

Supplemental File S1: Telephone interview guides

1. Healthcare workers interview guide

1. Tell us briefly about what you do and how you (and/or your organisation) have been involved in the COVID-19 response?
 - Which partners have you worked with and what form of support have they provided
 - In general, what has been the experience with COVID-19 response measures (especially for)
 - o Pregnant women
 - o Caregivers of and children under 5 years
 - o Caregivers of and children under 5 years with disabilities/require special needs
 - o Working or living in the informal settlements

2. We are interested in learning how and to what extent COVID-19 has impacted on service delivery?
 - Any particular challenges for providing care (especially for communities in informal settlements, pregnant women, caregivers of under 5 and persons with special needs/disabilities)
 - Any changes or patterns observed in relation to health utilization and health seeking habits during the COVID-19 crisis and what are the causes?
 - What adjustments/changes were effected to respond to the challenges in health service provision/utilisation (general services/for the above vulnerable groups)

3. We are interested in learning how COVID-19 has impacted on service providers (you and your colleagues)
 - Have you experienced any challenges for caring/providing care associated with COVID-19
Possible probes:
 - o Workload
 - o Burnout and mental health/wellbeing
 - o (Perceived risk of) exposure with persons suspected/confirmed to have COVID-19
 - o Stigma/negative perception of being in contact with persons with COVID-19
 - o Any other?
 - How have you managed to deal or cope with the challenges associated with COVID-19

4. We are interested in learning the level of support and preparedness to respond to COVID-19 in your setting:
 - What support have you received in responding to COVID-19? Are there any challenges/gaps
 - o Protocols and guidelines for COVID-19 response
 - o Level of training on COVID_19 response
 - o Access to and availability to appropriate personal protective equipment
 - o Educational and health promotion materials for users Any others

5. We are interested in lessons learnt and best practices from the COVID-19 response?
 - In your opinion, which strategies/approaches seemed to work
 - Any areas for improvement, concerning general health services during and post-COVID-19 crisis

Supplemental File S2: Additional quotes categorised by results section themes

Table S1a: Provision of health services amidst COVID-19 fears and anxieties

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| <ol style="list-style-type: none">1. ...challenges were there because you could go [to a home], and you don't know if there is Corona there...and they are also afraid of you...but because you want them to get knowledge about COVID-19, you are obliged to visit... [KII08_Female_Community-based_HCW]2. ...like you hear there is a client...who has been referred for screening. The patient has turned positive...you tend to imagine you've come into contact...with that client, so if I get the virus that means the whole of my family [and] everybody I have come into contact with may get [COVID-19]... [KII05_Female_Facility-based_HCW]3. ... during home visits you may find a child needing services such as nutrition and you need to refer the parent... but it was challenging for us since we had no authorisation to conduct home visits and interact with people because of covid-19. [KII07_Male_Community-based_HCW]4. ...when it [COVID-19] started, there were no PPE and you know some of the cases were reported in [my area] ...during those early days when the ministry [of health] was reporting high numbers of COVID-19. I was supposed to identify those particular households [suspected of having COVID-19], and liaise with the contact tracing team, so that they can come and treat more people. But you see I am expected to go there [households] and I don't have any PPE, so I was also at risk [KII01_Male_Community-based_HCW]5. So when they come to the health center or when you expect them to come, if it's a caregiver who is supposed to bring the child for vaccination or to the clinic...and if they are not even able to get that...Ugali on the table...so you see, according to her the need for food is a priority than bringing the child to the health center. [KII05_Female_Facility-based_HCW]6. ...a lot of things changed during COVID-19 as most of the parents did not have time to come to health facilities, since most of them were looking for work to find the means to provide for their family a meal. They did not have time to come for health visits, unless we went to their homes and reminded them of their hospital appointments... [KII07_Male_Community-based_HCW] |
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Table S1b: COVID-19 prevention measures and unfolding practices

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| <ol style="list-style-type: none">1. ...the doctor advised us to regularly wash our hands with soap. We have set up a hand-washing facility, but here in the community, water is a problem. Even filling up a bucket is a challenge... [KII17_Female_Community-based_HCW]2. ...there is a time we were told after a [household visit], do not enter your house with shoes, you need to take a bath and it brought stress...because when you are practicing it you tell the people you live with 'please give me water to bathe, and I'll keep my clothes separate'. It was stressful because the people you live with may think you have Corona. [KII08_Female_Community-based_HCW]3. ...the community health volunteers...They don't have proper PPE...it's also a challenge because you find that the [face] masks that they are using are sub-standard, and again you don't know who has COVID-19 ...for example [in] XXX community, people are always crowded and are together...now telling them to adhere to what is supposed to be done is also another challenge... [KII01_Male_Community-based_HCW]4. ...you may go to a place and realise you don't have a mask. You are forced to reuse or wash. Imagine washing a surgical mask or the N95 [face mask]... or you have to go an extra cost and buy for yourself... [KII22_Female_Community-based_HCW] |
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Table S1c: Healthcare workers' experiences, support, and perceived gaps during the pandemic

