Agents of change – For empowerment and health

## Objective and relevance (the world around us)

1.1 Aim of intervention (ToC and SDGs)

This intervention aims to educate adolescent girls (10–19-year-olds) and their families about nutrition, health and rights through participatory and relatable methods, which will in turn lead to participants changing their discriminatory practices. To briefly introduce the project, we have formulated the following ToC narrative: If the proposed project is able to motivate the adolescent girls and their families to learn about nutrition, health and rights of the adolescent girls, they will understand the consequences of not recognising these, and through the participatory and relatable methods employed, they will therefore change discriminatory practices. Through this change in behaviour, adolescent girls will have improved their state of health, as families will have established kitchen gardens and addressed myths and practises related to adolescent health. Families and authorities are as well willing to change their mindset about the role of adolescent girls, if these are empowered and mobilized to claim their rights both at household and authority level. Hence, the adolescent girls will be able to influence decisions on their own life, because they are aware of their rights and dare to claim them. Finally, if the project is able to attract the attention of local authorities, these will adopt the model and implement it through government funds, which will widen the scope of the project further and lead to improvement of adolescent women’s health on an institutional level.

This intervention contributes to achieving SDG target 2.2: End all forms of malnutrition; target 3.4: Reduce premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being; target 5.1: End all forms of discrimination against all women and girls everywhere; target 5.3: Eliminate all harmful practices, such as child, early and forced marriage; target 10.2: Empower and promote the social inclusion of all, irrespective of sex; target 16: Promote just, peaceful and inclusive societies; and target 17: Partnerships for the goals.

This intervention will be implemented in cooperation with our partner Living Farms, an NGO working in the state of Odisha, India.

### 1.2 Context analysis

**Target area**

This intervention takes place in the state of Odisha in two tribal dominated districts: Rayagada and Gajapati. This intervention will be implemented in 160 villages across 8 blocks (subdistricts). More than 60 % of the households in the two districts live below the national poverty line of INR 27.20 (DKK 2.50) per day. Male literacy rate is around 60%, whereas women literacy rate is half of that. It is patriarchal societies, where important decisions in the households, including those related to marriage, expenditures on health and food, and agricultural activities are traditionally taken by the men.

**Livelihood and socio-economy**

In the area, the livelihood is closely linked to the nature. More than 70% of the households depend upon rainfed agriculture (Census 2011). The majority depends on hill cultivation and gathering of forest products, which is very labour intensive. The communities practice mix cropping of different varieties of millets, pulses and oil seeds. However, due to promotion of the GMO cotton variety (BT cotton) by the government agriculture department and private agencies, food growing lands are being converted into commercial farming. This has resulted in an evolving food crisis. Community members are facing lean period for 4 months every year (from June to September).

Forest is another major source of livelihood for the communities, who collect different kinds of foods from the forest and utilize the water bodies and land. But the natural forest is shrinking due to, amongst other reasons, the forest department’s promotion of commercial plantation. As a result, availability of food items from the forest like tubers, green leaves, fruits, mushrooms, nuts, birds, animals and insects are decreasing, which is affecting the community members´ access to nutritious food. In addition, natural calamities like drought, flood and erratic rain fall due to climate change are making agriculture more vulnerable.

Day labourer is another common livelihood in the community. This also applies to the adolescent girls. The villagers go for daily wages for construction work and other agricultural work in neighbouring villages. The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) enforced by the Government of India guarantees 100 days of work in a year for each person. But the scheme is not functioning in the area due to unwillingness of the local administration, corruption and unnecessary political intervention.

**Education and literacy**

Adolescent girls (10-19 year-olds) in particular, are vulnerable to be malnourished, drop-out of school, forced into child marriages, early childbearing and child labour due to a number of socio-economic and cultural reasons. This affects their ability to live empowered, healthy lives, which in-turn affects the future generations.

Most of the adolescent girls in the project area do not complete primary school and drop out around class 5 or 6[[1]](#footnote-6747). Some are not enrolled in school at all. Both lack of infrastructure and lack of awareness on the importance of education are among the reasons behind this. Class 5-8 (upper primary school) is not available in the project villages. The pupils must walk 2-7 km to attend school, without any public transport facilities, which is an essential barrier. Another issue is that in the existing schools, teachers are not attending regularly, reducing the motivation of attending by both children and their parents. Some parents send their sons to residential schools but keep their daughters at home, as they are destined for (early) marriage. Traditionally in the communities, girls are expected to take care of the family by cooking food and rearing children. Therefore, the education of girls is seen as less important than that of boys, and the dropout rate amongst girls is higher than with boys in the area. Hence, women illiteracy is a major issue in the area. This results in general ignorance among the girls and women, which among other things, contribute to maintaining gender-based discrimination and uphold myths harmful for women’s health. In the project districts, women literacy rate is very poor i.e., 29.1% in Rayagada and 42.1% in Gajapati, compared to 68.4% at national level. Only 8.7% of rural women completes ten or more years of schooling in Rayagada, while in Gajapati the figure is 15.1%.

**Malnourishment**

Malnutrition is a general health problem in Odisha. The situation in Gajapati district is comparably better than in Rayagada district, but the districts are categorised yellow and red zones, respectively, in regards to malnutrition. (National Family Health Survey (NFHS) 4, 2016).

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|  | Stunting[[2]](#footnote-1)  (under 5 yo) | Wasting[[3]](#footnote-2)  (under 5 yo) | Underweight  (under 5 yo) | BMI below 18.5 (underweight) (women 15-49 yo) | Anaemic (non-pregnant women 15-49 yo) |
| Rayagada district | 46.5% | 23.3% | 44.4% | 33.1% | 55.5% |
| Gajapati district | 34.0% | 18.9% | 33.9% | 22.1% | 59.4% |

Specific data on malnutrition among the tribal population is not available. However, when comparing tribal dominated areas with non-tribal dominated areas, the tendency of malnutrition is significantly higher in the former. This is due to poverty, non-functioning government schemes, unavailability of health facilities, low literacy rate, food crisis and ignorance of basic hygiene, health and nutrition.

The poor nutritional status of adolescent girls is a significant contributor to child malnutrition. Adolescence is a major stage of the intergenerational malnutrition cycle. If an adolescent girl is malnourished without proper care and food, she is likely to continue to be malnourished during her pregnancy. This increases the risk of giving birth to a baby with low birth weight, turning into a malnourished child, which affects the child’s development both physically and cognitively. If nothing changes, the cycle of malnourishment continues from generation to generation. According to NFHS (2016), an estimated 52% of adolescent girls aged 15-18 years are chronically undernourished and many suffer from anaemia, which is a major contributor to maternal mortality. The intergenerational malnutrition cycle can be broken at any stage. Adolescence is one of the most important stages to break the intergenerational malnutrition cycle.

Gender discrimination is another issue contributing negatively to the state of girls´ and women´s health. As an example, female members in the family eat after all male members have eaten. In poor families with insufficient amounts of food, the women rarely get enough nutrition; some must settle with rice or millet without any vegetables or meat, contributing to malnutrition. This is on top of the fact that the women in the household often work harder than the men.

**Menstrual hygiene and practices**

Another issue affecting the health of adolescent girls are menstrual practices and lack of knowledge about hygiene. Menstrual practices are a taboo, characterised by traditional practices. When a girl starts menstruating, she goes through physical and mental changes, but due to the taboo, she will not get any support or guidance from the family. Menstruation is seen as impure and something that cannot be discussed at intra-family level. Usually, the mothers discuss the management of menstruation with their daughters, but often the mothers themselves are not properly aware of menstrual hygiene and sanitary practices. Consequently, they pass on traditional and unhygienic practices. During her period, the girl is isolated, and nobody must touch her. The girl is further subjected to food restrictions and is not allowed to consume certain types of food such as animal protein, milk, and sweets, which adds to the risk of anaemia and malnutrition.

