RESEARCH O e Acce

Community, intervention and provider support influences on implementation: reflections from a South African illustration of safety, peace and health promotion

 $k \atop 1,2$  1,2 2 1 1,2 1,2

```
Ab . ac
```

U de a d−c e e a ...

|                                       |         | 14.     |              |  |
|---------------------------------------|---------|---------|--------------|--|
| 1                                     |         |         | ,            |  |
|                                       | ,       |         |              |  |
| 1                                     |         |         |              |  |
| , <del>-</del>                        | . , -   |         | 15.          |  |
|                                       |         | 1       |              |  |
|                                       |         |         |              |  |
| 1 '                                   |         |         | -            |  |
|                                       |         | · 1 · · | ,            |  |
|                                       |         |         |              |  |
| . :                                   | . C     | ( C)    |              |  |
| 16;<br>C                              |         |         |              |  |
|                                       | ( C A C | A ) 16  | 17;          |  |
| . C,                                  | 2014    |         | <del>.</del> |  |
| 1                                     |         |         | •            |  |
|                                       | 1111    |         | <del>-</del> |  |
| · · · · · · · · · · · · · · · · · · · | 18.     |         | <del>.</del> |  |
| 1                                     |         |         | . ,          |  |
| . ,                                   | . ,     |         | 1            |  |
|                                       |         |         |              |  |

```
Anal i
2,9,10 ,
lfece, e eea, feUCS
```

# 

, )**,** 

# C mm ni lili ie and a m in fiden i

2,10 . C

# Ma ginali a ion and compe ing comm ni p io i ie

. C . . . . . . . A 22,23 . C , -299( 2( )17 )-( , 0 -12.3519998501.22500002 ( 11( 13(, )-2

C , z 30 . . . . 30 " ( . 206). 17, 31. . C 18. 30 . C 33. 6,34 -4( )-14 -11 1( ) 5( -31966)-1( -3046 1( ) 3036 )-31568 315 343 34 2 . 0 . -.279( ) 9. 14( .)1 315( )-287( ) . 2( -<sub>1</sub> ) .0-1.21899998 ( .)-9( )<sub>1</sub> 8( ),3(9( .-9( )) 8(

. Implementation epidemiology: The study of the frequency, distribution and determinants of effective prevention practice. A ; A 0 0 0 2013, 11(1) 3-12. Program integrity in primary and early secondary

•

#### C m e ing in e e

#### A.h.'cnib.in

#### Ackn ledgemen

### Decla a i n

#### A h ′ de ail

Published: 20 June 2014

## Refe ence

- k , ...Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. A Q Q 200 41(3-4) 32 -350.
- 3. , , , k .Enabling the implementation of evidence-based practice: a conceptual framework.  $\theta$  1 , 7(3) 14 -15 .
- 4. , , , , , , k , .An exploration of the factors that influence the implementation of evidence into practice 0 2004 13(8) 13- 24
- into practice. 0 0 2004, 13(8) . 13- 24.
  5. , k k , k , . , Violence and injuries in South Africa: Prioritising an agenda for prevention. 200 , 374(9694) 1011-1022.
- . Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *A Q* 200 41(3-4) 1 1-1 1.

35. , , , . , 2012,22(4) 53 -54 .333 , 2005,35(3-4) 1 -1 3.334 , .