

Emergency appeal

Viet Nam: Hand, foot and mouth disease

Emergency appeal n° MDRVN010 Glide no. [EP-2012-000045-VNM](#) 3 April 2012

This emergency appeal seeks CHF 758,416 in cash, kind, or services to support the Viet Nam Red Cross Society to assist 752,255 beneficiaries, including 196,200 direct beneficiaries for nine months, and will be completed by the end of December 2012. A final report will be made available by end of March 2013, three months after the operation ends.

Appeal history:

- Disaster relief emergency fund (DREF): CHF 100,000 was allocated from IFRC's DREF on 2 April 2012 to help initiate response by the national society.

Viet Nam experienced an unprecedented outbreak of hand, foot and mouth disease (HFMD) in 2011, and while appropriate and effective action was taken by Viet Nam Red Cross working with the authorities, the country, as a whole, continues to experience a disturbingly high incidence of the disease.

As of 15 March 2012, the total number of cases reported by all provinces was higher than the annual caseloads in 2009-2010, as well as 7.5 times higher than the same period last year. There is also concern of a further surge of cases in the coming weeks, considering the customary April-May and September-October peaks recorded in previous years.



Since August 2011, messages on how to prevent hand, foot and mouth disease have been disseminated to pre-school teachers, families and caregivers across Viet Nam. However, an intensified concerted effort is still necessary to further mitigate the current high levels of HFMD incidences in the country. Photo: Quang Tuan, Viet Nam Red Cross

Table 1: Comparison of HFMD-related cases of infection and death in January-March 2011 and January-March 2012

	1 Jan – 31 Mar 2011	Jan – 15 Mar 2012
Infection	1,987	15,218
Death	5	11

Source: Ministry of Health, 2012

Building on its successful operation in support of the national efforts to control the HFMD outbreak in 2011 and in response to the request of People's Committees and the Ministry of Health for continued support in

addressing the evolving situation, the Viet Nam Red Cross (VNRC) has now prepared a nine-month plan of action to carry out intensified HFMD communications at community level with the aim of reducing the incidences of HFMD illness and death.

This operation is to be carried out in 13 priority provinces, namely An Giang, Ba Ria-Vung Tau, Ca Mau, Dong Thap, Quang Ngai, Kien Giang, Soc Trang, Hau Giang, Can Tho, Ben Tre, Long An, Vinh Long, Da Nang. The operation will target 196,200 parents and caregivers of children under five years of age. The latter includes teachers and workers in informal day care centres from 540 communes who will be reached through door-to-door visits, day care centre visits, and group discussions. To implement this, VNRC will mobilize 5,400 trained and experienced volunteers equipped with HFMD handbooks and flipcharts, as well as with leaflets and posters which will be distributed to target populations and communities. The target informal day care centres in selected communities will also be provided with soap to reinforce hand hygiene promotion activities.

To ensure that the operation reaches the appropriate communities effectively and accurately, VNRC will continue to coordinate with the Ministry of Health and relevant partners at various levels, and to closely monitor implementation. The national society will also carry out baseline and endline surveys and an operations review from which findings and recommendations will inform capacity building in emergency health preparedness and response which is a long-term priority of VNRC.

[<click for the emergency appeal budget, a map of the affected areas or contact details>](#)

The situation

Hand, foot and mouth disease (HFMD)¹ was first detected in Ho Chi Minh City in 2003, and since then, has occurred yearly in Viet Nam with annual caseloads of between 10,000 to 15,000 recorded in recent years and which seems to continue intensifying. In 2011, HFMD infected an unprecedented number of people from all over the country – with 112,370 cases and 169 deaths² – but with substantial concentration in the southern region.

As of mid-March 2012, the Ministry of Health (MOH) has reported a total of 15,218 recorded cases. This has already surpassed the annual caseloads in 2009 and 2010 and is presently 7.5 times higher than the number of cases recorded at the same time last year³. Almost half of the cases come from the southern region, followed by the northern (33 per cent), central (14 per cent) and central highland regions (five per cent).

