

TRAINER MANUAL ONE

Management and Operation of the IYCF Franchise Model (“*Mat Troi Be Tho*”)



ACKNOWLEDGEMENT

Alive & Thrive (A&T) acknowledges the special cooperation of the National Institute of Nutrition (NIN) in reviewing and giving helpful feedback on the three training manuals on Infant and Young Child Feeding (IYCF) for health-facility and community-based health workers.

We would like to express our sincere gratitude to the following experts in Infant and Young Child Nutrition (IYCN), training and behavior change communication (BCC), without whose support, the development of these training manuals would not have been possible:

1. *Dr. Pham Thi Thuy Hoa, Director of Food and Nutrition Training Center - NIN*
2. *MA. Huynh Nam Phuong, Specialist of Food and Nutrition Training Center - NIN*
3. *MA. Trinh Ngoc Quang, Head of Education and Training Department - Center for Health Education and Communication - Ministry of Health (MoH)*
4. *MA. Tran Thi Nhung - Center for Health Education and Communication - MoH*

We would also like to express our appreciation to health workers and Viet Nam Women's Union members from fourteen provinces for participating in our training to become the provincial trainers for A&T and for contributing useful comments that enabled the finalization of these manuals.

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We thank Dr. Maryanne Stone-Jimenez, Technical Consultant, for her comments on the technical content and layout of the training manuals.

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ACRONYMS

A&T	Alive & Thrive
AED	Academy for Educational Development
AV	Audio-visual
BCC	Behavior Change Communication
BF	Breastfeeding
BMI	Body Mass Index
CBW(s)	Community-based worker(s)
CF	Complementary Feeding
CHC(s)	Commune Health Center(s)
EBF	Exclusive Breastfeeding
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
IFPRI	International Food Policy Research Institute
IYCF	Infant and Young Child Feeding
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NIN	National Institute of Nutrition
NGO(s)	Non-governmental organization(s)
PR	Public Relations
SC	Save the Children
SL	Slide
UN	United Nations
VWU	Viet Nam Women’s Union
WHO	World Health Organization
VHW(s)	Village Health Worker(s)

INTRODUCTION

Addressing child nutrition, particularly stunting among children under two years old, is a high priority for the Government of Viet Nam. In recent years, Viet Nam has made substantial efforts to reduce the malnutrition rate among children under five years old – reducing this rate from 38.7% in 1999 to 31.9% in 2009 (*NIN*). However, underweight and, in particular, stunting among children under two years old remain high in Viet Nam in comparison to countries with the same economic status in the region. An extremely low rate of exclusive breastfeeding (*EBF*) for the first six months and poor complementary feeding (*CF*) practices are the main reasons for the high stunting rate among children under two years old in Viet Nam.

To support the government’s efforts to reduce the high malnutrition rate among children under five years old, Save the Children (*SC*), through a partnership with the Academy for Educational Development (*AED*), GMMB, the International Food Policy and Research Institute (*IFPRI*) and the University of California, Davis, is implementing the A&T project in Viet Nam over a period of five years (2009-2013). The project goal is to reduce malnutrition and death caused by sub-optimal IYCF practices by improving the rate of EBF and CF practices for children aged 0-24 months.

In order to achieve this, A&T will support health facilities in fifteen provinces to establish IYCF counseling services in rural and urban areas using a social franchise model. In addition, A&T will establish IYCF support groups in mountainous areas. To guide this work, A&T produced a package of training manuals on IYCF and counseling skills for health-facility managers and staff and community-based workers, including nutrition collaborators, village health workers (*VHWs*), and the Viet Nam Women’s Union members. The participants who are trained using these manuals will be able to provide IYCF counseling services in health facilities and in the community. The package includes a set of four trainer manuals and four trainee handbooks as follows:

MANUAL NO.	TOPIC	TRAINER MANUALS	TRAINEE HANDBOOKS
1.	Management and Operation of IYCF Franchise Model (<i>Mat Troi Be Tho</i>)	✓	✓
2.	Counseling on IYCF at Health Facility	✓	✓
3.	BCC on IYCF at Community (<i>Franchise Model</i>)	✓	✓
4.	BCC on IYCF in Remote Areas (<i>IYCF Support Group Model</i>)	✓	✓

* This fourth manual is designed for use only in the project area where residents have difficulty accessing health facilities and where IYCF Support Groups are already established.

This book you are reading is Training Manual Three, which will be used by provincial trainers to conduct training for community-based workers on BCC on IYCF.

We would appreciate any comments and suggestion users have about this training manual. Kindly direct comments, suggestions, and questions to Mrs. Tran Thi Kiem - A&T Office - E4B Trung Tu Diplomatic Compound, 6 Dang Van Ngu, Dong Da, Ha Noi or via email:

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Thank you!

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NOTES FOR TRAINERS

The purpose of this training manual

This training manual is designed for use by provincial trainers to enhance capacity on IYCF Franchise Management for franchise managers and staff who are working at identified health facilities to provide franchise services. Franchises include nutrition-counseling centers at provincial and district hospitals, centers for reproductive-health care, commune health centers (CHCs), and private clinics that have been selected by provincial authorities. In each of these facilities, managers will need to be trained in order to manage and operate the franchise effectively.

Training contents include:

- Sessions 1 and 2 give an introduction of A&T and IYCF.
- Session 3 presents an overview of Social Franchising.
- Session 4 covers the IYCF Franchise Model, in which the full IYCF service package and steps to establish the Franchise Model are described in detail.
- Session 5 gives an overview of BCC and demand-generation activities.
- Session 6 describes the operational procedures of the franchise, including registration and service delivery, referral provision, and client follow-up, service-fee management, and recording tools.
- Session 7 presents monitoring and supportive supervision to ensure quality for franchise services.
- Session 8 ends the training with Decree 21, compliance to which is considered one of the necessary criteria for the IYCF Franchises.

The training course is designed to be interactive and practical, and trainees are required to participate actively in all sessions through short presentations, discussions, and group exercises.

The use of this training manual

Sessions are designed based on a suggested timeline of one day. An assessment of trainees' knowledge and skills at the beginning of the training will indicate whether changes to this timeline are needed.

Examples and exercises may also be adapted to suit trainees in each course.

Contents of each session are organized as follows:

- *Session framework*: provides information on the objectives of the session, training materials required, and what the trainer needs to prepare. In addition, a session format provides the structure and allotted time for each component of the session. Finally, the instruction provides a step-by-step guide for handouts, slides, exercises, tools, etc., which are to be used in each

part of the session. Under some slides, there are notes that are italicized and in smaller font. These are to enable the trainer to explain the slide.

- *The slides*, which are to be shown for presentations in each session, are numbered in accordance with the sessions. For example, slides 3.1 and 3.2 are the first and second slides to be used in Session 3. The slides can be shown on computers or projectors or written on flip boards.
- *Exercises* are numbered in accordance with the relevant parts of the sessions (e.g., Exercises 2.1 and 2.2 are the first and second exercises of Session 2).

Training facilities and materials

Training courses have to be conducted with the support of the following general teaching facilities:

Training facilities and equipment:

- Computers and projectors if PowerPoint is in use.
- Flip boards, A0 papers.
- Board markers, permanent markers.
- Color cards.
- Adhesive tape, scissors.
- Staples, hole punches for filing.

Training materials:

- Trainee handbook.
- Pens and notebooks for trainees.
- Pre- and post- tests.
- Training-evaluation sheets.
- Reference materials.
- Certificate of participation for each trainee.

Dos and Don'ts for trainers:

Trainers should keep in mind the following:

- **Dos:**

<p style="text-align: center;">Management</p> <ul style="list-style-type: none"> ✓ Prepare carefully ✓ Speak clearly ✓ Write clearly ✓ Manage time well ✓ Use audio-visual (AV) aids ✓ Organize materials so that they are in clear view of all trainees 	<p style="text-align: center;">Participation</p> <ul style="list-style-type: none"> ✓ Encourage trainees to participate ✓ Encourage trainees to ask questions ✓ Encourage and praise trainees ✓ Be patient ✓ Give positive feedback
<p style="text-align: center;">Non-verbal communication</p> <ul style="list-style-type: none"> ✓ Maintain eye contact ✓ Pay attention to verbal and non-verbal cues from trainees ✓ Train and assess at the same time 	<p style="text-align: center;">Verbal communication and presentation style</p> <ul style="list-style-type: none"> ✓ Give clear instructions ✓ Check if such instructions are correctly understood by trainees ✓ Present contents in a logical way ✓ Link parts of the session ✓ Summarize the main points at the end of each session ✓ Focus on training content related to the main objectives of the training

- **Don'ts**

- Talk to the board.
- Stand in front of images.
- Stand still without moving around the classroom.
- Ignore comments of trainees by having no response to the comments (*by words or gestures*).
- Give sessions by reading from teaching materials.
- Give negative feedback to trainees.

IYCF INDICATORS AND DEFINITIONS

Breastfeeding Indicators

1. **Initiation of BF:** The proportion of infants who are breastfed within the first hour after delivery.
2. **EBF under 6 months:** The proportion of infants who are fed exclusively with breastmilk for the first six months (180 days). This means an infant receives only breastmilk and no other liquids or solids, not even water, with the exception of drops or syrups consisting of vitamins, minerals supplements, or medicines according to health-worker instruction.
3. **Continued BF at 1 years:** The proportion of children 12-15 months of age who are fed breastmilk.
4. **Continued BF at 2 years:** The proportion of children 20-24 months of age who are fed breastmilk.

Complementary Food Indicators

5. **Introduction of complementary food:** The proportion of infants 6-8 months of age who receive solid, semi-solid, or soft food in addition to breastmilk.
6. **Dietary diversity:** The proportion of children 6-24 months of age who receive food from four or more food groups.
7. **Consumption of iron-rich or iron-fortified food:** The proportion of children 6-23 months of age who receive iron-rich food or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home.

Types of Malnutrition

8. **Underweight:** refers to humans who are considered to be under a healthy weight. The definition is usually made with reference to the body mass index (BMI). (*Weight for age Z score <-2*).
9. **Stunting:** is a reduced growth rate in human development. It is a primary manifestation of malnutrition in early childhood, including malnutrition during fetal development brought on by the malnourished mother. (*Height for age Z score <-2*).
10. **Wasting:** refers to the process by which a debilitating disease causes muscle and fat tissue to "waste" away. Wasting is sometimes referred to as "acute malnutrition" because it is believed that episodes of wasting have a short duration, in contrast to stunting, which is regarded as chronic malnutrition. (*Weight for height Z score <-2*).
11. **Overweight:** refers to the process when accumulated muscle and fat tissues cause the body weight to be over the standard of the same age and gender. Overweight is identified when weight for age Z score >2.

PRE-TEST

- All participants attending the training must complete the pre-test and hand it in, prior to the start of training.
- The pre-test should take approximately 15 minutes to complete.
- All pre-test forms should be reviewed for completeness by trainers.
- All pre-test forms should be collected prior to the start of the training sessions.
- Data from the pre-test should be entered and analyzed by the trainers as soon as possible and used to inform the training sessions.
- Results should be consolidated into a training report.

TRAINING OBJECTIVES AND SCHEDULE

1. Trainees are able to understand basic concepts of the social franchise and franchise model.
2. Trainees are able to understand the IYCF Franchise Model.
3. Trainees are able to list components of the IYCF Service Package.
4. Trainees are able to understand and list major standards for the IYCF Franchise Model and procedures to conform to those standards.
5. Trainees are able to identify the process of franchise-performance reporting

TIME SCHEDULE	ACTIVITIES
7:30 - 8:00	Welcome trainees and Pre-Test
8:00 - 8:30	Session 1: Introduction of A&T and IYCF
8:30 - 9:00	Session 2: Current Situation of IYCF in Viet Nam
9:00 - 9:45	Session 3: Franchising
9:45 - 10:00	Tea break
10:00 - 11:30	Session 4: IYCF Franchise Model
11:30 - 13:30	Lunch break
13:30 - 14:00	Session 5: Behavior Change and Demand Generation
14:00 - 14:35	Session 6: Operational Procedures of IYCF Franchise Service
14:35 - 15:05	Session 7: Monitoring and Supportive Supervision to Ensure Quality of IYCF Franchise Services
15:05 - 15:30	Tea break
15:30 - 16:00	Session 8: Decree 21
16:30 - 17:00	Q&A, Post-Test and Certificates
	Closing

SESSION 1: INTRODUCTION OF A&T AND IYCF

Objectives:

After completing this session, trainees will be able to:

- Clarify the main content of A&T Project.
- Point out the significance of IYCF and the concept of the Window of Opportunity.
- Provide current nutrition recommendations for children from 0-24 months of age.

Training facilities and materials:

- Presentation, group discussion.
- A0 paper, flip board, board markers, adhesive tape.

Preparation for the session:

- Prepare slide content.

	Session format	Duration (minutes)
▶ 1	Introduction – objectives of the session	2
▶ 2	Introduction of A&T	10
▶ 3	Introduction of IYCF, Window of Opportunity	5
▶ 4	Optimal IYCF practices	10
▶ 5	Summarize the session	3
	Total time	30

INSTRUCTION

▶1 Introduction – Objectives of the Session

▶2 Introduction of A&T Project

Methodology: Presentation

- Present these slides

SL 1.2

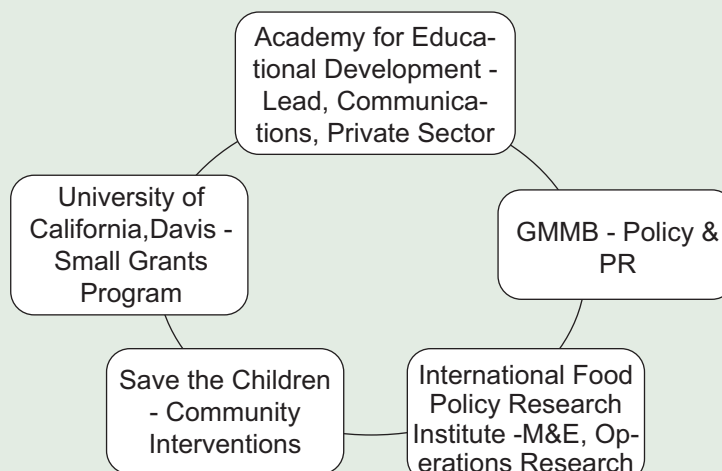
ALIVE & THRIVE

- A five - year initiative (2009-2013)
- Located in Bangladesh, Ethiopia & Viet Nam
- Save more than half a million children’s lives by significantly improving breastfeeding and complementary feeding policies and practices
- Funded by Bill & Melinda Gates Foundation

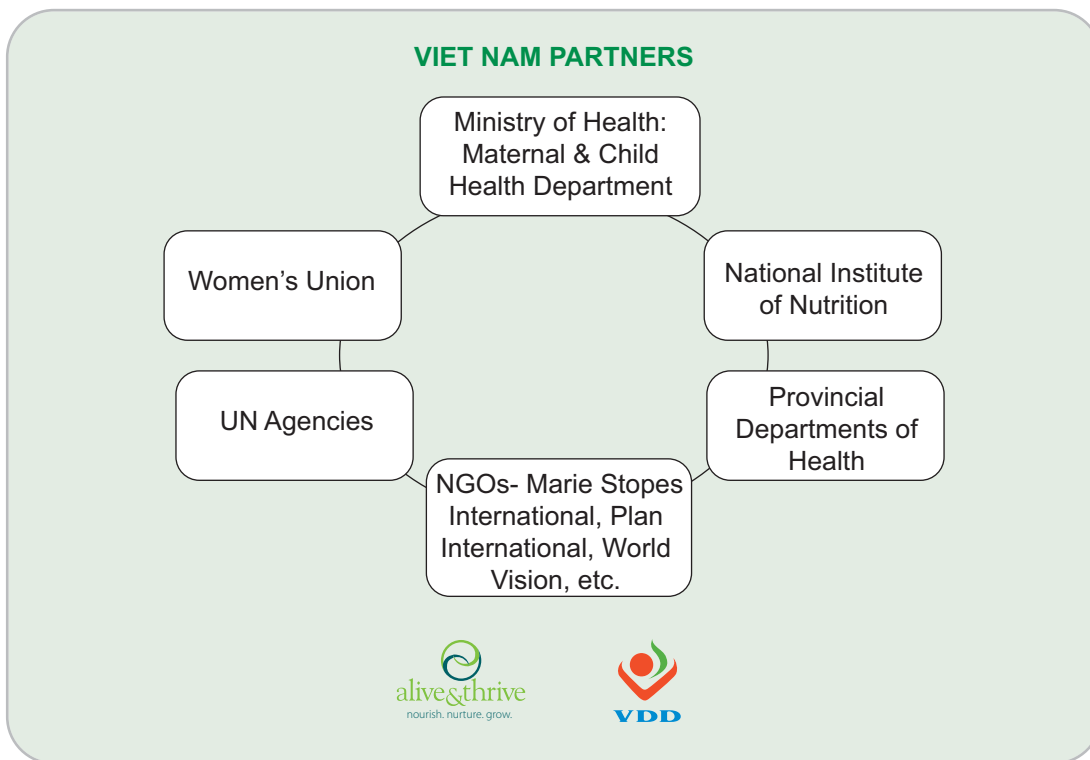


SL 1.3

A&T TEAM IN VIET NAM




SL 1.4



SL 1.5

PROGRAM AREA

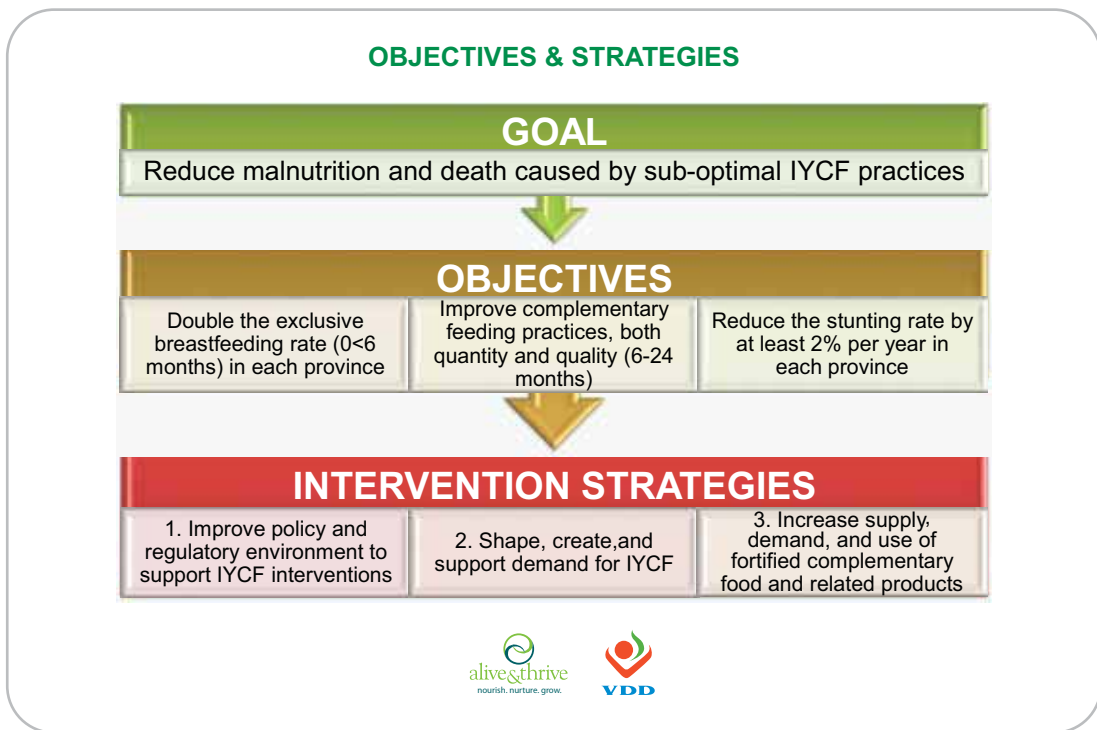
- **North:** Ha Noi, Hai Phong, Thai Nguyen, Thanh Hoa
- **Central:** Da Nang, Quang Tri, Quang Ngai, Quang Nam, Quang Binh
- **South:** Khanh Hoa (Nha Trang), Vinh Long, Tien Giang, Ca Mau, Dak Lak, Dak Nong



Note: Eleven provinces and four cities (underlined) are selected based on the following criteria:

- Represent seven geographical regions of Viet Nam.
- Have a large population and number of children under 5 years old.
- Have a stunting rate in children under 5 of 30 % or more.
- Priority is for provinces currently implementing projects of SC Viet Nam

SL 1.6



Further explanation: A&T will have two main models:

- *IYCF Franchise Model:* applied in urban areas where residents can easily access health facilities.
- *Community-based IYCF support group:* applied in remote areas where residents have difficulty accessing health facilities.

In this manual, only the IYCF Franchise Model is introduced.

►3 Importance of IYCF and the Window of Opportunity

- Present the slides.

