F: And be free to express yourself whether in Chichewa or in English

R; mmh, its fine.

F: Okay, alright, so as I have said that the main focus for the study is just to understand views of health care workers at the hospital.

R; Umh.

F: Towards the response strategies that the hospital had put in place for Covid19.

R: Umh.

F; Okay, during that period were you in any way directly involved in the provision of Covid19 patients?

R; myself, no.

F; No,

R; mmh

F; Okay, alright, are you aware….would you be able to explain to me the different stages that a Covid patient would pass through in the hospital.

R; So, there were a number of ways, you could either have come in through as a patient who has referred from another hospital

F; Okay.

R: that maybe you went to a private hospital or something, where you presented the symptoms and they found you with covid, and, amh, from there because they do like a blank of statement that basically that all covid cases should be handled by a central office, initially associated with Blantyre District hospital, DHO and then they could be overwhelmed you know, they couldn’t manage because of the space they had even here. So patient either came as a result of being referred from a private centre, from a test that was already done, another entry point was that people who just fall sick dramatic and needed to be tested could come and get tested and they could come through that way so the tense of the front, so, for other patients who were basically come through, they came with other problems because they were symptomatic, they also go to get tested and then were found.

F; okay.

R; Some patients made all the way to the ward maybe anyway without thinking about it and then maybe because of some of the history and the signs that the presenting then they became the suspect cases for Covid, and then they get tested.

F: So, they were identified from the ward?

R: yes, they were identified by the ward.

F: Okay.

R: yeah

F: if you look at those different stages, amh, based on what you have seen,

R; mmh

F: now that you haven’t worked direct to the ward, but based on what you have seen or you have heard from your colleagues,

R: umh.

F: During those stages, from those stages, what do you think is working well and what do you think needed to have been improved or needs to be improved?

R; Amh, well, for starters, amh, the entry using the tent, using the screening, there is obviously a lot of flaws on that, amh, the idea is great but the flaws is that, one, because of man power, it only works during certain hours, so, basically, if you are covid patient and you are coming out of the hours that the screening is not happening that mean you are coming for pre emergency anyway, yeah, so, I think at that time, you know that hope was that, all Covid patients should be at the tent and go to the screening area and they should only entry through the main entrance to try to limit the suspected patients because obviously at the beginning, it wasn’t that strict on all patients to be wearing masks at that time, so, it meant that it was a way of preventing the spread of virus, you know everybody else that they should just go through to the ward. So, you know, the flaw is that, come 5 o’clock the tents are not running anymore. So, anybody else can walk in, can drive in, because there is no night kind of staff

F; So there only work during the day?

R; More of this, because if you notice in the morning, traffic really really starts around seven,

F: around seven, that’s true.

R: Laughs… because that’s when…

F: this morning, I didn’t find any traffic when I was coming down.

R: yes, because lets come to work it . So, technically in theory is a good idea, but practically, doesn’t, it really means that you the screening is airtight, it only works during a certain period of time, and that if you want to enter to the hospital and you didn’t want to do all that, you can just come through to the mortuary gate.

F; okay.

R: that means it’s only going to work during the day

F; and you wouldn’t be screened?

R: you couldn’t be screened or technically if you knew that there is an entry in Wellcome trust, you can sneak away through that too.

F: Laughs..

R: So, you know, there is technically, you know,

F: There is lot of holes in the …

R: yes, there are few there are a number of holes, you know, there is something that you have to go through that one gate when you get to Queens, but you know, if you are staff anywhere else, that doesn’t use that gate, you could come in without ever be screened.

F; okay.

R; but there is a problem that is happening that screening is just working in normal hours.

F: And apart from the screening at the tent, where else?

R; well, it just happened that I was, amh, I am doing another study myself,

F; okay.

R: That’s kind of looking at Covid care of patients and things that….

F; Aaah

R; one of the things that we did notice was that, we just notice that as a fact that most people were picked were mostly because they had issues of shortness of breath as opposed to temperature,

F: Oh, okay

R: And very few, had a raised temperature and I don’t think that was one of the most alarming thing, its almost everybody that ended up being picked or ended up being covid and entered in our study, it was a breathing issue as opposed to temperature but now, it’s like the focus everywhere, its temperature.

F; is temperature, so what you are saying is there were some cases, there were some patients,

R: whose walking around

F; But with low temperature

R: yeah or normal temperature.

F: Or normal temperature. Yeah.

R; And if you are suspecting it, because you are thinking that oh because your temperature is normal then you will pass through,

F; ah, okay.

R; So that is something that has been noted as well but you know sometimes some, because interesting, some, when it comes to patients, sometimes patients answer questions that they feel they need to be addressed, sometimes, you know, you ask a patient, are you felt shortness of breath, could said know no, even if I could see.

