Supplementary Material for

Perceptions of shorter radical cure Plasmodium vivax treatment regimens and their implementation: a qualitative study among stakeholders in Cambodia

Appendix 1: COREQ checklist for qualitative research

Appendix 2: Example discussion guides for interviews and focus group discussions with (1) health facility staff and (2) EFFORT patients

Appendix 3: List of key informant interviews and focus group discussions

Appendix 1: COREQ checklist for qualitative research

COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	11
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	N/A
Occupation	3	What was their occupation at the time of the study?	N/A
Gender	4	Was the researcher male or female?	N/A
Experience and training	5	What experience or training did the researcher have?	N/A
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	N/A
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	N/A
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	N/A
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	12,13
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	10
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	10
Sample size	12	How many participants were in the study?	15
Non-participation	13	How many people refused to participate or dropped out? Reasons?	10
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	11
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	11
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	15,16
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	10,11 Apdx
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	11
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	11
Field notes	20	Were field notes made during and/or after the inter view or focus group?	11,14
Duration	21	What was the duration of the inter views or focus group?	11
Data saturation	22	Was data saturation discussed?	11
Transcripts returned	23	Were transcripts returned to participants for comment and/or	14

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	12
Description of the coding tree	25	Did authors provide a description of the coding tree?	13,14
Derivation of themes	26	Were themes identified in advance or derived from the data?	12-14
Software	27	What software, if applicable, was used to manage the data?	12
Participant checking	28	Did participants provide feedback on the findings?	14
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	17-28
Data and findings consistent	30	Was there consistency between the data presented and the findings?	17-28
Clarity of major themes	31	Were major themes clearly presented in the findings?	12-14, 17-28
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	17-28

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

Appendix 2: Example discussion guides for interviews and focus group discussions with (1) health facility staff and (2) EFFORT patients. Perceptions of shorter treatment options for radical cure were one of three topics covered during these sessions. Questions pertaining to shorter treatment options are highlighted in grey.

(1) Discussion Guide for Health facility staff Key informant interview 3.0

Question	Information we are looking for
1. How long have you been working at this health facility?	**Length of employment at health facility.**
2. What does a usual workday look like for you?	**Daily work routine.** From getting to work to leaving to go home, what does the respondent usually do.
3. Is there malaria in this area? a. Has it personally affected you? If so, how? b. Do you treat many individuals with malaria? c. What type of malaria have you treated the most?	**Malaria transmission in health facility area.** To get an idea of malaria transmission in the area. Respondents' personal experiences with malaria. If they or their families have had it. Also, if they treat a lot of malaria, and if know what type of malaria (*P.v.*, *P.f.* or mixed).

Quantitative G6PD testing

4. How have vivax testing and treatment guidelines changed over time?	**A description of how vivax malaria testing and treatment guidelines have changed over time.**
5. Can you describe the diagnosis and treatment process of vivax patients at your health facility? ***Ask the participant to draw the workflow and describe.*** a. Have you heard of the G6PD enzyme? b. Have you heard of G6PD deficiency? c. Can you describe how this deficiency affects malaria treatment? d. Is the process you describe what you do for all your vivax patients?	**Process of diagnosing vivax & administering radical cure + reasoning for G6PD testing.** A detailed description of what is done to provide patients with radical cure (ASMQ +PQ) at health care providers (hospitals, health centres, VMWs) in Cambodia. The steps involved in diagnosis and treatment of vivax cases. Make sure they tell you by probing, if necessary, about G6PD status/testing, contraindications for PQ, follow-up.

