

**COMPLETE CODEBOOK**

	<b>CODE</b>	<b>DEFINITION</b>	<b>INCLUSION</b>	<b>EXCLUSION</b>	<b>EXAMPLE</b>
1	Absence of published data	Absence of research, published data or evidence of a specific intervention	All types of information related to disease profiles, interventions, evaluation techniques, healthcare providers etc.	Scarce or limited data	"There are as yet no published data on the non-pharmacological therapy of this debilitating disease from the rural developing world." (Bhattacharyya et al, 2018)
2	Access services on inconsistent basis	Individuals were not able to access rehabilitative available services on a consistent basis	Multiple reasons, from the individual to the healthcare service: financial constraints, unable to get an appointment or receive a service due to heavy case loads etc	Non-existent services	"...accessing physiotherapy services on an inconsistent basis due to financial constraints and heavy case load on the few available physiotherapists." (Sarfo et al 2018)
3	Access to mobile phone	Mobile phone access is emerging, evident, increasing	Mobile/cellular phones	Other mobile technologies	"More than three-quarters of Latinos in the United States own a cellular phone and, of these cell phone owners, 72% already use them to send or receive text messages." (Burner et al 2014)
4	Accessing available waiver systems is troublesome	Trouble/difficult in accessing available waiver (billing assigned to another source) systems	Medication waiver systems	Other potential healthcare waiver systems	"With respect to compliance with medication, troubles with financial hardship to afford the medications as well as accessing the available waiver systems have been reported." (Kitzman et al 2017)
5	Adequate treatment time ensures patient satisfaction	The patient or participant experiences satisfaction when adequate treatment time is spent with them during rehabilitation	Time spent on any form of intervention/treatment		"...factors that contribute to an effective therapy session. This included using the correct equipment, ensuring privacy, ensuring sufficient treatment space and adequate treatment time." (Verusia et al 2015)

6	Administrators lack skills	Administrators in school institutions lack the skills to manage and administer programmes related to rehabilitation		Healthcare institutions	"There is a lack of funding to acquire appropriate instructional materials for learners with VI and administrators in these schools often lack the background to manage and administer specialized schools" (Foley & Masingila 2015)
7	Adverse ground realities	The "reality" of the situation and how these realities impose disadvantages			"Hence, we decided to try for the best feasible rehabilitation of these rural patients despite the adverse ground realities." (Bhattacharyya et al 2018)
8	Affordable assistive devices are required	Access to low-cost assistive devices is required	All types of assistive devices, including prostheses, robotic devices etc.		"New affordable assistive/robotic devices for home and outpatient environments are needed for areas staffed by a few therapists." (Johnson et al. 2014)
9	Areas staffed by few therapists	Areas staffed by few therapists	All "therapy related " staff - physical/physiotherapists, speech, and language therapists, occupational therapists etc. All areas - settings,		"New affordable assistive/robotic devices for home and outpatient environments are needed for areas staffed by a few therapists." (Johnson et al. 2014)
10	Assistive devices not suitable	Assistive devices are not suitable for the diagnosis, rehabilitation goals or area/terrain or vocational/occupational needs	All types of assistive devices, including prostheses, robotic devices etc.		"They requested prostheses produced with advanced techniques that would be better adapted to physical strain and to the tough terrain in Nepal" (Jarnhammer et al 2018)
11	Attitudinal barriers	Attitudinal barriers caused by healthcare providers	Patients experience difficulties in finding physicians who understand their disabilities, accessing information about referral pathways etc.		" Trouble finding physicians who understand their disabilities, difficulty obtaining information about available services, and lack of clarity about referral pathways have previously been identified as specific barriers to specialized health care access experienced by persons with disabilities. This would suggest that although modern medical health care may be chosen to maintain and restore the health of persons with disabilities, existence of structural, equipment and attitudinal barriers in the Ugandan

					health care settings may compromise the quality of health care that they are able to access." (Hamid et al 2017)
12	Availability of rehabilitation is limited for those with disability	The availability of adequate rehabilitation services for those with disability is limited	Disability-related rehabilitation (uses the term "disabled/disability")	Non "disability-related" rehab	"However, the availability of rehabilitation services in the vicinity of the homes of persons with amputations is limited and not all rehabilitation centers in Nepal provide as comprehensive rehabilitation services as those offered at the GPHRC." (Dambi & Jelsma 2014)
13	Available interventions are of poor quality	The interventions which are available are of poor quality	All types of interventions		"However, in LMICs DSME is rarely available or is of poor quality." (Essien et al 2017)
14	Barriers to accessing health services	Non-specific barriers to accessing health services	All types of healthcare-related services		"In the same district, PLWH have reported a number of barriers to accessing hospital-based rehabilitation (Cobbing et al 2019)."
15	Barriers to delivering the gold standard	The setting creates barriers to delivering the gold standard intervention/treatment			"Track was designed to preserve the multi-component approach to obesity treatment in primary care, while overcoming many of the barriers to delivering the gold standard." (Foley et al 2016)
16	Basic education challenges	The people in the setting experience basic education challenges	All groups of people in the entire setting		"Morocco is a transitional society from economic and social points of view, and as such, is experiencing particular challenges, concerning basic education and quality primary health care, elimination of illiteracy, reduction of poverty, social inequality, and unemployment, among others."(Khabbache et al 2017)
17	Burden on healthcare providers	High load on healthcare providers	All types of healthcare providers, informal and formal, e.g. trained professionals, caregivers, support persons. Burden may be physical, emotional, amount or type of work		"This can relieve the burden on the few trained therapists working in the field and can decrease the cost of treatment." (Visser & du Plessis 2015)
18	Caregiver health and health-related quality of life affected	The nature of the work the caregivers engage in affects their health	Formal and "informal" caregivers		"may result in a considerable burden on caregivers of children with severe impairments, affecting their health and health related quality of life". (Dambi & Jelsma 2014)

19	Catastrophic financial costs	Major financial cost as a result of the frequency of complications related to a pathology	The financial costs to the health sector of a country/setting		" In conclusion, this study indicates that an intensive, structured and systematic guideline-based DSME intervention can improve biomedical outcomes in diabetes patients compared to unstructured, non-systematic and ad hoc DSME over relatively short timescales, a finding supported by a small number of similar RCTs in LMIC settings. Combining this structured education, led by nurses or specialist educators, together with quality clinical case management has the potential to improve diabetes management in LMICs, thereby reduce the frequency of complications and their associated and catastrophic human and financial costs". (Essien et al 2017)
20	Catastrophic human costs	Major "human" costs regarding frequency of complications related to a pathology	May include loss of life, effect on healthcare professionals who have to manage the burden of care etc		"In conclusion, this study indicates that an intensive, structured and systematic guideline-based DSME intervention can improve biomedical outcomes in diabetes patients compared to unstructured, non-systematic and ad hoc DSME over relatively short timescales, a finding supported by a small number of similar RCTs in LMIC settings. Combining this structured education, led by nurses or specialist educators, together with quality clinical case management has the potential to improve diabetes management in LMICs, thereby reduce the frequency of complications and their associated and catastrophic human and financial costs". (Essien et al 2017)
21	Certain tests not available in local facilities	Certain tests not available in local facilities	Medical tests, outcome measures, diagnostic tests etc.		"For example, HbA1c testing was not available in local laboratories, so we used point-of-care devices for HbA1c monitoring." (Flood et al 2017)
22	Chronic underfunding of public health system	Public health system is severely underfunded	All levels of healthcare	Private or non-public healthcare	"chronic underfunding of the Guatemalan public health system." (Flood et al 2017)
23	Commerce dependent on mobile technologies	Social or monetary dealings rely on mobile technology use	All types of mobile technologies - mobile/cell phones, tablets etc		"A recent report on mobile use indicates that commerce in Africa is dependent on mobile technologies." (Foley & Masingila 2015)

24	Communication across care environments is lacking	Information relating to the patient is not shared across the care environment	Written communication	Verbal communication	"Health care professionals are also affected by the lack of information: the medical records that each of them holds about the patients they have treated are not shared across care environments, which can lead to medical errors and incomplete information, duplication, and increased financial costs. The result is that they must obtain medical information from the patient and re-administer tests when new patients arrive in their system of care. The use of care transitions navigators, such as in the KC3T program, supports communication across care environments." (Kitzman et al 2017)
25	Community awareness activities were arranged	Community awareness activities were arranged in addition to the study intervention to address additional needs			"A variety of community awareness activities were arranged, such as street plays, community meetings, parent meetings, musical nights, visits to other rehabilitation centers and distributions of informational material." (Lakhan 2014)
26	Community dwelling residents/participants	Common place of existence for unrelated groups of people	All ages, all patient types		Our patients were all community-dwelling and not attending residential or day care facilities, as none were available (Paddick et al 2017)
27	Compensation eased the burden of study participation	Financial compensation eased the burden of study participation			"The money eased the financial burden of coming to Pristina and made it possible for the participants to take part in the weekly treatment sessions without having to spend a considerable proportion of their income on paying the bus fare." (Wang et al 2016)
28	Compensation for study participation	Study participants were compensated in some way for aspects such as time, travel etc.	Any referral to compensation - monetary or other	Refreshments offered.	"All 24 patients who agreed to participate were compensated for their time and travel." (Burner et al 2014)
29	Computer access was problematic	Accessing a computer to be able to take part in the intervention/research was a problem/issue	Computers	All other technology	"Although one of the inclusion criteria for this research was having access to a computer and Internet connection, in practice, access was problematic".(Ferreira-Correia et al 2018)
30	Consent and assent read to participants	Consent and assent read to participants			"Consent and assent forms were read to the parent and child in the local language."(Boivin et al 2016)
31	Contexts of high inequality	The setting is a context one of large differences in the distributions of services, income etc.			"Thirdly, limited access must also be considered as a financial issue, which is of particular concern in contexts of high inequality like South Africa." (Ferreira-Correia et al 2018)

32	Correct equipment needed	Correct equipment needed for user satisfaction	New, not out-dated equipment, suitable equipment etc.		"...factors that contribute to an effective therapy session. This included using the correct equipment, ensuring privacy, ensuring sufficient treatment space and adequate treatment time." (Verusia et al 2015)
33	Cost of modern technology is limiting	The inclusion of modern technology in research or treatment is limited because of the high cost of this technology	General definition of "technology"		"In addition, the systems required desktop or laptop computers, generally, leading to issues with easy transport, durability, and cost. Although new resources are becoming available for reasonable computer purchases for resource-poor settings (e.g. \$150, Linux-based laptops under the One Laptop Per Child program), the lack of ability to adapt licensed computerized training programs to tablets or other touch screen devices (increasingly smart phones and tablets) makes using high cost Western-based purchased commercial programs less inviting for large scale-up studies." (Giordani et al 2015)
34	Cost of travel	Inability to afford the cost/expense of travel to a from services/service providers etc.	Petrol/gas money, paying for public transport etc.		"In our experience, it is often one family member who accompanies a patient because of many logistic and practical difficulties such as cost involved in travelling, distance, lack of time etc." (Baruah et al 2018)
35	Cultural and social views of disability	Cultural and social views of disability	Individual, societal views		"Providing access to this technology at all levels of schooling for students with VIs will create the synergy necessary to affect changes in social and cultural view of disability."(Haddad et al 2014)
36	Cultural barriers	Non-specific reference to cultural barriers to interventions			"development of successful community-based PA interventions is related in parts to overcoming cultural, sociodemographic, physical, and financial barriers to participation." (Onagbiye et al 2016)

37	Culturally appropriate approach used	Some methods, materials or approaches needed to be adapted to the setting's cultural background/context	All methods and materials e.g. questionnaires, images, activities, discussions etc.		"The local team developed a culturally appropriate, simple, pictorial 'manual' covering key exercises relevant to activities of daily living. "(Pandian et al. 2011)
38	Cultures and beliefs	Non-specific reference to the cultures and beliefs of a setting			"Additionally, cultures and beliefs, as well as common practices such as peasant farming and heavy manual lifting, coupled with extreme poverty may intensify the impact of living with this condition." (Ibrahim et 2018)
39	Defining/understanding social dynamics	Understanding the "social fabric" of the context and how it may contribute to the intervention			"American practitioners tend to view computer cognitive games in the rehabilitative context as occurring in isolation of the prevailing social context and the support that can be garnered from it. However, as BPG training occurred in the village homes of our study children, the importance of the trainer/parent/child social dynamic was very evident. The social fabric within which the training occurred was likely a vital ingredient to the effectiveness of BPG with these at-risk children who were especially vulnerable psychosocially from the impact of HIV disease on them and their households. It might be easier to overlook the importance of social fabric for more 'technologically-driven' interventions in high-resource settings, where the central emphasis is often on the technology itself in isolation from the social fabric within which it is embedded." (Giordani et al 2015)
40	Delays in production of materials	Delays in the production of materials in the setting details the provision thereof	Written materials		"...scarcity of instructional media, including delays in the production of textbooks and materials, the lack of illustrations/representations in Braille textbooks and the lack of adapted curriculum for learners with visual impairments." (Foley & Masingila 2015)

41	Demographic transition	Generalised description of the changing pattern of a society's mortality, fertility and growth rates as societies move from one demographic regime to another			"South Africa is a country where many communities are still going through rapid epidemiological, nutrition, and demographic transition." (Onagbiye et al 2016)
42	Deterioration of healthcare delivery	A deterioration of the quality or availability of health care services over time			"Unfortunately, a decade of socio-economic meltdown has resulted in deterioration of the health care delivery." (Dambi & Jelsma 2014)
43	Developing world	Settings, countries, areas etc, continuously changing, evolving etc.			"The whole process was essentially been a self-managed and locally supervised real-world care in rural area of the developing world." (Bhattacharyya et al 2018)
44	Development of context-specific rehabilitation required	"Mainstream" rehabilitation may not be feasible in certain settings and new/adjusted rehabilitation concepts needed to created/applied in each context			"In response to these concerns and the need for alternative, affordable, and easily sustainable remedial resources, a number of investigators have turned to computer-based (Giordani et al 2015)
45	Different pathologies to Western World	The pathology presentation is described as different to the Western World			"This study was conducted in patients with p-TBLD in Uganda, and there are many differences in such patients compared to patients with COPD in the Western World. They have different pathology, socioeconomic status, and limited access to conventional drug treatments." (Jones et al 2017)
46	Different socio-economic status to Western World	Setting is described as being of different social and economic status to other settings			"This study was conducted in patients with p-TBLD in Uganda, and there are many differences in such patients compared to patients with COPD in the Western World. They have different pathology, socioeconomic status, and limited access to conventional drug treatments." (Jones et al 2017)



