**F: FACILITATOR**

**R: RESPONDENT**

F: Nde mmene ndanenera cholinga chake ndi chonena kuti tikufuna timve maganizo a anthu ogwira nthito paachipatala.

*Okay, so as I have already said ealier on, the aim of this study is to understand from the perspectives of health care workers*

R: mmh

*Mmmh*

F: M’mene mokhudzana ndi ndondomeko zimene chipatala chinakhadzikitsa polimbana ndi matenda a Covid19.

*About the implementation of Covid19 response strategies of the hospital*

R: Mmh.

Mmh.

F: nde poyambilira mwina mungondiwudza udindo wanu komanso nthito imene mukugwira tsiku ndi tsiku, kuti kunja tsiku kukacha, tsiku lanu limakhala lotani?

*So firstly, explain to me your responsibilities and position, as in how does your day look like?*

R: Mm, chabwino.

*Okay, alright.*

F; mmh

Yeah

R: Ineyo ndine namwino, padakali pano ndikugwilira nthito ku Covid ward.

*I am a nurse and I am working at Covid ward.*

F: Okay.

Okay.

R: Ah, nthito yanga ngati namwino kwambiri ndikusamalira odwala panopa maka amene apedzeka ndi nthenda imeneyi ya Covid19.

*Ah, as a nurse, my roles involve caring patients here more especially those who have been diagnosed with Covid19*

F: mmh.

Yeah.

R; ndekuti tikuyenereka kuwasamalira tiyerekedz kuti tabwera kuno kunthito mmamawa, ndekuti tilowa m’kati muja, tikonza mabedi awo, ndekuti tikonzanso surrounding yonse kaya ndikonza kuma sink kaya ndikumene ayika zinthu zawo, kuwapukutira bwinobwino, tikatero, ndekuti timatenga, timati ma vital signs kuona kuti kodi thupi lawo likugwira nthito bwanji m’mamawa.

*So, we must manage these patients for example if we come to work in the morning and when we get into the wards, we make up their beds, the whole surrounding, perhaps in the sink and where they have put their things, we wipe them properly and afte that that’s when we have tochek the vital signs to see how their body is responding in the morning*

F: Okay.

R: nde timatenga ma vital signs six koloko m’mamawa, ma vital signs amenewa timatenga every two hours, ndekuti pakapita ma ola awiri tikuyenereka kukawona kuti kodi temperature yawo iri bwanji, BP yawo iri bwanji, ma respirations awo ali bwanji,

*So we take the vital signs six o’clock in the morning, we take these vital signs every two hours, so after two hours we must go and check how are their temperature, BP and their respiration*

F; Every two hours.

*Every two hours*

R: Akupuma bwanji, two hours ina iriyonseyo.

*How they are breathing in every two hours.*

F: Okay.

Okay.

R; Komanso timayenereka kuti ma patient amene ali mkatimu tiwapase, doctor ndi amene amabwera chigawo cha m’mamawa komanso chigawo chamasana nde timayenereka kuti ziimene walemba dokotalayo tipange, timpangire patient yo.

*And we are also supposed to give the patients who are in the wards, the doctor comes in the afternoon and in the morning and its our roles to do for the patient what the doctor has documented.*

F: oh.

Oh.

R: mwina tiyerekedze kuti patient akuyenereka kulandira mankwala ndekuti tikuyenereka kupereka mankwalawo ndekuti m’mamawa ngati ali ndi makwala ndekuti timpase, masana ngati ali ndi mankwala ndekuti timpase, madzulo ngati ali ndi mankwala, timpase. Komanso ma patient ambiri amene ali mu wa ward ya Covid yi amakhala kuti ambiri kuti kudya ndikovuta ambirir amakhala kuti abwera ali odwalika kwambiri nde ndi nthitonso yaifeyo, ya ineyo ngati namwino kuwadyetsa ma patient amenewawa. Ndekuti m’mamawa masana, madzulo, patient malingana ndii condition ndekuti ndiyenerekanso ndimutani, ndimudyetse.

*For example if a patient needs to get medication in the morning, then we must giver out the medication, if a patients needs to get medication in the afternoon, we must give him/her the medicatind and if the patient needs to get medication in the evening, we must give him/her as well. Meanwhile, patients who are in Covid ward are those that find difficult with feeding, they come here while they are critically ill,so it is also my role as a nurse to feed these patients. So depending on the patient’s condition, I must feed him in the morning, afternnon and evening*.

F: Ohmn,

Oh

R: Ngatinso condition isali bwino timawasambitsa nde timapanga ndithu mmene namwino akuyeneleka kugwirira nthito kwa munthu okuti wabwera kuchipatala alibe guardian. M’mene ilili ward yathu sitimakhala ndi odikilira.

*The other thing is that if a patients is critically ill, I do bath him/her so I work just like the way a nurse is supposed to do her work to a person who has come to the hospital without a guard because our ward soesnt allow guardians*.

F; Simumakhala ndi Guardian

*You do not have gaurdians.*

R: Timakhala tokha nde chirichonse cha munthu chimene amayenereka kuti apange patsiku timayenereka kuti ifeyo timuthandidzire. Kumumwetsa mankwala ngati mmene tanenera muja kaya, kaya kudyetsa , kaya akufuna kupita ku toilet, ngati saatha titenga bed pan timupasile pomwepo, tiyike kaya ali pa drip, ndi nthito imene timakhala tikugwirira mu covid ward kwambiri ndi nursing care imene timapanga munomo kunoko ku covid ward tikabwera.

*We stay alone in the ward so whatever this patient needs to do in his/her day to day, I must help him/her. Giving him/her medication as I have said earlier on, feeding him/her, if he/she wants to go to the toilet, if he/she cannot manage to go to the toilet then I just bring him/her a bed pan to his/her bed even if he/she is on drip, so that’s the roles that I mostly do, so it is all about nursing care that I do when I come here in the Covid ward.*

F: Okay, alright, nde mwakamba kuti nthito yanu kwenikweni ndikusamalira patient amene wapedzeka ndi Covid19.

*Okay, alright, so your roles involve mainly on nursing Cvid19 patients*

R: mmh

Yes.

F: Nde mungangondilongosorera kuti kodi njira imene, path way imene patient amene mukumupanga suspect kapena kuti is confirmed kuti ali ndi Covid19

*So, can you tell me about the path way for managing suspected or comfirmed Covid19 Patients?*

R: mmh

Mmh

F: njira imene amadutsamo kuyambira nthawi imene ukafika kuchipala kuno until patient uja dies kapena is discharged, what re the different stages zimene patient ameneneyu amadutsamo?

*The pathway for patients from the time they will arrive at the hospital to the time they will be dies or discharged. What are the different stages that this patiemt go through?*

R: Okay, amh, munthu, being Queen Elizabeth, ndi chipatala chimene anthu amachita kutumidzidwa, anthu samangobwera, ambiri amakhala kuti ayambira ku health centre, ndekuti ku helath centre kuja akalongosola mavuto, zimene akuona mwina mwake ndikukhosomola mwina mwake mutu ukumandipweteka, komanso befu, ku helath centre kuja amawatumidza ku Queens koma amakhala kuti anthu aja sanayedzedwe.

*Okay, amh, a person, Queen Elizabeth is a refer hospital, people are just being referred here and basically they start from the health centre so if they go to the health centres and based on what they are complaining about like coughing, headache, shortness of breathing, the health health refers them to Queens before they are tested*.

F: Okay

Okay.

R: Akakhala kuti anthu aja ayedzedwa kunoko, ambiri anthu aja amafikira ku ATC komanso anthu aja asanafike ukakhala kuti ndi mmamawa amafikira pa gate paja, pa gate paja pamakhala anthu, pamakhala ma HSA, amene akumapanga screening, nde screening ija munthu uja akamupanga patient uja akawona kuti pali pa signs and symptoms munthu uja akulongosola kuti perpe tu Covid, temperature tiyelekedze kuti yakwere tiyerekedze kuti mwina ndi 37 point chakuti, ndekuti akumamutengeratu pompaja ku tent kuja kukamusiya ku room ina ya isolation.

*When they get tested here, most of these people go to ATC and even before these people come here, they first pass through the gate where there are people like HSA who are responsible for screening, so once the screening is done and there are signs and symptom pertaining to Covid like high temperatire like 37 point something and they will immediately take this patient to the tent for isolation.*

F: mmh

Mmh

R; komkuja ku tent kuja akumabwera a lab, kudzayedza test ya Covid, akakhala kuti patient uja watuluka kuti result yake ndiya Covid ali ndi Covid koma whereby akutha kupuma bwinobwino, chirichonse chiri bwinobwino komano wapedzeka ndi ujeni imeneyoyo akumamuwudza kuti akhonza kupita kunyumba kuti akhale kunyumba for amh, 14 days ija.

*So lab personnel come to the tent to test the patients and if the results show positive but the patient is able to breath and everything is okay despite beng Covid positive, this patient goes home for amh 14 days quarantine.*

F: Okay.

Okay.

R: akakakhala kuti akuwonetsa ma symptoms akataninso, akabwere.

*And if this patient shows symptoms later on, he/she should revisist the hospital.*

F; Akabwere. Okay.

*Should revisit the hospital. Okay.*

R: koma akakhala kuti patient uja kuti amupanga screening nde wapedzeka ndi Covid, ampanga atamuyedza nde wapedzeka Covid, patient uja akakhala kuti ali serious kuti akufunika kaya chowodzeredwa mphweya, komanso ali ndi mavuto ena chifuka ma patient ena akumakahla kuti ali ndi mavuo ena.

*But if the patient has been tested positive and he/she in serious condition and needs respiratory kit and if the patient has other related health problems*

F: mmh

R; kuti Covid wabwera koma mwina ali ndi sugar komanso mwina mwake mkutheka kuti ali ndi BP, ali ndi TB.

*Perhaps the patient might come but is diabetic, has Bp or TB*

F: mmh

Mmh

R: Ali pa ma ARV, ma patient amene ajawo ambiri akumakhala kuti awatumidza kaye kunoko kuti tidzawathandidze kaye akapedza bwino nde then apitano kuti, apita kunyumba.

And the patient is on ARV treatment, those patients are sent here at the ward where they are managed and once they get better then they are sent home.

F: apita kunyumba. Okay.

They are sent home. Okay.

R; nde ma patient amene apedzeka kuti ali bwinobwino aja amapitanso ku ATC, komanso akapitanso ku ATC kuja mukawawonetsetsa sikuti amangofika kuti lowani, ayinso ngati screening yawo panja whereby palino mipando panja. Anthu aja akachoka…chifukwa ena akumabisa chifukwa akafunsidwa kuti ukukhosomola chifukwa alowedza kuti ukapita ku Queens pa gate akakufunsani izi izi.

So for the patients who happen to be okay go to ATC and they are not just allowed to enter into the room after they have been screened. There are chairs outside, after they come from….because there are some patients who are hiding about their conditions because they they ask them if they are coughing, because they are now used that Queens is asking this and that

F: akakufunsani chakuti chakuti chakuti

They will get to be asked about this and this and this

R: nde akumapedzeka kuti akumanama kuti sindikukhosomola nde akumabwelelabe ku ATc kuja nde akafikako pakumakhalanso ngati ka screening kuti awapange triage kuti kodi alowere kuti.

So these patients lie that they are not coughing so they go back to ATC where they are screened for triaging to see where they fit to go

F: mmh

R: Akapedzekanso kuti ku ATC kuja kuti akumukayikirabe, back ku tent.

So if personnel at ATC are still unsure of the patients, then they patient is sent back to the tent

F: ku tent.

To the tent

R: Ku tent kuja akalongosole zonse then patient ujanso adzibwera kuno nde patient akamabwera kuti amakhala kuti watengedwa ndi anthu ogwira nthito kumenekoko ndekuti ayenda, poyamba timatsegula khomo la uku koma amatibera kwambiri, nde amayenda way back then kudzafika kuno nde timulandira nde amatiyimbira phone kuti kukubwera patient nde…

The patient goes back to the tent where he/she has to explain clearly and the patient comes here with health workers passing there, at first we were using this door there but they were stealing so much from us, so they move way back to here where we receive the patient since they call informing us about the upcoming of the patient.

F: Mukati amatibera mukutanthauza kuti?

So what do you means about stealing from you?

R: Monga ngati tiyerekedze timapanga dorning and dorfing kunoko kuti tikafuna tivale nde timapedzeka kuti lets say ma gambusi ena tiwayala mkolido muja nde amabwera akuba anatibeleko maulendo ochuluka.

For example, we do dorning and dorfing here when dressing so we coud leave out gumboots in the corridors so thieves came several times and stole them. s

F; oh, (laughing)

Oh, laughing

R: nde kunapedzeka kuti tinaseka gate, ujeni imeneyoyo.

So we closed that gate, that thing.

F; okay.

Okay.

R: nde tikapedzeka kuti patient uja timulandira kunoko eti, nde timaona kuti kodi amulembera zotani, kodi test yatulukadi positive.

So we welcome the patient here at the ward and see what has been writted, has he/she been tested positive?

F: Mmh

Mmh.

R: Nde tilibe ndi anzanthu a Wellcome trust amene amabwera after three days kudzapanga comfirm kuti is the patient really positive or not, nde akapanga comfrim patient uja timakhalbe naye kuti tiwonetsetse kuti ali bwino kuti kodi mphweya wake akupuma bwinobwino, kudya kukutheka.

So Wellcome trust staff come after three days to comfirm if the patient is really positive or not so after their comfirmation, we still stay with the patient making sure his breathing is okay and there are no problems with his/her feeding.

F: mmh.

Mmh

R: chifukwa ambiri akumakhala kuti zakudya, appetite ikuchepa, akudya bwinobwino, akuyenda, chirichonse chiri bwinobwino kuti atuluke koma mwatsoka patient uja akamwalira kuti watimwalila mu ward mu, ifeyo timadalira a DHO.

Because most of them lose their appetite, they are able to eat, they can walk and everything is okay but if unfortunaly the patient dies in the ward, then we depend on the DHO.

F: Mmh.

Okay.

R: kuti a DHO, a environmental atithandidze chifukwa chinthuchi chinali cha DHO, ifeyo chinthuchi tinangochinyamula chifukwa ma treatment centres kwina kuja anatseka.

That the DHO, the environmental team to help us because this thing was the responsibility of the DHO, we had accepted this issue because the rest of the treatment centres got closed.

F: Anatseka, yeah.

Got closed, yeah.

R: Eeh, ndiye a DHO aja timawayimbira phone kuti kunoko ndirii ndi patient, ujeni, ndiri ndi maliro mwakuti mwakuti nde amalongosola kuti ndikambirane ndi achibale kuti bokosi likale ready, komanso kumanda kukhale kuti anthu akukumba ndekuti anthu aja,achibale aja akakhala kuti akonzeka kuti ah bokosi tabweresa, bokosi silipitanso ku mortuary, patient sapitanso ku mortuary yathu, amadzamupanga komkuno koma amadzapanga zimenezo ndi a environmental ifeyo timangopedzeka kuti timangomufundittsa ndikumusintha muja uja, ngati anali Bay 1 ndekuti timpititsa Bay imene mulibe munthu, timvindikira komkunja.

Yes, so we call the DHO personnel that there is a funeral and they inform us that they need to discuss with the reatives to prepare the coffin and the graveyard, so once the relatives are ready and they have brought the coffin, the coffin does not go to the mortuary and neither is the dead body, so environmental staffs are the ones who prepare this dead body here at the ward and our duty is just to cover the dead body and move the person’s Bay, if this person was in Bay 1, then we will move him/her to the Bay which is empty and cover him/her there.

F: mmmh

Mhhhh

R: A environmental akabwera, adzapanga disinfect body ija, ayika m’bokosi muja, achibale amalowa kaya ndi m’modzi adzangowona kuti ndi yemweyi, angomuwona nkhope, akamuwona nkhope ndekuti body ija imatengedwa ndi a environmental omwe aja kuphatikidza ndi mortuary assistant wathu uja wa Queens.

When the environmental teams comes, they disinfect the body, put the body in the coffin, only one relative is allowed to enter to comfirm if it’s really their relative by checking his/her face and afte r seeing his/her face then the environmental team take the body along with the mortuary assistant of Queens.

F: yeah.

Yeah.

R: akatero nde amatenga body ija ndekuti atulutsira cha ku 2A, chaku Mercy James kuja, panopa achibale akumatenga amangowawudza zochita.

And after that, they pass through 2A, through Mercy James, these days, relatives get the dead bodies and they are only told what to do.

F: okay.

Okay.

R: Body ija inyamuka, ikayikidwa tsiku lomwelo. Timangowalangiza zochita.

They depart the body and bury the same day. We just advise them what to do.

F: Okay.

Okay.

R: Patient akamatuluka kuti wapedza bwino komanso retest yatuluka negative, timamuwudza kuti zovala zimene zinali munomozi, zikakafika kunyumba zikalowe kaye mu madzi otentha thn zikachapidwe ndi soap. Mbuyomo timawawudza za chlorine koma titapita kurefresher ya Covid pali zina ndi zina zimene zakhala ngati zatani, zasinthidwa.

