**F: FACILITATOR**

**R: RESPONDENT**

F: nde poyambilira mwina mungondilongosolera kuti udindo wanu ndi chani komanso nthito imene mukugwira ndi yotani tinene kuti ngati mwati mukupita ku nthito tsiku ndi tsiku, tsiku lanu limakhala lotani?

So firstly, can you tell me about your responsibilities and your positions, as in how does your day to day look like?

R: Amh,

Amh,

F: Eeh

Yeah.

R: Okay, Ineyo ndine, udindo wanga ndine house keeper or hospital attendant.

Okay, my respobility is that of, I am a house keeper or hospital attendant.

F: Okay.

Okay.

R: Nde ndikati ndachoka kunyumba kubwera kunthito, amh, nthito ya….udindo wathu kwambiri umakhala wa owonetsetsa kuti malo omwe tikusunga ma patients athu ndi omwe ife tomwe tikugwilira nthito ndi ma nurse kaya ndi ma doctor ali clean.

So when I leave home and come here, amh, my work, my roles mainly involves about making sure that patients’s places, our places which we work together with the nurses or doctors are clean.

F: Okay.

Okay.

R: Eeh, akuwoneka bwino, nde kuwoneka bwino kwake kwambirirnso kumakhala kwa infection prevention

Yes, the place is looking good and the smartness of the place here here mainly addresses the infection prevention.

F: Yeah.

Yeah.

R: nde tikafika, nde tiyamba dusting ndi tagwiritsa nthito ma disinfectants kaya ndi alcohol, kaya ndi vercon, kaya ndi chroline ndekuti tinyowesa waster kaya tiviyika waster kaya ndi mu vercon, kaya ndi mu chlorine

So when we arrive at work, we start with dusting using disinfectants like alcohol or vercon or chlorine, so we will dip the waster either in the vrcon or in the chroline.

F: Yeah.

Yeah.

R: Kuyamba kupukuta kaya ndi ma bed, amh, ma bench, ma window, ma khonde a ma window, kupukutapukuta kenako ndi pamene timakolopa ndima disinfectants aja makamaka timagwiritsa nthito vercon ku ward kwathu. Ma vercon, mkukolopakolopa, tikamalidza ngati pali ma orders omwe akufunika ku ma ward kwathuku.

And we will start wiping the beds, benches, windows, windows for the verandas, we wipe them and then we mop using the disinfectants especially the vercon which we use in the ward. We mop all over and if there are some orders needed in our wards……

F: Mwina mutayankhulako mokwedza pang’onoko.

Can you please speak up?

R: Okay, ngati pali ma orders, zoti tikawode ku pharmacy, nde amatilembera ma nurse.

Okay, if there are orders from the pharmacy, the nurses write them down for me.

F: Okay.

Okay.

R: Nde timapita ku pharmacy kukasiya ma requisition, nthawi ina yake nde timakatenganso.

And then I go to the pharmacy to leave the requisition and later to collect it

F; Mumakatenganso.

You go and collect it later.

R: Eeh, nde mkati mwa tsiku pakakhala dzina zokuti ma nurse akufuna kuti tithandidzane timapanga ngati kupititsa ma specimen ku lab, nthawi ina tipita kukatenga ma results, eeh ndi nthito zina ndi zina.

Yes, so maybe if there are certain things that the nurses would like us to do together during the work day like taking the specimen to the lab, then, I take the specimen and later on, I go to collect the results, , yeah, and other work.

F: ndi nthito zina ndi zina.

And other work.

R: Eh.

Yes.

F: So inu ndinu hospital attendant osati patient attendant.

So you are a hospital attendant not a patient attendant.

R: Amh, hospital attendant.

Yes, hospital attendant.

F; okay, komano muli employed ndi a chipatala?

But you are employed by the government?

R: Eeh.

Yes.

F: Komano si palinso enanso ma hospital attendant amene ali a company?

But there are also other hospital attendants for the company?

R: eeh, tiri nawo ena omwe ali a company, a bungwe ngati a Wellcome trust.

Yes, we also have those from a company, from organisations like those from Wellcome trust.

F: yeah.

Yeah.

R: Onsewonso tiri nawo ku ward yathu.

We also have them here at the ward.

F: Koma onsewo ndi okuti mumagwira nawo nthito limodzi?

But you all work together?

R: Eeh timagwira nawo nthito limodzi, kulinso ma nurse nso omwe ali employed ndi Malawi Liverpool Wellcome Trust, ndi a chipatala.

Yes, we work together and there are also some nurses who are employed by Malawi Liverpool Wellcome trust and there are some nurses that are employed by the government.

F: Onse mumagwiritra nthito limodzi?

You all work together?

R: Eeh timagwilira nthito limodzi.

Yes, we work together.

F: Chabwino, ndiye choyambilira chimene ndinganene ndi chonena kuti ndikudziwa kuti mmene mukunenera kuti mu April.

Okay, so firstly, what I want to say is that, I know that based on what you have said that from April

R: mmh

Yes.

F: kudzafika pano, papitabe timiyedzi tingapo, timiyezi, eight, seven,

Todate, months have passed by eight, seven…

R: eeeh, seven, eight.

Yes, seven, eight.

F: Eeh, ka nthawi konseka ndi kokuti anthu nthito imene…kumalo kumene inu mwakhala mukugwira nthito ndi kokhudza kwenikweni pa patient a Covid ndipo china chimene ndikudziwa ndi chokuti mwina maganizo amene anali anthu nawo poyamba kapena ngati perception imene anthu anali nayo poyamba eti.

Yes, so all this time, you are working in Covid ward and what I know is that perhaps the perception that people had in the beginning, right,

R: mmh

Mmh.

F: mwina ngakhalenso ndikamakamba ndi ma nurse ikuwoneka kuti yasintha kuchokera…nde ndikufuna kuti kukambira kwathuku kukhale kowunikira period yonseyo kuyambira kumayambiliro kwenikweni kumene mumayamba nthito mpakana nthawi ino imene mukugwirabe nthito. Nde mukayang’ana makamaka koyambilira kuja ndikonena kuti inuyo ngati munthu komanso ngati achipatala, kukhonzekera kwake kunali kotani eti kumene kunayikidwa mmalo kofuna kulimbana ndi matenda a Covid ndipereke mwachtsanzo kuti molingalira kuti chiwerengelo cha anthu a Covid chinali chochuluka, ndondomeko zimene zinalipo zokukhonzekeretsani inu komanso a chipatala zinali zotani kuti zilimbane ndi matenda a Covid?

And also when speaking to the nurses, it seems that the perception has changed from…so our discussion should address the whole period right from the time you started working until now, okay so looking at the beginning of everything, how prepared were you as a person or as a health care worker, how was the preparedness like, how was the implementation of Covid19 respone like for example as the number of Covid cases increases, what startegies were there to prepare you or to prepare Queens to respond to Covid19?

R: mmmh

Mmh.

F: Eeeh

Yeah.

R: chiwerengere mmene mwanene muja kuti kumayambiliro kuja tinali ndi perception imene tinali nayo, eeh, magwiridwe a nthito timagwira mwa mantha mantha choncho, tikamva kuti kwakuti kwakuti kwafa anthu mwakuti mwakuti ndi matenda ake omwewa timangoti eeh koma tipulumuka.

Based on what you have indicated how the number was, the perception that we had was like eh, I was working with fears mainly when I hear that in so and so people have died with the same illness and I was like, will I survive.

F: Kuseka….

Laughs…

R: Kuseka…..koma a chipatala ndi kunonso a welcome trust anatha…anadziwa kuti anthu tikuwopa.

Laughs….but the hospital along with Wellcome trust knew that we had fears.

F: okay.

Okay.

R; ndiye anayesesa kutipatsa zinthu zozitetedzera zokwanira ngakhale kumayambiliro kwenikweni chiwerengere chisanachuluke sinanga matendawa ndi achilendo,

They managed to supply us with enough protective items even before the cases were still few since this is just an alien disease.

F: Yeah

Yeah

R: eeh nde zimakhala ngati kuti nawonso samadziwa kuti kodi matenda amenewa kuti tithane nawo kodi tipange bwanji koma mmene chiwerengero chimachuluka, njiranso zoti anthu zitetedzedwere ogwira nthito zachipatala ndi ma patients nso okhaokha mumakhala ma patients okuti ma ward ena alibe Covid kwina ali ndi Covid, nde kwene ma patients alibe Covid mu ward mwina azibale awo kunjako ali ndi Covid nde abale awo akamabwera as ma guardian asapasile ma patient omwe alibe Covid, zonsezo nde njira zotetedzera zimabwera pamene chiwerengerelo chija chimachuluka nde achipatala anagula, anatigulira zozitetedzera ngati protective gear.