While the number of cases reported per week is substantially lower than the figure during the peak of the 2011 outbreak (which was an average of 3,000 cases per week), the MOH reports confirm a slight increase in new cases per week. During weeks eight, nine and ten of 2012, there were 1,709, 1,993 and 2,127 new cases, up by 14.2 per cent and 6.3 per cent in weeks nine and ten respectively⁴. There is concern of a further surge of cases in the coming weeks because HFMD cases in the country usually peak between April-May and September-October.

So far, there are 11 deaths reported, and these have been confirmed to be caused by the HFMD enterovirus 71 (EV71). There is concern that this more virulent serotype is widely circulating⁵ and may cause further severe symptoms, complications or even death among the most susceptible children under five years old. The majority of these children, according to a survey of hospitalized cases in Dong Nai in 2011, come from families living in densely populated areas where housing and sanitation facilities are inadequate and under-developed, and whose heads are internal migrants employed in industrial parks and factories characterized by long working hours. Some of these children are also looked after by caregivers with inadequate hygiene practices, or who are enrolled in informal/household-based day care centres where facilities vary widely in quality, and are beyond the oversight of local education authorities.

¹ HFMD is a common infectious disease caused by a group of enteroviruses, including Coxsackievirus A16 and Enterovirus 71. While majority of the cases are mild to moderate, the increasing circulation of EV71 has raised concerns as it can cause severe disease and even deaths in children. Currently, there is no vaccine for prevention nor specific medication for treatment. Children, particularly those under five, have been most commonly affected by HFMD characterized by fever, skin eruptions or blisters on hands and feet, and vesicles in the mouth.

² MOH 2012. Summary of HFMD situation in Viet Nam, 2011.

³ MOH 2012. Report on the HFMD situation nationwide and implemented activities, dated 9 March 2012.

⁴ MOH 2012. Report on the HFMD situation nationwide and implemented activities, dated 15 March 2012.

⁵ The WHO Western Pacific Regional Office (WPRO) reported that HFMD cases caused by EV71 are slightly increasing in China, while in Singapore the situation is over the epidemic threshold. Source: <http://goo.gl/A5iRl>.

To mitigate the evolving situation, the MOH, since the beginning of January 2012, has issued telegraphs and letters to guide People's Committees and provincial health authorities to strengthen HFMD prevention efforts including early detection, containment, treatment and control; and in the monitoring and evaluation of prevention and control efforts, as well as in the allocation of additional resources for these activities. It has also deployed 12 teams to assist and supervise HFMD prevention and control activities, as well as closely monitor the situation in provinces⁶ with the most reported cases.

The Provincial Committees and the MOH have also asked the Viet Nam Red Cross Society (VNRC) to extend its support in addressing the current situation by carrying out HFMD communications at community level through its network of branches and trained volunteers. It can be recalled that between August-December 2011, VNRC carried out intensive HFMD outbreak communications activities at community level in five severely-affected provinces in the southern region which helped contribute to the reduction of HFMD cases in intervention areas⁷.

Coordination and partnerships

VNRC is an active member of the National Steering Committee for Severe and Emerging Disease Prevention which guides the national response to HFMD. Chaired by the MOH, VNRC participates in regular meetings aimed at providing committee members with the latest on the current situation and to facilitate coordinated multi-sectoral actions. VNRC regularly updated the committee on its ongoing work, particularly risk communication at community level.

Additionally, VNRC consults with the Department of Preventive Medicine (GPDM/MOH) for weekly situation updates and technical guidance on HFMD communications. It coordinates with the National Centre for Health Communication and Education (NCHCE/MOH) which plans to carry out community-level HFMD communications in 20 selected provinces to ensure harmonization of communication materials to ensure there is no duplication in intervention areas, and synchronize planned activities for both organizations. At regional level, VNRC is partners with the Pasteur Institute in Ho Chi Minh City - a technical body supervising and leading disease surveillance and response in the southern region – in the analysis and sharing of situational updates, in conducting training updates for VNRC volunteer facilitators, and in coordinating communication activities.

