CONSULTATION WORKSHOP
ON CHILD DROWNING PREVENTION PROGRAMME
IN VIET NAM

23 January 2018
Hanoi, Viet Nam
Consultation Workshop on Child Drowning Prevention Programme in Viet Nam
23 January 2018
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MEETING REPORT

CONSULTATION WORKSHOP
ON CHILD DROWNING PREVENTION PROGRAMME IN VIET NAM

Convened by:

WORLD HEALTH ORGANIZATION
REPRESENTATIVE OFFICE IN VIET NAM

Hanoi, Viet Nam
23 January 2018

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NOTE

The views expressed in this report are those of the participants of the Consultation Workshop on Child Drowning Prevention Programme in Viet Nam and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Representative Office in Viet Nam for those who participated in the Consultation Workshop on Child Drowning Prevention Programme in Hanoi, Viet Nam on 23 January 2018.
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Key words: Drowning - prevention & control / Child / Child Welfare / Vietnam
SUMMARY

Drowning is a global public health concern, with more than 370 000 deaths in 2014 and more than 90% of cases occurring in low- and middle-income countries. In Viet Nam, drowning is the leading cause of all deaths among children aged 2–14 years.

Recognizing the problem, Bloomberg Philanthropies announced that it would provide US$ 25 million in support to work with the World Health Organization (WHO) to prevent child drowning globally. In their joint global project, together with Synergos and the Global Health Advocacy Incubator, they conducted a scoping mission in October 2017 to determine the burden of drowning and the level of government policies and efforts in this field.

A national consultation workshop to further elaborate the drowning prevention programme in target provinces in Viet Nam was held on 23 January 2018 in Hanoi.

The workshop participants agreed that drowning is a major risk factor for child mortality in Viet Nam and disproportionately affects children living in poorer rural areas, where the burden is twice that of urban areas.

Among the known effective prevention measures recommended by WHO, the key interventions proposed for the country’s drowning prevention programme are as follows:

1. **Survival swimming and water safety skills**
   Viet Nam has various swimming programmes, but survival swimming and water safety skills need to be developed and standardized. The Ministry of Labour, Invalids and Social Affairs has committed to standardizing the survival swimming curriculum based on experiences from national implementation, nongovernmental organizations and international partners. There is also a need for standardized teaching and accreditation of survival swimming instructors.

2. **Community day-care facilities**
   Drowning incidence is considered high among children under 3 years of age due to lack of child-care facilities, including effective supervision. Furthermore, incidence of drowning is high in summer months when children are out of school and parents are busy with agricultural and other livelihood activities. While enrolment of children aged 3–5 years in preschool groups and kindergartens is high (80–90%), organizing day care for drowning prevention is a new concept in Viet Nam.

   In consultation with the Ministry of Labour, Invalids and Social Affairs and other ministerial partners, essential criteria for day-care groups could be developed using lessons from Bangladesh to be scaled up gradually.

   It is also necessary to build continuity in child drowning prevention efforts. As children grow out of day care age and enter the high-risk group of 6–16 years, they must be equipped with survival swimming and water safety skills.

3. **Awareness raising and advocacy for child drowning prevention**
   While there is understanding at national and provincial levels on child drowning issues, drowning prevention is limited to providing swimming lessons. There is thus a need to raise awareness and build national and local capacity in implementing other interventions. The benefits of community day-care groups, including early childhood development and injury prevention, should be
communicated to gain understanding and buy-in from national and provincial partners, using various innovative forms of communication with careful consideration of language and culture of different ethnic groups.

The Ministry of Labour, Invalids and Social Affairs will provide overall leadership and coordination, with technical assistance from WHO for project interventions. The Global Health Advocacy Incubator will be responsible for implementing actual interventions in target provinces based on the joint work plan.

Although the health system collects national data on child drowning mortality, there are no details of the underlying cause of death and place of accident. For example, Hanoi University of Public Health requires drowning data to calculate five-year trends stratified by age, location and cause.

