| **THEME** | **SUB-THEME** | **BRIEF DESCRIPTION** |
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| 1. **Deteriorating health care system prior to COVID-19** | **Resource constraints** | “I think that is when we discovered as HCW that we didn’t have much resources on the ground, in terms of human resources, in terms of medicines even space, isolation centers. I think that’s is when government start to prepare isolation centers for persons infected with covid 19 to be isolated, that is when we started to use hospitals, I think during that time we only had, how many ICU in hospitals? 3?... Only the central hospitals… Only the central hospitals only had ICU of which their intensive care unit also had limited equipment which wasn’t even adequate to cater for covid 19 patients.” **Harare HCW FGD** |
| **Staff shortages** | “Um generally um we... we know uh …that the... the... the COVID-19 has actually increased the...the... the workload um in our institutions our health institutions, so this has generally stretched the healthcare workers um that much and um uh some are... have actually uh gone to the extent of resigning, especially if you see for Harare city we’ve had quite a lot of resignations of late, especially on... on the nursing side. So yes so the health system has been stretched um and um we’ve also seen…  **Harare City Epidemiologist – Interview by CM**  “Um... ok currently the most hit is the nursing section um which isI think now currently the capacity...the capacity eh now is uh around 63%... : 37% have... have... have left the city and eh yes so this actually means.... And... and... and by the way, the establishment that we have that we might call the 100% is actually inadequate because this was done some time back when... when the disease burden was... was very low. So... yeah so the60...the 63% that we have now is actually very very low... low capacity for us. So it has actually resulted in some of our clinics being closed. I think 9 of... 9 out of the 40 institutions are currently closed for... for business **City of Harare KI Interview by CM** |
| **Hyper-inflation and user fees** |  |
| **Dilapidation of and poor infrastructure** | **“** unfortunately like Bulawayo when the covid was declared and it hit us, we were facing a water challenges and related things.” Bulawayo City health Doctor – interview by LM |
| 1. **Policy formulation and implementation** | **Policies, rules and regulation formulation centralised** | “There was centralisation of decision making and policy formulation in so far as COVID is concerned.  Everything was moved to the centre …and ours was just to implement. Then we had a situation where there was a take-over, as covid management is concerned, of local authority institutions by central government.  It had its own downside and upside.  But the formulation of that policy, unfortunately we didn’t input in.” Bulawayo City health Doctor – interview by LM  “For the general public, I do not think it was effective.  We communicated, we talked, we tried to send messages, but I don’t think it was effective because people had their own expectations, and they had their own other sources of information.  And they did not trust the figures that were coming out of the Ministry of Health and situational reports eeh however, localised or frequent, people still did not feel that they, they were in as much danger as it was being portrayed.” Bulawayo City health Doctor – interview by LM  “We had a lot of statutory instruments, being churned out at a very high frequency.  And those statutory instruments and other similar papers or policy pronouncements, people hardly read them to the end or fully.  You could not even tell the difference between the last one and this one.”   Bulawayo City health Doctor – interview by LM |
| **Unclear motives behind formulation of some policies** |  |
| **Feelings of policies imposed** |  |
| **Policies not seen as context specific** | “…these measures were either inappropriate or not working because the formulation was highly centralised thus it was difficult to have localised solutions and exemptions … I have always given the example of a school down there in Tsholothlo, Nkayi, you name it any rural area.  There are some schools with as low as 150 children, the whole school.  Why did we close that school?” Bulawayo City health Doctor – interview by LM |
| **Enforcement and compliance with set policies, rules and regulations** | “So obviously, once there was no water, and there now was covid.  People didn’t know what to.  You are telling them to wash their hands.  The water for that is not available. Each day they have to go and get the water, they have to que at a bowser.” Bulawayo City health Doctor – interview by LM  The communications to the population are, I must admit that it wasn’t the best…it tended to make a lot of assumptions.  That people have understood, read about covid and want to comply with these measures, when in some cases all people were worried about is when is this thing ending.  They were less concerned about the numbers, less concerned about the existance of the illness and the dangers it paused.  They were more concerned about when is the economy going to be opened up.” Bulawayo City health Doctor – interview by LM |
