THE LITTLE SUN
Nutrition today, health tomorrow

Mat Troi Be Tho

Franchisor Manual

Standards and Procedures for
Selecting, Developing, and Managing Franchisees to
Improve Infant and Young Child Feeding

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Alive & Thrive is an initiative to improve infant and young child feeding practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. The first two years provide a window of opportunity to prevent child deaths and ensure healthy growth and brain development. Alive & Thrive (A&T) aims to reach more than 16 million children under 2 years old in Bangladesh, Ethiopia, and Viet Nam through various delivery models. Learning will be shared widely to inform policies and programs throughout the world. Alive & Thrive is funded by the Bill & Melinda Gates Foundation and managed by FHI 360. Other members of the A&T consortium include BRAC, GMMB, the International Food Policy Research Institute (IFPRI), Save the Children, the University of California Davis, and World Vision.

Suggested citation: Alive & Thrive. Franchisor Manual: Standards and Procedures for Selecting, Developing, and Managing Franchisees to Improve Infant and Young Child Feeding. Hanoi, Viet Nam: Alive & Thrive, October 2013.

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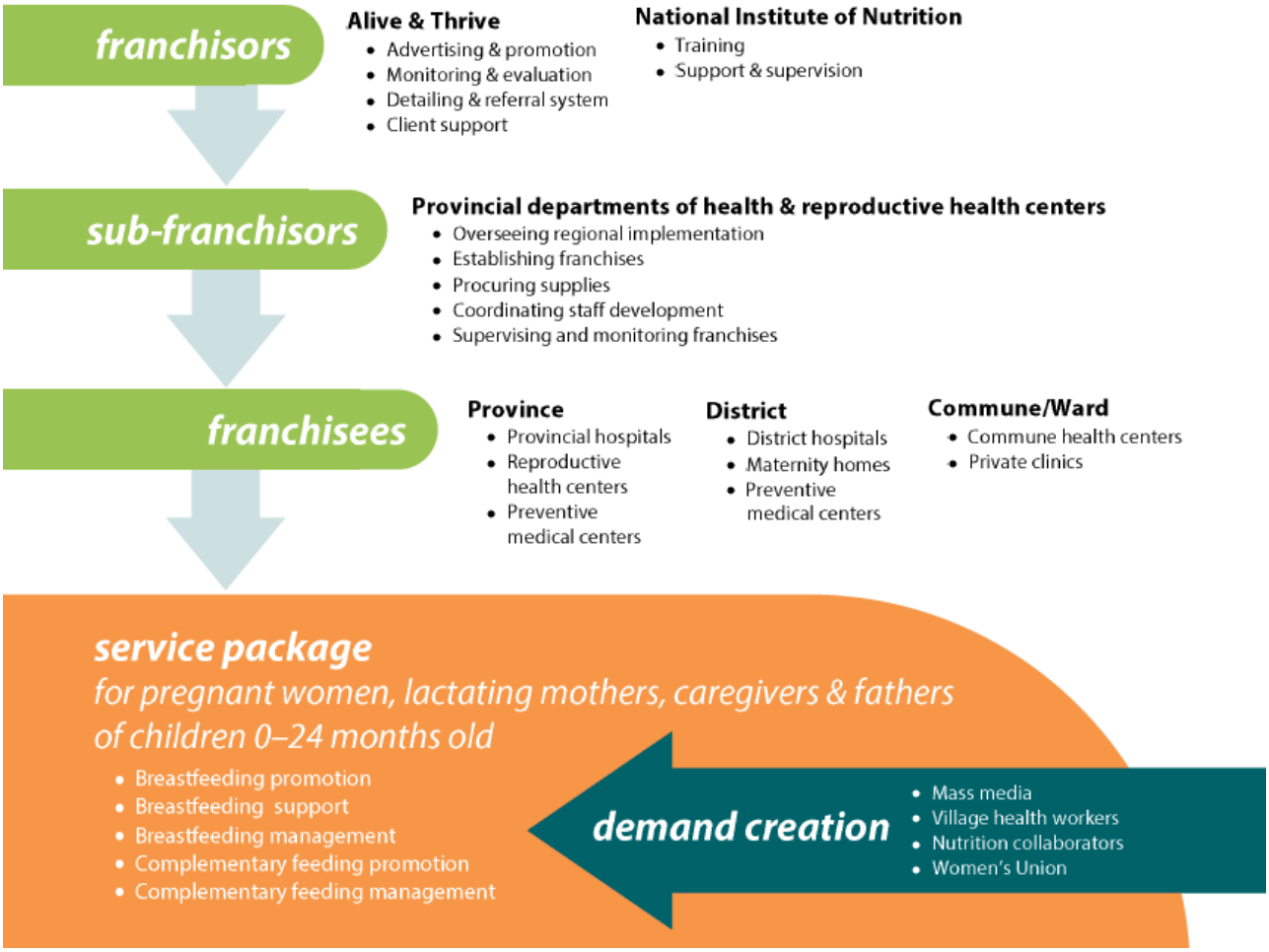
Acronyms

A&T	Alive & Thrive
BCC	Behavior Change Communication
BF	Breastfeeding
CBW	Community-based Worker
CF	Complementary Feeding
CHC	Commune Health Center
DG	Demand Generation
DMB	District Management Board
DHCs	District Health Centers
EBF	Exclusive Breastfeeding
IEC	Information, Education and Communication
IFPRI	International Food Policy Research Institute
IPC	Interpersonal Communication
ISMS	Institute of Social and Medical Studies
IYCF	Infant and Young Child Feeding
LoA	Letter of Agreement
M&E	Monitoring and Evaluation
MIS	Management Information System
MTBT	Mat Troi Be Tho
NIN	National Institute of Nutrition
OAM	Opportunity, ability and motivation
PBI	Performance Based Incentives
PIP	Program Implementation Pathway
PMB	Provincial Management Board
PPC	Provincial People's Committee
RHCs	Reproductive Health Centers
TBD	To be determined

Franchise model

The *Mat Troi Be Tho* (Little Sun) franchise model is presented in Figure 1 below. The model, its standards and procedures are described in the manual.

Figure 1: Franchise model



1. Introduction

Alive & Thrive is an initiative to improve infant and young child feeding (IYCF) practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. The first two years provide a window of opportunity to prevent child deaths and ensure healthy growth and brain development. One of the objectives of A&T is to document the process for implementing large-scale infant and young child feeding (IYCF) programs and to disseminate learning from this experience. This operations manual outlines the social franchising delivery model in Viet Nam.

Franchising is a business model that enables rapid growth of a product and/or service of a specified standard by shifting daily managerial responsibilities to independent businesses. In the commercial sector, franchising is used to expand the franchisor's business with the aim of increasing profits. In the social sector, franchising is also used to expand a business but for the purpose of increasing impact of a social initiative. Social franchises in the health sector typically operate by franchising a specific package of services (such as family planning services) through private health facilities that are already offering a wide range of both curative and preventive services.

This manual has been developed to document the *Mat Troi Be Tho* (MTBT) franchise model and the standards and procedures used to implement this in Viet Nam. The manual includes an overview of the nutrition situation found in Viet Nam and background to the franchise model. It then gives a detailed description of the franchise model, introduced in figure 1, and IYCF services delivered through the model. It further outlines selection and development procedures for franchisees, performance management, demand generation and, finally, monitoring and evaluation.

The manual is intended for franchise managers at national, provincial and district levels. A manual for managers and counselors at facility level has been developed as a complement to this manual. In addition to its core management purpose, the manual is a resource for those considering replication of the model. The manual should be used in conjunction with other MTBT resource documents listed in Annex 1. References to these resources are provided throughout the document so that readers can seek additional information should they require this.

2. Nutrition Situation Analysis

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 – from 39 per cent in 1999 to 32 per cent in 2009.[1] However, underweight and, in particular, stunting among children under two years of age remain high in Viet Nam compared 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 this high stunting rate among children under two years old in Viet Nam. According to A&T formative research[2] conducted in 2009, the main issues on IYCF are as follows:

Table 1: IYCF issues in Viet Nam

Breastfeeding (BF) issues	Complementary Feeding (CF) issues
• While 90% of mothers attend antenatal care (ANC), few are counseled on breastfeeding or child nutrition during these sessions • Separation of mother and child after delivery (particularly when surgery is required) • Introduction of pre-lacteals to the baby within first three days of birth by 75% of mothers (ISMS baseline) • Perception of insufficient milk in terms of quality and quantity • Perception that water is needed to clean baby's mouth and quench thirst • Aggressive marketing and availability of baby formula • Low rate of exclusive breastfeeding in the first six months of life (18.4% IFPRI baseline; 20.2% ISMS baseline) • Sharp decline in predominant breastfeeding from 81.9% at birth to 21.7% at five months (ISMS baseline) • Only half of mothers initiate breastfeeding within the first hour after delivery • Mother's return to work which disrupts BF	• Early introduction of water and solid, semi-solid or soft foods • Early discontinuation of breastfeeding • Frequency of feeding for non-breastfed children does not meet recommendations • Consistency of complementary foods is often too thin and contains little oil or fat • Sub optimal consistency and quality of CF in relation to dietary diversity, meal frequency and minimum acceptable diet • Iron-deficient diets • Poor hygiene practices in relation to food preparation and infant feeding • Cultural and food taboos (vary by region in Viet Nam) • Family influence and pressure that works against optimal practices (described below)

[1] National Institute of Nutrition. *NIN surveillance report on feeding practices in 63 provinces.* Hanoi, Viet Nam: NIN, 2010.
[2] Alive & Thrive. *Formative Research Report on IYCF in Viet Nam* (Phases I and II). Hanoi, Viet Nam: Alive & Thrive, 2012.

In order to promote optimal IYCF practices and based on formative research - including trials of improved practices - A&T determined that a multi-pronged behavior change model was necessary. This model focuses on IYCF practices recommended by the WHO and endorsed by the National Institute of Nutrition (NIN). There are 15 practices in total:

Ideal BF practices

1. All infants are breastfed for the first time within the first hour after birth*.
2. No infants are given pre-lacteals before BF*.
3. All infants are fed colostrum*.
4. All infants and young children are breastfed on demand, during the day and night*.
5. All infants are exclusively breastfed until 6 months of age* (180 days).
6. No children are weaned before 24 months of age*.
7. No children are fed with bottles and pacifiers.

📖 Recommended resources

Alive & Thrive. *Formative Research Report on IYCF in Viet Nam* (Phases I and II). Hanoi, Viet Nam: Alive & Thrive, 2012

Alive & Thrive. Mat Troi Be Tho *Training Manual 1: Management and Pperation of the MTBT Social Franchise.* Hanoi, Viet Nam: Alive & Thrive.

Ideal CF practices for young children (6-23 months old)

8. All young children are fed semi-solid complementary food beginning at 6 months of age (180 days).
9. All young children are fed the recommended number of meals daily*.
10. All young children meet their recommended daily energy requirements*.
11. All young children are fed nutrient- and energy-dense food*.
12. All children are given a variety of food (from four food groups or more).
13. All children are given iron-rich food or an iron supplement daily.
14. All young children are fed meat, fish, and poultry daily*.
15. All young children are supported and motivated to eat to satiety during meal times*.

*Source: * ProPAN*

3. Franchise Background

Given the nutritional situation in Viet Nam, the A&T project aims to:

- Double the rate of **exclusive breastfeeding** in the first six months in each province;
- Improve the quality and quantity of **complementary feeding** practices for children aged 6-24 months; and
- Reduce the **stunting** rate for children under-two years by at least 2% per year.

To achieve these goals, A&T has a three pronged approach:

- Improve the policy and regulatory environment to support IYCF interventions and practices;
- Create, shape, and support demand for improved IYCF social norms and practices at community and family levels;
- Increase supply, demand, and use of fortified complementary foods and related products.

Key activities under each intervention arm are outlined in Table 2.

Table 2: A&T intervention arms and key activities

Intervention arm	Key activities
Strengthen policies that protect and promote IYCF	• Support national nutrition policies • Strengthen Decree 21 on breastmilk substitute advertisement and maternity leave policy • Strengthen province-specific nutrition plans
Create and shape demand for IYCF	• Establish a social franchise model and provide good quality IYCF counseling services • Create IYCF support groups in remote areas • Enable behavior change through use of mass media and information communication technology
Expand use and availability of fortified foods and related products.	• Introduce micronutrient powders • Pilot workplace interventions

The MTBT social franchising component is the key strategy employed to *'shape, create and support demand for IYC*F'. The MTBT franchise aims to increase the availability of accurate information on IYCF through effective interpersonal and group counseling beginning in the third trimester of pregnancy and continuing through the first two years of life. It is complemented by interventions that address the broader enabling environment, through work on policy and regulations as well as mass media. The program implementation pathway (PIP) is presented in Annex 2.

The MTBT social franchising model is nested within the Vietnamese public health care structure, a departure from most social franchising arrangements which have traditionally focused on the private sector.[3] Table 3 considers common characteristics of private sector franchising[4] and compares these to public sector franchising.

Table 3: Common characteristics of social franchises

Common characteristics of private sector franchising	Public sector features that operate in a similar manner to private sector franchising
Outlets are operator-owned	Stability in public sites in terms of staffing and infrastructure (low mobility of providers so that once trained they are available in that location) Decentralized healthcare system that exhibits independence at sub national level (e.g. provinces and districts have some control over resources and are empowered to make decisions) Ability of potential franchise sites to self-select rather than being 'appointed' to join the franchise Officials who are responsible for facility operations are able and willing to contractually enter franchise agreements
Payments to outlets are based on services provided	There is scope to reward health providers for increased quality and volume of services delivered There is scope to recognize good performance

[3] In the case of the MTBT franchise, only five facilities are private.

[4] Characteristics are based on the definition used by the University of California, San Francisco 2012 Global Health Group which states that a *'social franchise encompasses a network of private health practitioners linked through contracts to provide socially beneficial services under a common brand.'*.

Services are standardized	Adequate staffing in terms of numbers and qualifications to be able to offer franchised services
Clinical services are offered with or without franchise-branded commodities	Commodity supply chain is functional with infrequent stock outs, or the program can overcome these issues Public sector sites can be branded and promoted

The Vietnamese public health care system exhibits the characteristics outlined in Table 3 making it a suitable candidate for social franchising. The system has a good level of functionality and is capable of reaching a majority of the population, providing an efficient platform for delivering program interventions, achieving impact at scale, and building sustainability. The backbone of the system is the Commune Health Center (CHC), the primary unit of the public health care system in Vietnam. Figure 2 presents an overview of the political and health care system in Viet Nam. Operating alongside this structure are mass organizations such as the Women's Union which has over 13 million members across the country. This entity provides an effective vehicle for community mobilization.

Figure 2: Vietnamese political and health structure

Development of the franchise model followed the following steps, presented in Table 4. Consultation included all the stakeholders outlined in Figure 2 as well as international partners active in nutrition or social franchising in Viet Nam, such as the WHO, UNICEF and Marie Stopes International. The planning and preparation phase involved a series of approvals and memorandums of understanding (MoUs). This took place at national level between A&T and the MoH, A&T and NIN and A&T and the Women's Union. At provincial level, MoUs were signed between A&T and the Departments of Health (DoHs) in the selected provinces and cities. From this point, the process was decentralized with DoHs signing franchise agreements with districts and districts signing MoUs with individual facilities (once selected). A sample MoU is provided in Annex 3.

Table 4: Franchise steps and key interventions

Planning and preparation (2009-2010)	Start up (2011-2012)	Launch and delivery (2012- on going)
Formative research (including trials of improved practices) Franchise feasibility study Consultation with stakeholders and selection of program areas Formal agreements – national, provincial, district Development of selection criteria for franchisees Development and pre-testing of the brand (logo and tag line) and development of branding guidelines Training – development of training modules, training of trainers	Impact evaluation survey (IFPRI) Baseline survey (ISMS) Training – roll out of training for counselors, Community-based Workers (CBWs), and managers Site selection Franchisee agreements with each facility Facility upgrades Establishment and orientation staff on monitoring system Development of media products, job aids and client materials	Launch of franchisees Certification of franchisees Refresher training to address quality gaps Development of additional job aids (counseling protocol and cards) Development and roll out of demand generation plan Development and roll out of performance-based incentive plan Target setting and agreement Strengthening supportive supervision Ranking and response to franchisee needs

4. Franchise Structure

4.1 Franchise Components

The four defining components of any franchise model are:

- Standardized services of a certain quality at all facilities in the franchise system
- Fee for services acceptable to customers and to maintain the facility's activities (same pricing structure)
- Brand: including brand name, logo, and tag line
- Franchisee operates independently under the franchisor's supervision

In the MTBT franchise, these components have the following features (Figure 3).

