**F: FACILITATOR**

**R: RESPONDENT**

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

So firstly, explain to me your responsibilities and position, as in how does your day look like when you come here at work

R: Okay, Ineyo ndine ndine nurse midwife.

Okay, I am a nurse midwife

F: okay.

Okay.

R: Mmh, ahm, ntchito imene ndimagwira pa tsiku ndi tsiku mwina umadziwa kuti nurse ndi ntchito yotopetsa,its out going eti

Yes, amh, the work that I do every day is that, perhaps you know that nursing is a tiresome work, its out going, right,

F: yeah.

Yeah.

R: komabe chimangotengera munthu m’mene ukuchimvera kuti tigwire nthitoyi ndipo ineneyo ndimasangala nayo nthitoyi despite kuti timakumana ndi zina ndi zina mkatimkatimo.

But I just regard it as the way I perceive it to be to do the work and I am happy with the work despite that I face challenges along the way.

F; Chabwino.

Okay.

R: koma kwa ineyo, ndi nthito yabwinobwino ngati zinthu zoyenelera zilipo pogwira nthito.

But for me, the work is just okay so long as the required things are available when working.

F: Chabwino.

Okay.

R: Ndithu.

Sure.

F: Amh, okay, chabwino, nde mmene ndikuneneramo kuti tikufuna tikambirane zokhudzana ndi Covid19, sindikudziwa kuti mmene mwagwirila nthito pakatipa nthito yanuyo sidzikudziwa in one way or the other, yapangako relate ndi Covid, kapena kuti mwagwirako ku ward ya Covid kapena kuti ayi?

Ahm, okay, alright, so, as I am saying, I would like to discuss with you about Covid19, I don’t know, based on how you have worked in between, I don’t know how your work, in one way or the other has been related to Covid, whether you have worked in Covid ward or not/

R: ineyo ndagwirako ku ward ya Covid, tiri ngati ife tinali ma pioneers amene tinayamba kutsegula Covid centre ya pa Queens pano,

I have worked in the Covid ward and we are the pioneers who first opened the covid centre here at Queens.

F: Okay.

R: ku ENT kuja.

There at ENT.

F: Ahm,

R: eeh, ma patient oyambilira amene anayamba kupangidwa admit ku Queens kuno ife tinali oyambilira kukagwira nthito kumeneko, tinayamba kugwira nthito kumeneko mwezi wa July pa 16 tachokako pa September 3 m’mene amatseka centre.

Yes, the first patients who were admitted here at Queen, we were the first ones who worked there, we started working there in July, 16 and I left there on 3rd September when they were closing the centre.

F: oh, nde kuti ayambe ku Queens it was around July?

Oh, so, it was around July when they had started at Queens?

R: yeah.

Yeah.

F: alright, chabwino, ndiye choyambilira ndimafuna mundilongosolelere mmene mukudziwira ngati mukudziwa pathway kapena kuti njira imene patient amene wapedzeka ndi Covid19 amadutsamo kuyambira panthawi imene amupedza khaya ndi pa gate po kuti wafika kuchipatala kuno, khaya wayambira kuti, komano what are athe differwnt stages amene amadutsamo mpakana kufikana nthawi imene akumutulutsa mchipatala kapena pa nthawi imene wamwalira ndipo pa stage iriyonse pamachitiaka chani?

Alright, okay, so, firstly, I would like you to explain to me about the pathways which a Covid19 patient pass through from the time that they have been tested positive at the gate and is here in the hospital, whether he/she has started from where, but what are the different stages that they go through to the point that they either be discharged or they die and what happened in each of those stages.

R: Choyamabira ma patient athu akafika ku Queens amafika ku tent ngati m’mene munanenera muja eti, mu tent muja sikuti amangopanga aliyense, amene akuwonetsa ma signs aja akawapanga test ikapedzeka kuti comfirmed positive covid ija amawa…ndiponso ngati ali mu condition yokuti agonekedwe amatitumidzira ku ward kumene inali ENT ija covid centre.

Firstly, when our patients come to Queens here, they go to the tent as you have said, right, and its not that everyone is tested at the tent, but only those that are showing the signs, they get tested and if it is a comfirmed positive covid then they….if they were in a condition that there was a need for them to be admitted then they were reffered to the ward which was in ENT covid centre.

F: okay.

Okay.

R: akafika kumene kuja timatsata ndondomeko zonse malingana ndi set up imene anayipanga ku centre kwathu kuja. Akafika patient, amatiyimbira aku tent kuja kuti tikubweretsa patient kuti tikhale prepared, tipanga prepare malo okuti patient uja adzafikire, afika patient uja, timulandira timulowetsa mu ward, tipanga ma procedure onse omwe ali oyenera kuti tamulandira patient. Timupangira explain kuti kumene wafikakako akalowa kulibenso visistng kuti ma guardian abwera kapena adzikhala nawo kapena azikhala nawo nde unali udindo wathu kuti tiwasamalire odwala athu. Anthu amenewa m’mene amadutsamo amadutsa mu njira zovuta (with emphasis) chifukwa timatha kuwona kuti patient amugoneka zizindikiro zonse zija zimene timanena za covid zija timatha kudziwona eti,

So when they patient comes there, we could follow all the measures according to the set up which was put in place in our centre. The staffs from the tents could call and inform us that they are bringing in a patient so that we should get prepared, to prepare a place where this patient will stay, so, when the patient comes, we take him/her to the ward, do all the procedures which are necessary to welcome the patient. We should explain to the patient that the ward which he/she is in does not allow visiting and that the guardians will come and stay with him/her, so, it was now our resposnsibility to take care of our patients. These people, they pass through a difficult moment (with emphasis) because we might see that the patient has been admitted and he/she is showing all those signs of Covid, right?

F: mmh

Yes.

R: phuma, kubanika kumene kukanika kuti akhale bwinobwino ndi anthu aja okuti zinali zovuta komabe ndi nthawi pang’onopang’ono timatha kumawalongosolera chimene chikuchitika eti, ndi mankwala amene akulandira ndi mmenenso ife timayenera kugwirila nthito kumene kuja chifukwa timawawudza kuti kunoko takulandirani, tikusamalani abale anu sabwera, abale anu ndi ife amene, ma dokotala amabwera every four hours, amalowa mkati muja kukawapanga monitor, kaya kuwapasa ma treatment ngati pali ma issue.

Shortness of breathing, shortness when breathing and finding difficult to settle well, and it was really difficult but as time went by, slowly, we could tell them about what was happening and the drugs which they were getting and how we were supposed to do our work, because we could tell them that we have welcomed them there, they will be managed by us and that their guardians will not come and that we were their guardians, doctors would come every four hours, he/she could enter in the ward to monitor them and give them treatment if there was any other issue.

F: every four hours imeneyo amabwera ndi ma dokotala?

So the doctors could come every four hours?

R: yes, ifeyo ma nurse timabwera for every four hours koma ma doctors amabwere mwina twice a day.

Yes, nurses could come for every four hours but the doctors come perhaps twice a day.

F: Oh.

Oh.

R: Sometmes three hours koma most of the time timakhalako ifeyo ma nurse eti.

Sometimes three hours but most of the time the nurses were there, right,

F; mmh,

Yeah.

R: kuti depends ndi mmene….sometimes umatha kukhalamo two hours ngati ma patient alimo ochepa koma ngati ma patient alimo ambiri timatha kukhalamo mwina three to four hours kumene kuja.kupita kukawawona ma patient athu kuwapanga manage bwinobwino kuwapasta china chirichonse kaya ndi feeding, kaya even bathing ija kwa amene ali unable to walk, okuti satha kuyenda aja china chirichonse, timawapangira, changing ya ma beddings ija per day timasintha.ndithu.

Depending on…..sometimes you could spend there for two hours if the patients are few but if there are more patients then you could spend three to four wards in the ward, checking our patients and managing them well, giving them everything, feeding them, bathing those who are unable to walk, so for the patients who could not walk, we could do everything for them and we could change the beddings per day.

F; Okay, ndikukhulupilira kuti muli ndi ngati ma guidelines amene amakupatsani kuti mumayenereka kumawatsatira kuti patient wa Covid timupange manage motero, zimenezo munali nazo ngati ma protocol?

Okay, I believe that you have guidelines which you were given to be followed like how you can manage a covid patient, did you have those things like the protocols?

R: eeh, ma protocol analipo monga ngati patient wa Covid, sikuti ungangolowamo ngati m’mene tililimu eti, umayenera first of all ifeyo, tidzitetedze tikamakalowa m’mene muja komanso ma patient athu aja tiatetedzenso adzikhala kuti avala mask eti, chifukwa ena amavuta kuti ichi chikundipatsa phuma, komabe with explanation, amatha kutimvetseka kuti mupanga kuti anthu ena asatani, asatengere eti, nde timawapatsa zinthu ngati zimenezozo komanso restriction yoti ena amakhala ndi chidzolowezi choti adziyendera ma patient anzawo m’mene mujamo, timapangaso zimenezozo…zimenezozo sitimalora eti,

Yes, we had protocols for the Covid patients because you cant just enter inside the ward like the way I have dressed here, we were supposed to, first of all, protect ourselves before entering there and also the patients needed to be protected by wearing a mask because others were difficult saying that that thing was suffocating them, but still with an explanation, they could understand us that we were doing that to avoild other to be infected , right, so we could give them those thing and another thing was about the restriction; because some patients have a habit of going to other patients beds, we could not allow that, right,

F: okay.

