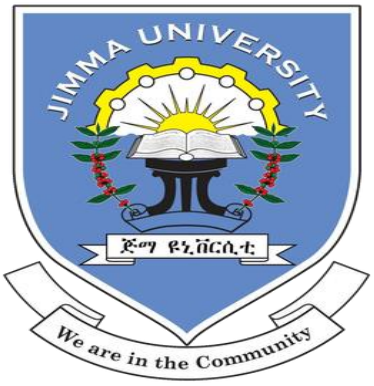
Maternal Health Service Utilization in Rural Districts of Jimma Zone in the Context of COVID-19 Pandemic: A Qualitative Study.



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A Thesis to be Submitted to Department of Health, Behaviour and Society, Faculty of Public Health, Institute of Health Jimma University in Partial Fulfilment of the Requirements for The Masters of Public Health (MPH) in Health Promotion and Health Behaviour.

December, 2021

Jimma, Ethiopia

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Abstract

Background: *Maternal health service utilization is very low in Ethiopia. Appropriate utilization of it can play a crucial role in preventing maternal morbidity and mortality. Currently, the COVID-19 Pandemic is emerged globally and challenging the utilization of maternal health care services. Thus, exploring barriers, impacts of COVID 19 pandemic on maternal health service utilization could help to design appropriate strategies and policies.*

Objective: *To explore barriers, impacts and facilitating factors to maternal health service utilization in Jimma Zone rural districts during COVID -19 pandemic, 2021.*

Methods*: Qualitative Study was conducted in three rural districts of Jimma zone, Oromia region. Twenty seven (27) key informant interviews were conducted with community and health care workers. The data six month before and during the pandemic reviewed. In addition nine (9) Focus Group Discussions were conducted with selected pregnant and lactating mothers, husbands and Women's Health Development army leaders. The data were transcribed verbatim and then translated into English language for analysis and analysed using ATLAS.ti Software.*

Result: *During the first six month of COVID 19 Pandemic, Maternal health care services were declined from 47% to 33%. Due to health system and individual/community related set of barriers, health care seeking behaviour of women were decreased, home deliveries were increased, facilities were closed and maternal complications were happened. Husband support in birth preparation, existence of community structures and home to home visits by health care providers are good practices found as facilitating factor for maternal health service utilization.*

Conclusion: *There were interruption of maternal health services which was attributed to COVID-19 state emergency, closed facility, mandatory use of face masks and other restrictions. The major impacts of COVID-19 identified were: increased home delivery, maternal health complication, and scarcity of drugs & supplies. COVID-19 interplays negatively with other factors to affect maternal health service utilization.*

Key words: *COVID-19, maternal health, service utilization, Ethiopia*

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Abbreviations

ANC	Antenatal care
COVID-19	Corona Virus Disease 2019
FGD	Focal Group Discussion
HEW	Health Extension Worker
KII	Key Informant Interview
LMIC	Low and Middle Income Country
MCH	Maternal Child Health
Mhealth	Mobile Health
MHS	Maternal health service
MMR	Maternal Mortality Ratio
MNCH	Maternal and Neonatal Child Health
PHCU	Primary Health Care
PHEM	Public Health Emergency Management
PLW	Pregnant and Lactating women
PNC	Post-natal Care
PPE	Personal Protective Equipment
SARS-COV-2	Severe Acute Respiratory Stress Corona Virus 2
SDG	Sustainable Development Goal
TBA	Traditional Birth Attendants
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Background

Maternal health refers to the health of women during pregnancy, childbirth and also the postpartum period and maternal health care services are antenatal care, institutional delivery and postnatal care (1). Maternal health is a global concern, because the lives of millions of women in reproductive age can be saved through maternal health care services. Maternal health care service can play a crucial role in preventing maternal morbidity and mortality. If nothing effective is performed to prevent maternal death, "natural" mortality is probably of the order of magnitude of 1,500/100,000 (2). Maternal health care service gives opportunities for delivering health information and services that can significantly promote the health of the women.

The COVID-19 has been emerged in late 2019, leading the World Health Organization to declare the disease a global pandemic on March 11, 2020(3). The first COVID-19 case in Africa was reported on February 14, 2020. The COVID-19 pandemic reached Ethiopia on March 13, 2020. Currently (as per 9th Dec 2021) the number of cases in Ethiopia is estimated at 372,588 infections with 349,978 recoveries and 6,816 deaths (4). Many efforts have been taking place to enhance maternal health service utilization including information, education, and communication to raise awareness regarding the protection of mother and child during COVID-19 pandemic.

The WHO also classified maternal health services as essential health services to continue during the COVID-19 pandemics. Some African countries have tried to open temporary birth centres, help hotlines virtual consultation with obstetricians have been provided via telemedicine services, to women seeking maternal health care service (5). Ethiopia is not exceptional that since the first case of COVID-19, many sectors and livelihoods across all regions including health care system has been affected. In response, the Ethiopian government has quickly adopted WHO's preparedness and response plan to contain community transmissions(6).

Maternal and child health care services are one of the essential health services expected to be affected globally, due to COVID-19 making families more things to worry about:

gaining safe and appropriate prenatal care, labouring by themselves in a capacity-inadequate hospital, and maintaining or improving health of their family and children's (7). A study modelling the coverage of essential maternal and child health interventions estimated a 8.3– 38.6% increase in maternal deaths per month across 118 low and middle-income countries (LMICs) during the COVID-19 pandemic (8).

This study was a part of a large ongoing research project which called mhealth project entitled as Effectiveness of mobile based technology in sustaining and improving of child and maternal health in rural districts of Jimma zone. So, this part was undertaken during the first phase of a research project, aimed at exploring evidence based maternal health service utilization status during the time COVID 19 pandemic to inform the design and delivery of its interventions.

1.2 Statement of the problem

Although, important progress has been made to strengthen maternal health care services, maternal mortality is still high and about 295,000 women died globally during and following pregnancy and childbirth in 2017 (9). This may be the result of a decrement in utilization of maternal health services. Every day, approximately 801 women die from preventable causes related to pregnancy and childbirth and 94% of all maternal deaths occur in Low and Middle Income Countries (1).

Maternal healthcare services coverages are very low in Ethiopia. According to the 2019 EMDHS, only 43% of women had at least four ANC visits, deliveries by skilled birth attendants were 48%, first 48 hours postnatal visit were only 34% (10). Maternal health care service utilizations, which is very low before the pandemic might be at risk of disruption due to the severe health system constraint caused by ongoing COVID-19 pandemic and community mitigation measures (8). Continuum of maternal health care service can play a crucial role in preventing maternal morbidity and mortality. Maternal health care service gives opportunities for delivering health information and services that can significantly promote the health of the women.

Health systems are being disturbed with rapidly increasing demand generated by the COVID-19 pandemic. When health systems are confronted, both direct mortality from an outbreak and indirect mortality from many of preventable and treatable conditions increased dramatically (12,13). A well-organized and ready health system has the capability to keep up equitable access to essential service delivery throughout an emergency, limiting direct mortality and avoiding indirect maternal mortality.

Due to reduced access to maternal health care maternal mortality was increased during this COVID 19. In LMICs the maternal deaths were predicted to rise by 17% in the best scenario and 43% in the case of the worst scenario due to the COVID-19 pandemic (8). In Ethiopia, a Ministry of Health report showed that maternal health services use has begun to decline, institutional delivery has significantly decreased due to COVID-19 which might increase risk of maternal complications and death (11).

Despite of these problems there is no adequate researches done and recommended an intervention for improvement. So, more knowledge about barriers to maternal health care service utilization and impact of COVID 19 pandemic on maternal health care is needed to have explored. So this qualitative study will contribute to better exploration of the barriers that make underutilization of maternal health care and ends with pregnancy complication during this period of pandemic.

CHAPTER TWO: LITERATURE REVIEW

2.1 Maternal Health Service Utilization

Maternal health refers to the health of women during pregnancy, childbirth and also the postpartum period and maternal health care services are antenatal care, Institutional delivery and postnatal care (1). Globally, maternal mortality ratio has dropped by almost 38% in the past two and half decades. However, despite high efforts there were 295,000 global maternal deaths in 2017 related to pregnancy and delivery (9). Almost all maternal deaths (99%) occur in developing countries. More than half of these deaths occur in Sub Saharan Africa. Ethiopia is among the ten countries accounting for nearly 59% of global maternal deaths. Although access to health care services is improving in Ethiopia, the country has faced challenges in increasing health care utilization and the proportion of maternal health care utilizations is among the lowest in sub-Saharan Africa. The 2016 Ethiopian Demographic and Health Survey (EDHS) showed that the MMR was 412 deaths per 100,000 live births (14).

Currently, COVID-19 is disturbing health, social welfare and the economy in an extent unparalleled in present day history. This outbreak also changed main concerns of the health system, which is finding itself not only overwhelmed but moreover with limited capacity to supply services it has been up to this point expanding to communities. Maternal and child health care services are one of the essential health services expected to be affected globally, due to COVID-19 making families more things to worry about: gaining safe and appropriate prenatal care, labouring by themselves in a capacity-inadequate hospital, and maintaining or improving health of their family and children's (7). A study modelling the coverage of essential maternal and child health interventions estimated a 8.3– 38.6% increase in maternal deaths per month across 118 low and middle-income countries (LMICs) during the COVID-19 pandemic (8).

In Ethiopia, most studies established the fact that the implementation of various COVID-19 prevention modalities has resulted in decline in household income, living cost inflation including transportation cost, and this makes it tougher for pregnant women to access a

health facility. This implies that the measures that are being taken against COVID-19 are causing an unforeseen consequence on maternal service utilization (15).

Global data suggest that around 86% of pregnant women access ANC at least once but substantially less (62%) have at least four ANC contacts. Moreover, in the regions with the highest rates of maternal mortality; sub-Saharan Africa and south Asia, only 52% and 46% of women have at least four ANC contacts, respectively (16).

In developing countries like Ethiopia, the potential to deliver health information and services using MHC remains underutilized and not improved to the extent wanted. According to 2019 mini EDHS, only 43% of women had received four or more ANC visits from a skilled provider, for their recent live birth (10).

Study performed on ANC utilization in our country indicated that the utilization coverage was only 29.1 %. No illness experienced during pregnancy, lack of awareness about ANC, far distance from the health facility, being too busy and husband disapproval were the major reasons for not attending ANC for women who did not utilize antenatal care (17).

The other study conducted in Ethiopia revealed that three fourth, 74.3% of women visited health facilities at least once for antenatal care. Among that only one out of ten, 10% were had four ANC visits. Surprisingly, one-fourth (25.7%) reported that they did not get ANC service throughout their pregnancy of the last children (18). Not feeling pain during pregnancy and after delivery, absence of drugs and reagents from health facility and transportation problems are some of mentioned barriers for not utilizing of maternal health care service.

Worldwide, 63.1% of births were attended by a skilled health care worker. Although virtually all births (100%) were attended by skilled health care personnel in the more developed countries, the corresponding figure is 59.1% in developing countries and only 34.3% in the least developed countries. In Africa and Asia, only 46.5% and 60.8%, respectively, of women gave birth with the help of a skilled attendant (19).

Low utilization of institutional delivery, maternal mortality remains as a major challenge in Ethiopia. According to mini demographic and health surrey report, 2019, only 50% of

births were attended by a health professional and 48% were delivered in a health facility. Similarly, DHS report 2019 indicated that only 43.7% of those women in Oromia are delivered in a health facility by skilled health care providers. By residence, 72% of urban births were assisted by a skilled provider, compared with 43% of births in rural areas. Similarly, 70% of urban births were delivered in a health facility, compared with 40% in rural areas (10).

The study conducted in Mana district, Jimma revealed the prevalence of institutional delivery service utilization was 86.4%. Increased number of ANC visits, partners' better educational status, mothers' good knowledge on dangers signs of labor, increased wealth index, and lesser travelling distance to reach to the health facility have significantly increased the utilization of institutional delivery services in the study setting (20).

Regarding to utilization of PNC services, the latest survey data of Nigeria showed that only 37% of mothers received PNC (21), and the result of the study conducted in the Democratic Republic of Congo revealed that, only 34.6% postnatal women attended Postnatal care by 42 days after giving birth (22).

According to the 2019 Ethiopian Mini demographic and health survey, the proportion of women who attended postnatal care is very low compared to the national targets. The proportion of mothers who attended postnatal check during the first 2 days after birth (34%) is much lower than those who attended ANC at least once (74%) (10).

2.2 Barriers of Maternal Health Service Utilization

2.2.1 Barriers related to COVID-19 Pandemic

The pandemic resulted in major alterations in government policies, comprising the healthcare system. There have been curfew limitations in hotspot areas, and certain places have become containment zones from where a large cluster tested positive for coronavirus. This has also led to poor or inadequate delivery of health care services, especially the maternal health care services. This mass restriction of activities was intended to prevent community spread of the infection and to allow for preparedness of the medical services for

the pandemic. On the other hand, the routine healthcare system was disrupted and people faced problems when seeking medical advice(23).

Implementation of different mitigation measures to interrupt the transmission of COVID-19 i.e. movement restrictions, transport inaccessibility, lock downs, perceived poor quality of care and anxiety over possibly being exposed to corona virus are acting as barriers to women who are trying to access maternal health care during the pandemic (24). COVID-19 pandemic affected the care-seeking behavior of pregnant women with fear of contracting the infection and transportation problems.

The study Conducted at Iraq, Kurdistan indicated influences of the messages about COVID 19 being transmitted by mass media negatively influenced peoples' health and psychological wellbeing which later act as a barrier and deterred the service utilization behaviour of the community (25).

According to the study conducted at west shoa, Ethiopia fear of COVID-19 infection, increment of tariff of transportation, lack of sanitizers and waters, shortage of PPE, the lockdown and movement restrictions brought about by the ongoing pandemic were identified as reason for not using and associated with low maternal health service utilization (26).

2.2.2 Barriers related to Women's knowledge and perceptions on Maternal Health service Utilization

Unfamiliarity with maternal health service utilization and low perception about the benefits, lack of prior contact with the formal heath system, low-risk perception due to no prior pregnancy-related complications and not perceiving MHS utilization as a routine exercise are among women's perceptions affecting MHS utilization. It greatly influences the maternal health uptake of the women. Different Studies show that perceived quality of services, inconsistent availability of medical supplies and unethical approaches or unavailability of trained care providers adversely affects maternal health services (27).

Recognizing danger signs and deciding to seek care are influenced by a woman's knowledge of pregnancy-related health risks (28). Several studies showed that women who

knew risks of pregnancy, warning signs of pregnancy and labor, life threatening birth complications, existence of delivery service at health facilities, and who had positive attitudes towards health facility delivery care had higher probability of using modern health facilities for child birth (29). Women's previous childbirth perception of risks and health facility experience, perceived quality of maternal health care services also category of personal factors that affects it (30).

2.2.3 Health care System Related Barriers

These includes long distance to health facilities, lack of means of transportation to the health facilities, floods and poor roads, and demand for payment for health care at some health facilities. Cost in obtaining transportation is a known limitation to receive appropriate care. A study in Ghana found that over half of the families of women who delivered in hospitals had to borrow money for transport (31). Study conducted in our country, Sidama Zone was also reveals transport as main challenges of maternal health care utilization (30).

The location and long distance to health care facilities, particularly PHCU and district hospitals, and the lack of readily available and affordable means of transport constitute the major physical obstacles for pregnant women wishing to access health care, particularly in rural and mountain areas (32,33).

2.2.4 Community/ Culture related Barriers

Inequitable gender roles, community norms, religion, Women's autonomy including access to and control over resources, mobility, and self-esteem, women's participation in household decision making, and whether getting permission to seek medical care was a large challenge for maternal health care utilization (28). Lack of time to utilize maternal health care due to the heavy burden of domestic work, negative influence of husbands/male partners, men unwilling to pay for costs associated with visiting a health facility, lack of emotional support and encouragement from men, lack of interest in maternal health by men are factors that influencing utilization of maternal health care services.

2.3 Impacts of COVID-19 Pandemic on Maternal Health service Utilization

The recent corona virus disease (COVID-19) pandemic had a disastrous effect on the health care delivery system of people of all ages but pregnant women face particular challenges. Review of the existing literature reveals an information gap on the impact of pandemic on maternal health care services especially in a resource-scarce setting where marginalized women often gains poor quality of care (34). A recent study modeling the coverage of essential maternal and child health interventions suggests a declining trend on utilization of maternal and child health (MCH) services such as delivery, antenatal care (ANC) attendance, and institutional delivery. It also estimated a 8.3–38.6% increase in maternal deaths per month across 118 low- and middle-income countries (LMICs) during the COVID-19 pandemic (35).

The COVID-19 has definitely affected pregnancy outcomes directly and indirectly. The study conducted at Brazil, at the beginning of pandemic identified 20 (twenty) COVID-19 related maternal deaths at different states of the country (36).

The ongoing COVID-19 has affected the perceptions of the women; more than half(>50%) of the participants in a study done in Naples hospital reported the psychological impact of COVID-19 as severe, and nearly similar percentage of pregnant women to worry about the vertical transmission of the infection and restricted themselves from the services (23).

According to qualitative findings reported in Kenya, home deliveries were increased during the pandemic, facility uptake of services became challenged and in general uptake of maternal health care service was postponed (37). Another study performed in the Nigeria also reveals that the ongoing COVID-19 pandemic has reduced access to essential maternal services due to disruption of health systems (38).

In Ethiopia the study conducted at Dassie referral hospital on utilization of health services indicates decline of Antenatal care services by half (50%) due to implementation of different preventive measures to interrupt the transmission of COVID-19 pandemic. Around half of women gave birth at health facility were sent to home less than 24 hours. Shortage of health care providers due to the pandemic and clients desire to go to home were

the most frequently reported reason to send to home at less than 24 hours (15). The prevalence of maternal health service utilization in West Shoa during COVID-19 pandemic was 64.8%. Fear of COVID-19 infection, the lockdown and movement restrictions brought about by the ongoing pandemic and lack of transportation were significantly associated with maternal health service utilization (26).

A qualitative study conducted at Sheko zone, Ethiopia concluded; COVID-19 pandemic had negatively influenced the uptake of antenatal care service. Health facility related barriers, perceived poor quality of care during the pandemic, government measures against COVID-19, anxiety related to the pandemic, and risk minimization were the identified factors possibly influencing the current antenatal care service uptake at the study setting(39).

There is few studies done related to maternal health service utilization during the time of this COVID-19 in selected study area. Even, the studies done as the country is didn't mention adequately by emphasizing of qualitative approach. Therefore this qualitative study fills gaps by providing information to facilitate better strategy in bridging and or eliminating the barriers to maternal health service utilization at household or community level.

2.4 Significance of the study

During this COVID 19 pandemic, various barriers hindering utilization of maternal health care service was explored through this qualitative study and appropriate and feasible recommendations were listed that will help to approach the National plan on maternal health care services and contribute for achievement of Sustainable Development Goal which targets to reduce maternal mortality rate (MMR) below 70 per 100,000 live births by the year of 2030 (40).

The study recommendation will supports in planning to ensure women to receive appropriate healthcare in case if the COVID-19 pandemic may be a prolonged. The study contributes in formulating strategy to enhance maternal health service utilization (Antenatal care, use of skilled delivery attendants, and postnatal care) are an essential service that in turn significantly reduce maternal morbidity and mortality rate.

In general the result of this study will lead to multiple benefits for service users, service providers, policymakers and other relevant stakeholders towards effective planning for the strengthening of national health systems and minimize the negative consequences of COVID-19 pandemic on maternal health care services.

