

DREF operation



International Federation
of Red Cross and Red Crescent Societies

Mongolia: Hand, foot and mouth disease

DREF operation n° MDRMN001
GLIDE n° EP-2008-000081-MNG
9 June 2008

The International Federation's 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 response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

CHF 69,000 has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Mongolian Red Cross Society in delivering immediate assistance to those affected by hand, foot and mouth disease outbreak in Mongolia. Unearmarked funds to repay DREF are encouraged.

Summary: As of 9 June, a total of 2,163 people have been diagnosed with the Enterovirus 71 virus. About 83 percent of the reported enteroviral disease occurred in children below 10 years old while 10 percent of those infected were younger than 1 year old. This is the worse case of hand, foot and mouth disease in Mongolia, with about 90 percent of Mongolia affected. It is expected to peak in June and July before it is fully contained.

This operation is expected to be implemented over three months to support emergency relief, and will therefore be completed by end of August 2008; a Final Report will be made available three month after the end of the operation by end of November 2008.

[<click here for the DREF budget \(if available\), here for contact details, or here to view the map of the affected area>](#)

The situation

It has been a month since Mongolia experienced a serious outbreak of hand, foot and mouth disease (HFMD) due to Enterovirus 71 (EV71). As of 9 June (the latest available statistics), a total of 2,163 people have been diagnosed with this virus. About 83 percent of the reported enteroviral disease occurred in children below 10 years old while 10 percent of those infected were younger than 1 year old.

Although a majority of people recovered on their own and no fatal cases were reported to date, as of 9 June, 34 percent of all those diagnosed with the virus experienced complications that required hospitalization. Several patients had severe complications such as aseptic meningitis, encephalitis, myocarditis and poliomyelitis-like paralysis, which may lead to disability or even death. Pulmonary edema or haemorrhage, a common complication, can kill a child within a day, therefore health workers all over the country are working around the clock to provide intensive care to patients in critical condition.

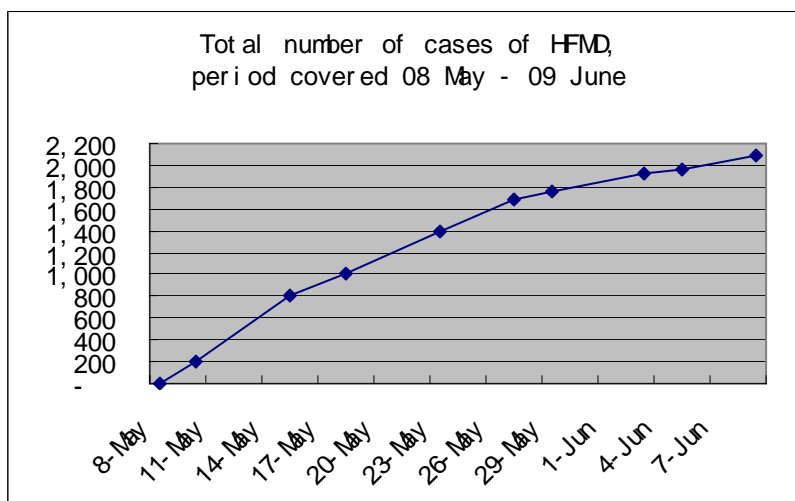
The high number of people requiring check ups, observation or hospital admissions has put a significant strain on the local health service system, already stretched by the growing rural to urban migration, low

budgets and ongoing disasters. As of today, 529 people have been discharged while 188 individuals remain hospitalized.

This is the largest spread of the enterovirus recorded so far in Mongolia since the first reported case in 8 May. It has now affected 90 percent of all Mongolia. Ulaanbaatar has a population of one million people and alone account for more than half of all reported cases, forcing the closure of schools, kindergartens and public places. After Ulaanbaatar, the most affected areas are the Eastern region (Sukhbaatar, Khentii, Dornod provinces), Orkhon- Selenge region (Selenge province), Gobi or Southern region (Dornogobi province) and Khangai region (Uvurhangai province). These provinces are home to major cities located along the main trans-Siberian railway line connecting Russia and China and the main roads connecting east and west Mongolia.

Several Asian countries have experienced increased incidences of the Enterovirus since early 2008, with cases reported in Taiwan, Hong Kong, mainland China (61,500 cases as of 2 June), Viet Nam and Singapore. In temperate climates, the enterovirus cause epidemics during the summer and autumn months and authorities in Mongolia fear that although there is a sign that the epidemic is slowing down, it may continue to spread in several waves peaking in June and July before it is fully contained. Some re-occurrence of HFMD in the autumn months may still occur.

