**F: FACILITATOR**

**R: RESPONDENT**

F; nde m’mene ndikuneneramo kuti cholinga chathu ndi chofuna kumva maganizo a anthu ogwira nthito pachipatala za m’mene chipatalata chinakhonzekelera kulimbana ndi matenda a Covid pachipatalapa. Nde sindikudziwa kuti panopa mukugwira nthito kunoko ku OPD, pa miyezi imeneyi mwakhala mutagwirapo ku ward kwina kapena kumalo kwina kumene anthu akugwira nthito directly ndi anthu a Covid?

So, as I have said that the main focus for the study is just to understand views of health care workers at the hospital towards the response strategies that the hospital had put in place for Covid19. So I don’t know, you are working here, so during these months, have you worked in the wards or other areas where people are working directly with Covid patients?

R: Eeeh ndagwirapo ku ENT.

Yes, I have worked in ENT.

F; nde mwagwira kwa nthawi yayitali bwanji?

How long have you worked there?

R: three months, I think form June…mmmh, july, eeh, June july, august, September ndi imene tamalidza.

Three months, I think from June, mmh, July, yeah, June July, August and we finished in September.

F: September ndi imene mwamalidza?

You finished in September?

R; Eeeh.

Yes.

F: Okay, okay, chabwino, nde mukati kumalidza, kunalinso guli lina limene lapitanso?

Okay, okay, alright, so, when you say that you had finished, was there another group that had taken over?

R; Ayi. Tinatseka.

No, we closed.

F; kuti mukutseka?

You closed?

R; eeh, kuti tikutseka kuwasiyira aku 3A.

Yes, we had closed and 3A took over.

F; Aamh

Amh.

R; chifukwa anadzakhala ngati anadzatsegula ward ina ya 3A nde timakhala kuti ma patient a wamba a chisawawa… chifukwa ifeyo kutsegula ENT timatsegula ma staff kuti staff ngati angapedzeke ndi matenda amenewawa eti , asasowe chithandizo ngati kuti zija zimanenedwa zija kuti akupita kwa kamedza chani chani , tinawona kuti aah mpaka staff idzichita kupita kwa kameza kuli bwino akhale pompa kuti adzitha kuyang’aniridwa ndi anzakenso ogwira nthito pati, pompano.

Because they had introduced 3A where common people….. Because ENT was introduced for staffs only that if any staff is found with this disease, then. The staff should not suffer in terms of seeking care just like the case of going to Kameza and the like, so we had felt that, why should a staff go to Kameza, at least they should be right here so that he/she should be taken care of his/her fellow health care workers who are working here.

F; Pompano. Komano eventually si ma staff okha amene anapita kumeneko?

Who are working here. But eventually not only staffs ended up at there?

R; Ayi, si ma staff okha kunadzapedza kuti wamba akubwera chifukwa chotseka chakwa kameza kuja, atatseka kumene kuja kunapedzeka kuti anthu aja amasowa kopita.

No, not only staff, eventually even a local person went there because of the closure of Kameza. After they had closed there, it happened that people find it hard to go anywhere

F: Kopita.

To go anywhere

R: akawapedza nde amabwera straight ku ENT.

So, once they have been diagnosed, then they were coming to ENT.

F; Okay,alright, nde mutati muwunikire m’mbuyomu koyambilira kwenikweni zinthu ziti zimene inuyo mukudzikumbukira m’mene Covid imayamba zimene achipatala anachita kapena kukhadzikitsa ngati njira imodzi yowonetsetsa kuti akukonzekera ndi nthendayi ngati ma cases atachuluke.

Okay, alright, so, if you look back, mostly in the beginning, what are the things that you remember that the hospital had done when Covid had just started or things that the hospital had put in place as a way to make sure that they are preparing for this disease in case the cases might increase.

R:Okay, koyambilira nthendayi itangomveka mayiko anzanthu eti panali ka training, anayitana ndithu ma carder onse kukapanga nawo training ija kutifotokodzera m’mene tingadzitetedzere ngati titakumana nawo matenda amenewawa ku dziko kunoko nde panapedzeka kuti achipatala anakonzeka kugula zipangizo zozitetedzera kuti ngati nthendayi italowe kunoko tisadzavutike tikhale ndi zida izi izi izi kuti titha munthu kumutani kumuthandidza mosavuta then kunalinso kulimbikitsa kuti tdzisamba m’manja ngati ma measures amene anatenganso a boma eti

Okay, firstly, when this disease was known in other countries, there was a training, they called all the carders who had attended the training to let us know how we can protect ourselves if this diseases comes in our country for this disease and the hospital had prepared in a way that, it had bought equipment for protection in case this disease comes in our country and that we should not suffer but to have this and this and that resources so that we should be able to help a person without any difficulties and they are also the issue of hand washing like part of the measures that the government had taken

F: Yeah.

Yeah.

R; kuti anthu azisamba m’manja pafupipafupi kunali ma sanitizer amagulidwa, anagula ndithu, ma donation amabwera ndithu ambiri nde zimawonekabe kuti ayi ndithu tinakonzeka pena paliponse panali ma bigili a madzi oti ngati anthu akuchokera kunja, asanalowe akuyenera kuti asambe chani, asambe m’manja.

That people should be washing their hands regularly, there were sanitizers, they were buying them, they surely bought, lots of donations were coming in, and so, yeah I think we were prepared, there were buckets of water everywhere to enable people to wash their hand before entering and that before they enter, they must wash their hands.

F: Asambe m’manja.

They wash their hands.

R: kaya akukawona patient ku ward koma akuyenereka kuti asambe m’manja.

Whether, they are going to visit a patient in the ward, but they must wash their hands.

F; mmh

Okay.

R: Ndithudi nde tinawona kuti atleast boma linatani linakonzekera.

Sure, so, I think at least the government had prepared

F; Linakonzekera

It had prepared.

R; mmh

Yes.

F; koma zimenezo zikuchitikabe? M’ma corridor mu anthu akumangolowa

But are those things still happening? People are just entering into the corridors.

R; amh, panopa zikuwona kuti anthu atatayilira….kuseka..

Amh, I think people have relaxed now…..(laughs)

F: kuseka…mmmh

Laughs…yeah…

R; Sikuti ma bigiliwo kulibe

And its not that the buckets are not there.

F; eeh’

Yes.

R; komano zinangowoneka ngati kuti zinthu zija zangochosedwachosedwa mmalo muja kaya zasungidwa kaya zapita kuti apopo nde sindikudziwa kuti zikuyenda bwanji.

But you will find that those things have been removed in all areas, I don’t know whether they have kept them or wherever they have gone. So, I don’t know about how things are going on.

F; okay. Chabwino. Ndiye mukudziwapo ngati pachipatala pano , munawudzidwapo kuti panaikidwapo commitee kuyanganira za ndondomeko kapena za kulimbana ndi covid 19?

Okay, alright, so, are you aware or were you told whether there is a committee which was set to respond to the management of Covid19?

R; Tinamvapo eeh kuti pali committee imene ikuyendetsa za covid

I heard that there is a team which is coordinating the issue of Covid

F; koma inuyo committee yo mukuyidziwa?

But do you know about the committee?

R; Ayi. Sindikuyidziwayi koma ndinamgomva kui pali committee imene ikutani, ikuyendetsa za Covid koma anthu ake ndingathe kuwatchula kuti akuti a wuje awuje anali m’momo ayi.

No, I don’t know it. I just heard that there is a team that is managing the issues of Covid but I cannot mention the people that, this one and that one was involved in the team.

F: Okay.

Okay.

R; ndithudi.

Sure.

F; ma training amene munapangawo,munapanga angati chiyambireni, nditi kufika pano mwapangapo angati okhudza za covid?

For the training that you had attended, how many have you attended so far, until now, how many have you attended with regard to Covid?

R: tikhoza Kunene kuti tapangapo awiri.

I can say that i have attended two trainings.

F: Awiri?

Two.

R; eeh, yomalidzira ndii imene ikupangidwa leloliyi chifukwa akumalidza leroli anayamba lachitatau lija.

Yes, and the last one is the one that was being done today, because this one started on Wednesday.

F: oh.

R: Eeh, koma ndimamva zokuti imakhala ngati refresher.

But I have heard that it’s like refreshers

F; Iri ngati refresher ya yoyambayo?

It’s like the refreshers ‘training for the first training

R; Eeh, kungotikumbutsa kuti timapanga zotani nthawi imene timakumana ndi matenda a covid eti.

Yeah, it was like a refreshers to remind us about what we were doing when we experienced Covid

F: Yeah.