So it was like they also didn’t know what could be done to get over this disease but as the cases started to increase, ways of protecting health care workers and the patients…..because there were some patients in covid wards and other patients were in non covid wards, so perhaps their guardians who were coming from outside the ward should not infect the patients with covid whenever they are coming from outside, so these preventive ways was set up to prevent people from getting infected when the fugures were rising up and the hospital had bought for us protective gears.

F: mmh

Yeah.

R: yeah, nde anagula ngati kuyambira gambusi, amh, chinthu china chake chimakhala ngati chi ma ovololo

Yes, they bought, starting from boots, amh, something that looks like a jimsuit

F: Yeah. (Voice not clear 07:25)

R: Ehe, tikachoka ndi zovala zathu kunyumba sitimalowa nazo umu, mu ward kuti tisanalowe mu ward muja, tivule zomwe tachoka nazo kunyumba, tivale zogwilira nthito.

Yeah, once we come from home with our clothes on, we could not enter here in the ward with those clothes, we could off dress those clothes and wear a work suit.

F: Zogwirila nthito.

A work suit.

R; Ehe, nde tikamakalowa, tikamakagwira nthito mu ward mmene muli ma patients, timakhala ndithu titadzitetedza mokwanira. Mmh, timantha timakhalabe tilipobe mmh, koma pang’onopang’ono basi tinadzlowera kuti aah iyi ndi nthito yomwe tinavomera kuti tikuyenera kuthandidza anthu a acovid nde ka basi perception ka mantha kaja kuti nafenso basi tikhonza kugwidwa kufa, kanayamba kumachoka kenako basi tinadzolowera mpaka ndi mmene zilili pano.mmh.

Yeah, so before entering to the covid ward, I made sure that I was well protected, I was still having the fear but slowly I got used since it was the job which I had assigned to that I will work in covid patient so that percepton of having the fear that I can also get infected and die, slowly was ending and I was used until now. Yeah.

F: Chimene ndingafunse ndi chonena kuti ngati munali ndi mantha chimakulimbitsanibe mtima kugwira nthitoyo chinali chani komanso manthawo anayamba kuchoka chifukwa chani?

Okay, so, what I want to you ask you is that; if you had fear what encouraged you to keep working and why did the fear started to end?

R; manthawo tinali nawo kumayambiliroko chifukwa chokuti chodzitetedzera mokwanira panalibe.

We had that fear in the beginning because we did not have proper protective thing.

F: mmmh

Mmh.

R; poyambilirapo zozitetedzerazo panalibe protective gear yabwera mochedwa

In the beginning, there was nothing to protect you with because the protective gear came late.

F: oh. Okay.

Oh, Okay.

R: nde ndi zimene zimatipatsa mantha kumayambiliro.

So that was what was giving you fears at the very beginning.

F: mmh, nde ngati kumayambiliroko ngati zinthu zimene kunalibe zi zichani ndi zichani?

Okay, so, what are the things that you never had in the beginning?

R; Tinangokhala ndi ma gown, timangogwiritsa nthito ma gown.

We only had gowns, we were using only gowns.

F: mmh

Mmh.

R: ma gambusi nso amene analipowo anali omwe analipo Covid isanayambe, anali ma pair awiri nde timachita kumasinthana.

And the boots that were available were those that were there before Covid and there were only two pairs and we could exchange each other.

F: Kuseka…oh, okay.

Laughs…oh, okay.

R: eeh omweyo wina….

Yeah, the same boots one….

F: komano nthawi imeneyo ma patient anali atayamba kubwera.

But patients had started coming during that time?

R; ehe ma patinets nso anali atayamba kubwere, omwewo wina avale akagwiritse nthito mmm koma ngati nthito yokuti tigwire tonse ndekuti enafe timagwiritsa nthito mmmh, ngati nsapato zomwezo zimene tachoka nazo kunyumba.

Yes, the patients had started coming, so the same boots, one would wear them for usage so some of us were using the same shoes which we wore when coming from home.

F: Eeeh.

Yeah.

R: eeh, ndi zomwenso timagwiritsa ntchito ku ward ya Covid. Ndiye zimatipatsa mantha kuti titha kuyitenga komanso mkukapatsira anthu kunyumba.ukakawapatsa anthu kunyumba nde anthunso kunyumba kuja amayenda kupita kumsika kaya kuti ndekuti ifenso tikhala ngati tikuthandidzira kufalitsa eee matenda a Covid, nde mantha omwe tinali nawo kumayambiliroko.

Yeah, so I was using the same shoes here at Covid ward, so it was also bringing iin fear that you might be infected and infect people at home, so if you infect people at home, those people also move around in the markets so it will also be like we are contributing to the spread of Covid, so that the fear we had at first.

F; kuchepa kwa zipangizo.

less availability of resources.

R: mmh, kuchepa kwa zipangizo koma zipangizo zitabwera cha pakatikati itafika kuti anthu atayamba kuchuluka mmm nde mantha anayamba kuchoka.

Yes, inadequate resources but when the resources came in somewhere when the number of cases started to increase, yeah, then the fear got reduced.

F; Okay.

Okay

R: Amh,

Yeah.

F: okay.

Okay.

R: Ndithu.

Sure.

F: Ahm, mukudziwapo ngati achipatala anakhadzikitsapo committee yoyendetsera kapena yowunikila pachipatalopo kunkhani yokhudzana ndi matenda a Covid.

Amh, soo do you know if the hospital had set up a committee to steering up the issue of Covid?

R; Ah, ayi. Pachipatala pathupa nde ayi.

Ah, no, there isn’t any in our hospital.

F: Voice not clear (10:45)

R: Sindikudziwapo kuti panali committee

I don’t know if the commmiteee

F; Simukudziwapo.

You don’t know anything.

R: koma nthawi zina timangopangapo ma training, amapangitsa ma training ya Covid,

But sometimes I was involved in training; they were facilitating the training for Covid.

F: Mmh

Mmh.

R: mmmh, kuti tingapewe bwanji kutenga, mmh, ndiponso tingathandidze bwanji amene ali naye, amene ali nayo Covid kuti asampatsire munthu wina, osati iwe koma asampasire munthu wina. Nde ma training nde timapanga, tinapanga, tapangapo katatu ina tinadzapanga ku wellcome trust , ma hospital attendant amatipangitsa kunoko aku welcome trust.

Yes, it was about how to prevent it mmh, how can we manage Covid patients so that he/she should not infect others, not necessary you but should not infect other, I was trained thrice, the other one was conducted at Wellcome trust, hospital attendants were trained here by Wellcome trust.

F: Okay, ma training amane munapanga inu ndi okuti amakutengani gulu la ma hospital attendant panokha?

Okay, so the trainings which you had attended were those that were done in a group of hospital attendants only?

R; ehe, amatitenga gulu ngati la ma hospital attendant panokha nanga si ngati mmene kunali ku ward kwathu kuja timasunga anthu a aCovid eti.

Yes, patients attendant were trained separately because we are working with Covid patients.

F: Yeah.

Yeah.

R; eeh, nde training yake inali yokuti, nthawi imeneyo zipangizo zisanapedzeke zokwanira koma kunoko anali nazo zomwe amatipangira demonstrate

Yes, so the training was like, that time the resources were inadequate here so they were just demonstrating to us.

F: okay.

Okay.

R: eeh, kuti mupewe kutenga inuyo muzipanga izi iiz izi. Mmh,komanso kuti mutetedze anzanu muyenera kumapanga , wina ali ndi Covid musapange zinthu zokuti musamusamale munthu wa Covid bwinobwino ndekuti anzanu atha kutani, kudzatengerako chifukwa cha careless yanu.

Yes, we were taught about the things that we should do to avoid being infected, and what we should be doing to protect others like not doing careless things with the Covid patients because we might end up infecting others.

F: okay.

Okay.

F: Chifukwa tiyerekedze amh, matenda a Covid, paja tinaphunzitsidwa kuti ma dry surface kachilombo kaja kamakhalamo nthawi yotalika nde zikakhala kuti mwatayilira mumagwira mwina Linen (check wording or spelling or pronouciation 12:48) ya munthu wa Covid yomwe amafunda, iwe wadzitetedza wavala ma protective gear bwinobwino.

For example we were trained that the corona virus stays in the dry surface for a long period of time, so perhaps you might touch a covid patient’s linen which he/she was covering himself/herself up, you are well protected and you have put on a protective gear

F: Ma protective.

The protective.

R; yeah, nde wakagwira ngati tingoyerekedza kaya desk yapa station.

Yeah, so let’s say you have touched a station desk.

F: Yes.

Yes.

R: ya pa station kaya ku stores amene anzanko sakudziwa , sakudziwa kuti iwe unakagwira patient, wagwiranso ma surface ngati amenewowo, nde nzako atha kungogwira ndi bear hands.