F; you could see.

R; so, sometimes, you, know, by asking question, bra bra, they will say no. and the temperature is normal and they will walk through.

F: So, what do you feel should be done in that case?

R; Amh, it’s a tricky scenario, to be honest, because, amh, there are a lot of people coming through so to have an assessment of each and every single person that walks through that gate, those queues will never be ending.’

F: That’s true

R: yeah, so, that’s the case to even people who are doing a quick brief questionnaire and they are just asking the normal questions as long as the temperature is normal, they are like keep it moving because otherwise that line will never end. As oppose to someone should sit and say that I am going to take all the vital signs and you know, come with what your respiratory is, check your saturations, you know, because those are the most things that people will be presenting heart, the low saturations, meaning that they require oxygen, and they kind of breathing quite fast and now if I am just asking you question and kind of checking your temperature, I am not going to look and see the breathing quite fast, maybe the breathing and then let me just check your saturations you know. So it’s kind of a tricky environment.

F; Smiles… what about the wards that these patients are kept? Was there anything that, they might have…….

R: So, in the wards, they kind need of high suspicions yourself to think that, that patient has covid and otherwise, most patients were just assumed that so long as they have made through that having an immediate alarming sign, that means that, that means you are potentially Covid free. And in the wards is not as if patients are…one, our wards are not isolated, so there assumptions that once you have made it to the ward and you are a patient, you don’t have covid, and, amh, I said that way because none of them have mask. So if one of them come to the clinic, to outpatient and doesn’t have a mask and has covid and I am sitting next to someone who has covid and we are all moving around mask free and potentially you will just be passing it to the next, next, next, next and essentially the whole ward has it. But even the way our wards have been built, it could have been an open space and free from….laughs…

F; laughs…. Alright, if you are aware if there was a team that the hospital had set up to lead the response and if you know them, do you know exactly what they were doing?

R: No, I don’t know about this thing.

F; okay.

R: I will just assume that, there was, because whenever there is a new something because every hospital has to have some sort of task force to kind like identify to make sure that, you know, to try to see whatever I have said. So I assume there should be one. I am not just aware who they head was.

F: Okay, were you art of the people that attended, there was initial training, for all health workers.

R: Yes

F; okay, so what was it about the training?

R; it was about just, that was in the beginning, that was even before we had a case,

F; okay.

R; So it was kind of trying to let people know about that, okay, covid is coming, this what we should try to do, this is how…., the aim was just to try to give us information that we can train other people as well.

F; mmmh

R; and amh, what to expect and to know what is it, what is it Covid is all about, and all of the kind of stuff. So that we should also prepare ourselves at the hospital of what we should try what to do. Amh, because it was not just health workers, there were those at the police as well.

F: Oh okay.

R; and who else was there, I have forgot but it was kind of how can we work together, oh, I think people from immigration, which was pretty much of police as well.

F; okay, so, it was not health workers per specific?

R: it was not the hospital.

F; but it was at a higher level?

R: sort of because they got members from DHO and sent some form central hospital, some from lab and some from police, just to try to see that if they are to brought together because obviously with the pandemic, it’s kind of, is not just people from the hospital to do it, it is supposed to be, you know to work together with everybody because its going to be talking about cross boarders, and why the boarders is closing even the immigration why they are closing, the reasons that they are targets of ABCD. Ah, we need to know how testing is being done, and all that kind of stuff that let people have the information, it was like all kind of information giving, we then try to train other people as well, we know what we were working with. So that was at the beginning, you know, before we started counting numbers.

F; okay, but if you look at the content and the structure of the training that time, did it turn out to be helpful by the turn out of the events that the numbers were increasing/

R: aaamh, I felt that , amh, I knew the information as……and how I felt like ideally it should have worked. Where I think as a country anyway, we went wrong was our boarder control.

F; Okay.

R: because if you were following the numbers anyway, we were slowly rising, it was very slow and almost negligible, because of sort sixteen, one, and sort of small small numbers and then the time we started to repatriate our people from everywhere, which obviously is their right to do, they should do, they need to come back home but we repatriated them before we already know how we are going to isolate thousands of people

F: and protect.

R; And protect everybody else at large. So, it’s like people came in, you know for example few people come in and 25 buses have corona lets say, and obviously they didn’t isolate them very well. They all went to the public and everybody else is just going to their friend and friend and friends and that kind of all escalated the numbers. If we had a better strategy, say that, okay this what is going to happen, our people are stuck in whatever the country, and we should bring them back because obviously all countries were doing that , they were bringing back where they needed the repatriation, but then they should have said that okay people are coming back, how are we going to isolate them, how are going to ensure that at least they take their 14, 12 days whatever, to see those who will be needed to be hospitalized they should be hospitalized. And I felt like we brought them in, and then, we got overwhelmed, if all we had done a little bit better, it’s too late now, anyway, because if we could have done better with our boarders, I don’t think that the cases could have escalated that way,

F; And you felt that, that might have caused the….

