

www.ifrc.org
Saving lives,
changing minds.

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° 3
23 August 2012

Period covered by this operations update: 8 May to 15 August 2012

Appeal target (current):
CHF 758,416

Appeal coverage: 82 per cent.

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 in its initial response to this emergency.

[<click to see attached financial report¹ or contact details>](#)



The mother of an one-year old child shares her knowledge of HFMD prevention in the survey carried out in Can Giuoc District, Long An Province. (Photo: Vu Huu Tuyen, VNRC)

Summary

From May to July, the Viet Nam Red Cross Society (VNRC) has focused on prioritized interventions covering 292 communes in 20 districts in eight selected provinces. Activities implemented during this reporting period include project orientation in provinces, selection of volunteers in community, provision of refresher training for active trainers, and production of communication materials.

Up to 31 July 2012, multilateral donors have contributed CHF 619,423, covering 82 per cent of the appeal. The IFRC would like to thank Canadian Red Cross, Danish Red Cross/Danish government, European Commission Humanitarian Aid and Civil Protection (DG ECHO), Hong Kong branch of Red Cross Society of China, Japanese Red Cross Society, Red Cross of Monaco, Singapore Red Cross and Swedish Red Cross for their contribution to the appeal and thus, have enabled timely response.

IFRC continues to work with potential donors to raise the remaining 18 per cent of the appeal in order to help VNRC to reach to target groups and contribute towards reducing HFMD infection and death among young children in the remaining five provinces.

The situation

Cases of hand, foot and mouth disease (HFMD) have increased sharply in Viet Nam since the beginning of 2012. Reports from the ministry of health show that overall, HFMD reached its first peak in April, with an average of

¹ Attached financial report up to end-July 2012.

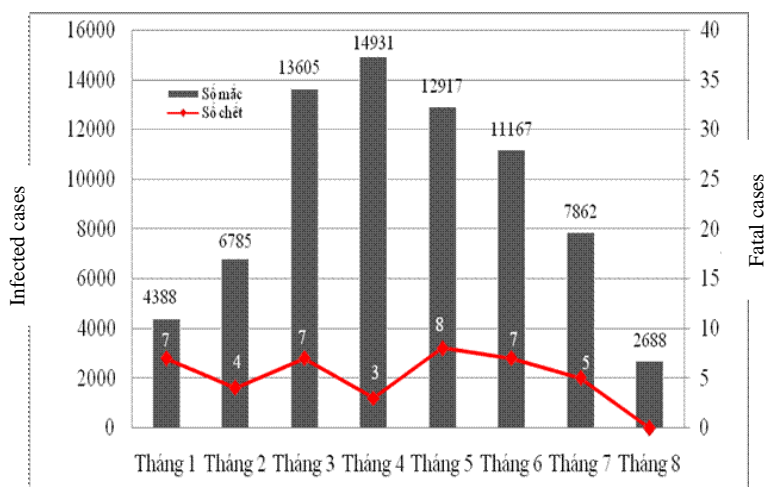
more than 3,700 cases per week, which was also the highest weekly infection recorded in 2011. HFMD also appeared to decline in May and June. In July, 7,862 cases of infection were reported; however, overall, cases of infection were reduced by half in comparison to those reported in April.

Despite this decline, the number of fatalities due to HFMD remained high in May and June. Of all 41 fatalities, 37 deaths (or 90 per cent) were reported in the south of Viet Nam in 20 provinces: Ho Chi Minh, Dong Thap, Dong Nai, Ba Ria-Vung Tau, An Giang, Ben Tre, Long An, Ca Mau, Binh Duong, Tay Ninh, Can Tho, Vinh Long, Kien Giang, Tien Giang, Hau Giang, Lam Dong, Soc Trang, Bac Lieu, Binh Phuoc and Tra Vinh – making these 20 provinces the most affected in terms of HFMD’s impact on everyday life.

However, it is noticeable that cases of infection in the Northern provinces have increased sharply, despite no related deaths reported in this region to date. Up to the beginning of August, the Northern region has recorded the highest number of cases (30,606 cases) which accounts for 40.4 per cent of morbidity cases in the country. These provinces include Ha Noi, Hai Phong, Thai Binh, Nam Dinh, Ha Nam, Ninh Binh, Bac Giang, Bac Ninh, Phu Tho, Vinh Phuc, Hai Duong, Hung Yen, Thai Nguyen, Bac Can, Quang Ninh, Hoa Binh, Lai Chau, Lang Son, Tuyen Quang, Ha Giang, Cao Bang, Yen Bai, Lao Cai, Son La, and Dien Bien.