At the station or the stores and your collegeues are unaware of that, they are unaware that you had touched a patient and you have touched such surfaces, so your collegue will touch it with bare hands.

F: bare hands.

Bare hands.

R: Ehe, ndekuti wamupweteka mnzakoyo, watenga kwa patient iweyo kumupweteka mnzako. Mmmh nde amatiphunzitsa zinthu ngati zimenezo kuti tidzikhala osamala, tidzitetedze ife komanso titetedzenso anzanthu.

Eh, which means you have infected your collegue, you have gotten it from the patient and you have infected your friend. So we were trained on those areas that we need to take care, protect ourselves and protect others.

F; okay, nde mwati mwapanga ma training almost atatu eti?

Okay, so you have said that you have done the trainings thrice?

R: Eeh.

Yes.

F; inayo anakupangitsani a welcome trust?

The other one was facilitated by Wellcome trust

R: eeh.

Yes.

F: inayo?

What about the other ones?

R: Ina anatipangitsa a Wellcome trust timapanga ya ma hospital attendants.

The other one was done by the Wellcome trust and it was for hospital attendands.

F: Yeah.

Yeah.

R: inanso anapangitsa a Wellcome trust koma inali ya kafukufuku, ina nde anapangitsa ndi aboma anapangira ku College uko.

The other one was also facilitated by Wellcome but it was about research undertakings and the other one was facilitated by the government and it was done there at the college.

F: Okay.

Okay.

R: mmmh.

Yeah.

F: Alright.

Alright.

R: ndithu.

Sure.

F: mukawona ma training amenenewowo mukuwona kuti kunakuthandidzani kukupatsani upangiri komanso maphunziro anali okwanira malingana ndi nthito yanu?

Do you think that those trainings helped you in acquiring skills and knowledge pertaining to your work?

R: mmh

Yes.

F: kapena mukuwona kuti pena pake panali popelewela?

Or you think that somewhere it was not enough?

R: ayi, anali okwanira ndithu mpakana tinalimbikitsika ndithu.

No, the trainings were adequate enough until we got encouraged, ndithu.

F: okay.

Okay.

R: Eeh, tinalimbikitsika ndithu ndikumayikondanso nthitoyo.

Yes, we got encougaged and we loved the work

F: ntchitoyo.

The work.

R: eeh kuti kasafale ndithu kuti amene ali nayoyo ngati kuli kuchira angochira iyeyo koma asakhalenso kuti wapasilanso anthu ena. Nde timayesesa kuti zimenezozo kuti zichitike ndithu.

Yes and we made sure that it should not spread , those having it, if it means getting cured, he/she should just get cured but not infect other people. So we made sure that, that should surely be implemented.

F: okay, mwanena kale za zovala zozitetedzera kuti panopa zikupedzeka ndithu?

Okay, you have already said that protective gear that it is now available?

R: eeh

Yes.

F: si vuto ayi?

It is not a challenge?

R: ayi panopa sivutonso ayi zikupedzeka bwinobwino.

It is no longer a challenge now because they are available.

F: okay.

Okay.

R; mm

yeah

F: alright.

Alright.

R: ndithu.

Sure.

F: nde m’maphunziromo komanso china chimene amakulimbikitsani ndikutsatira njira mmene mwanenera eti?

So among the things that you were trained and encouraged was to follow measures as you have put it, right?

R: Mmh.

Yes.

F: Zoti mungapewe bwanji kapenanso kufalitsa kapena inuyonso kukatenga kachilomboko.

As in preventive measures like how you can avoid the spreading of the pandemic as well being infected with the virus

R: mmmh

Yes.

F: nde pali njira zambiri zimene mumayenereka kutsa….ngati kusamba m’manja kawirikawiri komanso kuwonetsesa kuti mukuvala bwino zovala zodzitetedzera zija nde ndi zija ndimanena zija kuti nthawi zina umatha kuyika ndondomeko apa kapena maphunziro koma zimene anthu akuchita kukhala zosiyana

So there are also some preventives measures which you must….like washing hands regulary, and proper PPE, so as I was saying that sometimes strategies might be set or you might be trained but practically what people do might be different.

R: Kukhala zosiyana, ee.

Might be different, yeah.

F: Nde funso langa ndi lokuti mukawonera inuyo ma hospital attendant, ma dokotala, ma nurse, mmene mukugwirira nthito kuchipatala kuja, mukutha kutsatira ndondomeko ya kapewedwe ka kufala ka kachilombo ka Covid19 kapena mukamagwirabe pena mumawona kuti komatu azinzangawa apapa akukhala ngati akutayilira sakuchita mmene tikuyenera kuchitira.

So my question is, based on how you as hospital attendant, doctors, nurses are doing your work here at the hospital, do you follow the recommended preventive measures of Covid or perhaps when you are working you see your collegues that negligent and they are not following what you are meant to follow?

R: eeh, pena zimawoneka kuti apapa anzanthu atayilira.

Eh, sometime you might see that your collegues are negligent.

F: mungapereke chitsanzo kapena.

You can you give an example per say.

R: Chitsanzo ndiperekeko ngati chaku ward kwathu komweko kumapedzeka a nurse amathandidza patient atavala ma glove bwinobwino mm nanga si timakhala ngati si poyamba paja timawopa, timaopa nde mwina amakatenga ma glove awiri.

For example, I can give you an example from our wards, it might happen that a nurse is helping a covid patient while properly wearing the gloves and I think because in the very first, we were scared and can wear two gloves.

F: Yeah.

Yeah.

R: ma glove awiri uku awiri nde amuthandidza patient nde mwina glove yapamwamba ija mwina yawonongeka, yasweka nde kuti mwina uyichose mwina akayitaye mu bin kuti mwina akavale ina kuti mwina akakhalebe awiri, nde kumapedzeka kuti wayichosa ndikuponya pa floor.

They could put on two gloves this side and the other two gloves the other sides on top, so if the top gloves gets damages, she could remove it and put it in the dust bin and put another one to make them to be two, so you could see her disposing it on the floor.

F: Oh, okay.

Oh, okay.

R; mmh. Kuyichota ndikuponya pa floor, ndikuthamanga kukavala ina yabwino,

Yes, she would remove it and dispose it on the flour and rush to get a good glove.

F: Kuseka…

Laughs…

R: eeh ina iri pa floor pompo.

Yes while the other gloves still remains on the floor.

F: ina wangoyisiya pa floor.

The other one remains on the floor.

R: Ehe, ina wangoyisiya pa floor pompo nde imakhala nthawi yokuti mwakhonzamo kale, mwakhonzamo koma mwina mukhonzamonso nthawi ina nde nthawi imene akupomnya pa floor mwina akukutumanso iweyo kukapanganso zinthu zina nde ukamabwera kumenekoko nde uwona kuti aaah glove iyo ikuwoneka kuti yagwiritsidwa nthito koma sinatayidwe m’malo oyenelera.

Yes, she just dispose it in the floor yet you have already mopped the floor and perhaps you might clean it later because maybe the time she is disposing that on the floor is the same time she is sending you to do other things. So when you are coming from where you were sent, you would notice a used glove which isn’t disposed on a proper place.

F: koma sinatayidwe m’malo oyenelera.

Isn’t disposed in a proper place.

R: Eh, yatayidwa pa floor nde ifeyo ma hospital attendant kuti… ngakhale anatiwudza kuti khaya akakhala kuti khaya ndi nurse akumapanga zina zake zosiyana ndi mmene akuyenela kumapangira, ndibwino kumukumbitsa.

Ye, you would see that it has been disposed on the floo so that the hospital attendant should….although we were told that if a nurse does something contray to the things which he/she is supposed to do, its good to remind her

F: yes

Yes.

R: eeh, kuti izizi izi zili ndi vuto lakuti lakuti, musapangeso ndiye poyambililapo ngati m’mene mwanene kuti ngati tayambapo nthito timakhala ndi mantha kuti mwina ndikamukumbutsa adana nane.

Yes, you will have to remind him that this and that has this effect and that she should not do it so in the beginning, as you have said it, we had fears that maybe if I remind her, she will just hurt me.

F; Kuseka…

Laughs…

R: eeh, adana nane kuti tsopano iwe nde ukufuna ukhale ngati ndani. Komano nde tikamuwona kuti wapanga choncho tikalowa ndekuti timangothamanga kukachotsapo, usukungunula vercon pamene paja upangapo, nde zimapangitanso kuti bed lonse lija tilipangenso disinfect, kuli cleaner again nde choncho amawona kuti aaah ine apa ndimalakwitsa amangophunzira yekha.

Yes, she will hurt you and she will say that who you want to be like. So, once we see that she has done that, we just rush to remove it when we enter into the ward and then dilute the vercon and clean the place, and this also make you to disinfect the whole bed, clean it again and in so doing she just knows that she did something wrong and learns from that

F: yekha amawona.