CHAPTER THREE: RESEARCH QUESTIONS AND OBJECTIVES

3.1 General Objectives:

To explore barriers, impacts and facilitating factor to maternal health service utilization in rural districts of Jimma Zone during COVID -19 pandemic, 2021

3.2 Specific Objectives:

1. To explore barriers women facing to utilize maternal health service during COVID-19 Pandemic.
2. To explore influence of COVID -19 pandemic on maternal health service delivery and utilization.
3. To explore facilitating factors for the uptake of maternal health care service during the COVID-19 Pandemic.

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study Area and Period

The study was conducted from June 28 to July 28, 2021 in three selected districts of Jimma Zone. Jimma zone is one of the 21 zones and 9 administrative towns found under the Orom ia national regional state. It covers a total area of 184,125.4 km^2. The capital town of the zo ne is Jimma and it is found 350 km to South West of Addis Ababa. The land area of Jimma Zone is extended from 7^0 13`N to $8^0$ 56`N and from 35^0 52`E to 37^0 73E.

Jimma Zone is organized into 20 rural Districts and 1 Administrative town. The total population of the Zone is projected to be 3,722,559 of which 1,833,516 are female and the lefts are male. The reproductive age women (15-49 years) in the zone are 412,709. The 2013 EFY zonal maternal health service coverage indicates 57.1 %, 58,1% and 55% for Ant enatal 4+, skilled birth attendance and for early postnatal cares respectively. Among the total population 93% live in rural areas, whereas the left 7% of the population live in metropolitan areas that engage in small-scale industries and micro-enterprises to assure their livelihood. Currently, 8 hospitals, 122 health centers and 566 Health Posts are serving the community. The primary health service coverage is 92% by Health posts and 80.3% by Health Centers. Different health professionals were assigned to all Districts in justice and providing service for their respective communities(41).

Only three districts (Mana, Shabe Sombo & Dedo) and two health centers per district were purposively selected considering maternal health service coverage, socio-economic status, and resources available for the study.

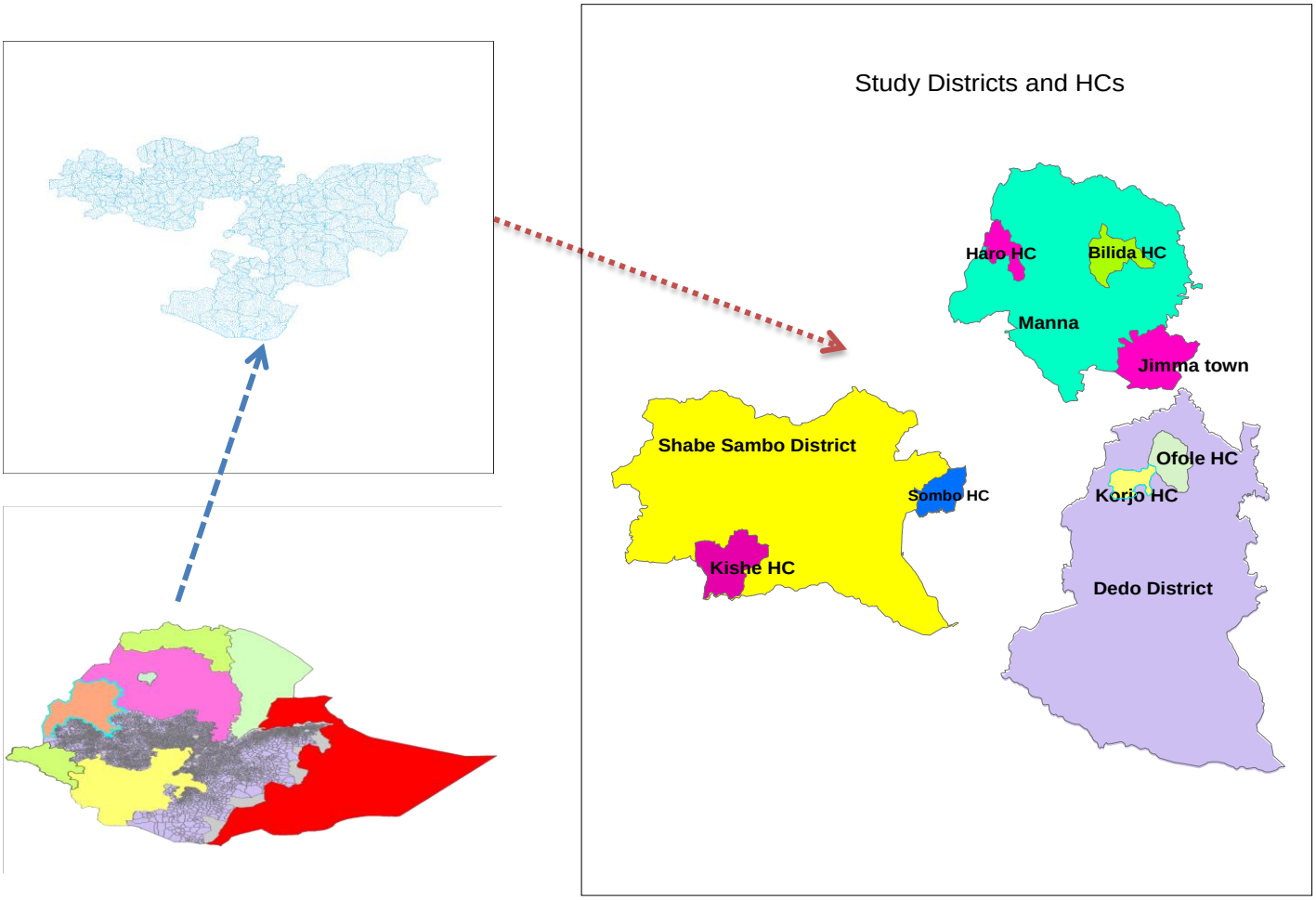

Figure 1 Map of selected districts and respective PHCU's, Jimma Zone

4.2 Study Design/Approach

This was exploratory study conducted as part of 'mHealth project entitled 'Effectiveness of mobile-based technology in sustaining and improving child and maternal health utilizations in rural districts of Jimma zone. The mhealth project employed three-arm randomized cluster intervention designs using districts as the unit of randomization with a 2:1 allocation ratio. The mhealth combined nudge strategies and mhealth alone were the two interventions to be evaluated in the trial. This study was conducted as part of a qualitative formative study to explore barriers and how maternal health service utilization affected during the time of the COVID 19 pandemic. The qualitative data were collected by focus group discussions (FGDs) and key informant interviews (KIIs) methods.

4.3 Study Population

The potential source population for Focused group discussion was: leaders of the Women health development army, husbands (Married males) and pregnant and lactating women who gave birth in the last year prior the data collection date. Women health development army is a government sponsored organization of unpaid female Community Health Workers which was formed in 2011 to supplement health Extension Program (42).

For Key Informant Interview, the study population were selected health extension workers, district-level PHEM focal person (Chairman of COVID 19 prevention taskforce) and MCH focal persons, religious leaders, Traditional birth attendants, Primary health care unit directors, and Primary Health Care Unit MCH focal persons.

4.4 Sample size and Sampling procedure

From zonal districts, only three of them and two PHCUs from each district were selected purposively considering the available resources. The maximum variation sampling assumption was used to recruit study populations. Participants were selected considering their experience as a resident in the target communities, as service providers, service users, non-users, and roles in communities. This helped us to ensure diversity of perspectives and views to be generated by the study. For Key Informant Interview total of 27 key informants were purposively selected and 9 FGDs were conducted.

4.5 Eligibility Criteria

Even though the sampling was purposive, to get rich of information the service providers, service users and non-users, as well as community leaders that have been at the district for at least one year before study, was included. Health professionals working on maternal health programs and with extensive experience were recruited.

4.6 Data Collection tools and Procedure

The data were collected using a semi-structured FGD and key informant interview guides. It was developed from the objective and different literatures (43,44). The guide was covered key areas of exploration such as, community perceptions, pandemic response actions, health care practices, barriers, concerns, and worries related to maternal health care utilizations during COVID-19, and system factors and barriers that can influence the uptake

of the maternal health care services. Before the commencing of data collection, the selected health facilities were communicated to get permission to undertake the study. Data were collected by 4 MPH and 2 PhD students (All are members of the study project).

Focus group discussions (FGDs): A total of 9 FGD was carried out, 3 with leaders of Women's Development army, 3 with husbands and 3 with pregnant and lactating mothers of <1 year. Each FGD was conducted at the nearby village by one facilitator and a moderator by maintaining COVID-19 prevention protocols. All FGDs (ranged from 70 minutes to 115 minutes) were recorded using digital voice recorder. Constant reviews of FGD were done to make a decision on further sampling to maintain the saturations of ideas. FGD was conducted at a nearby gathering area and in each FGD; 6-11 participants were involved. To ensure diversity in experience of service utilization pregnant and recently delivered mothers were included.

Key informant interviews (KII): To triangulate the findings of interviews and FGDs, A total of 27 KIIs were conducted with TBAs (n=4), religious leaders (n=4), Health Extension Workers (n=4), Primary Health Care Unit MCH focal persons (n=5) Primary Health Care Unit Directors (n=4), Public Health Emergency Management (n=3) & maternal and Child Health focal persons (n=3) at district level to supplement the finding. Religious leaders and traditional birth attendants were contacted by the help HEWs and scheduled the date for an interview. All KIIs were conducted at usual work settings of participants: health posts, health centers, offices. To discover their experience of service provision during the pandemic, health care providers were also purposively selected considering the duration of experiences at particular positions. Interviews (ranged from 50 minutes to 75 minutes) were recorded using a digital voice recorder besides note-taking during each discussion and interview.

Record Review: The registrations were also reviewed and difference of maternal health care of utilizers six months before the pandemic and the first six months during the pandemic are illustrated.

4.7 Ensuring Trustworthiness

This study considered different quality assurance issues in exploring maternal health service utilization during the time of COVID-19 crisis. To ensure the trustworthiness of the data, data triangulation was made; data were collected from different sources health care providers, administrators, and community. Furthermore, the current study employed KIIs and FGDs discussions to collect data, about the same phenomenon being investigated, as methodological triangulation. Sufficient training and discussion were done with data collectors and supervisors. In addition, the day-to-day activities of the data collection were closely supervised by the coordinator of the research team.

Data was collected by investigators and transcribed verbatim on the day of data collection and translated into English for analysis purposes. Mini summaries was conducted at the end of interview with key informant and FGD participants regarding the researcher's interpretations of the informant's realities and meanings in order to ensure credibility of the data. Interviews were taped and transcribed to further increase the dependability of the data. Random samples of transcripts were checked against the recordings by a bilingual researcher.

To enhance transferability clear description of the procedure for participants' recruitment and a detailed description of the research setting was done. The method implemented for data collection, analysis, and interpretation also was captured within the report for dependability. An audit trail consisting of field notes, audio recordings, analysis notes, and coding details are being kept for confirmability.

4.8 Data Analysis Procedure

The audio-recorded interviews data were transcribed into Afan Oromo and then translated into the English language for analysis. The open coding and further analysis of the data were assisted by ATLAS.ti version 7.1.8. The transcripts were read and re-read by the research team. Two coders participated in the coding of data. Finally, the researchers reviewed the coded transcripts to reach a consensus on coding scheme and consistent code definitions which was used to code all transcripts. The result was organized in major themes, sub themes elaborated by key quotes.

4.9 Ethical Consideration

Ethical clearance was obtained from the Institutional Review Board of Jimma University (Ref. No: IHRPGJ/823/2020) and a support letter was written from Jimma Zone Health office to the respective study districts. The purpose of the study was explained to all participants, informed consent was taken from each participant of KII and FGD. Participants were not pressurized to answer in ways and they have the right not to answer any question if they wish. The collected data will be used only for the purpose agreed with the participant and not shared with others. Transcripts are stored in password-protected computers/laptops and only the core research team accesses the data. All members of the team signed confidentiality agreement. All study participants are assigned an identification code, which will be delinked from their identity at the data entry point. Audio recordings will be destroyed at the end of the project. Transcripts will be stored for a minimum of 5 years after the project ends and will only be destroyed afterwards if necessary.

4.10 Dissemination plan

The result of this study is being presented to Jimma University Department of Health, Behaviour, and society. The result of the study will be disseminated to managers and community leaders in the study area. The findings will also be presented in different seminars, meetings and will be published in a peer-reviewed scientific journal.

CHAPTER FIVE: RESULT

5.1 Description of socio-demographic characteristics

A total of nine (9) FGDs involving 91 participants were conducted. Among this 30(33.0%)of them were males and participated in husband FGDs; as well as 61(67.0%) of them were women in FGDs of PLW and WDA. The average participant's age was 32.8 years which ranges from 18 to 53 years. In terms of educational level, 33 participants had no formal education and 55, 3 participants attended primary and secondary schools respectively. Except for one pregnant mother, all of the FGD participants have an average of 4.73 children; the maximum is 10 children.

On the other hand, 27 key informants were recruited and conducted the interview. By sex category 12(44.4%) and 15(55.6%) are females and males respectively. Regarding of Key informant's educational status, 4 had no formal education, 4 had primary and secondary education. Meanwhile, the remaining 19 participants had level III to degree educational backgrounds. The religions of interviewed key informants are Muslims (51.8%), Protestants (25.9%), and Orthodox 6(22.2%).

Table 1 socio demographic Characteristics of study participants

Characteristics	Category	FGD	%	IDI	%
Sex	Male	61		12	
	Female	30		15	
Ethnicity	Oromo	87		26	
	Others	04		1	
Religion	Muslim	76		14	
	Protestant	9		6	
	Orthodox	6		7	
Educational	No formal education	33		4	
Level	Primary school	55		3	
	Secondary School	3		1	
	TVET	-		6	
	University Degree	-		13	

5.2 Emergent Themes and Categories

According to the analysis conducted, three major themes are identified including barriers of maternal health service utilization[1], impacts of COVID 19 Pandemic, and facilitating factors of maternal health service utilization and under each thematic area several categories were identified.

5.2.1 Barriers to Maternal health service Utilization during COVID 19

Health Care System Barriers of Maternal Health service Utilization during COVID 19 pandemic

The majority of participants highlighted concerns about inaccessibility of transportation at the beginning of COVID 19 pandemic entry. The public transportation was inaccessible due to the home stay order passed by the government as pandemic mitigation strategy. The public transport was stopped for some weeks and later allowed with reduction of passenger by half of total seats. Due to difficulties of transportation the women were restricted to home and the maternal health ambulance itself were repurposed for pandemic control activities.

''During the beginning of the COVID 19 mothers avoided going outside of home. If they went out they can't back to home to their family, no transportation was also allowed, and even motor cycle was not allowed for transportation purpose. There were also problems with the ambulance service. They do not respond call.'' ***(WDA, FGD #7)***

According to response of maternal health care coordinators, previously poor practice of supportive supervision activity was totally stopped due to COVID 19 pandemic. Supportive supervisions were expected to be conducted regularly for PHCUs and health posts. Therefore, maternal health services utilization from health centres was not similar throughout the catchment PHCU's and as well as districts. Their performances are dependent on the proximity of health facility's strong supportive supervision and the commitment of health care providers at their catchment area.

[1] Maternal Health services in this study are Antenatal care, Skilled birth attendant and Postnatal care

''Differences in awareness creation make difference in service delivery and drug supply. There were no supportive supervision. It depends on strong supportive supervision, health care workers commitment and strength on awareness creation'' ***(District PHEM, KII #02)***

The interviews and focus group discussion reveals that, the women were panicked due to message contents transmitted by media about those who had died from COVID-19 pandemic and concerned about either dying themselves or their family. They fears getting of COVID 19 infection from the community when they meet on the road and from health care providers at health facility. Specially, they certainly think as the health care provider is source of infection. They were concerned about being taken into COVID isolation centers. ''*What!!!.... during the initial time of coronal entrance it was difficult to go the health facility for ANC. Even, we feared to go for treatment of other disease when someone got sick from the family. Death of health care workers was being transmitted through the media that we feared a lot the corona disease*.'' ***(PLW participant, FGD #06)***

The discussion and interview also illustrated health care providers behaviour changed and worsened during this COVID 19 pandemic. It was mandatory to wear face masks while the women use any maternal health care service. Recently delivered women who participated in FGD of pregnant and lactating women reported as she was insulted by health care providers while she was unknowingly removed the face mask during difficulty of labour.

''He insulted me at that place. I was in difficult pain of labour and unknowingly, I removed and threw the face mask. I couldn't control myself. himm…how I can keep facemask o my mouth?''

As of other participant explains issues like bad approach, disrespect, poor commitment, punctuality and absence from the facility were explained as barriers and concerns toward maternal health service utilization from health care workers side during the time of COVID 19 pandemic. The health care providers were pushing away the women from the service due to fear of pandemic.

''...After COVID 19 comes the health workers completely changed their behaviours upon us. They said to me that "why you come again and again, we never respond you if

you will come after this time" it was amazing! They left the women there and went out by saying the time is up. Many women went to health center in the morning and back to their home in the evening without getting service during this pandemic. We have such like of problem.' ***(PLW Participant, FGD #03)***

Personal/Community side barriers of Maternal health service Utilization during COVID 19 Pandemic

According to data elaborated from the key informants and focus group discussion there are so many barriers from end users side regarding uptake of maternal health care service during this ongoing COVID 19 Pandemic. Existing culture of home delivery pledges the women to return back to their past experience during this pandemic. Also culture of the community regarding of funeral itself seems a barrier for utilization of maternal health care services during this COVID-19 pandemic. They are thinking about ways in which their diseased body will be buried if they infected with COVID-19 while they went the facility. *''The disease itself and death from this virus is very bad. Because no one cleans your diseased body, no one prays by standing near. This is multiple deaths! The process of burial is also bad all this made us to fear the virus and inhibited from the facility.''* ***(PLW participant, FGD #06)***

There is also range of local behaviours that affect the utilization of maternal health services. The culture of concealing pregnancy at early stages prevented some women from timely starting for ANC. Since the pandemic is occurred, both women those have an intention and not have an intention for early pregnancy test secreted their conception perceiving as service are unavailable.

"In our culture, we don't need to talk to people about our pregnancy. It is shameful and secret because we are not sure about the continuation or discontinuation of the pregnancy. There may be a miscarriage. Where we can go? We heard as all facilities were closed for corona disease" ***(PLW, FGD #06)***

Also, participants of FGD and IDI across the three districts agreed that women were not utilizing postnatal care perceiving as they would exposed for *michi [infection]* when they move outside house. During this COVID-19 pandemic the condition is worsened and the

postnatal care is the less utilized and it seems neglected part of maternal health care service in all communities considering as it is not important.

> *''They are not coming postnatal care. They fear michi [Infection] and COVID-19. Those who gave birth at home are never come except when health complications happened. They say ''I gave birth safely. What will I do there, why I am exposed for corona disease?''* ***(MCH Focal Person, IDI)***

During this pandemic, it seems the community preferred traditional birth attendants for perceived risk minimization. Traditional birth attendants are continued to provide delivery assistance in the community, as they perceive themselves to be more skilled and experienced than the HEWs and health professionals.

> *''During this corona, when the labor starts they called me instead of going health center and getting an infection. Then I look at the laboring mother and examine per my profession whether the baby is in the right way or not. I can assist the delivery more than the health professionals''* ***(TBA, KII #12)***

The risk of getting infection is outweighed rather than service benefit due to low awareness, Poor involvement of husband due to fear of infection, perceiving being healthy and peer influence are some factors get worse due to pandemic and it is continued hindering maternal health service utilizations and provisions during this time of COVID 19 pandemic.

