**Interviewer:** Chabwino, ndiye m’mene mukudziwira inuyo (*alright, so in your knowledge*) experience yanu (*your*), ma patient amadutsa ndondomeko yanji kapena kuti (*which procedures do patients go through or we should say*) what was the pathway that the patient were going through, ma suspected cases ndi ma confirmed cases a Covid-19, titengere from the time they arrive pa chipatala pano kufikira nthawi yoti (*at this hospital until the time)* they are being discharged. What was the process like?

**PF:** at the very beginning there was nothing

**Interviewer:** Uh huh

**PF:** the hospital wasn’t like we would say prepared to handle the cases

**Interviewer:** Mmmh

**PF:** Up until people staged a..was it a sit in or something like to say “you are threatening our lives, you are putting our lives at risk,” then they started training people and arranging for the tents

**Interviewer:** Okay

**PF:** So, the pathway after, was like you come in through the gate, the main gate

**Interviewer:** Uh huh

**PF:** then you go through the tents

**Interviewer:** Uh huh

**PF:** You are asked questions as to whether you have been exposed to Covid or not

**Interviewer:** Yah

**PF:** And then if you are a suspect, you are held ku (*at*) ma tents

**Interviewer:** Mmmh

**PF:** You are tested there

**Interviewer:** Mmm

**PF:** If you are not, you are sent in

**Interviewer:** If you are negative?

**PF:** no

**Interviewer:** Oh if you are not a suspect?

**PF:** Yah, if you are not a suspect, so you come in

**Interviewer:** Yah

**PF:** The other management is there, like for the first time I think

**Interviewer:** Mmmh

**PF:** Let’s say wabwera ndi matenda a shuga (*you have come with diabetes*)

**Interviewer:** Mmmh

**PF:** Komano (*but* *then*) you are presenting ndi ma signs a Covid (*with signs of Covid*), you test Covid negative, koma (*but*) you have delayed in receiving treatment ya vuto lako (*for* *your* *problem*) because you have been held there

**Interviewer:** Okay

**PF:** Of course they were managing them ndi zina ndi zinazo komano (*the* *other* *issues* *but* *then*) specific management ya zinthu zina imafunikabe (*for* *the* *other* *things* *requires*) insetting

**Interviewer:** Yah

**PF:** Ndiye kuti uli kuja (*and* *you* *are* *there*) you have been delayed, so that’s that

**Interviewer:** Okay, if you are a confirmed case?

**PF:** if you are a confirmed case and you are not showing any signs, ikhoza kuyamba kapena (*it* *can* *develop* *or*) you have more time (interruption: somebody speaking)

**Interviewer:** it’s fine, we delete there

**PF:** Okay, so if you are tested positive

**Interviewer:** Uh huh

**PF:** and you are showing ma respiratory conditions, you are sent for treatment

**Interviewer:** Uh huh

**PF:** and isolation as well

**Interviewer:** Okay

**PF:** Or to Kameza if you are not showing any signs but you have tested positive.

**Interviewer:** Okay

**PF:** Others were opting to go home and self-quarantine at their homes

**Interviewer:** Okay alright. So you have mentioned Kameza, I think I am interested to know; what was the stand of Queen Elizabeth Central Hospital at the beginning, because I used to hear that they are not accepting Covid cases to be admitted, what happened for them to change their mind?

**PF:** at the very beginning Kameza wasn’t ready to host a patient, it was dirty, it was everything

**Interviewer:** Yah

**PF:** so they sent people at Kameza to start working while the place wasn’t in a conducive way kuti munthu akhoza kugwirako ntchito (*where people can work*)

**Interviewer:** mmmh

**PF:** so even the patients that were referred there weren’t there

**Interviewer:** Uh huh

**PF:** Upon reaching the place they will just leave, they say “no, I cannot be here, I will die here rather let me be home

**Interviewer:** Mmmh

**PF:** so Kameza wasn’t ready at first, that’s why munamva ngati zoti anthu akukana ma patients (*you heard stories that people were rejecting patients*)

**Interviewer:** So, from this pathway you just explained, at which sage do you think things are working well, at which stage do we need to improve as a hospital?

