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DREF final report
Viet Nam: Hand, foot and mouth disease

International Federation of Red Cross and Red Crescent Societies

DREF operation n° MDRVN008
Final report
GLIDE n° EP-2011-000103-VNM
31 March 2012

The International Federation of Red Cross and Red Crescent Societies' (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 127,221 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 5 August 2011 to support Viet Nam Red Cross (VNRC) in delivering assistance to 113,625 beneficiaries in the prevention of and response to the unprecedented hand, foot and mouth disease (HFMD) outbreak in the country.

After five months of implementation, VNRC reached 144,995 beneficiaries through disseminating preventive messages and using a range of simple, yet effective communication tools to help target groups improve knowledge and practices to prevent from further infection and spreading of HFMD in communities. During these five months, no deaths were reported in the target areas and the operation was able to contribute towards reducing the further spread of HFMD. The operation covered 75 selected communes in five most affected provinces, namely Ho Chi Minh, Binh Duong, Dong Nai, Quang Ngai and Thanh Hoa. Despite limitations within the given timeframe, VNRC was able to meet the objectives of the operation as well as to build on its emergency health capacity in communities by having a number of trainers and volunteers who have knowledge of HFMD prevention and control. The national society was also very active in working in partnership with other national stakeholders while the IFRC country office was able to provide additional assistance in working closely with World Health Organization.

Care givers and family members of children under 5 years old practice correct hand washing techniques in a group demonstration in Ho Chi Minh City in October 2011. Photo: VNRC

As of end-February 2012, a total expenditure of the CHF 127,076 of the original CHF 127,221 has been recorded. Remaining funds from this allocation will be re-absorbed into the DREF. <see attached financial report>

The European Union through the European Commission humanitarian aid and civil protection (DG ECHO) and Canadian Red Cross have contributed towards the DREF to help replenish the allocation made for this operation. Other major donors to the DREF include the Irish, Netherlands and Norwegian governments. IFRC would like to thank all contributors for their invaluable support of the DREF.

The situation

HFMD is a common viral illness among infants and young children. This virus can cause fever and sores in the mouth, and blisters on the hands and feet. The disease is usually mild but it can also cause severe condition, complications and sometimes results in death. The virus causing HFMD is spread from person to person through direct contact through nose and throat secretions, saliva, blister fluids, stools of infected persons, or through contact with contaminated surfaces. There is no vaccine to prevent HFMD, nor a specific medication to treat the disease; however, high standards of personal and environmental hygiene can substantially reduce the risk of being infected.

HFMD has been reported in Viet Nam since 2003, and has been included in the infectious diseases surveillance system since 2005. For the last three years, the disease has caused an average of some 10,000 infections and 20 deaths. Starting from April 2011, Viet Nam experienced a higher-than-normal incidence of HFMD, initially affecting a number of Southern provinces and then spreading to all provinces in Viet Nam. Ho Chi Minh, Dong Nai, and Binh Duong were among the 10 provinces with the highest number of infections in the south while Quang Ngai and Thanh Hoa were the two provinces with an elevated number of reported deaths in the central and northern parts of the country respectively. There were two sharp surges of HFMD cases in June to July and September to October. During those periods with high incidences, school closures were applied in pre-schooling facilities in several provinces in the southern and central regions due to the detection of a significant number of children infected with HFMD. As end-2011, there were 112,370 infections and 169 deaths – a rate 11 times higher than the annual caseloads over the last three years.

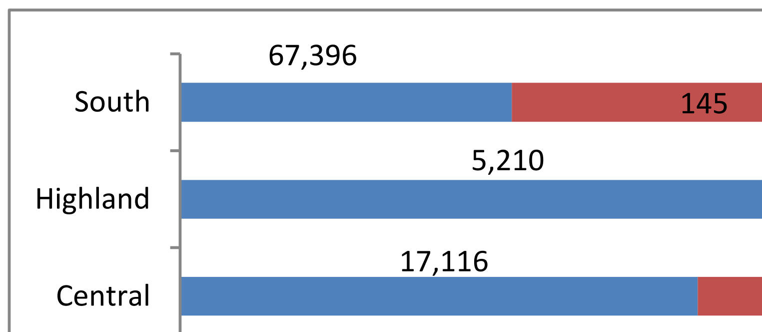

Chart 1: HFMD statistics in Viet Nam in 2011. (Source: Pasteur Institute, Viet Nam, 2011)

Children under the age of five years are the most vulnerable to HFMD in Viet Nam, accounting for about 95 per cent of fatalities. These children in informal day-care centres or those being looked after at home are particularly vulnerable as parents and care-givers have limited access to education on HFMD prevention by mass media channels that are implemented widely by the government.