Moreover, given discrepancies in drowning mortality data from different systems, there is strong need to cross-compare data from various sources to understand where the burden is highest. The absolute number of drowning deaths could then be used to select target provinces for the project. In addition to burden, other selection criteria include poverty level, region representation, local buy-in and capacity.

Taking the project forward, the Ministry of Labour, Invalids and Social Affairs is encouraged to do the following:

1. Take the lead in developing the joint work plan in consultation with WHO and the Global Health Advocacy Incubator.
2. Assist in obtaining detailed data from provinces to ascertain causes of drowning deaths in children for selection of target provinces, districts and communes.
3. Assist the Global Health Advocacy Incubator in obtaining approval from the Government for implementation of funds under their management, tentatively in June 2018.
4. Organize technical group meetings with inter-ministerial partners to agree on an outline of the training curriculum for survival swimming and standard operating procedures for community day care by the end of May 2018.
1. INTRODUCTION

1.1 Meeting organization

The WHO Representative Office in Viet Nam, in collaboration with the Ministry of Labour, Invalids and Social Affairs and the Global Health Advocacy Incubator, organized a national consultation workshop on child drowning prevention with presentations as well as group and plenary discussions. The meeting was held on 23 January 2018 at the Green One UN House in Hanoi. Technical staff from WHO headquarters in Geneva and the Regional Office for the Western Pacific in Manila; drowning experts from Bangladesh, as well as national and provincial representatives in Viet Nam shared their experiences through discussions and group work.

The list of participants is available in Annex 1 and the meeting programme in Annex 2.

Based on these discussions, key activities for development of a project outline for child drowning prevention were recommended with a focus on raising public awareness, teaching survival swimming skills, and increasing supervision of children under 5 years of age through establishment and operation of community day-care centres.

1.2 Meeting objectives

The objectives of the consultation workshop were:

1. to develop an outline of key project interventions, implementers and timeline;
2. to discuss mechanisms for project coordination, monitoring and supervision at national and provincial levels; and
3. to provide an update on effective interventions for child drowning prevention.

2. PROCEEDINGS

2.1 Opening session

Ms Dao Hong Lan, Deputy Minister of the Ministry of Labour, Invalids and Social Affairs, highlighted the burden of child drowning in Viet Nam with about 2000 deaths every year. The Deputy Minister also named key risk factors for child drowning in Viet Nam including unsafe living environment, lack of swimming ability in children, lack of adult supervision of young children, natural disasters and ineffective enforcement of boating regulations. The Government has issued key policies for child injury prevention including drowning such as Decision 234. The role of multisectoral collaboration in drowning prevention was also highlighted through the signing of the intersectoral plan for child drowning prevention between nine ministries and agencies.

Dr Kidong Park, WHO Representative in Viet Nam, outlined the need to address child drowning issues in Viet Nam with particular focus on people living in high-burden areas as well as poor and remote areas. Effectively resolving this problem will positively contribute to reducing child drowning as well as inequities between different regions and ethnic groups in Viet Nam.

Dr Park also walked participants through the preparation process for the consultation workshop as well as the selection of target provinces. He encouraged participants to actively contribute ideas for the development of the project outline as well as strategies for implementing project activities with
discussion focused on: 1) teaching survival swimming; 2) organization of community day-care centres; and 3) awareness raising, coordination and advocacy for child drowning prevention.

Ms Kelly Larson from Bloomberg Philanthropies gave a brief overview of the global initiative to support child drowning prevention, which includes support for Viet Nam. In the country, this project is expected to train 10 000 children in survival swimming and water safety skills as well as recruit 40 000 children under the age of 5 years to community day-care centres for proper supervision.

2.2 Partner presentations

Following the opening session, partners presented updates and experiences on drowning prevention globally, in Bangladesh and in Viet Nam.

WHO

Dr David Meddings of WHO headquarters in Geneva gave an update on the burden of drowning and effective interventions. Globally, drowning is the third leading cause of unintentional injury death. Drowning kills more children aged under 15 years in the WHO Western Pacific Region than tuberculosis, HIV/AIDS, malnutrition, measles, meningitis, dengue and malaria combined. He pointed out that preventing drowning has impact on achievement of at least eight Sustainable Development Goal (SDG) targets.

