


www.ifrc.org  
Saving lives,  
changing minds.

## 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° 3**  
**23 November 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 October to 5 November 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 (VNRC) in delivering assistance to 113,625 beneficiaries in the prevention of and response to hand, foot and mouth disease (HFMD).

The focus of VNRC in the past month has been on rolling out educational information and communication to improve the knowledge and practice of parents and care-givers of children under five. Engaging active volunteers, working alongside health authorities to tackle the increase in new cases of HFMD is also an emphasis in the work of VNRC at all levels.



**Two mothers receiving leaflets with information and pictures on symptoms, preventive measures in HFMD.**  
(Photo: Quang Dat, Viet Nam Red Cross)

During the past month, provinces in the south and central parts of Viet Nam were severely affected by a number of serious floods that resulted in submerged houses and additional challenges for the Red Cross volunteers to carry out house-to-house educational activities. Given this alteration of circumstances, **this DREF operation is expected to be completed by 30 December 2011.** This is to give VNRC an additional month to allow sufficient time to complete all the deliverables as planned. There is no change to the budget. In addition, this extension allows VNRC to coordinate among trained instructors and volunteers to conduct campaigns and disseminate preventive messages to flood-affected areas.

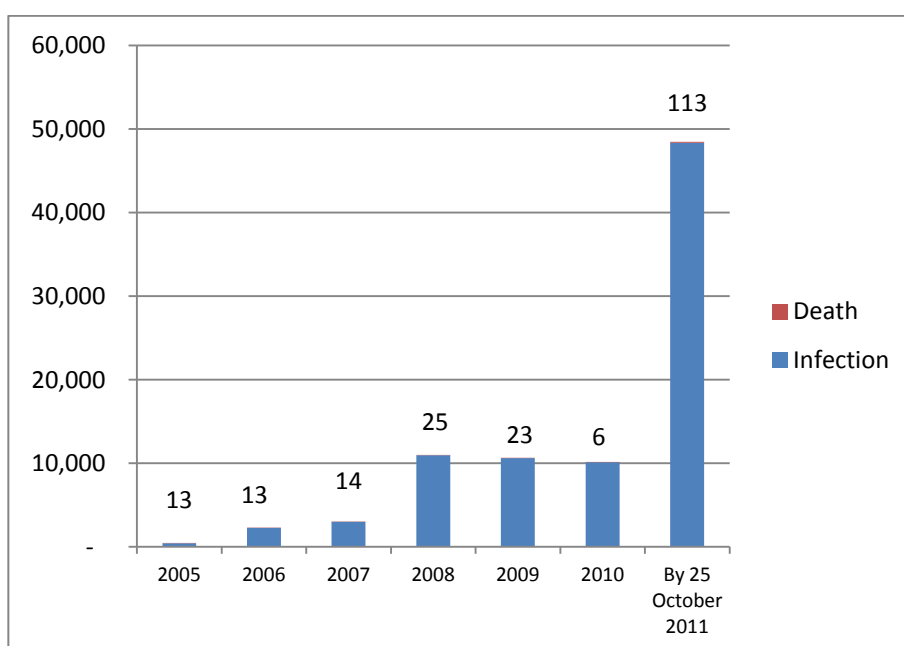
IFRC thanks the European Commission Humanitarian Aid and Civil Protection (DG ECHO) and Canadian Red Cross for contributing towards the replenishment of the DREF under this operation.

[<click for the interim financial report, or contact details>](#)

## The situation

The number of cases reported per week appears to be declining: from 2,900 cases per week in early October, the Ministry of Health is currently reporting 2,500 new cases of infections per week. However, the outbreak has resulted in 77,895 cases and 137 deaths reported. All provinces have reported HFMD cases while fatalities are reported in 27 provinces. Ministry of Health statistics show 65.1 per cent of new cases are reported from the south of Viet Nam, as well as 89.1 per cent of overall fatalities.