R: yeah, chifukwa panopa akukhala ngati kuti matenda aja atha koma alipo komano akukhala ngati kuti awachepetsa mphamvu chifukwa chokuti mwina ma patient athuwo sakumapedzeka ambiri komano anthu akumapedzeka ocheperako nde apapa amakhala ngati kuti akukatimbutsa zina ndi zina kuti tisatayilire koma tidziwebe kuti tidakali nawo tisasiye kutsatira njira zoyenelera yopewela matendawo.

Yeah, because as of now, you might think the disease is over but is still there but I think this diseases is now……..because there are few patients now, so, they were kind of reminding us that, we should not relax but we should know that the pandemic still exists and we should not stop following the preventive measures.

F; komano inuyo mmene munawonera training yo mmene anayipangira organise, mukutha kuwona kuti maphunziro ake anali okwanira kapena mwina panali china chimene chinasowapo kuti mwina pamafunika kupanga improve training yo mu njira inayake.

But do you think that the training the way it was organised, do you think that the training was sufficient or maybe there was something you think wasn’t available which you think needed to be improved?

R; Ah, ineyo ndikuwona ngati kuti training you sanayikonzekeretse bwinobwino chifukwa chonena kuti ngati yoyambilira inali ya kanthawi kochepa ngati ifeyo tinaphunzira tima hours mwina three hours mwina nditha kunena kuti tima hours tochepa.

Ah, I think they didn’t prepare the training very well, because the first training was for few minutes, as for use, we were taught for few hours perhaps three hours, I can say few hours.

F; tsiku limodzi?

One day?

R; Eeh, yatha, panali mafunso ena okuti tikanatha mwina kuwafunsa koma chifukwa mwina cha nthawi imene inalipo, zonsezo zinatani, zinakanika ndebe tinangotenga ma main points amene akufunikira kuti tingoyenereka tipange chonchi kuti tidzitetedze kuti titetedzenso anthu ena eti, basi

Yes, then it got over, and we had questions which we could have even asked them but maybe because of the time which we had, we did not, so, we had just taken the main points which were very important to follow to protect ourselves and protect others.

F: Okay.

Okay.

R: Komano mwina ikanakhala kuti inali ndi nthawi mwina three days akuyipangabe atleast ndithu ikanakhala yabwino.

But had it been that it had enough time like three days while doing the training atleast, it would have been better.

F: Eti?

Is it?

R; mmh

Yes.

F: Simukuwona ngati kuti four hours yo, information imene tikuwapatsa awa ndiyoyenera four hours kapena mukuwona ngati kuti kunali kupanga zinthu za khamanikhamani kuti yachekacheka.

Dont you think that maybe the information that they wanted to share out was enough for four hours or maybe they were doing it hurriedly?

R: Inali yothamanga, inali yothamanga komanso ifeyo tinanena kuti aah mwinatu angokhotera samafuna kutipangitsa.

It was hurriedly done, it was hurriedly done and we were like perhaps they have just passed by but they never wanted to give us the training.

F; kuseka..

Laughs….

R; kuseka…chifukwa cha mmene inalili eti?

Laughs.. Because of the way it was right?

F: eeeh, eeeh

Yeah, yes.

R: inali ndithu iyayi sidzinali zabwino kuti mwina samafuna mwina iih awanso tingowaphunzitsako nanga ma nurse anzanthu mmene amapita ku school amakhala tima hours take ititi, anzanthu amakhala two days, three hours koma ifeyo inali ya tsiku limodzi komanso half day.

It wasn’t good at all and we felt like they never wanted to train us and they were just like, ah, let’s just train these ones as well, do you think that the nurses spend hours when they went for trainings, our colleagues could spend two days, but for us, it was for three hours, just for a day and even half day.

F; koma ma nurse inali yawokha yosiyana?

But for the nurse’s training, it was separate?

R: Anadzapanga ndithu three days.

They surely did for three days.

F; three days?

Three days?

R: Eeh.

Yes.

F; Komanso inuyo mmene munali ku ward mumapanga direct contact ndi ujeni ndi ma patient?

But when you were at the ward, you were direct contact with the patient?

R; Eeh, kwambiri. Ngati ineyo ndimati ndikalowa mu ward eti,, ndikufunika ndi clena malo amene akugona patient, ndimuyedza ma vitals, kuti temperature yake iri bwanji komanso nthupi mwake muli bwanji, komanso ngati patient yo akukanika kudya, ndimatenga chokudya ndikutani, ndikumudyetsa.

Yes, very much. As for me, when I enter into the ward, I could clean the place for the patients, take vitals like checking his/her temperature, checking how his/her body is responding and if the patient is unable to eat, I could take food and feed him/her.

F; ndikumudyetsa.

And feed him/her.

R; ndithutu ndekuti ndimakhala kwambiri pafupi ndi ndani, pafupi ndi patient.

Sure, so I was in direct contact with the patient

F; Pafupi ndi patient.

Direct contact with the patient

R; mmh

Yes.

F; Okay, nde mwanena zambiri zokhudza inuyo mmene mungadzittedzere, mwachitsanzo kusamba m’manja, mmene mungagwiritsire nthito ma PPE, komanso mwinanso mmene mungachotsere, disponsing zinthu zija eti?

Okay, so you have said a lot of things that concerns you with regard to how you can protect yourself like washing hands, proper use of PPE and also proper disposal of items, isn’t it?

R; Eeh

Yes.

F: So kuphunzira ndi chinthu china komanso ndondomeko ndi chinthu china komanso kuchita ndi chinthu china, mukadziwona pakati pa inu komano ngati ogwira nthito kuchipatala, ngati ma health worker, mukutha kuwona kuti anthu amatsatira zinthu zimene zikuyenereka kuchitika ngati ndondomeko zimene zinayikitsidwa kapena zimene munaphunzitsidwa.

So, getting trained is another thing and following the measures are also another thing and following something is also another thing, do you think, you and other staffs like health workers could follow the procedures which were set or which you were trained?

R; ndondomeko zimene zinayikitsidwa anthu amatsatira ndithu.

People were indeed following the measures which were put in place

F: mmh.

Mmh.

R: Ngati ma staff ogwira nthito eti

As in staffs.

F;mmh

Mmh

R; amatsatira kwambiri.

They were following too much.

F; Okay, koma mmene mwanenera kuti kutsatirako amatsatira kumayambiliroko.

Okay, but as you have said it that they were following right in the beginning?

R; tikhonza kunena kuti kumayambikiro tinali ndi ma patient nde timadziwa kuti patient yo ali positive timayenera kuti titsamalitse pomuthandidza munthu uja nde ndondomekodzodi zimatsatira.

I can say that in the beginning we knew that we had covid patients and we must be very careful when managing this person so the measures were followed.

F: kwa anthu amene, ndikukhulupilira kuti inuyo mukukamba chifukwa mumagwira ku ward eti?

For those who, I believe that you are saying this because you were working in the ward, not so?

R: Eeh

Yes.

F: koma training inapita kwa wina aliyense?

But everyone was trained?

R; Kwa wina aliyense.

Yes, to everybody.

F; nde kwa anthu amene samagwira ku ward ko amathabe, mukuwona bwanji chidwi chawo, conscious kuti eeh ndikuyenerekadi nditsatiredi zinthuzi, kunali kotani?

For those people who weren’t working in the ward, could they, what do you think about their interest, their conscious that I must follow these thing, how was it?

R; ayi anthu amatsatira ngakhale samagwira kumenekoko komabe timawawona anthu akutsatira.

Surely people were following despite that they were not working there but we could see them following

F; Akutsatira.

Following.

R: kuvala ma mask, kusamba m’manja pafupipafupi, pafupifupi aliyense amapedza kuti ali ndi ka hand sanitizer eti, kusonyedza kuti ndithu amatsatira.

Wearing masks, regular hand washing, almost everybody had hand sanitizers which shows that they were following

F; mukawona ngati ku ward kumene mumagwirako, set up yake , m’mene inalili, mmene zinthu mumagwirilira nthito, chinthu chimene mumawona kuti chinali challenge kwambiri, chimayenereka chitaganidziridwa kwambiri chinali chani? Chinthu chiti?

Looking at where you were working like in the ward, its set up, how you were working, what do you think was a biggest challenge which you think needs to be improved? What could that thing be?