| 1. **Impact of COVID-19 restrictions on access to health care services** | **Health systems operations compromised** | “Remember, on one side, we had shut the economy.  After shutting the economy, the rate payers, who are the lifeblood of local authorities, were unable to meet their obligations.  Meaning that, that the cash flow into the coffers of the local authorities had been severely affected or reduced” Bulawayo City health Doctor – interview by LM  **“**We were still not prepared, no adequate PPE, masks and so on. It was very difficult for us health workers to function…. I think all the essentials, all the essentials for the management of covid 19 case were not in place. If you remember well the case of, our first case of covid, it was more like they needed to use oxygen but the oxygen was not available, so it was like people were not really prepared, the essentials were not in place**.”**  **Harare HCW FGD** |
| **Health systems resources** | **“**So there is just a sense of people not being motivated um, within the health sector. So those were sort of like some of the 2 key HR challenges that were there. The second one um really which was um speaking to issues of um you know commodities, um and medical sundries that um would be needed, and im sure you know um, you have seen reports where, I think one of the issues that were úm, that was being highlighted by the health workers when they went on strike back in 2019 were that they didn’t have um, the equipment that they would need to use um, in hospitals, be it you know um PPE, um be it um you know enough medical and surgical sundries, um anything, so we just didn’t have enough commodities, so this then uh you know, COVID 19 worsened the situation where really you need a system which was reliant on as much PPE as possible, to the extent of having you know, of needing to deploy you know whether its tyvek suits, N95 masks, um and everything else um you know across all facilities, thiswas a major challenge um, as we just didn’t have um, the PPE in stock. Um, then the 3rdchallenge which was, which was there also was to do with um, you know, um equipment ,acknowledging that quite a bit in as much as we say for COVID probably most of the cases are mild to moderate which don’t need hospitalization” **KII – Interview by TT** |
| **Compromised quality of care** | “So we are not so sure whether they are now angry.  When the results dont come and one ...... days do not come.  Do you blame the 150 for not coming.  Do you say its because of the machines or anything.  You dont know, but it did cause some bit of industrial action” Bulawayo City health Doctor – interview by LM |
| **Prioritising COVID-19 tests results over patient well-being** | **“**So people said they were supposed to get COVID 19 tests before accessing health services, … that process was very long and someone died before they could even be given medical attention**” Mbare HH – Interview by CM (HHS 15)**  Still on the issue deliveries, pregnant mothers were requested to have result for covid 19 first before admission to a facility and the test price was very high some of the mothers could not afford it. Yes, and even the ambulance services they would request you to produce result first before they carry you. If you didn’t have the results, they would test you at a fee. I remember it was $60 USD for the covid test before you get into an ambulance. So, that alone had a negative impact on maternal health services because not everyone would afford that.  **Harare HCW FGD** |
| **User factors affecting access to care** | “So, what I was saying is that the client would have to use the nearest facility and you would know that sometimes because of the distance or usually in Harare it’s actually the accessibility how many commuter omnibuses are you supposed to use? We would people or clients lost along the way. So, these were some of the challenges…And we would go probably to those who are life long treatment like those on ART. There are times when they were affected by the lockdowns and movement restrictions due to covid 19 that were imposed by the government as a measure to try and curb the spread of the pandemic. There were affected, people who are on ART, they would want to go from this home area to the health facility where you usually get your supply of medicines and where is your letter, where is this, so a number of people were affected in terms of the health delivery system **Harare City HPO Interview by SM (KII 11)** |
| **Policy and institutional factors** | And we also some of the times we end up closing some the facilities because of the Covid pandemic, why, health staff would test covid 19 positive because we were also not spared as health personnel. So, health staff, tested and go into self-isolation and the contacts are supposed to go into quarantine and we would see that definitely the health facility had to close. So, these are some of the issues and it will sort of affect health delivery at that health facility because there would be no facility to talk about when the nurses have gone home. So, this was the challenge. **Harare City HPO interview by SM (KII 11)** |
| 1. **Impact on access to socio-economic activities** | **Primary healthcare for maternal and children health** | **Home deliveries -**  “You have a woman, from an urban centre who actually wanted to come and deliver at the clinic, but the ambulance didn’t come on time and whatever challenges or whatever car she thought she was going to use, then she delivers home.  So I don’t know whether the born before arrivals will increase there.” Bulawayo City health Doctor – interview by LM  “The maternity clinics were closed, people were delivering in homes, if you remember there was a certain old woman who was now assisting acting as a midwife in her home, even though it was not hygienic.” Mbare Community FGD  On maternity issues, there was a lot of home deliveries which led to a high morbidity rate and also mothers could not get what they should get at our facilities like anti natal care and post-natal care. Harare HCW FGD |
