Problem Statement: Moderate to severe levels of food insecurity caused by climate change, changing farming techniques, and economic policies is pervasively affecting communities in rural Maharashtra causing missed school and work, poor mental and physical health outcomes, and economic decline (Shiva, 2016). Indicators of food security that are of particular concern include high levels of nutrient deficiencies among pregnant women and adolescents, stunting and wasting of children under 5, and increasing rates of chronic diseases among adults (Seligman et al., 2010).	**Program Goals:** 1) Malnutrition will be eradicated among pregnant women, adolescents, and children under 5 in communities where CRHP works. 2) Food insecurity will be eliminated among all households in villages where CRHP works.

Inputs	Activities	Outputs	Outcomes
Target Population: - Organizational goodwill in surrounding villages - 150 households willing to participate in Pilot Program **Resources/Inputs:** - Funding for food security program - Mobile Health Team (MHT)- 5 staff each with 10 hours/week for 2 years - Village Health Workers (VHWs)- 6 (2 per program village), each with 15 hours/week for 2 years - 1 Computer, 5 tablets, 3 internet cubes for tracking and inputting data from pre/post-tests & surveys - Biomedical resources (lancets, cotton, alcohol, vials, reagents) for biomedical pre/post-test as well as supplements for identified nutrient deficient patients -Evidence-based research and library materials on nutrition and entrepreneurship	<u>Administration and M&E</u> - MHT maps out all households in 3 pre-selected Program Villages - 150 households are randomly selected for participation - MHT gains informed consent for participation (including biomedical tests and surveys) from all 150 households - Develop biomedical pre/post-test with protocols and registers -Procure any biomedical supplies not already held at CRHP's Hospital - Develop socio-economic and food security survey with protocols and registers - Conduct baseline assessment of 150 participating households (including biomedical testing and food security survey) - Conduct follow-up biomedical testing with patients 4 months after baseline biomedical tests - Conduct socio-economic and food security survey post-test with 150 participating households 2 years after baseline survey <u>Supplementation</u> -Based on baseline biomedical tests, all nutrient deficient individuals will be identified by village -Assign each VHW nutrient deficient patients to track and provide supplements -CRHP's Hospital provides necessary supplements to VHWs -VHWs deliver supplements to patients and track adherence in registers <u>Entrepreneurship</u> - Develop entrepreneurship curriculum with associated pre-post knowledge tests - Make class attendance register - MHT hosts 24 entrepreneurship classes in villages - MHT administers pre-test before every entrepreneurship class and post-test after every entrepreneurship class - MHT gives 10-20,000 INR no-interest loans to participating households who meet criteria -MHT tracks repayments on loans <u>Nutrition</u> - Develop nutrition curriculum with associated pre-post knowledge tests -Make class attendance register - MHT hosts 24 nutrition classes in villages -MHT administers pre-test before every nutrition class and post-test after every nutrition class - MHT gives nutrition garden materials and instructions to participating households who meet criteria - MHT tracks feedback on nutrition garden implementation	- 3 village maps - 150 households randomly selected (50 per village0 - 150 written & signed informed consent forms from household heads -1 developed biomedical pre/post-test with protocols + 5 registers - 1 developed socio-economic/food security survey -150 completed baseline biomedical and socio-economic/ food security surveys -completed patient lists with nutrient deficiencies per village (3) - 400 completed biomedical posts tests from N nutrient deficient patients - Weekly nutrient supplements administered to 400 patients -24 entrepreneurship classes administered -24 nutrition classes administered - 125 no interest loans given -120 kitchen garden materials given -150 completed socio-economic/ food security post-test surveys	**Knowledge, Beliefs, Attitudes, Skills:** - Increased knowledge about nutrition topics. - Increased knowledge of entrepreneurship topics. **Behavior:** - Increased household dietary diversity. - Increased safe household spending and savings practices. **Status/Condition:** - Increased food security among households. - Decreased acute and chronic malnutrition among pregnant women, adolescents, and children under 5.

Program Assumptions: Evidence-based nutrient supplements available are well suited to patients' needs and lifestyles Program model and timeline has validity.	**Program External Factors:** Weather does not impede activities in terms of organization's capacities or participants' willingness to participate, selected households do not migrate for a significant amount of time, and continued low turnover of CRHP staff and VHWs.