R; Ngati ku ward kumene tinali ifeyo chimene chimawoneka kuti chimayenereka kuganidziridwa kwambiri ndi malo amene timavulira tikatha kusamalira ma patient eti, kuti tikutuluka tikupita kunja pamenepopo amayenerekabe kupaganidzira malo ake nali ofunikira…

In the ward which I was working into, the thing that needs to be improved was the place which we were changing our clothes after caring the patient, right, as in when were going out, they need to improve on that place

F; nde pamene panali pofunikira kwambirri pamenepo? Kuseka…

So, that’s where they were very important? Laughs…..

R: eeh chifukwa pamafunika kuti pawoneke kuti ndi pofunikra kwambiri chifukwa umakhala kuti ukuvula zinthu zonse pati, pamene pajapo nde pamapedzeka kuti zinthu zimene anayika pamenepo ngati ma bigili amene anayikapo osambira m’manja, analipo ndithu komano anali okuti ndi mkati mwa ward mwa mapatient omwewo.

Yes, that place is very important because that’s where you undress all your clothes there, there were buckets of hand washing there as well but those buckets were put inside the same patients wards.

F: okay.

Okay.

R: mmh

Yeah.

F; kusonyedza kuti zinthuzo mumavulira, mumachotseranso mkati mwa ward momwemo?

Which means that you were undressing yourselves right inside the ward/

R: Yeah, timachotsera mkati mwa ward yomweyo.

Yes, we could remove our clothes inside the same ward.

F; challenge, vuto kwenikweni inali chani?

What was the main challenge?

R: zikuwoneka kuti malo anali osowa.

It looks like space was limited.

F: malo ndi omwe anali ovuta. Mmh.okay.

Difficult to get a space. Alright. Okay.

R: ndithu.

Sure.

F; Chabwino, in terms of number ya anthu ogwira nthito ngati inuyo mapatient attendant komanso pomawona anthu ena, anali okwanira?

Okay, in terms of the number of staffs like you and other staffs, do you think it was adequate?

R: Sanali okwanira ngati kuti ifeyo mmene tinalili kumenekoko eti, PA, ndinali ndekha ndekuti ndimasowerekera kuti nthawi imene ndikupita ku Quarantine winanso atani, abwerepo.

It wasn’t adequate for example, as PA, I was the only one working the ward, and when I was going for quarantine, it was difficult for replacement because there was a need for another one to come and replace me.

F; Abwerepo.

To replace you.

R: as a result samabwere nde zimapedzeka kuti ine ngati ndiri ku off ndekuti kukhala kopanda PA,

As a result nobody was coming to work and in so doing there was no PA at the ward when I am at off.

F; nde nthito yanu amagwira ndani?

So, who was doing your work?

R; ndekuti pamenepopo amadzipanikidza ma nurse kulowelerapo amene ali pa duty. Ndekuti amasiya zawo kuthandidzira mbali ina imene yatani, yasowekera eti, koma ndithu kumayenereka kuti kukhaleko mwina four kuti awiri ndekuti agwira awa ndekuti the other week kubweranso anthu ena.

So the nurses who were on duty could squeeze themselves in and help to do the work which there was a need to be done, right. But, we were meant to be four, if two staffs work this week, then the other two will work the upper week.

F; Koman si kunjako ma patient attendant aliko ambirimbiri nde osamatenga m’ma ward mo

But there are so many patient attendants out there in, why can’t they just take from the wards?

R: Vutonso lomwe linalipo kuti anthunso amawopa

The other challenge was that people were afraid.

F; mmm.

Mmh

R; Anthu anali ndi mantha ndi matendawa kwambiri ngati ineyo ndinali okuti ndinangodzipereka a matron akusaka anthu kuti tikufuna tipange ward ya ma staff pankhani ya Covid, kuti kodi staff nzanthu atadwala tidzapanga bwanji, chifukwa inafika nkhani yokuti timasalana

People were very afraid with regard to this disease, as for me, I just worked willingly because when the matron was looking for staffs saying that they wanted to set up a ward for staffs with regard to the issue of Covid, as in how we can do if our fellow staff gets infected, because it reached an extents whereby we were discriminating each other.

F; Kuseka…

Laughs….

R; eeh, ndeno atadzafika ku wad kwathu kuno ndinangoti aah, a matron nditengeni ineyo mongodzipereka kuti aah ngati munthu wamkulu wafika chonchi ndekuti wathedwa.

Yeah, so when she came to our ward here, I just said that ah, matron just count me in, like willingly that ah if a senior staff has reached this extent, it means that she has struggled.

F; ndekuti zavuta eeh

It means things are not okay, yeahs

R: zinthu zavuta, kuli nthito zanji ali zonse zimene timapanga ngati tiri ndi patient ndati aah palibe kannthu nditetengeni nde ndikhonza kunena kuti ineyo ndingangodzipereka koma anthu amakana sikuti ma patient attendant kunalibe analiko okuti tikanatha kupitako team yonse yokwanira koma aliyense anali ndi mantha.

Things are not okay, I asked her about the type of work which I will be entitled to do and then she say whatever we do when we are with the patient and then just agreed and I can say that I did that willingly people were refusing and it’s not that there were no patients attendants, there were there and we could have gone there as a whole team but everyone was afraid

F; Okay.

Okay.

R; eeh, even ifeyo…

Yes, even myself……

F: inuyo manthawo munalibe?

Were you not afraid?

R; manthano anadzandipedza akutino kwalowa patient chifukwano nthawi imeneyo kunalibe patient…kuseka…

Then the fear came when I heard that we have had a patient in the ward because during that time, there was no patient.

F; Kuseka…

Laughs…

R; Nthawi imene timavomera kunalibe patient.

The time I had accepted, there was no patient.

F; Kunalibe patient, yeah.

There was no patients, yeah.

R: Koma tsiku limene anati kwalowa patient, mmawa mukuyenereka mubwere kunthito, ndinavomera.

But the day they said that, a patient has come and I needed to go to the ward and work, I accepted.

F: Komabe

But still.

R: koma ndinali ndi mantha kuti kodi nde ndikayambira pati, kodi mmesa akuti matendawa ndi owopsa ndinakhala ndikuganidza kenako ndinadzitaya ndinangoti aah zonze akudziwa ndi ndani, ndi mulungu.

But I was afraid and I was like, where will I start from, are they not saying that this disease is dangerous, I kept thinking and later I had moved on and I was like ah only God knows.

F; ndi mulungu

Only God knows.

R; Mulungu ndi amene amasunga moyo wathu, ndinanyamuka kudzagwira nthito manthanso sanakhalepo

Its God who looks after our life, I later came to work and the fear wasn’t there anymore.

F; sanakhaleponso.

Wasn’t there.

R; eeh, komanso ndimalimba mtima kuti ukuku kuli zovala tidzikavala kumutetedza patient pamene ku ward kuno kulibe sitingadziwe kuti uyuyu ali ndi matenda.

Yes, and I was courageous enough knowing that there protective gears at the ward there which will enable us to protect the patient unlike in other wards and we cannot tell that this patient has Covid.

F; that’s true

R; Uko tikakhala osamalitsa kuti uyuyu watani wapedzeka ndi matenda nde ndinawona kuti aah kuli bwino ndipite, ndinalimba mtima ndithu.

And I knew that I will take extra care in that ward knowing that the patient I am caring has covid, so I thought of going to work there and I had accepted it

F; okay.

Okay.

R; ndithu.

Sure.

F; ma patient ena, tikudziwa kuti process yowayedzera anthu ija, ndi ija amapanga nasal swab, koyika mphuno kapena koyika mkamwa

Some patients, we know that the process of testing people, there is nasal and throat swab

R; koyika mkamwa.

And throat swab

F; munayamba mwachedzapo ndima patient kapena kuti inunso kapena experience yokuti munayedzedwako, experience mmene amapangira feel process yowayedza ija

Have you ever chatted with patients and ask them about their experience or your experience if you have been tested before, how do they feel about the process of testing?

R; process yowayedza ija, anthu ambiri amadandaula kuti imapweteka.

Most of them complained that, that process of testing is painful

F; Imapweteka.

Is painful.

R; eeh, kuti mwana amuyedze aliyense amadandaula kuti ayi mwana asamupange ziti, zimenezi, asamupange zimene zija kuti tamuyedzeni bola malo ena amene mukudziwa kuti mukhonza kuyeza nde timawonabe kuti tima baby amatiyedza mkamwa, eti

Yes, and if they want to test a child, everyone complains that a child shouldn’t be tested that and perhaps if they know of other ways of testing a child, they were told to do that process, so most of the babies’s testing were done using the throat one, right

F; mmh

Yes,

R; Koma anthu amadandaula kuti imapweteka

But most people complained that it’s painful

F: mmh

Mmh.

R; ndithudi

Sure

F: moti pakanakhala njira ina.