IFRC takes its role in presenting the VNRC risk communication priorities at coordination meetings with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Initiated in 2011 in response to the evolving HFMD outbreak, IFRC has continued to participate in these meetings to facilitate improved collaboration among national counterparts and their complementary efforts on HFMD prevention and control.

VNRC constantly kept Red Cross Red Crescent Movement partners updated on the HFMD situation and its continuous support to national efforts. On 21 March, it briefed partner national societies with presence in Viet Nam on the latest situation and planned response, as well as encouraged them to collaborate in the response through their ongoing programmes and other means. IFRC, on behalf of VNRC, has alerted partner national societies on HFMD-related developments in the country.

Red Cross and Red Crescent action

The work of VNRC in emergency health, including risk communications for the prevention and control of infectious diseases with epidemic potential, is guided by the 2008 Law on Red Cross Activities⁸ and well as the 2007 Law on Prevention and Control of Infectious Diseases⁹. Highlighting its contribution in protecting and improving public health, these legislations stipulate VNRC's role in disease prevention and health promotion through the mobilization of volunteers and communities. VNRC continues to take this seriously through carrying out community-based disease prevention and health promotion activities, as well as organizational

⁶ Soc Trang, Nam Dinh, Can Tho, Hai Phong, Hai Duong, Ho Chi Minh, Ca Mau, Binh Duong, Quang Tri, Binh Dinh, Phu Yen, Khanh Hoa, Ninh Thuan, Ha Nam, Thai Bih, Lam Dong, Dak Lak, Dak Nong, Gia Lai, Kon Tum

⁷ This was supported by an IFRC Disaster Relief Emergency Fund (DREF) allocation. For details of this operation, please refer to the IFRC website: <http://goo.gl/5gs8S>

⁸ Unofficial English version can be accessed via: <http://goo.gl/yL6NX>

⁹ Unofficial English version can be accessed via: <http://goo.gl/FrrLG>.

preparedness in health emergencies as part of its Development Strategy (VNRC 2020)¹⁰. Supporting VNRC achieve this is a priority of IFRC, as reflected in its country plan for 2012-2015¹¹.

VNRC continues to closely monitor developments in HFMD through engagement with relevant authorities and partners (*please refer to previous section*). Assessment has been done since the outbreak to identify the needs. It also regularly updates branches on the situation, as well as provides guidance on HFMD prevention and control activities.

The needs

While the disease is considered to be mild to moderate, the increasing circulation of EV71 is believed to have caused severe cases and death. The MOH has regarded HFMD as evolving in a complex manner wherein it continues to infect children, despite prevention and control efforts. It has also recognized HFMD to be a difficult disease of which to communicate and influence risk perception within communities about the disease and the appropriate response. While many people in the community are lax regarding this disease, others (usually the parents of sick children) are anxious about the potential impact of this disease on their families. The number of caregivers with good hygiene practices, such as proper hand washing, is also considered low compared to the needs required for effective mitigation measures.

While risk communication efforts for the prevention and control of HFMD have been carried out, these appear to have mixed outcomes. These were attributed to:

- (a) the inability of recent information, education and communication (IEC) materials to reach its key target population of caregivers,
- (b) the limited resources for risk communication,
- (c) the insufficient assessments on appropriate IEC messages, and/or
- (d) the lack of a comprehensive communication plan to set the direction for HFMD communication.

While the MOH, with the support of WHO, has embarked on a project to address the above¹², it is critical at this very moment that effective HFMD communication be brought down to community level and is able to reach the target population.

Immediate needs:

Immediate needs include health education on preventive messages to HFMD among parents, and informal day care centres in the most affected provinces. Interventions are to address hygiene practices in prevention of HFMD, especially hand washing. The target groups include parents, and caregivers of children under five in communities, particularly caregivers from informal day care centres.