By 5 August, the General Department of Preventive Medicine in Viet Nam's Ministry of Health confirmed that there have been 74,343 cases of HFMD in 63 provinces since the beginning of 2012, with 41 deaths occurring in 15 provinces and cities. These fatalities were reported as follows:

Region	Province	Number of HFMD fatalities reported since beginning of 2012
Southern	An Giang	10
	Ho Chi Minh City	5
	Dong Thap	5
	Long An	3
	Ba Ria - Vung Tau	3
	Dong Nai	3
	Can Tho	2
	Binh Dinh	2
	Binh Phuoc	2
	Vinh Long	1
	Ben Tre	1
	Tien Giang	1
	Bac Lieu	1
Central	Da Nang	1
Central Highlands	Dak Lak	1
TOTAL		41



Source: General Department of Preventive Medicine, Viet Nam’s Ministry of Health
 (Note: Grey column: number of cases; Red line: number of deaths, “Thang” means “Month”)

In the 13 provinces that included in the appeal, HFMD cases remain high. The local preventive medicine practitioners have shared with Red Cross chapters information about an increase in the death toll and infection since April. Specifically, by the end of July 2012, the accumulated number of deaths and infections caused by HFMD in the 13 target provinces were as below:

Name of province	January-July 2011		January-July 2012	
	Total cases	Total deaths	Total cases	Total deaths
Central region				
Da Nang	311	0	2,261	1
Quang Ngai	3,322	5	963	0
Southern region				
Ba Ria-Vung Tau	1,603	6	2,081	2
Long An	1,550	7	1,162	3
Can Tho	224	0	829	2
Soc Trang	242	0	504	0
An Giang	524	2	1,519	9
Ben Tre	1,518	2	1,359	1
Vinh Long	913	0	759	1
Dong Thap	1,800	1	2,324	3
Kien Giang	320	1	767	0
Ca Mau	789	2	952	0
Hau Giang	67	0	627	0
National total	31,130	86	65,351	35

Coordination and partnerships

In the past months, VNRC has been working with the national health authorities to closely monitor the situation and coordinated efforts. Updates on the situation have been regularly shared between the Ministry of Health at national level and at provincial level through effective collaboration between the VNRC headquarters and chapters, and their respective counterparts. The VNRC headquarters and chapters also frequently update their counterparts on the progress of the operation for complementary actions and to avoid duplication of interventions.

In terms of coordination around preventive messages, VNRC has worked together with the General Department of Preventive Medicine and the National Centre for Health Education and Communication on key messages. The key messages that VNRC has finalized in the operation are consistent with the national guidelines and have been improved with regard to illustrated images suitable for community members. The VNRC headquarters and chapters have worked in coordination with the national and local TV channels to extend the national coverage of the clips on HFMD prevention in order to reach more people.

As the appeal is yet to be fully covered, VNRC has been working with national counterparts on the possibility of maximizing the resources and coverage in implementation. IFRC has continued working and following up with potential donors in order to help raise the remaining 18 per cent of this appeal target, and enable VNRC to cover the costs of all activities planned.

National Society capacity building

Through the implementation of this HFMD operation, it has contributed to long-term capacity building for VNRC in public health in emergencies. Firstly, the operation allows VNRC to contribute to collective national efforts to address an emerging disease that stresses community coping capacity, and thus, fulfills their auxiliary role with the government in educating the public in disease prevention in an emergency situation. Secondly, building on the achievements under the HFMD operation in 2011 and the lessons learnt on scaling up coverage in order to reduce the impact of disaster, VNRC has been able to increase its response to the occurrence of unprecedented cases of HFMD in 2012.

From lessons learnt in the previous year, VNRC has worked with chapters on an improved monitoring system. A set of monitoring tools has been developed and implemented to measure behaviour change among the target groups. In addition, capacity building through the provision of training for trainers and volunteers that has been built on epidemic control for volunteers and with greater focus on behaviour change communication was implemented. This lesson was learnt from the previous operation wherein training should be less focused on

medical knowledge of HFMD but cover more practical skills and training on behaviour change communication in HFMD. The training materials for behaviour change communication in HFMD are available and ready for all implementing chapters, and could be utilized for scale-up or replicated in other provinces when needed.