**PF:** I would say if we are to continue with the way the pathway was

**Interviewer:** Uh huh

**PF:** The tents have to be well equipped

**Interviewer:** Okay

**PF:** Ithinkwithalmost everything likeall departments, if it’s Obstetrics and Gynaecology , if it’s a woman in labour with Covid, they have to manage them there and not send them here because it will take long. If someone was diabetic, we have to manage it there akhale ndi madokotala awo komweko bwino bwino (*they should have their own doctors there*), who are able to manage those things, because the time they take waiting for the doctor to come from inside, go and check on that one there, it’s just too long

**Interviewer:** Yah

**PF:** they will end up losing lives that are not meant to be lost

**Interviewer:** alright, were there any recommended guidelines which were developed for people to be following when managing these cases?

**PF:** yes they were

**Interviewer:** and how were they developed, who developed these recommendations, I mean specifically for Queens, from where did they-

**PF:** [I think it was from WHO

**Interviewer:** Okay

**PF:** yah, it was from WHO, but they were I think ma standards a kunja

**Interviewer:** Uh huh

**PF:** not athu a setting yathu (*not the ones of our setting*), because they were talking of kusintha zovala (*changing* *clothes*), donning and doffing

**Interviewer:** Yah

**PF:** yet Queens had nothing to let us doff and don

**Interviewer:** Okay

**PF:** so you are talking of getting people things that they do not have, like even the simple mask, we didn’t have them

**Interviewer:** mmmh

**PF:** we had masks but not yoti if you see mwina (*maybe*) a Covid patient ukavula nkuvala ina (*take it off and wear another one*)

**Interviewer:** So amagwira bwanji ma guys (*So how do the guys work*) in that setting, do you think they were working well?

**PF:** I think after time they started working well, at first it wasn’t well

**Interviewer:** Mmmh

**PF:** So I think after some time, ataona kuti zinthu sizikuyenda, sizikugwira (*when they saw that things were not moving*)

**Interviewer:** Yah

**PF:** anayambano kupanga (*they have started to*) source the rightful materials to use and then tinadzaona akupanga (*and then we saw them*) mix ndima guidelines athu (*with our guidelines*)

**Interviewer:** Okay, so how knowledgeable were the staff on those guidelines? Did they have enough knowledge or how about the access to those working in Covid, what can you say about that?

**PF:** I would say most people were not knowledgeable

**Interviewer:** Mmmh

**PF:** yes we underwent a training in Covid

**Interviewer:** okay

**PF:** but..how should I put it..after being trained there wasn’t like an implementation eti

**Interviewer:** Okay

**PF:** because kunoko ngati kwathu, kunalibeko zinthu momwe ndikunenerazo (*like at our place, there was nothing as I said*)

**Interviewer:** Okay

**PF:** So you learn something but you don’t implement it because kulibeko zoti ungayuze to do chinthu chomwe waphunziracho (*there isn’t anything you can use as regards to what you have learnt*)

**Interviewer:** uh huh

**PF:** so those people who were close with the patients are the ones who used the guidelines most

**Interviewer:** okay

**PF:** Those who were treating Covid patients koma the rest then we started taking it lightly

**Interviewer:** Okay, ndiye ma seniors, tikamanena ma seniors ndikutanthauza a ku management (*when we say seniors I mean management)*, those who are at management level

**PF:** mmmh

**Interviewer:** amagwiritsa ntchito ma approach anji kuti athandizire anthu (*what approach do they use to help people*) so that they should be able to use ma guidelines and protocols kuti they should be able to follow?

**PF:** did I see anyone going into that?

**Interviewer:** I don’t know but let’s say you have for example here you might have consultants that are like based in the department. How were they..what approaches did they use to support the junior staff?

**PF:** at first there was a little bit of a resistance like from our department

**Interviewer:** Yah

**PF:** chifukwa (*because*) when the cases started coming to the wards, we were scared here

**Interviewer:** Mmmh

**PF:** because the proximity is just too..yah, we were saying it is an airborne, today it’s an airborne tomorrow it’s a droplet, so we do not know what it is. So we said we should move out of here, they didn’t take an initiative to say “yes you should move”

**Interviewer:** Okay

**PF:** they encouraged us to say “no, remain there, this thing is a droplet infection, a drop cannot come from your ward to the clinic.” So I don’t think they helped, no they did not really

**Interviewer:** Okay, so in terms of if you were to have higher numbers of Covid cases, how prepared were you as an individual?