The proposed operation

VNRC will carry out a nine-month operation to support national efforts to control the ongoing surge of HFMD cases as well as to address the potential resurgence of the disease in April-May and September-October. This operation aims at contributing to the reduction of HFMD illness and deaths which affects the most susceptible children under five in Viet Nam. The proposed operation has been informed by a series of consultations with GPDM and NCHCE, as well as with the WHO and UNICEF offices in Viet Nam. These consultations enabled VNRC to reconfirm the appropriateness of the proposed areas of intervention, as well as the key messages to be delivered to communities. The operational framework has also been built on the practices and lessons from, as well as the recommendations of the internal review of, the HFMD outbreak response in 2011. IFRC provided technical assistance in these consultations and in the development of the framework; it will accompany VNRC in the implementation and review of this operation.

This operation will directly benefit approximately 196,200 direct beneficiaries consisting of parents and caregivers of children under five as well as workers of informal day care centres¹³ coming from 540 priority

¹⁰ VNRC 2011. Strategy on the Development of the Viet Nam Red Cross Society by 2020.

¹¹ IFRC 2012. Planning framework to support Viet Nam Red Cross Society's Strategy 2020 and Operational Plan 2015. Accessed via: http://www.ifrc.org/docs/appeals/annual12/SP351VN_LTPF12.pdf

¹² Sub-Committee on Communication, Steering Committee for Severe and Emergencies Disease Prevention, 2011. Project Proposal for the Development of Communication Action Plan for Health Emergencies (2012-2016) Based on Lessons Learned from the HFMD Situation in 2011, Nov 2011 – June 2012.

communes through the delivery of essential HFMD awareness and prevention messages undertaken through door-to-door visits, day care centre visits, and focus groups. The remaining 556,055 people are indirect beneficiaries, who will be reached via mass communication channels and public campaigns. These communes will come from provinces which continue to experience high HFMD incidences in 2012, and which have been recommended by both People's Committees and the MOH; they also account for more than a third of the cases and deaths in 2011. Of the 13 targeted provinces, two are from the central region while the rest are from the south; see Table 1 below for names of the provinces and information on cases and deaths reported in 2011 and 2012.

Table 2. Reported HFMD cases and deaths in provinces targeted by VNRC response

Name of province	January-December 2011		January-March 2012	
	Total cases	Total deaths	Total cases	Total deaths
Central region				
Da Nang	827	1	345	1
Quang Ngai	7,149	5	308	-
Southern region				
Ba Ria-Vung Tau	3,659	6	302	1
Long An	2,973	10	243	-
Can Tho	1,191	1	391	1
Soc Trang	3,630	5	210	-
An Giang	2,617	6	484	4
Ben Tre	3,968	3	336	-
Vinh Long	2,464	-	322	1
Dong Thap	6,809	10	835	2
Kien Giang	2,524	4	393	-
Ca Mau	2,337	6	414	-
Hau Giang	1,741	6	308	-
Total	41,889 (37.3%)	63 (37.3%)	4,891 (32%)	10 (91%)
National	112,370	169	15,218	11

Source: Department of Preventive Medicine/MOH, March 2012

To quickly start up operations, VNRC has designated the national and field coordinators and the two field monitors of the 2011 HFMD outbreak response operation to lead and coordinate this operation. They will be reinforced by staff from provincial branches in the southern regions in the implementation and monitoring of activities. Trainers mobilized in last year's response as well as those who completed HFMD awareness and prevention training in February 2012, will be tapped to support the updating and training of commune volunteers; these trainers will be oriented in technical and programmatic adaptations of this operation. In total, some 6,000¹⁴ volunteers and staff will be mobilized by VNRC for this operation.

On the basis of the revised HFMD messages and guidelines recently issued by the MOH, VNRC will conduct rapid reviews of the communication materials – which include a video clip/spot, poster and leaflet – as well as a volunteer handbook and flipchart – before these are reproduced on a larger scale. These were adapted from MOH messages and IFRC-recommended tools¹⁵, and were technically reviewed and endorsed by the MOH before they were used in 2011.

The institutionalization of emergency health preparedness and response capacity is a VNRC priority. It has made sure that baseline-end line surveys and an operations review are included in the plan of action to document this valuable experience and inform its future capacity building efforts.