R; komanso kuti ngati ma guardian alowe kaya akhalamo 30 days amene uja ndi wathu for 30 days, no guardian, no contact ndani ndani ya…

And also restriction for guardians not to enter there, If a patient stays for 30 day in the ward, the patient is ours for 30 days, no guardian, no contact of so, so of…

F; outsider.

R; until patient uja akhale kuti mwina watisiya, akatisiya muja timakhala ndi ma phone numbers, timapanga inform authorities kunoko then tipanganso inform ma guardian kuti akamabwera akhale ali well prepared, atengeretu coffin nde a DHO amabwera kudzapanga disinfect body ija bwino bwino, ayipanga prepare ndi amene amanyamula kupita nayo ku malo okuti ku burial ceremony chifukwa samalora kuti apite nayo kaya kumudzi kaya chani amangopanga indentify within Blantyre kuno malo okuti munthu wawo uja akayikidwe and akamabwera asabwerenso chigulunso cha anthu ambirimbiri anthu ochepa mwina awiri olo atatu and galimoto imene anayinyamula dead body ija samalolanso kuti mukwere wina aliyense amangokhala dead body yo basi.

Until when the patient dies, if a patient dies then we have phone numbers here, we inform the authorities here and also we inform the guardians so that when they are coming here they should be well prepared, they should bring a coffin and the DHO comes to disinfect the body properly, prepare it and they could carry it to the burial cerement because they could not allow to carry it to the home village or what but they could just identify a place within Blantyre here for the burial and they could even limit the number of people coming to the ward but only two or three and they could not even allow people to board the car that was carrying the dead body.

F; okay, nde kupatula screening imene amapanga identify patient pa gate palinso njira zina zimene ma patient amene munali nawo, mmene anapangidwira identify kupatala pa gate kuti they ended up kubwere ku…

Okay, so apart from the screening which could identify the patients at the gate, were there other methods of identifying the patients you had apart from being identified at the gate who ended up coming here at…..

R’ Ena amapangidwa identify from malamulo ku Adventist eti.

Some were identified from Malamulo, from Adventist, right,

F: oh, okay. Zipatala zina?

Oh, okay, from other hospitals?

R: yeah,

Yeah

F: okay.

Okay.

R: from other hospital zina from Adventist amabwera nawo straight ku ward kuja komano tinadzawona kunena kuti nanga si mwina amangobweretsa nde tinadzapempha kuti mwina before kufika kunoko adziyenda through pa gate kenakano abwere kuti, kuno.ku ward

From other hospital and some from Adventist and they could just bring them to the ward but we felt like they were just bringing them so we asked that maybe before bringing them here, they should pass through the gate and then bring them here to the ward.

F: okay, komano ndekuti basically ma stage ake analipo ndi awiri.

Okay, so, basically there were two stages?

R; mmh

Yes.

F: Screening ya pa gate then direct ku ward.

Screening at the gate and then direct to the ward.

R: Sometimes amathanso kumupedza mu ward patient mwina wangolowa wangopanga develop imeneyo amatha kuchoka from ward to centre ya Covid.

Sometimes they could also identify a patients from other wards maybe a patient is in the ward and has just developed that thing then they were moved from the ward to Covid centre.

F: okay, nde mukayangana njira yonseyi mmene mwalangosoleramo,which stage, ndi mastage ati amene you thought kuti zinthu zimayenda bwino and which stages kapena ndi ziti zimene mumawona kuti sidzimayenda bwino pakufunika kupanga improve and kupanga……..(09:40 voice not clear)

Okay, so, based on the stages that you have explained, which stages you thought were working well and which stages or what are the things which you think were not going on well and needs to be improved and do…… (09:40 voice not clear)

R: Apama stage and let’s say pama stages ochokera pama tent po ndimaona kuti zinali bwino, eti.

I think things were okay at the tent there.

F: okay.

R; nanga si kumene kuja ma patient amapangidwa screen, amapangidwa chirichonse, awapanga identify kuti uyuyu ali fit for admission amene sanali oyenera admission amabwelera kunyumba eti

Because that was where the patients were screened and assessed everything and they were identified that they are fit for admission and those that were not fit for admission, they were sent back.

F: Okay.

Okay.

R: then kumabwera ku ward kuja, ku ward kuja chimene ndimawona ngati chinativutako ndi chonena kuti ma patient aja kutafika period kuti mapatient aja amabwera ambiri, panadzapedzeka kuti space anthu aja tiwayika kuti eti so patient sungamupange nursing pansi

and then with regard to the ward, I think what I perceived to be a challenge was that when it reached that the patients were more, there was no space to put the patients and you cannot nurse a patient while he/she is on the floor

F: Sure.

R; nde tinachiwona kuti chinativutilapo ofcourse tinadzangowonjedzerapo ma bed kuti pasapedzeke patient wapansi koma pa protocol yaku tent yo kwa ineyo ndimawona ngati inali bwino chifukwa zikanakhala kuti amangobwera direct ku ward ndekuti mwina bwenzi tikumangopanga admit aliyense ndi osafunikira admit yemwe koma kukhala ngati kuti amakhala kuti amupanga screen nde patient amene wabwera kuno amakhala kuti she is sick di. Eeh.

O, I think that was a challenge and what we did was just to add up beds so that no patient should be on the floor but as for the protocol of the tent, I think it was good because had it been that they were just coming direct to the ward then we could juts be admitting everyone and even with those that did not need admission but patients were screened and those that were coming here, were indeed sick.

F: nde challenge cha spacing cha mu ward, chinafika kuti ward was full ena kufika pansi.

So that challenge of spacing in the ward reached an extent whereby others were on the floor/

R: Yeah, inafika ward kuti nanga si kumene kuja timapanga flop by two metres eti nde kunadzafika kuti ma ward aja, ma bedi aja ma patient aja akubwera ambiri like I remember tinadzakhala ndi 17 patients’ space inatani, inachepa.

Yes, because we flop by two metres there in the ward, so, it reached an extent whereby the ward was full and patients were still coming in like I remember we had 17 patients, so the space wasnt enough.

F: Inachepa.

It was not enough.

R: nde we had to force ourself kupanga add ma two beds ndikupangabe squeeze be ndekuti ka space kaja sikamakhalabe ka 2 metre iyayi ndekuti kamakhala ka one point chakuti kuti atleast tisagoneke patient pansi komabe with time, sinakhale period yayitali we come back to normal mu 2 metres floor away ija atawona kuti ma patient aja ayamba kutsika.

So we had forced ourselves to add two beds, we had to squeeze so the space wasn’t that of 2metres and it was one point something and that was done to avoid putting patients on the floor but with time, it wasn’t for a longer period of time, we came back to normal, to 2metres floor away after the number of patients started to drop.

F; okay, alright, nde munadzakambapo kuti pali ma guidelines amene mumagwirotsa nthito kupanga take care ma patient wo amh, amenewowo ndi okuti munaphunzitsidwa?

Okay, alright, so, you had also mentioned about following the guidelines to take care those patients, were you trained on those?

R; Zimenezozo tinaphunzi…zambiri amangotibweretsera kuti tiwerenge eti,

We had….most of them were just given to us to read on our own, right?

F: eeh

Yes.

R: chifukwa I think preparation yeniyeni to me mmene ndinawonera ndinawona kuti aku Queens zinangowadzidzimutsa sikuti preparation yake inali yeniyeni eeh nde with that time kuti…of course tinaphuznitsidwa izi izi koma zambiri amangotipatsa mwina ngati ma pamphlet ngati aja ambirinso amakhala kuti anzanthu a welcome trust ndi amene amatibweretsera kuti ukapedza nthawi, you read this. Nde timatha kumawerenga ndikumapanga apply ndikumagwira nazo nthito bwinobwino.

Because I think there wasn’t any preparation to me based on what I noted because I think it just happened suddenly for Queens and I don’t think that there was exact preparation and with that time that….of course we were trained about few things but most of the times we were just given pamphlets, those one that are mostly given by Wellcome trust that they will tell you that if you have time, you read this. So I could read them and apply them and It was working well.

F: okay, komano ma guidelines do you know how they were developed kapena kumene zimachokera?

Okay, but, do you know how the guidelines were developed or where they came from?

R; Amh, I am not…kungoti komano tinangopatsidwa.

Amh, I am not…we were just given them.

F; Not sure. Komano zimene zimakamba kuti mukuyenereka kupanga zakuti zakuti zakuti nde mukawona ndi situation imenen muli nayo chifukwa mmene ndimanena kuti zinthu zitha kukambidwa mu guideline koma situation pa ground zimakhala zosiyana

Not sure, but what the guideline was addressing that you need to follow this and that, looking at your situation at hand because as I was saying that things can be addressed in the guidelines but differs with the sitiation the the ground.