She just sees.

R: nde kumangopedzeka kuti kwinako tonse tayamba kupanga zinthu zofanana.

So you will then start doing the same thing.

F; Okay.

Okay.

R: Yeah.

Yeah.

F: Okay.

Okay.

R: ndithu.

Sure.

F: Ndiyeno kutsatira ndondomeko kumeneko ndikudziwa kuti ndi inu amene mukugwira ku ward ya Covid.

So following those proceduress, I know that you are working in Covid ward.

R: mmh

Yes.

F: ndi amene mwina chifukwa munali direct ndi odwalawo mwinabe ka conscious kokuti iih ndipange chakuti kanalipo, komano anzanu amene amagwira m’ma ward ena mumawawona kuti akutha kutsatira ndondomeko.

You were the one who was directly working with the covid patients so you had the conscious of following that, but what about other collegues who are working in other wards, do you think that they are following the prcedures?

R; Ayi, ena amawoneka nthawi ija Covid iliko

No, some showed up when the the covid was there

F: iri hot.

When it was hot.

R: mmh, ma figures akukwera mmh mumawona kuti anzanu ena m’mazipatala akuyenda mzipatala opanda ma ujeni, ma mask.

Yes, when the figures were rising, mmh, you could see your collegue walking in the hospital without masks.

F: ma mask

Masks.

R: kuyenda opanda ma mask, pena mwina mask ali nayo koma

They would walk without a mask and sometimes they might have a mask but

F: head gear.

The head gear.

R; koma head gear kulibeko olo mwina avala open boot mmh nde zimenezozo zimaowenetsa kuti aamh awawa akutayilalatu awa.

But the head gear isn’t there or they are wearing openboot mmh so those things indicated that people are now relaxing.

F: komano mwakhalapo ndi ma patient okuti sikuti achokera kunja kapena sikuti achokera pa gate paja komano anali admitted m’ma ward mwinamu nde awapedzamo ndi Covid ndikuwabweretsa ku ward ya Covid.

But you have had experience whereby you have had patients which weren’t coming from outside or neither from the gate who were admitted in other wards and they have been comfirmed positive positive and they were brought to covid ward.

R: Ku ward ya Covid?

To covid ward?

F; mmh.

Yes.

R; Aah, koma sindili sure.

Ah, but I am not sure.

F: Pamenepo simuli sure.

You are not sure about that?

R: eeh

Yes.

F: Okay.

Okay.

R: ndithu.

Sure.

F: Chabwino, kupedzeka kapena kukwanira kwa anthu ogwira nthito makamaka tiwunikire ku ma hospital attendant kuti number ya anthu ogwira nchito kuchipatala ngati mmene mumagwilira nthito mukuwona kuti inali yokwanira kapena ayi, sinali yokwanira?

Okay, so the availability or sufficiency of the staff mainly the hospital attendant here at the hospital, do you think that the number of staff were enough or not based on how you were working?

R: Ngati ku ward kwathuku, ndingotengera zaku ward kwathuku

Like in our ward, let’s say in our ward,

F: yeah.

Yeah.

R: kukuwoneka kuti number ndi yosakwanira.

The number is insufficient.

F: Okay.

Okay.

R; olo ma nurse and even the nurses.

Or even the nurses and even the nurses

F: yeah.

Yeah.

R: mmh, chifukwa zimapedzeka kuti pena night chifukwa pamapedzeka kuti night mwina padzikhala ma nurse mwina atatu mmh koma pamapedzeka kuti mwina hospital attendant kulibeko mwina ma nurse apedzekabe ndi awiri

Yeah, because sometimes it used to happen that at night, it used to happen that at night, there has to be nurses perhaps three of them but there was no hospital attendant but perhaps the nurses will be two.

F: Okay.

Okay.

R: Kupangira kuti mwina winayo komanso kuti amupanga rotate kuti at a day mmmh nde nthawi ya covid ija masiku ambiri ma house keepers night kumakhala kopanda munthu

So that when the other nurse that she was rotated during the day so during Covid, most of the times there were no house keepers at night.

F: pamene usiku akuyenereka kukhalapo.

Yet they were supposed to be present at night.

R: koma amangoyesesa kuti day adzikhalapo night ndi imene imapedzeka kuti kulibe house keeper.

They tried that they should be available during the day and house keeper wasn’t available at night.

F: mmh.

Mmh.

R: Nde timakhala osakwana staff imakhala yosakwana.

So we were insufficient.

F: Okay.

R: mmh

Yeah.

F: okay.

R: ndithu.

Sure.

F: mwakambaponso kuti nthawi zina amathanso kukutumani ku pharmacy kukatenga zinthu, mankwala chanichani, iliponso nthawi ina imene anakutumaniponi ku pharmacy ndikubwelera aku pharmacy aja ndikubwelera aku pharmacy aja ndikukuwudzani kuti mankwala kulibe?

You have also said that sometimes they send you to go to the pharmacy to take things like medication and the like, was there a time you were sent to the pharmacy and then the pharmacist send you back saying that there are no medication?

R: eeh, kambiri zikuchitikabe mpaka pano.

Yes, it had happened so many times and until now.

F: okay.

Okay.

R: eeh Zimapedzeka kwambiri kuti mankwala amenewowo apanga request, order ku ward kulibe, olo kupereka osakwana.

Yes, it might happen that the requested medicated is out of stock or perhaps you had ordered but is out of stock or they will give you insuffient.

F: Kapena kupereka osakwana.

Or they will give you the insufficient medications.

R: eeh, apanga request 20 pena akupasani, 5 olo 10.

Yes, they will request 20 and sometimes they will either give you 5 or 10

F: Oh.

Oh.

R: mmh

Yes.

F: Amenewo mankwala anthu odwala Covid.

That’s medication for Covid patients.

R: eeehe. Mankwala anthu odwala Covid oti akamapanga request ku ward zimakhala kuti ndi dosage ya Covid imene doctor wawonera eti?

Yes, medication for Covid patients which have been requested by the doctors at the ward depending on how he has seen

F: mmh

R: Kuti dosage idzikhala mwakuti, mwina mwankwalala awawa amwa kwa masiku atatu koma kupedzeka kuti kupita kumene kuja mwina kupedzeka okumwa tsiku limodzi.

That the dosage should be like this or that maybe the patient can take this drug for three days but you will go there and get medication for a single day.

F: ooh

Oh

R: eeh, amakapereka ochepa.

Yes, so they wll give you few drugs.

F: Okay.

Okay.

R: eeeh ndithu zachitikapo kwambirimbiri.

Yes, and this has happened so many times

F: kwambirimbiri.

So many times?

R: eeh

Yes.

F: Nde zikatero nde zimatha bwanji?

So what was the solution for that?

R: Zikatere ndekuti pena a nurse amatha kuchita kulemba notes m’musimu kutitumanso kuti tipitenso.

If that happens then a nurse will write notes down and send us again to the pharmacy.

F: Mmh

Mmh.

R: nde mwina tikapita kachiwiri amakapeleka koma osati okwanabe ngati mmene amafunira zimapedzeka amaperekabe pang’ono ndekuti m’mmawa tipitabe nanga dosage yo si ya three days wapereka a tsiku limodzi ndekuti m’mawa ifunikabe kuti munthu uja amwebe mankwala nde timapitsanso kulembanso notes kuti dzulo timafuna….nde kenako amatipasa file amachita kutipatsa file ya patient yo kuti mwina akakhulupilire ku pharmacy ko kuti dokotala wanena kuti choncho koma inu mwatipatsa kuti choncho ndiye zikhala bwanji nde mwina zikakhala choncho ndi pomwe amakapereka onse bwinobwino nanga tsiku lachiwiri.

But if I go once more, it was not like I will be provided with suffient medication, I will still be given few medication which means I had to go the following day since the dosage which was prescribed for the patient was for three days and the patient had only taken medication for only a single day, so I will go back with notes that I came yesterday and I had requested……so sometimes the nurse will just give me the patient’s file to take it to the pharmacy so that they should believe that the doctor had prescribed this and that and they have given me this and that and maybe after that , that is when they give you the whole dosage since it will then be the second day.

F: Yeah

Yeah

R: ammh.

Yes.

F: okay.

Okay.

R; ndithu.

Sure.

F: Chabwino. Nde pomalidza gawo loyamba la mafunso, limenelo linali gawo loyamba.

Okay, so to finish the first section of the questions, that was the first section

R: mmh

Yes.

F: nde pomalidza mukawunikira m’mene mwagwilira nthito, ndi zinthu ziti, zimene ngati pa chipatalapa, zikulimbikitsa, ma positives, nthito yolimbana ndi matenda a Covid, okay,

So, lastly, looking at how you have worked, what are the things that the hospital is encouraging, like the positives, the management of Covid19

R: mmh

Mmh.

