WP1: Systems & Stakeholders

Conduct a stakeholder analysis to explore how PLA could be implemented at scale, identifying potential health and development sector delivery mechanisms, and the policy and systems barriers and enablers within which PLA could be scaled-up.

<table>
<thead>
<tr>
<th>Actors</th>
<th>the strength of the individual and networks concerned with the issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideas</td>
<td>the ways in which those involved with the issue understand and portray it</td>
</tr>
<tr>
<td>Context</td>
<td>the local and international policy context and governance structures</td>
</tr>
<tr>
<td>Issues</td>
<td>the features of the problem including indicators and relative size of the burden</td>
</tr>
</tbody>
</table>
WP 2: Stepped-wedge trial

Determine the repeatability of PLA intervention impact using salaried-facilitator led implementation over 18-months in a different rural population of 115,000.

1 Upazila
6 unions divided into 12 clusters
Approx. 10,000 population per cluster
PLA in every cluster
216 groups
Central evaluation areas
WP 3: Sustainability & modified intervention

Describe the sustainability and continuing health impacts of 122 PLA groups implemented in 32 villages of our DMagic trial, explore factors affecting their sustainability after the withdrawal of direct support, and provide mentoring workshops to promote continued implementation.

Determine whether comparable impacts can be achieved through the implementation of a shorter, lower-coverage PLA intervention delivered by incentivised volunteer facilitators over 12 months in the 64 villages that did not receive PLA in our aforementioned DMagic trial, covering a population of 85,000.
WP 4: Urban adaptation

Adapt and pilot the PLA intervention to understand the feasibility, acceptability and adaptations required for communities in urban Faridpur.