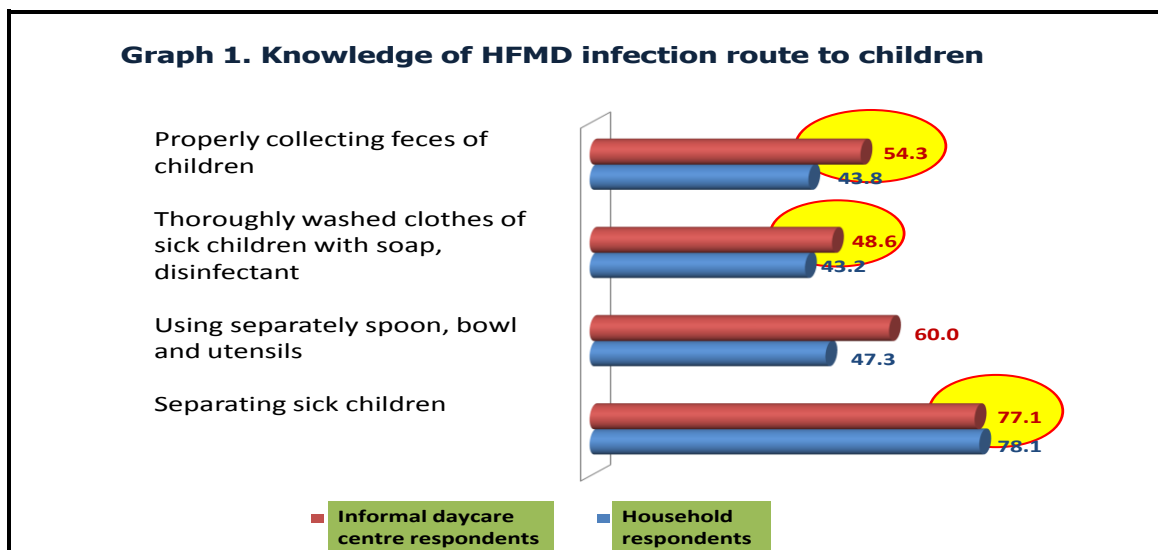
Red Cross and Red Crescent action

Overview

Besides focus on the implementation of behaviour change communication activities in communities, VNRC has tried to complement the government's efforts in limiting the impacts of HFMD. Following the results of the rapid assessment, an analysis and results of the knowledge, attitude and practice (KAP) survey among care givers in households and at informal daycare centres (IDC) in eight targeted provinces² in relation to HFMD prevention has been made under the operation in order to provide baseline data. The survey implemented by VNRC in the operation is a clear example of complementary activities to national efforts and is the only implemented KAP study in HFMD in country. The study results have been shared by VNRC to stakeholders concerned as a baseline for national communication activities in HFMD prevention.

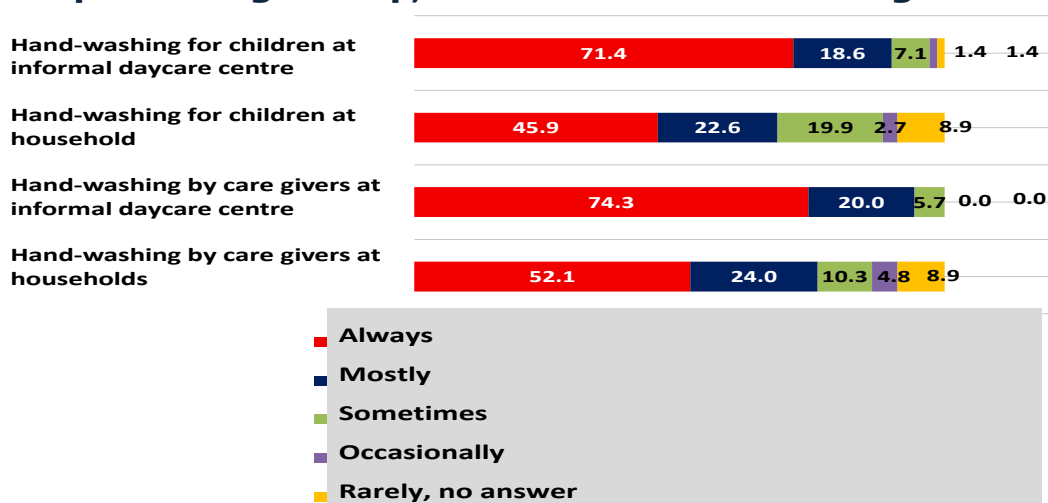
The results of the study show that most of respondents know about or have heard of HFMD; however, they have limited knowledge of infection routes (*graph 1*). In specific, 11.4 per cent of workers at informal daycare centres and 21.2 per cent in households said they had no knowledge of the infection routes for HFMD. About 44 to 45 per cent of care givers in households know that the care giver is often the virus carrier and that the HFMD virus spreads through feces and saliva. Generally, care givers at informal daycare centres have better knowledge of this disease than those in households with about 56 to 57 per cent saying they knew of these infection routes.