	→ also probe, if necessary, about their knowledge of the G6PD enzyme, G6PD deficiency, what it means for malaria i.e., why they need to do G6PD testing; the reason for this test.
6. How has your experience with the new treatment algorithm been? a. What challenges have you faced in implementing this new testing and treatment algorithm? [Probe] Have there been any challenges with regards to the procedures involved in testing patients for G6PD deficiency?	**Impressions, opinion, feeling about new treatment guidelines described before.** What they think of the new treatment guidelines/algorithm. Probe on specific b**arriers/challenges to implementing the new test and treatment algorithm for vivax malaria.** This new includes malaria testing, quantitative G6PD testing, and administration of PQ if G6PD normal.
7. Is there something that could be improved to make the process easier?	**Recommendations and what could make the process of vivax diagnosis and treatment process easier.**
8. How has your experience with the Biosensor G6PD test been? a. What do you think about the SD quantitative G6PD tests? [ease of use, integration into workflow, quality control, confidence in results] b. What were your expectations? Has the test met them?	Description of their experience with the test. How they feel about it. **Opinions about and expectations of the SD quantitative G6PD test**. Do they like and do they not like, and why. What do they not or do like about it. But by asking what you do you think, we are keeping it open to either positive or negative opinions about the test. → if not mentioned, probe about the cost of the test → the ease of use for all levels of the health system—especially for the health centre level. i.e., capacity/ability → and with the ease of use, the need for supervision for G6PD testing, the need for controls to make sure the test is functioning Also, what they expected from the test and how it has turned out in reality. E.g., I thought that it would be a more reliable test, but now I can see,

	there is a lot of variation in the test results even from one person.
9. How confident do you feel in your ability to perform G6PD testing? On a scale of 1 not confident and 10 very confident. a. Why do you feel this way? b. What would make you feel more confident?	**Confidence of the health facility staff in using the test.** Are they confident and comfortable performing the test with an explanation of why they feel the way they do.
10. What do you expect will happen as a result of implementing quantitative G6PD testing?	**Expectations for the successful implementation of quantitative G6PD testing.** Objective of the implementing this new diagnostic → need for radical cure? (do not ask this outright, leave as open question and probe if necessary)
11. How have patients reacted to the G6PD testing process?	**Experience of patient reaction to G6PD testing process.** Based on the respondents' experience, how have patients reacted to the test.
12. Do you think VMWs should perform G6PD testing? a. Why or why not?	**Opinion about the capacity of VMWs to perform G6PD testing and provide radical cure. + explanation of their opinions.**

Village malaria worker follow-up

13. How have VMWs contributed to the vivax case management?	**Contribution of VMWs to vivax case management.** How VMWs have helped with the diagnosis and treatment of vivax malaria in Cambodia.
14. How has their role evolved? [should bring up VMW follow-up] a. Can you describe the rationale behind VMW follow-up? b. What do you expect from VMW follow-up?	**VMW role evolution.** Changes in their position, involvement, and what they do for malaria over time. → should bring up current VMW follow-up guidelines. Make sure to probe on the reason VMW follow-up is needed and what is expected of it.
15. How do you see the role of VMWs in malaria case management in the future? [Probe for vivax specifically]	**Future for VMWs in malaria case management and control.** Future of having VMWs as part of malaria diagnosis and treatment, specifically vivax malaria. If they do

	not mention VMW follow-up for vivax, ask the reason why they did not mention it.
16. Can you describe what VMW follow-up entails? a. [Probe] Can you describe your role in the VMW follow-up process?	**VMW follow-up process.** Describe the different activities that have to be done when conducting VMW follow-up. Make sure to explore the r**ole of health facility staff in VMW-follow-up.** What do health facility staff do as part of the VMW-follow-up process. What are their responsibilities.
17. Is follow-up conducted for all vivax patients? a. If not, why?	**Adherence to guidelines.** Whether VMWs are conducting VMW follow-up routinely. If not, reasons for which they are not doing it consistently.
18. What barriers has VMW follow-up faced?	**Barriers to VMW follow up.** Things that make it difficult to do or stop it from being done. What they are and if there is any way to solve the problems described.
19. Do you think VMW follow-up is helping with treatment adherence for vivax malaria? a. If yes, how has it helped? And if not, why has it not helped?	**Effectiveness of VMW follow-up**. Has VMWs visiting patients made a difference in whether the patients take their medication and whether they relapse. Reasons behind their answers.
20. Would there be a better alternative than VMW follow-up to ensure patient adherence and safety?	**Alternative to VMW follow-up.** Other options to make sure patients take their medications and are not experiencing serious adverse events.
21. Do you have any questions/ concerns or things that you would like us to know?	Anything else the respondent might want to say that they have not done so yet.
22. People we should be discussing with/learn from?	Any other person the respondent thinks we should talk to.