R: I think that was legitimate triggered because as I said that if you follow the trends as well, that once we stop bringing everybody with their large numbers from South Africa, because in Africa, south Africa was the hotspot of Corona that time, amh, and they had large number of cases. So once we stopped repatriating and once we they started to figure out that people were coming through the boarders and isolate them well, okay, better. The numbers would have drastically decreased.

F; yeah.

R; so you could maybe say that oh, maybe because we are not testing it rapidly, but even to the people that were coming to the hospitals would, you know, we still have a higher suspension nowadays or people who maybe have certain symptoms, so that’s what I am saying that, they even end up being at the ward. We should be able to say that, this person, sees suspicious of corona and there have been many of alarming cases and people have been like trying to get tested for like, I need to get tested or like people get tested and started to come more positives.

F: okay.

R: so, its mostly the boarder thing that kind of broaden our inflates.

F: Okay.

R: but, amh, it is what it is. (Laughs…)

F: laughs….alright, are there particular protocols or procedures and guidelines that the hospitals had developed just to respond to the pandemic?

R: The hospital itself?

F: yes, did you come across any?

R: Personally, I think maybe I wasn’t around when they were doing the action management, yeah, because I wasn’t part of the management team.

F: Okay.

R: I know that there were guidelines because there was a ward, there is covid ward where people are being admitted and there were different conditions that there were going, when I say different, I mean, from all departments, so everyone has to be speaking the same language and the only thing that they can do that is, if we have a specific set of guidelines and rules that will have to follow. So, I am pretty sure that it existed but I can just say it. Because I wasn’t part of that team.

F: Okay, but of you look at the normal that you are aware of despite that might have been documented somewhere but other procedures that must have been followed like the regular hand washing, the wearing of masks, disposing of mask and other PPEs, so, of you look around health workers here, are they able to follow what is recommended?

R; Amh, in terms of , amh in terms of , just that I was there during the initial training, so in terms of basic PPE, amh, basic PPE that one should wear like this and that then it’s just a mask.

F: okay.

R: you don’t need to wear the full gear and everything unless if you know for real that you are up front that I am dealing with someone who has corona. And that’s when you have to do the proper disposal, and proper wearing because we don’t need to get it back on you.

F; Okay.

R: And, so, as basic measures, you can wear, amh, an apron as well, as something else extra. But that’s something that its definitely not happen in terms of the Apron. One thing that I am seeing is that, all staff members definitely are wearing masks in hospitals. Maybe on occasional, you know, maybe some nurses may take it down which is when you are eating or something.

F: yeah.

R: But mostly when they are around patients, I think the basic one, people are doing, they are wearing masks.

F: masks.

R;Yeah.

F: okay.

R; in terms of washing hands, I think I know that definitely there are taps at every single ward and at a door of every ward but I haven’t seen one washing their hands ever since the beginning of the pandemic

F; laughs…

R; laughs…

F; Okay, but the kind of washing facilities are there/

R; they are definitely there and there is mentholated spirit in every ward, so you can be using during every ward round and between patients. So, is more of like a personal initiative, I guess. Sometimes, people use hand sanitizers between seeing patient to patients.

F; so despite being personal decision but can’t that be also referred to the supervisory role, that seniors…..

R; I guess of the…because it’s not like a habit change. Okay, it’s like when it all started, personally, the whole covid thing that we should social distance that ah, bra, bra , bra, I think I was farfetched. (laughs)

F: laughs…

R; I said this because Malawian/Africans

F; yeah.

R: we don’t know what person space is.

F: that’s true.

R: we are always so close unnecessarily. Unnecessarily, unnecessarily, we like to be so close and whatever and I understand that we need to be one metre apart and that one metre apart now to put it in your mind, that I shouldn’t be so close to people, it takes for a while for a habit to change. And now, same with hand washing, technically, as clinicians though, you are supposed to wash hands all the time, in between patients, you should wash hands regardless of Corona. Its supposed to be, it’s something that it’s supposed to be done anyway, hand washing, and always has spirit in between, you know in the wards, so that, at least, I am washing hands in between, so those specific ones have always technically been there and they are those kind of things that some people remember to do it and some people don’t. So even what you are saying that there should be people watching you, I don’t think that there has been people watching people to say, please make sure that you are washing hands in between or be sanitising hands in between. So I think, it’s more of like a human nature, a habit thing, its something that, it will take a while to re train people’s minds to do that. So, it’s like at the beginning, everyone felt like, it will be difficult for people to be wearing masks all the time but things then always come to normal. It’s annoying that once you come to the public area, you put on a mask, it’s annoying, but you put it anyway. It took some time, you required that , when you go to basic shops, it has to be a guard somewhere, to remind you that please wear some mask, so, it is a habit change that it will take some time but eventually, we could get there.

