| **Criterion** | **Example of text related to this criterion** | **Rating** |
| --- | --- | --- |
| **Criterion #1**  **Intervention Characteristics:** Intervention/Program source (From CFIR, Damschroder, 2009)2  **Explanation/Example:**  Is the intervention/program externally or internally developed? An intervention/program may be internally developed as a good idea, a solution to a problem, or other grass roots effort, or may be developed by an external entity (such as a foundation or a NGO). Interventions or programs that arise internally from the populations who will be impacted are sometimes more sustainable than externally developed programs dependent on external funding. The perceived legitimacy of the source may also influence implementation. | This project is an EU INCO-DEV funded collaboration between the Heidelberg University (Germany), Karolinska Institute (Sweden), Muhimbili University College of Health Sciences (Tanzania) and Centre de Recherche en Santé de Nouna (Burkina Faso) called MAMOP project  (Improving the management of childhood Malaria: an experiment to bridge the gap between Mothers and health care Providers).  *(Indicates the intervention was developed externally)* | Good |
| **Criterion #2**  **Intervention Characteristics:** A description of why the intervention was hypothesized to have an impact on the outcome, according to theory. (From CReDECI, Mohler 2012; also mentioned in Michie, 2009)3,4  **Explanation/Example:**  The theoretical basis of the intervention should be clearly stated. This includes the theory on which the intervention is founded as well as, if available, empirical evidence from studies in different settings or countries. For example, "The implementation was based on Rogers’ Diffusion of Innovation theory, which posits 5 factors of innovation that influence a decision to adopt or reject an innovation: relative advantage, compatibility, complexity or simplicity, trialability, observability. A similar intervention, also based on Rogers’ Diffusion of Innovation theory, was successfully implemented in other countries." | No text was found. | Poor / None |
| **Criterion #3**  **Intervention Characteristics:**  Rationale for the aim/essential functions of the intervention/program’s components, including the evidence whether the components are appropriate for achieving this goal.  This differs from the need to articulate the theory behind the intervention in that the theory posits the general principles (such as Rogers Diffusion of Innovation) while this item is about specific components of the intervention and the effects of the component on specific targets. (From CReDECI, Mohler, 2012; also mentioned in Michie, 2009)3,4 | No text was found. | Poor / None |
| **Criterion #4**  **Outer Setting:** External policies and incentives (From CFIR, Damschroder, 2009)2  **Explanation/Example:**  How does the health service, intervention, or program relate to country and global health goals? Is the program part of a larger strategy? If so how is it strategically aligned? A country's health policies may influence the implementation of a particular intervention or program. | Not explicitly stated. | Poor / None |
| **Criterion #5**  **Intervention Characteristics:**  Detailed description of the intervention/program (From WIDER as described in Michie, 2009)4  **The detailed description should include:**  a. Characteristics of those delivering the intervention/program (such as a nurse or lay health worker)  b. Characteristics of the recipients  c. The setting | Inclusion criteria for group leaders used by the communities were permanent residency in the sub-village, age 30–50 years, honesty, and respect by the community. A five days training course for the health workers of participating health centres was conducted by one of the investigators (FS).  The intervention was targeted at three groups: health workers (nurses) from five peripheral health centres (Toni, Dara, Bourasso, Lekuy, Koro), women group leaders, and the main care takers (usually the mothers) of preschool children.  The study was implemented in the rural part of the research zone of the Centre de Recherche en Santé de Nouna (CRSN) in Nouna Health District, north-western Burkina Faso (Figure 1). The Nouna area is a dry orchard savannah, populated mainly by subsistence farmers of different ethnic groups. Malaria is holoendemic but highly seasonal, and the transmission intensity varies between 100 and 1000 infective bites per person and year between study villages. Formal health services in the study area are provided by a limited number of rural health centres and the district hospital in Nouna town. Villagebased health centres are usually equipped with two nurses and one mid-wife and do outreach work in the surrounding surrounding 7–10 villages under their responsibility. Malaria control is mainly based on home treatment with CQ, which has been shown to be still sufficiently effective in 2001, and on malaria prophylaxis for pregnant women. Untreated mosquito nets have been used in the area for a long time, but insecticide-treated nets (ITN) were only recently introduced in the frame of an effectiveness study. Communities in the study area have been shown to be quite well organized with regard to risk sharing mechanisms. In particular women groups with a focus on mutual agricultural support traditionally exist in all villages. | Fair  Fair  Good |
