

Table 1. Factors Contributing to Diffusion

KEY:
 ↑ positive
 → mixed
 ↓ negative

Example Setting	Overall	Organization and Advocacy						Resources						M&E		Sources	
		Leadership and Champions	Partnerships	Trust/Motivation	Integration into local system	Accreditation	Simplicity of intervention/program	Human resources	Existing service delivery	Diversity of service delivery channels	Task shifting	Training	Incentives	Demand generation	Baseline assessment		Surveillance and DHS
1. Village Midwife Program <i>Indonesia</i>	→	→						↑							↑		9-14
2. Task Shifting of Traditional Birth Attendants <i>China</i>	→	↑						→	↓		↑	↑	↑				15-17
3. Midwifery Education <i>Afghanistan</i>	↑	↑		↑	↑	↑											18
4. Community Mobilization Program <i>Bangladesh</i>	→		↑		→						↑				↑		19, 20
5. Liga Inan Mhealth Program <i>Timor Leste</i>	↑			↑		↑										↑	21, 22
6. Community-Based Provision of Injectable Contraceptives <i>Madagascar</i>	↑									↑	↑						23, 24
7. Injectable Contraceptive Use <i>Uganda</i>	↑	↑	↑							↑				↑			25-28
8. Provision of Contraceptive Implants <i>Sub-Saharan Africa</i>	↑		↑					↑	↑				↑				29
9. Policy Advances in Family Planning <i>Rwanda</i>	↑	↑	↑		↑					↑		↑					30-34
10. FALAH Project: Birth Spacing and Family Planning <i>Pakistan</i>	↑		↑					↑			↑						35-39
11. Institutional Delivery I <i>Cambodia</i>	↑		↑								↑	↑					40-42
12. Institutional Delivery II <i>Nigeria</i>	↑	↑	↑								↑		↑			↑	43, 44
13. Institutional Delivery III <i>Nepal</i>	→		↑		↑				↓			↑		↑			45-51
14. Perinatal Problem Identification Program <i>South Africa</i>	↑	↓				↑					→					→	52, 53
15. Kangaroo Mother Care I <i>Philippines</i>	↑	↑	↑			↑					↑						54, 55
16. Kangaroo Mother Care II <i>India</i>	↓	↓									↓						56
17. Child Lung Health Programme <i>Malawi</i>	↑					↑										↑	57
18. Infant and Child Nutrition <i>Bangladesh</i>	↑		↑				↑									↑	58-60
19. Iron Intensification Program <i>Nepal</i>	↑			↑			↑										61, 62