| **Access to regular care** | **“**Also, it then affected the General public because there were false rumors spreading on social media, you would hear that there was a case at Avondale clinic, yet we only had one case by then. So, patients were now sacred to come to the clinic thinking that there is Covid, covid is found in clinics, so, it affected the health sector in so many ways**.” Harare HCW FGD** |
| **Hospital care** |  |
| 1. **Impact of COVID-19 restrictions on access to socio-economic activities** | **Education** | “They were supposed to access education online.  But in the urban setup, part of the online learning did occur.  It may not have covered even 50% of the students on any institution.  It covered a portion there.  But this would not have been in the rural areas, it was almost impossible. So, my take is that decentralisation, unfortunately also negatively affected the children in the rural areas more than the urban poor.  Because even if you had a radio lessons, how many have that access to radio, consistently and can follow it.   Yes, the urban poor were disadvantaged.  But some of them did have some whatsup something…So those things I felt that they all as a result of a centralised response.” Bulawayo City health Doctor – interview by LM  **“**even um teenage pregnancies uh or...or... or pregnancy amongst um school going um children. I think this... this... these figures have actually increased during this... this period of COVID-19. Um even...even drug abuse I think is... it’s also something that has also come up during this time, um figures have actually increased…Um and also in terms of economic um effects, obviously we... we know that most of our people rely on the informal sector, um and in the... um in terms of their economic survival. Uh and usually these lockdowns will tell you to stay at home, but most of our people rely on buying and selling and they have to be out there doing their... their... their buying and selling...So this obviously has had a detrimental effect on their income and livelihoods as households. And also obviously in terms of education the children have been... children have been staying at home and this o...obviously has resulted in some of them um then engaging in these other activities like drug abuse um and also um engaging in early sexual activities resulting in those um those... those... those pregnancies as... as I mentioned before. So these are...these some of the... some of the effects that we have actually noted and eh I think some of the uh these have actually been... reported in... in.... in... in media um and it’s...it’s...it’s really happening and it’s worrying …. But what… what… what then was suggested is e-learning, so this wa… this obviously is capital intensive – this is a capital intensive um kind of learning model um and we see that most of the schools, the rural schools and other… even other… even in urban schools, some of the urb…urb…urban schools they were not able to implement this. This was mainly implemented by the private schools which eh... which are mainly attended by those who are from the uh [inaudible] families. So yes it was one of the measures that was put in place uh e-learning to try and eh uh uh keep uh children uh children learning at… at… a…at school, but obviously with government schools and other schools eh other poorer schools they couldn’t manage to implement that policy um so that people could learn. So this really affected eh a lot of children and eeh despite um all the effort that was made to… to a… to… to adopt the… the e-learning policy. **Harare city Epidemiologist . interview by CM (KII 10)** |
| **Employment** | “Parents were no longer going to work, shops were demolished people had built their informal market structures and the government destroyed them**” Mbare community FGD**  **“**Everything was at a standstill; the economy was totally frozen. Industries were closed down only frontline workers were allowed to move around and go to work and this greatly affected the economy in a negative way. People lost their jobs; kids could not go to school. We couldn’t even get our salaries on time, prices went up. I remember buying a box of masks for $12USD.  R4: Livelihoods were affected in a way such that in families there was shortage of food and due to lack of money because some of the breadwinners became jobless. Even to those with money, markets were closed people could not afford to buy whatever they needed in their families.” **Harare HCW FGD** |
| **Cost of living** | “Yes, those lockdown days when things were hard, we did not have food and you would see that haa, food is a big challenge, mealie meal was no longer available in the shops, when you find it, it was very expensive, those shops that were selling cheap mealie meal you would find that people would go and order all the mealie meal”**. MBARE HHS- Interview by SM (HHS 18)** |
| **Social interactions** | Mental health - “Because if you are the father, the standard bread winner, and your means of getting that bread has been taken away, you know, the worst thing is to come home and be told that there is no food and you cant, you dont have an answer as a man.  We, we may take it as a as nothing but it might really cause the man to even be violent, commit suicide etc” Bulawayo City health Doctor – interview by LM |
| **Gender and domestic relations** | **“**we’ve also seen um… um if… if you’ve heard reports of in…increase in sexual and gender based violence um.. **“ Harare city epidemiologist – interview by CM (KII 10)** |