Figure 3: Components of the franchise model

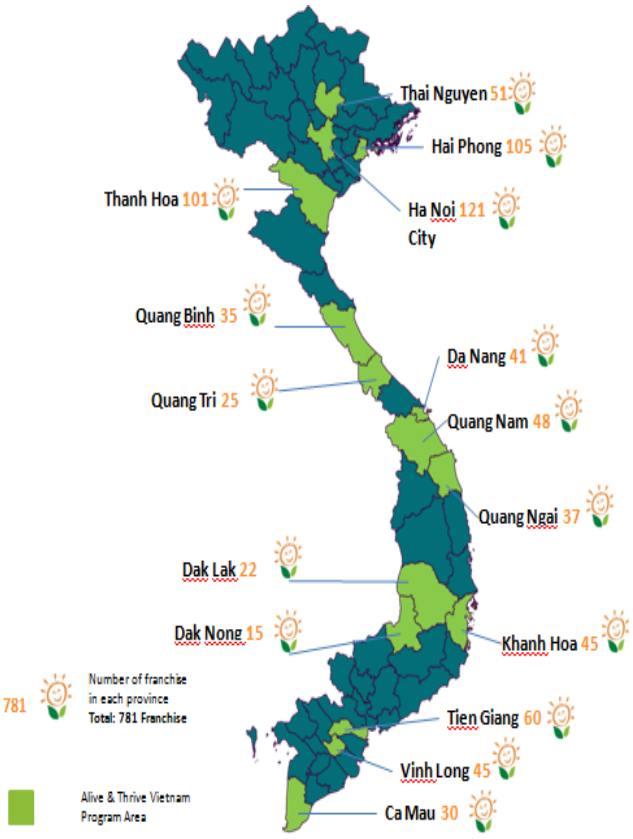
Unlike most social franchises which franchise clinical services, the MTBT franchise promotes standardized counseling services; these are described in section 5 of the manual. The brand operates similarly to other franchise models and promotes the counseling space within franchised health facilities as well as the service itself. Ownership is predominantly within the public health care system which creates some barriers to charging fees for service. Currently, fee for service is only being implemented in a few select facilities and is dependent on level of facility and provincial level agreement. Other means of promoting performance have therefore been introduced and are described in section 9 of the manual. The role of A&T has been to provide a standardized framework and ensure capacity to deliver services according to standardized protocols so that the brand promise is realized.

4.2 Geographic and Facility Coverage

The MTBT franchise operates in 11 provinces and four cities located in the three regions of Viet Nam (Figure 3). These locations were selected as they represent seven geographical regions of Viet Nam. They have large populations of children under five years of age as well as stunting rates of 30 percent or more. These locations have previous experience working in partnership with Save the Children and expressed willingness to partner on the MTBT franchise model.

The MTBT franchise has a three tiered management structure:

Figure 4: Map of project areas



- Franchisor – national level
- Sub franchisor – provincial level
- Franchisee – facility level

The A&T project in partnership with NIN functions as the national franchisor with overall operational oversight and authority. Franchisor roles and responsibilities are implemented regionally by selected “sub-franchisors”, namely the 15 provincial health departments. Franchisees are located at provincial, district and commune levels and include a range of facilities:

Province (50 facilities)

- Provincial hospitals
- Reproductive health centers
- Preventive medical centers

District (71 facilities)

- District hospitals
- Maternity homes
- Preventive medical centers

Commune/Ward (660 facilities)

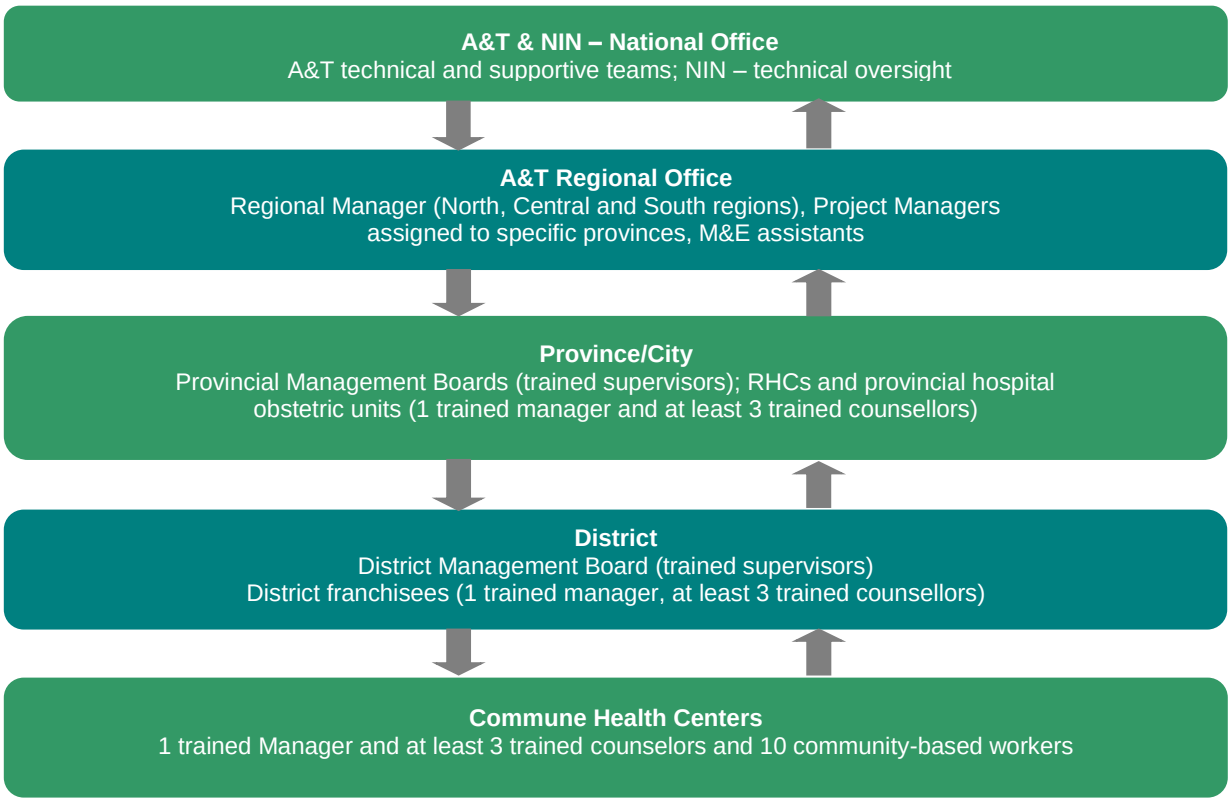
- Commune health centers

Annex 4 provides a summary table of franchisees by province and service delivery level. The final number of franchisees may be subject to change should the need to de-franchise arise.

4.3 Roles and Responsibilities

Figure 5 provides an overview of the human resource structure for the MTBT franchise. It shows different functions and cadres of staff required to operate the franchise model. At service delivery level, there is one trained manager per franchisee. S/he oversees service delivery by trained counselors. Training quotas have allowed for at least three trained counselors per CHC franchisee. In most instances, this number is greater at district and provincial franchise sites. Not all facilities offer all components of the service delivery package as these vary by type and level of facility. Section 5.2 provides additional clarification on this. At district and CHC level, demand is generated through trained community-based workers (CBWs) with at least five assigned to each facility. These individuals are drawn from the pool of available Nutrition Collaborators (trained by NIN), Village Health Workers and Women's Union members.

Figure 5: Franchise human resource structure



Operating parallel to the franchise functions and cadres embedded in government and community structures is the A&T support structure. This comprises technical and support units at national level as well as those situated in the three operational regions. A decentralized A&T structure mirrors Viet Nam's decentralized political and health structures.

Roles and responsibilities of the franchisor (national), sub-franchisor (provincial and city), franchisee (facility level) and CBW (community level) are presented in Table 4. Annex 3 contains a more detailed summary of roles and responsibilities at facility and community level.

Table 5: Franchise roles and responsibilities

Management level	Roles and responsibilities
Franchisor (A&T and NIN)	• Conduct national level advocacy for IYCF and provide technical guidance to sub franchisors • Build the capacity of sub franchisors to manage the MTBT franchise • Support sub franchisors with the selection, training and monitoring of franchisees • Develop systems, tools, guidelines and materials for use by the MTBT franchise • Monitor the performance of the MTBT franchise and, together with sub franchisors, address any technical or operational gaps in implementation • Create consumer demand for franchise services via mass media advertising of brand

Sub franchisor (Provincial Management Boards)	• 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 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)
	• Provide franchisees with routine support and supervision needed to maintain franchise standards
	• Monitor franchise performance and provide support to ensure quality services
	• Create consumer demand for franchise services via brand advertising

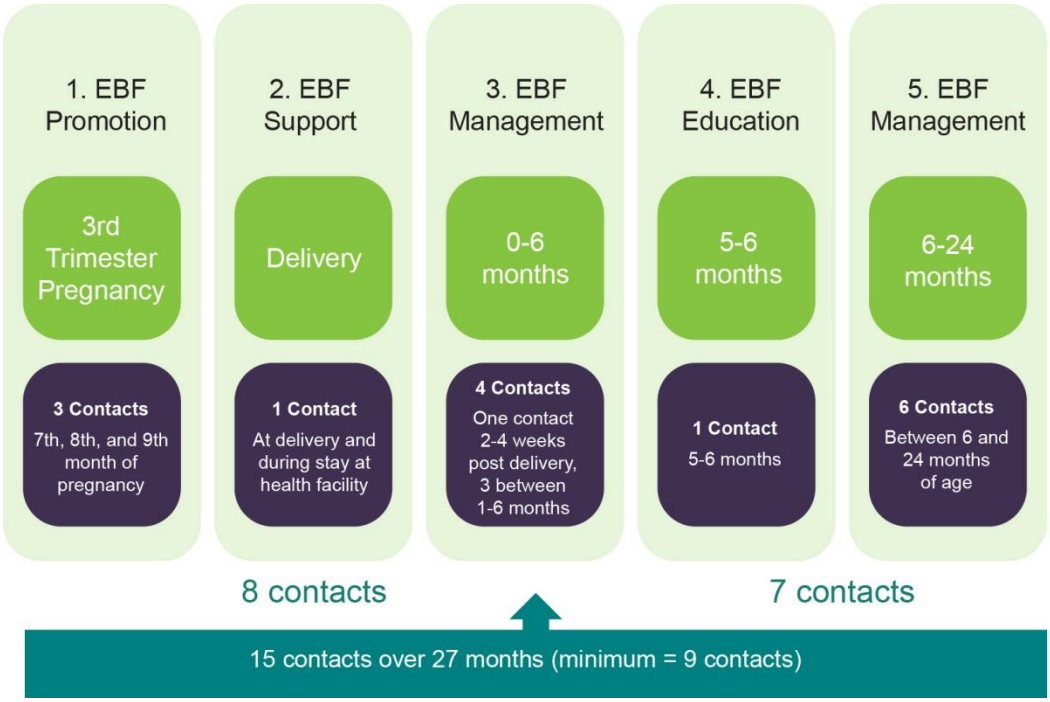
Franchisee	• Deliver services that conform to franchise standards and guidelines (i.e., quality standards, pricing, hours of operation, staffing, record keeping, etc.) • Submit performance data/reports to sub-franchisor as required • Oversee the activities of community-based workers with demand generation, client referral and follow up • Implement demand generation activities at community and facility levels
Community-based worker	• 6-7 months of pregnancy: Give invitation cards, remind mothers to go for pregnancy check-ups to receive BF counseling • 1 week post-partum: Make home visit to encourage and support the mother to breastfeed exclusively and maintain breastmilk supply • Mother with a child aged 0-6 months: Remind the mother to go to the MTBT franchise for all counseling sessions; identify difficulties for timely support • Mother with child aged 6-24 months: encourage and support mother to continue to breastfeed; remind the mother to go to the MTBT franchise for all counseling sessions; identify difficulties for timely support

5. Franchise Services

5.1 Service Delivery Package

The IYCF service delivery package is designed to encourage and enable clients to practice optimal feeding for their infants from the time they are born until two years of age. The IYCF service delivery package is divided into five major components (Figure 6):

Figure 5: IYCF service delivery package



Components provided by individual franchisees are determined during site selection and vary depending on the type of facility. The core IYCF package revolves around counseling clients on each of the five components listed above. Other package components (such as diagnosis and treatment of nutrition-related diseases, family counseling and peer support groups, etc.) may be added as the franchise expands over time and franchisees master the delivery of the core package. A brief description of the five components is provided below while a more detailed description is provided in Annex 4. The Tip Box contains 'top tips' for optimal IYCF.

📖 Recommended resources

Alive & Thrive. *Mat Troi Be Tho Training Manual 2: Counseling on Infant and Young Child Feeding at a Health Facility.* Hanoi, Viet Nam: Alive & Thrive.

Alive & Thrive. *Mat Troi Be Tho Protocol for Group and Individual Counseling.* Hanoi, Viet

EBF promotion package during third trimester of pregnancy provides timely and appropriate information on EBF for mothers before delivery and in the third trimester of pregnancy so mothers will:

- Know the importance of BF and believe that it is the best choice for their babies

- Know the activities that support BF and want to go to health facilities for further information as well as specific support.
- Believe in their ability to exclusively breastfeed and commit to EBF
- 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 package supports mothers to initiate BF after delivery at health facilities with the purpose of:

- Helping mothers to successfully give colostrum and no pre-lacteal feeds in the first hours after delivery
- Helping mothers carry out and maintain their BF decision
- Encouraging mothers to go to health facilities for EBF management after delivery

EBF management package follows up and supports a mother to maintain EBF in the 1-2 weeks postpartum to 2 weeks - 6 months with the purpose of:

- Supporting mothers in maintaining EBF as long as possible preferably up to six months
- Helping mothers to know about common BF problems and what to do or where to find help when they occur
- Encouraging mothers to go for support or group counseling

CF education package provides basic information needed for mothers to give appropriate complementary foods at 6 months of age – not earlier, not later.

CF management package is carried out between 6-24 months postpartum so mothers will:

- Know age-appropriate CF practices
- Have skills to practice age-appropriate CF
- Know and have the skills to prepare age-appropriate complementary food
- Know appropriate foods, particularly iron-rich foods, to feed babies by age
- Practice good hygiene
- Support and encourage mothers to come for individual or group counseling that offers follow-up and support in CF

Top tip

Ten steps for successful breastfeeding:

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

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

Principles of complementary feeding:

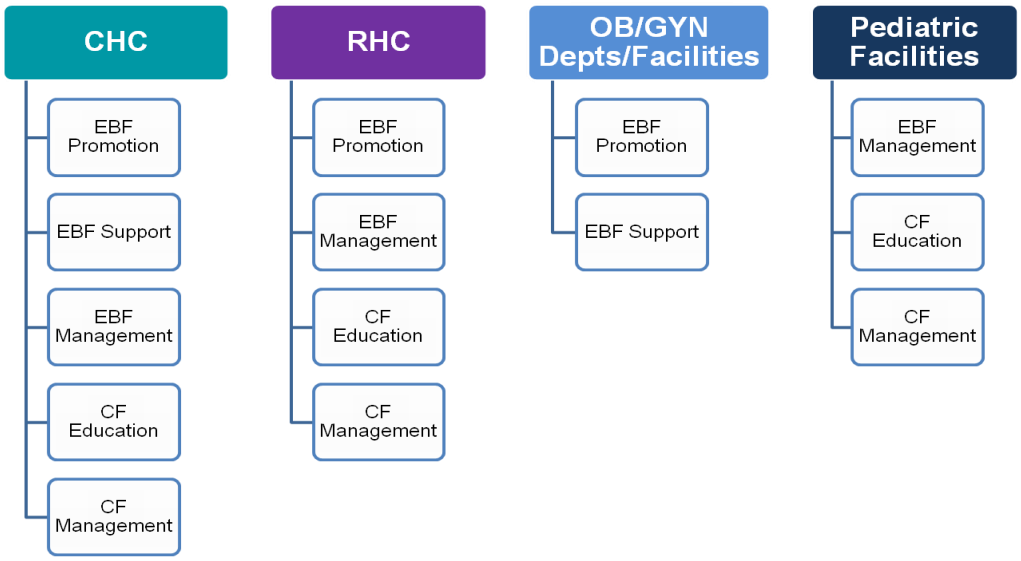
- Start giving complementary food at the appropriate age (start at 6 months of age), not too early or too late. Continue BF for as long as possible.
- Start offering liquids, then go to solid foods, from little to big amounts. Help the baby get acquainted with new food (not providing diluted food for more than two weeks).
- Increase the number of meals 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.
- Ensure that complementary foods are thickened. 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.
- Ensure that preparation and cooking tools are clean; wash your hands before preparing meals and feeding the child.
- Give the child more complementary food during and after an illness and give the child more liquid food/drink especially if the child has diarrhea or a high temperature.
- Do 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 the child loses its appetite, skips the meal, or takes less food.

Training Manual Two – *Counseling on infant and young child feeding at a health facility*- provides detailed guidelines on the IYCF service packages as does the Counseling Protocol. The training program gives providers the knowledge and skills needed to carry out each of the tasks described in the manual and protocol. The franchise is operating on the assumption that if women receive each and every component of the IYCF service delivery package and the desired outcomes are achieved at each stage, then the franchise will succeed in meeting its objectives. While this is the ideal, emphasis will be placed on providing individualized services to clients. For example, some women may achieve the desired outcome after having received just one or two package components while others may require more than the "full" package. By the end of the project, A&T hopes to determine an optimal number of contacts and touch points.

5.2 Service Delivery Structure

The MTBT franchise is designed to operate via varying levels and types of health facilities in Viet Nam. At the provincial and district levels, franchise services are made available through Reproductive Health Centers (RHCs) and OB/GYN and pediatric departments or facilities. The most comprehensive package of services is offered at the commune level via commune health centers and private clinics. Figure 7 outlines the services delivered at different levels of facilities.

Figure 6: Service delivery structure



Only CHCs that do deliveries can provide all five services. An RHC can only provide four services because 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. Franchisees operate as part of a larger system where clients are referred to other franchisees for services that they do not offer themselves.

6. Franchisee Selection

6.1 Selection Criteria

As part of the planning and preparation phase of the franchise outlined in Table 3, detailed implementation planning workshops were held which assisted in fleshing out the franchise structure and selection criteria for franchise facilities. Based on these forums, the following selection criteria were defined.

- ***Necessary criteria:*** criteria identified as being essential to the success of a franchisee.
- ***Preferred criteria:*** criteria, that while not regarded as essential would increase the likelihood of success if present.

Facilities that had several preferred criteria in place received priority consideration during the franchisee selection process. Both sets of criteria are presented in Table 6.