47	Difficulties in provision and support of care	Aspects of the health system of the setting make it difficult to provide and support care	Infrastructure		"Challenges to the health infrastructure in Iraq produce major difficulties in the provision of care and support to improve the health of people affected by type 2 diabetes." (Haddad et al 2014)
48	Difficulty transporting participants	Difficulty transporting participants	Logistical reasons	Faulty or non-existent transport	"It would have been difficult to transport participants to a neutral venue, so all assessments were done at usual treatment settings and the usual treatment days to avoid inconveniencing the caregivers." (Dambi & Jelsma 2014)
49	Dire situation	Non-specific reference to the dire situation in the setting			"Consequently, education of patients and health workers is seen as key to improving this dire situation." (Essien et al 2017)
50	Dirt limited technological use	Dirt in homes affected use of specific technological aspects of the intervention			"The most optimal approach, initially, appeared to be a very large trackball (approximately the size of a baseball), which was more intuitive than a computer mouse, and this was used for training, as had been used in the previous CCRT study. However as happened in that study, trackballs were found to accumulate dirt over time in their housing and had to be cleaned often or they would become unresponsive, even if optical trackballs were used. Future game iterations will use a touch-sensitive screen, such as a tablet, as this appears to be most optimal interface, and new screen protectors are reasonably priced and easy to clean or remove, allowing ideal response options". (Giordani et al 2015)
51	Disadvantaged patients	The patients in the setting are described as being of a circumstance that minimises opportunities for success or prosperity	Financial, physical, psychological etc.		"These are difficult to measure in novel interventions such as mHealth and among disadvantaged patients with poor health care access". (Burner et al 2014)

52	Discontinuation of medication/treatment	Medication use is discontinued due to factors such as cost, side effects etc.	Medical, financial, accessibility, personal etc. reasons		"Subsequently, parents often discontinue treatment due to cost, side effects, or other issues." (Giordani et al 2015)
53	Discrimination against disability	Certain settings report the presence or an increased presence of discrimination against disability/certain diseases			"In Nepal, persons with a disability are often discriminated against and are seen as burden to their family, this was also confirmed by our results, where many expressed guilt for being a liability." (Jarnhammer et al 2018)
54	Disease-related stigma	"Disgrace" associated with certain disease types/profile			"Stroke survivors often resort to alternative forms of treatment and refuse orthodox care due to highly prevalent stroke related stigma." (Sarfo et al. 2018)
55	Disenfranchised populations	Populations who may be or may have been deprived of privileges, rights etc.			"However, focus groups were selected over individual interviews due to the disadvantaged background of most of the participants, as Magill asserts that focus groups allow the disenfranchised to voice disagreement with authority, which was critical to discovering areas of the program that required improvement." (Burner et al 2014)
56	Door-to-door recruitment	Includes the necessity for research personnel or local health workers to identify eligible participants or patients using door-to-door strategies			"We recruited community-dwelling participants by going door to door in the households of Coimbatore district." (Seshan & Muliira 2015)

57	Earn a living through agriculture	Income generated through agricultural practice		Subsistence agriculture - without income generated	"The majority of the population in Nepal earn their living through agriculture." (Jarnhammer et al 2018)
58	Economic barriers	Non-specific economic barriers to treatment access			"In South Africa, many social and economic barriers prevent survivors of sexual abuse from gaining access to the treatment they need." (Visser & du Plessis 2015)
59	Economic problems	Non-specific economic barriers to model/rehabilitation implementation			"The model is also unique in being implemented in a low-resources rural area that has historically been plagued by economic, environmental, educational, and healthcare related problems." (Kitzman et al 2017)
60	Economically challenged	Setting has challenges with regards to economic welfare	Economic aspects: goods, services, income, employment etc.		"The setting was a health district that was originally provided as a low-cost housing scheme for economically challenged people of Indian descent under the "apartheid era" of South Africa." (Puckree & Naidoo 2014)
61	Economically distressed	Setting is distressed in terms of economic welfare	Economic aspects: goods, services, income, employment etc.		"The counties in southeastern Kentucky in which services are provided are among the most economically distressed in the United States." (Kitzman et al 2017)
62	Education options are limited	Education options are limited for certain populations with certain pathologies	Undergraduate/post graduate programmes		"As mentioned previously, only two universities in Kenya admit blind students and the majors available to them are limited." (Foley & Masingila 2015)
63	Educational problems	Setting experiences problems with the levels of education			"The model is also unique in being implemented in a low-resources rural area that has historically been plagued by economic, environmental, educational, and healthcare related problems." (Kitzman et al 2017)
64	Effective program implementation is costly	It is costly to effectively implement programmes	Barrier to programme implementation		"Clearly though, a major barrier (probably the biggest) to implementing effective DSME programmes in Nigeria and other LMICs is the issue of cost and resources." (Essien et al 2017)

65	Effective program implementation needs resources	Need resources to effectively implement programmes	Barrier to programme implementation Human resources		"Clearly though, a major barrier (probably the biggest) to implementing effective DSME programmes in Nigeria and other LMICs is the issue of cost and resources." (Essien et al 2017)
66	Emerging use of mobile technologies	Increasing use of mobile technologies	All types of mobile technologies - e.g. mobile/cell phones, tablets, computers		"In addition, any studies of potential applications for computer-based rehabilitation also need to be considered within a larger context of the emerging use of mobile technologies from sophisticated, high-income settings to across low-income and low-resource areas in the world to address basic health needs." (Giordani et al 2015)
67	Employment opportunities are decreased for people with disabilities	Employment opportunities are decreased for people with disabilities	Inaccessibility and inflexibility of the type of work and the workplace		"Employment opportunities for persons with disabilities were also decreased as a result of inaccessibility and inflexibility of the work and workplace." (Jarnhammer et al 2018)
68	Ensuring privacy	Privacy ensured during treatment/rehabilitation sessions - closed /covered environments (at home, in facility etc.)		Confidentiality - different concept of privacy, relevant to research etc.	"...factors that contribute to an effective therapy session. This included using the correct equipment, ensuring privacy, ensuring sufficient treatment space and adequate treatment time."(Verusia et al 2015)
69	Environmental barriers	Barriers to ongoing care, reintegration in society etc. imposed by the environment	To patients with disabilities		"Patients with lower limb amputations are among the rehabilitation recipients of ongoing care. They have multiple physical, psychological, environmental, and socio-economic barriers and require patient-centred, comprehensive rehabilitation from the multidisciplinary team to ensure optimal treatment outcomes, social integration, and economic self-sufficiency. " (Verusia et al 2015)
70	Environmental factors	Factors imposed by the environment cause obstacles to the patient and their participation in interventions	Weather, roads, housing etc.		"The main obstacle to starting sessions on time was roads becoming difficult to drive on during the rainy session, although this was seen as acceptable and normal for the setting by participants." Paddick et al 2017
71	Environmental problems	The environment causes problems in the setting	Weather, roads, housing etc.		"The model is also unique in being implemented in a low-resources rural area that has historically been plagued by economic, environmental, educational, and healthcare related problems." (Kitzman et al 2017)

72	Epidemiological transition	The setting is undergoing an epidemiological transition	Birth rates, fertility rates, life expectancies etc.		" South Africa is a country where many communities are still going through rapid epidemiological, nutrition, and demographic transition." (Onagbiye et al 2016)
73	Equipment barriers	Equipment barriers exist in the healthcare settings			"This would suggest that although modern medical health care may be chosen to maintain and restore the health of persons with disabilities, existence of structural, equipment and attitudinal barriers in the Ugandan health care settings may compromise the quality of health care that they are able to access. (Hamid et al 2017)"
74	Ethnic conflict	Conflict between/amongst groups in the exists/has existed			"...long-lasting effect of ethnic conflict on the health and well-being of the Kosovar population." (Wang et al 2016)
75	Exposure to air pollution	There is exposure to air pollution in the setting	Affects the pathology		"...but many also had exposure to air pollution and tobacco smoke and nearly half had obstructive spirometry." (Jones et al 2017)
76	Facilities are state funded	The government/state provides funding for the facility	Clinics, community centers, hospitals etc.		"All four clinics are state funded, and the care provided in these clinics was similar." (Hasan et al 2015)
77	Family discouragement	Family members do not "buy in" to the rehabilitation intervention - do not support, encourage, or condone the change in behaviours or rehabilitation plan.	Families negative attitudes towards the rehabilitation goals	Other members of the social "network" - neighbours, friends, colleagues, health providers etc.	"In the other hand, the greatest perceived barriers by the participants of this study were in the order of subscale of exercise milieu ("I am too embarrassed to exercise"), followed by time expenditure ("exercise takes too much time from family relationship"), family discouragement ("my family members do not encourage me to exercise"), and physical exertion ("exercise is hard work for me (Onagbiye et al 2016)

78	Few available therapists	There are few physiotherapists available to provide the intervention	All "therapy related " staff - physical/physiotherapists, speech and language therapists, occupational therapists etc.		"...accessing physiotherapy services on an inconsistent basis due to financial constraints and heavy case load on the few available physiotherapists." (Sarfo et al 2018)
79	Finance shortages in healthcare sector	Healthcare sector has inadequate financing to be able to provide adequate or appropriate medical management			"Given the chronic shortages in health care financing and available are management personnel..." (Aikens et al 2015)
80	Financial affordability	Struggles in affordability of ability to engage in healthcare services, implementation, research etc.	All aspects of implementation e.g. devices, internet, equipment etc.		"Financial affordability is a serious concern in neuropsychological rehabilitation in general, and more so in low-income contexts." (Ferreira- Correia et al 2018)
81	Financial barriers	Lack of finances cause barriers in accessing employment, implementing, and accessing rehabilitation options etc.			"...development of successful community-based PA interventions is related in parts to overcoming cultural, sociodemographic, physical, and financial barriers to participation (Onagbiye et al 2016)
82	Financial challenges	Individuals experience challenges with regards to financing or funding	May be a barrier to rehabilitation intervention		"Many people with diabetes also described the financial challenges in carrying out dietary recommendations." (Flood et al 2017)
83	Financial constraints	Individuals experience constraints with regards to financing or funding			"Financial constraint was found to be the major barrier while social support was found to be the major facilitator to dietary adherence." (Muchiri et al 2015)
84	Financial dependence	Patients are financially dependent on others	Families, subsidies, grants etc.		"This factor is significant when considering the socioeconomic status (and financial dependence) of participants in any intervention." (Ferreira-Correia et al 2018)
85	Financial problems	Worries about obtaining reducing the lack of finances on a personal and family level			"For example, many participants were worried about their social and financial problems during the treatment..." (Wang et al 2016)

86	Finding appropriate public buildings	Finding appropriate public buildings to implement rehabilitation outside of religious underpinnings			"Key issues addressed during adaptation included: finding appropriate public buildings in which to meet, that were not used for religious worship to avoid alienating those of different faiths." (Paddick et al 2017)
87	Focus of healthcare sector is an issue	Focus of the healthcare sector does not address the actual needs/problems			"The need for such a shift is also a relevant issue in the Philippines, where the leading causes of mortality for the past 10 years have been chronic conditions, but where public health is still generally oriented to acute and infectious diseases." (Ku& Kegels 2014)
88	Food scarcity	Individuals experience food scarcity		Hunger Poor nutritional status	"Participants in our study reported that financial constraints limited access to institutional care and contributed to food scarcity, which affected full participation in the HBR intervention." (Cobbing et al 2019)
89	Frustrations with reliability of equipment	Equipment is unreliable when exposed to factors related to the setting causing frustration			"Battery life and durability of the laptop platform when they often need to be transported in the field and on motorcycles over very rough terrain with inconsistent power options further leads to frustration with reliability of equipment and ability to complete training of multiple children."(Giordani et al 2015)
90	Funding for travel and research provided by individual fundraising of the research team	Funding for travel and research provided by individual fundraising of the research team			"Funding for travel and research was provided by individual fund raising of the research team." (Rispin & Wee 2015)

91	Geographic proximity to facility is a barrier to engaging in activity	Geographic proximity to facility is a barrier to engaging in activity	Any rehabilitation-related activity e.g. exercise, physical activity, education etc.		"...time commitments, including travel time to an exercise facility, geographic proximity to exercise facilities, and lack of social support as barriers to engaging in physical activity." (Washburn et al 2014)
92	Geographical adversities	Adversities to the setting imposed by geographic components	Topography, terrain, situation, relation to other areas		"Nepal is a landlocked, mountainous country with an extreme topography." Jarnhammer et al 2018
93	Geographical isolation	Geographic location causes isolation/barrier to access to programmes		Social isolation or isolation from others	"Community-based strength training classes work to ameliorate some barriers to being physically active, particularly for those of limited financial means and those geographically isolated due to residence in a rural area." (Washburn et al 2014)
94	Getting technical support in case of equipment failure is difficult	Getting technical support for faulty equipment was challenging in these settings	Replacements/replacement parts		"There is a need for appropriate rehabilitation technologies. Except for one of the machines used, all other devices were commercial products that were not developed with Mexico in mind or developed to be deployed in a resource poor environment. As a result, when the devices developed issues, getting technical help was difficult and getting replacement parts were a challenge." (Johnson et al. 2014)
95	Girls marry before the age of 18	In this specific setting, it was noted that girls marry before the age of 18			"In addition, 62% of girls marry before the age 18." (Lakhan 2014)
96	Give participants DVD players	Need to provide DVD players if related to the intervention as some participants do not have one			"Participants receive a binder and a DVD with additional videos that include descriptive and skills training materials specific to each Track goal. We give participants DVD players if they do not already own one." (Foley et al 2016)
97	Global economy more and more driven by technological advance	Global economy more and more driven by technological advance			"...in a global economy that is more and more driven by technological advance." (Giordani et al 2018)



98	Government subsidies used	Rehabilitations intervention needed government subsidies to be implemented			"In addition to the government subsidies, provincial rehabilitation and subdistrict administrative organizations' funds and donations from participants' families were used to pay for home modifications." (Tongsiri et al 2017)
99	Ground reality	Reality of the situation			"To us, they were not possible within our capacity and resources in the concerned ground reality." (Bhattacharyya et al 2018)
100	Guidance and support needed in deploying technologies	Guidance and support needed in deploying technologies for people with disabilities	All types of mobile technologies - e.g. mobile/cellphones, tablets, computers		"Recently, the head of Information and Communication Technology (ICT) for the Kenya Ministry of Education identified technologies for students with disabilities as an area that the Ministry of Education needed guidance and support in deploying." (Foley & Masingila 2015)
101	Hardship in affording medications	Financial hardship in affording medications			"With respect to compliance with medication, troubles with financial hardship to afford the medications as well as accessing the available waiver systems have been reported." (Kitzman et al 2017)
102	Health care providers lack required skills	Local health providers do not have the required skills or limited skills in order to provide the intervention (evaluation, management etc.)	Includes the need for training or re-training of health care providers. All types of healthcare providers - clinical and non-clinical		"Despite recognition of high levels of disability among survivors, rehabilitation services are limited in many parts of China, especially in rural regions, where there are few health professionals specifically trained in recognition and management of stroke-related complications." (Zhou et al 2019)
103	Health education delivered by volunteers	Health education delivered by volunteers in remote regions			"In remote regions of Nepal, health education is delivered predominantly through radio programs or female community health volunteers." (FCHV). (Caagbay et al 2017)
104	Health education delivered via radio programs	In remote regions health education delivered via radio programs			"In remote regions of Nepal, health education is delivered predominantly through radio programs or female community health volunteers (FCHV)." (Caagbay et al 2017)
105	Health infrastructure challenges	Non-specific reference to health infrastructure challenges			"...challenges to the health infrastructure in Iraq produce major difficulties in the provision of care and support to improve the health of people affected by type 2 diabetes." (Haddad et al 2014)