F: komanso ndi zinthu ziti zimene zikusokonedza, zimene mukuona ngati ndi ma barriers eti zosokonedza nthito yolimbana ndi matenda a Covid panopa komanso muwunikire kuti nanga chitakhala kuti chiwerengelochi chakwela kwambiri, ndi zinthu ziti zimene zingasokonedze kapena angakhale kuti ndi ma challenges okuti chisamaliro cha anthu kapena nthito yolimbana ndi matenda a Covid, ngati inuyo hospital attendant zimene mukudziwona

And what are the barriers to the response of Covid19, and also I want you to assume that if the number of Covid cases were has increased so much, what do you see as challenges currently affecting covid19 cases response, as a hospital attendant, what is your view on that?

R; mmh, chomwe chikulimbikitsa pano, mwina tingoyambira pa gate penipeni, mmh, ndikuti, opanda mask, samamulola kulowa pa gate paja.

Okay, I think the facilitators of this issues is, let me just start at the gate there, yeah, no entry without mask.

F: okay.

Okay.

R; komanso olo ukhale ndi mask, ukangolowa amayamba kukuyedza temperature pompaja ikakhala kuti temperature yako ndi yokayikitsa mwina ndiyotsika kwambiri olo ndi yokwera kwambiri, ndiye amakuyedza covid pa gate pompaja ndiye zolimbikitsa zimayambira pa gate pompaja.

And also although you mask up but they have to check your temperature and if your temperature is high or low, they test you covid right at the gate so I think the enabler starts right at the gate

F: Screenng ya pa gate paja.

Screening which is done at the gate.

R: Ehe, ndiye mukalowa mkati munomo zimakhala kuti ngati kuvala mask kuli must pa gate paja ndekuti anthu ambiri amene akulowa muno amakhala kuti ndi…azitetedza iwowo kaye, nde chidziwikireni kuti atetedzano munthu wina.

Yeah, so when you enter inside the hospital here and if masking up is manadatory right from the gate, it means that most of the people who enter here have protected themselves and definitely he/she will protect another person.

F; okay.

Okay.

R: Nde tikafika ku ma ward umu sinanga nthawi imene COvid inakwera zipangizo zinali zinakwanira bwinobwino nde mpaka panopa tikuvalabe mask mu nthawi iriyonse, kusamba m’manja ndi njira zina ziri zonse zopewere Covid tikumazipangabe koma njira zomwe zingapangitsenso kuti ipirilire kuti ngakhale timakhala kuti tikalowa paja tavala mask, timangokhala ngati kuti tikufuna kuti tidutse

And we will then go to the wards and during the time when Covid cases was increasing, the resources were adequate and we are still wearing mask anytime, regular hand washing and all preventive measures and control, we are still following these procedures but the things that will cause covid to continue is that, people just wear mask at the gate there as a way of passing throught the gate.

F; njira yolowera.

A way of passing through.

R: ehe, njira yodutsira, tidutse koma tikafika mkati umu, anthu ambiri, anthu ambiri akumaganiza kuti aah nanga si ma figures pano atsika, mmh, ena akumangoganidza kuti yatheratu

Yes, just for them to enter but when they enter inside here, lots of people, lots of them think that since the figures of covid have reduced now, yeah, some people think that Covid has come to an end.

F: yeah, most of them

Yeah, most of them.

R: eeh, nde ambiri akumangoyenda mosadzitetedza nde zimenezo ndi chimodzi chakuti itha kuyambiranso kumeneko tidzidzazimumukanso ma figures ataninso, atakwera.

Yes, so most people just move up and down without masking up and that will cause covid to restart and we will just see that the figures has also started to rise

F: Atakwera.

Has risen up

R: mmh.Kutayilira kulipo panopa.

Yes, so we are relaxing now.

F: Okay

Okay.

R: mmmh.

Yes.

F: Tsopano kumeneko ndi mbali ya anthu, tsopano mukayang’ana kumbali ya chipatala, ngati zipangizo, zina ndi zina, chilipo chimene mukuwona ngati kuti ngati ndi ma challenge amene alipo kumbali ya chipatala ndi ndondomeko zimene anakhadzikitsazo

So, that is something regard with people, so looking at a hospital with regard the resources and other things, is there anything else that you think is a challenge with regard to the hospital according to the strategies that they had set?

R: Kumbali ya chipatala, ndondomeko zimene anakhadzikitsa zikumagwirabe nthito koma ngati kuli mwina ku kunyanyadza nde kukumakhala koma achipatala nde akumayesesa.

As for the hospital, the strategies which were set are functioning and the hospital is trying despite that others are just reluctant.

F: okay.

Okay.

R: ndithu.

Sure.

F: Chabwino. Ndiye, gawo lachiwiliri ndikufunano tiwunikire maganizo a inuyo ngati ogwira kuchipatala pa nkhani yopereka chisamaliro kapena kugawa chisamaliro kwa anthu odwala matenda a Covid ngati chiwerengero chitati chachuluka, panopa mmene ndanenera m’chonena kuti mwina m’mene anthu amayembekedzera si m’mene zakhalira eti,

Okay, so, in this second section, I would like to hear your views as a health care worker with regard to of rationing care to covid patients assume if there is a high number of Covid19 cases, as I have said that perhaps the way things are now, aren’t that which people had anticipated, right,

R: Eeeh

Yes.

F; mwina amayembekedzera kuti ma figure, ma numbers akhala akuluakaulu komabe titengere kuti mulili mwina kuti mayiko ena akhala ndi ma figure akuluakulu komanso titengere kuti kutati kwabwera mulili wina okuti wapanga affect anthu ambiri. Nde muwunikire ndi ma resources, kapena zida, zipangizo zimene anthu achipatala ali nazo, anthu ogwira nthito, mmene kulili kuchipatala kuja itati figure ya anthu odwala ngati Covid kapena mulili uriwonse yakula, angagawe bwanji chisamaliro kapena angapereke bwanji chisamaliro kwa odwala kuti chimfikire wina aliyense.

Maybe people were expecting that the numbers will be high but still lets say that other countries had high numbers of figure or lets say that another pandemic has come and has affected so many people. So I want you to look at the resources that the hospital has, the health care workers, looking at the hospital itself, assume if the figure of Covid patients rise up or any pandemic has risen up, how will they ration the care to make sure that everyone is receiving the care.

R: mmh.

Okay.

F: eeh.

Yeah.

R: choyambilira tikatengera pa awa matenda, mulili omwe ulipo kale wa Covid wu, ah, kutetedza kwake kwa anthufe ndi odwala, omwe adwala Covid19 kunachedwa, zinachedwa zipangizo kuti zipedzeke kuti zifike poti anthu kudzidtetedza bwinobwino kwambiri zimapedzeka kuti ndima…ngati ndima….ngati achipatala ngati ndinene kuti ngati dziko, timadalira kwambiri kuti atithandidze maiko ena.

Firstly, lets just take an example for the current Covid pandemic, ah, the PPEs for both us and the Covid patients delayed because as a hospital or as a country per say,I can say that we depend on the donations from other countries.

F: yeah

Yeah.

R: zomwe zimawonetsa kuti ifeyo ngati patokha sitinali ready kuti tingathandidze kuti Covid isafale, tingakhale ndi zipangizo zoyiymitsira kuti Covid isapitilire ndiye mpaka maiko ena adalowelerapo nde mmene amalowelra maiko ena matenda aja amakhala atatani, atakula.

Which also indicates that we were not ready to make sure that Covid pandemic did not spread, we never had resources to enable us to stop the spread of Covid until other countries came in to help us and they came when they pandemic had widely spread

F: Atakula.

Spread widely.

R: emh, ndekati kwabwera mulili winawo osati Covid yo, koma mulili wina, zikufunika ifeyo ngati achipatala olo ngati boma patokha tidziyesasa kupedza zipangizo zoyenelerazo

Yes, assume another pandemic comes in, not Covid per say but the other pandemic, it is a must for us as a hospital or as a government to try on our own to source proper resources.

F: mmh

Yes.

R; eeh, ena akamabwera kutithandidza tidzikahal kuti eni akefe titapangapo kwakukulu, eeh, zomwe ndinawona ine nde ndizimenezo.

Yes, so that when other countries are coming in with their donations, we would have already done something big. Yes, that is what I experienced.

F: Chabwino, china chimene ndikufuna kufunsa ndi chonena kuti patakhala kuti number ya anthu odwalayo yachuluka kusiyana ndikuthekera kwa achipatala, pano si mumangowona anthu angapo angapo

Okay, the other thing that I would like to ask you is that, assume that the number of covid patients has risen up comparing to the hospital’s capabilities, I think you are just having few cases,

R; Eeh

Yes.

F; nde muone kuti ku ward kuja kwadzadza, enenanso akufuna space, ku ward ya Covid chingachitike kwenikweni ndi chani, mungagwira nthito bwanji kuti muwone kuti wina aliyense wasamalidwa.

