid suspect but how can I then protect myself so that I should touch this patient, you remember there was an issue of the PPE

F: Yeah.

R: inavuta kwambiri, even ma mask wo kuti apedzeke zimavuta, even ma face shield aja amavuta, I remember nthawi inayake anadzamwalira, tinali ndi patient, anadzagonekedwa patient, tisanabweretse ma centres pa Queens pathu pano, tinali ndi patient amene, nanga si nthawi imeneyo tima user kameza eti,

It was a big challenge, even to get the mask, it was difficult, even the face shields was also a challenge, I remember there was a time someone died, we had admitted a patient who died before the introduction of centres here at Queens, we had a patient who, because we were using Kameza that time, right,

F; mmh

R; nde pamafunika kuti ineyeo ngati ndabwera ndi patient amene ali suspect, ndekuti ku ATC kuja tikumupanga separate, apite mu quarantine. Akapita kumene kuja ndekuti tikuyenera kuyimbira a DHO, abwere adzamutenge patient uja, amtenge ma sample, amkamtenga ma sample akatero ndekuti amtenge akamusiye kwa Kameza, so you see that communication. Nde ineyo ndikuyankhula mbali yanga kwambiri usiku eti.

So what is required is that, if I have come with a suspect, we separate this patient at ATC and goes for quarantine, when this patient goes there, you have to phone the DHO, they should come and take samples from this patient, and after taking the samples, they could then take this patient to kameza, so you see that communication, so, I am talking about what happens at night, right

F: Yeah.

R: From half four up to half seven. Nde usiku, zimapedzeka kuti nawonso, they are over whelmed and pamakhalabe povuta kuti central hospital is glory pomwe DHO ija ndi yochepa, tsono zimene tikufunano ifeyo kunoko iwo azichite zimakhala ngati kuti kholo likuwudza mwana wa m’ngono, chakuti bwanji nde ukuyembekedzera kuti mwana wamgono atenge, apange decision kwa iweyo munthu wamkulu kholo, nde communication apopodi imavutadi.

From half four to half seven, So, at night, they were overwhelmed and it was difficult because central hospital is glory yet DHO is small, so whatever we wanted them to do was like parent is now telling a small child, like asking them about something to provide you and you are expecting a small child to provide to you, make decisions for a parent, so the communication was also difficult.

F: Okay.

R: Yeah. Imavuta.

Yeah, it was difficult.

F: komano have you been in a situation personally kuti you are managing a covid case kapena have you work ku ma ward kuti ma centres okuti directly there are Covid cases.

But have you been in a situation personally that you are managing a covid case or have you worked at the wards or centres that directly there are Covid cases.

R: Amh, ineyo, ndagwirako ma covid centres more especially pa tent paja.

Amh, I have worked in covid tents more especially at the tents

F: Pa tent paja?

At the tents?

R: eeh, ndinagwirako ndithu four nights.

Yes, I worked for four nights.

F: okay.

R: because koyamba kaja nanga si it’s like we were relying Kameza eti.

Because at first it’s like we were relying on Kameza, right?

F: yeah

R: Kwinako umatha kumamuthandidza patient uja not knowing kuti kuti ukuthandidza munthu wa chani?

Sometime you could help a patient not knowing that you are helping a patient with what?

F: wa Covid.

With Covid.

R: eeh, ukamadzadzindikira mwina after a week kuti patient ujatu anali wa covid tu.

Yeah, and then you will get to know about it after a week that the patient was a Covid one.

F: okay.

R: yeah, nde panali situation yokuti ATC inali overwhelmed chifukwa attendance ija imafika mpakana 200.

Yeah, so, there was a situation that ATC was overwhelmed because the attendance could reach up to 200.

F: okay.

R: eeh, ndekuti ma suspect aja kumafika 15, nde its like inali overwhelmed eti, ndiyeno, I discussed ndi amene amayang’anira zimenezozo za Covid zo because pali ma spear head ake kuti amene anapangidwakuti awa adziyang’anira za Covid zo, mwakuti mwakuti. Nde pamakhala povuta kuti zitheke nde ndinanena kuti aah okay nanga si pa ujeni paja , pa gate paja pamakhala masana okha, amatipanga ija koma kungofika half four yeah palibepo. Pa tent….

Yes, so the suspects could reach 15, so its like it wasoverwhelmed, right, so, I discussed with those who were handlingling Covid issues because there are spear heads who were set to handle issues to do with covid, this and that. So, it was not that easy to be possible so i said okay, because at the gate there, they just stay only in the afternoon, which they do the screening but they finish at half past four. So at the tent…..

F: Weekend sakhalapo?

They don’t stay during weekends?

R: Weekend amapanga komano ma hours ochepa, eeh komanso masana amangopanga attend ma patient amene ali pamene paja kufika half four kumakhala kuti kwinako kuli close, nde masanawo ATC ija kumakhala bwinobwino koma usiku ndekuti onse aja akuthera pati, nde I decided kuti aah lets do kuti usikunso zizitani, zizichitika .

They screen during weekends but just for few hours, but they just attend patients who are there until half past four and they close after that. So, in the afternoon, the ATC is okay but at night, they all come here, so, I decided that ah, lets do this at night as well.

F: mmh

R: ndeno mwayiwona staff pamenepopo who can accept to go kumakapamga care ma patient who are the suspects, maganizonso aja alipo eti okuti it’s a deadly disease oloo ilibe mankwala eti, ndeno I remember panali pa 2 kaya pa 3 ndinakagwira pa tent, koma, ndiyeno, sikuti ndi experience yamasewera, panopa bola koma simakhala experience yamasewera because yokuti iweyo pamenne ukugwira paja ndekuti iweyo wadzipereka kuti ineyo ndadzipereka kuti ndikukathandidza komano later on kuti if I take it, if I am infected, what will happen to me? Nanga what will happen to my family, ku ma family timakhala ndi tiana ting’onoting’ono, pali ena akuluakulu, eh, komanso mwatsoka kuti iweyo akudziwa kuti akudziwa kut iweyo ukugwira ku Covid, even m’minibus amakutsitsa.

So, you see the staffs now, who can accept to go and care patients who are the suspects, that perception is already that that it’s a deadly disease or that it has no cure, so I remember it was on the second if not third , I worked at the tents, but, then, its not an easy experience, its better now, but its not an easy experience because as you are working there, it means that you are willing to work there and help there but later on if you take it, if I am infected, what will happen to me? So, what will happen to my family, we do have very little children in families as well as elders, eh, and unfortunately if they know that you are working at Covid, they will even drop you in minibuses,

F; okay.

R: Even a landlord kukuwudza kuti mnyumba mutani, musamuke.

Even the landlord will tell you to relocate…

F; kuseka..

Laughing…..

R: mmh. Komano ijayo imakhala experience yokuti you lead a skill.

Yeah, but that is an experience whereby youl lead a skill.

F: (Komano) but have you, there been cases of such kind of things?

R: You have?

F: Yeah, I am asking (kuti) that have there been cases.

R: Yes, there have been cases zoti zachitika ndithu. You remember amh, last, mwezi omalidzira unali July, kunabwera zima hiker zija, zima bus, zinayikidwa anazipanga for almost two months zimatenga ma staff , inalitu ujenitu imene ija, chifukwa cha ujeni amati chani, amati chani, amh, I can say ngati tsankho eti.

Yes, there have been cases, and it had indeed happened. You remember amh, last, the last month was in July, those hikers came, those buses, they were set for two months which were carrying staffs, that was due to , amh, amh, because of, amh, I can say that, stigma, right,

F; Yeah

R: They will be eeh health workers they have been infected ndi chani

They will be like eh, health workers, they have been infected with what,

F: Mu public transport.

In Public transport…

R; Eeh. Kuti ukwere public transport, of course inali prevention yabwino eti komano chinayambitsa ndi chani, pamakhala tu kusankhana kwa wina, ndekuti amakhala kutinso akukusankha ndekuti chinachirichonse chimene chikuchitika sakufuna kuti uwawandikire and those two nights, the first nights, it wasn’t an easy night. It wasn’t.

Yes, for you to use public transport, of course it was good prevention, right, and what was the cause of that, it was because people were discrimination one another, and it was like they were discriminating you and they didn’t want you to come closer to what they were doing and those two nights, the first nights, it wasn’t an easy night. It wasn’t.

F: Just to get clarification tisanapitiridze, those issues that mwapereka ma examples, I remember talking to one health worker, was giving a recommendation kuti, if there could be transport arrangements from hospital to ujeni, koma I didn’t know kuti there was transport which was arranged

Just to get clarification before we continue, those issues that you have given examples, I remember talking to one health worker, was giving a recommendation that, if there could be transport arrangements from hospital to…. but I didn’t know that there was transport which was arranged

R; Transport was there.

F: it was there, eh

R; yeah, it was there. The first two months panali transport

Yeah, it was there. The first two months, there was transport

F: the first two months

R; Yeah. Panali transport and ….

Yeah there was transport and….

F; that’s must have been involved later.

R: transport yo ndithu inagwira for two month when ma cases aja atayambanoo kutsikano, kuti people are now really understanding kuti what is the condition, how to prevent and what so ever mpameneo anawona kuti aaha apapa kukhala ngatinso ndi mmene ndimanenera muja kutinso politics inadzakhala ngati yatsokonedza nde kukhala ngati kuti anadzaneno kuti aha basi kuyambira mwezi wakutiwakuti, koma it was communicated in advance kuti mwezi omalidza ndi wakuti kwinako basi tidzipanga ngati mmene timapangira. Komano transport was there.

The transport worked for two months and when the cases started to drop and that people are now really understanding that what is the condition, how to prevent and what so ever, and that’s when they saw that ahaah, and as I said that politics also made an impact on that and then we were told that starting from so so months, and it was communicated in advance about the last month for that and that people will be doing the way they were doing but transport was there.

F: is this situation (yoti) that you are describing that there was a lot of fear that people were not sure about what happening, (inali miyezi yake iti )which months was that, to be specific.

R: Ah, the first two, three months,

F: the first three months.

R; mmh. Nanga si you remember kuti mmene zimamvekera muja kuti iiih ku America apanga mwakuti mwakuti, ndebe ifeyo kunobe ma cases athu amakhalabe ochepa

Yes, because you remember, what we were hearing that ih in America, this and that but stil our cases here were few.

F; ochepa, koma was that with the cases….

Few, but, was that with the cases….

R: nde ma cases atayambano kuchuluka its when zinayambano kutani, kuchitikano tsopano,

So, when the cases started to increase, that was when it was implemented

F: mmh, okay.

