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Emergency appeal operation update

Viet Nam: Hand, foot and mouth disease

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRVN010
GLIDE n° [EP-2012-000045-VNM](#)
Operation update n°1
25 April 2012

Period covered by this operations update: 5 April to 17 April 2012

Appeal target (current):
CHF 758,416

Appeal coverage: 22 per cent
(not including pledges in the pipeline).

Appeal history:

- This emergency appeal was initially launched on 3 April 2012 for CHF 758,416 for nine months to assist 752,255 beneficiaries, including 196,200 direct beneficiaries.
- **Disaster Relief Emergency Fund (DREF):** CHF 100,000 was initially allocated from the Federation's DREF to support the national society to respond.

[<click to see donor response or contact details>](#)



A trained volunteer of Long An Chapter works to actively reach out to mothers of children with HFMD to better understand their situation, needs and how the Red Cross can be of help in communicating the messages to other community members. Photo: Quang Tuan, Viet Nam Red Cross

Summary

VNRC has focused on setting up operations for emergency response to unprecedented cases of hand, foot and mouth disease (HFMD) in eight priority provinces. VNRC has implemented immediate actions such as deployment of the national disaster response team (NDRT) to the field to help the selected chapters undertake primary data collection to inform a detailed operational work plan. Establishing the project team and other formalities to facilitate implementation at the province level are also in progress so that intensive activities will be implemented in coming weeks.

The immediate start-up for the activities was possible thanks to contributions to this appeal from Danish Red Cross/Danish government, Japanese Red Cross Society and Swedish Red Cross. Currently, multilateral donors have confirmed a contribution of 22 per cent of the total CHF 758,416 appeal target.

The situation

Characterized by fever, skin eruptions on hands and feet and vesicles in the mouth, HFMD is caused by a group of enteroviruses that usually affect children under five years old. Enterovirus 71 (EV71), a more virulent virus which has been circulating in the region, has caused severe disease and death. Currently, there are no vaccines

nor specific treatment against the disease. In Viet Nam, HFMD has been included in the national infectious disease surveillance system since 2008. In the past, there were about 10,000 infection cases reported each year.

After an unprecedented outbreak in 2011, HFMD is again disturbingly on the rise in Viet Nam. As of 8 April, the General Department of Preventive Medicine of the Ministry of Health (GDPM/MOH) has confirmed that there have been 28,151 cases of HFMD in 62 provinces since the beginning of 2012, with 18 deaths occurring in ten provinces. All fatal cases were children under five years of age and they all tested positive for EV71. In the week of 2-8 April, there were 2,751 HFMD cases reported across the country representing a 3.5 per cent decrease from the previous week.

Region	The first 14 weeks of 2012				
	Infection	Infection/100,000	Deaths	Death/100,000	Death/infection (%)
Whole country	28,151	31.5	18	0.02	0.06
North	11,488	28.8	0	-	0.00
Centre	4,148	35.2	2	0.02	0.05
South	11,288	33.4	15	0.04	0.13
Central Highland	1,227	30.0	1	0.02	0.08

Source: General Department of Preventive Medicine, Ministry of Health, Viet Nam

The provinces of Da Nang and Dong Thap reported the highest number of infections during the period. Initial findings from the VNRC NDRT field assessments and consultations in eight provinces - Da Nang, Quang Ngai, Long An, Ben Tre, Vinh Long, Dong Thap, An Giang, and Soc Trang - also indicated that the disease situation remains high in cases of infection. These findings also serve to reconfirm that children under three years old who are either cared for by family members or at informal day-care centres are the most vulnerable towards the disease.

Region	Week 14		Week 13		% increase/decline	
	Infection	Death	Infection	Death	Infection	Death
Whole country	2,751	0	2,852	1	-3.5	- 100.0
North	1,319	0	1,383	0	-4.6	0
Centre	398	0	453	0	-12.1	0
South	905	0	885	1	2.3	- 100.0
Central Highland	129	0	131	0	-1.5	0

The MOH has been actively responding to the HFMD situation in 2012 and has called upon provincial authorities and mass organizations to intensify their engagement in controlling the further spread of the disease to protect the most vulnerable. In particular, MOH calls for local authorities, departments of health in provinces and mass organizations to focus on education for family members and care givers of informal day-care centres on preventive messages, targeting children under five years of age, and especially those under three years old, who are currently hard to reach by health education activities. Key messages focus on hand washing; safe eating and drinking habits; covering the mouth when coughing and sneezing; separating sick children from others to ensure infection is avoided; and cleaning the floor, surfaces, and play areas as well as children's toys. The instruction from the MOH also emphasizes education for the general public on the symptoms of HFMD and especially severe symptoms that require immediate hospitalization or hospital referral.

Following the national campaign in Hai Phong in March, the provinces of Long An, Da Nang and An Giang, among others, have organized provincial and district-level public campaigns on HFMD prevention. The health departments of 33 provinces have had in place provincial HFMD prevention plans. The MOH and provincial health authorities have conducted monitoring and supervisory missions to the most affected districts to reinforce response activities.

