

Supplement 1. Categories, sub-categories, and codes. Factors that served to support or undermine caesarean section surgery during EVD, as perceived by surgical care providers. Eight subcategories were identified within the categories Service Delivery, Human Resources, and Governance.

Adaptability of the surgical system: response of surgical care providers + internal motivations								
Theme	Service delivery			Human resources		Governance and leadership		
Category	Compromises in surgical care provision	EVD screening improved staff safety and morale	The first delay caused emergencies	More referrals maximised surgical output	Organisation and tasks of the workforce	Improved dutifulness	Leadership at hospital decided surgery or not	Vital role of government and outside actors
Codes/indices	<p>Emergency obstetric surgery prioritised</p> <p>No surgery for EVD or suspected EVD patients</p> <p>Quality of care affected by workload and lack of appropriate resources</p>	<p>No surgical care in the isolation unit</p> <p>Good testing practice in later phases created confidence to operate</p> <p>Hold-up because of triage and screening, initial phases of the outbreak</p>	<p>Antenatal checks stopped during EVD</p> <p>Cases often delayed until emergency, from demand side</p> <p>Patients feared hospitals</p> <p>Patients arriving from other districts</p> <p>Increase of patient influx to surgical services, middle and late phases</p>	<p>Ambulances used for obstetric emergencies</p> <p>Improved referral system between hospitals and facilities owing to the broader EVD effort</p>	<p>Absenteeism of staff not common, although occurring occasionally</p> <p>Attendance of staff a larger trend than absenteeism</p> <p>Staff infections affected morale and decreased the physical surgical workforce</p> <p>Staff overworked, big workload, stressful</p>	<p>Cooperation improved within and between professions, but fear affected</p> <p>Disengagement of staff from their communities damaged morale</p> <p>Encouragement, acknowledgment of staff fear</p> <p>Fear in the staff</p> <p>Working at hospitals was safer than staying home</p> <p>Sense of duty and conscience caused increased morale</p>	<p>Creation of awareness at clinics united staff against EVD</p> <p>Physicians and surgical assistants with surgical decision-making power needed</p> <p>Setting good example by staying and working</p> <p>Universal precautions used, before IPC arrival</p>	<p>Foreign trainers and non-material assistance – infection prevention and control (IPC)</p> <p>Too late reallocation of surgical manpower</p> <p>Public health measures & surgical policies useful</p>

Abbreviations: EVD = Ebola Virus Disease; IPC = Infection prevention and control.

Supplement 2. Categories, sub-categories, and codes (continued). Factors that served to support or undermine caesarean section surgery during EVD, as perceived by surgical care providers. We identified six sub-categories within the categories Health Financing, Medical Products, and Financing.

Theme	Adaptability of the surgical system: response of surgical care providers + internal motivations				
Category	Medical Products and Technologies		Financing & Social Protection		Information
Sub-category	Material coping mechanisms	Material provision allowed more surgery	Government financing	Material support by foreign actors	Lack of preparedness
Codes/indices	Adaptations multi-layered and mainly improvised but effective Consumables such as sutures missing Drugs missing General materials came in, positive indirect effect on surgery output Hold-up or new priorities because of lack of materials Instruments missing or worn out No protective clothes induced uncertainty Technical adaptations created to cope with the shortages	New consumables including sutures improved surgery New drugs came in New technology such as diagnostics reduced fear, reduced turnaround times PPE and IPC equipment reduced EVD fear Sterilisation changes relevant for surgical instruments Unspecified new material	Hospital infrastructure sub-standard before and during EVD, major challenge to overcome	Confidence in IPC and PPE improved surgery efforts and increased attendance and output Large influx of foreign aid in form of PPE and surgical consumables improved medical services Some surgical equipment donated by international actors	Initial lack of awareness of EVD contributed to fear and uncertainty

Abbreviations: *EVD = Ebola Virus Disease; IPC = Infection prevention and control; PPE = Personal Protective Equipment*