F; Okay, alright. My next set of questions is, I want to get you into an imagination, we know that things did not turn out the way people had expected in terms of the numbers or the cases but if we had experienced high number of cases as other countries have done, what do you think could have happened in reality in the hospital if you look at our infrastructural set up, the resources and everything. If we had experienced high number of cases as maybe countries in Europe, what do you think could have happened in reality?

R; I will top up by saying; I never thought that it will end up like Europe. Because I have always thought that, demographic, we are very different kind of people.

F: Okay.

R: Amh, there are much over populated than the way we are for about amh, and if you look at the numbers, the mostly population that are affected are older people and even in the study that we were doing, most of the people that were mostly affected were older people.

F; mmh

R; amh, we have very young age population, most people who don’t have a lot of comorbidities, the hyper tension and the sugar and bra bra bra, bra. So its most like the disease reference. So, I guess, it was God smiling at us, so that it shouldn’t happen because the infrastructural in our hospital, in our wards, even if it did happen like in Europe, it would have escalated out of control, I think.

F: mmh

R; Amh, in a sense that I think we couldn’t have one designated ward for covid, I think, the whole hospital could have ended up being used , because like I said early, we don’t even have isolated areas. Whenever there is a case that there is a need for isolation, we suffer to do that because we don’t have a lot of areas for isolation maybe in our surgical ward, we have one side ward, which in most cases we keep it for staff members or somebody, do if it is occupied by the staff or if currently they had put goods, that’s it. It that room has been take up by anything, that’s it, we can’t put in any patient for any purpose. So, that would have meant that, if people have come in who are emergencies and non-covid, because obviously the emergencies do happen, you can’t do….you can’t do… but there is someone in the ward, who has covid, it will just spread like hot fire, it will just be going to the next patient and to the next patient and to the next patient because we don’t have good isolation mechanisms, so, that one metre apart, forget it. Like our beds are so close.

F; yeah

R: and when we start having more patients, we put the beds even closer, so, when it is supposed to have four beds in a arrow, it turns to be five beds space, so, and sometimes you even put mattresses on the floor so it’s like we say that Queens does not get full.

F: Laughs…

R; because whatever happens, we just keep on, ah, we will just find you space somewhere. We will get you a mattress. If you have ever come to a season where you could have that the mattresses are all over even to the doors, to the corridors, you know, we never say that we are not going to admit more patients because we are full, no ( sitilowetsa patient wina aliyesne chifukwa choti tadadza, no) people will just keep coming in, so imagine….and that’s starts in any normal regular time, that just happens. So imagine, if it’s with Corona, so, whoever comes in, will have corona (ndekuti wina aliysense atabwere ndekuti akhala ndi corona) so they will stay even extra days, you know, to deal with whatever they came with, that’s the corona now. So, we will end up in a circle that will be a little bit non controllable.

F: okay, so what do you see could have been a remedy to that/ One to respond to that and at the same time ensuring that equitably providing care?

R: If we had the large number that they had in Europe (amene anali nawo ku Europe)?

F: yeah..

R: mmmh, (laughing)

F: laughing…

R: I feel like that’s a bit tricky because amh, because ideally, okay, we could say that the numbers that we have stated are more than what we have. Because large percentage, yeah, 80% of all corona patients are asymptomatic.

F; okay.

R; yeah, so, not everyone walking around is going to get tested or they don’t feel anything at all. Even this coughing and the like nothing, not even a temperature. So, yeah, in the ideal thing that west is trying to do, the lock downs and the like, say like if you don’t have any issues, stay at home, that’s tricky, we can’t do that here.

F: mmh

R: yeah, because we have so many problems which are non-starter (tili ndi mavuto osayambika)

F: Smiles…

R: Yeah, because the gap between people is very huge, yeah, in the essence that we see people say that there is no panado at the hospital or whatever X and you should buy ( kuchipatala tilibe panado or whatever X, mukagule) those drugs (mankwala), you and me would not find it expensive at all like you can just go next do and buy and whatever while some who can completely cannot, completely cannot, so, if now, you say lets try to do a lock down, those are the same people who will either die tomorrow because they don’t have any food or they will be stealing from us (adzitibera) because they don’t have any kind of money to get any kind of food for the next day. So, it was just not possible to do same remedies to say, only when you are at the death door, come to the hospital. Yeah.