Table 6: Franchisee selection criteria

	Necessary criteria	Preferred criteria
Material, facilities, equipment	• Easily accessible, centrally located with good utilization of services • Adequate population catchment size at CHC level of > 200 • Running water and electricity available • Clean environment and well maintained infrastructure • Space available for counseling in privacy • Space available for group counseling and/or nutrition classes • Basic communications (telephone network)	• Basic cooking utensils (saucepan, pan), gas or electric oven • Has an area that is or could be used as a children's playground while the mother is receiving services • Computer and internet capabilities (connect to the internet and staff know how to use the internet) • Basic equipment such as growth chart, scale and height boards
Human resources	• Adequate qualified staff available to deliver services to allow for at least three staff to be trained as counsellors. Facility should have at least two midwives and one doctor. • Positive attitude of facility staff members, particularly the head of the facility, towards IYCF counseling and related support services • Facility staff functions, responsibilities and management structure are well defined • Infrequent staff turnover • Facilities have experience in managing and reporting on health projects • Network of active CBWs (enthusiastic, experienced from the hamlet level to the commune level)	• Facility has available staff to serve a large number of clients • Facility is located in one of key communes in the National Nutrition Program

6.2 Selection Procedures

As part of the franchising agreements established with A&T/NIN and sub franchisors at provincial and city levels, a bottom up process of site identification was undertaken. This involved the identification of potential franchisee sites using the agreed criteria. Methods used to collect information included:

- Review of health facility records and history
- Observation of facility conditions and staff interactions with each other and clients
- Interviews with health facility managers
- Interviews with health workers at the facility who would be involved in the delivery of the service.

For each facility assessed, a report of findings with recommendations for franchise membership was produced and submitted to the franchisor (A&T/NIN) for review and decision making on selection. The report indicated which franchise service delivery package component(s) the facility would provide. Given that the overall success of the franchise hinges on the ability of franchisees to operate in accordance with

franchise standards, site selection was extremely important. The bottom up process combined with top down 'sense checking' of sites selected was used to facilitate this.

7. Franchise Development Procedures

After sites are approved for selection, the site development process is initiated. Steps involved in developing a site include:

- Conduct an in-depth assessment of the site to identify specific inputs that are required for it to become operational
- Develop a plan for upgrading the site
- Execute the upgrade plan

The sub-franchisor schedules an appointment with the facility manager of the selected facility to conduct the assessment using the criteria in the site development and certification scorecard.

7.1 Franchise Branding

The MTBT logo is composed of three elements:

Visual image: The beaming sun symbolizes both 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.

Clinic name: *"Mặt trời bé thơ"* is synonymous with the above meaning emphasizing "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.

Project slogan: "Nutrition today, health tomorrow". The slogan emphasizes the importance of appropriate nutrition for babies to create a foundation for their future development and for the future of Viet Nam.

The core values reflected by the MTBT brand are:

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

> 📖 **Recommended resource**
>
> Alive & Thrive. *Mat Troi Be Tho Room & Spaces: Environmental Branding Guidelines for MTBT Social Franchises.* Hanoi, Viet Nam: Alive & Thrive.

The MTBT franchise room, together with the MTBT brand and branded environment design, is intended to create a positive experience for clients and staff. The franchise counseling room has been designed to be functional and meet clients' needs. The brand is intended to increase utilization by clients, both repeat as well as prospective, increase staff morale and motivation, and inspire others to try the MTBT franchise. In keeping with the MTBT identity, environmental branding guidelines have been developed to enable franchise outlets to communicate the brand identity through the medium of physical space, furniture and equipment. Each franchise room has four areas:

- Child area
- Counseling area
- Cooking-demonstration area
- Waiting area

All rooms must have the same look and feel. Annex 7 contains an image of a branded franchise room. Because the IYCF service is a counseling and support service and does not require service providers to perform medical procedures as part of the franchise package, inputs related to infrastructure and equipment are basic and primarily involve the following:

- Assistance with setting up a space for the delivery of the IYCF service including help (non-financial) with procuring a table and chairs for counseling if needed
- Provision of BCC materials and guidance on how to display and use them in the counseling sessions
- Installation of franchise signboard

Top tip: Based on MTBT experience, it is recommended not to do infrastructural upgrades until after staff capacity has been built and the site is operational. In this way, infrastructural upgrades can be used as a form of performance-based incentive. It may also allow for more rational roll out of infrastructural upgrades which can be time consuming and detract from human resource capacity building.

7.2 Capacity Building

A training program was developed to ensure that franchise staff was able to perform their duties in relation to managing the MTBT franchise and delivery of the IYCF counseling service. The training program included three core training modules:

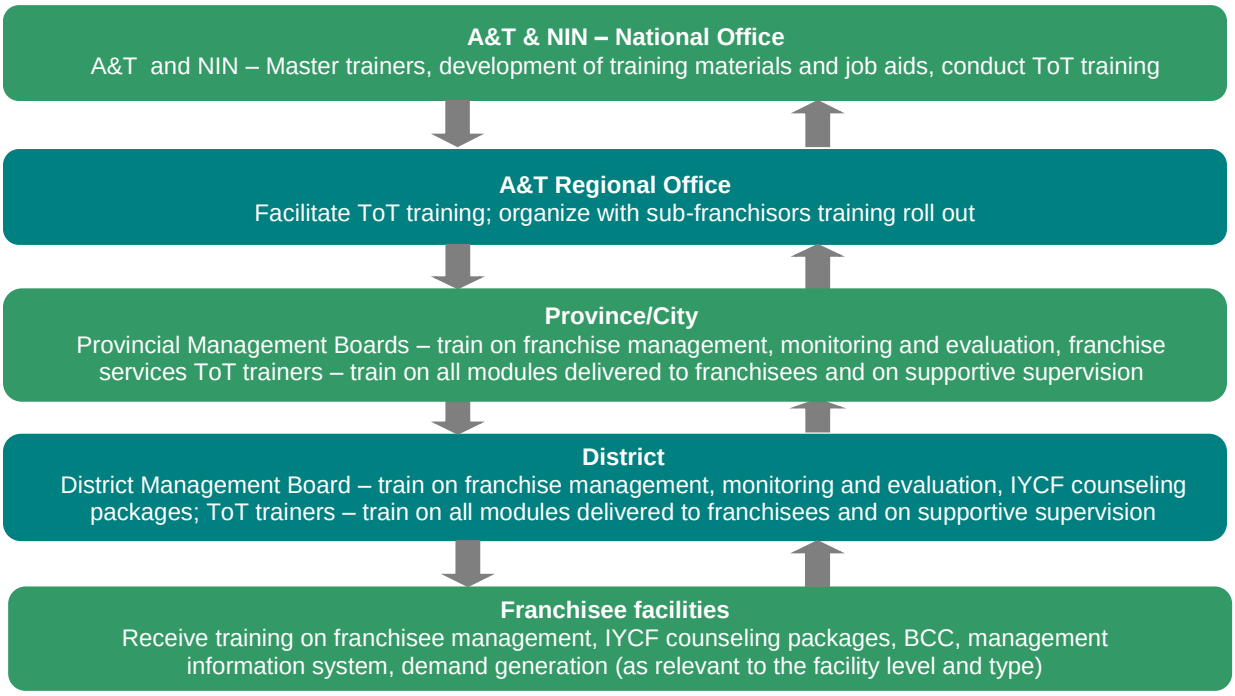
- Management and operation of the IYCF franchise model
- Counseling on IYCF at a health facility
- Behavior change communication (BCC) on IYCF at the community (franchise model)

Additional training components were added to this core package over time to address gaps in reporting, demand generation and performance management. Each module is supported by a training manual and a trainee handbook. A cascade approach was used to roll out training whereby master trainers delivered a training of trainers (ToT) to provincial and district personnel, who in turn organized for training roll out in their respective province/city. Trainings were designed to be interactive and practical; additionally, trainees were required to participate actively in all sessions through short presentations, discussions, and group exercises.

Top tip: The training program would have been more effective if the job aids and other tools had been available at the time of the first ToT (these were under development). This created the need for re-training and orientation on the tools when they were available. Additionally, separating out topics, for example monitoring from IYCF content, would have been a better approach as it was too much for one training module. Content was later reinforced through refresher trainings.

Figure 8 presents the training function and focus at each level of the MTBT franchise. The arrows show the downward direction – or cascade – of training while the upward arrows show the direction of feedback on the training as well as any gaps in knowledge which would then feed into training iterations. The A&T regional teams played a facilitative role in this process to ensure both quality and timely roll out of the training program as well as feedback.

Figure 8: Cascade training approach



7.3 Job Aids and Client Materials

A&T has designed and produced franchise branded job aids and behavior change communication (BCC) materials. These are distributed to franchisees through the sub-franchisors. All franchisees are responsible for maintaining adequate material supplies. The national franchisor also produces service delivery support materials and standardized record-keeping forms. All franchise-produced materials are branded with the franchise logo. Job aids and client materials include the following:

- Counseling protocol and counseling cards
- Franchise BCC materials for EBF and CF
- Franchise promotional materials such as posters to create awareness of the IYCF service among clients who may be in the franchise clinic for reasons other than IYCF
- Franchise record keeping forms
- Franchise referral cards
- Franchise promotional materials

Section 10.3 contains more information on the purpose of the BCC and promotional materials while Annex 7 contains a complete list of job aids and client BCC materials developed for the MTBT franchise. The annex includes images of some of the materials. Materials are regularly updated so the list can be expected to change over time.

7.4 Franchisee Certification

Once a facility has received all inputs required for it to become operational, as part of the site development process, the franchisor formally assesses and records the facility's readiness to begin franchise operations using the certification scorecard (Annex 9). Certification requirements have been designed to align with the franchisee selection criteria presented in Table 5. Once the scorecard is completed, the sub-franchisor submits it with recommendations for certification to the national franchisor who gives the authority to certify (or not) based on the sub-franchisor's recommendations. Once the

national franchisor gives the sub-franchisor written approval to certify the facility, the sub-franchisor signs a franchise certificate. This is displayed at the facility and signals standards compliance and high quality IYCF counseling services. Annex 10 contains a sample franchisee certificate. The tip box below outlines how site development can be done to ensure that this is completed within a year.

Top tip: Once franchisees are selected, attention should focus on capacity building of staff – the site manager and staff selected to provide the IYCF counseling services. Adequate demand should be generated so that counselors have enough opportunity to practice their skills and see the benefits for their clients. This can be initiated through a 'soft launch' of the site. At the end of six months, a performance review should be undertaken. In essence this would be a 'mini certification' addressing all aspects of the franchise except for the physical infrastructure. If the mini review is positive, then the site may receive infrastructural upgrades as a form of performance incentive. This can be followed by an official launch of the site through a mini event of other formal activity.

7.5 De-franchising

As in commercial franchising, in social franchising it can be expected that a certain proportion of franchisees will fail. The franchisor tries to limit this proportion by ensuring clear selection criteria and robust development procedures coupled with support for marketing and demand creation. However, de-franchising is an aspect of social franchising that also requires clear criteria and procedure. In the case of the MTBT franchise, the following criteria would signal the need to de-franchise:

- A lack of clients for the franchise service despite efforts to generate demand (assessed over time)
- A lack of trained counseling staff (due to relocation or retirement)
- Evidence of violation of Decree 21 after repeated and documented efforts to rectify this

Should the need to de-franchise arise, the sub-franchisor will present the case to the franchisor and a decision will be taken collectively. De-franchising will be undertaken by the responsible PMB and entail communication in writing to the franchisee. This will be followed with removal of all branded materials from the site in order to ensure that the brand is protected. De-franchising should only be a last option and every effort should be made by the sub-franchisor to address performance issues.

8. Franchise Standards

Once a franchisee is selected, as part of A&T franchise policy the standards listed below must be met to be eligible for and retain franchise certification.

1. Facility and Staff - Related Standards

Standard 1.1: Franchises are acceptably maintained and equipped to provide necessary supportive services that are relevant to type/level of service delivery facility (i.e. training manuals, counseling on IYCF, growth monitoring or diagnostic equipment).

Procedures for compliance with standard 1.1:

- Keep the facility clean and neat in appearance.
- Display franchise logo/sign board so that it is visible to clients from the exterior of the facility and properly maintain it to keep it clean and fresh looking.
- Maintain stock and condition of equipment and supplies (e.g., weight scales, height charts, BCC materials, etc.) needed to carry out IYCF and supporting services

Standard 1.2: Franchises have an "infant-feeding-friendly environment". In other words, all staff at facility have a positive attitude toward BF and other infant feeding practices that the franchise promotes and do not negatively influence women's feeding choices.

Procedures for compliance with standard 1.2:

- Educate all facility staff on the benefits of BF and appropriate CF practices and ensure that their attitudes toward these practices are positive and supportive.
- Display posters and patient education literature that promote BF and appropriate CF (supplied by franchisor).
- Avoid the display of posters, patient education literature, and promotional items (pens, name tags, etc.) that promote formula milk or contain a formula company's name – even if they appear to encourage BF.

Standard 1.3: Franchises have a counseling-friendly environment (i.e. space where women can discuss BF and/or CF in relative privacy).

Procedures for compliance with standard 1.3:

- Dedicate a room for BF and CF counseling.
- Provide screens of some sort to set apart an area for counseling if a separate room is not available.
- Provide a comfortable place for the client to sit during counseling.
- Make sure that counseling aids are always available for the counselors to use.

Standard 1.4: Franchisees have at least one staff member who is knowledgeable and skilled at IYCF counseling and who is routinely available (works regular hours that are convenient to target clients) to provide the service to clients.

Procedures for compliance with standard 1.4

- Facility selects (either from existing staff or a new hire) at least two qualified staff members who are dedicated to providing the IYCF service and includes IYCF responsibilities in the staff members' job description.
- Selected staff members successfully complete the franchise training course and demonstrate competency in required tasks before commencing IYCF service provision.
- Facility management staff are supportive of the IYCF provider and do everything possible to retain those employees over a long period of time.
- Designated IYCF staff member works regular hours at the facility so that the service is routinely available to clients.
- If for some reason the designated IYCF provider leaves the facility, management staff shall immediately inform the sub-franchisor and take steps toward hiring and training a newly designated IYCF provider to avoid discontinuation of service provision.
- At least two community-based workers per village are trained to support demand generation and follow up with mothers at home after counseling.

Standard 1.5: Franchisees must comply with Decree 21

Procedures for compliance with standard 1.5

- Health facilities must support BF, promote BF and create favorable conditions for mothers to breastfeed the baby within one hour after delivery.
- Health facilities do not sell or allow the selling or displaying of milk for children under 12 months old (except at the hospital's pharmacy) and food for children less than 6 months of age.
- No free samples of breast milk substitutes.

Annex 11 contains more information on Decree 21.[5]

[5] Decree 21 is currently undergoing review and revisions are expected to this by late 2013. Standards will require updating once this review is complete.

2. Service delivery standards and procedures

Standard 2.1: Franchises enable clients to decide on the selection of IYCF methods through ensuring IYCF counseling services (five service packages) from assigned staff who have been trained and certified.

Standard 2.2: Franchises guarantee clients receive support for BF at the time of delivery (conform to 10 steps for successful BF).

Standard 2.3: Franchises follow up clients after delivery to encourage the continuation of BF and starting CF at the appropriate time.

Procedures for compliance with all service delivery standards are as follows:

- Only those staff members who have received IYCF franchise training and certification deliver IYCF franchise services.
- All franchise service components are delivered in accordance with the franchise service delivery guidelines.
- For services that the facility does NOT provide, the franchisee provides clients with a written referral to a franchise approved facility.
- Franchisees self-administer client satisfaction surveys, meet regularly to review client feedback and take appropriate measures to improve the quality of their services.

3. Reporting standards and procedures

Standard 3.1: Franchises record and monitor service provision and client feeding decisions/practices using forms provided by the franchisor

Top tip: Tools for client record keeping

Village:
Y1 – Master list/ pregnant women and mothers who have a child under two

Franchise:
P1 – A&T Franchise material management book – asset register
P2 – Mother card at franchise
P3 – Daily service record
P4 – Group counseling record
M1 – Mother and child book
M2 – Client satisfaction survey
X1 – Pregnancy booklet

Procedures for compliance with standard 3.1:

- *Client record keeping*
  Each time a client receives an IYCF service, a standardized franchise client record form should be completed that accurately records the service delivered to the client and the outcome of that service (i.e. knowledge, attitudes, intentions, and practices related to IYCF).
- *Client referral and follow-up*
  When clients require referral to another facility for one or more components of the service delivery package (i.e. referral from CHC to hospital for delivery and/or referral back to CHC for post-natal follow-up), a standardized franchise referral form should be completed for the client to take with her to the referral facility. One copy of the referral form should be kept with the referring facility in the client's records in order to facilitate a follow up with the client.
- *Data sharing*
  All IYCF client registration and service records must be shared with the sub-franchisor upon request. Client confidentiality can be assured by referring to clients on record forms by code only and omitting the client's name altogether in records that are shared with franchisor.
  The sub-franchisor will collect service delivery statistics from each franchisor during routine supervisory visits. Lack of cooperation from a franchisee in sharing these records with the sub-franchisor will result in termination of franchise membership.

4. Pricing Standards and Procedures

Standard 4.1: If possible, franchises 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. (Fee structures will be determined at the local level with assistance from the franchisor and sub-franchisor.)

Procedures for Compliance with Standard 4.1:

- *Pricing structure:* Franchises will design a fee structure for each service package according to the sub-franchisor's direction at the provincial level.
- *Financing system* (how franchise revenues are reported and used, etc.) All revenue must be managed appropriately according to the sub-franchisor's direction at the provincial level. [this section to be tailored to the specific facility based on the system that was determined to be appropriate during the franchise's development phase]

9. Franchise Performance Management

After a facility has been certified as a franchisee, sub-franchisors and franchise managers are responsible for overseeing the on-going operations (related to the franchise service) of the facility so that it is able to deliver the franchise service according to franchise standards. Franchise management procedures include the following:

- Provide routine support and supervision to franchise site(s)
- Monitor and strengthen site performance
- Take actions based on findings (rewards for good performance, additional support to overcome problems, or terminate franchise affiliation if performance is consistently poor)

Sub-franchisors should have at least one staff member who is dedicated to the ongoing oversight and support of franchisees. For the purpose of this manual, these staff will be referred to as "Franchise Supervisors". Franchise Managers, for their part can take a pro-active role in franchise management through regular "self-assessment" by ensuring that services are reaching women and other care givers and that they are of high quality.

