Supplementary Material: COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

Manuscript: Between Survival and Supply — Managing Type 1 Diabetes among Young People During Gaza's Health-System Collapse: A Rapid Qualitative Study

Reference: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349–357.

No.	Item	Guide questions/description	Reported in the manuscript/response
Domain 1: Research team and reflexivity			
Personal Characteristics			
1	**Interviewer/facilitator**	Which author(s) conducted the interview or focus group?	Interviews were conducted by trained Diabetes Palestine data collectors in Gaza (a female researcher with a diploma in health management led the interviews, and a male facilitator with a master's in clinical nutrition provided logistical support). Stated in Methods: Data Collection.
2	**Credentials**	What were the researcher's credentials? E.g., PhD, MD	Authors' credentials: MS (MD, MSc, PhD researcher); BA (medical student/researcher); MAS, AH (medical students/researchers); MN (MSc, researcher); EA (MD, PhD). Listed on the title page.
3	**Occupation**	What was their occupation at the time of the study?	Authors are clinicians, medical researchers, and academic faculty (LSHTM, Hasso-Plattner-Institut, Al-Azhar University–Gaza, Al Quds Univeristy). Stated in author affiliations.
4	**Gender**	Was the researcher male or female?	Interviews were led by a female researcher and supported by a male facilitator. Stated in Methods: Data Collection.
5	**Experience and training**	What experience or training did the researcher have?	Data collectors were trained Diabetes Palestine personnel familiar with the local context; senior authors have prior qualitative research experience in humanitarian and NCD settings. Stated in Methods: Data Collection.
Relationship with participants			
6	**Relationship established**	Was a relationship established prior to study commencement?	No prior relationship existed between the interviewers and participants. Stated in Methods: Data Collection.

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7	**Participant knowledge of the interviewer**	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Participants were informed during recruitment and consent that the interviewers were researchers acting on behalf of Diabetes Palestine, and that the purpose was to document experiences of managing T1D during the crisis to inform humanitarian response. Stated in Methods: Consent Procedures.
8	**Interviewer characteristics**	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	Data collectors were resident in Gaza during the conflict and shared the lived context with participants; this proximity is acknowledged. Analytic memos were maintained throughout to document interpretive decisions and team discussions on how themes were developed and refined. Stated in Methods: Data Collection and Methods: Analysis.
Domain 2: Study design			
Theoretical framework			
9	**Methodological orientation and Theory**	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Thematic analysis within a qualitative descriptive paradigm, using a hybrid deductive–inductive thematic approach. Stated in Methods: Analytical Approach.
Participant selection			
10	**Sampling**	How were participants selected? e.g. purposive, convenience, consecutive, snowball	Purposive maximum-variation sampling across age, gender, displacement status, living setting, and governorate. Stated in Methods: Sampling and Recruitment.
11	**Method of approach**	How were participants approached? e.g. face-to-face, telephone, mail, email	Participants were approached via telephone by a Diabetes Palestine officer using registry phone numbers, with a trauma-sensitive script distinguishing research from clinical care. Stated in Methods: Sampling and Recruitment.
12	**Sample size**	How many participants were in the study?	25 caregivers of young people with T1D (aged 4–23 years) and 6 healthcare providers. Stated in Methods: Sampling and Results.
13	**Non-participation**	How many people refused to participate or dropped out? Reasons?	From an identified pool of 94 potential participants, 25 were selected based on maximum-variation criteria; non-participation reasons were not systematically tracked given the

