

COREQ

NO.	ITEM	RESPONSE
DOMAIN 1: RESEARCH TEAM AND REFLEXIVITY		
PERSONAL CHARACTERISTICS		
1	Interviewer/facilitator	The interviews were conducted by two trained qualitative research assistants (MA and PN) under the supervision of the principal investigator.
2	Credentials	The interviewers were experienced qualitative researchers who held bachelor's degrees in the social sciences and postgraduate qualifications in social anthropology, development studies, public health, and psychology.
3	Occupation	At the time of the study, the interviewers were employed as research assistants within TB implementation research projects.
4	Gender	The interview team consisted of two female interviewers.
5	Experience and training	Both interviewers had prior experience conducting qualitative health research. Before data collection, they received a one-day training covering study objectives, qualitative interviewing techniques, ethical conduct, informed consent procedures, probing techniques, and management of sensitive discussions.
RELATIONSHIP WITH PARTICIPANTS		
6	Relationship established	No prior relationship existed between the interviewers and participants before recruitment.
7	Participant knowledge of the interviewer	Prior to the interviews, participants were informed about the purpose of the study, the role of the interviewers, and the objectives of the research.
8	Interviewer characteristics	The interviewers had prior experience working in public health research but were not involved in the routine clinical care of TB patients at participating facilities. Measures to minimize potential bias included interviewer training, use of a standardized interview guide, and regular debriefing meetings during data collection.
DOMAIN 2: STUDY DESIGN		
THEORETICAL FRAMEWORK		
9	Methodological orientation and theory	The study employed a qualitative descriptive design. Data were analyzed using inductive thematic analysis

		following the approach described by Braun and Clarke, with themes derived inductively from participant narratives.
PARTICIPANT SELECTION		
10	Sampling	Purposive sampling was used to recruit adult TB patients who had missed at least one scheduled clinic appointment or treatment refill.
11	Method of approach	Eligible participants were contacted by telephone where possible or traced through community health workers and invited to participate.
12	Sample size	Thirty-four TB patients completed in-depth interviews.
13	Non-participation	Fifty-four patients were assessed for participation. Some could not be reached due to inactive or incorrect contact information, some declined participation, and some denied missing appointments despite being listed in facility registers.
SETTING		
14	Setting of data collection	Face-to-face interviews were conducted in designated private areas within participating health facilities to ensure privacy, confidentiality, and participant comfort. A small number of interviews (approximately 2–3) were conducted at participants' homes for individuals who were unable to travel to the health facility
15	Presence of non-participants	Interviews were conducted in private settings. The presence of non-participants during interviews was not systematically documented.
16	Description of sample	Participants ranged from 19 to 80 years (mean age 38.9 years); 21 (61.8%) were male and 13 (38.2%) were female. Participants were recruited from nine public health facilities in Kampala, Wakiso, and Mukono districts.
DATA COLLECTION		
17	Interview guide	Semi-structured interview guides developed specifically for the study were used. Guides were pre-tested and refined before data collection.
18	Repeat interviews	No repeat interviews were conducted.
19	Audio/visual recording	Interviews were audio-recorded with participants' consent and subsequently transcribed verbatim.
20	Field notes	No field notes were documented
21	Duration	Interviews lasted between 15 and 25 minutes.
22	Data saturation	Recruitment continued until thematic saturation was achieved. Saturation was assessed through ongoing review of transcripts and discussion among the study

		team. Recruitment ceased when no new themes or concepts emerged from successive interviews.
23	Transcripts returned	Transcripts were not returned to participants for review.
DOMAIN 3: ANALYSIS AND FINDINGS		
DATA ANALYSIS		
24	Number of data coders	Two members of the research team independently coded the transcripts.
25	Description of the coding framework	A codebook was developed and refined iteratively during analysis, with codes subsequently grouped into categories, themes, and subthemes
26	Derivation of themes	Themes were derived inductively from the data using an iterative coding process.
27	Software	Data were coded manually using Microsoft Word and Excel.
28	Participant checking	Participants were not invited to provide feedback on the study findings.
REPORTING		
29	Quotations presented	Verbatim quotations are presented throughout the Results section to illustrate major themes and subthemes. Quotations are identified using participant sex, age, and facility.
30	Data and findings consistent	Findings are supported by participant quotations and are presented consistently with the underlying data.
31	Clarity of major themes	Eleven major themes describing barriers, facilitators, adherence support mechanisms, treatment perceptions, and recommendations for improving adherence were identified and clearly reported.
32	Clarity of minor themes	Subthemes are described within major themes, including adaptation to medication side effects, stigma-related concerns, socioeconomic constraints, health system barriers, social support, and self-management strategies.