And if there was another way

R: Pakanakhala njira ina yoyedzera

There would have been another way of testing

F; Kaya malovu kapena?

Like saliva?

R; Kapena. Mwina kapena mwina komano anthube amapedza mavuto amakhalanso ndi mantha kuti ndikukayedzetsa iih ndikamva kupweteka mwawona.

Maybe that one because people sometimes have fears when they are going for testing saying that they will feel pain.

F; Alipo ena oti anakanapo kuyedzedwa?

Are there some who refused to get tested?

R; Eeh enanso amakana kuti iih ine sindikayedzetsa nawo mmmh, zimapweteka zimene zija mwawona

Yes, some were refusing to get tested saying that, that thing is painful, you see?

F; mmh

Yeah

R; ndithutu.

Sure.

F: okay.

Okay.

R: Smiling…

F: Pa nthawi imene mumagwira ku ward, number imene munayiwona itachuluka mutakhala ku ward ko inali anthu angati?

During the time you were at the ward, the highest numbers which you had encountered were how many people?

R: ulendo wina wake tinali ndi anthu 17 kapena 18.

There was a time, we had 17 or 18 people

F; oh, okay.

R; mmh, inadzadza ward ija chifukwa ward ija inali yaying’ono eti.

Yes, the ward was full because that ward is not big, right?

F; mmh

Yeah

R: Komano tinawona kuti ward nthawi imeneyoyo inadzadza.

But the ward then became full

F; Nde mukapanga compare nthawi imeneyoyo imene imangobwere munthu m’modzi kapena awiri ndi nthawi imene inadzadzadzayo kufika anthu 17, kusiyana kwa nthito, kuchuluka kwake kunali kotani.

So if you compare the time when only one or two patients could come in the ward and when the ward had 17 patients, how the work differed, how more it became?

R: nthito inali yochuluka kwambiri nthawi imene kunadzadza anthu, timati tikalowa mkati, ndikuvala PPE ija, ukamatuuluka mmenemomo kukhala ngati kuti akuthira madzii thupi lonse….kuseka…

The work was overwhelmed, when the patients because many, it was like when we want to get inside the ward, you wear that PPE and when you are coming out, it was like they have just poured water the whole of your body….(laughs)

F; kuseka…

Laughs….

R: chifukwa chinthu chija chimatenthatu.

Because that thing is very hot.

F: oh

Oh

R; Eeh, chimatentha kwambiri, nde umalowa mkati muja nde kuti uyang’ane patient wina aliyense pa anthu 17 eeh umafika ndithu utanyowa…kuseka…

Yes, it is vey hot, so for you to check each and every 17 patients, eh, we were coming out while you are wet… (laughs)

F: thukuta limenelo.

That’s the sweat.

R: eeh, thukuta, kusonyedza kuti umakhalamo nthawi yayitali kuti umalidze wina aliyense umawone

Yes, the sweat, which means, you were spending much time to check each and every patient.

F; mmh

Okay.

R; ndihudi nde nthito imawonekabe kuti nthawi imeneyo imachuluka kwabasi

Sure, so the work was overwhelmed.

F: yeah.

R; And imasowekerano team yokwanira.

And it needed enough team.

F: Yokwanira.

Enough team.

R: koma still timapedzekabe kuti tilipo ochepa ndekuti pamapedzeka kuti kuli ma nurse awiri, patient attendant mmodzi, clerk mmodzi, mwawona nde kutibe timakhalbe kuti timasowekera anthu chifukwa cha kuchuluka kwa anthu.

But still we were not enough because there were two nurses, one patient attendant, one clerk, you see, so the staffs were inadequate since patients were more.

F; nde 17 yo, tikapanga compare ndi mayiko ena, number yo ndi yochepa, nde tiyerekedze kuti nanga zikanakhala kuti zafika ngati mayiko ena kuti ngati ma thousands and thousands akupedzeka tsiku limodzi, ma cases akuchuluka,

So, that 17, if we compare with other countries, the number is less, so assume if it was like other countries like thousands and thousands of patients in a single day, high cases.

R; mmh

F: mukuwona ngati kuti achipatala amayenereka kupanga chani, kuti pakhale chani kuti ngati ma patient akubwera ambiri koma patient wina aliyense akulandira chithandizo chomuyenelera.

What do you think the hospital could have done, as in what should be considered if the patients were coming a lot but everyone is receiving enough care.

F: Achipatalatu amayenereka kupedza staff yokwanira, mmh, kuti patient wina aliyense alandire chithandizo chokwanira chifukwa ndekuti nkhani pamenepopo ikanakhala ya ma staff.

The hospital needed to get enough staff, mmh so that every patient should be able to receive enough care and I think the issue with regard to that would have been staffs.

F: Nanga tiyerekedze kuti staff ndi yomweyi, tiyerekedze kuti ndi kwathu, mmene tikuyidziwira Malawi eti staff ndiyomweyo sanalembe akukuwudzani kuti ndalama palibe koma, ma patient akubwerabe ochuluka and wina aliyense akufuna chithandizo, chikanachitika ndi chani? Kapena chithandizo chimenecho, inuyo ma staff ochepa chomwecho mukanatani kuti muwonetsetse kuti mukuwathandiza anthu.

Assume that, they are the same staffs, assume here in our country, as we know Malawi, right, they are the same staffs, they haven’t employed other staffs and you are told that there is no money but the patients are still coming in large numbers and everyone needs care, what would have happened? Or the staffs are few with the same care, what could you have done to help people.

R: bwenzibe tikuyetsera kuti tiwonetsetse kuti patient wina aliyense timuwone komano ikanakhalabe nthito yotani, yovuta kwambiri. Ndekutibe ku ma ward kuja kumakanidwa ma guardian ndekuti tikanafunabe kuti ma guardian aja adzikhala mkatimoo kuti adzitengabe mbali ina let’s say patient uja akufuna madzi ndekuti guardian uja atha kutenga madzi ndikumutani, ndikumupatsa komanso ma guardian samaloledwe, ma guardian amakanidzidwa kuti asalowe m’mmene muli ma patient a Covid. Nde zinalibe zovuta ndithu ndipo zikanakhalabe zovutilapo ndithu. Koma bwenzi tikumayesesa nanga tikanapanga bwanji.

We could have been trying to manage each and every patient but it would have been a very difficult task. We don’t allow guardians in those wards, so we could have asked guardians to start coming inside the ward to help as well let’s say the patients wants water, then the guardian will go and get water for the patient but guardians are not allowed to enter in the covid ward. So, it was difficult and it would have been surely difficult but we could have been trying because there was nothing that we could have done.

F: koma in terms of ma resource…

But in terms of the resources….

R; Ma resources at least amapedzeka

The resources were available.

F: Koma akanatha kukwanira?

Could they be enough?

R; mwina nkhani ndima resources kuti mwina sakanatha kukwanira

Maybe the issue could have been that of insufficient resources.

F: mmh

Mmh.

R; chifukwa chonena kuti ma PPE amakhala kuti timakanganirana eti nanga si inalii ngati an outbreak the whole world, ndekuti aliyense amafuna kuti akhale ndi PPE mdzimo lake eti, nde zimapedzeka kuti ma PPE aja amabwerabe ochepa ngati tikalowa mu ward muja ndekuti timakhanso ndi nthawi yokuti tikalowenso ndekuti tidzingolowa pafupipafupi ndekuti timalidza ma resource onse.

Because it was like the PPE were in high demand since it was an outbreak the whole world, so, everybody wanted to supply the PPE in their country, so the PPE were supplied but they were not many because when we enter into the ward and later we could get our and again we will enter like regularly so we could finish the resources.

F; oh, okay.

R; Komanso…

And also….

F; nde nthawi imene simumalowa nde ma patient zimawathera bwanji?

So what was happening to the patients during the time when you were not entering?

R; Nde nthawi imene sitimalowa, ma patient ajanso amavutika kudikiranso kuti anthu titani, tilowe mkati, ngati munthu uja, patient uja akufuna china chake ndekuti amasowekera kuti apedze chinthu chija chifukwa chokuti mulibe munthu.

So during the time we were not entering into the ward, the patients were suffering because they had to wait for us to enter in the ward and if the patient for example needs something then it was difficult for him/her to get it because there was nobody in the ward.

F: Panalibenso njira yokuti patient akanatha kumuyitananso staff kapena nurse, kuti a anurse tadzandiwoneni chakuti chakuti?

Wasn’t there any way that a patient could have called a staff or nurse, that the nurse should come and him/her this and that?

