Vietnam Country Report

**Economic situation in Vietnam**

Vietnam has achieved remarkable successes in its drive for socio-economic renovation under the ‘doi moi’ policy, thanks to the tremendous efforts of the people and the ruling Communist Party. The country recorded an average GDP growth of 7.5% during the period 1990-2002. The income and living standards of the majority of the population have been significantly improved, especially for the poorer groups. Poverty has decreased from 30% in 1990 to 10%, in 2001 while malnutrition has been reduced from 45% to 33.1%. Exports have increased from USD 2.4 bn to USD 14.5 bn and imports from USD 2.7 bn to USD 15.2 bn. The rate of savings has risen from 8.5% of GDP to 27%. Average food production per capita has increased from 303 kg to 444 kg. Vietnam’s Human Development Index has been upgraded from 122 (0.456) to 101 among 162 countries (0.696), while its GDI is now 89th among the 162 countries ranked.

The material and spiritual life of Vietnamese children has steadily improved parallel with the development and growth of the country as a whole. The nation has strengthened and reinforced its policy framework for the protection and care of children at risk, with a view to developing community-based models in addition to leveraging the existing social institutions.

**Current situation of children**

Statistics from the 1999 Census show that Vietnam has 27,423,000 children, or 36% of the country’s total population of 76,328,000. The number of vulnerable children is 2.5 million or 3% of the total population and 9% of the child and adolescent population. These include: 133,000 orphans; around 1,200,000 children with disabilities, among which are 182,501 children with serious disabilities; and 21,000 street children, including 3,000 young drug addicts, 2,500 HIV/AIDS-infected children; and sexually abused children and children of poor families.

Many factors have contributed to putting these children at risk, such as adverse economic conditions at home, vulnerable or irresponsible families, limited awareness, the tendency of children to overindulge, and poor awareness of the law and a still limited dissemination of education. These realities have also greatly affected children’s social security and the exercise of their rights, and has had a negative effect on the quality of the future human resources of the nation as a whole.

**Policies in the care and education of vulnerable children**

Vietnam has steadily improved its legal framework governing the care and education of vulnerable children. Since 1989, we have enacted over 10 new codes of law, 5 ordinances and many other decrees, decisions, directives, circular letters and other forms of guiding documents that form the legal framework and serve as a basis for exercising the basic rights of children as stipulated in the International Convention on the Rights of the Child and Vietnam’s Law on the Protection, Care and Education of Children, with special focus on children in specially difficult circumstances.
There has been great progress made in implementing policies to support of children at risk, such as providing shelter and care, education, health care, rehabilitation, vocational training and career counselling. Policy target groups have been expanded to better respond to the actual needs in the society and the level of support has steadily improved.

Models for caring for vulnerable children in Vietnam

Institutional care of vulnerable children

There are several types of social institutions that take children into care: Social Patronage Centres, SOS Villages, Specialised Schools for Disabled Children, Special Education Centres for Delinquent Children, Charities and Compassion Homes.

Social Patronage Centres

There are currently 95 Social Patronage Centres in Vietnam, accommodating over 13,000 vulnerable children, including orphans, disabled children, street children and HIV-infected children. The cost of these Centres is funded by the State budget, private benefactors and domestic and international organisations.

Charitable institutions

In Vietnam there are over 100 charitable institutions of the type Open Homes, Warm Shelters and Compassion Homes, which accommodate between 4,000 and 5,000 vulnerable children. These charitable institutions have contributed positively to the protection and care of children by providing them with knowledge, skills, codes of conduct; and by ensuring children’s rights and the obligations to children, and by strengthening their sense of identity and social consciousness and protecting them from abuse and violation.

Schools for children with disabilities

Vietnam has over 50 specialised schools caring for around 6,000 children with severe disabilities. These schools enable severely disabled children to receive an education and have the possibility of combining theoretical education and vocational training, including physical training and healthcare.

Evaluation of the care of vulnerable children in social institutions

Advantages

In the next five years, caring for children in Social Patronage Centres will continue to be a solution and will offer many advantages, including:

- Better facilities for the physical and spiritual care of children at risk;
- Better facilities for education, recreation and vocational training;
- Better access to timely and high quality healthcare.

Disadvantages and constraints

- The Social Patronage Centres are isolated from the surrounding environment which means that the children have less exposure to real life;
• These Centres still resemble administrative units more than families; lack of family affection can have a negative effect on the psychological development of the children;
• The staff are not well trained in the child psycho-physiology, and lack the skills needed to operate the Centres efficiently;
• Low pay rates for staff and poor facilities also hamper the quality of child care, rehabilitation, education and vocational training provided by the Centres;
• Children from Social Patronage Centres have difficulty becoming integrated into the communities;
• The cost for the administrative management of the Centres is very high.

Community-based models in caring for vulnerable children

Provision of subsidies to vulnerable children, support to their schooling and healthcare at the community level
Nationwide, in 2002 there were 55,000 orphans, children with disabilities and needy children: 1,711,560 vulnerable children received either free schooling or reduced charges; 431,458 children received free health insurance and healthcare.

