



Vietnam
Socialist Republic of Vietnam

Geography

Capital

Hanoi

Global Positioning

Vietnam is located in Southeast Asia, bordering the Gulf of Tonkin, the South China Sea, China, the Gulf of Thailand, as well as Laos and Cambodia.

Geographical & Natural Outline

Vietnam occupies a land mass of 331,211.6 sq. km and measures 1,650 km from its northern border with China to its southernmost tip at the Eastern Sea. Situated in the heart of Southeast Asia, with 3,260 km of coastline. It is also known to have two climates. The southern and central regions have a tropical climate with dry and rainy seasons and are normally humid throughout the year. In the north, the four seasons, including a relatively harsh winter, are more defined.

Major Cities/Urbanisations

The major cities or urbanizations of Vietnam include: Ho Chi Minh City (population: 8.4 million), Hanoi (population: 7.6 million), Danang (population: 1.0 million).



People & Society

Nationality

Vietnamese

Ethnic Groups

In total, there are 54 ethnic groups recognized by the Vietnamese government. The largest ethnic groups are as follows: Kinh (Viet) 85.7%, Tay 1.9%, Thai 1.8%, Muong 1.5%, Khmer 1.5%, Mong 1.2%, Nung 1.1%, Hoa 1%, other 4.3% (based on 2009 estimate).

Languages

Vietnamese is the official language of Vietnam. Other languages spoken in Vietnam include: English (rapidly becoming a common second language of Vietnam), French, Chinese, Khmer, and some languages spoken only in the mountainous parts of Vietnam (Mon-Khmer and Malayo-Polynesian).

Religions

Buddhist 7.9%, Catholic 6.6%, Hoa Hao 1.7%, Cao Dai 0.9%, Protestant 0.9%, Muslim 0.1%, none 81.8% (2009 est.)

