

# Franchise Monitoring Manual

Alive & Thrive Viet Nam

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Alive & Thrive (A&T) is an initiative to improve infant and young child feeding practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. The first 2 years of life provide a window of opportunity to prevent child deaths and ensure healthy growth and brain development. Alive & Thrive aims to reach more than 16 million children under 2 years old in Bangladesh, Ethiopia, and Viet Nam through various delivery models. Learnings are 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, IFPRI, Save the Children, World Vision, and UC-Davis.

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## Acronyms

A&T	Alive & Thrive
CBW	Community-based worker
CHC	Commune health center
DMB	District Management Board
EBF	Exclusive breastfeeding
IYCF	Infant and young child feeding
PMB	Provincial Management Board

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## Background

A&T is an initiative funded by the Bill & Melinda Gates Foundation to reduce undernutrition and death caused by suboptimal infant and young child feeding (IYCF) practices in Viet Nam, Bangladesh, and Ethiopia. Key strategies of A&T in Viet Nam include policy dialogue, partnerships with national and international stakeholders, and social and behavior change communication strategies, which include delivery of interpersonal counseling and a mass media campaign to promote optimal IYCF practices.

One of the key models to provide IYCF interpersonal communication in Viet Nam is the franchise model. To date, A&T Viet Nam maintains a network of 781 franchises across 15 of 63 provinces. These franchises cover 8% of the children under 2 years of age in the country and 27% of this age group in the 15 provinces where the franchises operate. Trained, certified counselors provide one-on-one and group counseling for pregnant women and mothers with children under 2 years of age. A standardized counseling package includes up to 15 contacts, covering the following topics: exclusive breastfeeding (EBF) promotion for pregnant women, EBF support for mothers at delivery, EBF management and complementary feeding education for mothers with children under 6 months of age, and complementary feeding management for mothers with children from 6-23 months of age. More detailed information about the franchise model is documented in the [Overview of the Social Franchise Model for Delivering Counseling Services on Infant and Young Child Feeding](#).

The aims of the monitoring system are to: 1) provide robust program monitoring nested within a public health system, 2) create a streamlined and user-friendly monitoring system, and 3) share findings in a timely manner to facilitate evidence-based decision-making and improve program quality. The system was designed using paper and electronic forms taking into consideration the available infrastructure for reporting (e.g. internet access, staff capacity, etc.) at each level of the health system. This manual provides an overview of the monitoring system, monitoring forms, eform, and reports.

## Overview of monitoring and supervision system

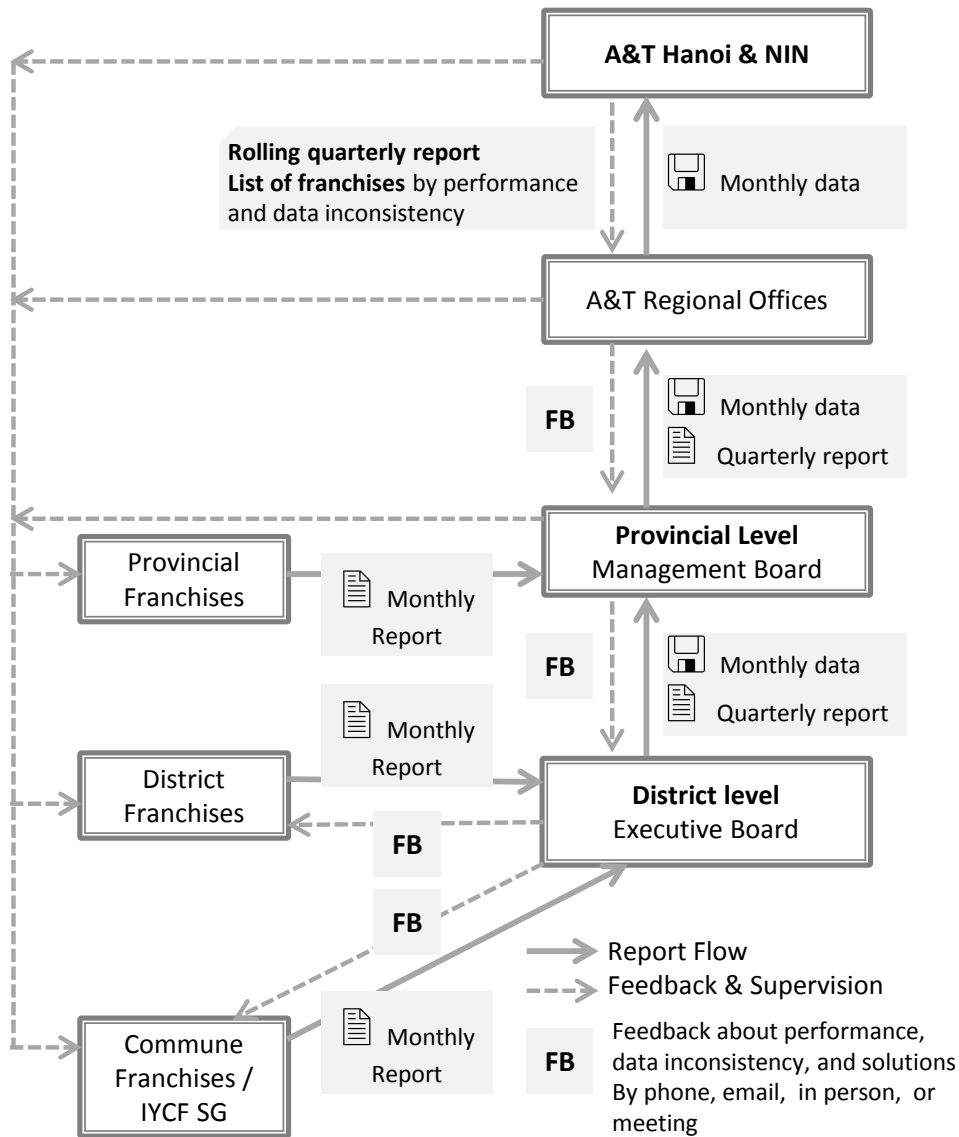
Several steps were taken to build a monitoring system that is functional and provides accurate and timely data used for decision-making. First, based on the long-term objectives and the design of the franchise model, we identified the indicators that would be needed to measure franchise performance. Five indicators are used to track the performance of franchises (**Table 1**). Three of them—coverage, volume, and repeat clients—are tracked monthly.

**Table 1. Indicators to track franchise performance**

Group	Definition	Data collection	
		Sources of information	Frequency
Quantity:	1. <i>Coverage (%)</i> : Total number of registered children divided by the total children in the catchment area	Routine monitoring system	Monthly
	2. <i>Volume</i> : Total number of counseling contacts	Routine monitoring system	Monthly
	3. <i>Service Utilization</i> : % of mother-child pairs that received full counseling packages	Process evaluation study	May 2013
Quality:	4. <i>Repeat clients</i> (proxy for quality)	Routine monitoring system	Monthly

The monitoring and supervision system is shown in **Figure 1**. The monitoring system, nested in the public health system, functions at five levels starting from the village to commune, district, province, A&T regional offices, and finally to the A&T central office in Hanoi. Standardized forms are used at each level. At the village and commune levels, paper forms are used. From district level upwards, the forms are electronic.

**Figure 1. A&T Viet Nam monitoring and supervision system**



Data are submitted monthly from communes to districts. By the 15<sup>th</sup> of the month, data for the previous month are received by the A&T central office in Hanoi. Data are then checked, collated, and analyzed to generate a report for each province and an overall report for the 15 provinces. The data are then shared back with regional and provincial teams and discussed at the Province Management Board meetings by the 20<sup>th</sup> of the month. These data from the monitoring system indicate the number of contacts, number of registered clients, and the number of pregnant women and children 0-23 months old in the catchment area of a commune franchise.