**PF:** Me?

**Interviewer:** you as an individual, how prepared were you?

**PF:** aah

**Interviewer:** and of course I will ask how prepared was the hospital as well, but I will start with you as an individual

**PF:** I was unprepared, I shouldn’t lie

**Interviewer:** Uh huh

**PF:** and it’s just by the grace that we didn’t catch the virus

**Interviewer:** Okay

**PF:** Otherwise they were talking of N95 masks, we didn’t have this, we were using these surgical masks

**Interviewer:** yah

**PF:** they were talking of putting on different clothes for the hospital and you put on yours when going home and you take a bath before you leave, all those things we couldn’t do, so I wouldn’t say I was prepared

**Interviewer:** Okay, and how about the hospital if we were to register higher numbers of Covid-19 cases, how prepared was the hospital?

**PF:** It wasn’t, imagine we had to move our patients from the ward just to accommodate Covid patients

**Interviewer:** Yah

**PF:** so, the hospital wasn’t prepared

**Interviewer:** and in terms of preparation and sufficiency in knowledge, like in terms of training in infection prevention, how were staff prepared or you as an individual prepared for that?

**PF:** infection prevention is an ongoing thing

**Interviewer:** Mmm

**PF:** we always learn it’s because we are at risk every day, with or without Covid

**Interviewer:** Mmmh

**PF:** So we are taught how to prevent ourselves from infections on daily basis

**Interviewer:** Okay

**PF:** it is your own reluctance that leads to-

**Interviewer:** [so you also mentioned unavailability of N95 masks which were like recommended for you to be using but instead you were using surgical masks

**PF:** mmm

**Interviewer:** and in addition to the masks, let’s consider all the infection prevention measures, all the necessary equipment that you were supposed to have, how are they available to staff when they need them?

**PF:** Like sometimes handwashing

**Interviewer:** Mmmh

**PF:** you will not have soap on the sink

**Interviewer:** yah

**PF:** like on a daily basis, not just because of covid

**Interviewer:** Mmmh

**PF:** even before Covid

**Interviewer:** before Covid

**PF:** yah, you would see patients but you wash your hands without soap

**Interviewer:** Uh huh

**PF:** We would use spirit of course alcohol

**Interviewer:** yah

**PF:** to just sanitize our hands, availability-

**Interviewer:** [but did that change with the coming in of Covid or preparation in terms of having higher numbers of Covid?

**PF:** Yah, I would say yes it did

**Interviewer:** Okay

**PF:** Mmm

**Interviewer:** and how about in general, how was the staff following these infection prevention measures if you compare pre and at least this period when we had cases? So I am referring to regular handwashing, use of PPEs or regular disposal of the PPEs?

**PF:** at first it was intent

**Interviewer:** Mmmh

**PF:** we used to change, wash like regularly

**Interviewer:** Yah

**PF:** Now that it’s becoming a little bit less, nafenso tikukhwefula komabe (*we are also taking it easy, but still*) we are at a risk with or without Covid

**Interviewer:** Mmmh

**PF:** so always take care of yourself

**Interviewer:** Okay, and you also mentioned that probably the hospital is not ready for Covid-19 because they ended up using ….

**PF:** Mmmh

**Interviewer:** as a ward for Covid cases, how about in general, let’s look at higher numbers of Covid cases in terms of infrastructural support in managing these increased number of cases, how is the hospital setup like in terms infrastructure if we were to have higher number of Covid cases?

**PF:** for the future or now?

**Interviewer:** Like imagine we had higher number of cases, even if we happen to have higher number of cases, how supportive is the infrastructural setup of the hospital?

