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Supplementary File

Table 1: COREQ checklist (32 items)

No.	COREQ item	Where reported / how addressed	Status
1	Interviewer/facilitator	First author conducted all interviews (Methods: Data analysis)	Reported
2	Credentials	MD Community Medicine (Methods: Data analysis)	Reported
3	Occupation	Assistant Professor, Department of Community Medicine, Shantabaa Medical College, Amreli, Gujarat (current position; Methods: Data analysis)	Reported
4	Gender	Interviewer was male (Methods: Data analysis)	Reported
5	Experience and training	Attended a workshop on qualitative research methodology; has previously published research (Methods: Data analysis)	Reported
6	Relationship established	No prior formal relationship; initial telephone contact (Methods: Setting and participants)	Reported
7	Participant knowledge of the interviewer	Participants told study purpose, voluntariness and researcher role (Methods: Ethical considerations)	Reported
8	Interviewer characteristics	Physician-investigator familiar with setting and dialects; assumptions discussed (Methods: reflexivity; Limitations)	Reported
9	Methodological orientation and theory	Qualitative descriptive design; inductive thematic analysis; CFIR/WHO used as post hoc lenses (Methods)	Reported
10	Sampling	Purposive sampling of facilities and cadres (Methods: Setting and participants)	Reported
11	Method of approach	Telephone contact before visit (Methods: Setting and participants)	Reported
12	Sample size	34 interviews (32 IDIs + 2 KIIs); information-power appraisal (Methods)	Reported
13	Non-participation	No one approached declined (Methods: Setting and participants)	Reported
14	Setting of data collection	Private room at the PHC (Methods: Data collection)	Reported
15	Presence of non-participants	No one other than the interviewer and participant was present (Methods: Data collection)	Reported
16	Description of sample	Table 1 (counts, percentages, median age and experience)	Reported
17	Interview guide	Semi-structured guide developed in English and translated into Kathiyawadi; topics listed; pilot tested before use (Methods: Data collection)	Reported
18	Repeat interviews	None required (Methods: Data collection)	Reported
19	Audio/visual recording	Audio-recorded with consent (Methods: Data collection)	Reported
20	Field notes	Kept (Methods: Data collection)	Reported
21	Duration	Mean 20.8 min, range 15.8–37.3 (Methods; Results)	Reported
22	Data saturation	Thematic sufficiency judged cadre by cadre (no new codes after ten interviews in medical officers and ASHAs; two confirmatory FHW interviews); information-power appraisal; meaning saturation not formally tested (Methods: Data collection; Discussion: limitations)	Reported
23	Transcripts returned	Not returned (logistical constraints) (Methods; Limitations)	Reported
24	Number of data coders	Two investigators (AR and PD) independently coded all 34 transcripts (Methods: Data analysis)	Reported
25	Description of the coding tree	Parent domains and example subcodes are given in Section C below; coding was managed in Microsoft Excel (Methods: Data analysis)	Reported
26	Derivation of themes	Inductive theme construction, then framework mapping (Methods: Data analysis; Table 4)	Reported
27	Software	Microsoft Excel (Methods: Data analysis)	Reported
28	Participant checking	Not performed (Methods; Limitations)	Reported
29	Quotations presented	Illustrative quotations are attributed by participant cadre (Results, Themes 1 and 3-6); individual participant identifiers are not given, to protect anonymity. No Theme 2 quotation is presented because the only candidate could not be matched to a participant cadre (Results overview)	Reported
30	Data and findings consistent	Quotations checked against themes (Methods: Data analysis and Trustworthiness)	Reported
31	Clarity of major themes	Six themes, Results	Reported
32	Clarity of minor themes	Deviant-case review; heterogeneity noted (e.g., functional facilities in some settings)	Reported

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Table 2: SRQR checklist (21 items)

No.	SRQR item	Where reported / how addressed	Status
1	Title	Title identifies the study as qualitative and states the topic	Reported
2	Abstract	Structured abstract: background, methods, results, conclusions	Reported
3	Problem formulation	Background: quality gap in ANC delivery; provider-reported system constraints	Reported
4	Purpose or research question	Aim and four research questions (Background)	Reported
5	Qualitative approach and research paradigm	Qualitative descriptive; inductive analysis then framework mapping (Methods)	Reported
6	Researcher characteristics and reflexivity	Methods: Data analysis	Reported
7	Context	Rural PHCs, Bhavnagar district, January 2021 to February 2023; NQAS-informed selection (Methods)	Reported
8	Sampling strategy	Purposive; rationale and limits stated (Methods)	Reported
9	Ethical issues	Committee approval no. 984/2020; consent; confidentiality (Methods; Declarations)	Reported
10	Data collection methods	Semi-structured IDIs and KIIs; audio recording; field notes (Methods)	Reported
11	Data collection instruments and technologies	Semi-structured interview guide, pilot tested (topics in Methods: Data collection); audio recorders; Microsoft Excel for coding	Reported
12	Units of study	34 participants; Table 1	Reported
13	Data processing	Audio recordings transcribed verbatim and translated into English by the three authors; accuracy checked by two co-investigators; coded in Microsoft Excel (Methods: Data analysis)	Reported
14	Data analysis	Staged analysis, Table 2	Reported
15	Techniques to enhance trustworthiness	Methods: Trustworthiness	Reported
16	Synthesis and interpretation	Results overview (Tables 2 and 4); Discussion	Reported
17	Links to empirical data	Illustrative quotations by theme (Results)	Reported
18	Integration with prior work, implications, transferability, contribution	Discussion	Reported
19	Limitations	Discussion: Strengths and limitations	Reported
20	Conflicts of interest	Declarations	Reported
21	Funding	Declarations	Reported

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Table 3: Codebook structure: Parent domains and example subcodes

Parent domain	Example subcodes	Potential mechanism
Service readiness	space; equipment; supplies; ANC room; newborn readiness	Feasible scope of care
Workforce	vacancy; workload; skill; training; gender concordance	Capacity and time available
Information and diagnostics	laboratory delay; documentation; due list; Mamta card	Continuity and decision latency
Community	late registration; vaccination hesitancy; male involvement	Demand and engagement
Governance	supervision; accountability; district support	Implementation climate
Adaptability	outreach; flexible scheduling; informal problem-solving	Buffering of constraints
Referral and access	transport; 24×7 availability; referral rigidity	Timeliness of escalation