R: ndi mmene zinayamba kuchitika and akanena kuti ma transport panalibe that’s not giving the right information chifukwa chonena kuti aliyense amene amagwira kuma centres ngati kuti, you remember, ENT

That when they started to provide the transport and if they say that there was no transport, that’s not giving the right information because all those who were working at the centres like, you remember, ENT?

F; Yeah.

R: kumene kujako m’mene timayamba ku ENT kuja, 3A isanabwerenso kuti ibwera centres, the same with the respiratory ija HRDu ija,

When we started there at ENT, before the introduction of 3A as a centre, the same with the respiratory, the HRDU,

F; the HRDU

R: nthawi imene ijayo kuti wina aliyense amene akugwira ku ENT, amakatenge ndikukatsiyidwa, amakatengedwa ndikukasiyidwa.

During that time, everyone who was working at ENT, they were picked from there and drop them

F; Okay.

R; mmmh

F: (Chabwino). Okay, Can you explain to me (kuti) about pathway (kuti) that patient (amene) who is suspected (kapena kuti) or is comfirmed, (komano ndingoti) I should say that, what is the pathway of a covid patient from the time they arrive here at the hospital (kuchipatala kunoko) to the time that they are discharged (kapena kuti) or they have died?

R: okay.

F: What are the different stages that the patient goes through and what happens from those stages?

R: ma stages wo panopo akukhala ngati kuti anasintha kusiyana ndi mmene analli poyambapo.

The stages have changed now than before.

F: okay.

R: nanga si panopa pachitikapo transmission

Because transmission has happened now.

F: Yes.

R: at first, once iweyo akukupanga suspect kuti ukhonza kukhala nawo matendawo, komanso maybe uri nawo, chimachitika ndi chani, people were really using that TOR number, ndekuti responsible people were informed nde amanyamuka kuyendera munthu uja kukamutenga, ndekuti pamenepo ndi suspect eti?

At first, once you are a covid suspect or you are a comfirmed patient, what was happening was that, people were really using that toll free number, which means, responsible people were informed and they could trace the person and take him/her, so, you are a suspect right?

F; yeah.

R: Akatengedwa ndekuti amayenerka kuti apite ku isolation, ku quarantine, watengedwa kale ma sample, nde poti nthawi imene ija kuti ma sample atuluke ma results amatenga nthawi, ndeno pamene akudikira ma results aja komanso ndekuti ku Quarantine kuja.

If the take this person, then he/she must go for isolation, quarantine, the samples have already been taken, and it was taking time for the results to come out back then after the sample has been taken, so as they are waiting for the results, then, there at quarantine,

F; kwa kameza kuja

At kameza?

R: kwa kameza, sikuti you are using the same ward, nanga si you are still ma suspect eti,

At kameza, you were not using the same ward, because you are still a suspect, right.

F; Yeah.

R: nde mukapangidwa muja, mukayesedwa muja, amene apedzeka kuti ali positive aja amakhala kuti akusungidwabe komkuja.

So when you get tested and once you found positive, they were kept there.

F: okay.

R: mmh?

F: okay.

R: ndiyeno akasungidwa muja ndekuti zitengerano kuti, masamalidwe ake zimatengera kuti munthu uja akudwala bwanji, mmene amadwalira eti,

So, once they are kept there, the care now was depening on how sick the person was like, right?

F: yeah.

R; komano umayenereka kuti ukhaleko for 14 days.

But you were meant to stay there for 14 days.

F: okay.

R; of which timanena kuti those are the days incubation period yake imene munthu amapangira ujeni imapangira absorb, then after kulandira treatment ija, ikatha 14 days ija, umayenereka kupangidwa chani, kupangidwanso retest. Ukapangidwa retest ngati yatuluka negative komanso sukuwonetsa ma signs ena ndekuti apopo umapangidwa discharge komano ukapangidwa discharge until now, ukapangidwa discharge ndekuti umapatsidwanso 48 to 72 hours, kuti upangidwenso retest.

Of which we were saying that those are the days incubation period which the patients does the absorbition, then after receving the treatment and after the 14 days, you were then retested. If the restesting has come out with negative results and you are not showing any signs then you were discharged but after the discharge, this is until now, you were given 48 to 72 hours for restesting.

F: okay.

R: because pali system yawo imene amauser a lab eti, apart fom clinical symptoms, clinically komano lab yawo imawonetsa kuti ineyo apa ndaona kuti, akuti ali ndi matsiku awo amene amapanga kuti eti, kuti akapanga run, imawonetsa kuti ma runs angati amene apangika kuti iwonetse positive,

Because they have their system which they use at lab, right apart from the clinical symptoms but their lab shows the runs, so they see how runs that shows positive

F; mmh, mmh

R; So, if ma runs aja apangika ochepa kuti iwonetse positive ndekuti iri very high ameneyo mumpanga hold pamene winayo akhonza kutuluka positive koma ma runs ambirimbiri ameneyo amupanga discharge, apita kunyumba koma azitenga chani, azikatenga ma preventive measure onse amene alipo. Nde wina ngati wapedzeka kuti yatulukabe positive akuwonetsabe kuti ma clinical figures alipobe, amayenereka kuti asungidwebe

So, if the runs are few and shows positive it means that its very high, you hold that person, yet another person might be positive with more runs, that one will be discharged home and will be observing all the preventive measures. So if another one is positive and the clinical figures are still there, that one is kept there.

F; Asungidwebe.

Should be kept.

R; Yes, mpakana ifikenso nthawi yokuti watani, wapanga recover komano currently ndi mmene zikukhalira nanga si panopa tapangano understand kuti matendawa ndi otani. Ngati ineyo ndiri suspect, andipedza nayo, ndiri ndi choice, according ndi how severity it is

Yes, until this patient recovers and that is what is happening currently because we have now understood about this disease. If I am a suspect, I have it, I have a choice, according ndi how severity it is

F; okay

R; ndiri ndi choice kuti ndikhala m’chipatala kapena ndipita kunyumba ndikadzipanga self isolate,

I have a choice to either stay in the hospital or go home for self isolation.

F; Okay.

R; ndekuti tikunena comfirmed case eti?

That’s for a comfirmed case right?

F; Yeah.

R: Ndekuti ngati ndadzipanga self isolate according ndi mmene nyumba yangayo ilili kuti ndekuti ndikhonza kukakwanitsa, ndekuti kumene kujako achipatala azichita kutani, kumakakuyendera.

So, if I self isolated based on how my home is, then the health workers will just be following you up.

F; Kumakakuyendera.

Following him/her up.

R: until you reach those days. Koyamba quarantine inali 14 days koma panopa anayitsitsa ndi 10 days. Pa ten days paja ndekuti akuyenera kuti adzakuyenderani ndekuti adzakutengenso ma sample, nde currently ma sample sidzikumabweranso pa tent, abwerabe adzakutenga ma sample ngati sukuwoneta ma symptoms, clinically, you are okay, ndekuti, akutenga ngati OPD case, ukapereka ma sample kupita kunyumba akuwudzani nthawi yokuti mudzatengere ma results, koma if you are sick, if you are still sick, akusunga kuti upangdwe treat other medical conditions.

until you reach those days. At first quarantine was 14 days but its 10 days now. So within those 10 days, they are followed up and they also take samples from him/her, so currently, the samples don’t come to the tent, they will still come and collect samples from you and if you are not showing the symptom clinically, you are okay, they will regard you as an OPD case, you submit the sample and go home and you will be informed on the date fo results collection, but koma if you are sick, if you are still sick, they keep you until they treat you other medical conditions.

F; Okay.

R: Yeah, ndekuti ngati wapedzeka kuti uri negative ndekuti you are free to go, koma ngati iweyo wapedzeka kuti uri positive, akuyenerekano kuyamba another phase, currently ndii mmmene zikumakhalira ndekuti handling ya ma patients panopa inasiyana ndi mmene inalili kale chifukwa umati ukabwera umapita straight ku ATC, ayamba kukuthandidza koma panopa ndekuti iweyo ukabwera olo upite ku ATC ko ngati ukuwonetsa ma signs ena kuti it could be covid, umabwenzedwa kubweleranso ku tent,

Yeah, because if you are found negative, then you are free to go, but if yu have found positive, then they have to start another phase, currently that is how it is happening, so, handling of patients now has changed than before, because previsuly you could just go straight to ATC when you come, they help you there , now, if you go to ATC, if you are showing other signs that it could be Covid, you are sent back to the tent.

F; kupitanso ku tent?

Back to the tent?

R: Eee, ku tent kuja ndekuti other medical condition udzipangidwa treat, as you are waiting kuti ma results aja atuluka chani, akatuluka positive, nde zifika paja timanena paja kuti according to how severity is the condition, if its is mild, you can be sent home for self isolation koma ngati ali severe , it means kuti now apita straight ku Covid centre, kumeneko ndekuti akakupanga handle, staying yak u covid centre ndekuti it will depends ndi condition yako mmene ilili, ena opanga recover kuti withing 14 days wapanga recover, koma I have seen ena mpaka kufika 70 days, 60 days,

Yes, you will be treated other medical conditions at the tent as you are waiting for the results to come out, if the results come positive, then it will reach the point I was saying that according to how severity is the condition, if its is mild, you can be sent home for self isolation but if its severe , it means that you will go straight to covid centre where you will be handled and your satying at the covid centre will then depend on how your condition is, those that will recover withing 14 days, but I have ssen some they even reach 70 days, 60 days

F; koma still positive.

But still positive

R; yeah, positive komanso kukhala ndi ma underlying

Yeah, positive with other underlying

F; yeah

R; nanga si zikumavuta kuti other underlying conditions, yeah,

Because there is also a challenge with those with underlying conditions, yeah,

F; Underlying conditions

R; Amha, koma kuti akuchita kuti ma cases kumuyeza kuti positive, pakapita two week kumuyesanso positive ija iliponso ndekuti ameneyo azingotani, azingopangidwabe.

Amha, if he/she is tested positive, then he/she gets tested after two weeks , and again, another positive, so that patient will just be continuously tested.

F; okay

R: Sure

F; So, if you look at the pathway especially those that are involving achipatalawa eti, where do you think things are working well and could be recommended for and where do you think, there are things needs to be improved and what exactly do you think needs to be improved?

R: Okay, so you mean the pathway from the entry point up to the point of discharge?

F: Exactly. (Mmene mwalongosolera muja kuti) as you have said that from entry, screening from (ku) the tent then they take (ma) the samples then they wait, either they are told to go home (kapena) or its critical they are sent ku centre kapena pa nthawi imene akuwapanga discharge kapena they are dying, if that process.