Not sure.

R; Eeh, zimakhala zosiyana…smiles….

Yes, they differ….smiles…

F: nde if you look at ma needs amene munali nawo pa ground, ma resources ndi zimene zimakambidwa m’ma guidelines zo kuti pakuyenera kukhala chakuti chakuti kapena kuchita chakuti zimayenderana bwinowbino.

So if you look at the needs you had on the ground, the resources and what was said in the guidelines that there has to be this and that or to do this and that, were they relating to each other?

R: Zimayenderana komabe not zonse bwinobwino.

They were related but not everything.

F; Osati zonse.

Not everything.

R: eeh, komabe zambiri zimayenderana let’s say ngati kuti tikhala kuti ngati ku nkhani ya ma resources yo ikakhala kuti ku government side aperewedwa, other friends from wellcome trust amatipanga supply.

Yes, but most of the things were followed lets say if the government’s resources were in adequate, other friends from Wellcome trust could supply us.

F: mmh

R: eeh monga ngati tiyerekedze kuti ngati timapereka kwambiri hepaline (sp) eti kwa patient aliyense nde let’s say ngati government side hepaline alibe, a wellcome, there were always there to give us the hepaline.(sp)

Yes, for example we were giving each patient hepaline (sp) so let’s say they don’t have it government side then Wellcome trust was always there to give us the Hepaline

F: Okay.

Okay.

R: nde zambiribe zimachitika koma sidzimalephera tina ndi tina koma not..

So a lot of things were done though sometimes some things might not but not…..

F: not really.

Not really.

R: mmh.

Yes.

F; chabwino, komano mukayang’ana access ndinene kuti kugwiritsa nthito ngati ma staff pali zinthu zambiri zimene ma guideline zimene amanena monga ngati mwachitsanzo PPE mmene munthu akupanagira chani chani ma staff ngati ma health workers amatha kutsatira zimenezozo kapenabe mumawonabe kuti pali ena amene sakutsatira.

Okay, but if you look at the access, I should say, there are a lot of things that the guidelines says about how staffs should follow for example, PPE, how the person is doing this and that, Did staff like health workers follow that or you feel like they are some who are not following.

R; yeah, amh, koma kunena mowopa mulungu.

Yeah, amh, but frankly speaking,

F: yeah.

Yeah.

R; ifeyo m’mene tinagwirira nthito, atleast wina aliyense amatsatira chifukwa monga ngati nkhani ya ma PPE ija mmene amavalira before your friend entered in that room, friend has to check kuti kodi ndili bwinobwino, ndipite, nde you make sure wavala bwinobwino, well covered ndekuti china chirichonse and friend uja amakupanga check and you go there. Kunalibe ekuti….problem imakhala kuti to our doctors chifukwa most anthu awa amafuna zinthu za fast osafunanso zikhale bwinobwino nde our duty was please don’t go, do one two three ngakhale amapanga monyinyilika koma komabe still amatana, amapanga.

The way we had worked, at least everyone was following because for example of issue of PPE, the way we were dressing before your friend entered in that room, a friend has to check you if you have dressed properly, and then you go, so you make sure you have dressed properly, well covered and everything so your friend could check on you and you go there. And there was no…the problem was with our doctors because most of these people want fast thing without even seeing if things are okay so our duty was please don’t go, do one , two, three though they were doing unwillingly but still they were doing.

F: So, some of them could…kapena poika mask kapena

So, some of them could…maybe where they were placing the masks or..

R: no, some of them didn’t want to change the clothes eti they just want to put on something and to went there nde ifeyo timawapanga discourage they have to change to put on the scrapes chifukwa we were given ma scrapes kumene kujako amene timasintha. Ngati mmene mulili inu mukufuna kuti mukalowe m’menne muja, musinthe.

no, some of them didn’t want to change the clothes, right, they just want to put on something and go there so, we could discourage them that they have to change to put on the scrabs because we were given the scrabs which we were changing there. For example, if you want to get in there, you must change your clothes.

F; ndichotse zovala izizi.

I must remove the clothes.

R; ehe, muvala ma scrapes athu aja mukalowa, even the PPEs and even you put on ma gambusi musintha. Pamene ena amanena kuti ndikalowa ndi nsapato zanga nde timalimba kuti no, inuyo simukalowa ndi nsapato, the problem mulowa ndi nsapato muno then you go back to ward nde pakhala challenge komabe that time anthu amachivomereza and later on anadzolowera amavala.

Yes, and then you wear our scrabs and get in, even the PPEs, you put on the boots, you change, so others could say, no, they will enter with their shoes, so, we were insisting that no, they will not enter with their shoes, because the problem was that, they will enter with their shoes there and they will go back to the ward, so that has been the challenge and as time passed by, people had accepted it and later on, they were used and they were wearing them.

F: Okay, komano, mmene mukukambiramo mukukamba za ma health workers amene akugwira nthito ku Covid ward.

Okay, but you are talking about the heath workers who were working in the covid ward/

R: Mmh.

Yes.

F: Komano I want you to look at health workers generally, konse do you think they were conscious about following the procedures m’mmene zikuyenera kuchitikira?

But, I want you to look at health workers generally, everywhere, do you think they were conscious about following the procedures based on what they are meant to be followed?

R: Tikayitenga Queens yonse sindikukhulupilira kuti anthu amapanga follow, chimene ndikunenera ndi chokuti sometimes tikamakhala kuti tikudutsa ku ma ward kuja, eti

Looking at the whole Queens, I don’t believe that people were following, I am saying this because sometimes we do pass by the other wards, right,

F: yeah.

Yeah.

R; umapedza kuti ma collegues they have just put mwina ka mask ka, mwinanso ka epuloni kopsapsala kaja, they are not protected, they just feel kuti as long as ndavala chani, mask ija eti mwinanso si anatiyikira madzi aja kuti tidzisamba, you can see somebody kuti akungolowa sakusamba chani, sakusamba m’mmanja. And ukawafunsa kuti sukusamba m’manja chifukwa chani amati ndikasamba m’kati nde umati no, akanakhala kuti kusamba m’manja mkati ichichi sakanatani, sakanayika, nde chimangotengera munthu m’mene ukuchimvelera nde I don’t think kuti anthu amapanga….even today kuti anthu akupanga follow.

You wil find your collegues that they are just putting on the mask, a transparent apron and they are not protected and they just feel that as long as they are putting on that mask and also, you put water for washing hands but you can see somebody entering without washing hands and when you ask them why they are not washing their hands, they will tell you that, they will wash their hands inside the ward and you say no because had it been that washing hands is recommended when you are inside the ward, then they couldn’t put that bucket there , so, it then depends on how someone feels about something but I don’t think that people do…..even today I don’t think that people are following.

F: mmh, do you think there is senior support to make sure that health workers are following up zimene zikuyenerka kuchitika in terms of infection prevention and control.

Okay, do you think there is senior support to make sure that health workers are following up what needs to be done in terms of infection prevention and control?

R; there is other senior support team imene imayang’ana zimenezi eti, komano my fear is, they usually don’t follow up, maybe that’s why anthu akukhal ngati tikulekelela, follow up ndi imene ikuvuta from this team.

There is other senior support team involved in doing this, right, but my fear is, they usually don’t follow up, maybe that’s why people are now relaxing, follow up is difficult from this team.

F: Support …tinene kuti structure ilipo komano following up and monitoring ndi zimene zikuvuta.

Support…I should say that the structure is there but following up and monitoring is what is difficult?

R: mmh, monitoring yawo kuti kodi what are these people doing , I think follow up is difficult ndi imene iri yovuta. Yeah.

Yes, their monitoring to see what are these people doing, I think follow up is difficult, it is what is difficult. Yeah.

F; Chabwino, availability ya PPE imeneyo mutha kuyipanga describe motani?

Oka, how can you describe the availability of PPE?

R: imeneyo singakhale 100 percent pena imapedze pena simapedzeka tikanena general koma tikanena ku centre ko nde amayesesa kuti at least koma tikanena ku genrall ku Queens kumapedzeka kuti ma mask wo they share pena akupatsani three masks for the whole day. Do you think ungalowe mu ward three times a day ngati? No, because these are disposable, once you have used ukuyenereka kupanga discard.

It cant be 100 percent, sometimes it is available and sometimes it is not available and that’s generally in other wards but not in the centre because they were really trying but gerally for Queens, you could find that they were sharing the masks, sometimes just three masks for the whole day. Do you think you can enter into the ward three times only? No, because these are disposable, once you have used, you must discard.

F: Discard.

Discard.

R: nde ndikuonabe kuti ka challenge mu ward mu kanalipo and PPE imene amavala anzanthu tinali kuti ndi ma disposal epuloni tokuti osafikanso pansi.

So I think that’s the challenge that we had in the wards and the PPE that our fellow collegues were disposable Aprons that couldn’t cover down here.

F; Mmh

Yeah.

R; mwawona nde ikakhalapo yabwino yeniyeni yabwino ija ndekuti akupasa ndekuti you have to keep it and reuse it next time which is contradicting ndi za Covid eti.