F; okay.

R: So, if we had same, similar types of numbers, it would have been difficult because out of those numbers with corona they end you in normal wards and they pass on to other people

F; and a hospital as you have said that it will end up being a corona hospital

R; yes, because we don’t have a lot of places for isolation. We only manage by…..you know at first we started at ENT, as a covid hospital and even there, they didn’t have enough kind of space as well, and they went to 3A, and, so, and then, because the numbers went down to significantly nothing, that’s when they ENT put it their ward back but then ENT couldn’t work at the time it was happening because the ward was gone.

F; okay, so during that time, everyone was coming to Queens, so at Mwaiwathu, there they could take Covid patients.

R; certainly. Like I said that Corona humbled everybody. (laughs)

F: laughs… so that’s my next question, how did you feel about the VIPs with the special status in the community

R: So

F; Yeah.

R: I know for a fact that because we are talking about covid, I know for a fact that, there are some people who may have maybe not done so well because they came to Queens and then they may start up that they want to go immediately.

F; oh, okay

R: yeah, because they are not used (sanadzolowere)to be around, you know, different calibres of people, you know whatever.

F; Smiles… mmh

R: Yeah, they didn’t matter that they are quite of helpless that oh my Goodness, I am around different certain kinds of people, so, some people didn’t want to associate. I know that there certain people who wanted (amafuna) to buy their own equipment.

F; oh, okay.

R: (Amafuna kaya) they wanted to buy their ventilators awo, their oxygen (kaya ma oxygen awo), or whatever, not because they asked me but randomly because I was just talking to someone who mention that.

F; yeah

R; that, there are some people who mention that they want to have their own set up so that they should be managed at home (kuti azipanga zonse kunyumba) because they didn’t want to be here. And I feel that had impacted some care for some people

F: no is still open but I wanted to be sure. (Smiles)

R: Amh, because as I always tell my patients that a hospital is not a prison (kuchipatala siku prison) you can always leave if you want, so people decided that even though I feel like I could require oxygen or whatever, whatever, but I felt like mmmh, I would rather go home because they felt more comfortable at home.

F: because of the environment.

R: So, people went home. So there might be a possibility that some people might be demised because of that. I can’t say kuti if they could have stayed more extra days they could have done more better, who knows, but, definitely they compromised some care because they left early, I think.

F: But do you think that the hospital could have provided a special place?

R: No.

F: For such kind of people?

R: no. I don’t think so. The hospital is big, yes, but we don’t have a lot of space. Because even to find the ENT, ENT actually was supposed to be strictly for staffs when we were doing it. All patients were supposed to be handled by Blantyre DHO, we were not even supposed to be seeing Covid here (kunoko). ENT came as a last resort that things were not going on well at the DHO (kuti zinthu sidzimayenda ku DHO), (kuti) and that you know, there were songs about allowances, bra bra bra, so people stopped caring over patients there, so, they ended following to here. So ENT which was supposed to be it’s just for staffs, if its staff member, if it’s a staff’s relations (kaya wa m’bale wako), you see yourself getting sick, then you will be hosted at ENT and that had meant (kuti) that, it was such a struggle to even to be like, is this going to be the space, things had to be moved and where to…you know, they had to also find a space to move things from one place to another, it blocks some spaces and other areas in the hospital because the items (katundu) was coming from there and then the hospital ended up…..but actually its very small. To materialise the whole ward as private, that…

F; that wouldn’t have worked.

R; mmh, because or as we speak now, 2B, I think 2A, (paja kumeneko ndiku 2A) for oncology, that was the private ward.

F; okay.

R; but since Oncology took over, and that ward is now completely for oncology. And that ward gets too full either. You can’t even occupy in thousands of cancer they pass out the fluids, so imagine you are there with your problems of cancer ione on the floor. 2B was also supposed to be a paying ward back then and now because of lack of space, it now because reno unit for medicines as well as dermatology and the other side its Wellcome trust that does the endoscopy unit and whatever, and that then, that’s it. There is no other physical space, in the hospital.

F: Laughs…

R; laughs.. so with the case…

F; it was a non starter.

R; it was non starter and that was not going never happen.

F: Okay.

R: Because we have always, okay, we any way, amh, at surgery ward, we always kind of potentially talk about, (ngati ku) like in Lilongwe they have a paying space which was separate or whatever

F; in zomba as well, I think.

R: and the translate it to a private space, but think that as a fact that 2A, took the only remaining paying and 2B was also taken I think by John Hopkins or whatever, and all paying wards were taken (basi ma payings onse anatengedwatengwedwa).

