

*TRIP REPORT OF  
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OPRHANS SPECIALIST  
VIETNAM ASSESSMENT TEAM - 1992*

Of Atlantic Resources Corporation  
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ASSIGNMENT:

The task of the orphans specialist (the specialist) of the displaced children assessment team was to participate in identifying the most effective use of orphans and displaced children funds in Vietnam through:

- Gathering information and data from government and NGO sources, such as problem identification, priorities, demographics, identify of service providers (national, regional, local, and international NGOs).
- Review of government policies on protection and care of children.
- Identification of methods and priorities of problem resolution (family preservation/reunification, foster care, group care, independent living, and adoption).
- Determining the official position on roles and responsibilities of government and NGO services.

ACTIVITIES:

The team met with ministers of state and other high ranking members of the national government (GSRV), as well as provincial executives and members of People's Committees in Hanoi, Thanh Hoa, Ba Vi, Danang, and Ho Chi Minh City (HCMC). We also met with provincial social center, orphanage, and street children (SC) program directors, and representatives of foreign NGO's. Of particular interest were meetings with Holt, Save the Children-U.S. (STC-US), Veterans With a Mission (VWM), and World Vision, all of whom are US based, have in country directors and child programs operating in Vietnam.

Prior to entering Vietnam the specialist met in Bangkok with World Vision, Mennonite Central Committee, Pearl S. Buck Foundation, World Concern, and PACT representatives. World Vision and the Mennonite Central Committee have resident directors in Vietnam. Except for PACT, the other NGOs support health, educational (including vocational) services for the handicapped and agricultural projects from a Bangkok base. PACT works with a Bangkok NGO SC program, which the specialist was briefed on, for background purposes.

Visits were made to orphanages, child care centers, homes for the handicapped, and social centers in Hanoi, Ba Vi, Thanh Hoa, Danang, Hoi An, and HCMC. One SC program was visited in Danang (World Vision supported).

The specialist was briefed by the Director of Orphanage #5 (a polio center) in HCMC on a project she is helping with, independent of her official assignment as orphanage director. This SC project is supported, in part, by VWM. It operates with the knowledge of, but with no assistance from, the government.

A visit was also made to a HCMC Department of Labor, Invalids and Social Affairs and Department of Education sponsored school for children of the very poor, some of whom are, or may be, SC.

Finally, the specialist visited a STC-US operated village health and nutrition project, which has family preservation and SC prevention implications.

During facility visits projects supported by U.S. NGO's, Holt, International Mission of Hope, STC-US, World Relief, World Vision, East Meets West, and VWM were reviewed. Because facilities receive support from government and NGOs, most have multiple supporters, including NGOs from several countries and some local charitable endeavors.

The SC program in Danang was the only autonomous NGO operation visited. The program assisted by the director of HCMC Orphanage #5 is autonomous, although apparently it is not established as a local NGO.

#### FACTS/OBSERVATIONS/IMPRESSIONS:

There is no consistency in the use of the terms orphan, and SC. Orphan is used to describe a full orphan, a half orphan, and a child living outside of parental control, whether in someone else's care, group care, or on the street. SC is used to describe a child totally existing on the street or in parental control, but working on the street, legally or otherwise. For the sake of consistency this report shall refer to orphan as a child living outside of parental control and SC as a child existing on the street without parental support. Those on the street but living with parents or extended family will be referred to as children of families in poverty.

Statistical data gathered is recognized as an approximation only. This is because of the problem of translation, inconsistent use of terminology, and the apparent lack of a system, at any level, for gathering reliable data. The same may be said of identification of funding sources. Sometimes consistent and ad hoc funding was identified, other times consistent funding was identified while ad hoc assistance was not.

A struggling economy and lack of an adequate tax collection system places the government in the position of underfunding group care programs, all of which are controlled by the government, and prohibits proactive government programs for family preservation/reunification.

The Ministry of Labor, Invalids, and Social Affairs (MOLISA) operates some orphanages and centers for the handicapped throughout the country while provincial government departments of a similar name operate provincial orphanages and social centers.

Social centers may be throughout a province and serve as reception centers for children and adults needing out of home care. Most children move on to orphanages or centers for the handicapped as appropriate when openings occur. Unfortunately there is often a long waiting period while children live on mixed campuses of handicapped and mentally ill adults, indigent elderly, and a mixture of physically, mentally, and emotionally handicapped children. Resources are scarce. Thus caretaker/child ratios are high and food, services, and program content are minimal.

The most troubling institution visited during the visit was to one such center, which in addition to the adverse conditions noted above had no running water in residential units. The elderly and handicapped children were observed sitting or wandering aimlessly or laying on beds asleep or awake. Staff, although stretched, appeared to be working with commitment and care. That institution has a new, well equipped and staffed, malnourished child center built by International Mission of Hope.

MOLISA orphanages frequently have similar populations with clearer separation of residents and apparently more resources. The government provides \$3.60 per month per child. Some told us that this is no more than half the cost for food alone. Some supplement this with funds from income generating projects, usually sales of goods produced in vocational sewing, knitting, embroidery, or woodworking classes. All anxiously pursue foreign NGO and individual assistance. Without exception, pleas for U.S. assistance were made.