You see and if there are those good ones then once you are given, you have to keep it and reuse it next time which is contradicting with issues of Covid, right,

F; Yeah.

Yeah.

R; Chifukwa za Covid umafunika kuti once you have used that thing upange discard.

Because Covid things need to be discarded once you have used that thing.

F: discard.

R: nde that’s the challenge ndi PPE for health workers.

So, that’s the challenge ndi PPE for health workers.

F; Komano ku centre ko as you are saying, was there any particular material imene ku centre ko imasowa?

But at centre, as you are saying, was there any particular material which was not available at the centre?

R; Not really, one time tinangokhala ndi vuto la zimaujeni zimene anatibweretsera were too heavy kuti ukavala zimene anatibweretsera zima ovovololo zija were too heavy, zimaovololo zija nde ukavala eeh the sweating was too much nde anthu atapereka complain kuti no they were too heavy kuti munthu uvale ndi m’mene timapangiramo nde later on anadayamba kutipatsa zabwinobwino zokuti ukavalamo when you go there you discard, no problem.Yeah.

Not really, only one time we only had a challenge that the things that they brought us were too heavy, those things that they brought us to wear the jamsuit, were too heavy and when you wear those jumpsuits, eh, the sweating was too much, so after people had raised the complained that no they were too heavy if we wear them based on how we were doing , so later on they started providing us good ones that when you wear them, when you o there, you discard, no problem. Yeah.

F: How did you look at disposal ya zinthu zimene mumagwirirtsa nthito ku ward kuja ndi process yonse kuti mupange disposal.

How did you look at disposal of materials which you were using at the ward, how was the whole process like?

R; Ngati ku ward kuja I think ndingati iri bwino, chifukwa tiri ndi ma drum kumene kuja ma ward onse amapanga label eti, lets say ngati ma wet , ma dry tiyika umu, with their lids well covered eti, nde ndimaona kuti disposing imakhala iri bwinobwino.

In our wards there, I think I can say that it is okay because we have got drums there in all wards which were labelled, right, lets say for example, you put wet ones here, and dry ones there, with their lids well covered, so I think the disposing was okay.

F; okay, alright, infrastructure tikaona mmene tilili chipatala kuti mm’mene tili in terms of the infrastructure timadziwa kuti amh pakuyenereka kukhala isolation rooms komanso m’mene mwaneneramo kuti two metres apart, ventilation ya air ikhalepo, if you look at infrastructure especially ku ward ya Covid, was it supportive in case tikanakhala kuti mmene zimachitikira ngati maiko annzanthu kuti we had an inflates kuti ma number akuchuluka pali pandemic yeniyeni, do you think our infrastructure was prepared to handle that?

Okay, alright, infrastructure, so, looking at the infrastructure of the hospital, we knew that there was supposed to be an isolation room and also as you have out it that 2 metres apart, ventilation for the air should be there, if you look at infrastructure especially in Covid ward, was it supportive in case of… if it has happened like the way it was happening in other countries abroad that we had inflates, the number became high , there is real pandemic, do you think our infrastructure was prepared to handle that?

R; mmh, I don’t think we were prepared because that place sinali yokuti with this nde anangoyipanga manuovre kuti maybe if we do this maybe we do that mwina tipanga mwakuti mwakuti eti.

mmh, I don’t think we were prepared because that place wasn’t for this and they had just sinali manuovred that maybe if we do this maybe we do that, maybe we can do this and that, is it?

F: yes.

Yes.

R; Komano ma I think ma infrastructure akanakhala kuti tilino ndi ena abwinoabwino okhala kuti patient wa Covid akachoka apa akafike apo, health worker naye akadutsa uko kotereoko usapite uko, that’s the problem komano ukukobe we tried chifukwa timati khomo limene talowela, timakatulukila kumapeto. Likusiyana ndi limene lili ku 3A, la ku 3A zangovuta chifukwa imene ijayi simayenera kukhala kuti patients should be there

But I think we needed to have other good infrastructure that will enable a covid patient to move from here to there, and which will allow a health work to pass through over there and should not pass through here, that’s the problem but we tried there because we could not use the same door, if we use this door for entering, we could use another door for exiting. It differs with the one which is in 3A, for the 3A, anyway, but that ward wasn’t meant for patients to be there

F; Koma yaku ENT

But ENT?

R; Koma yaku ENT chifukwa khomo lomwelo ukutulukira, khomo lomwelo ukulowela kukawona ma patient, that’s not….

But ENT, because the same door which you are exiting is the same door you enter to see the patients, that is not…..

F; mmmh

R; koma kumene kuja at least anayetsetsako ngakhale sili pa standard yokuti m’mene ma infrastructure akuyenereke kukhalira chifukwa kumene kuja ukalowa, ufika kukawona ma patient, upanga dorfing , utuluka komkuja and you come back kudzalowetsanso uku eti and patient akamabwera sakuloweranso kuno amaloweranso kunkuja potulukanso adzatuluka komkuja.

But atleast there, they tried though it’s not that up to the standard that an infrastructure should be because when you enter into that room, you go and check the patients, you do the dorfing and you get out, you get our there and you come back, you enter throught here and a patient does not pass from here when coming here, he/she enters from there and when getting our, he/she also gets ou from there.

F; Asapange mix ndima anthu ena.

They should not mix with people.

R; asapange mix ndi anthu ena, nde inaliko bwino though inali yongokokela kokela koma ku 3A, no.

They should not mix with people, so, it was better though it was not of that standard but 3A, no.

F; Okay, what’s the challenge mukuyiwona ndi 3A?

Okay, what is the challenge with 3A?

R: 3A because I have never worked there.

F: okay.

R; nde I cannot say about 3A.

So, I cannot say about 3A

F: okay.

Okay.

R: komano Challenge kumene ndinagwira ineyo inali yokuti ma patient akakhala ambiri ma nurse amachepa tiyerekedze 17 patients against three nurses and on night shift zinali zinthu zovuta chifukwa umakhal ngati kuti ulowa, ukapanga prepare patient aja ukapanga kumene kuja 2hours, mukubwera mwina less than an hour, mukulowanso , chinali chnthu chovuta kukanakhala kuti ma staff pa night paja adzikhala mwina four olo five at least but for three nurses against 17 Covid patients, it was a hell chifukwa those people amafunika care yeniyeni ija chifukwa ineyo I am a nurse and I have worked for so many years koma but I have never worked in this condition eti umatha kuwona kuti yeahhh this is work.

But the challenge I faced from where I was working was that the patients were a lot with few nurses for example, 17 patients against three nurses and it was also difficult during night shifts because you could enter and prepare the patient for two hours, you get out and maybe within less than an hour, you enter again and that was the biggest challenge and I think it would have been better at least to be 4 or 5 nurses at night but for three nurses against 17 Covid patients, it was a hell because those people needed real care because I am a nurse and I have worked for so many years but I have never worked in this condition and you could feel that yeah, this is work

F; Zimene timaphunzira zija ndi izizi.

This is what we had studied.

R; ndi izizi yeah, mwawona nde challenge imene inalipo ndi yokuti ma health workers anali ochepa.

This is it, yeah, you see so, the challenge that we had was that the health workers were few.

F; anali ochepa . nde zikanakhala kuti up to now number yachulukano.

They were few, so assuming If up to now the number is still high?

R; I don’t know but I think more nurses there would have been coming there chifukwa challenge imene inalipo ndi yokuti anthu ambiri tinaphunzira eti, we were trained za Covidi zo koma people were not willing to work there. That was the main challenge.

I don’t know but I think more nurses there would have been coming there because the challenge that we had was that, more of us were trained, we were trained about Covid, but people were not willing to work there. That was the main challenge.

F: yeah, what was their main concern?

R; fear.

F; Fear? Fear yachani? Kuseka…..

Fear? Fear for what? Laughs…..

R: kuti I may die there, this and that, you know chinthu chikamabwera kumene anthu amanena zambirimbiri, you know it’s a dead thing.

That I may die there, this and that, you know when something has just come, people talk a lot about it, you know it’s a dead thing.

F: yeah.

Yeah.

R; nde mwina mukapita mwina simubwera chani, so many thing nde anthu amaopa and example even myself ineyo koyambilira ndinakana kuti no, I cannot do that, with some people kundiwudza, ineyo, I just thank my husband, andipnaga encourage kuti no, you go there, munanena kuti nthito yanuyo mudzapita paliponse simudzaowona less olo chani, you go there, only God will protect you, mwaona, ndi pamene ineyo ndinachivomera kuti I have to go.

As in if you go there, you will not come back and the like, so many things, so people were afraid and example even myself, I refused to work there, I said no, I cannot do that, with some people telling me, as for me, I just thank my husband, he encouraged me that, no, you go there, you sweared an oath that you will go anywhere and you wont hesitstate or what, you go there, only God will protect you, you see, and that was when I had accepted it that I have to go.

F; yeah, (kuti) that this is my calling

R; yeah…Kuseka….