The majority of the women - adolescent and adults - in the project area do not use sanitary napkins due to lack of knowledge. Based on experiences from previous activities in tribal areas, Living Farms assess that the percentage of women using sanitary napkins is less than 15 %. The remaining use old pieces of cloth. These are often not properly washed with soap and not dried under direct sunlight but made to dry under other cloth items so others cannot see it. They are not aware of the health issues and importance of using sanitary napkins. The state government is providing sanitary napkins at a subsidised price, but there is a lack of knowledge and availability in the villages. Local front line health workers are supposed to provide education to adolescents on menstrual hygiene, but this is often neglected due to its taboo nature. The lack of knowledge of menstrual hygiene results in different kinds of diseases, e.g., yeast infections, urinary tract infection and c[ervical cancer](http://pareeconfidence.com/images/cervical-cancer-research.pdf).

**Child marriage**

The adolescents in the project area lack information about their rights, proper age of marriage, maternal health and other health related issues. India is home to the largest number of child brides in the world. In the project area, many girls are married at the age of 14 to 16 by the decision of their parents. Most of these girls get pregnant before 18, when their body and mind is not yet ready to bear a child (Save the children, 2017). Early childbearing increases the risk of the girl becoming anaemic and undernourished which further increases the risk of infant and maternal mortality. In Rayagada district, 37.1% of the girls get married before 18 and 11.3% become pregnant before 18. In Gajapati the numbers are 24.8% and 9.3%, respectively.

**Government schemes and services**

Government of India and the state government of Odisha have started focussing on adolescent girls by educating them on positive practices and behaviour concerning their health and nutrition through different schemes. Women and Child Development Department and Health Department are implementing different programs to educate adolescent girls in the state. Some of the schemes and programs are listed below.

Integrated Child Development Services (ICDS) aims at providing services to pre-school children in an integrated manner so as to ensure proper growth and development of children in rural, tribal and slum areas. ICDS also covers the Scheme for Adolescent Girls (SAG), providing health and hygiene education and training to adolescent girls in order to inform them about the adverse effects of early marriage, to avoid frequent child births, the need for a balanced diet, and consumption of green vegetables etc. Under this scheme various programs are organized (see below). ICDS is centred around anganwadi centres (AWCs) located in all villages. The centres are run by anganwadi workers (AWW), who are village-based frontline workers from the local community.

Kishori Shakti Yojana (under ICDS) aims at empowerment and holistic development of adolescent girls by improving their self-perception and creating opportunities for realizing their full potential through training in girl groups (Balika Mandal). The scheme primarily aims at breaking the intergenerational life cycle of nutritional & gender disadvantage and providing a supportive environment for self-development, through awareness on health, nutrition and hygiene. The target group is adolescent girls (11-18 yrs.) in the state of Odisha and must provide the following services: Educational activities through non-formal & functioned literacy pattern, general health check-up every six months, treatment for minor ailments, de-worming, prophylaxis against anaemia, goitre, vitamin deficiencies etc., referral to health centre (PHC) or hospital, convergence with Reproductive Child Health Scheme and providing monthly VHNDs (see below).

Mamata Diwas – Village Health Nutrition Day (VHND) is a joint initiative to strengthen the ongoing Mother and Child Health Services implemented by the Department of Health and Family Welfare and Department of Women and Child Development (DWCD). One of the major components is health promotion for adolescent girls. This is done through monthly VHNDs held at the AWCs. Here, adolescent girls can get health counselling and haemoglobin check-up. However, in most of the project villages, VHNDs are not conducted and if conducted, adolescent girls are not attending regularly.

Adolescent Anaemia Control is a program to eliminate anaemia in adolescent girls through a comprehensive approach by providing weekly iron and folic acid (IFA) supplements, biannual de-worming and improving dietary practices. Accredited social health activist (ASHA) workers are responsible for counselling the adolescent girls, and ASHA and AWWs must distribute IFA tablets to adolescent girls. However, in most cases IFA tablets are not available with the frontline workers; and if available the adolescent girls are not consuming them regularly due to lack of proper knowledge.

ADVIKA - Every Girl is Unique is an initiative for development and empowerment of adolescent girls between the ages of 10-19 years. The objective of the program is to reduce risks and vulnerability of adolescent girls and making them self-reliant and empowered. It is implemented through AWCs and municipal corporations. ADVIKA is a comprehensive package consisting of awareness materials targeting adolescent girls. The program launched recently in Odisha and has yet to be implemented fully.

**Covid-19**

The corona virus has hit India hard. However, the project villages have not been affected much, due to their remoteness and limited interaction with outside communities. Only few young people returning from larger cities were affected, but were isolated in quarantine centres, which succeeded in keeping the virus out of the villages so far. A few states experience an increasing number of cases, but Odisha is not one of these. If the government enforces new national restrictions, this will concern the project villages as well and affect the implementation. But as most activities are village based, covid-19 issues can largely be solved with masks, hand washing stations at meetings and social distancing during meetings and interactions. Living Farms is responsible for ensuring that all project staffs are aware of the restrictions and guidelines from the government. The field staff will wear masks and ensure social distancing during interaction with community members. They will be aware of hand- and respiratory hygiene and ask community members to do the same.

### 1.3 Strengthen civil society organising to advance social justice

The aim of this intervention is to improve the life of adolescent girls by addressing the gender inequality institutionalised in the patriarchal society by empowering the girls through organisation and awareness raising. All adolescent girls in the 160 villages will be organised in groups, from which they will work to advance their own life. These girl groups will provide a platform where the adolescent girls can meet in a confidential forum with other peers and discuss personal issues related to health and rights. Through the participatory approach, they will realise their rights and identify issues influencing their life. They will further be equipped to demand their rights; both concerning their parents/families in order to change household level gender discrimination; be included in decision-making; and carry out advocacy targeting authorities at block and district level to get access to the schemes and services they are entitled to.

### 1.4 Climate- and environmental conditions the intervention responds to

In the implementation of the kitchen gardens, the local climate and environmental conditions will be taken into consideration. The girls and families will be taught to establish organic kitchen gardens. The seeds provided are organic and the girls will be taught to make organic low-cost manure, replacing otherwise harmful and chemical ones. The vegetables will be drought resistant and less water intensive, taking the local climate and climate changes into consideration. Where possible, when carrying out the activities, existing community resources like venues, public sound systems, furniture etc. will be utilized rather than buying new ones.

An annual visit will be carried out. In addition, monthly online meetings will be held to keep a close contact. Activities where ACA should be represented (e.g., state level conference) will be planned in accordance with the yearly monitoring visits. Physical visits to India will further be utilised to visit other partners, project staff and target groups in order to limit the environmental strain exerted by air travel.

## The partnership

2.1 Partners

***Aktion Børnehjælp (Action Child Aid - ACA)*** is a non-profit organisation independent of political and religious interests. Our values are based on the UN Convention on the Rights of the Child. ACA has since 1965 worked with development in India, focusing on the rights to education and health for children and adolescents in close cooperation with local NGOs. ACA has worked in the state of Odisha since 1996.