**PF:** now they turned ward 3B into a Covid ward

**Interviewer:** Mmmh

**PF:** I have issues already with that

**Interviewer:** Mmmh

**PF:** it is inside the hospital

**Interviewer:** Okay

**PF:** very much inside like people going to Paeds they have to go through the Covid-19 ward

**Interviewer:** yah

**PF:** so that’s not okay. Two, it’s just one ward, so if we are talking of large numbers-

**Interviewer:** [like 500 patients

**PF:** It cannot accommodate such kind of people

**Interviewer:** Okay

**PF:** I would advise if they can maintain Kameza

**Interviewer:** Okay

**PF:** Make it-

**Interviewer:** [Probably decent

**PF:** Yah, equip it with staff and everything

**Interviewer:** Uh huh, so how about in terms of human resources or medication availability

**PF:** human resource has always been a problem {laughter}, has always been a problem and now with the coming in of Covid-19 it was even worse

**Interviewer:** Mmmh

**PF:** Very worse

**Interviewer:** Mmmh

**PF:** mmm

**Interviewer:** So, let’s continue imagining having this higher numbers of Covid cases

**PF:** Mmmh

**Interviewer:** So, I want to learn from you about rationing care, meaning if we had like 500 cases

**PF:** Mmmh

**Interviewer:** all critical cases making sure that probably everyone gets the same management, the same attention

**PF:** Mmmh

**Interviewer:** How would that happen in reality at Queens?

**PF:** we would lose lives

**Interviewer:** Okay, what would be the challenge?

**PF:** But if we got resources like space like we said

**Interviewer:** Uh huh

**PF:** there isn’t enough for people to..like 500 if we were imagining 500?

**Interviewer:** yah

**PF:** that’s just overwhelming

**Interviewer:** Mmmh

**PF:** even 50 is overwhelming

**Interviewer:** Okay

**PF:** if they are serious, they are critical, we are talking of cylinders

**Interviewer:** Mmm

**PF:** they have to be on cylinders like they have to be on oxygen

**Interviewer:** uh huh

**PF:** there have to be someone on their bedside like a nurse looking at everything

**Interviewer:** yah

**PF:** how is their urine output, how is their breathing, how is the.. so it should be one to one or possibly one to two, a nurse to two or to three

**Interviewer:** Yah

**PF:** but with limited human resource, with limited equipment to use, medication

**Interviewer:** Uh huh

**PF:** being a new thing you don’t even know how to manage it, I think it’s-

**Interviewer:** [okay, nanga tikanakhala kuti (*okay, what if we were*) like being in the same situation

**PF:** Mmmh

**Interviewer:** Koma tikhale mwina ndi ma patient (*but we should have patients*) on the general population

**PF:** Mmm

**Interviewer:** then tikhale ndi ma staff (*then we should have staff*)-

**PF:** [Okwanira

**Interviewer:** Aah no, ma patient (*patients*) from the communities

**PF:** Yah

**Interviewer:** then tikhale ndi ma patient koma akhale ngati ma staff a ku Queens koma they are patients (*then we should have patients and should be like staff at Queens but they should be patients*)

**PF:** Mmmh

**Interviewer:** and then tikhale ndi ma patient koma akhale ma VIP (*and then we should have patients but should be like VIPs*)

**PF:** mmmh

**Interviewer:** these are people with social status in the society

**PF:** eeh

**Interviewer:** how would care be rationed in this setup komano tikhale kuti ma cases akhale ochuluka (*and then we happen to have more cases*)?

**PF:** Uuuh amayi ine imeneyo ndi nkhani ya usual (Uuuh that is the usual issue)

**Interviewer:** Uh huh

**PF:** Okay, so a VIP politically,if we..VIP ku Malawi kuno ndi (*here in Malawi is*) politics

**Interviewer:** Yah

**PF:** amatizunza koopsya (*they ill-treat us terribly*)

**Interviewer:** Okay okay {laughing}

**PF:** Sugwira ntchito momasuka chifukwa cha anthu amene aja (*you do not work freely because of these people*)

**Interviewer:** Uh huh

**PF:** amakusowetsa mtendere (*they make you uncomfortable)*. So if he is there, even your fellow clinician is sick suffering there, you will rush to help him because you know they are attached to your ntchito (*to your work*)

**Interviewer:** Uh huh

**PF:** ndiye kuti kumuthandiza uyoyo ukusamala mchere wako, kumuthandiza uyu mzakoyu (*it means you keep your job in helping that one, helping your friend*) will be the next priority