VNRC planned to implement activities supported by the DREF from 5 August to 30 November 2011, while interventions at local level were begun from September, to respond in a timely manner to a second surge of HFMD cases.

During the implementation timeframe, however, the need to provide emergency response to people affected by a flood in the south caused a change in planned activities, and VNRC was granted with a one-month extension for this DREF. This extension enabled the Vietnamese national society to respond to the flood situation in the Mekong Delta and the increase in cases due to HFMD and dengue fever in flood-affected provinces. In the emergency appeal for the Mekong Delta floods, a health component included coverage of three provinces in terms of HFMD and dengue fever response. The DREF initially targeted 113,625 beneficiaries including mothers, care-givers and families with children under five years of age. Overall, VNRC has reached about 144,995 people through inter-personal communications, group sensitization activities, and public campaigns on HFMD prevention.

Methods of communicating HFMD prevention	HCM	Dong Nai	Binh Duong	Quang Ngai	Thanh Hoa	Total
Focus groups/group sensitization	12,560	7,546	8,000	4,160	4,000	36,266
Community campaigns	1,293	811	1,520	811	894	5,329
House-to-house education/visits	22,500	29,200	21,000	16,000	14,700	103,400
Total						**144,995**

Table 1: Targeted Beneficiaries Reached

Red Cross and Red Crescent action

At objective level, VNRC has worked closely with the ministry of health and provincial health authorities on communication efforts that aim at reducing further spread, infection, death and other impacts of HFMD. The national society has engaged in situation updates, coordination, planning and responses to HFMD at national and provincial level through using their role as a member in the steering committee for epidemic and pandemic prevention and control.

In order to ensure VNRC's interventions complemented the government's response in communication, and contributed to further reduction of related illness and death, VNRC worked in coordination with the Ministry of Health on key messages, and geographic areas of intervention. In particular, while the wider national response aimed at using mass media and public education on HFMD, VNRC worked mostly through inter-personal communication at community and household levels, directing communication at changing personal hygiene behaviour. VNRC was the only civil society organization in the country that had complementary national action in the reduction of HFMD. The areas where VNRC carried out interventions were those with high rates of infection and death at the time of the operation designed in August.

The grandmother of a 18-month-old child learns about preventive actions against HFMD through a Red Cross volunteer visit to her home in Ho Chi Minh City. Photo: Quang Tuan, VNRC

Meetings to share progress on DREF implementation and coordination in HFMD response at provincial level were also conducted with participants of relevant representatives of health departments and authorities. IFRC was also able to give VNRC additional assistance through technical coordination and the review of communication materials by IFRC regional and zone health teams. Assistance was also given by the World Health Organization (WHO) representative office in the country.

At outcome level, VNRC effectively used baseline and end-line surveys on knowledge, attitude and practice (KAP) to measure the effectiveness of VNRC communication interventions, and their impact on disease and death reduction. As the risk of HFMD can be substantially reduced through implementation of better personal hygiene practices, VNRC targeted specific groups, namely care-givers, parents and families of children under five years of age for behaviour change communication.

Key preventive messages consisting of 1) washing hands; 2) quarantining the sick; 3) eating properly cooked food and drinking safe water; and, 4) cleaning surfaces, floor, toys, etc. regularly with soap; were defined around personal hygiene practices that are action-oriented and most help prevent infection and spreading the virus from one person to the next.

The next step that VNRC implemented after having defined messages and communication approaches was using the cascade training model that was used in the implementation of the Humanitarian Pandemic Preparedness (H2P) Project. In a relatively short time, VNRC adapted information, education and

communication (IEC) and training materials taken from existing H2P communication tools and the epidemic control for volunteers (ECV) toolkit. They also tapped into the network of trained instructors from the H2P and community-based health and first aid programmes to complete training within one month. These rapid actions helped promote behaviour change communication in communities in September and October, a period during which several communities experienced their highest weekly rate of new infections and were in great need of addressing HFMD at an interpersonal level.