SL 1.7

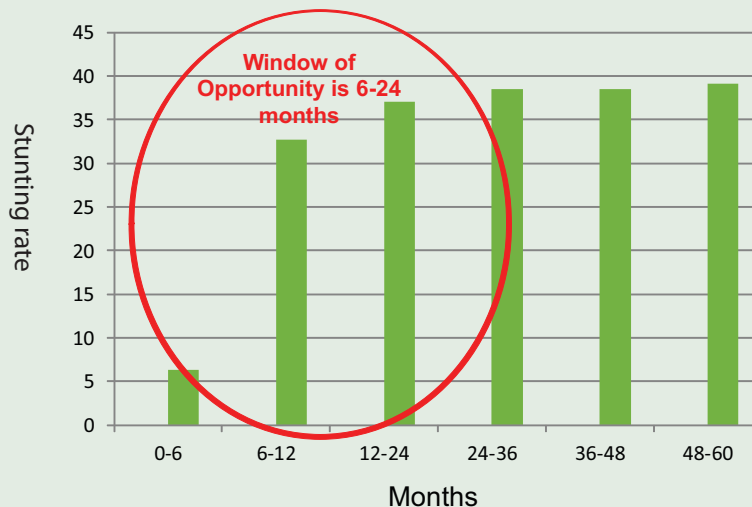
IMPORTANCE OF INFANT & YOUNG CHILD FEEDING

- Malnutrition decreases the mental and physical development capability of human beings, especially children
- The main reasons for malnutrition in children < 2y: poor BF & CF practices and infections
- Under 2 years is an important “window” to ensure good health
- IYCF plays a critical role in child health and survival



SL 1.8

STUNTING PREVALENCE BY AGE (2007, WHO)

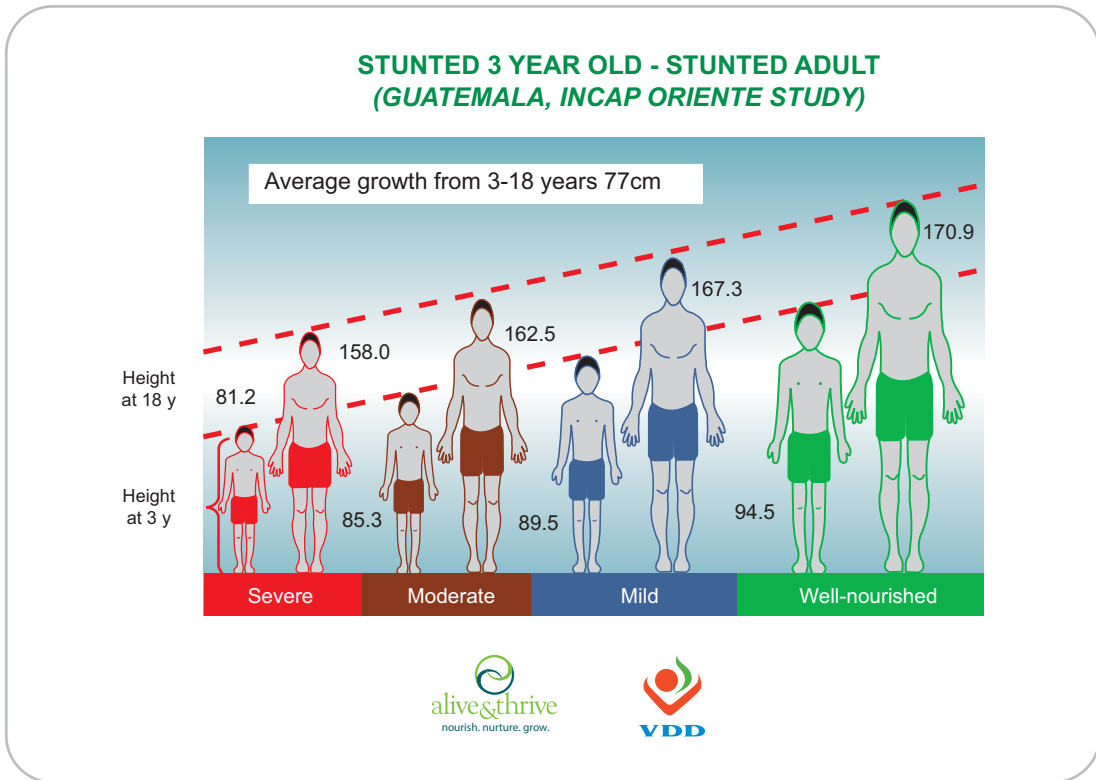


Note:

- As it can be seen in this slide, till about six months the rate of stunting is low. However, there is a big increase in the stunting rate during the 6-12 month period – almost 50%. After 12 months the stunting rates show little increase or decrease. Therefore if we want to make an impact, the Window of Opportunity is from 0 to 24 months.
- Once a child is over 2 years old, it is very difficult to change the stunting that has already occurred.

- Therefore, in the first two years, we need to focus on improving BF and CF practices to prevent children from being malnourished.
- Talk to trainees: Once the child is more than two years old, it is very difficult to change the stunting that has already set in. Show and present slide 1.9 -Importance of 'Windows of Opportunity'.

SL 1.9



Explain to trainees: Research shows that a child's height at three years is highly related to his/her height as an adult - by adding about 77 cm to a child's height at age three you can predict their height as adults to a great extent. Therefore someone who is severely stunted as a child will be a short adult while someone who is well nourished as a child will be a tall adult.

- Talk to trainees: Hence, in order to ensure all children will become tall and healthy adults in the future, we need to focus on improving IYCF practices to prevent stunting from a very early age. This intervention needs to be implemented by appropriate activities at different ages: from the seventh month of pregnancy until the child is 24 months old.

- Show Slide 1.10 and explain the “*Windows of Opportunity*”.

SL 1.10

WINDOWS OF OPPORTUNITY

Preconception through pregnancy	0-6 mo: Exclusive breastfeeding	6-24 mo: Complementary feeding and continued BF
		
		

Note: Among the three *Windows of Opportunity*, A&T focuses on the second one but it is required that the provincial franchises focus on all three.

►4 Optimal IYCF Practices

Methodology: Brainstorming

- Ask trainees to think about the question “What are ideal practices in IYCF?” for one minute.
- Divide trainees into two groups; give each group an A0 paper and ask group members to take turns to write down one ideal practice relating either to BF or CF.
- Tell trainees that there are seven ideal BF practices and eight ideal CF practices.
 - Group one has to write down the seven ideal BF practices.
 - Group two will write down the eight CF practices.
- Each group has five minutes to complete the task
- Put the BF and CF practices up on the board and review the ideas quickly. Summarize and give feedback for incorrect ideas.
- Trainer presents the following slides.

SL 1.11

IDEAL IYCF PRACTICES (BREASTFEEDING)

1. All infants are breastfed the first time within the first hour after delivery *
2. No infants are given pre-lacteals before breastfeeding *
3. All infants are breastfed colostrum *
4. All infants and young children are breastfed on demand during day and night *
5. All infants are exclusively breastfed during the first 6 months *
6. No children are weaned before 24 months of age *
7. No children are fed with bottles and pacifiers

Source: * ProPAN



SL 1.12

IDEAL IYCF PRACTICES (BREASTFEEDING)

8. All infants are given complementary foods starting at 6 months (180 days*)
9. All infants and young children are fed the recommended number of meals daily*
10. All infants and young children (6 - 24 months) meet the recommended daily energy demands *
11. All infants and young children are given nutrient - and energy - dense foods *
12. All children are fed diverse foods (4 or more food groups)
13. All children are given iron - rich or iron - fortified foods daily
14. All infants and young children are fed meat, fish, and poultry daily *
15. All infants and young children are supported and motivated to eat to satiety during mealtimes *

Source: * ProPAN



Note: WHO age calculation:

- 0- month-old baby: baby from the time of delivery to 29 days of age.
- 1- month-old baby: baby from 30 to 59 days of age.
- 5- month-old baby: baby from 5 months to 5 months plus 29 days of age.
- Children under 6 months: children under 180 days of age.
- EBF in the first 6 months means in the first 179 days of age.

► 5 Summarize the Session

8. Management and Operation of the IYCF Franchise Model (“Mat troi be tho”)

SESSION 2: CURRENT SITUATION OF IYCF IN VIET NAM

Objectives:

After completing this session, trainees will be able to:

- Point out IYCF problems in Viet Nam in general and in provinces selected by A&T.

Training methodology:

- Presentation.

Training facilities and materials:

- A0 paper, flip board, board markers, adhesive tape.

Preparation for the session:

- Prepare the slide content.

	Session format	Duration (minutes)
▶ 1	Introduction – objectives of the session	5
▶ 2	Current situation of IYCF in Viet Nam	20
▶ 3	Summarize the session	5
	Total time	30

INSTRUCTION

▶1 Introduction – Objectives of the Session

▶2 Current IYCF Situation in Viet Nam

Methodology: Brainstorming, Presentation

- Ask trainees what they know about IYCF in Viet Nam and IYCF at their localities.
- Ask trainees if they know how many children under five years old there are in Viet Nam, and if they know the rate of underweight, stunting, and wasting.
- Present the slides.

SL 2.2

CURRENT SITUATION OF IYCF IN VIETNAM

- More than 7 million children under 5 years old*
- 1 in 5 children: underweight - 18.9%#
- 1 in 3 children: stunted - 31.9%#

Despite:

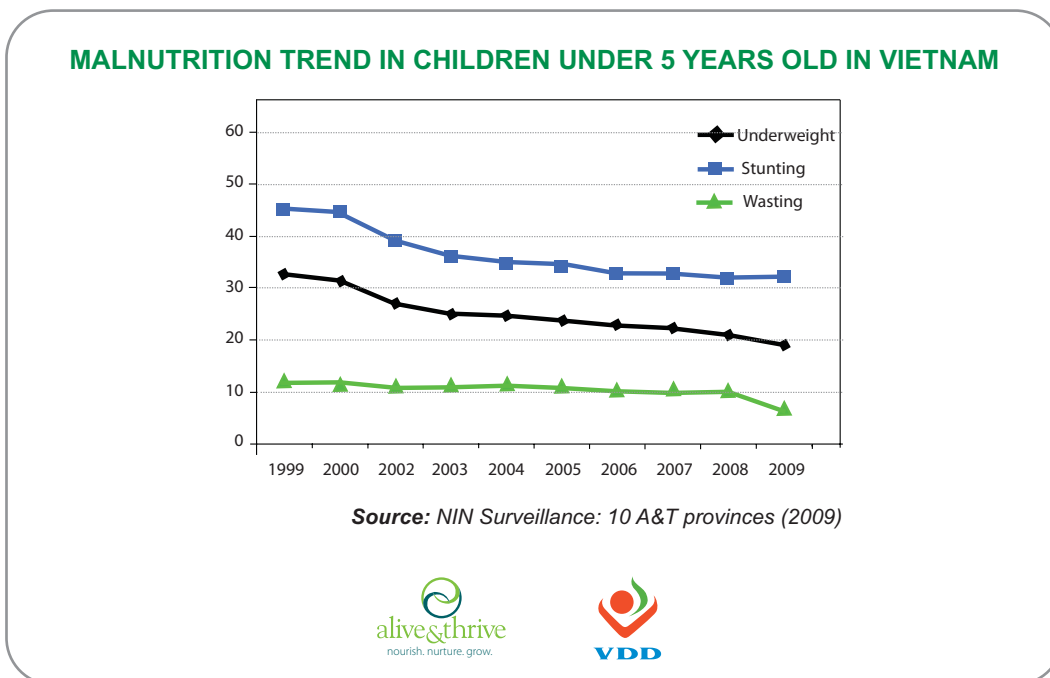
- Food security
- 90% literacy*

Source: * Health Statistics Yearbook (2009)
NIN Surveillance: 10 A&T provinces (2009)



Note: It is important to note that despite being a food-secure country with a high level of literacy, Viet Nam has high malnutrition rates.

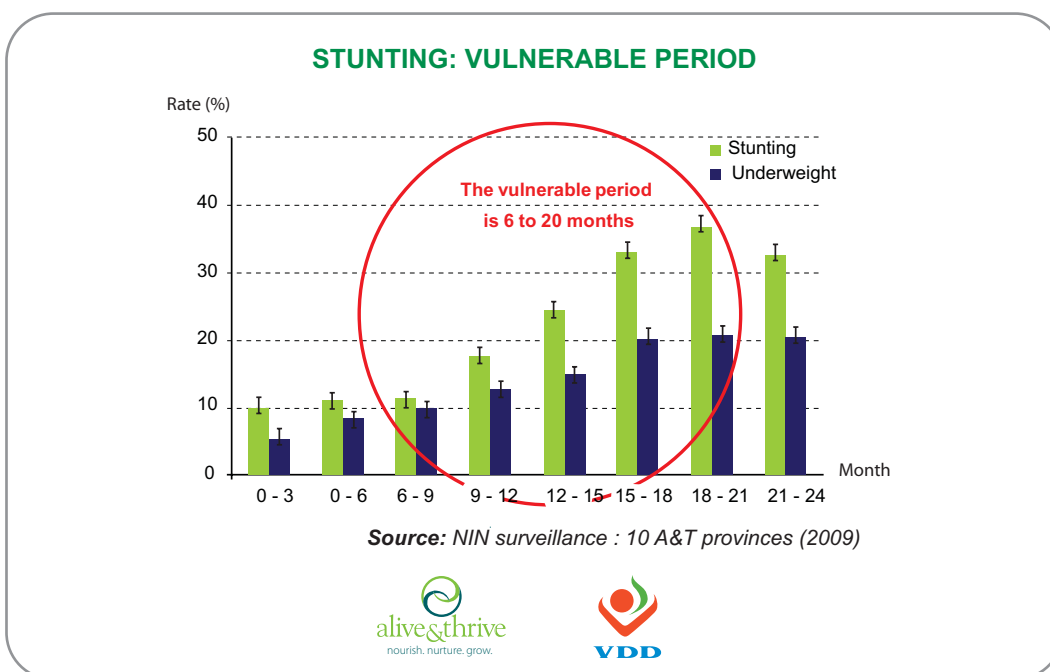
SL 2.3



Note:

- The rate of underweight has decreased steadily over time and is currently 18.9%.
 - However the rate of stunting is still high. In recent years it is also important to note that the rate of reduction of stunting has slowed down. Therefore we need to focus on improving IYCF practices if we want to decrease this rate further.
- Show slide 2.4 and ask a trainee to explain the graph.

SL 2.4



Note: It can be clearly seen that in Viet Nam the stunting rate increases sharply from 6 months to 20 months – almost 25%. Emphasize that this is the period of risk and also the Window of Opportunity.

SL 2.5

ANC AND PNC

- More than 90% receive ANC care but no/little counseling on BF
- 80-90% women have a skill attendant at birth but no/little support at delivery for initiation of BF
- Few PNC visits (*mostly for complications*)

Source: A&T Formative Research (2009)



SL 2.6

BREASTFEEDING

Ideal Practice 1: Initiate BF within an hour of birth

- Only 55% of children are breastfed within the first hour after birth#
- The rate is best in mountain areas (70%), poor in urban areas (30%)*
- Rate is higher for CHC (70%), compared to hospitals & private clinics (40%)*

Source: # NIN surveillance: 10 A&T provinces (2009)

* A&T Formative Research (2009)



SL 2.7

BREASTFEEDING

Ideal Practice 2: No Pre-lacteals

- 2 out of 3 mothers (~60%) feed their infants other things besides breastmilk during first three days *
- 1 out of 3 mothers (30%) bring formula to the health facility for delivery (*in Hanoi as many as 87% mothers bring formula*)*

Source: * A&T Formative Research (2009)



SL 2.8

BREASTFEEDING

Ideal Practice 3: Give colostrum

- 1 out of 3 mothers (27%) squeezes out some colostrum #
- In some provinces this rate is as high as 90% *

Source: # NIN surveillance: 10 A&T provinces (2009)

* A&T Formative Research (2009)



SL 2.9

BREASTFEEDING

Ideal Practice 4: Breastfeed on demand, day & night

- 85% of mothers breastfeed on demand #

Source: # NIN surveillance: 10 A&T provinces (2009)



SL 2.10

BREASTFEEDING

Ideal Practice 5: EBF till 6 months

- ~10% EBF up to 6 months of age #
- Only 50% mothers & 30% pregnant women know what EBF means *
- Most health workers know what EBF means but believe EBF is required only for 4 months *

Source: # NIN surveillance: 10 A&T provinces (2009)

* A&T Formative Research (2009)



Note: Viet Nam has one of the lowest rates in the region.

SL 2.11

BREASTFEEDING

Ideal Practice 6: BF upto 24 months of age

- 60-90% mothers BF up to 12 months
- On average most mothers stop BF at 15-18 months

Source: A&T Formative Research (2009)



SL 2.12

BREASTFEEDING

Ideal Practice 7: No feeding with bottles & pacifiers

- 75% of children are not fed with bottles & pacifiers (0-24 months)

Source: NIN surveillance: 10 A&T provinces (2009)



SL 2.13

BARRIERS TO EARLY & EXCLUSIVE BREASTFEEDING

- Perception of insufficient milk → quality & quantity
- Separation of mother and child
- Perception that water is needed to clean a baby's mouth and quench thirst
- Availability of formula
- Maternal leave
- Lack of appropriate information and support

Source: A&T Formative Research (2009)



SL 2.14

COMPLEMENTARY FEEDING INDICATORS

Indicator	
Ideal practice 8: Children aged 6-8 months given complementary food #	90%
Ideal practice 9: Children given the recommended number of meals per day*	No data
Ideal practice 10: Children meet the recommended daily energy requirements*	Yes, if BF
Ideal practice 11: Children fed nutrient & energy dense food *	No data
Ideal practice 12: Children 6-23 months given diverse food #	50%
Ideal practice 13: Children given iron-rich food #	79%
Ideal practice 14: Children fed meat, fish or poultry daily *	3-4 times/week
Ideal practice 15: Children supported & motivated to eat *	Yes

Source: # NIN Surveillance :10 A&T provinces (2009)
*A&T Formative Research (2009)



SL 2.15

COMPLEMENTARY FEEDING ISSUES

- Complementary food is given as early as 2-3 months (urban: 4-5 months)
- Consistency & quality is an issue
- Diets are highly iron deficient

Source: A&T Formative Research (2009)



SL 2.16

COMMUNICATION FINDINGS

- TV, radio, mobiles ownership is high but few called/used hotline; in urban area, computer ownership > 60%, access to the Internet 26%; Less than 25% read newspapers
- 30% attended nutrition counseling sessions
- 75% are willing to pay for effective nutrition counseling - on average VND 30,000 - 50,000

Source: A&T Formative Research (2009)



► 3 Summarize the Session

SESSION 3: FRANCHISING

Objectives:

After completing this session, trainees will be able to:

- Understand basic concepts of social franchising and franchising protocol.

Teaching methodology

- Presentation, discussion/group exercises.

Training facilities and materials:

- Trainees' handbook.
- A0 paper, flip board, board markers.

Preparation for the session:

- Prepare the slide contents and exercises.

	Session format	Duration (minutes)
▶ 1	Introduction – objectives of the session	2
▶ 2	Concepts of Franchising, four franchise components	5
▶ 3	Conditions for social franchising to succeed	5
▶ 4	Operating the structure of social franchising	10
▶ 5	Benefits of franchising	5
▶ 6	Summarize the session	3
	Total time	30

INSTRUCTION

►1 Introduction – Objectives of the Session

►2 Concepts of Franchising and Four Franchise Components

Methodology: Presentation

- Ask trainees what they know about franchising.
- Summarize trainees' ideas and present the following slides

SL 3.2

WHAT IS FRANCHISING?

- Franchising is a business model that enables efficient and rapid expansion of a product and/or service of a specified standard



Note: Franchising is defined as a business model that enables efficient and rapid expansion of a product and/or service of a specified standard.

- Franchising has been increasingly used in the health sector, particularly for preventive services such as RH and MCH, by non-profit institutions to improve health outcomes.

SL 3.3

FOUR COMPONENTS OF FRANCHISING

- High quality standardized services
- Fee for services
- Franchise branded commodities
- Operator owned outlets

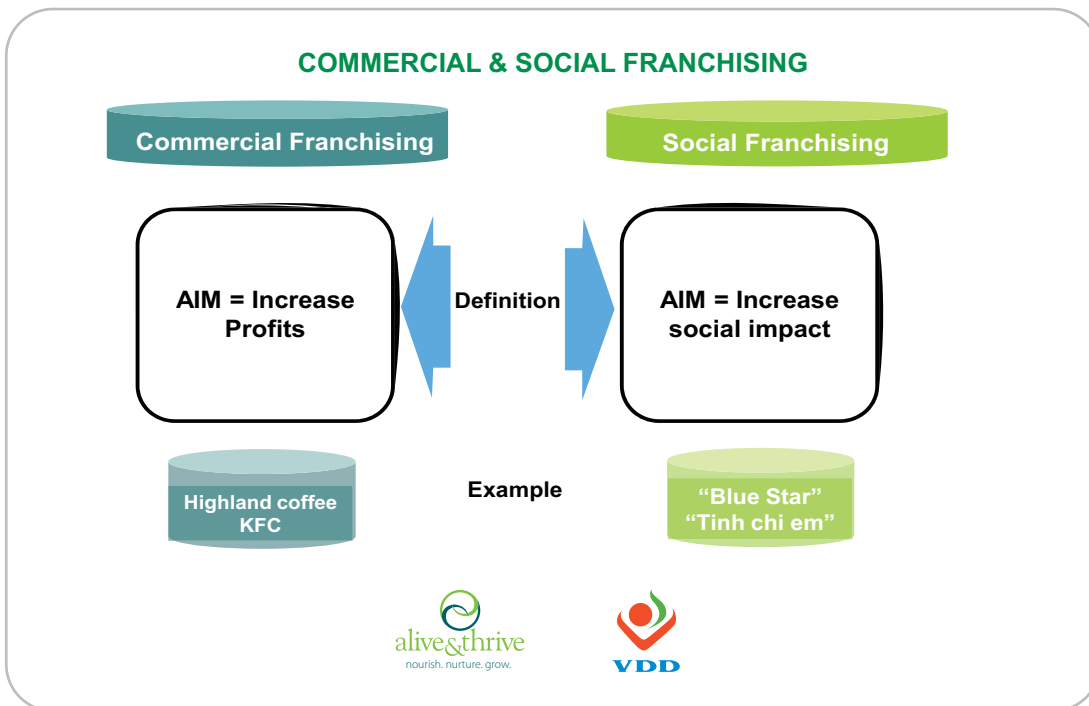


Note: There are four components of franchise that ensure the operation, existence, and development of a franchise model.