> ''*Not all, but some husbands may prohibit movement during this corona [COVID 19]. Women also not prefer go to health facility if they not feel bad. If they have no clean clothes or if they have no cloths for changing they consider as shame in front of health care providers. This is due to our lack of awareness''* ***(PLW, FGD #3)***

Being asked about the perception of the community's toward COVID 19 pandemic they thought as COVID 19 is God punishment for sin. The focal person of maternal and child health at health center was narrated in this way; *''they think COVID 19 is only for those who conducted sin**,** not for others. Especially, when one of our laboratory technicians was tested positive for Covid-19, they talk to each other that it is health workers from other place come to this PHCU with covid-19, they conducted sin. Some of them were happy,*

because we prevent them not getting services without wearing a facemask. They also wish for us to become positive for covid-19.'' ***(PHCU MCH Coordinator, KII #06)***

There are also the community's members who believe in the absence of the COVID 19 and the government is using it for political purpose. Majority of the participants were raised as the communities are neglected it by perceiving as the pandemic are being eliminated as well as got the medication (Perceived COVID 19 vaccine as medication). They are not practicing the necessary precaution measures recommended for pandemic prevention and control. According to the respondents view this argument came from not observing of the actual case and death from existing pandemic.

> *''as my personal opinion, Corona does not affect service provision and visiting health institution. When we heard about Corona it is just entertainment within the Farmers area, no one is giving attention to that because we didn't saw patient with it. No one from the government body is informing us about the corona, it also gained medication. So we didn't fear of it.''* ***(Participants of husband, FGD #02)***

5.2.2 Impacts of COVID 19 on maternal health service Utilization

Increased Home Deliveries: According to explanation gained from majority of study participants, there were many women who gave birth at home without visiting the facility for their pregnancy putting the lives of mothers at risk. Preferences for giving birth at home were increased, facility uptake of services became challenging and generally utilization of maternal health care was declined. The data of delivery services (six month before COVID 19 entry and after entry) was reviewed and compared. Hence, it revealed that decrement of skilled birth attendants due to the pandemic at studied districts from 41% to 28% at studied area.

The participant of FGD member also explained as follows. *''I was not visited. I didn't take vaccine. I came two times and I couldn't found the service. I returned back and gave birth at my home. Many women have similar stories with me''* ***(PLW participant, FGD #03)***

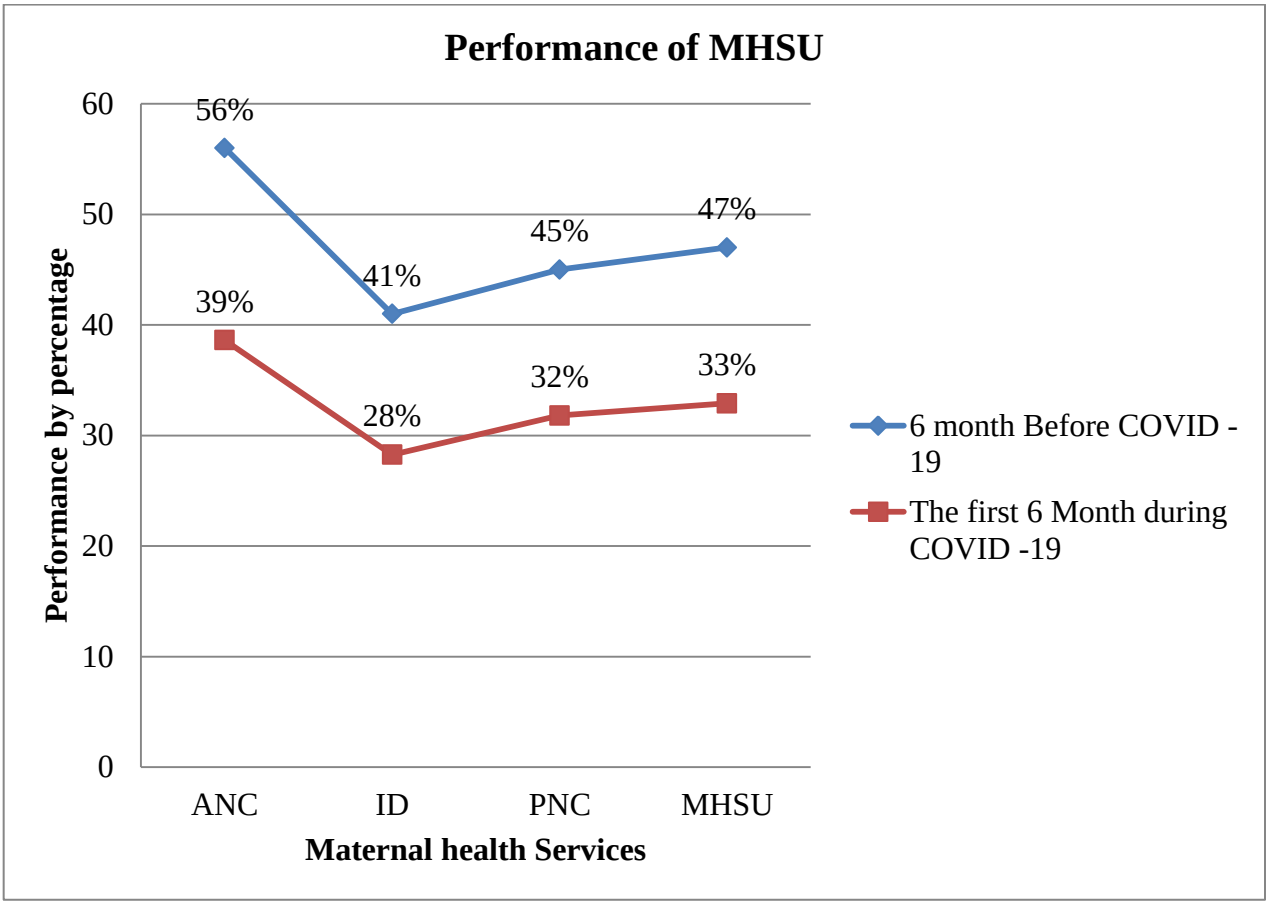

Figure 2 ANC, Institutional Delivery and PNC performances at study area

The pregnant mother's conferences were expected to be conducted every month at Kebele level. However it was also stopped during this pandemic for restriction of mass gatherings Most study participants agreed that, pregnant women were skipped and cancelled their schedule of antenatal care visits due to concerns about being infected by COVID-19 pandemic.. *''When information about the disease disseminated the transportation stopped so this action created fear on women and most of them missed their appointment from prenatal care due to fear of COVID-19 Pregnant women conference also stopped''* ***(HEW, KII #21)***

This is also illustrated by reviewed data which showed decrement of antenatal care services from 56% to 39% and postnatal care from 45% to 32%.

Maternal Health care seeking behaviour decreased: COVID 19 pandemic changed the view and health trust of clients' in the healthcare system, and willingness to seek healthcare. It was mandatory and the service users were compelled to use face mask before entry to the health facility. At initial time since the cost of the masks was expensive they couldn't afford to buy face mask. They were returned back to their home without accessing of maternal health care services after reaching the facility. Due to inability to buy and afford mask many women were raised as they couldn't access the maternity care since the gates of the facilities were not opened for them. In turn, they have no intention to seek care for the subsequent visits/services.

Maternal Complication: There was also maternal health complications happened following refusal of referral and lack of follow up due to fear of the pandemic as the following quote illustrated as *''recently, one woman from my neighbour delivered at home due to fear of COVID 19 and her pregnancy was twins, but they tie her abdomen after the first baby was born, and the foetus left in the womb is affected. We can't forget, this was happened due to the pandemic.''* (***WDA, FGD #04)***

Women were not accepting the referral despite availability of the service. They were preferred to return to their home instead of being transferred to higher health facility. They were bleeding and facing other complications at their home. One scenario was explained by PHCU's Maternal and child health focal person as follows.

''*During the entrance of the disease, the people were brought one pregnant by carrying. After we examined the presentation of the baby was not normal and we informed the family to go the higher health facility. They refused referral due to fear of COVID-19 and returned their home. At the end, she gave still birth and the mother was survived after many complications happened. Many women bleed at home due to refusal of referral. They were harmed a lot.''* ***(PHCU's MCH Coordinator, KII #11)***

Provider-Client interaction was decreased: According to the responses of most study participants, the client-provider interaction was decreased due to fear of transmission of the pandemic. Complete physical examinations were not being performed for pregnant

mothers while they went the facility to seek care. This all may leads to miss diagnosis and treatments as well as the clients may disgust returning to the service.

''Yeah! During the COVID 19 there was problem the health care worker never touch us for physical examination just like before on set of COVID 19. They wrote on paper only my ideas so that was not good only writing words on paper was not enough for my child or for me'' ***(PLW participant, FGD # 01)***

Closed Health facility: From the study areas one health center was completely closed and stopped provision of any other services. It was repurposed as COVID 19 suspects quarantine center. During this time women already booked at closed health facility returned back perceiving as no provision of services.

''*In our districts one health center was closed for other services and was serving as the COVID 19 pandemic. It was serving as the isolation center. At that time people who were using maternal and child health service at that health center was challenged''* ***(District PHEM Coordinator, KII #02)***

At the beginning the attention was diverted and the primary concerns of all health care providers and other administrators were only on mitigation of COVID 19 pandemic. In-between the provision of maternal health care was disrupted in some areas of the study. The resources were also diverted toward pandemic control actions including the maternal health care ambulances and human power.

*''Our health care workers also gave attention only on prevention of COVID. The other services including maternal and child health care services are declined. Because the communities mind were only on COVID 19 pandemic.''****(District PHEM Coordinator, KII #23)***

Shortage of Supplies (drugs, PPE) and human power: COVID-19 created a shortage of personal protective equipment, essential medications and laboratory test reagents at facility level which was also a problem before the pandemic. Available human power was also shifted toward mitigation activities and diverted their attention from maternal health care provision. *''We haven't been provided laboratory tests for the women. There was transportation problem due to COVID 19 which resulted in shortage of supplies and equipment necessary for the facility*. **(MCH Coordinator, KII *#18*)**

5.2.3 Facilitating Factors for maternal health service utilization

Strategies Used to continue Maternal Health service Utilization

During the time of this pandemic different strategy were used to continue the disrupted maternal health care utilizations. To handle this challenge the facilities and communities were used different alternative strategies to resume the distorted maternal health care services. Awareness about presence of maternal health care services and prevention and control COVID 19 pandemic were being created by moving from home to home by health care workers. Also, the facilities were used the religious leaders to call back the community for service utilization.

> *''As I told you before first we gave home to home awareness for the community about covid_19 and the clinical symptom and the way it transmitted and the occurrence of covid_19 cannot be restrict them from health facility and health facility providing service by fulfilling the criteria of preventing covid_19 by saying all of this we convince the majority of them.''* ***(PHCU Director, KII #09)***

During this time of pandemic, to find the mothers those defaulted from the service HEWs were getting them through phone call and sending of message to respective women health development army leaders.

''*A mother who left from her appointment we use different methods first notifying to her HDA, secondly we have their phone no. on MCH card which is used to call. If not, our last option is we HEW go to her home.''* ***(HEW, KII #04)***

As it is explained by study participants, hand washing corners with soaps were prepared at gates of each health facilities in order to reduce perceived risk of infection of the women during health care utilizations. The health care providers were also using the personal protective equipment for safety of themselves as well as for clients. Not at all, but at some health centers were provided face masks for women those who can't afford it instead prohibiting them from the service during ''No mask, No service'' rule.

‘‘*..Getting the service without the mask was impossible. When women decided to return back to their home without receiving care, we were asking the store keeper a piece of facemasks and gave to them and they were able to have necessary services they wanted. We were also negotiating sellers on cost of facemasks to be affordable for women with low price.’’*

Most of focus group discussants mentioned engagement of husband regarding birth preparedness and complication readiness plan. Hence, the woman started planning and saving the necessary money for her future delivery period.

‘‘*She prepares what helps her during giving birth like different food items they have for herself, for those who come to visit her. Cereals for Porridge, coffee, and wheat are major. These foods are supported by her husband through buying from the market or their farming’’* ***(Husband participant, FGD #02)***

Existing community structures like that of gare, zone, health development army leaders are recruited, trained and strengthened and they are working as community mobilizers and performing of support role for many of health care activities during this time of COVID 19 pandemic.

During this COVID-19 pandemic, women health development armies are supporting HEWs to perform health promotion activities on COVID 19 and coordination of referral in the community. HEWs described how women development armies are involved in the identification of new pregnancies, counselling of mothers for maternal health service and health facility delivery and facilitation of referral. ‘‘*in our area I was convincing them to give birth at H/C. one woman delivered on my hand on the way to H/facility. Our communities fear the virus transmission and prefer to give birth at home. But, now after the COVID-19 issue is neglected and nobody is giving attention, women visits health facility and gives birth. Immunizing Infant starts after 3 month of delivery, the service utilization and seeking care improved at this time*.’’ ***(WDA, FGD #4)***

The religious leaders are encouraging women to give birth at the health facility and teaching their followers to help the poor women for their birth preparedness in case of

transportation and other necessary things. They are working cooperatively with HEW. Religious leaders recognized that, although mortality rests in the hands of God, accessing healthcare and acting upon advice provided by healthcare workers was important and not contradict with the holy Quran.

> *''...yes we [Religious leaders] have a role to do this; we are indebted to our community, due to this we are advising and educating our community. As I told for you before, our religion do not contradict taking of service of mother and child from health institution. Therefore we encourage and support them as a religious leader and also we are working with health extension workers.* ***(Religious leader, KII #15)***

Perceived benefit of maternal health service utilization

Nearly all FGD participants and key informants believed in the importance of maternal health care utilization and prefer to give birth at a health facility even at the time of COVID-19.

> *''...It [maternal health care] is important and all are going and using the service now. It is good for our health as well as for our fetus, they measure our blood pressure, we might get an injection, drugs so I said to them go and utilize it''* ***(PLW, FGD 4#)***

During the entry of pandemic, some discussants revealed as they were continued to use without fearing of pandemic thinking for the health of their foetus.

> *''We were using the service without any fear. This health center is also safe. We were being come massaged and vaccinated.''* ***(PLW participant, FGD #06)***

CHAPTER SIX: DISCUSSION

This study explored barriers, impacts of COVID 19 pandemic and facilitating factors for maternal health service utilization in rural districts of Jimma zone during COVID-19 crisis. Accordingly, sets of health care system and individual/community related barriers deterring the maternal health service utilization and provision against the recommendation by the national guidelines (45). The finding indicated that government's restriction measures such as the mandatory use of face mask, inaccessibility and increment in transportation cost directly and indirectly played an important role in hindering the mothers not to access maternal health care services. This implies that the modalities that are being taken against COVID-19 pandemic prevention are causing disruption in maternal health care utilizations. This is consistent with most existing literatures revealed the fact that the implementation of various COVID-19 prevention actions by several countries has resulted in decline in household income, living cost inflation including transportation cost, and this makes it harder for pregnant women to access a health facility (46,47).

In this study, client and provider relationships is disrupted and the health care workers' bad approach, disrespect, poor counselling habit, poor commitment, punctuality and absence from the work place seems continued to be barriers and weakening the performance of maternal health service utilization. However, the Ethiopian health system recognizes compassionate, patient-centered care as a priority in the efforts to improve quality and equity in service delivery, as illustrated in its Health Sector Transformation Plan (48). In similar study conducted previously the same barriers were explored (20,49). For instance, it is important to give attention regarding health workers' polite communication with women.

The finding from the current study revealed that, COVID 19 pandemic message contents spread through different mass media created panic on women and inhibited them from the maternal health care utilization. The women feared thinking the consequences of infection and restricted themselves from seeking of maternal health care service. The study conducted at Iraqi Kurdistan also reported that negative influence of messages about COVID 19 transmitted by media spreads fear and panic people which later affected demand of health care services (25). Thus, media has been take the responsibility for sharing of

correct and time based information about COVID 19 Pandemic under regulation of health communication experts.

In this study the dominant underlying culture dimension found influenced utilization of maternal health care. Culture of giving birth at home and culture of diseased body burial (if died from COVID 19 pandemic) are the two identified cultural barriers preventing the women from prenatal care, institutional delivery and postnatal care.

In this finding, Traditional birth attendants are continued to provide delivery assistance in the community, as they perceive themselves to be more skilled and experienced than the HEWs and health professionals. Due to fear of COVID 19 the women were preferred to give birth at their own home with assistance of traditional birth attendants perceiving as risk reduction. Traditional birth attendants were currently banned from delivery assistance and they were expected to work with HEWs (50). Local leaders should consider this and put the direction the way in which they can provide support for HEWs.

The community perception on moving outside the home after giving birth, and lack of knowledge regarding need, false assurance about the current pandemic are obstacles explored from the community/client side during the data analysis. This is also supported by qualitative study conducted before COVID 19 occurrence and assessed the barriers of preconception care uptake at the same study area (Mana district, Ethiopia) which identified lack of knowledge, community culture, workload, fear and belief, lack of husband support as major barrier that deters women from service(51).

The study found that communities were perceived that the cause of COVID 19 pandemic is God punishment for sin. They thought as COVID 19 pandemic can infect and harms those people who moved against the will of God/Allah. However, there are some of the community segments who believe the non-existence of the virus. This may be due lack of awareness and misconceptions about the pandemic. Similarly, the study conducted by K.Yohannes and his colleagues, also identified perceived absence of locally reported COVID 19 case and residence far away from rampant areas as main false assurance (52). Therefore, serious attention needs to be paid to further understand and clear the perception.

In these study areas, maternal health care services were disrupted during this ongoing Pandemic. By comparing the data of six month before COVID 19 entry and the first six months during the pandemic Antenatal care, institutional delivery and postnatal care were declined by nearly one-thirds. Home deliveries are increased and maternal complications are happened due to refusal of referral and lack of follow up. Impact of COVID 19 pandemic were estimated by different international health organizations and WHO were incorporated maternal health care services to be continued among other essential health cares with necessary precautions (7,53). In contrast, the health care institutions were partially or fully closed and service provision and uptake were discontinued at these study areas. Such services should be protected from disruption and be delivered during the pandemic. In the study conducted at neighbour country Kenya, ANC uptake was reduced and home deliveries were increased due to COVID 19 Pandemic. The combination of fear of infection, low economy and inaccessibility of service was a key factor in influenced home deliveries (37).This result is also consistent with qualitative study performed in south west Ethiopia (43) and quantitative study in west Shewa, Oromia, Ethiopia (54).

In current study, shortage of personal protective equipment, drugs and reagents, human resource and unavailability of services were also the identified impacts of COVID 19 pandemic to utilize maternal health care services during this COVID 19 Pandemic. Others have also described similar findings in their studies (17,28,55,56). Unavailability of services implies that partial or full components of maternal health care services were not obtained. There is a need for strengthening of strategies already in place that can address all the components of the care at all levels of health care facilities. The shortage of drugs and reagents as well as the human power in the current study may be due to eruption of COVID 19 pandemic that disrupts logistic chain and shifts health work force to the other unit. It will be required for health facilities in the study areas to align their communication with their respective administrators to improve the stated barriers.

The current study as well as earlier studies(57,58) identified important role of community structures such as women's development army, religious leaders. This community structures are serving as the main sources of information for mothers to prepare themselves for birth and related complications. They are effectively referring the women to the health

facility, so that delays in maternal health service use were minimized; health extension workers could effectively refer women to a health facility for early utilization of necessary services. This implies the importance of strengthening and engaging communities for sustained activity to improve utilization of maternal health services in study areas.

The current study reported that not all, at some areas there is husband engagement preparation for birth and complication readiness. In this study surprisingly, traditional birth attendants are continued to give delivery assistance perceiving their selves to be more skilled and experienced than health care workers. It is also identified as it is happening in some parts of the country(59).

Currently, despite the existence of the pandemic, the communities are moving without application of any pandemic prevention protocols and seems as fear are disappeared from their mind. This may be due lack of attention to the pandemic from government body and the community itself. Further investigations should be performed reason out and put down recommendations.