It is found that the target group's knowledge of severe symptoms is low, with only about 50 per cent in both groups being able to answer correctly. Consequently, both groups showed inadequate knowledge of how to look after children with HFMD symptoms at home to prevent further infection. The survey also found that HFMD prevention is of great concern to respondents in both groups as they think it is likely to happen to their own children. However, there are big gaps in the practice of hand-washing with soap, particularly among care givers at home (*graph 2*).



² An Giang, Dong Thap, Long An, Soc Trang, Vinh Long, Ben Tre, Da Nang and Quang Ngai)

Graph 2. Using of soap, disinfectant when washing hands



Progress towards outcomes

Emergency health
<p>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.</p>
<p>Outcome: Target groups in 540 communes have improved knowledge and practices that lead to the prevention and control of HFMD</p>
<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 information, education and communication (IEC) materials in consultation with the ministry of health (MOH), World Health Organization (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 towards output 1:

In the prioritized provinces, VNRC has focused on carrying out interventions among target groups including 87,300 households with children under five years of age and at 486 informal daycare centres in 303 communes in 20 districts in An Giang, Dong Thap, Long An, Vinh Long, Soc Trang, Ben Tre, Quang Ngai and Da Nang. The general criteria for selected household beneficiaries are families with children under five years of age, with priorities given to migrant, poor and families headed by women. VNRC targets all 486 informal daycare centres in the 303 communes active in looking after children under five in the selected communes.

Following the developed communication strategy, VNRC has started the implementation of behaviour change communication, targeting care givers at household and informal daycare centres, aiming to reduce further infection and death among children under five. Key messages in leaflets and posters that aligned to the national guidelines have been made in collaboration with the relevant counterparts in the Ministry of Health. In comparison to the key messages developed last year, the messages in 2012 have a greater focus on severe symptoms that need healthcare facility referrals; and, hand-washing for both care givers and children as preventive behaviour as well as emphasis given to the groups most vulnerable to HFMD, particularly children under three years of age. The key messages are based on the statistics and epidemiological evidence of infection and death caused by HFMD in 2011.



A training-of-trainers instructor uses a flipchart in a session on behaviour change communication for HFMD in Hochiminh City. (Photo: Thuan Nguyen/ IFRC)

By the beginning of August 2012, printed communication materials had been produced and delivered to the project sites and are ready to accompany activities in eight prioritized provinces. Printed materials were delivered to locations, following the table below:

No.	Province	Communication materials produced for distribution		
		Leaflets	Poster	Flipchart
1	An Giang	18,100	270	410
2	Dong Thap	15,700	246	350
3	Ben Tre	26,050	365	600
4	Long An	18,500	309	420
5	Vinh Long	17,700	263	400
6	Soc Trang	16,850	250	370
7	Da Nang	12,450	589	260
8	Quang Ngai	22,050	685	500
9	Stocks at the VNRC HQ	2,600	23	90
Total		150,000	3,000	3,400

VNRC has worked with the National Centre for Health Education and Communication on achieving an agreement to extend TV coverage for the TV clip with preventive messages on HFMD. The TV clip is planned for broadcast in August and the following months on all local TV channels in target provinces.

A total of 40,932 bars of soap have been procured and delivered to the eight provinces and ready for distribution at campaigns and through group sensitization sessions for beneficiaries.

In July, VNRC worked with all chapters on monitoring systems through a training workshop to finalize all monitoring plans and formats to measure behaviour change in target groups.

From the week of 12 August to the end of the month, VNRC will organize 20 campaigns at district level, targeting the participation of 6,000 community members from beneficiary households and informal daycare centres. House-to-house education and group sensitization sessions according to the plan will follow the campaigns.



