

Refined program

Initial assessment during pregnancy with pregnant woman and husband (if applicable)

1. Health insurance status
2. Infection prevention
 - a. Presence of latrine in household
 - b. Presence of handwashing station
 - c. Presence and use of bednets by all family members
 - d. Knowledge of diarrhea and malaria prevention
 - e. General sanitation of the home environment and kitchen facility
3. Nutritional assessment of woman including current diet, any supplementation
4. Assessment of parental goals for pregnancy and early childhood, and unique challenges
5. Assessment of woman's and families' assets for support through pregnancy and early childhood through interviews
6. Review of family financial status to understand the level of support needed (i.e. latrine cost subsidized at 60% or 90%). We will have two tiers of support.

Presentation of individual pregnancy and early childhood plan to pregnant woman and husband (if applicable)

1. Discussion of support proposed with revision as needed with family
2. Review menu of material items (i.e. latrine) and financial supports (i.e. subsidized cost of health insurance), and revise as needed (note that some will be constant for all families including bednets)

Pregnancy- visits every other week, and accompany to ANC visits; husband should be involved in visits at least twice during pregnancy

1. Assistance to obtain health insurance if doesn't already have
2. Discussion of nutritional needs during pregnancy, supplementation needs
3. Discussion of planning for purchase of needed items, preparing for the baby
4. Infection reduction- handwashing station and education, malaria bednet use, clean water use, keeping the toilet and general environment clean (general hygiene).

Birth to 1 month- daily visits for the first week, then twice weekly; husbands should be involved in visits twice during the first month

1. Nutrition- focus on exclusive breastfeeding
2. Infection reduction- handwashing station and education, malaria bednet use, clean water use
3. Strengthening use of local clinic- when to bring the child when well and recognizing illness; accompanying mother to first clinic visit

4. Support for daily challenges- sleeping, obtaining support from family members etc.
5. Education and demonstration of child interactions using the WHO/UNICEF Care for Child Development curriculum
6. Discussion regarding desire for family planning and options (husbands must be involved)

1 month to 5 months- weekly visits; husbands should be involved in visits twice during this time period

1. Nutrition- continued exclusive breastfeeding support
2. Infection reduction- handwashing station and education, malaria bednet use, clean water use
3. Strengthening use of local clinic- when to bring the child when well and recognizing illness; accompanying mother to at least one child wellness clinic
4. Support for daily challenges- sleeping, obtaining support from family members etc.
5. Education and demonstration of child interactions using the WHO/UNICEF Care for Child Development curriculum

6 months to 35 months- twice-monthly visits focused on stimulation techniques, and twice monthly visits focused on other issues; husband should be involved in visits at least four times per year

1. Health insurance status
2. Nutrition- how to introduce complementary foods, possible provision of complementary food
3. Infection reduction- handwashing station and education, malaria bednet use, clean water use
4. Strengthening use of local clinic- when to bring the child when well and recognizing illness
5. Education and demonstration of child interactions using the WHO/UNICEF Care for Child Development curriculum; modeling and using books (provided) for interaction with child

Other:

6 month intervals starting at 6 months: evaluation and review of expected child development, growth evaluation and discussion