¹³ Children most susceptible to HFMD are aged 1-3 years, and are usually enrolled in informal and household-based day care centres – because they are not yet eligible for enrolment in formal pre-schools. These centres, which can be both registered and unregistered, have wide variability in the quality of facilities and teachers/caregivers (the latter usually complete a six-month training). VNRC will focus on these centres because the latter are not reached by local education authorities who have people assigned to oversee communal pre-school operations and have provided guidelines, communication and disinfection materials to formal day care centres. (Source: Catampongan, 2011.)

¹⁴ These 6,000 volunteers will be selected through the VNRC 5,400 volunteers, 5,400 commune staff and 60 other staff network

¹⁵ These consist of the (a) Epidemic Control for Volunteers (ECV) toolkit and training manual, (b) Best Defense communication campaigns, and (c) Humanitarian Pandemic Preparedness (H2P) Programme community planning and communication tools.

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, 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.

Communications – Advocacy and Public information

Continuing its partnership with the health sector, VNRC will contribute to the wider knowledge of working with communities to further reduce the spread, illness and deaths caused by HFMD through sharing its experiences at relevant meetings at national and provincial levels. Activities to improve reporting within VNRC's system will help to provide a better understanding of the situation and the appropriateness of responses in communities; and will be used to inform decision-making in health in emergency in VNRC and with partners. Results of the baseline and end-line survey will be shared with relevant stakeholders to contribute to better knowledge of risky behaviour and practices that could lead to a high rate of HFMD cases as well as how community members can be best informed to prevent their children from getting the disease in Viet Nam.

In addition, VNRC will actively engage in dialogue and sharing information regarding response plans with the Ministry of Health and centres for health education and communication to avoid duplication and encourage improvement in coordinating HFMD responses in general.

All mass media channels will be used to maintain a high level of public awareness around preventative measures and safeguards against HFMD. Photographs and news stories will also be generated and disseminated via IFRC communications platforms and shared with Red Cross Red Crescent partners. Knowledge and experiences from VNRC in tackling HFMD would benefit other national societies within the Red Cross Red Crescent Movement for similar operations.

Logistics

For the success of this operation, IFRC will liaise and coordinate actions with all appropriate key logistics actors to ensure that the operation uses all information and resources as efficiently and effectively as possible to facilitate efficient and timely coordination and delivery of logistics support.

As required, this operation will:

- Carry out local procurement following International Federation procedures and processes with support as required from the Asia Pacific zone logistics unit (ZLU) and given the nature of this operation.
- Assess and reinforce the local logistics capacity as needed.

Capacity of the National Society

In recent years, VNRC has improved its overall capacity in disaster response and specifically, in response to the outbreak of disease. Its current experiences in response to HFMD, dengue fever and influenza pandemics have helped VNRC build a network of trained instructors and volunteers as well as tools such as guidelines, IEC materials and a partnership platform for further scaling up and better response activities.

VNRC has already gained some experience in preparing for and responding to public health threats of infectious diseases – both new or re-emerging. Through its network of branches and volunteers in communities, the national society contributed to preparedness efforts in the severe acute respiratory syndrome (SARS) outbreak, HPAI H5N1, H1N1 pandemic and response (2008-2010), and the recent HFMD outbreak (2011).

In addition to its successful response to the unprecedented HFMD outbreak in 2011, VNRC continued HFMD communications at community level in nine provinces¹⁶ of the southern region which continued to report new HFMD cases. Supported by the emergency health component of the Mekong delta floods [emergency appeal](#)¹⁷, VNRC updated the knowledge of 25 provincial and district chapter health officers from the nine provinces who then conducted individual and focus group sessions with mothers and caregivers of children under five in priority districts. These were reinforced by the reproduction of 100,000 HFMD leaflets first produced in 2011 and which are currently being distributed equally to all districts of nine provinces, including Phu Yen, Dong Thap, Ca Mau, Binh Thuan, Ba Ria – Vung Tau, Long An, An Giang, Kien Giang, Dong Thap, and Tra Vinh.