The WHO Global Report on Drowning presented six interventions: provide a safe place for preschool children; install barriers controlling access to water; teach school-aged children survival swimming and water safety skills; build resilience and manage flood risks and other hazards; train bystanders in safe rescue and resuscitation; and set and enforce safe boating regulations. The report presented four strategies to support the implementation of interventions: multisectoral collaboration; public awareness; development of a national drowning prevention plan; and improved data collection. Dr Meddings also cautioned that interventions needs to be implemented safely. To provide normative support to countries in implementing recommended interventions, WHO will develop global best practice for drowning prevention for application in countries.

WHO–Global Health Advocacy Incubator

Mr Nguyen Phuong Nam (WHO) and Mrs Doan Thu Huyen (Global Health Advocacy Incubator) gave a joint presentation summarizing the consultative process leading to the selection of intervention provinces. The selected provinces are Lao Cai, Yen Bai (north mountainous region), Ninh Binh (Red River delta), Quang Binh, Kon Tum (central and highlands), and Dong Thap (Mekong delta). They were chosen along criteria including burden, poverty level, region representation, local buy-in and capacity.

WHO then presented a framework for implementation of interventions to prevent child drowning, including: increased effective supervision of children; teaching survival swimming skills, and raising awareness and advocacy. The roles of the Ministry of Labour, Invalids and Social Affairs in leadership and coordination among stakeholders in project implementation were discussed.

WHO’s presentation also stressed the importance of establishing an effective day-care model that requires all three elements of constant supervision, attention and proximity of caregivers. In addition, the support of local authorities and communities for this model will be critical to ensure success.
Bangladesh

Dr Amin Rahman, Director of International Drowning Research Centre in Bangladesh, presented on the situation in Bangladesh characterized by a high burden of child drowning with an average 50 deaths every day. Children aged 1–4 years had the highest rate of drowning deaths compared with other age groups (86.3 per 100 000 child-years) in 2009. Bangladesh has a lot of rivers and shares many risk factors with Viet Nam such as the abundance of open water bodies (ponds, lakes, rivers).

Dr Rahman also shared models for day care (Anchal) and survival swimming for drowning prevention. Evidence from interventions has shown that teaching survival swimming and water safety skills to school-aged children is effective in preventing drowning. Drowning death rates were 90% lower compared with children who did not participate in the programme. In addition, effective supervision contributes to a 80% reduction of child drowning deaths for those under the age of 5 years. Benefits of day-care centres other than helping to prevent child drowning include developing children’s cognitive and behavioural skills.

Ministry of Labour, Invalids and Social Affairs

Dr Vu Kim Hoa, Deputy Director of the Child Affairs Department, presented an overview of the results of child drowning prevention in Viet Nam and the programme plan in the coming period. Drowning is a leading cause of child mortality in Viet Nam with the highest rate among children under 5 years old. There is disparity in the burden of drowning with the rate in rural areas twice that in urban areas. Viet Nam also shares key risk factors with Bangladesh, including abundance of open water bodies, lack of adult supervision and lack of ability to swim.

Dr Hoa then outlined the following steps to take for drowning prevention in the coming period:

- Increase awareness campaigns through traditional and new media channels
- Strengthen leadership and coordination for child injury prevention including drowning
- Reduce risk factors by creating safe communities, building barriers against open water sources
- Develop survival swimming and water safety skills for children
- Implement community day-care groups for children
- Advocate development of appropriate policies for increased government funding for child injury/drowning prevention
- Strengthen monitoring and supervision of child drowning prevention at all levels.