106	Health system failure	Health system is failing to adequately address one or more disease burden			"For example, in the Nigerian health system there has been a long-term systematic failure to adequately control blood glucose." (Essien et al 2017)
107	Health system gaps	Gaps in the health system that lead to certain people not being able to access rehabilitation			"...who would otherwise not have access to them due to health systems gaps and human resource limitations." (Hamid et al 2017)
108	Health systems are ill-equipped to deliver high-quality services	Health systems are ill-equipped to deliver high-quality services			"However, the health systems of many LMICs are ill-equipped to deliver high-quality diabetes services." (Flood et al 2017)
109	Healthcare expenditures are out of pocket	The healthcare costs are borne by the patients		Government subsidies, grants, waiver systems etc.	"As in many LMIC, most healthcare expenditures are out-of-pocket." (Zhou et al 2019)
110	Healthcare providers lack disease-specific knowledge	Health care providers have limited knowledge on specific conditions	All types of healthcare providers - clinical and non-clinical		"Furthermore, DSME is also only available on a limited basis, health workers often lack adequate knowledge about how to effectively manage patients with diabetes, and the majority of health care facilities do not employ protocol-driven care of patients." Essien et al 2017
111	Healthcare related problems	Non-specific description of healthcare system-related problems			"The model is also unique in being implemented in a low-resources rural area that has historically been plagued by economic, environmental, educational, and healthcare related problems." (Kitzman et al 2017)
112	Heavy case load	Heavy case or workload on healthcare providers	All types of healthcare providers - clinical and non-clinical	Burden on healthcare providers	"...accessing physiotherapy services on an inconsistent basis due to financial constraints and heavy case load on the few available physiotherapists." (Sarfo et al 2018)
113	Heavy manual lifting/work	Work-related to heavy manual lifting/load etc.	All types of employment - agricultural, subsistence etc.		"Additionally, cultures and beliefs, as well as common practices such as peasant farming and heavy manual lifting, coupled with extreme poverty may intensify the impact of living with this condition." (Ibrahim et 2018)

114	Help from philanthropic organisation	Aid from external philanthropic organisation	Information, strategies, finances etc,		"We had experience of holding several COPD educations and training camps in our center and in the same district before. The experience helped us to plan the details of operations objectively with the help of another philanthropic organization (West Bengal Liver Foundation) being engaged in the same geographic area." (Bhattachyrra et al 2018)
115	High cost of internet connections	The high cost of the associated of internet connections to			"Specifically, the poor quality and high cost of Internet connections interfered negatively with some participants' motivation to engage in the sessions." (Ferreira-Correia et al 2018)
116	High cost of interventions	Maintaining an intervention over a period of time is not feasible because of the high cost associated with maintaining the intervention			"...but extended outcomes with those approaches also are less clear and maintaining the interventions over time can be very difficult due to high costs and being very labor intensive." (Giordani et al 2015)
117	High cost of managing disease	High associated financial costs of managing the disease burden	Personal, societal, national, global costs etc.		"The increasing prevalence of diabetes and the associated cost of managing this complicated disease have a significant impact on public health outcomes and health expenditures." (Giordani et al 2015)
118	High cost programmes less inviting for large upscale studies	There is a high cost associated with adapting programmes to the setting and this is uninviting for large upscale studies			"Although new resources are becoming available for reasonable computer purchases for resource-poor settings (e.g. \$150, Linux-based laptops under the One Laptop Per Child program), the lack of ability to adapt licensed computerized training programs to tablets or other touch screen devices (increasingly smart phones and tablets) makes using high cost Western-based purchased commercial programs less inviting for large scale-up studies." (Giordani et al 2015)
119	High disease burden: Community	The community/population specifically, has a high disease burden	All phases of disease: acute, subacute, chronic, resultant disability, long term disability etc.		"HIV-related disability in the form of activity limitations was estimated at 35.5% among a cohort of 1,042 adult PLWH in a resource-constrained district of KwaZulu-Natal province, South Africa." (Cobbing et al 2019).

120	High disease burden: National	There is a high disease burden on a national level	All phases of disease: acute, subacute, chronic, resultant disability, long term disability etc.		"The Philippines is predicted to be among the 10 countries worldwide with the highest numbers of people with type 2 diabetes mellitus (type 2 DM) by 2030." (Ku & Kegels 2014)
121	High numbers of undertreated patients	Many patients do not receive the treatment they need			"...its implementation is often not feasible in resource-constrained settings due to high numbers of undertreated patients and limited numbers of trained providers." (Aikens et al 2015)
122	High patient-provider ratio	Too few healthcare providers for the amount of existing or potential patients			"...resulting in the availability of 0.6 speech-language pathologists per 1,000,000 citizens". (Luyten et al 2016)
123	High prevalence of complications	Certain settings report increased, or high prevalence of complications associated with their specific disease burdens			"A rise in diabetes complications has also been noted." (Ku & Kegels 2014)
124	High strain on patient support system	Perceived levels of strain on the patient support	Financial, physical, psychological etc.		"The majority of both groups reported an impact on inconvenience, physical strain, confining, family adjustments, personal plans and work adjustments. The greatest number reported problems with financial strain and feeling overwhelmed." (Dambi & Jelsma 2014)
125	High unemployment rates	The setting has high rates of unemployment			"The unemployment rate in 2012 was nearly 40 % for men and 80 % for women." (Wang et al 2016)
126	High-risk populations	Nonspecific reference to "high-risk" populations	Allusion to the setting's role in creating more high-risk populations		"Innovative and cost-effective solutions must be explored to improve health behaviors and health outcomes for these high-risk, low-income populations." (Burner et al 2014)
127	Hold public insurance	Hold some form of government funded insurance			"Patients are predominately racial/ethnic minority (70%), impoverished (96% with income <200% of the federal poverty level), and most are either uninsured, underinsured, or hold public insurance (45% uninsured, 32% Medicaid/S-CHIP, 6% Medicare)." (Foley et al 2016)
128	Households rely on subsistence agriculture	Growing foods or crops to meet personal or family needs		Income generated from subsistence agriculture/farming	"Most of the households in Nepal rely on subsistence agriculture and water carried home." (Jarnhammer et al 2018).

129	Human resource limitations	Non-specific reference to restrictions or limitations in human resources	All types of human resource in the provision of healthcare - both clinical and non-clinical		"...who would otherwise not have access to them due to health systems gaps and human resource limitations." (Hamid et al 2017)
130	Hunger	Lack of food causing discomfort/fatigue	Described as a barrier to partaking in an intervention	Food scarcity Poor nutritional status	"Poverty posed an additional barrier to exercise engagement, with some participants reporting that hunger was a barrier to continued exercise". (Cobbing et al 2019)
131	Hybrid model of provision of rehabilitation services	Blend of hospital-based and community-based approaches to provide care	At different levels in society: district, provincial, central		"Zimbabwe utilizes a hybrid model of provision of rehabilitation services that is a blend of hospital-based and community-based approaches which are provided at district, provincial and central hospitals" (Dambi & Jelsma 2014)
132	Ideal/appropriate assistive device may not be available	An ideal or appropriate assistive device (suited to the setting) may not be available	All types of assistive devices: prostheses, wheelchairs etc.		"In low-resource setting, the ideal wheelchair for a user may not be available and clinicians fitting wheelchairs must match the best wheelchairs for users with what is available." (Rispin & Wee 2015)
133	Illiteracy	Inability to read or write		Health literacy	"whilst the estimated rate of illiteracy in Nigeria is 40.4% in individuals aged 15 or more." (Essien et al 2017)
134	Impaired defense against damage	Aspects of the setting may lead to impaired defence against damage from infection	Air pollution, deprivation etc		"Many were unable to work, had poor nutritional status, and may have impaired defense against damage: we believe that there is a complex interaction between infection, air pollution, and deprivation in causing chronic disease." (Jones et al 2017)
135	Implementation gaps	Reference to gaps in implementing rehabilitation or healthcare initiatives	Education, rehabilitation, etc.		"Uganda's overall growing body of disability policies and longstanding CBR presence provide pathways to narrowing these implementation gaps." (Hamid et al 2017)
136	Implementation through non-profit/governmental organisations and settings	Services/programmes/research implemented by non-governmental/non-profit organisations	NPOs and NGOs		"...that was designed to be community-based and implemented through non-profit organizations and settings by trained StrongWomen program leaders." (Washburn et al 2014)

137	Improper medical management	Medical management of the patient is sub-standard, posing significant risk for disability to the patient.	Includes the need to include components in the rehab that can reasonably expected to be part of medical management, including correct use of medication		"The rapidly increasing prevalence of type 2 DM, and the poor control of disease progression and emergence of complications only show that current case management of diabetes mellitus in the Philippines is below optimum." (Ku & Kegels 2014)
138	Inaccessibility and inflexibility of the work and workplace	Employment opportunities for those with disabilities were limited because the workplaces could not be accessed or not flexible			"Employment opportunities for persons with disabilities were also decreased as a result of inaccessibility and inflexibility of the work and workplace." (Jarnhammer et al 2018)
139	Inadequate composition of the healthcare team	The health team is not adequately structured to be able to provide the necessary and adequate care			"Fear of diabetes as well as other psychological aspects may have been inadequately addressed in the DSME/S sessions due to the limited training and composition of the healthcare team." (Ku & Kegels 2014)
140	Inadequate follow up	Inadequate or insufficient follow up for the continued affective management of an individual's disease profile	Re-evaluating medication prescription/compliance monitoring symptoms, ongoing education etc.		"Barriers to well-controlled risk factors and medication compliance include inadequate follow-up and monitoring of stroke survivors by healthcare professionals, ineffective education of patients regarding risk modification and event prevention, and inadequate self- management by patients) (Kitzman et al 2017)
141	Inconsistence of service delivery	Certain areas have certain services and others do not. Makes service delivery inconsistent			"Most institutions are now offering hospital-based services only. For instance, out of the six state central hospitals in Zimbabwe, only Harare Central Hospital (HCH) is at present running a consistent outreach program through its Children Rehabilitation Unit (CRU)". (Dambi et al. 2014)
142	Inconsistent or incomplete documentation	Documentation and recording about the environment and patients are poor, incomplete, inconsistent	Recording things like causes of death, complications etc.		"In addition, documentation in this environment is inconsistent and often incomplete. Specific causes of death are not consistently documented; however, the primary researcher (A.F.T.) reviewed the medical records of all patients who died and recorded the cause of death based on the available documentation. The surgical team documenting complications and cause of death was blinded to randomization, and documentation was equally poor in both arms" (Tyson et al 2015)

143	Inconsistency in facility "equippedness"	Level of "equippedness" may differ inter and intra-settings/facilities			"The trial was also conducted in just one public teaching hospital, and teaching hospitals are generally better equipped and staffed than either public general hospitals or most private hospitals, as they are directly funded by the federal government." (Essien et al 2017)
144	Indigenous populations	Populations occurring in a place described as indigenous/native		"type" of population e.g. tribal etc.	"with a large rural and Maya indigenous population" (Flood et al 2017)
145	Inequities in the health sector	Lack of clarity around funding causes inequities in the health sector with regards to providing interventions			"Uganda's national policy on disability does not explicitly elaborate on how interventions relating to disability would be funded, this makes commitment to disability interventions difficult, leading to inequities in the health and education sectors as suggested by the current study." (Hamid et al 2017)
146	Informal housing	Lack of formal housing			"The township consists of large informal housing areas and is home to a low- to middle-class community." (Visser & du Plessis 2015)
147	Informal rehabilitation	Rehabilitation, education, intervention etc. was done outside of "structured" programmes	"dropping" by at the patient's house and casually distributing health information		"DSMS was provided informally through home visits where the BHW would drop by the house of the person with diabetes and introduce pieces of information on diabetes and diabetes care in the conversation." (Ku & Kegels 2014)
148	Information about free public community activities was provided	Information around other/further community activities was provided to participants irrespective of group in the study			"Information about community activities that were free and publicly available was provided to all study participants, who all were receiving ongoing health care at CHASS." (Spencer et al 2018)
149	Insufficient funds for healthcare	Patients did not have enough funds to pay for healthcare they required			"Those who had untreated wounds said this was due to war, insufficient funds for health care, no awareness of biomedical treatments, and reliance on traditional medicine." (Jarnhammer et al 2018)
150	Insufficient social support/understanding	Patients do not have enough social support to manage their disease profile or engage in a rehabilitative process	Support from spouses, children, family, friends, healthcare sector etc.		"Because many patients attribute their depression to insufficient social support, and those with high-quality support have better outcomes." (Aikens et al 2015)

151	Internet access dependent on mobile connectivity	Participants rely on internet access via mobile devices once away from the intervention area	Do not have other means other than mobile devices to connect to the internet		"The campus network infrastructure was not sufficient to support the devices, and once students left campus their access to the Internet was largely dependent on mobile." (Foley & Masingila 2015)
152	Internet access increasing	Internet use in the setting is increasing	Through any medium: mobile device, telecommunications network etc.		"not only because they demonstrated improvements but also because the use of computers and access to Internet in the region is sharply increasing." (Ferreira-Correia et al 2018)
153	Internet access is problematic	Despite having internet connection, internet access remained problematic			"Although one of the inclusion criteria for this research was having access to a computer and Internet connection, in practice, access was problematic. Specifically, the poor quality and high cost of Internet connections interfered negatively with some participants' motivation to engage in the sessions (e.g. P4: 'Some days I struggled to connect to the Internet and it made me feel so, so demotivated')." (Ferreira-Correia et al 2018)
154	Internet use increasing	Internet use is increasing in the setting			"Additionally, the number of Internet users overall increased by 19% to 14 million users from 2011." (Foley & Masingila 2015)
155	Investigation/testing equipment was out of order	Patients did not have investigations because the testing equipment was out of order			"Reasons that were stated for having no investigations included "the machines were out of order," "tests were too expensive," and "medical funds had run out."" (Puckree & Naidoo 2014)
156	Isolated from others	Disease type or perception of disease types leads to patients being isolated from others (patients or general citizens) within their settings		Geographic isolation Medical isolation to protect others	Many children with ID in rural communities are isolated from their peers and are therefore deprived of interaction and play because of their behavioral issues (Lakhan 2014)
157	Issues of access to rehabilitation services	Accessing rehabilitation is limited/restricted			"we could potentially address issues of access to rehabilitation services in more rural locations in Mexico" (Johnson et al 2014)
158	Issues with accessibility of services	The rehabilitation services have issues with regards to being accessed			"Issues such as accessibility and acceptability of services, compliance with training and efficacy of the intervention need to be considered when implementing any model of service delivery." (Dambi & Jelsma 2014)
159	Issues with compliance of training	Issues with compliance of training	Healthcare workers, systems etc. do not comply with training		"Issues such as accessibility and acceptability of services, compliance with training and efficacy of the intervention need to be considered when



					implementing any model of service delivery." (Dambi & Jelsma 2014)
160	Issues with cost of technology	The intervention required expensive technologies which created issues with cost of the intervention as the technologies did not previously exist in the setting			"In addition, the systems required desktop or laptop computers, generally, leading to issues with easy transport, durability, and cost." (Giordani et al 2015)
161	Issues with durability of technology	The technology used in the intervention had issues with durability	Setting causes issues with battery life etc. like having to transport over rough terrain etc.		In addition, the systems required desktop or laptop computers, generally, leading to issues with easy transport, durability, and cost (Giordani et al 2015)
162	Issues with easy transport of technology	Transporting of technology for intervention was difficult in the setting	Technology: Laptops, computers Setting specific issues – terrain etc.		"In addition, the systems required desktop or laptop computers, generally, leading to issues with easy transport, durability, and cost." (Giordani et al 2015)
163	Labour intensive	Rehabilitation/intervention etc. requires a large amount of work/time for a potentially small output			"but extended outcomes with those approaches also are less clear and maintaining the interventions over time can be very difficult due to high costs and being very labor intensive." (Giordani et al 2015)
164	Lack of a safe environment	Environment in which patients want to exercise are not safe	Danger, violence, physical obstacles		"the changes in PA levels among the urban populace is not reflected in low-resourced communities due to a lack of facilities, a safe environment, and poverty."(Onagbiye et al 2016)
165	Lack of access to a toilet	Living conditions include no access to a toilet			"Only 8.3% of the people in this district receive safely piped drinking water, whereas only 4.3% have access to a toilet." (Lakhan 2014)
166	Lack of access to adequate healthcare	Setting causes a lack of access to adequate healthcare	Living far away far away from healthcare services. Need services closer		"The impact, however, is likely to be more extreme in resource-constrained nations such as those situated in Africa where most people are rural residents and lack access to adequate health care." (Ibrahim et al 2018)
167	Lack of access to assistive devices	The people living in the setting have limited access to assistive devices	Assistive devices – physical devices such walking aids etc.	Assistive technology	"However, the majority of the persons with disabilities in Nepal do not have access to assistive devices, education, vocational skills, health services, community-based rehabilitation, and income-generating programs." (Jarnhammer et al 2018)