Yeah..laughs…

F: okay, munakhalapo ndi situation yokuti Covid patient yo have run out of medication, mankwala kulibe kuti mwina prescription yomwe yapatsidwa komano chipatal chilibe mankwala

okay, have you been in a situation whereby a Covid patient have run out of medication, maybe the prescription has been given but there is no medication at the hospital?

R: No, komano ndingati dexamethozone amene timakonda kupereka kwambiri eti, timapereka wa IV nde patient uja akamamupanga discharge chifukwa chokuti dexa wa IV kwathu, I don’t think kuti amapedzeka nde instead anthu aja amawapasa prednisolone for contiaution, I think challenge imene inalipo ku ma drug ndi imeneyo anthu amawapatsa prednisolone wama tablet.

No, but I can say that we give the patients most of the times dexamethasone from IV so during the time when these patients are discharged and becuause dexa IV is found there so instead these patients are given predinisolone for continuation. I think that’s the challenge we had with drugs, people were given predinisolone for tablets.

F; akamapanga..akamapanga..

During…during…

R: Akamapanga discharge muja mmalo mukuti akapitilidze dexa yo amawapatsa prednisolone

During the time of discharge, instead of them continuing with dexa, then they were gven prednisolone.

F: Okay, nde pomalidza section ino ndikufunse kuti nde mmene m’magwilira nthito kuchipatlako generally komanso ku ward ko, if I can ask you kuti what do you think are the big barriers zimene zokuti zikupanga affect ndondomeko kapena Covid management pa Queens zingakhale chani?

Okay, so just to finish up with this section, I would like to ask you that, based on how you were working at the hospital generally or at the ward there, I can ask you that, what do you think are the big barriers which is affecting the the procedures or covid management here at Queens, what could that be?

R; Ma barrier ndi ma PPE wo kuti mwina akhonza kukhala….

The barriers could be the PPE that they might be…….

F: And focuss kuti incase.. nanga si panopa zikukhala kuti ngati zachepa koma if you focus kuti in case ma number wa akanakhala kuti achuluka kapena kuti ma number atakhala kuti achuluka what will be ma barriers kwambiri kuti mupange manage ma cases?

And focus that in case…I think know covid is lessening but if you focus that the numbers were increasing or if the numbers are increasing, what will be the biggest barriers to manage the cases?

R; ma number wa atati achuluka kwambiri ndi mmene ndimanenera at the beginning muja eti, koyambilira kuti zidzakhala kuti staff chidzakhala chinthu chovuta kuti, is also barrier payokha ngati staffing itatsika.

If the numbers become very high, as I have already said at the beginning that, it will be difficult for the staffs that, that’s also a barrier on its own if staffing becomes few.

F: yeah.

Yeah.

R; komanso chimene inenso ndikuwona kwambiri nanga si kumene kuja amanena kuti amatiwudza kuti kuli ma allowance chani chani per DM chani chani ndiye mmene anthu ndalama akuchedwetsera kuwapatsa ndalama zawo I don’t think kuti chinancho chitatinso chibwere ndi mmene zinali muja anthu adzachitenga kuti ndi mtima okuti tipite kumene kuja tikathandidze adzizabwelera m’mbuyo chifukwa akuona ma example kuti anthu amene amagwira nthito kumene kuja up to date ndalama zawo sanawapatse nde mwina ndi barrier be chifukwa chikubweretsa chikayiko pa malo kuti tinadzipreka kugwira malo pa nthito chonchija komano panopa kuti mutipatse ndalama zathu zikuvuta chimenecho chikhonzanso kukhala barrier kupangitsa chinthu kuti chipite patsogolo to me ndikuona kuti ndi barrier choncho.

And the other thing that I see is that, we were told there that there will be allowance per DM, this and that, so looking at how they are delaying in giving people their allowances, I don’t think that if another thing comes in, I don’t think that people will be motivated to go and help there because they are seeing the examples that people who were working there haven’t been paid up to date, so I think this is also a barrier becase its bringing in some doubts bearing in mind that you had willingly worked hard but its difficult to give out the money and that can also be a barrier and can affect that thing to move forward, I think that’s a barrier as well.

F; chabwino, koma people, mwakamba kuti …poti mwayiyamba kale kuteroko ndimafuna ndikufunseni kutsogoloko nkhaniyi allowance yi nde poti mwayiyamba kale, ndimafuna ndikufunse kuti chifukwa chani ma staff ambiri amaona kuti they deserve kuti apatsidwe ma ma incentive kuti akagwira ku Covid kapena nthawi ino ya Covid imene amaona kuti risk allowance pali mgwridzano wina uriwonse kuti ngati munthu amuwonjedzera ndalama ndekuti mwina ka risk kaja kachepelako?

Okay, but people, you have said that…you have already started this issue and I wanted to ask you later about this issue of allowance so, since you have started it, I want to ask you that why do you think that most staffs feel that they deserve to be given the incentives that they are working in covid or during this time of Covid, is there any relationship they feel that once given the risk allowance then the risk will be reduced?

R; No. Kungoti for example mmene ndimachitenge I didnt know kuti kumakhala kuti kudzakhala ma allowance ina iriyonse.

No. but for example, when I was accepting it, I didn’t know that there will be any allowance.

F; okay, nthawi imene mumavomera kuti mukukayamba.

Okay, that time you accepted to work there?

R; eeh kuti tikukayamba nthito, we didn’t know, za allowance tinakadzimvera titafika kale kuti kukhala ndondomeko izi, mwinanso titayamba kale ma arrangement kuti kukhala nndondomeko izi , mwinanso titayamba kale kumakhonza ku ward kuja kuti akuti iih kuli ndondomeko imeneyo nde that time imene timakana timangokana kuti iih kuopa kukatengako matenda not knowing kuti kudzakhaala ma allowance monga ngati ineyo za allowance ndinakadzimvera nditafika kale ku ward.

Yes, when I was going to work there, we didn’t know, we were told about allowance when we were already there that there will be these procedures, even when we had started the arrangement, that there would be these procedures, perhaps even when we had started preparing the wards and we heard that there will such thing, so during that time, we were refusing because we were afraid of being infected not knowing that there will be allowance, as for me, I heard about the allowance when I was already in the ward.

F; eeh, mutafika.

Yeah, when you were there.

R: nde I think chinthuchi chimangotengera munthu ndi mmene wachimvera sikuti even if you can be given that money ndekuti risk yotenga matendayo itsika olo ikwera no, zimangotengera munthu iweyo m’mene wachimvera mumtima mwako.

So I think it’s just how people perceive things but its not that even if you can be given that money then the risk of contracting the disease will reduce or increase, no, it depend on how you have perceived it to be.

F: But there would be some health workers (kuti) that they will be willing to work (nthawi ya) during Covid without allowance.

R; I can say yes chifukwa nthawi imene amafunsamo…other departments anachita kuwafunsa kuti are you willing to work there? Nde ena amadzipanga kuti yes, am willing amapanga, pamene ena anangotipanga impose kuti you you you go there.

I can say yes because during that time when they were asking…. In other departments people were asked that, are you willing to work there? So some said yes, am willing, they could do that, yet some of us were imposed that you you you go there.

F: Aamh

R; Mwawona eti.

You see right?

F: okay.

R: Komano anthu kuti mwina tisaname kuti kunalibe anthu, anthu ena analipo willingly and tikugwirabe kumeneko anthu ena amabwera kuti we are willing to work with you timafuna titabwera tidzithandidza tikuona mmene anzanthu mukugwilra nthito. Not because of the allowance but just to help. Yeah, alipo ndithu.

And we should not lie that there weren’t people, there were some peope willingly and while we were woking there, others could come and say that we are willing to work with you and that they want to come and see how we are working. Not because of the allowance but just to help. Yeah, people are there.

F: okay, mwamvapo ma patient ena mwakuchedza mwanu, akufotokodza ma experience yawo ya testing ya nasal mwinanso your own experience if you have been tested. What is like your experience ya throat ndi nasal swab ija?

Okay, have you heard some patients while chatting with them talking about their experiences with nasal or perhaps your own experience if you have been tested, what is like your experience of throat and nasal swab?

R; Kuseka….

Laughs…

F; kuseka…

Laughs…

R: Experience imene ijayo ndi yovuta.

That is a tough experience

F: ndi yovuta eeh.

Its tough, yeah.

R; Chifukwa passing that thing its not easy, its not simple nde ndimaganizo onena kuti munthu ukuganidza kale kuti this thing nde akakupanga muja, its painful.

Because passing that thing its not easy, its not simple and with the thoughts that you are already thinking that this thing so when they do it, its painful.

F; its painful.

R; mmmh, komabe with time umachipanga umachivomeredza kuti its okay koma that experience is very very painful.

Yeah but with time, you accept it that its okay, but that experience is very very painful.

F; Experince kwenikweni ndikukamba not in mind koma ka process kopanga insert, comfortability, how comfortable are people with that?

The experiencing that I am trying to pinpoint here is not in mind but the process of inserting, comfotability, how comfortable are people with that?

R: I don’t think there is comfortability

F; kuseka…

Laughs..

R; Kuseka…I don’t think there is comfortablility in any way komabe umamangopanga accept kuti anyway ndikuyeneraka kudutsa mu njira zoterozo koma ndi zinthu zovuta zosakhala bwino.