- Standardized services of a certain quality at all facilities in the franchise system (same name and same quality of service – for example, KFC).
- Fee for services to be recognized by customers and to maintain facility's activities (same pricing structure).
- Brand: including brand name, logo, and slogan.
- Franchisee operates independently under the franchisor's supervision.

- The trainer mentions some franchise brands such as Highland Coffee, “Tinh chi em” and asks trainees if these are available at their localities.
- Then the trainer concludes that these are typical examples for different types of franchising and shows slide 3.4.

SL 3.4



Note: There are two types of franchises. The first is a commercial franchise where the aim is to increase profits quickly. The second is a social franchise where the aim is to increase social impact or benefit. Examples of commercial franchises in Viet Nam are Highlands Coffee and KFC. An example of a social franchise is the BlueStar or Tinh Chi Em model of Marie Stopes International. There is no example of a franchise for IYCF services – so the work that you will be doing is new and very important.

▶ 3 Conditions for social franchising to succeed

- The trainer presents SL 3.5

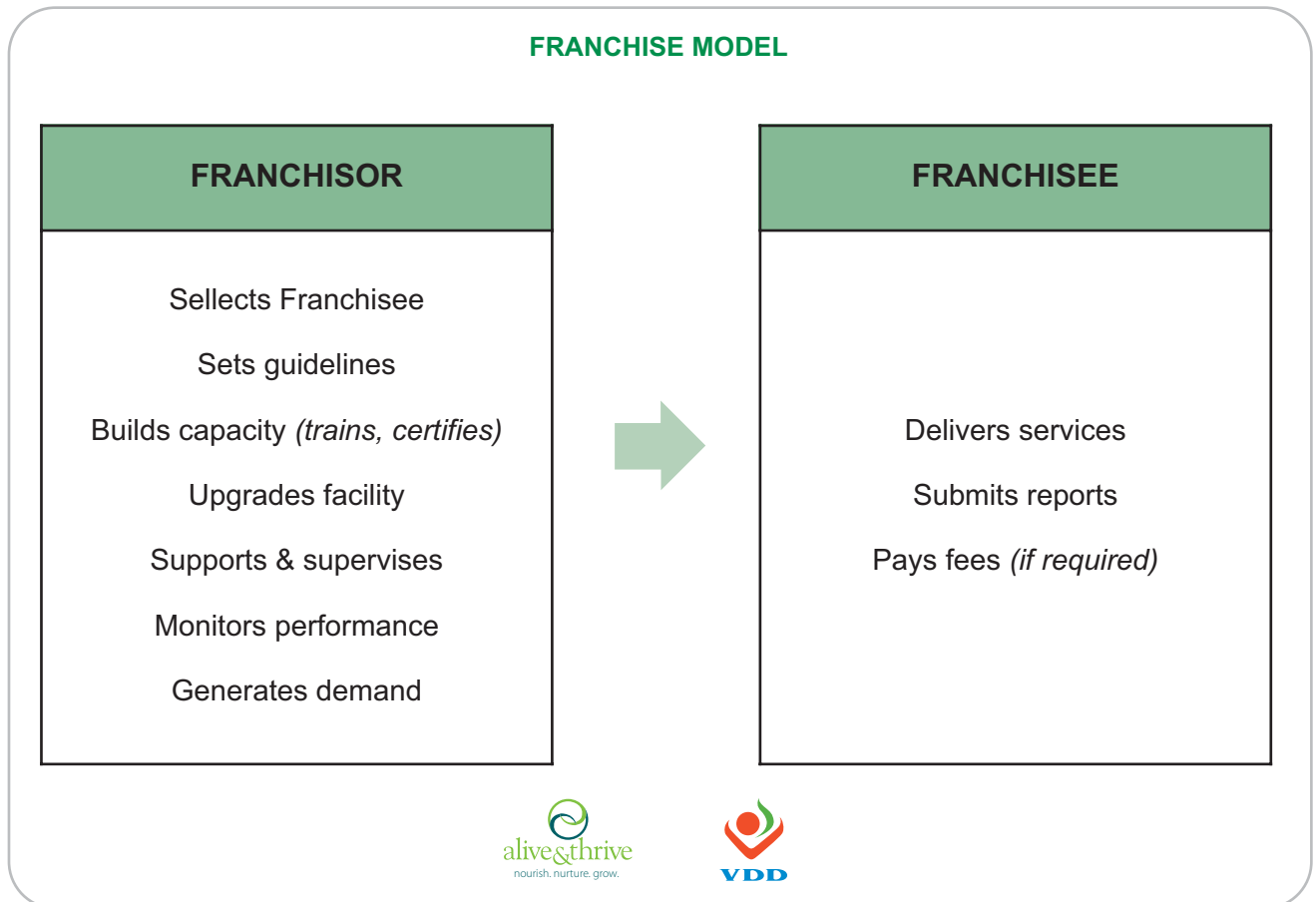
SL 3.5



►4 Operating structure of social franchising

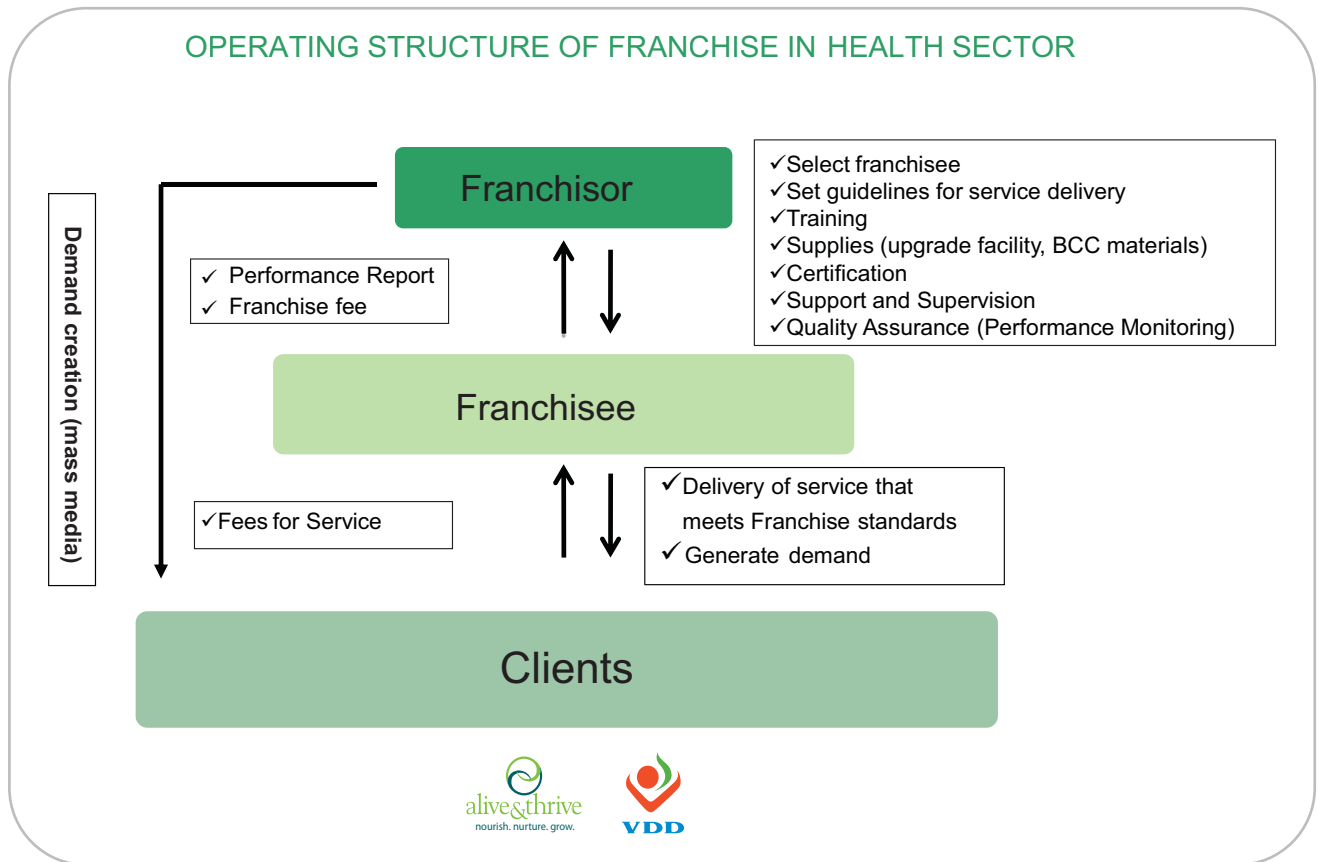
- In any franchise model you have a franchisor and a franchisee.
- The chart below describes the parties involved and their roles/responsibilities in the Franchise Model.

SL 3.6



- Tell trainees: A&T is seeking to increase IYCF using a social-franchise model so now we will study together the operating structure of a social franchise.
- Show SL 3.7 and present.

SL 3.7



Roles and responsibilities of a franchisor

- **Select franchisees** that meet predetermined selection criteria through a fair and transparent process.
- **Develop franchisees’ capacity** to deliver a franchisor service in accordance with franchising standards.
 - Clearly defined and user-friendly Service Delivery Standards and Guidelines for franchisees.
 - Staff training and certification for the delivery of services according to those guidelines.
 - Upgrades to physical infrastructure of franchise facility as appropriate.
 - Provision of equipment, drugs, consumables, support materials, IEC, record- keeping forms, etc. needed to effectively carry out the franchise service (via bulk purchasing).
- Provides franchisees with routine **support and supervision** needed to maintain franchise standards.
- **Monitors** franchise performance and acts accordingly (Quality Assurance).
- **Creates consumer demand** for franchise services via brand advertising.

Roles and Responsibilities of a franchisee

- Deliver services that conform to franchise standards and guidelines (i.e., quality standards, pricing, hours of operation, staffing, record keeping, etc.).
- Submit performance data/reports to Franchisor as required.
- Pay franchise dues if and as required.
- The trainer explains: so that a franchise operates effectively, it is necessary to organize community-based communication and education activities for generating demand for franchise services at the franchise.

►5 Benefits of social franchising

- Trainer shows slide 3.8 and presents the benefits of social franchising

SL 3.8

BENEFITS OF SOCIAL FRANCHISING

- The target population benefits from increased access to high-quality services at affordable prices.
- Benefits for Franchisees:
 - Increased clinic revenues through an expanding paying clientele.
 - Professional satisfaction - ability to improve quality of care to clients and increase clients' satisfaction.
 - (Financial or other) rewards and acknowledgement of excellent performance.
 - Enhanced reputation from certificates and brand-name certification.
 - Increased rates of using services, opportunities to expand network and call on insurance programs, etc.
- Franchisor benefits from improved ability to achieve effective health impacts.
- Government benefits from improved health statistics and quality-assurance mechanisms that are overseen by franchisor .



►6 Summarize the Session

SESSION 4: A&T FRANCHISE MODEL

Objectives:

After completing this session, trainees will be able to:

- Understand A&T IYCF franchise model.
- List all components of IYCF Franchise Service Package.
- State major standards for choosing a health facility.
- State steps to establish an IYCF Franchise Model.

Teaching methodology:

- Presentation, discussion/group exercises.

Training facilities and materials:

- Exercise 4.1.
- A0 paper, flip board, board markers.

Preparation for the session:

- Prepare the slide contents and exercises.

	Session format	Duration (minutes)
▶ 1	Introduction – objectives of the session.	2
▶ 2	IYCF Franchise Model.	5
▶ 3	Full IYCF service package and components of service package depending on types of facility	15
▶ 4	Responsibilities of involved partners and purposes.	5
▶ 5	Franchisee selection criteria.	10
▶ 6	Steps to establish an IYCF franchise model	5
▶ 7	Summarize the session.	3
	Total time	45

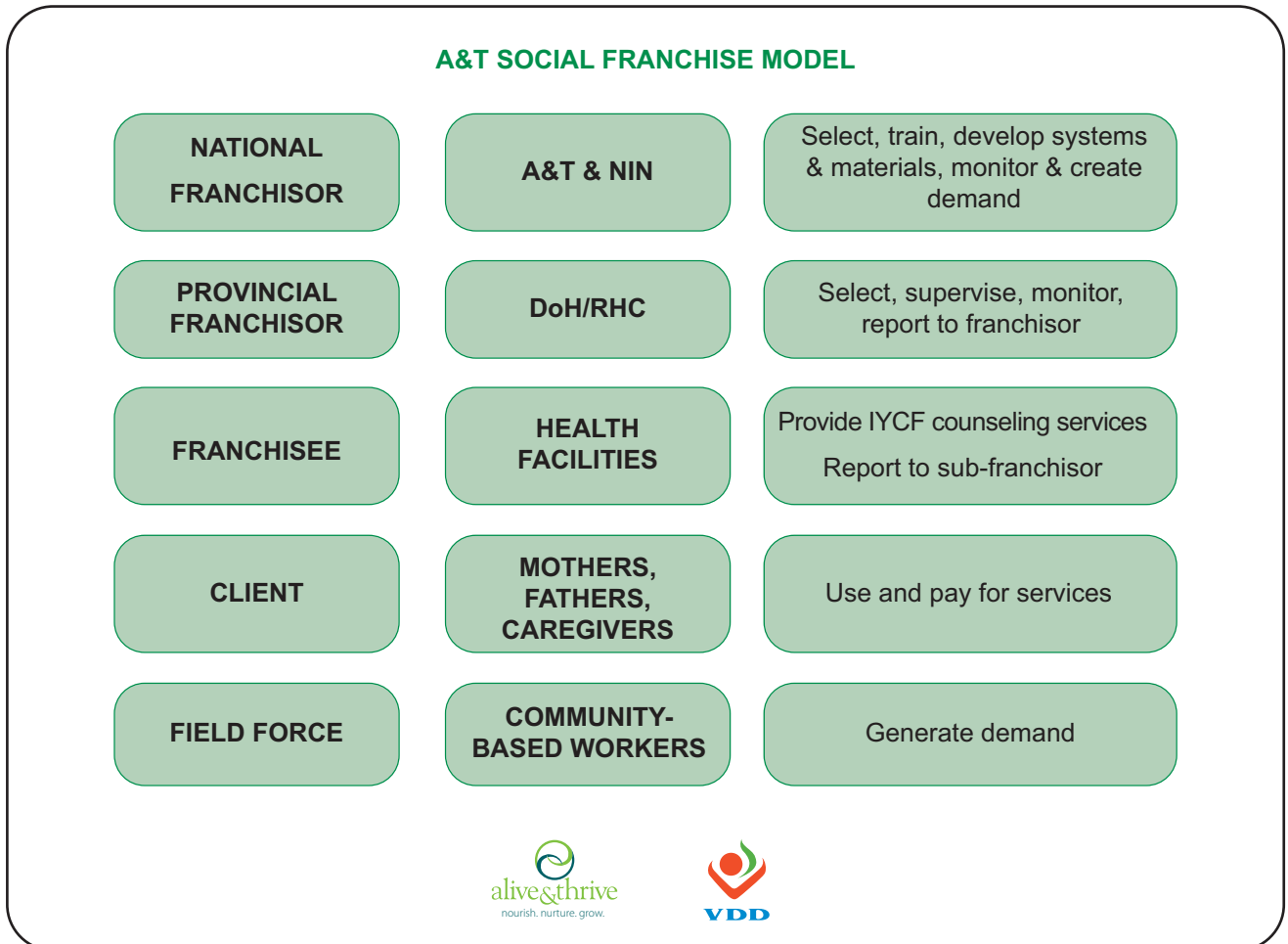
INSTRUCTION

▶1 Introduction – Objectives of the Session

▶2 A&T IYCF Franchise Model

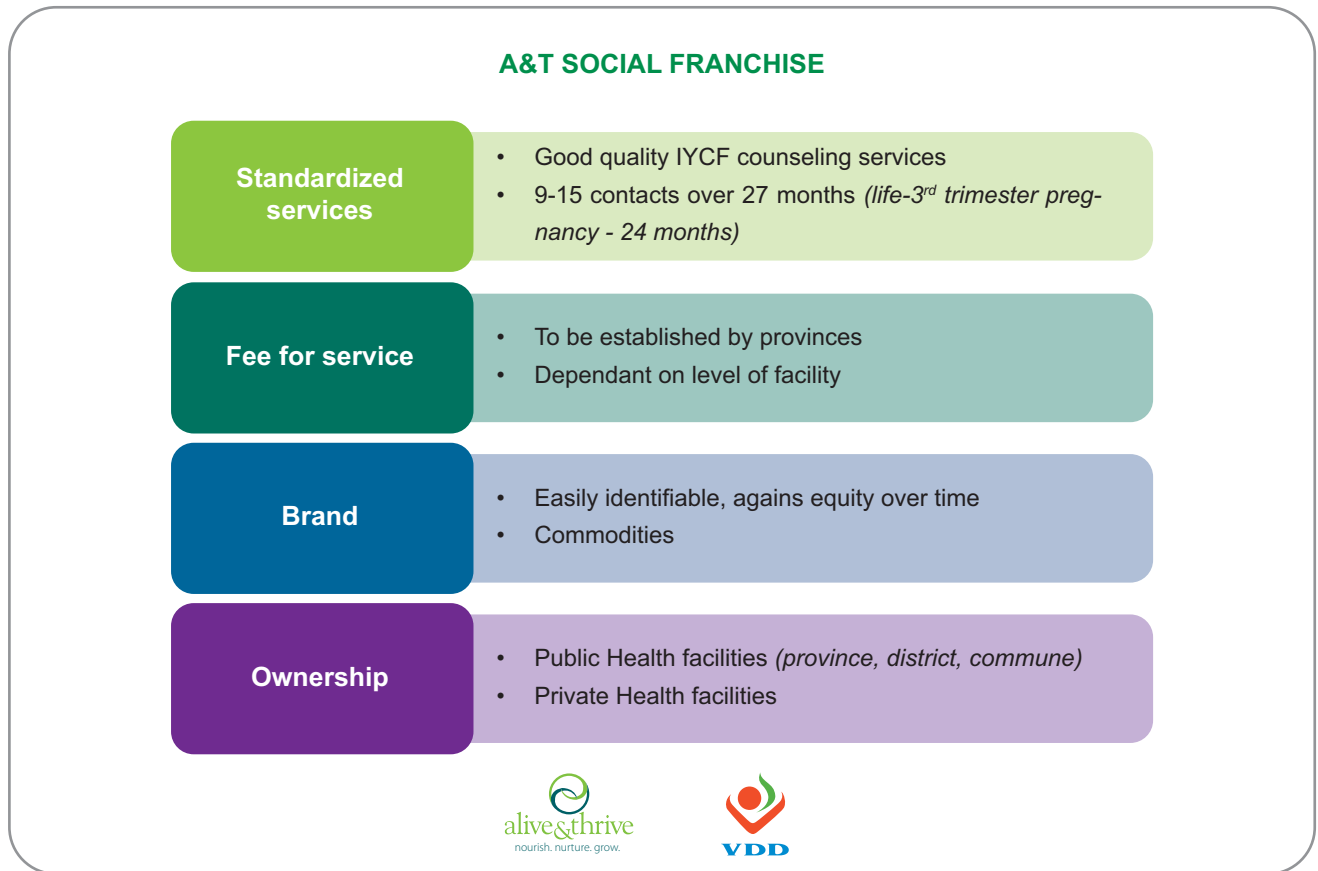
- Show slide 4.2 and present the A&T Franchise Model.

SL 4.2



- The trainer shows column one and two and then asks trainees to brainstorm on the role of each level of franchise. Then shows column three to summarize.
- The trainer repeats the four franchise components that ensure the operation, existence, and development of a franchise model, then shows slide 4.3 and analyzes each component in the A&T Franchise Model.

SL 4.3



The four components of the A&T Social Franchise are:

1. *A package of good-quality counseling services, which includes five different components.*
 2. *Fees for service as established by each province and depending on the level of the facility and location - e.g., urban areas may choose to charge more than rural areas.*
 3. *We will share the A&T Franchise Brand and its meaning. The brand is important and we hope that it will gain visibility over time.*
 4. *Franchisees can be public-health facilities or private clinics.*
- Tell trainees: after a long process of designing, working with provincial partners, and field work, A&T has finalized the design of the A&T brand name as follows.