If a patient gets better and is being discharged and tha the retest has been done and is negative, we advise him/her to wash all the clothes which were used at the hospital with hot water and with soap. Previosly, we were advising them to use chroline but after we had undergone a refresher’s training about Covid, there have been some changes.

F: Mmh

R: nde china chirichonse chimene chimalowa mkatimu cha patient, chimasamuka tsiku lopita.

So whatever items which was here in the ward which belonged to the patient gets departed the day they are going home.

F: mmh

mmh

R: Komanso akamadzapita timakhala tamanga ma blackbag kuti kumene kuja akakafika chifukwa kuli anthu ena kuti akasamalire bwinobwino kuti ena sakatengenso chani, Covid 19.

And we also tie and put them in a black bag and advise them to take good care of these things so that other people who are at home should not contract Covid19.

F: Covid, yeah.

Covid, yeah

R: Eeeh, nde sitilolanso mbale ngati kuti mmene anthu amachitira akamabwera kuchipatala ngati ama food warmer chani, timati adzikagula ma disposable plates, ma disposable cups kuti zikagwira nthito mkatimu idzipangenso discard mkati momwemuno.

Yes, so we do not even allow plates here just like the way the do about bringing in the foodwarmers, we tell them to buy disposable plates, disposable cups only to be used in the wards so that they should be discarded in the wards after using them.

F: okay.

Okay.

R: ndithu.

Sure.

F: okay, ndekuti testing imachitikira ku tent?

Okay, so testing is done at the tent?

R: Imachitikira ku Tent

It’s done at the tent.

F: imachitikira ku tent.

Its done at the tent

R: kunoko kumadzakhala retesting after seven days

Retesing is done here after seven days

F; yeah.

Yeah.

R: Patient takhala naye after seven days ya boma ya Queens, timadzapangabe after seven days.

If we admit the patient, after seven days for Queens, we do after seven days.

F: mmmhmm.

mmh

R: ikatuluka positive still patient sakuoneka bwinobwino, still timakhalabe moti timakhala ndi munthu three weeks, four weeks, tiri nayebe.

If the results shows positive, we still keep the patient if his/her helath isn’t okay, we still keep patients for three, four weeks.

F: okay.

Okay

R: Yeah.

Yeah.

F: Alright.

Alright.

R: mmh.

F; nde njira zonsezo zimene mwalongosola kuti kufika pa tent kenako ku ATC, akapanga kuti alibe ma condition ena, ali bwinobwino, amapitilira kubwelera kunyumba.

Okay, so all these stages that you have explained from tent to ATC, if this patient doesn’t have other conditions, he/she is okay, he/she goes back home.

R: Mmhm, ku ATC, akakhala kuti munthu ali suspect.

No, he.she goes to ATC if a person is a suspect.

F; Yeah

R: wapedzeka covid ali positive ndi ku tent komko, ku ATC samafikanso.

If this person has tested Covid positive, he/she does come to ATC, they are managed at the tent

F: Abwelere ku Tent komko.

They go back to the tent?

R: Mmh, Abwelere komko, ku ATC safikanso, koma abodza amene amanama kuti mukukhosomola, ena amanama kuti adutse eti

Yes, they go back to the tent, they don’t come to ATC but there are some who are liers, who lie that they are not coughing, they lie because they want to pass throught, right?

F: mmh

Yes.

R: mwina temperature ndi yabwinobwino nde amadzanama kuti adutse koma akakamugwira pajapa kuti wanama chinachake, dokotala wayedza akuwona china chake chodabwitsa, back to tent.

Perhaps the temperature might be okay but the patient lies in order to pass through the gate but once this patient is being caught that he/she has lied about something and after the doctor has tested and is suspious of something, then back to tent.

F: okay.

Okay.

R: koma patient wina aliyense amene ali suspect amene wapangidwanso comfirm kuti ali ndi covid ndi ku tent salowanso ku ATC.

But every suspected patients who has also a covid19 comfirmed patients stays at the tent and does not come to ATC

F: yeah.

Yeah

R: koma poti anthu amanama amapedzeka kuti ma comfirm ena akufika komkuja nde amawabwedzabe back ku tent komkuja.

But because people lie so the comfirmed come there and they then send back to the tent.

F: Aamh. So, akawapedza ku tent kuja ngati munthu uja Sali bwino kapena kuti ali ndi other ailments amapangidwa sent direct from tent to 3A.

Ammh so if the patient is not okay and has other ailments they are sent direct from tent to 3A

R: Yes. Poyamba inali ENT, we closed ENT, amabwera ku 3A

Yes, at first it was ENt, we closed ENt, they come to 3A

F: komano panopa ndi direct from the tent palibenso pena poyima.

But now is direct from the tent and there is no any other place where they go to?

R: mmh, palibepo.

Yes, there isn’t.

F: Okay.

Okay

R: mmh

Yeah.

F: nde mmene mwandilongosolera njira zonsezi zimene patient amadutsa ngati ayenera kumupanga discharge kapena kumwalira,

Okay, so all these pathways that you have explained to me which patients go through from point of discharge or until they die

R; Mmh.

Mmh.

F; ndi stage iti imene mukuwona kuti zinthu zikuyenda bwino.

Which path way do you think is going on well?

R: mmmh

Mmh.

F: Amh komanso zikuyenda bwino chifukwa chani? Ndi pati pamene mukuwona kuti ahmh, , pakutipakutipa, path way imeneyiyi zinthu sidzikuyeda bwino pakuyenereka kupangidwa improve. Mundilongosolelenso.

Amh, and why do you think is working well? And which pathway do you think that this and that, this path way, things are not going on well and needs to be improved. Can you tell me about that?

R; okay, pamene zinthu zikuyenda bwino ndi screening imene ikumachitika ku gate kuja chifukwa aliyense olowa ku gate kuja akumayenereka kaya ali pa galimoto kaya akuyenda pansi guardian, akumayenerekakuti apangidwe screen pamenepo tiyamike kuti zinthu zimayenda bwino, ngakhale anthu ena akumana muti mukukhosomola amakhana koma akudziwa kuti akudwala ndithu koma kumbali ya screening zinthu zikuyenda bwino ndithu.

Okay, think what is working well is the screening which is done at the gate because everyone whether you are walking, driving or you are a guardian needs to be screened and let me praise them that things are going on well though some people lie that they are not coughing knowing that they are sick but screening is going on well.

F: mmh.

Mmh.

R: Kumbali ya screening yomweyi ngakhale zinthu zikuyenda bwino, pali zinthu zina sidzimayenda bwino, chifukwa ma HSA aja pamene pajapo amawerekapo half four, akachokapo half four, usiku onse pamene pajapo pamakhala popanda munthu opanga screening mpakananso half seven.

Despite the fact that screening is going on well, but somehow it is not going well because those HSA there knock off at half past four, so once they knock off at half past four, that place stays without anyone doing the screening until half past seven the following day

F; oh, okay.

Oh, okay

R: Meaning nso anthu ena amathano kulowa, akhonzanos kulowa ndi Covid kudzaona odwala mkati muno, odwala enanso atha kubwera usiku ndi Covid akhonzanso kubwera ku ATC kuja

Which means some people get to enter, can even enter with Covid inside the hospital, can come to visit the patients, some patients can come even at night with Covid and can come straight to the ATC

F; eeeh.

Yeah

R: Which is not good.

Which is not good.

F: Okay. So it’s not 24 Screening is not 24?

Okay. So it’s not 24 Screening is not 24?

R: yes, it’s not 24 hours. So for screening, anakhadzikitsadi screening yo koma ndikuonano kuti sikuthandidza ikakhala kuti madzulo eti chifukwa chirichonse chikhonza kuchitika olo madzulo .

Yes, its not 24 hours. So for screening, screening was implemented but I feel its not helping especially at nght becuause anything can happen at night.

F: yeah. You are right.

Yeah, you are right.

R: Yeah, nde ndikuwona kuti anaikitsa inde ndi zabwino koma penanso sidzikukhala bwino.

Yeah, so I think it was put in place which is good but sometimes things are not going on well.

F: mmh.
Yeah.

R: Chachiwiri, a patient aja ndi zoona, amati akawayedza ndi covid amawayika ku tent kuja, kuti akapedzeka abwere kuno, komano chimene sichitsangalatsa ndi chokuti ma patient aja amayuzanso corridor ya Queens, whereby amamunyamula patient uja kaya pa bed, kaya pa wheel chair adutsanso kuchoka uko ayendanso momwe momwemo kudzafika kuno, mmene alilinso maliro kuti pamafunika kuti atsegule apo koma zinativuta nde ndimawona ngati kuti a Queens akanakhalansoo kuti angapangeno bwanji kuti ikanakhala kuti ward yi yayikidwanso kumtundako mwina changati kumtundako kuti mwina ngati patient wapedzeka covid asabwerenso kuno chifukwa kunoko kumakhala madwale kale, think of 3B, kuli anthu oti ali ndi DDM, kuli anthu oti akudwala kwambiri, ka virus kaya kuti kalowenso mmene mujamo ambirinso akhonza kutaninso, akhonza kudwala. So ndi zothandidza kuti amakawasunga kumene kujako komano transportation ya ma client kuchoka kumene kujako kufika kunoko, it’s a very risk kwa ma patient ena.

Secondly, its okay that the patients are put in the tents once tested Covid positive while waiting to come here but what I don’t like is that, the Covid patients use Queens Corridor to come to the ward either by the bed or by a wheelchair passing through the corridor and that also happens with the dead body, they use the same corridor, so I think they were supposed to open there but it failed, so I don’t know what Queens will do perhaps this ward was supposed to put up there next to the tents so that the patient once tested positive should not come here because there are already patients who are already critically ill, think of 3B, there are DM patients, there are patients who are critically ill, so if that virus gets spread in there, lots of peole will get sick. So it is important that they are kept there but how they transport the clients from there to here, its very risk to other patients.

F: Komano ngati amupanga comfirm kumene kujako kubwera kunoko, si ndiye kuti apanga ensure kuti ampatsa ma PPE, ampatsa ma Mask.

But if the patient has been comfrimed to be positive from the tent and then he comes here, they make sure that the patients is given PPE, is given the masks

R: Yeah. Nthawi zambiri amatha kumpatsa…nthawi zambiri ndimaona kuti mwina wavala PPE ndi nurse yo, kapena othandidzira nurse uja wavala PPE.

Yeah and more often times, they are given….in most cases I see nurse putting the PPE and the assistant to the nurse wears the PPE

F: Yeah.

Yeah

R: Koma ma clients ambiri amene amabwera kuno amakhala kuti abanika ali pa 02.

But most of the clients who come to the ward here come while they are on 02 and they are experiencing shortness of breath.

F: Okay.

R: ambiri amakhala kuti ali pa Nazoplome, nde Nazoplome uja, nde think of Nazoplome uja kuti munthu amakhala kuti akupumabe.

Most of them come while they are on Nazoplome, so think of nazoplome and yet the patient is still breathing

F: mmh.

mmh

R; Ndekuti amvekenso ichi amakhala kuti akukana kuti iih ine ndikubanika ndi kale.

So if you let the patient wear this, the patients refuse saying that he/she is already experiencing shortness in his/her breathe.

F: Yeah, I see.

Yeah, I see.

R: nde panakakhala kuti panachitika njira ina yake kuti ward iyiyi kukanakhala kuti pasakhale povuta kuti pomutenga patient alowe ku ward ku kuti pasamakhalenso zotchinga,

So I think something needs to be done for this ward so that there should not be movements when transporting the patient to the ward, as in there shouldn’t be any barrier

F: Pasakhalenso (Voice not clear: 12:36)

There shouldn’t be……

R; Mmh, pasakhalenso kuyendayenda

Yes, there should be movements.

F: Okay.

Okay.

R: Mmh.

Yeah.

F; Mumakamba za mbali yakuno nanga mbali yakuno mumati zimene…

So we were saying about this side that……

R: Mbali yakuno eti..

as for this side, right………

F: Komanso zimene…

And what is…..

R: Mbali yakuno eti zinthu zikuyenda bwino kuti anapanga ward kuti ward iyiyi muzigona ma patient a corona virus, komano pa patient ajano amati akabwera kunono eti.

As for this side here, things are going well because they had set up a ward special for Corona patients but when the patients come here, right?

F: mmmh

Mmmh

R: Nthawi imene kunali HRDU, zinthu zinkayenda bwino kwambiri komano panopa pamene HRDU anatseka zinthu sidzikuyenda bwino chifukwa chokuti a patient aja akadwalikanso kwambiri muja, kaya adwalika kwambiri, kaya akhala otani, timusungebe komko where by ndi 15 litres of oxygen chithandizo chake ndi chomwecho basi kulibenso chithandizo china chowonjedzera despite kuti dokotala azibwera kumadzamuwonabe patient one, two, mmene tanenera za maliro muja, coffin anthu ena akuwona coffin, even odwala akuona coffin psychologically ena amakhala kuti amakhalanso sicker kwambiri.

Things were going on well when there was HRDU and things are not going on well after they closed the HRDU because no matter how severe the condition of the patient is , we stil keep this patient here whereby its only 15 litres of oxygen, it’s the same treatment that the patients gets despite that the doctor would be coming to assess the patient. Secondly, as I have said earlier on about the coffin, some are seeing the coffin, some patients are seeing the coffin, this psychologically might make others to become very sick.

F: Yeah.

R: Like enawo amawonekabe kuti sicker kwambiri chifukwa chokuti awona coffin lomwe atulutsa dzulo.

So other patients would become very sick having seen the coffin which the patient saw yesterday coming out of the ward for their friend.

F: Lanzawo.

For their friend.

R: ndiyeno pakanakhlabe njira inayake kuti atapangabe njira yokuti maliro akachitika whether kuti aziwona kuti kodi coffin tikapange bwanji osatinso coffin libwere ku ward kaya kutsegula penapake paja pakhale khomo akatenga maliro aja, awone kaya pakhala guard nanga si amati kumabedwa m’mbuyo muja, guard azikhala pamene paja sinanga m’buyo muja zimavuta kuti amakhala pamene paja without any allowance nde amanena kuti anthu a covid mukulandira ndalama nde ine basi ndidzingokala pano basi kumangodikilira.

So I think there would be other means of getting ways of how they will be handling this coffin issue once a person dies and not the idea of bringing the coffin to the ward. Perhaps they can open a path way somewhere to pass through the dead body and they can put a guard since there had been previsioly and issue of theft and previously there was also a concrn that the guards stay there without any allowance and the guards could say that people working in the Covid ward gets allowance and he/she stays there without gourding

F: Laughs…

Laughs…

R: Nde atleast akanati azikhala ngati guard uja akulandira kenakake kuti atleast kongokhala ngati kongomupanga ngati motivaton kuti azikhalapo whereby akhalapo wa m’mamawa ndekuti akhalaponso wamadzulo ndekuti zikhachita zirizonse munthu ndekuti akhonza kumangodutsila uko mkumatani, mkumapita.

So at least the guard should be there while receiving something as part of motivation where by they shift, one comes in the morning and another guard stays in the evening so if there is a funeral, they will just be using that way and leave home.

F; Mkumapita.

Off they leave.

R: Komanso a patient aja amati akabwera akaona admission amakumana ndi ife, iwo aja amakhala kuti fresh Covid ija iri motomoto.

And the patient meets us when they have been admitted when their Covid is just fresh and new

F: Yeah.

R: Akafika, timakumana nawo munomo motseka, osati ngati mmene kulili ku tent kuti kumakhala open space kujako kuti amatha kumachedza nawo, kuti mpheponso ikupita, muno mumakhala kuti muli closed, ujeni, eti, nde timakhala kuti talowa, mwezi uno wa October uno, kuvala chi hardmat (sp) chija two minutes watenthedwa kale wanyowelatu .

They come here, and this room is always closed not like the way tents are since there is an open space and they can easily interact with them while fresh air passes by, its closed here, so, we enter in the wards, and its in October, the hardmat (sp) get wet within two minutes because of the heat.

F: mmmh

Mmmm

R: nde akanakhala kuti anatsegula monga muja tatenera muja kuti chitebulo cha panja chija kuti akabwera tiwalembere pamene paja panja then tiwalowetse I think zikhonza kukhala bwino kwambiri.

So as I have already said that, had it been that they had opened there then we could have been writing outside there at the table and then allow them to enter in the ward, I think this will be better.

F: Ndekuti mkatimo mudzingobwera kudzawona ndikumatuluka.

So you will only be going inside the ward to check on them and then get out.

R: Eya, eeh. Kuti mwina mwake tawapanga…sinanga imakhala kuti nthawi yayitali kuti mbiri yawo zinakhala bwanji, past history zija ukamawafunsa mafunso aja zimakhala nthawi yayitali.

Yeah, yes. So that we should….becuase most of the times we spend time asking their past history, so you spend more time asking them the qestions

F: Mmh

Mmh.