<u>Day 3 Review visit</u>

23. What would you think of the possibility of having a shorter stronger dose of the	**Perceptions/Opinion on a shorter stronger dose of radical cure.** Do they think it would be useful, is it a good option or a bad one? Do not

medicine? [Either having a single dose of TQ or a 7-day regimen.]	guide the question. Just ask a general open question and then also probe as to why they think what they think.
24. Have you heard of any shorter stronger doses of the medicine for vivax?	**Knowledge of the existence of shorter dose treatment options** e.g., 7-day PQ or 3-day PQ or 5-day PQ or single dose TQ.
25. What do you think would have to change if this stronger and shorter dose was used? a. How might supervision change if the treatment for vivax malaria was a stronger, but shorter dose?	**Changes required to administer stronger and shorter doses.** Looking for changes in the diagnosis, treatment, follow-up/monitoring algorithm. Or any other changes they might think would be required. → should mention the need for more supervision/monitoring. If not, probe for it: **Changes in supervision/monitoring necessary for stronger but shorter treatment regimens**. For example: More or less monitoring, what type of monitoring, additional days of VMW follow-up. If not a follow-up interview make sure to establish what the current supervision/monitoring procedures are.
26. What would you think of the patient having to come back to the health facility for a review visit? a. Would this visit be beneficial? Why or not? b. If it is beneficial, how would it be?	**Perceptions and opinions about day three visit.** Do they think it is a bad or good idea, whether it is feasible, something patients would be okay doing etc. and their reasons for their opinions. Their experiences. Whether the visit would benefit the patients. And the reason why it may or may not have benefits—and what those benefits may be.
27. Would this visit help make sure patients take their medications? Why or not?	Opinions/perceptions based on experience about whether this visit would make sure/incentivize patients to take their treatment/medication. The reason for their opinion → share their experiences.
28. Would this visit help make sure patients are not experiencing adverse effects? Why or why not?	Opinions/perceptions based on experience about whether this visit would make sure patients are

	not experiencing side effects. The reason for their opinion → share their experiences.
29. What would or should happen during the day 3 visit? a. Who would oversee *Pv* patient clinical reviews? Would one person be assigned for such work?	**Process and logistics that would be involved in the day-3 visit.** Steps involved, who would be involved, where. Workflow. What they would check for during the visit, how they would check for it.
30. How might this visit affect workflow?	**Day 3 visit impact on workflow.** How would having to conduct the day 3 visit medical exam impact the other work that needs to be done at the health facility. E.g., would it take away time from administrative tasks or seeing other patients or would it not impact very much…
31. How might adverse events or early warning signs be detected during the visit?	**Process of detecting adverse events or early warning signs.** What health facility staff will do detect adverse events or early warning signs. What health facility staff will do to make sure patients are not experiencing or exhibiting adverse events or early warning signs.
32. What would the response be to any adverse events or side effects of the drug?	**Response to adverse evets or drug side effects**. What will health facility staff do once they identify the adverse events or side effects. How will they mitigate them.
33. Would you feel confident/comfortable to conduct the clinical review?	**Confidence of health facility staff to conduct clinical review.** Would they feel okay doing the medical exam or do they think someone with more training should do it?
34. What operational challenges might exist in implementing a day 3 *Pv* patient visit? a. How might a patient respond to having to come back to the health facility for further monitoring? b. How might the health facility staff respond to conducting the medical exam?	**Barriers to or challenges involved with implementing this day 3 review visit.** Make sure to probe on receptivity or acceptance of this visit by patients, but also the receptivity and acceptance of health facility staff to conduct it.

35. a. What would make it easier for patients to take part in this day 3 visit? b. What would make it easier for the health facility staff? [probe--reduce workload for other activities, need of more staff, assign activities differently to the different staff?]	**Recommendations to make the day 3 visit easier for patients & health facility staff.** Other things that would be needed to implement the day three visit.
36. Might a VMW be assigned to a *Pv* patient to call or visit the patient to check up on them after their initial treatment?	**Role of VMW in Day 3 visit or monitoring.** Could the day 3 review visit be supplemented by VMW follow-up in day 7 and 14. What they think of this idea.
37. Do you have any questions/ concerns or things that you would like us to know?	Anything else the respondent might want to say that they have not done so yet.
38. People we should be discussing with/learn from?	Any other person the respondent thinks we should talk to.