Ho Chi Minh City, Dong Nai, and Binh Duong are among the three provinces with the highest death rates, as reported by the Ministry of Health on 11 November; however, new cases per week have shown a decline in comparison to previous weeks. Similar to these three provinces, Quang Ngai province in the central part of the country has also shown a lower number of cases per week, although Thanh Hoa province in the north has reported a slight increase in new cases during the same intervals



**Chart 1:**

**Cases of HFMD infection and death in 20 southern provinces in Viet Nam from 2005 to the 41<sup>st</sup> week of 2011.**  
(Source: Ho Chi Minh Pasteur Institute, October 2011)

Since the beginning of October 2011, provinces in the Southern part have been also affected by long-drawn flooding, which has submerged many households in Long An, An Giang, Dong Thap, An Giang, Tien Giang and Can Tho. All these provinces are also areas in which a high number of HFMD cases have been reported. The table below shows the latest update on cases of HFMD in provinces affected by the Mekong Delta floods.

Provinces	Infections	Deaths
Dong Nai	6,289	24
Dong Thap	4,566	6
Tien Giang	2,644	5
Long An	2,290	7
An Giang	1,370	4
Can Tho	743	1
<b>TOTAL</b>	<b>17,902</b>	<b>47</b>

**Table 1: Accumulated infection and death cases in six flood-affected provinces up to 25 October 2011.**  
(Source: Ho Chi Minh Pasteur Institute)

As the HFMD cycle has started its second peak with a much higher number of infection cases reported, the beginning of November saw some provinces such as Ninh Thuan declare HFMD a local epidemic.

Provinces have acknowledged the gaps in communication of risk and prevention to target groups and efforts are being made to improve the knowledge and practice of care-givers and adults who are in contact with children under five years of age. On the national level, the Ministry of Health recently announced that HFMD in the country was not presently being classified an epidemic but has called upon provinces to mobilize all resources within their capacity to respond more effectively to the current situation to ensure the outbreak does not reach epidemic proportions. In acknowledgement of the challenge in communicating to the public about a widespread disease such as HFMD and the fact it has taken lives of several children, the Ministry of Health is in the process of developing an action plan for communication of health in emergencies 2012-2016, in incorporation of lessons learnt from the response to the HFMD outbreak.

## Coordination and partnerships

Continued existing partnership between VNRC and the preventive health system has helped VNRC chapters and branches to work in close collaboration with provincial and district centres of preventive health on implementing interventions. Weekly information sharing and monthly reporting on HFMD between two agencies have also been activated to support making interventions more effective in response to the current situation. VNRC has also been working together with local authorities to coordinate responses by other stakeholders. In District 8 in Ho Chi Minh City, the branch has been very pro-active in engaging and coordinating with the district health centre, and World Vision in communication activities.

At national level, VNRC has participated in joint meetings with Ministry of Health and World Health Organization (WHO) as well as UNICEF on the design of extended communication activities to reach out to more provinces. This is to respond to the worsening HFMD situation in other parts of the country such as north and central, apart from the southern area where HFMD has been more problematic since May. VNRC also actively shared experiences in developing information, educational and communication (IEC) materials and house-to-house education focusing on non-targeted groups of care-givers and parents in communities. IEC materials that have been produced in the operation were also shared by VNRC with provincial chapters for further dissemination.

Several chapters such as Binh Duong, Ben Tre, and Tien Giang, have been in collaboration with the provincial health authorities for shared resources and coordinated key messages. At community level, health workers and Red Cross volunteers work together to disseminate IEC materials as well as carrying out health education activities and health promotional events.

## Red Cross and Red Crescent action

Through the existing partnership and collaboration between the Red Cross and the health sector at local level, several chapters have been working alongside local and health authorities to reach target audiences in prevention of HFMD. In provinces not covered by this operation such as Tien Giang, Vinh Long, Ben Tre, and Can Tho, hundreds of volunteers have also been trained to conduct house-to-house and public education on HFMD.

Following reports from Ben Tre chapter, six local campaigns were organized in October, reaching more than 1,000 people who are parents of children under five years. Some 100 trained volunteers in community-based health and first aid (CBHFA) were further trained to respond to situations caused by HFMD by locally mobilized resources; and who have been conducting house-to-house education with an aim of providing knowledge of HFMD prevention to 2,000 households and six pre-schools in Son Dong and Phu Nhuan Commune, Ben Tre City.

At present, VNRC is working in coordination with chapters who are implementing the current operation to support the three provinces affected by the Mekong delta floods, through training volunteers and rolling out behaviour change communication in dengue fever and HFMD.