R: eeeh, Komanso chakudya chija akamabweretsa we never know kuti kodi corona uja wachokera kodi kwawo chifukwa amatha kubwera pakhomo paja mwina kuyitana titenga ma container tiyikire kuno ndekuti bwenzi uko kuli chi tebulo kuti guardian akabwera azingofikila komkuja kulowa kudzangosiya chifukwa tinawawudza kuti adzimata mayina awo, angosiya pa chitebulo pa open space, ife tipita akpena apita a maid akangotinyamulira kukasiya kwa patient kuti nafenso tikhale ngati tikupewa nthendayi.

Yeah, and sometimes when they are bringing the food to the hospital, we never know if the corona is coming from their home because sometimes the guardian right at the door and call us and we go to collect their containers and bring them inside here so I think there should have been a table somewhere there so that when the guardian comes should just put the food there since we already told them to lebel their names so I think they would just be putting on the open space there on the table and we would just go or the maid would go and collect for us and give it to the patient so that we should as well avoid this disease.

F; So in this case amabweretsa pakhomo chakudya.

So in this case, they bring the food right at the door.

R; Yes, amabweretsa pakhomo.

Yes, they bring at the door

F: Okay.

Okay.

R: mmmh

Yes.

F: Alright.

Alright.

R: Ndithu.

Sure.

F: ndiye njira imene mwandilongosolelayi makamaka koyambilira kuja munalongosola mmene mumawapangira manage ku ward kuno

So the pathway which you have explained earlier on about how you manage the patients here at the ward.

R: Mmmh. Mmh.

Yes.

F: amh, njira imeneyoyo yowapangira manage ku ward kuno ndiyokuti….where did you learn about that? Muna….kapena reference mumagwiritsa nthito chani kuti ndidziwe kuti ichi ndipange chakuti chakuti chakuti.

Amh, that way of managing the patients here at the ward is that….where did you learn about that? Or what is your reference for you to know that you need to do this and this and that.

R: Okay, chabwino. tisanabwere kunoko kudzayamba nthito ku covid ward tinapangidwa trained, tinapita ku training kuti patient wa Covid zimakhala bwanji, kodi covid yo ndi chani, signs and symptoms, nursing management tinakaphunzira kumeneko eti komanso ifeyo kunoko kuli guideline imene timapanga follow lets say mwalandira patient, tiri ndi chibukhucho timachisunga mu office mwathu, tikakhala ndi nthawi kapena tayiwala china chake umatha kukachivundukula ndikukawon akuti paja amati chani, kodi paja munthu akakhala kuti akupanga saturate 94, tipange bwanji, zoterozo eti

Okay, alright, before I came to work here at the Covid ward, I had undergone a training about how to manage a Covid patients what is Covid, signs and symptoms, nursing management and we also have a guideline which we follow if lets say you have received a patient, we have a book in our office, if you have time or lest you forget something you refer back to the book for example if a patients saturates at 94, what needs to be done, yeah, something like that, right,

F; mmh.

Yes.

R; Meaning kuti guideline ifeyo tiri nayo ndi knowledge nso yaku training tikaphatikidza timatero komanso we work as a team chifukwa pali zina umatha kuwerenga koma osamva.

Which means we have the guideline and we also have the knowddge we acquired from the training and with that inclusive, we also work as a team because sometimes you might read something but you don’t understand it

F: yeah.

Yeah.

R: Pali kungopita ku training kukangodya ndikuti ukasayine chinachake ubwereko so we work as a team whereby chinachake ukabalalika nacho the doctors timawafunsa, amakhala omasuka, akawona patient amatha kusiya number yawo kuti call me mukawona kuti pali vuto lakutilakuti komanso ifeyo ma nurse timatha kufikirana kuti iih komatu pamene paja patient tamuyika pa 15litres koma tipange bwanji, iiih, kodi tipange bwanji, kodi guideline ikuti bwanji, tikavundukula tonse pamene paja kuti tonse tiwunikilane kuti zimayeneleka kukhala mwakuti mwakuti patient ngati wafika pa 15litres, ngati m’mbuyo muja amayenereka kupita ku HRDU, tiyeni timpititse ku HRDU so we work as a team kuti nthitonso ipite patsogolo ndi guideline imenenso tiri nayo.

So sometimes you go to the training just to eat and sign something and come back. So we work as a team whereby if you don’t understand something, you ask a doctor, and a doctor is free to explain to you and sometimes the doctor will leave his number and tells us to call him whenever there is a problem and sometimes as nurses we meet for example if a patient has been put on 15litres and we ask each other about what we need to do and what is the guideline addressing that and then we go and check the guideline together and discuss about what should be done if a patients reached 15litres, like previsously, a patient could go to HRDU, we take the patient to HRDU. So we work as a team for the betterment of our work along the guideline that we have.

F: Okay, mungadziwe kuti guideline yo, inachokera kuti, anapanga develop ndani?

Okay, do you know where this guideline came from, who developed it?

R: Mmmmh, ayi.

Mmh, no.

F; Kapena kuti zachokera pati kwenikweni.

Or where these really came from?

R; okay, what I know kwambiri tiri ku training kuno so anthu ena anafunsa kuti kwambiri tikuphunziranso kuchokera kwa anzanthu ena amene chinthucho anachilandira koyambilira, how they manage their clients then chinthu chija chikubweranso kuno kumaphunzira kutikodi tingapange bwanji ma clients koma kuti ndinene kuti kwneikwnei amene analemba guidelineyo nde ndinama.

Okay, I remember people also asked about it when we were at the training but I think we are learning from others who first experienced the pandemic about how they managed their clients and we are learning from them about how we can manage the clients but I cannot lie about those who developed the guided.

F: Mmmh

Mmmh.

R: Koma I think ndithu alipo koma kuti mwina kusawerenga kuti chani

But I think there is someone who developed it but perhaps I didn’t read.

F: okay.

Okay.

R: Eh, koma mwina tikungotengera kwa azinzanthu kunjaku kumene kunavutila kuti amatani, amapanga chani.

But perhaps we are just adapting it from those abroad as the pandemic was surging and adapt about what they were doing.

F: Yeah.

Yeah.

R: Yah.

Yeah

F: Komano mukawona zimene zalembedwa m’ma guideline kuti mukuyenereka kupanga chakutichakuti sitikudziwa kuti zinachokera kuti koma I can assume kuti mwina ma guidelines ambiri amapanga adopt zimene zalembedwa ndi a WHO kuti tidzipanga chonchi koma mukawona zimene zalembedwa m’ma guidelines mo, ndi mmene kuliri kuchipatala kunoko, amh, ma guideline wo ndi okuti amatha kugwira nthito bwinobwino ndi mmene chipatalacho, chifukwa guideline imatha kukahla apo komano practicality pa ground zimatha kukhala kuti, guideline ikunena kuti titere koma chakutichakuti tilibe nde inuyo mukakhala mmene mukuwonera m’chipatala chi, ku ward kumene mukugwirako, ndi mmene zalembedwa mma guideline pali kusemphana kwina kulikose kapena pali kusiyanana kulikonse kuti guideline yitu ndi mmene kulili kwathu kuno ngakhale guideline yi ikutere koma pali zinthu zina zimene zingalepheretse kuti guideline imeneyi, zimene zalembedwa mu gideline imeneyi sikugwilira nthito moyenelera.

But if you look at what was written in the guidelines that you are to follow this and that, I don’t know about where I was adapted from but I can assume most of the guidelines adopt what has been developed by WHO, so, looking at what has been written in the guidelines and looking at the hospital here, amh, do those guidelines suit the context of the hospital because you might have the guideline here but the practicality on the ground goes like, the guidelines says this but this and that isn’t available, so looking at this hospital here, in your ward there, and looking at what is in the guideline, is there any difference that though the guideline says this and that but based on our local context, this guideline isn’t being followed.

R: Chabwino, tikhonza Kunena kuti guideline timatha kuyipanga follow, it depends nso ndi client amene tikumuwona whereby tiyerekedze kuti guideline ikukamba zokuti mwina mwake tikalandira patient eti, kuti mwina mwake tipange, ngati kwambiri kunoko timayang’ana kuti (voice not clear 18:35) chifukwa ndi imene ambiri amakhala kuti avutikana nayo eti, kuti we need to manage munthu uja kuti akkhale pa (Voice not clear 18:54) then zinazo tizipanga nde ngati ma guidelines ena, ngati guidelines ina, ngati iyiyi timawerengayi imatha kunena kuti ngati patient akabwera tiyambe kumufunsa mafunso ngati mmene tanenera muja kuti akabwera, tifike panja ngati pa space then timpange history taking whereby patient uja wabwera pa cylinder, ali pa nozoplome, kuchedza naye ali ndi befu, sidzingathee kuti tipange follow guideline pamene paja timangothamangitsa patient practically ndikunena za practical osati za theory nde tikangofika pamene paja tipange zolumikidzalumikidza kwinako akakhala kuti wapedza bwino, wachita calm nde timatha kupanga follow za guideline nde mwin apena timatha guideline yo kuyipanga follow malingana ndi condition ya patient yo pena sitimatha kuyipanganso follow malingana ndi condition ya patient ngati ma example ndaperekawo.

Okay, I can say that we do follow the guideline, sometimes it also depends on the condition of the client where by for example the guideline says that when the patients comes in here, perhaps we should do, like we mostly look at (voice not clear 18:35) because most of the patients finds it difficult, right, we need to manage the patients to be on (18:54) and we follow it later, so for example this guideline which we follow says that we need to ask the patient questions first a I have already said earlier on that if a client comes in, we go outside at a space and then take history whereby the patient has come on a cylinder and is nozoplome and has shortness of breath and you cannot chat with him/her so you cannot follow the guideline, you just take the patient straight away, I am talking about practical things and not theory, so you start connect here and there and when the patient calms down, we then follow the guideline so sometimes we follow the guideline depending on the condition of the patient and sometimes we do not follow the guideline depending on the condition of the patient based on the given examples.

F: Mmmh.

Mmmmh.

R; yeah, kuti sitinganene kuti tiyambe ujeni pali ABC nde tiyeni tiyambe C tiyambe A ndekuti siyigwira.

Yeah, so you cant say that you start with ABC and start with C or A then it cannot work.

F: Okay.

Okay.

R: mmmh.

Yeah.

F: komano in terms of ma resources mwina guideline ikunena kuti pakuyenereka kukhala chakuti chakuti chakuti, ma resources amanewowo amatha kupedzeka nawo m’chipatala?

But in terms of the resources perhaps the guideline says that there has to be this and this and that, do you get those resources in the hospital?

R: Oho, ngati….so far chiyambireni ineyo kugwira ineyo kunoko munomo, ma resources amene amayenereka kukhala mu guideline ifeyo timakahla nawo chifukwa cha ma donation ochokera kumaiko anzathu akunja ngati m’buyomo ifeyo timakhala ngati mwina pamavuto kuti mwina ngati hazimat (sp) uja osapedzeka mmene inalili ngati June, mulili uja utafika pa motomoto tinalibe ngati zipangizo zenizeni panopa akhalano ngati ma well wishers amatha kugula, chani koma hazmat uja kunalibe koma padakali pano chifukwa cha ma well wishers, ma donations ndi zambirirmbiri ngati ma hazmat, ma gloves, N95, maheadgear ndi zosasowa. Mwina headgear ya disposable ija ndi imene imapedzeka kuti imasowa mwina mwake kuti mpaka tinasokesa kuti mwina tidzingovala zosoka kumutu.

Oh, like…so far the resources that are said in the guideline are available here aever since I started working here in the ward here because of the donation from other countries. Like previously we were facing challenges because we could not have hazimat (sp) like somewhere in June, when the pandemic was surging we never had the required resources but because of the well wishers and the donations, the resources are available now like the Hazmat, gloves, N95 and headgears. But perhaps the disposable headgear is still scarce and we just improvised it with those that we had sewed them to cover our heads.

F: mmmh

Mmmh

R: komanso tikawona guideline ikamakamba za mmene munthu ungakonzekere kuti ukalowe mu ward ndi mmene ungatulukire mavalidwe ake pamapedzeka kuti mwina penapake zimasiyana ndi mmene mwina tinaphunzira pa video kapena mmene tawonera akupangira mu guideline kuti mukachoka apa mubwere apa, mukachoka apa mubwere apa chifukwa zimatengera kuti uvala bwanji iweyo mwini wakewe chifukwa nthawi zina umatha kulowa muja dorning, dorning sivuta sivuta chifukwa kaya uvala ma glove kaya uyamba chani komano chimene chimavuta ndi chokuti ukamatuluka muja umangowona ngati ma virus akumata

And also looking at how the guideline says about how prepared you are supposed to be in terms of dressing by the time when you are entering into the ward and how you would get out of the wards, sometimes they differ on how we were taught on the video or they differ on how the guideline say because it says that from here, you go there because sometimes you go there, dorning is not difficult because you might put on the gloves or you might see what you will start with but what is difficult is that when you are coming out of that ward, you just feel like the viruses are all over your body.

F; umangowona ngati thupi lonseli lalowa ma virus

F: you feel like the viruses are all over your body.

R: eh, ngati thupi lonseli lalowa ndi ma virus a kolona eti

Yes, as if the whole of your body is full of corona viruses right.

F; And how do you take it off kuti zisakukhudze.

And how do you take it off to avoild the spreading of the virus?

R; Eeh, nde dorning ija mmene timkayiwerengera mu guideline amkati munthu mudzikhala ndi pair munthu ndi nzako where by wina uja amakhala ngati instructor omakuwudza kuti mwina ndikuchotse chakuti kapena bwera ndikumasule, whereby in Malawian setting simenedzo sidzingagwire chifukwa shortage yo kumene tikugwira kuno shortage iliko chifukwa ena amakhala kuti akatumikire ku ma ward ena nde umapedzekanso kuti ulipo wekha, ukutuluka mkati muja, ukadzimasule wekha, nde pena pamapedzeka kuti ukudzimasula wekha pena palakwika kuti wadzigunda poti ndiwe munthu, ugwire pamene guideline ikuti iyayi ukhale ndi mnzako nzakoyo azipanga observe kuti azikuwudza kaya azikumasula kenako chosa chakuti chifukwa pena umapedzeka kuti wabalalika. Chotsa ma glove, chotsa chani nde ndichikana tikuti pena guideline yo timayitsatira pena imavuta chifukwa chama resources a anthu, chani

Yeah, so when the dorning was addressed in the guideline, it was said that you need to be in pairs, whereby the other person acts as an instructor who tells you about what she/he should remove something from you or untie you whereby in Malawian setting that cannot work because there is a shortage of staff where I am working because others do work in other wards so it happen that when you are usually alone when you get out of ward and you untie yourself and sometimes you might be at fault as you happen to touch yourself, since I am also a human being yet guideline says that you need to be in pairs who will be observing you and telling you what to do or untie you because sometimes you become absent minded. He/she should instruct you that you remove the glove and what not hence I am saying that we sometimes follow the guideline and sometimes we don’t follow the guideline beuase of human resource.

F: human resource.

Human resource.

R: Human input imakhala ngati ikuvutirapo.

It is difficult for human input

F; mmmh

Mmh

R: Chifukwa a zanthu kunja amakhala kuti alipo wina ongodikilira, sakulowa mkati, amafuna kuti adziwalwona anzake aja, pamene kuno timapedzeka kuti tonse tilowa palibe amene otani, oyang’ana kuti aziyanga’ana ndani.

Because people from abroad have an extra health workers who is set aside who does not enter into the ward, who keeps an eye on the other health workers, but here in Malawi, we all enter into the ward and no one is left to watch over others.

F; okuyang’anira ndani.

To keep an eye on you.

R; Kungokhala ngati kuti azikuyan’anirani kuti bweretsani chakuti, bweretsani chakuti, eeh zotelo zija

For example one would be watching you and instruct you like bring this and that, yeah, something like that.

F: (Laughs)… Okay, my last question pa section imeneyi ndi yonena kuti, pali njira zimene zakhadzikitsidwa zonena kuti zimene ma senior nurses kapena senior medical people are supporting you, akukupangani support mmene mungagwilire nthito yanu komanso kugwiritsa nthito ma guidelines ndipo ngati amakupangani support, amakupanganii suppport….support imene mukulandirayo imakhala yotani?

Laughs…okay, my last question on this question is that, are there existing approaches which senior nurses or senior medical people are supporting you to use guidelines and if they are supporting you, how is the support…. How does the support you receive look like?

R: mmh, magwirdwe nthito kwambiri amatipanga support monga ngati panopa ine ndi nurse koma ndimagwira nthito ndima metron, ma metron amathanso kubwera mkati muno ndipo amatithandidza nthito working hand in hand ndima metron, working hand in hand ndi ma doctor mmene ndaneera muja eti, kuti timapangana support kupanga follow guideline. Apart from that, at the end of the day anthufe timalandira timadzi, tifanta kuti moyo wathu ukakhale kutiikutani, ukufewa kunyumbako tikapita, sikuti timalandira pompopompo komano timadzalandira patapita mwezi kaya patapita two weeks komabe ka ndalama kaja kamadzabwera kuti nafenso tikhale ngati tadzipanga support moyo wathu.