Besides the data on quantity, we also collect data on quality through the supportive supervision visits. Supervisors fill out this checklist at each visit, and this allows them to rank the quality of the franchise in a more objective manner. The quality variables are status of the facility and staff, quality of the counseling service, and the quality of recording and reporting data. District supervisors provide the majority of the supportive supervision to franchise staff. Provincial and A&T staff provide supportive supervision to improve the supervising skills of provincial and district supervisors. For more information, please refer to [Supportive Supervision Protocol and Checklist for IYCF franchises](#).

## Monitoring forms

Table 2 shows that the system is comprised of various registers, client-level records, and aggregation and reporting forms. Each form has a code and an official name accompanied by detailed instructions on how to complete the form. Detailed description about the listings of eligible populations can be found in **Annex 1**, service delivery forms in **Annex 2**, and a sample of a report in **Annex 3**. The remaining five franchise-level forms are used to track the delivery of counseling services. Some are used daily, while others are used as needed, monthly or even semi-annually. This may seem like more forms than what is necessary to monitor counseling services, but because they represent primary records, as well as collation and reporting forms, no single staff member uses all 19 forms. At a franchise, only four of these forms are in use on counseling days.

**Table 2. The list of monitoring forms**

Code	Report/book/form	Responsible	Deadline	Purpose
<b>Listings of eligible populations</b>				
Y1	List of women 7-9 months pregnant and with children under 2 years old	Community-based worker	When changed	Provide information for YB monthly report
YB	Number of pregnant women and mothers with children under 2 years in a village	Community-based worker	June and December	Provide information for PYB report
PYB	Number of pregnant women and mothers with children under 2 years in a commune	Franchise staff	June and December	For form PB and estimate service coverage
<b>Service delivery forms</b>				
P2	Mother card at franchises (commune facilities)	Franchise staff	Counseling day	Record services provided to each mother
P3	Daily service record (commune facilities)	Franchise staff	Counseling day	Record services delivered during a day and summarize for monthly report
P4	Group counseling and baby competition	Franchise staff	Counseling day	Record and report for group counseling
P5	Client referral form	Franchise staff	When refer client	
P6	Client monitoring book (district/provincial facilities)	Franchise staff	Counseling day	Record services provided to one-time clients
<b>Reporting forms</b>				
PB	Monthly report of commune franchise	Franchise manager	On the 5th	Summary of franchise monthly activity
PBH	Monthly report of district/provincial franchise	Franchise manager	On the 5th	Summary of franchise monthly activity
HB	District quarterly report <sup>1</sup>	Executive board	10 <sup>th</sup>	Franchise indicators
TB	Provincial quarterly report <sup>1</sup>	Management board	15 <sup>th</sup>	Franchise indicators
AT	A&T rolling quarterly report	Monitoring team	25 <sup>th</sup> each month	Franchise indicators

<sup>1</sup> HB and TB have the same format as the PB. Based on the electronic data, e-form generates this report by combining data from all franchises reports of the quarter for the district or province.



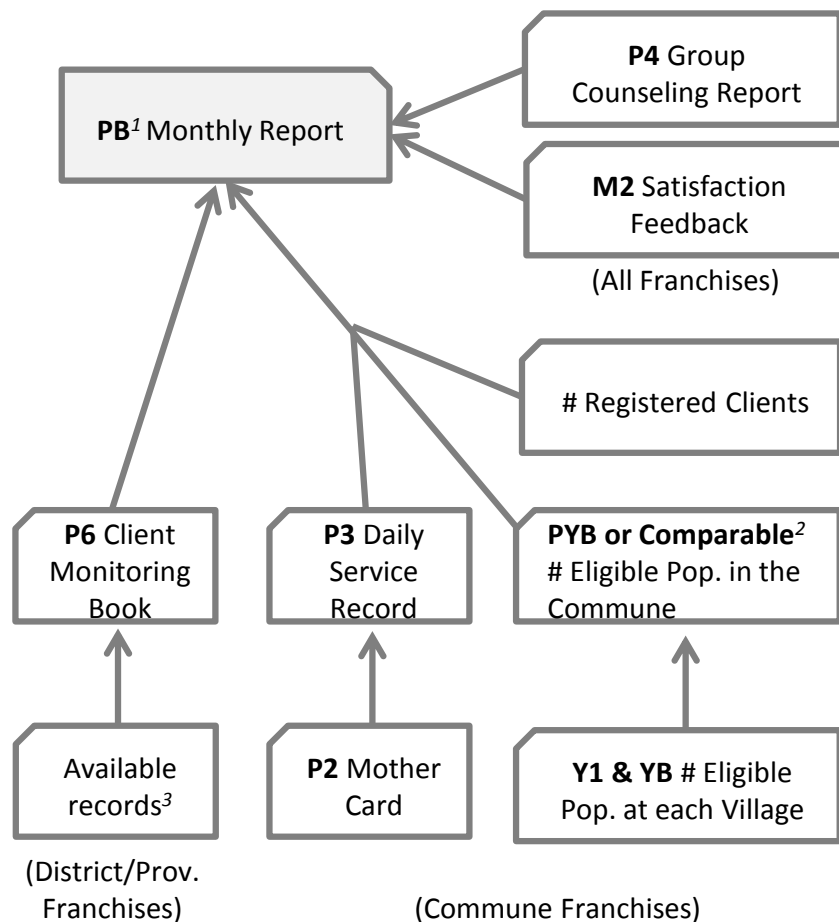
In the commune franchise, counselors are responsible for the mother card (P2), daily service record (P3), group counseling report (P4), and monthly report of the commune franchise (PB). Community-based workers manage a list of eligible population (Y1), update biannually the village record of the eligible population (YB), and submit to the commune health staff. Forms Y1, YB, and PYB are optional in almost all communes because comparable data for the number of eligible women and children are available from secondary sources (Table 1).

In the district or provincial franchises, counselors use a client monitoring book (P6) to update information about service provided to clients, which is gathered from available records such as clinical records, pregnancy records, and outpatient records (Table 1).

In any franchise level, counselors manage the franchise management book (P1) and use the client referral form (P5) to link clients to other facilities. A client satisfaction questionnaire (M2) is also available at any franchises to gather comments and suggestions from clients.

**Figure 2** shows the relationship among the various data collection and reporting forms managed by franchise staff. At the commune franchises, the most critical form is the *Mother Card* (P2). The *Mother Card* is a child-based longitudinal client record, which serves not only as a tool to monitor services provided, but also as a communication tool. It allows franchise staff to communicate with each other about the services provided to the client and serves as a history of services received by the client. When a pregnant woman first visits a franchise or when a mother first brings her child to a franchise, the mother-child dyad is registered by completing the top portion of the P2 *Mother Card* with information about the mother and/or the child. Each time the mother or child visits the franchise for counseling, the contact is recorded on the child's *Mother Card*. Each line of this form is reserved for a visit, which corresponds to the component of the IYCF counseling package provided, which in turn corresponds to the age of the child (or gestation). This longitudinal card is only used at commune-level franchises where women are more likely to visit multiple times. At the end of each day, a counselor updates information from all P2 forms of the day to the *Daily Service Form*. At the end of the month, s/he updates the information from the P3, the count of P2 forms, and the number of women who are pregnant or with children under 24 months form to the *Monthly Report Form* (PB).

