

Table S1: Summary of each enhanced self-care (ESC) domain, the intended impact and outcomes of the intervention from the participant perspective.

Domains of the ESC	Intended Impact on the Syndemic Pathway	Outcome from participant perspective	Recommendations
Health Awareness	Clinical rationale to understand the treatment and causes of lymphoedema.	<p>Reduced internalised stigma.</p> <p>“I was overthinking that maybe it was not good for me to live here on earth because I did not have peace of mind. So, because of that, I was having bad thoughts sometimes because I was feeling that it was not good for me to live since some people were laughing at me.” (Participant 19)</p> <p>“I can say [my mindset has changed] I am used to it and I just consider it as a condition. So, if there are some people that have just met me for the first time ... I just take it lightly.” (Participant 2)</p> <p>Increased awareness of condition and cause, and clinical understanding.</p> <p><i>“It is a disease called elephantiasis.” (Participant 16)</i></p>	<p>Information and awareness shared with the community to reduce stigma related to ESC activities.</p> <p>Community members and health staff provided with health information to reduce enacted stigma.</p> <p>Stigma reduction intervention.</p> <p>Consideration of religious groups and traditional healers within social structures for care provision.</p>
Standard WHO activities			
Leg washing and drying, attending to lesions/wounds, applying medication	Prevention of secondary infections, reduce frequency and duration of acute attacks. Maintaining good skin integrity (physical appearance and reduction in odour).	<p>Reduced acute attacks, reduced fungal infections and healed wounds improving overall appearance of symptoms.</p> <p><i>“The other thing is about the cream that you gave us. I have noted that the cream helped me to soften the leg. I was applying it on the stretches that developed on the leg. So, after massaging the leg with the oil, I was also applying the cream and it really helped me out.” (Participant 4)</i></p>	Provision of soap – community led or supplied by the health system.

		<p>Improved daily activities and participation from reduced acute attacks and pain.</p> <p>“I started practising that, things have improved. Right now, I am able to run which was difficult for me in the past ... when people told me to move fast, I could just tell them that they should go, I will find them because I was feeling pain.” (Participant 4)</p> <p>Improved mental wellbeing related to reduced pain, functioning and improved ability to perform daily activities.</p> <p><i>“I was stressing out ... I was thinking that I cannot do anything ... when I had [an] ... acute attack, it could take me one week [of]... feeling sick ... So, because of that, I could think of just dying because I was feeling like I am a failure. That was then ... when I started getting the treatment, I feel like God is answering my prayers.” (Participant 5)</i></p> <p>Reducing internal and external stigma due to reduced disability.</p> <p><i>“They were laughing at me. They were telling me that it was the ... beginning of a disability. They have stopped because they have seen me walking.” (Participant 4)</i></p>	
Seated exercises	Mobilisation of ankle, to maintain ankle mobility and improved functioning.	<p>Easy to practice activity, although many participants were not practicing as had forgotten.</p> <p>“I have forgotten.” (Participant 15)</p>	Repeat training to be reminded of activity.

Day and nighttime elevation	<p>Reduce swelling and encourage fluid uptake</p>	<p>Reduction in swelling of the leg, improved physical appearance and functioning.</p> <p>“I should have something for the leg to lean on so that blood can be easily circulating and prevent the swelling of the leg.” (Participant 8).</p> <p>Reduction in enacted stigma due to reduction in physical disability.</p> <p>“[My family] are happy because in the past, they used to find me here since I was unable even to ride a bicycle ... so, when they saw me moving about [after the self-care training] they were happy.” (Participant 4)</p>	<p>Provision of tools to support adherence of leg elevation (for example, filling an old wheat bag with sand to elevate the leg overnight).</p> <p>Horizontal sleeping encouraged and nighttime elevation recommended over daytime elevation.</p> <p>Elevation is most useful in early stages of lymphoedema.</p>
Managing acute attacks	<p>Manage acute attacks to reduce pain and inflammatory response. (should cease practice of exercises and massage)</p>	<p>Improved recovery time from acute attacks resulting in less disruption to daily activities.</p> <p>“The other thing that I was experiencing ... my body shakes and the leg could pain me and I was feeling fever as if I have malaria. So, the leg could swell such that I could not walk. Then after 2 weeks, I could get back to normal and the skin of the leg could peel of then I could feel better. So, the process could go on and on. That was it. That was what I was feeling in the past. But since from that time ... [we were] taught us the home-based care, I have not been sick ... I am able to work as you can see.” (Participant 2)</p> <p>Reduced repeated health seeking due to ability to manage symptoms.</p> <p>“After I came back from the hospital and when I noticed that I was not feeling better ... I started visiting the</p>	<p>Provision of medication.</p>