So assume the Covid ward is full and there are some others inneed of space, what will happen in covid ward, how will you work to make sure that everyones is being cared for?

R; Smiles….mmh, pang’onong’ono situation imeneyo ikanafika olo ndi Covid yomweyo.

Smiles…mmh, we would have been even fall into that scenario even with the same covid.

F: ikanatha kufika?

Okay, you would have reached that stage/

R; eeh. Ikanatha kufika.

Yes, it could have reached that stage.

F: Cha mu June, July mu?

Somewhere in June, July?

R: eeh. Cha mu June, July mo. Chifukwa kunatsegulidwa….cha ku 3A uko anasamusako anthu.

Yes somewhere in June, July because they had opened, they moved patients from 3A

F: Okay.

Okay.

R: omwe anali ku 3A kuwapititsa ku 2B.

From 3A to 2B

F: Yeah.

Yeah.

R: ndiye zitati zafikanso kuti achipatala ife malo , ma ward adzadza eeeh ndekuti zitha kuvutilapo chifukwa pamene pali shortage ya ma helath workers ndi kale ndekuti titha kufa ndithu.

So, assume we reach this scenario, the space and the wards are full, I think it will be a challenge because we already have a shortage of health workers, so I think we can die.

F: Kuseka…

Laughs….

R: Titha kufa ndithu, chisamaliro ngati penaponso ndinapereka example yokuti a dokotala amalemba mankwala amene akufunika koma ku pharmacy akukapereka mankwala ochepa, a munthu m’modzi amene dosage yake amulemberayo, akuperaka ochepa olo kungoti bwelerani kuti mankwala amenewo kulibe mwina nde zitati anthuwa chuluka kwambiri atha kufa.

We can die because the care will be like, I had also given an example whereby a doctor prescribes medication but the medication that is given at the pharmacy is always few, for a single person whom his/her dosage was prescribed, so you are always given few medication or sometimes they will send you back saying that that medication is out of stock, so, if cases were high, a lot of people will die.

F: Ma patient ambiri atha kufa.

Lots of patient can die.

R: eehm ma patient ambiri atha kufa. Mmmh.

Yes, lots of patients can die. Yeah.

F: komano inuyo mukuwona ngati kuti njira yabwino kuti wina ali….ma patient onsewo achuluka koma wina aliyense achipatala ayesese kuti alandire chithandizo.

R: Nde ma health workers ma nurse akuyenera kudzalemba ambiri.

So I think they need to employ more health workers and more nurses

F: akuyenereka kuonjedzera.

They need to add them up.

R: Eeh.

Yes.

R; komanso pakhale, pakuyenereka kukhala angomanga olo mwa stand by, eeh, kaya hall ina yake, ayikhonzekere, kuyikhonzekeretsa kuti eeh, in case mulili wina utati wabwera olo osati Covid koma winawo, malo omwe anawakhoza kalewo atati adzadza ena atha kumapita ku malo akhonzeratuwo kuti tisazayambe kumasaka malo anthu atachuluka ogwidwa ndi mulili umenewowo. Nde ngati ma health workers angakhale kuti alemba, alipo ambiri, amanganso malo enawo a emergency ndekuti anthu ena akamapita ukoko ndekuti ma health workers akhala alipo kale ndekuti azikathandidzira kumenekoko. Mmh.

And also, I think they should build something whether is a hall or what for a standby, they should prepare for that assume another pandemic comes, not nesesarrily Covid but another pandemic, assume that the prepared place is full, then people can easily use the other place that has been prepared instead of start looking for a place after there are high numbers of the pandemic. So, if they employ more health workers and if they have built another emergency place, so, other patients will use that building, so, since the health workers are available, then they will be helping each other right there. Yeah.

F: okay.

Okay.

R: ndithu.

Sure.

F: Pa nthawi ya muliliwu ngati mmene zinachitikira izi mumadziwa kuti kaya munthuyi ndiwakumudzi kaya ndi wa sunny side, onsewa akuyenereka kubwera ku Queens kuno palibe zopita ku mwaiwathu.

During this pandemic, you knew that whether the person comes from the village or stays in Sunny side, but they must all come at Queens and no-one could go to Mwaiwathu.

R: mmh

Yes.

F: maganizo anu ndi otani kuti pa nthawi ya mulili ngati uwu kwa anthu amene amawoneka kuti kwabwera mulili ma patient achuluka,mukuwona ngati kuti anthu amene amawoneka kuti ndi ma VIP, akuyenereka kupangidwa treat motani, ndikufuna kudziwa maganizo anu.

What are your views with regard to the time when the pandemic had come and the cases started to increase, how VIPs could be treated, I want to know about your views.

R: Amh, ma VIP, ndiperekebe ngati m’mene zinalili umu, onse amakhala m’modzi ndi anthu akumudzi.

Amh, I will give an example of how it was in the ward here, the VIPs were mixing together with those village people.

F: amakhalira limodzi.

They were mixing.

R: Eeh, treatment yake timapereka mofanana, eeh chifukwa moyo wa munthu ndi chimodzimodzi.

Yes, they were given the same treatment, yeah because this life is the same.

F: yeah.

Yeah.

R: kaya ndi VIP kaya wakumudzi moyo wa munthu sumasiyana, umafanana ndiye tinali nawo, timawayika m’modzi, ndi anthu akumudziwo.

Whether is a VIP or a local person, the life is the same, so we had them, they were put in the same room with local people.

F: Ma patient wo.

The patients.

R: Eeh, anthu akumudziwo, chifukwa ifeyo timawatenga kuti onsewo ndi matenda.

Yes, with village people becuase we perceived all of that to be a disease.

F: ndi matenda

A disease.

R: eeh, onsewo ndi matenda, onsewo ndi anthu, matendawo akuwapanga affect chimodizmodzi. Moyo wa munthu wina aliyense ndi ofunikira chimodzimodzi ndiye sitimawapanga treat…sakuyenereka kupangidwa treat mosiyana ndi wina.

Yes, it’s a disease, they are all people and the disease is affecting them in the same way. Everyone’s life is important and they are not supposed to be treated differently.

F: mosiyana ndi wina.

Different with one another

R: eeh, chisamalirocho chiyeneraka kumakhala chofanana.

Yes, the care should be the same

F: okay.

Okay.

R; ndipo ndi zomwe zimachitika, ndipo ndi zomwe zikuchitikabe.Mmh.

And that was what was happening and this is what is still happening. Yeah.

F: Okay.

Okay.

R; ndithu

Sure.

F: Chabwino, nde gawo lotsatira limene lili ngati lomalidzira, ndikufuna, ndimve maganizo anu.

Okay, so the next section which is also the last section, I would like to hear your attitudes

R; mmh

Yeah.

F: pa matenda a Covid komanso chiopsezo pa moyo wanu ndi chotani, ndiye mukawunikira pa inu nokha eti, komanso chipatala cha Queens mmene chinakonzekerela polimbana ndi matenda a Covid, tandilongosoleleni maganizo anu komanso chiopsezo chimene muli nacho kapena chomwe munali nacho chokuti mukonza kutenga matenda a Covid, mantha kapena chiopsezo chimene inuyo munali nacho chinali chotani?

towards Covid19 perceived risk, so as an individual as well as Queens, as a hospital how prepared were you to respond to Covid19, please explain to me your attitude and perceived risk to COVID-19 infection, the fears or the perceived risks you had.

R: mantha, mantha omwe ndinali nawo,

The fear, the fear that I perceived……

R: ndine family man, eti?

I am a family man, right?

F: yes. Ndi wina..

Yes and another one..

R: ehe, kuli ana komanso kulinso mayi kumeneko ndiye ndimayi aah kumayambiliro uku pamene zipangizoo zozitetedzera, protective gear inali yochepa kwambiri, nde ndimati tsopano ndi m’mene zikukhalimu ndekuti ndikayitenga ine ndekuti ndikapita kunyumba chiperetu, kuyambira akazi anga, ana, ndekuti pamudzipo ana amasewera ndi anzawo kaya ndikuyenda, madam amapita kaya ndi kumtsika, kaya kotunga madzi, kaya ndi kuti ndekuti titha tonse.

Yes, I have children and a wife at home, so in the beginning when the protective gear was very inadequate, so I was like if I get infected, It means that everyone at home will be infected as well, starting from my wife and chidren. So in the community, children play with their friends and my wife sometimes goes to the market or sometimes she goes to fetch water, so I was like we are going to be all infected.

F: ndekuti nditayibweretse m’mudzi muno ndi ine.

The feel that you are spreading it in the community.

R: Ehe, nditayibweretse ndi ineyo . mmh, nde mantha amenewo analipo kwambiri koma sidzinakhale choncho, eeh,sidzinakhale choncho , tinalimba mtima.