R: Ineyo personally komanso ndi experience imene ndayiwona kuti from the beginning up to this time, pa screening paja, there are a lot of things that need t o be done. Chifukwa chonena kuti, wina akhonza kuyitenga Covid yi ali pa line pompanja.

Personally and based on the experience I have seen from the beginning up to this time, there at screening, there are a lot of things that need to be done because one can easily get this Covid while he/she is on the line.

F: Okay.

R: yeah, chifukwa chokuti , even if we say kuti one metre, one metre, one metre apart mwakuti, koma if you see pamene pajapa pa tent paja anthu samakhala one metre, as an eye witness, amakhala atathithikana, komanso pompo pa screening paja ponena kuti tikulowa paja kuti tikupanga first kuti iwe ukapanga present, tikupange isolate pompaja mukhonza kuwona kuti even zipangizo zathu zimene tikugwritsa nthito zija, they are not working perfectly komanso people, they are not telling the truth bola iwo alowe zimene iwo akufuna zitani, zitheke. And those thermos, nthawi zambiri ndimaiwona kuti sensitivity yake its not up to date, I don’t know kuti kaya nyengo yakwathu kuno nde kaya amkazipangira ndi nyengo yakumeneko yakwa anzanthu ija, I don’t know komano as i am telling you kuti I have worked pa tent paja for ma shift anga ija komano pamafika pokuti kuchitenga chimene chijajo chi fan chija choncho sichikupanga read.

Yeah because even if we say that one metre, one metre, one metre apart and whatsoever but if you see there at the tent, people don’t observe the one metre, as an eye witness, they are too close. And also right at the screening, when you are screened and you have presented it, it says that we should isolate you, but even the equipment which we are using there, they are not working perfectly and people, they are not telling the truth so long as they enter and so long as they fulful what they want. And those thermos, most of the times, I think its sensitivity, it’s not up to date, I don’t know maybe its because of our weather here and maybe they were designes to suit the weather of their countries, I don’t know, but as I am telling you that I have worked at the tent for several shifts but it reaches an extent whereby you take that fan, and check it, you will see that, its not reading.

F; oh, so there is a possibility kuti ena amangotha kungowalowetsa

Oh, so there is a possibility that there are some people who are allowed to enter like that.

R: ena amatha kuwapanga screen bwinobwino komanso anthu amene tikuyuza for screening, do they have information yokwanira? Chifukwa anthu aja amafika potopa. Poti pena amangoti…

Some are properly screened and sometimes are those people we are using to do the screening, do they have enough information? Because those people also get tired. And sometimes……

F: they just try to speed up kuti ndimalidze.

They just try to speed up so that they should quickly finish.

R: eya, pena amangopanga speed up, olo inuyo mudzangopanga observe mudzapedza kuti pena pake paja atenga temperature paja nde apamga check basi pansipa atha, achonga kale pansipa atha poyambilira paja popanga ma vital signs paja.

Yeah, sometimes they just speed up, or just observe, you will see that they have taken the temperature, and you will see that, they have already ticked down there, where they take the vital signs.

F: yeah.

R: nde pompaja ziri ngati amh, munthu uri ndi munda eti, nde chimanga chabeleka, mumalowa a achani, nde anyani mmunda amalowa nthawi ina iri yonse iweyo mkumapanga kuti ndidzimapita kumene kuja kukayang’anira anyani, from 12 oclock up to 5 oclock, anyani salowa? Nthawi imene musakupedzekayo?

So, it’s like you have a field, right, so the maize has grown, and then the monkeys enter into the field anytime and then you are like you will be going there to monitor the monkeys from 12 o’clock up to 5 o’clock, you think the monkeys will not enter into the field? During the time you are not available?

F; Kuseka… okay.

Laughing….okay….

R: Yeah, because zimene zijazo zimayenereka kumakhala 24 hours, pompaja ama screening aja

Yeah, so those screening were meant to be for 24 hours.

F; because the hospital is 24hours

R: it should be 24 hours.

F: that makes sense.

R: chifukwa panopa kuti tipite, tikapedza kuti anthu sakudutsa penipenipo pa gate pama galimoto, akudutsa uku eti, koma from half four, palibenso zimene zija.

Because if you go there, you will find that people are not using the main gate for cars but they pass through the other one, but from half past four, you will not find those things happening there.

F; its just open.

R: anthu angodutsa, anthu angodutsa, tsopano imene ija ndi weakness, chifukwa pamene paja pamayenereka kuti padzikhala 24 hours, that’s what I can recommend. Komano si vuto ndi shortage of staff kuti can we have that human resource kuti anthu aja atha kukhala pamene pajapo for 24 hours, angakhale kuti ma night kuti ayambe, panavuta kwambiri,

People just pass by, they just pass by and that is a weakness because it was supposed to be done 24 hours, that’s what I can recommend. But the challenge is also about the shortages of staffs as in can we have that human resource for those people to stay for 24 hours? Even it was very difficult for the night shifts to start.

F; oh, okay.

R: mmmh, staff yakatengedwa kuti, nde recruitement of more staff ikhonza kuthandidza pamene pajapo komanso recruitment of those staffs, they need to have knowledge , knowledge of saying kuti kodi munthu amene akuyankhulayi kodi iyeyu akuyankhula zowona kapena akunama?

Yes, it was like where did you get the staff from, so, recruitement of more staff will be helpful and also recruitment of those staffs, they need to have knowledge, knowledge of saying that, is this person speaking here, is he saying the truth or lies?

F; Laughs…

R: Yeah, chifukwa chokuti munthu wachipatala timaphunzira psychology eti, so that psychology imene timaphuznira ija, kodi anzanthu aja pyschology amaphunzira, amene tikuwagwiritsa nthito pamene paja, do they have that psychology, knowledge imeneyo they don’t have. Because sometime munthu akuyankhula, you can tell kuti munthu akunama uyu, aah, akunama uyu ndikudziwa kuti kodi umpanga twist bwanji kuti upedze information yoyenelera. Pamenepo ndimanenako tinjira timene tingapangire polowa penipenipo eti,….

Yeah, because a healh worker learns about psychology, right, so that the psychology which we learn, do collegues learn psychology, those that we are using there, do they have that psychology, they don’t have that knowledge. Because sometimes you can tell that this person is lying when he/she is talking, aah, he/she is lying and then you know how you can twist him/her so that you should get proper information. I was saying about ways which we can be following when entering there, right…..

F; komano musanapitilidze kwinako ngati challenge ya capacity ya ma staff amene akugwira pamenepopo, is there no senior support kapena senior supervision kuti amene amatha kubwerapo ndikuwona kuti awawatu zikuwone kuti sidzikuyenda we need to do something.

But before you continue, the challenge of the capacity of staffs who are working there, is there no senior support or senior supervision that would maybe come and see that perhaps things are not going on well, we need to do something.

R; Amh, senior support kapena supervison yo ikuyenereka kukhalapo komano chimene mungadziwe ndi chokuti amh, pali ma level ena a anthu ogwira nthito ndi ovuta kuwapanga supervise, because of the knowledge, the little knowledge they have, komanso supervision yoo iri ndi limitation, number of people you can supervise.

Amh, the senior support or supervion should be there but what you should know is that, amh, there are some levels of staffs that is very difficult to supervise, because of the knowledge, the little knowledge they have, and the supervision has limitation as well, number of people you can supervise.

F: yeah.

R; mmh, akupatse iweyo nthito, yoti udzipanga supervision ngati mmene amakhalira aphunzitsi aja, kulimbanana ndi ana 20 mkalasi wina ali ndi ana 60, zovutirapo. Ngati pamene pajapo tiri ndi ma matrons awiri amene amayang’anirapo koma ndi munthu onena kuti has other duties palinso office work ina imene amapanga,

Yes, they will give the amount of work to supervisie, lets say like the way the teachers are, some will have 20 pupils in a class and others will have 60, it’s a challenge. Just like there, we have got two matrons who supervise there but they are those people that have other duties, they also have office work which they do.

F; imene amapanga.

Which they do.

R: yeah. Nkhani ina, attitude, kodi anthu amene timakawasiya pamene pajapo attitude yawo ndi yotani towards nthito imene akufuna kugwirayo,

Yeah, the other issue is about the attitude, what is the attitude of those people working there towards the work that they want to do.

F; those that are in front line?

R: yes, attitude yawo ndiyotani, chifukwa ngati iwowo mentally yawo, attitude yawo ndi yotani, ifeyo we are doing this because of ABCD because mumadziwa nthawi zina amagwira nthito asakudziwa chimene akupanga especially anthu amene ali pa low,

Yes, what is their attitude like, because what is their mental, their attitude, we are are doing this because of ABCD because you know, sometimes they work without knowing what they are doing especially those that are in low,

F; they just come

R; Amangobwera,amene mugwire nthito iyi, iwo akugwira nthito koma chimene akugwira asakudziwa ineyo ndawonakotu ine anthu atavala mask ali yekhayekha akuyenda, we don’t know the reason we should keep a mask. Ine ndakuwudzani kuti ndimagwira nthito ku HR, usiku ine ndawonapoo munthu ali yekhayekha koma wavala mask, mwawona eti, nde apopo nkhani ndi yonena kuti senior staff itha kukhalapo yopanga supervise komano pamene pajapo ambiri aja ndi a DHO

They just come, they are told to do this kind of work, they just work without knowing what they are doing, I have seen someone wearing a mask while he/she alone walking, we don’t know the reason we should keep a mask.I have told you that I work at HR during the night, I have seen a person is alone but is wearing a mask, you see, so the issue is that, senior staff might be available to supervise but again most those that are present there are from DHO.

F; mmmh

R; Ma health surveillance

The health surveillance

F; ah, okay

R: ndi a DHO, ndeno you know somebody is coming from this institution, we have other ones coming form that institution nde mukawapanga mix, uyuyu kenako sangadziwe personality ya this one, nde pamafunika kwa ineyo eti, myself, anzanthu amene ajawo ma HSAs amakhalanso ndi ma seniors HSAs nde amenewo they are better off kumawonanso kuti kodi ma colleguues anzawo akupanga bwanji,

They are from DHO, so, you know somebody is coming from this institution, we have other ones coming form that institution, and then you mix them up, this one cannot know the personality of this one, so, there was a need that, for me, right, myself, those HSAs also have their senior HSAs, and those one, they are better off to supervise how their fellow collegues are doing.

F; Okay, so what if there could have been an ideal health worker, working there, or qualities of those that you feel could have been working there.