Laughs.. …I don’t think there is comfortablility in any way but you just accept that any way, I am supposed to pass through such moments, but its hard and its not even good.

F: if there was another procedure yoyedza through malovu.

If there was another procedure of testing through saliva.

R: at least .

F; At least ..

R; at least imeneyoyo ikanakhala bwino kwambrii ndiponso anthu ambiri bwenzi akuthamangira kuti ndiyeze ndiyezi ndiyeze koma that thing eeh, and kwama patients mmmene mumanenera experience imene amakhala nayo ena imene amatiwudza m’mene akumvera eti, ndi chinthu chokuti amakuwudza kuti ineyo eeh I have feel death ndi mmene ndikumvelelamu koma panopa iyayi ndiri bwino, koma matenda amenewawa si matenda amasewera munthu umantha kuyiona imfa kuti ineyo apapa nde am dying.

At least that could have been very good and people could be coming in large numbers that test me, test me, test me but that thing, eh, for the patients based on what you asked me about their experience that they have which they had told us about how they could feel, they could tell you that I feel death on how they were feeling but that I am better now, but this disease is not a joke, you can see death and know that I am dying.

F; koma pena si imangokhalanso mind set koma

But isn’t it the mindset sometimes?

R; mind set eeh imakhanso mindset kuti anthu akumwali nde umangowona ngati…

Mindset yeah, its mindset when you are seeing people dying so you just think that….

F; umangowona ngati imfa ikubweranso.

You feel like death is coming.

R; eehe, imfa ikubwera komano ndi chinthu chovuta chifukwa munthu ukamafika point yokuti udzikanika mpheya omwewu udzichita kuwubvutikira ndi chinthu chovuta.

Yes, but it is not easy because you reach even a point whereby this air, you find it difficult to get, so it’s not easy.

F; okay, nde ndibwerenzanso zija ndimanena kuti in an event kukanakhala kuti matendawa ndi pandemic yokuti ma cases achuluka pachipatalapo, mukuwona ngati kuti ndi njira iti imene achipatala akanagwiritsa nthito powonetsata kuti ngakhale tiri ndi ma cases ambiri koma wina aliyense amene akufunika chithandizo akulandira chithandizo.

Okay, so, I will repeat what I was saying that in an event whereby this disease is a pandemic whereby the cases are getting more here at the hospital, what do you think could have been the measure in which the hospital could have used to make sure that though we have more cases but everyone who is seeking the care is receiving that care.

R: ndikuona ngati kuti panakhala kuti wina aliyense alandire chithandizo koyambilira malo, ma infrastructure munanane aja, tinanena aja koyambilira aja, tikanakhala kuti tinali ndi malo ambiri ochulukilapo kuti wina aliyense abwere whether ali sick yokuti need admission olo sick yokuti atha kukhala kunyumba chifukwanso kunyumba kunjanso ndi risk where ngakhale anthu aja we are sending them kukakhala kunyumba.

I thnk if everyone was to receive the care then firstly, is the space, the infrastructure which you said about, which I said earlier on, it could have been better if we had a large space to accommodate everyone whether he/she sick and needs admission or he/she is sick but she can stay at home because its even risk to go and stay at home though we send these people to go and stay home.

F: Yeah.

R: tikanakhala kuti tinali ndi malo kuti tidzipereka those 1 days kuti kukhale kuti tiwone kuti ali bwinobwino then adzipita whether he is sick or he is just carrying that ka virus eti

Had it been that we had space that could even enable us to give them a day to stay to see I they will be okay and the go home, whether he is sick or he is just carrying that virus, right

F; yeah, nde you think kuti space imayenereka kukhala yochulukako.

Yeah, so you think the space should have be more.

R; Kukhala yochuluka and the closing nso imene anapanga close Kameza site inapanganso contribute work load yambiri kunoko so those people m’malo mopita kujako amabwerano kunoko.

Should be more and the closing that happened Kameza site contributed to the work load here so those people instead of going there, they were coming here.

F; they were coming kunoko

They were coming here.

R: mmh. Pamene in actual sense ENT ija anapangira only for those staff.

Yes, yet in actual sense, ENT was set only for those staff.

F; oh.

R; Ine ndi inu tikadwala we go there komano zitafika poti zavutano, base ija yatsekedwa antho oonse aja anayambano kumabwera kunoko kunapedzeka kuti space yatani, yachepa that’s why anayambanso kupang acreate 3A ija kuti anthu ena azitani,azipitabe kumene kuja. Koma I think malo akanakhala ochuluka kuti wina aaiyense alandire treatment mokwanira make sure kuti comfirmed kuti achira and is okay and panopa you can think of ma patient okuti amakhala kuti ali COvid19 positive koma onsewo went home chifukwa chokuti sakudwala eti, do you think kuti onse aja amabwera kudzapangitsa check? No, si aliyense amene angabwerenso kudzapanga check.

If you and me gets sick, we go there, but when it reached an extent whereby it hit hard, the base was close, all people started coming heres, then the space became full and that’s why they created 3A so that other people should be going there but I think if the space should be enough so that everyone should receive adequate treatment and make sure, and confirm that they have recovered but all of them went home because they are not sick and do you think that all of them were coming back to recheck?, No, not everyone can come to recheck.

F; okay, mayiko ambiri akakhala kuti ma cases ngati choncho achuluka, amapanga employ zimene amati reverse triage kuti adzilandir ama patient aja nde quickly adziwona kuti uyu akupedzako bwino azipita kunyumba.

Okay, so in most countries when they see that they have more case, they employ what they call reverse triage that they will be receiving the patiens and then they quickly send back home those they see that they are feeling much better.

R: Atleast.

F; Do you think zimenezo zingagwire in our context?

So you think that can work out in our context?

R: komano in our set up here, I don’t think kuti zingagwire kwenikweni

But in our set up here, I don’t think that can really work.

F; okay.

R; nkhani yake ikhala yomweyo kuti work load, anthu ogwira nthito achepa, and kuti wina aliyense kuti tizingoti mwakuti mwakuti as you are saying ndekuti zikhala zovuta koma ndidzabwino, with time kuti anthu ogwira nthito ndi ambiri, ndi zabwino, komanso ndi zotheka. Koma maiko anzanthu kwa azunguko nde kuti there are more advanced eti,

The issue could be the same of work load, staffs will be less and just to be saying this and that and that to everyone as you are saying then it will be difficult but its good, with time, if staff are more, then its good and its even possible. But our frineds in European countries, they are more advanced, right,

F: Yes.

R; koma kwa ifeyo chifukwa chokuti tinakhadzikitsa mtima umenewo okuti sitingathe koma kwa azungu mwinanso that’s the problem kuti ifeyo a Malawi timakhala tikubwelera chinthu mb’uyo mmalo mokutinso mopita kuti kutsogolo,

But I think because of our mindset that we are not capable and only whites’ can, I think that’s the problem as well and that is why us, Malawians do not develop.

F; mmh, in your experience apapa ndi mmenenso nthawi imene ma number amachuluka, anthu okuti chisamaliro mumapereka nanga si kuti apapa munthu amamati apita ku Mwaiwathu, ku Adventist

Mmh, in your experience now and when the numbers where getting high, the care that you were giving since a person couldnt go to Mwaiwathu, Adventist

R; onse amabwera kuno.

They were all coming here.

F; Chisamaliro mumapereka bwanji mosiyanitsa pakati pa anthu okuti ndi ma VIP ndi amene akuone kuti ndi anthu akumudzi..

How were you rationing the care with regard to the VIP and local people?

R; kuseka….ma common.

Laughs…the common ones.

F; eeeh.

Yes.

R; Apopo nde panalibe kusiyanitsa chisamaliro, timapereka chisamaliro mofanana

There was no difference, the care was the same.

F; okay.

R; kaya ndi VIP is unable to eat, ndekuti tikamupanga care, kaya ndi munthu okuti wangokhala ndi common person she is unabale to take bath himself, tikamutsambitsa, tikamudyetsa , kaye tikufuna kuti ayende, timuchotsa pa bed po, timuyendetsa kuzungulira apa bed po pamene paja akhala, chimodzimodzi.

If the VIP is unable to eat, we could care him/her and if a common person, she is unable to take a bath himself, we could bath him, feed him and if we want him to walk, we could take him from his bed, let him walk around the bed and then sit, we did that equally.

F: ma VIP analibe malo awo awo.

The VIPs never had their own space?

R: Ayi.

No.

F; Kapena kuti iwowo amadzawonedwa kwambiri nthawi zambiri.

Or that they were being monitored a lot.

R; mmmh. Analibe malo a special wina aliyense timapanga mix.

No they never had a special place, we mixed everybody.

F: yeah.

R: eeh, ma dokotalanso sikuti angangobwera kudzawona VIP yekhayo ayi, wina aliyenseyo, panalibe kusiyanitsa.

Yes, and the doctors cannot just come to monitor the VIP only, no, everybody, there was no difference.

F; mmh, okay

R; Eeh, ndithu.

Yeah, sure.