SL 4.4

A&T FRANCHISE BRAND

- Professional
- Trustworthy
- High quality
- Functional
- Welcoming
- Child-friendly



**MẶT TRỜI
Bé thơ**
Dinh dưỡng hôm nay, sức khỏe cho ngày mai




The logo set is composed of three elements:

- **The logo:** The beaming sun both symbolizes a blooming sunflower as well as a smiling child in good care. The sun represents life while the two leaves stand for nurturing hands. The overall meaning is caring for a healthy, happy child and the future generation.
- **The clinic name:** The clinic name “Little Sun” is synonymous with the above meaning and emphasizes “child” as the prime target of the clinic. The clinic name is short and easy to remember and understand. It is highly indicative of the nature of the project as well as its target.
- **The project slogan:** “Nutrition today, health tomorrow” emphasizes the importance of appropriate nutrition for babies to create a foundation for their future development and for the future of Viet Nam.

Value of the brand name:

- professional
- trustworthy
- high-quality
- functional
- welcoming
- child-friendly
- The trainer emphasizes that data from our research shows that clients are more willing to come back to a health center if they get good-quality service and if the staff are warm and friendly.

► 3 Full IYCF Service Package and components of service package depending on types of facility

- Ask trainees if they know what the product of the A&T franchise model is and then show slide 4.5.

SL 4.5

A&T FRANCHISE MODEL

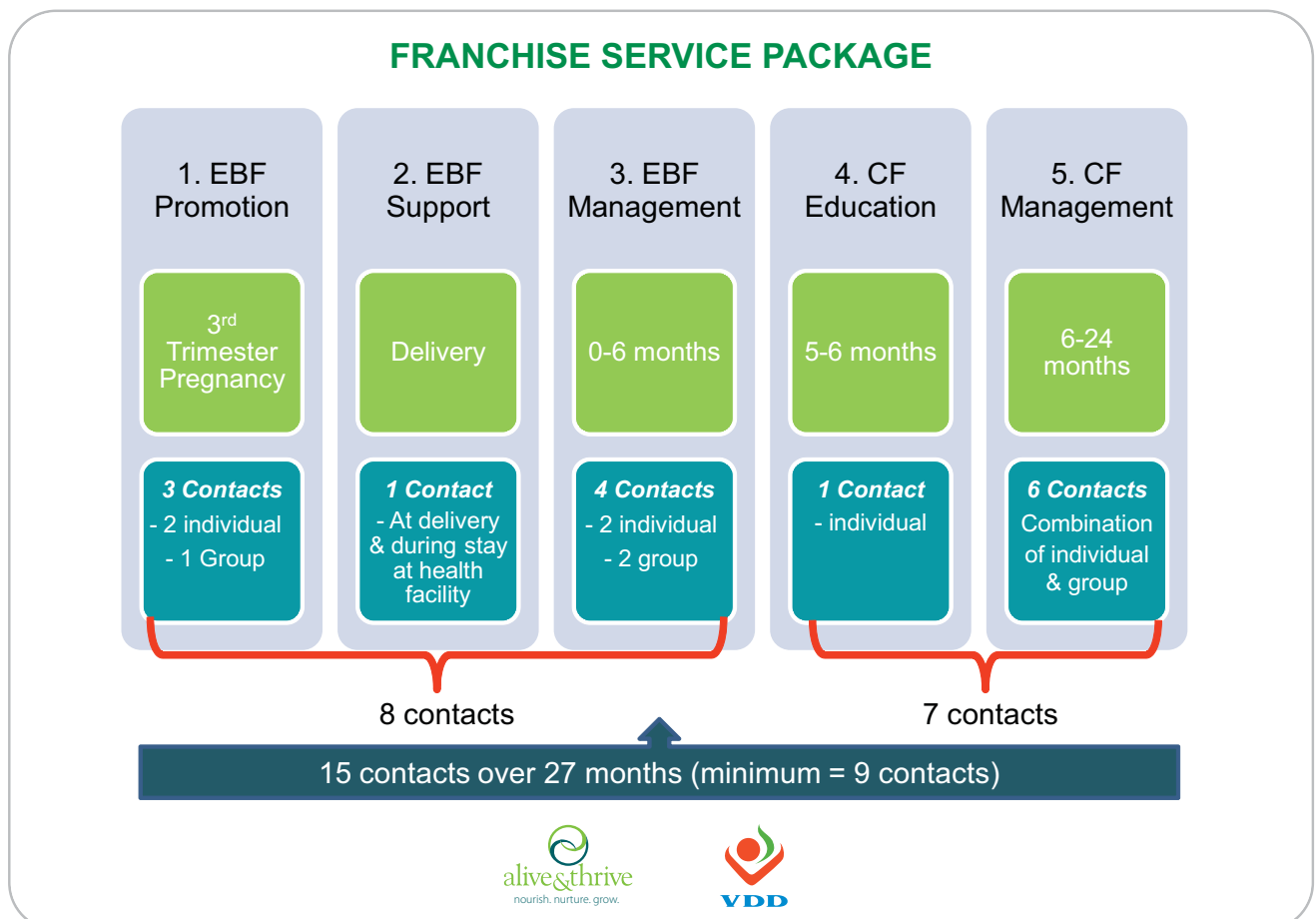
HIGH QUALITY IYCF COUNSELING SERVICE

- Timing - From pregnancy until 24 months of age (27 months)
- Total contacts: 15




- Show slide 4.6 and present the full IYCF service package.

SL 4.6



Notes for trainers:

- **EBF Promotion:** is to provide timely and appropriate information on EBF for mothers before delivery and in the third trimester of pregnancy with the following purposes:
 - So mothers know the importance of BF and believe that it is the best choice for their babies.
 - So mothers know the activities that support BF and want to go to health facilities for further information as well as specific support.
 - So mothers believe in their ability to exclusively breastfeed and commit to EBF.
 - So mothers select an appropriate place to deliver so as to receive BF support within the first hour after delivery (including support to give colostrum).
- **EBF Support:** is to interactively support mothers with the initiation of BF after delivery at health facilities with the purpose of:
 - Helping mothers to successfully EBF, including colostrums, within the first hours after delivery.
 - Helping mothers to carry out and maintain their BF decision.
 - Encouraging mothers to go to health facilities for EBF management after delivery.
- **EBF Management:** is to follow up and support a mother to maintain EBF, which is carried out from 1-2 weeks postpartum to 3-6 months with the purpose of:
 - Supporting mothers in maintaining EBF.
 - Helping mothers to know about common BF problems and what to do or where to find help when having difficulties.
 - Encouraging mothers to go for support or group counseling.
- **CF Education** is to provide basic information needed for mothers to give appropriate CF at 6 months of age – not earlier, not later.
- **CF Management** is carried out between 6-24 months postpartum with the following purposes:
 - For mothers to have knowledge on age-appropriate CF practices.
 - For mothers to have skills and practice age-appropriate CF.
 - For mothers to be able to access age-appropriate complementary food.
 - For mothers to give appropriate food to their babies by age and to receive individual counseling that offers follow-up and support in CF.

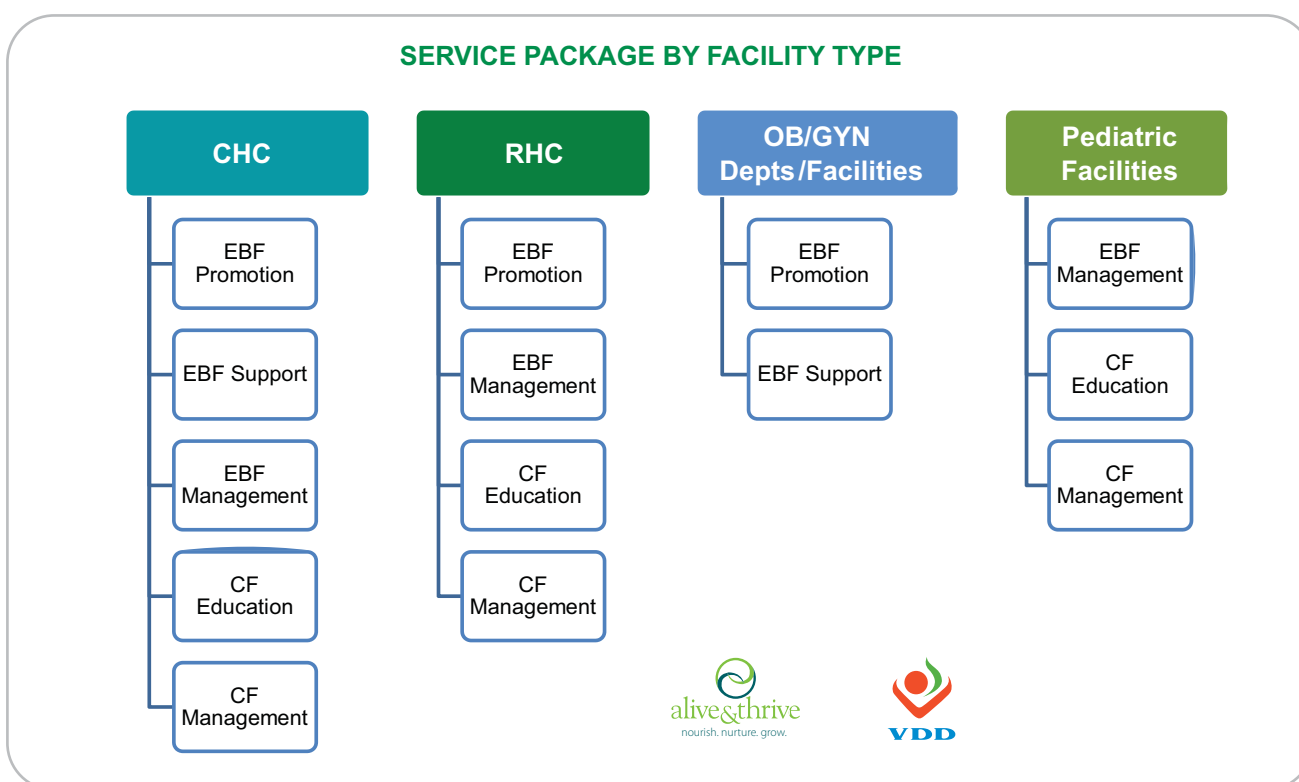
Exercise 4.1: What are you doing and when

- Divide trainees into four groups and ask them to discuss the services provided in different types of facilities based on the full IYCF service package.
 - Group 1: CHCs.
 - Group 2: Reproductive Health Centers.
 - Group 3: Hospitals (*where deliveries occur*).
 - Group 4: Pediatric facilities.

Service package	Types of facility				Timing
	CHC	RHCs	Hospitals (<i>where deliveries occur</i>)	Pediatric facilities	
EBF Promotion					
EBF Support					
EBF Management					
CF Education					
CF Management and Support					

- Ask trainees to stick results to the board and show slide 4.7 to compare.

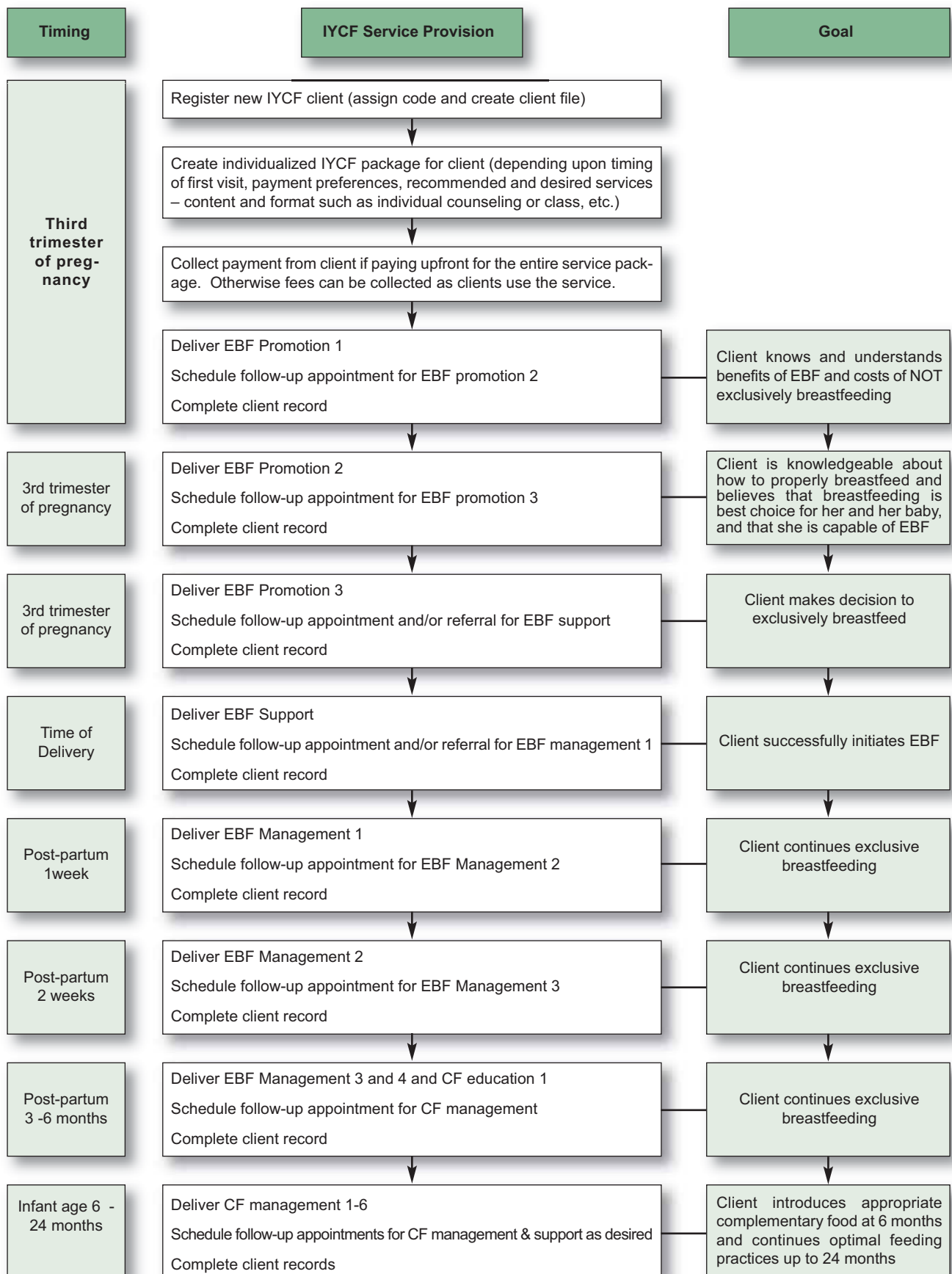
SL 4.7



The service package provided will depend on the type of facility. For example, a CHC that does deliveries can provide all five services. An RHC can only provide four services as they do not do deliveries and so cannot provide EBF support. An OB/GYN hospital can only provide two services – EBF promotion and EBF Support –, while pediatric facilities or pediatric departments in hospitals can provide three services.

► 4 Responsibilities of involved partners and purposes

- Show the IYCF service-delivery flow chart for client services from the third trimester of pregnancy, through to six months post-partum, and lasting until the child is 24 months of age, and explain detailed activities for each counseling session at different times.



► 6 Franchisee selection criteria

A franchisor should use certain criteria to select a facility that meets all the requirements to become a franchisee.

The criteria are subdivided into two types:

- Necessary criteria: some criteria were identified as being essential to the success of a franchisee and therefore classified as necessary to be in place for their selection.
- Preferred criteria: others were not necessary, meaning that the likelihood of success is greater if these criteria are present.

Facilities that have several preferred criteria in place will receive priority consideration during the franchisee-selection process.

- Show the slide 4.8.1 -4.8.4 and explain the Franchisee Selection Criteria.

SL 4.8.1

FRANCHISEE SELECTION CRITERIA ON FACILITIES (NECESSARY)

- Be accessible to target group
- Serves high population density
- Has running water and electricity
- Has clean and neat environment
- Has space where counseling can be performed in privacy
- Has a space that could be used for group counseling and/or nutrition classes
- Has telephone service



SL 4.8.2

FRANCHISEE SELECTION CRITERIA ON FACILITIES (PREFERRED)

- Has basic cooking facilities
- Has an area that is or could be used as children’s playground while the mother is receiving services
- Has computers
- Has internet capabilities (*connect to the internet and staff know how to use the internet*)
- Has grow charts
- Scale and height boards



SL 4.8.3

FRANCHISEE SELECTION CRITERIA ON HUMAN RESOURCES (*NECESSARY*)

- Facility has enough staff
- Attitude of staff member at the facility, particularly the head of the facility, toward delivering IYCF counseling and support service is positive and enthusiastic
- Facility staff' function, responsibilities, authorities are clear
- Little change in the number of staff
- Facility has good experience in managing health programs
- CBW are enthusiastic with community –based communication activities
- Network of VHWs works well
- Be creative and interactive in facility's activities
- Willing to provide more space and recruit more employees to serve increased clients



SL 4.8.4

FRANCHISEE SELECTION CRITERIA ON HUMAN RESOURCES (*PREFERRED*)

- Facility has available staff to serve a large number of clients
- Facility is located in one of key communes in PEMC program



► 6 Steps to establish an IYCF Franchise Model

- As a franchisee is selected, the franchising process will be carried out.
- The trainer presents slide 4.9, showing the steps to establish an IYCF Franchise Model at health facilities.

SL 4.8.3

STEPS TO ESTABLISH A MODEL OF IYCF FRANCHISE SERVICES

- Upgrading infrastructure and equipment
- Training staff
- Providing franchise materials
- Establishing a fee structure and financing system
- Setting up an IT system to manage and store service delivery information
- Establishing client referral and follow up mechanisms
- Registering for franchise certification
- Issuing certification and opening IYCF Franchise.



- Ask trainees to look at Table 4.2: Required Criteria to issue Franchise Certification

►7 Summarize the Session

SESSION 5: BCC AND DEMAND GENERATION

Objectives:

After completing this session, trainees will be able to:

- State BCC objectives and key messages as well as BCC materials provided by A&T
- Understand what demand-generation means and how to generate demand at different levels
- Understand the roles of community-based workers, health-facility workers and health-facility managers

Teaching methodology:

- Presentation, group discussion.

Training facilities and materials:

- A0 paper, flip board, board markers.

Preparation for the session:

- Prepare the slide content.

	Session format	Duration (minutes)
▶ 1	Introduction – objectives of the session.	2
▶ 2	BCC objectives and key messages	5
▶ 3	Demand Generation activities at different levels	5
▶ 4	Roles of community-based workers, health- facility workers and health-facility managers	10
▶ 5	Summarize the session.	3
	Total time	30

INSTRUCTION

►1 Introduction – Objectives of the Session.

►2 BCC Objectives and Key Messages

- The trainer asks trainees to repeat the objectives of the A&T project.
- The trainer notes down trainees' answers on the board and emphasizes that these objectives are also the key objectives of all BCC activities, and then shows slide 5.2 to compare.

SL 5.2

BCC

Objectives:

- Double the EBF rate (*0-<6 months*) in each province
- Improve CF practices, both quantity and quality (*6-24 months*)
- Reduce the stunting rate by at least 2% per year in each province

Key messages:

- Early, exclusive and continued BF
- Appropriate CF (*right time, right quality & right quantity*)



Note: The A&T project objectives are:

1. Double the EBF rate (*0-<6 months*) in each province;
2. Improve CF practices, both quantity and quality (*6-24 months*); and
3. Reduce the stunting rate by at least 2% per year in each province.

In order to attain these objectives, we need to ensure behavior change at individual, household, and community levels and also behavior change of health workers. It is very important that all infants and young children are breastfed early within one hour after delivery and then exclusively for the first six months and that they continue to be breastfed up to 24 months or beyond. Moreover, complementary food should be given at the right time (starting at six months of age), with the right quality and quantity by age to meet the child's demand.

- The trainer tells trainees: A&T is developing different BCC materials to support all BCC activities at all levels. Show slide 5.3 and present the BCC materials provided.

SL 5.3

BCC MATERIALS

At National level/ Franchisor:

- Television Commercials
- Radio spots
- Internet

At community level/ Franchisee:

- Mother-child book
- Posters
- Leaflets
- Counseling cards
- Educational videos
- Loudspeaker scripts



Note: To enable behavior change, A&T will focus on a campaign to promote BF and CF practices. Mass-media channels such as TV, radio, and the Internet will be used to reach mothers, fathers, and caregivers. At the franchise level, each franchisee will get “job aids” – such as counseling cards, leaflets, etc. that can be used for interpersonal communication. In addition, loudspeaker scripts and CDs with IYCF messages will be given to broadcast on the village loudspeakers.

►3 **Demand Generation**

- Talk to trainees: Demand Generation is composed of specific activities in BCC. It plays a key role in ensuring the success of the project because it does not only introduce and disseminate new behaviors but also ensures the maintenance of those behaviors until they become community norms.
- Ask trainees: *In your opinion, what are the final objectives of all demand- generation activities of A&T?*
- Note down all trainees’ ideas on the board. Give comments and compliment correct ideas.
- The trainer shows slide 5.4.

