Appendix 3: Analysis grid

Name of the authors Newspaper/Magazine Title Year Country or region Population Purpose of the article Study design and methods

Intervention

Who is requesting this intervention?
Who considers this a priority? How is it a priority?

What are the components of the intervention (training, communication, education, physical support, orientation, etc.)

When does the intervention start: intervention delivered, intervention built with When does the intervention end: is there an end, is there a continuation outside the period

observed, does it create 'girl' interventions What is the stated purpose of the intervention?

What is the granularity of the intervention (modules adapted to different times or (e.g. different needs, e.g. proportionate universalism)?
What resources are mobilised: financial, human, material?

What types of actors (target populations, representative populations of the direct target, close to the target population, identified realisations of the target population, carers, stakeholders, decision-makers, researchers, etc.) are involved in :

- -Definition of the problem to be solved
- -Definition of the objectives of the intervention
- -Definition of the means to be mobilised
- -Definition of the components of the intervention

-Implementation of these components

- -Adaptation of these components to the context
- -Definition of the evaluation modalities
- Evaluation
 - -Communication about the intervention
 - -Definition of perspectives following the intervention
 - -Steering the intervention

Within each of these levels, and for each type of actor, how each actor involved is involved: is consulted / validates / actively contributes / observes / receives / is absent

Mediation actor role/ health mediator function and similar

Where does he come from? the type of job, what were his missions? his training? its host structure? its working methods? What support and resources (human and material) did he have? What type of remuneration did it receive? What was the

level of stability of the work team? What was his level of integration into the community? What was their level of of integration into the health system?

What were the modalities of mobilisation of health mediators and the like?

who defines his missions? who evaluates his missions? how is he chosen (criteria)? how does he carry out his missions (his actions)?

Planning the intervention

How was the steering of the intervention organised? How are members chosen? How was the distribution of powers organised?? Was the intervention planned? If so, was it coordinated? by whom? Which actors were involved?

Implementation process

Are the interventions true to their design? If not, what adaptations have been made? necessary?

Are the beneficiaries satisfied?

Evaluation of the effectiveness of the intervention

What is the endpoint? Is there evidence of effectiveness? What were the outcomes in terms of effectiveness on the health of the target population? What other outcomes did they identify?

Acceptability, sustainability

How has health mediation to promote the use of primary health care been accepted by health professionals? The population? Is it considered relevant a posteriori? Under what conditions? Is it sustainable? Under what conditions?

Was the audience that benefited the target audience at the time of conception?

Brakes and levers identified

Contextually related:

Linked to the actors (their characteristics, desire, habits)

Linked to the working habits of the stakeholders (trust, established process, etc.) Related to the beneficiaries (their characteristics, desires, habits, etc.) Linked to the intervention: resources, skills, guidance, etc. Linked to the environment of the intervention, other intercurrent interventions, other intercurrent events, efficiency

Were the ethical rules respected? Discussion: limitations and strengths