ACA has three strategic focus areas: Education, health and food security (food accessibility and nutrition) with children’s rights as a cross cutting issue being the point of departure for all our work. In 2014, ACA initiated a more strategic focus on health as a cornerstone of ACA’s development work, a process that has led to thematic prioritization of 1) health and 2) food security in the program strategy 2017-2022. This intervention builds on the experiences from the current project *Family Food Security* focusing on improving nutritional health in poor families; as well as with our experiences from two children’s rights projects (*Children, know your rights!* and *Standing together for children’s rights),* which organises and empowers adolescents to claim their rights in the family/community and towards legal duty bearers. We want to utilize our experiences from these projects to create a model on how to empower adolescents and make them agents of change in their own life through an improved state of health.

ACA currently runs four development projects and relief work in cooperation with three partner organisations, and a sponsorship programme with 6 partner organisations. ACA consist of a secretariat with four part time employees and two interns. In addition, ACA has +60 volunteers assisting the secretariate, 30 of which are part of project groups responsible for our development projects in close cooperation with our program managers. Both employees and volunteers contribute to the overall capacity of ACA with various competences such as solid experience within project management and different planning and monitoring tools, and thorough knowledge and experience in working with children’s rights and health (both child, adolescent and maternal) through different implementation methods, such as the PLA method and local mobilisation through establishment of village committees and youth clubs. Through the years, ACA has also established a substantial communication group, which has experience in producing written and graphic strategic communication. Finally, within the organisation some also know and/or speak local languages such as Orya, Tamil and Hindi.

**Living Farms (LF)** was established in 2005 by the director Debjeet Sarangi. They work with linking agriculture, nutrition and health, focusing on addressing the underlying causes. They primarily work in areas inhabited by Scheduled Tribes (ST)/Adivasis, with particular focus on women and children. The aim of their projects is to cultivate critical consciousness among the target group and develop their ability to objectively analyse the root causes of crisis and issues they are confronted with.

The organization’s work is based on the “Participatory Learning and Action – Linking Agriculture, Natural Resource Management and Nutrition” (PLA- LANN) approach, developed by Living Farms. The approach aims at community mobilization, strengthening of analytical skills, introducing problem solving; and negotiating & networking skills to holistically address the issue of malnutrition. Since 2013, Living Farms has been implementing PLA in different projects to reduce new-born death, improve nutritional status of children and increase dietary diversity. Initially, the projects only involved PLA, but through continuous field experience and research, LANN was added to improve the interventions. LANN focuses on (re)introducing bio-organic farming methods, which make agriculture and kitchen gardens more sustainable, resilient and less toxic through, among others, non-chemical, homemade fertilizer, mixed cropping and seed preservation.

In previous interventions, Living Farms has collaborated with foreign donors such as UNICEF, Welt Hunger Hilfe, Bread for the world, Misereor and Rosa Luxembourg Stitung. Through their projects, Living Farms has involved 106,000 Adivasi (tribal) and Dalit households from more than 2000 villages in Odisha. The projects have contributed to improve dietary diversity of more than 60% of participating women. The results and findings have been used to engage in dialogue with state governments. The project model is now duplicated and scaled up by the Government of Odisha to the entire state and by the Government of Chhattisgarh in 9 districts as a part of their program to address under-nutrition of women and children of Adivasi communities. Living Farms acts as resource organization on both projects responsible for training the personnel. In all projects, PLA-LANN is the core approach.

Through the years, Living Farms has established an experienced senior team with expertise on large scale project- and financial management, along with a team of thematic specialists on the PLA-LANN approach, sustainable farming, natural resource management, nutrition gardens, nutrition security, and rights-based approach. Furthermore, Living Farms has a team providing training of in-house staffs and other parties on different themes, and finally a finance manager who monitors the finances of the organisation. In addition, Living Farms works in close collaboration with scientists, research organisations and institutions to strengthen their own research capability through relevant action research and studies.

2.2 Cooperation

ACA and Living Farms have collaborated since 2017through the project *Family Food Security (FFS)* funded by CISU, in which Living Farms contracts as a third-, consultant partner. In the FFS project, Living Farms is responsible for equipping and training the implementing partner, Alternative for Rural Movement (ARM) in the PLA-LANN approach, along with monitoring and evaluation methods, such as data collection through home visits, supervision of kitchen gardens, and participation in local meetings. ACA and Living Farms have been in continuous contact, both via email correspondence, Skype meetings and physical meetings throughout the FFS project. When conducting monitoring visits, it has been prioritised that Living Farms could partake, in order for ACA and Living Farms to develop a stronger and more trusting relationship. Living Farms has been honest and straightforward about potential issues and suggestions throughout the FFS project, which has improved the relationship and eased the development of this intervention. Living Farms’s participation in the FFS project has both contributed with expertise in, and improvement of, project activities. Hence, we are very confident in the partnership, since we have already experienced both the high performance and easy cooperation with Living Farms.

Through previous projects both ACA and Living Farms have had good experiences with the PLA approach, as it motivates the beneficiaries to take actions themselves and start claiming their rights and entitlements by addressing the responsible duty bearers. The LANN method has also shown very positive results. In the FFS project, the families have reported improvement in both health and financial situation, due to the establishment of kitchen gardens. The kitchen gardens have in addition provided food security during the pandemic of Covid-19. The positive results have motivated the participants to carry on or even expand their kitchen gardens. Even after the FFS project area was hit by two cyclones, the participants were still motivated and able to re-establish the kitchen gardens.

Living Farms is experienced in implementing projects utilising the PLA-LANN approach and adapt the model to the given target area, context and target group. We experienced that in the FFS project. Living Farms’s experiences also contribute to this intervention, as they know the limitations of the PLA-LANN method, e.g., that PLA sessions cannot be conducted with groups of more than 40 people as the essence of activities will be lost in larger groups.

ACA has contributed with experiences from the implementation of the FFS project. For example, the importance of facilitators being well-equipped to conduct the PLA sessions and engage in the follow-up activities. It is crucial that they have the necessary time to interact with the beneficiaries and to monitor that e.g., resolutions are made and revised if needed. Our previous experiences have also demonstrated how important it is to show rather than tell. Hence facilitators should be able to tell the relatable, moving stories and show how to establish kitchen gardens, and not just talk about it. Beyond the experiences from the FFS project, ACA has been able to complement the development of the core elements of the project, through our experiences with mobilising children and adolescents through rights clubs, and engaging parents and community members to support the children and fight for their rights. Based on the above, ACA and Living Farms want to utilise the PLA-LANN approach with our shared and individual experiences on a joint project focusing on adolescent girls, as these are often neglected due to culture and taboos.

2.3 Contributions, roles and responsibilities

There is a clear division of tasks between ACA and Living Farms. All implementation on the ground will be done by Living Farms. They will further be responsible for daily monitoring and submitting quarterly and annual financial and narrative reports to ACA. ACA will be overall responsible for the project, monitoring, analysing and evaluating the project, supporting the development of project agreements and provide technical sparing and input when needed. ACA will further accompany the implementation through monitoring visits, e-mail correspondence and online-meetings.

Living Farms’s project team will be responsible for the implementation of the project. As the project will cover 160 villages, and the facilitators will have weekly contact to each girl group, the number of facilitators needed is accordingly rather extensive. The core project activities are mainly awareness raising and knowledge sharing through participatory sessions. Hence, the costs related to the activities are primarily manpower, as the quality and effectiveness of the activities are dependent on proper facilitation and training. As described, most of the issues addressed in the project are rather delicate and in order for the project activities to achieve the expected outcomes, it is important that the facilitators are closely involved and trusted by the adolescent girls and their parents. Hence, the amount of funds allocated to budget line *4. local staff is* quite substantial as a large part of it (including salary for kishori sathi and block coordinators) are activity-relatedexpenses. This is further clarified in the budget notes. Three consultants responsible for Monitoring Information System/M&E and advocacy are further affiliated the project in order to ensure a comprehensive data collection and data analysis, which is essential in order to develop a PLA-LANN model to improve lives of adolescent girls; and to provide evidence-based results (objective 3).

