**Consolidated Criteria for Reported Qualitative Studies (COREQ): A 32-item checklist**

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| **Number** | **Title of Criterion** | **Our Response** |
| **Domain 1: Research team and reflexivity** |
| *Personal Characteristics* |
| 1 | Interviewer/facilitator | Josephine Andesia, Eunice Mwangi, Juliet Miheso, members of the STRENGTHS research team based in Eldoret, Kenya. |
| 2 | Credentials:  | B. A.  |
| 3 | Occupation | Research study coordinator (JA), research assistant (EM, JM) |
| 4 | Gender | Female |
| 5. | Experience and training | Qualitative research methods training coordinated through AMPATH (Academic Model Providing Access to Healthcare), based in Eldoret Kenya. Prior research experience include qualitative data gathering and analysis for other studies in this setting. |
| *Relationship with participants* |
| 6 | Relationship established | Yes, through multiple rounds of community engagement and description of the research methods, in partnership with local administrators and health facility leadership. |
| 7 | Participant knowledge of the interviewer | Participants were aware that interviewers were members of the STRENGTHS research team; during the consenting process, participants were made aware that participation in the study and opinions shared would have no effect on the clinical care received. |
| 8 | Interviewer characteristics | Participants were made aware of the central aims of the STRENGTHS study and interviewer’s role in the project. |
| **Domain 2: Study design** |
| *Theoretical framework* |
| 9 | Methodological orientation and Theory | Content analysis |
| *Participant selection* |
| 10 | Sampling | Purposive |
| 11 | Method of Approach | Face-to-face, telephone |
| 12 | Sample size | Patients (n=15), clinicians (n=14), design team members (n=14), peers (n=4) |
| 13 | Non-participation | No individuals declined to participate |
| *Settings* |
| 14 | Setting of data collection | Clinic, hospital |
| 15 | Presence of non-participants | None |
| 16 | Description of sample | Patients with hypertension, clinicians, and clinic administrators |
| *Data Collection* |
| 17 | Interview guide | The discussion guide was reviewed, pilot-tested, and updated by local qualitative experts. |
| 18 | Repeat interviews | Repeat interviews were not conducted |
| 19 | Audio/visual recording | Interviewers captured audio recordings during interviews and focus group discussions, which were later transcribed |
| 20 | Field notes | Field notes were captured during interviews and focus group discussions |
| 21 | Duration | 60-90 minutes |
| 22 | Data saturation | Data saturation was evaluate during data analysis to judge when to conclude analysis |
| 23 | Transcripts returned | Transcripts were not returned to participants for comment |
| **Domain 3: Analysis and findings** |
| *Data analysis* |
| 24 | Number of data coders | 2 |
| 25 | Description of the coding tree | The qualitative analysis team provided the coding tree to authors through Nvivo software |
| 26 | Derivation of themes | An *a priori* coding framework was established based on the discussion guides, and additional inductive codes were subsequently added. |
| 27 | Software | Nvivo |
| 28 | Participant checking | Participants did not provide feedback on the findings |
| *Reporting* |
| 29 | Quotations | Participant quotations are presented to illustrate themes and key conclusions; participants are identified by role (e.g. patient or clinician) but not by participant number |
| 30 | Data and findings consistent | Data presented are consistent with the findings |
| 31 | Clarity of major themes | Major themes and domains are clearly outlined in the manuscript and accompanying figures |
| 32 | Clarity of minor themes | More nuanced discussion of sub-themes is also presented in the manuscript and accompanying figures |