F: As I said maybe (koyambilira kuja) earlier on, when Covid was just starting

R: mmh

F: the hospital had put in place different strategy

R: mmh

F (ndondomeko zosiyanasiyana) different startegies to respond to Covid-19

R: yeah

F: do you know some of these strategies that, can you explain to me some of the strategies that the hospital had put in place

R: I know the hospital introduced this rule that says, you shouldn’t enter through the gate when you are not putting a mask. Like it was a must for everyone that was coming to the hospital to put on the mask and they restricted the number of people that was going to the wards are…normally in the past during lunch hour, people were just going into the wards to their patients to cheer them up or bringing things

F: mmh

R: aah guardians or just say anybody just want to see their patients they are not really allowed to go into the wards to see their patients maybe through the windows or they are not allowed to go see them in the wards, yeah

Inter: ooh

R: and then they are not go in the wards without putting on the mask like when you are coming through the gate to put on the mask to access anything that is happening within the wards. And also they introduced hand washing stations that people could wash their hands whenever they are coming in into Queens premises

F: mmm

R: also they introduced uhm this screening services aahm they check people’s temperature

F: yeah

R: just to find out maybe people aahm one of the signs and symptoms of Covid-19 is fever, so they do screening each and every day to see if maybe somebody presents with fever or anything of that sort.

F: mmh

R: So, basically anthu amene akupezeka kuti temperature yawo is out of range they are put pambali kuti akuwakayikira kuti mwina fever yo could be as a result of Covid

R: So, basically, those people whose temperature is out of range, they are put aside, and that they suspect that perhaps the fever could be as a result of Covid

F: mmh

R: So, they could do several days throughout kuti ngati ilidi Covid kapena ayi; so, those are the few things I can say the hospital introduced in response to Covid-19

So, they could do several days throughout if its covid or not; so, those are the few things I can say the hospital introduced in response to Covid-19

F: were there specific changes that happened to the lab because to Covid-19?

R: to the lab?

F: could be yeah

R: for instance, I could say that much as we do, we used to have ma mask nthawi imeneyo but by then were restricted to a few departments like microbiology kuti mwina when they are handling ma specimen ena to put on ma mask. Komano ma sections enawa we could just work without ma mask so every day we could receive these ones

For instance, I could say that much as we do, we used to have masks during that time but by then were restricted to a few departments like microbiology like when they are handling some specimen to put on ma mask. And in other sections, we could just work without masks so every day we could receive these ones

F: okay

R: yeah we were given ma mask kuti tivale tizigwirira ntchito and malo amene amapangira testing for Covid ma test ena amene amafuna PCR ndiye kuti they are restricted to few individuals that are trained to do such testing malo amenewowo

Yeah, we were given masks to put one for usage for testing for Covid and the places where they were doing the tests, some needed PCR and so, they are restricted to few individuals that are trained to do such testing in those areas.

F: mmh

R: ndiye kuti ineyo I cannot go to PCR kukapanga access the room because I had nothing to do there, amapita ndi eni ake amene akupanga ma test wo

Which means, I cannot go to PCR to access the room because I had nothing to do there, those who were doing the testing were the ones who were going there.

F: Oh okay.

R; Yes

F: So putting in place those (ndondomeko) procedures is one thing

R: mmh

F: (komanso chifukwa) and because following them is another thing

R: yeah it’s a different thing

F: what is your perception how have you seen health care workers abiding to those strategies that the hospital

R; has put in place

F; over this period that you have worked in the hospital

R: when it comes to ma mask I can say kuti ok in the maybe the past, let me say mu September mu I feel like kuti people were still aah abiding to a law that everyone must put ma mask. Komano with coming of hot weather people were complaining kuti zimatentha eti? So people could rather be comfortable to some extent mmene ndazionera

when it comes to the mask, I can say that, ok in the maybe the past, let me say in September, I feel like that people were still aah abiding to a law that everyone must put masks. But with coming of hot weather people were complaining that its hot, right? So people could rather be comfortable to some extent, you do as you think

R; uhm… (Laughs)

R: mmene ndazionera they would rather be comfortable than ku… mwina aziteteze ku Covid chifukwa chakuti ndi mmene ma reports akumabwerera masiku ano with few cases chanichani; ndikuona anthuno kuti chani angochivomereza kuti aah basi mwina matendawa si woopsa mmene analengezedwera kuti ndi woopsa komanso zikuoneka ngati kuti sikuti ambiri amene tikudwala. Of which that is not true chifukwa chakuti I think like kuti kalekale lija they were doing a lot of ma test than they are doing now

I think they would rather be comfortable than to… maybe they should protect from Covid based on the reports that are coming these days with few cases and the like; so I think people have now accepted that this disease is no longer dangerous as they were saying that they are dangerous and it seems like only few are sick. Of which that is not true because I think like previously they were doing a lot of tests than they are doing now

F: Oh

R: panopa they are only testing munthu amene akuonetsa zizindikiro. So according to Covid there some people that are some people that could not show any symptoms or signs

Currently, they are only testing people who are showing symptoms. So, according to Covid there some people that are some people that could not show any symptoms or signs

F: mmh

R: so those are still cases yes but they are not recorded as cases because they are not tested

F: Okay.

R: so, ndikuona ngati kuti adherence kunkhani ya ma mask yi nde zikuoneka ngati kuti zakhwefukako pang’ono kusiyana ndi kalekale

So, I think adherence to the issue of masks, isn’t that strict than before.

F: mmh

R; Eyetu.

Yeah

F; Okay. Are you able to explain to me the different stages that a Covid suspect or Covid patient passes through to the hospital (kuchipatala) if you are aware from the time that they are arrive at the hospital, how are they identified

R: mmh

F: their pathway the time that they die or the time that they are discharged from the hospital and what are the different stages that they pass through and what happens at each of the stages?

R: Okay, I might have the ideas but I am not really conversant with what really goes there

F: Okay.

R: but then I know that people come aah most of the times adults go to (amafikira pa) ATC

F: mmh

R: you know the place right?

F: Yeah

R: amafikira pamene paja according to the signs and symptoms they are showing during physical examination, some of them are put ku tent kuja.

They go there and according to the signs and symptoms they are showing during physical examination some of them are put at the tent.

F: Okay.

R: let’s say munthu walowa pa gate paja ampanga screen bwinobwino kuti mwina zina wapanga pass chifukwa pena umapanga umangodutsa pamene paja. The people aren’t really paying attention kuti how you are looking amangokufunsa kuti temperature yako yakwana bwanji

Let’s say a person has entered at the gate and has been properly screened and that he/she has passed some because sometimes you just pass through. The people aren’t really paying attention about how you are looking; they just ask you about the reading of your temperature

F: mmh

R: you proceed amangokuchongela pena amangofunsa mafunso mwachanguchangu kuti kaya akufuna amalize ntchito sindikudziwa

You proceed, they just tick and sometimes they ask you the questions hurriedly to finish up their work, I don’t know.