9.1 Supportive Supervision

Purpose: Supportive supervision is an important aspect of performance management and an essential feature of a quality-driven franchise. The main objective of supportive supervision is to motivate and support franchisees to improve performance and deliver on the brand promise of the franchise. A supervision visit can serve two functions, (1) monitor and promote **quality** so that a standardized high quality service is associated with the franchise brand and (2) assess performance in relation to **quantity** (i.e. reach = coverage, volume and service utilization).

Objectives: Within the MTBT franchise, supportive supervision has the following specific performance objectives:

- Franchisees are able to increase and maintain coverage, volume and service utilization
- Franchise facilities maintain standards of physical infrastructure
- Franchisees are able to provide and maintain good quality services
- Franchisees provide accurate, complete and timely reports
- Franchisees utilize data to address challenges and improve performance (quality and reach)

Process: Supportive supervision is a process that promotes sustainable and efficient program management by encouraging effective two-way communication, as well as performance planning and monitoring. On-going supervision is an important, often overlooked, step to ensuring quality health services. Supervision is broken down into three steps (figure 9). Annex 12 contains a supportive

supervision protocol to guide franchisors and supervisors on how to support and conduct effective supportive supervision under each step.

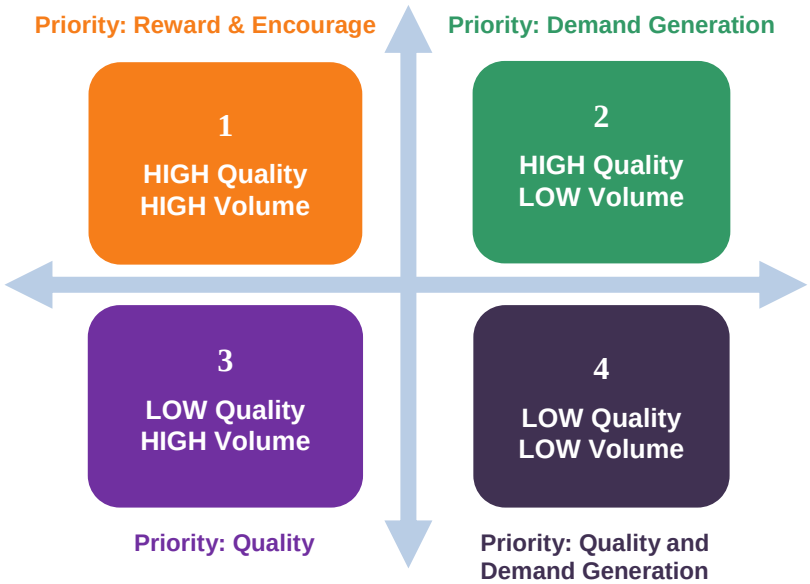
Figure 7: Three stage supervision process

Preparation: On a monthly basis, supervisors should review the performance of the franchisees located in their territory (district or province). As part of this review and based on agreed quantity and quality metrics, the supervisor can then rank franchisee performance. There are four possible performance scenarios for MTBT franchisees:

- *High quality and high volume:* franchisee is meeting or exceeding set quantity and quality metrics. Priority is given to rewarding and recognizing performance.
- *High quality and low volume:* Franchisee is meeting quality standards but is not achieving set targets for quantity. Priority is given to demand generation.
- *Low quality and high volume:* Franchisee is meeting or exceeding targets for quantity but not the targets for quality. Priority is directed towards addressing quality (this can relate to capacity as well as infrastructure).
- *Low quality and low volume:* Franchisee is not meeting either quantity or quality targets. Priority will be given to addressing both demand generation and quality. If there is no improvement, supervisors may be required to de-franchise.

Figure 10 outlines the four performance scenarios and priority focus for each one.

Figure 8: Performance scenarios



Ranking franchisees according to the four performance scenarios is a useful management tool as it can:

- Allow for tailored supportive supervision that addresses areas of weakness and builds on areas of strength
- Fosters healthy competition between franchisees and between sub franchisor managers and supervisors
- Facilitates efficient and effective use of franchise resources

The tip box highlights other features of supportive supervision.

Delivery: Once franchisees are grouped by performance scenario, the supervisor will organize franchisee supervision visits. The supervisor may want to prioritize visiting those in need of urgent support with demand generation and/or quality. It is equally important to visit high performing franchisees to encourage, reward and learn from their performance.

Top tip: Making supervision 'dynamic'

The use of performance scenarios shifts the emphasis of supportive supervision to one that is more dynamic, which requires regular review of performance and adjustment of action plans according to needs. It will promote evidence-based decision making and more effective planning by sub franchisors.

The MTBT franchise has developed supervision tools for supervisors comprising a checklist and a supervision report. The supervision checklist is used to structure the supervision visit. It allows for consistency in supervision visits (between franchisees but also between supervisors). The checklist also allows for structured feedback.

Follow up: A supportive supervision visit should always end with direct feedback to the franchisee and agreement on actions to improve performance. This should be documented and a written summary of agreed actions shared with the franchisee. The supervision summary report serves to record these actions.

The focus of a supportive supervision visit should change over time. The needs of franchisees are different at start up and can be expected to evolve as the franchise matures. Within a franchise, particularly one as large as MTBT, not all franchisees will mature at the same time or necessarily in a linear manner. For example, setbacks may be experienced due to staff turnover. Each franchisee is unique in terms of its strengths and weaknesses. Franchisees are also likely to experience different threats and opportunities from their immediate internal and external environment. These need to be addressed by the supervisor.

An illustrative guide (Table 7) provided below shows how supportive supervision can be tailored over time.

Table 7: Tailored supervision

Period	Activity
Quarter 1 (Q1) *Sep-Nov 2012*	Designate supervisors for each franchise Identify the performance scenario for each franchise using management information system (MIS) data Enable franchise managers and counselors to understand and use MIS data Implement performance based incentives for well-performing franchises
Quarter 2 (Q2) *Dec–Feb 2013*	Discuss performance targets with each franchisee and identify priorities Provide support to poor-performing franchises • Assist franchisees to implement demand generation activities • Provide on-the-job support for counseling services and reporting Implement performance based incentives for well-performing franchises
Quarter 3 (Q3) *Mar-May 2013*	Discuss performance targets with each franchise and identify priorities Provide support to poor-performing franchisees • Assist franchisee to implement demand generation activities • Provide on-the-job support for counseling services and reporting Implement performance-based incentives for well-performing franchisees
Quarter 4 (Q4) *Jun-Aug 2013*	Identify consistently low performing franchisees to be phased out of network Continue support to poor-performing franchisees Implement performance-based incentives for well-performing franchisees Support well-performing franchisees to implement strategies for sustaining services (e.g., user fees, sale of micronutrient powders, etc.)

Delivering supportive supervision

Supportive supervision adheres to the following schedule:

- Provincial level: once a quarter; franchisees are selected for supervision based on franchise reports
- District level: once a month, a supportive supervision visit is conducted in all franchisees within the district

The following measures enable supportive supervision to be delivered once a month at district level to each franchisee:

- Combine supervision visit to the MTBT franchise with other activities
- Provincial Management Boards send official supervision document to other units to mobilize resources for supportive supervision and increase the responsibility of units
- Ensure that staff involved in supervision are suitable in relation to capacity and area

Supervision is delivered by those trained as trainers at provincial and district levels. Supervisors should be members of the Provincial or District Management Boards. The average ratio is three to five franchisees for each supervisor irrespective of rural or urban franchise sites. The optimal ratio is considered one supervisor per four franchisees per month with two franchisees supervised in one day. This allocation requires two working days a month per supervisor.

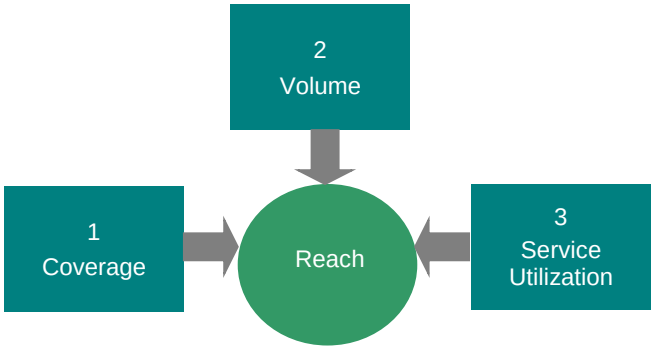
9.2 Target Setting

MTBT considers both quantity and quality of service provision as critical components of performance.

1. Quantity Metrics (Targets)

To ensure impact at scale, franchisees need to *reach* a critical mass of pregnant women and mothers of children under two. In addition, franchisees need to ensure that once clients are registered, they come multiple times for counseling services (the ideal is that women complete the five packages). Reach, as defined for MTBT franchises, is a function of coverage, volume and service utilization (Figure 11). Terms are defined below followed by more detailed discussion in relation to target setting.

Figure 9: Service-reach metrics



Coverage: Total number of registered women/children[6] per month over the target catchment population (only for commune level)

Volume: Total number of counseling contacts (new and repeat) per month

Service Utilization: The number of cumulative counseling contacts received by one client

Target catchment population: All pregnant women in their last trimester and women with children under two located in the facility catchment area.

[6] A woman/child is registered using the P2 form at the franchisee on the first visit for counseling services.

The following outlines how targets have been set for each of the above metrics:

a. Coverage: Target setting for coverage can be calculated only for CHCs because they have a defined population catchment. Target setting for coverage cannot be calculated for district and provincial facilities since they do not have a defined population catchment. For MTBT, the catchment population is the total number of children <2 years in the catchment area of the CHC. To enable a doubling of breastfeeding rates and improvements in quality and quantity of complementary feeding, it is essential for MTBT services to reach a critical mass of the catchment population.

The following coverage targets are proposed for CHCs:

- By February 2013 = **40%** of the target catchment population
- By August 2013 = **60%** of the target catchment population
- By February 2014 = **80%** of the target catchment population

b. Volume: Volume is the total number of counseling contacts per month. A contact is defined as:

- A contact with a new or repeat client (provided the P2 form is used)
- An individual or group contact (provided the P2 form is used)
- A contact that takes place in the MTBT room, via phone or home visit (provided the P2 form is used)

Contacts can be broken down using the following 'filters,' listed in Table 8 and discussed below.

Table 8: Contact filters

Contact filters	Contact description
By Size and level of facility	• CHC (by population catchment size) • District • Province
By Client category	• Pregnant Women • Children 0< 24 months
By Client type	• Mothers • Fathers • Grandparents
By Service package	• EBF Promotion (G1) • EBF Support (G2) • EBF Management (G3) • CF Education (G4) • CF Management (G5)

- Targets by size and level of facility: Of the total 781 MTBT franchises, 660 are located at commune health centers. Data reveal that there is great variation in the size of catchment population at CHC level ranging from 50 to 1,700. As a result, CHCs have been divided into four groups for which volume targets have been defined (Table 9).

Table 9: Volume targets by CHC catchment population size

CHC by population catchment size	Volume targets per month by size of CHC						
	Number of CHCs	Sep-Nov 2012	Dec-Feb 2013	Mar-May 2013	Jun-Aug 2013	Sep-Nov 2013	Dec-Feb 2014
CHC <200	192	45	60	70	90	100	120
CHC 200-299	168	75	100	125	150	175	200
CHC 300-399	107	100	140	175	210	245	280
CHC ≥400[7]	193	100	140	175	210	245	280
CHC Overall/average	660	80	110	136	165	191	220

Volume targets for CHCs have been linked to coverage targets to enable MTBT franchises to achieve 40 percent, 60 percent and 80 percent coverage by the end of the project.

Table 10 provides volume targets for district and provincial facilities. These targets are not a function of coverage since this cannot be estimated. District and provincial targets have been aligned with those set for CHC catchment (200-299) and CHC catchment (>300) respectively.

Table 10: Performance targets for district and provincial facilities

Facility level	**Total facilities in franchise**	**Target (average number of client contacts per month)**					
		Sep-Nov 2012	Dec-Feb 2013	Mar-May 2013	Jun-Aug 2013	Sep-Nov 2013	Dec-Feb 2014
District facility	71	75	100	125	150	175	200
Provincial facility	50	100	140	175	210	245	280

- **Targets by client category, type and service package**: Currently no targets have been set for client category, client type and service package. Monitoring data reveal that MTBT facilities need to focus on reaching mothers of children 6-24 months old as well as fathers and grandparents. In terms of services delivered by package, monitoring data suggests that the franchise has been more successful with EBF promotion (target audience – pregnant women), followed by EBF Management (target audience - mothers of children 0-6 months). Other data also reveal that MTBT services are currently utilized mainly by pregnant women and mothers. It is important to also reach out to other caregivers, such as fathers and grandparents.

c. Service Utilization: Service utilization is defined as the number of cumulative counseling contacts received by one client with the optimal being 9-15 contacts over a 27-month period for each mother/child. Data on service utilization are not collected as part of the routine MIS but are captured in the process evaluation and through other planned measures.

[7] Volume targets for CHCs ≥ 400 children under two have been revised downwards and are the same as a CHC with 300-399 catchment population. This decision was taken in the October 2012 partners meeting.

2. Quality Metrics

Quality monitoring is an important function of a quality-driven network. For MTBT, quality metrics have been defined related to structure, process and outcome. Table 11 presents the quality metrics to be monitored by franchise managers and supervisors.

Table 11: Quality metrics

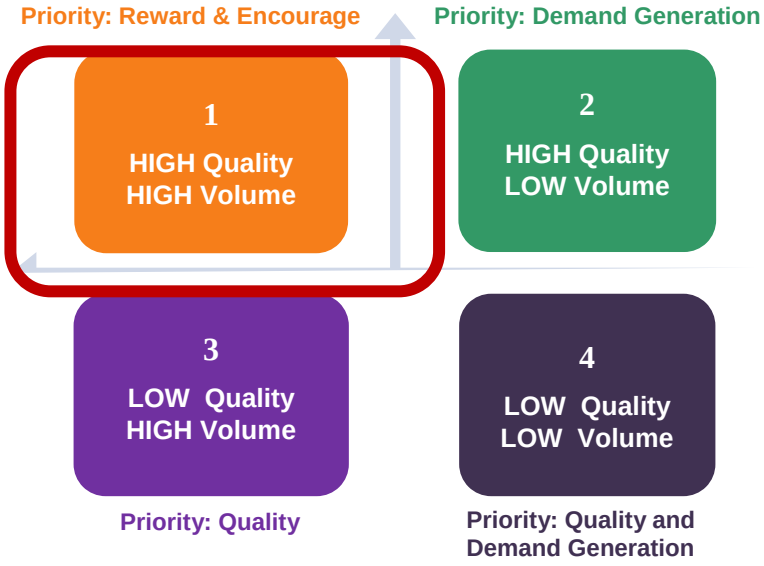
Dimension	Metric
Structure (Franchise certified)	• Facility – clean, good condition, no Decree 21 violation • Tools and equipment available and used • Staff trained and offering services
Process	• Service Provision - Quality of individual counseling - Quality of group counseling (4 – 8 sessions/month) • Reports - accurate, timely and complete • Client satisfaction
Outcome*	• Knowledge and skills of health staff • Changes in IYCF practice

*Outcome is not measured through routine monitoring but through other methods such as process evaluation, surveys, etc.

9.3 Performance-based Incentives

Purpose: To acknowledge the contribution and effort required by health personnel, including village health workers and nutrition collaborators, A&T and sub-franchisors implement a quarterly award system for franchisees. Franchisee performance is assessed against achievement of quantity (volume) and quality milestones as outlined in the section on Quantity and Quality Milestones. Milestones have been agreed with individual franchisees as well as sub-franchisors. Individual franchisee performance milestones are aggregated and serve as sub-franchisor performance milestones. Franchisees and sub-franchisors that achieve performance milestones (high volume and high quality) are identified for receipt of incentives (Figure 12). This process facilitates ownership of performance at different levels of franchise management and ensures that the reward system is transparent.

Figure 10: Performance scenario addressed by performance-based incentives



Objectives

The objectives of performance-based incentives (PBIs) are to ensure that:

- Staff at all levels are rewarded for their contribution to franchisee performance
- Franchisees are rewarded for the achievement of performance milestones
- Franchisees and sub franchisors are rewarded for *growing* and *maintaining* performance
- Sub franchisors have clear and transparent performance metrics and are able to guide franchisees on their individual performance milestones

Performance-based incentives are thus intended to address challenges in delivering the IYCF services.

Process

The process used by the MTBT franchise is as follows:

- Criteria is agreed and set with respective PMBs
- Franchisee performance is reviewed by PMBs on a quarterly basis through franchisee reports
- Franchisees and individual staff members are nominated for awards by PMBs
- The PMB franchisee 'nomination list' is sent to A&T regional managers for endorsement
- If franchisees achieve performance milestones over consecutive periods, they are entitled to additional forms of recognition.
- Types of performance incentive have been agreed with A&T based on an indicative award schedule

General criteria and conditions for franchises to be considered for PBI

- Franchisee has successfully met the criteria for franchise certification
- Franchisee is providing good quality individual and group counseling services
- Franchisee has been submitting monthly reports in a timely manner and reports are accurate and complete

Table 12 provides an illustrative example of the performance focus per quarter for the MTBT franchise.

