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DREF operation update

Viet Nam: Hand, foot and mouth disease

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRVN008
GLIDE n° EP-2011-000103-VNM
Update n° 2
23 October 2011

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

Period covered by this update:
5 September to 5 October 2011

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

In the past month, the Viet Nam Red Cross (VNRC) has focused on the adaptation and finalization of information communication and education (IEC) materials, including a set of posters, leaflets, community action tools and a video clip to disseminate HFMD preventive messages. In addition to these IEC materials, training for national response teams and selected volunteers in five provinces has been completed in order to roll out community actions in the coming weeks. VNRC also continues to provide guidance to affected chapters in the southern part of the country, whom are not covered by the current DREF, in the use of existing tools to train volunteers and guide community members in the prevention of and response to HFMD.

This HFMD operation is expected to be implemented over four months, and be completed by 30 November 2011.

IFRC thanks the European Commission Humanitarian Aid and Civil Protection (DG ECHO) and Canadian Red Cross for contributing towards the replenishment of the DREF under this operation.



A member of the VNRC national disaster response team, gathers information from a teacher of an informal day-care centre in late August 2011. This collective information served as a basis for the finalization of the HFMD response plan. (Photo: Quang Tuan, Viet Nam Red Cross)

The situation

In the last week of September 2011, the overall incidence of hand, foot and mouth disease (HFMD) in Viet Nam showed a small reduction in comparison to the previous two weeks, declining from some 2,500 new cases per week to 2,091 cases in the same interval. While reports of new cases appeared to increase slightly in the North and Central parts of the country, new cases in the southern provinces during the last week of September showed some decrease compared to previous weeks.

In general, the Ministry of Health has reported a total of 61,805 cases of HFMD, with 114 deaths from 24 provinces. Twenty provinces in the South account for about 70 per cent of all infected cases and 89.2 per cent of reported deaths. The disease has further spread to Central and Northern provinces of the country. There are more new cases reported in all four provinces in the Central Highland while in Hanoi, a three-year-old child whose tests were EV71-positive, was reported dead due to HFMD on 20 September. This is the first reported case of fatality in the capital this year, due to HFMD.

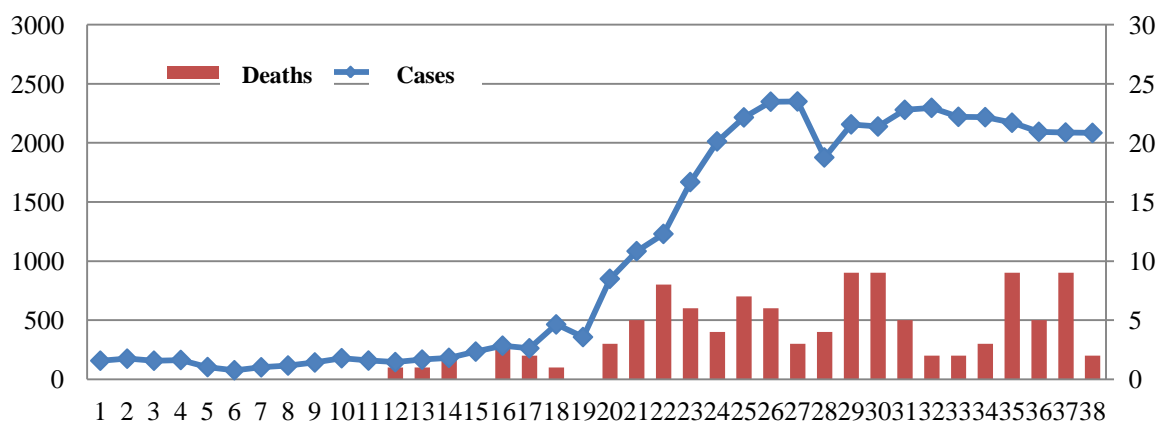
In the past three weeks of September, two typhoons have struck the north and central of Viet Nam while in the south, flooding has become worse. As the Mekong river level climbs to 3 and sea tides remain high, it will take time for water to be drained from the flooded areas. It is anticipated that many people in this area will have to live with these floodwaters for an extended period of time.