F; okay.

R; so, it’s tricky, the only place that is paying that people come and pay, is 1A and that’s maternity and the dental and they don’t have wards. (Basi)That’s all. It would have just been a fantasy to hope for VIP space somewhere but it would have never happened (koma sidzikanatheka)

F; Alright. My last set of questions, if you look at the level of preparedness for Queens,

R; umh,

F; What are you most worried about in cases of increasing the number of Covid cases.

R; what I most worried about?

F; Yeah

R: amh, I guess I would have worried about, if those numbers were to spell over to become a lot of numbers in the hospital because like I said that, it is only at that stage that it would be uncontrollable. It would be difficult to work well (bwinobwino), that’s my only worry but I guess, I have always been hopeful. ….(laughs)…I never thought….yeah, I have always been hopeful that people aren’t going to reach European status. Mostly because of what I said that because of our demographics

F: Yeah.

R; but it was to reach….amh, I think that was my only worry that if it will get to the point of overwhelming us, I think that would be my only worry. (Koma mmenene zikuwonekera,) But the way I see things, I am doubtful, but maybe (kapena kaya), things could prove me wrong but I am just doubtful… (laughs)

F: based on your experience, what have you seen as the level of, what should I say, anxiety or perception of fear or risk among health workers to provide support during this period.

R; To provide support to one another?

F; no. to provide care to patients.

 R; I will talk about the beginning because that’s the time that I was mostly around.

F; okay.

R; but not about actual impact time.

F; Okay.

R; At the beginning, health workers, were extremely afraid, amh, they didn’t want to be near someone who had Covid, because they were scared of getting it themselves and by proxy giving it to their family members, amh, you know and then having essentially a covid death, you know, that was essentially death case or them, themselves having death. Because the issues was that, if you were someone who was watching the news a lot, because most of the news were reporting most of the western figures, western figures were alarming and they wouldn’t tell you that, they wouldn’t tell you that the absolute proportion of out of so many people, so many have contracted and so many have died, they will just flap and say

F; the number of deaths.

R; those who have died are 50,000.00 (amene amwalira ndi anthu 50000.00) or something, yeah, so, in the grand scheme of things, you would say 50,000.00, that’s a a lot of people but out of how many? Yeah, so, people were just like eh, people are dying a lot (eeh anthu akumwalira anthu ambiri), so everybody just associated covid with instant death because I know (kuti) that not even just health workers, like with my family member, I remember there were some members of our family, because they were worried that people were started asking them question about because that time there in the US anyway, they could say that their ventilators aren’t enough, they don’t have enough, they have to buy more and bra bra bra, that kind of whatever and then I got the most questions form everyone, you know, even lay people, whatever that how many ventilators do we have in Malawi/

F; laughs…..

R: you know, how are we going to survive if we have 4 ventilators only (ngati tiri ndi ma ventilator 4 okha.) or whatever, you know, so for people who never cared about the way they look like, all of the sudden everybody was interested to know how many the hospital has. And you know well-wishers wanted to import ventilator to try to survive, to put the initiative, you know or whatever, but the truth of the matter is, even if we had many ventilators in this country, we don’t have the capacity to put that ventilators

F; that’s true.

R; so, there was that overwhelming sorts of fear of death coming upon us once covid comes to the country very early. But I felt that after people went for training and get a bit of understanding.

F; mmh

R: and once they started working with the patients and see that not every person that works with Covid is going home with Covid. It kind of relaxed people though. Just like those kind of things like in the beginning like HIV came to the world, to this country, everyone was extremely scared of HIV, they were thinking about death.

F: mmh

R; up until to the reality that there are some people living with HIV with drug that has less side effects (ndi mankwala abwinobwino) and then it just came as a norm sort of. So I think that’s where we are at. People know that there is Covid in this word, but they are not expecting to instantly die from it, okay, they expect that, I could possibly get it, but if I get it, but I could not possibly die from it.

F; did you personally experience some sort of stigma from family members or from where you stay because you are working at the hospital?

R; no, amh, I live amongst other doctors, so, that wasn’t going to be the thing.

F; okay.

R: and as I have already said that on the most part because I was pregnant and I was on the leave.

F; okay.

R; amh, it was mostly it was just about people who were around me who were worried and scared about, you know, possible death or amh, if not for themselves but for their parents who they felt kuti that they are a bit of elderly and they didn’t want to you know, cause contracting that but I know that , there were some people who were having that kind of stigma.

F; okay.

