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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°2**  
**11 May 2012**

**Period covered by this operations update:** 18 April to 7 May 2012

**Appeal target (current):** CHF 758,416

**Appeal coverage:** 28 per cent, with further funding currently in the pipeline.

#### Appeal history:

- This emergency appeal was 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 allocated from the Federation's DREF to support the national society in its initial response to this emergency.

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

#### Summary

In the past month, the Viet Nam Red Cross Society (VNRC) has prioritized eight provinces to carry out rapid assessment and a survey on the knowledge, attitude and practice (KAP) of family members and informal daycare givers on hand, foot and mouth disease (HFMD). Arrangements for activity starting in target provinces have been implemented by VNRC while project management structures at national, provincial and district level are being finalized. Priority activities and target communes have been identified for implementation of activity in the next weeks, given confirmed resources for emergency response.

The immediate start-up for the activities was possible thanks to contributions to this appeal from Canadian Red Cross, Danish Red Cross/Danish government, Japanese Red Cross Society, and Swedish Red Cross.



**A trained Red Cross volunteer in Dong Thap conducts a focus group discussion on how HFMD can be prevented among families with young children in the community. Photo: Tran Sy Pha/National Disaster Response Team, Viet Nam Red Cross**

To date, multilateral donors have confirmed a contribution of CHF 215,256. There is ongoing discussion with the European Commission Humanitarian Aid and Civil Protection (DG ECHO) on funding the appeal. Discussion on

further funding with other partners and donors is currently in progress. On behalf of Viet Nam Red Cross, IFRC would like to thank all partners and donors for their invaluable support of this operation.

## The situation

HFMD showed no sign of reducing its incidence of infection across Viet Nam in April. An approximate 12,900 cases of HFMD, including seven confirmed fatalities were reported by the Viet Nam's Ministry of Health. This makes a total of 39,690 reported cases of HFMD, including 20 deaths from the beginning of the year. All fatalities were children under five years of age who tested positive for EV71. In the week of 23-29 April, there were 3,493 HFMD cases reported in 61 provinces. There is an increase reported in this week in comparison to the week before, which had a total of 3,100 new cases. The average of new cases weekly over the last four weeks is similar to that of July 2011, which was the start of the second peak of HFMD in the country at the time.

**Table 1: Update on HFMD cases in Viet Nam as of end-April 2012**  
*Source: Viet Nam's Ministry of Health, General Department of Preventive Medicines*

Region	The first 17 weeks of 2012				
	Cases	Case/100,000	Deaths	Death/100,000	Death/case (%)
<b>Whole country</b>	<b>39,690</b>	<b>44.3</b>	<b>20</b>	<b>0.02</b>	<b>0.05</b>
North	18,047	45.3	0	-	0.00
Centre	5,836	49.6	3	0.03	0.05
South	14,160	41.9	16	0.05	0.11
Central Highland	1,647	40.2	1	0.02	0.06

By the end of April, there were 17 provinces reporting a sharp increase in new cases. The Ministry of Health reported about 31,706 infected cases and 18 deaths caused by HFMD. HFMD cases have been reported in all 63 provinces in the country, while deaths occurred in ten provinces and particularly in the following provinces: An Giang, Dong Thap, Dong Nai, Can Tho, Ho Chi Minh, Vinh Long, Da Nang, Binh Dinh, Ba Ria-Vung Tau, and Dak Lak.

In the past month, it is noticed that for the first time the Northern provinces, particularly the provinces of Hai Phong and Lao Cai have reported the highest number of new infections per region. In terms of fatalities, more than 80 per cent of related deaths have occurred in the South since the beginning of the year.

As the spread of HFMD is believed to be more rampant during warm weather, health officials are gearing themselves for an increase in cases as the summer season has begun. Officials from the Ministry of Health's General Department for Preventive Medicine (GDPM) have also said that controlling the HFMD outbreak continues to be very challenging considering the combination of high population density and movement, and of low level of hygiene practices among the general public, particularly caregivers of children under five. The Ministry of Health also pointed out that while young children, particularly those under three years old are the most vulnerable, adults actually are the virus carriers and pass on the disease.