Yes, that you will be the one spreading it, yeah, so I had that fear but it never ended like that, we gathered the courage.

F: komano, ukamagwira nthito muchipatala muja panopo, kapena kuyambira pakale mumapanga feel kuti ndinu otetedzedwa.

But, do you feel that you are sufficiently protected now or even before, did you feel that you are sufficiently protected?

R: Eeeh, panopa ndimapanga feel kuti ndine otetedzedwa chifukwa nthawi imene inali pa peak pomwe timaganidza kuti iiih panopa zimene zitachikitezo ndi zomwezo koma protective gear inalipo koma timantha timakhalapobe timakhalapo kaya wapita ku pharmacy wakhalira pa mpando choncho ukudikira kuti akuthandidze umaganidzabe kuti pomwe wakhalipo, mwina ukachokapo apapo upitanso upita ku ward ukakhalanso pena ndiye mantha analipo nde panopa tikuona kuti njira zimene timagwiritsa nthitozo, zozitetedzerazo ma protective gear yo inathandidza nde tiri ndi chikhulupiliro kuti zikutithandidzabe ukuku kuti sitingatengenso.

Yes, I do feel that I am protected because when the pandemic was at peak, we had thoughts that whatever happens, happens but we had the protective gear but still I had the fear for example, when you go to the pharmacy and while you are waiting to be assisted, you happen to sit on the chair and you think about the chair you have sat and again, you go back to the ward and sit somewhere, so sometimes I used to have fears but no I think with the protective gears which we are now using, it really helped us and I believe that is also preventing us from contracting the pandemic.

F: Kumudzi kumene mukukhala anthu amadziwa kuti mumagwira nthito ku chipatala ku ward ya Covid ndipo ngati akudziwa ubale wanu umakhala bwanji ndi anthu?

In the community where you are coming from, people know that you are working in the covid ward, if they know, what is your relationship with people?

R; mmh, sindinawaudze.

Mmh, I didn’t tell them.

F: Simunawawudze?

You didn’t tell them.

R; olo, akazi anaga adziwa mochedwa kwambiri.

I didn’t even tell my wife, she knew very late.

F: Kuti mukugwira nthito ku Covid ward, mumawopa

That you were working in Covid ward, were you scared?

R: Adziwanso ma figures atayamba kutani, atayamba kutsika

She knew when the figures started to drop

F: Atayamba kutsika

When the figures started to drop

R: eeh,

Yes.

F: Simunawawudze chifukwa chani?

Why did you tell her?

R: Chomwe sindinawawudzire ndi chifukwa chakuti ndimaona kuti akhala ndi mantha kwambiri, ndimawona kuti akhala ndi mantha kwambiri nde ineyo ndinawona kuti ndizingoyesesa kutsatira njira zonse zozitetedzera kuti ndisakawapatse anthu kunyumba.

I didn’t tell her because I knew that she will be too scared, I knew that she will be too scared so what I did was just making sure that I was following the preventive measure so that I should not in any way spread it at home.

F: Yeah.

Yeah.

R: Eeh, chifukwa ineyo ndinali ndi mantha koma ndinali ozitetedza bwinobwino, nde ndimawona kuti kunyumba kuti ndiwawudze sidzikhala bwino koma ineyo ndingozitetedza kuti kunyumba ndisakawapasile.

Yes, because of course I had fears but I was properly protected, so I knew that things will not be okay at home when I tell them about that but I thought that I would be better if I protect my self so that to avoid the spreading of the pandemic at home.

F; Kuti kunyumba musakawapasile.

So that you should not spread it at home.

R: Eeh, nde ndinene kuti anthu samadziwa.

Yes, so, I can say that people at home didn’t know.

F; Samadziwa.

They did not know.

R: eeh

Yes.

F: koma ngati madam mutawawudza reaction yawo inali yotani?

So what was her reaction when you broke the news to her?

R: tsopano nditawawudza anati haah!, tsiku lina titachokera ku training ya chipatala uku nde ndinapititsa ma documents ngati amenewawa.

So when I told her, she was like haa! Because there was a time a brought home training documents

F: A training.

Training documents

R: eeh, a training ndipamene amati aah, tsopano zikukhala bwanji?Kuseka...

Yes, the training documents, so that was when she was like ah, what is happening? Laughs….

F: Kuseka...

Laughs…

R: eeh, nde ndati aah ndi mmene ndimawawudzamo, nde aah, reaction yomwe akanakhala nayo nthawi imene inali pa peak ndi imene anali nayo apapa ma figures atsika kuti aah ukanatipasta Covid, nde ndinamuwudza kuti ayi pokupatsani Covid panadutsa.

Yeah, and I was like, that was when I told her, so, amh, so her reaction which would have been back then when the pandemic was at the peak and her reaction when the figures had dropped was like ah! You would have infected us with Covid and I was like, no, the time of giving you Covid had passed.

F: yeah.

Yeah.

R; mmh.

Yeah.

F: okay.

Okay.

R: ndithu.

Sure.

F: panopa mukamagwira nthito tsiku ndi tsiku, ma concerns anu kapena Chichewa chake kuti ndinene kuti chani.

As you are working now daily, what are your concerns, I don’t know how can I say it in Chichewa.

R: nkhawa.

Worries.

F: mmh, nkhawa imene muli nayo mukamagwira ndi zotani?

Yes, what are your concerns when doing your work?

R: ah, panopa makamaka mogwiridzana ndi matenda a Covid wa, pano nkhawa palibe eeh panopa ndi pamene ma figures akumatsikamu eeh, nkhawa pano palibe, tina..basi tinalimba mtima kuti njira zimene tikugwiritsa nthito podzitetedza tingolimbikira zomwezi kuti tisayitenge. Nde nkhawa yoti titha kuyitenga zilipobe.

Ah, as of now, ah there are no concerns with regard to Covid19 as the figures are also dropping, there are no concerns, we are no longer concerned bearing in mind that we just need to keep on using the preventive measures to avoid contracting it. But the worries that we might be infected are still there.

F: zilipo.

There are there

R: Eeh koma nde tikumagwiritsira ntchito njira zozitetedzerazo kuti mmene takhala tikugwiritsira ntchito kuti tisayitengebe.

Yes but we are still using the Preventive measures to avoid the contracting of the pandemic

F: yeah.

Yeah

R: mmh

Sure.

F: pakatipa panali makamaka koyambiliraku panali nkhani ya risk allowance kuti aah ife tikugwira ku Covid, tikufuna ma incentives kapena chipatala tikufuna ma incentives chifukwa cha matenda a Covid, inu munali munthu mmodzi amene likulandira ma risk allowance?

I think there was an issue of risk allowance and people were like they are working in Covid wards and they needed the incentives because of Covid19, were you among those who were entitled to risk allowance?

R: eeh, ndinali gulu limodzi, eeh ndinali guli limodzi risk allowance ija akuyiperekabe mpakana panopa.

Yes, I was among them, I was among them and they are still giving us the risk allowances.

F: Chimene ndikufuna kudziwa kuti chifukwa chani achipatala amafuna risk allowance, pali ubale wanji wopatsidwa ndalama ndi risk, kuti ngati munthu akukupatsa risk allowance ndekuti zimathandzauza kuti risk ija ichepa?....kuseka…

What I am interested to know is why health workers wanted risk allowances, what is the relationship of receiving allowances, as in risk allowance helps the reduction of risks?

R: kuseka..risk yotenga matenda ichepa?

Laughs….reduction of risk?

F: eeh chifukwa chokuti amakupata risk allowance nanga si amati ndikugwira nthito ine nde ndikufuna risk allowance .

Yes, because you are getting risk allowance, because they were saying that they are working there and they need risk allowance…

R: Mmh

Yes.

F; pali ubwino wanji okuti akakupatsani ndalama ija imathandidza kuti maganizo anu okuti muli pa risk amachoka kapena nthito yake kwenikweni…

What are the benefits of receiving the money in helping your perception that the risk will be reduced, or what is its roles…..

R: maganizowo samachoka okuti muli pa risk koma timapangira kuti mmmh Chichewa chake tinganene kuti yokagulira ka mkaka…kuseka…

The perceived risks remains in our thought but that money is for buying milk…Laughs…

F: kuseka….

Laughs…

R: kuti inayo tinapangila budget kuti m’mene timalandilira zakwanira koma imeneyiyi inayi ndiyokuti ukagwira udzitha kugula ka mkaka koma risk yokuti mutha kutenga matenda imakhala kuti iripobe.

The other money which we receive is enough since we make budget over it but this one, you use it for buying milk but the perception that you are are risk still remains.

F: ilipobe.

Still remains

R: eeh imakhala ilipobe

Yes, it still remains.

F: okay.

Okay.

R: mmh

Yeah.