R: Ah, panalibe. Amene anawandikira station, ma patient amene anachitako close ndi station bola amatha kukuwa kuwayitana.

Ah, there was no way. Those who were close to the station, the patients who were close to the station atleast could call out

F; kuwayitana.

Could call out?

R: Eeeh,

Yes

F: Koma amene anali kumtunda?

What about those who were up there?

R; amene anali pakatali zimakhalabe zovuta.

Those who were far away, it was difficult.

F: ndekuti adikira after 4 hours

So, they had to wait for 4hours?

R: Eeh.

Yes.

F: Kuti abwere anzamuwone.

For them to come and check him/her

R: eeh. Komanso pena amakhala kuti si ma patient onse amene amakhala kuti ali critical,

Yes. But not all patients were critical

F; okay.

Okay.

R; ena amakhala kuti mphamvu ali nazo amatha kuyenda eti, amatha kuchoka mbali imene anali ija ndikubwera mbali imene tinali ife ija ndikufotokodza kuti pa bed lakuti lakuti pali patient ali ndi vuto lakutilakuti ndekuti nthawi imene ijano ukuyenereka kuti ulowenso uvale PPE yako ukathandidze patient uja.

Some were strong and they could walk, they could come all the way from where they were and come to our side and tell us that, that bed has this patient and has this and that problem and then you were then supposed to wear your PPE, enter into the ward and help out the patient.

F; mmh

Okay.

R; eyetu ndi zimene zimachitika.

Sure, that was what was happening.

F; Komano mu ward mo spacing ngati zonena kuti ma bed akhale 2 metres, zimene zimatsatilidwa?

But spacing in the ward like the issue of saying that the beds should be 2 metres apart, they could be followed?

R; Eeh, zimenezo zimatatiridwa.

Yes, it was followed

F; okay.

Okay.

R; mmh, zimenezozo zimatsatilidwa chifukwa chaketso tikunena kuti ward yadzadza ndekuti kuli anthu 17. Timapangira malo kuti tithikinitse bwinobwino, akanatha kumakana olo 30,

Yeah, we were following that and that’s why we are saying that the ward became full when it they were 17 patients, it was due to spacing because the ward could have even taken up to 30 if we had squeezed the beds.

F; Aam

Ammh.

R; Komano space imapangitsanso kuti ward ija iri full.

But the spacing made the ward to become full.

F; Chabwino.

Okay.

R; ndithudi.

Sure.

F: Nde ndikungofuna kumva maganizo anu nanga si matenda a Covid, ku Mwaiwathu, ku Adventist sikumapita anthu ma patient, onse amabwera kuno.

So, I want to hear your views since Covid pandemic could not be accommodated at Mwaiwathu or Adventist, all patients were coming here.

R: Yeah.

Yes.

F; mmene munawonera mukuwona kuti achipatala akuyenera kumapanga, anthu ena timati ma VIP anthu amene akuwonekabe kuti ka status kawo ndi kokwelera, mukuwona ngati kuti anthu amene ajawo akuyenera aziwapanga care motani, mnga mwachitsanzo ndi Covid?

Based on your experience, what do you think the hospital could have considered VIP, those people with high status, what do you think those people should be cared for example with Covid?

R; mmmh…

MMmmh…

F; kuseka, sindikudziwa maganizo anu mmene mukuganidzira.

Laughs….I don’t know….what are your views?

R; Ah, pamenepopo, ineyo m’mene ndikuganidzira kuti chikanachitika ku boma eti ndikungomanga chipatala special for Covid,

Ah, I think the government should have just built a hospital special for Covid.

F; mmh

Yeah.

R; mmh, kaya Covid yo adutsa, angochiyikabe kuti chikhale chapangozi kuti ngati kungabwere mulili wina chipatala chimenechocho chidzikhala kuti chikugwira nthito ya zinthu zimene zachitika nthawi imeneyoyo.

Yeah, if Covid passes by, it will just be set as an emergency hospital in case another outbreak comes, that hospital should be used for the things that have happened during that time.

F; Okay.

R; Mmh

Yeah.

F; nde zimenezozo zithandiza….nde funso langa linali lokuti ma VIP zimenezo zingathandize motani?

So will that help…..so, my question was, how will that help the VIPs?

R; mmh, ma VIP wo, mmh, ma VIP wo ndekuti chikhalatu cha private tu sinanga iwo akufuna ulemu kwambiri.

Mmh, then the VIPs will have a private one since the want more dignity.

F; kuseka..

Laughs…

R: nde adzilipiratu.

They will be paying

F; kuti awapangire mbali yawo yolipira?

So there should be a paying ward for them/

R; eya. Ndekuti akhale ndi yawo paying. Ndekuti kunonso tikhale ndi mbali ina yokuti iyiyi ya anthu otani, osowa. Okuti sangathe kutani, sangathe kulipira.

Yes, they will have their own paying ward. So, we will also have another non-paying wards for the poor, those who cannot afford to pay.

F; mmh, okay.

Alright, okay.

R; mmh, chifukwa chokuti amawona kuti sidzabwino, kusakanikirana kukhala mu ward muja kuti ndi anthu osowa, opanda mwina mwakuti eti, enabe amawoneka kuti samasangalatsidwa nazo,

Yes, because they felt bad mixing with poor people the same ward, those without so so, some of them were not happy with that.

F; koma kuchokera ndi experience yanu kunoko munali ndi ma patient ena kunoko owoneka kuti ochita bwino eti?

But based on your experience, you also had rich patients here, is it?

R; mmh, kwambiri.

Yes, lots of them

F; nde mukamakhala nawo amati chani?

So, what were they saying?

R; Sakanayankhula kanthu chifukwa chokuti amadziwa kuti ineyo mmene ndilili ndikudwala eti, chimene amafuna iwo ndii chithandizo kuti apulumuke,

They had nothing to say bearing in mind that they are sick and all they wanted was the treatment so that they should survive.

F; Apulumuke.

They should survive.

R; Komano tikhonza kunena kuti care inalipo yambiri ngatinso yaku private. Mmene timapangira.

But I can say that the care was a lot just like the same as the care provided in private. The way we were doing

F; oh.

Oh.

R; kunali care kwabasi nde samawonekabe otani, onyinyilika.

There was good care so they were not complaining.

F; Komano ma nurse, ma doctor popereka care yawo, makamaka ma nurse ndi madokotala amatha kusiyanitsa kuti awawa ndifunika kuti tiwasamalire kwambiri kusiyana ndi awa?

But the nurses and the doctors when giving out the care, especially the nurses and the doctors, were they differentiating them that these ones need more care that the others?

R: Ayi wina aliyense timamusamalira chimodzimodzi. Ma dokotalanso amasamaliranso chimodzimodzi. Samasiyanitsa kuti awa ndi a MP kaya awa ndi a ndani, kumalowanso ma MP tu kumene kuja.

No, everyone was cared for in the same manner. The doctors were also providing the same care, they were not differentiating that this is an MP and this one is whosoever, there were MP as well in the wards

F; yeah.

Yeah

R; koma samasiyanitsa kuti awawa mwakuti ndi awudindo kapena mwakuti aliyense amalandira chithandizo chimodzimodzi.

But they could not differentiate that they were of high status or what everyone was receive the same care.

F: okay.

Okay.

R: ndithudi..

Sure.

F; okay, nde mukaunikira m’mene chipatala chinakhonzekelera komanso inuyo ayini wake m’mmene mumadzikonzekelera, tandilongosolereni kuti maganizo anu anali otani poziyerekedza inuyo kuti munali pa chiopsezo, mumawutenga kuti moyo wanu unali pa chiopsezo kapena ayi? Chiopsezocho, sindikuthandauza kungokhulupilira mwa inu nokha eti,

Okay, so looking at how the hospital had prepared as well as how you had prepared as an individual, how did you perceive the risks, did you perceive your life to be at risk or not? That risk, I don’t mean that just believing in yourself, right?

R; mmh

Yeah.

F; Komano mudziwona kuti njira zimene achipatala anadziyika m’malo zoti zititetedze ife, inuyo mumadzitenga kuti mukukhutira nazo, kuti inde ndatetedzeka moyo wanga suli pa chiopsezo? Kuseka….