## Coordination and partnerships

In the past weeks, VNRC, with IFRC support, has focused on coordination with the Ministry of Health, and the provincial health authorities in mapping out locations of Red Cross interventions as well as how communication activities regarding HFMD can be coordinated at various levels, particularly at operational levels such as provincial and district. Red Cross chapters have been working in coordination with district People's Committee and Preventive Health centres in determining the target groups and concerted inter-personal communication activities. District selection for VNRC has been concluded with the agreement that there will be no duplication of house-to-house visits and distribution of communication materials between VNRC and the provincial centres for health communication and education of the target provinces.

At national level, situation updates and information sharing have been regularly shared between the Ministry of Health with the VNRC headquarters. With support from IFRC, coordination between VNRC, WHO and UNICEF has continued through meetings to share information and the status of each agency's operation to respond to the HFMD situation.

As a part of active fundraising work, IFRC has been engaging with donors in discussion on the appeal support. A proposal application has been made to DG ECHO in the past week for final consideration. In addition, follow-up with other contacted donors, including Red Cross Red Crescent Movement partners and diplomatic missions in Viet Nam are being made.

### National Society capacity building

The added value from the ongoing implementation of the HFDM operation to the long-term capacity for VNRC is in its *public health in emergency* portfolio and response to the unprecedented increase of HFMD from the beginning of 2012. This encompasses building overall community resilience and strengthening VNRC's capacity in reduction of the impact of HFMD in communities.

In the past week, it has been seen that VNRC has the capacity to engage community members in the knowledge, attitude and practice (KAP) survey. The participation and data from community members' perspectives will be used to guide VNRC in its next steps in the operation, including the finalization of communication materials, and the inclusion of tailored messages for inter-personal communication in training curricular for trainers and volunteers for HFMD response.

By continued working with other stakeholders in-country on HFMD, VNRC capacity to work holistically and in coordination with other stakeholders has been greatly expanded. This experience also contributes to raising VNRC's profile in response to health emergencies.

## Red Cross and Red Crescent action

### Overview

In the past weeks, a rapid assessment has been conducted in eight priority provinces including Soc Trang, An Giang, Dong Thap, Long An, Vinh Long, Ben Tre, Quang Ngai and Da Nang for immediate response to HFMD. The assessment contains key findings around target beneficiaries and the current response as well as existing gaps; and proposed immediate actions to be taken. In the coming weeks, VNRC has prioritized response activities in the following locations and the number of children to be reached as well as informal daycare centres in the table below:

**Table 2: Prioritized target beneficiaries in eight selected provinces as a result from rapid assessment by VNRC**

Province	Target districts/cities	Total number of target communes	No. of beneficiary children under 5 years	No. of beneficiary informal daycare centres
An Giang	Phu Tan, Cho Moi	36	48,048	15
Dong Thap	Cao Lanh, Chau Thanh	30	28,208	13
Long An	Can Giuoc, Duc Hoa	37	31,885	145
Ben Tre	Ben Tre City, Mo Cay Nam, Giong Trom	55	24,392	5
Vinh Long	Vung Liem, Long Ho	35	20,622	14
Soc Trang	My Tu, Ke Sach, Vinh Chau	33	34,479	5
Da Nang	Cam Le, Ngu Hanh Son, Hoa Vang	21	25,606	202
Quang Ngai	Son Ha, Son Tinh, Quang Ngai Town	45	31,662	190
<b>TOTAL</b>		<b>292</b>	<b>244,902</b>	<b>589</b>

