

S1 file: Questionnaires**1. Questionnaire for data collection at the Ankarful Prison**

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YUNIBESITHI YA PRETORIA

To evaluate the performance of the Bioline™ HCV POC test

Unique identifier	
Ward/ Block	
Cell Number	
Date	

A. Socio-demographic information
Age (years):
Sex: Male [] Female []
Employment status before incarceration: Unemployed [] Employed []
Occupation before incarceration:
Education status: No formal education [] Basic [] Secondary [] Tertiary []
Year of incarceration:

B. Behavioural characteristics
Sexual preference/ orientation: Men [] Women []
History of drug use: Yes [] No []
Drug snorting: Yes [] No []
Drug injection: Yes [] No []
Tattoo: Yes [] No []
Piercing: Yes [] No []
Sharing toiletries: Yes [] No []

C. Medical history
Known history of HCV infection: Yes [] No [] NA []
Known history of HCV infection in a sexual partner: Yes [] No [] NA: []

D. POC Test Results
HCV:
HIV:

Thank you for taking the time to respond to this questionnaire.

2. Data collection tool for the Cape Coast Teaching Hospital Laboratory



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To evaluate the performance of the Bioline™ HCV POC test

Date					
Unique identifiers	Age	Sex	Patient/Donor	Bioline™ HCV POC results	ELISA results

3. Audit checklist for ascertaining the usability and user perceptions of the Bioline™ HCV POC test



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To ascertain users' perceptions of the Bioline™ HCV POC test in terms of real-time connectivity, ease of specimen collection, equipment-free or simplicity, and user-friendliness.

Unique identifier	
Name of PHC clinic	
Name of District	
Name of sub-district	
Name of Community	
Condition or road network	Non-pliable road [] Poor road but pliable [] Good road []
Availability of air-conditioned storage room	Yes [] No []
Date	

A. Socio-demographic information
Age (years):
Sex: Male [] Female []
Level of education: Certificate [] Diploma [] Degree [] Masters [] Ph.D. []
Occupation/ profession:
Professional rank/cadre:
Total years of working experience:
Years of working in this clinic:
Leadership position (if any):

B. Audit 1 (hands-on)	Yes	No	N/A	Comment
1. Did the study participant read/use the information sheet or test insert?				

2. Was it difficult for the study participant to remove the test device from the foil pouch?				
3. Did the study participant successfully place material on a flat surface and open all pouches and caps?				
4. Did the study participant wash hands in warm water, dry and wear gloves?				
5. Did the study participant correctly choose the ring or middle finger?				
6. Did the study participant massage and warm their hands?				
7. Did the study participant clean the finger with an alcohol swab and let it dry?				
8. Did the study participant successfully press down firmly to prick their skin?				
9. Did the study participant safely discard the lancet?				
10. Did the study participant successfully wipe away the first drop of blood with tissue and then rub it to create a second large drop of blood?				
11. Did the study participant use the specimen dropper to collect the drop of blood?				
12. Did the study participant successfully dispense the whole blood into the round specimen well (marked S') of the device?				
13. Did the study participant successfully apply plaster?				
14. Was the study participant able to twist and pull the cap to open the assay diluent?				
15. Did the study participant dispense all the assay diluent tube into the square well of the device?				
16. Did the study participant read the test results within the stipulated time?				
17. Did the study participant interpret the results correctly?				
18. Did the study participant safely discard the used test kit?				
19. If invalid results were obtained, did the study participant attempt to retest?				

C. Audit 2 (User-perception)	Very easy	Easy	Not easy
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1. Reading/using the information sheet or test insert			
2. Removing the test device from the foil pouch			
3. Sample collection using finger prick			
4. Collecting the drop of blood with the specimen dropper			
5. Dispensing the whole blood into the round specimen well (marked S') of the device			
6. Twisting and pulling the cap to open the assay diluent			
7. Dispensing all the assay diluent tubes into the square well of the device?			
8. Timing the test			
9. Reading/interpreting the test results			

D. Acceptability-Quantitative	Yes	No
1. Are you willing to use this test in this facility and in future?		
2. Would you recommend this test for use in other PHC clinics?		

E. User-perception (Interview guide)-Qualitative
1. Please share your general experience of using the Bioline™ HCV test kit
2. How did you find the instructions sheet, was it useful to you?
3. Did you experience any difficulty or challenges while using the Bioline™ HCV test kit?
4. Please share your experience of sample collection procedure for HCV test using the Bioline™ HCV test kit?
5. What steps did you take to ensure reliability of results of the test conducted?
6. Does the stipulated time for reading the results match the time on the test instructions?
7. How confident were you when performing the test? Rate your confidence as “very confident”, “confident” and “not confident” and explain
8. How easy was it for you to interpret the test results? Rate as “very easy”, “easy” and “not easy” and explain
9. In your experience, how do you think the simplicity of the test in terms of equipment required for the Bioline™ HCV test makes it easier to use?
10. How does the simplicity of the Bioline™ HCV test affect its usability, especially in terms of storage infrastructure or space available in your facility?
11. What challenges are you likely to face with storage of the test kit?