**Interviewer:** Okay, so you flew like

**PF:** [a VIP apezere malo kaya ndi ku Mwaiwathu, asamawabweretse kunoko [(*they should find a place for the VIPs whether at Mwaiwathu, they shouldn’t be coming here*)

**Interviewer:** uh huh okay {laughing}

**PF:** Kaya ndi ku Adventist azipita kumenekoko chifukwa iih they compromise care ya ma patient (*they should either be going to Adventist hospital because iiih they compromise patients’ care*)

**Interviewer:** Okay, so for example using the same example

**PF:** Mmmh

**Interviewer:** tili ndi staff apa, tili ndi wa VIP apa and then because aziona kuti mwina (*we have a member of staff here, and we have a VIP and then because they would have a feeling that maybe*)-

**PF:** [Mukumpanga uyuyu more [(*you are attending to this one more*)

**Interviewer:** yah

**PF:** mmmh

**Interviewer:** so how do you communicate that to the patient if they also need the same care, how do you communicate to them?

**PF:** Ndipo zimativuta

**Interviewer:** mmmh

**PF:** but you would still take care of them kuti I have to see him

**Interviewer:** Mmmh

**PF:** he needs the same care just like you do

**Interviewer:** Mmmh

**PF:** but let me just see him, after I am done with him I will come to you, but still ndi chinthu chovuta (*it is difficult)*

**Interviewer:** Uh huh

**PF:** because they are all deserving of the same thing

**Interviewer:** yah okay, now your attitude towards the perception of risk for Covid-19

**PF:** uh huh

**Interviewer:** and can you explain to me, how do you perceive your risk of being infected with Covid-19 while working in the hospital?

**PF:** It’s very high, more especially ifeyo we look at the nose and the throat

**Interviewer:** Uh huh

**PF:** On a daily basis, that’s the dwelling place of Covid-19

**Interviewer:** yah

**PF:** if they happen to cough while you examining the throat, you are at a risk. It’s just by the grace that we didn’t catch the virus

**Interviewer:** okay, so how has that changed your work, because now that you know that your risk is very high because of Covid-19?

**PF:** we have taken measures on infection prevention

**Interviewer:** yah

**PF:** increased it

**Interviewer:** Uh huh

**PF:** but still it’s just by grace

**Interviewer:** Okay, and from the beginning like from just when we started hearing about Covid-19, what were your major concerns about your risk perception while working in the hospital, what were your major concerns?

**PF:** that I will catch the virus and run with it to my children at home

**Interviewer:** Uh huh

**PF:** that is number one

**Interviewer:** yah

**PF:** and God forbid if my children got the Covid from me

**Interviewer:** Okay {laughter}

**PF:** maybe if they got it from the neighbor or somewhere

**Interviewer:** Yah

**PF:** but if it was from me I would feel guilty that it’s me who has brought this disease upon my family

**Interviewer:** yah yah

**PF:** which is very traumatizing

**Interviewer:** yah okay, so are there any mitigation factors that there was to be probably used to make sure that your concerns are addressed?

**PF:** really, yah I think some of the issues that were raised

**Interviewer:** uh huh

**PF:** they were addressed but most of the things are still like that

**Interviewer:** Uh huh

**PF:** like the spacing that we have talked about, the issues to do with PPEs were not 100 percent addressed, only those attending to Covid patients

**Interviewer:** yah

**PF:** were the ones who were equipped with such kind of things, those of us who are managing the so called non-Covid were not equipped with the actual PPEs

**Interviewer:** uh huh

**PF:** which puts us at risk I feel to me because everyone is a suspect

**Interviewer:** mmmh

**PF:** until tested negative

**Interviewer:** yah

**PF:** so we were not doing mass tests, we were only doing on those we suspect may have Covid because of limited resources

**Interviewer:** mmmh

**PF:** mmm

**Interviewer:** Okay, so I have a very difficult question with me

**PF:** Mmmh

**Interviewer:** of course not difficult to answer but difficult to ask

**PF:** mmm

**Interviewer:** but I want to understand from you to get your perceptions on what could be the reason of people asking for risk allowance when they are working like for example this time in there is a Covid setup. What could be the reason people ask for risk allowances?