Prevention methods	Baseline		End-line	
	No. of people surveyed	%	No. of people surveyed	%
Ensuring children have safe water and eat properly-cooked food	585	75.8	706	96.2
Ensure care givers of sick children wash/clean their hands properly	575	74.5	707	96.3
Care givers and family members cover their mouths when in contact with sick children	389	50.4	596	81.2
Keep sick children at home until fully recovered	500	64.8	607	82.7
Separate sick children from other healthy children	592	76.7	644	87.7

Table 2: Surveyed answers to questions "Which are the preventive methods to HFMD?"

In addition, other emergency preparedness measures such as capacity building for national disaster response teams (NDRT); standard operating procedures (SOP); volunteer management; and planning, monitoring, evaluation, and reporting (PMER) capacity, which are addressed in country development programmes, helped benefit the implementation of this DREF. While the NDRT was mobilized to carry out rapid assessments, and facilitate the training of trainers, the SOPs helped VNRC save time in procuring t-shirts, and soap and hasten the production of information, education and communication (IEC) materials. Volunteer management and PMER training for chapter and branch level of the five target provinces were also provided from programming on organizational development. In this sense, long-term capacity building and investment in these areas clearly displayed beneficial results in the emergency response efforts of VNRC.

From October-November, VNRC showed its capacity to deal with more than one complex disaster at the same time by continuing activities in response to HFMD, and in carrying out immediate action to reduce the impact caused by the flooding in the Mekong delta area. In reality, VNRC has also included a component on emergency health, focusing on disease prevention and health promotion activities to address the present continuous increase in HFMD and dengue fever cases in the three affected provinces by the flood.

Besides its positive achievement, the DREF implementation in Viet Nam also faced a number of challenges. Initially when VNRC first worked in real-time response to public health in emergencies, there was less available expertise within the national society to make qualified adjustments to the plan of action, following further situational assessments.

In addition, although the VNRC national headquarters made the effort to provide guidance to their chapters in the use of reporting and monitoring tools in IEC material distribution activities, this was sometimes inconsistent and caused more confusion than clarity.

While standard operating procedures helped, in the long run, the procurement process, they still required VNRC to spend three to four weeks on rolling out and training in the use of these procedures. This caused a delay in the delivery of the IEC materials, and subsequently, affected training activities.

Achievements against outcomes

Emergency health

Outcome: Targeted population in 75 communes in five severely affected provinces have improved knowledge and practices in the prevention and control of hand, foot and mouth disease (HFMD).

Output 1: Essential HFMD prevention messages and items are accessible to target population

1.1. Broadcast HFMD prevention messages for three months via national and regional communication channels
1.2. Distribute 130,000 leaflets containing HFMD basic facts and prevention messages to selected households
1.3. Distribute 500 posters to selected 2,250 informal pre-schools and 75 communities
1.4. Conduct 3,765 sensitization meetings and demonstrations on prevention measures
1.5. Provide 2,250 informal pre-schools and day-care centres with soap alongside communication activities

Output 2. Viet Nam Red Cross branches and volunteers are able to mobilize communities for HFMD prevention and control

2.1. Activate Viet Nam Red Cross national and provincial emergency health teams
2.2. Conduct assessment and consultation at various levels to inform the finalization of plan of action
2.3. Refresh/update 30 provincial trainers on HFMD, epidemic control and facilitation/community mobilization skills
2.4. Conduct 30 training courses to refresh/train 750 selected community volunteers
2.5. Provide 750 volunteers with HFMD education toolkit and visibility materials

Management

3.1 Conduct start-up meeting with branches involved in operation as well as external partners
3.2. Conduct base-line and end-line surveys to measure effectiveness of Viet Nam Red Cross contribution to HFMD prevention and control efforts
3.3. Conduct regular monitoring and review visits to selected provinces
3.4. Produce monthly reports on the four-month operation
3.5. Conduct operations review to capture lessons learnt and practices

Achievements:

Output 1: Essential HFMD prevention messages and items are accessible to target population

Adapted from existing communication materials developed through the H2P project as well as the ECV toolkit, by the second week of September, a set of IEC materials (that includes a series of five posters, leaflets, flipchart and a TV clip) were finalized and produced by VNRC. The TV clip was broadcast on two national TV channels from 27 September to 30 November at prime time every day.

Printed IEC materials with key preventive messages on HFMD are available in September. Photo: Thuan Nguyen, IFRC

Up to 120,000 leaflets were produced and distributed to 103,400 households through door-to-door visits by volunteers. About 10,000 leaflets were distributed through public campaigns and group sensitizations while about 6,600 were kept by the VNRC headquarters and five chapters for filing and future duplication, and distribution. Also, 1,000 posters were printed and displayed in informal day care centres as well as in 15 public campaigns and public places in communities.