STRENGTH AND LIMITATIONS:

The findings of this study will have significant implications on the role players to prioritize intervention approaches and build strategies to improve the utilization of maternal health services. The study employed a qualitative approach with a relatively large sample and diverse populations. However, this study was subject to some limitations. First, the findings would be prone to social desirability and recall biases since data are collected from self-reported recall of behaviour (participants may have forgotten important information. Due to the recent ban on traditional birth attendants not to conduct delivery services, we couldn’t found enough sample we were planned and they were often reluctant to give detailed information about their current experiences.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1 CONCLUSION

Three linked themes were identified, including barriers to maternal health service utilization during COVID-19, impacts of COVID-19 on maternal health service utilization and facilitating factors for utilization of maternal health services during COVID-19. The major barrier to maternal health service utilization during COVID-19 were; transport in-accessibility, lack of supportive supervision, non-ethical approach of health care providers, cultural norms, community preference of traditional birth attendants and perceptions. At the beginning of pandemic there were interruption of maternal health services which was attributed to COVID-19 state emergency, closed facility, mandatory use of face masks and other restrictions. Four major impacts of COVID-19 were identified; increased home delivery, decrease in maternal health seeking behaviour, maternal health complication, lack of respectful care and scarcity of drugs & supplies. COVID-19 interplays negatively with other factors to affect maternal health service utilization . Three major facilitating factors to maternal health service utilization were found during the time of COVID-19; strategies to continue the service, male engagement and perceived benefits MHSU

7.2 RECOMMENDATIONS

Federal Ministry of Health, Regional and Zonal Health Level:

- The Contents of messages (audio/video spots) about COVID 19 pandemic transmitted through mass media should be examined by health communication experts to reduce its negative impacts on health care utilization.
- Strengthening regular supportive supervision for facilities and respective health offices are needed for early identification and managing of some controllable barriers listed in this study.
- Leaders need to communicate clear directions how the TBAs can contribute to maternal health services and optimize their coordination with HEWs.
- Sustainable supply of logistics and medical drugs needs to be maintained.
- For the future, the impact of any pandemic should be estimated at country level and such services should be protected from disruption and should be delivered during the pandemic without interruption.

District Health Office & Health facilities:

- Pregnant women conference stopped for restriction of mass gathering should be restarted by maintaining of COVID 19 pandemic control
- Health care workers at facility level should communicate with their client should apply professional ethics at work place.
- Antenatal care, institutional birth and post-partum care is inadequately implemented; hence, it needs to be strengthened. Bold, long term and culturally acceptable measures are needed to address maternal health care during this prolonged COVID-19 crisis.
- It is the responsibility of district that should avail human power by hiring or requesting the higher administrative structures.
- Establishing measures to enable women to access referral from health post
- Nowadays the communities are neglected the pandemic, besides its increment in new case and death from day to day. So, the community needs to be re-sensitized and should apply the precaution measures.

REFERENCES

1. WHO. Maternal mortalit key facts [Internet]. 2017 [cited 2021 Apr 15]. Available from: https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

2. Lerberghe W Van, Brouwere V De. Of Blind Alleys and Things that Have Worked : History ' s Lessons on Reducing Maternal Mortality. Heal San Fr. 2013;1–26.

3. Ma X, Ph D, Wang D, Ph D, Xu W, Wu G, et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. new engl J Med. 2020;727–33.

4. worldometer. Total corona cases in Ethiopia [Internet]. 2021 [cited 2021 Dec 9]. Available from: https://www.worldometers.info/coronavirus/country/ethiopia/

5. Otu A, Okuzu O, Ebenso B, Effa E, Nihalani N, Olayinka A, et al. Introduction of Mobile Health Tools to Support COVID-19 Training and Surveillance in Ogun State Nigeria. Front Sustain Cities. 2021;3(March):1–9.

6. FMOH. preparation to COVID 19 Response, Ethiopia [Internet]. 2020 [cited 2021 Mar 1]. Available from: http://www.moh.gov.et/ejcc/en

7. WHO. Maintaining essential health services : operational guidance for the COVID-19 context. 2020;(June):7–10.

8. Roberton T, Carter ED, Chou VB, Stegmuller AR, Jackson BD, Tam Y, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries : a modelling study. Lancet Glob Heal [Internet]. 2020;8(7):e901–8. Available from: http://dx.doi.org/10.1016/S2214-109X(20)30229-1

9. WHO. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division [Internet]. World Health Organization, Geneva. 2019. 12 p. Available from: https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/

10. ICF EPHI (EPHI) [Ethiopia] and. Ethiopia Mini Demographic and Health Survey 2019: Key Indicators. Vol. 53, Rockville, Maryland. 2019. 1689–1699 p.

11. Health M. ETHIOPIA COVID-19. 2020;(April):1–2.

12. Delamou A, Delvaux T, Marie A, Ayadi E, Beavogui AH, Okumura J, et al. Public health impact of the 2014 – 2015 Ebola outbreak in West Africa : seizing opportunities for the future. 2017;2015–8.

13. Parpia AS, Ndeffo-mbah ML, Wenzel NS, Galvani AP. Effects of Response to 2014 – 2015 Ebola Outbreak on Deaths from Malaria , HIV / AIDS , and Tuberculosis , West Africa. 2016;22(3):433–41.

14. [Ethiopia] CSA (CSA). Demographic and Health Survey 2016. Adolescent Health, Medicine and Therapeutics. 2017;Volume 8:115–23.

15. Abdela SG, Berhanu AB, Ferede LM, van Griensven J. Essential healthcare services in the face of COVID-19 prevention: Experiences from a referral hospital in Ethiopia. Am J Trop Med Hyg. 2020;103(3):1198–200.

16. Tikmani SS, Ali SA, Saleem S, Bann CM, Carlo WA, Figueroa L, et al. Trends of antenatal care during pregnancy in low- and middle- income countries. 2020;43(5):297–307.

17. Bahilu T, Tewodros B, Mariam AG, Dibaba Y. Factors Affecting Antenatal Care Utilization in Yem Special Woreda, Southwestern Ethiopia. Ethiop J Health Sci. 2015;19(1).

18. Kifle D, Azale T, Gelaw YA, Melsew YA. Maternal health care service seeking behaviors and associated factors among women in rural Haramaya District, Eastern Ethiopia: a triangulated community-based cross-sectional study. Reprod Health [Internet]. 2017;14(1):1–11. Available from: http://dx.doi.org/10.1186/s12978-016-0270-5

19. Campbell B, Martinelli-heckadon S, Wong S. UNPFA State of the World's

Population. Motherhood in Childhood. UNFPA State World Popul 2013 [Internet]. 2016;ii–116. Available from: http://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013-final.pdf

20. Yoseph M, Abebe SM, Mekonnen FA, Sisay M, Gonete KA. Institutional delivery services utilization and its determinant factors among women who gave birth in the past 24 months in Southwest Ethiopia. BMC Health Serv Res. 2020;20(1):1–10.

21. Somefun OD, Ibisomi L. Determinants of postnatal care non-utilization among women in Nigeria. BMC Res Notes. 2016;9(1):1–11.

22. Abel Ntambue ML, Françoise Malonga K, Dramaix-Wilmet M, Donnen P. Determinants of maternal health services utilization in urban settings of the Democratic Republic of Congo - A Case study of Lubumbashi City. BMC Pregnancy Childbirth. 2012;12:1–13.

23. Karkee R, Morgan A. Providing maternal health services during the COVID-19 pandemic in Nepal. Lancet Glob Heal [Internet]. 2020;8(10):e1243–4. Available from: http://dx.doi.org/10.1016/S2214-109X(20)30350-8

24. Kotlar B, Gerson E, Petrillo S, Langer A, Tiemeier H. The impact of the COVID - 19 pandemic on maternal and perinatal health : a scoping review [Internet]. Reproductive Health. BioMed Central; 2021. Available from: https://doi.org/10.1186/s12978-021-01070-6

25. Ahmad AR, Murad HR. The impact of social media on panic during the COVID-19 pandemic in iraqi kurdistan: Online questionnaire study. J Med Internet Res. 2020;22(5):1–11.

26. Temesgen K, Wakgari N, Tefera B, Tafa B, Alemu G. Maternal health care services utilization in the amid of COVID-19 pandemic in West Shoa Zone , Central Ethiopia. 2020;

27. Tiruneh GT, Demissie M, Worku A, Berhane Y. Community's experience and perceptions of maternal health services across the continuum of care in Ethiopia: A

qualitative study. PLoS One [Internet]. 2021;16(8 August). Available from: http://dx.doi.org/10.1371/journal.pone.0255404

28. Birmeta K, Dibaba Y, Woldeyohannes D. Determinants of maternal health care utilization in Holeta town, central Ethiopia. BMC Health Serv Res. 2018;13(1):1–10.

29. Tekelab T, Chojenta C, Smith R, Loxton D. Factors affecting utilization of antenatal care in Ethiopia: A systematic review and metaanalysis. PLoS One. 2019;14(4):1–24.

30. Kea AZ, Tulloch O, Datiko DG, Theobald S, Kok MC. Exploring barriers to the use of formal maternal health services and priority areas for action in Sidama zone, southern Ethiopia. BMC Pregnancy Childbirth. 2018;18(1):1–12.

31. Atuoye KN, Dixon J, Rishworth A, Galaa SZ, Boamah SA, Luginaah I. Can she make it? Transportation barriers to accessing maternal and child health care services in rural Ghana. BMC Health Serv Res. 2015;15(1):1–10.

32. Asweto CO, Aluoch JR, Obonyo CO, Ouma JO. Maternal Autonomy, Distance to Health Care Facility and ANC Attendance: Findings from Madiany Division of Siaya County, Kenya. Am J Public Heal Res. 2014;2(4):153–8.

33. Fisseha G, Berhane Y, Worku A, Terefe W. Distance from health facility and mothers' perception of quality related to skilled delivery service utilization in northern Ethiopia. Int J Womens Health. 2017;9:749–56.

34. Cho SY, Kang J, Ha YE, Park GE, Lee JY, Ko J, et al. MERS-CoV outbreak following a single patient exposure in an emergency room in South Korea : an epidemiological. Lancet. 2016;388(10048):994–1001.

35. Roberton T, Carter ED, Chou VB, Stegmuller AR, ... … estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. … Lancet Glob Heal [Internet]. 2020; Available from: https://www.sciencedirect.com/science/article/pii/S2214109X20302291

36. Takemoto MLS, Menezes MO, Andreucci CB, Sousa LAR, Katz L, Fonseca EB, et al. Maternal mortality and COVID-19. J Matern Neonatal Med [Internet]. 2020;0(0):1–7. Available from: https://doi.org/10.1080/14767058.2020.1786056

37. Lusambili AM, Martini M, Abdirahman F, Asante A, Ochieng S, Guni JN, et al. " We have a lot of home deliveries " A qualitative study on the impact of COVID-19 on access to and utilization of reproductive , maternal , newborn and child health care among refugee women in urban Eastleigh , Kenya. J Migr Heal. 2020;1–2(December):100025.

38. Oke GI, Elebesunu EE. Impact of COVID-19 Pandemic on Maternal and Child Health Dear Editor ,. 2020;17(4):19–20.

39. Hailemariam S, Agegnehu W, Derese M. Exploring COVID-19 Related Factors Influencing Antenatal Care Services Uptake : A Qualitative Study among Women in a Rural Community in Southwest Ethiopia. 2021;

40. Commitments G, Ownership N. Federal Democratic Republic of Ethiopia The 2017 Voluntary National Reviews on SDGs of Ethiopia : Government Commitments , National Ownership and PerformanceTrends Content. 2017;(June).

41. Jimma zone admnistration. Jimma zone administrative annual bulletin (HMIS/DHIS 2) 2020. 2020.

42. Closser S, Napier H, Maes K, Abesha R, Gebremariam H, Backe G, et al. Does volunteer community health work empower women? evidence from Ethiopia's women's development army. Health Policy Plan. 2019;34(4):298–306.

43. Hailemariam S, Agegnehu W, Derese M. Exploring COVID-19 Related Factors Influencing Antenatal Care Services Uptake: A Qualitative Study among Women in a Rural Community in Southwest Ethiopia. J Prim Care Community Heal. 2021;12.

44. Assefa KT, Gashu AW, Mulualem TD. The impact of COVID-19 infection on maternal and reproductive health care services in governmental health institutions of Dessie town, North-East Ethiopia, 2020 G.C. medRxiv [Internet].

2020;2020.09.20.20198259. Available from: https://doi.org/10.1101/2020.09.20.20198259

45. FDREMH. National Reprodactive Health Steratagy 2016-2020. 2016;13.

46. Ketema B, Kaba M, Addissie A, Kantelhardt EJ. Challenges and coping strategies in non-communicable disease management during COVID-19 in Addis Ababa, Ethiopia: A qualitative study. 2020;1–10.

47. Sarwer A, Javed B, Soto EB, Mashwani Z ur R. Impact of the COVID-19 pandemic on maternal health services in Pakistan. Int J Health Plann Manage. 2020;35(6):1306–10.

48. FMOH. Ethiopian Health Sector Transformation Plan.2015/16 - 2019/20. Fed Democr Repub Ethiop Minist Heal. 2015;20(May):50.

49. Darega B, Dida N, Tafese F, Ololo S. Institutional delivery and postnatal care services utilizations in Abuna Gindeberet District, West Shewa, Oromiya Region, Central Ethiopia: A Community-based cross sectional study. BMC Pregnancy Childbirth [Internet]. 2016;16(1):1–7. Available from: http://dx.doi.org/10.1186/s12884-016-0940-x

50. AMREF. Why Traditional Birth Attendants are Still First Choices of Delivery Attendants for Pastoralist Communities of Afar , Ethiopia ? 2017;

51. Teshome F, Kebede Y, Abamecha F, Birhanu Z. Why do women not prepare for pregnancy? Exploring women's and health care providers' views on barriers to uptake of preconception care in Mana District, Southwest Ethiopia: A qualitative study. BMC Pregnancy Childbirth. 2020;20(1):1–13.

52. Kebede Y, Birhanu Z, Fufa D, Yitayih Y, Abafita J, Belay A, et al. Myths, beliefs, and perceptions about COVID-19 in Ethiopia: A need to address information gaps and enable combating efforts. PLoS One [Internet]. 2020;15(11 November):1–18. Available from: http://dx.doi.org/10.1371/journal.pone.0243024

53. Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries. 2020;46:73–6.

54. Temesgen K, Workie A, Dilnessa T. The impact of COVID-19 infection on maternal and reproductive health care services in governmental health institutions of Dessie town, North-East Ethiopia …. MedRxiv [Internet]. 2020; Available from: https://www.medrxiv.org/content/10.1101/2020.09.20.20198259v1.full-text

55. Aregay A. Factors Associated with Maternal Health Care Services in Enderta District, Tigray, Northern Ethiopia: A Cross Sectional Study. Am J Nurs Sci. 2014;3(6):117.

56. CSA E. Demographic, Mini Survey, Health Indicators. 2019.

57. World Vision. Religious leaders Engagement in Materna and child health care service. 2020.

58. Medicine N library of. No Contribution of women's development army to maternal and child health in Ethiopia: a systematic review of evidence. 2019.

59. Nagasa Dida BD. Challenges of Maternal Health Services Utilizations and Provisions from Health Posts in Bale Zone, Oromiya Regional State, Southeast Ethiopia: Qualitative Study. Prim Heal Care Open Access. 2015;05(01):1–5.

ANNEXES

Annex 1: Participant information sheet and consent form (English Version)

Jimma University

Participant Informed Consent Form

(Interview or Focus Group Discussion)

Consent form

Title of study: Maternal Health Service Utilization in Rural Districts of Jimma Zone during COVID-19 Crisis: An Exploratory Qualitative Study.

Lead institution: Jimma University, Ethiopia

Name of researcher: Lammi Gurmesa

Participation: My participation will consist of participating in an interview or contributing to one focus group discussion that will last for approximately 90 minutes. The interviewer will ask the group some questions. These questions have been provided to me beforehand. The researcher may also ask me some questions to help me explain or clarify or give more detail about my answers. The discussion will be arranged with the researcher at a time, date and place that is convenient to me. The interview/discussion will be digitally recorded with my consent. Should I wish to review the typed transcript of the recording, I may contact the interviewer or anyone listed on this consent form.

Risks: My participation in this study will mean that I will be giving information about my experience, knowledge and expertise in the area of maternal health care in Jimma Zone. I will not be asked about sensitive or personal issues. No risks are anticipated for my participation. I may feel tired or inconvenienced in the short term as a result of participating in the interview. I have received assurance from the researcher that every effort will be made to minimize these risks which includes respecting the length of time of the interview.

Benefits: My participation in this study might benefit me personally by giving me opportunity to reflect on maternal and child health care in Jimma Zone. Any knowledge

generated through this research will be added to existing knowledge about maternal and child health care in Jimma Zone and may advance new thinking. Any protections or improvements to health care as a result of the knowledge generated in this research can be understood as beneficial to society.

Confidentiality and anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for academic purposes, including writing articles and reports and transferring knowledge through workshops and conferences. I understand that my confidentiality will be protected: the researchers, discussion leaders and others involved in the study (including those who transcribe the discussions) will not reveal any information about my participation in the study or link my participation with the content. Transcripts that are sent to me will be password protected. I understand that I may request information and send any information by email, for example my comments or responses to the focus group discussion transcripts. The research team has recommended that I can minimize the risk of security breaches and ensure confidentiality by using standard safety measures including signing out of my computer account, closing my browser and locking my screen or device when I am no longer using them.

Anonymity will be protected in the following ways: any characteristics or words that have potential to identify me will be removed from the text when the researchers report or write about the study. Any quotations used in written work will be anonymously reported. If I personally choose to disclose my participation in a focus group discussion to people others than those in the research team, I understand that I risk revealing my identity, and there may be a breach in anonymity and confidentiality. Revealing my part in the study may (or may not) have consequences for me. The identity of participants in any publications will be through the use of generic terms describing occupational standing e.g. Health Worker, Health Extension Worker, religious leader and Female Health Development Army Member.

Conservation of data: The digital data collected through interviews/focus group discussions will be transcribed and stored as digital (electronic) files. Once transferred to

electronic files, data will be removed from recording devices. Electronic data will be secured through computer password protection. Any hard (written hand notes or typed) copies of discussions will be anonymized before printing to prevent other non-researchers from accessing identity. Only the researchers will have access to the data. All researcher-collected data will be transferred to Jimma University and stored on limited-access, password-protected drives and servers. Data will continue to be kept in a secure manner at both universities for a period of five years after the research has been published.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be deleted.

Acceptance: I, _____ *(Your Name),* agree to participate in the above research study conducted by _____ at Jimma University. There are two copies of the consent form, one of which is mine to keep.

If I have any questions about the study, I may contact the researchers directly. If I have any questions regarding the ethical conduct of this study, I may contact: Dr. Million Tesfaye,

Head of the Institutional Review Board at Institute of Health, Jimma University,. Telephone: +251-917-063744 e-mail: mtesfaye1@gmail.com

Participant's signature: Date:

Interviewer's signature: Date:

Statement of consent to use of photographs

Tick only if you consent to having your photo taken and used in this project ☐

Annex 2: Informed consent (Afan Oromo Version)

Waraqaa Odeeffannoo Fi Boca Walii Galtee

Yuuniversiitii Jimmaa

Boca Walii Galtee

Mata Duree Qorannoo: Qorannoo Fayyadamiinsa Tajaajila Fayyaa haadholee yeroo Weerara dhibee Koronaa, Aanolee baadiyyaa Godina Jimmaa irratti.