A public event held by VNRC's Ho Chi Minh Chapter to disseminate knowledge and information of HFMD prevention. (Photo: Viet Nam Red Cross)

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

## Activities implemented:

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

During October, VNRC has used multiple communication channels to reach to care-givers and parents of children under five years of age in five provinces. A 30-second clip with preventive messages has been broadcast on national TV channel at primetime on a daily basis to reach to the general public country-wide. Up to 1,000 sets of posters, each consisting of five key HFMD prevention messages, have been posted in public places in 75 communes in five target provinces. Also, 12 public campaigns have been organized with participation of mothers and care-givers of children under five. In the meantime, 750 trained VNRC volunteers have reached 2,250 day-care centres through the distribution of soap and leaflets, and conducting HFMD awareness and prevention sessions. In addition, the volunteers have been carrying out sensitization activities by group and at household-level for beneficiaries, using colour printed flipcharts and leaflets.

Province	Day-care centres reached	Distributed soap for one-month use	Active volunteers	Distributed leaflets <sup>1</sup>
Ho Chi Minh	450	1,800	150	√
Binh Duong	600	2,400	200	√
Dong Nai	600	2,400	200	√
Quang Ngai	300	1,200	100	√
Thanh Hoa	300	1,200	100	√
<b>Total</b>	<b>2,250</b>	<b>9,000</b>	<b>750</b>	

Table 2: Day-care centres by province reached through trained volunteers

While community sensitization meetings have been started by volunteers, house-to-house education provided by volunteers to families with children under five-year old suffered some delay. This has been due to a high concentration of public campaigns organized in October. In addition, the volunteers of three chapters in the South consisting of Ho Chi Minh, Dong Nai, and Binh Duong have been facing some unexpected challenges with flooding due to heavy rain and insufficient drainage systems in the city areas which made it difficult to reach households. Throughout monitoring activities that were implemented in October, it was proposed that volunteers be given one extra month to carry out education at household level. Additional follow-up and monitoring have also been added to the work plan to both manage and track the progress of the operation against the plan and the current situation, should the spread of HFMD worsen.



Right: A young community member participates in a hand-washing demonstration during a public campaign in District 8, Ho Chi Minh City in October 2011. (Photo: Minh Nhat, Viet Nam Red Cross)

Left: Posters with key prevention messages of VNRC are shown in public places in Ho Chi Minh City. (Photo by Minh Nhat, Viet Nam Red Cross)

<sup>1</sup> Exact quantity of distributed leaflets by volunteers will be reported in the next operations update.

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

In the past month, 750 active and trained volunteers, along with the staff of Viet Nam Red Cross in five selected provinces, have been able to engage about 4,000 mothers and care-givers through public campaigns. In strong partnership with the local Women's Union and Preventive Health agency, VNRC has provided participants with knowledge of HFMD prevention and demonstrations on hand-washing through attractive presentations, games, songs and community performances. In all public campaigns, posters and banners with Red Cross visibility have been used as well as printed IEC materials from the operation.

Province	Red Cross T-shirts for volunteers	Tokens with Red Cross logos and key messages on HFMD prevention for participants at public campaigns
Ho Chi Minh	160	1,050
Binh Duong	210	1,400
Dong Nai	210	Delayed
Quang Ngai	110	700
Thanh Hoa	110	700
Headquarters	10	
<b>Total</b>	<b>800</b>	<b>3,850</b>