SL 5.4

DEMAND GENERATION: OBJECTIVES

- Ensure that 80% of pregnant women/mothers access franchise services
- Ensure that 60% of all caregivers access franchise services
- Ensure that 60-80% of pregnant women/mothers and caregivers are exposed to IYCF messages via mass media



Note: If we want to enable behavior change at household and community level, we must attempt to expose as many mothers, fathers, and caregivers to our services and messages. Thus we need to ensure that at least 80% of pregnant women/mothers and 60% of all caregivers access franchise services and at least 60% of pregnant women/mothers and caregivers are exposed to IYCF messages via mass media. Grandmothers are a key audience for franchise services.

- Tell trainees: If we want to attain these objectives, we have to make sure that the franchise services are of high quality so that they become an indispensable service recognized by mothers – thus creating demand among mothers and families with children less than 24 months.
- Ask trainees: *In your opinion, what does the health facility have to do to create demand in the community? What support do they need from national franchisors (A&T and NIN)?*
- Note down all trainees' ideas on the board. Give comments and compliment correct ideas, then show slide 5.5

SL 5.5

DEMAND GENERATION ACTIVITIES

- National activities - Franchisor (A&T, NIN)
 - Advertise for franchise via TV, radio & Internet.
- Community-based activities - Franchisee
 - Give invitation cards
 - Advertise via village loudspeakers
 - Organizing events such as healthy-baby competition, competition for fathers, etc. at least every quarter



►4 Roles of community-based workers, health-facility workers and health-facility managers

- The trainer gives trainees color cards and asks them to think for one minute and then write down their ideas on the cards following these instructions:
 - Pink card: Role of CBWs in generating demand for IYCF franchise services.
 - Yellow card: Role of health-facility workers in generating demand for IYCF franchise services.
 - Pink card: Role of health-facility managers in generating demand for IYCF franchise services.
- When completed, ask trainees to arrange the cards on the board into groups of similar color.

- The trainer has a quick look at the cards and groups similar ideas, gives comments, and compliments the correct ideas.
- Ask trainees to open the trainee handbook and find the roles of involved parties and take turns to read the content out loud.

At Health Facilities - Franchise “Mắt trời bé thơ”

Franchise Package	1. BF Promotion	2. BF Support	3. BF Management	4. CF Education	5. CF Management
Target Audience	6-9 months Pregnancy	Delivery	0-6 months	5-6 months	6-23 months
# Contacts	3	1	4	1	6
Critical Points	6-7 month of pregnancy At least 2 weeks before delivery	1-7 days post delivery (at health facility or home)	2nd week post delivery 1-2 months 2-3 months 4-5 months	5-6 months	6-7 months 8-9 months 10-11 months 12-14 months 15-18 months 18-24 months

Health-Facility Managers - Ensure the operations of Franchise “Mắt trời bé thơ”

- Ensure that the health facility meets all four franchise standards:
 - **Brand:**
 - Maintain & equip franchise “Mắt trời bé thơ” to provide good quality IYCF services (refer facility guidelines);
 - Make sure that the franchise has “infant-feeding”-friendly and counseling-friendly environment, e.g. mother and child not separated after birth;
 - **Standardized Services:** Make sure that:
 - 2-3 staff are trained to become counselors at the franchise
 - Staff are always available at franchise for IYCF counseling
 - Facility identifies a fixed-day schedule for group counseling session
 - Mothers/fathers/grandmothers are appropriately counseled as per franchise package;
 - Mothers are followed up after counseling for optimal IYCF practices and to deal with any problems raised.
 - There is no violation of Decree 21 at franchise “Mắt trời bé thơ”
 - **Recording and reporting:**
 - Ensure that clients’ information is appropriately recorded (on forms)
 - Submit report to supervisor on time
 - **Fee:** Make sure that fee for services are charged as per guidelines and managed appropriately.
- Support franchisor/sub-franchisor during monitoring and supervising visits

Ensure the operations of Franchise “Mắt trời bé thơ”

Health facility workers - Individual and group counseling

- For pregnant women
 - Identify pregnant women during regular ANC checkups and give invitation cards to come for “Mắt trời bé thơ” services
 - Register pregnant women as clients of the “Mắt trời bé thơ” franchise since the 3rd trimester of pregnancy
 - Give each pregnant woman a mother-child book
 - Counsel the mother on the initiation of BF; motivate the mother to bring her husband/mother-in-law to the “Mắt trời bé thơ” franchise for counseling
 - Follow up the mother via telephone to remind her of the next visit
- During delivery:
 - Ensure that the mother initiates BF within one hour after birth; ensure skin-to-skin contact
 - Practice “rooming-in”, no separation of mother and baby
 - Encourage and support the mother to breastfeed properly (*positioning and attachment*)
 - Ensure no water, liquids or prelacteals to be given to the child before the first breastfeed
 - Ensure no formula to be given to the child before the first breastfeed or while mother is at health facility
- EBF:
 - Ensure that mothers come to “Mắt trời bé thơ” franchise for EBF counseling via telephone;
 - Schedule individual counseling sessions on EBF on demand;
 - Organize fixed-day group counseling sessions;
 - Link with community-based workers for follow-ups of mothers.
- CF:
 - Conduct Individual counseling on CF on demand.
 - Ensure fixed-day CF group counseling sessions and conduct food demonstrations.
 - Follow up with mothers through community-based workers and via telephone; remind mothers of regular visits.
- Conduct once a quarter healthy baby competitions at health facilities
- Provide small gifts/prizes for mothers who exclusive breastfeed and follow CF recommendations.
- Ensure communication materials are displayed and used; correct IYCF scripts/tapes played on village loudspeakers.
- Supervise community-based workers, ask them to provide monthly updates and consolidate these into a report.

Organize individual and group counseling sessions for mothers/husbands/grandmothers from the third trimester of pregnancy till the child is 24 months of age

<p>Community-based workers (health workers, nutrition collaborators and village member of women's union)</p>	<ul style="list-style-type: none"> • Prepare a map of the village and mark out pregnant women and mothers of children 0-24 months: <ul style="list-style-type: none"> ○ <i>Pregnant woman:</i> <ul style="list-style-type: none"> • Give invitation cards to go to CHC - “Mặt trời bé thơ” franchise; remind mothers of monthly pregnancy checkups and counseling; disseminate on initiating BF immediately after birth during home visits . ○ <i>Mother having 0-6 month old child:</i> <ul style="list-style-type: none"> • Make home visits at different times with the following purposes: <ul style="list-style-type: none"> • Support during delivery if the mother delivers at home; check on mother and baby at home. During the first week after delivery help the mother to breastfeed properly (<i>positioning & attachment</i>); • Follow up and remind mother to go to “Mặt trời bé thơ” franchise for individual and group counseling. • When the child is 5-6 months of age, encourage the mother to go for CF promotion. <ul style="list-style-type: none"> ○ <i>Mother having 6-23 month old child: Make home visits to:</i> <ul style="list-style-type: none"> • Motivate mother to go to “Mặt trời bé thơ” franchise for CF counseling and food demonstrations. • Identify CF problems; check if mother prepares “bát”, “cháo” properly and hygienically; provide encouragement and support mother to overcome barriers to practice appropriate CF. • Check if mother still breastfeeds and provide motivation to continue to BF up to 24 months of age. • Counsel husbands /fathers/grandmothers to ensure support for the mother. • Motivate husbands/fathers /grandmothers to go to “Mặt trời bé thơ” franchise. • Identify positive deviants and send for Baby Competitions (<i>at Commune</i>); encourage both mother and family to participate in communication activity, competitions in their commune. • Distribute communication materials on IYCF and promotional materials.
<p>CBWs' specific tasks:</p> <p>Generate demand for the franchise services</p> <p>Integrate into the community-based worker's regular home visits to provide information on good IYCF practices for mothers and family members</p>	

► 5 Summarize the session.

SESSION 6: OPERATIONAL PROCEDURES OF IYCF FRANCHISE MODEL

Objectives:

After completing this session, trainees will be able to:

- State the main standards of an IYCF Franchise and the procedures that conform to those standards.
- Recognize:
 - Client Registration Procedure.
 - Service Delivery and Referral.
 - Client Follow-up Procedure.
- Know and practice form recording, client information, and record keeping.
- Understand and practice charging service fees and create a mechanism to manage these fees.

Training facilities and materials:

- Exercise 6.1.
- A0 paper, flip board, board markers.

Preparation for the session:

- Prepare the contents written in slides, handouts, and exercises.

	Session format	Duration (minutes)
▶ 1	Introduction – objectives of the session	2
▶ 2	Franchise standards	10
▶ 3	Operating procedures	10
▶ 4	Fee for the services	10
▶ 5	Summarize the session	3
	Total time	35

INSTRUCTION

►1 Introduction – Objectives of the Session

►2 Franchise Standards

- Show briefly Franchise Standards (Slide 6.2 – 6.5).

SL 6.2

FRANCHISE STANDARDS

1. Facility and Staff Standards
2. Service Delivery Standards
3. Recording and Reporting Standards
4. Pricing Standards



SL 6.3

FRANCHISE STANDARDS

1. **Facility and Staff - Related Standards**
 - **Standard 1.1:** Franchisees are acceptably maintained and equipped to provide necessary supportive services that are relevant to type/level of service delivery facility
 - **Standard 1.2:** Franchisees have an “infant-feeding” - friendly environment
 - **Standard 1.3:** Franchisees have a counseling-friendly environment
 - **Standard 1.4:** Franchisees have at least two staff members who are knowledgeable and skilled at IYCF counseling who are routinely available
 - **Standard 1.5:** Franchisees must comply with Decree 21



Note: Term explanation:

- *Standard 1.2: Infant -feeding-friendly means focusing on baby and mother to make them feel safe, comfortable, and supportive of BF and CF.*
- *Standard 1.3: Counseling-friendly means warm, friendly, professional, and trustworthy – same as the brand values of “Mắt trời bé thơ” franchise.*
- *Standard 1.5: No bottles, no formula, no formula advertising, and no gifts or incentives from formula companies.*

SL 6.4

FRANCHISE STANDARDS

2. Service Delivery Standards (based on factors that can affect Child Feeding selection)

- **Standard 2.1:** Franchisees enable clients to decide selection of IYCF methods through ensuring IYCF counseling services from assigned staff
- **Standard 2.2:** Franchisees guarantee clients' receiving support for breastfeeding at the time of delivery
- **Standard 2.3:** Franchisees follow up clients after delivery to encourage continuation of breastfeeding and appropriate start of CF at the right time



Note:

- *Standard 2.2: Currently in Viet Nam only 62% mothers initiate BF within an hour after delivery (NIN surveillance 2010). We need to raise this rate up to 80% and ensure no separation of mother and child after birth.*
- *Standard 2.3: Ensure follow-ups for each mother/ child pair (total 9 - 15 contacts) and comply with ten steps to successful BF.*

SL 6.5

FRANCHISE STANDARDS

3. Reporting Standards

- **Standard 3.1:** Franchisees record and monitor service provision and client feeding decisions/practices using forms provided by franchisor.

4. Pricing Standards

- **Standard 4.1:** To the extent possible, franchisees will charge a fee for the IYCF service. The fee shall not be prohibitive to clients but will enable the facility to recover some of the costs involved in delivering the franchise service.



- Ask trainees to look at Franchise Standards and Procedures to conform to those standards (*Trainee handbook*).
- Ask trainees to take turns reading aloud the standards and procedures.
- Answer questions (*if any*).

►3 Operating procedures

- Show slides 6.6 - 6.9 and emphasize the following procedures:

SL 6.6



Explain the slide: Each franchise room has four areas:

1. Child area
2. Counseling area
3. Cooking-demonstration area
4. Waiting area

There are 800-900 such counseling rooms being set up in 15 provinces. All rooms must have the same look and feel.

SL 6.7

STANDARD 1: FACILITY & STAFF

- **Training:**
 - 1 - 2 managers per franchise
 - 2 - 3 counselors per franchise
 - 2 - 3 community - based workers per village




Note: Before a franchise can start operating, each facility must ensure that staff are trained as above.

SL 6.8a

STANDARD 2: SERVICE DELIVERY

1. Client registration: At first visit (3rd trimester of pregnancy)

At village:

- CBWs identify clients and give invitation cards

At franchise:

- Assign registration code to each client
- Give clients Mother - Child booklet with registration code

2. Service Delivery

a. Conforming to Service Delivery Package: 5 services

b. Client Referral

- Referral within franchise systems in case of insufficient service components
- Client Referral and Follow up Form



Note: Service Delivery package. For example when a client has delivered, she needs to be encouraged and supported for early EBF.

SL 6.8b

STANDARD 2: SERVICE DELIVERY

2. Service Delivery (cont.)

c. Follow-up Procedure

- Ensure 9 -15 contacts
- Through CBWs
- Through telephone, SMS, cell phone, etc



SL 6.9

STANDARD 3: RECORDING AND REPORTING

Client record keeping

At village:

- Form Y1 – Master list/ Pregnant woman and mother who has child under 2 list

At Franchise:

- Form P1 – Franchise management book
- Form P2 – Mother card at franchise
- Form P3 – Daily service records
- Form P4 – Group counseling and baby competition
- Form M1 – Mother and child book
- Form M2 – Client satisfaction survey
- Form X1 – Pregnancy book (*current book at CHC*)



►4 Fee for the services

- The trainer shows slide 6.10 and presents the charging and managing mechanism for service fees.

SL 6.10

STANDARD 4: PRICING AND FEE MANAGEMENT

- Depends on
 - Type/level of health facility
 - Location of health facility (*rural, urban, communes, district, province*)
 - Components in IYCF service package offered
- Separate individual service package and/or full service package



Note: Research shows that most clients are willing to pay VND 30,000 – 50,000 on average for each effective counseling session.

- Discuss among the whole class the application of fee structure into current financial systems of the health facility.

► 5 Summarize the Session

SESSION 7: MONITORING AND SUPPORTIVE SUPERVISION TO ENSURE THE QUALITY OF IYCF FRANCHISE SERVICES

Objectives:

After completing this session, trainees will be able to:

- Understand the requirements for monitoring and the supervising frame of franchise services and the supervising procedures.
- Understand reporting procedures for franchisee’s performance and report form carried out by the provincial franchisors.
- Recognize possible support for service-quality assurance.

Teaching methodology

- Presentation, group discussion/exercise.

Training facilities and materials:

- Trainee handbook.
- A0 paper, flip board, board markers.

Preparation for the session:

- Prepare the slide content.

	Session format	Duration (minutes)
▶ 1	Introduction – objectives of the session	2
▶ 2	Monitoring and Supervising - Reporting frame	20
▶ 3	Franchisor Role	5
▶ 4	Summarize the session	3
	Total time	30

INSTRUCTION

►1 Introduction – Objectives of the Session

►2 Monitoring and Supervising – Reporting Frame

- Show slides 7.2. - 7.3 and present on Monitoring and Supervising - Reporting Frame.

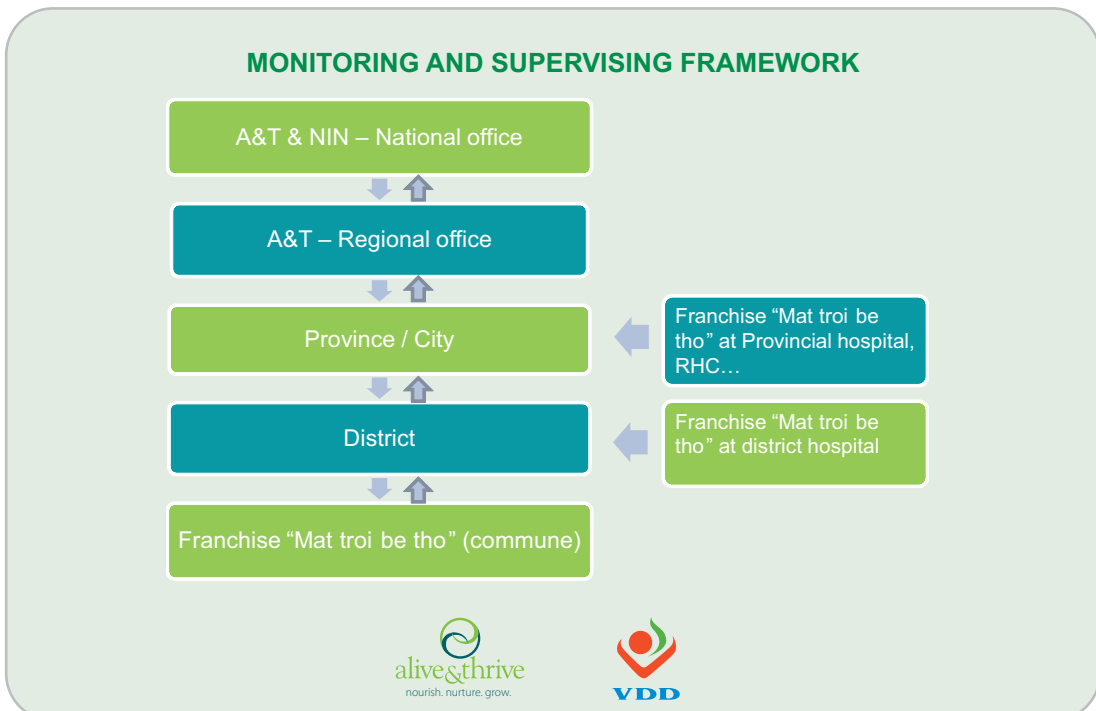
SL 7.2

MONITORING AND EVALUATION

1. Monitoring Reports (Paper-based / electronic)
2. Supervisory Visits – Quality Assurance
3. A&T Process Evaluation
4. Impact Evaluation




SL 7.3



1. Reporting

SL 7.4

1. MONITORING REPORTS (FORMS USED)

- At village:
 - YB – Monthly CBW report
- At Franchise:
 - XB – Franchise Monthly report
- At District, Province and Regional:
 - HB – District report
 - TB – Provincial report
 - VB – Regional report



- Ask the trainees to open the appendices and have a look at reporting forms.

2. Supervisory visit

- Tell trainees: The franchisor will conduct regular supportive supervision to franchisees in order to provide timely support and help franchisee resolve problems (*if any*).
- Trainer shows slide 7.5 and presents on the supervisory visit.

SL 7.5

2. SUPERVISORY VISIT

- Sub-franchisor (DoH/RHC) visits health facilities in their area (*once a quarter*)
- Supervisors at district and provincial levels visit commune health facilities (*once a month*)



SL 7.6

WHAT TO SUPERVISE

- Contents:
 - Skills of service providers
 - Daily records
 - Client records
- Methods:
 - Observing - direct support
 - Review the tools (*F1, XB*) - identify mistakes and correct
 - Client satisfaction survey (*M2*)
 - Check randomly the mother card (*F2*)



3. Evaluation

SL 7.7

3. PROCESS EVALUATION

- Training assessment (*Sept 2010 – Mar 2011*)
- Case study of franchise (*Jul – Aug 2011*)
- Operation of Franchise & IYCF support group round 1 (*Oct – Dec 2011*)
- Operation of Franchise & IYCF support group round 2 (*Oct – Dec 2012*)



SL 7.8

4. IMPACT EVALUATION

- Baseline survey (2010 – 4 provinces; 2011 – 11 provinces)
- Endline survey (June – August 2013)



►3 Franchisor Role

SL 7.9

FRANCHISOR ROLE

- Consolidate reports, review and provide feedback; provide support for corrective actions
- Provide retraining (*knowledge & skill*), equipment (*e.g. scales*), communication tools and supplies (*e.g. Mother - Child booklets*)
- Provide incentives for excellent franchisees
- Close weak franchisees



►4 Summarize the Session

SESSION 8: DECREE 21

Objectives:

After completing this session, trainees will be able to:

- Point out the importance of Decree 21.
- Identify the main points stated in Decree 21 related to health facilities and health workers.

Teaching methodology

- Presentation, group discussion/exercise.

Training facilities and materials:

- A0 paper, flipboard, board markers.

Preparation for the session:

- Prepare content written in the slides.