Dong Thap Department of Labour

Mr Huynh Duy Khuong, Deputy Director of the Department of Labour, Invalids and Social Affairs, presented socioeconomic conditions of Dong Thap as well as the child drowning situation in the province. Dong Thap has been implementing a number of measures for child drowning prevention such as survival swimming, building safe community and safe school models, as well as public awareness campaigns on the risks of drowning. From 2002 to 2015, Dong Thap has taught swimming skills to more than 200 000 children. To achieve these results, Dong Thap has set up and operated a strong multi-agency coordinating mechanism with specific targets assigned by people’s committees to each agency. The local province has also invested significantly in building and maintaining swimming facilities as well as a network of swimming trainers. Reports showed a decreasing tendency for child drowning mortality in Dong Thap, though 37 children died of drowning in the provinces in 2017. The main causes were:
• Lack of proper supervision of adults
• Lack of swimming and water safety skills in children
• Unsafe living environment

Mr Khuong highlighted that much better results could be achieved with higher investment for better supervision of children as well as teaching survival swimming. The following areas of work are proposed in the coming period for preventing child drowning in the province:

• Continue implementing Decision 234/QD-TTg on child injury prevention with a focus on drowning prevention
• Increase public awareness
• Build a safer environment for children in the community and schools
• Strengthen leadership and coordination for drowning prevention
• Increase local funding for child care and survival swimming training.

After presentations by partners, a plenary discussion session was organized. Representatives from Hue Help and Bangladesh highlighted experiences in teaching survival swimming in open water areas such as ponds, lakes and beaches. Representatives stressed the importance of ensuring safety during the teaching of swimming skills as well as checking the quality of water. There are advantages of teaching swimming skills using this model such as the low cost for setup and maintenance. However, water shortages during the dry season and poor water quality in many ponds and rivers in Viet Nam can make it challenging.

Swim Viet Nam shared experiences in teaching survival swimming skills to children. They also highlighted that many partners teaching swimming skills to children use different curricula. Even though the curriculum is adapted from different sources such as AUSTSWIM and the Royal Life Saving Society Australia or the International Federation of Swimming Teachers’ Associations (IFSTA), the essential elements are similar. Participants called for the Ministry of Labour, Invalids and Social Affairs to coordinate the urgent development of a national standardized swimming training curriculum, based on practical experiences from all partners.

Another important point of discussion was data on child drowning. There are two current sources – the labour and health sectors – with differences in their data. In addition, detailed data on underlying causes of drowning mortality are not readily available. Participants agreed that more detailed data should be collected to determine causes, age groups and locations of drowning to better plan interventions for target groups.

2.3 Group discussions

The consultation workshop continued with three group discussions on the following topics.

Group 1: Delivery of Survival swimming for children

The Ministry of Labour, Invalids and Social Affairs must coordinate the development of a national standardized curriculum for teaching survival swimming and water safety skills. Local authorities should be closely involved and provided support for teaching survival swimming:

• Target: children from 6 years of age
• Duration: 18 sessions
• Teaching locations: fixed or mobile pools. Where appropriate, open water bodies can be considered. The private sector should also be mobilized to provide additional resources for teaching survival swimming.

**Group 2: Coordination of project activities and public awareness raising and policy development**

National coordination of the child drowning programme through the Ministry of Labour, Invalids and Social Affairs is mandated by the Prime Minister’s Decision 234. For successful implementation of project activities, the leadership and coordinating roles of the Ministry of Labour, Invalids and Social Affairs must be strengthened. Participating agencies include the Ministry of Culture, Sports and Tourism; Ministry of Health; Ministry of Transport; Ministry of Education; and mass organizations. A similar structure is present at local levels under the leadership of people’s committee.

Awareness raising is an important activity to highlight the risks of drowning in children as well as countermeasures. Important channels for communication and awareness raising include: direct communication in the community; TV documentaries/series on drowning; billboards, printed communication materials; communication activities through the Youth Union; and a hotline for counselling on drowning prevention.

Sustainability is a key concern for implementing project activities. It is important to align project activities with national and local priorities in order to appeal for sustained funding as well as political support from authorities. One example is the support policy for the poor in Viet Nam.