But do you think that the measures that the hospital had set up to protect us, were you satisfied with those measures that you could feel that you are protected and your life is not at risk? Laughs…

R; mmmmh.. tikhonzabe kunena kuti miyoyo yathu inali pa chiopsezo zinthu zimene anaika, ma measures amene anayika kuti awa atha kuthandiza sanali okuti ungawadalire kwenikweni eti

Mmmh, I can still say that my life was at risk because we couldn’t really trust the measures that they had put in place

F; mmh

R; chifukwa panali zinthu zina zimene simumayenereka kubwelekana, ngati mukuchita share, mmh, lets say ngati ma gambusi, tinali ndi ma gambusi aja eti koma amakhala kuti ndi ovala wina aliyense amene akulowa mkati pamene gambusi imafunika kuti aliyense akhale nayo yake koma chifukwa chosowa kunapedzeka kuti ma gambusi aja timangowayika pamodzi, tikawagwiritsa nthito ndekuti akapangidwe clean then abwerenso pa malo aja ndekuti kaya wina akulowa ndekuti avalanso ina iriyonse imene angatani angafune akulowa mkati.

Because there were certain things which were not meant to be shared like let’s say things like boots and we had those boots which everyone was using them when entering into the ward yet everyone needs to have their own boots but because of lack of resources we could juts put all the boots at one place, and once we use them, then we could clean them and put back at its respective place and if it happens that another staff wants to enter into the ward, then he/she will juts take any boot she/he likes and enter into the ward.

F: Nde, umapangabe feel kuti moyo wanu uli pa chiopyezo?

So, you could feel that your life is at risk?

R: eeh umathabe kupanga feel kuti sindikudziwa kuti nzanga uja kodi mmene anayivala gambusi ija anaisamala bwino bwino kapena wakaisuka bwinobwino anthu timakhala ndi matupi osiyana ndebe timangoti aaah basi mulungu atiteteza poti zavuta ndi zida.

Yes, you could feel that because you could not tell whether your colleague had taken good care of the boot or whether he/she has cleaned them properly after using them since people have different bodies so we were just like only God will protect us since the required resources are enough.

F: Okay.

Okay.

R: ndithu.

Sure.

F: Chabwino, komano mukayang’ana m’mene mumagwilira nthito inuyo, before Covid isanabwere ndi nthawi imene Covid yabwera ndi mmene mukugwilira nthito mukuwona ngati kuti pali kusintha kulikonse m’magwilidwe anu a nthito?

Okay, so, if you look at how you were working before Covid and how you are working now after Covid, do you think that there is a change in your work?

R: magwiridwedi a nthito yathu pali kusintha ngati kunoku ku clinic kuno, ma clinic athu amakhala ndi anthu ambiri, oti 100 amakwana nthawi yokuti tikupanga clinic, lets say, a Hyper tension, ya sugar, timakhala ndi ya HST, timakhala ndi ya medical, ma clinic amenewo amakhala ndi anthu ambiri komano panopa zikuwoneka kuti zasintha chifukwa chokuti ma clinic aja sitikumafuna kuti adzadze tikupangabe ma measure a Covid okuti anthu adzikhala patali patali m’malo mowona anthu ambiri, tikuwona anthu ochepa, panopa ndithu number tayitsitsa iri pa 30, ngati ma patient achuluka akuyenereka kukhala malire 30 malingana ndi malo amene tiri nawo , eti, mmh.

There is a change in our work here at the clinic, our clinic accommodate lots of patients and reach even up to 100 when we are doing the clinic, let’s say, hypertension, diabetes, HSt, medical clinic, we do have lots of people in such clinics but there is a change now because we have to observe Covid measure of social distancing so instead of administering lots of people, we are now administering few of them, and we have reduced the number to 30, if there are lots of patients then maximum number should be 30 because of the space that we have, right,.

F: Nde zimenezo sidzikupanga affect ma patient kuti mwina ma patient m’makomomo akudwala koma sakubwerano kuchipatala?

So, doesn’t that affect the attendance of the patients perhaps that they are sick and they are just staying at home and they no longer come to the hospital/

R; Zikupanga affect di ma patient, chifukwa chonena kuti ndekuti patient akhonza kumawonedwa pachaka kamodzi

It’s affecting the patients because it will then mean that a patient will be attended once every year.

F: Okay.

Okay.

R: Ngati izizi zitapitilira chifukwa muwone kuti ngati patsiku timawona anthu 100 ndekuti anthu amene aja tikuwagawa katatu eti, ndekuti tatenga 30, 30, 30. Ndekuti ndi milingu itatu. Chifukwa chokuti clinic yawo ija imakhala once a week,

If this continues because if we could attend 100 people then we are dividing those people into three which means we are administering 30, 30, 30 which means that its three week because their clinic happens once a week

F: Once a week?

R; Eeh

Yes.

F: Okay.

R; ndekuti ngati iri once a week ndekuti anthu 100 aja tikuwawona katatu , that means three weeks eti, ndekutibe anthu enabe akhonza kukhala pachiopsezo ndekuti sakuwonedwa pafupi pafupi ndi madokotala chifukwa cha Covid,

So, if its once a week, it means that we will attend those 100 people thrice, which means three weeks right, which means that some people will still be at risk because they are not attended regularly by the doctors because of Covid,

F: Komano in normal cases amafunika awonedwe kangati?

But in normal cases, how many times are they supposed to be seen?

R; Amafunika pa chaka awonedwe katatu

They are supposed to be checked thrice a year.

F: Pachaka katatu.

Thrice a year.

R: Eeh. Chifukwa ngati zikuyenda bwinobwino, nthawi zambriri madokotala aja amalemba kuti abwera for review after three months. Eeh ndekuti pachaka paja amawonedwa katatu.

Yes, because if they are progressing well, in most cases the doctors will document that they should come back for review after three months. Yeah, it means that they are checked thrice a year.

F; okay, kumudzi kumene mumachokera, kapena nditi kunyumba kapena kumudzi, nkhawa yanu kwambiri inali yotani?

Okay, the village which you are coming from or I should say that your home or your community, what was your most concern?

R: Kumudzi kumene ndimachokera nkhawa yanga kwambiri inali kwa ana kuti tikubwera kuno kudzagwira nthito koma sitikudziwa kuti m’mene tikuyenda, tikuyenda motetedzeka, eti, tikugundana ndi anthu ambiri, sitikudziwa kuti munthu amene tikugundana nayeyu ndi ndani maka mokwera m’ma minibus mu. Nde ukafika kunyumba umayeneraka kuti ukhale otsamalitsa ngati ineyo ndimati ndikafika kunyumba ndimaneneratu kuti madzi anga akhaletu ku bafa.

My concern at home was mostly about my children because we come here to work but we don’t know whether we are protected especially in places where we move because we get into contact with so many people and you don’t know the person you are in contact with especially in the minibuses. So when you get home, I needed to take more caution for example I could communicate home early to prepare my water for bathing and they should put it in the bath room.

F; kuseka…

Laughs…

R: kuseka... ndekuti ndikuchotsa zovala zanga zonse zimene ndinavala ine ndikukasamba ndivale zina zijazi ndekuti zikulowa m’madzi, ndi zimene ndimapanga. Komanso ndimayesesa kuti wina aliyense mnyumbamo akhale patali ndekuti wina apo, wina apo, wina apo, basi kuti mwina ine ndikhonza kukhala affected ndi nthito imene ndikugwira ndekuti ndipange affect the whole family.

Laughs….so I could remove all my clothes I had worn and then put on other clothes after bathing and immediately I will dip the clothes into water. I was also making sure to observe distance at home, one would stay here, another one there, and another one there perhaps I might be infected due to the work that I was doing and I might infect the whole family.

F: koma kunyumbako anadziwa kuti mukugwira nthito ku covid ward?

But did they know at home that you are working at Covid ward?

R: Eeh, ndinanena.

Yes, I told them.

F; nde reaction yawo inali yotani?

So, how was their reaction like?

R: eeh koyambilira kunali kovuta kuti avomere, eeh mwakuti eeh ukupita kumeneko, maka azibambo munali a mantha ambiri eeh mukafako kumeneko, ine ayi, mulungutu amatetedza ndebe pang’ono ndipang’ono anamvetsetsa

Eh, it was difficult for them at first to accept this idea, and they were like eh, this and that, eh, you are going to work there, especially men, you were too scared , eh, you will die there, and I was like, no, God protects and little by little, they understood.

F: Okay.

R; Ndithudi chifukwa ineyo ndimati nanga ineyo ndikadwala mudzapita nane kuti? Ngati ineyeo mukundiletsa kuti nditsakagwire ndekuti inenso ndidzafuna munthu kuti andithandidze eti, nde ndi chimodzimodzinso ineyo ndithandidzenso munthu amene wataniyo, wavutikayo.

Sure. Because I was like, where will you take me to when I get sick? Because if you are refuting me to work there, then if I get sick, then I will also need someone to help me, right. So. It’s the same thing with me to help those that are in need.