The public and community campaigns were organized as a starter for the local Red Cross chapter to roll out inter-personal communication sessions within the communities and it has been given great support and participation by the local authorities, the Women's Union and, especially, the target groups consisting of mothers, and care-givers in the communities. As many as 1,470 group sensitization meetings were organized

which facilitate family discussions on community preventive actions. Up to 35,000 bars of soap were procured and distributed to 584 pre-schools and day-care centres as well as to beneficiary families. Soap distribution was done in parallel with sensitizations on key preventive measures.

Location	Soap	Leaflets	Posters	Flipcharts	Training manual for volunteers
Ho Chi Minh	7,200	23,500	190	152	160
Binh Duong	9,600	31,000	250	202	210
Dong Nai	9,600	31,000	250	202	210
Thanh Hoa	4,280	16,000	120	102	110
Quang Ngai	4,320	16,000	120	102	110
Filing at VNRC headquarters	0	2,500	70	10	50
Total	**35,000**	**120,000**	**1,000**	**770**	**850**

Table 3: Distribution of IEC materials and soap to reinforce behaviour change communication in HFMD

Output 2. VNRC branches and volunteers are able to mobilize communities for HFMD prevention and control

Prior to the DREF implementation, VNRC deployed its health in emergency teams to collect updates, and provide preventive information to members and volunteers at different levels. In active branches such as Ho Chi Minh, local Red Cross units have been able to conduct small awareness-raising campaigns and distribute key messages to the general public since July. During implementation, VNRC selected NDRT members for a rapid assessment with technical support from the Asia Pacific zone emergency health coordinator and the country office health team. The outcomes of the assessment gave clear information on gaps, recommended actions and were used to help finalize the work plan and activities to strengthen cooperation between VNRC and the health agencies in charge, particularly the Ho Chi Minh Pasteur Institute.

Dong Thap: A Red Cross volunteer explains the importance of cleanliness to avoid getting sick with HFMD. (Photo VNRC)

In the next step, from 7 to 9 September, 27 trainers from VNRC headquarters and chapters were taken through a refresher session with the additional topic of HFMD. This session provided participants with better knowledge of HFMD prevention and control as well as helped reinforce knowledge and skills for volunteer management, and behaviour change communication. After this training of instructors, 750 selected volunteers were then trained and by 10 October, all training activities were completed, with volunteers being ready to conduct sensitization and education on HFMD in their communities. *(See annex for training in communities)*

A senior VNRC trainer in disaster management facilitated a customized training on HFMD in September in Dong Nai.
(Photo: The Chuong, VNRC)

Operations management

In the DREF implementation, VNRC organized one start-up meeting on 26 August with participants from chapters, and key partners from all five selected provinces. The start-up helped VNRC to present the operational plan; sensitize participants to the situation; and provide better knowledge of HFMD in Viet Nam and worldwide. It also helped strengthen commitments from different stakeholders on synergies in disease prevention and mitigation efforts. At the end of the operation, a review meeting was organized with participation from the VNRC headquarters, chapters involved, branches, beneficiary representatives, the Pasteur Institute, WHO, education and health

departments as well as the Women's Union. The review was to look at achievements against set targets, and to identify limitations, challenges and initial lessons learnt.

An external consultant was also hired to develop tools and carry out computerized analysis of data for the baseline and end-line surveys. An orientation session on data collection was provided to a team of five persons from each of the five target provinces of Thanh Hoa, Quang Ngai, Binh Duong, Dong Nai and Ho Chi Minh, to help them understand the questionnaires and how to fill in data. These surveys reached up to 734 individuals, comprising 416 women with children under five, and 318 day care workers. Results of two surveys were available in late September and late December respectively. The surveys helped VNRC with having data to assess the effectiveness of communication activities among target groups as well as to better understand the channels and messages which should be communicated to target groups.

During the implementation, VNRC carried out only about half of its planned monitoring activities, due to the intensive scheduling of activities and availability of time among project teams at different levels. In order to address at least part of this challenge, VNRC has mobilized two staff from the Ho Chi Minh City representative office to support monitoring the training for volunteers in the three targeted provinces of Ho Chi Minh, Dong Nai and Binh Duong. The VNRC headquarters, with its geographic location closer to Quang Ngai and Thanh Hoa, covers the monitoring of these two provinces. However, as shared and discussed in the review meetings, the consensus of the headquarters and chapter level was that monitoring was only able to cover the quantity of activities, and not so much the support for their quality. Also, having a more realistic and detailed monitoring plan may have been more beneficial to assess implementation.