F: Oh

R: akupatsa kapepala kaja you proceed so pali ma patient ena woti amafika pa ATC paja mwina pamene pajapo mwina sanathe kuwasunga kuti akhalepo eeh

they will you the paper and you proceed. So, there are some patients who just go to ATC whereby maybe they couldn’t keep them there.

F: yeah

R: chifukwa ngati wapanga present with few signs pamene paja amayenera kuti akupange hold ku tent kuja. So let us say munthu wafika pa ATC mwina there are times these people go home panalibepo to do the screening so the first place to do the screening ndiye kuti pachani ndi pa ATC paja.

Because if the patient has presented few sign, they are meant to be put on hold right there at the tent. So, let us say a person has come to ATC because there are times these people go home and they were not there to do the screening. So, the first place to do the screening is then at the ATC

F: pa ATC paja, eeh

At the ATC, yeah.

R: so let us say somebody presents with shortness of breath or ( kaya ali ndi) fever, has (ali ndi ma) general body pains

F: mmh

R: definitely, as of now (nthawi ngati yinoyi) people will think of (chani )Covid

F: Covid . That’s true.

R: so those people amakawasiya pa tent paja like anapanga ngati tima ward pa tent paja tima room. So amakawasiya kumene kuja until they get tested for Covid the samples are taken and they are tested for Covid.

So, those people were put at the tent like, they did the wards at tent like rooms. So, they were put there until they get tested for Covid the samples are taken and they are tested for Covid.

F: mmh

R: So, if it’s positive amakawasiya ku 3A, if its negative I think amakawasiyano mma general kuti mwina they should manage ma conditions enawo eeh.

So, if it’s positive, they were put 3A, if it’s negative, I think they were put in general wards, so that perhaps they should manage ma conditions enawo eeh

F: Sure

R: I am sure kuti si Covid imene ikubweretsa what they are feeling so there could be other things that are making them feeling that way. So amakawasiya I think ku ma general ward kuti akawapange treat what they are feeling. But when its Covid amakawasiya ku 3A where kumeneko they are managed properly.

I am sure that, its not Covid is bringing what they are feeling so there could be other things that are making them feeling that way. So, they were put there, I think at the general ward so that they should treat what they are feeling. But when its covid they were put in 3A where they are managed properly there.

F: ok so if you look at that at pathway or the process that patient goes through in the hospital

R: mmh

F: based on your experience the past months you have been in the hospital, what do you think it’s working well and what do you it is not working well and needs improvement?

R: aah I will….

F: for each of those stages

R: for each of those stages?

F mmh

R: I will start with the entry point

F: mmh

R: aah pa gate paja aah they say kuti we should stay 1 metre away from each other. So pamene paja zomwe zimachitika during ma pick hour ngati ano mwina mmawawu its ok kuti mwina anthu amakhala ochepa eeh

Ah, they say that we should stay 1 metre away from each other there at the gate. So, what happens there during pick hours like this time is that maybe in the morning its okay, because there are few people.

F: yeah

R: but then pa lunch pa a lot of people want to come into the hospital so they cannot just come in without passing through the screening stations. Ndiye pamene paja chomwe ndi kuti pali vuto ndipokuti at least akanapanga demarcate kuti akamati 1 metre away it means kuti munthu akhale apa ngati mmene amapangira mma bank

But then during lunch, a lot of people want to come into the hospital so they cannot just come in without passing through the screening stations. So, as I am saying that there is a challenge there is that, at least if they could have demarcated so that when they are saying that should be 1 metre away it means that a person should stand here, just like the way they do in banks.

F: yeah

R: mma bank anapanga demarcate kuti aah iwe ukuyeneka uyime apa ukaima apa mnzako ndiye akuyeneka kuti ayime pati pambuyo. Koma pamene pajapa palibe anthu timakhala ndithu mwinanso zero centimetres

They had demarcated in banks in a way that if you stand here, then the other person following should stand there behind you. But there, we even stand zero centimetres.

F: (laughs)

R: apart from each other

F: Okay

R: ndiye mwina atati apange introduce ma sections ngati amenewowo kuti kupatsiranako ndiye kuti kutha kutani ngati anthu amapatsirana pa line, panzere paja ndi zotheka kuti munthu ali asymptomatic patient waima pamene pajapo ndiye kuti atha kumpatsira mnzake. Kaya akuyankhulana chifukwa azimayi amakonda kukamba nkhani; akukamba nkhani pamzere kuti mzere utani usaone kutani kutalika. Chifukwa umakhala mzere wautali umakafika panja paja umakhala wautali so ndikuona ngati kuti atati apanga introduce ma sections ngati amene ajawo mwina zikhoza kutani zikhoza kukhala bwino.

So If they might introduce those sections to end up the transmission because people get the transmission from such lines, because there might be a patient there who is an asymptomatic and is also standing at the line and can infect the other person. Whether they are talking to each other because women like talking storied while they are at the line so that they shouldn’t perceive the line to be long. Because those lines are long and it goes outside the gate, so I think if the can introduce sections like those ones perhaps it might be better.

F: ok

R: the other thing is, okay ukoko sindikudziwa kuti anthu amawasunga nthawi yaitali bwanji I think mwina until the test comes out

The other thing is, okay, I don’t know how long they keep them there, I think maybe until the tests comes out.

F: (ku) at the tent?

R: eeh ku tent

Yes at the tent

F: yeah

R: then I feel like ma living conditions aku tent aja mwina they are not that good kwa munthu eti? Munthu woti akumuuza zoti tikukukaikirani inu kuti muli ndi Covid

Then I feel like the living conditions at the tents maybe they are not that good to people, right? Someone is being told that you are a suspect of Covid

F: mmh

R: ok much as they are not they don’t have the Covid per say but then mmutumu mumayamba kubwera zinthu zambirimbiri plus kuti they are being isolated and the place isn’t as nice as mwina ma ward ena ndi enawa. Already munthunso matenda amata amakula ndiye mwina atakhala zokuti mwina if that is not too much to ask kuti mwina pakhale a proper place where ma suspects ngati amenewo azikakhalakonso kuti asamaone ngati kuti chifukwa if like anthu amaona ngati ataidwa kale. Kuti they are just as dead as anthu ena woti amadwala matenda ena akasiidwa kumalo kuti kumene kujako.

ok much as they are not they don’t have the Covid per say but then you start thinking a lot in your mind, plus that they are being isolated and the place isn’t as nice as those in other wards. Already the person’s illness worsens so maybe if they could have been, I think, if that is not too much to ask, that maybe there should be a proper place where the suspects like those ones should stays because people think that they are already being dumped like they are just as dead as other people having other diseases if they are put there.

F: what is the definition of proper place?

R: proper?

F: (laughs) (mwina) perhaps that’s how the hospital looks used to be a proper place, how do you define a proper place?

R: a proper place?

F: mmm

Yes.

R: (smiles) I feel like so much kuti basi ka structure kolongosoka kabwino

Smiles… I feel like so much that the structure should be good.