F; Anzanu owandikana nawo kaya amene mumachedza nawo?

What about your neighbours or your friends?

R; ma neighbours,

Neighbours?

F: mmh

Yes.

R; sitimapanga disclose kwa ma neighbours

I could not disclose to the neighbours.

F; oh okay

R; chifukwa ndekuti tikanakhala pakusalalidwa eti

Because there could have been stigma

F; Stigma ndi zimene ndimafuna ndifunse kuti anthu sanakusaleni?

Stigma, that’s what I wanted to ask you about that didn’t they stigmatize you/

R; eya ngati kuti akanatisala, sitimanena kuti ndikugwira nthito kwakuti kwakuti ayi.

Yes, they could have discriminated us. So, we could tell that where we were working.

F; Simumanena.

You could not tell.

R: Anthu ngati amadziwa kuti aah uyo akugwira nthito kwakuti kwakuti ndekuti akhale kuti ali ndi patient wake wagonekedwa kumenekoko nde amakupedza iwe kumenekoko kuti aoh muli kuno kodi kuti aah eya ndili kunoko ndikuthandidza ma patient mkatimu, kuti ooh chifukwa chokuti iye uja wabweranso ndi patient wake sangakanenensoo kuja chifukwa sii nawonso amawopa kuti kuyankhula kwa anthu kuti adziwe eti.

The only people who knew where I was working were those who also had patients at the covid ward and they could ask you surprisingly that ah, are you working here and I could say yes, I am taking care of patients inside here and because he/she has also come with a patient, he/she was also afraid of telling to people for them to know, right, you could all meet there

F; Kuti patient wathu ali pa Covid.

That their patient is with Covid.

R: eeh kuti patient amugoneka kwakuti. Mwayiwona eti, nde zimakhala ngati kuti tikusungirana chani, chinsinsi….Kuseka…

Yes, that he/she has been admitted at so, so. You see, so it was like, we were keeping secret for one another….(laughs)

F; kuseka… Okay.

Laughs…okay.

R; ndithudi.

Sure.

F: Inalipo nthawi imene pogwira nthito yanuyo even panopa nthawi imene munali ndi ma concerns kuti mwina chikhonzeke chakuti chakuti kuti mukufuna kuwawudza ma bwana anu kaya ma supervisor kuti aah chakuti chakuti bwanji chikhonzeke mwakuti mwakuti, ilipo nkhawa ina iriyonse imene munakambapo ndi akulu akulu ndipo ngati ilipo inali yotani komanso anakuthandidzani motani?

Was there a time when you were working even now, did you have any concern about this and that which you needed your bosses or your supervisor to address that perhaps this and that should be improved in this and that way, did you have any concern which you had addressed to the authorities and if you have, what was it and how did they help you out?

R;Nthawi inayake tinakambapo tinadandaulapo nkhani ya chakudya chifukwa amatikonzera chakudya ku kitchen ya chipatala nde nthawi inayake zimkawoneka kuti zikuvuta ku kitchen kuja kuti atipasile chakudya, amati tiwapatsila

There was a time we had a concern with regard to the issues of food because it’s the hospital kitchen that was preparing food for us and it became difficult to be giving is the food saying that we will infect them

F: oh, aku kitchen wo ndekuti amawopa.

Oh, so the kitchen staffs were afraid.

R; eyah, akuti ee mutipatsira eeh, mmesa inu mukugwira nthito ku ujeni, nde mukuwona kuti ifeyo nde tidzitenga bwanji chakudya…kuseka.

Yes, they were like yeah, you will infect us, eeh, you are working there and we were like how would we then be getting our food…(Laughs)

F; kuseka…

Laughs…

R: nde tinati chabwino nde inuyo mudzitibweretsela, eeh ifenso sitingabwere kumeneko nde kunali kokuti izizi tisakangane tokhatokha bwanji tingowawudza akuluakulu kuti tiwone kuti atithandidza bwanji akuluakauluwo nde iwo aja anakambira ndithu ndikuwona kuti nkhani ija ndithu anayipanga solve, timatenga chakudya chija bwinobwino, kumapititsa.

So, we were like let them bring us the food and they said, they cant even bring us food there and then we were like we should not argue but present it to the authorities and see how they will resolve these issues, so they had discussed the issue and they solved it and we started getting the food without any problem and we could give them.

F; Oh, okay inuyo ndi amene mumakatenga ku kitchen kukawasiyira ma staff

Oh, okay, you were the ones who were taking the food and give the food to the staffs?

R; eeh timakatenga tokha kukawasiyira ma staff

Yes, we could take the food and given them to the staffs

F; Kukapatsanso ma patient

And then give to the patients?

R; Ayi. Ma patient sitimawapatsa.

No, patients were not given the food.

F; ma patient chakudya chawo chimachokera kuti?

Where were the patients’ foods coming from?

R: Ma patient chakudya chawo chimachokera m’makomo mwawo. Amabweretsa ndi ma guardian

Patients food was coming from ther homes. The guardins were bringing the food.

F: Achipatala samapereka?

The hospital was providing food for them?

R; Ayi. Achipatala samapereka chakudya kwa patient.

No, the hospital wasn’t providing food to the patients.

F; Oh, okay

R; ndithudi.

Sure.

F; chifukwa chani? Munadziwapo

Why was that? Did you know why?

R; pamenepo nde sindinadziwe chifukwa chake chifukwa ma ward ena onse chakudya amapatsidwa

I don’t know because the food is provided in all wards.

F; Chakudya amapatsidwa ma patient.

The patients are given the food.

R: Koma ma patient a Covid chakudya amapatsidwa.

But Covid patients were not given the food.

F; mmh, okay, sindinadziwe. Nde panalinso issue ya ma allowance, imene inakhala ngati yavuta inu ma allowance munalandira nawo?

Mmh, okay, I didn’t know about that. And there was also an issue of allowance which was a problem, did you receive the allowance?

R: ma allowance ife tinalandira nawo titapita kumene kuja zimene tinamva kuti mudzilandira ma allowance

We received the allowance. When I went there, I heard that we will be receiving the allowance

F; mmh

Mmh.

R; kukhala ngati kuti ti mantha tija tikuchepa eti…kuseka…sinanga pabwerano ka ndalama.

And then the fear had reduced, right……laughs… because there was now money coming in.

F; oh.

Oh.

R; kuti kani tidzilandiranso ka andalama

I was like so, we will be receiving money.

F; M’mene mumapita musakudziwa

You didn’t know about that when you were going there.

R: Tisakudziwa kena kalikonse kuti kukhala ndalama tinangopta kuti iihh basi tiyeni tikagwire chani, nthito

We didn’t know anything that there is going to be money, we just went there and I was like ih lets just go and work

F; nthito

And work.

R; nde kunadzapedzekadi kuti ma allowance aja anayambadi kuperekedwa

So, they then started to give us the allowances

F: Eeh

Yeah

R: and chikalata chovomereza kuti tidzilandira ma allowance chinachokere ku ministry.

And an official document with regard to the allowance came from the ministry.

F: Okay.

R; Kuti anthu awawa amene akuthandidza ma patient otere otere, kuti adzilandira kangachepe kukhala ngati kuti kuwapepesa nde timalandiradi.

And it was like those who are caring for such such patients will be entitled for a little something like a way of compensating them and we started receiving it

F; Okay.

R: Komano timapedzeka kuti tinali ndi anzanthu ena ma clerk, amenewowo koyambikira timalandira nawo bwinobwino, moti timalandira malingana ndi grade yake eti timalandira nawo bwinobwino kenako kunadzapedzeka kuti iwo aja anadzawawudza kuti iyayi mudzilandira chonchi , iyayi koma motere ngati lunch allowance nde timadabwa kuti aah nde zikutheka bwanji chifukwa chokuti awawa timagwira nawo komkoja

But we had our fellow staffs, the clerks, these staffs started receiving the allowance in the beginning and everybody was receiving depending on his/her grade and then they were told that, no, they will be entitled for other allowances like lunch allowance, and we were surprised how was that possible because they were also working there.

F; Ku ward komkuja

In theward.

R: Ma patient aja amachitanso nawo face bwinobwino chifukwa ngati akangolowa mu ward, history yonse amathamanga kukatenga ndi ati , ndi awawa.

And they even face the patients because once the patients get into the ward, the whole history is hurriedly taken by who, by them

F: ndima clerk

By the clerks.