Prior to the beginning of the project period, a project team is recruited with the following positions:

* 1 Project coordinator: Overall responsible for the project implementation and overall planning, including coordination, training and supervision of the staff, contact to stakeholders and planning of advocacy activities, collection of information for the quarterly reports and other documentation to ACA, as well as the preparation of these.
* 16 kishori sathi (Community Mobiliers): Each kishori sathi is responsible for implementation in 10 villages. They will visit each village at least 4 times in a month. They will help the adolescent girls to form groups, make the groups function, and attend the group meetings based on needs. Further, the kishori sathi will facilitate monthly PLA meetings and different trainings, such as sanitary napkin preparation, along with follow up activities, conduct quarterly parents-meetings, facilitate establishment of nutrition gardens, and help the girls to engage with front line workers and other stakeholders. Finally, they will help Block Coordinators to conduct dietary diversity surveys. Kishori sathis will be selected from the same community as the target group to reduce the language barrier and ensure familiarity with the community.
* 8 block coordinators: Responsible for implementation of all activities at block level. They will help kishori sathis with preparing monthly plans, implementing and reporting. The block coordinators will further conduct seasonal dietary diversity surveys, monitor progress of planned activities and contribute to preparation of quarterly newsletters.
* 2 Monitoring consultants (part time): Senior members of Living Farms, who will mentor the project team, through project-oriented workshops and trainings, and ensure the quality of the Monitoring Information System (MIS) and the overall implementation. Furthermore, they will take part in the advocacy activities through engagement with state level government officials and publication of the newsletter.
* 1 MIS consultant: In charge of data entry, cross checking and cleansing the data collected by kishori sathis and block coordinators at PLA and other activities. S/he will develop easy entry formats and prepare simple analysis. More thorough analysis will be done by the monitoring consultants.
* 1 Accountant: Responsible for the financial management of the project, guiding the program staffs for proper financial planning and preparing financial reports in time to ACA.

The project team will undergo training in the PLA-LANN approach, community mobilisation and monitoring methods to ensure that all are equally equipped to implement the project activities.

ACA’s program manager will have the overall responsibility for this intervention. Before implementation start, a project group consisting of around ten competent volunteers with relevant backgrounds will be established. The members will be recruited in accordance with the thematic competences needed in this specific intervention.

ACA will provide technical assistance to Living Farms and the local project team, advise, support, and monitor the learning process continuously. This will be done by the Program Manger in cooperation with the Danish project group. As this is a new partnership, we will in particular have focus on monitoring and assisting Living Farms in living up to ACA’s and CISUs standards. This assistance is budgeted based on an estimation of the time consumption and reflects the need for support in order to ensure that the implementation will generate the expected results and the partnership will be developed and built up simultaneously. More details are added in the budget (sheet 3).

2.4 Development of relationship and collaboration

Both Living Farms and ACA strive to develop innovative projects and continuously develop and improve methods and approaches applied to address core issues of health and right among marginalized children and adolescents. Both organizations aim to put pressure on relevant officials in order for the interventions and methods to spread and consolidate beyond the immediate project area and -period. The overall goal is for the authorities to perform their responsibilities and hence improve the abilities of children and adolescents. The effective findings of this intervention will be shared within the partnering communities, the local and state governments and other civil society organisations, as for the framework to be spread. It will contribute to addressing the health and nutrition of adolescent girls on a broader and potentially institutional level.

This intervention and the experiences from it will strengthen the capacities of both organisations. Both through the engagement in professional and technical discussion and, more tangibly, through the development of a framework and model, which can be implemented in other areas, with other partners and in future collaborations with institutional partners, such as local authorities.   
Experiences from the methods used to interact with local authorities employed in the proposed project will be utilised in the collaboration with ACA‘s and Living Farms’s other partners. We further hope that the implementation of the proposed project will lead to a stronger partnership between Living Farms and ACA, and development of future collaborative projects.

## Target groups, objectives, strategy, and expected results

### 3.1 Target groups

### The project will be implemented in 160 villages (with 40-50 HH in each village) in 8 blocks in 2 districts. Total target population is about 40.000 (50/50 women/men). The majority of the target group belongs to scheduled tribes and scheduled castes[[4]](#footnote-8456). The tribes belong to three different groups: Kondh, Saura and Paraja.

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| **Primary target group** | | |
| *Who* | *Involvement* | *Benefit* |
| Approximately 4000 adolescent girls (10 to 19 years).  All the girls in the age group in the 160 villages will be involved | Organised in 160 girl groups meeting twice a month | Get a joint platform to discuss with peers; learn to identify and prioritize problems, find solutions and strategies to address the issues in order to be empowered to take actions to improve their own life |
| Approximately 8000 mothers and fathers (parents to the above group) | Targeted and involved through quarterly meetings and establishment of kitchen gardens in HH | Awareness on adolescent issues related to health, nutrition, gender discrimination and empowerment. Get an understanding of the importance of changing discriminatory practices and ensure better health and life for their daughters |
| Other community members in 160 villages | Targeted through community meetings and newsletters (Kishori Barta) | Gain awareness and get tools to break the intergenerational cycle of malnutrition. |
| Authorities and govt. departments | Targeted through advocacy activities, conference and newsletters | Are offered a tested model that substantiate existing government schemes |
| The project team members | Trained in the PLA-LANN approach, MIS and other based on needs | Are equipped to facilitate the PLA-LANN process for the girls and initiate community mobilisation. |
| **Secondary target group** | | |
| All women between 20 to 49 years, incl. pregnant and lactating mothers | Will benefit from improvement in access to and quality of services and schemes due to advocacy activities | |
| All community members, incl. children, men, elders | Will benefit from improvement in access to and quality of services and schemes due to advocacy activities | |
| Front line workers like Anganwadi workers, ASHAs etc. | Targeted through advocacy activities carried out by the girl groups. Will benefit from increased knowledge among community members on their services e.g., VHND | |
| Authorities at block and district level, e.g., Integrated Child Development Services (ICDS) supervisors, Child Development Project Officers  (CDPOs), Auxiliary nurse midwife (ANM) etc. | Targeted through advocacy activities carried out by the girl groups. Will benefit from increased knowledge among community members on their services e.g., Anganwadi centres | |

Living Farms wanted to make a project focusing on adolescent girls after experiencing in previous projects that adolescent girls have a lot of potential to be catalysts for bringing change to their own life, if provided with the right knowledge and tools. During the preparation of this intervention, Living Farm’s field level staff living in the communities and working with the community members have continuously given their input. The adolescent girls have been involved in the preparation through informal discussions, giving suggestions to the project, e.g., training program on making sanitary napkins.