To date, there have been 43 deaths, including 38 children due to these Mekong floods. Rapid damage assessment in the Mekong area also shows that more than 71,700 houses have been flooded out; while over 18,600 hectares of rice and over 7,000 hectares of other crops have been destroyed. To date, it is estimated that more than 350,000 people are affected. Huge quantities of fish have been lost due to flooding of 1,141 hectares of fish farming ponds. According to the results of a joint assessment team, the urgent needs of affected people are safe water, sanitation, food security and child protection. The flood and its impacts will possibly make those affected more vulnerable to HFMD infections and other water-borne diseases.

Quang Ngai, Ho Chi Minh, Dong Thap, Hoa Binh and Dong Nai were among the provinces with the highest number of cases in the last week of September. In Ho Chi Minh City alone, the current death toll reached 26 and the city remains at the top of the most affected in the south for both infection and fatalities. Quang Ngai province reported the highest cases of infection towards end-September among central provinces, with 6,099 infected cases and five deaths. In Binh Duong province, the chapter reported 1,964 infected cases and nine fatalities. Thanh Hoa province reports the highest cases of HFMD infection in the northern part of Viet Nam; there were 2,349 infected cases of HFMD, including one death and also in the last week of September, 288 new cases were reported in this province.

HFMD Cases and deaths by week

Source: Ministry of Health, Pasteur Institute Ho Chi Minh, updated as of 23 September 2011



Given that HFMD continues to spread widely among communities, the need for mitigation and appropriate effective response at community and household levels is even more pressing than ever. At national level, the Ministry of Health has been working with WHO, UNICEF and the US centers for disease control and prevention (CDC US) on disease investigation, study and possible assistance to limit impact from the disease.

Coordination and partnerships

VNRC continues to work in close partnership with both the health sector and the People's Committee at various levels to respond to HFMD. VNRC chapters have shared information in regard to the number and location of infected cases for regular updates to VNRC headquarters. At national level, VNRC also work with the national centre for health education on coordinated key messages and information, education and communications (IEC) materials. The national television network also took part in coordination between the national ministry of health and VNRC with broadcasting time and TV clip production.

In addition to working closely with the health sector, the partnership between VNRC and the education sector has also been strengthened. At provincial level, the chapters have collaborated with relevant authorities to select informal day-care centres in target areas for education on HFMD for care givers and teachers. As VNRC covers the informal schools for small children in this respect, the health and education sector continue working together to scale up responses following the formal education system, targeting formal kindergarten and primary schools.

As the HFMD situation is only slowing down in these weeks, VNRC and the delegation also engage in dialogue with WHO, UNICEF in updates and planned responses to HFMD.

Red Cross and Red Crescent action

Continuing to build on capacity and expand its network trained in pandemic preparedness and community-based health and first aid (CBHFA), VNRC has mobilized its pool of trainers to quickly update and train staff and volunteers on relevant HFMD topics. Existing mapping and data of trained instructors was used and helped VNRC to identify capable trainers for the course. Participants from seven chapters were trained, of whom five chapters are supported by this DREF operation while the other two chapters, Tien Giang and Ben Tre were able to mobilize financial support from the local *health in emergency* fund for the training of volunteers and local HFMD campaigns.

VNRC has showed its capacity to deal with more than one complex disaster at the same time by continuing activities in response to HFMD, and beginning immediate action to reduce impact due to the Mekong flooding.



On the right, a kindergarten teacher in informal day-care central teaches small children the how and why of hand-washing during critical times in Dong Nai province. (Photo: Quang Tuan, Viet Nam Red Cross)
On the left, printed IEC materials with key messages in HFMD by VNRC

Progress towards outcomes

Overall goal for emergency health response:

To contribute to the reduction of illness, death and impact of HFMD in five severely-affected provinces in southern Viet Nam.