F: mmh

R: koti kaya mwina mmene amakhalira ma ward enawa

Maybe like the way other wards are.

F: yeah at least there is a proper structure

R: eeh

Yeah.

F: ok other than that?

R: I am not sure if the patients are provided with zakudya kuti let’s say for someone who just came kuti wangopezeka kunoko eti kuti mwina wabwera opanda abale

I am not sure if the patients are provided with food, let’s say for someone who just came and has been diagnosed here and came without a relative.

F: mmh

R: kaya zamchitikira kumene kuja ndi zovuta kuti apeze zakudya, I am not sure if they are provided with food.

And something has happened for this person, it becomes difficult to get food, I am not sure if they are provided with food.

F: Okay

R: (chifukwanso njalanso ndi) because hunger is also one of the reasons somebody will die other than Covid

F: for those patients that are in the wards do you have any information on how they are managed and what processes that happen there; and what can be improved?

R: about those (ndiye) then aah I am not sure I haven’t been that side

F: okay

R: mmm

F: what about……

R: when they are about to be discharged

F: mmh

R: ok, (amapanga) they do tests like the Covid test

F: mmh

R: maybe after kalekalelo amanena zoti after 14 days but then this time around is after 10 days

Maybe after, previously there were saying that after 14 days but then this time around is after 10 days

F: Okay/

R: So, akumatengera (they are considering) CT value (ya) of if it comes out negative that’s ok you are free to go but then if it’s still positive but then a CT value of greater than 30 or there about (akumawapanga) they do consider (kuti) that, at that point they are not really infectious to give to other people. So (akumapanga)….they are doing…..

F: they are still positive

R: eeh they are still positive but then aah concentration yake I think imakhala yoti ija siumangakhale they are saying kuti it’s been scientifically proven or there is that chance kuti sungampatsire munthu mnzako

Yes, they are still positive but then aah its concentration, I think you don’t, they are saying that it’s been scientifically proven or there is that chance that you cannot infect others.

F: mmh

R: we have aah when you test positive around that CT value

F: so they are discharged when that CT value……

R: yes, they are discharged

F: do you have other views about that?

R:( ine) I believe (kuti)that for us to be really sure we need a Covid result that is negative

F: that is negative?

R: eeh chifukwa mwina things might change kuti mwina akapita kunyumba mwina akasiya treatment mwina itha kupezekanso yakwera like mmene amakhalira ma ARV muja eeh?

Yes, because maybe things might change that perhaps when he/she goes home, he/she will discontinue the medication as it might increase just like the way it was like with ARV, right?

F: eeh

Yeah

R: kuti anthu when they feel like kuti mwina yafika pa anti detectable level paja they feel like achira

That people when they feel like it has reached to anti detectable level, they feel like they are cured.

F: mmh

R: so they abandon the treatment and then zimapezeka kuti ujeni the virus imakhala ngati kuti yatani yabwera ndi full force. So I am not ok, I am thinking kuti ndi Covid without antigen eeh

so they abandon the treatment and then the virus comes back with full force. So I am not ok, I am thinking that its Covid without antigen, right?

F: yeah

R: eya kuti much as treatment yo sikuti ikupanga treat the actual Covid but then I think imapangitsa kuti mthupi mukhale ma conditions ena ake kuti Covid shouldn’t really survive

Yeah, much as treatment isn’t treating the actual Covid but then I think it makes the body to have such conditions that Covid shouldn’t really survive

F: mmh

R: So, I am thinking kuti let’s say kumuuza munthu kuti aah mwapeza bwino chanichani ndiye kuti atha kukasiya treatment ija basi kenako kumene kuja kubwereranso full force pamenepo nkukhala highly infectious to everyone that is around them kunjaku.

So, I am thinking that, let’s say if you tell someone that you are now better and the like, this person can discontinue the treatment and then it will come later with full force and it might then become highly infectious to everyone that is around them, there.

F: but you are aware of some patients that have been discharged then hospitalized again?

R: aah am not

F: ok. You haven’t said anything about the lab as far as Covid is concerned, do you think there are things that needs to be looked into?

R: mmh

F: for you and other staff in the lab to deal to manage better and again to be properly protected?

R: mmh about the lab like I said kuti ok we have people that collect the samples and we have people that run the samples. So like I said ali ndi ka section kawo kamene when the samples are collected amakasiya mu fridge yina yake and when they want to run amazitenganso kukapanga run in their room. So like I said kuti ma rooms amenewawa they are only accessible to people that are handling Covid issues

Mmh, about the lab like I said that, ok we have people that collect the samples and we have people that run the samples. So like I said that they have a section which when the samples are collected they put in a certain fridge and when they want to run they recollect them and run in their room. So like I said that those rooms, they are only accessible to people that are handling Covid issues

F: mmh

R: yes, so, some of us (anthu enafe) we don’t have access to those rooms but then we come in contact with those people

F: with those people?

R: eeh we come in contact with them komano like I said kuti most of us are ma masking eti? Kuli interacting, tikamagwira ntchito zathu timakhala titavala mask so to some extent I feel like kuti we are kind of being protected. Kuti iwowo ngati ali ndi Covid chifukwa choti they are exposed; they are handling people that are ena ali positive ena are just been suspected. So I feel like kuti ma mask wa akumatani akumathandiza

Yes, we come in contact with them but like I said that most of us are ma masking right? There is interacting, and when we are doing our work, we put on a mask, so, to some extent I feel like that we are kind of being protected. That if they have Covid, it’s because they are exposed; they are handling people that are positive and some are just been suspected. So I feel like that the masks are really helping.

F: akumathandiza

Are helping.

R: ndithu.

Sure.

F: but by the time that you were testing

R: mmh

F: through the gene expert

R: mmh

F: you were in direct contact with those samples, alright?

R: yes

F: okay

R: mmh

F: alright (chabwino).okay, My other question, have you, I know a number… okay, before I go there, (ndisanabwere kumeneko), most of, on the same issue which we are discussing, right?( tiri pankhani yomwe timakambayi eti?)

R: mmh

F: most of the other health care workers (amene ndawapanga) interview whom I have interviewed about what needs to be improved one of the things they have mentioned is about the lab.

R: mmh

F: (kuti) that there is delay in getting ma results ama for the patients especially when they were saying that (mmene amanena kuti) the condition at the tent is not good

R: mmh

F: and patients are kept for longer time

R: mmh

F: because there is a delay from the lab to get it

R: mmh

F: do you know anything about that?

R: I did not know about that

F: uhm

R: yes

F ok maybe because now you are not part

R: (laughs)

F: when you were doing testing previously how long could it take?

R: ok for gene expert aah testing it would take us around 1 hour to get the results

F: to get the result?

R: but then Abbot imachedwa Abbot ndi gene expert imene ndi short turnaround time ndi ujeni ndi gene expert. Gene expert within 1 hour kumapezeka kuti ma results atuluka but then with Abbot aah the test sindikudziwa ngati testing amapanga masana. Cause sinanga kuli ntchito yina ya viral load ndi ya EID eti?