### 3.2 Result framework: Objectives, indicators, expected results and activities

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| **Result framework** | **Description** |  | | | | | **Assumptions (and Risks)** |
| Development goal: | Improving the life of adolescent girls in Odisha | | | | | |  |
|  |  | Indicator | Baseline \* | After year 1 | After year 2 | Target  (End of project) |  |
| Objective 1 | **By the end of the project, adolescent girls in 160 villages have improved state of health** | 1.1: Quality of adolescent girls’ dietary intake | 0 | 10% improvement of quality of dietary intake | 20% improvement of quality of dietary intake | 30% improvement of quality of dietary intake | Kishori Shatis are able to motivate the adolescent girls  The families are motivated to establish nutrition gardens  The families are motivated to act on the knowledge about nutrition  The girls are willing to learn about “taboo subjects”  The girls have access to sanitary napkins (both physical and “culturally”)  The families understand the consequences of discriminatory practices  The families are willing to change discriminatory practices |
| MoV:  *Dietary diversity score survey* |
| 1.2: Percentage of adolescent girls’ using sanitary napkins during menstruation | < 15 % (Estimated. Will be adjusted after baseline) | 30 % | 50 % | 70% in total |
| MoV:  *Survey and focus groups* |
| Result 1.1 | The adolescent girls have gained knowledge on how to improve their health and apply their knowledge in action | Activities:  1.1 PLA-LANN module and manual for adolescent girls are developed  1.2 The PLA-LANN module and manual are tested and finalised  1.3 Developing and printing of PLA materials  1.4 Training field staff in the approach (PLA)  1.5 Organising adolescent girls in groups  1.6 Conducting monthly meetings in girl groups  1.7 Selection of group leaders  1.8 Conducting PLA sessions in the girl groups and follow up  1.9 Training of adolescent group leaders on sanitary napkin preparation  1.10 Training for field staff in nutrition garden (LANN)  1.11 Establishing nutrition gardens in the adolescent girls’ households  1.12 Training girl group leaders in seed preservation  1.13 Conducting seasonal dietary diversity survey of adolescent girls | | | | |
| Result 1.2 | The adolescent girls have established nutrition garden in their household |
| Result 1.3 | The adolescent girls have become aware of menstrual hygiene |
| Result 1.4 | Household level gender discrimination have reduced in the group members households |
|  |  | Indicator | Baseline | After year 1 | After year 2 | Target (End of project) |  |
| Objective 2 | **By the end of the project, adolescent girls are empowered to influence decisions on their own life** | 2.1: Actions taken by adolescent girls to influence their own life | 0 | The girls has taken their knowledge to household level | The girls has started to claim basic rights at family level | The girls are involved in decision making in their family | Kishori Shatis are able to motivate the adolescent girls  The adolescent girls are willing to share and discuss with peers  The adolescent girls dare to claim their rights at household level and authority level  The families are willing to listen to and involve the daughters in decisions  The community is willing to change mindset about the role of adolescent women |
| MoV: *Case stories, end line focus group discussions* |
| 2.2: The percentage of villages where child marriages are taken place | 100 % | 70% | 40% | 10% |
| MoV: Survey, govt. statistics |
| 2.3: Advocacy initiatives taken by adolescent girls at block- and district level | 0 | The girls are aware of relevant govt. schemes | The girls are approa-ching relevant authorities claiming their right | The girls have got access to relevant govt. schemes |
| MoV: Cases, End line |
| Result 2.1 | Adolescent girls have become aware of their rights and opportunities | Activities:  2.1 Publication of quarterly newsletters (Kishori Barta)  2.2 Conducting quarterly meetings among adolescent girls and their parents  2.3 Linking girl groups with front line health staff and VHND’s organisers  2.4 Linking girl groups with block and district level officials  2.5 Exposure visit for girl group members  2.6 Training on preparation of short documentary films | | | | |
| Result 2.2 | The adolescent girls are engaged in the organisation of the monthly Village Health Nutrition Day (VHND) in cooperation with the local health authorities |
| Result 2.3 | The adolescent girls are organised and equipped to carry out block- and district level advocacy |
|  |  | Indicator | Baseline | After year 1 | After year 2 | Target (End of project) |  |
| Objective 3 | **A PLA-LANN model to improve lives of adolescent girls has been made for the state government to duplicate and upscale** | 3.1: Serious interest from relevant authorities, NGOS and other institutions | 0 | Contact is established to relevant actors | Relevant actors are contacting Living Farms on own initiative | Findings are shared externally | The authorities are interested in initiate dialogue  The authorities are interested in cooperation  External actors are interested in participating in the workshop  The authorities are willing to implement model with govt. funding |
| MoV:  Case stories, list of contacts |
| 3.2: State authorities duplicating the model | 0 | Contact is established to relevant authorities | Authorities show interest in the model | Authorities have agreed to duplicate the model |
| MoV: Meeting minutes, agreement(s) |
| Result 3.1 | Engagement with government authorities lead to increased interest in the model of improving lives of adolescent girls | Activities:  3.1 Advocacy target relevant authorities/govt. departments  3.2 Publishing case studies and outcome in different newspapers  3.3 Organising state level conference presenting the model and outcomes | | | | |
| Result 3.2 | A manual and model directed towards state authorities and local NGOs, respectively, is developed |
| To meet more than one objective (Preparation, M&E) | | Activities:  4.1 Recruitment of staff  4.2 Planning workshop/ staff orientation workshop  4.3 Monthly Staff review meetings  4.4 Annual reflection meetings among ACA and Living Farms  4.5 Baseline  4.6 Continuous monitoring  4.7 End line/final evaluation | | | | |  |

\*The baseline column will be updated, and milestones adjusted accordingly after the baseline have been carried out.

### 3.3 Strategy of the intervention

The focal point of this intervention will be organising and mobilising all adolescent girls at village level. With the point of departure in the groups, the girls will be equipped to be agents of change in their own lives and the community. This will be done through the implementation of the PLA-LANN (Participation Learning and Action – Linking Agriculture and Natural resource for Nutrition) approach developed by Living Farms. The PLA-LANN approach is a common strategy consisting of two components. These two will be presented separately below.

**Organising adolescent girls**

An adolescent girl group (Kishori Balika Dala) will be formed in each of 160 villages. All girls age 10-19 will be motivated to join. The groups will meet twice a month: one PLA meeting and one other meeting, where the girls can discuss issues related to health, nutrition, gender discrimination and other things affecting their life. The community mobilizer (kishori sathi) will facilitate the meetings for the first months (depending on the capacity of the individual group) and equip the girls to continue the meetings on their own. The group meetings will further act as a platform for adolescent girls to develop leadership skills and gain self-confidence. An exposure visit will be organized for 50 adolescent girls to different organizations and areas, where adolescent girls are actively working to address their health, nutrition and gender discrimination related issues, to network and get inspiration. Furthermore, a quarterly newsletter (Kishori Barta) will be published and distributed in the communities and groups. The newsletters will include stories from the groups, success stories and experiences written by the girls. The aim is both to motivate the girls and share experiences among the groups. In addition, it will increase the awareness of adolescent girls and the project activities in the villages.

**Participation Learning and Action (PLA)**

The PLA approach is developed by Living Farms and the PLA cycles and manual will be adjusted by Living Farms and ACA to the specific target group and context. A PLA cycle concerning health and rights of adolescent girls is developed, including a manual with a guide for each of the 14-15 meetings in the cycle. The PLA cycle uses a variety of learning methods that are easy to relate to, despite any lack of education and low level of literacy. The methods include games, storytelling, pictorial display, practical demonstrations, participatory discussions etc. The meeting cycle is divided into four phases:

1. Assessing the current situation: This phase will enable the assessment of the problem status related to health, nutrition and gender-based discrimination in the community and the identification and prioritization of common problems.
2. Deciding actions: In this phase, the community will discuss and decide on solutions and strategies to deal with each of the prioritized problems. At the end of phase 2, the groups will organize a community meeting involving other members of the community and frontline workers to share the identified problems and the strategies they want to implement.
3. Taking actions: In this phase the meetings focus on actions to be taken that support good practices. The group members also review the strategies that they have been implementing and discuss their progress. A second interface meeting with the larger community will be held to assess the impact of the actions.
4. Evaluating progress: This phase is marked by one final meeting where group members evaluate their progress and the strategies they have chosen.