Okay, I am a nurse here and I work with the matron who also come in here and help us with the work, so we work hand in hand with the matron., work hand in hand with doctors as I have already said earlier on that the doctors also support us with the issue of following the guidelines. Apart from that, at the end of the day, we receive water, fanta to change our welfare at home though we don’t receive the allowance immediately but we receive it after a month or after two weeks but we still receive the money to support our daily life at home.

F: mmh

Mmh.

R: Mmh

Yeah

F: Okay.

Okay.

R: ndithu.

Sure.

F: chabwino, now section ina imene ndikufuna kufunsa ndi yonena kuti preparation ya chipatala, okay.

Okay, now in this section, I would like to ask about the prepation of the hospital,okay.

R: mmh

Yes.

F: ndizokuti, you said kuti timayenera kuchita m’mbuyomu, nde kupedzeka kuti kupita kwa kanthawi apa zinthunso zathana, zasintha.

As in, you said that you were supposed to do this previously, so things have also changed as time has passed by,

R: Mmh

Yes.

F: nde ndikufuna kuti mundiwunikire panopa komanso pa nthawi imene Covid imayamba muja eti,

So, I would like you to tell me about what happens now and what was happening when Covid had just started, right,

R: mmh

Yes.

F: Kuti ngati chipatala kukonzekera kwake kunali kotani kuti ndi ma measures ati kuti chipatala amene mukuwadziwa kuti amene achipatala anayika m’mmalo, ndondomeko zimene achipatala anayika m’mmalo, zinakhadzikitsa kuti zikufuna kupanga respond ku nthenda ya Covid19.

As a hospital, how prepared was the hospital, what measures did the hospital put in place, the strategies that the hospital had put in place to respond to Covid19.

R; mmmh, okay, fine.

Mmh, okay, fine.

F: Mmh

R: Choyamba inali sensitisation.

The first thing was sensitisation.

F: Okay.

Okay.

R: kuti tinayitanidwa ndikuwudzidwa kuti kwabwera muliri mpaka kunakhadzikitsidwa ka chani ngati ka Covid19 ka team ngati kamene kamagwira nthito yowona za Covid 19. Koma by then kuti mulili usanabwele bwinobwino kuti timangokayikira kuti koma abale komabe timakhala amantha komabe timakonzekera, timadzikonzekeretsa kuti sensitasation yo….

They called us and we were told the existence of the pandemic and something like a Covid19 team was set up to respond to Covid19. But by then, the pandemic had not yet come in existence but we were just doubtful and we were living in fear but we were getting prepared in a way that the sensitasation……

F: Eh kunali team imene imayendetsa.

Eh, there was a team which was steering it

R; kunali team imene imapanga eti ngati task force yapa Queens kuti panopa kwabwera chani, kwabwera mulili wa Corona, tipange bwanji, zoterozo eti.

There was a team which was steering it, something like a task force of Queens and it alerted us that the corona pandemic has come and what should be done, something like that.

F: Mmh.

Mmh.

R: Despite kuti chipatala cha Corona chimakhala chosawuka koma zambiri zinayikidwa kuti lets says ngati ma trainings eti, apangidwe, kuti anthu adziwe kuti ndi chani chifukwa anthu samadziwa kuti ndi chani, kuti kodi Covid yo ndi chani, timangodziwonera mwina m’ma Tv anthu afa kwakuti kwakuti koma sitimadziwa kuti mwina zimakhala bwanji, kuti mwina ma training achitidwe komanso kuti mwina ma posters ziyikidwe mwina mzipatala muno eti kuti mwina anthu aziwona kuti adziwe kuti muliliwu wabwera eti.

Despite the fact that Corona clinics are poor but most of the things were set like the trainings were conducted so that people should know about what corona is all about because people did not know what Corona was all about and perhaps we could only hear from TVs that people are dying a lot in other countiries but we didn’t know why it was like that. So they said that trainings should be conducted and that posters should be set in hospitals so that people should look into those posters and be alerted that the pandemic has indeed come, right?

F: umh

Umh.

R: Ndiye then screening ija ikhadzikidwe kuti anthu akamabwera akamalowa pa gate, of course sidzinayambe kumayambiliro kwenikweni eti zachitano kubwera eti?

The screening should be implemented right at the gate, of course, it didn’t start at the very beginning, it has just started, right?

F: Yeah.

Yeah.

R: Komabe zinakhazikitsidwa pa ndandanda kuti screening ikumayenereka kuti idzichitika kuti ma patient akamabwera azichitidwa asamafikiretu kuti, asamafikire ku ward chifukwa mukawona pamayambiliro paja amapedzeka kuti ma patient even a Covid amapedzeka kuti even ali ku 3B

But this was among the strategies to be set, that screening should be implemented and that screening should be done at the gate before the patients come to the ward because if you look at the beginning, Covid patients were even also at 3B.

F; mmh

Mmh.

R: Koma analowela pa gate yathu yomwe ija, anapangidwa china chirichonse kujako afika akudwala eeh basi tingowayedzanso Covid amapedzeka kuti awapedza ku 4A kuja kuti akhalanso ndi anzawo enanso kuti amadwale koma apedzeka komko nde kunapedzeka kuti akhadzikitsanso screening kuti tiyambiretu ku gate komkuja kuti patient asanalowe m’chipatala muno.

And they had passed through the same gate, everything was done there, they have arrived while being sick, yeah, and they just test the patient Covid and then they are comfirmed to be Covid positive right at 4A and the patient was also among other patiens who are very sick, so screening was implemented and it was said that every individual should be screened before entering into the hospital.

F: team imene inayikidwa koyambilira kuyendetsa mungakumbukire kuti osati mayina a anthu eti?

Can you remember about the first team which was set then , not the names of people right?

R: mmmh.

Yes.

F; koma munali anthu ake otani, otani komanso nthito yawo kwenikweni inali yokuti ikhale yotani yotani?

Who were these people and what were their roles?

R: Munali ma carders osiyanasiyana of course I wasnt mu team mo komano ndimangomva kuti even the director, the DHD, then ma nurse, then ma dokotala, ma maid, ma guard onse kuti apange sensitise kuti kod mulili umenewuwu ndi otani.

There were different carders and of course I wasn’t part of the team but I just heard that even the director, the DHD, the nurses, doctors, maids, guards which were sensitised about this pandemic.

F: Okay, chabwino. Okay, nde mukayang’ana mwakambapo zama training amene anayikidwa, zama awareness, ahm, nde mukawona, training itha kukhala ina komanso zimene zalembedwa zitha kukhala zina komano practically, inuyo mukawona in terms of knowledge komanso ma skills amene anthu achipatala ali nawo okhudza mmene angapangire manage covid19, ndizokwanira kapena mukawona practically zikumaonekabe kuti aamh, komabe pali kupelewera?

Okay, alright, okay, so you have mentioned about training which was set, awareness, amh, so, if you look at, you might have been trained but and this might as well differ from was is documented, but practically, do you think that, in terms of the knowledge and skills that health care workers have with regard to managing Covid19, is sufficient or you think that practically amh is insufficient?

R: mmmh

Umh.

R; Ndikawona kuti after training kuti tikupanga bwanji ndikuowona kuti pena pali bwino komanso pena sipali bwino eti

I think looking at the training itself, I think some things work well and some things do not work well.

F: okay.

R: whereby mwina ku training ko timati tikapita imawoneka kuti training yo yofunika kuti anthu ndithu tikhadzikike bwinobwino ndithu tiphunzire koma looking for funding mwina imabwera ku boma, it seems like timapanga training ya changuchangu mwina 2days training mwina just like ka orientation kenakake whereby nkhani iyiyi ndi yayikulu timafunika anthu kukhala ku training kuja kutsindika nkhaniyi kuti tiyimve bwinobwino mwina three, four days eti.

Whereby I think the training looks very important for us to learn properly but looking for funding that comes to the government, it seems like the training is hurriedly made and it just lasts for 2 days and sometimes it looks like an orientation sort of yet this is a serious issue which needs people to be trained for either three or four days so that we should understand it better.

F: mmmh

Mmh.

R: Chifukwa zimaoneka ngati timangodziwa ma basics koma ngati ambiri amene tagwira ku Covid kuno timakhala ngati nthitoyi taphunzira komkuno nanga si practical kwambiri pamene mukamupedze wa ku 3B mwina anapita ku training yomweyo mwina sakakuyankhani china chirichonse. Its like ena timakhulupilira kuti ah basi ka training bola tasayina ka MK4, 000.00 ndikupita kunyumba.

Because it seems as if we just learn the basics and it seems that most of those who are working here in Covid ward have learnt more right at the wards because of doing more of practicals and if you go to 3B and ask anyone there about this, he/she will not be able to answer you yet we went to the same training. It’s like some personnel believe that ah training is all about signing MK4, 000.00 and off you go home.

F: It’s like after training sana…yeah, yeah.

Its like after training…you were….yeah, yeah…

R; pamene wina ukapita ku training, and umakhala hands on pachinthito imeneyoyo and umapanga expereince zosiyanasiyana ndikuona kuti tingapange bwanji.

Yet some of us you do the work which you were trained and you gain a lot of experience and see how best you can tackle issues.

F: Okay.

Okay.

R: komano kwambiri ma skills ambiri tikuwagwiritsa nthito amene taphunzira ukoko mmene tanenera kale kuti dornings za chani chani izo, mmene amapangiramo, patient ali pa ma litres angati tipange bwanji ndi nkhani zokuti timadzigwiritsa nthito bwinonbwino koma nkhani ndi yokuti period ya training imakhala kuti ndi yochoperako chifukwa zina timangozimva za apo ndi apo komanso zothamanga chifukwa chokuti Queens kulandira I think funding kumakhala kovutirapo chifukwa imadalira ena ake kuti atithandidzirepo kuti training iyende komanso tilipo ambiri as Queens komanso ndekuti aliyense ampange training, aliyense ampange train ndekuti zimakhala ngati zotani, zimakhala ngati zovuta.

But I implement most of the skills which I had acquired at the training like how you can do the dorning, how you can manage a patient depending on the amount of litres, so I use properly the knowledge I acquired but the only challenge is about the time interval for the training is few because there are certain things which we just understand here and there and even it is done very quickly because I think Queens gets a challenge of being funded and it waits for donations to facilitate the trainings and we are many here at Queens, So it is also difficult for Queens to train each one of us.

F: Okay.

Okay.

R: mmmh

Yeah.

F: alright. Izi za PPE munakambapo kale.

Alright. You had also said about PPE

R: eeh.

Yeah

F: kuti panopa zikukhala ngati kuti ma donors, ma funders akubweretsa zinthu.

That donors are now supplying items

R: mmh

Yes.

F: komabe mundiwunikirebe kuti kuyambira poyambilira mpakana panopa, availability, kupedzeka kwa PPE kwakhala kotani?

But still, I would like you to tell me about it from the beginning until now, how has been the availability of the PPE?

R: Okay.

Okay.

F: Mmh.

Yeah.

R: chiyambireni ineyo ndinayamba August, nde chiyambireni kuyambira August honestly mpakana to date lerolo sitinakhalepo ndi shortage ya PPE, harzmat imapedzeka, ma glove amapedzeka chimene chimavuta kwambiri ndi head gear mmene ndanenera muja kuti headgear nd imene imativuta, zovala zakumutu, komano panopa tiribe ndi ma cartoon angapo owoneka kuti zinthuzi zilipo mwina mwake tione kuti koma sinanga panopa ka mulilika kakukhala ngati kachepa chifukwa timakhala chigulu, panopa tachita kupanga reduce kuti iyayi anthu achepa nde takupangani trim komano mbuyomu zimapedzeka kuti iyayi zima cartoon zo zimayenda mwachangu komanso chiyambireni August sinapange experience vuto kuti ujeni yasowa ayi tiri nazo zokwanira.

I started in August until to date but honestly, I haven’t experienced a shortage of PPE, Harzmat and gloves. The only challenge we have here is about the headgear as I have already said earlier on. We still have carton of things which shows that we still have these resources. And as of now, the pandemic is slowly reducing so the number of personel has been trimmed in the ward but previously the cartons were being used so much and also we haven’t experience any shortage with regard to this, they are sufficient.

F; nde ujeni, head gear yo mungadziwe chifukwa chake chimene mwina ikumapedzeka yosowelako?

So, amh, do you know the reason why there is a shortage of the headgear?

R; mmh, ayi, sindikudziwa kuti kodi vuto ndi chani. Koma chirichonse chimapedzeka ngakhale pharmacy yathu timatha kuoda mwina ma celary gloves chifukwa mwina timatha kuoda mwina ma glove ofika umu aja.

Mmh, no, I don’t know why it is a challenge. But everything is available though sometimes we might order celry gloves from our pharmacy, those gloves that go up to here,

F: Yeah.

Yeah.

R; nde mwina pamapedzeka kuti ma glove ofika umu aja nde amenewowo nde pamapedzekanso kuti ndi challenge kuti sitimakhala nawo. Koma the moment imapedzekanso kuti mwina ukugwira china chake mwinanso yatuluka.

And you will get those that goes up to here (wrist) and that becomes a challenge as well as they are also scarce. But sometimes you will find out that, you are doing something and the glove has come out.

F; koma ma gloves amene amapedzeka ndi afupi aja?

Okay, the gloves that are available are the shorter ones?

R: Eya ndi afupi aja nde atleast panakakhala kuti timapedza ma gloves kuti mwina mmene timaphunzira muja kuti dorning kuti tikamachita ujeni, kuti mmene guideline imanenera kuti ma glove ayenera kukhala above kuti adzifika muti, adzifika umu.

Yes, the shorter ones so atleast if those gloves could have been provided so that it should also go together with what we were trained on the guideline about the dorning, that the gloves should be above here.

F: M’a elbow mo.

On the elbow.

R: Eeh. I think challenge….

Yes, I think the challenge…..

F: Okay.

Okay.

R: Koma ma PPE onsewo ndi zakuti zabwinobwino.

But there is no challenge in any other PPE.

F: ndi zakuti zabwinobwino.

Its not a challenge.

R: Mmmh.

Yeah.

F: Alright. Nanga ndikudziwa kuti covid19 goes along with infection prevention and control mwachitsanzo kusamba m’mmanja, kagwiritsidwe nthito kabwino kama PPE komanso disposal, mmene zimayenereleka kuchitikira ndi mmene staff ikugwilira nthito mukutha kusiyanitsa kuti pali kusiyana kwina kulikonse mmene zikuyenera kuchitidwira kuti staff ikutha kutani, kuti staff imatha kutani, ma health care workers amatha kulondoledza mmene zinthu zikuyenekera kuchitidwira ngati kusamba m’mmanja nthawi zonse, correct use ya ma PPE ija komanso ma staff akupanga motani?

Alright, I know that Covid19 goes along with infection prevention and control for example washing hands, proper use of PPE and proper disposal. So, based on the ability of staff to follow these, are there differences on how these were supposed to be done, what is staff able to do, what does staff do, do health care workers able to follow the recommended regularly hand washing, correct use of PPE and how are they doing it?

R: Amh, tikanena ku ma staff ku eti, zimenezozo zimatheka, komano tikawona kuti kwambiri tilinso ndi low carder yokutinso timachita kuphunzitsidwa patsiku kuti iyayi ichi mwapotodza monganso ngati mmene ndinanenela muja kuti we work as a team where by kuti ngati tamuwonabe nzanthu kuti wayiwala chinachake timamuwudza eti komanso nthawi zambiri munthu akavala popitamo timatha kuwonana kuti aah iwe wayiwala face shield kapena waiwala chani zimatha kutheka komano mwina ngati low carder amatha mwina kuvala surgical mask mwina akulowa kuti mwina akakolope mu ujeni, mwina iyayi wangovala chi gown chija mwinanso sanachimange bwinobwino. Mmene ndanenera kuti za ma school zakezi zimakhala ngati zodumphadumpha eti, timatha kuthandidzana kuti tiyende bwino koma for nurses ndimaona kuti ambiri amadzitsata bwino chifukwa amakhala ngati akuwopa kuti iih izizi ndikapita nazo kunyumba, eeh ana anga so chimapedzeka kuti chirichonse wachivala bwinobwino and akalowa mkatimu nde eeh mwinatu two minutes ina yiriyonse atenga sanitizer.

Amh, this is practical for the staffs but as for low carders we do teach them everyday if they happen to have done something contrary as I have also said earlier on that we work as a team whereby if you have seen your collegue that he/she has forgotten something, then you must remind him/her and sometimes he/she might need to get inside the ward to mop yet he/she has forgotten the face shield or something else or can just put a surgical mask or sometimes he/she might just wear a gown without properly tying it. So as I have already said earlier on that these trainings aren’t even properly done, so we help each other so that we should all be on the same page but for the nurses, I think most of them follow the recommended things as they fear that perhaps If they go home with this, eh, what about the kids, in the end you dress properly and when you enter inside the ward, then they apply sanitizer almost every two minutes.

F: Laughing…

Laughing….

R: Umakhala ngati mantha.

It’s like you are scared.

F: umakhala ngati mantha.

It’s like you are scared.