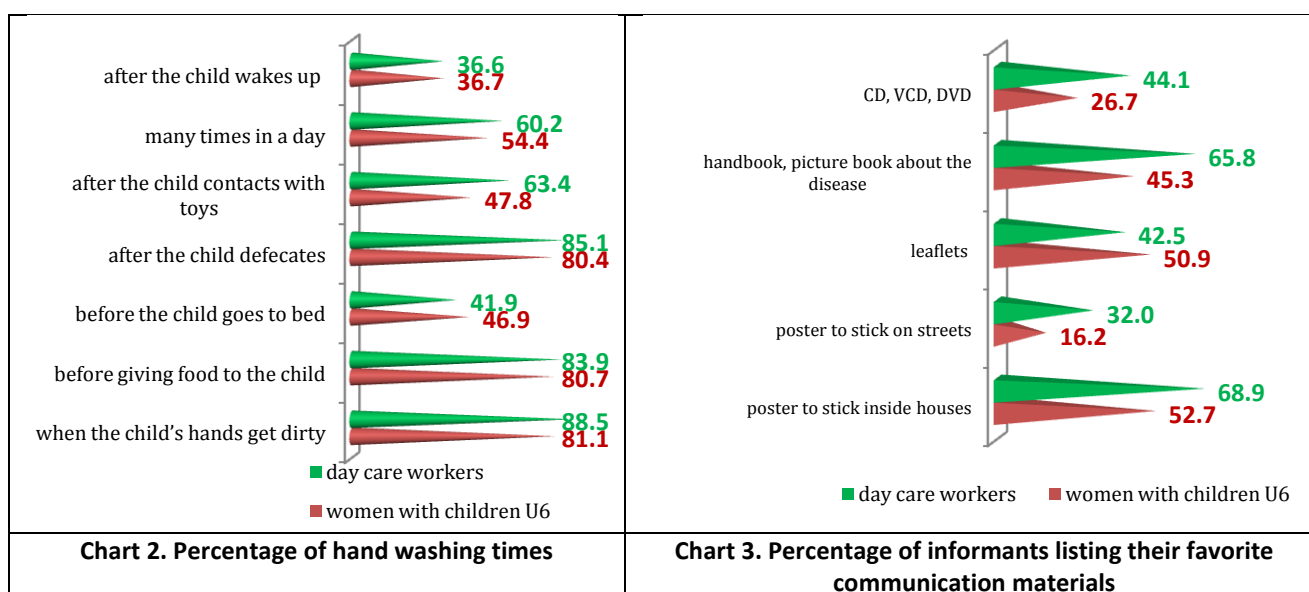
Table 3: Distributed items with Red Cross visibility

Of the five selected chapters, Dong Nai chapter delayed their public campaign organization in October but expect to have these done in November.

### Management

Within the operation, VNRC implemented an HFMD knowledge, attitude and practice (KAP) study among mothers and care givers of children under five years in five provinces with technical assistance of a consultant. The main findings of the study are a high percentage of both groups, about 98 per cent have heard of HFMD and the main gaps are present not in knowledge but rather practice and behaviour. Only 55 per cent of mothers and 78 per cent of care givers would keep their child with sickness symptoms at home<sup>2</sup>. The study also found low practice of mouth-covering when coughing i.e. 50 per cent for both women and caregivers. Only half of those participating in the study knew fecal management of sick children is a way to prevent HFMD; and only 76 per cent and 65 per cent of day-care givers and mothers respectively said hand washing can prevent HFMD. Despite these high percentages, people said they had seen or received materials and basic knowledge of HFMD, 96.7 per cent and 88.5 per cent of care-givers and mothers respectively said HFMD can happen to their child at home.

The two charts below present results of hand-washing behaviour and preferred IEC materials by mothers and care-givers who participated in the study:



<sup>2</sup> Key messages in VNRC's IEC materials for HFMD are washing hand with soap – for care givers, parents, children; eating cooked food and drinking safe water – for children; separating sick children – for care givers, parents; and cleaning surfaces, toys for children – for care givers and parents.

With the results of the KAP study, VNRC has been able to better understand the gaps in practice and behaviour of target audiences with regard to HFMD. Having a baseline available will help VNRC measure the impact after interventions in an end-line survey. It is noticeable that this is the first time VNRC has applied the KAP approach in a health operation.

Throughout the past months of implementing this operation, VNRC has mobilized staff from the health department at headquarters and from the representative office in Ho Chi Minh to carry out trips to all five selected provinces for monitoring distribution of IEC materials, soaps and organization of public campaigns and supporting the chapters and branches in implementation. The chapters have also implemented regular monitoring activities and work to support branches and volunteers in public campaigns, and accessing selected communes for sensitization activities and house-to-house education.

Improved from previous months, monthly and information sharing from provinces has been sufficient from VNRC headquarters, chapters and vis-a-vis. Challenges including unexpected delays, lengthened flooding in some areas have been addressed attentively as a result of information and reporting flow between different levels.