But then Abbot delays, Abbot and gene expert which is short turnaround time with the gene expert. Gene expert within 1 hour, the results are but then with Abbot aah the test, I don’t know if it is done in the afternoon, because there is another work for viral load and that of EID, right?

F: yes

R: so it’s like they didn’t want to make this work stop ( kuti sanafune kuti ntchito zimenezi zikhale ngati zatani zaima)

F: To stop

R: So, I think they were given shifts that ah, at night, we can do testing for Covid (anawapatsa ma shift kuti aah madzulo we can do testing ya Covid)

F: mmh

R: mmamawawu we can focus on EID ndi chani viral load because these are equally important as well

In the morning, we can focus on EID and viral load because these are equally important as well

F: that’s true

R: etu mwina….

Yeah, perhaps…..

F: so the currently one is Abbot?

R: yes, we are only using Abbot machine

F: and you don’t know how long it takes to get the results?

R: (ndaiwala kuti koma) I have forgotten but it takes several hours

F: Okay.

R: mmh

F: and why did the gene expert stop?

R: aah because we don’t have the (ma ujeni ma) reagents ngati like the cartilage, right? (ma cartilage aja eti)

F: yeah

R: it was a donation so I think it stopped

F: Okay.

R: (ma) those donors (aja) aah ok I am not really sure how it was like ( kuti zinakhala bwanji)

F: what happened

R: then we stopped receiving ma reagents because I hear (kuti) that hospital cannot afford to buy those they are too expensive

F aah Okay

R: mmh

F: alright, have you been trained in Covid? I know most of health care when Covid was starting health care workers starting from patients…

R: mmh

F: patient attendants, nurses went for a training

R: eeh

Yes.

F: did you participate in such training?

R: yes, I participated in one

F: what was it about?

R: aah it was about contact tracing

F: eeh

Yes.

R: kuti let’s say somebody is positive so ameneyoyo ndiye kuti kwake kwatha eti? Will go for further management but then those people that he or she was in contact with nawonso they need to be followed to see if they got the Covid-19 or they did not. Kuti they are basically trying to aah like to end transmission between people kuti if they really follow everybody they will get tested if they are positive, ndiye kuti they will be put kaya kwa isolation. Ndiye kuti while they are there they won’t be given the chance to give it to other people, so it was really about contact tracing.

That, let’s say somebody is positive so that person is done right? Will go for further management but then those people that he or she was in contact with, they need to be followed to see if they got the Covid-19 or they did not. That, they are basically trying to aah like to end transmission between people that if they really follow everybody they will get tested if they are positive, which means, they will be put either at isolation. Which means, while they are there, they won’t be given the chance to give it to other people, so it was really about contact tracing.

F: How much training did you attend?

R: I only attended…Okay, 1. For testing 2. For the contact tracing

F: and those trainings were based specific for lab people or you were in a group of other health care workers?

R: ok, for the testing one it was specific for lab but then the contact tracing there were ah (kunali ma aah tingoti) different cadres

F: different cadres?

R: kunali ma nurse, kunali ma HSA ndaiwala kuti term yake ndi chani koma kunali ma HSA kunali ma nurse and then ifeyo. Of course it really meant for anthu amenewawa.

There were nurses, HAS, I don’t know its term but there were HSAs, nurses and us. Of course, it really meant for these people.

F: yeah

R: (koma) but we were part of it

F: so the one that one you had different cadres I want understand (kuti) that was the whole training just for contact tracing (kapena) or contact tracing was topic in the training?

R: aah it was everything about it was on contact tracing

F: ok

R: mmh

F: alright, (chabwino,) okay, so did you feel that (kuti) that you were sufficiently trained? You have sufficient through that training you have got sufficient knowledge both trainings, sufficient skill to protect yourself from Covid, to understand what Covid is all about and to properly do your work or do you feel (kuti) that no it was not sufficient?

R: ok (poti) that information about Covid keeps on changing

F: laughs…

R: so I can say (kuti) that I think (mwina) maybe there is need for more trainings to update us so what’s really on the ground. But when it comes to protecting ourselves from Covid, they told us (anatiuza ndithu)

F: Okay

R: anatiuza tisamagwire mphuno, pakamwa ndi mmaso, ndiye kuti kukakhala ku lab ko the time I was doing ma testing ndiye kuti vuto ndi ma face shield. Tivala ma coat athu bwinobwino, timavala ma glove awiriawiri kuti in case the other one is affected. Ndiye kuti tikachotsa imeneyo at least we are still having a clean woti we can catch with other things something like that.

They told us not to touch in the nose, mouth and eyes, so, when it comes to lab, the time I was doing ma testing the problem was the face shield. We wear our coat properly, we could wear two gloves that in case the other one is affected, then we will remove that one, at least we are still having a clean one which we can catch with other things, something like that.

F: how long was the training?

R: it was ah was it uhm I think it was a day long

F: a day long?

R: yeah

F: Okay. alright what is your comment about availability of PPE in the lab in the hospital?

R: availability of PPE, I think I feel like it’s not enough

F: it’s not enough?

R: mmh it’s not enough much as, yes, it is available but is not enough( ilipo komano siyokwanira bwinobwino )

F: where especially do you feel the gap you said it’s not enough? What needs to be done or what items needs to be readily available?

R: Okay, we do have ma gloves, we do have ma coats, ma face shield sikwenikweni ma mask nso amapezeka. Much as mwina these are not the recommended ones

Okay, we do have gloves, we do have coats, face shield not really, the mask are also available. Much as that these are not the recommended ones

F: mmh

R: but they are available. Because we need to have the N95 right? (Sitimafunika tidzavala ma N95 aja?)

F: mmh

R: eya so those ones sali available as these ones. So I would say PPEs siyikukwanira kwa ifeyi

Yes, so those ones aren’t available as these ones. So I would say PPEs is not enough to us F: Okay

R: mmh

F: what about the adequacy in the number of (ndi ma) the health care workers maybe you might not know the other departments (komanso) and may be looking at your department as laboratory

R: mmh

F: what is the adequacy in terms of numbers of health care workers versus the amount of work you have to do? Maybe you might also comment on the space you that you are, amount the adequacy of the space that you are working in, are there anything that needs to very looked into?

R: about adequacy of personnel, I feel there is still deficiency considering (kuti sinanga) because sample collection and other things that are done by lab personnel right? (ndi zina ndi zina akumapangabe anthu aku lab ku eti?)

Inter: yeah

R: So these are dedicated ok they have departments to work in on top of what they doing about Covid so it’s like kuti they in high demand; panopo kukumabwera anthu ambiri aah for testing chifukwa choti most of them want to go outside Malawi.

So these are dedicated, okay, they have departments to work in on top of what they doing about Covid so it’s like tht they in high demand; lots of people are coming for panopo kukumabwera aah for testing because most of them want to go outside Malawi.