R: Mwinako panopa kukhala ngati kuti zatilowa koma poyambilirapo it was like ukamachoka kunoko wasamba, zovala zija ndekuti wadzivula komkuno, nde ukakafikanso kunyumba kumangowona ngati ma virus aja akupana paliponse even kuti olo mwana abwere kuti aku hage zija zokuti iih tamugwirani kaye ine ndikufuna ndisambe. Zotero zija. Nde timayithandidzabe low carder chifukwa imadzapedzeka kuti pena imadzayiwala yiwala kuti atenga chikolopa chomwecho akufuna akolopele kuno akakolopelenso ku ujeni kuja nde timawaudza kuti iyayi ichi chisiyene, chipangeni label, tengani china koma we work hand in hand kuti aliyense kuti asakhale kuti wadwala eti.

Perhaps we are used now unlike before because previously, it was like when you are knocking off, you shower, you leave your clothes here and when you are home, you just feel like the virus are all over your body to the extent that when your child comes and wants to hug, you would tell others to pick him/her up until you shower, something like that. So we do help the lower carder because sometimes they might forget and they might take this mop and they would want to mop here and again take the same mop and use it there so we advise to leave that one, lebel it and get another mop for usage but we work hand in hand so that nobody should get sick.

F: nde ngati pali ma gaps in terms of following ma procedures wo ambiri mumatha kuwawona pa ma low carder?

So, if there are gaps in terms of following the procedures then most of those gaps are done by the low carders?

R: yeah, ambiri ma nurses ambiri amapanga bwinobwino chifukwa we had this orientation chifukwa titachoka, tisanayambe, tikubwera kuno, tonse, tinayitanidzana tonse, a matron, anatipanga orient, tinapanga practise aliyense kuti mudziyamba chani, mudzitere nde I think ma nurse ambiri amadzitsata komano ambiri awawa mwina a maid nde ndimawona ngati ndi zovutilapo, a apatient attendant, mwina uwawona avala kologi mwina akulowa nayo mwina timachita kubwenza bola panopa mwina akukhala ngati adzitolera kuti iyayi tabwerani pano muvale gambosi chimenecho musavale, zoterozo.

Yes, most of the nurses follow the procedures well because we had this orientation, after we came, before we had started, when we came here, we all met, a matron oriented us and we had made some practises about what we should be starting with so I think most nurses follow the procedures unlike the maids, patient attendant

F; okay, so, zimenezozo mukukambazo makamaka ma nurse akunoko ku 3A kuno, komano general mukawona chipatala chonse chino, ma health care workers, do you feel kuti anthu amakhala conscious kuti ndi infection prevention.

Okay, so, you are basically talking about 3A nurses, but generally looking at the whole hospital, do you feel the health care workers are conscious with the infection prevention?

R: Ah, no. kunoko anthu akumakhala conscious kuti nthendayo tiri nayo tikukhala nayo daily, koma tikapita ku 3 ujeni, even mask amadzapempha kunoko kuti mungatigayireko N95, tilibetu ifeyo meaning kuti bomalo likalandira zinthu target anthu amene akuwawona kuti oyambilira enieni ndi ma fronliners a Covid so for ena onsewo alibe nawonso nthito kuti basi atakhala olo opanda mask olo atakhala otani, mmene imkakhalira nthawi ijayo TB itangobwera kumene kuti N95 ukamupedza ku TB ward, a nurse avala koma ma ward enawo, kuti upedze N95 umachitanso kufunsa kuti kodi amawonekanso bwanji, eyetu zinthu zake zimatero koma sikuti tinganene kuti ndekuti enawo…..koma kunoko amakhala kuti anthu akuwopa kuti ngati sindipanga zoyenelera ndekuti ndifa, ndidwala sinanga kuti nthendayo tikuyowona kuti nthendayi ndi yokupha iyi so ngati sindidzisamala ndifa, koma ndikapita ku 3 muwona kuti anthuwo ma gown wo awavala moti gown imeneyo akhonza kubwera nayo mmamawa atuluka nayonso mpaka madzulo uniform iri mkati akwera nayonso minibus pamene kumene kunoko sidzitheka. Once wabwera kuno umavula zovala zako, ukamachoka muno, zovalazo umadzisiya komkuno, supita nazo.

Ah, no. health care workers are conscious here as they know that they are living with the disease everyday but when we go to 3 amh, they even come here to beg for N95 which means the government’s donation its target goes to the frontliners of Covid and it doesn’t mind about others not having mask or anything just like the case with TB, when it just came in, you could only get N95 in TB ward and you will get nurses wearing the N95 at TB ward and it was difficult for you to get the N95 and you didn’t even know how the N95 look like, yeah it used to be like that but I cannot say that….but people are scared because they fear that if they don’t follow the procedures, they know that this disease kills and failing to adhere to the procedures, you will die. But if you go to 3, you will find the health care workers wearing a gown in the morning while putting on their uniform until evening and the heath care worker will as well go and board a minibus with the same uniorm yet that does not happen here in our ward. Once you come here, you undress your clothes, you leave your clothes here when leaving home.

F: okay.

Okay.

R: So kunena kuchipatala mbali ina ma ward enawa, ah, they didn’t and ma suppliers wo samawafikanso amawapanga amawapatsa limited, unlimited, amadzapemphanso bwanji ujeni, tatigayireni, mwakuti, pamene akanakhala kuti akuthandidza aliyense, donanation imafikira paliponse ndekuti bwenzi ziri zabwino.

So basically other wards in the hospital aren’t supplied and they are supplied with less items and they also come here at our ward to beg for something and what not so had it been that they are helping everyone, the donation is enough, it would have been better.

F; Chifukwa ndekuti chipatala chonse bwenzi chiri well prepared.

Which means the entire hospital would have been well prepared.

R: Eeh, chifukwa olo ku 3B komweko atha kubwera munthu wa covid mpakana atha kutuluka iwo adzakudziwa.

Yes, because they might admit a Covid patient at 3B without them knowing that is a covid patient until the patient gets discharged

F; Mpaka atha akutulukanso iwo asakudziwanso .

The patient would be discharged without them knowing.

R: yes, chifukwa ma cases olo amene tikumalandira panopa akumakha kuti kwambiri munthuyo ali ndi matenda am’gonam’gona kuti munthuyo nde madwale ndekuti munthuyo watheratu nde oti Covid yo wakam’tenga mkuti meaning nso kuti ma ward ena ngati 4A medical wards, akhonzabe kukhala ndi paitient wa Covid still, so they need to practise kumavalabe ziti, kumavalabe zimenezo moyenelera. So ma donation for covid zikumatheka koma ku ward eti koma ma ward enawa, ayi, no.

Yes, because the cases which we are receiving now are those from the patients with other critical illnesses and the patient is severely ill which means this patient had gotten this Covid from other wards like 4A, medical wards. So they can still have covid patients in these wards, so they still need to be practising the wearing of these things properly. So donations for Covids are there in Covid wards and not in other wards.

F: okay, alright.

Okay, alright.

R: Ndithu.

Sure.

F: In terms of, ndikudziwa kuti mwakamba kale za mmene nthito…ward mmene iliri eti.

In terms of, I know that you have already said about how the work…..the ward does, right,

R: mmh.

Yes.

F; Kuti mwina circulation ya air and the like, komano in terms of the infrastructure chifukwa apart from, zina ndi zina zimene mukunena kuti PPE ndi zina ndi zina komanso infrastructure ikuyeneraka kukhala kuti should be supportive popanga care for ujeni, what is your comment pa issue ya infrastractures kaya spacing, m’mabed mu kaya zina ndi zina zimene zikuyenereka kupedzeka ngati pa ward.

Perhaps about the circulation of the air, but in terms of the infrastructure because apart from the things which you have said about the PPE and other things infrastructure should as well be supportive for the care of Covid, so what is your comment in terms of nfrastructural for example spacing, the beds and anything else that should be supportive to the wards

R: Okay, for infrastructure, I think ward yi iri bwinobwino, tikalowa mkatimo, ma bed nso tinawayika kuti two metres kuti bed ina ku corner uko kuti bed inanso uko, zabwinobwino koma ma problem ndi ward yi, ma window ake satseguka, I think zambiri zi ma window zake zinawonongeka olo udzitsegule chonchi chimapedzeka kuti mwina chatyoka.

Okay, for infrastructure, I think the ward is just okay, if you enter into the ward you will find out that the beds were separated into two metres, the other bed is right at the corner there and the other one is also at the corner there and I think is okay. The only problem with this ward is its windows, you cannot open the windows, I think they are malfunctioned so even if you force to open the window, you just end up breaking them.

F; oh, okay.

R: koma zikanakhala kuti mwina anachikonza kuti ma window wa tidzitsegula kuti mpheya udzitani, udzilowa.

But it would have been better if they had repaired this thing so that we should be able to open the window to enable the circulation of the air

F: udzilowa .

To enable the air to circulate.

R: Choncho, eti, nanga si imakhala kuti kalowa kavirus nde kamangopedzeka kuti kali mommuja kakupanga circulate mommuja chifukwa chokuti mma window muja nthawi zambiri mukhala kuti ndi motseka nde kukanakhala kuti anakukonza kuti kukhale ma window okuti adzitsegula anapanga bwinobwino. Sinanga kuti ndi TB ward eti,

Like that, right, because the virus is already there and you still find out that the virus is still there circulating because usually the windows are closed, so, had it been that they had repaired it so that the windows should be open without any difficullies. Since its TB ward, right,

F: yeah.

Yeah.

R: where by akanayika ma window okuti mphweya udzilowa komano ma window wo chitsekeleni kaya I think zinatani kuti zitsegulidwe zimakhala ngati zikulimbikilako ndi zochepa zimene timatani, timatsegula komano ndi kwabwinobwino, infrastructure yake ndi yabwinobwino kuli nursing special anayika kwina, then mulowa uku, komano chabe atati akonza ma window ndekuti za zabwinobwino.

Whereby I think they would have been good window that will enable the circulation of air but its been long those windows were closeds and I don’t know what happened to them because they become difficult to open and only few window can open but the ward is okay, the infrastructure is okay, there is nursing special area then you will enter that side. So I think if they should repair the windows, things will be okay.

F; Okay.

Okay.

R: Mmh.

Yeah

F: Availability yama mankwala amene mumawapangira treat ma covid19 patients.

What about the availability of medication to treat Covid19 patients.

R: mmh, Availability ya mankwala timakhala nawo mmene ndanene muja kuti mwina timakhala ndi ma donar funded eti, kuti mwina mwake dexamothazone, chifukwa anthu awawa amakonda kwambiri, hethaline, dexamethazone, IV trapezone, sitinakhalepo out of stock.

Mmh, there is availability of medication as I have already said that we are donor funded, right, so these patients usually het hethaline, dexamethasone, IV trapezone and we haven’t been out of stock for these medication.

F: Simunakhalepo out of stock.

You haven’t been out of stock.

R; eeh koma mwina zina ndi zinazo nde mwina a pharmacy amakhala kuti sakutipatsa mwina tikapempha koma na mwankwala nde amatipatsa.

Yes, maybe personel in pharmacy might not supply us with other item but as for medication, they always given us.

F; mmh.

Mmh.

R; ngati pakatipa anthromixycn anapedzeka kuti anasowa komano tinalandilabe donations anadzatipatsabe kuti uyuyu…timati tikapita ku pharmacy amati tiri naye koma ndi wa covid meaning kuti imachita kubwera funding kuti mankwala awawa sakupita kwina kuli konse koma Covid ward, nde tisaname kuti mankwala, mankwala amapedzeka

Just recently anthromixycn was out of stock but we still received the donations and when we went to the pharmacy, it was kept for Covid patients which means there is funding for medication which is special for covid patients, so the drugs are always available.

F; So mankwala it’s not a big issue?

So, medication isn’t a big issue?

R; mmh

Yes.

F: Alright.

R: ndithu.

Sure.

F: ndikubwerezanitso pang’ono kuja timakamba za clinical management kuja, I don’t know kuti how direct involved you are ndi actual testing ya ma patients, I know kuti usually they use nasal swabs kapena throat ma swabs akukhosi aja.

Okay, so let me take you back a little bit, we had talked discussed about clininal management, I don’t know how direct involved you are with actual testing of patients, I know that usually they use nasal or throat swab.

R: yeah.

Yeah.

F: What has been your experience ndi ma patient a Covid using, kuyeza kwa Covid using nasal kapena ku ujeni swab.

What has been your experience with the Covid patients using nasal or that swab

R; okay, kwambiri ma patient amene amayuza nasal ndimawona kuti amatenga bwinobwino sample.

Okay, in most cases, those that use the nasal, i think the sample is properly taken.

F: mmmh

umhh

R: chabe ndimawona kuti ka irritation kalipo koma pamapedzeka kuti ka misonzi kaya tatuluka kuoneka kuti kachithuka kuti penapake sikabwino, eti,

Only that there is an irritation to the point that you shade tears which shows that, that’s not a good thing, right

F: yeah.

R: That is poyamba penipeni kuti mwayamba kugwira nthito zimachitika zimenezo.

So that was happening in the beginning of your work

F: mmh

R: Akakhala kuti ayuza ya mkamwa poyambilira kuja ambiri amkasanza

So when using the throat swab, patients could vomit.

F: Oh, okay.

Oh, okay.

R: kuti mwina mwake before the procedure kuti mwina mwake akufuna azipanga ndekuti wwoooo patient uja wawasanzira.

And maybe before they start the procedure, the patient would vomit

F: wawasanzira.

Would vomit on them

R; Ngati zoterozo komanso after awawa a lab atapangidwa trained kwambiri, panopa patient akabwera kudzayedzedwa Covid kwambiri akapanga ya mkwamwa ndikumawona kuti ambiri akumapanga zachangu komanso ka irritation kakumapedzeka kuti kachepelako than mbuyo muja kuti mpaka misonzi kuti kumapedzeka kuti patient mpakana amalira koma awawa ukumati ukawayang’ana patient uja kuti akutenga kale, kuti eeh basi amalidza, zikusiyana ndi mmenenso anali ngati kale kuti experience inakhala ngati kuti inali yovutilapo sinanga zinakhala ngati kuti zikubwera kumene chani koma panopa akumatha kumawayedzabe komabe ya mkamwayo ndikuwona kuti ambiri sachita kwambiri a lab, ambiri amakonda kupanga ya mphuno, nasal, nasal.

Something like that and after lab personnel were trainied a lot, so, when they come to do throat swab to a Covid patient, these days they do it quickly hence less irritation than before whereby you could see a patient is shedding tears but now, If you look at the patients and ask him/her if the sample has already been taken, he/she say that yes, the sample has already been taken, so this differs now because the lab personnel are now well experienced than before sicne it was just a new thing, so they are still testing them but they rarely do throat swab, they like doing nasal one.

F: oh, okay.

Oh, okay.

R: Yeah, iyoyo ndimawona kuti ah ndakhalapo ndikuwonera anthu a lab akudzapanga komabe ambiri ndimawona kuti akutenga ya mphuno, akutenga ya mphuno, ambiri akamayedza ya mkamwa ambiri amasanza komano I don’t know kuti zimakhala bwanji.

Yeah, I have been seeing lab personnel coming to test the patients but they usually take a nasal swab because most patients vomit while they are collecting a throat swab and I don’t really know what normally happens.

F: ma comment ama patient amakhala chani?

What are the comments from patients?

R: Ngati awowo ndinawonera koyambilirayo amkangonena kuti iyoyo ya mkamwayo akatigunda, pali kena kake ka so wet kamatero, akagunda kamene kajaka basi pamenedzeka kuti kuti nseru basi kakundibwerelera kanthu kuti ndisanze komano iyiyi akunditenga ya mphunoyi, amkapanga experincence kuti ku tent anawatenga ya mkamwa, komano kuno atawatenga ya mphuno anangodzindikira kuti apanga, aah, mwatenga kale a dokotala eeeh, ali tatenga kale tamalidzanso.

For example, the first test I witnessed, a patient said that while they are administering the throat swab, there is something inside the throat which is wet so once they touch that thing, they feel neasua and they feel like vomiting but the nasal one, the patient was saying about his experience of throat swab at the tent and the one the patient did here at the ward, the nasal, the patient just noticed the doctor had already taken the sample and it was already done.

F: okay.

Okay.

R: So iwo anapanga prefer ya mphuno rather than ya chani ya mkamwa.

So this patient preferred a nasal swab rather than a throat swab.

F: Okay.

Okay.

R; komabe enawobe amapedzekabe kuti misonzi imatani, ya mphunoyo, misonzi akulira kaya, kenako akamachotsanso uwona kukhala ngati kuti thupi labwelera m’chimake mukunyelenyetsa amati ndikumva kunyelenyetsa eti.

But still other patients cry with nasal swab, they would say that when they remove the nasal swab, they feel like their body is back to normal and they say that they feel the irritation.

F: Kutseka….ma views anu angakhale otani atati there is a way yopanga test Covid, using saliva ngati kulavulira kaya ujeni ndikukapanga test saliva if you compare it ndi ya nasal ndi iyo kuti in terms of comfortability ya patient?

Laughs…. What are your views with regad to testing Covid using Saliva if you compare it with nasal and the throat one in terms of the comfortability of the patient?