The PLA cycle addresses health and nutrition in a holistic view, including root causes to poor health and malnutrition, such as early marriage and -childbearing, gender discrimination and myths related to nutrition etc. For this intervention the following issues will be included in the PLA sessions:

* The intergenerational malnutrition cycle
* Importance of health during adolescence age and the impacts hereof for rest of the life
* Nutritious and balanced diet for adolescent girls, and the importance of dietary diversity
* Household level food distribution
* Menstrual hygiene management and sanitation
* Consumption of Iron rich food and IFA (iron and folic acid) tablets
* Intra-family and intra community gender disparity
* Impact of early marriage and early pregnancy
* Improving leadership ability in own life and in community life
* Importance of (continuing) education
* Government schemes and entitlements relevant for adolescent girls
* The aim and importance of the Village health and nutrition day (VHND)

PLA meetings are not just a platform of information dissemination. From previous interventions, it is evident that the approach motivates the beneficiaries, as all decisions and actions are prioritised and taken by and among them. The approach focuses on showing rather than telling, through different participatory games or storytelling, etc. This makes it easy for the participants to relate and recognise similarities from their own lives, and hereby make links between previous experiences and the new learning; motivating them to change behaviour accordingly. The overall aim is to increase the girls´ ability to identify and analyse issues and rights violations that they are facing in their daily lives, and equip them to take action, e.g., carry out advocacy which targets village level health staff to avail subsidized sanitary napkins provided by the government. In each meeting an action plan will be decided on by adolescents and in the next meeting the facilitator, along with adolescent girls, will monitor the progress. These decisions and actions are contributing to achieve objective 1 and 2.

**Ensuring dietary diversity of adolescent girls (LANN)**

To ensure access to nutritious food for the adolescent girls, they will be taught to establish organic kitchen gardens at home, through the method “Linking Agriculture and Natural resource for Nutrition” (LANN). LANN focuses on (re)introducing sustainable, resilient and nutrition sensitive gardening. The core of the strategy is to primarily use the resources, which the villagers already hold e.g., utilising the houses and the roofs for climbing plants and making manure from kitchen scraps. Hence every household is able to establish a kitchen garden and get access to home grown vegetables to increase their nutrition and dietary diversity.

For the first two years (six seasons), the girls will receive seeds suitable for the particular season. Especially iron rich vegetables will be identified in order to improve the nutrition of the adolescent girls. Every season, a dietary diversity survey will be carried out among the group members to measure the nutrition. The results will be shared in the communities and will be used to keep the girls and parents motivated to grow nutrition gardens and in advocacy activities carried out by the groups. To make the gardens sustainable, representatives from the girl groups will be trained on seed conservation. They are afterwards responsible to pass on the training to the other group members. This will be secured by the kishori sathis. External resource persons and experienced farmers will facilitate the training program. With seed conservation the families are not depending on buying new seeds every year; it also makes them less vulnerable to floods, droughts and other crisis. Within the seed distribution plan, crisis such as drought or heavy rain, has been contemplated, so that in case of a crisis, the families will be provided with seeds to re-establish the kitchen gardens (if they have not yet been able to conserve seeds from previous seasons). In order to initiate these sustainable benefits of establishing kitchen gardens, the villagers will get training in LANN and seeds for the first two years (6 seasons). The following seasons (year three and henceforward), seeds conserved from the first seasons will be used. As such, the extensive budget is needed in order to create long lasting results, improving both adolescent health and general food security of the families.

In our current PLA-LANN project (FFS), the nutrition gardens were an eye-opener for the beneficiaries. Most of the villagers did not believe that they could grow anything in the sandy ground, at least not without strong, harmful and expensive fertilisers and pesticides. But through the project they realised to utilise the soil, prepare homemade manure and preserve and store seeds for the following year. It also benefitted the families financially, as they no longer had to buy vegetables at the market and at the same time did not have to spend one weekday going to the market (situated in larger villages/cities), providing them with the opportunity to take on one extra day of paid work.

**Community awareness - the ripple effect**

The awareness in family and community will be raised through the adolescent girls. The experiences from previous projects are that the adolescent girls will start sharing the new knowledge among the women in their household. Hence, the awareness will spread to mothers, sisters, sisters-in-law etc., who are likely to not just back the girls but also change to healthier practices themselves and contribute to put pressure on the head of the family and start discussions on practices at household level. Consequently, the awareness will spread to the entire family – men/boys and women/girls - and benefit all female family members. Slowly these changes will extend to community level and contribute to discussions on gender disparity.

Every quarter an awareness meeting for parents (both fathers and mothers) will be led by the adolescent girls with assistance from the kishori sathi. The meeting will provide a platform for the families to discuss the issues experienced by adolescent girls. The girls can further bring up specific issues to be discussed at the group meetings. As the fathers are the main decision-makers of the family, there will be a focus on making them understand the issues of adolescents and backing their daughters to influence their own life.

After PLA phase two, when the girls have identified issues and prepared a strategy for problem solving, a meeting will be held for the entire community. The adolescent girls will be in charge and share their plan with the other community members and seek their help to actualise it. All the community members, incl. ward members and front-line health workers will be invited and encouraged to attend. The girls will share their action plan and expected cooperation from parents, community members and stakeholders. The aim is to get the community to stand with the girls and join in solving the issues. Showing the community that they are taking actions themselves further contributes to the empowerment of the girls and their status in the village.

The monthly village health and nutrition days (VHND) will be utilized to engage the adolescent girls, as the girl groups will be encouraged to assist the frontline workers with arranging the VHND function. This will increase the girls feeling of ownership. Their participation will create awareness of the importance of VHND in the community. Once VHND are well-functioning, the entire village will be benefit from the services that will improve the state of health for all.

Nutrition gardens are targeting adolescent girls, but the harvested vegetables will be consumed by all family members. The adolescent girls will share their newly-gained knowledge on balanced diet and dietary diversity in the household for the benefit of the entire family. Our experiences are further that when neighbours taste the organic home-grown vegetables and see the health benefits, they will copy the practice. When the girl groups have learned to preserve the seeds, they can share with other households.

**Advocacy goals**

The advocacy effort will be divided into two overall goals focusing on block & district level and state level, respectively:

1. To ensure effective implementation and monitoring of relevant schemes at block level in order to secure access for all adolescent girls
2. To make the state government duplicate and upscale the PLA-LANN model funded by public funds

At the grass root (1), the advocacy processes will be led by the adolescent girls. At state level (2), the project staff will lead the advocacy process.

**Block and district level advocacy**

A number of government schemes concerning adolescent girls already exist (see chapter 1.2). But the target group does not benefit from the schemes due to poor implementation, and lack of knowledge among the adolescents and their parents. Through the PLA sessions and activities, the girls are made aware of relevant government schemes and programs, and they are equipped to demand their rights and entitlements through dialogue and advocacy activities targeting frontline workers at village level and relevant government officials/departments at block and district level. The kishori sathi will assist the girls when needed, but the girls will themself be responsible for identifying gaps and prepare and carry out advocacy activities. This will build up their capacity and self-esteem, empowering the girls to be agents of change in their own life and community.

Organisation among the girl groups at gram panchayat (sub district) level can be facilitated on the girls’ own initiative. From previous projects, we have experienced that if it happens on the girls’ own initiative, it is more likely to sustain after the end of the project period, as the girls will feel ownership. It is therefore not included in the list of activities implemented by the project staff.

Interested girls from the groups will be trained on how to make short documentary films by using mobile camera. They will be introduced to shooting and simple editing. They will learn how to use short films to tell their story, document the initiatives and achievements made by the groups and to share it through different SoMe platforms as part of their advocacy activities. In addition, the films can be used to share and inspire among the groups, increase the girls’ capacity and feeling of empowerment. The videos will also be used by LF for their advocacy activities on state level.