The priorities from the MOH and local authorities are around inter-personal education for the families with children under five in coming months. The MOH has urged provincial the People's Committees to make resources

available for health education activities to enhance HFMD prevention, given all local activities are dependent on resources through their provincial budgets. Another priority of the health authorities is timely response and direction for disease outbreak management and treatment.

Coordination and partnerships

VNRC implemented coordination activities in the first weeks of the operation. At national level, VNRC actively participates in the National Steering Committee for Severe and Emerging Disease Prevention through meetings, and sharing updates on the situation. VNRC also works with members of the sub-committee for communication to coordinate risk communication activities. At a lower level, the chapters have been working in coordination with the provincial Centre for Preventive Medicine and the Centre for Health Education and Communication to identify the most affected districts and gaps in risk communication, and to share situation updates as well as local response activities.

With regard to working with organizations outside the Red Cross Red Crescent Movement, VNRC and the IFRC delegation in-country are in close communication and information sharing with the World Health Organization (WHO) and UNICEF in-country to share updates on the overall situation and on coordinated responses to HFMD.

VNRC has also constantly kept Movement partners updated on the HFMD situation and its continuous support to national efforts. Progress on the implementation of the operation is being shared with partners through the monthly Movement coordination meetings.

National Society capacity building

With increased capacity in disaster response, VNRC actively responded to the HFMD situation in 2011 and 2012 in Viet Nam. Response in HFMD fits under VNRC's strategic vision to increase community's resilience to epidemics. Capacity building for VNRC in response to HFMD have helped VNRC have in place, a pool of trained trainers, and volunteers who can quickly be mobilized for other public health emergencies, and epidemic outbreak response activities in the community. The existing information, education and communication (IEC) materials and training curriculum for trainers, and HFMD volunteers will also serve in the longer-term community-based health and first aid (CBHFA) programme. Experiences in emergency response to epidemics will also contribute to VNRC's contingency planning for disaster response, particularly in response to emerging diseases.

Red Cross and Red Crescent action

Overview

The HFMD operation of VNRC is aligned and contributing to the national and provincial plans on HFMD prevention in the area of behavior change communication. The design of the operation is to respond to the request for assistance from VNRC by the Ministry of Health and the affected Provincial People's Committee and aligned to their plans.

The operational timeframe is from 5 April to 31 December 2012, targeting care givers in 19,440 informal day-care centres and 196,200 family members of children under five years of age in the provinces most affected with HFMD. These include Da Nang, Quang Ngai, Baria-Vungtau, Long An, Can Tho, Soc Trang, An Giang, Ben Tre, Vinh Long, Dong Thap, Kien Giang, Ca Mau, and Hau Giang. The operation focus interventions on two areas:

- i) The first area of intervention is provision of preventive messages and items to target groups via interpersonal and group communication, supported by indirect communication via mass media.
- ii) The second component aims at enhancing the capacity of VNRC to respond to emerging diseases in general and HFMD in particular. Building capacity will be addressed from two angles: training a pool of trainers with knowledge of epidemic control and HFMD; and, increasing the facilitation skills and training of volunteers in knowledge of HFMD prevention and skills to communicate and educate community members as well as build capacity to manage the operation and extract lessons learnt for the next programme.

To make sure the interventions are relevant to the situation, VNRC continues to closely monitor developments in the HFMD situation countrywide through engagement with relevant authorities and partners. Relevant secondary and primary data from affected provinces has been collected to further inform interventions in communities.

Progress towards outcomes

Emergency health
Goal: Illness and deaths due to hand, foot and mouth disease (HFMD) in 13 priority affected provinces in Viet Nam are reduced in the next six months.
Outcome: Target groups in 540 communes have improved knowledge and practices that lead to the prevention and control of HFMD
<p>Output 1. At least 196,200 people in 540 communes (30 districts from 13 provinces) have improved knowledge and practices that contribute to HFMD prevention and control</p> <p>Key activities</p> <ol style="list-style-type: none"> 1.1. Update and broadcast key messages via national TV channels in six months 1.2. Disseminate TV clips to 13 chapters for further broadcasting and dissemination of key messages via provincial radio and newspapers 1.3. Update key messages in existing IEC materials in consultation with MOH, WHO 1.4. Print and deliver 700,000 leaflets and 6,000 posters 1.5. Distribute 38,160 bars of soaps for 19,440 informal day-care centres and target beneficiaries at campaigns in the first three months 1.6. Organize 30 public campaigns on HFMD prevention at district level 1.7. Conduct door-to-door visits to 90,000 beneficiary families in three months 1.8. Conduct 16,200 group sensitizations with mothers and members of families with children under five years of age 1.9. Monitor behaviour change among target groups
<p>Output 2. VNRC's capacity to respond to emerging diseases like HFMD is improved.</p> <p>Key activities</p> <ol style="list-style-type: none"> 2.1 Deploy national disaster response team (NDRT) to assist selected provinces with rapid assessment, finalize provincial action plan, and support the implementation of knowledge, attitude and practices (KAP) survey 2.2 Set up and maintain weekly and monthly reporting for district/provincial and headquarters project team during this nine-month operation 2.3 Participate in relevant coordination meetings on HFMD prevention and emerging diseases at national, provincial and district levels 2.4 Conduct baseline survey 2.5 Organize refresh training and training of trainers for 50 provincial instructors on HFMD 2.6 Update/train 5,400 selected commune volunteers on HFMD knowledge, community mobilization and provision of adapted HFMD training, and visibility items. 2.7 Conduct an operations review to capture good practices and lessons learnt to inform VNRC organizational strengthening in emergency health 2.8 Coordinate with the Ministry of Health and relevant partners to ensure continued alignment of the operation with national efforts as well as to maximize complementary efforts.