F; Tatsala pang’ono kumalidza, section yomalidza…

We are about to finish, last section….

R; kuseka…

Laughs….

F; ndikufuna ndifunse, ndidziwe kuti m’mene mukudziwonera inuyo, m’mene chipatala chinapangira prepare to handle covid komanso inuyo ngati mwini wake m’mene munadzipangira prepare kodi maganizo ndi otani, mumadziwona kuti are you at a very high risk, with the infection ya Covid kapena you took it as I am okay, I can work.

I want to ask about, to know about your views with regard to how the hospital prepared to hande Covid and how you prepared yourself, what are your views, did you perceive that are you at a very high risk, with the infection ya Covid kapena you took it as I am okay, I can work.

R: Ndikuona ngati kuti ndinali pa high risk ya Covid, chifukwa sichinali chinthu chapafupi kukamusala patient amene ali Covid positive and umadziwanso kuti apapa ineyo moyo wanga nde ndikuwuyika pachiopsezo, umadzipangabe feel kuti mmh ineyo nde ndiri pa high risk.

I think I was at a high risk of being infected with Covid because It was not easy to care for a covid positive patients and I knew that I was putting my life at risk, I could feel that I am at a high risk.

F; yeah.

R; Yeah, high risk yo nde inalipodi umadzipang feel kuti

Yeah, you could feel that you are at high risk.

F; ka fear.

The fear..

R; eeh ka fear kenakake kuti eeh apapa nde kungopanga kuti ngati sidzitsatabe ndondomeko yake yoyenelera ineyo apapa basi nde we tried kuti …sitikunena kuti iweyo uli 100 percent kupanga care ma patient amene aja kuti sitinadwale eti yet anzanthu ena anadwala especially amene anali ku,..ku..

Yes, that fear and you just feel that you must follow the necessary procedure and you were like, you are now, so we tried that…I am not saying that I am 100 percent in terms of caring the patients and have thoughts that because you haven’t been sick yet your collegues got sick especially those that were at….

F; ku tent?

At the tent?

R; No, kwa Kameza aja like most of the nurses they felt like anadzadwala komano ifeyo kuti

No, at kameza, like most of the nurses they felt like they got sick but for us…..

F: Simunadwale.

You did not get sick.

R: Kuti it was only…we just thank God kuti mwa tonse panalibe amene anadwalam’mene tinalili eti komano fear inalipo, risk yodi inalipo kuti timaopa and we were not taking it simple kuti we are working here nde kuti we cannot take it, no. kumangokhala kudzipereka, koma mantha amakhalapo kwambiri, kwambiri.

That I was only, we just thank God none of us in our group never got sick but the fear was there, the risk was there and we were afraid and we were nto taking it simple that we are working here and that we cannot take it, no. It’s just the dedicaction, but the fear is mostly there.

F: Yeah. Do you know why ma health workers a kwa Kameza anadwala kwambiri kusiyana ndi aku Queens chifukwa chake chingakhale chotani?

Yeah, do you know why the health workers at Kameza got so sick compared to those of Queens, why was that so?

R; kwa ineyo ndikuona ngati kuti, m’maganizo mwanga eti ndikuwona ngati kuti mwina sindikudziwa kuti onsewo mmene amapanga orientatation ya ukuko ine sindinapiteko kuti mwina anamanga bwanji, ma tent awo anali bwanji, amadutsa njira zake ziti eti, sindikudziwa komano and sindimatha kumvetsa kuti anzanthuwo chinachitika ndi chani chifukwa kumene kujanso nkhaniya PPE anzanthu nde anali 100 percent kwambiri.

I think, in my opinion, I don’t know how their orientation was like there because, I did not go there, I don’t know how it was built, how their tents were like, which path ways were they passing through, right I don’t know but I don’t really understand what happened to our collegues because our collegues there were 100 percent on PPE

F; Zinalinso kuti zikungoyamba kumene?

It had just started?

R; emh, zikungoyamba kumene.

Yes, it had just started

F: ka mantha kanalipobe?

They were still having the fear?

R: ehemh, eya, komano sindikudziwa kuti what really happened and ifeyonso mwina kwa ifeyonso mwina chifukwa tinali conscious kwambiri especially ukamalowa m’mene muja, m’mene munthu wavalira eti, usadzitengere simple komansi ifeyo m’mene amkatiphunzitsa maphunziro, maphunzitsi athu ankatiwudza kuti, kuti munthu iyitenge kwambiri, kuti ukatenge nthawi imene ukupanga dorfing ija is very very important.

Ehm, yes but I don’t know what really happened and maybe because we were very conscious especially when entering there, the dressing and we could not take it simple and during the training, they emphasized that a person can get infected it is when you are doing the dorfing , so it s very very important.

F: oh

R; osapanga doorf mwa phuma eti, pamene ukudziwa kuti pakuvuta usadzipange force, you can call a collegue akupange akuthandidze eti kuti apapa ndavala bwino kapena chani, dorfing process ija ndi imene imawoneka ngati kuti tinayimvetsetsa kwambiri.

Do not hurriedly dorf, and when you think that somewhere is difficult, do not force, you can call a collegue to help you by checking you if you have properly dress or not, so we understood more on dorfing process

F; okay.

R; kwa ineyo ndikuwona ngati choncho.

I think so.

F: okay, do you think ngati kuti panopa ma health workers apanga relax?

Okay, do you think that the health workers have relaxed now?

R: Panopa?

Now?

F; in terms of following what should be done?

R; yeah, panopa sinanga tikamawona kunena kuti mwakuti nde ungoti aah apapa basi komano ndikuwona ngati kuti relaxing imeneyiyi itivuta kutsogoloku

Yes, because I think when we see that, this and that, you just say that ah, its over but I think this relaxing will affect us in future

F; kutha kudzativuta.

It will affect us

R: eeh.

Yes.

F; okay, despite ma fears ndi amh, feeling kuti muli pa risk did you mukhala m’chipatala kuti did you feel kuti muli sufficiently protected. Kuti PPE yomwe muli nayoyo komanso ma procedures amene anayikawo kuti mumawonabe ngati kuti muli protected be? Ka sense of protection mumakhala nako?

Okay, despite the fears and amh the feeling that you are at risk, and since you were working in the hospital, did you feel that you are sufficiently protected that the PPE that you had and the procedure that were set, you could feel that you were still protected? Did you have that sense of protection?

R: ka sense of protection kamakhalapo ngakhalabe kuti kamakhalabe ka manthabe manthabe komabe ka sense of protection kamakhalapo

There was a sense of protection and though there was that feel but still we were in fear though there was a sense of protection.

F; eeeh

Yeah.

R; Chifukwa lets say ngati ifeyo kumayambililoko amatipanga provide kuti ma transport osamakwera ma public eti komano mumadziwa za m’boma zochitika izi ndi izi chani, zinapedzeka kuti zinadzasiyika ndi pamenenso fear ija inadzayambanso kubwera kwambiri sinanga we were using our own transport nde ena a user public transport nde munthu ukuchokeranso kopanda…

Because lets say in the beginning we were provided with transportation to avoid using public ones, right, but you know the government, they do this and that so they stopped and that made the fear to be more because wer were using our own transport and some were using public transport and yet you are also coming from where there is no…….

F; kuseka..

Laughs…

R: Zinali zinthu zovuta.

It was difficult.

F: Okay.

R; umathanso kupanga fear yokuti mwina iweyonso utha kuwapasila anthu amene wakhala nawo pamalopo.

You also had fears that you might infect those that are around you.

F: Ku community kumene mukukhalako ku family, did people know kuti especially akudziwa kuti mukugwira kuchipatala, did you experience, what relationship did you experience ndi anthu , experience kaya ka stigma kaya discrimination

In the community which you live in, the family, did people know that especially that they know that you are working at the hospital, did you experience, what relationship did you experience with people, experience of stigma or discrimination

R; of course anthu stigma amakhala nayo especially period yokuti iih awa akugwira paja ku covid ku, ndi covid anthu akuchipatala mwakuti mwakuti

Of course people had stigma especially during the period that this one is working in the covid ward, with health personnel and this and that.

F; yeah.

R: Komano for me mwina kuti community yanga simadziwa kuti ndikugwira direct ku ward ti koma amangodziwa kuti awa amapita ku nthito amakakumana ndi anthu a Covid eti koma to be specic kuti I am really nursing the covid patients koma anthu aja sindinafune kuwawudza chifukwa ndinali ndi fear ya discrimination yomwe ija komano mwini wakene ndimangoyenereka kudziwa kuti ndikangochoka kunthito sindimapanga visiting anybody, no. I was always…

But for me, my community didn’t know that I was working direct at Covid ward they just knew that I go to work and meet covid patients but to be specic that I am really nursing the covid patients and I didn’t want them to know because of the same fear of being discriminated but I was conscious and I knew that once I knock off, I was not visiting anybody, no, I was always….

F; What about Mnyumba?

What about inside the house?

R; mnyumbamo what I did, I sent all my children to my sister

What I did inside the house was, I sent all my children to my sister

F; okay.