In particular, there have been five chapters (with one in the north, one in the central region and three in the southern part of Viet Nam) who are experienced in implementing HFMD emergency response. There are at least 55 trained instructors, 180 already trained volunteers in Dong Thap, Long An and An Giang and, and volunteer tools as well as key educational materials for target groups in HFMD. These resources will be mobilized and used for the response activities in 2012 and thus, help reinforce their disease outbreak response mechanism to enable more rapid and effective deployment as needed.

VNRC is also keen on taking identified lessons learnt from the previous year's operation in HFMD in the areas of planning, monitoring, evaluation and reporting (PMER) as well as the timely procurement and delivery of IEC materials into this 2012 response plan. Related support activities for PMER are built into the project

¹⁶ Phu Yen, Binh Thuan, Dong Thap, Ca Mau, Ba Ria-Vung Tau, An Giang, Long An, Kien Giang, and Tra Vinh

¹⁷ IFRC. Emergency Appeal: Viet Nam - Mekong Delta Floods (MDRVN009). Accessed via: <http://goo.gl/fmbpU>.

design and experienced staff at various levels of VNRC will be mobilized in the relevant areas during implementation.

Capacity of IFRC

The IFRC Secretariat will continue to provide technical support via its relevant *health in emergency* structure at zone and regional level via their respective health units while the IFRC office in-country will assist VNRC in the daily management of the operation.

IFRC will work together with VNRC in its coordination efforts with its counterparts such as WHO and UNICEF at both in-country and regional levels where appropriate, to be better informed of the HFMD situation and subsequent response activities. Together with VNRC, lessons learnt from the operation will be made available for knowledge sharing with both national counterparts and other national societies.

Throughout implementation, advocacy and strategic management will be supported by the head of the country office, while operational management will be looked after by a team of national and international staff, who currently work actively in health in emergencies as well as the Mekong Delta flood operation in the south of Viet Nam.

Budget summary

See attached budget for details.

Jagan Chapagain
Acting Undersecretary General
Programme Services Division

Bekele Geleta
Secretary General

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, Kuala Lumpur:**
 - Al Panico, head of operations, phone: +603 9207 5700, email: al.panico@ifrc.org :
 - Heikki Väättämoinen, operations coordinator, phone: +6012 2307895, email: heikki.vaatamoinen@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.orgPlease send all pledges of funding to zonerm.asiapacific@ifrc.org



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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.

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IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