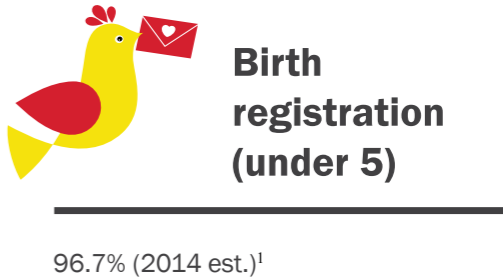
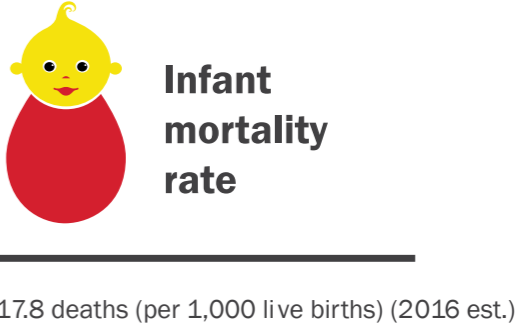
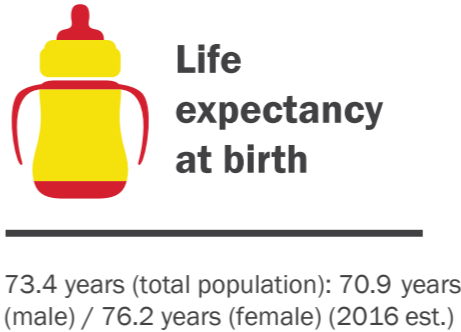
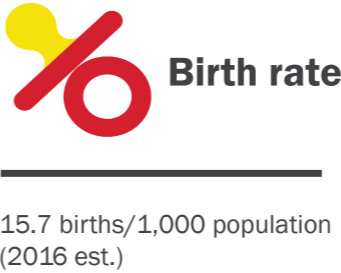
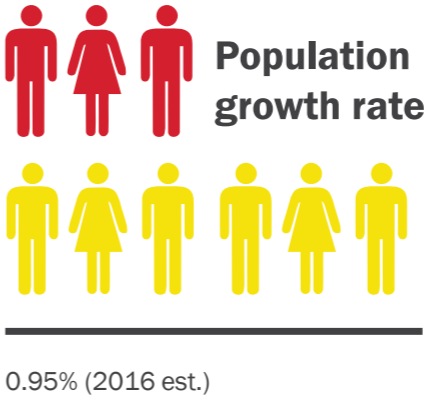
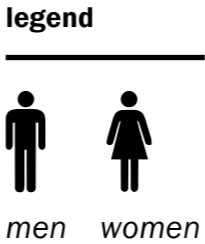
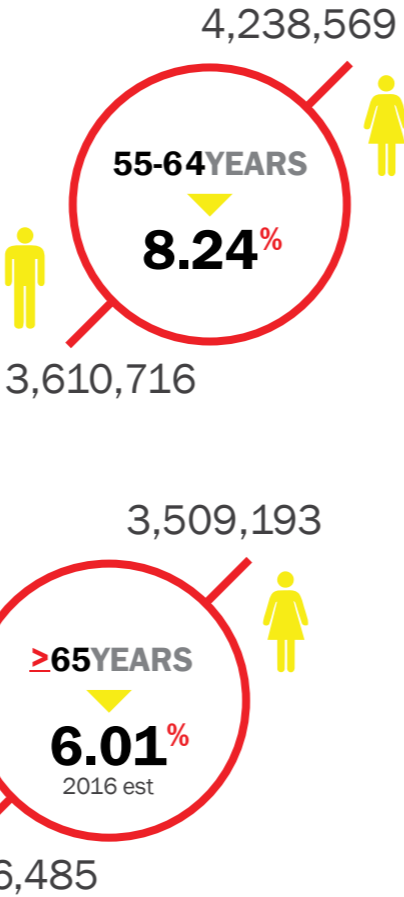
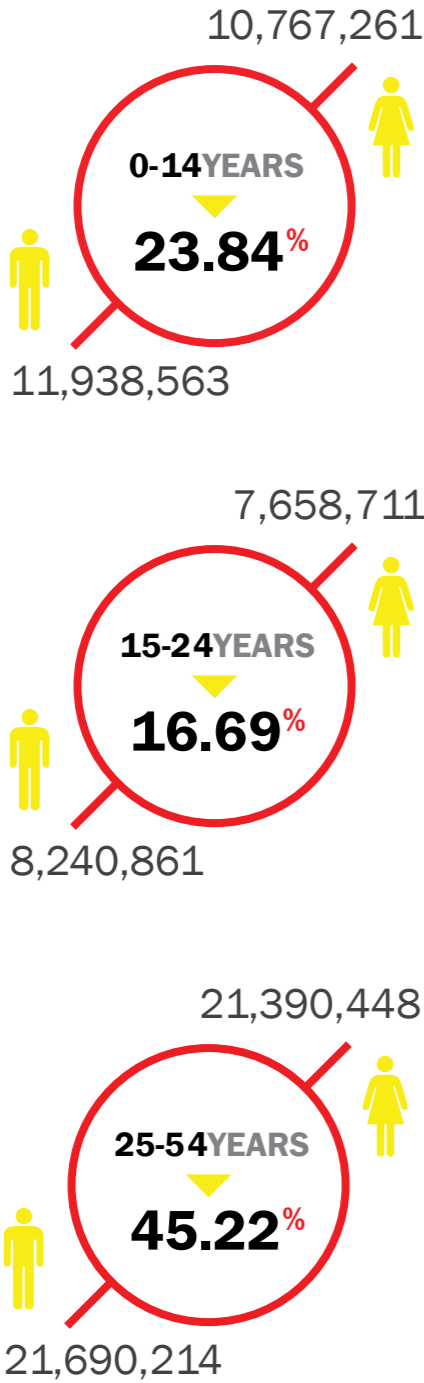
Population

92.7 million (2016)



demographics

The age group of men and women throughout the years.



¹ "The World Factbook: VIETNAM." Central Intelligence Agency. Accessed September 24, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/vn.html>. Date of publication unavailable.

government type/political stance

Vietnam is a single-party socialist republic, led by the Communist Party of Vietnam. The Communist Party of Vietnam is driven by two ideologies: Ho Chi Minh Thought and Marxism-Leninism. The Vietnamese government was first introduced to Marxist-Leninist ideology in the 1930s, but the government’s adoption of Ho Chi Minh Thought and Marxist-Leninist ideology only became official in 1991. Ho Chi Minh’s commitment to realizing communist ideology in Vietnam has been questioned by various historians, but sources also state that his support of Vladimir Lenin and the dictatorship of the proletariat is proof of his legitimacy as a Marxist-Leninist politician. However, with the introduction of a mixed economy in the 1990s, the original values of the communist party were not upheld. The aim of the Communist Party shifted from prioritizing a “working-class peasant alliance” to accommodating the needs of “workers, peasants and intellectuals.” In more recent years, the Communist Party has refrained from standing for any particular class, and now claims to simply represent the “interests of the people.” Still, Vietnam is considered to be one of the last remaining communist countries in the world, alongside China, Laos, Cuba and North Korea.²