(2) Discussion Guide for EFFORT patient Key Informant Interview

Introduction: We are interested in how you experience malaria and all steps in services related to malaria. Your experiences are important to improve care and treatment. There are no right or wrong answers. All information you tell us will not affect your treatment, and confidentiality and anonymity will be ensured. We will record this discussion so that we can write down and translate to English to let our team learn from your experience too. [Emphasize our independence].

Question	**Information we are looking for**
1. Have you had malaria before the time when you were enrolled in the EFFORT study? If yes, a. Can you describe your previous diagnosis and treatment experience?	**Previous malaria diagnosis before EFFORT.** If yes, then: - how many times - when - what type → diagnosis and treatment experience and process. a. Way malaria diagnosis and treatment happened and how it makes them feel. E.g., in the first interview the patients said the study staff told the patient he was the luckiest

	man. Here would have asked him if he felt like he was the luckiest man? And why or why not. → want to focus on the experience and less about the process, so that the patient feels more comfortable and do not feel like we are assessing them or assessing the organization. ➔ If the process involves G6PD testing, ask more about it ➔ Ask what they thought of the treatment.
2. What was/has been your experience being a participant in the EFFORT study?	**Experience as part of the EFFORT study**. If this is during the day-3 visit, then how the experience has been if after EFFORT follow-up complete then how was the experience. How being a part of the study went. How it made the patients feel or how they felt about it. - Positive or negative/ good or bad. - Difficult, scary, important, helpful….

3. Can you describe your malaria diagnosis and treatment experience as part of EFFORT? What happened? What was involved? a. Have you ever heard of G6PD testing? b. What was your experience with G6PD testing at the health facility? c. Do you know why you needed a G6PD test? d. Can you describe what it was like taking the treatment? e. Did you ever experience or hear about patients that got sick, like for example having blood in their urine, after getting treated with primaquine? What do you think about it?	**Experience of malaria diagnosis and treatment as part of the EFFORT trial.** What happened. The way it happened What the respondent had to do. How they felt about it. → probe if they have heard of G6PD testing if the respondent does not bring it up. → ask about what they remember of the G6PD testing → ask whether they know why they needed to have a G6PD test. → Treatment provided and experience taking the treatment. What they thought of the treatment. → Whether they experience any side effects.

4. Do you recognize this card? [*Show card for follow-up with G6PD status & Hb level]* a. What do you think of when you see this card? b. Do you know why you are given this card?	**Recognition or knowledge of the Patient treatment and information form for Pv/mixed patient to track their treatment course.** Knowledge of why they were giving this card. Trying to get at the rationale of why it is important to take all the medicine. i.e. to prevent relapse.
5. What did the health facility staff tell you about the treatment?	**Description of treatment counseling provided by the doctors**. What did the doctors tell the patient about the treatment they were taking.

Day 3 clinical review visit

6. Could you describe what follow-up has looked like as part of the EFFORT study?	**Description of treatment follow-up (monitoring for adverse events) as part of the EFFORT trial.** Dependent on how far into the trial the patient is, they will have a different understanding of what follow-up is involved in the study. E.g. day 3 visit and visits on day 21, 28, 35, 42 & months 2, 3, 4, 5, 6.
7. How has the follow-up process gone? [Probe: difficult for the clinicians or patients?]	**Follow-up process experience** - E.g. well, really badly, tiring, very difficult, helpful, ….
8. Were you able to go back to the health facility 3 days after you received treatment? a. If not, why not? b. If yes, how did you get there?	**Ability to return for the clinical review visit.** Dependent on when the interview is conducted. If it is conducted on day 3, then this question does not need to be asked. Only ask how they got here today for the day three visit.
9. Did someone remind you of the day 3 visit? If, so how? And was it helpful.	**Day 3 visit reminder.** Whether patient/participant was reminded that they needed to come in for the day 3 medical exam. How they were reminded and whether it was useful.
10. How did the day 3 review visit go?	**Day 3 review medical exam experience**. Did it go well, were you comfortable, impressions of the