## Progress towards outcomes

Emergency health
<p><b>Goal:</b> 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.</p>
<p><b>Outcome:</b> Target groups in 540 communes have improved knowledge and practices that lead to the prevention and control of HFMD</p>
<p><b>Output 1.</b> 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><b>Key activities</b></p> <ol style="list-style-type: none"> <li>1.1. Update and broadcast key messages via national TV channels in six months</li> <li>1.2. Disseminate TV clips to 13 chapters for further broadcasting and dissemination of key messages via provincial radio and newspapers</li> <li>1.3. Update key messages in existing IEC materials in consultation with MOH, WHO</li> <li>1.4. Print and deliver 700,000 leaflets and 6,000 posters</li> <li>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</li> <li>1.6. Organize 30 public campaigns on HFMD prevention at district level</li> <li>1.7. Conduct door-to-door visits to 90,000 beneficiary families in three months</li> <li>1.8. Conduct 16,200 group sensitizations with mothers and members of families with children under five years of age</li> <li>1.9. Monitor behaviour change among target groups</li> </ol>
<p><b>Output 2.</b> VNRC's capacity to respond to emerging diseases like HFMD is improved.</p> <p><b>Key activities</b></p> <ol style="list-style-type: none"> <li>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</li> <li>2.2 Set up and maintain weekly and monthly reporting for district/provincial and headquarters project team during this nine-month operation</li> <li>2.3 Participate in relevant coordination meetings on HFMD prevention and emerging diseases at national, provincial and district levels</li> <li>2.4 Conduct baseline survey</li> <li>2.5 Organize refresh training and training of trainers for 50 provincial instructors on HFMD</li> <li>2.6 Update/train 5,400 selected commune volunteers on HFMD knowledge, community mobilization and provision of adapted HFMD training, and visibility items.</li> <li>2.7 Conduct an operations review to capture good practices and lessons learnt to inform VNRC organizational strengthening in emergency health</li> <li>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.</li> </ol>

### Progress toward output 1:

Based on the concrete response from donor contributions to the appeal, VNRC has based its selection of the eight priority provinces for immediate response in the coming weeks on the secondary data on infection and death among the 13 target provinces. Priority is now set to cover 292 communes and 20 districts. In the next steps, the scope of work will be considered in line with the available resources and capacity.

The project management structure at national headquarters and the eight target provinces has been identified. In consultation with the Ministry of Health, WHO and UNICEF, a VNRC working group in charge of revising communication materials at national level has reviewed the key messages in leaflets, posters and flipcharts which will be used to conduct communication activities, as well as the training curriculum for trainers and volunteers.

Following the existing national guideline on risk communication in HFMD, studies on knowledge, attitude and practice in hand washing, health-seeking behaviour from the World Bank and UNICEF, and technical assistance

from IFRC, VNRC has finalized a [communication strategy](#) that encompasses all communication interventions/activities to be implemented within the framework of the operation.

With data gathered for children under five years and informal daycare centres in priority provinces, VNRC is able to determine the exact scope of the intervention as well as ensure the interventions in those target districts will be covering all at-risk children in the target district. With lessons learnt from last year's operation, VNRC has been in collaboration with the national and provincial health authorities in collecting statistics of HFMD cases in control and non-control districts throughout the timeframe of the operation.

**Progress toward output 2:**

As a result of the rapid assessment, the national disaster response team (NDRT) has found out that in these eight priority provinces, there have been a number of implemented and planned response activities in risk communication and existing gaps. The table below presents key findings with regard to current response in the selected districts.