**Group 3: Delivery of community day care for child drowning prevention**

Participants agreed that drowning mortality among children under the age of 5 years is the highest compared with other age groups in Viet Nam. The Government has policies for popularizing education for 5-year-olds. As a result, the participation rate of this group in the formal school system is very high more than 95%. However, for children up to 3 years of age, the participation rate in formal day-care services is still very low – less than 30% – due to: cultural factors like keeping children at home for caring by grandparents; lack of day-care facilities to which to send children under 3; and lack of knowledge/motivation from parents to send children under 3 to day-care facilities.

The group agreed that high-risk groups were children in poor and rural areas compared with those in urban areas. Among the group of children under 5 years of age, those between 18 and 35 months of age have higher risks of drowning due to lack of effective supervision by adults. Times of high risk were especially in summer and the daytime (from 9:00 to 17:00).

The group expressed the need to develop a day-care model for children between 18 months and up to 3 years old using lessons from Bangladesh on how to set up and operate these centres. Participants also raised challenges in finding locations and funding for maintaining these day-care centres. Other challenges discussed were the potential hazards for violence against children and mechanism for supervision and support of caregivers, and sourcing of caregivers, training and maintaining these groups.

**2.4 Closing**

In his closing remarks, Dr Kidong Park, WHO Representative in Viet Nam, thanked all participants for their active participation and technical inputs they brought to the meeting. He was confident that with the strong leadership of the Ministry of Labour, Invalids and Social Affairs the project will be
implemented successfully. He also urged all partners to work closely together to develop the joint work plan for the Ministry’s approval before implementation. He also thanked Bloomberg Philanthropies for their support to Viet Nam as well as the experts from Bangladesh.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Drowning is a major risk factor for child mortality in Viet Nam. It is the leading cause of all deaths in children from 2 to 14 years in Viet Nam. Drowning disproportionately affects children living in poorer rural areas of Viet Nam with a burden twice that of those in urban areas.

Within the scope of this project and as agreed by the donor, the key interventions proposed for this project are: 1) teaching survival swimming and water safety skills for school-aged children (6 to under 15); 2) organization of community day-care centres for children up to 3 years of age; and 3) awareness raising and advocacy for child drowning prevention.

3.2 Recommendations and next steps

3.2.1 Recommendations for Viet Nam

The Ministry of Labour, Invalids and Social Affairs is encouraged to do the following:

1. Take the lead in developing a joint work plan in consultation with WHO and the Global Health Advocacy Incubator,
2. Assist in obtaining detailed data from provinces to ascertain causes of drowning deaths in children for selection of target provinces, districts and communes.
3. Assist the Global Health Advocacy Incubator in obtaining approval from the Government for implementation of funds under their management, tentatively in June 2018.
4. Organize technical group meetings with inter-ministerial partners to agree on an outline of the training curriculum for survival swimming and standard operating procedures for community day care by the end of June 2018.

3.2.2 Recommendations for WHO

WHO is requested to do the following:

1. Provide technical assistance to the Ministry of Labour, Invalids and Social Affairs in developing the joint work plan.
2. Provide a list of essential criteria for survival swimming and day care to guide the Ministry in development of the curriculum and standard operating procedures (refer to Annex 3).
3. Work closely with the Ministry, the Global Health Advocacy Incubator and Bloomberg Philanthropies to finalize the list of target provinces, districts and communes by the end of March 2018 (see timeline in Annex 4).
4. Work with target provinces to develop a detailed work plan by May 2018.
5. In conjunction with the Ministry, the Global Health Advocacy Incubator, plan for the project launch in late June 2018.
ANNEXES

Annex 1. List of participants, resource persons and Secretariat

1. Participants

Mrs Dao Hong Lan, Vice Minister, Ministry of Labour, Invalids and Social Affairs, 12 Ngo Quyen street, Hanoi, Viet Nam.

Mr Dang Hoa Nam, Director, Department for Child Affairs, Ministry of Labour, Invalids and Social Affairs, 35 Tran Phu street, Hanoi, Viet Nam.