**PF:** People weren’t asking like necessarily for risk allowance, I think that’s just the word because from the payslip that we get pali imeneyoyo yolembedwa kuti risk allowance (*there is that one which is written risk allowance*)

**Interviewer:** Mmmh

**PF:** and inali pa K1,800, munthu wa chipatala (*and it was pegged at K1800, a hospital worker)* is on daily basis at a risk

**Interviewer:** Uh huh

**PF:** Covid is not the only risk

**Interviewer:** Okay

**PF:** So Covid raised the awareness yonena kuti (*saying* *that*) you people have always been at a risk

**Interviewer:** Uh huh

**PF:** but you were given this amount

**Interviewer:** Uh huh

**PF:** Now there is this other risk that is coming in

**Interviewer:** Mmmh

**PF:** are you still going to risk your lives on this amount?

**Interviewer:** Mmmh

**PF:** so I think it wasn’t really Covid

**Interviewer:** yah

**PF:** This thing was already there

**Interviewer:** yah, but do you think people working in a risky setup ask for a risk allowance even if it wasn’t there?

**PF:** it’s risky

**Interviewer:** So, I mean from your own perspectives

**PF:** mmmh

**Interviewer:** what would be the relationship between getting financial incentives in form of risk allowance and probably the reduction in the risk?

**PF:** the allowance motivates you

**Interviewer:** Uh huh

**PF:** it gives you the courage to go on, to work even harder

**Interviewer:** Mmm

**PF:** in helping whatever condition you meet

**Interviewer:** okay

**PF:** yah, it’s kind of-

**Interviewer:** [probably if I may ask, how does it feel like for health care workers when they work in those risky setups without getting a risk allowance?

**PF:** that’s insulting

**Interviewer:** Okay

**PF:** it’s like actually sending a soldier without-

**Interviewer:** [without a gun?

**PF:** Mmm

**Interviewer:** okay, so we would we conclude then that when people get risk allowance they feel like they are at reduced risk of getting infected?

**PF:** they feel even if I die at least there was something that was there calming me down

**Interviewer:** Okay {laughs} but then somebody would have avoided-

**PF:** [Yah, but even if I die today

**Interviewer:** Mmmh

**PF:** I have enjoyed a little something {laughter} there was something that was calming me down, there was something that was boosting my will to go to work

**Interviewer:** Okay, but not necessary to be at reduced risk?

**PF:** No, how can that reduce your risk? No it does not

**Interviewer:** Okay

**PF:** Actually it increases your risk

**Interviewer:** How?

**PF:** you work harder

**Interviewer:** mmmh

**PF:** the incentives make you improve

**Interviewer:** Uh huh okay

**PF:** they make you like want you to do even more

**Interviewer:** Okay, just two or three questions on testing procedures. What has been your experience with the testing procedures, the collection of nasal samples and throat samples, or what were people saying?

**PF:** People said it is painful

**Interviewer:** but what do others say?

**PF:** Others say it is painful, I haven’t tested myself

**Interviewer:** Okay

**PF:** But I would love to get one, they said it was painful, uncomfortable

**Interviewer:** Uh huh

**PF:** Like “zobowa” “*it’s* *boring*” putting it kuti aah it’s not a good test

**Interviewer:** Mmmh

**PF:** we wouldn’t do it again

**Interviewer:** yah, so from all those and what people say

**PF:** Mmmh

**Interviewer:** what would be your recommendation if you were given a chance to say okay can you make recommendations on testing procedures, what would you say?

**PF:** I think make people feel better in sample collection

**Interviewer:** Okay

**PF:** give them possibly headlights when they access their nose, they should see where they are going

**Interviewer:** Okay

**PF:** Instead of just going in blindly

**Interviewer:** Uh huh

**PF:** Mmm, in the test know the anatomy

**Interviewer:** Okay

**PF:** so that you follow through bwino bwino uzidziwa kuti ndikulowa apa, ngati momwe ndafikiramu (*well and you should know that I am going through here, as I have reached now*) if I am getting in 3cm I know I am here

**Interviewer:** Mmmh

**PF:** or apapa ndiye ndafika, kusiyana nkuti (*or I have reached the spot, other than*) just using anyone who would maybe just traumatize, maybe that’s why they are saying it is painful

**Interviewer:** Okay

**PF:** Mmm

**Interviewer:** how about in terms of if you were to make recommendation to use other testing procedures, what would you recommend?