Openness was displayed to suggestions for orphanage population reduction through birth family sponsorship, adoption and foster care (referred to locally as sponsorship, for which there is no compensation or professional oversight).

Experience shows that in other countries when orphanage population reduction projects are successful local opposition develops because of job insecurity. Like other industries child care has its self preservation instincts.

We were frequently told that there continues to be a tradition of healthy infant through age five adoption in Vietnam. As in other countries tradition based on assumption inhibits assertive adoption home finding for those past five or for the handicapped of any age. This, along with development of a professionally managed foster care program, is a direct service, training, and demonstration opportunity for a U.S. based NGO with background in this work.

Intercountry adoption is controlled by MOLISA. Mr. Tue, Deputy Director of International Relations, MOLISA, has been given responsibility for this, and is working, in consultation with Holt and others, on drafting national legislation to regulate intercountry adoption. The attitude toward mass intercountry adoption is guarded and the thought of this becoming an economic and geopolitical industry is consciously rejected. One predicts this will modify somewhat as trust and regulatory control develops. Given a potential for abuse it is encouraging that the attitude is conservative for the moment, although there are unknown numbers of children throughout the country in need of a permanent family through adoption.

One parent must give legal consent for a child to be adopted. This causes any full orphan, or abandoned child whose parents are not known, to be denied a permanent home through adoption. Encouragement to change this prohibition through corrective legislation is an opportunity not to be lost by AID or its associated NGOs.

Most institutions have vocational training for such skills as sewing, tailoring, needlework, woodwork, carpentry, auto/motor, bike repair, and electrical repair work.

The thought of business office training (computer, typing, administrative skills) and training for other skills with more potential was sometimes dismissed, sometimes considered. Regardless, there are factors of enrollment fees, a scarcity of training facilities, the hope that youth will return to their community of origin, and we suspect, a social status attitude which diminishes enthusiasm for this type of training.

We learned of one child in computer training, and of World Concern's plan to begin secretarial training in January. Encouragement of sponsorship for office skills training and the potential for use of AID funding for such training of orphans and displaced children seems to be a distinct opportunity.

Several U.S. and other foreign NGOs are sponsoring vocational training in the more traditional skills cited earlier.

The growing number of SC is causing alarm in the North, Central and South Regions of the country. Poverty in the rural areas is causing children as young as five to find their way to cities where they beg, steal, and work for their existence. They are almost always malnourished, in poor health, and sleeping wherever they can find a place to lie down. Desperate economic conditions are causing many children in urban areas to leave or get lost from their families and survive in these circumstances as well. Children go to the streets because at home there is no money or room for them, because of relationship problems, or they get lost in the disorganization and confusion of the poverty culture.

While some SC are picked up by local authorities for delinquent acts one has the impression that authorities are not seriously attempting to remove them from the streets. Presumably this is because of the lack of funds to provide shelter and other services for them

It is difficult to know population percentages of SC in Hanoi, Thanh Hoa, Danang, and HCMC. They were decidedly more evident, to the point of being a problem for the team, in HCMC.

A memo "for record" (copy attached) by the World Vision field director dated December 5, 1991, notes that MOLISA estimated there were 50,000 SC in the country in 1990. One concludes that there is a much larger number as of March 1992. The memo notes that as of then, there were five centers (Hanoi, Tay Ninh, and three in HCMC) operating. In September 1991, a center in Danang was opened, as well. World Vision is supporting that VN NGO founded by a retired vice-chairwoman of the Danang People's Committee.

Also, noted earlier, is the privately funded and operated program in HCMC run by Sister Jean Marie for SC and those from poor families, with 1/3 of its funds coming from VWM. There are undoubtedly other programs, though far too few, nationwide. Businessmen in Hanoi and HCMC are helping by training/guiding children to sell publications, manage their resources and move toward a mainstream life style.

Save the Children Sweden advised that it is leading a movement on a national level to study the problems, identify needs and resources, and to assist in national policy development for SC prevention services. Holt and World Vision were advised of this, given the telephone number, and have stated intent to get involved in this activity.

Concern and willingness by officials to address the SC problem is genuine, the team believes. Resources are short, if available at all. The open economy appears to be generating numbers to the problem, which is, and will increasingly become, compounded by tourism and commercial sex, including child prostitution. AIDS and other health issues, must not be dismissed in this consideration.

Child prostitution was said by one source to exist throughout Vietnam. The experience of several neighboring countries has been that poverty and tourism are negative forces which feed this tragedy.

Children with all the vulnerability of SC, except sleeping on the street, are those of homeless and otherwise impoverished families. They too beg, steal, join gangs, and work small jobs in order to eat and, with luck, help feed their families. The distinction between SC and these children is so minuscule that it becomes indistinguishable except for the whereabouts of parents. As far as the team could tell they all receive the same services, except a place to sleep, when available.

