**Semi-structured interview guide**

**Updated 25.04.2024**

Make sure consent form sorted

Record

Introduction:

* Thank you for doing the survey and agreeing to participate in Phase 2 of the study.
* The structure: introduction, 4 main topics to ask about, and then wrap-up (30-45 mins)
* I’m a researcher at LSHTM part of the CHANGE project, which aims to optimise severe malnutrition treatment programmes by better understanding the mechanisms linking childhood undernutrition to longer-term non-communicable disease risk.
* This particular study aims to understand the current perceptions of post-malnutrition weight gain and growth, and their relation to the risk of non-communicable diseases.
* We want to understand your opinions, so all responses are valid and important. Remember that there are no right or wrong answers. Also, just a reminder that your responses represent your individual views and are not associated with that of any organisation.
* This interview will be recorded, so it can be transcribed later. After its transcribed, the recording will be deleted. All data will be anonymised, de-identified, and stored in protected, encrypted files.
* There are 4 topics I would like to ask you about during the interview, so I will keep an eye on time and may prompt us to move along to the next topic if needed. I want to respect your time.
* Any questions before we begin?

Before we begin, can you give me a summary of your experience and your current role?

Questions:

1. What do you feel is the **main aim** of a malnutrition treatment programme and why?

*Prompts: Mortality prevention / reducing short-term morbidity / reducing stunting at age 2 / improving child development and preventing disability / improving educational potential*

* 1. Do you feel this aim is achieved by current malnutrition treatment programmes?
	2. Why did you choose this aim over the others?
1. Do you think there are any relevant long-term outcomes that could be modifiable by malnutrition treatment programmes if these programmes were optimized?

*Prompts: NCDs, mental health*

* 1. *Prompt: Are you aware of any work/studies on this relationship between malnutrition treatment programmes and long-term outcomes?*
1. In the survey we asked you to rank different patterns of growth. You seemed to prefer (faster / slower). Can you confirm if this is your preference and why so?
	1. Rapid initial growth
	2. Slow and steady growth (weight gain)
2. Because the guidelines provide a range for rehabilitation energy requirements of 150-220kcal/kg/d, we hypothesise that giving at the lower end of the range (i.e. 150kcal/kg/d) could result in slower growth. We also hypothesise that this could have:
	1. Equivalent short-term benefits (i.e. **no** adverse effects on mortality/morbidity, non-inferior to current feeding programmes in terms of short-term benefits)
	2. but improved long-term outcomes (i.e. less adult NCD)

Do you think this is a plausible hypothesis worth testing?

* + - Is it likely to result in improved treatment programmes/protocols (why/why not?)
		- *Prompt: lower cost due to lower dose vs lower cost of programme due to higher recovery with higher dose*
		- What are potential advantages?
		- *Prompts: sustainability, NCD disease burden, equity (cheaper overall system might improve equity by being able to treat more children), although cost trade-off unclear (less food needed per child per day, but longer recovery period)*
		- What are potential disadvantages?
		- Can you foresee any risks of a slower growth rate post-malnutrition?

Summary:

* If time allows, summarise major comments they made throughout the interview and ask if I’ve covered all the major points.
* Do you have any questions or final comments?
* Your answers will be analysed as part of thematic analysis alongside other participant’s responses. Quotes may be used in a publication.
* Thanks again for taking the time and goodbye.