R; Kwa ineyo eti, ndimawona ngati kuti ma nurses akanakhala kuti they are enough ndi amene kanakhala kuti akukwanitsa kumapanga handle pamene pajapo chifukwa ngakhale kuti speed yokuti anthu aja mwawayika pamzere paja eti plus triaging eti, ineyo ndikuyenda triaging kungomuwona patient uja chonchi, amene uja, suspect. Kungomuwona amene uja, mmene akupumila muja amene uja suspect ndimpangire isolate ndimuchotse ndipite pompaja titititi kuti amh, nthawi yomweyo kumchotseratu komano zimachitika pamene paja, sidzimachitika chifukwa ngakhale kuti mupite ku ATC kuja, ndagwirako, mupite ku A and E kuja, there ia triage. And triage ija ndi yokuti anthu aja amaphunzitsidwa ngakhale kuti anthu aja okuti ndi mulonda amene mmh, nde munhu uja akamafikamo mwina akamalowa paja polowera paja ku A and E kuja olo ku ATC kuja, akamalowa chonchi, kungomuyang’ana chonchi

Personally, I think if the nurses were enough, they could have been the ones to manage in handling there because even the speed that if those people are on the line, right, plus the triaging, assume I am walking like this, just by looking at the patient like this, that one, is a suspect. Just by looking at how that person is breathing, that one, is a suspect, I should immediately isolate him/her, immediately I should go there, amh, detect (titititi) and that, amh, immediately you remove the person but what happens there, I don’t know, because even if you go to ATC, I have worked there, you go to A nd E, there is triage. And that triage is something that they are taught even the guards, so when a person is entering there at And E or even at ATC, by just looking at him/her

F; kungomuwona chabe

Just by looking at person.

R: umasiya china chiri chonse kuthamangira kuti, eeh this is emergency, this is you see priority mwandimvetsa koma pamene pajapo akawona kuti aah uyu ndi mnzungu, uyu ndi foreigner basii kumpangiratu grab pamene pajapo, kumbweretsa apa, history nthawi yomweyo, zithero komano we just mix them, kumapanga follow the line komano zonse zakuchipatala sidzimayenda choncho iyayi, we don’t do things kuti tiri mu shop kapena kuti tiri ku bank, ngakhale ku bank mmesa amakuti kuli kwina kwa executive, kwina ko banker ndalama zambirimbiri.

You leave everything and you rush there, eh, this is emergency, this is you see priority, do you get me, but when they see that this is a white person, this is a foreigner, they just grab that person, bring him/her there, history taking at the same moment, like that, we just mix them while they follow the line but not everything that happens in the hospital is done in that way, no, we don’t do things like you are a shop or you are in a bank. Even at the bank, I think there is place for executive and there is a place for bulk deposits.

F: Laughing…okay, so you have talked about speeding pa tent paja

Okay, so you have talked about speeding at the tent there?

R: Yes.

F: What about kwinaku ma stage enawa?

What about in other stages?

R; yeah, ndeno tipiteno second level, sipaja tapanga screen, tapanga isolate, nde pamene tapangano ifeyo isolate tikufunano kuti anthu aja tiwapange lebel ma levels, odwalika kwambiri, amenewo tikuyenereka kuwadimita eti, nde pali ena okuti ali mild koma tikudziwa kuti awawa akuyenereka kuti atengedwe sample, amenewawa amene akuyenereka kutengedwa sampale amene Sali odwalikawa, poyamba paja eti, timanena kuti ngati ine ndiri suspect wamkulu ndekuti the whole of my family, ndima suspects, sichoncho?

Yeah, let’s now go to the second level, we have screened, we have isolated, so after we have done the isolation, then, we need to lebel those people into levels, those who are very sick, we need to admit them, and there are some who have mild condition but we know that these ones are supposed to be taken their samples, so these one who are meant to be taken the samples, who are not that sick, in the beginning, we were saying that if I am a main suspect, then the whole of my family are suspect, not so?

F: Yeah, yeah.

R; ngati ndapedzeka nayo, the whole of my family they are supposed to be tested, komano currently only those who are showing the real signs and severe, they are the only ones they are supposed to be taken samples, that’s the weakness, reason, we don’t have ma chani

If I have found with Covid, then, the whole of my family they are supposed to be tested,but currently only those who are showing the real signs and severe, they are the only ones they are supposed to be taken samples, that’s the weakness, reason, we don’t have what?

F: The test kits

R: Resources. Ndekuti pamenepopo pajapo we are missing anthu ena, ena akapanganso infect kwina. Pa stage imene tikuti tampedza munthuyo, pa stage imeneyi, pamene paja amayesesa, pamene apanga munthu isolate, uyuyu amene ampedza kuti akhonza kukhala nayo, everyone should put on a mask amene ali naye closer, komano kwa amene apedzeka nayo poti kunyumbako panopa tikuti tisamawayedzenso, simwawona kuti pena akumapedzeka ma case 11, amadzatsika, choncho,

Resources. Which means we are missing out some people and those people will infect other people? During this stage that we have found this person, during this stage, they do try there, when they have isolated someone, this suspect then everyone should put on a mask, everyone who is closer to this person. But those who have been found with Covid….you see now they are now saying that we should not be testing those that are home, you see now maybe there can be 11 cases and then they drop, like that.

F; panopa kupanga tracing inatha?

So you stopped doing the tracing?

R; inatha. Komanso chimene ndinawona ndi chokuti nditapita ku training anafotokodza kuti we shouldn’t say kuti ifeyo ma cases anachepa, there are so many factors. panopa anthu akuti tinakhwefula eti, how many people are now willing to rush to the hospital eti, kuti ineyo ndikukayedzetsa ndikuwona ngati kuti ikhonza kukhala covid, how many? Even anthu angati amene abwera ku chipatala to get tested, akhonza kupangitsa kuti ma cases achuluke kapena achepe, if very few people are coming, we are missing out those that are out there, komanso we are saying kuti ma test kits tilibe apapa ndekuti titha kunena kuti tili ndi reflection yeniyeni yokuti ma cases akuchepa? Nde, ndikuwunzeninso za ma death, ma death si akuwonetsanso zero zero zero, inu do you believe kuti zimene zijazo.

We stopped. And also when I went for the trainings, they said that we shouldn’t say that our cases got decreased, there are so many factors, people are now saying that, it is no longer that strict but how many people are now willing to rush to the hospital, and say that I am going to get tested to the hospital because I feel that It might be Covid, how many? The people that come to the hospital to get tested would then cause the cases to be more or less, if very few people are coming, we are missing out those that are out there, and we are saying that we don’t have tests kit, so do you think that can be a reflection that the cases are now few? And again, let me tell you about the deaths, the dealths are now showing zero, zero, zero, do you believe those things?

F; Kuseka…okay.

Laughing….okay.

R; poyamba paja munthu uja akamwalira, ameneyoyo suspect amatengedwa sample, satengedwa ena, until ma results atani, atuluke,

In the beginning, if a person dies, sample was taken from that suspect, no any ther sample to be taken until the results are out

F; Mpaka ma results achuluke.

Until the results are out.

R; koma currently, how many deaths omakhala ndi shortness of breath,

But currently, how many deaths which are a cause of shortness of breath,

F; so those are patients that are in ordinary…

R; amenewo timawatcha kuti ma TIT, chifukwa chokuti somebody might say kuti ineyo sindipita ndi mmene ndinamvera kuti mmene zimakhalira muja eti, bola panopa eti,akhala kunyumba mpakana amwalilira kunyumba, maliro aja akubwera ngati sitipanga test maliro amene ajawo, sitapanga miss out, ma figures athu aja aziwonetsa chani

They are called TIT, because somebody might say that I will not go because of the way the things happens, and is is better now, he/she will stay at home until he/she will die at home, so if this dead body comes, if we don’t test that dead body, which means we have missed out, and what will then the figures will still show what/

F; ma zero zero zero

Zero, zero, zero.

R; nde pamenepopo mponena kuti apapa pa testings pa, pali challenge yonena kuti we are testing only those onena kuti mmene akuwonera awowo, they can have it. Amene akuwoneka kuti awawa sangapange, we are not testing them, that is a challenge. pamenepopo nde pamayenereka kukhala improve,

So which shows that there is a challenge with testing and the challenge is that, we are testing only those that they can have it. Those that we see as if they cannot do, we are not testing the, and that is a challenge. And that needs to be improved.

F: mmh

R: mm, and amene wapedzeka positive, apedzeka ma cases angapo amene akuwoneka kuti ali positive, wagona m’chipatala, discharge, kupita kunyumba kukakhala three four day kubwera wamwalira

Yeah, and those that they have been found positive, because there have been cases where by someone is positive, has been admitted in the hospital and later on he/she is discharged and go home where he/she stays home and comes back died.

F; Ali critical.

Is critical.

R; mwinanso wamwalira VIP mwawona eti. Ndiyeno awawa amene akupita kunyumbawa atuluka wa, some of the challenges amene ndinawawona ine ndi amenewo onena kuti tikuyesa anthu ochepa, kuti ma test kits kulibe komabe kuti muwone kuti its more of political eti ndipo sindikudziwa kuti popanda inuyo a welcome trust kukapanga introduce that part, I don’t know kuti bwenzi (40:30 voice not clear), ndeno patient tamugoneka, uyuyu nde amugoneka, uyuyu nde akudwala, amenewawa nde tiyankhule chilungamo osabisa, we are trying our best. We are trying our best and ma ujeni onsewa mukuwonawa kuti ma challenges onsewa amene ndikufotokodzawa, its not the failure of the hospital, koma ma resources chifukwa panopa mutati mufufudze aliyense is willing kukagwira nthito ndi patient amene ali wa Covid, koma musaiwale nkhani yokuti….ifetu a malawi ifetu chimene timafuna, we are poor eti, chimene timafuna, tikamagwira tipedze chimene mavuto athu achepe asiyana ndi anthu aku Europe and what so ever amagwira nthito ndi passion kuti ineyo ndinachisankha kuti ndichipange, they have ma resources iwowotu a moyo wawo kuti utha kumasintha pamene ifeyo…

And perhaps a VIP is dead, you see. So these people that have been discharged and go home, so the challenge that I saw was that, we are testing few people saying that there are few test kits but you will see that it’s more of political, and I don’t know what would have happened if Wellcome trust did not introduce that part maybe we could have (40:30 voice not clear). So, if we admit a patient that the patient is admitted and very sick, I should speak frankly, in this case, we are trying our best. We are trying our best and all these challenges that I am addressing, it’s not the failure of the hospital, but its due to the resources because even if you look around, you will find out that, everyone is willing to work with a covid patient, but don’t forget that the issue is, what we Malawians want is that, we are poor, right, when we are working, what we want is to get something to minimize our problems unlike those in European countries, they work because of the passion of doing something and with the feeling that, it is what they chose to be doing, and they have resources and their life style can as well change but as for us…..