168	Lack of access to assistive technology	The people living in the area do not have access to assistive technology limiting their experience and competency and ability to function optimally		Assistive devices	"Because students do not have access to assistive technology and do not develop proficiency using these tools, they are often viewed as having limited competency/ability. Providing access to assistive technology early and consistently throughout a students' schooling builds both their skill and confidence and also demonstrates the abilities of people with visual impairment to the larger society." (Foley & Masingila 2015)
169	Lack of access to education	The population has a lack of access to education			"However, the majority of the persons with disabilities in Nepal do not have access to assistive devices, education, vocational skills, health services, community-based rehabilitation, and income-generating programs." (Jarnhammer et al 2018)
170	Lack of access to income-generating programs	Those living with disability have a lack of access to income generating programmes which may alleviate the financial burden on themselves and their families			"However, the majority of the persons with disabilities in Nepal do not have access to assistive devices, education, vocational skills, health services, community-based rehabilitation, and income-generating programs." (Jarnhammer et al 2018)
171	Lack of access to material in accessible format	People (specifically blind people) have a lack of access to published material in a format that they will be able to access			"The World Blind Union (WBU) estimates that blind people in developed countries have access to less than 5% of the world's published material in an accessible format, and that people in developing countries have access to less than 1% of published material in an accessible format." (Foley & Masingila 2015)
172	Lack of access to specialised support services	Individuals in the setting have a lack of access to specialised/specialised support services to manage specific pathologies.	Services/ resources aimed at specialised (not general care) specific to the pathology and its management		"individuals with disabilities in rural areas are at increased risk of secondary complications related to a lack of access to specialized support services, lack of care coordination, and limited healthcare provider knowledge about healthcare needs of individuals with complex conditions such as stroke." (Kitzman et al 2017)
173	Lack of access to vocational skills	Lack of access to facilities, institutions etc. that offer teaching of vocational skills for people with disabilities	Includes the ability to gain skills related to obtaining and maintaining employment		"The majority of persons with disabilities in Nepal did not have access to education and vocational skills." (Jarnhammer et al 2018)

174	Lack of adequate employment/self-employment programmes	Lack of adequate employment/self-employment programmes for people with disabilities			"But it also acknowledges that major problems still exist, such as lack of facilities and adequate employment or self-employment programs and also limitations of service delivery." (Jarnhammer et al 2018)
175	Lack of appropriate rehabilitation space	Lack of facility, space to complete/carry out aspects of the rehabilitation plan	Rooms, halls, homes, facilities etc Personal or organisational		"The lack of an appropriate space that provided privacy, silence and encouragement, or at least did not actively interfere with the training sessions, was an important reported reason for attrition." (Ferreira-Correia et al 2018)
176	Lack of awareness	Lack of awareness relating to the health sector	Disease knowledge & types, knowledge of services, rehabilitation options, types of healthcare providers, role of healthcare provider etc.		"We found that indigenous people with diabetes in this setting had limited understanding of the causes, chronicity, and complications of the disease." (Flood et al 2017)
177	Lack of care co-ordination	Care is not co-ordinated in the health system to ensure optimal outcomes for the patient	Referrals, reporting, health information, timing of referral etc.		"Some patients in this study were not referred timeously to other active members of the team despite the evident need; this implied a lack of effective collaboration between healthcare professionals". (Verusia et al 2015)
178	Lack of caregiver support - emotional/psychological	Lack of emotional/psychological support services for caregivers	Formal (trained and/or paid for) or informal (family and friends) responsible for caring for the patient		"It is clear that the care-givers are in need of additional support, particularly financial and emotional as there are no disability grants in Zimbabwe." (Dambi et al. 2014)
179	Lack of caregiver support - financial	Lack of financial support for caregivers	Formal (trained and/or paid for) or informal (family and friends) responsible for caring for the patient. Includes disability grants for those with disabled children		"It is clear that the care-givers are in need of additional support, particularly financial and emotional as there are no disability grants in Zimbabwe." (Dambi et al. 2014)
180	Lack of caregiver support - tools or skills	Lack of support for caregivers to develop skills or tools available to help improve care	Formal (trained and/or paid for) or informal (family and friends) responsible for caring for the patient		"Friends or relatives from outside the household may be willing to assist, but they usually lack effective tools for systematically monitoring patients' moods and encouraging effective self-management." (Aikens et al 2015)

181	Lack of compliance - extrinsic	The structure of the intervention may cause lack of compliance		Intrinsic factors affecting compliance	"Caregivers in the OR group seemed to be more satisfied with services and were more compliant as compared to recipients of IB services. It is essential to evaluate patient satisfaction with services delivery as satisfaction is related to treatment compliance and outcomes. Services in the OR group were provided every fortnight, and this could have enhanced satisfaction and compliance with services. Furthermore, consistent booking schedules have been demonstrated to affect the levels of compliance and satisfaction with services." (Dambi & Jelsma 2014)
182	Lack of compliance - intrinsic	Inability of patient to follow treatment program due to intrinsic factors	Includes intrinsic reasons for non-compliance, and methods to improve compliance including lack of motivation, inability to comprehend requirements, shifting priorities, psychological aspects	Excludes inability to comply due to disability, or external factors (e.g. weather)	"The theme negative emotional experiences, although considered to be also of a psychological nature, had an impact after the initial uptake, which is consistent with previous research reporting that high levels of psychological distress preceding engagement with rehabilitation programmes has been linked to early attrition." (Ferreira-Correia et al 2018)
183	Lack of connection to electrical grid	The setting does not have electricity supply as it is not linked to a grid			"Approximately half of Africa's one billion people are not connected to an electrical grid" (Foley & Masingila 2015)
184	Lack of continuity of care	Care may be available at specific stages of the disease that cannot be follow through in the next stage or life phase	Limit of the service delivery of the healthcare sector		"Further, the absence of continuity of care in the institution-based group, might also have accounted for lower rate of compliance and satisfaction." (Dambi et al. 2014)
185	Lack of disability-adapted curriculums	Institutions in the setting lack curriculums adapted specifically to those with disability.	This may limit a person's access to educate		"scarcity of instructional media, including delays in the production of textbooks and materials, the lack of illustrations/representations in Braille textbooks and the lack of adapted curriculum for learners with visual impairments."(Foley & Masingila 2015)
186	Lack of disability-adjusted employment	The community does not offer employment opportunities for people with disabilities	Cannot generate their own income and become reliant on others for income/to provide for them		"However, the functional limitations of prostheses and the lack of disability-adjusted employment opportunities contribute to the risk of persons with amputation being dependent upon others." (Jarnhammer et al 2018)
187	Lack of disability-specific materials	The institutions do not have materials adapted for those with disability	May include physical, instructional, reading materials etc.		"scarcity of instructional media, including delays in the production of textbooks and materials, the lack of illustrations/representations in Braille textbooks and the lack of adapted curriculum for learners with visual impairments. (Foley & Masingila 2015)

188	Lack of education	Patients in the community have a lack of (completed) formal education with in		Excludes lack of literacy, numeracy, or health literacy	"rural areas appear to be burdened with poverty, overpopulation, geographical, and sociopolitical adversities often with an overwhelming lack of education and awareness with paucity of adequate healthcare infrastructure." (Bhattacharyya et al 2018)
189	Lack of facilities	Patients did not attend facilities for care as there are none or minimal available	Physical facilities (infrastructure) or types of care facilities – residential, day care etc.		"Our patients were all community-dwelling and not attending residential or day care facilities, as none were available." (Paddick et al 2017)
190	Lack of family assistance because they work to earn a living	Families are not able to assist or support the patients in the management of their pathology because the family members have to go out to work and earn a living to provide for and sustain the household.			"Stroke survivors receive very little assistance from family members or caregivers, simply because they have to go out to work to earn a living." (Puckree & Naidoo 2014)
191	Lack of funding at local and national level	Insufficient funds supplied for rehabilitation at a local and national level			"Community based rehabilitation programs in Uganda lack adequate funding at the local and national level." (Hamid et al 2017)
192	Lack of funding to acquire appropriate materials	There is a lack of funding at the institution to supply the necessary and appropriate materials for those needing these materials during the intervention	Any materials – instructional, reading, media etc		"There is a lack of funding to acquire appropriate instructional materials for learners with visual impairments and administrators in these schools often lack the background to manage and administer specialized schools." (Foley & Masingila 2015)
193	Lack of human expertise	Lack of human experts or people with the expertise to use or employ specialised technologies in the institution			"In these environments, there is a lack of infrastructure (e.g. reliable electricity, human expertise) required to support specialized technologies (e.g. computers with screen-reading software, text conversion hardware) that blind students could use to access print materials, the Internet and electronic documents. (Foley & Masingila 2015)
194	Lack of infrastructure to support specialised technologies	Lack of infrastructure to support and maintain specialised technology use			"Because of the lack of infrastructure (including people with the requisite technical experience) to support and maintain assistive technology for students with visual impairments, we sought to develop a community of practice around the use of mobile devices as assistive technology." (Foley & Masingila 2015)

195	Lack of institutions for specific needs/disabilities	Lack of institutions for those with specific needs/disabilities in the setting	Educational institutions		"Of the schools for students with visual impairments in Kenya, only two – Kibos and Thika – offer secondary education." (Foley & Masingila 2015)
196	Lack of means	The lack of sufficient finances prevented patients from receiving the assistance they required			"However, long travel distances and lack of means prevented most patients from receiving assistance." (Luyten et al 2016)
197	Lack of mobile connectivity	The patients did not receive information required (as part of the intervention) because the mobile network had connectivity problems which did not allow the necessary information to be delivered			"The main reasons for undelivered messages were interference from the telecommunications vendor in an attempt to stop sender ID, the patient changing the SIM card or traveling, or the SMS hanging in an upstream position when the patient was beyond the reach of the mobile network." (Haddad et al 2014)
198	Lack of professional resources	There setting is described to have a lack of professional resources to administer specific intervention types	Professional resources refer to the necessary "professionals" to administer/provide the therapy/intervention		"These individually focused trauma interventions may not be appropriate in the South African context with large numbers of abused children and adolescents and a lack of professional resources." (Visser & du Plessis 2015)
199	Lack of protocol driven care	There is a lack of procedure with regards to following step-by-step (evidence-based) care in the setting			"Furthermore, DSME is also only available on a limited basis, health workers often lack adequate knowledge about how to effectively manage patients with diabetes, and the majority of health care facilities do not employ protocol-driven care of patients." (Essien et al 2017)
200	Lack of reliable electricity	Available electricity is unreliable		Lack of connection to an electrical grid	"In these environments, there is a lack of infrastructure (e.g. reliable electricity, human expertise) required to support specialized technologies (e.g. computers with screen-reading software, text conversion hardware) that blind students could use to access print materials, the Internet and electronic documents." (Foley & Masingila 2015)
201	Lack of safely piped drinking water	Lack of safely piped drinking water to an area			"Only 8.3% of the people in this district receive safely piped drinking water" (Lakhan 2014)
202	Lack of technological logistics	Lack of technological logistics in the institution in the setting	In this sense, logistics means the procedures, activities or organizational systems that make the technology work to meet particular goals and agendas		"Another challenge is that the university is yet to develop technology logistics. In this sense, logistics means the procedures, activities or organizational systems that make the technology work to meet particular goals and agendas." (Foley & Masingila 2015)

203	Lack resources to deal with growing epidemic	Lack resources to deal with growing epidemic	Mainly human and service-related resources		"Low- and middle-income countries also generally lack the resources with which to adequately deal with this growing diabetes epidemic. For example, in 2015 it is estimated that just 19% of global health expenditure on diabetes occurred in LMICs" (Essien et al 2017)
204	Language barriers between professionals and patients/participants	The professionals and patients are not able to communicate effectively because they are not able to converse in the same language, or their ability to speak the same language is minimal	Being fluent in a language, but not able to use lay terms		"Other possible confounding factors associated with the CBR setting may have been the relocation of key CBR workers within the CBR area, frequent migration of families, sickness of participants, myths, misbeliefs, cultural practices, parental attitudes, parental cooperation and (to some extent) the language barrier between professionals and parents." (Lakhan 2014)
205	Large gap between health and treatment	A large gap between the health problem and the actual treatment received exists in the setting			"However, in developing countries patients with MNS disorders are often poorly managed and treated, particularly in marginalized, impoverished areas, where the mental health gap and the treatment gap can reach." (Khabbache et al 2017)
206	Least-developed	Referring to country level development status as minimal		Developed countries Developing countries	"It is one of the poorest and least-developed countries in the world [3], with 25% of the population living below the national poverty line." (Jarnhammer et al 2018)
207	Limitations of service delivery	The setting has limitations to its healthcare service delivery			"The Government of Nepal recognizes the need to make public places, services and transportation accessible to people with disabilities, to provide for self-employment skills to enable self-reliance, and to ensure effective production and distribution of required services, facilities, and prostheses. But it also acknowledges that major problems still exist, such as lack of facilities and adequate employment or self-employment programs and also limitations of service delivery." (Jarnhammer et al 2018)
208	Limited access to continuous quality care	Limited access to continuous quality care			This problem is attributed to more socio-economic barriers to self-care, including limited access to continuous quality care (Muchiri et al 2015)
209	Limited access to conventional drug treatments	Individuals in the setting have limited access to conventional drug treatments			"This study was conducted in patients with p-TBLD in Uganda, and there are many differences in such patients compared to patients with COPD in the Western World. They have different pathology, socioeconomic status, and limited access to conventional drug treatments." (Jones et al 2017)