F: aah

R: so if they need the report

F: Okay

R: so, okay, tikananena kuti mwina work load bwenzi yatsika by now chifukwa chakuti sinanga we are testing amene ali asymptomatic okhaokha.

So, okay, we could have said that the work load has reduced by now because we are testing those that are asymptomatic only.

F mmh

R: by then that is not the case chifukwa chakuti panopo anthu akamafuna kupita kunja akumafuna kuti atani ayezedwe Covid. So workload be ikukhala ngati chani ili high chifukwa chakuti a lot of people that want that results for them to travel

By then that is not the case because people want to travel abroad and they need to get tested for Covid. So, the work load is still high because a lot of people that want that results for them to travel

F: to travel

R: so work load be it’s still high koma zikanakhala kuti they only testing for diagnosis purposes I think ikanakhala kuti yakhala ngati yatani yatsika. Ndiye ndikuona ngati kuti pena munthu you could come overwhelmed eti? Ukapange attend about Covid then you should come back and you do a few things you were supposed to do in the hospital. Ndiye ndikuona ngati work load ikumakhala ngati yatani yachuluka.

So, work load it’s still high but had it been that they only testing for diagnosis purposes I think it could have been reduced. So, I think sometimes a person, you could come overwhelmed right? You go and attend about Covid then you should come back and you do a few things you were supposed to do in the hospital. So, I think the work load becomes high.

F: ok, are you aware of any structure (kapena)or committee that the hospital had put in place to be responsible or to lead the responsible Covid?

R: (iyayi )No, I am not aware of such

F: you are not aware of such?

R: mmh

F: ok alright. My next section I think we are finishing very soon

R: (Laughing)

F: my next section is about I want to take you into an imagination

R: mmh

F about how as a hospital can ration care equally among patients

R: yeah

I: now I want to take you to an imagination because I know (kuti koyambilira kuja) that in the beginning, a lot of people thought kuti that the cases will be many

R: mmh

F: and the hospital could be overwhelmed like to manage

R: yeah

F: (komano)but it didn’t turn out to be like that

R: mmh

I: (komano) but let’s imagine kuti that we had very high number of cases

R: mmh

F: the hospital or in country

R: mmh

F: just is the case with like (tikamaonera ngati) when we were watching in European countries

R: yes

F: if that was the case even in future pandemics

R: mmh

F: if that was the case what do you think could have happened in reality in the hospital if we had high numbers of patients?

R: eeh I feel like we could have a lot of deaths due to Covid

F: ok

R: because comparing us to the other European countries, I feel like their systems their health systems are way advanced than ours. (Kuti mwina) that maybe they have a lot machinery that can handle people let’s say the ventilators and I am not sure how many do we have (kuti kuno tili ndi angati) but then I feel like (kuti) that we don’t have enough.

F: mmh

R: considering kuti pandemic imeneyiyi imapanga attack anthu ambiri like mmene timaonera kunja. So looking at eeh outside world kuti amakhala ndi ma cases ambiri stillbe iwo ali ndi ma health systems amene timapanga consider kuti they are strong eeh? They were succumbing to such fate. Zimaonekanso ngati kuti ku Malawi kuno zikakhala choncho ndiye kuti a lot of mwina us might die if were aah sick of Covid.

Considering that this pandemic was attacking so many people like the way it was abroad, so looking at the outside world that they were having more cases yet their heath systems are those that we consider to be strong, right, they were succumbing to such fate. And it was like it will be like that here in Malawi as well that lots of us might die if we were ah sick of Covid/

F: how do you look at the lab, there were a lot of cases of Covid

R: mmh a lot of cases

F: how do you think in reality how could have the lab how could it affected the lab?

R: I feel like ma services ena would have suffered like mmene ndikunenera kuti aah EID ndi viral load eti? Ndikuona ngati mwina people would have been forced to focus much on aah on Covid than these other ones. Coz ukoko gene expert yomwe tima user yo we do run ma TB test pa chani, pamenepopo. The arrange was kuti mwina tidziipanga ma TB samples mwina in the morning aah ma Covid wa mwina madzulo kapena. Really that was the guess zimakhala ngati mbali ina inakhala ngati ukupanga chani ikupanga suffer. Still the test will be performed but then not as the way in the past. Sinanga there was a direct need in the moment eti za Covid kuti nanga ma clinician apange decide kuti munthuyu tikamusiye kuti;

I feel like some services would have suffered like as I am saying, amh, about EID and viral load right? I think people would have been forced to focus much on aah on Covid than these other ones. Because there, the whole gene expert which we use we do run ma TB test there, The arrangement was that maybe we should be doing TB samples maybe in the morning aah ma Covid at night. Really that was the guess because the other side was suffering. Still the test will be performed but then not as the way in the past. Sinanga there was a direct need in the moment so that the clinicians should then decide where they will then refer this person to.

F: yeah

R: they were depending on those results

F: yeah so Covid was urgent?

R: mmh

F: still even though we didn’t reach a high number

R: mmh

F: komabe even through this experience there are other departments that were suffering

R: mmh

F: ok, so in that case what do you think what would you propose to be to get away with issue ( yopanga)of ration care, (kuti chabwino tiri) and that challenged

R: mmh

F: koma all those patients amene akufuna care

But all those patients who need care

R: mmh

F: there is a specific such care

R: ok, if like using gene expert was really faster than using (ujeni) amh, Abbot machine like I said. So if donors would say aah are donating (kuti akutithandiza) with cartilages

F: mmh

R: like it was in the past I feel like that will be really ok. Because as I have already said earlier on that with (mmene ndanenera kuti) gene expert, right, after 1 hour you know what you can do with that patient, (mmakhala kuti mwadziwa kuti patient uyu titani naye.) But then now, (panopa) it takes even longer than 1 hour for you to decide. I think (panopa) now (ma) the results (amakhala) are available after 24 hours.

F: after 24 hours?

R: kukhala ngati

Something like that.

F: Okay.

R: by then it was with gene expert it was instant like after 1 hour you would know what to do with the patient that you might put him/her to isolation or ( kuti ndikawasiye kaya kwa isolation kaya) we need to put them in the general ward for further management? But as of now we only do aah we only run (pa ujeni pa ) at Abbot.

F: ok, I just now want to understand just to get your perception eeh?

R: mmh

F: kuti during ka period ka Covid ka

That during this covid period

R: mmh?

F: more patients were coming to Queens

R: mmh

F: ku Mwayiwathu, ku Adventist were not managing ma ujeni

At Mwayiwathu, Aventist were not managing amh

R: (ma) Covid patients

F: (ma) Covid patients

R: mmh

F: in an epidemic like this one, then all patients come to Queens, (ndiye kuti ma patients onse akubwera pa Queens )

R: mmh

F: how do you feel handling people that are seen as the VIP (kapena) or have high social status in the society?