Government officials at every level identified problems of orphans and displaced children in this order of priority with these methods of solutions stated:

1. Street children: Providing shelters staffed by social workers who can get information on the children, and through relationship building guide them toward returning home (supported by family sponsorship as appropriate), group care facilities, extended and/or foster family care, independent living skills, etc.
2. Rehabilitation of handicapped children: including corrective medical care, returning them to parental care and reducing institution populations, and providing vocational training and independent living skills for them.
3. Preventing/reducing numbers in orphanage care through family preservation/reunification programs, foster family care, referred to as "sponsorship", and local adoption. There is reluctance to consider intercountry adoption as a mass vehicle for serving this end.

The team learned that UNICEF has, in draft form, English language copies of national laws for the protection of children. We were scheduled to receive a copy from World Vision. Inadvertently, it was not delivered to us.

The concept of an NGO operating independently is being tested in Vietnam. The World Vision affiliate for SC in Danang was the only non-government controlled program visited. Apparently it is legally permitted but the government and private sector lack experience in this area.

Foreign NGOs appear to be encouraging the development of local NGOs and its future seems positive. Definition of mutual NGO and government roles and responsibilities will define themselves with experience. Evidence suggests that the government is willing for this to happen.

The team was told by MOLISA officials that there are:

- 5,000 children in orphanages.
- 3,000 children in centers for the handicapped, with more waiting for a bed.
- Possibly 50,000 SC in the country of which
  - 5,000 are in Hanoi;
  - 8,000 to 9,000 are in HCMC;
  - With the balance in smaller cities and towns.

The Director of HCMC DLISA told the team that there are 23,000 orphans in the city, with 2,300 (10%) in care. The balance are cared for by a single parent, relatives, friends, etc.

As noted earlier the impression is that because of a lack of a system for accurate data collection and the fluid use of the terms orphan and SC, data noted must be considered honest estimates only.

#### RECOMMENDATIONS:

There are four field directors operating US NGOs in Vietnam. Holt, Save The Children US, Veterans With a Mission, and World Vision. All are providing services to orphans in group care facilities, health and nutrition services to mothers with malnourished children, or services to the handicapped and SC.

In keeping with GSRV stated priorities, the following AID funded services are recommended for children in the North, Central, and Southern Regions of the country:

1. Services to SC, including but not limited to:
  - Food, shelter, clothing, and medical care.

- Family reunification, supported by help for the family to keep a child (grants, loans, sponsorships, to help improve family earning, and consuling, as appropriate).
  - Placement in foster care or group care, as appropriate.
  - Preparation for independent living, as appropriate.
  - General education and vocational training (based on market research and skills/need predictions).
  - Encouragement and participation with government and NGO activities directed toward legislation and policy development for family preservation/reunification, SC prevention, and training.
2. Services to handicapped children in institutional care through such activities as:
- Family reunification, including family training to care for a handicapped child and assistance in income generation.
  - Assisting with medical procedures and prosthetic device procurement.
  - Providing appropriate vocational training and preparation for independent living.
  - Assisting/encouraging government policy development directed toward prevention of placement, family reunification, provision of out patient services, etc.
3. Reduction of institution population through such services as:
- Assisting families in preventing placement.

- Family reunification with necessary support.
- Assertive family finding for those legally free for adoption.
- Establishment of professionally developed and managed family foster care as an alternative to orphanage placement.
- Development of data to demonstrate the cost effectiveness of family care as opposed to institutional care of children.
- Participation with the government and NGOs in drafting legislation and policies designed to support:
  - Family preservation/reunification;
  - Local and intercountry adoption, including providing freedom for adoption of a full orphan; or a child whose parents are not known, through legislation and policy which permits the GSRV to terminate rights of unknown parents and to provide for the GSRV to consent to adoption of an orphaned or abandoned child whose parents are unknown.
  - Other child advocacy measures to assure permanency, security and nurture in the lives of children.

4. AID directly, and through its contractor partners, advocate for:
  - Removing intellectually normal children from placement with mentally retarded children and/or adults and mainstreaming physically handicapped children in care with normal children as appropriate.
  - Programming for maximum physical and mental development of all handicapped children;
  - Providing children in institutional placement with opportunities for learning independent living skills in such areas as meal planning, shopping and preparation, money management, employment skills and vocational training for market responsive skills; for providing small satellite-homes to operate to prepare older children for independence;
  - Low cost methods for environmental enhancement of orphanages through use of cheerful colors, creative decorating, etc. Present conditions in most instances, support a mindset for low expectations from life which easily becomes reality as children reach adulthood. Beauty stimulates, dullness stifles.
  - Reduced minimum college entrance examination scores for orphans and SC. This would afford these children the same opportunity as is offered to orphaned children of veterans.

- The continued development of an NGO childrens service provider sector able to function with government regulatory (but not operational) control, and with decreasing demands for government funds.
  
- For A PERMANENT HOME FOR EVERY VIETNAMESE CHILD.

For details of facilities visited and meetings attended see annex entitled Emmett Turner, Notes of Facilities Visited and Meetings Attended; Bangkok and Vietnam 3.11.92 - 3.27.92

END OF REPORT