**Figure 2. Information Flow within a Franchise**



<sup>1</sup> Form PB - Monthly Franchise Report - could be used by franchises at all levels

<sup>2</sup> The number could also be obtained from any comparable sources such as a Pregnant women, Immunization, Nutrition, or Population record

<sup>3</sup> Including clinical records, outpatient records, pregnancy records

At the district- and provincial-level franchises, a *Client Monitoring Book (P6)* is used, instead of the *Mother Card* to record services delivered. This book is a daily register used to aggregate services provided by franchises at the district or provincial level. These franchise operates within large facilities such as obstetric clinics, pediatric clinics, nutrition departments, centers for reproductive health, and preventive health centers. The P6 book contains one page per month. Each page has 31 rows to record daily client contacts. It is mandatory for any health facility to record its clients each day through clinical records, outpatient registers, or pregnancy records from the national health information system. Using these readily available records, franchise staff fill in the number of franchise clients (e.g., pregnant women or mothers with children under 2 years old) for the day on the appropriate row of the P6 page. At the end of the month, data from the P6 page are aggregated and recorded on the PB form.

The *Monthly Report Form (PB)* in each facility includes information about the number of counseling contacts by package namely G1 for exclusive breastfeeding (EBF) promotion, G2 for EBF support, G3 for EBF management, G4 for complementary feeding education, and G5 for complementary feeding management. In addition, the commune franchise monthly report has information about the total number of P2 forms managed by the franchise and the number of women who are pregnant or with children under 24 months in the commune.

## E-form and other data management tools

To facilitate reporting, reduce errors, and allow faster access to franchise data, an e-form was developed using MS Excel 2003. It is a small-size package (~1Mb) and can run on any computer with MS Excel. The form is mostly used by district and provincial staff as well as the A&T monitoring team.

The main functions of this form are data entry, data verification, and report generation. The e-form contains a fillable PB form that allows staff to enter data for any franchise at any point in time. The e-form automatically generates a unique record ID that combines the franchise ID and the year and month of the report. If by accident the staff enters a report twice, the e-form flags the mistake. Users are repeatedly alerted to the duplication until the error is corrected. The e-form allows the extraction of a data file (usually 50-100KB) to share with the higher management structure by email. At the higher level, the staff copy and paste the records in the data file to an open e-form. The e-form also allows generating monthly or quarterly reports for any franchise, district, or province.

## Rolling quarterly reports

When the monitoring system was first launched, A&T Viet Nam began producing monthly and quarterly reports for district and provincial levels using the e-form. From the feedback, it was clear that the reports were not meeting the data needs of stakeholders at these levels. For example, aspects of the data were more meaningful if disaggregated by franchise location, client type, and services received. To visualize franchise performance over time, we developed a rolling quarterly report. The rolling quarterly report is produced monthly but displays performance indicators for the previous three months. For example, the report produced in April contains monthly data for January, February, and March. To create reports quickly, we developed a report template for rolling quarterly report in MS Excel sheets that link with Stata outputs. The template allows us to generate quickly 16 reports—one for the entire system and one for each of the 15 provinces—in both English and Vietnamese. An example of a rolling quarterly report is found in **Annex 4**.

To reduce the lag time between reporting and feedback to the provinces, districts, and franchises, each month the A&T monitoring, learning, and evaluation team creates presentation slides for each district. These presentations facilitate use of data at lower levels by summarizing key monitoring indicators in English and Vietnamese (**Annex 5**).

## Other forms at the franchise level

In addition to monitoring forms, other forms are used by franchises. They are the *Franchise Management Book* and *Client Satisfaction Questionnaire* (**Annex 6**). The purpose of the Client Satisfaction Questionnaire is to collect feedback and comments/suggestions of clients relating to counseling services. The information is mainly used by franchise staff to improve their performance. The Franchise Management Book (P1) tracks staff training, inventory of materials, and the condition of franchise durable goods such as furniture and scales.

## Use of monitoring data

Monitoring data are used by partners and A&T staff to: 1) track progress (e.g., coverage, volume against the target), 2) make decisions (e.g., performance improvement plans, development and adjustment of facility targets), 3) provide background for a costing study, and 4) demonstrate how the inclusion of indicators for nutrition/health examination and counseling could be integrated into the existing health information system.

Every quarter, based on quality and quantity data, franchises are ranked into four groups: high quality and high volume; high quality and low volume; low quality and high volume; and low quality and low volume (**Figure 3**). The ranking allows us to provide tailored intervention. For example, high quality-high volume franchises receive rewards and are encouraged so that they continue to perform. High quality-low volume franchises receive additional support for demand generation so that they attract more clients. Low quality franchises, regardless of volume, receive supportive supervision so that they can improve their quality. For more information, please refer to [Overview of the Social Franchise Model for Delivering Counseling Services on Infant and Young Child Feeding](#).

**Figure 3. Classification of franchise by their performance**





## YB – Lists of eligible populations in commune

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

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

CBW's name:.....

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

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

#### Instruction for YB form

<b>Name</b>	<b>Number of pregnant women and mothers with children under 2 years in village</b>
<b>Symbol</b>	YB
<b>Purpose</b>	Summary of the mothers being followed Provide information for PYB form, only use when no A3 or PEMC books
<b>Level/Location</b>	Village/hamlet
<b>Implementer</b>	Demand generator/Commune based worker (CBW)
<b>Data source</b>	A3 and PEMC books, or Y1
<b>Time/frequency</b>	In June and December
<b>Management/Archives</b>	Form YB will be completed by CBW and reported to Franchise staff
<b>Steps to fill out the form</b>	Fill each column using data from A3 and PEMC books, or using Y1 if other two unavailable in June or December Pregnant women 7-9 months Mothers giving birth Mothers with children 0 - 4 mo 29 d Mothers with children 5 - 5 mo 29 d Mothers with children 6 - 11 mo 29 d Mothers with children 12 - 23 mo 9 d Mothers with children ≥ 24 months No. of invitation cards given
<b>Validation/supervision, support</b>	A) <i>Supervisor (frequency)</i> 1. Franchise manager (monthly) 2. Supervisors from upper level (randomly) B) <i>Testing method:</i> 1. Number of subject matches with A3 and PEMC books, or Y1

## PYB – Number of pregnant women and mothers with children under 2 years in a community

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

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

Generated by:.....

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

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

**Franchise manager**  
Name and signature

#### Instruction for PYB form

<b>Name</b>	<b>Number of pregnant women and mothers with children under 2 years in community</b>
<b>Symbol</b>	PYB
<b>Purpose</b>	Number of pregnant woman and mother with children in community
<b>Level/Location</b>	Commune
<b>Implementer</b>	Franchise staff
<b>Data source</b>	A3 and PEMC books, or Y1
<b>Time/frequency</b>	In June and December
<b>Management/Archives</b>	Store at Franchise document cabinet
<b>Steps to fill out the form</b>	Fill in each column is used for village, using A3 and PEMC books, or using YB if other two unavailable Pregnant women 7-9 months Mothers giving birth Mothers with children 0 - 4 mo 29 d Mothers with children 5 - 5 mo 29 d Mothers with children 6 - 11 mo 29 d Mothers with children 12 - 23 mo 9 d Mothers with children ≥ 24 months No. of invitation cards given After filling out data of all hamlet/village, Franchise staff calculate and write down in “Total” column.
<b>Validation/supervision, support</b>	A) <i>Supervisor (frequency)</i> 1. Franchise manager (monthly) 2. Supervisors from upper level (randomly) B) <i>Testing method:</i> Number of subject matches with A3 and PEMC books, or YB