Table 12: Performance incentives for facilities and individuals by quarter

Period	Performance focus of PBI	Target of PBI	Incentive
Sept-Nov 2012	Volume (based on average client contacts in the last three months)	Franchisee unit	TV/DVD
Dec-Feb 2013	Volume, quality + 4 group counseling sessions per month (all facility levels) Criteria TBD – link to franchise performance	Franchisee unit Individual	TV/DVD Certificate of recognition; monetary reward
Mar-May 2013	Volume, quality + 6 group counseling sessions per month (all facility levels) Criteria TBD – link to franchise performance Criteria TBD – link to franchise performance	Franchisee unit District Provincial	TV/DVD Certificate and exchange visit Certificate and reward (TBD)
Jun-Aug 2013	Volume, quality + 8 group counseling sessions per month (all facility levels) Criteria TBD – link to franchise performance	Franchisee unit Individual	TBD Certificate of recognition; monetary reward

Sep-Nov 2013	Volume, quality + 8 group counseling sessions per month (all facility levels)	Franchisee unit	TBD
	Criteria TBD – link to franchise performance	District	Certificate and exchange visit
	Criteria TBD – link to franchise performance	Provincial	Certificate and reward (TBD)
Dec-Feb 2014	Transition performance system to partners		

10. Franchise Demand Generation

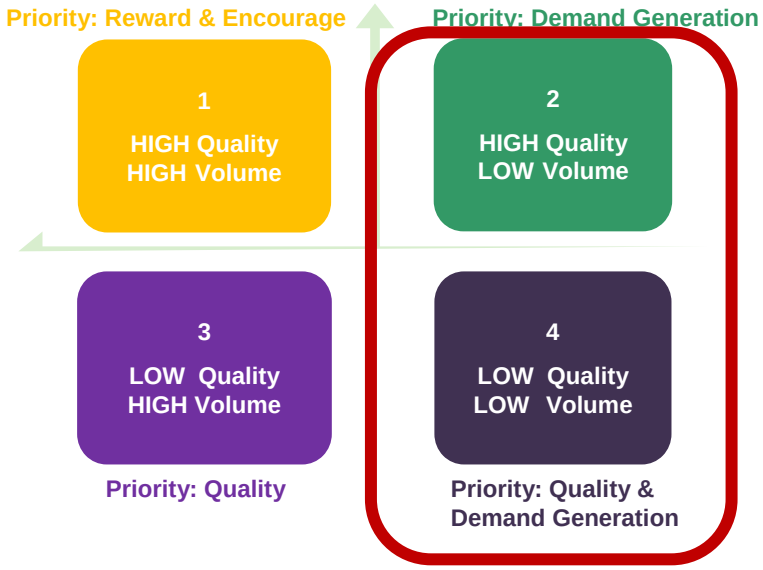
10.1 Facility-based Demand Generation

Purpose: Demand creation is required to encourage clients, including pregnant women, mothers, grandparents and fathers to visit franchisees and seek IYCF counseling services. Given the preventive nature of the IYCF service, a critical mass of the catchment population must be reached for the service to impact on health outcomes. For demand generation to be effective and responsive to franchisee and client needs, the performance of franchisees and reasons for low or high performance milestones need to be understood. This is elaborated in section 9.1. Figure 13 shows the performance scenarios addressed by demand generation.

Objectives

- Increase coverage: the number of registered clients (P2) for services
- Increase volume: the number of counseling contacts
- Increase service utilization: the number of cumulative contacts received by one client
- Generate exposure and demand for IYCF services by secondary caregivers

Figure 11: Performance scenarios addressed through demand generation



Process

A flow chart for demand generation presented in Table 13 below, is intended to guide provincial and district management boards as well as franchisees on how to progressively address demand generation with key target populations.

Table 13: Flow chart for demand generation

Period	Performance focus of demand generation (DG)	Target of DG
Sept-Nov 2012	Consolidate demand from pregnant women for the counseling service and promote the service to mothers with infants 0-6 months of age	Pregnant women Mothers of children 0-6 months
Dec-Feb 2013	Consolidate demand for the service from mothers with infants 0-6 months of age and promote the service to mothers with children 6-12 months of age	Pregnant women Mothers of children 0-12 months
Mar-May 2013	Consolidate demand for the service from mothers with children 6-12 months of age and promote the service to secondary caregivers	Mothers of children 6-12 months Secondary caregivers (children under two)
Jun-Aug 2013	Maintain utilization by different target audiences	Pregnant women Mothers of children 0-24 months Secondary caregivers (children under two)
Sep-Nov 2013	Maintain utilization by different target audiences	Pregnant women Mothers of children 0-24 months Secondary caregivers (children under two)

10.2 Behavior Change Communication

BCC comprises communication activities that create sustainable behavior change of individuals and the community. Activities are based on an understanding of current practices within the community and sharing appropriate information to help an individual and the wider community develop new skills or beliefs and overcome difficulties to practice and maintain the new behavior. BCC on IYCF aims to change/create new community norms on breastfeeding and complementary feeding practices. For example, BCC on IYCF will help pregnant women and mothers of children under two years old practice and maintain behaviors such as: coming to a health facility to receive counseling on IYCF and practicing recommended IYCF behaviors.

📖 Recommended resources

Alive & Thrive. Mat Troi Be Tho *Training Manual 3: Behavior Change Communication in the Community on Infant and Young Child Feeding (Franchise Model).* Hanoi, Viet Nam: Alive & Thrive.

Alive & Thrive. *Formative Research on Infant and Young Child Feeding in Viet Nam – Phase One Summary Report.* Hanoi, Viet Nam: Alive & Thrive, August 2012.

The aim of any BCC activity is not just to improve knowledge but to ensure that knowledge translates into an action that is maintained and that 70-80 percent of the target population starts practicing the behavior so that it becomes a norm or standard practice in the community. Only then can behavior change communication be considered successful.

10.3 Promotional and BCC Materials

Various approaches and materials have been developed to promote IYCF and the counseling services. These are outlined by level in Table 14 below. Irrespective of level of delivery, the key messages remain the same:

- Early, exclusive and continued BF

📖 Recommended resource

Alive & Thrive. *Mat Troi Be Tho materials use guidelines*. Hanoi, Viet Nam: Alive & Thrive.

- Appropriate CF (right time, right quality and right quantity)

Promotional and BCC materials are aimed at reaching mothers, fathers and secondary caregivers such as grandparents. This is done through mass media at national level and through more interpersonal approaches at facility and community levels.

Materials used at facility and community level and their purposes include the following:

Table 14: Promotional and BCC materials

Level	Materials
At national level	Television commercials Radio spots Internet
At franchise level	Counseling cards Client materials: posters, leaflets, mother-and-child booklet Franchise promotional items Educational CD/DVDs
At village level	Invitation cards Loudspeaker scripts Mini-events

Invitation cards: Comprising a set of four cards, these are used to invite mothers and other caregivers to counseling sessions. Two cards focus on exclusive breastfeeding and two on complementary feeding. As pregnant women and mothers who are eligible for franchise services are identified, community-based workers are requested to give them invitation cards and motivate them to go to the franchise to receive the services.

Loudspeaker scripts: every 2-3 months, CHCs will be given a CD with messages to be played on the village loudspeakers. CDs are updated on a periodic basis. A recommended broadcast schedule is contained in Annex 7.

Mother-and-child booklet: The booklet is sold to mothers who register for counseling at a franchise and includes information on franchise services; records visits to the franchise and services received, provides information on breastfeeding, complementary feeding, and child development, and includes activities such as a diary on the child's development.

Counseling cards: A set of 21 counseling cards helps health workers counsel mothers and other caregivers about infant and young child feeding. Each franchise receives two to three sets for use by health-facility workers for individual and group counseling sessions.

Posters: Placed in health facilities, the posters reinforce key messages.

Leaflets: During visits to the franchise, pregnant women/mothers, fathers, and caregivers receive leaflets on a variety of topics. Once they return to the village, they may consult CBWs on the content of these leaflets.

Promotional items: Branded facecloths and rain coats are distributed to promote the counseling service. These are limited items and only distributed based on specified criteria as determined by the franchisor and sub-franchisor.

11. Monitoring and Evaluation

The MTBT monitoring and evaluation framework has three main components.

- Routine monitoring
- Process evaluation
- Impact evaluation

11.1 Routine Monitoring

Routine monitoring is implemented at different levels of the franchise management structure. An overview of this is provided in Figure 14. A&T has developed a monitoring and supervision manual to support franchise managers with their monitoring function within this framework. Annex 13 contains a diagrammatic presentation of the flow and tools for monitoring and supervision.

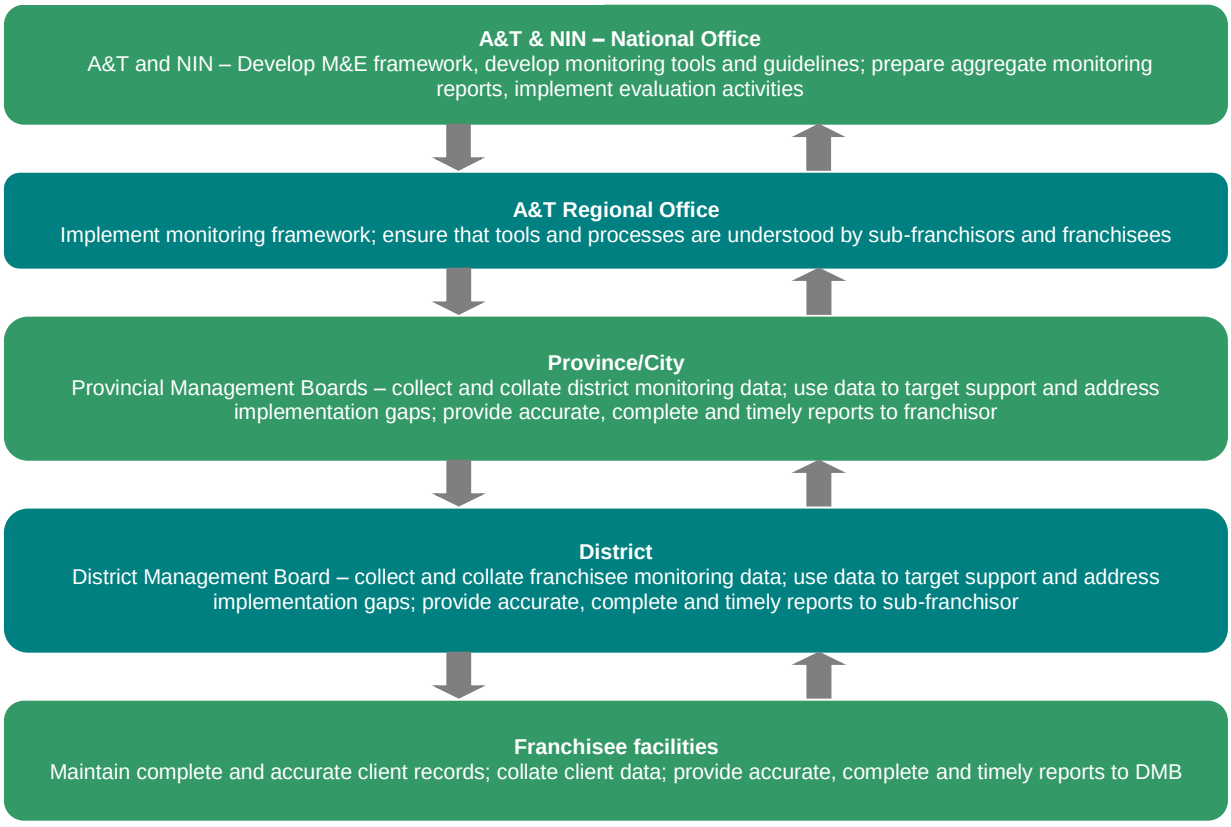
Each level of monitoring works at a different level of scale and detail. As one moves down the management structure, greater detail is available on clients and their interactions with the MTBT franchise. As one moves up the management structure, information is aggregated so that a population level picture is available. Impact at a population level is sought by the MTBT franchise, but this is reliant on quality individual provider-client interactions at franchisee level. Both pieces of monitoring information therefore are important and available through the MTBT monitoring system.

The monitoring system has three primary indicators which it tracks:

- ***Coverage:*** Total number of registered women/children[8] per month over the target catchment population (only for commune level)
- ***Volume:*** Total number of counseling contacts (new and repeat) per month
- ***Service Utilization:*** The number of cumulative counseling contacts received by one client

Greater detail on these indicators is provided in section 9.2 of the manual. Routine monitoring of service utilization is only able to distinguish between the proportion of new and repeat clients and does not provide information on the average number of client counseling sessions being utilized. Routine information is supplemented by more precise information collected through the process evaluation.

Figure 12: Cascade monitoring system



[8] A woman/child is registered using the P2 form at the franchisee on the first visit for counseling services.

A&T has developed various monitoring tools to support supervisors and supervisees with their routine interactions and facilitate performance monitoring. Tools capture information at all levels of performance – client, commune, franchisee provider, district, provincial and national. For ease of reference, tools are outlined in Annex 14. More detailed information on the tools is provided in the M&E manual.

📖 Recommended resource

Alive & Thrive. Mat Troi Be Tho M&E Manual. Hanoi, Viet Nam: Alive & Thrive.

11.2 Process Evaluation

Routine monitoring is supplemented by more rigorous evaluation conducted periodically. In the case of A&T, and given the learning objectives of the project, a number of process evaluation 'rounds' have been conducted. Process evaluation, conducted by the International Food Policy and Research Institute (IFPRI), has documented the scale, quality, challenges, and barriers to the implementation of the franchise and uptake of recommended practices. Other studies, such as the social franchise review conducted in June 2012, were also carried out to address identified implementation gaps.

The process evaluation (PE) uses mixed quantitative and qualitative research to address a variety of process evaluation questions. The specific process evaluation questions for different components related to shaping demand and practice are outlined in the 'tip box'.[9] The PE was developed to give insight into the main components in the program impact pathway (PIP). The most current version of the PIP for the franchise model is shown in Annex 2. Two PE rounds have been conducted, one in Oct-Dec 2011 and one in Oct-Dec 2012.

The main objectives of the process evaluation are:

- To assess and document the implementation processes of the IYCF franchise model and the media campaign
- To understand factors that influence the utilization of the franchise model by current

👍 Top Tip: Key process evaluation questions

Social franchise model

1. *Training:* Is the franchise and BCC training meeting expected quality standards? What is the impact of training on FHW knowledge, skills and work performance?
2. *Franchise management:* What factors influence provincial and district capacity to manage the A&T franchise system?
3. *Service delivery:* (a) Fidelity: Do franchise health facilities meet equipment, capacity and performance standards to provide IYCF counseling? (b) Quality of services: What factors determine quality of counseling services?
4. *Coverage:* What factors determine utilization of franchise services by communities? What role do pricing standards play?
5. *Behavioral impact:* What factors influence trial and adoption of recommended practices among caregivers who use the franchise services?

Community outreach- IYCF support groups

1. *Training, management and service delivery*: What factors (at multiple levels) influence the capacity and motivation of VHW to conduct IYCF support groups?
2. *Coverage and utilization*: What factors influence participation of caregivers and community members in IYCF support groups?
3. *Behavioral impact*: What factors influence trial and adoption of key IYCF practices discussed in IYCF support groups?

Mass media campaign

1. *Supply:* What are the implementation characteristics of the media campaign (media modes, channels, which messages, how frequently, and when broadcasted)?
2. *Access: What is the extent of exposure to media campaigns among households and caregivers?*
3. *Demand and influence on targets: what influence do the media have on* shaping behavioral norms/practices? What are the perceptions about IYCF and nutrition among key influential family members and what role have the media campaign and social mobilization played in shaping these perceptions?

[9] Questions are taken from the Alive & Thrive Viet Nam Process Evaluation Plan document, dated September 15, 2011

or potential client households

- To understand audience exposure to and perceptions of the IYCF media campaigns
- To develop an understanding of the behavioral determinants of IYCF practices in franchises and the potential role of the media campaign in shaping these determinants
- To assess the add-on value of the franchise model in CHCs (facility, equipment, BCC materials, staff capacity building).

11.3 Impact Evaluation

Although A&T activities have been implemented in 15 provinces of Viet Nam, the impact evaluation is being conducted in four provinces: Thai Nguyen, Thanh Hoa, Quang Ngai, and Vinh Long. The selection of these four provinces was based on the following criteria: 1) high level of stunting and stagnant pattern of stunting over time; 2) rural provinces; and 3) representativeness for A&T in terms of geographic areas (North, South, Central Regions).

The impact evaluation answers the question: "*What* happened as a result of the interventions and *how much* change took place?" The impact evaluation includes a baseline survey and an endline survey. In 2011, A&T contracted the Institute of Social and Medical Studies (ISMS) to conduct the baseline survey in four provinces to establish benchmarks for detecting changes in IYCF practices resulting from franchise services and the mass media campaign. The baseline survey also provided an opportunity to collect anthropometric data related to maternal and child nutritional status. An endline survey will be conducted in Jun-Aug 2014.

Annexes

Annex 1: MTBT Resource Documents

Research and Planning Documents

Document Type	Survey Report
Reference	National Institute of Nutrition. *NIN surveillance report on feeding practices in 63 provinces.* Hanoi, Viet Nam: NIN, 2010.
Summary	This report presents data from a national nutrition surveillance exercise in all provinces on infant and young child feeding practices of children under 2 and reports on the nutritional status of mothers and children under 5.

Document Type	Survey Report
Reference	Alive & Thrive. *Baseline Survey Executive Summary Report: Viet Nam.* Hanoi, Viet Nam: Alive & Thrive, July 2011.
Summary	This summary report presents the main findings of a baseline survey that was conducted in the context of an overall evaluation of the franchise model for A&T in Viet Nam. A full report with all tables, figures and annexes, can be obtained from A&T Viet Nam or IFPRI.