---

## 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](mailto: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](mailto:bhupinder.tomar@ifrc.org)
  - Ms. Thuan Nguyen, healthcare manager, phone +84 912 256 224, email: [thuan.nguyen@ifrc.org](mailto: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](mailto:anne.leclerc@ifrc.org)
- **IFRC Asia Pacific zone, Kuala Lumpur:**
  - Al Panico, head of operations, phone: +603 9207 5700, email: [al.panico@ifrc.org](mailto:al.panico@ifrc.org) :
  - Heikki Väättämoinen, operations coordinator, phone: +6012 2307895, email: [heikki.vaatamoinen@ifrc.org](mailto:heikki.vaatamoinen@ifrc.org)
  - Jim Catampongan, emergency health coordinator, phone: +603 9207 5779, email: [jim.catampongan@ifrc.org](mailto:jim.catampongan@ifrc.org)
  - Alan Bradbury, head of resource mobilization and PMER, phone: +603 9207 5775, email: [alan.bradbury@ifrc.org](mailto:alan.bradbury@ifrc.org)Please send all pledges of funding to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org)

---

## DREF history:

- This DREF was initially allocated on 5 August 2011 for CHF 127,221 for four months to assist 113,625 beneficiaries.
- This is the third DREF operation update issued.



**Click here**

1. **Interim financial report** [below](#)
2. **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.

[www.ifrc.org](http://www.ifrc.org)

**Saving lives, changing minds.**



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.
-

# International Federation of Red Cross and Red Crescent Societies

MDRVN008 - Vietnam - Hand, Foot and Mouth Disease

Interim Report

Selected Parameters	
Reporting Timeframe	2011/8-2011/10
Budget Timeframe	2011/8-2011/12
Appeal	MDRVN008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

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

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0					0
<b>C. Income</b>	127,221					127,221
<b>E. Expenditure</b>	-117,024					-117,024
<b>F. Closing Balance = (B + C + E)</b>	10,197					10,197

# International Federation of Red Cross and Red Crescent Societies

MDRVN008 - Vietnam - Hand, Foot and Mouth Disease

Interim Report

Selected Parameters	
Reporting Timeframe	2011/8-2011/10
Budget Timeframe	2011/8-2011/12
Appeal	MDRVN008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>127,222</b>					<b>127,222</b>	
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	8,870	8,308				8,308	562	
<b>Total Relief items, Construction, Su</b>	<b>8,870</b>	<b>8,308</b>				<b>8,308</b>	<b>562</b>	
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	10,000						10,000	
Transport & Vehicles Costs		130				130	-130	
<b>Total Logistics, Transport &amp; Storage</b>	<b>10,000</b>	<b>130</b>				<b>130</b>	<b>9,870</b>	
<b>Personnel</b>								
National Staff	3,800	2,998				2,998	802	
National Society Staff	5,739	2,596				2,596	3,143	
Volunteers	14,674						14,674	
<b>Total Personnel</b>	<b>24,213</b>	<b>5,595</b>				<b>5,595</b>	<b>18,618</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	2,000						2,000	
<b>Total Consultants &amp; Professional Fe</b>	<b>2,000</b>						<b>2,000</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	34,304	14,997				14,997	19,307	
<b>Total Workshops &amp; Training</b>	<b>34,304</b>	<b>14,997</b>				<b>14,997</b>	<b>19,307</b>	
<b>General Expenditure</b>								
Travel	5,900	1,701				1,701	4,199	
Information & Public Relations	31,870	15,958				15,958	15,911	
Office Costs		303				303	-303	
Communications	1,300	168				168	1,132	
Financial Charges	1,000	2,257				2,257	-1,257	
Other General Expenses		98				98	-98	
<b>Total General Expenditure</b>	<b>40,070</b>	<b>20,486</b>				<b>20,486</b>	<b>19,584</b>	
<b>Operational Provisions</b>								
Operational Provisions		60,367				60,367	-60,367	
<b>Total Operational Provisions</b>		<b>60,367</b>				<b>60,367</b>	<b>-60,367</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	7,765	7,142				7,142	622	
<b>Total Indirect Costs</b>	<b>7,765</b>	<b>7,142</b>				<b>7,142</b>	<b>622</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>127,222</b>	<b>117,024</b>				<b>117,024</b>	<b>10,197</b>	
<b>VARIANCE (C - D)</b>		<b>10,197</b>				<b>10,197</b>		