	doctors. If they struggle to answer/elaborate, could ask if anything in the process stuck out to them. E.g., I did not like the way the doctors treated me.
11. What happened when you went for the day 3 review?	**Description of the process of the day 3 visit/medical exam.** Description of what was done during the visit.
12. If yes, what was the main use in your view (probe if better for adherence or safety)	**Use/Purpose of the day 3 visit/medical exam.** If the patient thinks it is useful, why so and in what ways has it made a difference for the patient.
13. Is there anything you would change about the process?	**Recommendations for changes in the process of the medical exam.**
14. Would you consider it useful? Why (not)?	**Usefulness of the day 3 visit.** Was this day three visit worth traveling for. Whether the patient/participant got something out of the visit/medical exam.
15. Do you think others who have malaria might want to have this visit as well?	**Desire of other malaria patients to have a day 3 visit.**
16. Do you have any questions/ concerns or things that you would like us to know?	Anything else the respondent might want to say that they have not done so yet.
17. People we should be discussing with/learn from?	Any other person the respondent thinks we should talk to.

Appendix 3. List of key informant interviews and focus group discussions

Number	Study Site	Activity Description	Participant
1	Phnom Kravanh	EFFORT Patient Pilot Interview	1
2	Phnom Kravanh	EFFORT Patient Pilot Interview 2	1
3	Phnom Kravanh and Prongil	VMW Pilot Focus Group Discussion 1 (Biosensor Trained) - FGD 1	7
4	Phnom Kravanh	Referral Hospital Staff (Non-EFFORT) Pilot Focus Groups Discussion 2 - FGD 2	5
5	Phnom Kravanh	EFFORT Patient Pilot Interview 3	1
6	Phnom Kravanh	EFFORT Patient Pilot Interview 4	1
7	Pramoay	VMW Pilot Focus Group Discussion 3 - FGD 3	6
8	Pramoay	Routine Health Center Staff Pilot Interview 5	1
9	Phnom Kravanh	DHD Malaria Director Interview 6	1
10	Phnom Kravanh	EFFORT Lab Staff Interview 7	1
11	Phnom Kravanh	EFFORT Administrative Staff Interview 8	1
12	Phnom Kravanh	EFFORT/DH Doctor Interview 9	1
13	Phnom Kravanh	EFFORT Patient Interview 10 [Last day of follow-up]	1
14	Phnom Kravanh	EFFORT Patient Interview 11 [Day 7]	1
15	Phnom Kravanh	FGD with EFFORT/MORU staff 4 - FGD 4	6
16	Phnom Kravanh	EFFORT Patient Interview 12 [Day 3]	1
17	Phnom Kravanh	EFFORT Patient Interview 13 [Day 3]	1
18	Phnom Kravanh	EFFORT Patient Interview 14 [Day 3]	1
19	Not Applicable	CNM Official Interview 15	1
20	Phnom Kravanh	EFFORT Patient Joint Interview [Day 3]	2
21	Phnom Kravanh	EFFORT Patient Interview 16 [Day 3]	1
22	Phnom Kravanh	EFFORT/DH Doctor	1
23	Phnom Kravanh/Pramoay	EFFORT Patient Interview	1
24	Phnom Kravanh/Pramoay	EFFORT Patient Interview	1
25	Phnom Kravanh	EFFORT Patient Interview 21	1
26	Pramoay	Routine VMW Interview 19	1
27	Phnom Kravanh	EFFORT Patient Interview 22	1
28	Phnom Kravanh	EFFORT Patient Interview 23	1
29	Phnom Kravanh	EFFORT Patient Interview 24	1