Document Type	Survey Report
Reference	Alive & Thrive. *Secondary Baseline Survey in 11 provinces of Viet Nam: Executive Summary.* Hanoi, Viet Nam: Alive & Thrive, 2012.
Summary	This report presents key findings from 11 provinces on the knowledge, beliefs, and practices related to feeding children under 24 months of age and establishes benchmarks for detecting changes in feeding practices resulting from franchise services and the mass media campaign.

Document Type	Research Report
Reference	Alive & Thrive. *Formative Research on Infant and Young Child Feeding in Viet Nam – Phase One Summary Report.* Hanoi, Viet Nam: Alive & Thrive, August 2012.
Summary	To inform key decisions about program design, A&T conducted two phases of formative research on practices related to IYCF in Viet Nam. This report provides a summary of methods and findings from formative research, carried out in 2009-2010 to identify existing breastfeeding and complementary feeding practices as well as understand the roles of mothers, family members, health providers, policy makers and institutions in supporting or inhibiting optimal practices.

Document Type	Research Report
Reference	Alive & Thrive. *Formative Research on Infant and Young Child Feeding in Viet Nam – Phase Two Summary Report: Trials for Improved Practices.* Hanoi, Viet Nam: Alive & Thrive, August 2012.
Summary	To inform key decisions about program design, A&T conducted two phases of formative research on practices related to IYCF in Viet Nam. Findings from the Phase I formative research report informed the selection of improved practices to pilot in Phase Two. This report presents methods and findings of the trials of improved practices.

Document Type	Case Study
Reference	Alive & Thrive. *Case Study of Early Franchise Operation.* Hanoi, Viet Nam: Alive & Thrive, November, 2011.
Summary	The exploratory case study documents early operation and management of the franchise and features some of the initial challenges of providing franchise services. It was prepared to deepen an understanding of the franchise model and enable better design of the large scale process evaluation studies planned for later in the project period. The case study used a mix of qualitative methods in four provinces.

Document Type	Evaluation Report
Reference	Alive & Thrive. *Process Evaluation: Qualitative Research 2012 Report.* Hanoi, Viet Nam: Alive & Thrive, September, 2012.
Summary	This report focuses on the community-based service delivery model that is the mainstay of A&T's interventions in Viet Nam. The process evaluation gathers data on the A&T social franchise model *Mat Troi Be Tho (MTBT)* in five areas: 1) training; 2) management and operations; 3) service delivery; 4) utilization and coverage; and 5) demand creation and mass media.

Guidelines and Tools

Document Type	Guideline
Reference	Alive & Thrive. Mat Troi Be Tho *Refresher Training Guideline.* Hanoi, Viet Nam: Alive & Thrive, 2012.
Summary	This guideline outlines the delivery of a three day refresher training delivered through ToTs. It provides training on the counseling protocol and the guidelines developed for supportive supervision, demand generation, target setting and performance-based incentives.

Set Up

Document Type	Guidelines
Reference	Alive & Thrive. Mat Troi Be Tho *Room & Spaces: Room & Spaces: Environmental Branding Guidelines for MTBT Social Franchises.* Hanoi, Viet Nam: Alive & Thrive, 2011.
Summary	This document provides detailed information on the Mat Troi Be Tho (MTBT) environmental branding guidelines including instructions for setting up the MTBT counseling room in a franchise facility with various options and configurations for a range of facility types.

Document Type	Scorecard
Reference	Alive & Thrive. Mat Troi Be Tho *Certification Scorecard for IYCF franchises*. Hanoi, Viet Nam: Alive & Thrive, 2013
Summary	The certification scorecard outlines all of the criteria that must be met in order for a franchise to be certified. Certification signals standards compliance and high quality IYCF counseling services.

Capacity Building

Document Type	Manual
Reference	Alive & Thrive. Mat Troi Be Tho *Trainer Manual 1: Management and operation of the MTBT social franchise.* Hanoi, Viet Nam: Alive & Thrive, 2011.
Summary	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. It provides an overview of social franchising and the IYCF franchise model. It then describes the IYCF service packages, BCC and demand generation, operational procedures, monitoring and supportive supervision as well as an overview of Decree 21.

Document Type	Manual
Reference	Alive & Thrive. Mat Troi Be Tho *Trainer Manual 2: Counseling on infant and young child feeding at a health facility.* Hanoi, Viet Nam: Alive & Thrive, 2011.
Summary	Training Manual 2 is used by provincial trainers to prepare health-facility workers on IYCF counseling. This manual offers an overview of IYCF, nutrition and health care for pregnant women and lactating mothers, breastfeeding, complementary feeding, hygiene, and child feeding during illness. The manual's principal purpose is to provide essential counseling and communication skills for trainers at a provincial level so that they, in turn, can provide the updated information and necessary skills to health workers who are responsible for the direct provision of IYCF counseling services at health facilities.

Document Type	Manual
Reference	Alive & Thrive. Mat Troi Be Tho *Trainer Manual 3: Behavior change communication in the communityon infant and young child feeding (franchise model).* Hanoi, Viet Nam: Alive & Thrive, 2011.
Summary	This manual is designed for use by district trainers to enhance the capacity of community-based workers (CBWs) on IYCF within provinces where the IYCF social franchise models will be implemented. Trainers can apply the interactive training methods included in this manual or creatively adjust sections in accordance with trainees' education level, demands, and cultural characteristics. The manual contains an overview of IYCF, the A&T project, and the franchise model; BCC on IYCF in the community; and technical content on IYCF applicable to CBWs.

Document Type	Operator Handbook
Reference	Alive & Thrive. Mat Troi Be Tho *Trainee Handbook 1: Management and operation of the MTBT social franchise.* Hanoi, Viet Nam: Alive & Thrive, 2011.
Summary	This is the accompanying handbook to the Training Manual 1 and is given to training participants. It provides participants with reference materials on social franchising and the IYCF franchise model. It also contains information and tools for IYCF service packages, behavior change communication and demand generation, operational procedures, monitoring and supportive supervision as well as an overview of Decree 21

Document Type	Operator Handbook
Reference	Alive & Thrive. Mat Troi Be Tho *Trainee Trainee Handbook 2: Counseling on infant and young child feeding at a health facility.* Hanoi, Viet Nam: Alive & Thrive.
Summary	This is the accompanying handbook to the Training Manual 2 and is given to training participants. The handbook contains reference materials on IYCF, nutrition and health care for pregnant women and lactating mothers, hygiene, child feeding during illness, and counseling and communication skills.

Document Type	Operator Handbook
Reference	Alive & Thrive. *Mat Troi Be Tho Trainee Handbook 3: Behavior change communication in the communityon infant and young child feeding (franchise model).* Hanoi, Viet Nam: Alive & Thrive, 2011.
Summary	This is the accompanying handbook to the Training Manual 3 and is given to training participants. The handbook contains reference materials on IYCF, the A&T project, the franchise model; and behavior change communication on IYCF in the community.

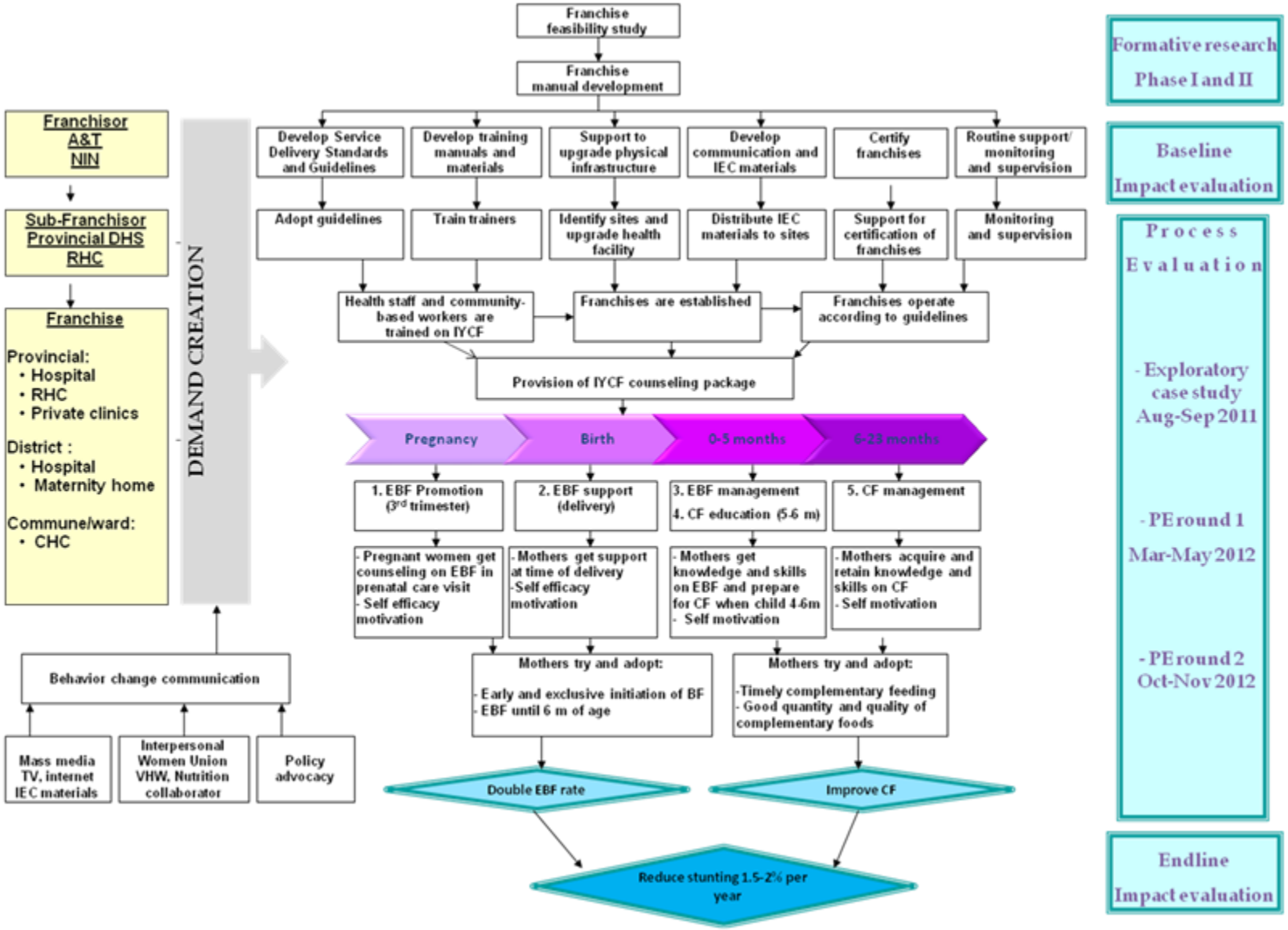
Implementation

Document Type	Protocol
Reference	Alive & Thrive. Mat Troi Be Tho *Supportive supervision protocol and checklist for MTBT social Franchises.* Hanoi, Viet Nam: Alive & Thrive, 2013
Summary	The document outlines the objectives of supportive supervision and includes the protocol follow the checklist to be used during supervisory visits to a Mai Troi BeTho the franchise.

Document Type	Manual
Reference	Alive & Thrive. *Mat Troi Be Tho Monitoring and reporting manual for MTBT social franchises* Hanoi, Viet Nam: Alive & Thrive, 2013.
Summary	The manual describes the data collected at the franchises and how they are aggregated and reported from individual franchises to district, provincial, and central levels. The manual includes the forms used at each level of the system, instructions for completing each form, and information about how data from each form are compiled into reports and shared from one level to the next.

Document Type	Manual
Reference	Alive & Thrive. *Mat Troi Be Franchisee manual: Standards and procedures for managing franchisee operations to improve infant and young child feeding*. Hanoi, Viet Nam: Alive & Thrive, October 2013.
Summary	The manual is intended for facility managers and counselors that are operating the infant and young child feeding (IIYCF) counseling franchisees. It presents the nutrition situation in Viet Nam and describes the structure of the IYCF franchise and service package, franchisee development procedures, franchisee performance management, franchisee demand generation, and franchisee monitoring and evaluation. The manual complements the more detailed franchisor manual.

Annex 2: Program Impact Pathway



Annex 3: Sample Memorandum of Understanding

Letter of commitment
to department of health (sub-franchisor)
from x health facility (franchisee)
to implement "IYCF social franchise" model

To: DOH of (X) province

The health facility (Y) agrees to:

1) Implement the A&T "IYCF Social Franchise" model at the (Y) facility for the period 2011-2013
2) Allocate a room dedicated to providing IYCF counseling services at the facility
3) Ensure that at least 2-3 staff of the facility are trained on IYCF counseling skills and retained at the facility for the period 2011-2013
4) Ensure that the facility is upgraded as per the standards and guidelines provided by A&T
5) Adopt and observe the programming philosophy, policies, standards, procedures and protocols described in the IYCF Service Delivery Guidelines (as amended from time to time) in the facilities, which implement IYCF social franchise model
6) Ensure that IYCF counseling services are provided with right content, of good quality and appropriate for the functional level of the facility
7) Ensure that the documentation, data, formats and reports sent to Province Project Management Board will be carried out as specified by the project
8) Ensure that the facilities, equipment and materials are appropriately maintained and replaced in allowable budget
9) Provide monitoring and supervising for franchisees at lower level as needed
10) Do nothing which might negatively impact the reputation of A&T and its service delivery franchise, or which conflicts with its objectives and policies
11) Observe and adhere to Decree 21 in its totality
12) Notify A&T on becoming aware of any unauthorized use by any third party of association with the franchise in any way
13) If the Health facility fails to comply, following notification and having been given assistance and the opportunity to rectify the fault(s), with its obligations under this Letter of Agreement, the DoH may terminate this agreement and/or may take appropriate sanctions (e.g. remove the franchise signboard). On and after termination of this Letter of Agreement, the health facility will no longer be supplied with A&T products, will cease to use the name and the trade marks, and will return all promotional materials and IYCF guidelines to the DoH.

These are the key points that the facility agrees to adhere to.

Head of the (Y) facility

Annex 4: Franchisees by Province and Level

Provinces	# Franchisees				Total
	Commune	District	Provincial	Private	
Hanoi	111	8	1	1	121
Hai Phong	92	7	5	1	105
Thai Nguyen	37	4	10		51
Thanh Hoa	94	4	2	1	101
Quang Binh	29	4	2		35
Quang Tri	16	5	4		25
Da Nang	31	4	4	2	41
Quang Nam	42	3	3		48
Quang Ngai	32	3	2		37
Khanh Hoa	36	7	2		45
Dak Lak	16	2	4		22
Dak Nong	10	2	3		15
Tien Giang	52	6	2		60
Vinh Long	37	5	3		45
Ca Mau	25	3	2		30
Total	**660**	**67**	**49**	**5**	**781**

Annex 5: Franchisee Roles and Responsibilities

Health-Facility Managers - Ensure the operations of the MTBT Franchise	
Ensure the operations of the MTBT Franchise	⇨ Ensure that the health facility meets all four franchise standards: ○ Brand: Maintain and equip the facility to provide good quality IYCF services (see facility guidelines); Make sure that the franchise has "infant-feeding"-friendly and counseling-friendly environment, e.g., mother and child are not separated after birth; ○ Standardized Services: Make sure that: 2-3 staff are trained as MTBT counselors Counseling staff are always available at franchise for IYCF counseling Facility identifies a fixed-day schedule for group counseling sessions 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 that may arise There is no violation of Decree 21 ○ Recording and reporting: Ensure that clients' information is appropriately recorded (on forms) Submit accurate, complete, and timely reports to supervisor ○ Fee: Make sure that fees for services are charged as per guidelines and managed appropriately (if relevant) Support franchisor/sub-franchisor during monitoring and supervising visits
Health-facility workers - Individual and group counseling	
Organize individual and group counseling sessions for mothers/husbands/grandparents from the third trimester of pregnancy till the child is twenty four months of age	⇨ For pregnant women: ○ Identify pregnant women during regular ANC checkups and give invitation cards to come for MTBT services ○ Register pregnant women as clients of the MTBT franchise from 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 MTBT franchise for counseling ○ Follow up with 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 pre-lacteals are given to the child before the first breastfeed ○ Ensure no formula is given to the child before the first breastfeed or while mother is at health facility ⇨ <u>Exclusive Breastfeeding</u>: ○ Ensure that mothers come to the MTBT 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-up of mothers ⇨ <u>Complementary feeding</u>: ○ 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 quarterly healthy baby competitions at health facilities ⇨ Provide small gifts/prizes for mothers who exclusively 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
Community-based workers (health workers, nutrition collaborators, and village members of Viet Nam Women's Union)	
Generate demand for the franchise services Integrate into the community-based worker's regular home visits to provide information on good IYCF practices for mothers and family members	⇨ Prepare a map of the village and mark pregnant women and mothers of children 0-23 months: ○ <u>Pregnant woman</u>: Give invitation cards to go to the franchise; remind mothers of monthly pregnancy check-ups and counseling; during home visits, disseminate information on initiating BF immediately after birth. ○ <u>Mother having 0-6 month old child</u>: Make home visits at different times with the following purposes: 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 (positioning and attachment). Follow up and remind mother to go to the franchise for individual and group counseling. When the child is 5-6 months of age, encourage the mother to go

	for CF promotion. ○ Mother having 6-23 month old child: Make home visits to: Motivate mother to go to the franchise for CF counseling and food demonstrations. Identify CF problems; check if mother prepares “bot”, “chao” 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/grandparents to ensure support for the mother. ⇨ Motivate husbands/fathers /grandparents to go to the franchise. ⇨ Identify positive deviants and send for Baby Competitions (at Commune); encourage both mother and family to participate in communication activity, competitions in their commune. Distribute communication materials on IYCF and promotional materials.