Specific objectives:

Emergency health
<p>Outcome: Targeted population in 75 communes in five severely affected provinces have improved knowledge and practices in the prevention and control of hand, foot and mouth disease (HFMD).</p>
<p>Output 1: Essential HFMD prevention messages and items are accessible to target population</p> <ol style="list-style-type: none"> 1.1. Broadcast HFMD prevention messages for three months via national and regional communication channels 1.2. Distribute 130,000 leaflets containing HFMD basic facts and prevention messages to selected households 1.3. Distribute 500 posters to selected 2,250 informal pre-schools and 75 communities 1.4. Conduct 3,765 sensitization meetings and demonstrations on prevention measures 1.5. Provide 2,250 informal pre-schools and day-care centres with soap alongside communication activities
<p>Output 2. Viet Nam Red Cross branches and volunteers are able to mobilize communities for HFMD prevention and control</p> <ol style="list-style-type: none"> 2.1. Activate Viet Nam Red Cross national and provincial emergency health teams 2.2. Conduct assessment and consultation at various levels to inform the finalization of plan of action 2.3. Refresh/update 30 provincial trainers on HFMD, epidemic control and facilitation/community mobilization skills 2.4. Conduct 30 training courses to refresh/train 750 selected community volunteers 2.5. Provide 750 volunteers with HFMD education toolkit and visibility materials
<p>Management</p> <ol style="list-style-type: none"> 3.1. Conduct start-up meeting with branches involved in operation as well as external partners 3.2. Conduct base-line and end-line surveys to measure effectiveness of Viet Nam Red Cross contribution to HFMD prevention and control efforts 3.3. Conduct regular monitoring and review visits to selected provinces 3.4. Produce monthly reports on the four-month operation 3.5. Conduct operations review to capture lessons learnt and practices

Activities implemented:

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

Starting from late August, the Viet Nam Red Cross (VNRC) has adapted key messages from previous global and national information, education and communication (IEC) materials on influenza pandemic and national messages on hand, foot and mouth disease.

From mid-September, a set of IEC materials that includes a series of five posters, leaflets, flipchart and a TV clip have been finalized and produced. The TV clip was adapted and broadcast on national TV from 27 September, seven times a week, at prime time every day. This was made possible owing to successful negotiation between VNRC and the national TV. The broadcast continue throughout September and October. In addition to printed materials, anti bacterial hand-soap is also being distributed to the targeted population. VNRC has started the distribution of those materials to communities on the first week of October.

Table 1: Distribution of IEC materials and soap to reinforce behaviour change communication in HFMD

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

The printing and distribution of IEC material at chapter level was completed by the first week of October, while soap was procured and distributed to four chapters in the second week of October. Dong Nai chapter is the only chapter to have received soap from local resources and is ready to distribute to beneficiaries together with printed materials. From October to November 2011, VNRC will start interventions to target households and informal day-care centres in the communities in five selected provinces according to the plan.

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

Using its network of trainers in pandemic preparedness and emergency health, VNRC has mobilized those active and sufficiently capable in the implementation of the HFMD operation. An assessment to consult local health services and authorities as well as the World Health Organization (WHO) was carried out in the last week of August with technical support from the Asia Pacific zone health-in-emergency coordinator and the country office team. Outcomes of the assessment consist of reports, inputs for finalization of the work plan and strengthening cooperation with the health agencies in charge, particularly the Ho Chi Minh Pasteur Institute.



The full set of the IFRC epidemic control for volunteers toolkit and training manual was adapted, translated and printed for the training of instructors and volunteers. From 7 to 9 September, 27 trainers from VNRC headquarters and chapters were taken through a refresher session with the additional topic of HFMD (*adjacent photos by VNRC*). This session provided participants with better knowledge of HFMD prevention and control as well as helped reinforce knowledge and skills for volunteer management, and behaviour change communication. After the training of trainers, 750 selected volunteers were trained and by 10 October, all training activities were completed, with volunteers being ready to conduct sensitization and education in their communities.



Management

On 26 August, VNRC organized a start-up meeting with some 70 participants from all five selected provinces and key stakeholders coming from the Ministry of Health, the Pasteur Institute in Ho Chi Minh, and WHO as well as provincial authorities including the education and health sectors. The outcomes of the meeting were to present VNRC's operational plan, sensitize participants to the situation, and provide better knowledge of HFMD in Viet Nam and worldwide, as well as strengthen commitments from different stakeholders on synergies in disease prevention and mitigation efforts.

An external consultant was also hired from beginning of September to develop tools for baseline survey collection. A sample of 450 parents of children under six years old and 390 care givers were selected and interviewed. Guidelines for interviews were also provided to data collectors and by end of September, data collection was complete. The consultant is currently working on data processing and analysis.