F; that’s the case with health worker wina aliyense.

That’s the case with every health worker?

R: Yes. We can’t work, we provide services komano by the end of the day timafunanso nafe zathu zitani, zitheke because you cant come to work while you are hungry so ma uneji ma ujeniwo amene anapangidwawo amene tikugwiritsa nthito panowo kumbali ya ma covid cases chavuta ndi chokuti ma need ama health workers akukwaniritsidwa.

Yes. We can’t work, we provide services but by the end of the day, we also need our things to progress because you can’t come to work while you are hungry and those things that were put in place for the covid cases, the issue now is, are the needs of the health workers being fulfilled?

F; okay.

R; you work today, mudziwanso situation imene inachitika ija yokuti anthu anadzafika mwina popanga abandon ujeni ija, kameza ija because of their allowance eti,

You work today…you also know the situation that has happened that people reached an extent of abandoning kameza because of their allowance, right?

F; mmh

R: yes, people are willing to risk their lives for the sake of getting what they need to support their families, nde pali ma needs amenewowo ngati sakupedzeka nde I cant blame the hospital because the hospital imafuna, what do you call, mumati chani kodi, imafuna kuti boma lipereke chithandizo eti.

Yes, people are willing to risk their lives for the sake of getting what they need to support their families, so if those needs are not provided, then I cant blame the hospital because the hospital needs…., what do you call, what do you call it, it needs the government to give out the funding, right,

F; Yeah.

R; ipereke chithandidzo kuti here are the resources.

It has to provide the the funding to say, here are the resources.

F; funding

R; yeah, funding, so if there is no funding, what can the hospital do? Ngakhale itakhala kuti the hospital is willing, iri ndi plan yambirimbiri.

Yeah, funding, so if there is no funding, what can the hospital do? So even if the hospital is willing, it has so many plans…

F: Okay.

R; pa tent paja kuti mupitepo inuyo, ngati munapitapo, mudzakawone malo amene amagona ma health worker, olo akagwira nthito ndi pamene amakapuma, you can’t like it, you can’t like it (with emphasis), go and check the food, you are giving, you can’t like it.

If you can go at the tent there, if you had gone there before, and see where the health workers sleep, or where they rest after work, you can’t like it, you can’t like it (with emphasis), go and check the food, you are giving, you can’t like it.

F; Food ya ma health workers

Food for the health workers.

R; yeah, ishx kumati koma apapa nde ndipafumbitu, ma tent amene ajawo ndi onena kuti they are dirty, mmmh, nde ineneyo onena kuti as a person, I have worked there, ndaona mmene zimakhalira, the working environment has to change, diet has to change, people shouldn’t be waiting kuti kodi paja allowance yathu idzalowa paja liti, mmene ndafotokodzera muja because is a motivation, ifeyo ma african ife we work hard kuti tipedze ma need athu amene tikufuna, if we are getting those need eti, timakhala kuti tiri ndi motivation kuti apa bola ma needs anga akutani, akupedza.

Yeah, ishx, and you will be like, this is so dusty, those tents are very dirty, mmh, so, as a person, I have worked there, I have seen what happens there, the working environment has to change, diet has to change, people shouldn’t be waiting when they will receive their allowance, as I have said that, because it’s a motivation, because as African, we work hard to get our needs which we want, if we are getting those needs, then we become motivated that our needs are being fulfilled.

F; So, if I could still ask funso limenelolo la ma incentives lo pakuti mwalipanga kale komano my other question is, that is called risk allowance

So, if I could still ask that question about the incentives since you have already started it, but again my question is, that is called risk allowance.

R; yeah, it’s called risk allowance, if it is really a risk allowance

F; and then my question is, if there was no such kind of risk allowance, does that make us feel (kuti) that we are at high risk (kapena) or how does that risk allowance reduce risk.

R; to me, I don’t think that there is a reduction of risk

F; eeh

Yeah.

R: It doesn’t reduce any risk

F; it doesn’t reduce.

R; because the environment is still the same, what ever is still the same, I mean it slike part time (iri ngati ndi part time)

F; iri ngati part time

It’s like part time.

R: Iri ngati part time kuti you are being paid, you are working, I don’t know kuti risk, what is a risk, I don’t know kuti tingayichite describe bwanji.

Its like part time and that you are being paid, you are working, I don’t know if its risk, what is a risk, I don’t know how we can describe it.

F: Komano as a health worker, you went to school, ndikuyamba nthito, do you anticipate kuti with time, that my services will be needed most?

But as a health worker, you went to school and you started working, do you anticipate that with time, that my services will be needed most?

R: Exactly,

F: There will be a time there will be a pandemic.

R; Exactly.

F: and there are still more epidemics coming in the future (kutsogoloku)

R; okay, apapa chimene ndinganene kuti ndimayembekedzeranso funso limenelolo.

Okay, what I can say is that, I was also expecting you to ask me that question.

F; Okay.

R: ifeyo timalumbira kuti I swear with regardless of colour kaya palibe chani koma I will still work, komano nkhani ndi yonena kuti, amh, timawudzidwa kuti sungagwire nthito pamene palibe zozitetedzera ineyo I can refuse to touch a patient if there is no gloves, there is no mask and whatsoever because I cant go because its like we don’t believe kuti a dying hero.

We do make an oath that I swear with regardless of colour or if so, so is not available but I will work but then the issue is that, we are also told that, we cannot work when there are no protective items, I can refuse to touch a patient if there is no glove, there is no mask and whatsoever because I can’t go because it’s like we don’t believe like a dying hero.

F: Kuseka…

Laughing…

R: eehm, you die you are not a hero koma you should be saving more people, it means you are a hero. Nde kulumbila kwathu kwa nthawi imene ijayo timafuna kuti ma needs athu aja adzikhalapo amene tikufuna kuti ntchito ija iyende bwino, you cannot work hungry. While you are hungry. So, ngati pa system sinakhadzikitse njira zabwino zonena kuti people should be happy while working, the results we cry for the risk, imene sili risk allowance, mmh, mwachitsanzo, maybe you heard maiko anzanthu chimene anapanga, anangopanga ma double salary, umadziwa?

Ehm, you die, you are not a hero but you should be saving more people, it means you are a hero. So that swearing of that time, it means that our needs should be available so that our work should go on well, you cannot work hungry. While you are hungry. So, if the system hasn’t put in place good ways that people should be happy while working, the results, we cry for the risk, which is not risk allowance, mmh, for example, maybe you heard what other countried did, they just doubled the salary, do you know that?

F; okay.

R: yes. Anangoti ma front liner, ma health worker onse, what we do, no allowance chifukwa chokuti munthuyo ali ku centres , mmmmh, aliyense health worker, we double salary, double according ndi mmene amagwira patient eti.

Yes, they just said that, all front liners, all health workers, what we do, no allowance for someone who is at the centes, mmh, any health worker, we double salary, double according to how contact you become with the patient, right.

F: yeah.

R: osati wina ali mu office, ammh, koma amene amagwira patient directly, we double your salary, inuyo pamenepo mukuganiza kuti munthu angatinso, ndiyenjedzereninso, kumayambiliroko, chiyambicho ndi chimene chinavuta.

Not for those who are just in the office, but only those who directly touch the patient, we double your salary and do you think that someone can ask for more money? I think things did not start well in the beginning, the beginning wasn’t good.

F: Okay.

R; and inunso mukudziwa kuti pali ma pandemic ambiri amene akhala akuchitika

And you also know that there have been so many pandemics that have been happening.

F;mmh

R; you rememeber pamene HIV imkabwera?

You remember when HIV started?

F; mmmh

R: koma did you hear kuti pali risk allowance, timamva kuti kunali mnthomba, eeh zimachitika zambiri, ma floods koma I didnt know kuti system imeneyo anayibweretsa somebody very clever, very crook, anachibweretsa chi system yolakwika chifukwa chonena kuti ineyo olo ndikayitenga kuti Covid payokha prevention yake ndikasiyisiyanitsa ndi ma pandemic ena covid is straight forward. Is straight forward nanga something because ukuyankhula nde ukayitengere, tamwa ma Pep tu ife amayankhula choncho, lets say you are HIV positive, ndikumwa mankwala aja mwezi.

But did you hear kuti pali risk allowance, we heard that, there was tetanus, eh, so many things happen, floods, but I don’t know that, that system was developed with somebody very clever, very crook, he/she brought in a very bad system because I look at Covid itself, if I compare it with other pandemics, Covid is straight forward. Is straight forward, so something because you are talking then you get the transmission, we have taken PEP before, they say like that, let’s say, you are HIV positive, and you take the drugs the whole month.

F; one one

R: uri mkati mothadziza muja mkudzachtikanso smash, ishx, komano munamvapo kuti chifukwa chokuti you are caring patient wa HIV ndekuti basi lets claim risk allowance. The allowance is there pa ma salary athu koma ndi kakang’ono

While you are helping them, then comes a smash, ishx, but have you heard that because you are caring for HIV patient then let us claim risk allowance. The allowance is there on our salaries but is very little.

F; Komano not specifically

But not specifically.

R: kakang’ono, ndikukumbukira ineyo pa level yanga, it was about Mk1200.00

Very little, and I remember in my level, it was about MK1200.00

F; yeah for a long time.

R; So had it been kuti that system inakonzedwa kuti amhm risk allowance, timpase health worker risk allowance ya permanent, tiyeni timukuyikireni MK80,000.00, fixed, there is pandemic, there is no pandemic, its like that, inu you think kuti bwenzi apapa anthu akumanene akuti tikufuna risk allowance koma we started it wrongly, mmh, tinayamba kuopsezana, a ndale anabwera ndi zawo kudzakhala ngati kuti akukonza zinthu mkudzaziwonongeratu.

So had it been that that system was well planned that amhm risk allowance, lets give a health worker risk allowance which is permanent, lets us give him/her MK80,000.00, fixed, there is pandemic, there is no pandemic, its like that, do you think that people could have been claiming for risk allowance but we started it wrongly, mmh, we started comfronting each other and then politicians came as if they wanted to improve things but they just destroyed everything.

F: Plus campaign nso.

Plus the campaign.