**PF:** I don’t know, is it found in blood?

**Interviewer:** I don’t know, you tell me {laughing}

**PF:** if it was found in blood, I think I would recommend kuti azingotenga ma blood samples (*so that they should just be collecting blood samples*)

**Interviewer:** Okay

**PF:** But if not ndiye kuti ndi kukhosi kwathu komweko komano (*but if not then they should be collecting from the throat but*) you can just find better ways of doing it

**Interviewer:** alright, so there is a group of researchers who are thinking to develop testing kits to use saliva to test for Covid, so what would you say about that?

**PF:** that is lovely, it’s just here, you can just spit it out

**Interviewer:** Uh huh

**PF:** so that would be nice

**Interviewer:** okay, lastly what are the priority recommendations that you would make in terms of improving the level of preparedness and probably strategies for responding to Covid-19 or any other future epidemics-

**PF:** One,

**Interviewer:** [for the hospital that is

**PF:** Kameza should be improved

**Interviewer:** Okay

**PF:** that’s my number one

**Interviewer:** Ehe

**PF:** it was built for Ebola

**Interviewer:** yah

**PF:** Ebola fortunately didn’t come

**Interviewer:** yah

**PF:** they should have even another one, a separate, maybe not equipped with everything, but we should just have a building

**Interviewer:** mmmh

**PF:** ready for such kind of things

**Interviewer:** Okay

**PF:** Because if Kameza isn’t ready, yet we have Covid-19 and the Covid patients are within ourselves

**Interviewer:** yah

**PF:** we are even increasing the risk to ourselves

**Interviewer:** Uh huh

**PF:** So why do that when there is a separate entity that can take care of such kind of a thing. So they should improve Kameza, that would be my first recommendation

**Interviewer:** Okay

**PF:** I know people would feel like isolated but they should understand in the long run, if you explain to them quite well they will understand at the end of the day that okay this is an infectious disease, I am not supposed to be close at people

**Interviewer:** yah

**PF:** mmm

**Interviewer:** Okay, any other things that you want to see them done in preparation for any epidemic?

**PF:** in positions, if you stop imposing

**Interviewer:** Uh huh

**PF:** they should advocate for dialogue

**Interviewer:** Okay

**PF:** ndiye say kwathu kunoko (*and at our place here*) ( it’s a department, those who are in big positions

**Interviewer:** mmmh

**PF:** they should be able to call people omwe ali pansipa ndikukhala nawo ndikuona (*sit down with those that are below them and see*) way through, “kodi pabwera ichichi, tikuyenereka tizitani (*there is this, what should we do*)? Aliyense apereke maganizo ake kaya ndiwe wokolopa (*everyone should give their views whether you are a cleaner*)

**Interviewer:** Mmmh

**PF:** Because ntchito ndizosiyana *because jobs are different*

**Interviewer:** mmh

**PF:** iwenso wokolopa *(you the cleaner*) you are at a risk, ugwira ma circulations ugwira chani, aliyense apereke maganizo ake according to ntchito yomwe amagwira and then you should use that kuti mukonze zinthu (*you touch circulations and other things, everyone should give their views according to the work they do and then you should use that to fix things)*

**Interviewer:** Okay

**PF:** kusiyana ndikuti inuyo a kumtunda mukhale pansi mupange zinthu zanu ndiye *(muzibweretse kwa anthu other than top management doing things on your own and bringing them to people)*

**Interviewer:** mmmh

**PF:** zimakhala zosiyana (*it* *differs*) in the way you implement them

**Interviewer:** aha

**PF:** Mmm

**Interviewer:** Chabwino, I think mafunso amene ndinali nawo ndi omwewo, tathokoza kwambiri pa ma issues onse amene mwandipatsa. *(alright, I think these are the questions which I had, thank you very much for all issues that you have given me.)* I think this will help us

**PF:** thank you.