## Annex 2: Service Delivery Forms

### P2 – Mother card at franchises (commune facilities)

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

#### MOTHER CARD AT FRANCHISE

No	Service	Time to counsel	Receiver Mom; Dad; Gr- parents; Other	Counseling date	Counseling Type*			Practice (tick boxes)/Counseling topic (write down)	Exposed MM**	Next counseling date	Health staff signature	Remark
					Ind	Grp	Pho					
G1a	EBF Promotion 1	7th month of pregnancy		/ /					/ /		Full G1 receive: at least 1 contact at 9th month	
G1b	EBF Promotion 2	8th month of pregnancy		/ /					/ /			
G1c	EBF Promotion 3	9th month of pregnancy		/ /					/ /		Full G1: Yes No	
<input checked="" type="checkbox"/> 1	Expected date of birth: / / Date of birth: / /						Pregnancy outcome: 1 child; Twin;> 2 children; Premature death; Neonatal mortality		Delivery place: District hospital; Provincial/National hospital; CHC; Home; Other			
G2	EBF support	Delivery		/ /					/ /		Initiate BF <1h: Yes No	
G3a	EBF management 1	2 - 4 weeks after delivery		/ /			BF [ ] Water [ ] Other milk [ ] CF [ ]***		/ /			
G3b	EBF management 2	1-2 months		/ /			BF [ ] Water [ ] Other milk [ ] CF [ ]		/ /			
G3c	EBF management 3	2-3 months		/ /			BF [ ] Water [ ] Other milk [ ] CF [ ]		/ /			
G3d	EBF management 4	4-5 months		/ /			BF [ ] Water [ ] Other milk [ ] CF [ ]		/ /			
G4	CF education	5-6 months		/ /			BF [ ] Water [ ] Other milk [ ] CF [ ]		/ /			
<input checked="" type="checkbox"/> 2	6 months of age: (End-month check)		CHK: / /	Full G3: received G3a and G3c					EBF under 6 months: Yes No		Full G3 : Yes No	
G5a	CF management 1	6-7 months		/ /			BF [ ] Infant formula [ ] CF [ ]		/ /			
G5b	CF management 2	8-9 months		/ /			BF [ ] CF: Quant (2 meals, 1/2 bowl) [ ] Variety [ ]		/ /			
G5c	CF management 3	10-11 months		/ /			BF [ ] CF: Quant (2 meals, 1/2 bowl) [ ] Variety [ ]		/ /			
G5d	CF management 4	12-14 months		/ /			BF [ ] CF: Quant (3 meals, 3/4 bowl) [ ] Variety [ ]		/ /			
G5e	CF management 5	15-18 months		/ /			BF [ ] CF: Quant (3-4 meals, 3/4 bowl) [ ] Variety [ ]		/ /			
G5f	CF management 6	18-24 months		/ /			BF [ ] CF: Quant (≥3-4 meals, 1 bowl) [ ] Variety [ ]		/ /			
<input checked="" type="checkbox"/> 3	24 months of age: (End-month check)		CHK: / /	Full G5: received G5a, G5b, G5c & G5d					BF until 24 months Yes No		Full G5: Yes No	
	Total number of services provided		---	Full 5 package if mother got full G1, G2, G3, G4 and G5							Full 5 packages: Yes No	

**Abbreviations:** BF=Breastfeeding  
CF=Complementary feeding  
CHC=Commune health center  
EBF=Exclusive breastfeeding  
G=Consulting package

\* Counseling type: Tick "X" to the appropriate cell; Ind: Individual; Grp: Group; Pho: Phone/others  
\*\* Exposure to mass media of the mother: In the last 30 days, have you exposed to IVCF information from TV, radio, loud speaker, newspapers, internet? (Not include formula promotion)

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



**Instruction for P2 form**

<b>Name</b>	<b>Mother card at Franchise</b>
<b>Symbol</b>	P2
<b>Purpose</b>	Record services provided to each mother
<b>Level/Location</b>	Franchises in provinces, districts and communes
<b>Implementer</b>	Franchise staff
<b>Data source</b>	Counselor writes this down themselves
<b>Time/frequency</b>	Update after each service is delivered. In addition, at delivery, when the child completes 6 months and 24 months check the card at the end of each month to identify outcome indicators.
<b>Management/ Archives</b>	<p>Franchise staff keep P2 card in Franchise Data folder/Document cabinet</p> <p>Arrange P2 cards in ascending order of the child's ID number and by groups: Pregnant women 7-9 months, child 0-5 months, child 6-23 months and child <math>\geq</math> 24 months</p> <p>Pick up the card and use it in the counseling process</p> <p>After completing the counseling card, put the card in the daily box card holder</p> <p>After the working day, Franchise staff summarize service delivery and other information to update the P3 form – “Daily service record”</p> <p>After finish P3 form, put P2 card back to Data folder/Document cabinet</p> <p>When a child <math>\geq</math> 24 months or a mother moves to another province, the P2 card will be placed in the storage folder.</p> <p>All P2 cards must be stored at least 1 year after the project is finished and handled by the management board.</p>
<b>Steps to fill out the form</b>	<p><b>A) Identify the child's ID and get the P2 card</b></p> <p>1. <i>At registration (1st time):</i> Establish a P2 card for each mother</p> <p>Identify the child's ID: based on year/month/date of child's birth (Example: 110715 - child was born in 15th July 2011). For pregnant woman, give temporary ID with year/month/expected date of birth by pencil and write official ID after delivery. If the Franchise has more than 1 child born within a day, add letter "a, b, c..." to distinguish.</p> <p>Write down general information into Baby book (M1). Guide the mother on how to use this book.</p> <p>2. <i>If the mother has a P2 card,</i> based on the child's ID, date of birth or expected birth, mother's name to find the appropriate P2</p> <p><b>B) Filling out P2 card while counseling</b></p> <p><b>Note,</b> accept recall information for G2 and <input checked="" type="checkbox"/> 1-3. While recalling G2, received G2 when (1) was guided on breastfeeding and (2) did not use formula</p> <p>1. <i>Rows start by "G":</i> Based on one counseling session (pregnant, child age by month) to identify:</p> <p>1.1. Counseling receiver: write down all receivers by group: mother, father, grandparents or other.</p> <p>1.2. Counseling date: Date of counseling</p> <p>1.3. Counseling type: Cross X into certain column: individual counseling, group counseling or via phone</p> <p>1.4. Practice (tick boxes)/Counseling topic (write down): the day before counseling</p> <p>Tick practice boxes [ ] (X for yes and 0 for no)</p> <p>Example: in G3c row: Child receiving breast milk, water and formula and not yet receiving complementary foods, please fill in: BF [X] Water [X] Formula milk [X] CF[0]</p> <p>Write down counseling topic, note for follow-up</p> <p>1.5. Mass media exposure: Ask mother about mass media exposure on infant and young child feeding in last 30 days; if yes cross X into Yes column, if not, cross X into No column.</p> <p>1.6. Next counseling date: write the next counseling date.</p> <p>1.7. Health staff signature: counselor signs</p> <p>1.8. Remark: Counselor writes down other criteria information</p> <p>2. <i>Rows start at tick box <input checked="" type="checkbox"/></i>:</p> <p><input checked="" type="checkbox"/> 1. End of pregnancy:</p> <p>Ask and write tentative birth date</p> <p>When mother delivered, circle appropriate words in Pregnant outcome and Delivery place</p> <p><input checked="" type="checkbox"/> 2. Child is 6 month of age:</p> <p>Exclusive breastfeeding in the first 6 months: Based on actual practice in rows G3a-d: Circle <i>Yes</i> if all are only BF and no water, no infant formula and no CF; otherwise circle <i>No</i></p> <p>Call to get this information if the mother doesn't come in for counseling</p> <p>Full G3: received G3a and G3c</p> <p><input checked="" type="checkbox"/> 3. Child is 24 month of age:</p> <p>Continue BF at 24 months: At the last contact G5f, child is still BF</p> <p>Call to get this information if the mother doesn't come in for counseling</p> <p>Full G5: received G5a, G5b, G5c &amp; G5d</p> <p>Count and write down total number of services provided</p> <p>Full received: the mother receive G1, G2, G3, G4 and G5 when child is 24 months of age</p> <p>Write the end date and reason. Common reasons for the completion of follow up are: <math>\geq</math> 24 months, out migration, and death</p>
<b>Validation/ supervision</b>	<p>A) <i>Supervisor (frequency)</i></p> <p>1. Franchise manager (weekly, monthly)</p> <p>2. Supervisor from a district or province (monthly, quarterly)</p> <p>B) <i>Supervise method:</i></p> <p>1. Supervisor get 3 P2 forms randomly, check general information and counseling information</p> <p>2. Compare P2 form and service row of P3</p>

## P3 – Daily service record (commune facilities)

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

### Daily service records

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

### Instruction for P3 form

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

## P4 – Group counseling and baby competition

Province:.....  
 District:.....



