Additional file 3. Semi-structured interview guide used to assess implementation outcomes including acceptability and appropriateness of the intervention

PATIENTS	
MALARIA EXPERIENCE	**OBJECTIVE**
• How many times have you had malaria? • What led you to seek care? • How was your experience receiving care?	To understand the participant's background and prior experience with malaria and to establish rapport between the interviewer and the participant.
MALARIA TREATMENT	**OBJECTIVE**
• Do you know why this treatment was prescribed? • What is your opinion about the medication? (e.g., taste, size, ease or difficulty of swallowing, number of pills) • How was the medication delivered to you? • What did you think of the envelope? • How did you feel about receiving this envelope? (Did this lead to any changes?) • What did you think about the information provided in it? (How was it delivered? Were you given any explanation?) • Were you given any instructions on how to take and/or store the medication? • How did you usually store your medication? Did this change with the envelope?	To assess the participant's knowledge of the treatment, their perceptions of the medication, and their overall experience.

• Do you take the medication with any type of beverage? (e.g., juice, coffee, vitamins, etc.) • Have there been cases of patients losing their medication? (If yes, were instructions provided for these situations?) • Do you think you should continue taking the medication after malaria symptoms disappear? • Do you know of any other malaria treatments besides the one prescribed to you? If yes, which do you prefer and why?	
FACTORS AFFECTING ADHERENCE	**OBJECTIVE**
• Is there any reason that would prevent you from taking the medication? (e.g., difficulties or adverse effects such as abdominal pain, vomiting, or burning sensation) • Did you experience any side effects during the treatment? • Are there any difficulties related to the treatment duration (number of days)? • Are there any difficulties with the times you need to take the medication? • In your opinion, what could be improved in the treatment to help you complete it? (i.e., prevent treatment discontinuation) • Do you have any suggestions to improve the medication? (e.g., taste, size, duration of treatment)	To understand whether there are factors that positively or negatively influence treatment adherence.
COMMUNICATION	**OBJECTIVE**

• Did you receive any messages after starting treatment? (e.g., WhatsApp or SMS) • What did you think about these messages? • Is there anything you think should be changed in the way they contacted you? • Were you given a phone number to contact them? • Do you have mobile network coverage or phone signal in your area?	To understand how communication occurs between the health service and the patient, and whether there are factors that may negatively influence communication.