Dhaabbata Qorannicha dursu: Yuunivarsiitii Jimmaa, Itiyoophiyaa

Maqaa Qorataa: Lammii Gurmeessaa

Hirmaannaa: Hirmaannaa ani taasisuuf jedhu kun, gaaffii fi deebii ykn marii garee irratti kan ta'uu fi giddu galeessatti tilmaamaan daqiiqaa 90 fudhachuu ni danda'a. Gaafataan garee marii kana gaaffilee muraasa ni gaafata. Akkasumas Waa'ee deebii ani kennuu akkan bal'inaa fi gadi gadi fageenyaan ibsuuf na gaafachuu ni danda'a. Mariin kan mijeeffamu qorataa waliin yeroo ta'u, sa'aatii, guyyaa fi bakki isaa akkaataa naaf mijatuun ta'eera.Gaaffii fi deebiin ykn mariin garee kun fedha kootiin sagaleen koo akka waraabamu walii galeen jira. Barreeffama sagalee koo warabamee ilaaluu yoon barbaadu namoota maqaan isaanii boca walii galtee kanaarra tarreeffame quunnamuu nan danda'a.

Saaxilamummaa: Hirmaannaa koo qorannoo kanaa keessatti waa'ee muuxannoo, beekumsaa fi shaakala kunuunsa fayyaa haadholii godina Jimmaa odeeffannoo nan kenna. Dhimmoota miira namaa tuqanii fi dhimmoota dhuunfaa hin gaafatamu. Gaaffiin gaafatamuu fi mariin godhamu irraan kan ka'e, natti toluu dhiisuu fi dadhabbiin akka natti dhagahamu gochuu ni mala. Saaxilamummaa koo dheerina yeroo gaaffii fi deebii xiqqeessuuf tattaaffiin akka godhamu qoraticha irraa mirkaneeffadheen jira.

Faayidaa: Qorannaa kana keessatti hirmaachuun, waa'ee kunuunsa fayyaa haadholee godina Jimmaa ibsuuf carraa waan argadheef akka dhuunfaatti faayidaa naaf qaba.
Beekumsi kamuu qorannoo kanarraa argamu beekumsa Kanaan dura kunuunsa fayyaa haadholee fi daa'immanii godinicha keessa jiru irratti ni ida'ama, akkasumas akkaataa xiinxalaa haaraa illee ni dabala. Fooyya'iinsi kunuunsa fayyaa qorannoo Kanaan dhufu

faayidaa hawaasaaf akka qabu hubadheen jira.

Iccitii fi maqaa waamuu dhiisuu: Odeeffannoo ani qoodu kun iccitiin isaa sirriitti akka eegamu qorataa irraa mirkaneeffadheera. Qabiyyeen qorannoo kanaas kaayyoo barnootaaf, dabalataan immoo gabaasaa fi barruu qopheessuun beekumsa karaa konferaansii fi woorkishooppii daddabarsuu qofaaf akka oolu hubadheen jira. Iccitiin koo akka eegamu hubadheen jira: Qorataan, dursaan marii fi namoonni qorannoo kana keessatti qooda fudhatan kan biroo odeeffannoo ani kenne qaama kan biroof akka hin mul'isne ykn waan biraatiin akka wal hin qabsiifne hubadheera. Barreeffamni sagalee warabamee kan natti ergame jecha darbiin kan qabu dha. Odeeffannoo karaa iimeeyilii gaafachuu yookiin erguu, fakkeenyaaf sagalee marii garee waraabamee barreeffamatti deebi'e irratti yaada koo kennuu akkan danda'u hubadheen jira.

Maqaa Kaasuu dhiisuu: Kun karaa armaan gadiin ni eegama: Jechi kamuu maqaa koo ibsuu kan danda'u gabaasa dhiyaatu yookiin barreeffama qorannichaaf barreeffamu keessaa ni haqama. Caqasni/waraabbiin hojii barreeffamaa kana keessatti fayyadamamu maqaa koo osoo hin dhahiin ta'a. Akka dhuunfaa kootti maree garee irratti hirmachuu koo namoota kan biroo kanneen garee qorannoon ala jiranitti himuu yoon filadhe, carraan eenyummaa koo mul'isuu akka jiru hubadheera, kanaanis iccitii fi maqaa beekamuu hafuun koo ni fashalaa'a. Qorannoo kana irratti hirmaachuu mul'isuun koo dhiibbaan narratti qabaachuu ykn dhiisuu ni mala. Eenyummaan hirmaattotaa maxxansaalee kamirrattuu fayyadamamuu kan danda'amu gahee hojii irra jiranii ibsuun ta'a. Fakkeenyaaf Ogeessa Fayyaa, Hojjeettuu Eksiteenshinii fayyaa, Dursaa garee amantaa, abbootii warraa, Deessistoota aadaa, dursituu garee misooma fayyaa dubartootaa fi kkf jechuun ta'a.

Eegumsa Ragaa: Ragaan digitaalaa karaa gaaffii fi deebii yookiin marii gareetiin walitti sassaabame bifa barreeffamaatti deebi'uun faayilli isaa meeshaa elektirooniksiin ol kaahama. Faayilli karaa elektiroonikiin erga olkaahamee booda ragaan meeshaa sagalee waraaberra jiru ni haqama. Ragaa elektirooniksii kanaaf kompuutara irratti jecha darbiitiin eegumsi ni godhama. Yaadannoon yeroo marii fi gaaffiif deebii qabatame maxxansamuu isaan dura maqaan irraa baduun namoonni qorannichaa ala jiran eenyummaa koo akka hin barre ni taasifama.

Ragaan hundi qorattootaan walitti qabame gara yuunivarsiitii Jimmaatti darbuun qaamni biraa arguu bifa hin dandeenyeen jecha darbiin eegumsi godhamuun meeshaa kuusaa ragaa ykn serverii irra ni kaahama. Ragaan kun akkuma eegumsi godhameefitti erga maxxansameen booda waggoota shaniif ni tura.

Fedhiin hirmaachuu: Akkan irratti hirmaadhuuf tasuma hin dirqisiifamne. Qorannicha irratti hirmaachuuf fedhii qabaadhee yoon itti fufes, miidhaan tokko osoo narra hin gahiin yeroon barbaade kamittiyyuu qorannicha keessaa bahuu yookiin immoo deebii kamiyyuu deebisuu dhiisuu nan danda'a. Qorannicha addaan kutuun yeroon dhiisu, ragaan hanga ani keessaa bahutti qabatame ni haqama.

Walii galuu: Ani, _____ *(maqaa hirmaataa),* qorannoo armaan olii Obbo ***Lammii Gurmeessaa*** tiin yuunivarsiitii Jimmaatti geggeeffamu irratti walii galeera. Waraqaa walii galtee kooppii lamaan jiru keessaa tokko naaf ni kennama.

Waa'ee qorannoo kanaaf gaaffii yoon qabaadhe kallattiidhaan qorattoota qorannichaa quunnamuu nan danda'a. Waa'ee naamusa adeemsa qorannichaa geggeeffamu irratti gaaffii yoon qabaadhe Dr Miiliyoon Tasfaayee (Yuunivarsiitii Jimmaa, Dhaabbata Fayyaatti Itti gaafatamaa IRB) teessoo armaan gadiin quunnamuu na danda'a.

Bilbila Moobayilaa: +251-917-063744 e-mail: mtesfaye1@gmail.com

Mallattoo Hirmaataa: _____ Guyyaa:

Mallattoo gaafataa Qorannoo: _____ Guyyaa:

Walii galtee suuraa ka'uu

Piroojektii kanarratti suuraan keessan fudhatamuun akka itti fayyadamamu yoo walii galtan mallattoo asirra kaahaa. ☐

Annex 3: Interview Guides

Health Workers [PHCU Director, PHEM focal person, MCH expert, HEWs]: In-depth interview guide

Implementation study of interventions to promote Maternal and Neonatal Health Seeking and Service utilization

Jimma University

Background information of Interviewee

Key informant

- Informant identifier number_____
- Name of district_____
- Level of education_____
- Occupation _____
- Age _____
- Ethnicity _____Religion _____
- Date of interview _____Interviewer _____
- Start time _____End time_____

Question set 1. First, I'd like to ask you to tell me about the maternal and neonatal health services available at your catchment health facility during the time of COVID-19 pandemic

1.1. What are the maternal and neonatal health services that are being accessed by clients during COVID-19 pandemic? [Prompt: What are maternal and neonatal health services affected during the time of COVID-19 pandemic? [Prompt: which one is more affected? What do you think about the underlying reasons for those affected services].

1.2. Is there emergency referral for MCH during COVID-19 Pandemic period? [Prompt: If no why?]

Question set 2. The next question will ask about the perception and practices of mothers towards maternal Health service utilization during the time of COVID-19 pandemic.

2.1. Do women perceive that COVID-19 can affected the health of new born and mothers? [Prompt: How? Why? Provide examples?].

2.2. What are common practices in the community while pregnancy, child birth and post-partum period for mothers and newborns? [Prompt: Any cultural taboos? Who assist mother to deliver? Initiation of Breast feeding? Washing baby? Michi?]

2.3. What community practices should be promoted or continued to improve health of mothers and newborns in this community?

Question set 3. The next six questions will ask about barrier to maternal Health service utilization during the time of COVID-19 pandemics

3.1. What are major health problems of Mothers and neonates during the time of COVID-19?

3.2. What are the concerns, worries and challenges to seek care or use services at health facility during COVID-19? [Prompt: fear of COVID-19? facility closed? service cost? Poor compassionate and respectful care?]

3.3. What types of serious barriers/ challenges mothers phase during antenatal care seeking? [Prompt: autonomous decision making? Distance? Lack of respectful care? Poor facility readiness?]

3.4. How frequent pregnant mothers go for checkup? If she visited less than recommended, why?

3.5. If mothers did not attend antenatal care, [Prompt: why? Any cultural taboos? Misconceptions? Myths ?]

3.6. What do you see as the reasons for pregnant women to return (or not return) for subsequent ANC visits?

3.7. What types of serious barriers/ challenges do pregnant women phase during institutional delivery care utilization? [Prompt: autonomous decision making? Distance? Lack of respectful care? Poor facility readiness?]

3.8. Did women give birth at health facility during the time of COVID-19 crisis? Prompt, if yes was there any challenge? If no, why?

3.9. What was serious barriers/challenges women phase during intra-partum care/seeking for institutional delivery during the time of COVID-19? [Prompt:

autonomous decision making? Distance? Lack of respectful care? Poor facility readiness?]

3.10. What types of serious barriers/ challenges women phase during postnatal care utilization? [Prompt: traditional taboos? service unavailability? Problem with decision making? Distance? lack of respectful care? Poor facility readiness?]

Question set 4: The following eight questions will ask about challenges and barriers encountered by response team? Probe:

4.1. What are technical challenges in response to COVID-19 pandemic [Prompt: Extent to which evidence-based decision have been done, how to do, evidence, information's, how local administrative use EBP]

4.2. What are coordination during COVID-19 pandemic response? [Prompt: between and within districts) and multisectoral approaches by sectors? Who involved why not others?]

4.3. What are Supplies, equipment's challenges during the response of COVID-19?

4.4. What are challenges related to human resources, and institutional capacity?

4.5. Financial barriers (adequacy, arrangements, utilization, management etc)?

4.6. What are the challenges related to Community-resistance /engagement and socio-culture dimensions (Community side (awareness/perceptions/attitude etc)?

4.7. What are challenges related to Administrative, governance and leadership?

4.8. What are the challenges related to Response team/professional commitment/attitude etc ?

Question set 5. The next five questions will ask about the Knowledge, perception and preventive practice of health workers on COVID -19

5.1. Please would you mention the main clinical symptoms of COVID-19?

5.2. Can you mention the ways COVID 19 transmitted?

5.3. How worried are you about contracting the Coronavirus? [Prompt: How do you explain your risk of getting Coronavirus Compared to most health workers? How likely do you think you would meet someone who is infected with Coronavirus? How

worried are you that your family members or friend might be infected by Corona Virus?]

5.4. What practices you and your families are putting in place to prevent the spread of the COVID-19? [Prompt: Hand washing? Use of sanitizers? Wearing masks? Keeping own physical distance? Not going where many people gather?]

5.5. How COVID-19 affects you, your family and your community life? [Prompt, How? Why? Economic effect? Social life effect? Health effect?]

Question set 6. The next two questions will ask about the negative health outcomes during the time of COVID-19?

6.1. Have you seen any women who encountered with any complications and adverse pregnancy and child birth outcomes due to challenges posed by COVID-19 pandemic? If yes list down the events? Explain how it has been happened?

6.2. Are there any alternative means to get maternal and neonatal health services during COVID-19 Pandemic? [Prompt: If no, why?]

Question set 7. The following three questions will ask about information sources during your current pregnancy?

7.1. Where did women hear information about pregnancy and childbirth [Prompt: Antenatal care? Institutional delivery? Postnatal care? Which media did they use to hear the information? Frequency of hearing the message for each item?]

7.2. Do women in your catchment area or any member of their family have the experience of reading mobile message? Did they use mobile message to seek health service?

Question set 8. Do you have anything else you'd like to say about maternal and neonatal health seeking and service utilization during the time of COVID-19 pandemic?

Background information of interviewer

Name_____

Sex_____ Age_____ Education level _____

Date of Interview _____Signature _____

Religious leaders: In-depth interview guide

Implementation study of interventions to promote Maternal and Neonatal Health Seeking and Service utilization

Jimma University

Background information of Interviewee

Key informant

- Name of Ganda: _____
- Name of District & PHCU_____
- Informant identifier number_____
- Position _____years in role _____
- Age _____ sex _____
- Responsibility of the religious leader _____

Question set 1. Beliefs and practices about MCH: First I'd like to ask you about the beliefs and practices surrounding maternal and child health in your community.

1.1. Could you please describe for me the common practices of women during pregnancy? Who do they seek help from? Prompt: Interaction with HEW? Visits to the health center/post?
1.2. Who do women turn to for advice about pregnancy and childbirth matters? What is the nature of these discussions?
1.3. ANC visits refer to the visits that pregnant women have with a health provider for reasons related to the pregnancy. How important is it that they have ANC visits? What might encourage them to attend? What might discourage them?
1.4. How do women prepare for birth? What birth preparation help is found in your community?
1.5. Where do women prefer to give birth? Are they able to act on their preferences?
1.6. Who makes the final decision about where women give birth?

1.7. Who else might have an input in this decision?

1.8. What are the factors in your community that might prevent a pregnant woman from getting health services during pregnancy, labour and after birth?

1.9. What preparations has your community made for emergencies during childbirth? Do these plans work well when they're needed?

Question set 2. Roles in promoting MCH: Next I would like to ask you to tell me a little more about how people in your *Ganda*, including yourself, work to promote better health of women and babies.

2.1. How do religious leaders presently promote maternal and child health? Prompt: What has worked well? What has not worked well?

Question set 3. MCH services across different stages of childbearing: We know that there are often serious complications that can happen for women and their babies, first during pregnancy, then during labour and childbirth, and the in the first few weeks after the baby is born. The next four questions will ask about serious health problems that present at different stages of childbearing.

3.1. Can you describe what serious complications you are aware of in your community?

3.2. Why do you think these occur?

3.3. How could they be better prevented?

3.4. What are you doing, or could be doing, to help prevent these complications?

Question set 4. The next five questions will ask about the Knowledge, perception and preventive practice of mothers on COVID -19

5.2 Please would you mention the main clinical symptoms of COVID-19?

4.2. Can you mention the ways COVID 19 transmitted?

4.3. How worried are you about contracting the Coronavirus? [Prompt: How do you explain your risk of getting Coronavirus Compared to most people of your age? How likely do you think you would meet someone who is infected with Coronavirus? How worried are you that your family members or friend might be infected by Corona Virus?]

4.4. What practices you and your families are putting in place to prevent the spread of the COVID-19? [Prompt: Hand washing? Use of sanitizers? Wearing masks? Keeping own physical distance? Not going where many people gather?]

4.5 How COVID-19 affects you, your family and your community life? [Prompt, How? Why? Economic effect? Social life effect? Health effect?]

Background information of interviewer

a. Name_____
b. Sex_____
c. Age_____
d. Education level _____
e. Date of Interview _____Signature _____

Women: Focus group discussion guide

Implementation study of interventions to promote Maternal and Neonatal Health Seeking and Service utilization

Jimma University

Background information of participants

District _____PHCU_____Ganda_____

Facilitators: 1. _____ Note taker: _____

Date:_____ Start time: _____Ending time_____

SN	ID of participants	Age	Educational Status	Religion	Role in the community	Place of delivery for recent	ANC follow history (1, 2, 3, 4)
1							
2							
3							
4							
5							
6							
7							
8			.				
9							
10							

Today we are going to have a discussion about issues related to pregnancy and childbirth. We want to learn more about your experiences in pregnancy and childbirth.

Question set 1. First, I'd like to ask you to tell me about the maternal and neonatal health services available at your catchment health facility during the time of COVID-19 pandemic

1.1 Have you or visited Health facility during COVID-19 pandemic for maternal and neonatal health service? [Prompt: If you visited health facility, what are the maternal and neonatal health services that are being accessed by clients during COVID-19 pandemic? If you did not visit during Health facility, Why?]What are maternal and neonatal health services affected during the time of COVID-19 pandemic? [Prompt: which one is more affected?].

1.2 Is there emergency referral for RMCAH during COVID-19 Pandemic period? [Prompt: If no why?]

Question set 2. The next three questions will ask about the perception and practices of mothers towards maternal Health service utilization during the time of COVID-19 pandemic.

2.1 Do you think COVID-19 has affected health of new born and mothers? [Prompt: How? Why? Provide examples?].

2.2 What are common practices in your community while pregnancy, child birth and post-partum period for mothers and newborns? [Prompt: Any cultural taboos? Who assist mother to deliver? Initiation of Breast feeding? Washing baby? Michi?]

2.3 What community practices should be promoted or continued to improve health of mothers and newborns in this community?

Question set 3. The next ten questions will ask about barrier to maternal Health service utilization during the time of COVID-19 pandemics

3.1.What are major health problems of Mothers and neonates in the community where you live?

3.2.What are your concerns, worries and challenges to seek care or use services at health facility during COVID-19? [Prompt: fear of COVID-19? facility closed? service cost? Poor compassionate and respectful care?]

3.3. What types of serious barriers/ challenges mothers' phase during antenatal care utilization? [Prompt: autonomous decision making? Distance? Lack of respectful care? Poor facility readiness?]

3.4. How many times did you go for pregnancy checkup? If she visited less than recommended, why?

3.5. If you did not attend antenatal care, why?

3.6. What do you see as the reasons for pregnant women to return (or not return) for subsequent ANC visits?

3.7. What types of serious barriers/ challenges you phase during institutional delivery care utilization? [Prompt: autonomous decision making? Distance? Lack of respectful care? Poor facility readiness?]

3.8. Did you give birth at health facility for your last pregnancy? Prompt, if yes was there any challenge you phase? If no, why?

3.9. What was serious barriers/challenges you phase during intra-partum care/seeking for institutional delivery? [Prompt: autonomous decision making? Distance? Lack of respectful care? Poor facility readiness?]

3.10. What types of serious barriers/ challenges you phase during postnatal care utilization? [Prompt: traditional taboos? service unavailability? Problem with decision making? Distance? lack of respectful care? Poor facility readiness?]

Question set 4. The next five questions will ask about the Knowledge, perception and preventive practice of mothers on COVID -19

4.1. Please would you mention the main clinical symptoms of COVID-19?

4.2. Can you mention the ways COVID 19 transmitted?

4.3. How worried are you about contracting the Coronavirus? [Prompt: How do you explain your risk of getting Coronavirus Compared to most people of your age? How likely do you think you would meet someone who is infected with Coronavirus? How worried are you that your family members or friend might be infected by Corona Virus?]