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

### GROUP COUNSELING AND OTHER ACTIVITIES

No	Date	Topic	Material used/ Distributed	No. of participant by category (with P2)					Total*
				Pregnant woman	Mothers with child 0-5 mo	Mothers with child 6-11mo	Mothers with child 12-23mo	Fathers	
1		Breast milk secretion and Benefit of early breastfeeding							
2		How can I help my baby suck effectively							
3		Benefit of exclusive breastfeeding under 6 months							
4		How can I express and store my breast milk							
5		When should I start giving my baby complementary foods							
6		Age appropriate complementary foods for children aged 6-23 months old							
7		How to maintain hygiene when cooking and feeding my child							
8		How can I properly monitor my child's health							
9									
10									
<b>Total participants of group counseling (use grand total to fill PB form)**</b>									

#### A. GROUP COUNSELING (Count total counseling sections to fill in PB form)

1									
2									

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

\* Count ONE representative for each child (for example, mother & father came, just report the mother)

**Franchise Manager**


\*\* Only count those with information from P2 for commune franchise

Name and signature

#### Instruction for P4 form

<b>Name</b>	Group counseling and baby competition
<b>Symbol</b>	P4
<b>Purpose</b>	List all group counseling delivered in a month Provide information for form PB
<b>Level/Location</b>	Franchises in provinces, districts and communes
<b>Implementer</b>	Franchise staff
<b>Data source</b>	Group counseling at Franchises and baby competitions organized at the facility
<b>Time/frequency</b>	Update each group counseling when delivered Send a copy for the Franchise monthly report
<b>Management/Archives</b>	Keep form P4 in the document cabinet Send a copy for the Franchise monthly report
<b>Steps to fill out the form</b>	<p>1. Group counseling: 1 line is used for 1 group counseling session Counselor observes and fills out information in columns: Counseling date Topic Material use/Material distributed Count and write down the number of participants by groups: Pregnant women Mothers with children 0-5 months Mothers with children 6-11 months Mothers with children 12-23 months If fathers or grandparents participate, the counselor writes in appropriate columns Then write down total participation At the end of month, the counselor or franchise manager summarizes number of participants in the "Total" row.</p> <p>2. Other activities (including Demand Generation): If organized other activities in the field, record date of activities and number of participants by group as group counseling section.</p>
<b>Validation/supervision, support</b>	<p>A) Supervisor (frequency) 1. Franchise manager (weekly, monthly) 2. Supervisor from management board (monthly, quarterly)</p> <p>B) Supervise method: 1. Supervisors check this form to see if all information for each counseling session is filled out 2. Participate observation: observe the counselor filling out information in counseling.</p>

## P5 – Client referral form

Mother's name: _____ Address: _____ Child's name: _____ Child's (tentative) birthday: ____/____/____	 <p><b>HẾT TUỔI Bé THƠ</b> Đội ngũ chuyên nghiệp và tận tâm</p>	Child's ID: _____  Franchise's ID: _____						
<b>CLIENT REFERRAL FORM</b>								
1. Name of facility making the referral: _____ 2. Referral date: ____/____/____ 3. Services received at this facility: (Circle, multiple response)								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">3.1. EBF promotion</td> <td style="width: 50%;">3.3. EBF management</td> </tr> <tr> <td>3.2. EBF support (at delivery)</td> <td>3.4. CF education</td> </tr> <tr> <td></td> <td>3.5. CF management</td> </tr> </table>			3.1. EBF promotion	3.3. EBF management	3.2. EBF support (at delivery)	3.4. CF education		3.5. CF management
3.1. EBF promotion	3.3. EBF management							
3.2. EBF support (at delivery)	3.4. CF education							
	3.5. CF management							
4. Facility referred to: _____ 5. Service(s) for which client is being referred: (Circle, multiple response)								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">5.1. EBF promotion</td> <td style="width: 50%;">5.3. EBF management</td> </tr> <tr> <td>5.2. EBF support (at delivery)</td> <td>5.4. CF education</td> </tr> <tr> <td></td> <td>5.5. CF management</td> </tr> </table>			5.1. EBF promotion	5.3. EBF management	5.2. EBF support (at delivery)	5.4. CF education		5.5. CF management
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5.2. EBF support (at delivery)	5.4. CF education							
	5.5. CF management							
6. Reason for referral: (Eg: No delivery facility at health center, high risk case, illness, etc...) ..... .....								
7. Outcome of reference : .....								
8. Other comments : ..... _____, date ____ month ____ year 201__                      _____, date ____ month ____ year 201__								
<b>Referring facility</b> Franchise staff Name and signature		<b>Referred facility</b> Franchise staff Name and signature						