	Session format	Duration (minutes)
▶ 1	Introduction- objectives of the session	2
▶ 2	Overview of Decree 21	8
▶ 3	Main points related to health facilities and health workers	10
▶ 4	Discuss the implementation at facilities	5
▶ 5	Summarize the session	5
	Total time	30

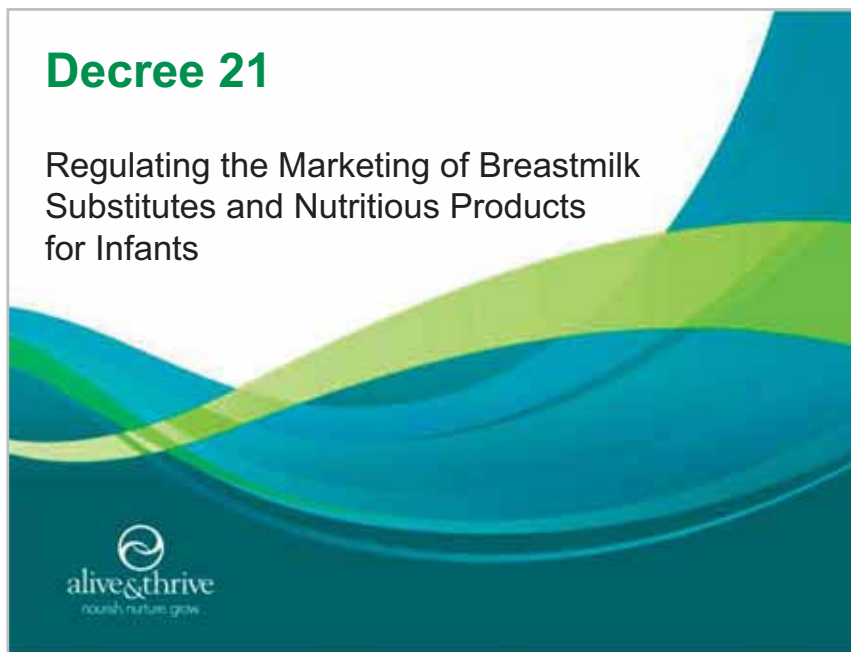
INSTRUCTION

▶1 Introduction - Objectives of the Session

▶2 Overview of Decree 21

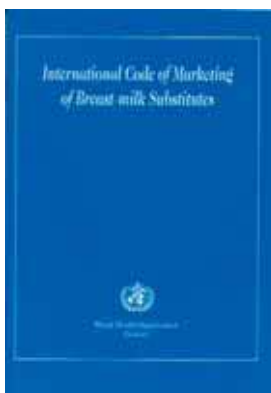
- Ask trainees if they know about Decree 21 and what is mentioned in Decree 21.
- Summarize trainees' ideas and present Slide 8.2.

SL 8.2



SL 8.3

PROTECT BREASTFEEDING



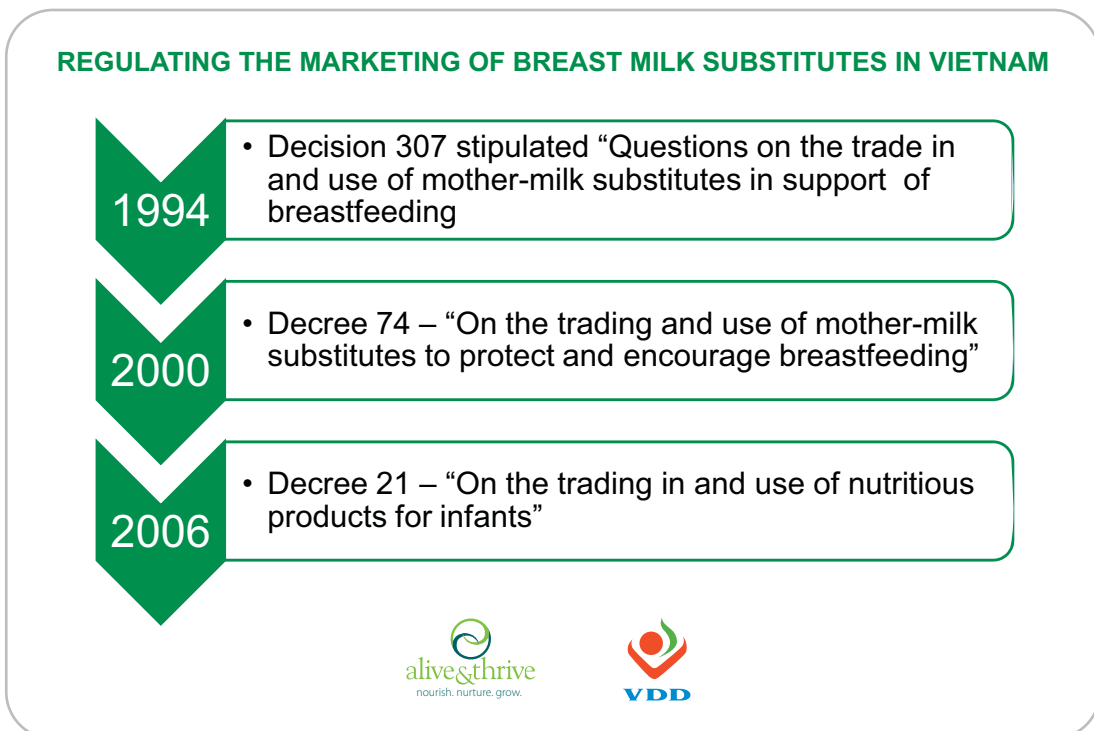
- Absolutely no promotion of breast milk substitutes, bottles and teats to the general public
- Neither health facilities nor health professionals should have a role in promoting breast milk substitutes
- Free samples should not be provided to pregnant women, new mothers or families.



Note:

- The goal of the code is not to outlaw or eliminate breast-milk substitutes, but to ensure that the marketing and promotion of these products is done ethically, without undermining the promotion of BF.
- The Code is an international recommendation, agreed to by most countries participating in with the WHA/WHO. It is not binding and does not have the force of law.
- Instead, countries are encouraged to incorporate principles of the Code into their own national laws.
- Since 1981, 65 countries have enacted legislation and over 20 countries have draft laws awaiting adoption.

SL 8.4





Note:

- Elements of the WHO Code were first included in a 1994 Decision approved by the Prime Minister, stipulating questions on the trade and use of milk substitutes.
- This decision was effective until December 2000, when Decree 74 was issued.
- Decree 74 was replaced in 2006 by Decree 21 – which remains the current Vietnamese policy.

SL 8.5

DECREE 21

“This Decree provides for information, education and communication on, advertisement for, trading in, use of, nutritious products for infants, feeding bottles, and dummies”

SL 8.6

PRODUCTS COVERED BY DECREE 21

- Nutritious products for infants (*Formulas, baby milk, breast milk substitutes*)
- Feeding bottles
- Dummies/ Feeding nipples



Note: An infant and young child is 0-23 months old.

SL 8.7

TERMS USED

- | | |
|--|---|
| <ul style="list-style-type: none"> • Nutritious products: <ul style="list-style-type: none"> ○ Milks or foods for infants under 6 months of age; and ○ Milk for infants between the ages of 6 and 23 months | <ul style="list-style-type: none"> • Supplementary foods: <ul style="list-style-type: none"> ○ Foods or milks to complement breast milk in the diets of infants from 6 to 23 months |
|--|---|



SL 8.8

SCOPE OF THE DECREE

- Information – Education – Communication
- Advertisement
- Labeling
- Responsibilities of health workers
- Responsibilities of producers/traders of nutritious products for infants



Note:

- Provision on Advertisement and Labeling which milk companies must follow
- The Decree regulates information – education – communication materials or events on IYCF.
- An important part of the Decree is Responsibilities of health facilities and health workers.

SL 8.9

INFORMATION – EDUCATION - COMMUNICATION

- NO pictures or words to encourage bottle-feeding
- DO NOT discourage breast-feeding
- NO comparing nutritious products with breast milk
- NO names or logos

Source: Decree 21, Chapter II, Article 4



Note: All kinds of information – education – communication material on IYCF must be: (as in the slide)

SL 8.10

ADVERTISING

- MUST include: "Breastmilk is the best food for the health and all-sided growth of infants"
- MUST state the benefits of breastfeeding and instruct exclusive breastfeeding
- MUST NOT encourage bottle-feeding or discourage breastfeeding
- MUST guide the proper ways of feeding, cleaning and sterilizing utensils

Source: Decree 21, Chapter II, Article 6



Note: Provide some examples of violations (milk ads on TV or in newspapers).

SL 8.11

ADVERTISING & SALES

- NO advertisement: milk for under 12 month infant and food for under 6 month infants
- NO promotion, NO gift
- **NO display of products at health facilities**
- NO contact with mothers at health facilities for promotion and sales of milk
- NO gift, product, or benefit to health workers

Source: Decree 21, Chapter II, Article 6 & 10



Note: Most health facilities are violating the decree in some form or the other. The role of the manager is to ensure that there is no violation in the “Mặt trời bé thơ” franchise.

SL 8.12

LABELING

- MUST include the specific statements.
- MUST have guidance on use in Vietnamese.
- MUST have information about the origin, production and expiration date, ingredients, nutritious value, quality registration number.
- MUST include the age group of infants that the product is intended for.

Source: Decree 21, Chapter III, Article 8 & 9



Note:

- Labels for nutritious products for children must follow strict regulations: as in the slide.
- Provide some examples (good label, violating label).

SL 8.13

LABELING

- DO NOT include pictures or drawings of infants of under 12 months old
- DO NOT include pictures or drawings of feeding bottles or dummies
- DO NOT include words or pictures implying that the product is equivalent or better than breastmilk in quality

Source: Decree 21, Chapter III, Article 8



► 3 Main points related to health facilities and health workers

- Present the following slides.

SL 8.14

RESPONSIBILITIES OF HEALTH WORKERS

- Encourage breastfeeding.
- Organize communication on breastfeeding.
- Support initiation of breastfeeding within one hour after delivery.
- Guide on how to use nutritious products for mothers and families when necessary.

Source: Decree 21, Chapter IV, Article 11 & 12



Note: Health workers include head and staff of health facilities. This is critical for the “Mắt trời bé thơ” franchise.

SL 8.15

RESPONSIBILITIES OF HEALTH WORKERS

- DO NOT sell or allow the selling of milk/food at health facilities.
- DO NOT allow companies to exhibit or display at health facilities or help them distribute samples or gifts .
- DO NOT accept gifts, products, donations or other material benefits from companies.
- DO NOT instruct to use nutritious products if not necessary.

Source: Decree 21, Chapter IV, Articles 11 & 12



Note: No health worker in the “Mặt trời bé thơ” franchise should violate the Decree.

SL 8.16

IMPLEMENTATION AND ENFORCEMENT

- The Food Administration (MOH): Screens and licenses advertisements → suspends advertisements which violate Decree 21.
- Department of Health Inspection (MOH): Enforcement → penalty to violation.
- If YOU find any violation → report to:
 - The Food Administration (MOH)
 - Department of Health Inspection (MOH)
 - Provincial Department of Health

**Note:**

- Inspection on Decree 21 compliance is done annually by MOH’s and DOH’s Inspectors.
- Penalty given to violating milk companies are subject to Decree 45. This Decree was issued in 2005, a year before Decree 21 was issued. As a result, the violations listed in Decree 21 do not necessarily correspond to the penalties listed in Decree 45.
- The government is currently considering revisions to Decree 21. A&T is supporting MOH and UNICEF in this job.

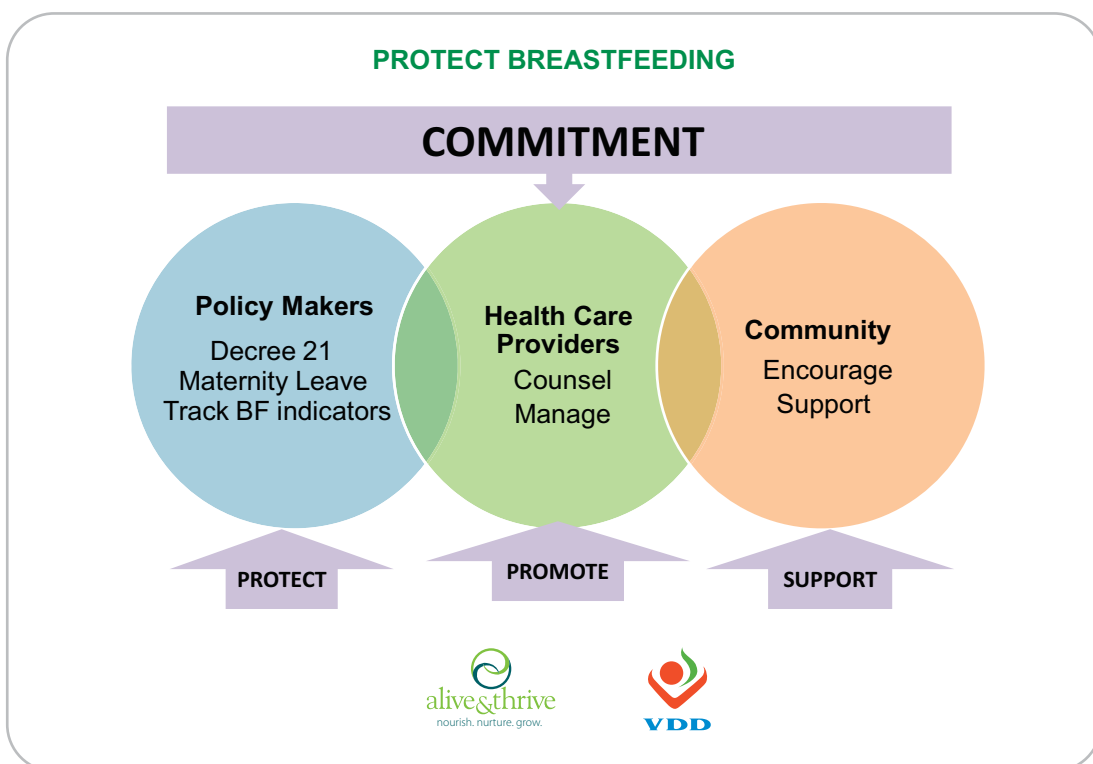
► 4 Discuss the Implementation at Facilities

For example:

- If a milk company gives you and your health facilities some communication materials on IYCF with its logo on them or some free milk samples, do you accept?
- If a milk company proposes to sponsor your health facilities to organize a workshop or training on IYCF provided that it would have their milk product ads visible at the event, do you accept the proposal?
- If a milk company offers some health workers money or gifts in return for the list of mothers who delivered at their health facilities so that the company can market or promote its products, do the health workers violate Decree 21 if they accept?

► 5 Summarize the Session

SL 8.17



Note: To protect, promote, and support BF, commitments are essential:

- Family and community encourage and support mothers to breastfeed.
- Health facilities and workers counsel and guide mothers on how to breastfeed exclusively in the first 6 months and continuously until 24 months.
- Central and provincial authorities strengthen the implementation and compliance of Decree 21, review the maternity-leave policy, and track BF indicators to address them in proper nutrition programs and strategies.

► 6 Further reading: Ten steps for successful BF

Ten steps for successful BF

Every facility providing maternity services and care for newborn infants should:

1. Have a written BF policy that is routinely communicated to all healthcare staff.
2. Train all health-care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of BF.
4. Help mothers to initiate BF within half an hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.
8. Encourage BF on demand.
9. Give no artificial teats or pacifiers (*also called dummies or soothers*) to BF infants.
10. Foster the establishment of BF support groups and refer mothers to them on discharge from the hospital or clinic.

PRINCIPLES OF CF

- Start giving complementary food at the appropriate age (*start at 6 months of age*), not too early or too late. Continue BF for as long as possible.
- Start from liquids, then go to solid foods, from little to big amounts, help the baby get acquainted with new food (*not providing diluted food for more than two weeks*).
- Number of meals increase with the child's age; ensure food suits the baby's appetite.
- Make food tender for easy chewing and swallowing.
- Prepare mixed food rich in nutrients using locally available food.
- Thicken the complementary food. Add oil, fat, sesame, or peanut in the complementary food to provide flavor and more energy and to help the baby grow fast. You can also add fermented digestive powder.
- The preparation and cooking tools must be clean; wash your hands before preparing meals and feeding the child.
- Give the child more complementary food during and after the child's illness and give the child more liquid food/drink especially if the child has diarrhea or a high temperature.
- You should not give MSG to your child because it is not nutritious. Do not give the child confectionery or soft drinks before meals because the sweets increase blood sugar, inhibiting an extracting enzyme so that child loses its appetite, skips the meal, or takes less food.

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APPENDICES

APPENDIX 1: PRE- AND POST-TESTS



MANUAL 1 PRE- and POST-TEST

1. Background Information

No.	QUESTIONS AND FILTERS	RESPONSES	CODE
1.	Date of Training	___ ___ / ___ ___ / 2011	
2.	Trainee name		
3.	Time to finish test	Before training1 After training2	
4.	Level of training implemented	Provincial1 District.....2 Commune3	
5.	Professional Qualification	Head of CHC1 Doctor2 Nurse3 Midwife4 Other (<i>specify</i>)5	
6.	Age		
7.	Gender	Male.....1 Female.....2	

2. A&T Franchise Model

No.	QUESTIONS AND FILTERS	RESPONSES	CODE	MARK
1.	Which is the most effective period for interventions to reduce child malnutrition?	0-12 months1 0-24 months2 0-36 months3 Don't know9		
2.	A&T is a project implemented from ?	2009-20111 2009-20122 2009-20133 Don't know9		
3.	The main model developed by A&T to promote IYCF is called?	Baby Friendly Hospital Initiative1 Mặt trời bé thơ2 Mother to Mother Support Groups3		
4.	The focus of the model promoted by A&T is to?	Provide good quality nutrition counseling services1 Provide treatment and care for malnourished children2 Provide food rations for families with young children3 Don't know9		
5.	In the model promoted by A&T, the role of the health facilities in the province (<i>provincial health department, Reproductive health center</i>) is called:	Provincial Franchisor1 Franchisee2 Customers3 Don't know9		
6.	In the model promoted by A&T, the role of the health facilities is	Franchisor1 Franchisee2 Customers3 Don't know9		
7.	Name 4 components of Franchise?	1. _____ 2. _____ 3. _____ 4. _____		
8.	Name 5 elements of the Franchise service package?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		

No.	QUESTIONS AND FILTERS	RESPONSES	CODE	MARK
9.	How many months will you provide counseling services?	20 months1 24 months2 27 months3 36 months4 Don't know9		
10.	Minimum total contact	5 times1 9 times2 16 times3 Don't know9		
11.	How many standards does a Franchisee need to conform to?	4 standards1 6 standards2 8 standards3 Don't know9		
12.	What does standard 1 refer to? (Multiple response)	Service fee1 Facility2 Service quality3 Staff4 Recording and reporting5 Don't know9		
13.	What does standard 2 refer to? (Multiple response)	Service fee1 Facility2 Service quality3 Staff4 Recording and reporting5 Don't know9		
14.	What does standard 3 refer to?	Service fee1 Facility2 Service quality3 Staff4 Recording and reporting5 Don't know9		
15.	What does standard 4 refer to?	Service fee1 Facility2 Service quality3 Staff4 Recording and reporting5 Don't know9		

No.	QUESTIONS AND FILTERS	RESPONSES	CODE	MARK
16.	To meet the staff standards, the franchise staff need to be trained on: (Multiple response)	IYCF counseling skill.....1 Contraceptive method2 Franchise management3 Demand generation.....4 Don't know9		
17.	To meet the service-delivery standards, a franchise needs to: (Multiple response)	Register clients.....1 Conform to 5 service packages.....2 Conform to children's rights3 Ensure 9-15 contacts4 Keep client records5 Don't know9		
18.	What are the names of these forms?	Y1. _____ Y2. _____ YB. _____ PB. _____		
19.	What are the names of these forms?	P1. _____ P2. _____ P3. _____ P4. _____ M1----- M2-----		

3. Decree 21

No	QUESTIONS AND FILTERS	RESPONSES	CODE	MARK
20.	What is the main content of Decree 21?	_____ _____ Don't know9		
21.	Which products are covered by Decree 21	1. _____ 2. _____ 3. _____ Don't know9		
22.	Name four responsibilities of health workers in implementing Decree 21	1. _____ 2. _____ 3. _____ 4. _____		

APPENDIX 2:

ROLES AND RESPONSIBILITIES OF HEALTH FACILITY MANAGERS, HEALTH WORKERS, AND COMMUNITY-BASED WORKERS

At Health Facilities - Franchise “Mắt trời bé thơ”					
Franchise Package	1. BF Promotion	2. BF Support	3. BF Management	4. CF Education	5. CF Management
Target Audience	6-9 months Pregnancy	Delivery	0-6 months	5-6 months	6-23 months
# Contacts	3	1	4	1	6
Critical Points	6-7 month of pregnancy At least 2 weeks before delivery	1-7 days post delivery (at health facility or home)	2nd week post delivery 1-2 months 2-3 months 4-5 months	5-6 months	6-7 months 8-9 months 10-11 months 12-14 months 15-18 months 18-24 months
Health-Facility Managers - Ensure the operations of Franchise “Mắt trời bé thơ”					
	<ul style="list-style-type: none"> Ensure that the health facility meets all four franchise standards: <ul style="list-style-type: none"> <i>Brand:</i> <ul style="list-style-type: none"> Maintain & equip franchise “Mắt trời bé thơ” to provide good quality IYCF services (<i>refer facility guidelines</i>); Make sure that the franchise has “infant-feeding”-friendly and counseling-friendly environment, e.g. mother and child not separated after birth; <i>Standardized Services:</i> Make sure that: <ul style="list-style-type: none"> 2-3 staff are trained to become counselors at the franchise Staff are always available at franchise for IYCF counseling Facility identifies a fixed-day schedule for group counseling session Mothers/fathers/grandmothers are appropriately counseled as per franchise package; Mothers are followed up after counseling for optimal IYCF practices and to deal with any problems raised. There is no violation of Decree 21 at franchise “Mắt trời bé thơ” <i>Recording and reporting:</i> <ul style="list-style-type: none"> Ensure that clients’ information is appropriately recorded (<i>on forms</i>) Submit report to supervisor on time <i>Fee:</i> Make sure that fee for services are charged as per guidelines and managed appropriately. 				
Ensure the operations of Franchise “Mắt trời bé thơ”	<ul style="list-style-type: none"> Support franchisor/sub-franchisor during monitoring and supervising visits 				