R: uhm I feel like (mwina) maybe that would make people to be extra cautious on what they really do. Chifukwa sinanga ndiye kuti the one who is performing the test ndi amene umakhala ngati kuti after testing you are liable for whatever happens. Let’s say issue as they know the result they can come back to you kuti aah munatilakwitsa mwina somebody was subject to treatment when they were not supposed to when they were not subjected to it. So ndikuona ngati kuti mwina people would have been extra cautious about handling ma samples ngati amenewa.

uhm I feel like maybe that would make people to be extra cautious on what they really do. Because the one who is performing the test, it’s like after testing you are liable for whatever happens. Let’s say issue as they know the result they can come back to you that aah that they were wrong that somebody was subject to treatment when they were not supposed to when they were not subjected to it. So, I think people would have been extra cautious about handling such samples.

F: such people?

R: eeh

Yes.

F: (koma) but my question is; do you think in this situation my VIP should be given special treatment?

R: no they shouldn’t

F: why?

R: I feel like everybody is deserving like we are all equally deserving to whatever there is in this world.

F: Oh yeah, ok. I think the current testing ya Covid is still the nasal swab or the throat swab?

R: yes

F: I don’t know if you personally tested or you have heard patients that have been tested about their experience with that process (yake ya) of testing?

R: I have it’s not a funny one to be honest, its painful zimawawa….(Laughs)

F: zimapweteka

It’s painful.

R: (zimawawa) it’s painful because they have to go all the way somewhere here (Respondent showing the Interviewer on how the Covid is done)

F: Oh, okay

R: to get the sample so iih so they insert aah whatever I have forgotten the name, ama they use (ma) swabs

F: yeah

R: so the swab has to go all the way through the nose and get somewhere close to the ear to get the sample

F: alright

R: that’s why it is believed that aah when somebody is positive that’s why you can have the highest concentration in the virus

F: mmh

R: yes, that the ….

F: what would be your recommendation?

R: about sample?

F: no about testing process?

R: the testing process?

F: mmh

R: as in sample collection or?

F: as you are saying kuti it’s unpleasant experience

R: mmh

F: the process is unpleasant; would you recommend any other if there could be any other way or people could explore other possibilities, or I should say that (kapena kutero)?

R: mmh much as it’s unpleasant but then I feel like it’s the best way to go about it. Because (munthu mwina akhoza kukhala) someone can be positive then the virus and where you think that (pamalo pamene mukuganiza kuti) it will be ok for somebody to collect, is not available (sakupezekapoyi.)

F: mmh

R: it means that will be positive negative, is it (eeh)?

F: mmh

R: chifukwa chakuti mwina sample collection sinayende bwino but then imeneyoyo they consider it as a good standard. Ngati munthuyu ali ndi Covid if you get a sample on that side we are lest assured kuti it will test positive. So ikatuluka negative ndiye the sample pamenepapa they are more confident kuti munthu chani alibe.

Because maybe sample collection didn’t go on well but then that one, they consider it as a good standard. If the person has Covid, if you get a sample on that side we are lest assured that it will test positive. So, if it comes negative then the sample, and then they are more confident that you don’t have Covid.

F: alibe?

Doesn’t have.

R: yeah

F: (komano) but if there was another procedure would you recommend for that which would get the same type of sample but which is less?

R: I think I would I will definitely advocate for the other one

F: (Laughs)

R: (Laughing)

F: mwina kulavula saliva kapena?

Maybe using Saliva.

R: mwina imeneyoyo chifukwa yina ija eeh very invasive zikapandanso kukhala bwino ndi zija people aah like ineyo eti? My first time experience ndinapezeka kuti I developed flu. Flu yovuta ija eish!! Inali flu ija yokuti ineyo ndinali ndisanadwalepoyi

Maybe that one but that one, eh, very invasive, and if it doesn’t go on well, and that’s when you see that people ah like, as of me, right? My first time experience, I developed flu. That severe Flu eish!! It was that flue that I have never fallen sick before.

F: Oh?

R: mmh

F: and you believed (kuti) that it started because of that?

R: (eeh)yes, it started because of that. Like a day after I had the sample taken I developed flu.

F: mumangoonanso ngati mwina ndi Covid?

You thought that its covid?

R: (ayinso) No, aahm I swear it wasn’t Covid because my result came out negative

F: aah, Okay.

R: mmh

F: (chabwino) Okay, my last set of questions is about perception about risk

R: mmh

F: working in the hospital and looking at where the hospital is

R: mmh

F: prepared to respond to Covid

R: mmh

F: the way the hospital is prepared to protect staff

R: mmh

F: and your own preparedness

R: mmh

F: do you feel… what is your attitude and percent risk of Covid -19 infection; do you feel kuti yeah what is your attitude towards risk to Covid-19?

R: I feel like we are still at risk aahm to getting infected even though some of these measures are in place

F: mmh

R: like I said (kuti) that we have measures in place yes but then it’s not like we abide to them

F: mmh

R: almost every day nthawi yina you feel like it’s very hot you pull your mask kuyisiya apa which is not advisable, mmh? Ndiye kuti mwina takhala pafupi tikucheza somebody is positive then I could get chani, the infection.

Almost every day, sometimes you feel like it’s very hot you pull your mask and put it here which is not advisable, mmh? And sometimes when we are close together chatting, somebody is positive then I could get the infection.

F: mmh

R: I feel like (kuti) that much as those aah measure are put in place but then we still have that risk to get infected. (ujeni tili pa riskbe to get infected)

F: ok, so, the things that compromising safety in the hospital are those like maybe that some people remove the masks? (anthu ena akuchotsa ma mask?)

R: mmh

F: what other things that are compromising your safety in the hospital?

R: (aah nkhani ya amh,) the issue of PPE it’s not update that put us at risk to be infected

F: Okay, alright

R: (komanso mwina) and sometimes how are the reports are coming out, that people, (kuti basi anthu) like update

F: mmh

R: coz it’s to get infected is kuchipatala kokha kuno eti?

Because it’s to get infected, it’s just at the hospital here, right?

F mmh

R: Kunjakonso tikhoza kukatenga matenda kumeneko nkukabwera nawo kunja kuno because we work in the hospital everybody will be like aah anakatengera matenda kuchani; chipatala which may be not the case. So ndi mmenenso anthu tukukhalira kunjaku

We can also infected outside there and come with the infection here because we work in the hospital everybody will be like amh they got infected from the hospital which maybe not the case. And that’s also how we are leaving outside.

F: mmh

R: we are at risk to be honest coz kumachitika ma function eeh panopo ukumati ukavala mask ujeni anthu akumakuyang’ana kuti kodi inu ndi chani? Mukukukamira zinthu zoti …

We are at risk to be hones because there are functions that are happening outside there and when you wear masks, people look at you like what is this for? You are just insisting things that……

F: Covid yake iti?

Which covid?

R: mwaona zikumakhala ngati kuti or koyambilira kuja umati ukavala mask anthu amakutenga kuti iwe ndi amene uli ndi chani ndi matenda. Like ndinkacheza tsiku lina lake mbali zakwathu ndiye ndinavala mask. So somebody had to say to me kuti” kodi iwe ukuona ngati anzako angakupatse Covid?”