4.4. What practices you and your families are putting in place to prevent the spread of the COVID-19? [Prompt: Hand washing? Use of sanitizers? Wearing masks? Keeping own physical distance? Not going where many people gather?]

4.5 How COVID-19 affects you, your family and your community life? [Prompt, How? Why? Economic effect? Social life effect? Health effect?]

Question set 5. The next two questions will ask about the negative health outcomes during the time of COVID-19?

5.1. Have you encountered with any complications and adverse pregnancy and child birth outcomes due to challenges posed by COVID-19 pandemic? If yes list down the events? Explain how it has been happened?

5.2. Are there any alternative means to get maternal and neonatal health services during COVID-19 Pandemic? [Prompt: If no, why?]

Question set 6. The following three questions will ask about information sources during your current pregnancy?

6.1. Where did you hear information about pregnancy and childbirth [Prompt: Antenatal care? Institutional delivery? Postnatal care? Which media did they use to hear the information? Frequency of hearing the message for each item?]

6.2. Do women in your catchment area or any member of their family have the experience of reading mobile message? Did they use mobile message to seek health service?

Question set 8. Do you have anything else you'd like to say about maternal and neonatal health seeking and service utilization during the time of COVID-19 pandemic?

Male Partner: Focus group discussion guide

Implementation study of interventions to promote Maternal and Neonatal Health Service utilization

Jimma University

Background information of participants

District _____ PHCU_____Ganda_____

Facilitators: 1. _____ Note taker: _____

Date: _____ Start time: _____Ending time_____

SN	ID of participants	Age	Educational Status	Religion	Role in the community
1					
2					
3					
4					
5					
6					
7					
8			.		
9					
10					

Today we are going to have a discussion about issues related to pregnancy and childbirth. We want to learn more about your experiences in pregnancy and childbirth involvement.

Question set 1. Pregnancy

Let's start our discussion on the topic of pregnancy.

1.1. How is pregnancy talked about in your community? [Prompts: open or closed, who is part of discussions? How often? What do you talk about? Where do you go for more information?]
1.2. What health services are important for women while they are pregnant? [Prompts: When and where? Purpose of visits/services? Ability to access? Barriers to use? Quality, Positive and negative experiences?]
1.3. How do women prepare to give birth? [Prompts: Making plans, Role of husband, Role of others, Saving money, Planning for transportation]
1.4. What do you see as your role in helping women stay healthy during pregnancy? [Prompts: Role as part of the MDA, Role as husbands, Challenges, barriers, Successes, Examples]

Question set 2**.** Child birth

2.1 Where do women prefer to give birth? [Prompts: Who assists? Reasons for preference? Ability to act on preference, Who decides?

2.2 What complications may occur during pregnancy or childbirth? What preparations do families make for emergencies? How well do these plans work?

2.3 What do you see as your role in ensuring women give birth safely?[Prompts: As the MDA, husbands or community members, During labour, delivery

Annex 4: List of Codebooks

Codes	Definition	Examples
Inaccessibility of transportation	The public transportation was inaccessible due to the home stay order passed by the government as pandemic mitigation strategy	*''No transportation was also allowed, and even motor cycle was not allowed for transportation purpose. There were also problems with the ambulance service. They do not respond call.''*
Lack of supportive supervision	Supportive supervisions were expected to be conducted regularly for PHCUs and health posts. Therefore, maternal health services utilization from health centres was not similar throughout the catchment PHCU's and as well as districts.	*''There were no supotive supervision. It depends on strong supportive supervision, health care workers commitment and strength on awareness creation''*
Influence of Message content (panicked)	The women were panicked by message contents transmitted by media about those who had died from COVID-19 pandemic and concerned about either dying themselves or their family.	*''Death of health care workers was being transmitted through the media that we feared a lot the corona disease*.''
HCWs approach	Refers to health care workers conducts like bad approach, disrespect, poor commitment, punctuality and absence from the facility	*''He insulted me at that place. I was in difficult pain of labour and unknowingly, I removed and threw the face mask. I couldn't control myself.*

		himm…how I can keep facemask o my mouth?''
Cultural norms (home delivery & burial, conceal pregnancy, fearing michi for PNC utilization)	This is Existing culture of home delivery pledges the women to return back to their past experience during this pandemic. Also culture of the community regarding of funeral system	*''The disease itself and death from this virus is very bad. Because no one cleans your diseased body, no one prays by standing near. This is multiple deaths! The process of burial is also bad all this made us to fear the virus and inhibited from the facility.''*
Preferring TBA for risk reduction	Community preferred traditional birth attendants for perceived risk minimization. Traditional birth attendants are continued to provide delivery assistance in the community.	*''During this corona, when the labor starts they called me instead of going health center and getting an infection. Then I look at the laboring mother and examine per my profession whether the baby is in the right way or not.''*
Perceiving COVID 19 as God punishment for sin	The communities are perceived as the COVID 19 pandemic cause is being conducting of the sin and God punishment.	*''They think COVID 19 is only for those who conducted sin, not for others.''*
Political conspiracy	Believe in the absence of the	*''When we heard about*

and interference	COVID 19 and the government is using it for political purpose.	*Corona it is just entertainment within the Farmers area, no one is giving attention to that because we didn't saw patient with it.''*
Increased home delivery	There were many women who gave birth at home without visiting the facility for their pregnancy putting the lives of mothers at risk. Preferences for giving birth at home were increased, facility uptake of services became challenging and generally utilization of maternal health care was declined.	*''I was not visited. I didn't take vaccine. I came two times and I couldn't found the service. I returned back and gave birth at my home. Many women have similar stories with me''*
Pregnant women conference stopped	The pregnant mother's conferences were expected to be conducted every month at Kebele level. However it was also stopped during this pandemic for restriction of mass gatherings	*''When information about the disease disseminated the transportation stopped so this action created fear on women and most of them missed their appointment from prenatal care due to fear of COVID-19.Pregnant women conference also stopped''*
Maternal Health care seeking behavior decreased	COVID 19 pandemic changed the view and health trust of clients' in the healthcare system,	*''How I can went the facility? It was difficult to move to death*

	and willingness to seek healthcare.	*intentionally!''*
Maternal complication	There was also maternal health complications (bleeding, prolonged labor) happened following refusal of referral and lack of follow up due to fear of the pandemic	*''Recently, one woman from my neighbour delivered at home due to fear of COVID 19 and her pregnancy was twins, but they tie her abdomen after the first baby was born, and the foetus left in the womb is affected. We can't forget, this was happened due to the pandemic.''*
Provider client interaction decreased	Means the relationship of health care workers and clients are disrupted. There was no appropriate physical examination performed for the clients.	*''Yeah! During the COVID 19 there was problem the health care worker never touch us for physical examination just like before on set of COVID 19.*
Closed health facility	From the study areas one health center was completely closed and stopped provision of any other services. It was repurposed as COVID 19 suspects quarantine center.	''*In our districts one health center was closed for other services and was serving as the COVID 19 pandemic. It was serving as the isolation center. At that time people who were using maternal and child health service at that*

		health center was challenged''
Shortage of supplies and human power	a shortage of personal protective equipment, essential medications and laboratory test reagents at facility level	*.''We haven't been provided laboratory tests for the women. There was transportation problem due to COVID 19 which resulted in shortage of supplies and equipment necessary for the facility*.
Strategies Used to continue Maternal Health service Utilization	Refers to using different alternative strategies like that of home to home visits and phonecalls to handle challenges resume the distorted maternal health care services.	*''As I told you before first we gave home to home awareness for the community about covid_19 and the clinical symptom and the way it transmitted''*
Engagement of husband in birth preparedness and CR	Indicates involvement of husbands during birth prepatation during pregnancy of his wife.	*''...These foods are supported by her husband through buying from the market or their farming''*
Existence of community structures	Refers to Communities structure like that of WDA, gares and zones are found supporting health activities during the COVID 19 Pandemic.	''*in our area I was convincing them to give birth at H/C''*

Annex 5: Description of participants' response

Major themes and sub themes of the study finding

Themes	Sub-themes
Barriers to utilization of MHSU during COVID 19	❖ **Health Care System Barriers of Maternal Health service Utilization during COVID 19 pandemic** • Inaccessibility of transportation • Lack of supportive supervision • Influence of Message content (panicked) • HCWs approach ❖ **End user related/demand side barriers of Maternal health service Utilization during COVID 19 Pandemic** • Cultural norms (home delivery & burial, conceal pregnancy, fearing michi for PNC utilization) • Preferring TBA for risk reduction • Outweighing risk of getting infection • Perceiving COVID 19 as God punishment for sin • Political conspiracy and interference
Impacts of COVID 19 Pandemic on MHSU	❖ Increased home delivery ❖ Pregnant women conference stopped ❖ Maternal Health care seeking behavior decreased ❖ Maternal complication ❖ Provider client interaction decreased ❖ Closed health facility ❖ Shortage of supplies and human power
Facilitating Factors for MHSU	❖ Strategies Used to continue Maternal Health service Utilization ❖ Engagement of husband in birth preparedness and CR ❖ Existence of community structures (TBA, religious leaders, WDA, gare, zone) ❖ Perceived benefit of MHSU

Annex 6: Code Filter: All

Code-Filter: All

HU: CODING 44 Final
File: [C:\Users\User\Desktop\COVID 19 RESEARCH\My research\CODING 44 Final.hpr7]
Edited by: Super
Date/Time: 2021-12-09 01:09:56

2ND nad 3rd PNC is not reported
absence of health care workers
absence of lab test
absence of service
action plan
additional expenses
affect daily activity
affect family
affect our pyschology
affected individual life
affected political
affected society life
Ambulance is not available
Ambulance not return the women
Ambulance service shifted
ANC and delivery service affected well
ANC decreased
ANC is important
angry of HCWs
announcement
annual ceremony stopped
Anxiety due to COVID
Application of preventive measures
approach of health care providers
attention diverted
awareness created
awareness creation campaign
bad approach
balanced diet for mother
behaviour of Health care providers changed
Being busy for COVID 19
Being midwife is risk
being new to new facility
believe on God
birth preparation
birth preparation reduced
bleed at home
budget problem
busy to indoor work
capacity do assist delivery
case decreased
challenge in managing COVID case
challenge of refferal
change in season
choose market than COVID
closure of HP
collecting materials for MWA
come other day
committed sin
communicating with communities to use service
communication of PHCU and HP are declined
Community mobilized
Community practice
community resistances
community rule to avoid home birth
Complication
Complication due to refusal of referral
complication of home birth
Components of ANC provided
conducted supportive supervision
conducting conference
conference increasesANC
conflict with guards
Contact by HDA for drop out
continued as usual
continued to give service
convinced people to use the service
cooperation of rapid response team
coordination loosed
Coordination of response team
corona can't affect low land
Corona is cooled
Corona is decreased
cost of transportation
coughing
coughing, sneezing
COVID-19 forgotten
COVID 19 affect town
covid 19 attack mother and child
COVID 19 challenged

COVID 19 distorted service
COVID 19 eliminated
COVID 19 get medicine
COVID 19 harms the women
COVID 19 is present
COVID 19 prevention protocol
creating awareness on COVID 19
cried
culture
culture of saving
current perception about disease
death reduced
decision maker
decreased supply
delivery assistance
delivery depends on ambulance
delivery service is improved
demotivation of family
deny to accept the COVID pandemic
difference by awareness
difference by serivce delivery
difference by supply
difficult to resume service
difficult topography
discourages women
discuss about pregnancy
discussed with community
discussion with husband
dislike male
dislike of stopping delivery assistance
dissiminate negative
Distance
disturbed economy
dropout from service
drug unavailablity
Early ANC
Early PNC
early recognize pregnancy
eat food alone
emergency preparation
Encouraging by providing of awareness
especial food during pregnacy
evaluation of plan
Excessive fear
expected advantage
experience of assisting delivery
experience of message
Experience of TBA
facilitated the way mothers obtain mask
facilitating road
facility preference
facility preparedness
facility response
family influence
family member can read message
family support
fast breathing, cough,
fast labour
fear alot
fear broken
fear disappeared
fear episotomy
fear exposure of secret
fear for miidhama
fear health workers
fear of contracting the infection
fear of COVID 19
fear of diagnosis
fear of male health care providers
fear of market
fear the health center
feed balanced diet
feeling confidence by one visit
filling of the river
financial support
first advisor
follow PNC
follow up at 3 month
formation of rapid response team
Free of payment
fruits and vegetables for mother
giving all service
giving birth at facility
giving of awareness
god punishment
good care
good cooperation with different sectors
good coordination
good experience
good reception
good relation ship
good strategy
government attention
habit of helping each other
handling problem
have set of delivery
have training
having no plan for place of delivery
HC discouraged us
HCWs benefited
HCWs, School, HEWs
health care workers not used mask
health center massage women
Health education stopped
health facilities are source of infection
health facility closed
Health facility shifted
HEW provides 2nd and 3rd ANC

HEW taught the community by home to home
HEW teaches community
HEW works party job
HF preparation
hiding cough
High effect for the first three months
home births
home to home awareness given
home to home visit
HP lacks infrastructure
HP only opened 3 days
husbad dislike male
husban remind
husband dominance
Husband support
I am at high risk
I am healthy
ignoring precaution
ijaarama Olla
Impact on health
Inaccessiblity of transportation
Inactive health post
inappropriate physical examination
Incomplete service
Increased body temprature
increased home delivery
increased performance
increment of medication price
Influence of COVID 19 on community structure
informing the community
insufficient awareness
insulting women
interested by mobile health
interruption of conference
intimidated
irregular mask usage
Jimma FM program
knowledge gap
lab test
lack compassionate
lack of awareness
lack of cooperation.
lack of experience by RRT
lack of facility
lack of human power
lack of human resource
lack of infrastructure
lack of midwife
lack of training
lagged transportation
late to start ANC
long waiting time
low delivery performance
low performance
Low referral
low referral
low risk
male and female midiwfes are equal
Malpractice
Malpractice reduced
Malpractice stopped
maneuver the women
market inflation
Mask expensiveness
massage the women
materials for MWA not collected
maternal health service affected
Maternal health service stopped
meeting during the COVID 19
mentoring the activities
MHS decreased
MHSU
missed appointment
missing appointment
mistrust
mobile usage
mobilization needed
Model family
Mosque closed
moving out side post delivery
MWA increases delivery
MWA is functional
narked/ annoyed for stopping of assistance
need discussion
need to give awareness
needs reminder
neglect women
neglegence of COVID 19
negligence of team member
neighbour assistance
neighbour influences
never palpated
Never, I wouldn't worried.
New HDA trained
no alternative strategy in place
No ambulance at night
No ANC
No ANC follow up
No attention for PNC
no bed
no budget for COVID 19
no complication
no coordination
no delivery service at health post
No early PNC
no electricity
no electricity, no water
no experience of mobile for health
No facilities
no fear of COVID
no finance,
no food for MWA
no grieving

no harmful practice
No market
No matter if assisted by male
no need of MWA
no physical examination
No PNC
No punctuality
no response team at HP
No supply for MWA
no support for WHDA
no technical challenges
no test health post
no training for team
No visiting of the relative
no willingness for service
no women will give birth at home
not believe on HEWs
not having cloth
Not invited
not know about PNC
Not observed actual case
not observing death
not showing good face
Not touch client
not worried
obligied to buy
one birr for one mother
only see HF for delivery
other service stopped
participants of conference
partner experience
past experiency of pregnancy
peer, HEW
perceivng as the service is closed
performance declined
phone call for drop out
PNC at home
PNC at HP
Poor awareness, unable to get ..
poor commitment
poor counselling
poor management
poor quality of care
poor reception
poor respect
poor service for non referral
poor strategy
poor supply
porridge, coffee ceremony
praying
precautions
prefer health professional
prefer TBA
prefers health centers
prefers home
pregnancy discussion
pregnant can't survive
preparation of cloth for new born
preparation of cloth for new born, servant
prepare cloth, transportation
preparing of powder,barley,butter and honey
preparing porridge, tela for ceremony
presence of community structure
presence of COVID 19
price of goods increased
Prohibition of entrance
provided training
Provider preference
provides PNC at home
provision of health education
provision of referral service
Pushed away community
quality MWA
quality of care
Radio and HEW
reason for home birth
reason of low performance
reasons for drop out
recognition of pregnancy
reduced performance of RRT
referral availablity
Refusal of referral
refusing to seen by TBA
registration of pregnant women
Regulation lifted
relating with religion
relation stopped
religious leaders are working with HEW
religious leaders support
remote kebele
Report problem
resitricted from delivery assistance
response activity interrupted
restrict from work
restriction from market
Restriction from srvice
restriction of travelling
risk of complication
road unavailablity
Role of TBA
RRT disbanded
RRT experienced
Runny nose
save money, traditional bed, food
school as quarantine
school closed
seek support
seeking of ANC
seeking traditional medicine
seems fake
self care for pregnancy
Self restriction

send pregnant
separated room
separated room for COVID 19 suspects
Service availablity
service gradually resumed
service interrupted
service not stopped
service provision shifted
service resumed
Service unavailablity
service utilization decreased
Severe headache
shaking of mother
shame to show body
share works
Shortage of breath
shortage of equipment
shortage of human power
shortage of PPE
sign symptoms
smooth communication with husband
Sneezing
social distancing, sanitizer
social life disrupted
social support
some husband discourage
some husband encourage the wife
some women read message
source of advice for women
source of information
starting conference
stay home order
still birth
strengthening awareness
suggestion box
supporting role
susceptiblity to disease
suspect isolation
taining needed
TBA check position
TBA know more than health care workers
TBA refers women
TBA support home birth
TBAs are advising
TBAs are assisting delivery
TBAs are examining
TBAs are massaging
TBAs shouldn't stop delivery serivce
teaching followers
teaching followers to support
teaching to help each other.
test on conference
the virus is dangerous
their reason for home birth
Through contact and air
tie stomach
traditional ambulance usage
traditional belief
traditional healers are good
training motivates
transportation doubled
transportation restricted
transportation tripled
Trust on Rabbi
turn over
twins died
unable to avail food for isolated suspects
unable to buy goods
Unable to buy mask
unable to get service
Unable to identify pregnant
unable to read message
unable to sell good
unable to sell goods
Unfunctionality of Maternity waiting area
used mask
used mobile education
used private facility
using money from self
utilize only 1st PNC
utilize the service after complication
Vaccine available
was convincing women
wash hand with soap
ways of COVID 19 transmission
we have hygiene problem
Weak referral
wearing mask, prevention of contact
weekly meeting
went facility for unhealthy condition
WHD as source
WHDA support
willing to give delivery service
wish sound message
Women discontinue service
Women percieved COVID 19
work load
worked at good condition
worked on awareness
working for good approach
working well
working with HEW
working with kebele structures
working with WHDA
worried by news
worried by outside
worries for drug unavailablity
youths give informatio

ANNEX 7: List of all memos

Memo-Filter: All [169]

HU: CODING 44 Final BUNDLE
File: [C:\Users\User\Desktop\COVID 19 RESEARCH\My research\CODING 44 Final BUNDLE.hpr7]
Edited by: Super
Date/Time: 2021-12-09 06:08:46