Community-based rehabilitation for children with disabilities
The government has launched a programme to provide means of basic support to local communities, including training in rehabilitation skills for grassroots healthcare workers and mothers of disabled children, so that they can provide locally the training that disabled children need for their rehabilitation. This has proved to be a highly efficient and cost-effective model, promoting a movement of community caring for disabled children without requiring intensive funding from the government. Every year more than 70,000 disabled children are rehabilitated in their home communities.

Community-based vocational training and job creation
This model is designed to provide vulnerable children with the opportunity to learn a trade and obtain employment to thereby ensure their future life. Some provinces organise skills training classes in their traditional craft villages; others encourage local businesses to take vulnerable children into apprenticeship and later employ them in the business.

Compassion classes, flexible classes
Individuals, civil societies and religious organisations organise free classes to provide schooling for orphans, children from poor families and other children at risk. The children who attend these classes do not have to pay tuition and are provided with schoolbooks and notebooks free of charge.

Educational integration of children with disabilities
The aim is for children with mild and moderate disabilities to pursue their schooling in conventional community schools together with normal children. This model is currently implemented in 40 provinces involving more than 50,000 children with disabilities.
Support to develop household economy
The majority of children in need of care come from poor families. Strengthening local communities by supporting income-generating activities for households is the most sustainable solution for caring for vulnerable children. Many projects have given poor households preferential loans, spread knowledge of best practices in household economy, helped families develop income-generating services, start livestock-raising businesses, etc.

Other forms of community-based support
Many communities have been successful in promoting sponsorship and fund-raising campaigns on behalf of orphans, disabled and poor children, thus bringing them both moral and material support and alleviating their situation.

Evaluation of the community-based care models for vulnerable children

Advantages
- Community-based, direct support to vulnerable children promotes the involvement of the local citizenry and better use of local resources;
- More vulnerable children become eligible for support in their care needs, schooling and healthcare from the government and various organisations;
- Children with disabilities can continue to live in their natural family and community environment, which helps them to gain life skills and develop more fully and comprehensively than is the case for children living in the isolated centres. And these children will be able to integrate more easily into society and be better able to make life and career decisions for themselves.

Disadvantages
- The number of orphans receiving regular social support through the local communities is still low due to the tightly constrained local budgets;
- Social workers at the grassroots level are not yet equipped with basic skills in caring for children in offering family counseling;
- The management information system is still inadequate, so there is a lack of complete and updated data on children which is crucial for decision-making;
- The government has yet to promulgate appropriate policies to enable the expansion and diversification of innovative and effective forms of caring for children.

Orientation for the care of children at risk

Improve the policy system and mechanisms for direct support to the material well-being, spiritual life and health of children at risk:
- A policy to increase the level of social welfare subsidies to children to ensure that there will be sufficient resources to meet the basic needs of these children should be adopted;
- A policy to encourage families to adopt fatherless and motherless orphans should be given serious consideration;
- Private healthcare institutions should be encouraged to provide free healthcare services to vulnerable children through tax exemptions, training and education;
• A greater effort should be made to integrate mildly disabled children in the ordinary school system;
• The government should devise policies and mechanisms to support individuals and organisations to set up specialised classes for disabled children; to create favourable environments and expand services aimed at the rehabilitation and education of disabled children;
• There should be a policy to provide appropriate training and remuneration for grassroots healthcare workers and volunteer helpers;
• Private businesses should be encouraged to provide skills training and employment;
• Businesses should also be encouraged to provide employment for vulnerable children;
• The network of schools for disadvantaged children should be expanded. Each province should have at least one such school, either separately or as part of an existing school. Provinces with a large number of children with disabilities should have a system of schools located in multiple locations to enable the adequate development of these children’s talents;
• Priority should be given to the publication of cultural material serving the needs of disabled children; these publications should be subsidised through tax reductions or tax exemption, subsidised sales price, etc.
• Cultural and sports programmes specifically designed for disabled children should be developed.

**Develop and promote models for the effective protection, care and education of children in especially difficult circumstances**

• Focus on developing community-based models for the care of children at risk. Specialised care centres must be maintained and further developed to care for children at risk;
• Training should be for the staff of the specialised centres in the operation and management of the centres as well training in treatment and counseling skills.
• The state should adopt policies to facilitate the expansion and diversification of models for the effective care of children at risk, especially with the participation of individuals and social organisations.
• Information should be disseminated to increase public awareness of need for protection, care and education of children in specially difficult circumstances;
• Social work should be advanced to attain professional status; to fully develop the specialisation of social workers at various levels of training, to provide a concrete coefficient for the salary and special allowance for social workers;
• Intensify the training of social workers in both longer and shorter courses;
• Support should be given to assist the development of household economy.

**Conclusions**

Thanks to a consistently high economic growth, the living standards of the majority of the people have been improved, and vulnerable children are receiving better care. However, other factors such as low income per capita, underemployment, income gaps and disparities in living standards, drastic changes in lifestyles and ethics, the rising incidence of social vices, HIV/AIDS, etc., result in increasing numbers of vulnerable children and are posing great challenges for Vietnam.