You see, its like, and in the beginning, when you put on a mask, it was like you have this disease. There was a time I was chatting at home and I was wearing a mask, so, somebody had to say to me that” do you think that others will infect you with covid?”

F: mmh

R: not forgetting kuti inenso nditha kuwatani kuwapatsira, it’s a two way osati one thing. Eeh so ndi perception ya anthu kunjaku it makes hard for you to conform to the standards that have been set eti? Even mminibus muja akumatiika atatu-atatu chani chifukwa chakuti amaminibus nawo they want to make money out their business aiwalako kuti atenga miyoyo yandani ya anthu. So with ma reports mmene akhalira anthu tinayembekezera a lot of chaos with coming of Covid but then things turned out to be the other way round ndiye anthu kukhala ngatino tatani tapanga relax. Tazitaya zonse zija zimene zimatani zimatiopsyeza kuti tikhale ngati safe; ndiye tinangozisiya basi kuti aah.

Not forgetting that I can also infect them, its two way not one thing, yeah, so, that’s what people perceive outside there, it makes hard for you to conform to the standards that have been set, right? Even in the minibuses, when they are saying that you should sit three, three because they want to make money out their business, forgetting that they are carrying lives of people. So, with the way the reports were like people expected a lot of chaos coming of Covid but then things turned out to be the other way round and people have relaxed now. We have stopped following all those preventives measures which made us to be safe. So we just stopped following them that ah.

F: last time I think when I talked about community and asked about other thing I wanted to ask

R: mmh

F: (kuti) that people knowing that you are working in the hospital

R: mmh

F: especially that you work in the lab as you said you handle (ma ujeni) amh, (ma) the samples a Covid

R: mmh

F: what has been the relationship with your community members, with your family members during this period; has it changed or how do people perceive you?

R: aahm, it hasn’t changed to be honest, it hasn’t changed

F: mmh

R: in fact, umati ukakhala kuti wasowa masiku awiri atatu people would ask kodi amene uja ali kuti? Chanichani basi kuti mwina akufuna kuti ticheze kaya chani so, I would say kuti it hasn’t really changed my relationship with people kaya mwina sindikudziwa kuti mwina they don’t really know what we do kuchipatala. Amangoti akugwira ntchito kuchipatala mwina sadziwitsitsa kwenikweni kuti iih akati akuyeza Covid kuti amayeza Covid aja ndi ati mwina if they knew bwenzi akundithawa.

In fact, it was like, if you are missed for two or three days, people would ask about your whereabouts and this and that, as in, hunting for you to chat with them, so, would say that it hasn’t really changed my relationship with people, maybe I should say that maybe they don’t know that I work at the hospital. Maybe they just know that I work at the hospital without knowing that I also test covid, maybe if they had known, they would have been running away from me.

F: but people your family members should know

R: my family members knew but not that they were discriminating me, no (kuti amandisala in any way ayi)

F: you worked into … Okay, alright. What is your greatest fear at the moment?

R: my greatest fear?

F: (eeh,) Yes, greatest fear that you have at the moment from your work place?

R: my work place? As of now I don’t have any

F: as of now you don’t have any?

R: mmh

F: ok, have you or your department with your colleagues in your department ever raised a concern with your managers as far as Covid and your protection is concerned? And has it how did it go with your managers?

R: the concerns about dispose of face masks (kuti) that somebody maybe will just put face mask (yawo mwina patebulo kaya pachani) on the table or somewhere else, so, that was very clear that people should be disposing masks properly, (kuti anthu tidziipanga dispose ma mask bwinobwino) so, that was sorted

F: Oh, that was sorted?

R: yeah

F: Okay, that’s the only thing that you have managed to raise?

R: yes

F: alright, there was a time that I think there was an outcry about risk allowance, should that involved you, like were you part of because you are working during Covid period, were you part of staff that received risk allowance?

R: yes, yeah I am one of them

F: so which risk allowance is this one?

R: that I am not really sure but it’s part of the salary that we get

F: ok because I know there is a risk allowance that was put across all staff

R: mmh

F: and there is risk allowance that was given to people that are working for example in the common wards on top on what they get?

R: aah okay, I only really receive that is here across the departments like everybody who gets that according to their grades something like that.

F: yeah

R: I think the time I received an allowance when we were doing the gene expert testing

F: now it stopped?

R: yes, it stopped

F: the way they call it risk allowance do you feel there is any relationship between receiving a risk allowance and reducing your risk?

R: and there isn’t

F: (Laughs)

R: there isn’t by then maybe people aahm there isn’t really by then, I think maybe (ndikuona ngati kuti aah mwina) people could use that money to afford some treatments or maybe special treatment (mwina ma treatment mwina ma special treatment)

F: mmh

R: (ndikuona ngati) I think to buy them things like they will make them feel comfortable the time that they are infected ( nthawi imene angakhale kuti they are infected)

F: Okay.

R: (ndikuona ngati) I think so because they have to stay in isolation. So, which means, amh, ( aah ndiye kuti) that you need a lot of supplies with you. (Sinanga) because you need to limit contact with people so maybe you might buy things in bulk but then you don’t have money that cannot be feasible

F: alright

R: that money doesn’t really reduce the risk of getting infected but then I think in a case where you are infected I think can at least afford some of these things that everybody who wants to have to sustain their life

F: ok are there uncertainties or any questions that might have had about Covid-19 which you still feel unsure of as far Covid-19 is concerned?

R: ok I hear kuti Covid imapanga like it gets cleared from the body.

Okay, I hear that Covid does like, it gets cleared from the body.

F: mmh

R: when for somebody who tested positive tests negative but then with my understanding about ma virus

F: mmh

R: ma virus ndi aja woti once you are infected mwina will stay with you for maybe for the rest of your life. Say HIV ija if once infected mmh you will be basi wa HIV positive so ka confusion kumabwera poti aah ndiye akuti Covid yi umachira then you know kuti ma viruses wa they attack ma cells, our cells. So it’s like kuti they stay in us

So such viruses are those that once you are infected maybe will stay with you for maybe for the rest of your life. Say that HIV, if once infected mmh you will be like you are HIV positive, so, confusion comes that you recover from this Covid, then you know that the viruses attack the cells, our cells. So, it’s like that they stay in us

F: mmh

R: so how is it possible (kuti) that this one gets cleared in the end (basi) as if you never got sick

F: (basi pamene) Yet with HIV you don’t get cured, ok alright. My last question uhm if you look at the way hospital management prepared to respond to Covid-19

R: mmh

F: and they are asking you to recommend to them priorities for improving their level of preparedness

R: mmh

F: so in case we have a lot of cases coming in

F: mmh

F: or in case we have another epidemic if you look at how the hospital prepared to respond, what priority recommendation would you make to management that if we want to get well prepared (kuti ngati tikufuna tikhonzekere bwinobwino); let’s look into this and this?

R: ok, I think (ndiyambire pa ujeni pa) I should start with the entry point (paja).