12. What factors will you and your facility consider before using the Bioline™ HCV test in your facility?
13. Are you willing to use this test in this facility and in future? Explain
14. Would you recommend this test for use in other PHC clinics? Explain
15. What feature about this test would you recommend to be changed by the manufacturer?
16. What feature about the test would you prefer to be added in subsequent models by the manufacturer?

F. Inter-reader concordance (Test on each other)			
Participant's HCV POC test result	HCV	Researcher's HCV POC test results	Comment
Inter-operator concordance			
Participant's HCV POC test result	HCV	Researcher's HCV POC test results	Comment

G. Inter-reader concordance (Random standard blood sample)			
Participant's HCV POC test result	HCV	Researcher's HCV POC test results	Comment
Inter-operator concordance			
Participant's HCV POC test result	HCV	Researcher's HCV POC test results	Comment

Thank you for taking the time to respond to this questionnaire.

4. Questionnaire for assessing the cost composition of the testing pathways

A. PHC clinic



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To estimate the costs of accessing HCV diagnostic services using proposed HCV testing models to inform the affordability of the testing pathways

Unique identifier	
Name of PHC clinic	
Name of District	
Name of sub-district	
Name of Community	
Date	

Item	Yes	No	N/A	Comment
Do you perform HCV POC testing here?				
If Yes, which test kit do you use?				
How often do you do testing?				
Do you currently have test kits?				
How often do you run out of test kits?				
Have you received training to test				
If Yes, what is the cost of testing? (if testing is free, please state)				
If not free, are patients able to afford (pay)?				
Which payment method do you accept?	Out-of-pocket []		NHIS []	
If NHIS, do you take top-up payment?				
What is the cost of the test kit?				
What other consumables are required to conduct the test, aside from the test kit? Please list them, including their cost and the number of tests each consumable can perform (if you test)				
If you don't test here, do you refer?				
If you refer, to which facility?				
Do you request confirmatory testing?				
If yes, which central laboratory/health facility do you refer patients to for confirmatory testing?				

Which confirmatory test do you request?	NAT [] EIA []
How long does it take patients to return test results?	
If no, why are you not testing? Have you ever performed testing here? (qualitative) record	
How will it affect healthcare delivery if you begin testing here? record	
Do you treat HCV here? How do you treat it? record	

Thank you for taking the time to respond to this questionnaire.

B. Referral Laboratory for Anti-HCV test

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To estimate the costs of accessing HCV diagnostic services using proposed HCV testing models to inform the affordability of the testing pathways

Unique identifier	
Name of District	
Name of sub-district	
Name of Community	
Type of facility	Private [] Public [] (CHAG[] GHS[])
Date	

Item	Yes	No	N/A	Comment
Do you perform HCV POC testing here?				
If Yes, which test kit do you use?				
If Yes, what is the cost of testing?				
Which payment method do you accept?	Out-of-pocket [] Insured [] (NHIS[] Private[])			
If Yes, what is the cost of the test kit?				
What other consumables are required to conduct the test, aside from the test kit? Please list them, including their cost and the number of tests each consumable can perform				
Are patients able to afford (pay)?				
How many Anti-HCV tests do you run in a month?				
Estimated distance to the referral laboratory				
Cost of transport to the referral laboratory and back				

Thank you for taking the time to respond to this questionnaire.

C. Confirmatory testing laboratory



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To estimate the costs of accessing HCV diagnostic services using proposed HCV testing models to inform the affordability of the testing pathways

Unique identifier	
Name of District	
Name of sub-district	
Name of Community	
Type of facility	Private [] Public [] (CHAG[] GHS[])
Date	

Item	Yes	No	N/A	Comment
Estimated distance to the central laboratory from the PHC clinic				
Do you perform HCV confirmatory testing here?				
Cost of transport to the central laboratory for confirmatory testing and back				
Type of confirmatory testing				NAT [] EIA []
Brand/Cost of equipment used				
Brand/cost of assay/reagent				
What other consumables are required to conduct the test, aside from equipment and reagent/assay? Please list them, including their cost and the number of tests each consumable can perform				
Cost of confirmatory testing				
Which payment method do you accept?				Out-of-pocket [] Insured [] (NHIS[] Private[])
Are patients able to afford (pay)				
How many HCV confirmatory tests do you run in a month?				

Thank you for taking the time to respond to this questionnaire.