210	Limited access to emergency equipment	Lack of access to emergency equipment or resources	Includes argumentation to include or not include specific exercise (testing) components due to inability to manage adverse events.	Excludes lack of trained emergency personnel	We could not include an exercise test mainly for safety concern since the arrangement of resuscitative items including emergency oxygen supplementation deemed difficult in those remote villages. (Bhattacharyya et al, 2018)
211	Limited access to health information and education	Individuals have limited access to health information and education			"rural areas with limited access to public health information and education and health clinics and where there are few healthcare workers." (Haddad et al 2014)
212	Limited access to health insurance	Individuals have limited access to health insurance		Uninsured Insured/hold public insurance	"A significant proportion of the cost of care is borne by the patient who generally have limited access to health insurance." Pandian et al 2015
213	Limited access to modern technology	Individuals have limited access to modern technology	All types of modern technology		"Principles of simple mechanics were incorporated into the design, as children with whom this program would be used generally would have had only limited experience with or access to modern technology." (Foley et al 2016)
214	Limited access to programmes	Limited access to rehabilitation-based programmes run by any entity (government, non-government, community-based etc.)			Compared with urban areas, rural older adults have limited access to exercise programs (Washburn et al 2014)
215	Limited access to trained local health care providers	The number of trained health care providers available in the local context are limited or lacking	Includes local volunteers, community workers, or allied health professionals		However, administering CBT over such a lengthy period is often not feasible in resource-constrained countries such as India where there is a severe scarcity of infrastructure and trained manpower. (Baruah et al 2018)
216	Healthcare often delivered through "safety-net" organisations	Extra/other assistance to provide healthcare access and care for those not receiving adequate care, using available resources	May include university-affiliated clinics or vice versa, the use of students at free clinics etc.		"Health care for the underserved is frequently delivered through safety-net organizations such as student-run free clinics affiliated with an academic institution. University settings have access to undergraduate and medical student volunteers, many of whom share the cultural backgrounds of surrounding patient populations. In this pilot intervention, the UCIOC successfully recruited highly motivated, culturally congruent undergraduate volunteers who fulfilled a valuable role as one-to-one partners for patients struggling with diabetes." (Lee et al 2016)



217	Limited financial means	Individuals are described to have limited financial means			"Community-based strength training classes work to ameliorate some barriers to being physically active, particularly for those of limited financial means and those geographically isolated due to residence in a rural area." (Washburn et al 2014)
218	Limited funds	The funds/finances in the setting are limited	Finances in the health system or national system to provide resources	Individuals with limited funds	"...crucial for effective utilization of limited funds." (Rispin & Wee 2014)
219	Limited internet resources	Internet resources are limited	Internet connection availability, even via mobile devices, is limited		"In Iraq, provision of diabetes education to ensure adequate knowledge about self-care and to prevent many misconceptions represents a major challenge in diabetes care. SMSs have the potential to address this challenge in a modern-day Iraqi context given their relatively low cost, minimal requirement for infrastructure, the increasingly widespread use of mobile phones, and their easy accessibility, unlike Internet resources, which remain relatively limited." (Haddad et al 2014)
220	Limited prior computer experience	Participants/individuals have limited experience with computers			"Principles of simple mechanics were incorporated into the design, as children with whom this program would be used generally would have had only limited experience with or access to modern technology." Giordani et al 2015
221	Limited services offered to outpatients	Rehabilitation services are offered, but limited	Not often enough to address the pathology		"The limited services offered to outpatients once every 2 weeks provides some access to rehabilitation." (Puckree & Naidoo 2014)
222	Limited supervision available	Interventions need supervision of professionals and the amount of supervision is limited			"The long-term goal of the robot gym is to provide therapy for the upper and lower extremities of stroke patients in an environment where limited supervision is available." (Johnson et al. 2014)
223	Limited transportation	Minimal or limited transportation opportunities in the setting	Public and personal transport options		"The majority of the tribal population lives in small villages that are not well connected to cities because of poor or non-existent roads and limited transportation." (Lakhan 2014)
224	Literacy difficulties	Individuals experience difficulties with reading and writing			"The content, approach and programme of each group session were detailed in specific booklets for learners (including learners with literacy difficulties) and culturally adapted for Mali (food habits, language specificities, occupational and environment issues). (Debuscche et al 2018)

225	Little financial support from the government	Little financial support from the government for healthcare	Non-governmental, non-profit, private etc organisations		"Rural populations in India are primarily served by non-governmental organizations (NGOs) that are not well-equipped because of little financial support from the government and infrastructures that are inadequate for serving most of India's population (68.84%), which is located in rural areas (Lakhan 2014)
226	Little rehabilitation on offer	Little rehabilitation on offer	Patients were willing to take part in the study because there was little else available		"The desire to take part in the study was strong as there was little else on offer for them and the service was free." (Jones et al 2017)
227	Living in unhygienic conditions	People live in unhygienic conditions	Caused by poverty		"In addition, many children with severe and profound ID were living in much poorer and unhygienic conditions than children who had moderate and mild ID. Such unhygienic conditions may have affected the development of skin infections and resulted in tissue damage and self-injurious behaviour." Lakhan 2014
228	Logistical barriers	Intervention could possible due logistical barriers	Barriers to access, research methodology etc.	Excludes specific barriers if described	"COPD rehabilitation, a well-established and useful intervention, is largely not possible in rural India for logistic reasons, while the burden of COPD in the country has been huge <sup>2–4</sup> causing significant mortality and disability." (Bhattacharyya et al 2018)
229	Long queues at hospitals	Follow up for pathology not done because the patient experienced long queues at the hospital			"When asked why the 8 participants from the control group and 6 from the experimental group had not attended a hospital after their attacks, 3 reported "having no finances," whereas 8 commented about the "long queues at the hospitals". (Puckree & Naidoo 2014)
230	Long term outcome unclear	Long term outcome sustainability of interventions/rehabilitation etc. is unclear due to lack of appropriate research, inability to explore, restricted timelines of the published studies etc.			"Second, the trial only had a six-month follow-up period, and it is not clear how sustainable patient adherence and improvements in biomedical outcomes would be over longer timescales." (Essien et al 2017)
231	Low- and middle-income countries	One of the World Bank income groups	Definition of low-income country as described by the World Bank		"Low- and middle-income countries also generally lack the resources with which to adequately deal with this growing diabetes." (Essien et al 2017)
232	Low economic development	The setting is described as having low economic development			"the northernmost settlement in Luzon, is a rural municipality classified to be very low in economic development." (Ku & Kegels 2014)

233	Low education levels	(Formal)education which levels exist are low		Lack of education, no education	"In the Jordanian context, PDwS and their primary caregivers shared characteristics including low education levels, living together, poor knowledge about mental illness and low socio-economic status." (Hasan et al 2015)
234	Low health-literacy	Low levels of the ability to read, understand use, health information to make decisions and follow advice and instruction		Lack of awareness Illiteracy Lack of/low literacy levels	"Scales developed for patients from the mainstream culture may not correspond to the same concepts when delivered to low-income, low health-literacy, and non-English speaking populations (Burner et al 2014)."
235	Low literacy	Individuals in a population can read and write, but possess sufficient reading or writing skills			"This is, at least in part, because the current "gold standard" for weight loss treatment consists of components (in- person coaching or group sessions, verbose skills training materials, copious diet logs) that are not readily testable in populations that face barriers to access and have low literacy and numeracy rates." (Foley et al 2016)
236	Low material wealth	An individual's available financial resources to support their way of living is low			"The majority of individuals from the setting have low literacy levels, low income and low material wealth." (Muchiri et al 2015)
237	Low numeracy rates	Individuals in a population possess numeracy skills, but not a sufficient or an adequate amount/level of skill		Anything relating to literacy or health literacy	"This is, at least in part, because the current "gold standard" for weight loss treatment consists of components (in- person coaching or group sessions, verbose skills training materials, copious diet logs) that are not readily testable in populations that face barriers to access and have low literacy and numeracy rates." (Foley et al 2016)
238	Low socio-economic status	The community is described to have low socio-economic status			"Since South Africa's democracy in 1994, the district became populated by people of all races of low socioeconomic status but was still predominantly Indian." (Puckree & Naidoo 2014)
239	Low- to middle-class	Population/community is described as low-to middle class			"The township consists of large informal housing areas and is home to a low- to middle-class community." (Visser & du Plessis 2015)
240	Low-cost housing scheme	A scheme/plan to build and provide housing at low cost	Usually a state/government initiative		"The setting was a health district that was originally provided as a low-cost housing scheme for economically challenged people of Indian descent under the "apartheid era" of South Africa." (Puckree & Naidoo 2014)
241	Low-income country	One of the World Bank income groups	Definition of low-income country as described by the World Bank		"Our findings are crucial because we have tested this intervention for the first time in a resource poor, low

					income country in terms of the intervention itself and the delivery method." Hasan et al 2015
242	Low-income patients	Pertains to the (monthly) income of the patient relative to the environment (e.g. country)			"Moretele sub-district is characterised by high unemployment rates (45%), low literacy levels and low-incomes (annual average household income R35 467 (~ US\$3 346)." (Muchiri et al 2016)
243	Low-income populations	Populations who may be or may have been deprived of privileges, rights etc.			"Additionally, the need for improved diabetes management is especially pronounced among resource-poor, low-income populations, as they fare worse than other patients (Burner et al 2014)"
244	Low-income setting	A setting described as being of "low-income" status			"on-significant improvements in the full lipid profile have been reported in other studies, even in low-income and underserved settings." (Muchiri et al 2015)
245	Malpractice	Improper or negligent professional (healthcare) behaviour			"Insufficient awareness, misinformation, malpractice and social issues negatively affect the management of behavioural problems in children with intellectual disabilities in rural communities." (Lakhan 2014)
246	Manual labour in demand	The setting experiences a demand for manual labour	Physical work done by individuals (not machinery etc.)		"Many of the participants were from rural areas where manual labour is in demand." (Wang et al 2016)
247	Many emergency surgeries	The institution in the setting has community which experiences many emergency surgeries			"Many surgical procedures are performed urgently in Malawi and laparoscopic surgery is unavailable at this institution." (Tyson et al 2015)
248	Marginalised areas	Areas exhausted of resources			"However, in developing countries patients with mental, neurological and substance use disorders are often poorly managed and treated, particularly in marginalized, impoverished areas, where the mental health gap and the treatment gap can reach 90%." (Khabbache et al 2017)
249	Materials not in working order	Materials not in working order	Any materials – instructional, reading, media etc.		"A significant portion of the media and instructional materials (roughly half of what was observed) was not in working order. (Foley & Masingila 2015)
250	Materials were outdated	Materials were outdated. No longer applicable/useful	Any materials – instructional, reading, media etc		"The materials that were available were outdated; for example, abacuses were widely used rather than calculators or computers for similar functionality." (Foley & Masingila 2015)
251	Medical funds have run out	Patients did not have enough medical funds to receive required testing and/or care	Insurance funds, personal funds allocated to medical expenses etc.		"Reasons that were stated for having no investigations included "the machines were out of

					order," "tests were too expensive," and "medical funds had run out". (Puckree & Naidoo 2014)
252	Medically vulnerable populations	Populations in the setting are seen as medically vulnerable	Differs with and between communities and usually facilitated by socio-economic inequality		"Obesity continues to exact a considerable toll among medically vulnerable populations. Socioeconomic factors strongly pattern exposure to obesogenic environments, the adoption of obesogenic risk behaviors, and the limited availability of weight management resources." (Foley et al 2016)
253	Misinformation	Inaccurate or false information disseminated	Either from individuals, the community, or the health sector		"Insufficient awareness, misinformation, malpractice and social issues negatively affect the management of behavioral problems in children with intellectual disabilities in rural communities." (Lakhan 2014)
254	Most effective service delivery model not identified yet	Uncertainty as to the best way to provide a specific intervention			Researchers have not yet identified the most effective method of service delivery in terms of optimising the child's potential and providing support to the caregiver, especially in low-income countries such as Zimbabwe. (Dambi & Jelsma 2014)
255	Most internet usage is via mobile networks	People gain access to the internet using mobile networks			" In Kenya, mobile phones are nearly ubiquitous and 92% of Internet usage is via mobile networks" (Foley & Masingila 2015)
256	Natural disasters	The setting has experienced/recovering from natural disasters which have negatively affected the setting	Earthquakes, floods, hurricanes etc.	"Man-made" disasters: terrorism, war etc	"Moreover, in 2015, two major earthquakes hit Nepal, which caused the death of over 8800 people and over 22,000 injuries" (Jarnhammer et al 2018)
257	Necessary equipment not available	The necessary equipment for effective evaluation and implementation is not available	Technological, physical equipment and resources		"One of the main limitations of this study was that the patients' closure pattern of the velopharyngeal sphincter could not be verified by nasoendoscopy and/or videofluoroscopy prior to speech therapy, as the necessary equipment was not available in CoRSU".(Luyten et al 2016)
258	Need for adapted transport	There may be a need for people with certain disabilities to have access to transport adapted specifically for their disabilities	Easy accessibility - lower/higher vehicles, space etc	Transport adapted for other reasons - easy transport of goods and products, environmentally "friendly" vehicles	"Additionally, provision of services within the recipients' communities, a more natural environment, negates the need for transportation costs and adapted transportation (which may not be available in low resourced settings). "(Dambi & Jelsma 2014)
259	Need for appropriate rehabilitation technologies	Need for appropriate rehabilitation technologies in the setting		Assistive technology	"There is a need for appropriate rehabilitation technologies." (Johnson et al 2014)

260	Need for low-cost technology solutions	Need for low-cost technology solutions in the setting	Rehabilitation technology		"There is a need for low-cost solutions that are rugged and simple to use." (Johnson et al 2014)
261	Need for rugged, easy-to-use technology	Need for rugged, easy-to-use technology in the setting	Rehabilitation technology		"There is a need for low-cost solutions that are rugged and simple to use." (Johnson et al 2014)
262	Need for vocational training to adapt to new circumstance	Persons with disabilities have a need for vocational training to adapt to their new circumstance in the setting			"Access to vocational training, education and higher education is a necessary tool for employment for persons with disability." (Jarnhammer et al 2018)
263	Need local stakeholder engagement	The need to engage with local stakeholders in order to be able to study of provide rehabilitation in the specific setting	This includes for instance local non-profit, traditional healers, community leaders etc.		"The experience helped us to plan the details of operations objectively with the help of another philanthropic organization." (Bhattachayrra et al 2018)
264	No disability grants	No disability grants	Funds received from the government for those with disabilities	Other grants e.g. old age pension,	"no disability grants in Zimbabwe" (Dambi & Jelsma 2014)
265	No drug stores/pharmacies	The setting does not have a pharmacies or drug stores	Places to obtain medication or basic medical advice/care from medical professionals (pharmacists etc.)		"There are no laboratory facilities, nor any private clinics or drugstores/pharmacies." (Ku & Kegels 2014)
266	No finances	Individuals have no finances	Lack of money or funding to access or return for further medical care		"When asked why the 8 participants from the control group and 6 from the experimental group had not attended a hospital after their attacks, 3 reported "having no finances," whereas 8 commented about the "long queues at the hospitals." (Puckree & Naidoo 2014)
267	No information provided on their disease type/profile	Patients did not receive information on their disease profile, despite having been treated for it			"Many of the study participants had been treated in private or government hospitals for medical needs, but they had not been provided information on their ID." (Lakhan 2014)
268	No institutional support	No institutional support available to manage disease/disability leading to exclusion of certain populations in accessing adequate management of their condition	Institutional support may include schools with rehabilitation professionals or non-clinical staff with the ability address specific rehabilitation needs		"In rural India, where the majority of children with intellectual disability do not attend school, there is no institutional support in place to help children with their behavioral problems." (Lakhan 2014)
269	No laboratory facilities	The setting has no laboratory facilities	Clinical/medical laboratories for tests (pathological)		"There are no laboratory facilities, nor any private clinics or drugstores/pharmacies." (Ku & Kegels 2014)