30	Pursat Provincial Health Dept	PHD Pursat Malaria Official Interview 25	1
31	Phnom Kravanh	EFFORT Patient Interview 26	1
32	Phnom Kravanh	Partner Interview 27	1
33	Phnom Kravanh	EFFORT/DH Doctor Interview 28	1
34	Pursat Provincial Health Dept	PHD Pursat Malaria Official (PMS) Interview 29	1
35	Chambak	Chambak HC Staff Interview 30	1
36	Chambak	Chambak HC Staff Interview 31	1
37	Chambak	VMW FGD 1 - FGD 5C	7
38	Chambak	MMW FGD 2 - FGD 6C	5
39	Chambak	Chambak HC Staff Interview 32C	1
40	Chambak	Routine Patient Interview 33C	1
41	Chambak	Routine Patient Interview 34C	1
42	Chambak	Chambak HC Staff Interview 35C	1
43	Chambak	Routine Patient Interview 36C	1
44	Phnom Kravanh	Follow-Up with EFFORT Drs. – FGD 12	6
45	Kampong Speu Provincial Health Dept.	Kampong Speu PHD Director Interview 37C	1
46	Chambak	Routine Patient Interview 38C	1
47	Chambak	Routine Patient Interview 39C	1
48	Chambak	VMW Interview 40C	1
49	Kampong Speu Provincial Health Dept.	Kampong Speu Provincial Malaria Official Interview 41C	1
50	Chambak	HC Staff Chambak KII 31C Follow-Up Interview	1
51	Phnom Srou Referral Hospital	CHAI Partner Interview 42C	1
52	Phnom Srou Referral Hospital	Phnom Srouch DHD/RH Malaria Stakeholders FGD - FGD 7C	6
53	Phnom Srou Referral Hospital	DHD Krokor Malaria Official Interview (OD Director) 43K	1
54	Phnom Srou Referral Hospital	DHD Krokor Malaria Official Interview (ODMS) 44K	1
55	Phnom Srou Referral Hospital	Routine Referral Hospital FGD - FGD 8	3
56	Chheu Tom	Chheu Tom HC Staff Interview 45K	1
57	Chheu Tom	Chheu Tom HC Staff Interview 46K	1
58	Chheu Tom	Chheu Tom HC Staff Interview 3 47K	1
59	Chheu Tom	Routine Patient Interview 48K + wife - KII 48K	2

60	Chheu Tom	Routine Patient Interview 49K + wife - KII 49K	2
61	Chheu Tom	VMW FGD Chheu Tom VMWs - FGD 9	7
62	Chheu Tom	Routine Patient Interview 50K + wife - KII 50K	2
63	Chheu Tom	MMWs FGD Chheu Tom MMWs - FGD 10	4
64	Chheu Tom	Routine Patient Interview 51K + wife - KII 51K	2
65	Chheu Tom	Routine Patient Interview 52K	1
66	Chheu Tom	Chheu Tom HC Staff Interview 53K	1
67	Chheu Tom	Routine Patient Interview 11(HC Chheu Tom August Patient) - KII 54K	1
68	Chheu Tom	Routine Patient Interview 12 (HC Chheu Tom August Patient) - KII 55K	1
69	Siem Pang	Siem Pang EFFORT Study Staff Interview 1 (Dr.) - KII 56SP	1
70	Siem Pang	Siem Pang EFFORT Study Staff Focus Group Discussion – FGD 11	3
71	Not Applicable	CNM Official Interview 57	1
72	Not Applicable	CNM Official Interview 58	1
73	Not Applicable	CHAI Partner Central Interview 59	1
74	Not Applicable	CNM Official Interview 58 Follow-Up	1
75	Not Applicable	CNM Official Interview 59 Follow-Up	1
76	Not Applicable	CNM Official Interview 57 Follow-Up	1
77	Prongil	Day 3 Scenarios - FGD VMWs - Biosensor trained VMWs (Prongil HC) – FGD13	8
78	Prongil	Day 3 Scenarios - Patient Interview 60	1
79	Phnom Kravanh	Day 3 Scenarios - Kravanh HC mini FGD – FGD14	3
80	Phnom Kravanh	Day 3 Scenarios - Kravanh Referral Hospital mini FGD – FGD15	3
81	Pramoay	Day 3 Scenarios - FGD VMWs - Routine (Pramoay) – FGD16	7
82	Pramoay	Day 3 Scenarios - Pramoay HC mini FGD – FGD17	3
83	Chheu Tom	Day 3 Scenarios - Patient mini-FGD – FGD18	3
84	Chheu Tom	Day 3 Scenarios - Chheu Tom HC mini FGD – FGD19	4
85	Not Applicable	Day 3 Scenarios - PMS – Interview 61	1
86	Not Applicable	Day 3 Scenarios - CNM – Interview 62	1