R: Chifukwa kuti muwone amhm, patient m’modzi wa covid, you know kuti amawononga ndalama zambiri, panopa 3A ija iri ndi patient m’modzi kukumakhala ma nurse angati? tingoyerekedza kuti atatu nde aliyense azimupatsa 40 thousand, 40, thousand, 40 thousand,

Because you see, amh, just one patient of Covid, do you know that they spend a lot of money, as of now, that 3A has one patient and how many nurses are there in the ward? Okay, lets for example, three, so each one of them is given 40 thousand, 40, thousand, 40 thousand

F: per day.

R: 24hours ndekuti akugwiritsa nthito 240 thousand, single day, akamatha mwezi, how much?

Just 24 hours which means, they are spending 240 thousand a single day, what if when they are completing a month, how much?

F: for a single patient.

R; nanga nde ndalama zimenezo akanati pali ma fixed, ma emergency, ma pandemic adzibwera people will be handling kuti that’s my work, that’s my work. Ndiyeno..

So, what if that money was just set to be fixed, the emergencies, the pandemics will still be coming and people will be handling in a way that they know that, that is my works, that’s my work. So….

F; okay, I think tayikamba imeneyo nthawi yayitali.

Okay, I think we have talked a lot on that one.

R; yes,

F; you talked about training, amh, have you attended covid related training?

R: Yeah.

F: how many?

R: twice.

F: twice?

R: yeah.

F; okay.

R: yoyamba ndinapanga attend itangoyamba kumene muja zikuwoneka kuti ifeyo ma cases ayamba kupedzeka, amh, from there, inadzabweranso refresher imene yachitika ndekuti yachitika mwezi watha omwewu until now idakachitika

I attended the first training when it had just started, when we started registering the cases, from there, another training came in as refresher which started last month and is still happening now.

F: Idakachitiakabe

Is still happening.

R; yeah, koma ndinapangapo komano chilungamo chake ndi chonena kuti yachiwiriyi kwa imeneyo inandithandiza chifukwa chonena kuti….

Yeah, I did the training and frankly speaking the second trainng helped me because……

F; the refresher one.

R: chifukwa chonena kuti koyamba ndinapanga zinthu zonena kuti zinthu zinazo ndinali zokuti sindimadziwona

Because it was difficult for the first training because some of the things were those that I could not see.

F; okay

R: eeh, komano kachiwiri mmene zimapangika ndimachita kuwona kuti oh ichi chimakhala chonchi, oh apa mwakuti, oh amapanga mwakuti mwakuti, and kwa ineyo panali ma topic ena ake okuti they were nice to me.

Yeah, but the second time, when it was done, I could see that oh this one is like this, oh, here is like this, oh, they do like this and that, and for me, there were some topics which they were nice to me.

F: that’s what I wanted to find out (kuti) that if you look at the trainings, were they well structured well that (bwinobwino kuti) they were able to impact adequacy in skills,

R: Especially this one the refresher one,

F: Okay.

R; paja si musaiwale kuti munthu anali ndi ka knowledge koyambilira poyamba eti, ukamampatsa knowledge ina amayitsata bwinobwino. Komanso ndimawonabe kuti ngati iwowowo ma ujeniwo opereka ma information wo amakhala kuti nawonso atleast matenda adziwikano bwinobwino.

Don’t forget that, you have the first knowledge and when you are provided with the second knowledge, then, you are able to follow properly. And also those who were providing the information were also in a position that at least the disease is now well known.

F: Adziwikano bwinobwino.

Is well known.

R: eeh zija zomanena kuti matendawa ndi a new one, it’s a natural condition komano amakhala kuti zimene zija ambiri akutani adzidziwa komabe panali ma topic ena nanga si amati psychological what, whatsoever, psychology yokuti munthu akudwala, kaya health worker akupanga care for patient, the way psychologically he is affecting and how can you handle that. Ineyo chifukwa ndinayiwona kuti Covid is more of pyschosocio, is more of that, you undertstand munthu the process imene amadutsa nthawi imeneyo kaya ndi iyeyo, kaya ndi m’bale, kaya ndi staff kaya andi neighbour, you understand process yonse mmene amadutsa, its easy munthu kumpanga handle.

Yeah, like the issue of saying that, this is a new one, its natural condition but people have knowledge about that now but there are some topics that are psychological what, whatsoever, that psychology that a person is sick, or even when a health care workers is caring for a patient, the way psychologically he is affecting and how you can handle that. Because I perceived Covid to be more of pyschosocio, is more of that, you understand the moment a person goes through whether is a relation or a staff or a neighbour, you understand the whole process he/she goes through and it becomes easy to handle the person.

F; pali ma protocals kapena ma guidelines amene achipatala anapanga introduce specifically for management ya protocol, if yes, did you have access to those protocals.

There are protocals or guidelines that the hospital had introduced specifically for management ya protocol, if yes, did you have access to those protocals.

R: Mmh, chimene ndinganene ndi chokuti, of course there are protocals and ena ndi amene ndimafotokodza aja kuti aliyense akamalowa m’chipatala akuyenera kuvala face mask, and nde mukukumbukira kumayambiliro kuja nde kusamaba m’manja nde kunali paliponse eti?

Mmh, what I can say is that, of course there are protocals and some of them are those that I was explaining that every individual should wear face mask and you remember in the very beginning, everyone was washing hands right?

F: Yeah, sure

R: Komanso patient akafika choyambilira chimene chidzibwera m’mutu mwa health worker wina aliyense is a suspect, even your fellow staff. Always before touching a patient you make sure wavala PPE yonse yoyenera. Amh, patient aliyense amene wapedzeka kuti ali positive ameneyo apite straight ku Covid centre. And patient sakuyenereka kuti awonedwe ku ATC ngati mmene zimakhalira kale, and those are some of the protocols. And staff ngati iweyo wapedzeka nawo matendawo, wapedzeka ndi Covid, is either upite ku isolation or uri bwinobwino, upitebe ku isolation konena kuti you shouldn’t be close to your fellow staff until akupangenso test yachiwiri, ikatuluka bwinobwino, that’s when you will start working.

And the first thing that a health worker should think of every person that comes in, is a suspect, even your fellow staff. Always before touching a patient you make sure you have put on a proper PPE. Amh, every patient who has found positive, should go straight to Covid centre. And a patient is not meant to be examined at the ATC like the way ot used to be before. And those are some of the protocols. And if a staff has been found positive, you have Covid, you either go for isolation or you are not sick but still, you go for isolation so that you shouldn’t be close to your fellow staff until they retest you, if it comes negetive then that’s when you will start working.

F: Okay, those are the protocals, what about, I should say the cinical guidelines

R: Oh, Clinical guidelines?

F: Yes.

R: Amh, ndinganene kuti mwa zina zimene ndikukumbukira ndi zakuti patient wina aliyense amene tikumupanga suspect, akuyenera kupangidwa test, covid test. Ndipoo chifukwa chonenena kuti….ndiponso tikuyenereka kuwonetsetsa kuti…komanso pali matenda ena apart from Covid amene angamuyike pa risk? Nde pamene akupangwidwa zimenezijanso komanso they should be treating other conditions, diabetis, hypertension, HIV. Nde pali other protocals imanena kuti pali timati regular medications, regardless kuti munthuyo no matter what koma as far as wapedzeka munthuyu ndi Covid, wagonekedwa, akuyenereka kumalandira mankwala akuti akuti akuti amene amathandidza kuti matenda aja asapange progress akalewo to other level, nanga si munthu atha kukhala mild, can progress to moderate and can progress to severe yeah, for example patient wina aliyense amene wapedzeka ndi Covid, umayenereka kumpatsa dexamothazone chifukwa chokuti mankwala aja amakathandidza ku ma lungs uku. dexamathazone. Hepaline, Hepaline yonso ndekuti masiku oyambilira sidzimadzikiwa nanga si amapangitsanso blood cloting, so patient wina aliyense wa Covid, musamponye hepaline, dexamethasone, komanso anti biotic alinayo, ayilandire so nthawi zambiri ndi mmene imagwilira nthito.

Amh, among the things that I still remember are those that say that every suspect patient should do covid testing, and because……and we must make sure that…and there are some diseases that might make him/her to be at risk. So, while they are doing that but then they should be treating other conditions, diabetis, hypertension, HIV. And there is another protocol that says about regular medications, regardless of the person or no mater what but as far as the person has been found with Covid and is admitted but this person needs to be receiving this, this, and that kind of medication so that the first disease should not progress to other level, because a person can be mild, can progress to moderate and can progress to severe yeah, for example every patient who has been found with Covid must be given dexamothazone because they help in the lungs, dexamethasone. Hepaline, As with Hepaline, it was also not known in the beginning because it was causing blood clotting. So, every covid patient was given Hepaline dexamethasone as well as antibiotics, that is what was happening in most of the cases.

F: okay, komano if you look at those cinical guidelines kapena ma protocol amene mumapanga aja, ambiri ndi okuti anapangidwa adapted intenationally.

Okay, but if you look at those cinical guidelines or protocol which you were following, most of those were adapted intenationally.

R: Exactly.

F: (komano) But , I want you to reflect (kuti) that if you look at those procedures, how do they fit in our context, especially if you look at our level of resources, (ma) our cultural context or what what, how do they fit, are there any conflit (imene kuti) which they might not have fitted our guideline to our local context.

R: Komano apopo ndikhonza kunena kuti they are fitting.

But I can say that they were fitting

F: they are fitting

R: chifukwa chonena kuti tikayang’ana ma guideline a anzathu mmene amapangira treat patient wa Covid, ifeyo sitinapange adopt china chirichonse, tinapanga adopt chimene tingakwanitse according to our resources

Because if we look at their guidelines on how they treat their covid patients, we did not adopt everything, we had adopted what we can manage according to our resources.

F: Okay.

R; Komanso how fit we are, kodi severity ya ifeyo imafika potani ndi matenda a covid, you know kuti ifeyo ma Africans sidzinatipange affect, sidzikutipanga affect ngati mmene anzanthu eeh, for example ifeyo kwathu kuno, ku Malawi kwathu kuno, ngatii pa Queens kuno, patient wathu sitimamuyika mu ICU,

As well as how fit we are, how severity it became with Covid, you know that covid did not affect us African, it did not affect like our friends, for example, here in Malawi, here at Queens, we could not put our patient on the ICU,

F: Okay.

R: Anzathu akugwiritsa nthito ma mask aja amati ma nonbreather, that’s the best amene ali disposable koma ifeyo sitingapange adopt kuti each and every patient wa Covid tidzimuyika pa mask imene ija ya nonbreasther, aja amakhala ndi kathumba apa,

Our friends are using those non breather masks, that’s the best and they are disposable but we did not adopt that each and every covid patient should be put on that non breather mask, that one, that has a pocket here.