270	No private clinics	The setting has no private clinics	No clinic owned and operated by private organisations	Public/governmental/non-profit funded clinics	"There are no laboratory facilities, nor any private clinics or drugstores/pharmacies." (Ku & Kegels 2014)
271	No therapists available who speak the mother tongue of the patients	Intervention could not be effectively performed and verified as the available healthcare professional could not communicate in the patient's own language	Home language, "mother tongue"		"Moreover, transfer of the improved sound productions to the mother language could not reliably be verified as no SLP was available who spoke the mother language of the patients." (Luyten et al 2016)
272	Non-Tribal groups	The population of the community or setting is specifically not categorised to a certain social group (non-tribal)	Group may share similar cultures, languages, traditions, practices.	Tribal groups	"The population of this district is made up of tribal (68%) and non-tribal (32%) groups." (Lakhan 2014)
273	Non-highly urbanised	In an urban area, but not as urbanised			"non-highly urbanised component city in the island of Luzon." (Ku & Kegels 2014)
274	Non-Western settings	The setting differs from the "Western" world/"Western" settings			"The results from this study demonstrate that CCRT-based programs can be adapted for resource poor and rural non-Western settings." (Boivin et al 2016)
275	Not able to exercise alone	Not able to exercise alone	Fear of exercise, physical exertion, safety, need a motivator/helper etc.		"Other reasons such as un-readiness, illness, and disease, not able to exercise alone and work- or job-related matters were also cited." (Onagbiye et al 2016)
276	Not attending facilities	Patients simply do not attend facilities			"Our patients were all community-dwelling and not attending residential or day care facilities, as none were available." (Paddick et al 2017)
277	Not many outpatient departments in public hospitals	Not many outpatient departments in public hospitals	Issues with access – ability to get there, proximity of the facility, existence of an appropriate facility etc.		"There are not many outpatient therapy departments in the remote parts of the country or in many public (government-run) hospitals, and most families cannot afford transporting the sick stroke patient to receive outpatient therapy, all of which cause high levels of disability in stroke patients." (Pandian et al 2015)
278	Nutritional transition	Description of changes/shifts in nutritional/dietary practices of a setting	Usually related to economic, demographic, epidemiological changes etc.	Hunger Food scarcity Poor nutritional status	"South Africa is a country where many communities are still going through rapid epidemiological, nutrition, and demographic transition." (Onagbiye et al 2016)
279	Obstacles imposed by poverty	Poverty imposes obstacles to partaking in rehabilitation			"The participation rate was 100%, which suggests that patients were willing to attend outpatient rehabilitation, despite obstacles imposed by poverty." (Puckree & Naidoo 2014)

280	Occupational biomechanical factors	Factors relating to the type occupation of the individual in the setting	Including heavy lifting and prolonged trunk flexion		<p>"Furthermore, results of cross-sectional studies conducted in rural Nigeria revealed that occupational biomechanical and psychosocial factors are likely to be associated with adverse outcomes of LBP." (Ibrahim et al 2018)</p> <p>Reference from original text: Occupational biomechanical factors, including heavy lifting and prolonged trunk flexion, have been found to predict work-related outcomes such as duration of sick leave, earnings-related compensation, leaving jobs and inability to carry out (Igwesi-Chidobe CN, Coker B, Onwasigwe CN, Sorinola IO, Godfrey EL. Biopsychosocial factors associated with chronic low back pain disability in rural Nigeria: a population-based cross-sectional study. <i>BMJ Glob Health</i> 2017a;2: e000284.)</p>
281	Ongoing face-to-face physio rarely available	Continuous/ongoing face to face consultations with physiotherapy is rarely available. Issue of access	Physiotherapy consultations		"In LMICs, ongoing face-to-face physiotherapy is rarely available except to an elite few. There are not many outpatient therapy departments in the remote parts of the country or in many public (government-run) hospitals, and most families cannot afford transporting the sick stroke patient to receive outpatient therapy, all of which cause high levels of disability in stroke patients." (Pandian et al 2015)
282	Oral consent due to low literacy	Poor literacy of the people in the setting lead to needing to due oral informed consent		Written informed consent	"In both the CBR and clinical setting, written or oral (because of poor literacy) informed consent was obtained from every child and parent in order to anonymously use data obtained." (Lakhan 2014)
283	Oral consent is the standard for research	In this setting, the standard for informed consent is oral consent and was therefore employed.			"Explanation of the study was provided to all participants, and oral consent was obtained as is the standard for clinical research studies in Iraq." (Haddad et al 2014)
284	Organisational funds used	Funding for research, rehabilitation, treatment etc. is provided by external organisations	Administrative organisations at any level Privately funded organisations Non profit	Government subsidies	"In addition to the government subsidies, provincial rehabilitation and subdistrict administrative organizations' funds and donations from participants' families were used to pay for home modifications." (Tongsiri et al 2017)



285	Organisations not well-equipped	Available organisations not well-equipped	Creates issues with access, infrastructure, etc. Affects service delivery		"Rural populations in India are primarily served by non-governmental organizations (NGOs) that are not well-equipped because of little financial support from the government and infrastructures that are inadequate for serving most of India's population (68.84%), which is located in rural areas." (Lakhan 2014)
286	Outdoors	Activities (of daily living) occurs outdoors in these settings			"Although many similarities exist between the needs of wheelchair users worldwide, some specifics are not universal. Appropriateness of technology depends on the environment and culture. For example, many of the world's less-resourced settings are in tropical environments where daily activities often occur outdoors on unpaved surfaces." (Rispin & Wee 2014)
287	Outreach activities in communities are poor	The setting lacks outreach programmes aimed at facilitating and improving awareness of rehabilitation and assisting in managing the disease burden			"In addition, the outreach activities performed by rehabilitation institutions in rural communities are poor." (Lakhan 2014)
288	Overextended clinicians	Combination of factors leading to clinicians being overextended beyond their capabilities	Heavy burden of care, scarcity of human resources, too many patients for one clinician etc.		"Therefore, a nurse- or specialist educator-led approach has the potential to reduce the burden of care for doctors, while being replicable in the primary and secondary levels of care in LMIC health settings where doctors are scarce and their time spread thinly." (Essien et al 2017)
289	Overpopulation	Number of existing human population exceeds the carrying capacity of local environment		Excludes patient versus provider mismatch/high patient-provider ratio	"rural areas appear to be burdened with poverty, overpopulation, geographical, and sociopolitical adversities often with an overwhelming lack of education and awareness with paucity of adequate health care infrastructure." (Bhattacharyya et al 2018)
290	Participants transported to study facility	Research design accounted for the fact that they needed to and had to transport participants to the intervention facilities			"At each such preselected date, the participants were brought to a selected venue." (Bhattacharyya et al 2018)
291	Participation is time consuming for support persons	The support persons, assisting the patients in the management of their pathologies, experience the	Official/assigned support persons or "unofficial" support persons such as		"Anecdotally, family members frequently commented on the time burden of participating in home visits." (Flood et al 2017)

		interventions as time consuming	friends, family, community members		
292	Patients lack skills and knowledge to manage their condition	Lack of knowledge and skills around disease pathology and profile to be able to manage the condition effectively/optimally	Includes a health sector which fails to provide patients with the necessary information and/or skills		"and in LMICs people with diabetes typically lack the required skills and knowledge to effectively self-manage their condition." (Essien et al 2017)
293	Patients received a smartphone	Smartphone was given (on loan to those who do not have one) as part of the research design			"Patients received a Smartphone with internet capabilities (on loan if they did not have one already – taken from inventory of a previously conducted mHealth study) and equipped with (or downloaded on to their phone) the 9zest Stroke Rehab App® ( <a href="https://9zest.com/stroke">https://9zest.com/stroke</a> ) to deliver individualized, goal-targeted 5-days-a-week exercise program that was progressively graduated by a tele-therapist for 12 weeks." (Sarfo et al 2018)
294	Patients rely on subsidised healthcare	Patients rely on healthcare that is available at no or reduced cost	Any organisation providing care at little or no cost		"In many countries of the world, a shortage of rehabilitative therapists means that patients who rely on subsidized health care." (Puckree & Naidoo 2014)
295	Patients were encouraged by the use of lay language	Use of everyday/relatable language encouraged patients in their interventions	Avoiding healthcare terminology that may be unrelatable or misunderstood	Use of local language/translation	"Patients' were encouraged by the therapists' use of lay language." (Verusia et al 2015)
296	Paucity of adequate health care infrastructure	Lack of healthcare infrastructure	Non-specific – may be anything related to lack of services, facilities, physical resources etc.	Societal infrastructure and basic services i.e. roads, water supply etc.	"rural areas appears to be burdened with poverty, overpopulation, geographical, and sociopolitical adversities often with an overwhelming lack of education and awareness with paucity of adequate health care infrastructure." (Bhattacharyya et al 2018)
297	Peasant farming	Peasant farming was described as an attribute contributing to the experience of specific pathologies	Peasant farming for income and/or as subsistence farming		"Additionally, cultures and beliefs, as well as common practices such as peasant farming and heavy manual lifting, coupled with extreme poverty may intensify the impact of living with this condition." (Ibrahim et 2018)
298	Perceptions of encounters with providers	Personal perceptions of the encounters/expectations of the patient with the healthcare providers may influence patient care-seeking behaviours	Includes expectations of care, consult, provider gender preference, approachability, professionalism etc.		"Care seeking among women with UI is influenced by multiple factors, including convenience when seeking consultation, provider gender preference, access to health care facilities, expectations from health care providers, cost, and perception of encounters with providers." (Seshan & Muliira 2015)

299	Physical and ecology dynamics/contexts differ	Experiences, familiarities, "norms" differ from environment to environment and cannot always be translated to differ settings/backgrounds			"we had to be sensitive to differences between the rural and urban or peri-urban environment in the experiences of African children and ensure that items would be equally familiar and acceptable to all participants. The physical and social ecological dynamics can be dramatically different for African children between these two settings." (Giordani et al 2015)
300	Physical barriers	Barriers relating to the physical pathology of the individuals in a setting or physical barrier in the setting itself, with regards to engaging and participating in rehabilitative care			1) "development of successful community-based PA interventions is related in parts to overcoming cultural, sociodemographic, physical, and financial barriers to participation." (Onagbiye et al 2016) 2) "Patients with lower limb amputations are among the rehabilitation recipients of ongoing care. They have multiple physical, psychological, environmental and socio-economic barriers and require patient-centred, comprehensive rehabilitation from the multidisciplinary team to ensure optimal treatment outcomes, social integration and economic self-sufficiency." (Verusia et al 2015)
301	Poor accessibility of services	Services are not accessible to patient	Includes availability of services, geographic distance etc.	Excludes lack of transport	Issues such as accessibility and acceptability of services (Dambi & Jelsma 2014)
302	Poor healthcare-seeking behaviours	Lack of awareness of biomedical, rehabilitative options/scope etc. translates to populations not seeking medical services/assistance	No knowledge regarding what is wrong/available	Inability to access facilities they are aware of	As a result, most rural dwellers in Nigeria have poor knowledge of the roles and scope of physiotherapy, poor healthcare-seeking behaviour, and patronize traditional health workers (Ibrahim et al 2018)
303	Poor internet quality	Internet connectivity was of poor quality which made participation in the intervention difficult			"Specifically, the poor quality and high cost of Internet connections interfered negatively with some participants' motivation to engage in the sessions." (Ferreira-Correia et al 2018)
304	Poor nutritional status	The participants had a nutritional status that was regarded as poor		Hunger Food scarcity	"Many were unable to work, had poor nutritional status, and may have impaired defense against damage: we believe that there is a complex interaction between infection, air pollution," (Jones et al 2017)

305	Poor satisfaction with services	While services are available, patients report poor satisfaction with those on offering	Include methods or model adaptations to improve satisfaction		caregivers in the OR group reported greater satisfaction with services and statistically significant differences were found in all domains apart from the registration process, comfort of the waiting area and being treated with respect. (Dambi et al. 2014)
306	Poor social backgrounds	The population studied in the setting is described to backgrounds of poorer social status	Where obtaining knowledge and health information is difficult		"Lack of knowledge is especially a significant problem among young women and those from poor social backgrounds, because they are less likely to have opportunities to get information about UI and related health promotion, preventive activities, and self-care, even when they are at high risk of UI" (Seshan & Muliira 2015)
307	Poor or non-existent roads	The setting's road quality is poor, or roads simply do not exist			"The majority of the tribal population lives in small villages that are not well connected to cities because of poor or non-existent roads and limited transportation." (Lakhan 2014)
308	Poorer socio-economic conditions for the disabled	Those with disabilities experience poorer socio-economic conditions than those without disabilities in the setting			"In Nepal and in other low-income countries persons with disability experience poorer socioeconomic conditions than able-bodied persons." (Jarnhammer et al 2018)
309	Population relies on age or disability grants	The population relies on age or disability grants for income			"The majority of the district's population rely on health care provided by the state, age or disability pensions, and family members who go out to work to sustain the household." (Puckree & Naidoo 2014)
310	Population relies on healthcare provided by the state	Patients cannot afford healthcare services which are not provided by the government/state, limiting their access to/choice of options			"The majority of the district's population rely on health care provided by the state, age or disability pensions, and family members who go out to work to sustain the household." (Puckree & Naidoo 2014)
311	Post conflict regions	Areas which have experienced and are recovering from conflict or war			"In post conflict regions like Iraq, the need for such technology to deliver care especially in underserved and remote areas is urgent and timely." (Haddad et al 2014)
312	Poverty	Extremely poor status	Terms related to poverty	Terms related to income (low income, insufficient income etc.)	"under resourced health systems, high poverty rates, and unique cultural characteristics, such as Maya Guatemala"(Flood et al 2017))