R; mmh, oh, atati adziyedza mwina ya mate, ya mate kodi sitinapangeko eti ndimangowonabe kuti akutengabe ka mucus chanichani kamkati kaja eti

Okay, oh, if they were to do saliva testing, we haven’t done a saliva one, I only see the one they they take mucus and what not, not so?

F: Yeah.

Yeah.

R: komano ithakhala kuti saliva yo ikuwonetsa kuti ma ujeni ake aja ma antigens timati ma chani, ma antibodies eti?

But if the saliva one would show, the antigents, what do you call it, antibodies, right?

F: Yeah

Yeah.

R: a Covid akapedzekamo, I think is the best

If Covid will show results, I think is the best.

F: is the best eti.

Is the best, not so?

R: Coz izi za makhololo zija eti, sinanga munthu amatha kulavulira makhololo a m’mamawa sidzivutanso testing yake komanso samva kuwawa pena paliponse ndekuti kulavulira ndekuti ndi zosavutanso koma ijayi umapedzeka kuti patient wamutulusa kenakonso akuti kukhala ngati kuti kukutulukanso magazi kukhala ngati kuti sampanganso ka trauma penapake

Because the sample that requires one to salivate the mucus in the morning, its testing is simple and the patient does not feel any pain and its even easy to salivate but that ne, you might get out the swab from the patients, it might come out with blood and that might as well traumatise the patient somehow

F: Mmmh

Mmh.

R: eeh, zimatha kuchitikanso zirinso ndi mmene munthu wapangira ujeni mmene alili experienced eti, ena amakhala kuti sanadzolowere, ena angopangidwa lero ndi lero, pitani mukapange, mukayedze Covid ward yakuti yakuti

Yes, that also happens and this also depends on how experience the lab personel is because some of these lab personnel are not well experienced and they just get trained the same day and the same day they are told to go to , so , so ward to test patients.

F: yeah.

Yeah

R; nde zimakhala ngati zovutirapo koma ya throat ija, I would love that one because sivuta kulavula mate yayi nde ngati ka viris kamapedzeka mu ujeni mo ndekuti sidzivuta yayi.

So, that is also a challenge but the throat one, I would love that on because it is not difficulf for one to salivate, so if you will be able to detect the virus in the saliva, so I think its not difficult

F: Yeah kupanga detect.

Yes, to detect.

R: Eeh, kapangidwa detect.

Yes, to detect.

F; Okay.

Okay.

R; mmmh.

Yes.

F: My second set yama questions, ndiyonea kuti I know kuti mwina anthu m’mene timaganidzira ma Covd cases sidzinapange turn out mmene anthu amayembeledzera kuti they, a lot of people expected kuti will have a lot and a lot of cases za Covid.

My second set of questions are, I know that the way people had assumed the covid cases did not turn out the way people thought it would be like, a lot of people expected that we will have alo and a lot of covid cases

R: mmh.

Yes.

F: Komano I want you kuti mupange imagine kuti ndikanakhala kuti chipatala chiri overwhelomed ndi ma cases ambiri a Covid cases eti.

But I want you to imagine that if the hospital was overwhelmed with a lot of covid cases,right,

R: mmh

Yes.

F: amh, and njira ina imene ngati ma cases in terms of an epidemic ngati ma cases achuluka, njira ina imene amayipanga recommend achipatala ndiya…timati reverse triage, kumapanga screen ma patient and amene ali better off, quickly send them home, kuti mutsale ndi amene ali

Amh, in a case of an epidemic, if the cases are high, the other way that the hospital recommend is reverse triage, you screen the patients and those that are better off, you quickly send them home, so that you should remain with…

R; odwalika kwambiri.

Those that are very sick.

F: amene adwalika kwambiri nde chimene ndikufuna ndidziwe ndi chakuti, mukaona set up yathu ya Queens yi, tikanakhala kuti tiri mu sitiation yokuti Malawi ma cases ndi ambiri kokuti mmene alili ndi mmene timamvera ngati kunjaku chipatalachi chinakhala ku…in reality, mukuwona ngati kuti zikanakhala zotani handling those cases.

Those that are very sick, so what I am interested to know is that, looking at the set up of Queens, had it been that we were in a sitiuation where Malawi had lots and lots of cases just like the way were were hearing from abroad, in reality, what do you think the hospital would do in handling those cases?

R; Mmh, tikanakhala kuti tikulandira ma patient ngati amenewowo eti ndekuti bwenzibe tiri ndi ma ward awiri aja ndekuti ENT bwenzi ikupanga operate ndi 3A mmene zinali ngati poyamba nanga si anachita kutseka kuti ma cases akhala ngati kuti akuchepa so ENT closed komano poyamba pomwepo bwenzi atapedzeka kuti ma cases akuchuluka ndekuti bwenzi kuli ma ward angati, awiri ngati mmene analili, ENT ndi 3A then mkumawona kuti amene akuwoneka kuti wabwera mu ward mo, lets say 02 satulation isali bwino komano akuwonekano kuti akupedzano bwino, amene ajano bwenzi akupangidwa discharge chifukwa chimene chimachitika chokuti anthuwa amadzadikira kuti retest result ituluke then apite kunyumba. Izizi zinazi zimachitika chfukwa tilibe ma patient ochuluka kwambiri compare ndi ma countries a anzanthu aja koma akanakhala kuti achuluka ndikukhulupilira kuti a dokotala bwenzi akutulutsa patient opedzeka kuti akupuma bwinobwino chifukwa kwambiri imapedzeka kuti tingowanyindilira kwambri mphweya chifukwa akapita kunyumba akamwalira, akafa nde kunoko ndingowanyindilira kuti akhale pa oxygen kuti apedze mphweya wabwino adzipita ndekuti bwenzi ambiri akutulutsidwa akakhala kuti 02 saturation iri bwinobwino bwenzi akupita kunyumba koma tikanakhala kuti tiri nawo ambirimbiri okuti akufunika 02 satulation, I think ambirinso akanamwalira chifukwa mmene tanenera muja kuno ndi kosawuka kwambirii ndimadilira zinthu zolandira

Okay, had it been that we were receiving more patient, then we would still have two wards, ENT and 3A just like the way things were before because ENT was closed when the number of cases started to reduce. So I think if the number of cases had started to increases then they would have maintained the two wards, ENT and 3A and they would see that those who have come to the ward lets say for example 02 satulation isn’t okay but he/she is in the ward and he/she is feel better, then they wuld have been discharged home because what happens is that these patient wait for the retesting results and then go home. Most of these things happen because we don’t have a lot of patients compared to other countries but had it been that the cases were overwhelmed, I believe that the doctors would have been discharging patients who are breathing properly because usually we just work very hard on their breathing to improve because once these patients go home without being managed, they will definitely die at home, so just make sure that they are put on 02 here so that they should be able to breath well and then they are discharged. So I think most of them would have been discharged once the 02 saturation becomes okay, but had it been that we also have lots and lots of patients inneed of 02 saturation, I think most of them would have died because I as I have already said that we are poor and depend on donations

F: ma donation

Donations.

R; nde mutati mukhale ndi mwayi olowa mu ward yathuyi muwona kuti tiri ndi moyika oxgen mwina mosakwana 20 moti mongoyikayika moti atakhala kuti talandira ma patient 30 ndekuti enawo azipanga suffer chifukwa nde tidzichita kuchotsa kuti awawa akuoneka ngati ali pa 92, taika ali pa 85 wa, ndekuti the moment ukuwayika awa ndekui apedzeka kuti enawanso akutsika nde bwenzi tiri ndi ma cases ambiri, anthu ambiri akanamwalira.

So if given an opportunity to enter into our wards, you will see that we have 20 places for 0xygen which is already se and if we are to receive 30 patients then the rest will suffer because we will then have to remove the oxygen from patients who have reached 92 and then put the one with 85, so the moment you are removing from this patient to give it to another patient then this one will be dropping so we would have lots of cases and lots of people would have died.

F; mmh

Mmh.

R: mmh, I think panopa izizi zikuphweka chifukwa anadzatipangadi interview nthawi yoyambilira ija ndekuti expereince yapamene pajaponso ikanakhala kuti ndi yabwino chifukwa chokuti takhala ngati takumana ndi zambiri eti koma panopa kumakhala ndi 2 patients aaah umakhala ndi ma patients 10 koma umakhala ngati uri ndi ma patients 100, mwaona.

Yes, I think things are easier now because we were also interviewed that very first time and that experience was also good because we have also experienced a lot and we are having 2 patients now but previously having 10 patients was like having 100 patients.

F: nthawi imene ijayo the maximum, the highest number ya ma patients munali nawo.

Okay, so what was your maximum number for the patients back then?

R; Imafika, seventeen, twenty.

It could reach 17, 20.

F: Amakwana 17, 20.

It could reach 17, 20

R: mmh.

Yes.

F: okay.

Okay.

R: ENT that is, nthawi imene ija amafika 17, 20, 25. Nde ma nurse umadziwadi kuti yes ndikupita ndikukagwira nthito.

ENT that is, they could reach 17, 20, 25, and as a nurse, you knew that you were indeed going to work.

F: laughs…

Laughs…

R: Chifukwa ntchito yake siyamasewerayi.

Because that isn’t an easy task

F: okay.

Okay.

R: mmmh

Yes.

F: Chabwino, and the other thing is, in terms of Covid19, chipatala, it doesn’t matter kuti ndi VIP kaya ndi wakumudzi, onsewa amapita ku zipatala zampha….onsewa amapita ku zipatala za boma.

Okay and the other thing is, in terms of Covid19, a hospital, it doesn’t matter whether you are a VIP or a local person, all these could go to..could go to government hospitals

R: Zaboma mmh.

Yes, government ones.

F; eti

Not so?

R: Mmmh.

Yes.

F; And in case yokuti amh, mwina muli ndi ma cases ambiri ngati chipatala kuti muli overwhelmed, what are your views about managing ma VIPs m’chipatala cha boma?

And in case whereby, amh, you have so many cases as a hospital and that you are ooverwhelmed, what are your views about managing the VIPs in government hospitals?s

R; Mmh, nkhani imeneyo inayamba kukambidwa, inakambidwaponso pachipatala pano kuti akuyenereka kuti atsegule Covid paying.

Okay, I think that issue was also addressed here at the hospital that there was a need to open Covid paying.

F: Okay.

Okay.

R; Chifukwa m’buyomu anthu amene amadwala amawoneka kuti anali anthu ochita bwino eti, whereby muone kuti ku Mwaiwathu akhonza kulipira apangidwa refer kuchokera ku Adventist koma chifukwa chokuti its Covid, amabwera kuchipatala chaboma nde sindikudziwa kuti zinatha bwanji komabe anthu amkapanga propose kuti angapange bwanji m’buyomo komano sindikudziwa kuti zinatha bwanji komano all in all onse timawasamalabe ku ward yomweyo yosalipira. Koma panali ena ake tiyerekedze ngati kumakhala ngati ena ake apempha ngati ndi m’mmene ndilili ineyo ujeni yanga, simungandisiye bay inayake yopanda anthu kumakhalabe anthu ena akebe odziwika kwambiri mwina ma celebrity

Because previously you could see that those who were sick were rich people whereby they can pay at Mwaiwath and they were referred from Adventist but because it was covid, they were coming here at the government hospital but I don’t know how it ended up but previously people proposed that but all in all we were caring them ward in this no paying ward. But there were some for example who could ask to be put in other bay where there were no people looking at their status, there were cerebrities

F: Yeah.

Yeah.

R: then umadzawamvetsetsa kuti anyway tiyeni mupite bay imeneyi poti palibe anthu, timatha kukambirana nawo bwinobwino.

Then we could understand them and take them to the other bay provided that there was no patient, we could communicate with them.

F; Komano personally as a health worker, do you think they should be differences the way you manage

But personally as a health worker, do yu think there should be difference the way you manage.

R; Ineyo I think you need to be treated equally chifukwa chinthucho ngati chinabwera pa ground kuti ku mwaiwathu kulibe malo, ku Adventist nso malo kulibe anthu akuyenereka kubwera ku Queens tikuyenereka kuwapanga treat equal.

I think you need to be treated equally because it was set that there was no place at Mwaiwathu and Advestist and that they should be coming here at Queens so we need to treat them equally.

F: Mmmh.

Mmh.

R; Iwo opedza bwino, ena osapedza onse timayenereka kuwapanga treat equal bwinobwino.

So we treat those who are rich and those who are not rich equally well.

F: Okay.

Okay.

R: Mmh

Yeah.

F: alright.

Alright.

R: Osati kukondera kuti awawa amagwira mwakuti.

And you should not treat them differently saying that they work here

F: Kuti awawa awawa eeeh

That this one so so, yeah.

R: Mmmh

Yeah.

F: Chabwino, my last set of question ndi yokhudza perception yanu ngati ma health workers whether you feel kuti you are at risk to Covid eti

Okay, my last question is about your perception as health workers whether you feel like you are at risk to Covid, right,

R; mmh

Yeah.

F: Nde if you look at the way chipatala was prepared as a hospital komanso as an individual, the way you were prepared kuti mupange handle Covid19, what is your attitude kapena your perception eti your perceived risk to Covid19 infection.

So, if you look at the way the hospital was prepared as well as the way you were prepared as an individual to handle Covid19, what is your attitude or your perception, your perceived risk to Covid19 infection.

R: Msmh

Mmh.

F: how do you feel kuti how risk is it to you as a heath care worker to covid19 infection?

How do you feel that how risk is to you as a health care worker to Covid19 infection?

R; mmh, I think nthandayi ndi yowopsa kwambiri and is very very risky.

I think this disease is so dangerous and is very very risky.

F: yeah.

Yeah

R; And the moment ifeyo talowa m’mene mujamo ifeyo tiri more exposed

And the moment we have entered there in the ward we become more exposed.

F: mmh

mmh

R: chifukwa chokuti munthu uja amene ali ndi corona uja, ambiri amakhala kuti akukhosomola ndekuti akutikhosomolelanso ife tomwe koma tiri nawo pati, pamodzi komano kwambirri chimene timawona kuti tisakhale kwambiri at risk ndi chokuti timayenereka kupanga follow proper PPE kuti ndikuyenera kuti ndikamalowa m’mmene muja ndekuti ndikhala exposed to nde kukuyenera kuvala motani kuti ndisakapume mpheya wa m’mene muja, ndisakagwire ndi manja zi surface za m’mene muja, komanso ndikatuluka ndikuyenereka ndikapange follow ma preventive measure amene ndikuwatani, ndikuwadziwa koma nthendiyi, coronayi, aliyense akamalowa amakhaa kuti akuwopa kut ngati mmene ndanenera poyamba muja kuti aliyense amakhala kuti akuwopa, its risky to us, ndi nthenda yoyipa kwambiri.

Because a covid patient coughs and he/she also coughs on us when we are there together but I think for us not be at more risk, we need to follow the proper PPE since you know that when you enter there, you become more exposed and you need to know how you will dress in order not to breath that air, not to tough its surface and you also need to know that i need to follow all the preventive measure which I know, but this disease, this corona, everyone who enters into that ward, as I have already said earlier on that he/she becomes scared, its risky to us, it’s a very dangerous disease.

F; Nde that fear, that fear is there?

So, that fear, that fear is there?

R; Yeah, ujeni imeneyoyo ilipo chifukwa chokuti umaganidzira iweyo komanso umaganidziranso ena amene uli nawo.

Yes, you have that fear because you think of yourself and you also think about those surround you.

F: mmh

R: kuti komansotu ndiri ndi tiana komano nditakhala kuti ineyo ndadwala mwana akakhala kuti akukhosomola kunyumba umati mwinatu mwana ndakamutengera Covid nde anthu ife timayenda a mantha kale, owopa that’s why mwina chifukwa amatipatsa ka one week kuti tikapume kunyumba, tikamadzabweranso kunyumba week ina tikhale ngati tazitolera chifukwa honestly eti honestly kachinthu kajabe enafe tinapedzekabe kuti tinadwala.

You think that yu have children at home, so, if you might get sick, and your child coughs, you might think that you infected the child, so we are always living in fear and I think that is why they give us one week break, we go home and come back later after one week because honestly, honestly, that thing, I think some of us were infected and it had started…

F; kanayambapo….laughs.

It had started….laughs…

R: Tikamachedza, tikakhala kuti takumana timakhala kuti timapanga share experience kuti mmh guys nthendayi ilipobe koma anthuwa awathandidza ndani lets wear PPE tithandidzane zotelezo komadi nthendayi ilipodi and is risky, ndi yowononga imeneyoyo Komano Covid yo yoyenelera kuti uvale PPE yo yoyenelera komanso pena umangodabwa nazo kuti nanga agogo awawa Covid yi akayitenga kuti

When we are chatting, we could share experiences that mmh guys this disease exist and who will help out these people, lets just wear PPE and help the patients but this disease exists and is risky and all is needed is just proper PPE bu sometimes you also wonder about how grannies are getting infected

F; Akayitenga kuti,

How they are getting infected

R: Chifukwa anthu ena amakwera minibus kutani koma agogowa kuwoneka kuti sayenda anali mnyumba mwawo ali ndi stroke koma Covid yatani, nde pena kumavomereza kuti komanso nthendayi pena mwinanso kapena mwina mwakenso anthu amenenso ali ndi ma underlying conditions wa ikupedzeka kuti ikumakawafikila chifukwa most of the clients amene tawawona kunoko ambiri amakhala kuti ali ndima comobidities (50:26 check word, not clear)

Because some people use minubuse but you could see a granny who does not move here and there and was just in his/her house and has stroke but they have Covid, so sometimes you will be like perhaps people with underlying condition get to be infected because most of the clients we have managed here have comobidities (50:26 check word, not clear)

F: oh.