| II. Mental health, psychosocial wellbeing, and coping mechanisms | |
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| 1. | <i>... there was a time there was a psychological counsellor who came to talk to us. So yeah! But we've not had so much... [KII05_Female_Facility-based_HCW]</i> |
| 2. | <i>...but I decided stigma begins with me...let them treat [care for patients] but I have to be strong myself, and I am not getting this COVID, and I am not sick and ready to go forward and help my people. [KII12_Female_Facility-based_HCW]</i> |
| 3. | <i>what I got was just psychological support from my family members; they were just encouraging me [KII01_Male_Community-based_HCW]</i> |
| 4. | <i>...internalizing and telling yourself that this is just going to be fine...Even as the days go by.... and also talking with other...colleagues ... [KII04_Male Facility-based_HCW]</i> |
| III. COVID-19 related training and capacity-building initiatives | |
| 1. | <i>...we have been going on with our reporting, CHVs have been reporting the cases of COVID-19. There is also another tool that we normally do weekly called COVID-19 weekly report tool whereby the CHVs had been involved.... [they report] households that they have patients who have COVID-19, those who have died, [those who have] signs and symptoms [KII06_Female_Community-based_HCW]</i> |
| 2. | <i>...we are still giving reports; we have data review meetings with the support of this partner [XXX]. They support every month, CHVs come together and we take them through the indicators. Like yesterday, we had a dialogue day. It's through this COVID-19, we have [health] partners at least supporting us with the [community] dialogues, they want to know the problems women are facing during this COVID-19. [KII06_Female_Community-based_HCW]</i> |
| 3. | <i>... we have [XXX organization], which has helped conduct training for the community health volunteers. They also facilitated our training and [another XXX organsiation] also participated in training us on home-based care and isolation. [KII01_Male_Community-based_HCW]</i> |
| 4. | <i>...after training they [NGO] divided us into two groups; one group went to [a community ground] ...and the other group was trained at [an NGO's office] ...thereafter they started telling us to do debriefing on psychological first aid to health workers... [auxiliary staff] including drivers, including cleaners. [KII22_Female_Community-based_HCW]</i> |
| 5. | <i>... [this organisation] has been doing a lot of things, because they are supporting CHVs and even up to now I can see there is something going on...They want to train CHVs through online learning...so they can know more about COVID-19 through their phones at the community level. [KII22_Female_Community-based_HCW]</i> |

Table S1d: Recommendations towards improving health service delivery in times of pandemics

| I. Improving service provision during a pandemic | |
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| 1. | <i>the best intervention is to take [health] services to the community, and not to wait for the community to come for services... if it is an immunization issue, if it is health promotion you take the message to the community members and have them participate...Outreaches really helped us...it was easy to get clients and help them... [KII01_Male_Community-based_HCW]</i> |

I. Improving service provision during a pandemic

2. *When it comes to transport, there are those who were ailing and to get them from the community it used to take time for an ambulance to arrive. But if we had the [ambulance] nearby it will ease things... [KII07_Male_Community-based_HCW]*
3. *...we were advised to avoid crowding and keep social distance, but then you want to conduct dialogues to educate people about COVID... You will not enter people's homes... instead you will call household members and their neighbours to sit outside... [KII17_Female_Community-based_HCW]*
4. *Initially, the [COVID-19] dead bodies were not properly buried... the people [body handlers] would bury the body and this caused trauma. When it was later discovered it [COVID-19] can not be transmitted through dead bodies, the trauma that was caused could not be reversed. [KII22_Female_Community-based_HCW]*
5. *...on entry [at the health facility] one [client] has to mention which department he or she is visiting. We register each and every individual...and then on entry, we have the handwashing point where they should wash their hands before they go and sit wherever they want the services... because of the space... there are some areas where we issue numbers so that...they can sit with that distancing. [KII11_Female_Facility-based_HCW]*
6. *...in our MCH... the waiting area that we have...we make them [clients] stay outside. So, if only we can get a well organized waiting bay that they can put that physical social distance...and they are not a hazard to others. [KII05_Female_Facility-based_HCW]*

II. Health workforce and systems support

1. *...the approach that was used worked very well... all CHVs were considered for training and there was no discrimination that only few people will be trained. [KII07_Male_Community-based_HCW]*
2. *I think people should be prepared for disasters, people should be trained. I call it a challenge I realized they were coming to train us when we had already gone into the plane. We should be prepared first. It should be continuous training for disaster preparedness and management... [KII12_Female_Facility-based_HCW]*
3. *...people should be motivated, the government has a lot of resources and you can imagine how much money for COVID-19 has been misappropriated. At least they could have [considered] the medical people with better [working] terms [KII12_Female_Facility-based_HCW]*
4. *The medical people should be given financial support by the ministry or the health institutions to be able to carry out research because there is still a lot we don't know about corona [KII12_Female_Facility-based_HCW]*
5. *There should be money aside ready for emergency...at least when something happens, we should not respond when it's too late... [KII22_Female_Facility-based_HCW]*