R: nde awawa akuwapanga chonchi chifukwaa chani, nde ifeyo tinangokhumudwa basi kuti sidzinayende bwino chifukwa anzanthuwo nthito timatani kodi timagwira nawo nde sitikudziwa kuti kodi ma bwanawo akuganidzirabe kapena basi zinathera momwepo, apopo nde sitikudziwa.

So, why were they treated like that, so we were worried because things did not go well on that because we also work with them so I don’t know if the bosses are still considering them or it just ended like that, I don’t know.

F; okay.

R; Ndithu.

Sure.

F: nde mwakambapo kuti mutamva kuti mudzilandira allowance ti mantha tinacheperako nde mmene imanenera risk allowance yo kuti mmene mukukambiramo eti

So, you have said that, when you heard that you will be receiving the allowance your fears got reduced, so as the way the risk allowance is addressed, as in, the way you are saying right

R; mmmh

Yeah.

F: pali ubale wanji okuti ndalama, kuwonjedzedwa kwa ndalama ndi timantha kuti tichepe?

What is the relationship between increments of money and reduction of fear?

R: kuseka..

Laugh…

F; kuseka… chifukwa ndimawona kuti mantha ndi mantha basi.

Laughs… because I think fear is fear.

R; Of course, mantha ndi mantha eti, koma pamene pali ndalama pamakhala kuti olo nthito ija itakhala yophweteka koma ngati pali ndalaama umakhala ndika relief kuti aah odi ndisachite mantha kwenikwni chifukwa chokuti ndipedza kena kake eti. Mukudziwa munthu waku Malawi mmene amalandilira salary yake wa m’boma amalandira ndalama zingati ndi zochepa nde timakhala ngati kuti tapedzako ka mwayi kuti eeh ndekuti ka ndalama Akaka ndipanga chonchi , ndikatero ndekuti tsiku lina ndichitanso chakuti ndidzapedzeka kuti mwana wanga ndamupititsa ku sukulu, mwawona.

Of course fear is fear but wherever there is money, no matter how hard the work might become but if there is money, you have that relief that you should not be afraid so much because I will get something. You know how a Malawian’s salary working in government is like, its just few, so, its like an opportunity thinking that this money you will use it for this and that and then you will use it for this and that for another day and then you will even send your child to school with that, you see.

F; Kumwetulira…

Smiles…

R; ndekuti ndamusungira kenakake kamene sumatha kukasunga pa salary yako nde umapedzeka kuti ukutani, ukukasunga eti, eeh, ndebe timatha tinalipobe komabe tinakhala ngati kuti tachepelako kuti iih pali kenakake eti. Kuseka….

And you will be able to save something which you could not save through your salary, so you still save, so I had fear but it then reduced when I knew that there was something, right, ….laughs…

F; kuseka..okay..

Laughs….okay.

R; ndithu.

Sure.

F: komano mukuwona ngati kuti pakanakhala kuti allowance imeneyi palibe anthu mukuwona ngati kuti akanagwirabe?

But do you think that if there was no allowance, people could have still worked?

R; Aah, anakagwira chifukwa ngati ine ndinapita mongodzipereka, tikanakagwirabe sitikanadandaula ayi chifukwa tinangopita.

Ah, they could have worked because I went to work there willingly, we could have worked and we couldn’t worry since we went there willingly.

F; okay, alright, pali chinthu chinachake chimene mumati mukakhala mumafuna mutachimvetsetsa kwambiri chokhudzana ndi matenda a Covid chimene simumakhala sure kwambiri kuti ichi chimakhala bwanji?

Okay, alright, is there anything that you would like to understand more about Covid which you are not sure about what it is?

R: Chilipo inde chimene ndimafuna nditamvetsetsa kapena chimene sindimachimvetsetsa

There is something that I would like to understand or something which I don’t undersnad.

F; yeah.

R; Ndi chonena kuti akuti covid imadzera mu zinthu za madzi nde ndikuti eeh, zimadzera mu njira za madzi, munthu akakuyankhulira ndekuti kupedzeka kuti munthu akudwala ndekuti anthu aja amadwala aja amakhala kuti ayankhulilidwa ndi munthu wina wake, wathira malovu, kapena wagwira zinthu za munthu wa Covid zotuluka mthupi mwake, sindimayimvetsa bwinobwino, pena ndimayitenga ngati imadutsa mu mphweya, imadutsa m’mwamba ngati mphepo, sinsimamvetstetsa bwinobwino.

They say that Covid is transmitted through liquid things, if someone speaks to you who happens to be sick and can talk to others and can spit on them or you might touch things from a covid person that are passing through his body, I don’t really understand, because sometimes I think it is transmitted through air, it moves in the air, I don’t really understand.

F: Transmission yake, kufala kwake, katengedwe.

Its transmission, its spreading, its contraction.

R; kumafala bwanji, anthu onse aja ndekuti amadwala chifukwa chonena kuti basi, ndimangokhala kuti mafunso akufunsidwa koma opanda chani, opanda mayankho

How it is spread, so all of those people become sick because of…I just have so many question without answers..

F; opanda mayankho. Okay.

Without answers…okay.

R; Eyetu.

Sure.

F: nde funso langa lomadzilira, mukawona m’mene mwagwilira nthito miyezi imeneyi komanso ndondomeko zimene achipatala anayika zofuna kutetedza anthu ogwira nthito, komanso zokonzekeretsa kugwira nthito kulimbana ndi matenda a Covid, atati munthu akufunseni kuti muwalangidze achipatala kuti ndi ziti ndi ziti zimene zikufunika kuti ziwunikilidwe kwambiri, priority eti, zofunikira kwambiri kuti itati ma number nso ayamba kukwera kapena kuti patinsoo kwambweranso mulili wina, achipatala akuyenereka kukonzekera kwambiri pa madera awa ndi awa, zinthu zake zingakhale ziti?

My last question, looking at how you have worked in these months and the measure that the hospital had put in place to protect staffs and its preparedness to respond to Covid19, if a person asks you to advise health personnel about the things they should improve, the most priority in case the numbers will start to increase or if there will be another outbreak, the hospital needs to get prepared in this and this areas, what could they be?

R: mmmh, mmene iwowo akuyenekera kukhonzekelera zitakhala kuti mwina zayambilanso, one akuyendereka kukhala ndi staff yokwanira.

If the cases will start again, they will need to consider adequate staffs.

F: okay

R; komanso zipangizo zimene timavala zozitetedzera eti zikuyenerka kuti panopa asadzitayilire ndithu agule zokwanira.

And also they don’t have to relax, they need to buy enough PPEs

F; okay.

R: chifukwa sitikudziwa kuti nyengo ya mvula imene tikupita, ma number adzikhalabe amenewo 5, 3, 2, kapena ikhala kuti ikukwera chifukwa timamva kuti matendawa amanjoya kwambiri nthawi yodzidzila eti,

Because we never know if we might maintain the same number so 5,3,2 during this coming rainy season or it will start raising because we hear that this disease gets high in winter, right,

F; yeah, yeah.

R: nde tikuwona ngati kuti mwina tithanso kukumana nazo kutsogoloku mmene tikuyandikira mnyengo ya mvula

So, I think we might face something like this in future when we are approaching rainy season.

F; nyengo ya mvula

Rainy season.

R; nde pamafunika ndithu achipatala asatayilire koma akhale okhonzeka mu zida ngati imene zikufunikira kuti mwina tithandidzire patient, kaya ndi zozitetedzera kaya ndi ma sanitizer amene amagulidwa aja kaya ndi ma soap wa ndekuti ma measure amene timapanga aja akuyenera kuti ndithu atawakhadzikitsabe adzipitilira ndithu.

So, I think the hospital should not relax but they should be prepared with the required resources to help the patients whether they are PPEs, the sanitizers, soap and they should still implement the measures which we were following.

F; Okay. Alright, comment ina iriyonse imene muli nayo, mwina pali zina zake zimene sindinakumvetseni koma mwina mwake mumafuna mutayankhula.

Okay, alright, do you have any comments? perhaps there was something I didn’t get you and perhaps you wanted to say.

R; aah, palibe chomwe ndingawonjedzere.

Ah, there is nothing to add up

F; Zomwezo

That’s all.

R; mmh.

Yes.

F: Mwayankhula zambiri..kuseka..

You have talked a lot…laughs..

R; eeh. Kuseka…

Yes, laughs…

F; Ayi, mayi ine ndithokodze chifukwa cha nthawi yani, its not easy kuyankhula for nthawi yayitali chonchi.

Okay, mom, thank you so much for your time, its not easy to talk for a long time like this.

R; Smile…

F; koma ndiyamike ndithu.

But I am thankful.

**THE END….**