

Additional Table 2. NPT Constructs as defined for the implementation of the NG-LFA

NPT Construct	Description	Key Qualitative Findings
Implementation Context		
Strategic intentions	Health needs and strategic objectives of the NG-LFA at primary healthcare level	STI control and testing needs included limitations with syndromic screening, the lack of etiological management and treatment failure
Negotiation capacity	Descriptions of the current work environment to inform adaptation	Healthcare workers described team compositions and working alongside government clinic staff for the identification of patients. Further healthcare workers gave examples of patients that were referred with recurring symptoms
Adaptive Executions	Identified departments and target populations for integrated STI POCT	Healthcare workers identified HIV testing, vitals, physical examinations as point of entry for STI screening. The clinic context could inform different workarounds for integration (e.g. vertical versus integrated care)
Implementation Mechanisms		
Coherence Subconstructs: <i>Differentiation; internalization</i>	The constructed purpose of the NG-LFA and how it compares to other screening services	Implementation staff described how familiarity with other rapid tests and the ability to observe the testing process for healthcare providers and patients could promote satisfaction and trust.
Cognitive participation Subconstructs: <i>Enrolment</i>	Descriptions of the NG-LFA patient testing flow including compatibility in the current work environment	Healthcare workers described team compositions and usability of NG-LFA by non-clinical staff and nurse-led symptom evaluation that could inform task-shifting/remove dependence on nurses for execution
Collection action Subconstructs: <i>Contextual integration</i>		
Reflexive monitoring Subconstructs: <i>Communal appraisal; reconfiguration</i>	How the NG-LFA is collectively assessed as worthwhile and recommendations for environment modifications for sustained use	‘Normalization’ of STI testing may be encouraged through quick-turn around of results and improved clinical decision-making/treatment guidance that in turn reduce testing apprehension and increase knowledge of STI types