Oh.

R: whereby amakhala ndi sugar, BP, mmene ndanene muja mmene ndakuwudzira muja eti

Whereby they are diabetic, BP, as I have already told you.

F: eeeh

Yeah.

R; eyetu, komano nkhani ndi…nthenda iyiyi ndi very risky kwambiri. Tikapita ku Quarantine kuti timakhala kuti iyayi ka ginger tamwako,

Yeah, but this disease is very risk and you take ginger when you go for quarantine.

F: Laughs...Kuzitolera.

Laughs….to boost your life

R; kuti nafenso moyo wathuwu tikamabwera tadzitolera

So that we should boost our life.

F; Komano do you feel like kuti you are suffiently protected?

But do you ffeel like you are suffiently protected?

R; mmmh, tikavala ngati zoyenelera ngati ineyo ndikabvala PPE yanga kuti ndazitcheka, ndiri bwinobwino, ndavala hazmat bho bho ndingowoneka kuti masowa ali m’ma googles ndimawona kuti ndiri safe komanso ndikamakapanga muja ndikakhala kuti ndikukavula ndikuyenereka kupanga follow, ma guideline bwinobwino kuti kodi ndikuyeneka kuyamba chani chifukwa ngati mmene mujamo ndabalalika, ngati mmene ndanenera muja kuti timakhala opanda instructor otipanga, nde the moment ndabalika kumene kujako, I can infect myself chifukwa ndipedzeka kuti sindinapange follow china chake nde mwina ndazigwira mu mphuno nde the moment ndazigwira mu mphuno basi kalowa kamene kaja ndekuti kapita olo ndikasambe m’manja olo ndikatani ndikhalabe kuti ndiri infected.

Yes, I have checked myself that I have put on the proper PPE, I have properly put on hazmat, giggles, I feel safe andi make sure I follow the guideline when I am undressing the PPE and I see what I should start undressing first because if it happens that I was disturbed in the ward, as I have said that we don’t have an instructo to, so the moment I am disturbed there, I can infect myself because I will end up not following something and perhaps I will tough my nose, so the moment I have touched my nose, the viruses get in and even if I wash my hands, I will be infected.

F; Okay, what about ma helath care workers a m’ma ward enawo, do they, I don’t know, komano, what are their view, do they feel at risk nawonso?

Okay, what about other health care workers in other wards, do they, I don’t know, but, what are their views, do they feel at risk as well?

R: Yeah, they feel at risk nawonso komano nthawi zambirri ndimaona ngati kuti amatayilira kuti a Covid wo, amh, ndimakumbukira nditangoyamba kubwera kunoko, ma friends amandithawa…

Yes, they also feel at risk but most of the times I feel like they are unconscious that those with Covid, amh, I remember when I had just started coming here, my friends were running away from me.

F: That’s what I wanted to ask you.

That’s what I wanted to ask you.

R; uyu si akugwira ku Covid, usamachedzenso ndi ife, utipasila Covid

This one is working on Covid ward, then she should not be chatting with us because she will infect us with Covid.

F: Laughs….

R; Ahh, iweyo utipasila Covid nde zimapedzeka kuti iweyo olo kuti ife tipemphe chinthu ward inayake olo kuti lets say tibwereke nawo wheel chair mwakuti mwakuti people says no, ikupita kuti, mwina ndikufuna ndikanyamulire mwakuti aaah, iyayi ngati ikupita ku covid iyayi, amh, muti…nde zimapedzeka kuti basi zinazake kuti basi ndekuti ifeyo ndi amene tiri ndi Covid yo anthuwo alibe Covid yu mwawona.

Ah, you will infect us with Covid, so it used to happen that if we want something from another ward lets say to borrow them a wheel chair and what not people say, no and ask where it was going and perhaps you could say that you want to transport so so, they would say, no, amhm, no, if the the wheelchair was going to the covid ward so it as like we were perceived as those having Covid and other do not have Covid.

F: mmh

Mmh

R: nde pamapedzeka kuti kuti ifeyo tipemphe chinthu choyenera kuti chibwelera komko ayinake aja amatani, amakana. Even ku pharmacy ngati tawoda mankwala ngati mabolo aja kuti abwelere they say no.

So if for example we have asked something from other wards which it will later required to be returned, they will say that we should not return it. Even at the pharmacy, if we have ordered medication and there will be a need for the bottles to be returned, they would say no as will.

F: Asabwelenso.

They should not be returned.

R: Chirichonse chakuno kaya tikufuna chani, amangotipatsa kuti mabotolo amenewowo mutenge akhale anu mwawona koma kwinako chiri chonse chikuyenda normal m’mene chimayendera m’buyomu.

So whatever that was from covid ward, they could just give us to be ours like the bottles, you see, unlike other wards things were progressing the way they were before.

F: Komano if you look at koyambiliraku ndi panopa has that fear changed? What do you think has made that fear kuti isinthe?

But has the fear changed now than before? What do you think has made the fear to change?

R: Mmh, fear changed whereby in the first place timkaganidza kuti ngati munthu, anthu akwa America ngati akufa, dziko lolemera lolemera chonchija ifeyo nde tidzafa tonse komanso ngati ma helath workers akufa ambiri kunja meaning ku Malawi kuno ma health workers adzafa ambiri eti.

Mmh, the fear changed whereby in the first place we used to think that if people in America are dying yet it’s a rich country, so you could imagine that we will all die and if health workers are dying a lot abroad, then, in Malawi, more health workers will die, right,

F: sitidzapanga survive.

That we will not survive

R: So, akufuna ma nurse kuti akagwire nthito, amayitanira kuti amene akufuna, chifukwa aliyense samalora, amakana poyambilira paja.

So, when they wanted nurses to go and work there, they used to even ask those who wanted to work because everyone was not willing to work there in the beginning.

F: mmh…

Mmh

R: Panopa zaphweka chifukwa chokuti anthu anawona kuti palibe wamwalira, palibe wadwala covid, onse amene akugwira ku Covid onse abwinobwino, and panopa anthu ayamba kupanga flow kuti akufuna kuti agwire nthito ku covod ward.

I think things became easier now because people saw that nobody died, nobody had Covid, all those that were working at Covid ward are okay and people are now flowing wanting to work at Covid ward.

F: Ahhhm

Aamh

R: Pomwe kumayambiliro kuja anthu amakana kuti ine, ine ayi sindingapite kumene kuja so umadzipereka ndithu ndiponso sumayinena nkhani ija kunyumba kuti ndimagwira ku Covid chifukwa umadziwa kuti even family members akuwudza kuti eehe iwe nde ukufuna ukafe koma umangowona kuti nanga ndipanga bwanji kudzagwira nthito kunoko koma ndipanopa eti nanga si anthu apanga expereince kuti ma nurse ndi mmene timaganidzira ndi mmene tikuwonera aaah anthu sanamwalire ndi mmene ndimaganidzira ngati mmene anthu amamwalilira kunja eti komanso ndi mmene ndinawona ineyo eti, ifeyo, ifeyo chinthu ichi tinali nacho mantha kwambiri whereby PPE ija timayipangadi follow olo mnzungu eti, ndingopereka example, mnzungu amati akabwera kunoko amati akavala nsapato yake amakana kuvala gambusi amati ah, no, the surface is okay, amatha kulowa pamene ineyo mkada sindingalowe ndi nsapato zanga.

Yet people were unwilling to work at the very beginning at covid ward because you are also full committed there and you could not even reveal at home that you are working at Covid ward you know family members would tell you that, you want to die but there was nothing that I could have done than working in the ward here but now based on people’s experience, the nurses have seen that their perception that people haven’t died as they assumed looking at how people died abroad and based on my experience, we had to follow that PPE for example when a white person comes into the ward here, he/she will refuse to wear the boots, he/she will say no, the surface is okay yet a black person like me, I cant enter there with my shoes on.

F: ndi nsapato yeah.

With shoes, yeah

R: nde kwa anzanthu kuja I think azunguwonso mwina amapanga zimenezo mwina samapanga follow ma PPE oyenelera whereby mwina angovala ka glove kamodzi ndikupita kwa patient kaya ndika mask kawo kenakake pamene kunoko titawawona kuti anzanthu aja afa kwambiri, PPE tikumavala mwakathithi and just ujeni ija timachita ukati uphatikidze and tikamalowa mmene mujamo umati kodi sindikafa.

So I think that even abroad, the whites could not follow the proper PPE whereby they could just wear one glove and enter into the covid ward while masking up while here after seeing that our collegues died there, we made sure to follow the PPE all the time and we could put on more gloves and when you enter into the ward, you feel like, are you not going to die there

F: Laughs…

R: and nthawi yokhala mmene mujamo imakhalanso yokuti ukukapanga zimene ukukapangazo and timagawani in turn, timagawana in turns kunoko sitimalowa tonse tsiku lonse ndekuti ena alowa, ndekuti ena alowa koma panopa zikuwona kuti zasintha since ma numbers apanga, atsika.

And you could spend time there doing what you wanted to do because we could share in turn, we don’t enter all of us in the ward the whole day, others will enter now, and other will enter later but things have changed now since the numbers have dropped

F; apanga drop

Have dropped.

R; komanso panopa anthu awona ma nurse kuti kuti aah timangowonatu kukanakotu kumenekuja tawonani anzanthu aja palibeko kumeneko wafako chifukwa as of now sindinganene kuti nurse wina wake wadwala covid of which timangokhosomola ndikuchila tikamwa ginger komabe timadziwabe kuti komatu kena kakebe kumene kuja ndinakapuma koma poti ndimadziwa kuti kuti ndiri kwakuti kwakuti komanso ndiri exposed ndimathamgira kuti nditani komabe panopa mindset ya anthu sikuwopa ngati mmene timawopera mid june tikuyamba zinthuzi.

And they have also seen that there is nobody has died at the covid ward although they had refused to work there because of now, I cannot say that a certain nurse has had Covid of which we just cough and get better after taking the ginger but still we were like maybe something there we had breathed through, we were somehow infected and because I knew that I was working there and I am likely to be exposed, I was seeing what to do but I think people’s mindset has changed, people are not afraid now like the way we were afraid in Mid-june when we had just started managing this.

F; Okay,

R: Chifukwa june mid yo mmmh timawopa.

Because we were afraid in Mid June.

F: ndikudzidzila kuja.

With winter.

R; mmmh, chifukwa ma cases wo nde samati, omwalira amangopedzeka kuti akungodzimwalilira m’ma bed, chani, umakhala kuti ukuwopa kuti ukamugwire patient yo kutani, koma panopa zabwinobwino, kuti aah covid ndi nthenda yokuti munthu achira tikamupanga manage bwinobwino achira azipita kwawo, tiyeni timpange manage accondingly.

Yes because the cases were, patients were just dying on their beds and you were afraid of touching the patient either and the like but now, things are okay, you know that Covid a curable disease so long you manage the patient well and a patient will go home and we could say that lets manage the patient accordingly.

F: mmh, nde despite kuti there have been change chimenechocho kuti there have been fear ya feeling ya risk, what fears still remains panopa, panopa mukamakhala what do you think are the remaning fears zimene inuyo ngati anthu ogwira nthito, health care workers you still have in management ya Covid.

Okay, so despite that there has been that change that there have been fear of felling of risk, what fears still remains now, as of now, what do you think are the remaining fears that as health care workers , health care workers you still have in management of Covid.

R; mmh, we have fears monga ngati mmene ndanenera muja kuti mmene ndakuwudzira muja kuti nthendi iyiyi ndi yopasilana eti, whereby titati sitipanga follow PPE, tidwalabe basi, zangophweka kuti mwina kaya tiyike mulungu kuti anatitsogolera kaya tipange bwanji

Mmh, we have fears as I have already said that, as I told you that this disease is infectious, whereby if we don’t follow the PPE, we will still get sick, it has just been easier maybe I should thank God that He was with us, or I don’t know

F: Mmmh.

Mmmh.

R; Komano nthendayi munthu sungakhale nayo pa nthambasya kuti basi ndizingolowa mmene mujamo opanda PPE chifukwa kuti mulungu watisamalira kapena sindinadwale, we need to follow ma PPE koma mantha nde sangatheretu na ngati munthu ogwira nthito ku Covid amene anamuwona munthu odwala Covid, akuvutika ndi moyo amadziwa kuti patient amafila bwanji kuti akakhala kuti patient wapedzeka ndi Covid19 nde ndimakhalabe risk chifukwa ndimadziwa kuti ma patient wo tawapanga nurse and tikuwadziwa mmene amadwalira nde umaganidza uri iwe kuti eeeh ine nde nanenso nditenge nde ndikakhale ngati ajawa pa bed paja , ah, no, koma ndidzisamalire so manthawo alipobe chifukwa chokuti anthuwo timakhala kuti m’malingalilomu timadziwonabe mmene amavutikira wawona, so still, manthawo adakalipobe ndipo sangachoke.

But you can’t be negligent with this disease to the extent that you can just be getting into the ward with PPE having in mind that God has protected us and that we do not get sick, we need to follow the PPE but the fear is still there for those people working in covid ward, who saw a covid patient struggling with life, you know how they feel like once they are comfirmed to be covid patients. So you are still at risk and I know how it feels because I have nursed the patients and I know how seriously they might become and you think that what if you get infected and you stay on the same bed, suffering the way others were suffering, so you take good care of yourself and you still live in fear because we still imagine them in our thoughts about how they were suffering, you see, so still, the fear is still there and it cannot go away.

F: oooh

Oh!

R: Komano the goodness ndizoti anthu akawona kunjaka angowona ngati kuti china chirichonse chikuyenda bwino chifukwa anthu corona yo sanamuwonepo kuti amaoneka bwanji angomva kuti kuli corona.

And the goodness is that people outside there think that everything is going on well because they haven’t experienced it but they just heard about it.

F: yeah.

Yeah.

R; Koma iweyo amene ukupanga daily, amene ukumamuwona kuti eeh anthu amavutika nde ineyo eeh ndikavutike kapena mbale wanga akavutike kapena ana anga akavutike eeh, no nde umakhala ukusamala chifukwa nthendayi ndiyopatsilana ndipo ilipo.

But for me who manages them daily, the one I see how patients are struggling and I think that I might suffer or my relative will suffer or my children will suffer so eh, no, so take extra care because this is an infectious disease and it indeed exists.

F: yeah

Yeah.

R: Eyetu.

Sure.

F: nde there was a time kumayambiliro kuja kumene there was a discussion about incentives that no, tikufuna risk allowance, you should give us money, chani chani, I am sure panopa you are receiving, people that are working

So, there was a time in the beginning where there was a discussion about incentives that no, we want risk allowance, you should give us money, etc, I am sure your are receiving now, people that are working…

R: Yeah, risk allowance ija inabwera ngati general ngati kuti onse a boma kaya ndiwe nurse, kaya ndiwe ndani kaya ndiwe okolopa

Yeah, risk allowance came in general like for all civil servants whether you are a nurse, or you are who or you are a cleaner.

F: Yeah.

Yeah.

R: Komano ku Covid ward ngati munthu amene akugwira nthito ku Covid ward nayenso amalandira kenakake ngati mmene ndinakuwudzira muja kuti kaya ku fortnight timayenereka kulandira kenakake kamene amatipatsa koma m’buyomo zimakhala bwino chifukwa even zakudya zake zimakhaladi kuti munthuyo akugwiradi ku ward ya risk akuyenereka kuti akabwera amwe ka mkaka atleast adye chinachake chabwino koma panopa ndi pamene akuwonekano kuti anthu anazitayilila even kitchen inapedzekanso panopa kuti inatitayilira timangodyabe basi zomwezo zimene zingabwelele kaya abweretsa nyemba kaya abweretsa chani, zoterozo, pamene poyambapo, poyambililapo amapedzeka kuti amatisamala even ma well wishers kunjako amachita kubweretsa zinthu zawo.

But someone who works at Covid ward also receives something as I have already told you that like a fortnight, we were meant to receive something but previously things were going on well because the food can even tell that you are working in a risk ward because you were supposed to drink milk or eat alteast something better but now people are reluctant and even the kitchen staff are reluctant and we just eat what they cook like beans and whatever yet in the beginning they were really taking good care of us and even the well wishers could as well bring their things.

F: Amabweretsa zinthu.

Could bring things

R: mmh, inu ena ake adzipereka akugwira nthito izi, muwapatse izi, muwaphikire. Wawona, pomwe panopa anakhala ngati azitayilira kuti aah basi, wawona komabe ka incentive amatipasa.