Printed posters with preventive messages for HFMD in a community in An Giang, August 2012. (Photo: Nguyen The Chuong/VNRC)

Progress toward output 2:

As VNRC has completed the baseline KAP survey, the results have been used as input for the designing of communication material and messages in the operation. The [report](#) was presented at the start-up meeting with stakeholders at provincial and national levels in May. The full report is also being shared with relevant stakeholders in Viet Nam while the gaps in knowledge and practices among target groups as identified in the baseline, were incorporated into the training for trainers and volunteers.

Through orientation meetings with the chapters and key stakeholders including the Ministry of Health, department of preventive medicine at national level and in provinces, the centre for health education and communication and the regular coordination meetings at national and provincial level, VNRC and chapters have set up and continue to maintain a monthly reporting

system, in which HFMD cases are updated. The information on cases is helpful for VNRC in terms of tracking the trend of the HFMD epidemic as well as identifying the most affected districts and provinces. The information provided by the chapters has complemented data at national level, and generally helps VNRC to have a broader picture of the situation. Currently, Dong Thap and An Giang among these eight chapters are very active in the provincial steering committee for infectious diseases while the VNRC headquarters is active in the national committee.

In June, VNRC completed capacity building for 48 national trainers in order to update them with knowledge of HFMD and behaviour change communication skills. As a result of the two organized training-for-trainers courses, 39 participants are now qualified to train volunteers in the provinces. Criteria for the selection of trainers follow a set of conditions such as being active in disaster management and health care programmes, and trained in health education. A set of criteria to assess a participant's evaluation is also applied, in which participants are evaluated

on their results from trial facilitation sessions and a knowledge test in HFMD. The 39 qualified trainers are now included in the pool of trainers for health in emergencies, and the health programme by VNRC.

The past months have seen VNRC complete the selection of 2,910 volunteers. The volunteers are selected following a set of criteria including being active in Red Cross activities in their communities; prior experience in health education and communication; and, being residents at the project sites. Priority is given to women, active in Red Cross activities and younger than 55 years of age, among others. Starting from August through 10 September, VNRC will train these 2,910 volunteers in the communities themselves.

By the beginning of August, 3,400 t-shirts and 3,400 caps were produced and delivered to these eight provinces. These communication items with clear visibility markings are being used in the public campaigns and communication activities in communities by VNRC staff and volunteers throughout the project timeframe. Training materials including a knowledge handbook for volunteers, have been finalized and are ready to be handed out to the volunteers during training.

Communications – advocacy and public information

In the implementation of the communication strategy, VNRC, at both national and provincial levels, has been working with the health authorities on sharing information and the progress of the associated communication activities in HFMD prevention. Advocacy activities have been initiated by eight chapters with the provincial authorities around consistency in key messages, the coordinated communication plan and target areas as well as planned distribution of communication materials. As far as the project progress is concerned, duplication in communication activities has been avoided thanks to coordination by all partners.

After communication efforts to broadcast information on the situation and VNRC's responses in international and national news, VNRC has now been working closely with the national news agencies including TV, newspapers and radio to broadcast the progress of the project via local news channels. Update on project progress is also frequently provided through VNRC's [website](#) and the Humanitarian Magazine to further reach the general public.

Logistics

In the HFMD operation, VNRC follows the national standard procurement procedures for the purchase of soap, communication and visibility items. The call for quotations and the collection of competitive offers have been implemented. A procurement committee has been mobilized to take charge of procurement and to make sure all requirements are met. Selection criteria are inclusive of best offer, quality of service, and delivery in the shortest timeframe. The IFRC in-country office has provided support to VNRC by taking full charge of implementing procurement procedures and monitoring the progress of this activity.

Contact information

For further information specifically related to this operation, please contact:

- **Viet Nam Red Cross:** Mr. Doan Van Thai, vice president/secretary general; phone: +84 913 216549
email: doanvanthai62@yahoo.com.vn
- **IFRC country office, Viet Nam:**
 - Bhupinder Tomar, head of country office, phone +84 904 067 955,
email: bhupinder.tomar@ifrc.org
 - Nuran Higgins, operation manager, phone +84 162 738 9827,
email: nuran.higgins@ifrc.org
 - Ms. Thuan Nguyen, healthcare manager, phone +84 912 256 224,
email: thuan.nguyen@ifrc.org
- **IFRC Southeast Asia regional office, Bangkok:** Anne Leclerc, head of regional office,
phone: +662 661 8201; email: anne.leclerc@ifrc.org