R; And that’s why the hospital ended up organising the transport for the poor hospital workers to be chanting back and forth, which I now see that they have stopped, I think. Amh, because even that time, minibuses wouldn’t want to give a ride to people who were wearing a nurses uniform because they were afraid that they will infect them with Covid (amawopera kuti awapatsa Covid) or whatever, so it just created lot of drama by then but now, everybody seen that the numbers are going down and two, not everybody who had covid died from it. Everybody seem to be alittle bit calm, like I said that everybody knows that somebody had Covid, and so, I think people had relaxed a bit and they are not feeling the inevitable death.

F; my last question, what are your priority recommendations to the hospital in preparedness or in preparation of , could be future epidemics or in case things might be turning around, will be having cases increasing again, what are your priority recommendations to the hospital in terms of preparing to handle that?

R; mmmh, well, I think our issue is, I don’t think is a hospital issue but its Malawi issue.

F: Okay.

R: is that our preparation is a bit slow. We think about things, at a very last minute. (kumapeto kwenikweni), you know, like this whole issue of corona, when Corona was eventually coming, everyone knew that eventually it will come. But its like we waited at a very last minute to start doing things.

F; To start doing things.

R: Because I feel like, even when I went to this meeting, its not that we observed the social distance, no. (sikuti tinapanga social sitance, ayi ndithu.)….(Laughs)

F: laughs…

R: we had everybody everywhere and here we are busy talking about is what are supposed to do, eh, social distancing, etc, wear mask, and none is doing those things, amh, and because at that time, we didn’t have our first number yet,.

F; okay.

R: The reason that I feel like now, is the sense of like backward thinking is that, we shouldn’t wait for that number to come in, we should have everything ready, we should have known that okay, Corona is coming, our boarders, lots of our people go to South Africa, like a alot of them, they will be flying into this country, lie a lot of them, whether people go to wherever, amh, we try not to let people to come through, to sort out perhaps immigration or to sort out our hospitals or whatever it is. We should have been…preparedness should have been in the beginning (kumayambiliro) (osati)not that when we start getting the number because what happened to the public is , when we now got our first number, people now were like panicking oh, no, now corona is here, that’s when everyone was panicking, like we were now afraid (kumapanga mantha tsopano)

F: Okay.

R; but if we had prepared, it would have been a little bit better, I think the transition would have been better, I honestly feel that it would have been better as opposed to whatever is happening (kuti) that now, now that the numbers have started coming, lets now start doing the training, and how does that work? So, at the end of the day what happens is some patients were coming with symptoms of Corona or it was labelled that this one has corona and now because most of the health workers were not yet trained (anali asanapagwodwe trained) no one touches that patient, they were just looking at the patient in the corridor saying that they haven’t been trained, and they would say that , I will not touch him/her, I will not touch him/her, I will not touch him/her (amangomuyang’ana mu corridor kuti ine sindinapange training, ine sindinapange chani chani, sindimugwira, sindimugwora, sindimugwira), now, how does that make any sense? Patient has come to the hospital (wabwera kuchipatala), they are possibly dying,

F; and people don’t want to go closer to that.

R; And they don’t want to go close to them, no one wants to touch them, no one wants to do something because everybody is scared, its, you know, if they had died then it could be technically be our faults because mishandled them or you know, we did not handle them very well.

F: yeah.

R; So, in essence because , amhh, in this country we wait for allowance (timadikira ma allowance) for everything, like for everything, So, I am sure that the training was done late because people were waiting for the money to come first. (anachedwa because ndalama zathu kuti zibwere kaye.)

F: ndalama za training

Incentives for the training

R; yeah, for the training because no one goes to a free training (ku training yaulele), you know, so everything was just too long.

F: Yeah

R; So the districts also they were waiting (kuti amange) to build their own structures, you know everything was just taking too long when everybody knew about corona in January

F; mmh

R; how did we not know that

F; it will reach us

R: when it started going to other countries that it started coming closer that we are picking numbers in Africa, that’s when we should have said that, this is definitely going to reach us because it has come to Africa now and a lot of people fly amongst the SADC regions or amongst whatever it is, we should prepare ourselves but we decided started preparing ourselves after we started getting the numbers, that’s too late.

F: mmh, mmh

R; So, if it was going to be, it’s gonna take us a storm like in Europe, it would have happened, like definitely because we were not prepared at all.

F; okay.

R: because you can’t start preparing when the pandemic has already come (matenda atafika kale.)

F; no

R; for something which is highly contagious,

F: So you priority is, it could have an initial, early preparation

R; yes

F; Which include the trainings?