Dr Vu Thi Kim Hoa, Director, Department for Child Affairs, Ministry of Labour, Invalids and Social Affairs, 35 Tran Phu street, Hanoi, Viet Nam.

Mrs Chau Thi Minh Anh, Head – Child Protection Division, Department for Child Affairs, Ministry of Labour, Invalids and Social Affairs, 35 Tran Phu street, Hanoi, Viet Nam.

Mrs Nguyen Thi Mai Anh, Expert – Child Protection Division, Department for Child Affairs, Ministry of Labour, Invalids and Social Affairs, 35 Tran Phu street, Hanoi, Viet Nam.

Mr Tran Van Thao, Expert, Department for Child Affairs, Ministry of Labour, Invalids and Social Affairs, 35 Tran Phu street, Hanoi, Viet Nam.

Ms Vu Duc Dam Trang, Expert – International Cooperation Department, Ministry of Labour, Invalids and Social Affairs, 12 Ngo Quyen street, Hanoi, Viet Nam.

Mr Nguyen Hoai Duc, Expert – Cabinet office, Ministry of Labour, Invalids and Social Affairs, 12 Ngo Quyen street, Hanoi, Viet Nam.

Mrs Tran Thi Thuy Hong, Expert, Viet Nam Women’s Union, 39 Hang Chuoi street, Hanoi, Viet Nam.

Mrs Dang Cam Tu, Expert, Viet Nam Women’s Union, 39 Hang Chuoi street, Hanoi, Viet Nam.

Mr Nguyen Tien Vuong, Expert, Viet Nam Women’s Union, 39 Hang Chuoi street, Hanoi, Viet Nam.

Mr Pham Dang Dai, A83, Ministry of Public Security, 44 Yet Kieu street, Hanoi, Viet Nam.

Mrs Hoang Thai Hoa, Expert, Department of physical activities and sports, 36 Tran Phu street, Hanoi, Viet Nam.

Dr Tran Anh Thanh, Head, Division for Occupational health and Injury prevention, Health Environment Management Agency, Ministry of Health, Hanoi, Viet Nam.

Dr Nguyen Thi Thu Huyen, Expert, Division for Occupational health and Injury prevention, Health Environment Management Agency, Ministry of Health, Hanoi, Viet Nam.

Mr Pham Van Tinh, Expert, Department of Physical Education, Ministry of Education and Training, Hanoi, Viet Nam.

Mr Le Manh Hung, Deputy Director, Department of Physical Education, Ministry of Education and Training, Hanoi, Viet Nam.
Mrs Nguyen Thi Chien, Expert, Ministry of Culture, Sports and Tourism, Hanoi, Viet Nam.

Mr Nguyen Pham Duy Trung, Central Committee for Youth, Hanoi, Viet Nam.

Mr Tran Van Tuan, Central Committee for Youth, Hanoi, Viet Nam.

Mrs Le Thi Thu Huong, Officer, Swim for Life, Ho Chi Minh city, Viet Nam.

Mrs Joanne Stewart, Founder, Swim for Life, Ho Chi Minh city, Viet Nam.

Mrs Tran Thao Linh, Officer, Golden West, Hanoi, Viet Nam.

Mrs Bronwyn Soko, Swim for Life, Dong Hoi city, Quang Binh province, Viet Nam.

Ms Kelly Larson, Bloomberg Philanthropies, New York city, New York, USA.

Ms Swati Chaudhary, Synergos Institute, New York city, New York, USA.

Ms Anu Khanal, Associate Director, Global Health Advocacy Incubator, Washington DC, USA.

Mrs Doan Thi Thu Huyen, Country Coordinator, Global Health Advocacy Incubator, Hanoi, Viet Nam.


2. Resource persons

Professor AKM Fazlur Rahman, Executive Director, Centre for Injury Prevention and Research, Bangladesh (CIPRB), Mohakhali, Dhaka 1206, Bangladesh.

Dr Aminur Rahman, Director, International Drowning Research Center, Centre for Injury Prevention and Research, Bangladesh (CIPRB), Mohakhali, Dhaka 1206, Bangladesh.