313	Prefer professional healthcare workers	The patients in the setting prefer care from "professional"/"professionally trained" healthcare workers	Not, for example community healthcare workers who are not seen as "professionally trained"		"Although many high-quality trials from the United States have supported their role in diabetes education interventions, community health workers were not used in our study because of the wide availability of indigenous auxiliary nurses on the labor market and our institutional experience, shared by others elsewhere, that has shown that Maya people with diabetes prefer professional health workers. However, such contextual factors may not apply to other settings. (Flood et al 2017)
314	Private, non-profit free clinic	Research conducted at a private, non-profit free clinic.	Findings may not be conducive to the poorer, more rural populations. Interventions may need to be scaled and sustained by the private sector		"Our sample size was small, and all participants received care in the same clinical environment of a private, non-profit free clinic. The feasibility and effectiveness of diabetes education in other environments (e.g., a public health center or fee-for-service private clinic) is not known. Additionally, given chronic underfunding of the Guatemalan public health system, it seems that DSME interventions are most likely to be scaled and sustained by the private sector, although it is unclear if patients are willing to pay for this service. Our small sample size should be viewed as a limitation in the context that few published examples exist of comprehensive diabetes programs serving comparably poor, rural, and marginalized populations with a clinical volume similar to or greater than ours." (Flood et al 2017)
315	Psychological barriers	Individual psychological barriers may affect adherence to rehabilitation and ongoing care			"Furthermore, by exploring the factors that affect adherence to rehabilitation, professionals can understand the effect of emotion and personal experience on the service offered. Patients with lower limb amputations are among the rehabilitation recipients of ongoing care. They have multiple physical, psychological, environmental and socio-economic barriers and require patient-centred, comprehensive rehabilitation from the multidisciplinary team to ensure optimal treatment outcomes, social integration and economic self-sufficiency." (Verusia et al 2015)
316	Psychosocial factors	Individual psychosocial factors affect outcomes of a pathology			"Furthermore, results of cross-sectional studies conducted in rural Nigeria revealed that occupational biomechanical and psychosocial factors are likely to be associated with adverse outcomes of LBP (Ibrahim et al 2018)

317	Public transport is problematic	Public transport was problematic for individuals in the setting	Includes issues with physical access to the transport, use of the transport and experience of judgement from community members		"Public transportation by bus was described as problematic, as it was difficult to get on and off a bus, as well as stand in crowded buses. Some participants mentioned that they were not always allowed on a bus because they were "too slow to board" (Jarnhammer et al 2018)
318	Quality primary care challenges	The setting experiences struggles or challenges with providing quality care to the society			"Morocco is a transitional society from economic and social points of view, and as such, is experiencing particular challenges, concerning basic education and quality primary health care, elimination of illiteracy, reduction of poverty, social inequality, and unemployment, among others." (Khabbache et al 2017)
319	Racial/ethnic minority	People grouped on basis of race, ethnicity/culture, and minority status			"low-income, racial/ethnic minority adults with obesity and related comorbidities." (Foley et al 2016)
320	Randomization not possible - ethical constraint	Randomisation rejected due to ethical restraints			'A randomization at the second visit to make a parallel assessment with or without the add-on intervention of education and training was rejected at the planning stage and since that could lead to a notion of discrimination amongst the participants.' (Bhattacharyya et al, 2018)
321	Randomization not possible - geographical constraint	Due to geographical limitations it is not possible to randomize participants to a specific intervention.	Includes studies in which the study site is the unit of randomization, where blinding is not possible as a result of geographical constraints, or where the inability to randomize has an impact on the methodological rigour.		'A quasi-experimental design was used as it was a pragmatic trial and it was not possible to randomly assign children to one group or the other. The geographical location determines a child's program allocation as the two areas are some distance apart, children and caregivers were thus obliged to attend one or other programme depending on their place of residence.' (Dambi et al. 2014)
322	Ready supply of spare parts not available	The setting did not have a ready/left over supply of spare parts and materials related to the technology used. Other settings are described to usually have that.			"Another issue we encountered while conducting this project was that there was not a ready supply of spare parts and peripherals on hand. One by-product of increased and sustained technology use is a stockpile of spare parts and other resources – things taken from broken computers or outmoded technology. In many US universities, items such as computer speakers, head- phones and cables are a commodity. They often come with the computer and when the computer is replaced these accessories are set aside and usually not needed because another set comes with a new computer. While iOS

					devices do not necessarily require the same accessories as computers, it was difficult to find some of the basic items needed for conducting training and setting up the devices (e.g. power strips, spare headphones)..” (Foley et Masingila 2015)
323	Real-world care	Employing healthcare/health status benefits from a variety of sources			“The whole process was essentially been a self-managed and locally supervised real-world care in rural area of the developing world.” (Bhattacharyya et al 2018)
324	Refreshments are offered	Refreshments are offered during the intervention	Meals, drinks etc	Compensation for study participation	“They were provided with light refreshment after therapy session and were given the option to participate in caregiver support group activities.” (Dambi et al. 2014)
325	Regulation enforcement is weak	Rules and regulations of the society to regarding disability are not well enforced			“A regulation promulgated by the Thai Ministry of Social Development and Human Security describes the appropriate home surroundings and built environment to be accessible by persons with disabilities,5 however the enforcement of the regulation is still weak.” (Tongsiri et al 2017)
326	Rehabilitation implementation is often not feasible	Rehabilitation is not often feasible in the setting due to a number of reasons			“However, administering CBT over such a lengthy period is often not feasible in resource-constrained countries such as India where there is a severe scarcity of infrastructure and trained manpower.” (Baruah et al 2018)
327	Rehabilitation is not affordable	Patients are unable to afford rehabilitation services	Associated technologies		“rehabilitation services and associated technologies may not exist outside of major urban areas and many times are not affordable by low income patients;” (Johnson et al 2014)
328	Rehabilitation services are limited	Rehabilitation services are limited in the setting	Issue of access with no services available in the area, no trained professionals etc.		“the patients were discharged to the care of families because no stroke rehabilitation facilities were available to communities” (Puckree & Naidoo 2014)
329	Rehabilitation/resources not available outside urban areas	Rehabilitation is only available in urban areas, posing exclusion or barriers for people outside context to engage with rehabilitation			“However, the availability of rehabilitation services in the vicinity of the homes of persons with amputations is limited and not all rehabilitation centers in Nepal provide as comprehensive rehabilitation services as those offered at the GPHRC.” (Jarnhammer et al 2018)

330	Reliance on donor funding	Service delivery or research is dependent on external funding	Donor, non-profit, funding		"As the outreach programme relies on a certain amount of donor funding, it is somewhat more expensive to run." (Dambi et al. 2014)
331	Reliance on family members work to sustain households	The patients need to rely only family provides to provide income			"The majority of the district's population rely on health care provided by the state, age or disability pensions, and family members who go out to work to sustain the household." (Puckree & Naidoo 2014)
332	Reliance on public transport	Patients rely on public transport because they do not have their own form of transport		Walking/travel done on foot	"For example, people without their own vehicles, who are reliant on public transport." (Onagbiye et al 2016)
333	Reliance on volunteers	The intervention relies on volunteers to be administered	Qualified or "lay" personnel		"In the areas where volunteers were unavailable, local professional builders were hired." (Tongsiri et al 2017)
334	Reluctance of patients to travel to research or health facility	An intrinsic barrier to travel	Includes patient's reluctance to travel due to time or effort.	Excludes the absence of public or private transport	The willing patients joined the study by signing written informed consent form. Patients older than 75 years, having a history of exacerbation in the preceding 6 weeks, or reluctance to adhere to the protocol that demands repeated visits at camp sites (Bhattacharyya et al 2018)
335	Remote area	A village, region, area etc. that is distant or hard to reach	Remoteness	Villages Rural areas	"There are not many outpatient therapy departments in the remote parts of the country or in many public (government-run) hospitals, and most families cannot afford transporting the sick stroke patient to receive outpatient therapy, all of which cause high levels of disability in stroke patients." Pandian et al 2015
336	Research conducted by governmental organisation	One or more governmental institutions are involved in conducting research in the setting		Non-profit organisations Non-governmental organisations etc.	"Founded in 1999, the Racial and Ethnic Approaches to Community Health (REACH) Detroit Partnership is a community-based participatory research (CBPR) coalition of community organizations, academic institutions, and health care systems that has used CBPR approaches to design, implement,



					and evaluate interventions aimed at improving diabetes care and outcomes in east and southwest Detroit (15). All work has been conducted with the Community Health and Social Services Center (CHASS), a federally qualified community health center serving the predominantly Latino community in southwest Detroit, and guided by a steering committee of partnership members." (Spencer et al 2018)
337	Research conducted by non-governmental organisation	One or more non-governmental institutions are involved in conducting research in the setting	Non-profit organisations Private organisations etc.	Governmental organisations	"This research was conducted by Wuqu' Kawoq (www.wuquka-woq.org), a Guatemalan medical nongovernmental organization," (Flood et al 2017)
338	Research funding challenges	Challenges to the study's/research funding experienced.	May include aspects such as delays in receiving funding, receiving inadequate funding, lack of funding etc.	Healthcare funding challenges Lack of income etc.	"Due to a delay in the release of funds by the organisations that supported this research, there was a delay between trial registration and commencement of recruitment of participants." (Essien et al 2017)
339	Research personnel recruit participants	Research personnel recruit participants for the study / rehabilitation	Rather than clinical staff, community members etc.		"Caregivers were then recruited by the research team over four consecutive weeks. Caregivers were approached as they were awaiting services or after their children were treated." (Dambi et al. 2014)
340	Resort to alternative forms of treatment	Stigma causes patients to resort to other forms of treatment	"Other forms of treatment" not specified	Traditional medicine used	"Stroke survivors often resort to alternative forms of treatment and refuse orthodox care due to highly prevalent stroke related stigma." (Sarfo et al 2018)
341	Resource availability drives rehabilitation service	Rehabilitation service delivery is dependent on institutional resources available at the time.	Any form of "resource" the institution deems necessary to provide the rehabilitation		"At present, organization of rehabilitation services varies from institution to institution and is mainly governed by resource availability." (Dambi et al. 2014)

342	Resource-poor populations fare worse than others	Those in resource-poor areas are reported to fare worse than other populations with regards disease management			"Additionally, the need for improved diabetes management is especially pronounced among resource-poor, low-income populations, as they fare worse than other patients." (Burner et al 2014)
343	Restricted array of outcome measures	Resources limit inclusion of relevant outcomes due to lack of capacity or physical resources			"Moreover, we have not analyzed the effects of such intervention on smoking cessation and have not considered the end points such as changes utilization, etc. Those could have been worthwhile adjuncts to appreciate the effect of the interventions mentioned. To us, they were not possible within our capacity and resources in the concerned ground reality." (Bhattacharyya et al, 2018)
344	Rural area	Geographically isolated area located outside of towns or cities		Remote areas Villages Urban Semi-urban	"Here, we present our effort to appreciate the effects of a novel, self-managed, and supervised real-world practice of an intensive single-session education and training based on a simple curriculum for the COPD patients in rural India." (Bhattachyrra et al 2018)
345	Scarcity of context-specific information	Scarcity of information or evidence related to the disease or treatment in a specific area	Data may exist, but be scanty	Absence of data	"the information regarding the disease and its treatment status especially from rural areas appears scanty." (Bhattachyrra et al 2018)
346	Scarcity of instructional media	Instructional media for participants is scarce	Books, materials, illustrations, presentations		"scarcity of instructional media, including delays in the production of textbooks and materials, the lack of illustrations/representations in Braille textbooks and the lack of adapted curriculum for learners with visual impairments". (Foley & Masingila 2015)
347	Scarcity of resources	Description of a scarcity in lack of, gaps in non-specific resources	May include infrastructure, support. financial		"Because of the scarcity of resources at the University and the resulting absence of formal support and infrastructure." (Foley & Masingila 2015)
348	Semi-urban area	An area classified as partly urban, partly rural			"we had to be sensitive to differences between the rural and urban or peri-urban environment in the experiences of African children and ensure that items would be equally familiar and acceptable to all participants." Giordani et al 2015
349	Sensitivity to differences between environments	The research design and program implementation need to be sensitive to the different environments	Includes addressing programmes that were designed for one area and the utilised in another which is dissimilar		"we had to be sensitive to differences between the rural and urban or peri-urban environment in the experiences of African children and ensure that items would be equally familiar and acceptable to all participants (Giordani et al 2015)

350	Severe disability not catered for	Those with severe disability are not catered for by the system	Schools or institutions		"The situation in Zimbabwe is typical of a resource constrained country in that children with severe CP are not necessarily catered for within institutions or special schools." (Dambi & Jelsma 2014)
351	Shortages in available care management personnel	Shortages of available care management personnel is described in the setting	All types of care/healthcare providers		"Given the chronic shortages in health care financing and available care management personnel, incorporating patient-designated support persons into automated mHealth programs may help..." Aikens et al 2015)
352	Significant challenges to provision of assistive technology	The setting experiences significant challenges to provision of assistive technology	All types of assistive technology described		"There are significant challenges to the provision of assistive technology in resource limited environments such as sub-Saharan Africa." (Foley & Masingila 2015)
353	Single-room dwellings	The patients home environment includes small, single room areas with a lack of privacy			"it has been reported many times that the participants were not able to do the homework when privacy could not be ensured, since they resided in a single-room dwelling." (Wang et al 2016)
354	Social barriers	Social barriers are described to limit gaining access to rehabilitation	Entire social system – including network of relationship between all individuals in the environment		"In South Africa, many social and economic barriers prevent survivors of sexual abuse from gaining access to the treatment they need." (Visser & du Plessis 2015)
355	Social factors	Social factors relating to socio-economic status of the participant in the environment may limit engagement in rehabilitation programmes or research initiatives			"The quality and costs of the Internet connection were particularly relevant. Better quality connections are usually more expensive, and programs that utilise the Internet also require resources in terms of bandwidth, which results in additional expenses to participants. This factor is significant when considering the socio-economic status (and financial dependence) of participants in any intervention. Interventions that are unable to plan for and address unique environmental or social factors in their implementation may face problems with recruitment or compliance." (Ferreira-Correia et al 2018).
356	Social inequality	Unequal status in the social groups of a setting			"Morocco is a transitional society from economic and social points of view, and as such, is experiencing particular challenges, concerning basic education and quality primary health care, elimination of illiteracy, reduction of poverty, social inequality, and unemployment, among others." (Khabbache et al 2017)

357	Social problems	Patients experience social problems in the setting were described by participants, affecting overall wellbeing (psychological)	Entire social system – including network of relationship between all individuals in the environment		"For example, many participants were worried about their social and financial problems during the treatment and asked KRCT to help them to access official or other social support. It was observed by the therapists that some of the participants felt helpless again when the treatment terminated, which resulted in recurrence of symptoms during the follow-up." (Want et al 2016)
358	Sociodemographic barriers	Sociodemographic barriers in the community are described to be a barrier to participation in interventions			"development of successful community-based PA interventions is related in parts to overcoming cultural, sociodemographic, physical, and financial barriers to participation" (Onagbiye et al 2016)
359	Socio-economic barriers	Barriers to rehabilitation imposed by socio-economic factors/barriers in the setting			"Patients with lower limb amputations are among the rehabilitation recipients of ongoing care. They have multiple physical, psychological, environmental and socio-economic barriers and require patient-centred, comprehensive rehabilitation from the multidisciplinary team to ensure optimal treatment outcomes, social integration and economic self-sufficiency." (Verusia et al 2015)
360	Socio-economic meltdown	Social/financial crisis or rapid socio-economic deterioration has resulted in the quality of the healthcare delivery deteriorating			"Unfortunately, a decade of socio-economic meltdown has resulted in deterioration of the health care delivery." (Dambi & Jelsma 2014)
361	Socio-economic status	Socio-economic status of individuals			"Unfortunately, a decade of socio-economic meltdown has resulted in deterioration of the health care delivery (Dambi & Jelsma 2014) The quality and costs of the Internet connection were particularly relevant. Better quality connections are usually more expensive, and programs that utilise the Internet also require resources in terms of bandwidth, which results in additional expenses to participants. This factor is significant when considering the socio-economic status (and financial dependence) of participants in any intervention. This factor is significant when considering the socio-economic status (and financial dependence) of participants in any intervention." (Ferreira-Correia et al 2018)