Progress toward output 1:

Within the first two weeks of the operation, VNRC had started setting up the project at the headquarters and target provinces. The chapter teams have been actively working in coordination with provincial health authorities in identifying the most affected districts. Currently, 303 communes from 20 most affected districts in eight prioritized provinces have been identified to be covered by the operation. The rest of communes will be identified in the following weeks when the scale and donor response to the appeal become clearer. In the selection of communes and districts, VNRC has coordinated with the national and provincial centres for health education and communication to avoid duplication of communication activities and concerted efforts. The latter is carrying out a similar project which intends to deliver HFMD communications in all communes of 40 districts in 20 provinces.

A working group consisting of members from the VNRC headquarters, the General Department of Preventive Medicine (GDPM) and the National Centre for Health Education and Communication (NCHEC) both of the Ministry of Health have begun reviewing key messages on leaflets and posters which will be distributed to communities, as well as flipcharts and handbooks for volunteers. This is to ensure VNRC HFMD communication



materials are consistent with the MOH messages which were updated late last year. The finalization of IEC materials will be done shortly in coming days to enable replication and distribution. The revision of the materials is to make sure messages are consistent with MOH's new guidelines for HFMD. There is also an increased emphasis on hand washing for sick children and care givers as well as on knowledge for early detection and early referral of severe cases to health facilities, which are recommended by the MOH in communication materials.

NDRT of VNRC has helped in leading local coordination with the Provincial Preventive Medicine and Health Education and Communication in shaping the size and location of VNRC's response to HFMD

Secondary data collection regarding the number of children under five years and the number of informal day-care centres in the selected areas is also being done to enable an accurate revision of target beneficiaries in the coming weeks.

Progress toward output 2:

In the first week of the operation, VNRC activated its reporting procedures for epidemics to collect information on affected areas, groups and local responses from affected provinces. From 16-19 April, the NDRT was deployed to the provinces of Quang Ngai, Da Nang, Ben Tre, Soc Trang, An Giang, Dong Thap, Long An, and Vinh Long with the objectives of assisting the branches in selecting communes to be covered by the operation and leading the provincial team consisting from five to seven local Red Cross staff in carrying out the knowledge, attitude and practice (KAP) survey. Consolidated reports from the NDRT and results of the KAP survey will be shared in the coming days with the wider project team and stakeholders. Results of rapid assessment by NDRT will inform the detailed work-plan of each target province as well as the overall operational work-plan.

The baseline KAP survey is being implemented, with help in designing of the survey and sampling by a national consultant. A set of questionnaires for informal day-care centres, who might care for children under five in community, including those with as few as three to five. Another set of questionnaires for households in community who have children under five years old is also made for the survey. The questionnaires were adapted from the [operation in 2011](#). The size of the study is presented below:

No	Province	Total surveyed districts	Total number of communes in the surveyed districts	No. of surveyed communes	No. of informal daycare centre surveyed	No. of households with children under five years surveyed
1	An Giang	3	49	3	21	21
2	Ben Tre	3	55	3	21	21
3	Long An	2	37	2	14	14
4	Vinh Long	2	34	2	14	14
5	Soc Trang	3	32	2	14	14
6	Dong Thap	2	30	2	14	14
7	Quang Ngai	3	45	3	21	21
8	Da Nang	3	21	3	21	21

Communications – advocacy and public information

A press release was made available by the regional communication team supporting the launching of this appeal. This enabled several international news agencies to highlight the increase of HFMD this year in Viet Nam as well as the subsequent response from the Red Cross. A [web story](#) on IFRC's website on 28 March to inform the general public of the situation and VNRC's response in the field. Information for an updated web story has been collected and provided by the NDRT for the next posting. Several news clips and interviews with the head of

country office were published on international media such as AFP, BBC, IRIN, and Alertnet, which help make immediate response more visible.

At the country level, IFRC is working with VNRC to make a plan for communications on HFMD. A journalist/photographer from the VNRC Humanitarian Magazine is deployed with the NDRT with the purpose of collecting information for stories to share information on the HFMD situation and Red Cross response activities with external parties. The Federation's team is also working to help disseminate these stories to a wider audience.

Logistics

At this stage, VNRC has reviewed its plan to reproduce IEC materials and procure soap for the eight prioritized provinces of Quang Ngai, Da Nang, Ben Tre, Soc Trang, An Giang, Dong Thap, Long An, and Vinh Long. Relevant procurement and logistic preparation work is being done to extend the contract with suppliers from the last year's operation, since these printing and procurement items are the same. This will help to shorten time in procurement and delivery to the target provinces.

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