The President of Vietnam acts as the head of state, and the Prime Minister of Vietnam acts as head of government – both of whom can exercise executive power. Legislative power, however, is solely vested in the National Assembly of Vietnam. The National Assembly is also responsible for electing the President of Vietnam. Once elected, the President is required to serve a 5 year term and act as commander-in-chief of the

Vietnamese People’s Armed Forces. The President must also assume the position of Chairman of the Council for Defence and Security. While the President’s duties pertain mainly to defence, the Prime Minister maintains control over the government. In the Vietnamese political system, the government is the executive state power. Due to the vast array of political duties that require the Prime Minister’s attention, a few Deputy Prime Ministers and ministers are appointed to handle certain activities/units/etc. The executive branch of government is in charge of the implementation of cultural, social, political, economic, security and defence related activities of the state.

The legislature of Vietnam, the National Assembly, is deemed by the Vietnamese Constitution to be the highest organ of the government. The National Assembly maintains control over the enactment and/or amendment of national laws, international laws/conventions/etc., as well as the constitution. Additionally, the legislature is responsible for approving the government budget, appointing members of the judiciary, and supervising the Vietnamese government. The extent of the National Assembly’s power in policy making and governmental control should not be underestimated, as the entire judicial system is governed by the Constitution and national legislation - both of which are controlled by the National Assembly. The implications of such a political structure on reform to the care system and child rights/protection legislation

remains in question. With limited potential for change-making outside of the National Assembly, it would appear as though there may be difficulties in facilitating change to the social welfare system – unless it is initiated by the Assembly itself.³

In keeping with Vietnam’s presidential electoral system, elections for the National Assembly and the People’s Courts are held regularly. At any given time, the National Assembly is comprised of 500 members. Members of the National Assembly are elected by popular vote. Once elected, members of the National Assembly serve a four-year term. The highest court in Vietnam is the Supreme People’s Court. Other specialized courts in Vietnam include the Central Military Court, the Civil Court, the Appeal Court and the Criminal Court.⁴



Is the governing party likely to change in the next election?
The Communist Party of Vietnam has maintained political dominance since 1940, and recent election results indicate it is unlikely that an alternate political group will be elected any time in the near future. Over 91 percent of the elected members of the National Assembly are Communists. Some journalists and political theorists have suggested that the Communist Party has intentionally miscounted votes in order to continue their control over the country. Sources also show that there were more self-nominated candidates voted into the National Assembly in the 2011