MEMO: 120. During the time of team establishment some staff raise fear of getting the problem and the other expect extra advantages but this was corrected on different training. (1 Quotation) (Super, 2021-11-10 14:29:01)
P20: KII_Translation_SHABE_DISTRICT_MCH FP_Mohammednur.docx:
(106:106)
MEMO: 474. The religious leaders are playing the great role in strengthening of awareness (1 Quotation) (Super, 2021-11-10 14:32:17)
P28: KII_Translation_DEDO_KORJO PHCU_Religious__Muaz.docx:
MEMO: absence of this physical examination may leads to miss diagnosis (1 Quotation) (Super, 2021-11-07 16:38:37)
P14: KII_Translation_MANA_HARO PHCU_DIRECTOR__Muluneh.docx:
MEMO: According to the discussants view, Some times the labour comes quickly and the women give birth at home or on the road in the farm area (1 Quotation) (Super, 2021-11-09 12:10:35)
P25: FGD_Translation_DEDO_Ofole PHCU_Male partner__Muaz.docx:
(194:194)
MEMO: Actively supporting of HEW works (1 Quotation) (Super, 2021-11-09 13:10:23)
P26: FGD_Translation_DEDO_Ofole PHCU_WHDA__Muaz.docx:
(68:68)
MEMO: Alternative strategy is not in place (1 Quotation) (Super, 2021-11-07 13:03:32)
P12: KII_Translation_MANA_BILIDA PHCU_HEW__Muluneh.docx:
(68:68)
MEMO: ANC performance of distant health post is high, while women of the near kebele's to health center is using at health center. (0 Quotations) (Super, 2021-11-07 08:44:17)

MEMO: At 7 months which is very late (1 Quotation) (Super, 2021-11-10 10:11:59)
P 3: KII_Transcription_DEDO_OFOLE TBA_Lammi.docx:

MEMO: Attention is now diverted from COVID 19 prefention control as of the initial time. (1 Quotation) (Super, 2021-11-08 11:58:01)
P21: KII_Translation_SHABE_DISTRICT_PHEM FP_Mohammednur.docx:

MEMO: Availablity of the services are anounced to the community by using of public gathering or different public events happened at the catchment (1 Quotation) (Super, 2021-11-09 17:27:53)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(277:277)
MEMO: behaviour of the health care providers are changed and they are boring to observe the client in the facility (1 Quotation) (Super, 2021-11-07 11:33:21)
P10: FGD_KII_Translation_MANA_HARO PHCU_PLW__Muluneh.docx:
(100:100)
MEMO: believe that if she returned back to her/him she may kick or insult her so that not happy to visit again. Building a rapport is good to make them return for services (1 Quotation) (Super, 2021-11-10 08:53:16)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
(65:65)

MEMO: communities are resisted by saying there is no COVID-19 (1 Quotation) (Super, 2021-11-08 12:50:25)
P22: KII_Translation_SHABE_SOMBO PHCU__DIRECTOR_Mohammednur.docx:
(102:102)
MEMO: communities are resisted in application of COVID 19 Prevention measures (1 Quotation) (Super, 2021-11-08 10:11:09)
P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(104:104)
MEMO: community mobilized and awareness provided to encourage the women to maternal health service during this time of COVID 19 Pandemic (1 Quotation) (Super, 2021-11-09 11:57:15)
P25: FGD_Translation_DEDO_Ofole PHCU_Male partner__Muaz.docx:
(183:183)
MEMO: Conducting of Women conference with all women is used to improve early ANC from previous bad performance (1 Quotation) (Super, 2021-11-07 06:01:21)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(49:49)
MEMO: discouraging factor (1 Quotation) (Super, 2021-11-09 19:08:51)
P30: KII_Translation_DEDO_OFOLE PHCU_HEW__Muaz.docx:
(73:73)
MEMO: Distance is a problem, when they reaches at H/C after 3 hr long distance the HWs were not caring, respecting them to give appropriate service they need. HWs also went out for lunch time, and returned back at 2:00 PM, so that the women angrily went back to their home and stayed at home. (1 Quotation) (Super, 2021-11-13 16:12:45)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:

MEMO: Distance, quality of services and cost of transportation can be the most challenges mother face during seeking maternal and child health care service. As well as HF preparation which is started good reception because HF which has good preparation has good reception. (1 Quotation) (Super, 2021-11-08 09:56:31)

P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(83:83)
MEMO: distant women are not utilizing ANC and those near to the facility have better follow up (1 Quotation) (Super, 2021-11-08 10:31:33)
P20: KII_Translation_SHABE_DISTRICT_MCH FP_Mohammednur.docx:
(41:41)

MEMO: due to absence of ambulance for returning them (1 Quotation) (Super, 2021-11-10 06:32:36)
P35: KII_Translation_DEDO_HARO PHCU_MCH Coordinator__Muluneh.docx:
(42:42)
MEMO: Due to absence of dwelling around work place for HEWs they are working from far distance. As a result the health posts are only opened maximum of 2 or 3 days perweek and it is also late near to afternoon time. (1 Quotation) (Super, 2021-11-07 07:08:41)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(64:64)
MEMO: Due to absence of dwelling around work place for HEWs they are working from far distance. As a result the health posts are only opened maximum of 3 days perweek and it is also late near to afternoon time. (0 Quotations) (Super, 2021-11-07 07:08:00)
MEMO: Due to COVID 19 pandemic provision of post natal care is disrupted (1 Quotation) (Super, 2021-11-09 16:27:39)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(95:95)
MEMO: due to distance HEWs are not reaching (1 Quotation) (Super, 2021-11-10 05:50:17)
P34: KII_Translation_SHABE_Kishe PHCU__DIRECTOR_Muaz.docx:
(166:166)
MEMO: due to fear of contracting the infection they are not using the maternal health services (1 Quotation) (Super, 2021-11-08 11:33:00)
P21: KII_Translation_SHABE_DISTRICT_PHEM FP_Mohammednur.docx:
(51:51)

MEMO: Due to fear of infection the health care workers were restricting the client from the service (1 Quotation) (Super, 2021-11-10 08:25:08)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
MEMO: due to gap happened at the beggining re starting of the service become challenged (1 Quotation) (Super, 2021-11-08 12:31:24)
P22: KII_Translation_SHABE_SOMBO PHCU__DIRECTOR_Mohammednur.docx:
(44:44)

MEMO: Due to not using of mask (1 Quotation) (Super, 2021-11-10 08:12:47)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
(17:17)
MEMO: due to not wearing of amsk (1 Quotation) (Super, 2021-11-09 14:52:23)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(39:39)

MEMO: due to poor counselling the women are not returning to the health center for prenetal care (1 Quotation) (Super, 2021-11-07 11:35:50)
P10: FGD_KII_Translation_MANA_HARO PHCU_PLW__Muluneh.docx:
(104:104)
MEMO: due to stress/ anxiety (1 Quotation) (Super, 2021-11-10 09:46:56)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
(195:195)
MEMO: during the initial time the attention was diverted for only COVID-19 (1 Quotation) (Super, 2021-11-08 12:40:15)
P22: KII_Translation_SHABE_SOMBO PHCU__DIRECTOR_Mohammednur.docx:
(54:54)
MEMO: Early ANC is increasing (1 Quotation) (Super, 2021-11-07 05:58:59)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(47:47)

MEMO: Encouraging factors to increase maternal health services (1 Quotation) (Super, 2021-11-08 12:22:18)
P22: KII_Translation_SHABE_SOMBO PHCU__DIRECTOR_Mohammednur.docx:
(32:32)
MEMO: Even having sash on hand you couldn't get things you need from the market. (1 Quotation) (Super, 2021-11-09 17:19:06)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
MEMO: Eventhough the facility is closed; maternal health service continued as usual one (1 Quotation) (Super, 2021-11-09 12:00:57)
P25: FGD_Translation_DEDO_Ofole PHCU_Male partner__Muaz.docx:
(185:185)

MEMO: Except HEWs who are working with WHDA (1 Quotation) (Super, 2021-11-09 10:16:14)
P24: FGD_Translation_DEDO_KORJO PHCU_WHDA__Muaz.docx:
(174:174)
MEMO: facilitating factor (1 Quotation) (Super, 2021-11-10 03:54:50)
P33: KII_Translation_SHABE__Kishe PHCU__HEW_Muaz.docx:
(23:23)
MEMO: Factors challenging maternal health utilization (1 Quotation) (Super, 2021-11-09 16:12:11)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(64:66)
MEMO: Factors discouraging of the women from utilization of maternal health services are shortage of her knowledge, lack of previous experience , her family like mother-in-law, her low social life interaction which may help her to get some information from them (1 Quotation) (Super, 2021-11-09 17:50:16)
P28: KII_Translation_DEDO_KORJO PHCU_Religious__Muaz.docx:
(46:46)

MEMO: Factors that might hinder give birth at a health facility shortage and inappropriate management of ambulance services and absence good road which used to take fast and easy as needed. (1 Quotation) (Super, 2021-11-08 10:37:07)
P20: KII_Translation_SHABE_DISTRICT_MCH FP_Mohammednur.docx:
(45:45)
MEMO: for the remotest womenTBAs are providing the assistance during the delivery (1 Quotation) (Super, 2021-11-07 12:28:10)
P11: KII_Translation_MANA_ Haro_ PHCU_TBA__Muluneh.docx:
(44:44)
MEMO: Health care workers used COVID 19 Pandemic as an oppurtunity and they were happy for closure of health center due to crisis. (1 Quotation) (Super, 2021-11-09 01:57:32)
P23: FGD_Translation_DEDO_KORJO PHCU_Male partner__Muaz.docx:
(86:86)
MEMO: health ifluence (1 Quotation) (Super, 2021-11-10 11:02:53)
P 6: KII_Translation_DEDO_KORJO PHCU_HEW__Lammi.docx:
(27:27)
MEMO: Hearing of the news from the media regarding of COVID 19 pandemic disturbed the communities and brought worry in thier life (1 Quotation) (Super, 2021-11-08 03:48:26)
P15: KII_Translation_MANA_HARO_ PHCU_Religious Leader__Muluneh.docx:
(40:40)
MEMO: HEW percieved her self as lower risk to COVID-19 Pandemic (1 Quotation) (Super, 2021-11-08 10:12:47)
P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(113:113)
MEMO: HWs said the fetus is dead but we get them alive (1 Quotation) (Super, 2021-11-10 02:52:19)
P32: KII_Translation_SHABE_____TBA_Muaz.docx:
(21:21)
MEMO: I searched from the Quran and it says no one have to enter in to the delivery room except the women giving birth and health care workers assisting the process. After I found that I was creating awareness for the people. It is stated on the sharia that the women can treat the male by holding of his body. I told to the people who approached to me as It is uzuri and not forbidden. (1 Quotation) (Super, 2021-11-10 12:20:23)
P 8: KII_Translation_DEDO_OFOLE _Religious Leader_Lammi.docx:
(44:44)
MEMO: important (1 Quotation) (Super, 2021-11-12 10:50:53)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(203:203)
MEMO: Important code (1 Quotation) (Super, 2021-11-10 10:50:39)
P 3: KII_Transcription_DEDO_OFOLE TBA_Lammi.docx:
(178:178)
MEMO: IMPORTANT QOUTE (2 Quotations) (Super, 2021-11-09 13:02:54)
P26: FGD_Translation_DEDO_Ofole PHCU_WHDA__Muaz.docx:
(57:57)
P30: KII_Translation_DEDO_OFOLE PHCU_HEW__Muaz.docx:

(23:23)

MEMO: Important Qoute for the CODE of THE VIRUS IS DANGEROUS AND EXCESSIVE WORRIES (1 Quotation) (Super, 2021-11-09 18:18:56)
P28: KII_Translation_DEDO_KORJO PHCU_Religious__Muaz.docx:
MEMO: Important qoutes to describe negligency of COVID 19 pandemic (1 Quotation) (Super, 2021-11-09 12:30:15)
P26: FGD_Translation_DEDO_Ofole PHCU_WHDA__Muaz.docx:
(31:31)

MEMO: Important quote for PUNCTUALITY code (1 Quotation) (Super, 2021-11-09 11:06:43)
P25: FGD_Translation_DEDO_Ofole PHCU_Male partner__Muaz.docx:
(117:117)
MEMO: IMPORTANT QUOTE under SIN and God punishment codes (1 Quotation) (Super, 2021-11-10 09:30:54)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
(121:121)
MEMO: In order to encourage the the women to the maternal health service awareness should be created from the base and maternal waiting area should be functioned as well as having of regular communication with kebele admnistrative structure is necessary (1 Quotation) (Super, 2021-11-08 11:42:47)
P21: KII_Translation_SHABE_DISTRICT_PHEM FP_Mohammednur.docx:
(65:65)
MEMO: Initially the the clients were in great fear due to COVID 19. After awareness created by public discussion it is improved (1 Quotation) (Super, 2021-11-08 10:21:53)
P20: KII_Translation_SHABE_DISTRICT_MCH FP_Mohammednur.docx:
(33:33)
MEMO: latrine, commmunicable disease control and etc (1 Quotation) (Super, 2021-11-10 11:05:48)
P 6: KII_Translation_DEDO_KORJO PHCU_HEW__Lammi.docx:
(31:31)
MEMO: Male partner in our area complain why men are touching our women during delivery. We were creating awareness on this issue, men HWs are like their brothers they do not spoke about their secret and occasion when assisting them. Islamic law also allowed helping anyone in life saving activities. (1 Quotation) (Super, 2021-11-09 06:27:41)
P24: FGD_Translation_DEDO_KORJO PHCU_WHDA__Muaz.docx:
(110:110)
MEMO: male partners are playing the supporting role by advising of the women to bee seen by health care providers (1 Quotation) (Super, 2021-11-09 11:31:55)
P25: FGD_Translation_DEDO_Ofole PHCU_Male partner__Muaz.docx:
(131:131)
MEMO: Many of them said ‘‘you are contacting with many of people. We fear to observed by you’’ (1 Quotation) (Super, 2021-11-10 11:35:03)
P 6: KII_Translation_DEDO_KORJO PHCU_HEW__Lammi.docx:
(152:152)

MEMO: many of women were in serious challenges. They feared walking on the road. Many of pregnant women were perceived as they are very susceptible and they were sitting in the home. (1 Quotation) (Super, 2021-11-10 11:46:50)
P 6: KII_Translation_DEDO_KORJO PHCU_HEW__Lammi.docx:
(183:183)
MEMO: Many women are interrupted service due to inability of buying mask (1 Quotation) (Super, 2021-11-10 08:22:49)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
(23:23)
MEMO: Most of malpractice in the communities are disappeared due to change of attitude of the community by health education (0 Quotations) (Super, 2021-11-07 09:58:03)
MEMO: Most of malpractice in the communities are reduced due to change of attitude of the community by health education. but, massage of the [regnant women ois still undergoing by traditional birth attendants. (1 Quotation) (Super, 2021-11-07 09:59:38)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(154:154)
MEMO: Most women are not visiting the facility for obtaining of Post natal care. they fear COVID 19 for their newborn and for themselves. (1 Quotation) (Super, 2021-11-07 17:37:47)
P14: KII_Translation_MANA_HARO PHCU_DIRECTOR__Muluneh.docx:
(53:53)
MEMO: Moving of outside from the home during the post delivery period is not acceptable in culture (1 Quotation) (Super, 2021-11-08 09:35:42)
P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(62:62)

MEMO: MWA is not functional because of absence of necessary materials (1 Quotation) (Super, 2021-11-09 16:43:03)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(142:142)
MEMO: neglected (1 Quotation) (Super, 2021-11-09 17:31:48)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(283:284)
MEMO: No lab technician (1 Quotation) (Super, 2021-11-09 16:06:37)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(51:51)
MEMO: Normally the women communicates with their husband about their current pregnancy and some of the husband encourages them while others are not (1 Quotation) (Super, 2021-11-08 18:15:04)
P23: FGD_Translation_DEDO_KORJO PHCU_Male partner__Muaz.docx:
(44:44)
MEMO: not attended ANC because of fear of getting infection (1 Quotation) (Super, 2021-11-07 11:40:28)
P10: FGD_KII_Translation_MANA_HARO PHCU_PLW__Muluneh.docx:
(107:107)

MEMO: obtaining of MHS doesn't contradict with religious doctrine and the religious leaders are preahcing in this way (1 Quotation) (Super, 2021-11-08 03:39:12)
P15: KII_Translation_MANA_HARO_ PHCU_Religious Leader__Muluneh.docx:
(33:33)
MEMO: oo (0 Quotations) (Super, 2021-11-08 12:22:44)
MEMO: Participated traditional birth attendants explained about sessation of her work and narked on the health system. Instead of staying at maternity waiting area one mother should be helped by them. (1 Quotation) (Super, 2021-11-10 10:26:04)
P 3: KII_Transcription_DEDO_OFOLE TBA_Lammi.docx:
(58:58)
MEMO: posed social effect, we separated and not meet again (1 Quotation) (Super, 2021-11-10 08:37:16)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
(49:49)
MEMO: prepare foods for porridge and other use, those who were poor give birth at H/C and they was supported through structures (1 Quotation) (Super, 2021-11-10 03:29:13)
P32: KII_Translation_SHABE_____TBA_Muaz.docx:
(83:83)
MEMO: Presence of maternity waiting area and functioning of it can solve problems related to home delivery (1 Quotation) (Super, 2021-11-09 16:41:12)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(140:140)
MEMO: Providing the rest PNC at client home (1 Quotation) (Super, 2021-11-08 09:32:32)
P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(60:60)
MEMO: Re write this (1 Quotation) (Super, 2021-11-09 12:54:45)
P26: FGD_Translation_DEDO_Ofole PHCU_WHDA__Muaz.docx:
(43:43)
MEMO: reason for not conducting good performance of Antenatal care (1 Quotation) (Super, 2021-11-10 11:13:22)
P 6: KII_Translation_DEDO_KORJO PHCU_HEW__Lammi.docx:
(59:59)
MEMO: reasons for low performance (1 Quotation) (Super, 2021-11-10 08:51:17)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
(63:63)
MEMO: reassures her self because of her profession (1 Quotation) (Super, 2021-11-10 12:03:50)
P 6: KII_Translation_DEDO_KORJO PHCU_HEW__Lammi.docx:
(216:216)

MEMO: Refuse to give service relating to puncuality of health care providers (1 Quotation) (Super, 2021-11-09 11:18:41)
P25: FGD_Translation_DEDO_Ofole PHCU_Male partner__Muaz.docx:
(121:121)
MEMO: Religious leaders are preaching to their followers on the ways of prevention and control of COVID 19 pandemic. (1 Quotation) (Super, 2021-11-10 12:27:37)

P 8: KII_Translation_DEDO_OFOLE _Religious Leader_Lammi.docx:
(64:64)
MEMO: Religious leaders are taking of their wife to health servie and they are teaching of their followers to accept the advise of the health care providers (1 Quotation) (Super, 2021-11-08 03:12:10)
P15: KII_Translation_MANA_HARO_ PHCU_Religious Leader__Muluneh.docx:
(19:19)
MEMO: She is believing on importance of ANC follow up (1 Quotation) (Super, 2021-11-09 18:34:00)
P29: KII_Translation_DEDO_korjo TBA_Muaz.docx:
(40:40)
MEMO: Since both male and female health care providers served by their professional we equally accept them and they do not prefer female than male and vice versa (1 Quotation) (Super, 2021-11-09 12:54:25)
P26: FGD_Translation_DEDO_Ofole PHCU_WHDA__Muaz.docx:
(43:43)
MEMO: since service related to maternal health is provided free of payment there are no financial barrier (1 Quotation) (Super, 2021-11-08 09:19:41)
P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(43:43)
MEMO: social support (1 Quotation) (Super, 2021-11-09 18:38:10)
P29: KII_Translation_DEDO_korjo TBA_Muaz.docx:
(62:62)
MEMO: strategies to find ANC drop out (phone call, HDA, home visit) (1 Quotation) (Super, 2021-11-08 06:17:25)
P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(29:29)
MEMO: strategies used (1 Quotation) (Super, 2021-11-10 06:24:05)
P35: KII_Translation_DEDO_HARO PHCU_MCH Coordinator__Muluneh.docx:
(36:36)
MEMO: Supportive Supervision increases the performance (1 Quotation) (Super, 2021-11-09 16:38:32)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(134:134)
MEMO: take this to community role (1 Quotation) (Super, 2021-11-08 03:26:47)
P15: KII_Translation_MANA_HARO_ PHCU_Religious Leader__Muluneh.docx:
(31:31)
MEMO: TBAs are stopped assistance due to no invitation (1 Quotation) (Super, 2021-11-10 10:16:18)
P 3: KII_Transcription_DEDO_OFOLE TBA_Lammi.docx:
(54:54)
MEMO: TBAs were trained on delivery assistance (1 Quotation) (Super, 2021-11-10 02:57:45)
P32: KII_Translation_SHABE_____TBA_Muaz.docx:
(55:55)