362	Socioeconomically disadvantaged	Populations are described as socio-economically disadvantaged.			"Racial/ethnic minority populations are overrepresented among the socioeconomically disadvantaged and these groups disproportionately bear the nation's obesity burden ." (Foley et al 2016)
363	Socio-political adversities	Socio-political adversities lead to the need for rehabilitation or limit/hinder the ability to access rehabilitation	Racism, gender-based violence, unrest, war	Post conflict regions	"The civil war in Nepal started in 1996 and continued for 10 years. The conflict caused the death of at least 13,000 people and led to hundreds of traumatic amputations. Moreover, in 2015, two major earthquakes hit Nepal, which caused the death of over 8800 people and over 22,000 injuries." (Jarnhammer et al 2018)
364	Specific ethnic populations	Research was done targeting/identifying specific ethnic populations	Race, culture, language, geographical locations etc.		"TEXT-MED (Trial to Examine Text Messaging for Emergency Department patient with Diabetes) is the first program designed specifically for low-income Latinos" (Burner et al 2014)
365	Specific interventions are rarely available	Specific interventions are rarely available			"However, in LMICs DSME is rarely available or is of poor quality and unlike in many high-income countries context specific guidelines rarely exist for clinical staff to utilise (Essien et al 2017)
366	Structural barriers	Structural barriers in the system	May include infrastructure or system structure		"This would suggest that although modern medical health care may be chosen to maintain and restore the health of persons with disabilities, existence of structural, equipment and attitudinal barriers in the Ugandan health care settings may compromise the quality of health care that they are able to access." (Hamid et al 2017)
367	Struggles in finding adequate employment	People with disabilities struggle to find employment		Disease-related stigma	"Persons with disabilities struggle to gain employment and finding employment is more difficult for women than men." (Jarnhammer et al 2018).
368	Sufficient social support	Sufficient social support exists in the setting	All aspects of the social "network": family, institutional, community etc.		"Financial constraint was found to be the major barrier while social support was found to be the major facilitator to dietary adherence." (Muchiri et al 2015)
369	Sufficient treatment space needed	Some patients have reported that there is not enough space for the intervention	Physical/infrastructural space		"factors that contribute to an effective therapy session. This included using the correct equipment, ensuring privacy, ensuring sufficient treatment space and adequate treatment time."(Verusia et al 2015)

370	Surgical techniques unavailable	Certain required surgical techniques are unavailable	Either do not have the human expertise to apply technique or the actual equipment needed to apply technique.		"Many surgical procedures are performed urgently in Malawi, and laparoscopic surgery is unavailable at this institution." (Tyson et al 2015)
371	System malfunction	Healthcare systems, protocols etc. do not function according to dictated standards and hinder adequate service delivery	Any aspect of the system; programmes, workforce etc.		"Therefore, the results presented here, and those from similar trials in LMICs discussed above, indicate that (when properly functioning) DSME programmes can lead to clinically important improvements in patients' management of their diabetes in LMIC settings." (Essien et al 2017)
372	Tapping into unrealised human resources	Coming to the realisation that other means within/potential members of the healthcare team/or greater healthcare team can contribute to the management of the disease burden	Community health-care workers, nurses, rehabilitation specialists, friends and family, technology etc.	Task shifting - physically implementing the "unrealised human resources"	"Therefore, a nurse- or specialist educator-led approach has the potential to reduce the burden of care for doctors, while being replicable in the primary and secondary levels of care in LMIC health settings where doctors are scarce and their time spread thinly." (Essien et al 2017)
373	Task shifting	Unburdening healthcare professionals by shifting tasks which require less expertise to other available/created members of the healthcare team or resources	Community health-care workers, nurses, rehabilitation specialists, friends and family, technology etc.		"The project made use of existing LGHU staff and took advantage of the large cadre of BHW (in the Philippines, these community workers are generally highly educated), shifting tasks that were standardisable and required less expertise, so as not to overburden the LGHU physician and nurse." (Ku & Kegels 2014)
374	Technological battery life and durability affected by setting	Many context-specific attributes may affect the use of technology within a setting, particularly affecting battery life and durability	Terrain, power options etc.		"Battery life and durability of the laptop platform when they often need to be transported in the field and on motorcycles over very rough terrain with inconsistent power options further leads to frustration with reliability of equipment and ability to complete training of multiple children." (Giordani et al 2015)
375	Technological resources are scarce	Scarcity or lack of resources related to technology	Open interpretation of what a technological resource is. May include electronics, telecommunications, mobile devices etc.		"There are multiple layers of meaning surrounding the word technology [10] and these different meanings constitute an integral resource that is currently scarce in Kenya and in many developing countries (Foley & Masingila 2015)

376	Technology not available at multiple sites	Technology used for interventions or care are not available outside of the main utility site	Not available at learning activities, living areas, work or away		"This technology is not available to the students when they are attending class, when they are in their dorm or hostel, if they are doing an internship, or when they are in their home area away from the university." (Foley & Masingila 2015)
377	Tests were too expensive	Individuals did not have tests or investigations done because they were too expensive for the patient to afford	Referral to out-of-pocket expenditure for the patient to access necessary tests		Reasons that were stated for having no investigations included "the machines were out of order," "tests were too expensive," and "medical funds had run out". "(Puckree & Naidoo 2014)
378	Therapy adapted to suit the setting	Therapy is adapted to suit the setting	Cultural, logistical, language, human resource etc. adaptations		"The PET protocol was adapted by the DIGNITY psychologist Uwe Harlacher and KRCT team members so that it could be applied in a resource-poor setting." (Wang et al 2016)
379	Time constraints	Time constraints, limits, hindrances	Time constrained either by the patient load, the lack of healthcare providers to manage the load, the time the patient or the healthcare provider arrives for the session, the time available from the patient or the providers side, the relationship between the provider and the patient (may take time), the pathology/diagnosis typically requires lengthy sessions of rehabilitation		"Briefer interventions address the issues of accessibility and time constraints" (Baruah et al 2018)
380	Timing of rehabilitation adjusted to suit the setting	The intervention was timed around the specific circumstances/characteristics of the individuals in the setting.			"timing sessions to fit around household work (e.g. visiting the market), farming activities (e.g. crop sowing or harvest), and village ceremonies involving the whole community (e.g. burials or weddings). timing sessions to fit around household work (e.g. visiting the market), farming activities (e.g. crop sowing or harvest), and village ceremonies involving the whole community (e.g. burials or weddings)." (Paddick et al 2017)
381	Township	Area of occupation/settlement by specific groups with historical political underpinnings	South African term/definition	USA definition	"The township consists of large informal housing areas and is home to a low- to middle-class community." (Visser & du Plessis 2015)

382	Traditional medicine is used	Use of medicinal intervention which is not evidence-based/Westernised			"Those who had untreated wounds said this was due to war, insufficient funds for health care, no awareness of biomedical treatments, and reliance on traditional medicine."(Jarnhammer et al 2018)
383	Training of volunteers	Strengthening of local lay-personnel or (former) patients	Includes training of local volunteers to serve as a local point of contact for questions and support		"They were subsequently educated about COPD with its basic qualities and non-pharmacological treatment."(Bhattacharyya et al 2018)
384	Transitional society	Economic and social transitional in the setting	Challenges and changes of all levels within the society e.g. education, quality		"Morocco is a transitional society from economic and social points of view, and as such, is experiencing particular challenges, concerning basic education and quality primary health care, elimination of illiteracy, reduction of poverty, social inequality, and unemployment, among others."(Khabbache et al 2017)
385	Transport difficulties	Individuals experience difficulties in obtaining, maintaining, or ensuring transport options to get to and from a place		Travel done by foot	"despite the challenges posed by difficulties with transport to the clinic and limited prior experience with computers" (Ferreira-Correia et al 2018)
386	Transport/travel over rough terrain	Personnel need to transport equipment over rough terrain which may affect the quality of the equipment			"Battery life and durability of the laptop platform when they often need to be transported in the field and on motorcycles over very rough terrain with inconsistent power options further leads to frustration with reliability of equipment and ability to complete training of multiple children."(Giordani et al 2015)
387	Travel distance to service provider	Location of research or service delivery is far away from the patient's home	has consequences with regards to cost, time, time off work	Independent of geographical context (e.g. rural); different from transport difficulties (lack of obtaining and maintaining transport)	"The participants had a long distance to travel, mainly by bus and walking, to reach the rehabilitation center and prosthetic services" (Jarnhammer et al 2018)
388	Travel done on foot	Travelling is often done on foot	Walking	Other "non foot" forms of transport: vehicles, bicycling etc.	"In Nepal, traveling is often done on foot (Jarnhammer et al 2018),"
389	Travel time to facility	Time to travel to and from the facility is long and consuming	To individuals and support persons Causes barriers to engaging in interventions		"time commitments, including travel time to an exercise facility, geographic proximity to exercise facilities, and lack of social support as barriers to engaging in physical activity." (Washburn et al 2014)



390	Tribal groups	The population of the community or setting is specifically not categorised to a certain social group (tribal)	Group may share similar cultures, languages, traditions, practices etc.	Non-tribal groups	"The population of this district is made up of tribal (68%) and non-tribal (32%) groups." (Lakhan 2014)
391	Tropical environments	The settings are described to have a tropical environment			"Although many similarities exist between the needs of wheelchair users worldwide, some specifics are not universal. Appropriateness of technology depends on the environment and culture. For example, many of the world's less-resourced settings are in tropical environments where daily activities often occur outdoors on unpaved surfaces." (Rispin & Wee 2014)
392	Trouble sustaining life for themselves and their families	Patients or individuals with disabilities have trouble sustaining their (and their families') livelihoods	Due to limitations caused by their disability and/or the lack of opportunities to provide for their families, imposed by their environments		"There were reports of living in poverty, depending on relatives' income and charity and having trouble sustaining life for themselves and their families. (Jarnhammer et al 2018)
393	Unable to work	The individuals in the population or setting are unable to work due to their pathology	Any form of employment		"Many were unable to work, had poor nutritional status, and may have impaired defense against damage: we believe that there is a complex interaction between infection, air pollution," (Jones et al 2017)
394	Unaffordable healthcare services	Patients unable to afford clinical services due to high cost to patient	Individuals (and/or their families) are unable to afford continued care		"While evidence-based treatments for stroke such as acute stroke unit (SU) care are established worldwide, most Indian SUs are located in private hospitals in urban areas. A significant proportion of the cost of care is borne by the patients who generally have limited access to health insurance. The average cost for stroke in a private hospital in India is estimated at rupees (INR) 80 612 (USD 1520) for the first six-months post-stroke, which is equivalent to the average per capita income in India, thus making acute care and rehabilitation unaffordable to much of the population affected by stroke (8)." (Pandian et al. 2011)

395	Uncertainty about impact of intervention	It is unclear whether employing interventions are effective, and whether certain interventions are more effective than others	The need to inform structuring of services		"There was a clear need to compare the two models of service delivery, not only to inform the on-going re-structuring of rehabilitation services in Zimbabwe, but to provide empirical evidence of the relative impact of CBR / outreach services as compared to institutionally-based rehabilitation. " (Dambi et al. 2014)
396	Underserved areas	Areas disadvantaged by lack of access to services and resources	Healthcare, education, technology etc		"In post conflict regions like Iraq, the need for such technology to deliver care especially in underserved and remote areas is urgent and timely."(Haddad et al 2014
397	Uninsured patients	Having no healthcare insurance	Coverage for medically related costs, which the insurance may pay for directly or reimburse the patient	Limited or sufficient healthcare insurance	"Latino adults who were largely uninsured." (Burner et al 2014)
398	Unique cultural characteristics	Settings may differ in cultural characteristics. Cultural characteristics are unique to each setting	Religion, gender-based prejudice, traditions, beliefs etc.		"under resourced health systems, high poverty rates, and unique cultural characteristics, such as Maya Guatemala" (Flood et al 2017))
399	Unpaved surfaces	Unpaved surfaces in the settings			"For example, many of the world's less-resourced settings are in tropical environments where daily activities often occur outdoors on unpaved surfaces." (Rispin & Wee 2014)
400	Unreliable contact details	Patients are unreachable or lost to follow due to unreliable contact details	Includes place of residence, address, contact details		"Fifteen patients were lost to follow-up (which included two who refused follow-up); the majority was due to a wrong contact number, frequent changes in mobile phone numbers, and changes in residential locations."(Pandian et al. 2011)
401	Upper middle-income country	One of the World Bank income groups	Definition of upper-middle income country as described by the World Bank		"Thailand is an upper middle-income country with an estimated population of 68 million in 2015." (Tongsiri et al 2017)
402	Urban area	Geographical area located within/in close proximity to towns or cities		Rural, remote of semi urban or non-highly urbanise	"reaching resource-poor populations, especially low-income, urban Latinos." (Burner et al 2014)

403	Use of computers increasing	Use of computers increasing in the setting	Computers only	Other forms of technology	"...not only because they demonstrated improvements but also because the use of computers and access to Internet in the region is sharply increasing ." (Ferreira-Correia et al 2018)
404	Use of easy-to-use outcome measures	Use of easy-to-use outcome measures	Due to the setting, participants, research team, funding etc.		"For simplicity of performance, we incorporated CAT, a valid tool for the assessment of the COPD-related health status with efficacy being comparable to St George's Respiratory Questionnaire. This easy-to-use test appears to behave uniformly across countries." (Bhattacharyya et al 2018)
405	Use of local language	During the intervention/assessment, the local language of the setting was used	Materials/outcome measures through the research team, translators/interpreters		"We selected the curriculum been prepared by us in Bengali (the local language) " (Bhattacharyya et al 2018)
406	Use of simple materials	Includes the need for specific treatment components to be delivered in a "simple" or easy to understand format	Simplified language, pictorial display, 'easy-to-use' manuals, videos etc. Use of "layman's terms"		"The curriculum consisted of basics of COPD with role of smoking cessation, information regarding the proper medications, the correct use of the inhalational medicines, and importance of treatment of associated ailments in a simple language. It also contained the proper and feasible nutritional and hygienic interventions (including the bronchial hygiene), exercise in general with special emphasis on walking and breathing exercises (pursed lip breathing and diaphragmatic breathing) with necessary pictorial display." (Bhattacharyya et al 2018)
407	Very real limitations	Very real limitations inherent to the setting	Non-specific, general description		"...close the gap between patient needs and the very real limitations inherent in many resource-constrained health care settings." (Aikens et al 2015)

408	Village wide announcement by village head used for recruitment	Village wide announcement by village head used for recruitment	Part of a recruitment strategy for the setting		"A one-day village-wide announcement, facilitated by the village head (traditional ruler) of Tsakuwa was utilized to recruit patients with nonspecific CLBP from January to April 2018." (Ibrahim et al 2018)
409	Villages	Small settlements or communities		Rural or remote	"The majority of the tribal population lives in small villages that are not well connected to cities because of poor or non-existent roads and limited transportation." (Lakhan 2014)
410.	Weak health systems which cannot cope	Weak health systems cannot cope with effects of disease burdens	Infectious and chronic diseases		"This is compounded by weak health systems that are unable to cope with the double impact of infectious and chronic diseases." (Debuscche et al 2018)