**State level advocacy**

Based on Living Farms’ experiences and contacts, we believe that it is realistic to achieve advocacy goal 2, as the PLA-LANN model works to substantiate existing programs and schemes that are poorly functioning in many rural areas. Living Farms has previously had success with this and is currently assisting the Government of Odisha and the Government of Chhattisgarh in duplicating and scaling up Living Farm’s PLA-LANN model addressing malnutrition of women and children in tribal communities.

In December 2016, the state of Odisha launched “Odisha Multi-Sector Nutrition Action Plan” (ONAP), aimed at achieving better nutritional outcomes in the state. Improved adolescent health and increased dietary diversity are two of the specific outcomes stated in ONAP. The strategic advocacy efforts carried out by Living Farms to achieve objective 3 will therefore target the state departments responsible for implementing ONAP, including Women and Child Development department, Health department, Odisha Livelihood Mission, National Health Mission and Mission Shakti department, in order to adopt and upscale the PLA-LANN model to improve the lives of adolescent girls, as this is in line with the activities and outcomes stated in ONAP.

The Government of India as well as state governments have a range of development programs focusing on health. But even though funds are allocated, many programs never utilise the funds or do not reach the target group due to inefficiency and ignorance within government departments; and hence fail to achieve the expected results and outcomes. Realising this, Living Farms has experienced a potential for developing and testing PLA-LANN models, which can be adopted by the states and integrated under current government programs filling gaps in implementation. Living Farms will contact relevant district- and state departments from the beginning of the project and utilize existing contacts from previous and current collaboration. The baseline report stating the current situation in the area, will be shared with all relevant officials. Hereafter, Living Farms will ensure regular dialogue with relevant officials and policy makers regarding project progress and results. Documentation of best practices, case stories and testimonials, will be shared alongside the implementation of the project. Living Farms will emphasise that the model is evidence-based and tested. This will be utilized to show the applicability of the approach to address adolescent health and dietary diversity among other things in order to get the state departments to adopt the approach and integrate it in public programs. Experiences and outcomes from the current collaboration with state governments duplicating a PLA-LANN model will also be utilised in the advocacy work to emphasise the befits for the government departments and to alleviate any doubts.

By the end of the project period, a state level conference will be held by Living Farms and ACA. State level officials and policy-makers from relevant government departments, members of the National Institution for Transforming India Policy Commission (NITI Aayog[[5]](#footnote-18668)), academics, NGOs, relevant networks, representatives of the girl groups and media will be invited personally. At the conference, the PLA-LANN model, outcomes, results and lessons learnt from this intervention will be presented. Guest speakers and delegates, including government departments, nutrition experts and -researchers, and nutrition policy analysts will be invited to give their inputs and views and analyse the result as part of the program. The conference will further create awareness on the intervention and PLA-LANN model on state and national level and will be utilized to make government departments comit to adopt the model.

**The development triangle**  
To create sustainable change, the project is built around the development triangle in which the strategic input serves as a platform to build the capacity of adolescent girls, which combined creates the foundation for availing the girls’ rights. The PLA sessions can be seen as strategic input, aimed at building up the capacity of the girls, enabling them to be their own agents of change. Other strategic inputs count the provision of organic seeds and training in establishment of kitchen gardens and nutrition; preparing sanitary napkins; making short films; and publishing quarterly newsletters, all further adding to the capacity of the adolescent girls. Prior to all trainings, Living Farms’ staff will be equipped to facilitate and conduct the specific activities and through these mobilise and motivate the girls to do advocacy activities. The establishment of adolescent girls’ groups and linking these with local front line health staff, will also increase the organisational capacity of the girls by providing them with a joint platform and voice to address discriminative practices at village level and carry out advocacy activities targeting authorities. The advocacy targeting local duty bearers at block and district level will be carried out by the girls themselves, while Living Farms will carry out advocacy targeting state level authorities concerning adopting and duplicating the PLA model.

3.4 Sustainable and lasting improvements  
The project focuses on building the capacities of adolescent girls through participatory sessions. The sessions are structured in a cycle (awareness, decisions, actions and evaluation). This entails firstly awareness raising amongst the target group, which leads to them identifying issues and making decisions on which to prioritise. The result is an action plan which is carried out, and finally concluded through an evaluation. This enables participants to use the approach for other issues in the future. Previous projects employing the PLA-LANN approach show that even after completion of the project period, the target group keep practising the things they have learned from the PLA meetings, such as identifying and prioritising issues and preparing and carrying out action plans. In addition, the new awareness provokes target group to share the new knowledge and skills with families and neighbours. Another advantage of the method is the establishment of local girl groups. Our previous projects have shown how well-functioning groups keep working on issues after the project period, and hence sustain the activities and further improve the situation of other target groups, e.g., children and adult women. Furthermore, core to the PLA is to support the agency of communities and encourage community members to assume leadership themselves rather than the project staff. This helps sustain the groups even after the end of the project period. Furthermore, the activities help to increase the confidence level of community members, empowering them to come forward and take actions towards claiming their rights and improving the situation of the community.

In addition to the empowerment of the target group through participatory methods and establishment of groups achieved through the PLA-approach, the LANN-method emphasises the utilisation of already existing resources in the community. It only suggests affordable and accessible solutions, such as introducing homemade, organic fertilisers in the kitchen gardens, instead of expensive chemical ones, thus making the families more self-reliant. Each family will however be provided seeds for the first six seasons, but they will be trained in seed preservation, enabling them to store seeds from last year, and equipping them to carry on the kitchen gardens without additional costs. This also makes the families less vulnerable to future heavy rain and droughts, as they will have seeds to re-establish lost yield. In addition, the seed preservation enables the families to share seeds with community members, who have not been involved directly in the project, extending the kitchen gardens beyond the project.

By continuous collaboration with local authorities, the project aims at developing and spreading the approach and model, in order to further the improvement of adolescent girls’ health and nutrition beyond the target area and project period. When state government or government departments adopt and duplicate the PLA-LANN approach, Living Farms will be affiliate technical partner responsible for training the government staff in the approach – paid by the government for their service. This further increases the sustainability of Living Farms, who becomes less depended on external donors.

### 3.5 Risks and mitigation

|  |  |
| --- | --- |
| RISKS | MITIGATIONS |
| Occurrence of natural disasters  Climate change and erratic rain fall may damage the nutrition gardens | The risk of extreme weather and climate events is a premise in the target area. In case of floods, the project might be delayed, as it will not be possible to continue with the activities. After the disaster, Living Farms will do their best to catch up with the delay.  Flood and drought resistant vegetables will be selected for the nutrition garden to increase the resilience. Besides this, potential loss of yield before seed preservation due to floods or droughts has been taken into consideration in the seed distribution plan, hence in case of losses the families will be provided additional seeds to establish the kitchen gardens. |
| Gender-discriminative practices are too institutionalised in the communities | The practices and consequences will be addressed in the PLA sessions making the adolescent girls reflect on the issues of gender discrimination. This will also be discussed at the quarterly meetings with the parents, and at community meetings, with emphasis on the direct consequences concerning the girls’ health and future. |
| Services like IFA tablets and sanitary napkins may not be available | The girls will be linked to officials at higher level to ensure that the schemes are implemented and the services available for the girls.  In addition, they will be taught on alternatives in the PLA in order not to depend entirely on government schemes. E.g. The girls will be trained on local preparation of sanitary napkins; and taught how to get the needed nutrition through a diverse diet. |
| Authorities are not interested in the model | If authorities are not showing initial interest in the model, Living Farms will increase the engagement with Government officials stating the solid evidence and results behind the model and emphasise how it fits into existing government schemes and programs. Both Government and other donors/actors will be contacted for upscaling. If needed, Living Farms will adjust the model according to the situation and need of the government.  Experiences and outcomes from the current collaboration with state governments will also be utilised to emphasise the befits for the government departments and to alleviate any doubts. |

3.6 Plan for monitoring and evaluation

In the beginning of the intervention a baseline will be conducted in order to be able to track the changes. Throughout the project, data will be collected continuously in order to monitor the progress towards the outcomes. The following monitoring plan has been developed in close cooperation between Living Farms and ACA. This will, among other things, provide the data for quarterly progress reports, which will be assessed and discussed in order to adjust any project activities. Due to the novelty of the partnership, we plan for monthly online meetings, in order to discuss and exchange experiences continuously, and to further develop the partnership.