Annex 6: IYCF Components

IYCF service component	Timing	Service package content	Method of delivering content**	Desired outcomes
EBF promotion 1 (to positively influence client intention to EBF)	Early 3rd trimester of pregnancy*	Give client information that is accurate and factual about the importance of BF and the risks of replacement feeding - not the health worker's personal opinion or marketing information from a formula company. • Importance of EBF the baby • Importance of BF for the mother • Risks and hazards of not BF Give clients information about practices that support the initiation of BF • Importance of skin-to-skin contact immediately after birth • Importance of good positioning and attachment • Getting feeding off to a good start • No other food or drink needed for the first 6 months – only breastmilk Give the franchise client IEC material that reinforces information given to them to take home. Encourage the client to share material with relevant family members. Arrange for follow up with client.	Group "class" Individual contact	Client knows the importance of BF and believes it is the best feeding option for babies (have information needed to make an informed decision about BF) Client knows about practices that support BF Client intends to follow up with franchisee to get more personalized information and support
EBF Promotion 2 (to positively influence client intention to EBF)	3rd trimester of pregnancy	Give client relevant information in a suitable language • Ensure that client understands the importance of BF by asking questions to identify what she needs to know, giving information in words that are understandable to the client, and discussing the information in the context of her situation. • Listen and learn about the woman's beliefs, level of knowledge, previous BF intentions and practices, and intentions for this pregnancy. Tailor information given to individual needs, including praising practices that you want to encourage and suggesting changes that the woman could consider if changes are needed. • Build the client's confidence in her ability to exclusively breastfeed by identifying and addressing barriers or concerns she may have about BF. Arrange a follow up with the client	Group "class"	Client understands the information and believes it is relevant to her own needs and situation Client believes that BF would be a good choice for her and wants to do it Client is confident in her ability to EBF Client intends to follow up with franchisee for a third EBF counseling session prior to delivery

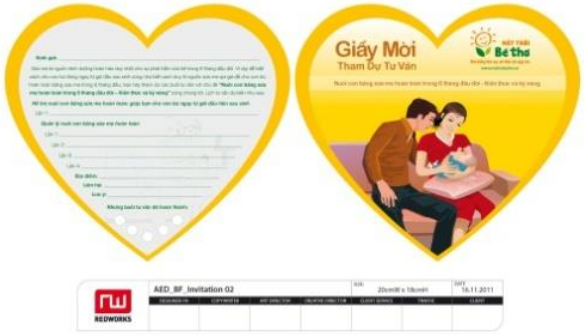
IYCF service component	Timing	Service package content	Method of delivering content**	Desired outcomes
EBF Promotion 3 (to positively influence client's intention to EBF)	3rd trimester of pregnancy	Review information discussed in previous counseling session (s) with client. Ask client about her intention to breastfeed. Identify and address barriers or concerns she may have at this time. Arrange for family counseling session to support BF. If client intends to breastfeed, remind her of the practices that support successful initiation of BF, prepare a BF intention badge (or some other clear indicator of her intention for use at the time of delivery), and if delivery will occur at another facility, referral to a facility where she will get the support needed to carry out her decision (ideally a franchise facility). (See section on client referral and follow up mechanisms) Arrange follow up with client (i.e. tell her how and where she can receive support after she has delivered her baby).	Individual counseling Referral to supportive facility for delivery if delivery will occur in other facility	Client commits to EBF (where appropriate), initiating BF within one hour after delivery, and feeding colostrum to their newborn Client intends to deliver in a facility supportive of her decision to breastfeed (i.e. either this facility or facility recommended by franchisee) Client intends to follow up with this facility within the first 2 weeks after delivery
EBF Support (to positively affect client initiation of EBF)	Delivery	Provide client with support needed to carry out her feeding decision. This includes support to successfully breastfeed her baby and to overcome any difficulties. • Help mothers initiate BF within a half-hour of birth. • Ensure that mothers are fully capable of BF before discharging them. • Ensure that mothers fully understand EBF – what it is and how to do it, before discharging them. • Give newborn infants no food or drink other than breastmilk unless *medically* indicated. • Practice rooming in - allow mothers and infants to remain together 24 hours a day. • Encourage BF on demand. • Give no artificial teats or pacifiers (also called dummies or soothers) to BF infants. Refer mothers to the IYCF franchisee upon discharge from the hospital or clinic for EBF management (individual or group counseling).	Personalized and practical help with BF in a supportive environment (i.e. one where intentions are respected and ability to follow through is not compromised by hospital or clinic staff)	Client who intends to exclusively breastfeed is successful in carrying out her feeding decision Client has a plan for following up with a franchise facility for EBF management after delivery "lactation" counselor

IYCF service component	Timing	Service package content	Method of delivering content**	Desired outcomes
EBF Management 1 (to positively affect maintenance of EBF)	Postpartum 1-2 weeks	Reinforce the decision to breastfeed and how it will benefit both mother and baby Check to be sure that the mother understands EBF Discuss duration of BF – encourage EBF for 6 months Monitor breastmilk intake Address any concerns or problems the client might be having Arrange for follow up at the clinic if needed Sign client up for EBF Management Two for an appropriate activity (i.e. support group meeting/group counseling, tele-counseling, individual counseling	Individual counseling via a home visit made by franchise-trained VHW, tele-counseling in urban areas, or clinic visits IYCF group counseling to be held regularly at franchise facility)	Client is EBF Client intends to continue EBF Client knows about some common problems that may be encountered Client knows what to do and/ or where to go for help if she experiences any problems or difficulties Client intends to attend a follow up appointment or group counseling.
EBF Management 2 (to positively affect maintenance of EBF)	Postpartum 2 weeks	Reinforce the decision to breastfeed and how it will benefit both mother and baby Discuss duration of BF – encourage EBF for 6 months Monitor breastmilk intake Address any concerns or problems the client might be having Arrange for a follow up at a clinic if needed Sign the client up for the next counseling session (group or individual)	Individual counseling via home visit or clinic visit IYCF group counseling to be held regularly at franchise facility)	Client is EBF Client intends to continue EBF Client knows about some common problems that may be encountered Client knows what to do and/or where to go for help if she experiences any problems or difficulties Client intends to receive EBF management counseling
EBF Management 3 - 4 And ***CF education 1***: when to introduce	Postpartum 3–6 months (ideally the client would attend at least one support group meeting	Reinforce the decision to breastfeed and how it will benefit both the mother and baby Discuss duration of BF – encourage EBF for 6 months Monitor breastmilk intake Address any concerns or problems the client might be having	IYCF group counseling/class Individual counseling as needed/desired	Client is EBF Client intends to continue EBF Client knows about some common problems that she may encounter Client knows what to do and/or

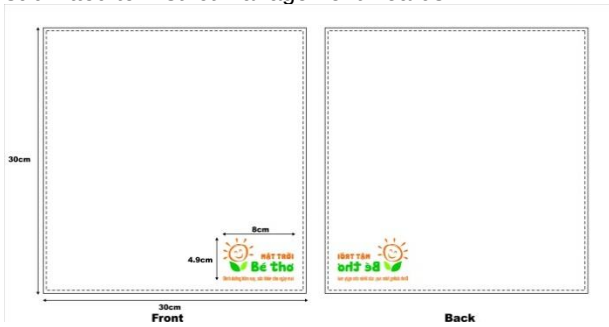
IYCF service component	Timing	Service package content	Method of delivering content**	Desired outcomes
complementary food (to positively affect maintenance of EBF)	each month)	Discuss timing for the introduction of complementary food (breastmilk is enough for baby for 6 months) Arrange for follow up for CF counseling or class (either at this facility or refer to a franchise facility that provides the CF component of the package if this facility does not)		where to go for help if she experiences any problems or difficulties Client knows WHEN to introduce complementary food Client intends to go to a BF support group Client intends to follow up with franchise facility prior to initiating CF (ideally at 6 months postpartum) for a CF counseling session or class
CF education 2: Essential information needed for optimal CF initiation at 6 months ***CF management, and support*** ***1-6***: appropriate feeding through 24 months (ideally 1 contact between 6-8 months, 1 contact between 9-12 months, and 4 contacts between 12-24 months) (to positively influence CF practices)	Postpartum 6 months through 24 months	Provide information and practical guidance to clients about: • Sustaining BF while supplementing with solids • Appropriate complementary food (food consistency, nutrient content, etc.) • Safe preparation and storage of complementary food • Feeding skills (i.e. responsive feeding, meal frequency, etc.) • Amount of complementary food needed • Feeding during and after illness • Growth monitoring and referral of acute malnutrition	Individual counseling and/or regular group classes (to be successful the client would have to attend at <u>least</u> the first CF education session for 6 month old infants prior to introducing complementary food and ideally would attend CF management and support counseling sessions every 3-4 months over the course of 18 months until the child is two years old)	Client is knowledgeable about good CF practices for the child's age Client has skills to practice optimal CF for the child's age Client has access to appropriate complementary food for the child's age Client practices CF optimally for the child's age Seeks individual counseling for on-going CF management and support

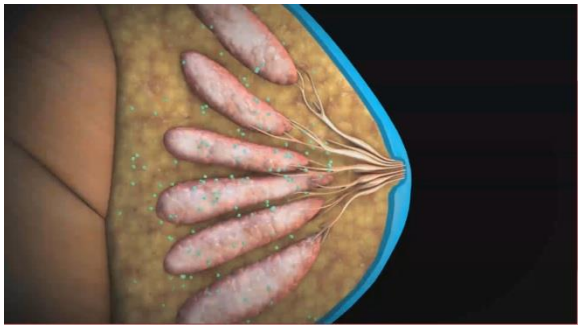
Annex 7: Branded Franchise Room

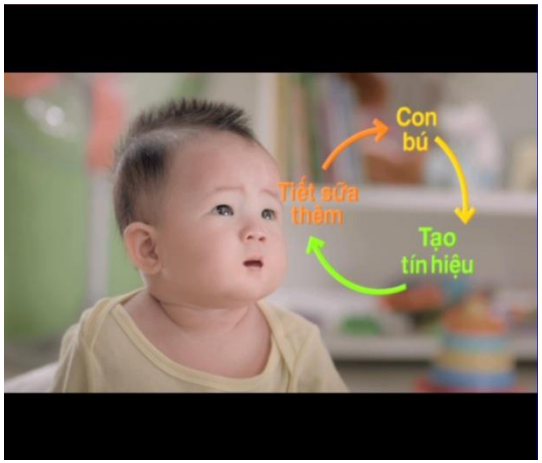
Annex 8: Job Aid and Client Materials

Order	Description of Materials	Purpose	Quantity	When/how to Use
1	Counseling cards	The cards set is a tool to help health workers to discuss/counsel mothers on IYCF	2 sets per franchisee	By counselor during individual and group counseling sessions 
2	Invitation cards 4 types for 5 packages	Deliver to care givers to invite them for couseling services at franchise room	Based on the number of children	Community-based workers deliver to women Health workers 

3	Leaflets: 4 leaflets - Breastfeeding - Complementary feeding - Fussy eating - Importance of the first 1,000 days	Provide educational information for targeted audience on specific IYCF issues		Put in the communication shelf at the franchise; deliver to audience during communication events, health or other community activities. 
4	Poster: 8 posters - Nurse more - No water - No formula - Feeding iron-rich foods - Importance of the first 1000 days - Timely introduction of complementary feeding (under development) - No Formula 2 (under development) - Decree 21 (under development)	Put on the wall in franchise facilities	2 sets per franchisee 1 set per group	Poster should be fixed by adhesive tape on the wall. The top of the poster should be at eye level, 180 cm from the ground. Posters with Mat Troi Be Tho logo are used at the franchise facility; posters with the 4 logos are used at the hospitals and other CHCs. 

5	Booklets: 2 booklets - Mother-and-Child booklet (4 colors printed - 47 pages) - Complementary feeding booklet	Sell to mothers who register for franchise services	Each registered client booklet	The counselor will ideally sell one booklet to each mother who comes for the 1st time. Mother information, such as: ID, name, contact, address, etc, will be filled by the counselor. The counselor will also instruct mothers on how to use the contents of the booklet, such as the growth chart, follow up to the immunization schedule, etc., and ask mothers to bring the booklet when she comes to the franchise for counseling sessions. It is recommended to charge 5.000 – 10.000 vnd per booklet. 
6	Promotional items	Provided to mothers and other caregivers who visit and receive franchise services Provided to CBWs who successfully mobilize clients to the franchisees	Limited distribution	Promotional gifts will be provided for a limited time period to clients as well as CBWs. The number of promotional materials delivered will be recorded in the Franchise Management Book P1, page 20. Individuals who receive the promotional materials will need to sign in a recording form which will be attached to the PB and submitted to District Management Boards. 

				
7	Loudspeaker scripts (five in total): - No formula - No water - Nurse more - Feeding iron-rich foods - IYCF franchise services	Broadcasting the five scripts through the loudspeaker system at different levels		The scripts will be broadcast through the loudspeaker system at the provincial and commune level. The scripts should broadcast regularly at commune and village levels, and during some special events of the year such as World Breastfeeding Week, Micronutrient Day, etc. The scripts can also be broadcast in hospitals, in the franchise facilities, etc. The first three scripts have a song at the beginning and a song after the story; the remaining two begin with a story followed by a song. The duration for the first three scripts is 10.44 minutes; the other two scripts are 4:30 and 5:58 minutes respectively. The station can choose to broadcast from the beginning to the end or the story (without the song) for two minutes only.
8	Multimedia Clips (two): Educational 3D TV clip TVCs for mass media campaign	Provides information on the importance of breastmilk, the benefit of BF and how to breastfeed There are 5 types of TVC: 1. No water 2. Nurse more 3. Early initiation of breastfeeding 4. Feeding Iron-rich foods 5. Franchise promotion		How to use: This TV clip will be shown at the franchisee, during trainings, or community events. The duration is 3:16 minutes  Where: Franchise facilities, hospitals, reproductive health centers, community events

				How to use: The TVCs are broadcast on TV (both national and provincial levels) to communicate with target audience. TVCs can also be shown in franchisee CHCs, hospitals, reproductive health centers, at community events or in waiting areas and reception locations. The TVC has two versions: 30s and 45s. The Franchise Promotion TVC has only one version of 15 seconds. 

Annex 9: Certification scorecard

CERTIFICATION CRITERIA FOR FRANCHISES AT COMMUNE HEALTH CENTERS

Criteria	Means for Verification	Available Good Condition	Available but Broken	Not Available	Action needed
Nessesary Criteria: Franchise should pass these criteria to get 110 points to be certified as Standard Franchise		**110**			
I. Status commitment of Franchise		**10**			
Letter of Commitment to operate IYCF Social Franchise signed by Head of the Health Facility submitting to Department of Health or District Health Centre	*Commitment Letter*	10	0	0	
II. Infrastructure and Equipment		**30**			
1. Mat Troi Be Tho sign board	*Present on road and/or visible for people from road*	2	0	0	
2. Mat Troi Be Tho indoor signage (Outside MTBT room)	*Present outside MTBT room and in good condition*	2	0	0	
3. MTBT room was set up properly	*Activities corners were set up properly according to guideline of setting up MTBT room (4 corners- each gets 2 points). If the set up does not follow standard guideline, evaluator should note why and ensure the set up follows the key principles and/or change is acceptable.*	8	0	0	
4. Wall painted according MTBT standard	*Present in good condition*	2	0	0	
5. Mat Troi Be Tho Logo on MTBT painted wall	*Present in good condition*	2	0	0	
6. Set of counseling chairs and table (5 chairs and 1 table)	*Present in good condition*	2	0	0	
7. Cooking demonstration table and set of cooking tools (gas cooker, pot)	*Present in working condition, should have whole set to get points*	2	0	0	
8. IEC materials holder and document drawers	*Present in working condition; should have the MTBT holder and 3 MTBT drawers to get points*	2	0	0	
9. Adult scale	*Present in working condition, test weighing for measument, allow deficiency of 0.2kg)*	2	0	0	
10. Baby scale	*Present in working condition, test weighing for measument, allow deficiency of 0.1kg)*	2	0	0	
11. Sticker ruler on MTBT wall	*Sticker Ruler is on MTBT wall*	2	0	0	
12. Length measurement	*Present in working condition*	2	0	0	
III. Human Resources: This is the core category - Franchise needs to gain maximum points 32 in this category to be certified.		**32**			
1. At least 1 staff trained on management and operation the IYCF Mat Troi Be Tho model	*Check training certificate*	8	NA	0	
2. At least 2 staff trained on counseling on IYCF at health facility and designated as regular counselor at franchise	*Check training certificate (2 trained staff get 8 points, 1 trained staff gets 4 points.)*	8	NA	0	
3. The regular counselor could specify clearly 5 packages provided for women in 7th month of pregnancy through a child's 24th month	*Q: Please tell us the 5 IYCF counseling packages that provided from 7 months of pregnancy through 24 months of a child?* *A: BF promotion; BF support; BF management; CF Education; CF Managemen (The counsellor needs to specify all of 5 packages to get points)*	8	NA	0	
4. 80% of community based workers of the commune were trained on IYCF for demand creation	*Q: How many Villages were in your commune?* *How many Community Based Workers were trained on IYCF to refer clients to franchise? (Multiply # villages by 2 to get denominator. Number of CBWs trained is numerator. Then multiply with 100 %. If result is 80% or over, get 8 points. If less than 80% , get 0 points.)*	8	NA	0	