MEMO: The religious leaders are encouraging women to give birth at the health facility (1 Quotation) (Super, 2021-11-07 15:29:36)
P13: KII_Translation_MANA_BILIDA PHCU_Religious Leader__Muluneh.docx:
(24:24)
MEMO: The 2nd and 3rd PNC is not reported in HMIS, while the only 1st PNC is reported (1 Quotation) (Super, 2021-11-08 10:51:24)
P20: KII_Translation_SHABE_DISTRICT_MCH FP_Mohammednur.docx:
(62:62)
MEMO: The ambulance doesn't respond the call at night (1 Quotation) (Super, 2021-11-07 11:49:26)
P10: FGD_KII_Translation_MANA_HARO PHCU_PLW__Muluneh.docx:
(111:111)

MEMO: The attention is only for the 1st PNC service.They are only providing of early PNC and leaving of the mother. (1 Quotation) (Super, 2021-11-07 09:19:57)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(136:136)
MEMO: The communities are asked to fill the fuel for the service they obtained from ambulance (1 Quotation) (Super, 2021-11-09 11:41:49)
P25: FGD_Translation_DEDO_Ofole PHCU_Male partner__Muaz.docx:
(155:155)
MEMO: The communities are supporting the pregnant women through the local institution called Idir. This can seen as good community practice (1 Quotation) (Super, 2021-11-09 18:00:24)
P28: KII_Translation_DEDO_KORJO PHCU_Religious__Muaz.docx:
(66:66)
MEMO: The communities for them selves are not prepared for emergency (1 Quotation) (Super, 2021-11-07 12:17:30)
P11: KII_Translation_MANA_ Haro_ PHCU_TBA__Muluneh.docx:
(34:34)
MEMO: The community doesn't belief in capacity of HEWs. The problem is that they do not believe their skill. Since they think the main work of HEWs is home to home service, they do not believe on their skill even if they got degree. (1 Quotation) (Super, 2021-11-10 09:06:34)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
(97:97)
MEMO: The facility conducted mobile based education (0 Quotations) (Super, 2021-11-08 10:05:41)
MEMO: The facility conducted mobile based education which is used as the facilitating factors (1 Quotation) (Super, 2021-11-08 10:06:24)
P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(99:99)
MEMO: The first three months after enterance of COVID-19, health posts were closed and there was no referral, however gradually after three months the health centers provision of matern health service including referral linkage (1 Quotation) (Super, 2021-11-06 11:15:59)

P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(25:25)

There women that never uses the antenal care services and they are only going the facility to obtain the delivery care

MEMO: The health extension worker interviewed has the willingness to give delivery assistances at health posts. But it is not allowed and also there are no necessary equipments fulfilled to conduct. (1 Quotation) (Super, 2021-11-07 12:54:04)
P12: KII_Translation_MANA_BILIDA PHCU_HEW__Muluneh.docx:
(39:39)
MEMO: The HEWs raised as the health post was not closed due to COVID 19 pandemic and they were continued providing of the service by applying of the necessary precaution for pandemic control (1 Quotation) (Super, 2021-11-09 18:58:27)
P30: KII_Translation_DEDO_OFOLE PHCU_HEW__Muaz.docx:
(23:23)
MEMO: The human resource shifted to prevention and control of COVID 19 and shortage of human power happened due to this reason (1 Quotation) (Super, 2021-11-08 11:02:29)
P20: KII_Translation_SHABE_DISTRICT_MCH FP_Mohammednur.docx:
(74:74)
MEMO: The husband just remind his wife about the appointment of ANC (1 Quotation) (Super, 2021-11-08 17:29:48)
P23: FGD_Translation_DEDO_KORJO PHCU_Male partner__Muaz.docx:
(36:36)
MEMO: The husband may discourage ANC if his wife was hide him about her history of using birth control pills (1 Quotation) (Super, 2021-11-10 12:16:12)
P 8: KII_Translation_DEDO_OFOLE _Religious Leader_Lammi.docx:
(32:32)
MEMO: The particpant raised as they are not getting the ambulance service for women and even they are paying additinal expenses for private car while they returns home. They want to take back the dead body to their home. But the ambulance is not helping them (1 Quotation) (Super, 2021-11-09 18:06:11)
P28: KII_Translation_DEDO_KORJO PHCU_Religious__Muaz.docx:
MEMO: The performance are very poor at remote kebeles due to lack of supportive supervision (1 Quotation) (Super, 2021-11-08 12:32:55)
P22: KII_Translation_SHABE_SOMBO PHCU__DIRECTOR_Mohammednur.docx:
(48:48)
MEMO: The PHCU Director raised the assistance of delivery by HEW at health post as the solution to increase institutional delivery performance. (1 Quotation) (Super, 2021-11-07 08:59:36)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(111:111)
MEMO: The PHCU Director raised the assistance of delivery by HEW at health post to increase institutional delivery performance as a solution. (0 Quotations) (Super, 2021-11-07 08:58:32)

MEMO: The PHCU workers gave home to home awareness for the community about covid_19 about the clinical symptom and the way it transmitted. The communities are informed as the occurrence of covid_19 cannot be restrict them from health facility and health facility continued providing service by fulfilling the criteria of COVID 19 prevention protocol. (1 Quotation) (Super, 2021-11-07 17:08:08)
P14: KII_Translation_MANA_HARO PHCU_DIRECTOR__Muluneh.docx:
(36:36)
MEMO: The respondents are applying of COVID 19 prevention measures while they are going the mosque or other places (1 Quotation) (Super, 2021-11-07 18:11:16)
P14: KII_Translation_MANA_HARO PHCU_DIRECTOR__Muluneh.docx:
(96:96)
MEMO: The respondents percieved as the case is decreased despite incremen of the disease as the whole globe and the country level (1 Quotation) (Super, 2021-11-07 18:04:31)
P14: KII_Translation_MANA_HARO PHCU_DIRECTOR__Muluneh.docx:
(79:79)
MEMO: The study participant assumes their selves as the COVID 19 pandemic can't harm and can be cured quickly if they may infected (1 Quotation) (Super, 2021-11-07 10:44:26)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(201:201)
MEMO: The WHDA leaders were working with Health care workers in provision of health information on prevention and control of COVID 19. (0 Quotations) (Super, 2021-11-09 10:40:47)
MEMO: The WHDA leaders were working with Health care workers in provision of health information on prevention and control of COVID 19pandemic. (1 Quotation) (Super, 2021-11-09 10:41:01)
P24: FGD_Translation_DEDO_KORJO PHCU_WHDA__Muaz.docx:
(202:202)
MEMO: The WHDA leadres are jointly working with HEWs starting from preparation and application of plan (1 Quotation) (Super, 2021-11-09 10:06:04)
P24: FGD_Translation_DEDO_KORJO PHCU_WHDA__Muaz.docx:
(156:156)
MEMO: The WHDA played a great role to encourage institutional delivery during thisCOVID 19 pandemic (0 Quotations) (Super, 2021-11-09 10:45:02)
MEMO: The WHDA played a great role to encourage institutional delivery during thisCOVID 19 pandemic. aware them to use health facility, to immunize their children, to follow ANC to sustain their health. (1 Quotation) (Super, 2021-11-09 10:46:46)
P24: FGD_Translation_DEDO_KORJO PHCU_WHDA__Muaz.docx:
(204:204)
MEMO: The women are discouraging them selves from getting the delivery service at health institution because of absence of cloth for changing. (1 Quotation) (Super, 2021-11-07 12:09:35)
P11: KII_Translation_MANA_ Haro_ PHCU_TBA__Muluneh.docx:
(22:22)
MEMO: The women are not accessing maternal health service from the facility. It is interrupted some times and not continuous. (1 Quotation) (Super, 2021-11-08 18:00:46)
P23: FGD_Translation_DEDO_KORJO PHCU_Male partner__Muaz.docx:

(39:39)
MEMO: There are no food to give for the women at the maternal waiting area. The sleeping place is also not confortable. the summation of all these are discouraging the women from the using of the service at MWA (1 Quotation) (Super, 2021-11-07 11:01:19)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(97:97)

MEMO: There are no worries and challenges are seeing. Always most of the community raise why this COVID 19 not killed at least one person infront us (1 Quotation) (Super, 2021-11-08 11:53:46)
P21: KII_Translation_SHABE_DISTRICT_PHEM FP_Mohammednur.docx:
(105:105)
MEMO: There is electric problem at health center. We can't get quality service by dark and we are ordered to by the torch (0 Quotations) (Super, 2021-11-09 06:14:46)
MEMO: There is electric problem at health center. We can't get quality service by dark and we are ordered to by the torch. Important qoute (1 Quotation) (Super, 2021-11-09 06:15:16)
P24: FGD_Translation_DEDO_KORJO PHCU_WHDA__Muaz.docx:
(97:97)
MEMO: there is forgetting the prevention measures and working in coordination with other responsible body. (1 Quotation) (Super, 2021-11-10 06:07:55)
P34: KII_Translation_SHABE_Kishe PHCU__DIRECTOR_Muaz.docx:
(258:258)
MEMO: There is shortage of manpower at health post level and there are also shortage of equipments to provide post natal care at health post level (1 Quotation) (Super, 2021-11-08 09:38:13)
P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(67:67)
MEMO: There were no adequate training given for rapid response team. Because of this they raised s they faced great challenges to conduct the supportive suppervision (1 Quotation) (Super, 2021-11-07 10:32:41)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(187:187)
MEMO: There women that never uses the antenal care services and they are only going the facility to obtain the delivery care (1 Quotation) (Super, 2021-11-06 21:31:28)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(43:43)
Early ANC is increasing

MEMO: These are factors affecting provision of subsequent ANC (1 Quotation) (Super, 2021-11-08 10:25:08)
P20: KII_Translation_SHABE_DISTRICT_MCH FP_Mohammednur.docx:
(37:37)
MEMO: These are reasons mentioned by the respondent for low performance of institutional delivery (1 Quotation) (Super, 2021-11-08 12:36:02)
P22: KII_Translation_SHABE_SOMBO PHCU__DIRECTOR_Mohammednur.docx:

(52:52)

MEMO: They are joking on us. Important qoute for AMBULANCE (1 Quotation) (Super, 2021-11-09 11:21:52)
P25: FGD_Translation_DEDO_Ofole PHCU_Male partner__Muaz.docx:
(125:125)
MEMO: They don't like MWA. The reasons why they disgust are the child remained at home can't get the food. They can't also get food for themselves. He the husband can't get food. He buys one serving food by 30 birr. Look, what will be happened if she stayed for five days. They may not leave her by five days. (1 Quotation) (Super, 2021-11-10 10:34:32)
P 3: KII_Transcription_DEDO_OFOLE TBA_Lammi.docx:
(92:92)

MEMO: They feels shame if they assisted by male health care provider (1 Quotation) (Super, 2021-11-09 06:21:37)
P24: FGD_Translation_DEDO_KORJO PHCU_WHDA__Muaz.docx:
(107:107)
MEMO: They not observed the COVID 19 case and they are not giving the attention to COVID 19 pandemic which may result with unnecessary payments of prize. (1 Quotation) (Super, 2021-11-09 01:50:33)
P23: FGD_Translation_DEDO_KORJO PHCU_Male partner__Muaz.docx:
(73:73)
MEMO: They was percieving as the COVID 19 is punishment from God, and started to use PPE after observing of the case on staff members (1 Quotation) (Super, 2021-11-09 17:14:50)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(248:248)
MEMO: this can be analyzed under facilitating factor (1 Quotation) (Super, 2021-11-07 12:38:28)
P12: KII_Translation_MANA_BILIDA PHCU_HEW__Muluneh.docx:
(30:30)
MEMO: This lack of transportation related with unable to conduct supportive supervision (1 Quotation) (Super, 2021-11-08 12:24:46)
P22: KII_Translation_SHABE_SOMBO PHCU__DIRECTOR_Mohammednur.docx:
(34:34)
MEMO: This shortage of supply is due to occurences of COVID 19 pandmeic (1 Quotation) (Super, 2021-11-07 18:01:30)
P14: KII_Translation_MANA_HARO PHCU_DIRECTOR__Muluneh.docx:
(76:76)
MEMO: Those are reason for diffrerence by performance from one health facility to the other (1 Quotation) (Super, 2021-11-08 11:50:27)
P21: KII_Translation_SHABE_DISTRICT_PHEM FP_Mohammednur.docx:
(93:93)
MEMO: those near to health facility are giving birth at health facility, while those at remote area are not do. (1 Quotation) (Super, 2021-11-07 11:53:39)

P10: FGD_KII_Translation_MANA_HARO PHCU_PLW__Muluneh.docx:
(116:116)
MEMO: to apply prevention measures of COVID 19 there is restriction or barrier of budget (1 Quotation) (Super, 2021-11-07 18:07:20)
P14: KII_Translation_MANA_HARO PHCU_DIRECTOR__Muluneh.docx:
(88:88)
MEMO: To encourage the facility delivey (1 Quotation) (Super, 2021-11-08 12:41:35)
P22: KII_Translation_SHABE_SOMBO PHCU__DIRECTOR_Mohammednur.docx:
(58:58)
MEMO: To minimize fear and increase the utiilization of maternal health services the facilities workers are creating the awareness on the ways of transmission of COVID 19 from the infected person to the healthy one. (1 Quotation) (Super, 2021-11-07 16:20:24)
P14: KII_Translation_MANA_HARO PHCU_DIRECTOR__Muluneh.docx:
(23:23)
MEMO: Traditional birth attendants are calling ambulance for the women on labour and playing the role as the community agents (1 Quotation) (Super, 2021-11-09 18:40:17)
P29: KII_Translation_DEDO_korjo TBA_Muaz.docx:
(64:64)
MEMO: Training motivates the health care providers and can upgrade their knowledge (1 Quotation) (Super, 2021-11-08 09:31:34)
P19: KII_Translation_SHABE_____ PHCU__HEW_Mohammednur.docx:
(58:58)
MEMO: Unable to get service due to absence of health care providers at health facility (1 Quotation) (Super, 2021-11-08 18:26:40)
P23: FGD_Translation_DEDO_KORJO PHCU_Male partner__Muaz.docx:
(50:50)
MEMO: use this qoute (1 Quotation) (Super, 2021-11-07 10:49:48)
P24: FGD_Translation_DEDO_KORJO PHCU_WHDA__Muaz.docx:
(87:87)
MEMO: use this qoute to explain the fear of diadgnosis code well (1 Quotation) (Super, 2021-11-07 10:50:29)
P 9: KII_Translation_DEDO_OFOLE PHCU_Director__Lammi.docx:
(211:211)
MEMO: use this qoute under influence (1 Quotation) (Super, 2021-11-07 11:13:03)
P10: FGD_KII_Translation_MANA_HARO PHCU_PLW__Muluneh.docx:
(80:80)
MEMO: Very important qoute to summarize bad approach, no respect, disregard of health care workers (1 Quotation) (Super, 2021-11-08 18:36:59)
P23: FGD_Translation_DEDO_KORJO PHCU_Male partner__Muaz.docx:
(58:58)
MEMO: Very important qoutes for HUSBAND SUPPORT (1 Quotation) (Super, 2021-11-09 11:48:22)
P25: FGD_Translation_DEDO_Ofole PHCU_Male partner__Muaz.docx:
(169:169)
MEMO: we were as professional at that time, but now TBAs are sending the women to H/C for delivery including their daughter to H/C. (1 Quotation) (Super, 2021-11-10 03:00:11)

P32: KII_Translation_SHABE_____TBA_Muaz.docx:
(61:61)
MEMO: WHD and TBAs are teaching mothers to access maternal health services after getting of the information from health extension workers. (1 Quotation) (Super, 2021-11-07 11:59:24)
P11: KII_Translation_MANA_ Haro_ PHCU_TBA__Muluneh.docx:
(17:17)
MEMO: WHDA are committed well to avoid home delivery if they are supported (1 Quotation) (Super, 2021-11-09 10:14:27)
P24: FGD_Translation_DEDO_KORJO PHCU_WHDA__Muaz.docx:
(172:172)
MEMO: WHDA has been trained on maternal health issues (2 Quotations) (Super, 2021-11-09 13:07:37)
MEMO: WHDA has been trained on maternal health issues, This is a good oppurtunity to encourage the women in the village toward utilization of maternal health services (1 Quotation) (Super, 2021-11-09 13:08:25)
P26: FGD_Translation_DEDO_Ofole PHCU_WHDA__Muaz.docx:
(65:65)
MEMO: Whe the gatekeeper prohibit entrance the community broke the compound and entered (1 Quotation) (Super, 2021-11-10 08:30:47)
P31: KII_Translation_DEDO_Ofole PHCU_MCH Coordinator__Muaz.docx:
(35:35)
MEMO: When compared to the previous time provision of delivery service is improved. (1 Quotation) (Super, 2021-11-09 12:26:22)
P26: FGD_Translation_DEDO_Ofole PHCU_WHDA__Muaz.docx:
(27:27)
MEMO: When the the service of pre COVID 19 Pandemic is compared woth during the pandemic it is much declined due to fear of COVID 19 pandemic (1 Quotation) (Super, 2021-11-07 16:10:35)
P14: KII_Translation_MANA_HARO PHCU_DIRECTOR__Muluneh.docx:
(20:20)
MEMO: When the women went the facility and can't get appropriate service she dissiminate negative information which may further discourage the other mothers (1 Quotation) (Super, 2021-11-09 16:22:00)
P27: KII_Translation_DEDO_Korjo PHCU_Director__Lammi.docx:
(81:81)
MEMO: wrongly percieved as the COVID 19 affects by choosing of the geographical location (1 Quotation) (Super, 2021-11-08 10:55:26)
P20: KII_Translation_SHABE_DISTRICT_MCH FP_Mohammednur.docx:
(68:68)

Annex 8: APPROVAL SHEET

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name: Lammi Gurmesa

Signature: _____

Jimma University

Date of submission: _____

As thesis advisor, I hereby certify that I have read and evaluated this thesis conducted under my guidance by Lammi Gurmesa entitled "Maternal Health Service Utilization in Rural Jimma Zone during COVID-19 pandemic: A Qualitative Study". I recommended that thesis can be submitted for implementation with my approval as University advisor.

Name of major Advisors:

1. Dr Zewdie Birhanu (PhD, Associate professor) Signature _____Date_____
2. Dr Demisew Amenu (MD, gynaecologist) Signature _____ Date _____
3. Mr.Gebeyehu Bulcha (MPH, PhD fellow) Signature _____Date _____

APPROVAL SHEET

As an internal examiner, I hereby certify that I have read and evaluated this thesis conducted by Lammi Gurmesa entitled “Maternal Health Service Utilization in Rural Jimma Zone during COVID-19 pandemic: A Qualitative Study”. I recommended that thesis can be submitted for implementation and further action as fulfilling the thesis requirement.

Name of internal examiner: **Fira A/Mecha**

Signature: _____

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Date of submission: _____