**Monitoring plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome level** | **Data source(s)** | **Data collection methods** | **Frequency** | **Responsibility** |
|  |  |  |  |
| 1.1 | Dietary diversity scores survey (DDS) | Block coordinators will collect dietary diversity data from field every season | DDS will be collected 3 times in a year i.e. summer-, rainy- and winter season | Living Farms block coordinators and project coordinator |
|
|
|
| 1.2 | Survey with adolescent girls | Survey including all girls will be done once in baseline and once in end-line. Girls will be part take in the survey from their home.  For some data sample size can be taken by random sampling method | Baseline and end-line | External consultant(s) will conduct baseline and end-line. The Project coordinator will have the overall responsibility |
|
| Focus group discussion with adolescent girls | Kishori sathi will conduct focus group discussions. The groups will be selected by random sampling method | Baseline, after 1 year, after 2 years and end-line | Kishori sathi and Block coordinators |
|
|  |  |  |  |  |
| **Outcome level** | **Data source(s)** | **Data collection methods** | **Frequency** | **Responsibility** |
|  |  |  |  |
| 2.1 | Case stories | Kishori sathis will collect case stories when visiting the girls groups | Quarterly | Kishorit sathis |
|
| Focus group discussions | Block coordinators will conduct focus group discussions | End-line | Block coordinators |
|
| 2.2 | Survey | Kishori sathi will conduct the survey with the help of community members. Members will be chosen through random sampling to avoid bias.  Prior to the survey they will receive training | Baseline, after 1 year, after 2 years and end-line | Kishori sathi / Project coordinator |
|
| Govt. Statistics | Project coordinator will collect government data | Baseline, after 1 year, after 2 years and end-line | Project coordinator |
|
| 2.3 | Cases | Cases will be collected by kishori sathi by the help of anganwadi workers | Quarterly | Kishori sathi and block coordinators |
|
| End-line summery | The project coordinator will provide the summery | End-line | Project coordinator |
|
|  |  |  |  |  |
| **Outcome level** | **Data source(s)** | **Data collection methods** | **Frequency** | **Responsibility** |
|  |  |  |  |
| 3.1 | List of contact | When Living Farms is contacted they will save the contact | Yearly | Monitoring consultants and project coordinator |
|
|
|
| 3.2 | Meeting minutes | Living Farms will be in charge of writing the minutes from all meetings | Yearly | Monitoring consultants and project coordinator |
|
| Agreement(s) | Living Farms will prepare agreements in collaboration with the given authority | Yearly | Monitoring consultants |
|

The data will be collected by either kishori sathis or block coordinators, who will receive training prior to the data collection. All data will be analysed, and relevant results will be shared with the adolescent girls and their parents to motivate them to take action regarding improvement of e.g. dietary diversity.

ACA and Living Farms will be in continuous contact through both e-mail and online meetings. During the project period, a start-up visit in the beginning of the project period and an annual visits (3) will be carried out by two representatives from ACA. The representatives will be selected among the programme manager, program officer and the project group members according to the aim and content of the respective visit. The aim of the monitoring visits is multiple and includes 1) To obtain an understanding of the status of the project, and ensure that it is in accordance with the understanding gained through the quarterly reports and other communication with the project team. 2) To discuss challenges occurred in the project and discuss possible solutions. 3) To share expectations and clarify any misunderstandings, and 4) To visit the project area, see the results of the project and meet the target group for ACA to get a better understanding of the project, context and challenges. Furthermore, it is considered important to meet face-to-face, in order to develop and maintain a good relationship that goes beyond the donor-recipient affiliation. A major part of the visits and regular contact is further to collaborate on the development and improvement of project activities and approaches e.g. through thematic workshops.

At the end of the intervention, a final evaluation will be carried out by external consultants to assess the impact of the intervention related to the three objectives. Based on the evaluation and the experiences accumulated, a lessons learned report with findings and recommendations will be compiled. The report will be used in Living Farms’ and ACA’s future work with adolescent’s health, as well as a foundation for future projects by ACA and/or Living Farms. The report will further be presented and disseminated in relevant networks in both Denmark and India. ACA will in addition prepare a report based on the experiences, concerning how other NGOs through strategic advocacy can get government departments to adopt and fund models developed by NGOs. This will be shared with ACA’s other partners, and networks in Denmark.

Due to the current uncertainty of Covid-19, both ACA and Living Farms are aware of the potential limitations it may entail. If physical visits are not possible, online monitoring visits will be conducted instead. Both partners are currently practising and developing their competences in online meetings; and ACA is already conducting online monitoring visits with our other partners. In addition, we are planning for continuous monitoring via written formats forwarded by email.

## 4.Intervention-related information work in Denmark

The purpose of ACA’s information work is to spread awareness and create a common understanding across Danish society on issues and possibilities carried out through the projects in India. ACA wishes to reach out with information and communication on women and women’s health issues to new target groups in Denmark and likeminded target groups interested in more information on developing projects. ACA will share this information and conduct the outreach through stories, facts and cases in the form of small videos, graphics and photos through all possible media platforms. According to ACA’s recent target group analysis, communication regarding long-term projects is the most asked for, as this kind of communication provides a deeper understanding of the complexity related to e.g. the life quality of young women in India. We will therefore emphasise that. The planned media is social media, print media and newsletters.

Furthermore, we wish to organise an event with some of our ambassadors for young students in Denmark as part of an educational insight. The specific activities will be decided upon and planned based on the progress and specific outcome of the intervention.

The activities will be carried out by volunteers recruited specifically for these events in cooperation with ACA’s secretariat.

1. Primary school covers classes one to eight. One must complete class ten (lower seconday school) to get access to higher education. [↑](#footnote-ref-6747)
2. Low height compared to age [↑](#footnote-ref-1)
3. Low weight compared to height [↑](#footnote-ref-2)
4. Scheduled Caste (SCs) and Scheduled Tribes (STs) are officially designated groups of people in India. The terms are recognised in the [Constitution of India](https://en.wikipedia.org/wiki/Constitution_of_India) and the groups are designated in one or other of the categories. [↑](#footnote-ref-8456)
5. = A policy [think tank](https://en.wikipedia.org/wiki/Think_tank) of the [Government of India](https://en.wikipedia.org/wiki/Government_of_India), established with the aim to achieve sustainable development goals with [cooperative federalism](https://en.wikipedia.org/wiki/Cooperative_federalism) by fostering the involvement of [State Governments of India](https://en.wikipedia.org/wiki/States_and_union_territories_of_India) in the economic policy-making process using a [bottom-up approach](https://en.wikipedia.org/wiki/Top-down_and_bottom-up_design) [↑](#footnote-ref-18668)