Covid19 study: Coding strategy (NVIVO extract)

Nodes

Name		Description
1. Knowledge on COVID-19		Frontline workers knowledge on COVID-19: causes or risk factors; transmission; prevention or treatment; vulnerable groups; etc.
COVID-19 preparedness and response		
Prevention measures	Restricting movement	Emphasis on the need for people to stay in door
	Social distancing	E.g. marking the floor/seat, or letting in only a number of clients at a time, or seeing patients in an open space rather than in a confined space of a consultation room
	 Using PPEs 	Eg masks, aprons, gloves etc, including mandatory masking in public spaces
	 Hand washing 	Washing hands mainly with soap and water, sanitizer irregularly provided
	 Suggestions on COVID preparedness and response 	Improving supplies through engagement with corporate stakeholders Holding community outreach covid services to facilitate wide screening and case isolation Enforcing mandatory public use of masks Motivating hospital staff
	 COVID communication and messaging 	Strategies for communicating COVID-19 information: through chiefs or church leaders; public health talks during service provision; radio or TV; etc.
2. COVID-19 prevention barriers		
	Behavioral barriers	Noncompliant behaviours: distrust (COVID as a hoax); misconceptions (linking COVID to weather); spiritualism (associating COVID with satanism); lack of adherence (mask causing breathing discomfort, resumption of public activities, decline in cases); sharing masks (lack of money to buy); etc.
	 Conditions at work 	Issues affecting staff: lacking COVID training; not receiving compensation or risk allowance;

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		increased workload
	 Underlying health system challenges 	Limits in resources: drug stockouts; early shortage of working materials; lack of hospital equipment; shortage of funding; shortage of space; staffing deficiencies; etc.
3. Case management		Explanation about management of COVID suspects or confirmed cases
	 Communication between DHO and facility 	How the facility communicated with isolation centre or main district hospital regarding COVID suspects or cases
	• Isolation/quarantine	Referring cases to the isolation centre, or advising patients to self isolate at home
	 Guidelines on case management 	
	 Number of suspect cases 	
4. COVID -19 support		Supply of work materials (masks/PPEs/sanitary facilities, hospital equipment, financial support) from government, companies, and non-governmental organisations
	Impact of support	Better case management, safety of health workers, improved hospital supplies
5. Impacts of COVID-19		
Impacts on health seeking		Decrease in clinic attendance (e.g., due to fear of COVID-19)
Impacts on service provision	Suspending service	Temporarily stopping some services e.g., TB and HIV screening services
	 Increased waiting hours 	Increased workload coupled with a shortage of staff making patients stay longer
	 Adapting strategies for delivering care 	E.g., clients administering contraceptives on their own; community outreach clinics; extending ART/TB prescription duration; reducing clinic time; patients visiting on appointments; working in shifts; suspending services; etc.

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Impacts on staff or patients	Economic impacts	Economic impacts: cost of managing COVID-19 illness; loss of income because absence from work/business due to COVID illness; etc.
	Physiological impacts	Physical health impacts: abuse from patients; fatigue from increased workloads; illness from COVID
	Psychological impacts	Anxiety about catching COVID due to frequent contact with patients; stress from increased workloads; helplessness (difficulties managing the need to work for income and the risk of COVID at work); concern for family (fear of infecting family members); sacrifice versus moral obligation (feeling compelled to work despite seeing themselves at risk because they promised to serve people); stigma/discrimination (unable to interact with others because of fear of being treated differently)
	 Psychosocial support systems for negative impacts 	Counselling, social networks (seeking moral support from families, neighbors/friends, etc.), ombudsman (for support on verbal/physical abuse from patients/community members)
6. COVID-19 vaccine provision and public reaction		
	• Early hesitancy	Distrust: misconceptions and spiritual beliefs causing reluctance to vaccinate Vaccine safety concerns: fear of side effects; rumors of people becoming animals once vaccinated
	 Public becoming willing over time 	Continuous awareness campaigns (in conjunction with local leaders) helping to improve public behaviours about COVID-19 vaccine; limited evidence of negative side effects also encouraging people to vaccine
	Vaccine and gender	How men and women are responding to COVID-19 vaccine; more men getting vaccinated than women
7. Demographics		
	Daily routines	What the frontline worker's work involve on daily basis
	Years in service	How long they have been working in this position
	• Education	Their level of education

Name	Description
• Age	