F: mmh

R: I am not sure if ma HSA can make uhm clinical examination someone that because they are the ones who stay at the gate there, right? ( coz pa gate paja pamakhala anthu iwo aja eti?)

F: yeah

R: you just mention things you just say yes to them ndiye then pena somebody might decide to hold back kunena zoti aah much as I am coughing koma mwina ndingonena kuti sindikupanga cough. Mwina they could hold their cough mpaka adutse mpaka akalowe mkati or kuti mwina basi ena kungodzipanga kuti they shouldn’t some of the signs and symptoms. So I don’t know if it’s feasible kuti to have kaya a clinician kaya a doctor kuti once you go through the aah the sort of interview and then go for a clinical examination before you are let to go through the premises.

you just mention things you just say yes to them . So, sometimes, somebody might decide to hold back saying that amh much as I am coughing but I am just saying that I am not coughing. Maybe they could hold their cough until they pass by and enter , as in they just pretend, they shouldn’t some of the signs and symptoms. So, I don’t know if it’s feasible if we can have maybe a clinician or a doctor that once you go through the aahm the sort of interview and then go for a clinical examination before you are let to go through the premises.

F: Okay.

R: chifukwa it’s possible pamene paja mutha kunama ndikulowa bwinobwino uli ndi matenda kwapatsiranso anthu mkatimo eeh? Chifukwa chakuti pamene pajapa sizinayende bwinobwino

Because its possible to for someone to lie there and enter without any problem yet you have the disease and you can infect others that are inside the hospital, right? Because things did not go well there.

F: you think the screening process is not very tight?

R: katakhala ngati ka clinic ka special kena kake

I think there have to be a special clinic.

F yeah

R: eeh

Yeah.

I: ok other than that what other recommendations would you make?

R: komanso like I said kuti infrastructure ndimainena ija kuti ikhalepo. Ndiye kuti aah adequate equipment kaya ma ventilator aja zikakhala kuti they are special for that department osati zizichoka uku zipite azibwereke ena atani that can also transmit ma infection. Chifukwa mwina disinfection ya zinthu zimene zija sikuchitika regularly so they should have dedicated equipment for a specific place.

And also, as I have said that the infrastructure which I have addressed that it should also be available with amh, adequate equipments like ventilators and they will be special for that department and not like sharing equipments, you take them from this side and give them that side and that can also transmit the infection. Because maybe the disinfections of those equipments aren’t done regularly, so they should have dedicated equipment for a specific place.

F: Okay.

R: eyetu ndiye kuti about Covid zikhale ndi zinthu zake kaya ku ATC kujanso akhale ndi their own things. Zinthu zisamachoke from one place to the other

Yeah which means, Covid things should have their own things and ATC should also have their own things. Things should not be moving from one place to the other

F: there is a lot of sharing equipment?

R: (ndikuona ngati) I think there is a lot of sharing

F: Okay

R: resources

F: ok, for example do you have a specific equipment in mind that is being shared?

R: I think ndinaona ma beds kaya kumuchotsa munthu pa ATC kaya zimakhala bwanji kaya

I think I see the beds moving a person from ATC, I don’t know how it goes.

F: yeah

R: So, that way they could just get ma bed a free amene ali kuujeni ndi kukangomtengera munthu other than kutenga za ku ATC ndikukamufikitsa uko ndikumubwezeretsanso ku ATC

So, that way they could just get the free bed a free that are in….and then go and get the patient other than taking the beds from ATC and taking the patient to the wards and again bring back to ATC.

F: ok, is there any specific recommendation that you can make concerning the lab?

R: concerning the lab?

F: mmh based on what you have seen coz it has been very few months based on what you have seen these few months.

R: kuti zipange improve?

So that they should be improved?

F: yeah

R: koma mmh I feel like kumabweretsa ma samples ku lab ukoko I feel it’s putting everybody at risk eeh. Like I said kutakhala infrastructure yoti anthu they can go through clinical examination or they will have mwina ka lab kwawo konko azingopanga zawo za Covid kumenekoko. They shouldn’t bring the samples ku lab kuja coz zitatero ndiye kuti we are putting everyone in the lab at risk. Koma atakhala ndi infrastructure yawo ngati kuli ku tent kuja they should introduce ma machine kaya mmene tikunenera gene expert kuti it doesn’t take longer. Pakhale ndithu kuti kaya donation izibwera ndithu tizikhala ndi ma cartilage ndiye kuti people azingokhala dedicated za chani to that place sazibweranso ku lab kuno ayi. Ndiye kuti pamenepopo we are limiting.

But, mmh, I feel like bringing the samples at the lab, I feel it’s putting everybody at risk, yeah. Like I said that there could have been an infrastructure that people can go through clinical examination or they will have a lab there in their covid ward where they should be the testing right there. They shouldn’t bring the samples here at lab because in so doing, we are putting everyone in the lab at risk. But if they can have their own infrastructure, like in the tents they should introduce the machines like as I am saying that the gene experts doesn’t take longer. We need to have donors to provide us with the cartilage and with that available, people will just be dedicated at their place and they would not be coming here at the lab which means we are limiting.

F: we have dedicated lab for Covid

R: for Covid

F: ok alright

R: chifukwa when it comes to kaya chemistries ndiye we will use the same centrifuge we use for other people; ndiye kuti mwina munthu sali careful enough akhoza kupezeka kuti watani watenga matenda pamene pajapo

Because when it comes to chemistries, then we will use the same centrifuge we use for other people; and if a person is not careful enough, he/she can be infected.

F: you use same what?

R: like ma chemistries timapanga spin mu centrifuge

Like the chemistries, we spin in the centrifuge.

F: Okay

R: ndiye kuti ma sample onse aja kaya ndi aku Covid tent kaya timaika muti timayika mmene muja

Which means that all the sample for Covid, lets say maybe those from the tent, we put them there.

F: Okay.

R: so it puts ma health workers amene tiri kwinako at risk

So, it puts the health workers who are working other side to be at risk.

F: yeah

R: sinanga it’s not like everybody get risk allowance when they handling Covid samples ndiye kuti zikhale motere; it’s everyone.

Because, it’s not like everybody get risk allowance when they handling Covid samples, so to be like that; it’s everyone.

F: ok, alright. (Chabwino) Okay that brings us to the end of our discussion I think it has been very, very important for me. I don’t know if you have got any other last comment maybe anything that you want to say which I didn’t ask.

R: (Laughing) I don’t think I have

F: that’s all, yeah, eeh?

R: mmh

F: I really, really

R: I am not pretty sure I gave what you really wanted

F: you gave me more than I wanted….(Laughing) as I said the idea is uhm to help the hospital towards need of preparedness

R: yes

F: in case we have pandemic

R: mmh

F: we have to make health care workers feel should improve to manage the pandemic better so I think you have well responded and when we are ready with a report; our aim is to give feedback to staff in the hospital. Maybe we might invite you to that feedback sessions on our findings

R: alright

f: I really appreciate for your time

R: thank you

f; yeah

**THE END….**