F: okay.

Okay.

R: ndithu.

Sure.

F: inuyo ngati ndikufunano ndikumveni ngati hospital attendant,

Okay, so I would like to hear from you as a hospital attendant.

R: Amh.

Yes.

F: ngati pa nthawi imeneyiyi ya Covid19 ngati pali chinthu chimodzi, one thing to support you in your work as a hospital attendant pa nthawi ino ya corona, chinthu chake chingakhale chani?

What is the one thing that could be done to support you more as a hospital attendant more at this time of outbreak? What could be that one thing?

R: mmmh, funsolotu nde lavutatu. Kuseka…

Mmh, the question is difficult..laughs..

F: kuseka… osati pa umoyo wanu wakunyumba koma iyayi komano pa nthito ngati hospital attendant.

Laughs…not as in your daily living but in your work as a hospital attendant.

R: pa nthito ngati hospital attendant. Ammh, chifukwa zambiri ndi zimene ndanena kale kuti vuto lomwe tinali nalo ndi kuchepa kwa zipangizo, emhe, koma panopa zilipo. Ubwinonso wake wina nthito sitimagwira tsiku lina lirilonse mpakana panopa sitikumagwira tsiku lina lirilonse timati tikagwira 5days timapitabe ku quarantine.

In my work as hospital attendant, amh, I think I have already said much that the challenge that we had was about inadequacy of the resources which they are available now. And the good thing is that, we don’t work here everyday because we go for quarantine after 5 working days.

F; oh.

Oh.

R: Ehmhm, kunyumba mwina kukakhala kwa five days kenakonso kubwera choncho nde ndikuwona kuti iyayi zambiri zikuchitika

Yes, we stay at home for five days and then come back after that so I think a lot of things are happening.

F: okay.

Okay.

R: ndithu.

Sure.

F: pali china chirichonse chimene simukuchimvetsetsa kapena simumachimvetsetsa kapena kuchidziwa bwinobwino, chokhudzana ndi matenda a Covid chimene mumafuna mutadziwa?

Is there anything that you don’t undertand or that you don’t clearly understand or know it better which you want to know with regard to Covid19?

R; Ehe, chilipo, ammh, ndingofunsabe.

Yes, there is, amh, let me ask.

F: Eeeh.

Yeah

R: ndifunsebe choncho kuti munthu amene ali ndi Covid ali moyo nde akakhala kuti wamwalira chifukwa kale lija zimapedzeka kuti munthu uja wamwalira ku ward 1 komko ndiye nthawi ija pamene amapanga za madongolo ija amakhala ali a ku DHO, koma ife timangomusamusa mu ward mo, timakamusiya, anatipatsa room ina yake yokuti tikamusiye kumenekoko a DHO akabwera ndi achibale ndiye adzamutenegre kumenekoko ndiye kaya amupanga disinfect kaya amupanga bwanji ndiye chomwe ndikufunabe ndidziwe ndi chokuti risk ya munthu uja kupasila covid kwa anthu ena nthawi imene ali moyo ndi nthawi imene wamwalira pomwe amakhala poti risk ndi yambiri kumpasila munthu wina , winayo atati asadzitetedze ndi ….

I would like to ask that when a covid patient and dies at the ward, so the DHO was the one handling the dead body, we could just take the deceased from the ward and out his/her in a certain room which were given. So when the DHO personel come by with his/her relations, they would take the deceased so I don’t know whether they were disinfecting the body or not but what I would like to know is about the the risk of this dead body infecting others, where are they more risks comparing to the time he/she is alive assume the other person is not protected.

F: Ndi nthawi yake iti?

Which time?

R: ehe.

Eh.

F: Okay.

Okay.

R: mmh.

F: Apapa sikuti ndiyankha iyayi komano ineyo ndingofuna kuti ndidziwe mafunso kapena china chimene simuchimvetsetsa chimene choti kaya akamapanga ma training wo kaya akamapanga ma chani chani apange consider.

 I will not answer right now but I am interested to know about the questions or about the things that you are finding it difficult to understand so that it should be considered when doing the trainings.

R: mmh.

Yeah

F; oho, nde ndi chinthu chimodzi chimene mumafuna mutachimvetsetsa

Oh, so that is the thing you wanted to understand/

R; eya ndimafuna chifukwa china chinthu chimenenso chimatipatsa mantha kwambriri.

Yes, because that bring in a lot of fear.

F: chifukwa?

Why?

R; kuti timusunthe, makamaka kugwira kuti wamwalira kenako timuchotse pa bed, timusiye pa bed ilili lomwe timali…pena timapititsa pa bed lomwelo, mmh, timapita nalo komweko tikamabwela pena amadzamutenga pa bed lathu laku ward komweko kenako likabwelere ngakhale amapanga disinfect komko komanso nafenso likabwera timapanga disinfect ngati kuti kusakhulupilira m’mmene apangira anzanthuwo…..

For you to move the dead body from the bed and put him/her in this other bed, sometimes we use the same bed, amh, which gets disinfected right there and we also disinfect the bed when it comes to the ward and I don’t know we do disinfect again maybe we don’t trust how others have disinfected it…

F; kuseka…

Laughs…

R: kuseka..

Laughs….

F; tsopano funso langa ndilokuti, munthuyo ali moyo mumadziwa kuti ali ndi Covid, wamwalira, mantha anu amachuluka chifukwa chani?

So my question is, you knew that he/she was a covid patient and now that she has passed away, why do your fear increase?

R: Smiles…

F; Si ali moyo mumam’gwirabe.

I thought when he/she was alive, you could touch him/her

R: eeh, timawona ngati mmene wamwaliramu risk yake ndi yochuluka kuposa m’mene anali moyo.

Yes, I thought that perhaps the risk of getting infected is more when the person dies than when the person is alive.

F; Kuseka…

Laughs…

R: kuseka…

Laughs…

F; okay.

R: timangoganiza choncho.

That’s how I think.

R: Kuti mwina m’mene wamwalimu kuti kachiromboko katha kukhala monsemu.

That perhaps the virus might be all over when a person dies.

F: okay.

R; Koma zambiri tinadzimvetsa

But I think most of the things, we understood them.

F: Chabwino, funso langa lomalidza, amh, atati akufunsani ma priority kuti mupange recommend chipatala, muwawudze a chipatala mowunikira ndi mmene anakhonzekelera kulimbana ndi matenda a Covid, kutati kwabweranso matenda ena kutsogoloku ndi zinthu ziti zimene mungafune kuti apange improve kukhonzekera kwinako.

Okay, my last question is as follows, amh, what are priority recommendations in improving the level of preparedness and strategies for responding to COVID-19 in case of an epidemic? or any future epidemics? What would you like them to improve?

R: eeh, zomwe ndingafune kuti apange improve ndi kupereka chithandizo msanga, kugula zinthu zoyenelera zozitetedzera anthu msanga kwa anthu

Yeah, I would like them to improve on providing the care very quickly as well as buy the resources in advance to protect people

F: Kwa anthu ogwira ku chipatala.

For the health workers.

R; eeh, kwa anthu ogwira kuchiptala msanga posadikira kuti atigulire anthu enawo olo maiko enawo azibwerapo msanga kutetedza anthu achipatala.

Yes, to the health workers without waiting for donation so protect health workers.

F; okay.

Okay.

R; amh

Yeah.

F: Alright.

R: nde ndingafune atapange improve ndi zimenezozo china ndi chokuti ndanena kale kuti padzikhalabe malo ena a spare lets say kuti anthu atachuluka kwambiri kuti sangapangidwe accommodate pachipatalapo kuti azikapititsa malo enawo kuti si chipatala koma kongoti kwina kwasala malo kuti anthu azikathandidzikira atha kuwapitsa kumeneko ndi ma health workers akhale okwanira kuti muliliwo ukabwera olo anthu achuluke bwanji papedzeke ma health workers, ma doctors, ma nurse alipo okwanira kuti athandidze anthu amenewowo.

So I would want them to improve on that and I think I have already said that there has to be a spare space lets say if the number of people gets high to the extent that they cannot be accommodated at the hospital, those people should go there to seek treatment and also the health workers should be adequate so that when the pandemic comes, no matter how increased the number might become, the health workers such as doctors, nurses are adequate to manage those people.

F: okay.

Okay.

R: mmh.

Yeah

F: Alright.

Alright.

R: ndithu.

Sure.

F: Chabwino, now, ndithokodzedze kwambiri chifukwa cha nthawi yanu I know kuti its not easy kuyankhula for an hour koma I know kuti mwandipatsa information yofunikira ndithu.

Okay, now, thank you so much for your time, I know that is not easy to talk for an hour but I know that you have given me helpful information.

R; mmh.

Yeah.

F: eehe.

Eh.

R: Okay.

Okay.

F: ndithu.

Sure.

**THE END…**