

<b>Learned during refinement period</b>	<b>Possible ways to address in our program</b>	<b>Unknowns/areas for further investigation</b>
Discussions, interviews and prototyping reinforced the one-on-one aspect of this program, since the relationship is the core of what we think will ultimately maximize the child's growth and development.	Maintain emphasis and focus on one-on-one relationship.	
Husbands are often not supportive of their pregnant wives, forcing them to go to farm. Involving men starting in pregnancy will be important.	Encourage men to accompany their wives to ANC and delivery (per nurse suggestion).	Need to better understand men's perspective and how they would be best engaged.
There is significant room for improvement in the relationship of the community with the clinic where child wellness days are held monthly.	Accompany women with their young children to the child wellness clinics and help explain concepts.  Collect feedback from mothers and discuss with clinic staff to improve relationship.	
There are many potentially harmful myths and practices in pregnancy: taking herbs and avoiding certain foods.	Dispelling food myths and the use of herbs should be part of the content of the program.	Some of these practices may not be harmful or harmful enough to risk diluting other messages. Need to create thorough list and evaluate what should be part of the content.
Health insurance is very difficult for women to afford and physically obtain.	Subsidize cost of health insurance. Talk with district about reducing barriers.	
Women liked the ideas of the material support: bednets, handwashing supplies, latrines, books etc.	Reinforced these components	We need to investigate which of these supports would be most helpful, and/or if a menu of

<p>and also thought other financial support in terms of helping with ultrasound feeds, a baby crib, helping with daycare fees etc will be helpful.</p>		<p>material/financial support should be offered to individualize this. How can we create a tiered subsidization plan for people who can afford a small amount vs. those who can't afford any cost?</p>
<p>Nutrition is consistently mentioned as a priority, but also a significant challenge due to the high cost. Time is also a challenge in terms of preparing a separate meal for the baby.</p>	<p>Complementary feeding approaches need to be, at a minimum, cost neutral for families and not add additional time to food preparation.</p>	
<p>Women and mothers liked the idea of their mother mentors working with them to help their child develop and track that development.</p>	<p>In addition to helping with child development, child development measures should be part of the curriculum.</p>	
<p>Collaboration potential with Hands to Hearts International and the Phonics by Phone program, both in the refinement phase</p>		<p>Need to have further discussions about how to integrate these approaches within our own</p>