F: yeah

R: They are expensive, we can’t afford. Nde kwa ifeyo timayuza ma normal ones aja, olo kuti muwone ku mankwala ko, pali mankwala ena amene anzanthu akugwirtsa nthito. Kunadzatchukanso ku America nthawi ine yake kuti mwakuti mwakuti kuti amachedza mwakuti mwakuti. ife we haven’t adopted that because we cant manage because of our resources nde ifeyo tinangopanga adopt zimene tingakwanitse komanso financially and panopa kuti muwone ambiri they are believing ma herbs eti achina ma ginger chnaichani, of which maiko anzanthu inde amaziyuza koma not like m’mene ifeyo timaziyuzila. Nde ndinganene kuti zochepa zimene tinadzipanga adopt zo, kwa ifeyo, they are suiting.

They are expensive, we can’t afford. So we were using the normal ones, even if you look at the medication which our friends use. And there was a time when America was well known with what what what that they were chatting what what what. we haven’t adopted that because we cant manage because of our resources, so we had adopted what we managed and also financially and also if you see now, a lot of people are believing in herbs like ginger and other things of which, of course, in other countries they use them but not like the way we use here. So, I can say that, we have adopted on a few which is suiting us.

F: oh, okay.

R: Eh, komano challenge ndi imene ndikunene apopo kuti we have lost others amene akanakhala kuti timayuza ICU, we could have saved them.

Eh, but the challenge is what I am saying that we have lost others whom, had it been that we were using ICU, we could have saved them.

F: that’s what I wanted to ask that but (kuti komano kuti) does that compromise with the required care that is provided?

R: Exactly, munthu wamkulu, ICU care, you can’t compare even ndi care imene inali ya pa HRDU or care imene imaperekedwa ku ward. ICU care is care. Mmh, pali ma patient okuti koma patient uyuyu nanga si it affects ma lungs, patient uyuyu nde ali ndi pulmonary challenge, koma you take that patient kukamusiya ku ICU, nanga sin di machinery which is doing whatever work even within three four days patient yo akhonza kupanga improve. So why not Covid? Komano challenge ndiyonena kuti if you incubate patient uja straight to the stuff, ayi, nde ifeyo ma PPE athunso pena amene timayuza sitingapangenso compare ndi ma PPE amene anzanthu amayuza.

Exactly, big man, ICU care, you can’t compare even with the care which was provided at HRDU or care which was provided imene imaperekedwa ku ward. ICU care is care.

F; Okay. Alright, how readiy available is PPE to the health workers?

R: Ahm, currently, they are readly available

F; Curently.

R; currenltly.

F; Previously?

R: Previsously, it was a challenge

F: laughs….

R: yeah, it was a challenge. Paja ndawonako ma patient amene timawanena akwa kameza aja kungovala ka mask chonchi basi kungovala ka apron kawo.

Yeah, it was a challenge. I have seen patients from those at Kameza wearing just a mask or just the Apron.

F; oh

R; you remember we had a sit in, at a certain point in time? (nthawi ina yake?)

F; Yeah.

R; it was because of that. Komano currently aah tiyeni tidzinenani chilungamo.

It was because of that. But currently, let’s speak the truth,

F; There are there.

R: The government is trying its best and zipatala zikuyesesa kupanga priorize and I remember this other time chipatala chinagula ma mask ka carton kakang’onotu koma a lot of thousands for the sake yokuti PPE itani, ikhalepo. Mmmh, panopa kusavala mask ndekuti iweyono ndi mphayi zakono tsopano.

The government is trying its best and government is trying to priorize and I remember this other time, the hospital bought a small carton of masks, a very small carton but a lot of thousands for the sake of the availability of the PPE. So, not wearing mask now, it means that you are just reluctant.

F: Mphwayi zako.

Your reluctancy….

R: mmh. Mphawi zawo.

Yes, your reluctancy.

F: and that takes me to another question (kuti) that having procedures is another thing (komanso) and following them is another thing.

R: Yes.

F; like (ma) the health workers following what needs to happen like proper use of PPE, regular washings of hands (ya ma hand), disposal.

R; Apopo nde ndinganene kuti sili 100 percent, sili 100 percent chifukwa chonena kuti anthufe tiri ndi ma atiitides osiyanasiyana komanso musayiwale munthu ali ndi chikhalidwe chokuti amafuna kuti munthu amene ali supervisor wake amuyankhule. So ngati supervisor iweyo sukupanga chinthucho do you think kuti junior wako akupanga? It should start with you senior and the rest will follow.

I can’t say that its 100 percent, its not 100 percent because people have different attitudes and don’t forget that people have different behaviours that they need their supervisor to remind them. So, if the supervisor is not even following them, do you think the junior will follow that? It should start with you senior and the rest will follow.

F; Will follow,

R; because it happens that ndikuyendera and amene ali junior wanga pa nthawi imeneyo ndikumupanga supervise ine sindinavale mask, ineyo ngati sindinavale mask, ndingamuwudze kuti vala mask.

Because it happens that, I might be moving around and I might be supervising the junior at that time and I am not wearing a mask, so, if I am not wearing a mask, can I tell him/her to wear a mask?

F; Okay, so what you mean is that, in some circustances the supervisors, they don’t start it.

R; Exactly komanso that knowledge yomakhala ngati kuti pali denial kuti aah matenda amenewa kulibe aah matenda amenewa kulibeko mwakuti, it starts with us ma helath workers kuti aah komatu matenda amenewa ma case akumapedzeka koma that mentality yokuti there is really this disease ndipo matendawadi ndi owopsa kuganiza moyo wako komanso kuganidza moyo wa anzako kumene ukuchokera I think aliyense pamenepoppo akhonza kusamala. Zija ndimanena zija kuti knowledge deficit eti

Exactly and also that knowledge of putting yourself into denial that this disease does not exist, ah, this disease does that exist and the like, it starts with us health workers that ah this disease does not exist yet the cases exists but that mentality that there is really this disease and is very dangerous, thinking about your lie and the life of others and where you are coming from and I think that everyone there will take care. That’s what I was saying about the knowledge deficit, right?

F; mmh

R; Knowledge decifit even to other health workers, they have that knowledge deficit.

F: Okay.

R; Sure kuti mutati mutifunse anthu awiri atatu or anthu 10, ka sampe kanu, kumatifunsa kuti kodi achimwene spreading yamatenda amenewawa imakhala bwanji? Sitipereka information yofanana.

Sure and if you ask two or three people or your sample of 10 people , asking us that, brothers, how does this disease spread? We are not going to give out the same information.

F: Yeah

R: Mupedza kuti munthu amene ali ndi information yabwino, yabwino, mupedza kuti adzitsata zinthu zija, zija ndimakuwudzani zija kuti ine poti ndikugwira nthito ndekha ndekuti ndivale mask, unless, ngati pamene ndikugwirapo eti kuti mwina abweranso wina agwirapo kuti there is that contact koma pano si tinamvanso kuti sikamakhla nthawi yayitali kali pamwamba some three to four hours depeding nso ndi weather. Nde kupanganso anthu empower with knowledge zimapangitsanso anthu aja kuti attitude yawo isinthe. Komano to all health workers akupanga follow those prevention measures.

You will find out that those that have good information, the good one, is the one who is able to follow those things, that’s what I was saying earlier on about wearing mask while I am working alone unless if where i am touching then another one comes in and touches it in a way there that there is that contact but we have also heard that it doesn’t stay long on the surface, some stays for three to four hours depending on the weather. So to empower people with knowledge also makes their attitude to change. But all health workers are following those prevention measures

F: okay.

R; mmh

F: (Chabwino), Okay, the…the…Maybe the disease did not turn out the way people expected it.

R: Yes.

F: Okay, I have got two last questions, maybe things did not turn out the way people had expected (mmene anthu amayembekedzera.)

R: Exactly.

F: (Komano zikanakhala kuti zinthu zikuchitikira ngati mmene maiko akunja) but had it been that it turned out like other countries abroad, we have got a lot of cases everyday, people dying everyday, if you look at the way the hospital is prepared, and if you look at the environment, the infrastructure, our resources, what do you think could have happened in reality?

R; it could have been chaos; we couldn’t have managed to handle (sitikanatha kudzipanga handle.)

F; Simukanatha kudzipanga handle.

You couldn’t have handled it

R: and ifeyo tikanakhala ndi ma dealth ochuluka kwambiri. Chifukwa ndikuyankhula izi chifukwa chani, ifeyo eti, as a hospital iri ndi ma challenge ambiri kungoyambira human resource, regardless of this disease, ifeyo ndi challenge, ifeyo pa Queens pa, how many doctors do we have, how many nurses do we have, nanga poti nkhani imeneyi ikufunika support staff ngati anzanthu aja ma ujeni aja ma hospital attendant aja, paja boma linasiyatu kulemba anthu amene aja musaiwale, ifeyo, and training yoyambayo timakambirana kuti koma zikangoti kuti zafika ngati mmene zizili kwa anzanthuko.

And we could have had a lot of deaths. Why am I saying this? Us right, as a hospital, it has so many challenges starting with human resource, regardless of this disease, it’s a challenge ti us, here at Queens, how many doctors do we have, how many nurses do we have, and this issue needs support staff like those hospital attendant, and don’t forget that the government stopped recruiting those people, and in our first training, we were discussing that, if this can be like in other countries.

F; Kuseka…

Laughing…

R: ifeyo nde zifika poti mwinanso kumawolera m’misewu, eeh, chifukwa ma resources, we don’t have human resource, we don’t have material resource, mungathe kuwona kuti even ma tent mmene anamangidwira muja, were we ready to handle it, lets go back even before this pandemic, our mortuary, singapange handle even ma body okwana 30, nde muyiwone system yathu mmene ililimo. Zinali zovuta, we weren’t ready, and even now we are not ready if itapanga reback.

For us, we will even rot in the roads, eh, because of the resources, we don’t have human resource, we don’t have material resource, you can even see how the tents were constructed, were we ready to handle it? lets go back even before this pandemic, our mortuary, it cannot even handle 30 bodies, so you can look at pur system the way it is.it was difficult, we weren’t ready, even now, we are not ready if it can reback.

F: (kuseka….komano,) laughing…but in that situation what can we do to make sure that (kuti) there is equitable amount of care, that every person who needs care (kuti kwa wina aliyense amene akufuna care ) even in that sitiation, how could we make sure (kuti) that care is equitably given out to all those that needs it.