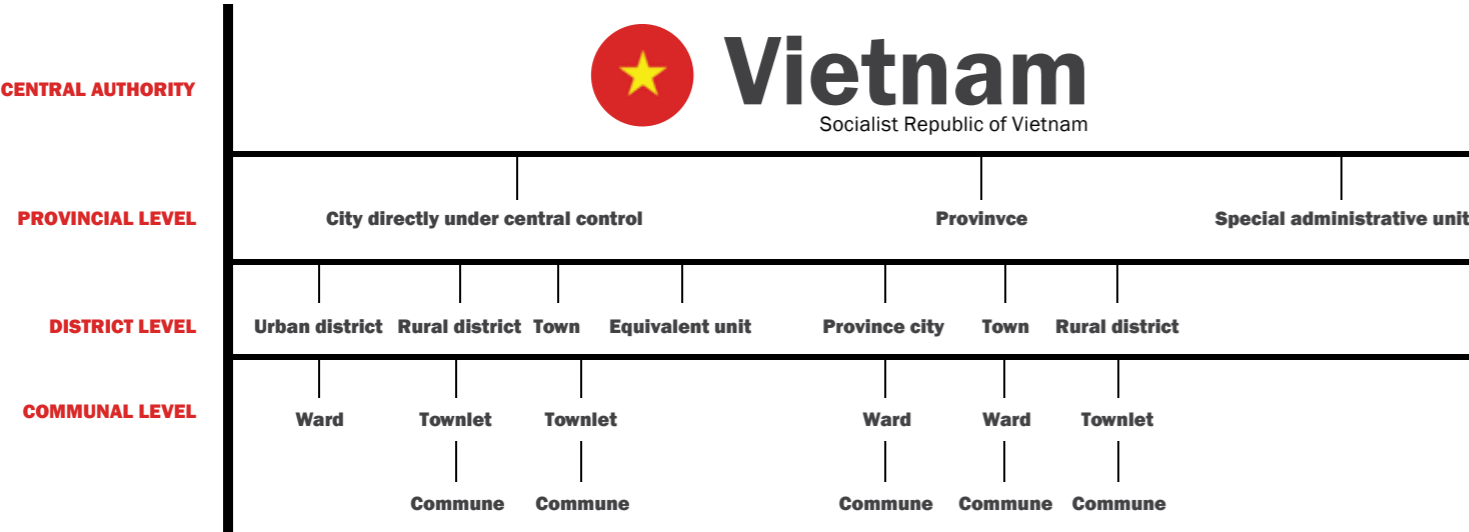
election than ever before. Moreover, a large percentage of the newly elected Assembly Members are businessmen, and some members are famously wealthy capitalists. With the head of Vietin Bank and Saigon Investment Group elected as new members of the National Assembly, the CPV is now tied to at least two powerful Vietnamese corporations. This may also contribute to the party’s ability to maintain political control, as it would be in the interests of the corporations to guarantee the success of the CPV.⁵

² “Vietnam’s Political System (Part 1) - News VietNamNet.” Vietnamnet, 19 Oct. 2010, english.vietnamnet.vn/fms/vietnam-reference/general-information/438/vietnam-s-political-system--part-1-.html. Accessed 23 Sept. 2017.
³ “Vietnam Politics.” Vietnam Tours, www.toursinvietnam.com/vietnam-travel-guide/vietnam-politics.html. Accessed 23 Sept. 2017. Date of publication unavailable.
⁴ “About Vietnam: Political System.” The Socialist Republic of Viet Nam Government Portal, www.chinhphu.vn/portal/page/portal/English/TheSocialistRepublicOfVietnam/AboutVietnam/AboutVietnamDetail?categoryId=10000103&articleId=10001578. Accessed 23 Sept. 2017. Date of publication unavailable.

⁵ Ruwitch, John. “Party wins big in Vietnam, but with a few twists.” Reuters. June 04, 2011. Accessed September 21, 2017. http://blogs.reuters.com/global/2011/06/04/party-wins-big-in-vietnam/.

administrative divisions

Vietnam has 58 provinces and 5 cities under direct central rule; 60 provincial cities, 46 towns, 47 urban districts and 550 rural districts; 634 townlets, 1,461 wards and 9,052 communes.



Source: Institute for State Organizational Sciences, Ministry of Home Affairs of Vietnam

The provinces and municipalities are centrally controlled by the national government i.e. the People's Council which is the "local organ of State power". The People's Council is democratically elected, and is accountable to the people and to the National Assembly. It is an extension of the higher authorities to pass on formal orders i.e. resolutions, and acts on behalf of the constitution in implementing decrees/circulars. The People's Council decides the plans for socio-economic development, budget allocation and is responsible for national defence and security at the local level. Towns, districts and villages are also locally accountable to some degree through elected People's Councils.

Economy

Gross Domestic Product (GDP)
\$594.9 billion (2016 est.)

Real growth rate
6.1% (2016 est.)

Composition by sector
Agriculture : 17%
Industry : 39%
Services : 44% (2016 est.)

Unemployment Rate
3.7% (2016 est.)
Population below poverty line
11.3% (2012 est.)

Inflation rate (CPI)
2.8% (2016 est.)⁶



Budget

USD48.04 billion of revenue / USD57.21 billion of expenditures (2016 est.)

A complete breakdown Vietnam's five-year budget (2016-2020) is not available. However, some information concerning the government budget has been made available to the public via national news. According to an article published by Viet Nam News, the accumulated state budget spending for the next five years is USD361 billion - approximately 25% of which will go towards development expenditures. The total State budget collection will amount to USD308.7 billion. A cap of 3.9% of GDP has been placed on budget overspending, as well as a local government's overspending limit of 0.2%.