| 1. **COVID-19 testing and vaccine uptake** | **Compulsory (expensive) COVID-19 tests** | Still on the issue deliveries, pregnant mothers were requested to have result for covid 19 first before admission to a facility and the test price was very high some of the mothers could not afford it. **Harare HCW fgd** |
| **Limited testing capacity & delayed access to services** | **“**initially, we had to send samples to Harare.  These worked for a while, but we worked to bring it down the testing to Bulawayo.  And it wasnt easy again.  But when it did occur, the turnaround time, yes it was shortened.  But to get the staff there to work at the rate at the samples were being collected by the rapid response team, it did not turn out to be the same.  It was  very difficult” Bulawayo City health Doctor – interview by LM |
| **Lack of information and vaccine misconceptions** | A lot of myths and misconceptions were circulating in the social media concerning the covid vaccine which resulted in the low uptake of the vaccine Harare **HCW FGD** |
| **Vaccine shortages and corruption** |  |
| **COVID-19 Vaccine hesitancy** | **Need for lived examples – “**When this whole thing began, eeh, I do remember live eeh in one institution here Eeh matron was told, is it the PNO, the nurses there at the institution, they told the principal nursing officer that you go in first.  Get vaccinated.  If you are not dead by Friday, we will come.  And true on Friday, they all came because the matron didn’t die.” |
| **Vaccine hesitancy affects general immunization schedules** | “Especially … These vaccines… are they not… say we… these COVID 19 vaccines, don’t they cause problems” **Mbare HHS – Interview by CM (HHS 15)** |
| 1. **Government successes during the COVID-19 pandemic** | **Slowed down the curve** | “ my own assessment is the lockdowns were effective in stowing down the viral spread and therefore eee on a scale of good and bad they did probably more good than bad.” Bulawayo City health Doctor – interview by LM  “I think from August right up to today can I summarize, that’s when we started to see the positive effects, the effectiveness of the vaccine unfortunately I don’t have accurate statistics but apparently uhm, patience who were vaccinated or people who were vaccinated would have less severe effects of covid 19. Only a little percentage succumbed to covid 19 the bulk of them were people who were not vaccinated succumbed to covid 19 and had severe symptoms.” Harare HCW FGD |
| **Revamping some health facilities** | “Yes, the upside of it is that there are some requirements that were supposed to be in place, before we could admit patients into the institutions for care eg ventilators, renovations, negative pressure, oxygen pipes etc. were requirements needed for every patient.  To renovate our buildings from where they were to a state where they could provide that negative pressure and piped oxyen etc, most local authorities would not have done it on their own.” Bulawayo City health Doctor – interview by LM |
| **COVID-19 vaccine** | **“**The government had announced that if you are not vaccinated against covid 19 you will not be allowed to go back to work and will not be allowed to public places for examples to the shops and everywhere. So, people started going for vaccinations because they were afraid that they might not be able to visit such areas. And again, on that note more health workers were leaving the city for greener pastures leaving the skeleton staff more overwhelmed by the response of the community coming for vaccinations**” Harare HCW FGD** |
| 1. **Recommendations for future pandemics** | **Multisectoral and multi-level policy formulation** | Um so eve...eve...even the generality of... of... of the population, obviously their activities as well um the... the... the... they also influence... uh influence policy. So yes I think we also get eh guidance in terms of policy from WHO and... and other partners like CDC. Um obviously these will... will... will... will be scientific um eh because um these will have been tried and tested elsewhere. So these are some of the ways that policies are then uh formulated Harare City epidemiologist Interview by CM (KII 10) |
| **Formulation of context specific measures** | “Because the lockdowns etc. were all data from the centre. Everyone was supposed to abide by them.  No exceptions, no modifications at a local level… And we ask everyone to learn online…they don’t understand this whole concept of online learning.  So if we had modified and localised the policies maybe they would have been the discretion of the local health authorities, to say what  to do in this area, what do with that area.” Bulawayo City health Doctor – interview by LM  “I still insist that we must not have a lockdown that stretches from Zambezi to Limpopo, that is being the same.  Let’s modify it and say we are now in Gweru.  How do we make this lockdown work. When we get to Chirundu there, it must not still look like the one in Chiredzi.  There must be that distinction and I feel that with the localised input the modifications we make to the lockdowns will be more effective.  Such that it will allow us to even open the economy in one part of the country whilst the other part is under lockdown.” Bulawayo City health Doctor – interview by LM |
| **Health systems preparedness** | Retain the workforce: “So we must train our staff for our own use and keep.  In other words not train people who are going to be released out into the society there which is the broader the whole world or the global village.” Bulawayo City health Doctor – interview by LM  Renovation of health facilities- “ The whole building block belong all the building blocks of healthcare delivery system must be attended to. We must not leave one” |
| **Socio-economic strengthening** |  |