Table 2: Sample size of baseline survey in HFMD operation

Province	No. of communes surveyed	No. of villages surveyed	No. of parents with children under six years old	No. of care givers from informal centres
Thanh Hoa	4	4	60	52
Quang Ngai	4	4	60	52
Binh Duong	8	8	120	104
Dong Nai	8	8	120	104
HCM City	6	6	90	78
Total	30	30	450	390

During the implementation, VNRC mobilized two staff from the Ho Chi Minh City representative office to support monitoring the training for volunteers in the three targeted provinces of Ho Chi Minh City, Dong Nai and Binh Duong. In addition, the VNRC headquarters has organized two monitoring trips to Quang Ngai and Thanh Hoa to support the training for volunteers.

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

In Binh Duong, the chapter has initiated cooperation with a major rubber processing firm which has many branches in the province and numerous employees to help educate parents and care givers in HFMD. The chapter is also working in cooperation with the provincial health department to educate school teachers with key messages.

In Thanh Hoa, the chapter has activated its health-in-emergency response team. They have selected 52 informal day-care centres as well as households with children under six years old in four communes for future interventions.

A summary of targeted communes and beneficiaries is reflected in the table below:

Table 3. Summary of target communes and beneficiaries

Province	No. of selected communes	Target households with children under six year old	Target informal day-care centres	No. of target people through sensitization
Ho Chi Minh	15	24,000	300	1,050
Binh Duong	20	32,000	400	1,400
Dong Nai	20	32,000	400	1,400
Quang Ngai	10	16,000	200	700
Thanh Hoa	10	16,000	200	700
Total	75	120,000	1,500	5,250

In terms of reporting, VNRC headquarters has supported chapters in carrying out weekly and monthly reports; however, this remains a challenge. Also at the same time, many chapters in Viet Nam are organizing their five-year congress, particularly those in the Mekong region in the South which also have to implement first aid and disaster response due to the current [flood situation](#). These activities currently disrupt the reporting routine but it is anticipated the situation will return to normal in the coming weeks.

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DREF history:

- This DREF was initially allocated on 5 August 2011 for CHF 127,211 for four months to assist 113,625 beneficiaries.
- This is the second DREF operation update issued.



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How we work

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

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



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

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

Selected Parameters	
Reporting Timeframe	2011/8-2011/8
Budget Timeframe	2011/8-2011/12
Appeal	MDRVN008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

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

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	127,221					127,221
E. Expenditure	-7,617					-7,617
F. Closing Balance = (B + C + E)	119,604					119,604

International Federation of Red Cross and Red Crescent Societies
MDRVN008 - Vietnam - Hand, Foot and Mouth Disease

Appeal Launch Date: 05 aug 11

Appeal Timeframe: 05 aug 11 to 05 dec 11

Interim Report

Selected Parameters	
Reporting Timeframe	2011/8-2011/8
Budget Timeframe	2011/8-2011/12
Appeal	MDRVN008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

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)		127,222					127,222	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	8,870							8,870
Total Relief items, Construction, Suj	8,870							8,870
Logistics, Transport & Storage								
Distribution & Monitoring	10,000							10,000
Total Logistics, Transport & Storage	10,000							10,000
Personnel								
National Staff	3,800	900				900		2,900
National Society Staff	5,739							5,739
Volunteers	14,674							14,674
Total Personnel	24,213	900				900		23,313
Consultants & Professional Fees								
Consultants	2,000							2,000
Total Consultants & Professional Fe	2,000							2,000
Workshops & Training								
Workshops & Training	34,304	401				401		33,903
Total Workshops & Training	34,304	401				401		33,903
General Expenditure								
Travel	5,900	12				12		5,888
Information & Public Relations	31,870							31,870
Communications	1,300							1,300
Financial Charges	1,000	-150				-150		1,150
Total General Expenditure	40,070	-137				-137		40,207
Operational Provisions								
Operational Provisions		5,988				5,988		-5,988
Total Operational Provisions		5,988				5,988		-5,988
Indirect Costs								
Programme & Services Support Recov	7,765	465				465		7,300
Total Indirect Costs	7,765	465				465		7,300
TOTAL EXPENDITURE (D)	127,222	7,617				7,617		119,605
VARIANCE (C - D)		119,605					119,605	