3. Secretariat

Dr Kidong Park, WHO Representative, World Health Organization Country Office in Viet Nam, Hanoi, Viet Nam.

Dr Jun Nakagawa, Programme Management Officer/Team Coordinator, Noncommunicable Disease and health through the Life Course, World Health Organization Country Office in Viet Nam, Hanoi, Viet Nam.

Mr Nguyen Phuong Nam, Technical Officer, Violence and Injury Prevention, World Health Organization Country Office in Viet Nam, Hanoi, Viet Nam.

Dr David Meddings, Scientist, Unintentional Injury Prevention, Department for Management of NCDs, Disability, Violence and Injury Prevention, World Health Organization, Geneva, Switzerland.

### Annex 2. Programme of activities

**Consultation workshop on child drowning prevention programme in Viet Nam**

*Conference rooms C1+2; UN House, 304 Kim Ma, Hanoi*

23 January 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsibility</th>
</tr>
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</table>
| 7.30 – 8.15| Registration of participants                                               | Mrs Trinh Hong Dung, WHO
|            |                                                                           | Mrs Nguyen Thi Hong Van, WHO
|            |                                                                           | Ms Chau Minh Anh, MOLISA                                                                      |
| 8.15 – 8.20| Introduction of key participants                                          | Dr Jun Nakagawa, Program Management Officer, WHO                                                |
| 8.20 – 8.30| Opening by MOLISA                                                         | HE Đào Hồng Lan, Vice Minister                                                                  |
| 8.30 – 8.40| Speech by WHO                                                             | Dr Kidong Park, WHO Representative in Viet Nam                                                  |
| 8.50 – 9.10| Global update on effective interventions for child drowning prevention.   | Dr David Meddings, WHO Geneva                                                                   |
| 9.10 – 09.30| Outline of key project interventions for child drowning prevention in Viet Nam 2018-2019. | Mr Nguyen Phuong Nam, WHO
|            |                                                                           | Mrs Doan Thi Thu Huyen, GHAI                                                                    |
| 09.30 – 10.00| Mobility break, group photo and tea break                               | All participants
<p>|            |                                                                           | Ms Tran Thi Loan (WHO) to coordinate photos                                                    |
| 10.00 – 10.20| Overview of results of child drowning prevention in Viet Nam and plan for child drowning prevention in the coming period. | Mrs Vu Thi Kim Hoa, Deputy Director General, Department for Children Affairs, (DCA), MOLISA |
| 10.20 – 10.45| International experiences from Bangladesh in teaching survival swimming skills and organization of community day care centres or prevention of child drowning. | Dr Aminur Rahman, Director, International Drowning Research Centre - Bangladesh |
| 10.45 – 11.00| Experiences in teaching survival swimming at local level                 | Mr Huynh Duy Khuong, Deputy Director, Dong Thap Department of Labour                            |
| 11.00 – 11.05| Introduction of preparations for group discussion.                       | Mr Nguyen Phuong Nam, WHO                                                                       |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.05 – 12.00</td>
<td><strong>Group discussion:</strong>&lt;br&gt; <em>(3 group discussions; separate pre-informed questions for each group):</em>&lt;br&gt;- Coordinating of activities at national and provincial level; awareness raising and advocacy.&lt;br&gt;- Survival swimming&lt;br&gt;- Day care</td>
<td>All participants</td>
</tr>
<tr>
<td>12.00 – 13.00</td>
<td><em>Lunch</em></td>
<td></td>
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<tr>
<td>13.00 – 14.00</td>
<td><strong>Group discussion (continued)</strong></td>
<td>All participants</td>
</tr>
<tr>
<td>14.00 – 14.45</td>
<td><strong>Report back from 3 groups</strong></td>
<td></td>
</tr>
<tr>
<td>14.45 – 15.15</td>
<td><strong>Tea break</strong></td>
<td></td>
</tr>
<tr>
<td>15.15 – 15.30</td>
<td><strong>Recap of discussion results</strong></td>
<td>Mr Nguyen Phuong Nam, WHO</td>
</tr>
<tr>
<td>15.30 – 16.30</td>
<td><strong>Plenary discussion:</strong>&lt;br&gt;- Model for delivering and organizing the model of community day care centers&lt;br&gt;- Awareness raising</td>
<td>Chaired by Mr Dang Hoa Nam, Director General of DCA, Co-chair: Mr Jon Passmore &amp; Ms Anu Khanal, Global health advocacy incubator</td>
</tr>
<tr>
<td>16.30 – 16.45</td>
<td><strong>Plan for rapid appraisal to assess causes of child drowning mortality and local readiness for implementation of interventions.</strong></td>
<td>Associate Professor Pham Viet Cuong, Hanoi University of Public Health</td>
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<tr>
<td>16.45 – 17.00</td>
<td><strong>Summary of workshop:</strong>&lt;br&gt;+ Recap of discussion results&lt;br&gt;+ Next steps</td>
<td>Mr Dang Hoa Nam, Director General of DCA, Dr Kidong Park, WHO Representative in Vietnam</td>
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</tbody>
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Annex 3. Essential elements for swim skills training and day-care programmes