Regarding information sharing, at national level, VNRC regularly collects information regarding the HFMD situation at province and national level for a clearer picture about current updates, affected areas and trends. At provincial level, chapters are also engaging with health sectors in tackling the wide spread of HFMD. Active chapters in provinces where CBHFA is implemented such as Ben Tre and Tien Giang have been successfully secured government funding to implement training for volunteers and community-based education and prevention. In Ben Tre and Tien Giang, each chapter was able to train about 100 volunteers for distribution of HFMD messages in the communities. In order to support those chapters, IEC materials in soft copy as well as training guidelines and manuals have been shared by the VNRC headquarters.

In terms of reporting, VNRC headquarters has supported chapters in carrying out weekly and monthly reports; however, this remains a challenge throughout the implementation. Collecting surveillance data and making use of it during the DREF operation was not included in the finalized plan of action, and therefore during implementation, it was up to the local cooperation between the chapter and preventive health centres for surveillance data sharing. This lesson is however, clearly identified by national society and will be addressed in future emergency health interventions.

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DREF history:

- This DREF was initially allocated on 5 August 2011 for CHF 127,221 for four months to assist 113,625 beneficiaries.

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

International Federation of Red Cross and Red Crescent Societies

MDRVN008 - Vietnam - Hand, Foot and Mouth Disease

Appeal Launch Date: 05 aug 11

Appeal Timeframe: 05 aug 11 to 31 dec 11

Final Report

Selected Parameters	
Reporting Timeframe	2011/8-2012/2
Budget Timeframe	2011/8-2012/2
Appeal	MDRVN008
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Pledge	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget		**127,222**					**127,222**
B. Opening Balance		**0**					**0**
Income							
Other Income							
DREF Allocations		*127,221*					*127,221*
C4. Other Income		***127,221***					***127,221***
C. Total Income = SUM(C1..C4)		**127,221**					**127,221**
D. Total Funding = B +C		**127,221**					**127,221**
Appeal Coverage		**100%**					**100%**

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					**0**
C. Income	127,221					**127,221**
E. Expenditure	-127,076					**-127,076**
F. Closing Balance = (B + C + E)	145					**145**

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Reporting Timeframe	2011/8-2012/2
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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**127,222**					**127,222**	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	8,870	8,397					**8,397**	**473**
Total Relief items, Construction, Su	**8,870**	**8,397**					**8,397**	**473**
Logistics, Transport & Storage								
Distribution & Monitoring	10,000	2,425					**2,425**	**7,575**
Transport & Vehicles Costs		1,661					**1,661**	**-1,661**
Total Logistics, Transport & Storage	**10,000**	**4,086**					**4,086**	**5,914**
Personnel								
National Staff	3,800	6,875					**6,875**	**-3,075**
National Society Staff	5,739	9,639					**9,639**	**-3,900**
Volunteers	14,674	13,619					**13,619**	**1,055**
Total Personnel	**24,213**	**30,132**					**30,132**	**-5,919**
Consultants & Professional Fees								
Consultants	2,000	2,160					**2,160**	**-160**
Total Consultants & Professional Fe	**2,000**	**2,160**					**2,160**	**-160**
Workshops & Training								
Workshops & Training	34,304	32,637					**32,637**	**1,667**
Total Workshops & Training	**34,304**	**32,637**					**32,637**	**1,667**
General Expenditure								
Travel	5,900	5,440					**5,440**	**460**
Information & Public Relations	31,870	36,807					**36,807**	**-4,937**
Office Costs		1,331					**1,331**	**-1,331**
Communications	1,300	664					**664**	**636**
Financial Charges	1,000	-2,983					**-2,983**	**3,983**
Other General Expenses		649					**649**	**-649**
Total General Expenditure	**40,070**	**41,907**					**41,907**	**-1,838**
Indirect Costs								
Programme & Services Support Recov	7,765	7,756					**7,756**	**9**
Total Indirect Costs	**7,765**	**7,756**					**7,756**	**9**
TOTAL EXPENDITURE (D)	**127,222**	**127,076**					**127,076**	**146**
VARIANCE (C - D)		**146**					**146**	