R; Kupanga ma training wo bwinobwino kuti everybody should know that this is what they should expect to happen kuti ma numbers wo akayamba kufika, this is how were going to hand it, this is how we are going to handle the corona, and chani chani chani because even this whole screening through the gate zinayamba mochedwansotu because we had to wait for the tents to come, we had to wait for this to come, we had to wait or this to come, it wasn’t like this it didn’t happen like elect overnight, it took some time now, while we could have been…those things, those strategies could have been put in place bwinobwino, zinthu zitachitika bwinobwino kuti people do ma screening bwinobwino, ma isolation chani chani, I think it could have run much much smoother.

Doing the training properly, everybody should know that this is what they should expect to happen if the numbers would start coming, this is how were going to hand it, this is how we are going to handle the corona, and etc because even this whole screening through the gate even started late because we had to wait for the tents to come, we had to wait for this to come, we had to wait or this to come, it wasn’t like this it didn’t happen like elect overnight, it took some time now, while we could have been…those things, those strategies could have been put in place properly, things were supposed to be done well like people doing screening properly, the isolation and the like, I think it could have run much much smoother.

F; okay.

R; its just fortunate that like I said that God smiled upon us to say that this is not what is going to bring us down.

F; Laughs…that you believe that the numbers won’t get high.

R; there one thing, I will tell you the reason, why I don’t believe that.

F; yeah.

R; Even though yes, (kunoko ku) here in Malawi we don’t do much travelling as rest of the worlds does, it’s not true that our first case was the first one that they diagnosed, we must have had corona early on, maybe around the time when other people were picking up numbers, its just that we didn’t have the facilities to test, that time. So, meaning that there have been people walking around us, before we started washing our hand, before we started wearing our masks, so, a lot of people were asymptomatic but we didn’t have a lot of case.

F; which might be even the case as of now.

R; Exactly. Because the cases, because even if you look at the pattern of the cases, people were just focusing about so many people have dies.

F; yeah

R: but the number of critical cases that out of 100 out of them 5 will be critical, they are few people ndi anthu ochepa, so it’s a small number that will end up being in the hospital and smaller number will be those that are critical, so, there will be people moving around us that are asymptomatic all this time, and we didnt have a lot of critical cases, and I am saying that we didn’t have a lot of critical cases because, we didn’t have a sudden rise of cases where by people were just surprised that people are just having cough and whatever, (anthu amangodabwa kuti anthu angodwlaadwala zifukwa chani chani), we didn’t pick that up, it only started getting those increasing number of cases when we started doing testing, (nthawi imene timapanga testing yo) that’s when a lot of people were coming like they are very breathlessness’ or they are very whatever, and some of those whom we have recorded its not that pneumonia was a major concern, it was just that they will end up finding them with diabetic part of the blue, you know, so, it’s one of those things where I am pretty sure that we have had one of those things longer that we had anticipated. and we didnt have this all of the sudden and explain the rise of just the infection and all of a sudden just a rising deaths that we couldn’t just explain,

F; so basically as it has always been there.

R; I think it has always been there, and I just think that it just increased more when we brought even more people because obviously, and like if you add more sugar to water, it will become sugar water type of thing, because we brought up in more people at the same time who had definitely had corona as opposed to that people were coming one by one slowly that why we had that increasing surge, now if you can see the numbers , they are growing very very slowly, perhaps in a week, there are 10.

F; yeah, that’s true.

R; And that the whole country and not even just one site.

F; mmh, yeah, okay. (surprisingly)

R; So, urgently, you can prove me wrong, come winter but I don’t believe that we are going to reach Europe size.

F; Alright….laughing…alrsight…

R; because like I said, Corona is not going away anytime soon.

F; No.

R; Everyone is trying to look for vaccines but vaccines take time. Everybody knows that.

F: Yeah

R: Amh, like for us people who have learnt about malaria for this time, and malaria vaccines has just been introduced, and its only in trial phases, so its not any time soon.

F; yeah

R; we have more more time ahead of us to see how this come end but I don’t think that we will reach like Europe, personally, I don’t think so.

F; yeah.

R; it’s a disease of afro ones, because if you notice, most of people who were affected were those that were coming from Lilongwe, Blantyre, mxuu.

F; and with others.

R; there were some from other districts but very few.

F; I saw the presentation yesterday, it was Blantyre Lilongwe and mzuzu.

R; yeah. So the numbers that they were getting from the districts were very very few.

F; yeah.

R; And I don’t think that they recorded deaths. Not really, is a disease of afro ones that’s why rich people care…..laughing…

F: laughing….and they wanted lock down.

R; Exactly. Because they had relatives who said they want lock down and I kept saying, if we have a lock down, thieves will steal from your homes, (akuberani m’manyumbamu).

F; Laughs… I really appreciate your time

R; your welcome.

F: I don’t know if you have got last comment or anything.

F; mmh no.

F; okay, thank you.

R; you are welcome.

F; thank you.

**THE END…**