

## Validation of a Screening Tool Used to Identify Children Living with HIV in High Volume Outpatient Departments in Malawi

### Interview Guide – Healthcare Staff Interviews

Participant Study ID number: \_\_\_\_\_

Enrollment date:   /   /   (dd-mm-yy) Site ID:   Interviewer ID:  

Start Time: \_\_ : \_\_

### Interview Guide – Healthcare Staff Interviews

Read to Participant: Thank you for agreeing to participate in this study. We will ask you a few questions on how you feel about the screening tool for children. We will record your responses on audio tape and later on paper. If you feel at any point during the interview that some questions are uncomfortable for you to answer; you are free not to answer them. In order to protect your privacy, we will make sure that there is nothing in our study records (on paper or on audio tapes) that identifies you. We will not be writing your name or contact information on any study documents. Your answers will be recorded using a special study number. Only study team members will have access to the study records. All audio recordings will be destroyed after our analysis and report writing.

#### Demographic Information

1.	<b>Gender:</b>	What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
2.	<b>Age:</b>	What is your age?	_____ years
3.	<b>Facility Type:</b>	What level of facility is this site?	<input type="checkbox"/> District Hospital <input type="checkbox"/> Health Centre <input type="checkbox"/> Other: Please specify _____
4.	<b>Cadre:</b>	What is your cadre?	<input type="checkbox"/> Expert Client <input type="checkbox"/> HIV Diagnostic Assistant (HDA) <input type="checkbox"/> HIV Testing Counselor (HTC) <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Medical Officer/Clinical Officer <input type="checkbox"/> Other: Please specify _____
5.	<b>Experience:</b>	How many years have you been working in this role?	<input type="checkbox"/> <1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> >10 years
6.	<b>Utilization:</b>	How many healthcare staff use the tool at this facility?	<input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> >6

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Now I am going to ask you a few questions. Please feel free to respond based on your experience using the screening tool. I will take notes to record your responses.

**Acceptability of Screening Tool**

**1. For the screening tool, please describe any questions that were difficult for you to ask.**

(Probe: What made them difficult?)

**2. For the screening tool, please describe any questions that were difficult for clients to answer.**

(Probe: What made them difficult?)

**3. How easy was it to administer the tool to the following groups:**

- Biological parents?
- Non-biological caregivers?
- Parents/Caregivers of children aged 2–9?
- Parents/Caregivers of children 10–13?

**4. What were the benefits of using the screening tool at this health facility?**

(Probe: How might it affect commodities (e.g. number of rapid test kits)? Waiting times? Health worker staffing?)

- Who experienced these benefits?

**5. What were the challenges of using the screening tool at this health facility?**

(Probe: How might it affect clinic flow? Space needs? Other service delivery?)

- Who experienced these challenges?

**6. How were these challenges addressed?** (Probe: How was each challenge resolved? What solutions were suggested? How effective were these solutions? What do you recommend to address these challenges?)

**7. How do other healthcare staff feel about the screening tool?**

(Probe: What do they like or dislike about the tool?)

**8. How do clients feel about the screening tool?**

(Probe: What do they like or dislike about the tool?)

**9. What do you think would make the screening tool more acceptable to:**

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- Clients, parents, caregivers?
- Healthcare staff (e.g. expert clients, HDAs, HTCs, others)?

**10. For parents and caregivers that declined to participate in the screening, what do you think were their reasons for declining?**

(Probe: How did parents and caregivers feel about knowing or not knowing the HIV status of their child?)

**Feasibility of Screening Tool**

**11. How did the use of this screening tool affect the flow of service delivery?**

(Probe: What challenges did you experience? What inefficiencies were there? What benefits or efficiencies were gained?)

**12. How did use of the screening tool affect other services provided in the OPD or health facility?**

**13. What can be done to improve the implementation of the screening tool? Please share your thoughts.**

**14. How did you feel about the amount of time needed to administer the screening tool?**

(Probe: How much time is reasonable to perform the screening?)

**This completes our interview. Thank you for your time.**