The overspending caps are strategically arranged in order to balance out the state budget and lower the amount of public debt. Additionally, the government has declared that a maximum of 25% of the annual budget will go towards debt payments. Approximately 20% of state budget spending will go towards education, and 0.2% will be spent on science and technology.⁷

Foreign aid

USD 3.1 billion (2015 est.)⁸. This figure includes the net official development assistance as well as the official aid received.⁹

International debt

The most recent figures show that Vietnam has USD21,669 mil in external debt for the year 2015.¹⁰

⁶ "The World Fact book: VIETNAM." Central Intelligence Agency. January 12, 2017. Accessed April 11, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/vm.html>.

⁷ <http://vietnamnews.vn/politics-laws/345964/national-assembly-adopts-five-year-financial-plan.html#yq9ZWDA7j0pQFtwF.97>

⁸ "Net official development assistance and official aid received (current US\$)." The World Bank. Accessed September 08, 2017. <https://data.worldbank.org/indicator/DT.ODA.ALLD.CD>. Copyright 2017

⁹ "Net official development assistance and official aid received (current US\$)." Data. 2016. Accessed April 11, 2017. <http://data.worldbank.org/indicator/DT.ODA.ALLD.CD>.

¹⁰ "Vietnam Total External Debt"Trading Economics. 2017. Accessed April 11, 2017. <http://www.tradingeconomics.com/vietnam/external-debt>.

social care sector



The Ministry of Labour, Invalids and Social Affairs (MOLISA) is the primary government unit concerned with child welfare and protection. MOLISA is further broken down into four divisions:

- 1) State Management Agencies
- 2) Functional Units
- 3) Public Service Organizations
- 4) Local Departments

The Department of Child Affairs (DCA), a unit specifically established for the maintenance and development of services/programmes for children, falls under the category of State Management Agencies. Other responsibilities of the DCA include, but are not limited to drafting legislation concerning child care and protection, policy development and implementation, designing and enforcing standards for child care facilities/services, organizing data collection and statistical analysis, providing management over child care NGOs/associations, managing public servants, conducting training activities for child care professionals, and collaborating with other government units and agencies under MOLISA. In addition, the DCA holds the statistics and data base information on child affairs, as well as provide the financial guidance management and use of local child protection funds by local bodies. The DCA is overseen by the unit leader, Director General Dang Hoa Nam, as well as three Deputy Directors. Under the Vietnam legal document *On Roles, Responsibilities, Duties, Authorities and Organization of Department of Child Care and Protection (2013)*, the Director General is legally responsible for ensuring that the aforementioned duties of the Department are effectively performed.¹¹

There are a number of Public Service Organizations that are overseen by MOLISA, some of which are specifically developed to meet the needs of vulnerable children. According to the MOLISA website, the following Public Service Organizations provide with child care and protection services:

- National Fund for Vietnamese Children
 - Centre of Orthopaedics and Rehabilitation for Disabled Children
 - Centre of Rehabilitation and Assistance for Disabled Children
- Social Protection Centre for Handicapped Children
 - Social Protection Centre for Handicapped Children
 - Thuy An Rehabilitation Centre for Handicapped Children¹²

Though it must be noted that the Department of Social Protection (DSP) is another unit of the State Management Agencies which also oversees the Public Service Organizations. It is headed by Director General Nguyen Van Hoi who is assisted by two Deputy Directors. The section is primarily responsible for social assistance and support to the disabled, the elderly and ‘needed groups’ i.e. vulnerable which include Disadvantaged Children (Refer to 5.1). The duties include crafting legislation to eliminate poverty, developing and implementing social assistance schemes and policies. It is the main body that not only specify the operational set-up of the social protection centres and centres which provide social services and works but also monitors and exercise the role of state management to associations, NGOs operating in the field of social protection¹³.

Field interviews were unable to distinguish the correlating roles between DCA and DSP with regard to providing care for vulnerable children. Both were noted for developing alternative care options, particularly foster care, which was recently recognized as form of alternative care options under the *Child Care and Protection Bill; Chapter IV, Section 13* that was announced Jun 2016. On one hand, DCA had collaborated and piloted past the foster care programme with HealthRight International in mid 2000s and on the other hand, a recent partnership between DSP and UNICEF is engaging Holt Vietnam to develop a fostering provision for social protection centres. Interestingly, announcement No.1126/QD-LDTBXH on 30 July 2017, stipulated the duty as *h) Preparing procedures for caring and fostering children in special circumstances* under DCA.