Yes, they could say that other people are working here willingly, so give them this, cook for them. You see, but now they are relaxing, you see, but they still give us the incentive.

F: The question is anthu ambiri amanena zimenezozo kuti now ndikufuna risk allowance nde my question imene ndimafuna kupanga understand ndiyokuti relationship between ndalama zimene akukupatsani pali relationship ina iriyonse pakati pa ndalama zimene akukupatsani ndi reduction ya risk? Kunena kuti ifeyo tikugwira nthito iyiyi yovuta nde mutiwonjedzere ndalama, is there any relationship ina iriyonse kuti akakuwonjedzerani ndalama risk ija ichepa?

The question is lots of people said that they wanted risk allowance, so the question that I would like to understand is about the relationship of money which you were given, is there any relationship in terms of the money which you were given and risk reduction? As in, you are doing a very tough work and you want the money top up, is there any relationship that if they add money then the risk will be reduced?

R: Ayi, palibe

No.

F: laughs.

Laugh.

R: palibe, is the same. Kaya ulandira risk allowance koma ngati ka virus ko sikakupedza ngati katafuna kukupedza, kakupedza komano anthu amkangopangira kuti by then nurse amapatsidwa risk allowance yochepa kwambiri Mk1800.00. nde MK1800.00 ukafere Mk1800.00?

No, is the same. Whether you recieive the risk allowance but the virus will still catch you, if it wants to cath you but people requested that because by then a nurse was receiving a very low risk allowance of Mk1800.00. So why dying for MK1800.00?

F: Nde its better ukafere ka ndalama kakakulu.

So its better you die for a lump sum of money.

R: it’s better, at least. Eeh, chifukwa chokuti moyo eti, akuti moyo sagula ndekuti Mk1800.00 umalandira pa pay slip yako akalembalemba.

It’s better, at least. Yes, because life, right, you cannot life so you could receive MK1800.00 on your pay slip.

F: Oh.

Oh.

R: Bill chani chani Mk1800.00 nde umaganiza kuti nde ndi nthawi imene ija imene amafuna funa anthu ogwira nthito kumene kuja nde risk allowance Mk1800.00 ya boma nde ndikagwilire patient yo nde ndikafe ndikati ndafera MK1800.00 yo iyayi nde at least titangopedza kenakake at the end of the day mwina umatha kuona ma nurse anzanthu akunja aja pa news mwina awayikira zambirirmbiri mwina zima benefits zambirimbiri of which amafabetu atawayikira zonsezo. Amamwalira and ma doctors amamwalira, komano to make munthu kuti akhale happy kuti asangalale kutinso avomereze pamakhala kuti mumadziwanso kuti pa Malawi kuti kodi connection yake imakhala bwanji koma akanakhala kuti ku Covid ward kusakhale kenakake sindikukhulupilira kuti ma nurse bwenzi akumakagwira nthito komano akhonza kumakhala mongowopa kuti mwina ka MK5000.00 kachosa risk.

The bill of MK1800.00 so you could think twice about that and it was also during the time when there were looking for people to work at covid ward so you could think of dying because of the MK1800.00 risk allowance and you were like no, at least they would have been something at the end of the day because you could see your fellow nurses abroad on the news that they are entitled with a lot of benefits yet they were still dying and even doctors were dying but still to make a person happy and let them eager to work you know, here in Malawi. But I don’t know how it is connected but I believe that if there wasn’t something, the nurses wouldn’t have worked there but maybe they would have worked because of the fear that perhaps the MK5000.00 would remove the risk.

F: not necessarily kuti if they give you money ndekuti kachoa ka risk koma kungotipanga motivate.

Not necessariy that if they give you money then the risk would be reduced but its just like the motivating you.

R; Eeh kungotipanga motivate kuti ngati kundotithokodza kuti aah ameneyiyi wadzipereka anyway adzingopedza soap ochapira uniform yake.

Yes, like motivating us as in thanking us that you are willingly working and you they feel like anyway let her just get something to buy soap and wash her uniform.

F: inuyo ngati nurse, chinthu chimodzi chimene mungafune achipatala kapena anthu kunjako atakupangani support during this time of covid19 outbreak, chinthu chake chingakhale chani?

As a nurse, what is the one thing that could be done to support you more at this time of Covid19 outbreak, what could be that thing?

R: Atandipanga support?

To support me?

F: Mmh

Yes.

R: Ngati ineyo kapena ngati ma patient kapena…

To support me or the patient, or…..

F: No, as a health care worker, not as an individual ngati inuyo mmene mukudziwonera ngati nurse, for you for effectively to do your job, support imene mungafune inuyo ndi yotani

No as a health care worker, not as an individual, as a nurse, for you for effectively to do your job, what support that you wish could be done

R: ineyo pa munthu pa ine ndekha?

As an individual?

F: eeeh.

Yes.

R: Smiles….okay, fine, support imene ndingafune ineyo kwambiri kuti ndichoke kwathu ndibwere kuno ma transport sinanga mbuyo muja tikavala uniform tikakwera m’minibus amati atipasali Corona, what what, tikukamba izizi kuti mwina mulili uja wabweranso if boma kapena mwina ma well wishers atatiganidzira kuti mwina mwake kuti amene akugwira nthito kumenekoko mwina angamayende bwanji ngati ineyo kuti mwina ndifike kuthito kuno komanso ndiweruke kunthito kunoko, one. Two, mmene tinakambira kunoko kuti tikabwera kunoko madyedwe ake timakhala kuti sitimatulukamo munomo timakhala kuti tabwera basi so ngati tabwera kunoko sitikuyenereka kuti titulukemonso until half four, tipereke hand over kwa anzanthu, anzanthunso auyambe kutani…whereby timapedzeka kuti mwina past five tidakali komkuno nde tipatsane handover tilowe mkatimu ndekuti mwina ndi to six kale imene ija eti, where by zakudya zijanso zikuyenereka kukhala zabwino, zopereka mudyonso kuti wabwera wagwira nthito yotamandika eti nde udye zabwinobwino nde ndimaganiza kuti zomwe atatithandidzira anzanthu.

Smiles…okay, fine, the support that I will need most is that when I am coming from home to work here, the transportation, because previously, when we wear uniform and board a pubic transport, they could say that we will infect with Corona, what, what, I am saying this assuming the pandemic has come back, if the government or well wishers would see how they can help those people working here in terms of their transportation for example how I will be coming here in the ward and how will I get back home. Secondly, the food. As I have already said that when come here, we spend all the time here and e don’t go our until half past four, until we make the hand over to our collegeues and it reached even past five and sometimes to six whereby I think the food also needs to be well cooked, very appetising bearing in mind that you have worked generously and you need to eat well so I think those are the things that they can support us with.

F: Okay alright, funso langa lomalidza.

Okay, alright, my last question…..

R; koma funso limenelolo.

And that question also……

F: if you look at if you look at the way Queens inapangira prepare, kuti ilimbane ndi matenda a Covid, are there any recommendations kuti palii chakuti chakuti kuti mwina anayiwala in future ngati nthenda itabweranso ndi ma cases ambiri kapena kuti ngati patapedzeka kuli pali mulili wina, the way chipatala inapangira prepare to handle covid they need to improve chakuti chakuti chakuti kapena anayiwala chakuti.

If you look at the way Queens was prepared to respond to Covid19, are there any recommendation perhaps there might be so , so, that perhaps they had forgotten to tackle that perhaps in future if this pandemic comes again with so many cases or perhaps if it happens that there is another pandemic, the way the hospital was prepared to handle covid, they need to improve this, this and that or they had forgotten this. s

R; Okay, choyamba screening ndanena ija kuti for madzulo aganizirepo kuti ngati atadzabweranso kuti ngati mulili usadzapange kwambiri, pa gate paja chifukwa ngati angatuluke four kumapita kwawo ndekuti palibe chomwe tapangapo at the end of the day enabe alowabe basi. One.

Okay, firstly, is the screening which I had already said that there is a need for personnel to screen at the gate during the night if the pandemic comes back with more cases because I they knock off around four and go home, then nothing has been done because still other will enter. That’s the first one.

F: yeah.
Yeah.

R: Two, ndinawona kuti anatseka malo ena ndi ena ngati lets say room 1 ngati kuti ma patient ambiri amene amabwera lets say kuti amakhala kuti ndi matenda a m’gonagona.

Secondly, I notced that some rooms were closed like room 1 where lots of patients come with underlying health conditions

F: Okay.

R: amene amakhala ndi suger, BP, amene amabwera ngati ku clinic, that clinic closed because of corona

Like those with diabetis, BP, those who usually come for their clinics, that clinic was closed because of Corona.

F: mm

MMmh.

R: whereby ma patients ambiri amene amadwala analinso ngati ma patient ngati ati, amenewawa.

Whereby most of the covid patients were those patients with these underlying health conditions.

F: mmh, ambirinso anali ngati amenewawa

Yeah. Mos of them had such underlying conditions

R: nde ndimaganiza kuti kapena boma kapena kuti Queens itakhala ngat kuti muliliwunso wabwera asadzatseke ujeni imene ijayi, kwambiri adzathandidze ma patients amene aja kuti adziwonedwa ndi madokotala so that asakatenge chani, asakatenge corona chifukwa kutseka kumene kujaku kumapedzeka kuti ena akubisa mankwala awo, ena samabwera ku ma appointment whereby zinasokonedza ujeni chifukwa anthu ambiri amene amadwalanso anali a diabetic honestly, chifukwa bed iyii diabetis, koma bed iyi diabetis nde ambiri ajanso ukawayilka pa mankwala ena amadananso ndi ujeni ndi nthenda ija, achina insulin kaya amataninso mkati muja , patient condition, worsen koma pamene pakanakhla kuti kumene kuja kumakhala kuti ndi kotsegula kuti ma patient akumawapasiratu mankwalawo akumakumana ndi doctor wawo bwinobwino.

So I think the government or queens should consider not to close such clinic if this pandemic comes back so that those patients should continue be assisted by the doctors to avoid getting the Corona because the closure of that clinic made other patients to hide their medication, some were not coming for their appointments so it had disturbed, amh, because honestly, most of the covid patients were diabetic patients and you could see that this bed, there is a diabetic patient, this bed another diabtetic patient so if you put some of them on medication, the pandemic was worsening I don’t know how the insulin was reacting so I think such clinics were not meant to be closed so that these patients could have been meetin their doctor

F; kupanga control

To control them

R: Eee, I think zinthu bwenzi zikutani, zikuyenda eti

Yes, I think thing could have been going well

F: Okay.

Okay.

R; China, knowledge awareness eti, kuti kwambiri, pa gate paja sipachitika sensitasition ngati talk, kuti pabwera mulili eeh ma guardian chani chani koma pamapedzeka kuti ma guard aja akungowathamangitsa ma guardian aja eeh musalowe ee chanichani ngati kuti mwina ifeyo tilibe catchment area koma anthu aja atha kumabwera panja paja kuti mwina ngati ma nurse kumabwera ndi ka talk kenakake, anthu aja asanalowe kuwalakhula chanichani then adzilowa bwinobwino kuti tiwone kuti tingathandidzane bwanji eti chifukwa mwina tiyelekedze kuti mwina ya mask pa gate paja akumanena kuti aliyense avale mask koma mwina mwake mukaona mu 3B muja wina wake anabwera mwina amadalira nsima yakuchipatala angatenga 200 kukagula mask, ndipo sangatenge ndipo sidzingatheke nde bomalonso lipange ndondomeko kuti ngati mmenenso apangira ku ma sukulu kuti ana akamapita ku school ana akumawapasa mask whereby bwenzi akumawonanso kuti socio economic status ya anthu ndi yotani, sitingathe kugulira wina aliyense mask koma mwina ena ake amene akuwoneka kuti ndi ochepedwa kwambiri okuti sangathe kupedza MK200.00 kugulira mask atleast distruibution ya ma mask akamalowa pa gate paja, adziwatani, adziwapatsa. Koma pamapedzeka kuti ena angotenga nsalu, zija zina zake zija zosakhala bwino zija chifukwa chakuti socioeconomic status yawo ndi yotani, ndi yovuta eti.

The other thing is about knowledge awareness. I think sensitasation isn’t much done at the gate, more like a talk that a pandemic has come and what not but you will see that the giards chase the guardians and limit them not to enter and since we don’t have a catchment area, I think even a nurse can come outside there and talk to the people before entering here and see how best we can handle this for example they will say that mask is mandatory but you would see that in 3B, there are people who are there who depend on nsima that the hospital provide, so how ould this person, get Mk200.00 and buy a mask, he/she cannot buy a mask and this cannot be possible so government should also put strategies just like the way kids are treated in school that they are given masks before going to school and they could have been also taking into consideration the social economic status of people, of course we cannot manage to buy each one a mask but those who are poor , those who cannot manage to get Mk200.00 and buy mask, so atlesst there has to be distribution of masks when they are entering at the gate but you will find out that some have just taken a piece of cloth, that cloth that isn’t that proper as well because of socioeconomic status, right.

F; Okay.

Okay.

R; Komanso za call free line zija I think zinayamba mochedwa, ma patient ambiri anali atalowa kale kenakoo akuti iyayi boma layika iyayi kaya Queens kukhala number yokuti anthu azipita kukawatenga zinali zochedwa so panopa akamapanga preparedness zimenezo kuti kaya kudzakhalanso mulili wina zimenezo zikhaliretu komanso ayikiretu ward ina ya special. Za cholera zina ndimaona ngati ma HSA aja umapedza aika ma tent

And also I think the call free line started late and then the government came in when people had already been admitted in the hospital and they were like there would be a number where people would be going to trace them, it was alreadt too late. So I think when they will be doing the preparedness now or if another pandemic comes in, such things should be already set and there would be a need for a special ward. I see HSA putting those things of Cholera at the tent

F; Ma tent anaika.

They have put the tents.

R: nde umafunsa kuti ma tent wa ndi achani nde amane kuti ndi a cholera chifukwa amadziw akuti cholera imabwera eti, chaka ndi chaka pomwe panopa panali ngati kukangana ngati kuti ukufuna kupedza ward sinanga kulikonse kumakhala ngati kuli zinthu nde kukhale ward ina yake special kuti kutakhala kuti kwabwera mulili wina wake kuti anthu adzathamangire kuti kumeneko

So if you ask them about what those tents are all about, they will tell you that they are meant for Cholera because they know that Cholera comes every year but here, it was like people were in disagreements because places were occupied, so I think there has to be a special ward so that if another pandemic comes in, people should go there.

F: Padzikhala tent ya mulili umenewo.

There has to be a tent for that pandemic

R; Komano kunakhala ngati kuti zinavuta kuti ayambe kubweretsa ma tent awo kumene kuja, ayike, iyayi tipedze ward kumene kujansoo akayambe kukangana kuti iyayi kuno malo kulibe, iiih zotani ma patient athu azilowera kuti nde akhale ndi ward special kuti utabweranso mulili kapena muliliwu utapitilira anthu adzapita kwakuti chifukwa olo ife tiri kuno, ward yi siya Covidi.

But things became difficult to bring in their tents there, and put them there, ah, the need to get another ward and they could argue that there is no place to transfer their patients to other wards, so it was difficult, so there is a need for a special ward in case this pandemic continues or in case of another pandemic coming because though we are here but this ward isn’t for Covid.

F: No.

No.

R; ndiya ayini ake whereby ward yinso adzayifuna, ngati mmene anayifunira ya kuja kuti tikuyifuna.

It belongs to other people whereby they will still need it just like the way they told us about that ward that they needed it.

F: yeah.

Yeah

R; meaning adzayifuna, nde Queens ikakhala pansi iganidze kuti tingapange bwanji

Which means they will still need it, so Queens needs to think about it.

F: Space

The space.

R; Kuti tikhale ndi malo ena ake ongokhala ngati mmene timapangira ma tent a cholera kunonso kukonza kukhala ma tent ena ake kuti incase yokuti epidemic yabwera, umu, eti, kusiyana ndi m’mene zidakhalira ndi m’mene zidakali panopa.

We need to have a spare space just like the way they do with Cholera tents , so we can also have tents that in case the epidemic come, atleast unlike how this happened now.

F: Okay.

Okay.

R: Eeh, I think kwambiri ndinganene zimenezozo eeti.

Yeah, I think I can say more of that.

F: Okay, mama ine ndithokodze eti,

Okay, mom, thank you, yeah,

R; Laughs…ngakhale zina timayankha zotseketsa….(laughs)

Laughs..though some answers were funny….Laughs…

F: laughs…I don’t know ngati pali china chake chimene mwachiyiwala.

Laughs….i don’t know if there is something that I have forgotten.

R: Ah, I think palibe. I think zonse ndakamba, I think ndinawerenga ichichi nde zina ndinalembalemba kuti ukhonza kuyiwala

Ah, no, I think there is none, I think I have exhausted everything . I think I had also gone through this so I read it lest you might forget.

F: Okay.

Okay.

R: Komano masiku oyambililira anali masiku ovuta eti.

But we used to have very difficult times in the beginning.

**THE END…**