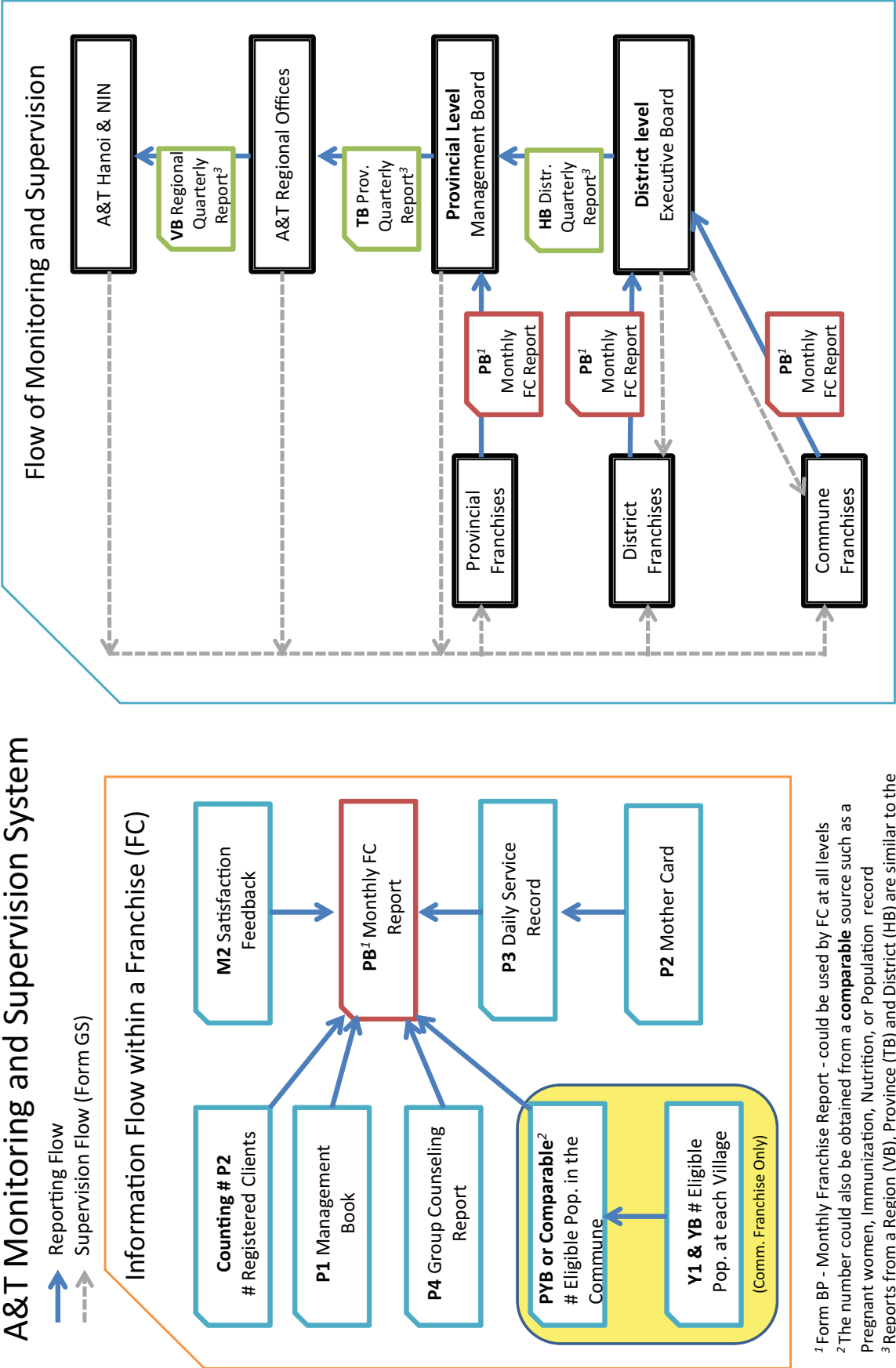
Health facility workers - Individual and group counseling

<ul style="list-style-type: none"> • For pregnant women <ul style="list-style-type: none"> ○ Identify pregnant women during regular ANC checkups and give invitation cards to come for “<i>Mặt trời bé thơ</i>” services ○ Register pregnant women as clients of the “<i>Mặt trời bé thơ</i>” franchise since the 3rd trimester of pregnancy ○ Give each pregnant woman a mother-child book ○ Counsel the mother on the initiation of BF; motivate the mother to bring her husband/mother-in-law to the “<i>Mặt trời bé thơ</i>” franchise for counseling ○ Follow up the mother via telephone to remind her of the next visit • During delivery: <ul style="list-style-type: none"> ○ Ensure that the mother initiates BF within one hour after birth; ensure skin-to-skin contact ○ Practice “<i>rooming-in</i>”, no separation of mother and baby ○ Encourage and support the mother to breastfeed properly (<i>positioning and attachment</i>) ○ Ensure no water, liquids or prelacteals to be given to the child before the first breastfeed ○ Ensure no formula to be given to the child before the first breastfeed or while mother is at health facility • EBF: <ul style="list-style-type: none"> ○ Ensure that mothers come to “<i>Mặt trời bé thơ</i>” franchise for EBF counseling via telephone; ○ Schedule individual counseling sessions on EBF on demand; ○ Organize fixed-day group counseling sessions; ○ Link with community-based workers for follow-ups of mothers. • CF: <ul style="list-style-type: none"> ○ Conduct Individual counseling on CF on demand. ○ Ensure fixed-day CF group counseling sessions and conduct food demonstrations. ○ Follow up with mothers through community-based workers and via telephone; remind mothers of regular visits. • Conduct once a quarter healthy baby competitions at health facilities • Provide small gifts/prizes for mothers who exclusive breastfeed and follow CF recommendations. • Ensure communication materials are displayed and used; correct IYCF scripts/tapes played on village loudspeakers. • Supervise community-based workers, ask them to provide monthly updates and consolidate these into a report. 	<p>Organize individual and group counseling sessions for mothers/husbands/grandmothers from the third trimester of pregnancy till the child is 24 months of age</p>
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<p>Community-based workers (health workers, nutrition collaborators and village member of women’s union)</p>	<ul style="list-style-type: none"> • Prepare a map of the village and mark out pregnant women and mothers of children 0-24 months: <ul style="list-style-type: none"> ○ <i>Pregnant woman:</i> <ul style="list-style-type: none"> • Give invitation cards to go to CHC - “<i>Mắt trời bé thơ</i>” franchise; remind mothers of monthly pregnancy checkups and counseling; disseminate on initiating BF immediately after birth during home visits . ○ <i>Mother having 0-6 month old child:</i> <ul style="list-style-type: none"> • Make home visits at different times with the following purposes: <ul style="list-style-type: none"> • Support during delivery if the mother delivers at home; check on mother and baby at home. During the first week after delivery help the mother to breastfeed properly (<i>positioning & attachment</i>); • Follow up and remind mother to go to “<i>Mắt trời bé thơ</i>” franchise for individual and group counseling. • When the child is 5-6 months of age, encourage the mother to go for CF promotion. ○ <i>Mother having 6-23 month old child: Make home visits to:</i> <ul style="list-style-type: none"> • Motivate mother to go to “<i>Mắt trời bé thơ</i>” franchise for CF counseling and food demonstrations. • Identify CF problems; check if mother prepares “<i>bot</i>”, “<i>chao</i>” properly and hygienically; provide encouragement and support mother to overcome barriers to practice appropriate CF. • Check if mother still breastfeeds and provide motivation to continue to BF up to 24 months of age. • Counsel husbands /fathers/grandmothers to ensure support for the mother. • Motivate husbands/fathers /grandmothers to go to “<i>Mắt trời bé thơ</i>” franchise. • Identify positive deviants and send for Baby Competitions (<i>at Commune</i>); encourage both mother and family to participate in communication activity, competitions in their commune. • Distribute communication materials on IYCF and promotional materials.
<p>CBWs’ specific tasks:</p> <p>Generate demand for the franchise services</p> <p>Integrate into the community-based worker’s regular home visits to provide information on good IYCF practices for mothers and family members</p>	

APPENDIX 3: MONITORING TOOLS

Figure 1: Tools Diagram



¹ Form BP - Monthly Franchise Report - could be used by FC at all levels
² The number could also be obtained from a comparable source such as a Pregnant women, Immunization, Nutrition, or Population record
³ Reports from a Region (VB), Province (TB) and District (HB) are similar to the PB report but will be generated using e-form created in Excel

Figure 2: Form Y1 - List of pregnant woman 7-9 months and mother who has children under 2 years



Dinh dưỡng hôm nay, sức khỏe cho ngày mai

Y1. LIST OF PREGNANT WOMEN 7 - 9 MONTHS AND MOTHERS WITH CHILDREN UNDER 2 YEARS

CBW name: _____

Village: _____

Commune: _____

District: _____

Province: _____



alive&thrive
nourish. nurture. grow.

Instruction for Y1 form

Name	List of pregnant women 7-9 months and mothers with children under 2 years
Symbol	Y1
Purpose	To keep track of mothers from the 7th month of pregnancy until the child is 24 months Provide information to the YB form
Level/Location	Hamlets/villages
Implimentor	Demand generators (CBW)
Data source	List of pregnant women from CHCs or CBWs which they manage themselves
Time/frequency	Update monthly or whenever a new mother/pregnant woman comes to the center
Management/ Archives	Form Y1 is filled and kept by CBW.
Steps to fill out the form	<p>Fill all information one the cover page: CBW name, village, commune, district and province name</p> <p>Collumn (2)The mother's fullname. Can add the names of their husbands or parents in parenthese to distinguish. For example : Nguyen Thi Thanh (<i>Hoa</i>). Note: Write in order of the mother who has the oldest child to pregnant women</p> <p>Collumn (3) Mother's date of birth (<i>if known</i>)</p> <p>Collumn (4) the child's date of birth:</p> <ul style="list-style-type: none"> Write the expected date of birth for the pregnant women; update it with actual date of birth of the child upon delivered In case of premature death or neonatal motality, write down the status at birth and cross out the rest of the form <p>Collumn (5) Date received the first invitation card: The date CBW gives the first invitation card to the mother and introduce the Franchise - MTBT.</p> <p>Collumns (6,7,8): 1 column stands for 1 month: CBW write down the child's age by month.</p> <p>Note:</p> <ul style="list-style-type: none"> If the child is more than 24 months old then cross out the rest of the calendar If the mother moves to another region or the child has died then note this and cross out the rest of the calendar.
Validation/ supervision, support	<p>A) Supervisor (frequency)</p> <ol style="list-style-type: none"> Franchise management (<i>quarterly</i>) Supervisors from upper level (<i>randomly</i>) <p>B)Testing method: Number of mothers matches the information in A3 and PEMC books</p> <p>C) Checklist</p> <ol style="list-style-type: none"> Fill out name of CBW, village, general information; Write down the child's age by month

Figure 3: Form YB – Monthly CBW report

Province:.....
 Commune:.....
 District:.....
 Village:.....

Number of pregnant women and mothers with children under 2 years in village

CBW's name:.....

No	Mother/pregnant women statistics	2011		2012		2013	
		June	December	June	December	June	December
(1)	(2)	(3)					
1	Pregnant women 7-9 months						
2	Mothers giving birth						
3	Mothers with children 0 - 4 mo 29 d						
4	Mothers with children 5 - 5 mo 29 d						
5	Mothers with children 6 - 11 mo 29 d						
6	Mothers with children 12 - 23 mo 9 d						
7	Mothers with children ≥ 24 months						
8	No. of invitation cards given						

* Note: This form will be filled by CBW and given to Commune Project staff in the monthly meeting twice a year in June and December

Instruction for YB form

Name	Number of pregnant women and mothers with children under 2 years in village
Symbol	YB
Purpose	Summary of the mothers being followed Provide information for PYB form, only use when no A3 or PEMC books
Level/Location	Village/hamlet
Implimentor	Demand generator/Commune based worker (CBW)
Data source	A3 and PEMC books, or Y1
Time/frequency	In June and December
Management/ Archives	Form YB will be completed by CBW and reported to Franchise staff
Steps to fill out the form	<p>Fill each column using data from A3 and PEMC books, or using Y1 if other two unavailable in June or December</p> <ul style="list-style-type: none"> • Pregnant women 7-9 months • Mothers giving birth • Mothers with children 0 - 4 mo 29 d • Mothers with children 5 - 5 mo 29 d • Mothers with children 6 - 11 mo 29 d • Mothers with children 12 - 23 mo 9 d • Mothers with children \geq 24 months • No. of invitation cards given
Validation/ supervision, support	<p>A) Supervisor (frequency)</p> <ol style="list-style-type: none"> 1. Franchise manager (<i>monthly</i>) 2. Supervisors from upper level (<i>randomly</i>) <p>B) Testing method:</p> <ol style="list-style-type: none"> 1. Number of subject matchs with A3 and PEMC books, or Y1

Figure 4: Form PYB – Summary CBW report

Province:..... Month: ____ Commune:.....
 District:..... Year: 201_ Franchise ID: _____

Number of pregnant women and mothers with children under 2 years in the community

Summaried by name:.....

SV code	List	Name of villages (1 column for 1 village)										Total		
		(1)	(2)	(3)										
1	Pregnant women 7-9 months													
2	Mothers giving birth													
3	Mothers with children 0 - 4 mo 29 d													
4	Mothers with children 5 - 5 mo 29 d													
5	Mothers with children 6 - 11 mo 29 d													
6	Mothers with children 12 - 23 mo 9 d													
7	Mothers with children ≥ 24 months													
8	No. of invitation cards given													

* Note: This form will compiled by Commune health staff in June and December at Commune Health Center-based on YB report
 Date:.....month.....201....
 Franchise manager
 Name and signature

Instruction for PYB form

Name	Number of pregnant women and mothers with children under 2 years in community
Symbol	PYB
Purpose	Number of pregnant woman and mother with children in community
Level/Location	Commune
Implimenter	Franchise staff
Data source	A3 and PEMC books, or Y1
Time/frequency	In June and December
Management/ Archives	Store at Franchise document cabinet
Steps to fill out the form	<p>Fill in each column is used for village, using A3 and PEMC books, or using YB if other two unavailable</p> <ul style="list-style-type: none"> • Pregnant women 7-9 months • Mothers giving birth • Mothers with children 0 - 4 mo 29 d • Mothers with children 5 - 5 mo 29 d • Mothers with children 6 - 11 mo 29 d • Mothers with children 12 - 23 mo 9 d • Mothers with children ≥ 24 months • No. of invitation cards given <p>After filling out data of all hamlet/village, Franchise staff calculate and write down in “Total” column.</p>
Validation/ supervision, support	<p>A) Supervisor (frequency)</p> <ol style="list-style-type: none"> 1. Franchise manager (monthly) 2. Supervisors from upper level (randomly) <p>B) Testing method:</p> <p>Number of subject matches with A3 and PEMC books, or YB</p>

Figure 7: Franchise Management Book P1 – Form P1.3 – Franchise item half year count, page 1 (Franchise manager)

3. FRANCHISE ITEM (using this copy for report)		Franchise code: _____		
		December's count		
Item	Quantity received	June's count		
		Good	Not good	Remark
BCC materials				
Counseling Cards				
Poster 1: Nurse more				
Poster 2: No water				
Poster 3: No formula				
Loudspeaker scripts				
Video clip 1: Nurse more				
Video clip 2: No water				
Video clip 3: No formula				
3D Video: Breast-milk and Feeding				
Furniture				
Wooden Chair	5			
Plastic Stools	5			
Table	1			
Document cabinet	1			
Cooking demonstration module	1			
TV & DVD Shelf	1			
Display shelf	1			
IEC materials holder display unit	1			
Children Play Area				
Boxes	2			
Mats	12			
Toy set 1	1			
Toy set 2	1			

Figure 8: Franchise Management Book P1 – Form P1.3 – Franchise item half year count, page 2 (Franchise manager)

Room Accessories									
Length board								1	
Scale for Adults								1	
Scale for Children								1	
Teaset								1	
Clock								1	
Stickers									
Ruler								1	
Small Logos for random use								10	
Big Logo								1	
Deco. stickers (rainbow, flowers)								1	
Signage									
Signage (outdoor)								1	
Signage (indoor)								1	
Cooking Accessories									
Big bowls								2	
Small bowls								12	
Apron								2	
Plates								3	
Measuring cup 50 ml								1	
Measuring cup 100 ml (ho c.150ml)								1	
Measuring cup 250 ml								1	
Water Container								1	
Dipper								1	
Plastic basin								1	
Other related materials									
TV									
DVD player									
Food pyramid									
PEMC height board									

Instruction for P1 book

Name	Management book
Symbol	P1.1 Franchise staff follow-up IYCF training P1.2 BCC and promotional materials P1.3 Franchise item half year count
Purpose	Franchise manager use this book when: <ul style="list-style-type: none"> • Reporting and planning • Auditing of property periodically
Level/Location	Franchises in provinces, districts and communes
Implimentor	Franchise staff
Data source	Counting
Time/frequency	<ul style="list-style-type: none"> • Staff training follow-up on IYCF: update when ever staff change (staff move to other CHC, new staff...) • Staff training follow-up on IYCF: update when ever staff change (staff move to other CHC, new staff...) • Staff training follow-up on IYCF: update when ever staff change (staff move to other CHC, new staff...)
Management/ Archives	Franchise manager stores P1 book in document cabinet/folder
Steps to fill out the form	<p>P1.1 Staff training follow-up on IYCF</p> <ul style="list-style-type: none"> • Name column: Staff's fullname. Addition will be filled at the end of the list • Title at Franchises and health facilities • Training: Write training time & topic. • Cross "X" in column "Not trained" if they have not been trained • Organizer: Multiple choice. For example: A&T and NIN <p>P1.2 BCC and other promotional material management follow-up cards</p> <ul style="list-style-type: none"> • Use one form P1.2. for each BCC material. for example: Invitation cards, mother & child book, posters, leaflets... • Each time a BCC material is received or distributed, Franchise staff fill out information in 1 row • When there is no more space, start a new form, staff write down "Stored" number in to "Store" in the first row of the new form.
Validation/ supervision, support	<p>A) Supervisor (frequency)</p> <ol style="list-style-type: none"> 1. Franchise manager (monthly, quaterly) 2. Supervisor from the management board (monthly, quarterly) <p>B) Supervise method:</p> <ol style="list-style-type: none"> 1. Check is data is filled out on all forms 2. Randomly choose 1 BCC material: compare the stored number in form and real stored number.