		traditional healers. I still visit the hospital ... I have tried going to pastors for prayers and for blessed water.” (Participant 20)	
Standing exercises	Build strength in ankle/leg, to help reduce swelling.	Easy activity to practice. <i>“Yes, I was told that I should be standing like this and leaning to the wall [demonstrating] and the toes should be partially on the ground” (Participant 6)</i> Stigma associated with practicing activity. <i>“I feel that when I start leaning on the wall and do the exercise, people will think that I am going insane” (Participant 2).</i>	Repeated training and information and awareness shared with the community to reduce stigma related to ESC activities.
Footwear	To prevent infection or wounds to feet. Keeping clean and protect from damage.	Unable to afford shoes. <i>“How can I wear the slippers? I do not have.” (Participant 16)</i> Additional challenges related to accessibility, e.g. attending the hospital because of lack of footwear. <i>“I do not have slippers and I go there on a foot. There are thorns on the way and I do not see properly, so, everything becomes difficult for me. (Participant 16)</i>	Provision of appropriate footwear for persons affected by lymphoedema.
ESC activities			
Deep breathing exercises, lying down exercises (thigh muscle exercises)	Increased circulation and create pressure so blood and lymph fluid move towards the heart.	Some found easy to remember and some had forgotten. <i>“Yes, I have forgotten” (Participant 7).</i> <i>“For the deep breathing exercise, I still do that” (Participant 5).</i>	Retraining of deep breathing activity and recommended before bed.

		Stigma around activities.	
Lymphatic massage	Encouraging lymphatic flow, reduce appearance of swelling.	<p>Reduced swelling, softened skin and reduced fluid build-up in leg.</p> <p>“The skin peeling stopped ..., you taught us to be massaging the leg with the oil and now I have noted that the leg is soft because it was brittle ... such that I did not have the hope that my leg would get back to normal again. But when I started massaging it with the oil and the exercises as you told me to be doing, even though I was feeling pain at first but now I am okay. So, the pain is gone and in the coming days, the whole leg will be back to normal.” (Participant 4)</p> <p>Reducing stigma related to swelling and disability.</p>	Provision of oil or lotion to promote practicing activity.
Mobilizing of skin and tissue*	Softening fibrous tissues, improve skin integrity and improving physical appearance.	<p>Not applicable for participants with mild-stage lymphoedema.</p> <p>For more severe-stage, disability and illness becomes a barrier to practicing.</p> <p>“When I fall sick [I am unable to practice]” (Participant 20)</p>	For participants with more severe lymphoedema, more specialist support required.
Walking	To maintain health and mobility and improve functioning and reducing dependency on others.	<p>Easy for many to incorporate into daily lives.</p> <p><i>“They were laughing at me because they were talking a lot about it. They were telling me that it was the beginning of elephantiasis and I will not get better, that was the beginning of a disability. So, that was painning me a lot and I was telling them that the problem was not what they were saying. But then they were insisting that the leg will become bigger ... they have</i></p>	Recommended walking for all staging of lymphoedema.

		<i>stopped [talking about me] because they have seen me walking". (Participant 4)</i>	
Eating fresh fruit and vegetables	Promote wound healing.	Challenges to provide food. <i>"Yes, I would want that support .. [with] buying food. Because had it been that I easily find food, I would not have been busy with those other things, I would be busy [looking after] ... my leg condition." (Participant 11)</i>	Socio-economic rehabilitation though training in skills, educational opportunities and enhancing entrepreneurship.
Drinking water	Hydration to improve lymphatic system functioning.	Not remembered.	
Provision of Supplies			
Medication cream, soap, oil, hand towels, wash basins	Ensuring adherence to activities, ability to afford and practice appropriate health care treatment and additional financial burden of supplies to household.	Providing medical supplies encouraged practicing of ESC activities. <i>"Right now, after the training, I am able to buy drugs if I have money even though at times I struggle when I do not have money." (Participant 20) "I face challenges to find soap for washing the leg." (Participant 5)</i> Limitations of supply provision impacted adherence once they were finished. <i>"The soap got finished and with the challenges of finding money, it is difficult to buy the soap sometimes and I fail to take care of the leg because of that" (Participant 2).</i> <i>"No, but in the past days I had an acute attack because my drugs got finished" (Participant 6).</i>	<p>Continued support with the provision of medical supplies (i.e. soap, antifungal cream, towels, oil).</p> <p>Provision of assistive devices to improve physical functioning for those with impaired functioning.</p> <p>Provision of one additional basin or water storage container for individuals working away from home (i.e. farming) to encourage continued ESC practice.</p>

* For moderate-severe cases of lymphoedem