The government has taken quick measures to contain the spread of the epidemic. This includes allocating additional funding to hospitals in the affected areas, setting up a hotline and public risk communication through the mass media, and dissemination of preventative messages and health tips. It also organized emergency training of health personnel to most of the affected areas. However, the logistical challenges of bringing those critical messages to a population of three million people spread over a vast geographical area are enormous.



Source: Ministry of Health of Mongolia. June 9, 2008

Coordination and partnerships

The MRCS has been actively monitoring the evolution of the epidemic and exchanging information with relevant government agencies and the National Emergency Management Agency (NEMA). UNICEF Mongolia has produced radio spots on hand washing and broadcast on national TV channels, supported by the Ministry of Health, on development and dissemination of technical guidelines for health facilities in the affected areas and training of primary health care doctors on diagnostics and clinical management of hand, foot and mouth disease.

Red Cross and Red Crescent action

In response to the epidemic, the Mongolian Red Cross Society has mobilized its branches to disseminate public awareness messages on HFMD. To date, a total of 5,500 copies of information, education and communication materials have been distributed and some 200 Red Cross volunteers have been mobilized for intensive public risk communication. The provincial Red Cross branches in the affected areas initiated the distribution of leaflets to *soum* (county) health centres and the general population and organized the

demonstration of good hand washing practices for children in local primary schools. The Red Cross branches located in Ulaanbaatar's poor districts organized an environmental clean-up campaign under the logo "Let's clean our streets" to remove sewage and solid waste from streets.

The proposed operation

The proposed operation aims to reach the current and potential HFMD hotspots in the provinces of Dornod, Khentii and Sukhbaatar (Eastern Mongolia), Dornogobi, Gobisumber, Umnugobi, Dundgobi and Gobi-Altai (South Mongolia) and in eight districts of Ulaanbaatar. The MRCS will target residents of provincial centres in the provinces, while in Ulaanbaatar, it will target those living in poor *ger* districts. An estimated total population of the targeted area is 1.2 million people. The operation will directly benefit 40,000 people and about 100,000 people indirectly (through billboards, public gatherings, etc.).

This number has been determined by mapping the geographical areas with the highest HFMD incidences, population density, population mobility (along major roads and railway lines), poor hygiene conditions and warm temperatures in the upcoming summer months.

Key target groups:

1. Households with children under 10 years old living in the selected areas;
2. Mobile population who regularly travel by railway and roads between Ulaanbaatar and selected provinces.

Overall Objective: Reduce HFMD related morbidity of people living in Mongolia's eight eastern and southern provinces and eight districts of Ulaanbaatar over the next three months through the immediate provision of community-based HFMD prevention activities and preparedness for potential outbreaks in early fall 2008.

Expected Result 1. Improved public awareness of hygiene practices to reduce transmission of HFMD in targeted 8 provinces and 8 districts of Ulaanbaatar, reaching an estimated 1,500 households within three months.

Activities planned:

- Distribution of sanitation kits (sterilizing solution with 70 percent ethylic spirits, soap, wet tissue, etc) for 1,500 households that covers their need for three months.
- Dissemination of guidelines on HFMD, hygiene promotion and personal protection to existing Red Cross volunteers in targeted areas.
- Community education and promotion of personal and household hygiene reaching 1,500 households.
- Procurement of personal protective items for volunteers mobilized for household visits (hand sanitizers, T-shirts, etc.).
- Development and printing of bill boards and information, education and communication materials on prevention of HFMD.

Expected result 2: Within three months, mitigate the effects of a likely future outbreak of HFMD by developing the capacity of 8 provincial branches and 8 districts to respond rapidly to outbreaks.

Activities planned:

- Develop a first level response plan for the provincial and district level Red Cross branches for a possible outbreak of HFMD in the autumn months this year (as a part of an overall, all-hazard contingency plan being developed by the Mongolian RCSC national headquarters).
- Train staff in selected provinces in supervision and response, partnership brokering and advocacy.

Budget

Procurement of sanitation kits – CHF 15,000

Procurement of personal protective items for volunteers – CHF 5,000

Mobile campaign to provinces, including transportation – CHF 24,000

Social mobilization in Ulaanbaatar districts – CHF 8,000

Bill boards and IEC materials – CHF 9,000

Develop HFMD outbreak response contingency plan – CHF 8,000

Total: CHF 69,000

How we work

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

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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[<DREF budget \(if available\) and map below; click here to return to the title page>](#)