### Instruction for P5 form

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

# Client Monitoring Book

For Franchises that Clients usually visit 1 time

Franchise ID: \_ \_ \_ \_ \_

Health facility: \_\_\_\_\_

Franchise manager: \_\_\_\_\_

District: \_\_\_\_\_

Province/city: \_\_\_\_\_



### INSTRUCTION

<b>Name</b>	Client Monitoring Book for Franchises that Clients usually visit 1 time																																																																		
<b>Symbol</b>	P6 - Client Monitoring Book																																																																		
<b>Purpose</b>	The P6 - Client Monitoring Book is used to replace forms P2 and P3 in provincial / districts Franchises where Clients usually visit 1 time																																																																		
<b>Level/Location</b>	Franchises at provincial or district level. For example, OB clinics, pediatric clinics, Nutrition department, Center for reproductive health, Preventive health Center, private clinics... Number of clients is for all clinic, not necessary those who visit A&T franchise. For example, a midwife at an OB clinic could give support for a woman at delivery and note this in available record, and fill in the P6 form at the end of the day. Because a women could delivered any time, thus, the statistics is for 24 /24 hours and 7/7 days																																																																		
<b>Implementer</b>	Franchise staff in collaboration with other health staff																																																																		
<b>Data source</b>	From readily available medical records such as clinical records, outpatient records, pregnancy records																																																																		
<b>Time/frequency</b>	Record daily based on the number of clients and provided services; Summarize Franchise activities of the month to fill in form PB																																																																		
<b>Management/ Archives</b>	Form P3 will be stored in the document cabinet.																																																																		
<b>Steps to fill out the form</b>	<p><b>1. Filling the book:</b></p> <p><b>Cover page:</b> Fill in need information in the cover page</p> <p><b>Following page:</b> Each page is for one month. Depending on the type of clients to fill in appropriate column:</p> <ul style="list-style-type: none"> <li>- <b>Pregnant at 7-9 months:</b> fill in information in columns <b>A1-4</b></li> <li>- <b>Delivered in the day:</b> fill in information in columns <b>B1-4</b></li> <li>- <b>With 0-5.9-mo-olds:</b> fill in information in columns <b>C1-3</b></li> <li>- <b>With 6-23.9-mo-olds:</b> fill in information in columns <b>D1-3</b></li> </ul> <p><b>Number of mom:</b> fill in the number of pregnancy checkup (A1), delivered in the day (B1), and number of mothers with children &lt; 24 months based on clinical records, outpatient records, pregnancy records. Fill in "Mom" even accompanied by others.</p> <p><b>No. of Clients:</b> fill in the number of mother receiving A&amp;T counseling or support in the reported day (this number is ≤ total client of this clinic reported in <b>Number</b> )</p> <p><b>Exposure to mass media:</b> fill in the number of women exposed to Mass media in the last 30 day. The question is: "In the last 30 days, have you exposed to IYCF information from TV, radio, loud speaker, newspapers, internet (Not include formula promotion)?"</p> <p><b>Received counseling at 9<sup>th</sup> month (A4 – At 9<sup>th</sup> month):</b> fill in the number of clients who received A&amp;T counseling at 9<sup>th</sup> month of pregnancy. Note, the number reported in (<b>A4</b>) ≤ that reported in (<b>A2</b>).</p> <p><b>Breastfeeding within an hour (B4 – BF &lt;1h):</b> fill in the number of new mother who gave breastmilk to the newborns within 1 hour. Note, the number reported in (<b>B4</b>) ≤ that reported in (<b>B2</b>)</p> <p><b>2. Summary Franchise activities of the month:</b> Sum by column and fill in data to row <b>Total (A1-4, B1-4, C1-3, D1-3)</b> and fill in form <b>PB</b> (Franchise monthly report) as follow:</p> <p style="text-align: center;"><b>Franchise monthly report</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>1.1. Number of clients (from P6)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Subjects</th> <th style="width: 20%;">N</th> </tr> </thead> <tbody> <tr> <td>7-9 months of pregnancy (= A1)*</td> <td></td> </tr> <tr> <td>Mothers delivered in this month (= B1)</td> <td></td> </tr> <tr> <td>Mothers with a child 0-5 months old (= C1)</td> <td></td> </tr> <tr> <td>Mothers with a child 6-23 months</td> <td></td> </tr> </tbody> </table> </td> <td style="width: 50%; vertical-align: top;"> <p><b>2.1. 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<b>Validation/ supervision, support</b>	<p>A) <i>Supervisor (frequency)</i></p> <ol style="list-style-type: none"> <li>1. FC manager (weekly and monthly)</li> <li>2. Supervisors from management board (quarterly)</li> </ol> <p>B) <i>Supervise method:</i></p> <ul style="list-style-type: none"> <li>- Information is updated from medical books</li> <li>- Information is legible and accurate</li> </ul>																																																																		

Day	Pregnant at 7-9 months				Delivered in the day				With 0-5-mo-olds			With 6-23-mo-olds			Note
	Number of mom (A1)	Received services			Number of mom (B1)	Received services			Number of mom (C1)	Received services		Number of mom (D1)	Received services		
		No of clients (A2)	Exp. to Mass media (A3)	At 9 <sup>th</sup> month (A4)		No of clients (B2)	Exp. to Mass media (B3)	BF <1h (B4)		No of clients (C2)	Exp. to Mass media (C3)		No of clients (D2)	Exp. to Mass media (D3)	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
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28															
29															
30															
31															
<b>TOTAL</b>	(A1)	(A2)	(A3)	(A4)	(B1)	(B2)	(B3)	(B4)	(C1)	(C2)	(C3)	(D1)	(D2)	(D3)	

## Annex 3: Reporting Forms

### PB – Franchise monthly report for commune franchise

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

## FRANCHISE MONTHLY REPORT AT COMMUNE

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

Subjects	N
7-9 months of pregnancy	
Mothers delivered in this month	
Mothers with a child 0-5 months old <i>(Includes No. of deliveries in this month)</i>	
Mothers with a child 6-23 months old	
<b>Complete</b> (mothers with a child 24 months old)	

### 2.1. Service delivery (from P3)

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

### 1.2. General information (from PYB-gathering information from A3 and PEMC)

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

Clients		N
	Mothers / Pregnant women	
	Fathers	
	Grandparents	
	Others	
	<b>No. of counseling contact*</b> <i>(=G1+G2+G3+G4+G5)</i>	
	No. of new clients <i>(≤ No. of Counsel. Contacts)</i>	
	No. Exposure to mass media	
Outcomes	Early initiation within 1h	
	EBF under 6 months	
	CF: acceptable diet	
	Continue BF at 24 month	

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

No. of forms complete:

Comment from client:

### 2.2. Group counseling (from P4)

No. of group counselled	
Total No. of Group client contacts <i>(≤ No. of counseling contacts)</i>	

### 5. Any other comment/suggestion

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

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

Positive events (BF, CF campaign...) .....

Urgent need: .....

Prepared by  
Name and signature

Date \_\_\_ month \_\_\_ 201\_\_\_  
**Franchise Manager**  
Name and signature



### Instruction for PB form

<b>Name</b>	<b>Franchise monthly report</b>
<b>Symbol</b>	PB
<b>Purpose</b>	Summary Franchise activities of the report month Include PYB and P1.3 with the reports for June and December
<b>Level/Location</b>	Franchises in provinces, districts and communes
<b>Implementer</b>	Franchise staff
<b>Data source</b>	Forms: P1, P3, P4, M2, PYB Alternative to form PYB, franchises at the commune level can use available information from the pregnancy book (A3) and PEMC for report to complete form PYB
<b>Time/frequency</b>	On the 5th of every month
<b>Management/Archives</b>	Save 1 copy at the Franchise Franchise at commune and district levels send the report to the District management board, Franchise at province level send the report to the Province management board.
<b>Steps to fill out the form</b>	<p>1.1. Number of clients (count number of P2 card are follow-up at Franchise) by groups.</p> <p>1.2. General information: from "Total" column in PYB form, which might gather from the Pregnant book (A3) for PEMC report. Photocopy and include PYB form.</p> <p>2.1. Service delivery (from P3 form): Get data from "Total" column of P3 form to fill this session Note for report logical: No. of counseling contact = Total G1+ G2+ G3+ G4+ G5; No. of counseling contact ≤ Summary counseling Clients (Mothers+ Fathers + Grandparents+ Others); No. of counseling contact ≥ each type of Clients; No. of counseling contact ≥ Group client contacts; No. of counseling contact ≥ No. exposure to mass media</p> <p>2.2. Group counseling sessions: from P4 form fill out number of group and total group client contacts</p> <p>3. Client satisfaction results: write no of forms M2 received</p> <p>4. Franchise material management based on P1.2; report in June and December Copy P1.3 form and attach to this report</p> <p>5. Any other comments/suggestions: No. of new clients (increase or decrease) Negative events (natural disaster: flood, storm...) Positive events (BF, CF campaign...) Urgent need</p>
<b>Validation/supervision, support</b>	<p>A) <i>Supervisor (frequency)</i></p> <p>1. Supervisors from management board (quarterly)</p> <p>B) <i>Supervise method:</i></p> <p>1. Compare report with P3 card and management book.</p>

# Annex 4: Sample Rolling Quarterly Report

## Monitoring Data: Mat Troi Be Tho



### 15 A&T Provinces

(10--2013 to 12--2013)

Prepared by:

Nguyen Thanh Tuan, MD, PhD

Nguyen Thi Thu Trang, BPH

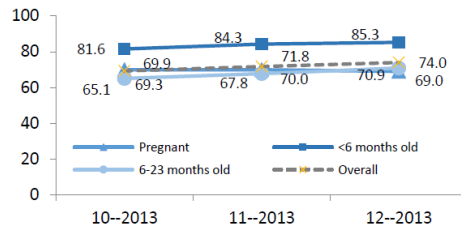
Tran Thi Ngan, BPH

Updated: 28/1/14

### Franchise Utilization: Clients by month

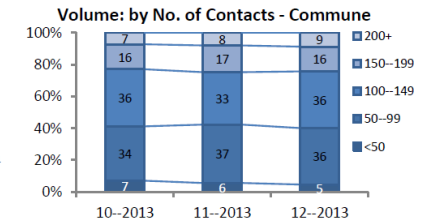
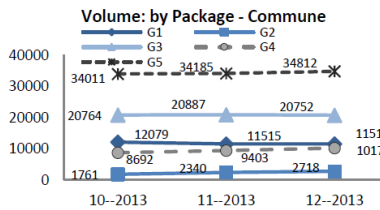
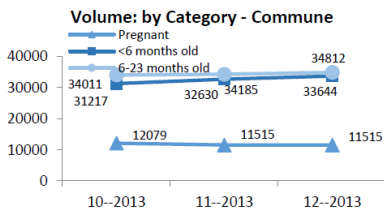
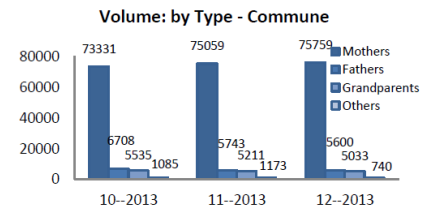
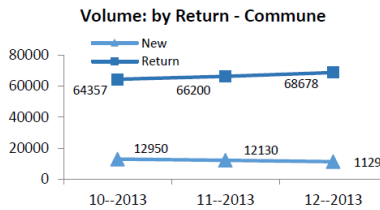
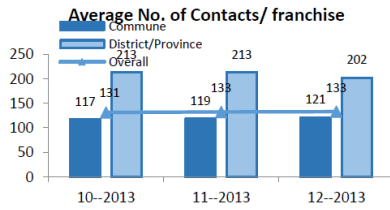
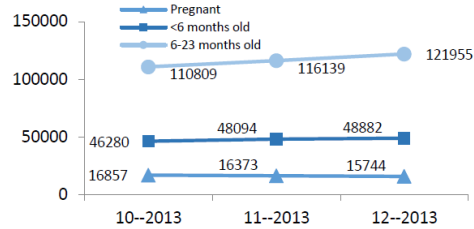
	10--2013	11--2013	12--2013
<b>Overall</b>			
No. of franchises	770	771	771
No. of contacts	101198	102199	102618
No. of gr. counseling	4821	4865	4905
<b>At Commune</b>			
No. of franchises	658	659	659
No. of contacts	77307	78330	79971
No. of new clients	12950	12130	11293
No. of gr. counseling	4291	4323	4395
<b>At District/Province</b>			
No. of franchises	112	112	112
No. of contacts	23891	23869	22647
No. of gr. counseling	530	542	510

### Coverage rate (%) - Commune Franchises

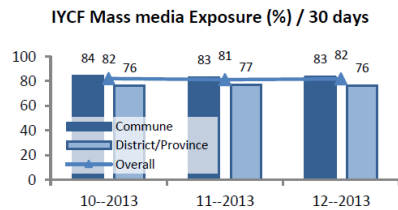
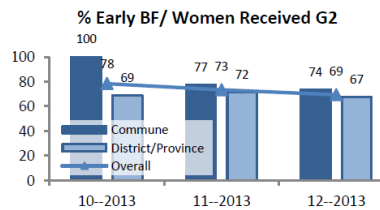
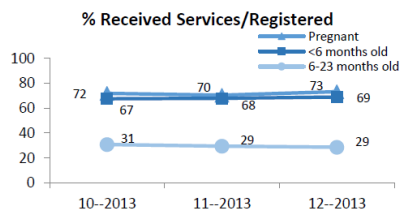
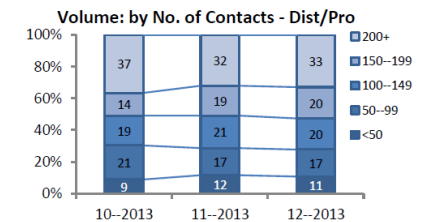
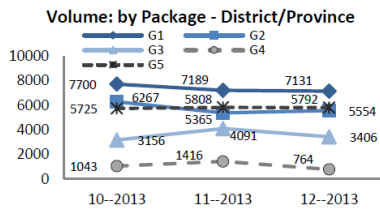
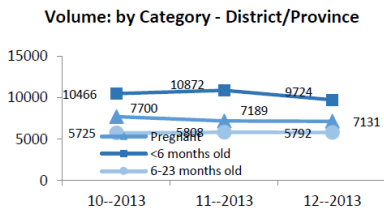


Coverage (%): registered women in catchment areas

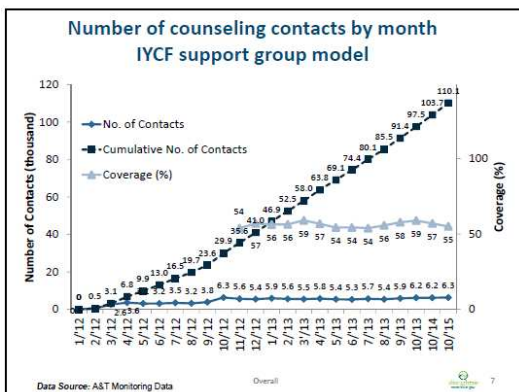
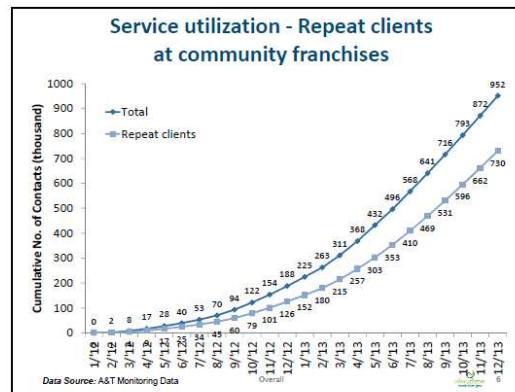
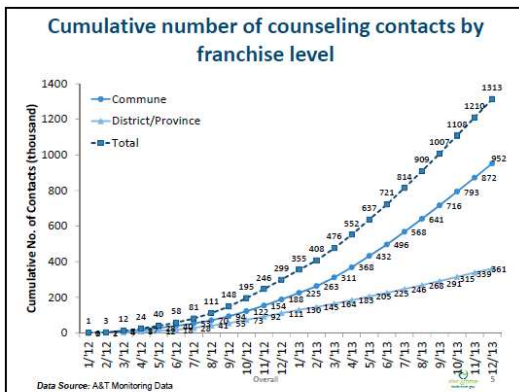
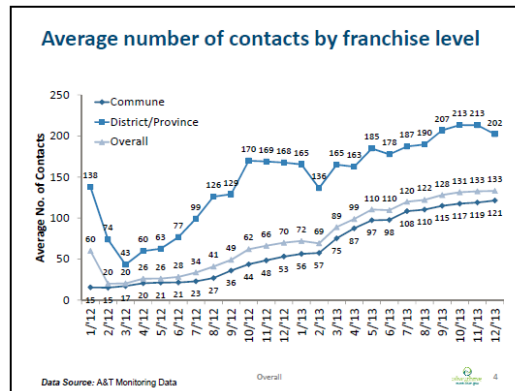
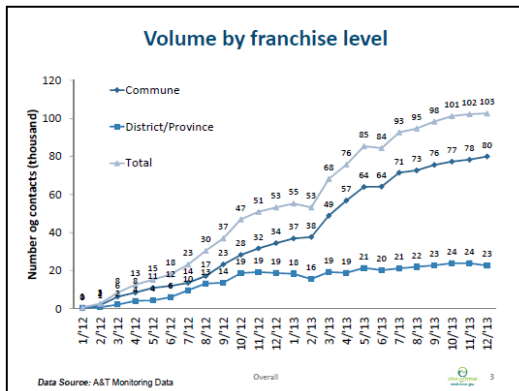
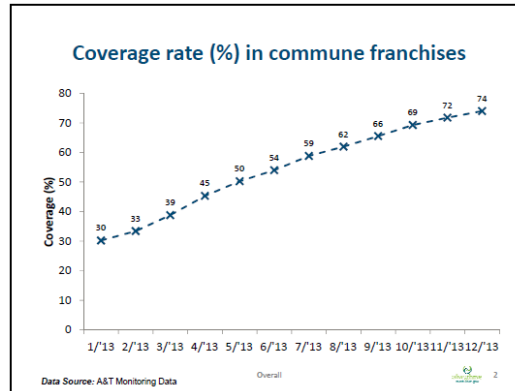
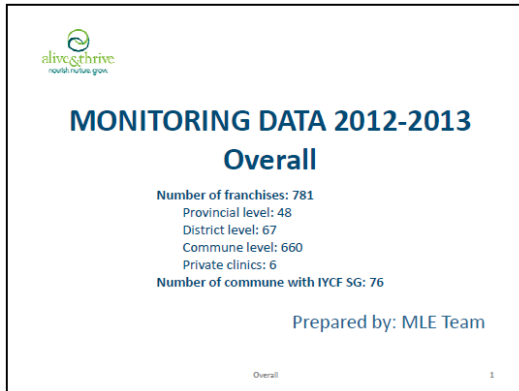
### Coverage: Number of Registered Clients