- **IFRC Asia Pacific zone office, Kuala Lumpur:**

- Jerry Talbot, acting head of operations, phone: +603 9207 5700, email: jerry.talbot@ifrc.org
 - Raul Paredes Toledo, operations coordinator, phone: +6012 230 8249, email: raul.paredes@ifrc.org
 - Jim Catampongan, emergency health coordinator, phone: +603 9207 5779, email: jim.catampongan@ifrc.org
 - Alan Bradbury, head of resource mobilization and PMER, phone: +603 9207 5775, email: alan.bradbury@ifrc.org
- Please send all pledges of funding to zonerm.asiapacific@ifrc.org



[Click here](#)

1. [Return](#) to the title page
-

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.
-

MDRVN010 - Vietnam - Hand, Foot and Mouth Disease

Appeal Launch Date: 02 apr 12

Appeal Timeframe: 02 apr 12 to 31 dec 12

Interim Report

Selected Parameters	
Reporting Timeframe	2012/4-2012/7
Budget Timeframe	2012/4-2012/12
Appeal	MDRVN010
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	758,416					758,416	
B. Opening Balance	100,000					100,000	
Income							
Cash contributions							
<i>China Red Cross, Hong Kong branch</i>	25,296					25,296	
<i>Danish Red Cross</i>	76,667					76,667	
<i>European Commission - DG ECHO</i>	324,441					324,441	
<i>Japanese Red Cross Society</i>	25,000					25,000	
<i>Red Cross of Monaco</i>	6,007					6,007	
<i>Singapore Red Cross Society</i>	50,000					50,000	
<i>Swedish Red Cross</i>	66,543					66,543	
<i>The Canadian Red Cross Society</i>	45,586					45,586	
C1. Cash contributions	619,540					619,540	
Other Income							
<i>DREF Allocations</i>	-100,000					-100,000	
C4. Other Income	-100,000					-100,000	
C. Total Income = SUM(C1..C4)	519,540					519,540	
D. Total Funding = B + C	619,540					619,540	
Coverage = DIA	82%					82%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	100,000					100,000	
C. Income	519,540					519,540	
E. Expenditure	-124,689					-124,689	
F. Closing Balance = (B + C + E)	494,850					494,850	

MDRVN010 - Vietnam - Hand, Foot and Mouth Disease

Appeal Launch Date: 02 apr 12

Appeal Timeframe: 02 apr 12 to 31 dec 12

Interim Report

Selected Parameters	
Reporting Timeframe	2012/4-2012/7
Budget Timeframe	2012/4-2012/12
Appeal	MDRVN010
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		758,416					758,416	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene		3,177				3,177	-3,177	
Teaching Materials	63,950						63,950	
Other Supplies & Services	14,310						14,310	
Total Relief items, Construction, Su	78,260	3,177				3,177	75,083	
Logistics, Transport & Storage								
Storage		5				5	-5	
Distribution & Monitoring	41,000						41,000	
Transport & Vehicles Costs		360				360	-360	
Total Logistics, Transport & Storage	41,000	365				365	40,635	
Personnel								
International Staff	56,000	17				17	55,983	
National Staff	17,600	1,468				1,468	16,132	
National Society Staff	214,374	7,330				7,330	207,044	
Total Personnel	287,974	8,814				8,814	279,160	
Consultants & Professional Fees								
Consultants	7,000	2,868				2,868	4,132	
Total Consultants & Professional Fe	7,000	2,868				2,868	4,132	
Workshops & Training								
Workshops & Training	236,703	27,616				27,616	209,088	
Total Workshops & Training	236,703	27,616				27,616	209,088	
General Expenditure								
Travel		9,295				9,295	-9,295	
Information & Public Relations	43,950	53				53	43,897	
Office Costs	4,000	2,084				2,084	1,916	
Communications	12,000	694				694	11,306	
Financial Charges	1,240	-2,652				-2,652	3,892	
Other General Expenses		564				564	-564	
Shared Office and Services Costs		70				70	-70	
Total General Expenditure	61,190	10,107				10,107	51,083	
Operational Provisions								
Operational Provisions		64,131				64,131	-64,131	
Total Operational Provisions		64,131				64,131	-64,131	
Indirect Costs								
Programme & Services Support Recov	46,288	7,610				7,610	38,678	
Total Indirect Costs	46,288	7,610				7,610	38,678	
TOTAL EXPENDITURE (D)	758,416	124,689				124,689	633,726	
VARIANCE (C - D)		633,726				633,726		