

Annex 1: summary of qualitative findings

Main themes	Sub themes	Summary description	Verbatim
Barriers	Distance to the health facility	Distance to health centers was widely cited as a major barrier, limiting access to antenatal care and emergency obstetric services. High travel costs and poor transport conditions, mainly bumpy motorbike rides, further discouraged pregnant women from seeking care	<p>“Most of the women in the area live around Katilia. The closest health facilities they can access are the Katilia and Elelea dispensaries. For women living near Kaibole and Kaao, the Katilia dispensary is the nearest and most accessible. It takes about two hours to walk there, which is roughly 2 to 3 kilometers. For communities living near the Elelea village unit, the Elelea dispensary is about one and a half hours away on foot, depending on how far their kraals are. However, insecurity in these areas has made it harder for people to access basic services like healthcare.” FGD</p> <p>“There are also very few community health volunteers (CHVs) in the area, which makes it hard for them to reach every household. Some communities have received a lot of support through health education from the CHVs. Unfortunately, our community hasn’t benefited much from this.” FGD</p>
Enablers associated	Community health volunteers/workers	Many participants from focus groups and key informant interviews noted that community health volunteers provide education on danger signs during pregnancy, childbirth, and the postnatal period. They assist by mobilizing community members and arranging transportation to nearby health centers. They also measure blood pressure, offer nutrition education for pregnant women, lactating mothers, and children, and conduct follow-up visits. Despite their important role, some participants mentioned that there are not enough volunteers to meet community demand.	<p>“When a pregnant woman faces difficulties or goes into labor, we immediately seek medical help from the nearest health facility with the support of community health volunteers and our family members.” FGD</p>
	Support from family and community members	Many participants said their primary support comes from the community, including family members and neighbors. Younger women receive advice on pregnancy, childbirth, and other matters from older women. Communities also share resources, such as food and newborn clothes. In humanitarian aid, pregnant and	<p>“Members of the community are a great support for us. Family members come first, but the community also plays an important role in our lives. As pregnant women, we learn from older women who have given birth to several children and share their knowledge and experience with us.</p>

		lactating mothers are considered vulnerable and prioritized for assistance. Traditional birth attendants are viewed by the community as an important part of the reproductive process, assisting with check-ups and deliveries. However, key informants disagree, seeing them as a barrier to women seeking skilled health care.	Most of our husbands help us when we are in distress by arranging transportation to the health facility and providing other important support, such as food.” FGD
level of awareness of obstetric danger signs	Danger signs	There was consensus that health care workers are the main source of information on obstetric danger signs. While many participants could name some danger signs, most mentioned incorrect ones-for example, loss of appetite. Some participants said their husbands were unaware of danger signs; however, interviews with partners of pregnant women showed that some husbands were aware and could identify specific signs.	“Some women live close to health facilities but do not go for ANC services, where they could learn about danger signs during pregnancy and childbirth. We know only a few signs, mainly the common ones like severe abdominal pain, bleeding, and swelling of the face and feet. Other danger signs include frequent sickness, loss of appetite, prolonged labor, and dizziness.” FGD
	Education during antenatal care (ANC)	There were two differing views on this topic. Key informant interviews confirmed that health centers provide education on birth preparedness, obstetric danger signs, nutrition, and services like vaccination and blood pressure monitoring during ANC visits. Focus group participants gave mixed responses: some said they received information on birth preparedness and danger signs at ANC, others said they received no education, and some reported receiving education but not on birth preparedness or danger signs.	“We go to the health facilities for ANC and receive education and services on many topics, but not on birth preparedness or danger signs.” FGD