Figure 9: Form P2 – Mother card at the franchise, page 1

Mother's name: _____ Address: _____ Phone: _____ Child's ID: _____
 Registration date: ____/____/____ End date: ____/____/____ Reason: _____ Franchise's ID: _____



MOTHER CARD AT FRANCHISE

No	Service	Time to counsel	Receiver Mom; Dad; Gr- parents; Other	Counseling date	Practice (tick boxes)/ Counseling topic (write down)	Exposure to MM*		Health staff signature	Remark
						Yes	No		
G1a	EBF Promotion 1	7th month of pregnancy	/ /	/ /					
G1b	EBF Promotion 2	8th month of pregnancy	/ /	/ /					
G1c	EBF Promotion 3	9th month of pregnancy	/ /	/ /					Full G1 receive: at least 1 contact at 9th month
<input checked="" type="checkbox"/> 1	Expected date of birth: Date of birth:	/ / / /	/ / / /		Pregnancy outcome: 1 child; Twin;> 2 children; Premature death; Neonatal mortality			Delivery place: CHC; Dist. hospital; Prov/National hospital; Home; Other	Full G1: Yes No Initiate BF <1h: Yes No
G2	EBF support	Delivery	/ /	/ /					
G3a	EBF management 1	2 - 4 weeks after delivery	/ /	/ /	BF [] Water [] Other milk [] CF []**				
G3b	EBF management 2	1-2 months	/ /	/ /	BF [] Water [] Other milk [] CF []				
G3c	EBF management 3	2-3 months	/ /	/ /	BF [] Water [] Other milk [] CF []				
G3d	EBF management 4	4-5 months	/ /	/ /	BF [] Water [] Other milk [] CF []				
G4	CF education	5-6 months	/ /	/ /	BF [] Water [] Other milk [] CF []				
<input checked="" type="checkbox"/> 2	6 months of age: (End-month check)		CHK: / /	Full G3: received G3a and G3c				EBF under 6 months: Yes No	Full G3: Yes No

Figure 10: Form P2 – Mother card at the franchise, page 2

No	Service	Time to counsel	Receiver Mom; Dad; Gr- parents; Other	Counsel- ing date	Practice (tick boxes)/ Counseling topic (write down)	Exposure to MM*		Next counseling date	Health staff signature	Remark
						Yes	No			
G5a	CF management 1	6-7 months			BF [] Infant formula [] CF					
G5b	CF management 2	8-9 months			BF [] CF: Quant (2 meals, 1/2 bowl) [] Variety []					
G5c	CF management 3	10-11 months			BF [] CF: Quant (2 meals, 1/2 bowl) [] Variety []					
G5d	CF management 4	12-14 months			BF [] CF: Quant (3 meals, 3/4 bowl) [] Variety []					
G5e	CF management 5	15-18 months			BF [] CF: Quant (3-4 meals, 3/4 bowl) [] Variety []					
G5f	CF management 6	18-24 months			BF [] CF: Quant (≥3-4 meals, 1 bowl) [] Variety []					
<input checked="" type="checkbox"/> 3	24 months of age: (End-month check)		CHK: / /		Full G5: received G5a, G5b, G5c & G5d			BF until 24 months Yes No	Full G5: Yes No	
	Total number of services provided		_____		Full 5 package if mother got full G1, G2, G3, G4 and G5			Full 5 packages: Yes No		

* Exposure to mass media of the mother: In the last 30 days, have you exposed to IYCF infor. from TV, radio, loud speaker, newspapers, internet? (Not include fomula promotion)

** Tick box []: X - yes, 0 - no

Abbreviations: BF=Breastfeeding
 CF=Complementary feeding
 CHC=Commune health center
 Dist.=District; Prov.=Province
 EBF=Exclusive breastfeeding
 G=Consulting package

Instruction for P2 form

Name	Mother card at Franchise
Symbol	P2
Purpose	Record services provided to each mother
Level/Location	Franchises in provinces, districts and communes
Implimentor	Franchise staff
Data source	Counselor writes this down themselves
Time/frequency	Update after each service is delivered. In addition, at delivery, when the child completes 6 months and 24 months check the card at the end of each month to identify outcome indicators.
Management/ Archives	<ul style="list-style-type: none"> • Franchise staff keep P2 card in Franchise Data folder/Document cabinet • Arrange P2 cards in ascending order of the child's ID number and by groups: Pregnant women 7-9 months, child 0-5 months, child 6-23 months and child \geq 24 months • Pick up the card and use it in the counseling process • After completing the counseling card, put the card in the daily box card holder • After the working day, Franchise staff summarize service delivery and other information to update the P3 form – “Daily service record” • After finish P3 form, put P2 card back to Data folder/Document cabinet • When a child \geq 24 months or a mother moves to another province, the P2 card will be placed in the storage folder. • All P2 cards must be stored at least 1 year after the project is finished and handled by the management board.
Steps to fill out the form	<p>A) Identify the child's ID and get the P2 card</p> <p>1. At registration (1st time): Establish a P2 card for each mother</p> <ul style="list-style-type: none"> • Identify the child's ID: based on year/month/date of child's birth (<i>Example: 110715 - child was born in 15th July 2011</i>). For pregnant woman, give temporary ID with year/month/expected date of birth by pencil and write official ID after delivery. If the Franchise has more than 1 child born within a day, add letter "a, b, c..." to distinguish. • Write down general information into Baby book (M1). Guide the mother on how to use this book. <p>2. If the mother has a P2 card, based on the child's ID, date of birth or expected birth, mother's name to find the appropriate P2</p> <p>B) Filling out P2 card while counseling</p> <p>Note, accept recall information for G2 and <input checked="" type="checkbox"/> 1-3.</p> <p>1. Rows start by "G": Based on one counseling session (pregnant, child age by month) to identify:</p>

	<p>1.1. Counseling receiver: write down all receivers by group: mother, father, grandparents or other.</p> <p>1.2. Counseling date: Date of counseling</p> <p>1.3. Practice (<i>tick boxes</i>)/Counseling topic (<i>write down</i>): the day before counseling</p> <ul style="list-style-type: none"> • Tick practice boxes [] (<i>X for yes and 0 for no</i>) • Example: in G3c row: Child receiving breast milk, water and formula and not yet receiving complementary foods, please fill in: BF [X] Water [X] Formula milk [X] CF[0] • Write down counseling topic, note for follow-up <p>1.4. Mass media exposure: Ask mother about mass media exposure on infant and young child feeding in last 30 days; if yes cross X into Yes column, if not, cross X into No column.</p> <p>1.5. Next counseling date: write the next counseling date.</p> <p>1.6. Health staff signature: counselor signs</p> <p>1.7. Remark: Counselor writes down other criteria information</p> <p>2. Rows start at tick box <input checked="" type="checkbox"/>:</p> <p><input checked="" type="checkbox"/> 1. End of pregnancy:</p> <ul style="list-style-type: none"> ○ Ask and write tentative birth date ○ When mother delivered, circle appropriate words in Pregnant outcome and Delivery place <p><input checked="" type="checkbox"/> 2. Child is 6 month of age:</p> <ul style="list-style-type: none"> ○ Exclusive breastfeeding in the first 6 months: Based on actual practice in rows G3a-d: Circle Yes if all are only BF and no water, no infant formula and no CF; otherwise circle No ○ Call to get this information if the mother doesn't come in for counseling ○ Full G3: received G3a and G3c <p><input checked="" type="checkbox"/> 3. Child is 24 month of age:</p> <ul style="list-style-type: none"> ○ Continue BF at 24 months: At the last contact G5f, child is still BF ○ Call to get this information if the mother doesn't come in for counseling ○ Full G5: received G5a, G5b, G5c & G5d ○ Count and write down total number of services provided ○ Full received: the mother receive G1, G2, G3, G4 and G5 when child is 24 months of age ○ Write the end date and reason. Common reasons for the completion of follow up are: ≥ 24 months, out migration, and death
<p>Validation/ supervision</p>	<p>A) Supervisor (frequency)</p> <ol style="list-style-type: none"> 1. Franchise manager (<i>weekly, monthly</i>) 2. Supervisor from a district or province (<i>monthly, quarterly</i>) <p>B) Supervise method:</p> <ol style="list-style-type: none"> 1. Supervisor get 3 P2 forms randomly, check general information and counseling information 2. Compare P2 form and service row of P3

Figure 11: Form P3 – Daily service records at the franchise

Province: Month: ____ Year: 201 ____

District: Franchise's ID: _____

MẮT TRỜI Bé thơ
Dinh dưỡng hôm nay, sức khỏe cho ngày mai

DAILY SERVICE RECORDS

No	Services	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
G1	EBF Promotion Full G1																																		
G2	EBF Support																																		
G3	EBF management Full G3																																		
G4	CF education																																		
G5	CF Management Full G5																																		
GF1	Full 5 package (9-14 contacts)																																		
GF2	Full 5 package (15 contacts)																																		
	Clients																																		
M	Mothers																																		
B	Fathers																																		
Ó	Grandparents																																		
KH	Others																																		
	No. of counseling contacts (total P2 card)																																		
	No. of new clients (new P2 card)																																		
	Exposure to mass media																																		
	Outcome																																		
BS	Initiate < 1h																																		
BHT	EBF in first 6 mo																																		
ABS	Acceptable diet																																		
BM	BF at 24 months																																		

Instruction for P3 form

Name	Daily service records
Symbol	P3
Purpose	<ul style="list-style-type: none"> Summarize delivery of daily services at the Franchise Provide information for form PB
Level/Location	Franchises in provinces, districts and communes
Implimenter	Franchise's staff
Data source	P2
Time/frequency	<ul style="list-style-type: none"> Update after counseling Summarize at the end of month for the Franchise monthly report-PB
Management/ Archives	<ul style="list-style-type: none"> Form P3 will be stored in the document cabinet. Form P3 will be arranged by month and year in 1 folder. It has label “P3 – Daily service record”, name of Franchise, Franchise’s ID and Franchise manager’s name outside folder. All P3 forms must be stored until the end of project.
Steps to fill out the form	<p>A) Daily update:</p> <ol style="list-style-type: none"> After the working day is finished, collect all P2 forms and fill in the appropriate column. Check all P2 forms for the record number of each service, write 0 for the rest of the rows. <ul style="list-style-type: none"> Counseling service: number of services for each package Client by groups: mother, father, grandparents and other Number of counseling contacts: count and write number of P2 cards New client: count and write number of new P2 cards Mass media exposure within the last 30 days about breastfeeding and appropriate complementary feeding <p>Outcome:</p> <ul style="list-style-type: none"> Initiate BF: check P2 card every working day EBF in first 6 months: Count P2 card record "Yes" in p 2. Accept calling for information Continue BF at 24 months: Count P2 card record "Yes" in p 3. Accept calling for information if the mother doesn't come Acceptable diet: Count P2 card is acceptable (<i>meal frequency, size and variety</i>) the day before counseling <p>B) Summary at the end of month Summarize by rows in the table to complete Franchise Monthly report -PB.</p>
Validation/ supervision, support	<p>A) Supervisor (frequency)</p> <ol style="list-style-type: none"> Franchise manager (<i>weekly, monthly</i>) Supervisor from a district or province (<i>monthly, quarterly</i>) <p>B) Supervise method: Check rows and columns summary with Franchise Monthly report -PB.</p>

Figure 12: Form P4 – Group counseling and baby competition (Franchise manager)

Province: Health facility:
 District: Month: ____ Year: 201 ____
 Franchise's ID: _____



GROUP COUNSELING AND BABY COMPETITION

1. Pregnant woman and mothers

No	Date	Topic	Material used/ Distributed	No. of participant by category					Total
				Pregnant woman	Mother with child 0-5 m	Mother with child 6-11m	Mother with child 12-23m	Father	
1									
2									
3									
4									
Total									

2. Healthy baby competition:

Date month 201

No	Date	No. of participant		Total
		Child 0-5 m	Child 12-23m	
1				
2				


Franchise manager

Name and signature

Instruction for P4 form

Name	Group counseling and baby competition
Symbol	P4
Purpose	<ul style="list-style-type: none"> List all group counseling delivered in a month Provide information for form PB
Level/Location	Franchises in provinces, districts and communes
Implimentor	Franchise staff
Data source	Group counseling at Franchises and baby competitions organized at the facility
Time/frequency	<ul style="list-style-type: none"> Update each group counseling when delivered Send a copy for the Franchise monthly report
Management/ Archives	<ul style="list-style-type: none"> Keep form P4 in the document cabinet Send a copy for the Franchise monthly report
Steps to fill out the form	<p>1. Group counseling: 1 line is used for 1 group counseling session</p> <ul style="list-style-type: none"> Counselor observes and fills out information in columns: <ul style="list-style-type: none"> Counseling date Topic Material use/Material distributed Count and write down the number of participants by groups: <ul style="list-style-type: none"> Pregnant women Mothers with children 0-5 months Mothers with children 6-11 months Mothers with children 12-23 months If fathers or grandparents participate, the counselor writes in appropriate columns Then write down total participation At the end of month, the counselor or franchise manager summarizes number of participants in the “Total” row. <p>2. Baby competition: If organized circle 1. Yes and write number of participants (<i>baby/mother</i>). If not organized circle 2. No</p>
Validation/ supervision, support	<p>A) Supervisor (frequency)</p> <ol style="list-style-type: none"> Franchise manager (<i>weekly, monthly</i>) Supervisor from management board (<i>monthly, quarterly</i>) <p>B) Supervise method:</p> <ol style="list-style-type: none"> Supervisors check this form to see if all information for each counseling session is filled out Participate observation: observe the counselor filling out information in counseling.

Figure 13: Form P5 – Client Referral Form

Mother's name:..... Address:..... Child's name:..... Child's (<i>tentative</i>) birthday:/...../.....		Child's ID: _____.____.____ Franchise's ID: __ __ __						
<h3 style="color: #2e7d32; margin: 0;">CLIENT REFERRAL FORM</h3>								
<p>1. Name of facility making the referral: _____</p> <p>2. Referral date: __ __ / __ __ / _____</p> <p>3. Services received at this facility: (Circle, multiple response)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">3.1. <i>EBF promotion</i></td> <td style="width: 50%; padding: 5px;">3.3. <i>EBF management</i></td> </tr> <tr> <td style="padding: 5px;">3.2. <i>EBF support (at delivery)</i></td> <td style="padding: 5px;">3.4. <i>CF education</i></td> </tr> <tr> <td></td> <td style="padding: 5px;">3.5. <i>CF management</i></td> </tr> </table>			3.1. <i>EBF promotion</i>	3.3. <i>EBF management</i>	3.2. <i>EBF support (at delivery)</i>	3.4. <i>CF education</i>		3.5. <i>CF management</i>
3.1. <i>EBF promotion</i>	3.3. <i>EBF management</i>							
3.2. <i>EBF support (at delivery)</i>	3.4. <i>CF education</i>							
	3.5. <i>CF management</i>							
<p>4. Facility referred to: _____</p> <p>5. Service(s) for which client is being referred: (Circle, multiple response)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">5.1. <i>EBF promotion</i></td> <td style="width: 50%; padding: 5px;">5.3. <i>EBF management</i></td> </tr> <tr> <td style="padding: 5px;">5.2. <i>EBF support (at delivery)</i></td> <td style="padding: 5px;">5.4. <i>CF education</i></td> </tr> <tr> <td></td> <td style="padding: 5px;">5.5. <i>CF management</i></td> </tr> </table>			5.1. <i>EBF promotion</i>	5.3. <i>EBF management</i>	5.2. <i>EBF support (at delivery)</i>	5.4. <i>CF education</i>		5.5. <i>CF management</i>
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5.2. <i>EBF support (at delivery)</i>	5.4. <i>CF education</i>							
	5.5. <i>CF management</i>							
<p>6. Reason for referral: (Eg: No delivery facility at health centre, high risk case, illness, etc...)</p> <p>.....</p> <p>.....</p>								
<p>7. Outcome of referance :</p>								
<p>8. Other comments:</p>								
_____, date __ month __ year 201__ <i>Referry facility</i> Franchise staff Name and signature	_____, date __ month __ year 201__ <i>Referry facility</i> Franchise staff Name and signature							

Instruction for P5 form

Name	Client referral form
Symbol	P5
Purpose	To refer client to other Franchise to receive counseling service
Level/Location	Franchises at province, district and commune
Implimentor	Franchise staff
Data source	Counselors write it themselves base on information in P2 card
Time/frequency	Refer a mother to another Franchise; each form is used for 1 client
Management/ Archives	<ul style="list-style-type: none"> • Give this form for client bring to other Franchise • Record into P2 card
Steps to fill out the form	<ul style="list-style-type: none"> • Complete general information: Mother's name; address; child's name and birthday (if delivered); child's ID and Franchise ID • Name of facility, referral date • Counselor circles the number of service(s) that mothers received at this Franchise and service(s) that mothers need to receive at the new Franchise • Give this form to mother and she will send to new Franchise
Validation/ supervision, support	<p>A) Supervisor (frequency)</p> <ol style="list-style-type: none"> 1. Franchise manager (<i>monthly, quarterly</i>) 2. Supervisor from district or province (<i>monthly, quarterly</i>) <p>B) Supervise method:</p> <ol style="list-style-type: none"> 1. Supervisors check this form for filling out all information on P5 and P2 forms 2. Participate observation: observe counselor filling out information in counseling

Figure 14: Form PB – Franchise monthly report (*Franchise manager*)

Province: Month:.....
District: Year 201.....



Health facility:.....
Franchise's ID: _ _ _ _

FRANCHISE MONTHLY REPORT

1.1. Number of clients (*No. of registered P2*)

Subjects	N
7-9 months of pregnancy	
Mother delivered in this month	
Mother with a child 0-5 months old	
Mother with a child 6-23 months old	
Complete (<i>mother with a child 24 months old</i>)	

1.2. General information (*from PYB, A3, PEMC, Immunization or population record*)

Subjects	N
7-9 months of pregnancy	
Mother with a child <24 months old	

3. Client satisfaction result (*No. of M2*)

No. of questionnaire

Comment from client:

2.1. Service delivery (*from P3*)

Type of service received	N	%
G1 - EBF promotion		
Full G1		
G2 - EBF support		
G3 - EBF management		
Full G3		
G4 - Complementary feeding education		
G5 - Complementary feeding management		
Full G5		
GF1 - Full 5 packages (9-14 contacts)		
GF2 - Totally full 5 packages (15 contacts)		

Clients	Mothers	
	Fathers	
	Grandparents	
	Others	
	No. of counseling contact	
	No. of new clients	
	Exposure to mass media	
Outcome	Early initiation within 1h	
	EBF under 6 months	
	CF: acceptable diet	
	Continue BF at 24 month	

2.2. Group counseling (*from P4*)

No. of group counselled	
-------------------------	--

4. Franchise material management (*from P1 book, biannual in June and December*)

No	BCC material	Unit	Stored from last quarter	Received this quarter	Total	Distribute this quarter	Stored next quarter	Need more copy
A	B	C	1	2	3=1+2	4	5= 3-4	6
1	Poster	each						
2	Leaflet 1	piece						
3	Leaflet 2	piece						
4	Leaflet 3	piece						
5	Invitation card	each						
6	Baby book	book						
7								

5. Any other comment/suggestion

5.1. No. of new clients (*increase or decrease*):

5.2. Negative events (*natural disaster: flood, storm...*)

Positive event (*BF, CF campaign...*)

5.3. Urgent need:

Date.....month.....201.....

Prepared by
Name and signature

Franchise manager
Name and signature

Instruction for PB form

Name	Franchise monthly report												
Symbol	PB												
Purpose	Summary Franchise activities of the report month Include PYB and P1.3 with the reports for June and December												
Level/Location	Franchises in provinces, districts and communes												
Implimenter	Franchise staff												
Data source	Forms: P1, P3, P4, M2, PYB Alternative to form PYB, franchises at the commune level can use available information from the pregnancy book (A3) and PEMC for report to complete form PYB												
Time/frequency	On the 5th of every month												
Management/ Archives	Save 1 copy at the Franchise Franchise at commune and district levels send the report to the District management board, Franchise at province level send the report to the Province management board.												
Steps to fill out the form	<p>1.1. Number of clients (<i>count number of P2 card are follow-up at Franchise</i>) by groups.</p> <p>1.2. General information: from "Total" column in PYB form, which might gather from the Pregnant book (A3) for PEMC report. Photocopy and include PYB form.</p> <p>2.1. Service delivery (<i>from P3 form</i>): Get data from "Total" column of P3 form to fill this session % = Service delivery / Client are followed</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #008000; color: white;">Denominator</th> <th style="background-color: #008000; color: white;">Numerator</th> </tr> </thead> <tbody> <tr> <td>- Pregnant women 7th-9th months pregnant</td> <td>G1</td> </tr> <tr> <td>- Delivery</td> <td>Full G1 or G2</td> </tr> <tr> <td>- Mother with a child 0-5 months</td> <td>G3, full G3 or G4</td> </tr> <tr> <td>- Mother with a child 6-23 months</td> <td>G5</td> </tr> <tr> <td>- Complete (<i>Mother with a child 24 months old</i>)</td> <td>Full G5, GF1, and GF2</td> </tr> </tbody> </table> <p>2.2. No. of group counseling sessions: from P4 form</p> <p>3. Client satisfaction results: write no of forms M2 received</p> <p>4. Franchise material management based on P1.2; report in June and December Copy P1.3 form and attach to this report</p> <p>5. Any other comments/suggestions:</p> <ul style="list-style-type: none"> • No. of new clients (<i>increase or decrease</i>) • Negative events (<i>natural disaster: flood, storm...</i>) • Positive events (<i>BF, CF campaigning...</i>) • Urgent need 	Denominator	Numerator	- Pregnant women 7th-9th months pregnant	G1	- Delivery	Full G1 or G2	- Mother with a child 0-5 months	G3, full G3 or G4	- Mother with a child 6-23 months	G5	- Complete (<i>Mother with a child 24 months old</i>)	Full G5, GF1, and GF2
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- Mother with a child 6-23 months	G5												
- Complete (<i>Mother with a child 24 months old</i>)	Full G5, GF1, and GF2												
Validation/ supervision, support	<p>A) Supervisor (frequency) 1. Supervisors from management board (<i>quarterly</i>)</p> <p>B) Supervise method: 1. Compare report with P3 card and management book.</p>												

Figure 15: Form M2 – Client satisfaction questionnaire

Province:
 District:
 Year: 201__



Health facility:
 Franchise's ID: _ _ _ _ _

CLIENT SATISFACTION QUESTIONNAIRE

Your help in completing this questionnaire is valuable for us to provide our clients with the best quality of care. Please leave the completed questionnaire in the designated box. Your responses are confidential. Thank you!

Date of Service ___/___/_____

Service Received

1. How did you hear about the IYCF franchise? (Multiple response)

Circle

- | | |
|----------------------------|---------------------------|
| a. Health staff | d. Leaflet, TV chanel |
| b. Community based workers | e. Franchise sign at gate |
| c. Other mother/s | f. Others (specify)..... |

2. How many minutes did you wait for counseling? Note your waiting time (in minutes)

.....

3. Do you feel that the counselor

- | | | |
|---|--------|-------|
| a. Was friendly to you? | 1. YES | 2. NO |
| b. Gave enough information for you to make a decision about infant feeding: | 1. YES | 2. NO |
| c. Listened to you: | 1. YES | 2. NO |
| d. Responded to your concerns or problems: | 1. YES | 2. NO |
| e. Was supportive with no judgment: | 1. YES | 2. NO |

4. Overall, how would you rate the quality of IYCF services at this facility?

Circle one: 1. POOR 2. FAIR 3. GOOD 4. EXCELLENT

Comments:

5. Your comments and suggestions to improve the quality of the IYCF services at this facility

6. Will you recommend the IYCF service at this facility to a friend or family member?

Circle one: 1. YES 2. NO

If NO, please explain:

THANK YOU VERY MUCH!



TRAINER MANUAL ONE

Management and Operation of the IYCF Franchise Model (“Mat Troi Be Tho”)

Ha Noi, July 2011

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