Viet Nam: Hand, foot and mouth disease (MDRVN008)
Annex 1: HFMD prevention training in communities

List	Province	District	#	Commune	Date	Women	Men	Total
1	Binh Duong	Thuan An	1	Lai Thieu	28-29 September	10	4	14
			2	An Son	5-6 October	6	2	8
			3	Binh Chuan	3-4 October	3	9	12
			4	An Phu	5-6 October	12	2	14
			5	An Thanh	5-6 October	11	1	12
			6	Thuan Giao	3-4 October	6	7	13
			7	Binh Hoa	28-29 September	15	1	16
			8	Binh Nham	3-4 October	9		9
			9	Vinh Phu	5-6 October	2		2
			10	Hung Dinh	28-29 September	3	4	7
			11	Thach Hoi	28-29 September	5	5	10
			12	Dat Cuoc	5-6 October	8	2	10
			13	Tan Binh	3-4 October	6	4	10
			14	Hieu Liem	5-6 October	5	3	8
			15	Uyen Hung	5-6 October	3	2	5
			16	Khanh Binh	3-4 October	7	5	12
			17	Thuong Tan	28-29 September	8	2	10
			18	Tan Phuoc Khanh	3-4 October	9	1	10
			19	Tan Hiep	5-6 October	6	2	8
				Thai Hoa	28-29 September	7	3	10
2	Quang Ngai	Tu Nghia		Nghia Phuong	27-28 September	7	3	10
				Nghia Ha	1-2 October	5	5	10
				Nghia Hiep	27-28 September	7	3	10
				Nghia Thuan	25-26 September	5	5	10
				Nghia Thang	25-26 September	2	8	10
				Nghia An	1-2 October	8	2	10
				La Ha	29-30 September	6	4	10
				Nghia Ky	25-26 September	7	3	10

				Nghia Trung	29-30 September	8	2	10
				Nghia Thuong	29-30 September	5	5	10
	Dong Nai	Bien Hoa		Ho Nai	29-30 September		10	10
				Trang Dai	29-30 September	5	5	10
				Long Binh	29-30 September	7	3	10
				Tam Phuoc	29-30 September	6	4	10
				Tan Hiep	5-6 October	9	1	10
				Phuoc Tan	5-6 October	3	7	10
				Long Binh Tan	5-6 October	6	4	10
				Hiep Hoa	5-6 October	10		10
				An Binh	10-11 October	9	1	10
				Tan Hoa	10-11 October	3	7	10
				Tam Hoa	10-11 October	5	5	10
				Tan Bien	10-11 October	3	7	10
				Tan Phong	12-13 October	8	2	10
		Trang Bom		Dong Hoa	12-13 October	5	5	10
				Ho Nai 3	12-13 October	3	7	10
				Cay Gao	12-13 October	4	6	10
				Trang Bom	14-15 October	9	1	10
				Hung Thinh	14-15 October	6	4	10
				Bac Son	14-15 October	3	7	10
				Song Trau	14-15 October	4	6	10
	Ho Chi Minh	District 8		Ward 1	26-27 September	8	2	10
				Ward 2	26-27 September	3	7	10
				Ward 3	26-27 September	5	5	10
				Ward 4	27-28 September	6	4	10
				Ward 5	27-28 September	5	5	10
				Ward 6	27-28 September	5	5	10
				Ward 7	29-30 September	9	1	10
				Ward 8	29-30 September	5	5	10
				Ward 9	29-30 September	7	3	10
				Ward 10	3-4 October	6	4	10
				Ward 12	3-4 October	3	7	10
				Ward 13	3-4 October	5	5	10

				Ward 14	5-6 October	8	2	10
				Ward 15	5-6 October	7	3	10
				Ward 16	5-6 October	5	5	10
	Thanh Hoa	Trieu Son		Trieu Thanh	27-28 September	5	5	10
				Minh Chau	29-30 September	6	4	10
				Dong Loi	26-27 September	7	3	10
				Tho Tan	30 September- 1 October	5	5	10
				Dan Quyen	29-30 September	7	3	10
				Tho Binh	27-28 September	5	5	10
				Tien Nong	26-27 September	7	3	10
				Tho Phu	30 September – 1 October	6	4	10
				Tan Ninh	26-27 September	6	4	10
			65	Hop Ly	27-28 September	5	5	10
Total						**455**	**295**	**750**