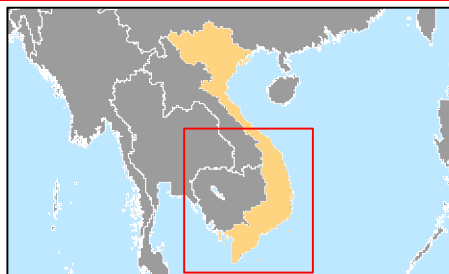
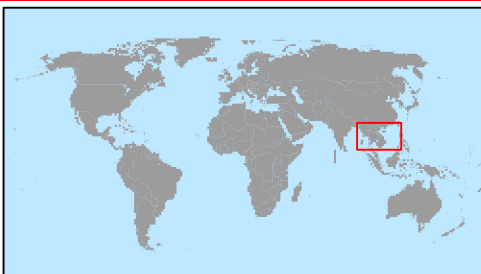
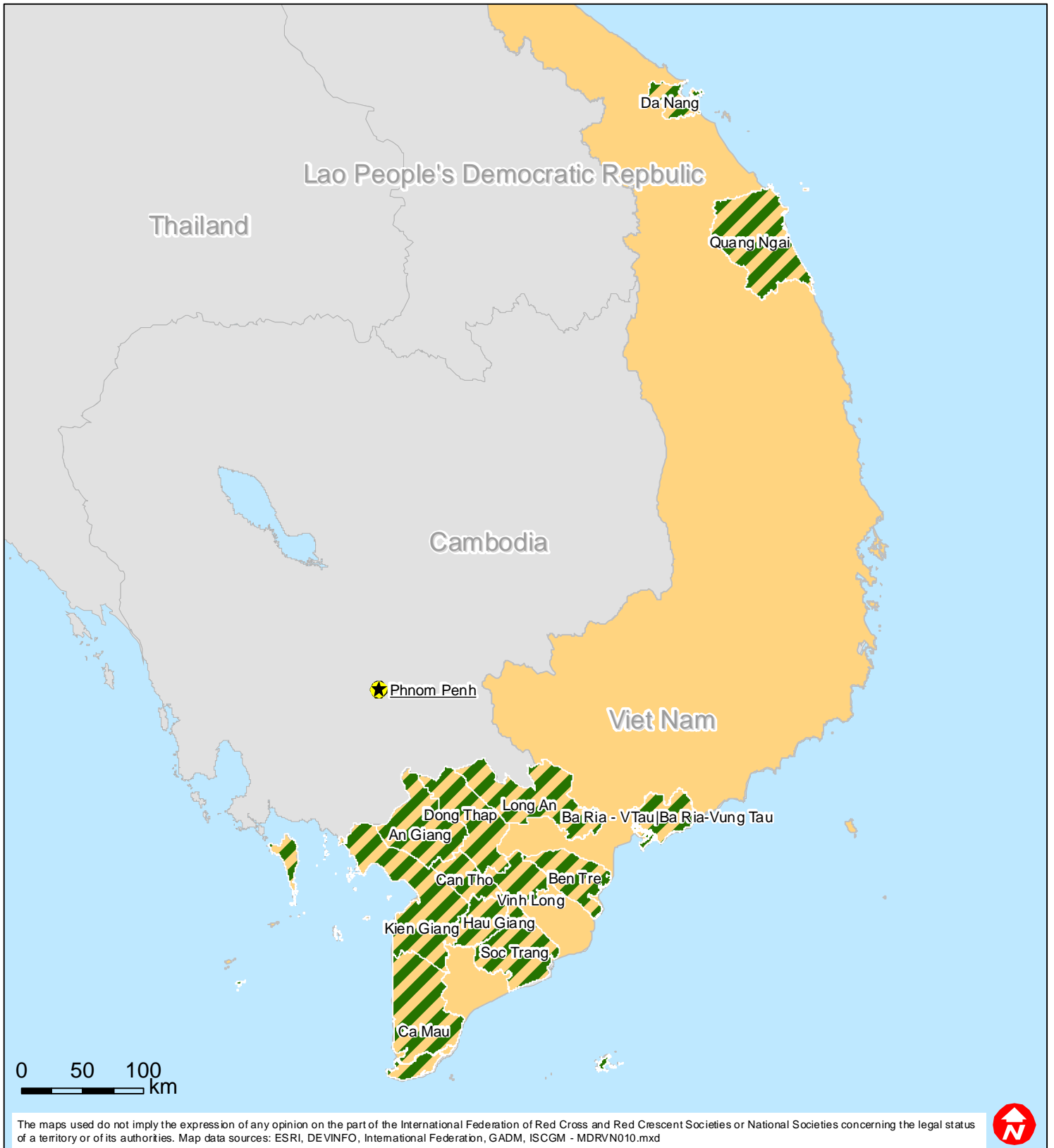
1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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BUDGET SUMMARY

Budget Group	Multilateral Response	TOTAL BUDGET CHF
Teaching Materials	63,950	63,950
Other Supplies & Services & Cash Disbursements	14,310	14,310
Total Supplies	78,260	78,260
Distribution & Monitoring	41,000	41,000
Total Transport & Storage	41,000	41,000
International Staff	56,000	56,000
National Staff	17,600	17,600
National Society Staff	214,374	214,374
Consultants	7,000	7,000
Total Personnel	294,974	294,974
Workshops & Training	236,704	236,704
Total Workshops & Training	236,704	236,704
Information & Public Relations	43,950	43,950
Office Costs	4,000	4,000
Communications	12,000	12,000
Financial Charges	1,240	1,240
Total General Expenditure	61,190	61,190
Programme Support	46,288	46,288
Total Programme Support	46,288	46,288
EMERGENCY APPEAL NEEDS	758,416	758,416



Viet Nam: Epidemic



 Districts targeted by VNRC