**Table 3: Table of locally implemented and planned activities in HFMD and the gaps**

Province	Implemented communication activities	Prevailing gaps	Planned communication activities
An Giang, Dong Thap, Long An, Ben Tre, Vinh Long, Soc Trang, Da Nang, Quang Ngai	<p><b>Inter-personal communication:</b> Implemented house-to-house education for families in outbreak locations by Ministry of Health (MOH)</p> <p>Held knowledge-sharing events in HFMD prevention in selected public pre schools by MOH</p> <p>Used communication materials are leaflets, posters that provided by MOH</p>	<p>Lacking of full coverage of all children under 5 years of age in the community.</p> <p>Only one-time visit to disseminate the key messages, no follow-up on behaviour change</p> <p>No group interaction</p> <p>Lack of communication materials (leaflets, small posters for households) for all families with children under 5 years</p>	<p>Full coverage of house-to-house visits by Red Cross volunteers to all families with children under 5 years in target communes.</p> <p>Full coverage of leaflets to target households in target communes</p> <p>Follow-up visits to monitor behaviour change in target groups</p>
	<p><b>Community mobilization:</b> Public campaigns in some selected districts by People's Committee and MOH</p> <p>Used communication materials such as posters and banners provided by MOH</p>	<p>Only a few districts with highest infection cases are covered by the campaigns.</p> <p>Campaigns involve only a limited number of community members with strong focus on using mass media, banners, posters.</p>	<p>Focus on inter-commune campaigns</p> <p>Involve target groups, community theatre groups in campaigns</p> <p>Focus on demonstration, using songs, drama to transmit the messages</p>
	<p><b>Advocacy:</b> One combined meeting and orientation for local authorities and mass organizations at district and communal level in most affected areas on HFMD was provided by MOH.</p>	<p>No clear mechanism for continuation of other sectors and mass organizations in coming activities</p>	<p>Units and staffs of VNRC in charge of different levels will continue to engage with health, local authorities, education sector and the Women's Union in different activities.</p>
	<p><b>Mass media:</b> Broadcast TV news, clips, radio by MOH, media</p>	<p>TV clip is only broadcast for a limited number of weeks.</p>	<p>Continue TV clips broadcasting in the gap months</p>

			VNRC will engage media to further cover the issue during the operation
	<b>Capacity building:</b> Training for health workers and educators at district in HFMD by MOH	Training does not reach communal level while most of the inter-personal communication work will need to be done at household level.	VNRC will select and train 10 volunteers in each commune to cover house-to-house visits in communities.

After deployment of the NDRT to the eight priority provinces for rapid assessment and to assist chapters in conducting the KAP survey, data from the survey questionnaires completed among informal daycare centres and households with children under five years, have been collected. Data has been computerized with assistance of an experienced national consultant who was involved in the last year's KAP survey. Data processing and analysis are being done at present and will be available shortly. The next step of the KAP survey is to incorporate findings and recommendations in the finalization of communication materials, and the training-of-trainers and volunteers in communication skills in HFMD, as outlined in the communications strategy.



VNRC has been working with the selected chapters to facilitate information flow between priority districts, chapters and the national headquarters. The attention is to retain a weekly reporting routine between levels to keep the operation informed with facts and the situation of HFMD in the community.

**Two trained Red Cross personnel interview care givers in an informal day-care centre in Long An Province. Photo: Quang Tuan, VNRC**

Continuing the good practice in cooperation with the Pasteur Institute in the training-of-trainers activity, VNRC will engage trainers from the Institute in future trainer instruction sessions. There will be two training courses for about 50

instructors who are active in the provincial and district health units. One of the courses will take three days to refresh participant knowledge and includes a tailored element focusing on planning, monitoring, evaluation and reporting (PMER). The other training-of-trainers course will be four days long and provide full sessions on specific HFMD knowledge and facilitation skills. The master facilitators will consist of both trainers from the Pasteur Institute and VNRC's pool of master facilitators for community-based health and first aid.

### Communications – advocacy and public information

In the past week, public communication on the HFMD situation and the Red Cross' response in Viet Nam continues in both national and international news. A follow up [web story](#) on IFRC's [website](#) on 25 April to present the primary findings of the NDRT's assessment in the field as well as insights from community member perspectives. The IFRC's communication team also continues to engage with international media such as AFP, Alertnet, and BBC, to provide periodic news on HFMD in Viet Nam.

From VNRC's side, the national communication team also continues to actively engage with local media to inform the general public about the HFMD situation, providing facts and key preventive messages. VNRC also maximizes its communication channels via [VNRC's website](#) and magazine to make information on HFMD in Viet Nam available to the general public and highlighting Red Cross's to the situation in the field.

### Logistics

In the HFMD operation, VNRC will follow the standard procurement procedures for the purchase of soap, communication and visibility items. A procurement committee will be mobilized to take charge of procurement and

make sure all requirements are met. The Federation country office will support VNRC in taking full charge of implementing procurement procedures and will monitor the progress of this activity closely.

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