G1 for Pregnant Women; G2-G4 for Children < 6 months; G5 for Children 6-23 months  
G1- EBF promotion; G2- EBF support; G3- EBF management; G4- CF education; G5- CF management



# Annex 5: Monitoring Data Trends



## Annex 6: Additional Forms Used for Franchise Management

### P1 – Franchise management book

Province: .....		Health facility: .....
District: .....		Franchise's ID: .....

#### 1. STAFF TRAINING FOLLOW-UP ON IYCF

No	Name	Title	Trained		Organizer			Not trained	Remark
			Date	Topic	NIN	A&T	Other		

Province: .....	Year: 201__		Health facility: .....
District: .....			Franchise's ID: .....

#### 2. BCC AND OTHER PROMOTIONAL MATERIALS

Item:

No	Date	Received		Distributed		Balance	Sign	Remark
		Quantity	From	Quantity	To			

3. FRANCHISE ITEM (using this copy for report)

Franchise code: \_\_\_\_\_

Item	Quantity received	June's count			December's count		
		Good	Not good	Remark	Good	Not good	Remark
<b>BCC materials</b>							
Counseling Cards							
Poster 1: Nurse more							
Poster 2: No water							
Poster 3: No formula							
Loudspeaker scripts							
Video clip 1: Nurse more							
Video clip 2: No water							
Video clip 3: No formula							
3D Video: Breast-milk and Feeding							
<b>Furniture</b>							
Wooden Chair	5						
Plastic Stools	5						
Table	1						
Document cabinet	1						
Cooking demonstration module	1						
TV & DVD Shelf	1						
Display shelf	1						
IEC materials holder display unit	1						
<b>Children Play Area</b>							
Boxes	2						
Mats	12						
Toy set 1	1						
Toy set 2	1						
<b>Room Accessories</b>							
Length board	1						
Scale for Adults	1						
Scale for Children	1						
Tea set	1						
Clock	1						
<b>Stickers</b>							
Ruler	1						
Small Logos for random use	10						
Big Logo	1						
Deco. stickers (rainbow, flowers)	1						
<b>Signage</b>							
Signage (outdoor)	1						
Signage (indoor)	1						
<b>Cooking Accessories</b>							
Big bowls	2						
Small bowls	12						
Apron	2						
Plates	3						
Measuring cup 50 ml	1						
Measuring cup 100 ml (or 150ml)	1						
Measuring cup 250 ml	1						
Water Container	1						
Dipper	1						
Plastic basin	1						
<b>Other related materials</b>							
TV							
DVD player							
Food pyramid							
PEMC height board							

### Instruction for P1 book

<b>Name</b>	Management book
<b>Symbol</b>	P1.1 Franchise staff follow-up IYCF training P1.2 BCC and promotional materials P1.3 Franchise item half year count
<b>Purpose</b>	Franchise manager use this book when: <ul style="list-style-type: none"> <li>- Reporting and planning</li> <li>- Auditing of property periodically</li> </ul>
<b>Level/Location</b>	Franchises in provinces, districts and communes
<b>Implementer</b>	Franchise staff
<b>Data source</b>	Counting
<b>Time/frequency</b>	<ul style="list-style-type: none"> <li>- Staff training follow-up on IYCF: update when ever staff change (staff move to other CHC, new staff...)</li> <li>- BCC and other promotional material management follow-up card: update whenever something changes (receive, distribute or report)</li> <li>- Franchise item half year count: twice a year (in June and December) - Copy this page attach to Monthly report to management board</li> </ul>
<b>Management/Archives</b>	Franchise manager stores P1 book in document cabinet/folder
<b>Steps to fill out the form</b>	<p><b><i>P1.1 Staff training follow-up on IYCF</i></b>  Name column: Staff's full name. Addition will be filled at the end of the list  Title at Franchises and health facilities  Training: Write training time &amp; topic.  Cross "X" in column "Not trained" if they have not been trained  Organizer: Multiple choice. For example: A&amp;T and NIN</p> <p><b><i>P1.2 BCC and other promotional material management follow-up cards</i></b>  - Use one form P1.2. for each BCC material. for example: Invitation cards, mother &amp; child book, posters, leaflets...  - Each time a BCC material is received or distributed, Franchise staff fill out information in 1 row  - When there is no more space, start a new form, staff write down "Stored" number in to "Store" in the first row of the new form.</p> <p><b><i>P1.3 Franchise item half year count (Copy for report)</i></b>  - This is the franchise item list for each facility  - In June and December annually, Franchise staff check the facility item and write down number of each item into columns: "Good" - available for using; "Not good" for broken; if missing write into "Remark". And then Franchise manager sign and attach a copy with monthly report to management board.</p>
<b>Validation/supervision, support</b>	<p><i>A) Supervisor (frequency)</i></p> <ol style="list-style-type: none"> <li>1. Franchise manager (monthly, quarterly)</li> <li>2. Supervisor from the management board (monthly, quarterly)</li> </ol> <p><i>B) Supervise method:</i></p> <ol style="list-style-type: none"> <li>1. Check is data is filled out on all forms</li> <li>2. Randomly choose 1 BCC material: compare the stored number in form and real stored number</li> </ol>

## M2 – Client satisfaction questionnaire

Province: .....		Health facility: .....
District: .....		
Year: 201_		Franchise's ID: _____

### CLIENT SATISFACTION QUESTIONNAIRE

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

Date of Service \_\_\_/\_\_\_/\_\_\_\_\_

Service Received .....

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

Circle

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

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

.....

3. Do you feel that the counselor

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

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

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

Comments:

.....  
.....

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

.....  
.....

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

Circle one: 1. YES 2. NO

If NO, please explain:

.....  
.....

**THANK YOU VERY MUCH!**



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Visit us at

[www.aliveandthrive.org](http://www.aliveandthrive.org)