

Perspectives on elements of quality of care

a) Timely evidence-based practices for routine care and management of SYI

“Sometimes women say they are delayed because either there are many people, or the service is slow, so they opt to buy medicine from the chemist” FGD, CHV, County B.

“Sometimes you can go and find there are no people, but they take a long time before they attend to you.” FGD, Young mothers 19-24 years, County B.

“My friend’s baby was sick the other day. Her baby was having diarrhoea and vomiting. We went together to the dispensary. The nurse prescribed drugs for the baby. When we went to the pharmacy, they took her book and kept it on the shelf and they continued to do their other things. The baby was vomiting and diarrhea while they continued doing their things” FGD, Young mothers 19-24 years, County D.

“Sometimes the government hospitals are good to go to seek treatment but also you need to know someone. I would say like if you have come at 7:00am and another person comes at 10 am but goes ahead of you to see the doctor without queuing yet you have woken up early but you stay there until evening yet there are people that come later than you but pass you. So you wonder someone comes after you and gets treated then go leaving you there” FGD, Older mothers 25-45 years, County C.

“Most of the time, when it comes to health issues, when you leave here, let’s say maybe you’re going to XXXX, if you go at 7am the doctor will come at 9.30am, 10am....so you have stayed there for long. Even if you really wanted to save that child you may find that it is dead already. On my part, I have other children, and when my wife was sick, we left here at around 6 am and took her to XXX...” FGD, married men, County C.

“Especially when the doctor comes out and see a long queue of patients waiting, he tells us to settle down. He goes back to the office and exits from the other door. Recently, someone was so sick when we were queuing the doctor tried to escape, we followed him to the gate and brought him back and we threatened him that we were going to report him to his seniors.” **FGD, Very young mothers 15-18 years, County A.**

b) Functional referral systems

“Normally if they do not have the medicine and they are good, they should give you at least a vehicle to take you to the other hospital to make it faster.” **IDI, Young mothers 19-24 years, County A.**

“ when my child fell from the bicycle, I went to the hospital looking for support but when I reached there I was told to give out 10000/= which was to aid on ambulance to hospital where the child was to be checked for x-ray. But I didn't use the ambulance, I was forced to go back and borrow some money which I board a vehicle which took me to hospital for child treatment.” **FGD, Young mothers 19-24 years, County B.**

“ Normally if it's a condition they cannot handle, they will explain to you how the condition is, and will also tell you whether you will have to pay for the services or not.” **FGD, Very Young Mothers 15-18 years, County C.**

c) Effective communication, respect and dignity

“There is something that guys don't want to mention, there are nurses who are so arrogant and have poor attitude towards the patients. This causes communication barriers between the patient and the provider, it's as if they are forced to do their work, sometimes someone may have even forgotten or there are those who probably didn't go to school, so when time comes

to give the baby medication they probably might have forgotten, when you just ask in good faith, they shout at you. **FGD, CHVs, County C.**

“I wanted to talk about when they are doing the checkups for the children, sometimes the providers abuse the mothers if the child is thin or dirty, instead of being counselled and advised on what to do when the child is like that they are abused. So the next time they will find it hard to go back to the clinic because of that.” **FGD, CHV, County D.**

“When I was pregnant, I used to come to clinic so elegantly dressed, you would think I worked in a bank. They used to like me a lot, so whenever I came even at 10am and others had come as early as 6am, I would be called in and attended to promptly and thoroughly... (Participants laughing). So these providers, once you come smartly dressed and with your confidence, then will not show you contempt, instead you will be served well.” **FGD, Older mothers 25-45 years, County D.**

d) Availability of competent, motivated human resources

i. Provider Knowledge

“...They have the knowledge but to me I feel they are just offering poor service.” **FGD, Older mothers 25-45 years, County D.**

: *“Yes, I saw they had the skills, they give you advice and it is up to you to make the decision because the baby is yours and at risk...like you see mine had the yellow coloring, that is what scared me because if the coloring is very high it can go up to the brain, so we were just telling the doctor that we were depending on him to give us advice. We would ask him about the risks of getting the baby out of the hospital and how it would be back at home because he was being put in the photo-therapy machine in the hospital...”* **IDI, Young mothers 19-24 years, County C.**

“With the nature of the sickness. There is that one which you’ve been treating at the hospital for some time and the baby isn’t getting well at all. If you’re a Christian, you will resort to prayers. If you’re a traditionalist, you will resort to the traditions [child crying]” FGD, Young mothers 19-24 years, County D.

ii. Passion for work and teamwork

“At the moment what I can say we have doctors available throughout that the county has provided for us not like before, we have at least one pediatrician who is there for us, and equipment at least we have incubators for premature babies.... even if they are less they are there it is not unlike when we had only two and again most of the drugs when we need them they are therelike, gentamicin is always there, I can see it’s there.....” IDI, Provider, County A.

“Aaah....we have a supportive team from the sub-county that does support supervision and they still support us as our immediate supervisors, for us, they are so supportiveahhh generally that...despite the challenges that we face every day...related to infrastructure, lack of the necessary facility in terms of what I need to do my work and all that...yea...” IDI, Provider, County C.

e) Availability of essential physical resources

“This [name of dispensary] does not offer laboratory services or test when you visit, when you come for treatment services, they only test you for HIV and malaria. When you are suffering from any other infection you will be forced to go to [xxxx] for laboratory services” FGD, Older mothers 25-49 years, County A.

“We need to have a postnatal ward so that a mother can stay for a day or two because in our facility one will give birth in the morning and by 4 o’clock they released to go home. Even if you want them to stay, where will they sleep?” IDI_Health Provider, County B.

“They ... they also refer cases like when an infant has difficulty in breathing because there is no proper equipment to check the reason for the breathing problem at this facility so they now advise for referral” FGD, Married men, County A.

“It’s not easily available especially when admitting the baby who is very sick. Sometimes they can tell there is a machine or certain supplies which are not available. That’s why sometimes most people just go back home with a sick baby and others end up losing the baby in the process. That’s what I have seen.” FGD, Young mothers, County B.