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			rapid-assessment design in an active conflict setting. Stated in Methods: Sampling.
Setting			
14	**Setting of data collection**	Where was the data collected? e.g. home, clinic, workplace	All interviews were conducted via telephone to protect participants' safety given destroyed transportation infrastructure and ongoing risk. Stated in Methods: Consent and Data Collection.
15	**Presence of non-participants**	Was anyone else present besides the participants and researchers?	Telephone interviews were conducted privately between the data collector and the participant; presence of household members in participants' homes during the call could not be controlled given the displacement and crowded shelter conditions. Acknowledged in Methods: Data Collection.
16	**Description of sample**	What are the important characteristics of the sample? e.g. demographic data, date	Sample characteristics (age groups, gender, caregiver relationship, displacement, diagnosis timing, PHQ-9 severity) are reported in Results and Table 1. Interviews were conducted approximately one month after the October 2025 ceasefire announcement.
Data collection			
17	**Interview guide**	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Two semi-structured interview guides (caregiver and HCP) were used; full topic guides are provided as supplementary material. The PHQ-9 was integrated into the caregiver guide. Stated in Methods: Data Collection.
18	**Repeat interviews**	Were repeat interviews carried out? If yes, how many?	No repeat interviews were conducted, given the rapid-assessment design and logistical constraints. Stated in Methods: Data Collection.
19	**Audio/visual recording**	Did the research use audio or visual recording to collect the data?	Interviews were audio-recorded with participants' verbal consent. Stated in Methods: Consent Procedures.
20	**Field notes**	Were field notes made during and/or after the interview or focus group?	Analytic memos were maintained throughout data collection and analysis to document interpretive decisions, evolving categories, and team discussions. Stated in Methods: Analysis.

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21	**Duration**	What was the duration of the interviews or focus group?	Interview duration was limited to approximately 30 minutes, reflecting the rapid-assessment design and trauma-sensitive approach. Stated in Methods: Data Collection.
22	**Data saturation**	Was data saturation discussed?	The target of 25 interviews was set a priori based on resource constraints. Post hoc review confirmed that the deductive framework was fully covered across participants and that inductive themes were consistently illustrated, though a larger sample might have yielded additional emergent dimensions. Stated in Methods: Sampling.
23	**Transcripts returned**	Were transcripts returned to participants for comment and/or correction?	Transcripts were not returned to participants for member checking; this is acknowledged as a limitation given the security and logistical constraints of the conflict setting. Stated in Discussion: Limitations.
Domain 3: Analysis and findings			
Data analysis			
24	**Number of data coders**	How many data coders coded the data?	Coding was conducted by two researchers (MAS and AH). Stated in Methods: Analytical Approach.
25	**Description of the coding tree**	Did authors provide a description of the coding tree?	The deductive coding framework comprised six domains: access, supply continuity, daily self-care practice, coping and resilience, psychosocial outcomes, and recommendations. Inductive refinement captured emergent patterns. Stated in Methods: Analytical Approach.
26	**Derivation of themes**	Were themes identified in advance or derived from the data?	A hybrid deductive–inductive approach was used: deductive coding ensured systematic coverage of a priori themes, while inductive coding captured emergent themes from the data. Stated in Methods: Analytical Approach.
27	**Software**	What software, if applicable, was used to manage the data?	Data were managed and analysed using NVivo software. Stated in Methods: Analytical Approach.
28	**Participant checking**	Did participants provide feedback on the findings?	Participants did not provide feedback on the findings; this is acknowledged as a limitation. Stated in Discussion: Limitations.

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Reporting			
29	**Quotations presented**	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	Verbatim quotations are presented throughout the Results section to illustrate each theme, linked to anonymised identifiers (Patient 1–25; HCP 1–6). Stated in Methods: Analytical Approach and shown in Results.
30	**Data and findings consistent**	Was there consistency between the data presented and the findings?	Themes are clearly defined and supported by participants' verbatim quotations, with each quotation linked to a specific identifier to maintain transparency between the data and the analytic claims. Stated in Methods and demonstrated in Results.
31	**Clarity of major themes**	Were major themes clearly presented in the findings?	Six major themes are presented in Results: (1) Access to Essential Diabetes Care; (2) Quality and Continuity of Care; (3) Daily Management and Self-Care Practices; (4) Health and Psychological Outcomes; (5) Pillars of Support; (6) Recommendations and Future Needs.
32	**Clarity of minor themes**	Is there a description of diverse cases or discussion of minor themes?	Diverse cases are described throughout (e.g., a child with congenital deafness and heart disease; switching between insulin pens and vials; therapeutic nihilism among HCPs). Differences between caregivers of younger and older children, between mothers and fathers, and between caregiver and HCP perspectives are presented within each theme.