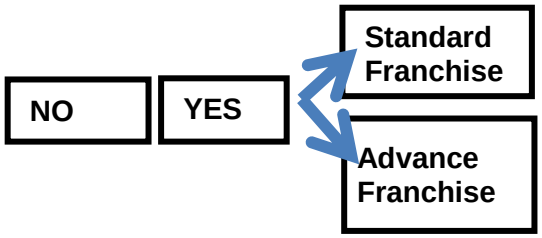
IV. BCC and monitoring materials		**30**			
1. 2 sets of MTBT counseling card	*Check presence of materials in MTBT room (must have 2 sets to get 4 points. If only 1 set is available, get 2 points.)*	4	0	0	
2. 4 types of MTBT invitation card	*Check presence of materials in MTBT room (should have 4 types to get 4 points- each type gets 1 point)*	4	0	0	
3. 2 types of MTBT leaflets in places easy accessible for clients	*Check presence of materials in MTBT room (have 2 types of MTBT leaflets easily accesible to get 4 points. If there are 2 types but inaccesible or if there is only 1 type, get 2 points.)*	4	0	0	
4. Mother Child Cards available and used	*Check Mother Child cards (if cards available and used, get 4 points. If available but not used get 2 points; if not available get 0 points.)*	4	0	0	
5. Mother and Baby Booklet	*Presence of booklet in MTBT room*	4	0	0	
6. Franchise monitoring logbook	*Check the book availability*	4	0	0	
7. 3 BF posters are on the wall in MTBT room in the right order: Nurse more; No water; No formula	*Check presence of poster in MTBT room (3 posters in right order get 3 points, 3 posters in wrong order get 1 point. If there are only 2 posters or 1 poster or no poster, get 0 points.)*	3	0	0	
8. 3 BF posters are outside MTBT room in right place (visible for many clients) and in right order: Nurse more, No water, No formula	*Check presence of poster outside MTBT room in visible place for many clients and in the right order (3 posters in right place and right order get 3 points, 3 posters in wrong place and/or wrong order get 1 point. If there are only 2 posters, 1 poster or no poster will get 0 points.)*	3	0	0	
V. Decree 21		**8**			
No observed violations of Decree 21 (no materials or products of fomula/ companies displayed / available at MTBT room)	*Observe the facility to look for violation. If there is no leaflet about fomula or fomula company, no promotional items (such as clock, clothes, pen...) with name of fomula or fomula company, get 6 points. If there is any violation as mentioned, get 0 points.*	8	0		
Preferred Criteria: These criteria are preferred for franchise at Commune Health Centre to be certified as an Advanced Franchise.		**20**			
1. A computer which can access to the Internet at Health Facility	*Observe the facility and check if the computer can access the internet (5 points). If the computer can not access the internet, get 0 points.* *Interview head of facility and check paper if available*	5	0	0	
2. A TV set and DVD available in MTBT room	*Present in good condition (there should be a TV set and DVD to get 5 points. If only a TV or DVD, get 0 points.)*	5	0	0	
3. There is a user fee mechanism set up and operating in the franchise.	*Interview Head of Facility and check paper if available*	10	0	0	
Total Score		**130**			

Notes to Evaluators:
Evaluator will go through every criteria and check properly. If there is any criteria which franchise does not get maximum points but half of that, Evaluator should note that next to the maximum points.
Facility must gain the maximum points (32) for human resource category to be certified
Facility with 100 to 110 points will get Franchise Certification (Standard)
Facility with 111 to 130 points will get Franchise Certification (Advanced)
Both Standard and Advanced Franchises will get the same certificate but the distinction will be noted on the evaluation sheet for reference.
After all information in this evaluation sheet is filled in, both evaluator and franchise manager will sign this sheet. 1 copy will be kept at the franchise as a reminder of recommended actions. The evaluator will keep 1 copy as supporting documentation for recommending that a facility be awarded franchise status.

Result of the certifying process:

Total score gained:

The facility can be certified as Mat Troi Be Tho Franchise:



Other comments:

Annex 10: Franchise Certificate

CERTIFICATE

Alive & Thrive Project, National Institute of Nutrition and the Department of Health of ……..…. Province

Certify that:

…….Health Facility
Address: ……..
is

Qualified to provide standardized IYCF counseling services for the "Mặt Trời Bé Thơ" franchise

Alive & Thrive Project Director	Department of Health …….. Director	National Institute of Nutrition Director
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Nemat Hajeebhoy		Ass. Prof. Dr. Le Thi Hop

Annex 11: Decree 21

Regulating the marketing of breastmilk substitutes and nutritious products for infants

What is Decree 21/2006/NĐ-CP?

Decree 21/2006/ND-CP ("Decree 21"), issued in 2006, aims to promote optimal infant and young child feeding (IYCF) practices by restricting methods and scopes in which breastmilk substitutes are marketed.

Decree 21 stipulates that information and communication related to infant feeding should clearly state that breastmilk is an optimal choice compared to breastmilk substitutes. The Decree indicated show formula can be marketed, where it can be sold and roles of major related target groups, including product producers and traders, health facilities and medical workers.

Scope of the Decree includes:

- Milk and food for infants under 6 months old
- Milk for infants from 6 to 24 months of age
- Feeding bottles
- Pacifiers

Why is Decree 21 so important?

One consequence of poor nutrition for infants that can be clearly seen in Viet Nam is a high stunting rate. There are 33% of children under five who are stunted. Good nutrition for babies from birth until 24 months is critical for his/her physical development. Appropriate, nutritous diets in this period will improve a child's growth and physical development, learning achievements, and even future economic opportunities. Vice versa, poor nutrition in the first months of life will slow down the child's physical development to an irreversible point.

Research conducted by A&T has shown that the majority of children in Viet Nam do not receive sufficient nutrition. Although there are many factors that influence what and how infants and young children are fed, prevalent incorrect information about breastfeeding and the rampant advertisement of breastmilk-substitutes is regarded as having a huge impact on nutrition decisions of many families.

Conforming to Decree 21 will contribute to promotion of optimal IYCF practices in Viet Nam. This helps reduce malnutrition and stunting, which then increases national labor productivity by reducing the burden of disease and contributing to the strength of the labor force.

Management and implementation responsibility

The MoH is in charge of managing and implementing Decree 21, simultaneously coordinating with the Ministry of Trade, Ministry of Culture and Information, Committee for Population, Family and Children and related ministries and departments.

- The Food Administration is responsible for screening and licensing advertisements in the mass media related to formula milk and nutrition products for young children before these advertisements are printed or broadcast.
- The Maternal and Child Health Department has an important role as the coordinator of all programs targeting mothers with young children.
- The Department of Health Inspection supervises implementation of the Decree. Health Inspectors cooperate with other departments in the MOH to supervise and monitor annually implementation of this Decree nation wide. At the provincial level, the Health Department is in charge of this.

Penalties 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 these decrees.

Decree 21 and the role of health facilities, physicians and medical workers

Health facilities and medical workers are responsible for encouraging and promoting optimal IYCF, and can do this by conforming strictly to Decree 21 as outlined below.

Health facility should:	Health facility should NOT:
• Encourage breastfeeding (BF). • Organize educational materials on BF. • Enable mothers to breastfeed their baby within the first hour after delivery.	• Sell or allow the selling of milk for infants less than 12 months of age and food for infants less than 6 months of age, except drugstores at hospitals. • Allow manufacturers and traders of nutrition products for infants to display products, except drugstores at hospitals.
Physicians and medical workers should:	**Physicians and medical workers should not:**
• Encourage BF. • Organize materials to promote BF. • Follow instructions for correct usage of nutrition products for infants in special cases that require the use of these products.	• Receive material benefits or products labeled with names or logos of milk products for infants less than 12 months of age and food for infants less than 6 months of age. • Help manufacturers and traders give sample products or presents related to nutrition products for infants. • Instruct and counsel women in childbirth to use formula for infants except in situations that require the use of these products.
Information, education and communication	**Information, education and communication documents on nurturing infants containing the following are prohibited**
Doctors and health workers at health facilities are the only channels to provide information and educational material on IYCF to pregnant women, mothers and their families. • Information, education and communication on the benefits of BF and on methods of nurturing infants must be given priority in programs to protect maternal and child health, and prevent and treat child malnutrition. • Messages about the superiority of breastmilk must be clear and must point out the disadvantages of not BF. • Information about BF and CF must be accurate and easy to understand.	• Pictures or words to encourage bottle-feeding. • Discourage BF infants. • Compare nutrition products for infants with breastmilk. • Display names or logos of formula.

Decree 21 and the role of companies producing and distributing nutrition products for infants

Companies producing nutrition products for infants play an important role in ensuring the health and development of young children. Establishments that produce or distribute nutrition products must ensure that all products comply with relevant food safety, quality, and hygiene standards and that health workers have information on how to properly use the products.

In regards to food for infants under 6 months old or milks for infants under 12 months old, organizations that produce or sell formula for infants MAY NOT:

- Use forms of sale promotion.
- Contact mothers, pregnant women, or family members working in health facilities to promote products.
- Provide health workers or health facilities with food products for infants under 6 months old or milk products for infants under 12 months old.

- Provide health workers or health facilities with any material benefits, nor can the company provide groups with items featuring the name or logo of products.
- Grant scholarships or funds for research, training, counseling services, or other uses to promote products.
- Display products in health facilities. (The one exception where this is allowed is in a hospital drugstore.)

Advertising

- Advertising milk or food products for infants under 6 months old is prohibited.
- Advertising milk for children aged 12-24 months is allowed, but the first part of the advertisement must state that breastmilk is the best food for the health and growth of infants.
- All advertisements must be reviewed and approved by the MoH.
- No advertisement can promote the abandonment of BF, promote bottle feeding or compare milk products with breastmilk.

Labelling of formula for infants

- Labels cannot imply that the product is equal to or better than breastmilk.
- Labels must include the text: *Breastmilk is the best food for the health and growth of infants.* Antibacterial elements, especially antibodies, available in only breastmilk, help prevent and control diarrhea, respiratory infections and several other infectious diseases for infants.
- Labels must include the text: *Use this product only under physicians' instructions*. Strictly follow preparation instructions. Feed children with clean cups and spoons.
- Instructions on how to prepare the formula should be in Vietnamese, be easy to follow, and accompanied by simple tables.
- The age of the child that the product is designed for must be clearly indicated.
- Product labels may not feature pictures or drawings of infants under the age of 12 months, bottles or dummies.
- Laws on the labeling of products for domestic, imported or exported goods must be adhered to, and production and expiration dates must be included.

Labeling of feeding bottles and dummies

- Labels for bottles must include the text: *Strictly follow the instructions on hygiene and sterilization.* The use of feeding-bottles may make children refuse to breastfeed, or cause diarrhea.
- Bottle labels must also include instructions on proper use and sterilization.
- Packages or labels stuck on dummies must include the text*: Using dummies will negatively affect BF.*
- Labeling regulations for bottles and dummies also apply to products imported into Viet Nam.

Annex 12: Supportive Supervision Protocol

Supportive supervision is a process that promotes sustainable and efficient program management by encouraging effective two-way communication, as well as performance planning and monitoring. On-going supervision is an important, often overlooked, step to ensuring quality health services. This protocol has been developed by the MTBT franchise to guide franchisors and supervisors on how to support and conduct effective supportive supervision. Supervision is broken down into three steps: preparation, delivery and follow up. Preparation is considered at three levels – franchisor, sub franchisor and supervisor.

A&T preparation: what should happen to ensure optimal supportive supervision systems and interactions?

Preparation – Franchisor (A&T)	
Train sub franchisor supervisors on supportive supervision, performance scenarios and responses	
Embed supervisors in the training of trainers process	
Work with sub franchisors to plan and monitor the effectiveness of supportive supervision	
Conduct periodic joint supportive supervision visits to ensure that these visits are adhering to protocols	
Balance the need for integrated supervision (as part of sustainability) with the specific and evolving requirements of MTBT supportive supervision	
Motivate sub franchisors and ensure that good practices are recognized to maintain high levels of performance	

Sub franchisor preparation: What should happen to ensure effective supportive supervision in your province?

Preparation – Sub franchisors	
Ensure that a monthly plan and resources are in place for routine supportive supervision	
Consider more frequent visits or other means of support to poor performing franchisees	
Support supervisors with de-franchising as the need arises	
Balance requirements of MTBT supervision with other health areas (as part of integrated supervision approach)	
Debrief with supervisors on a monthly basis so that supervisors are supported to address identified problems and proactively improve the quality/quantity of services	
Motivate supervisors and ensure that good practices are recognized to maintain high levels of performance	

Supervisor preparation: What should happen in advance of supportive supervision?

Preparation – Supervisors	
Review franchisee performance based on monthly reports and positioning within the four performance scenarios. Have any franchisees moved up, down or across the four scenarios?	
Select franchisee sites for visiting – the decision on which sites to visit will be based on a range of factors including current performance, trends in performance, supervision schedule, etc.	
Arrange supervision with selected sites. Coordinate so that the supervisor can observe a counseling session, interview clients, and meet the MTBT staff	
Prepare supervision schedule. Allow for adequate travel time and time on site; share schedule with sub franchisor managers and A&T	
Review recommendations from the last supportive supervision visit at selected sites for follow up	
Prepare any updates or materials for sharing during the supportive supervision visit	

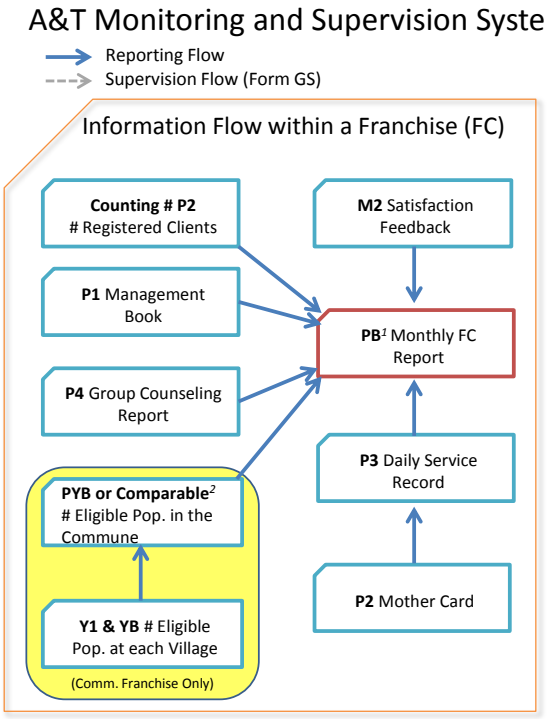
Delivery: What should happen during supportive supervision?

Delivery	
Set and review expectations for performance with franchisee team (achievements against targets; performance scenario)	
Observe counseling session and compare to standards; note down strengths and weaknesses	
Meet with clients and ask their views about the quality and value of MTBT services	
Provide any technical updates or materials as well as on-the-job training/coaching as required	
Use observations, performance data and client input to identify opportunities for improvement with the franchisee team	
Provide corrective and supportive feedback on performance; follow-up on any previously identified issues or problems	

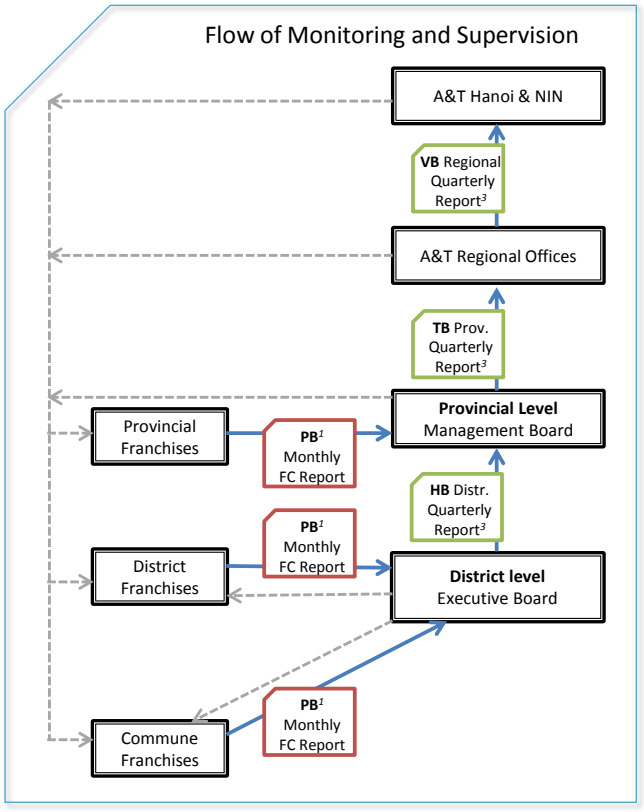
Supervisor Follow up: What should happen after supportive supervision?

Follow up	
Prepare supervision report; note performance, record actions and decisions	
Circulate supervision report to franchisees and sub franchisor manager	
Ensure on-going monitoring of weak areas and improvements with franchisee managers via telephone or other mode of communication	

Annex 13: Overview of Monitoring and Supervision System



[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



Annex 14: Performance monitoring tools

Tool identification	Tool	Completed by	Focus
M2	Client satisfaction questionnaire	Client	Client satisfaction/ effectiveness of counseling
Y1	List of pregnant women at 7-9 months and mothers with children under two years	CBW	Franchisee coverage (used in YB monthly report)
YB	Number of pregnant women and children under two years in village	CBW	Franchisee coverage (used for PYB monthly report)
PYB	Number of pregnant women and mothers with children under 2 years in a community	Franchisee manager	Franchisee coverage/ productivity (feeds into form PB)
P3/P6 & P4	Individual and group counseling records	Franchisee counselor	Client/group interaction
P5	Client referral form	Franchisee counselor	Client follow up
PB	Franchisee monthly report	Franchisee manager	Coverage/productivity
GS	Supervision checklist	Franchisee supervisor	Competency and capacity (of people and facility)
GB	Supervision report	Franchisee supervisor	Competency and capacity (of people and facility) – feedback and action plan
HB	District quarterly report	District supervisor	Franchise reporting
TB	Provincial quarterly report	Provincial supervisor	Franchise reporting
VB	Regional quarterly report	Regional managers (A&T)	Franchise reporting
AT	A&T quarterly report	M&E (A&T)	Franchise reporting