The following are elements that WHO deems as essential minimal requirements for the proposed drowning prevention programme in Viet Nam. They are based upon a more comprehensive discussion of implementing either swim skills training or village based day care programmes that is given in the WHO publication Preventing Drowning: An Implementation Guide.

**Survival swimming essential elements**

1. Target population aged 6 years and over who are screened and found not to have a history of epilepsy, asthma, known cardiac problems, or a mental or physical disability that would impede their safe learning of swim skills.
2. Physical site for training conforms to guidance given in Step 3 of the WHO publication Preventing Drowning: An Implementation Guide.
3. Curriculum to be used is approved by all stakeholders prior to programme start.
4. Native speaking instructors, trained in the swim skills training curriculum to be used.
5. Instructor to student ratio not more than 1:5.

**Day-care essential elements**

6. A defined target group, agreed upon by all stakeholders. Suggested group is ages 1 – school entry (either pre-school or school).
7. Day care centres are a convenient walk distance, suitable for all weather, and have controlled entrances and exits.
8. Carers selected from local communities and have as high an education as possible.
10. Carer to child ratio not more than 1:15.
Annex 4. Timeline

Given the information gathered during the national consultative stakeholder meeting, it is recommended that the timeline for project launch and implementation be revised as shown below:

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of February</td>
<td>• HUPH will circulate desk review that consolidates data by age group, underlying cause of death, and place of drowning</td>
</tr>
<tr>
<td>Feb-End of March</td>
<td>• GHAI finalizes financial support details with MOLISA, and MOLISA submits documents for central government approval</td>
</tr>
<tr>
<td>Feb-End of April</td>
<td>• HUPH to complete provincial appraisal/baseline study; Technical group (WHO, MOLISA,..) to review, and finalize details of interventions</td>
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<tr>
<td>Feb-End of May</td>
<td>• WHO to assist MOLISA and provincial authorities in completing a joint implementation workplan (including provincial plans). GHAI to ensure integration of sustainability components</td>
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<tr>
<td>March - June</td>
<td>• Preparation for Program Launch - GHAI to develop an Advocacy and Communications Plan</td>
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<tr>
<td>June (25 or 26)</td>
<td>• Launch Viet Nam Childhood Drowning Prevention Program</td>
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<tr>
<td>May - mid/end of June</td>
<td>• Detailed provincial workplans finalized and approved</td>
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<tr>
<td>End of May</td>
<td>• WHO/MOLISA complete standardization/development of materials: (National survival swimming curriculum, standards for swimming pools, and certification for swim instructors)</td>
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<tr>
<td>End of June</td>
<td>• Complete M&amp;E framework development - HUPH, WHO</td>
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<tr>
<td>July 1</td>
<td>• Interventions begin in implementation provinces/districts</td>
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