| d. The mode of delivery (such as face-to-face)  e. The intensity of the intervention/program (such as the contact time with participants)  f. The duration (such as the number of sessions and their spacing interval over a given period)  g. Adherence or fidelity to delivery protocols | Although not stated, it is implied that the intervention is developed face-to-face.  No text was found.  No text was found.  The only data on adherence or fidelity to delivery protocols was self-reported treatment with chloroquine listed in Table 4.  Some components are described in great detail. Reproductions of charts and pictures provided to recipients are presented, however other components such as the training given to women group leaders were only briefly described or not at all. | Fair  Poor / None  Poor / None  Fair |
| **Criterion #6**  **Intervention Characteristics:**  Costs of the intervention and costs associated with implementing the intervention (From CFIR, Damschroder, 2009; CReDECI, Mohler, 2012)2,3  **Explanation/Example:**  The cost of the intervention and implementation can influence the adoption and sustainability; interventions maybe more difficult to sustain if they were supported as part of a research study. | The only cost data reported was the cost of chloroquine. | Poor / None |
| **Criterion #7**  **Population needs**  (From CFIR, Damschroder, 2009)2  **Explanation/Example:**  The extent to which population needs, as well as barriers and facilitators to meet those needs, are accurately known and prioritized. This could include population-based data on causes of morbidity and mortality, political or cultural barriers or facilitators, and/or more locally focused data about local needs, barriers or facilitators. | The only description of population needs was that malaria is holoendemic to the area. | Poor / None |
| **Criterion #8**  **Process of implementation:** Description of facilitators or barriers which have influenced the intervention or program’s implementation (see #10) revealed by a process assessment.  In contrast to the criterion #7 above which assesses barriers and facilitators as inputs to developing the intervention strategy, this criterion assesses the actual barriers and facilitators identified during and after the implementation.  (From CReDECI, Mohler, 2012; also mentioned in Michie, 2009)3,4  **Explanation/Example:**  "The attitudes of the nursing home managers turned out to be an important factor supporting or impeding the success of the intervention's implementation. The more the managers agreed with the interventions’ aim, the better the nursing staff felt supported." | No text found. | Poor / None |
| **Criterion #9**  **Description of materials:** Description of all materials or tools used for the implementation  (From CReDECI, Mohler, 2012)3  **Explanation/Example:**  "The primary enablers of behaviour change were paid community-based health workers, who were recruited from the local community based on 12 years or more of education,  proficient communication and reasoning skills, commitment towards community work, and references of community stakeholders. They received a combination of classroombased and apprentice ship-based field training over 7 days on knowledge, attitudes, and practices related to essential newborn care within the community, behaviour change management, and trust-building. After training, suitable candidates were closely mentored and supervised by a regional programme supervisor (n=4) responsible for 6–7 trainees, for an additional week before final selection was made." | Some components are described in great detail. Reproductions of charts and pictures provided to recipients are presented, however other components such as the training given to women group leaders were only briefly described or not at all. | Fair |
| **Criterion #10**  **Process of Implementation:** Description of an assessment of the implementation process  (From CReDECI, Mohler 2012)3  **Explanation/Example:**  Process assessment is a prerequisite for determining the success of the intervention's implementation and should be an integral part of an assessment of the intervention’s effect. For example, "To gain insight into the dissemination and the delivery of the intervention and to draw conclusions about potential barriers and facilitators to implementing the intervention in other settings, data on the implementation process were collected alongside the randomized-controlled trial. Therefore, we assessed the quality of delivery of the interventional components (observed by members of the research team not involved in the delivery of the intervention) and the adherence to study protocol (number and type of deviations from the protocol, using a pilot-tested standardized form). We also analyzed barriers and facilitators for the delivery of intervention’s components (focus group interviews with intervention participants)." | No text found. | Poor / None |