| **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. | The only text found is: “The study is a retrospective analysis of mother and infant data from the hospital records of the perinatal and HIV PMTCT service of the Municipal Hospital Divina Providencia, a general population hospital situated in the urban area of Luanda, Angola.” | Poor / None |
| **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." | “Antiretroviral therapy is effective in reducing rates of mother-to child transmission of HIV to low levels in resource-limited contexts (REFs)” | Fair |
| **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 | “Women accessing the HIV PMTCT and perinatal care service at the Luanda Divina Providencia hospital are managed according to standardized procedures.” | 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 described. | 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  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) | Characteristics of those delivering the intervention/program (such as a nurse or lay health worker)  “Clinicians” - presumably MDs + nurses at the hospital  Characteristics of the recipients   |  |  |  | | --- | --- | --- | |  | N | Mean | | Age (years) | 104 | 29.2 | | Body mass index (kg/m2) | 102 | 23.1 | | Number of previous pregnancies | 104 | 2.9 | | Number of previous live births | 104 | 2.5 |   The setting  “The study is a retrospective analysis of mother and infant data from the hospital records of the perinatal and HIV PMTCT service of the Municipal Hospital Divina Providencia, a general population hospital situated in the urban area of Luanda, Angola.”  The mode of delivery (such as face-to-face)  Face-to-face  The intensity of the intervention/program (such as the contact time with participants)  “At least one prenatal or perinatal service access”  The duration (such as the number of sessions and their spacing interval over a given period)  “At least one prenatal or perinatal service access” | Poor / None  Fair  Fair  Fair  Poor / None  Poor / None |
| g. Adherence or fidelity to delivery protocols | Adherence or fidelity to delivery protocols  No information on adherence or fidelity. “Women accessing the HIV PMTCT and perinatal care service at the Luanda Divina Providencia hospital are managed according to standardized procedures.” | Poor / None |
| **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. | Not reported. | 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. | Not reported. | 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." | Not reported. | 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." | Not described. | Poor / None |
| **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)." | Retrospective analysis of patient records for medication adherence and follow-up attendance. | Poor / None |