R: eeh akakhale nawo. Yeah, I just sent them to my sister and my sister ndinamuwudza kuti amenewo akhale kwanuko for a period chifukwa ineyo ndikugwira kuchipatala, I may take the Covvid for the children, nde anati oh yes its true. Abwere kuno nde I sent them nde mnyumbamo ndimangokhalamo ineyo alone chifukwa my husband stays n Mwanza.

To stay with them. Yeah just sent them to my sister and my sister and I told her to stay wth them for a longer period because I was working at the hospital and I may take the Covid for the children, and she said yes, oh yes its true. She said that they should go there and I sent them and I was staying alone in the house because my husband stays in Mwanza.

F; Okay.

R; nde ndinapanga manage kukhala alone until period ija itatha nde ndinawudza ana aja kuti abwere ku quarantine ya 14 days.

So I managed to stay alone until the period came to an end and I told her to send the children and stay in quarantine for 14days.

F; okay, was there any time kapena pali nthawi imene you had certain concerns the way m’mene mumagwirila nthito kapena even panopa okhudzana ndi covid nde munapanga raise ndi management kapena ndi ma seniors if there is that example anatha kuthandidzani?

Okay, was there any time or is there a time when you had certain concerns the way you were working or even now with regard to Covid and you raised to the management or seniors if there is that example, were you helped?

R: During the time that we were there, that was when pharmacists had raised their concerns that we were using a lot of masks, this and that, right,

F: oh, okay.

R; kuti mwina timawoda on daily basis

That we were ordering on daily basis.

F; nde amaona ngati zikutha.

So they thought that you were finishing them up.

R: nde amaona ngati zikutha nde nthawi imeneyo tinawona kuti it was a challenge nde titayankhula ndi akulau akulu athuwo anapita kukakambiran a ndi a apharmacy eti, kuti no, the way anthu amagwilira nthito sikuti akuwononga ma ujeni.

So they felt like they were getting over, so during that time, it was a challenge, so we had raised our concerns to the authorities and they went to discuss with pharmacy personnels, that no, the way they work, its not like they are misusing the……

F; ndi m’mene zikuyenerela.

That’s what is supposed to be.

R; eeh chifukwa akamalowa mu ujeni, m’mene muja chifukwa tikulowamo mwina atatu mwina olo four nthawi imodzi eti, ma dokotala nawo akabwera abwera kagulu kawo kaya ma anaethistic kaya kagulu kakufunika xray nawonso abwera, ayenera kuvala. Akamatuluka zimene zija…nde kuti ulendo winanso tikakamakalowa pa tsiku timalowa ulendo four olo katatu nde there was no way kuti ma mask asathe and ndi gulu lokalowa m’mene muja, eeh nde challenge imeneyonso tinali nayo.

Yes, because when they are entering into there, because when entering there, we could enter either three or four at once, and when the doctors come, they also come in a group, anaethistic, groups of people from xray , they will also come and they must wear and then when we come out, those things…and again when entering the second time, we could enter three or four time and there was no way that the masks could not be over an looking at the large number of people who were entering there, so that was the other challenge that we had as well.

F: okay. Nde pali chinthu china chimene simumachimvetsetsa kapena chimene mumafuna mutachimvetsetsa kwambiri chokhudza Covid19.

Okay, so, is there something that you don’t undertand or something that you need to understand more about Covid19

R: eeh, ndikhonza kunena kuti eeh pena pakebe sindimatha kumvetsetsa kuti nanga si nthendayi tati inachita kuchoka kwa azunguku eti, inatipedza ifeyo komabe timamvabe ma hear say okuti iyayi kudzabwera katemela, iyayi kukubwera katemela and katemela ameneyuyuu adzayamba kupereka ku Africa kuno otetedza anthu nanga si zongomva mwa anthu tsopano ndimadzifunsa kuti aah tsopano katemelayu akubwerayo adzayamba bwanji ku Africa kuno pomwe ifeyo ma cases athu ndi ochepa kupanga compare ndi mmene anzanthu akumwalira maiko adzungu, tiyerekedze pa miyezi iwiiri imeneyi tiri ndi 182 deaths eti, for so many months amene anzanthu 182 chinali chinthu chokuti akufa a single day and how come kuti katemela adzatiyambilebe kwathu kuno nde pamenepobe ndimakhala ndikudzifunsa mafunso.

Yes, I say that, somehow I don’t understand since this disease came from Europe and got us here and I just hear the hearsays that there will come a vaccine, vaccine is coming and this vaccine will be tested in Africa to protect people, I just hear from people so I ask myself questions that why the vaccine should be tested in Africa where there few case comparing to how our friends are dying in Europe, for example we have 182 deaths in this past two months, for so many months yet this 182 was something that our friend were dying in a single day and how come, they want to start testing their vaccine in our country, so, I ask myself so many question.

F; okay, chabwino, my very last question, kuti chipatala chipange improve njira zotsamalira matenda a covid, atakufunsani kuti chinthu chimene angayenere kupanga priotize, two or three things zimene achipatala akuyenereka kupanga priotize in terms of preparing in case ma number achuluka preparing to handle ma cases ambiri zimene akuyenereka kupanga priotize, two or three things zingakhale chani?

Okay, alright, my very last question, what could the hospital do to improve procedures of managing Covid19 outbreak, if you are to be asked what they can prioritise, two or three things, which the hospital needs to priotize in terms of preparing in case the numbers get high, preparing to handle more cases, what are the things that they need to prioritize, two or three things, what could that be?

R: I think achipatala akuyenereka kuti adzakhale akonzekera mokwanira kuchilandira chinthucho ngati kumayambiliro ndinanena kuti chinanangokhala ngati angozizimuka nde adzakhale okonzekera bwino bwino osati adzachitenso mokokeranakokerana kuti eeh nde pamenepa tipange bwanji preparedness idzakhale yokwanira bwinobwino kuti chinthu chimene chikubwerachi pakuyenereka kupangika ichi ichi ichi asadzakhalenso ngati achita kuwadzidzimutsa kuti ngati emergency kuti kukubweratu covid nde lero lomwe lino mwakuti mwakuti mwakuti, anthu pangani izi. Ngati Queens sanali well prepared

I think the hospital needs to be well prepared to accept the things as I have already said earlier on that it was just like there were surprised, so they need to be well prepared and they should not do as if they are pushing one another and asking what they should do, preparedness should be done in advance and they should know that this and that needs to be done and they should make as if it’s a sudden thing like an emergency that covid is coming and do this and that today. Like Queens wasn’t well prepared.

F; komano in that preparation, ndi zinthu ziti zimene you need to consider.

But in that preparation what are the things that you need to consider

R; ma PPE wo, adzayenera kukhala okwanira bwinobwino komanso staff yokwanira komanso on going training ya ma staff bwinobwino despite kuti zomwe taphunziranzo ndekuti basi, zinthu zimasintha now and then eti,

Adequate PPE, enough staff and on going training despite that what we have been traned is enough, things change now and then, right,

F: yeah.

R: nde kuti ma staffwo kumawapanga ma refresher ngati kuwakumbutsa to work ndi anthu a Covid and that thing will be much…

So there has to be refreshers trainings for the staff to remind them about working with covid patients and that will be much……

F: komano that training

But the training….

R; Koma ngati as of now ma training aja amapangabe despite kuti anthu tinaphunzira kale eti.

But as of now, they still do the trainings despite that we had already done the training…

F; Amapangabe

They still do.

R; Amapangabe kukhala ngati kuti kumatipanga update mmene zinthu zikukhalira samangochitengera kuti chinthu kuti tinaphunzira ndekuti basi eti. And that thing is a agood thing apitiidzebe kumapanga ma training wo ngakhale panopa nthendayi ikukhala ngati ikudzidzira.

They still do like giving us an update about how things are progressing and they don’t just regard it that we were trained and that’s all, and that thing is a good thing , they should continue doing the training though it seems like the pandemic is slowly coming to an end.

F; Ikudzidzila.

Its coming to an end.

R: eeh.

Yeah.

F: training imeneyo amapanga kwa wina aliyense m’chipatala?

Do they do that training to everyone here at the hospital?

R: Eeh, kwa wina aliyense.

Yes, to everybody.

F: it was almost every staff pachipatala

It was almost every staff here at the hospital?

R; eeh wina aliyense anapanga training za covid zo nde zimenezo azipitilidzabe.

Yes, everybody attended the Covid training, so I think they should continue with that.

F: Ayi, ndafika kumapeto kwa mafunso amene ndinali nawo.

Okay, I have reached to the end of the questions that I had.

F: sindikudziwa kuti pali chinachirichonse chimene sindinafunse koma mumafuna mutanena pa mafunso amene ndinali nawo.

I don’t know maybe there is something which I did not ask but you wanted to say with regard to the questions I had.

R; Ah, inenso sindikukhulupilira kuti pali china chirichonse chimene simunandifunse.

Ah, I don’t think that there is something which you did not ask me.

F: okay.

R; eeh, zambiri mwandifunsa ndithu.

Yes, you have asked me a lot.

F; oh, zikomo kwambiri/

Oh, thank you so much.

R; tathokodza.

I appreciate.

**THE END…**