R; ineyo mmene ndikuwonera with my experience, choyambilira, care kuti itheke bwinobwino, ifikire aliyense, it’s the resources, human resources ikhale yokwanira, material resource ikhale yokwanira, working environment, motivation,lets say tikhale ndi human resource yokwanira, no motivation, what will be the result, you will find maybe 10 nurses in the same ward koma because they are not motivated, they can be just be sitting, koma lets motivate them, they will be working regardless kuti resources zinazo zochepa zomwezo eti, quality care imanena kuti kugwiritsa nthito zinthu zomwezo zomwe zilipozo koma mkupereka care yoyenera.

Based on my experience, firstly, for the care to be equitably given to everyone, it’s the resources, human resources should be enough, material resource should be enough, working environment, motivation. Lets say we have enough human resource, no motivation, what will be the result, you will find maybe 10 nurses in the same ward but because they are not motivated, they can be just be sitting but lets motivate them, they will be working regardless that resources are few, right, Quality care says that using the same available resources but giving proper care.

F; kwambiri

So much……

R; chabwino, zachitika izizo, tawapanga motivate.

Okay, that has been done and we have motivated them.

F: Okay, what is your definition ya motivation?

R: Ah, motivation kwa ineyo, ndi, I can say kuti personally, munthu kumpatsa zinthu zoyenelera kuti akhale ndi free mind eti, mind yonena kuti akhonza kupanga contribute bwinobwino, so this means kuti psychologically akhale stable, mentally akhale zabwinobwino, amh, socially, economically, zonsezo tidzilumikidzike kuti akhale holistic person eti, because ineyo mmene ndikuneneramo kuti motivation kuti ndikhale nayo ku nthito, ndikamabwera kunthito, people surrounding me, ndikamawawona, adzindipatsa respect yanga mmene ndikukhalira ngati nane kuti ndi munthu, zogwira nthito zonse, zikhalepo koma ngati ndikugwira nthito ija, I should be recognised, ah, Felix, ah, Felix, Felix tabwera apa, aah, Felix umalimbikira, eeh, nanga ukudziwa kulimbikira kumenekokoo kalipotu ka short course kenakaketu, next month you are going for that short course, you are growing eti, professionally, you are growing. Komanso nutritionally, you are not getting whatever kuti iweyo ukhale ndi thanzi, if that is not there sukhala motivate. Nanga kudwala iweyo, ngati well being yako iweyo ngati zonsezo zikupedzeka ndekuti to me, that person motivated. Ukamapita apopo adzikutenga iweyo mmene ulili kukupatsa zoyenelera kuti nthitoyo iwe ugwire, to me, that person is motivated. Nanga is is to me. Motivation yapanthito pyschologially, socially, ndekuti that respect, that recognition, zinthu zimenezozo ngati zilipo ndekuti munthu ameneyoyo kumuwudza kuti kuli wa Covid, athamanga, akathandidza.

Ah, personally, motivation to me means that, giving a person the needful so that he/she should have free mind, right, that mind that will enable him/her to contribute well. So, this means that psychologically he/she should be stable, mentally, he/she is okay, amh, socially, economically, and we should add all that so that this should be a holistic person, because as I am saying that for me to have motivation at work, when I am comng to work, people surrounding me, when I look at them, should respect me as a person, all the materials should be provided and if I am working, should be recognised, ah, Felix, ah, Felix, Felix come here,maah, Felix, you work hard, eh do you know that hard work, there is a short course, next month you are going for that short course, you are growing eti, professionally, you are growing. And nutritionally, you are not getting whatever sor you to be healthy, if that is not there, you won’t be motivated. If you get sick, for your well being, if all that is available, it means to me, that person motivated. When you are moving there, they should take you the way you are and they should give you the needful for you to do the work, to me, that person is motivated.But because it’s to me. Motivation at work should be psychologically, socially then that respect, that recognition, if those things exist, then if you tell that person that, there is a covid person, he/she will quickly rush to help.

F: Yeah.

R; Iih mwagwira nthito bwino amwene tabwerani, m’manja mwanumu, aaah, musasiye, ngakhale osakupasa ndalamayi nde the problem imene ilipo mma government ma recognition ndiyobvuta. You work for seven years, you will be called for interview yokuti promotion after 10 years, how can you be motivated komano maybe anzanthu aja a HR aja atamatsata kuti wakuti akugwira nthito mwakuti mwakuti mwakuti, uyuyu promotion uyu, nthito amayitha, komanso nthito imene akugwira munthu adzilandira malipiro ndi malingana ndi nthito imene akugwira, somebody akugwira nthito ya hard akulandira same salary ndi munthu okuti sakugwira nthito ya hard, is this going to be motivation? That’s in short according to my understanding mmene ndimayutengera ineyo mawu okuti motivation.

Ih, you have done a good job, brother, hold hands, ah, continue, even if they don’t give you money. So, the challenge in government institiution, recognition is very difficult. You work for seven years, you will be called for interview whereby they say promotion after 10 years, how can you you be motivated but maybe our collegues from HR should be following that this one has worked like this, this and that, this one needs promotion, he/she knows the job work and sometimes the work that somebody is doing should be getting the salary equal to that. Someone is doing a hard work but is receiving the same salary with the one who isn’t doing hard work, is this going to be motivation? That’s in short, according to my understanding on how I know about motivation.

F: Alright, we have stayed more than one hour, iiih, my last question, when you are working in the hospital everyday now (panopa) during this period of Covid, do you feel, if you look at the way the hospital was prepared, do you feel, do you perceive yourself to be at a very high risk to covid infection?

R: Amh, currently, I don’t think so because there are measures that are supposed to be done.

F: Okay.

R: So for example, PPE is there, and we are being updated each and every day situation mmene ilili, ma recent research, we are being updated, komanso we know currently how we can take care munthu okuti wapedzeka ndi Covid eti,

So for example, PPE is there, and we are being updated each and every day’s situation, the recent research, we are being updated, and we know currently how we can take care for a covid patient, right?

F; eeh

Yes.

R; eeh, risk yo nde wekha uchitano kuyisankha komanso panopa you can say kuti panopa I have a commobility and if you are asthmatic, you can go to your senior and say that ineyo I am asthmatic and I don’t feel kuti department imene ine ndiri ija, to be is a risk. So, I don’t think I am at risk the way it was before chifukwa ineyo system imene ndima user panopa, I introduced even myself, Covid itangobwera, reporting system, ndinapanga introduce, the report should come through whatsapp.

Yeah, it will therefore be your choice to get the risk and even these days, you can say that you have a commobility and if you are are asthmatic, you can go to your senior and say that I am asthmatic and I don’t feel like to be in that department, I feel to be at risk. So, I don’t think I am at risk the way it was before because the system which I am using now, I introduced even myself, when Covid just came, reporting system, ii introduced it that the report should come through whatsapp.

F: okay,

R: because ndimkapanga handle zimapepala zambirimbiri, so to me, it was a risk wagwira uyu wagwir uyu, nde zibwere zonse zija ndizipange handle pamene ena aja amavala ma glove chanii chani. So, powona kuti ineyo I am at risk ndinapempha kwa akulu akulu kuti why not this method, nde munthu uja amangopanga lift a picture and then send. Nde ndimangokhala pa phone ndikumayang’ana kuti kodi ineyo pa department imene iri ya risk ndi itiyo, oh its 3B, ndikachoka kumene kujako ndimadziwa mmene ndingapangire, so I don’t think kuti I am at high risk, ofcourse the risk is there.

Because I was handling so many papers, so to me, it was a risk because this one has touched them, this other one has touched them as well, and all those come to me and I should handle them all, yet some of them wear those gloves and the like. So, I was that I am at risk, I had asked the authorities that why not this method, so the person could just lift a picture and then send. So, I was just spending time on the phone looking at which department is at risk, oh its 3B, so when I am coming from there, I knew how I will handle myself. So, I don’t think that I amm at high risk, of course the risk is there.

F; Okay, any last comment or anything that you want to say that you feel I did not say.

R: amh, the comment that I will say is that, after your research, research ngati iyiyi because I heard ena ake eti, you remember pamkachitika research ya HIV, pa Queens and until now enafe sitimadziwa kuti what was the outcome.

amh, the comment that I will say is that, after your research, like this research because I heard some, right, you remember research for HIV was taking place here at Queens and until now some of us don’t know what was the outcome.

F: What came out…laughs?

R: Mmh, kenako HIV ija tinangoyitenga kuti basi it has come to live with us eti, nde the same ndi izizi eti, after your findings, then mwapanga analyse, musapange share kwa ine ndekha iyayi, koma ma ujeni aja amene mumapanga aja, what do you call, ma research findings aja, you present it to the…

Mmh, and then we just regarded HIV to be somethings that has come to live with us, right, so the same us with this one, after your findings, after you analyse, don’t share to me only, no, but those things that you do, what do you call, the research findings, you present it to…..

F: Research dissemination.

R; Yes, kuti mwina mwapanga muja mwafika stage ina yake yokuti this stage tikuyeneleka tigawe, Queens, timakufunni staff yonse, timafuna kupanga nanu share, we are half way done, kenakonso tamalidza, we want to share ma results achani, ndekuti zimene zijazo mukazatiyitana kuti pali research yakuti yakuti tidzachita kulimbilana..

Yes, that maybe you are at a certain stage and you want to disseminate, then call Queen’s staff and let them know that you want to share with them, maybe you are half way done, or you have finished, tell us that you want to share results which means that when you call again that there is another research, you will see us flocking there…

F; kuseka…

R; kuti aaah anthuwa amatitani, amatipanga share, komanso amatigayira chani, zimene apedzazo.

That, ah, these peope do share their findings and give us their findings.

F; That’s correct, I agree with you and specifically for this, that’s our plan, because we know kuti the first beneficiary its queens.

R: Yes.

F: So there is staff and management of Queens must know what are the views of health care workers, then we have a national response team which is handling (imene ikupanga) Covid so they also need to know and there is international dissemination

R; Okay.

F; so there are those different stages which (imene) one, we want to quickly get the data and share it our before it becomes irrerevant to Covid.

R; okay, I understand kuti, kuti mufike pa internationally pa si chinthu cha tsiku limodzi.

Okay, I understand that to reach internationally, its not something for a single day.

F: ayi, no.

Ah, no.

R; I understand komabe tiyamike kuti munandipanga consider.

I understand but I am thankful that you had considered me.

F: Chabwino,

Okay.

R; kuti tikumveni pa views anu.

To hear my views.

F; Chabwino.

Okay.

R: Ndithutu

Sure.

**THE END…**