NOTE: Social care initiatives vary from province to province as dependent of what are the decree/s issued by the local provincial units i.e. MOLISA. Ho Chi Minh is more inclusive of civil society organizations participation via the Child Rights Group Network (CRGN)

- Other government units/groups which may be involved in child protection or alternative care in Vietnam include:
- Vietnam Administration of AIDS Control (VAAC)
 - Vietnam Commission for Population, Family and Children (VCPFC)
 - Ministry of Health (MOH)
 - Ministry of Public Security (MPS)
 - Ministry of Justice; which oversees Department of Adoption

¹¹ “Detail Organization.” Ministry of Labour, Invalids and Social Affairs. June 20, 2013. Accessed April 03, 2017. <http://www.molisa.gov.vn/en/Pages/Detail-organization.aspx?tochucID=17>.

¹² “About.” Ministry of Labour - Invalids and Social affairs. Accessed April 04, 2017. <http://www.molisa.gov.vn/en/Pages/Organizational.aspx>. Date of publication unavailable.

¹³ “Detail Organization.” Ministry of Labour, Invalids and Social Affairs. 30 Aug 2013. <http://www.molisa.gov.vn/en/Pages/Detail-organization.aspx?tochucID=20>

institutional care

Children’s Centres / Charities & Compassion Homes / Nurturing Centre / Open Homes / Social Assistance/ Social Protection Centres / Social Patronage Centres / Specialised Schools for Disabled Children / Special Education Centres for Delinquent Children / SOS Villages / Warm Shelters

The Vietnamese government has not yet published a complete list of care terms that are specific to the country’s context, therefore there is no formal definition of institutional care in Vietnam. However, under the Child Law (revised 2016) it is stipulated that certain forms of care, i.e. surrogate care, are legally considered to be in the same category as institutional care. A formal definition is provided in Article 4 of the Child Law, which states: “surrogate care refers to the fact that an organization, family or individual undertakes to take care of an orphan, a child who is not permitted to or cannot live with natural parents or a child who is affected by natural disasters and calamities or aimed conflict for the purpose of ensuring the safety and best interests of such child.” This differs from most other legal/social welfare frameworks, which tend to situate institutional care apart from forms of care that would fall under the category of “family-based care.” However, based on the definition of surrogate care that is stated in the Child Law, it appears as though surrogate care is lumped in with both family-based care and institutional care. Rather than referring to a specific form of care, the term “surrogate care” is used as a general description for a situation in which a child can no longer reside with their parents due to death, desertion, abandonment or abuse/danger. Still, it should be noted that children listed as being in surrogate care may in fact be in an institutional care setting.¹⁴

The most recent statistic provided by MOLISA officials stated that there are 22,000 (i.e. 0.15% of the total population of children under 18 years old) children living in institutional care. Currently there are nearly 500 public social protection centres in Vietnam where vulnerable people are given care. 70% of which are run by the Government, and is responsible for about 15,000 children. The remaining 30% of the centres are by INGOs/NGOs, faith-based organizations, unions and individuals, etc.

Many were affected by the high rate of urbanization over the past 20 years, resulting in a steep increase in the country’s socio-economic standing. In the rapidly developing economy, a large number of families have moved from rural areas of Vietnam to major cities. Due to a spike in the cost of living, as well as an overall lack of well-paying jobs, families have been forced to separate in order to find work in bordering countries or larger cities in Vietnam, mainly Hanoi and Ho Chi Minh (HCM). With parents and family members leaving home to find work, family separation and child abandonment have increased significantly. Most often the children end up in institutional care (to have access to education), as they are seen as an ‘economic burden’ within families who are trying to catch up with the new pace/standard of living and are often deprived of an education, which is deemed non-essential.

A study released by MOLISA in 2010 found that there were upwards of 4.3 million children living in special circumstances – this is approximately 18% of all Vietnamese children. This statistic includes 1,353,458 children with disabilities, 300,000 children with HIV or AIDS, 126,248 children who were orphaned or abandoned, 28,910 children in hazardous work environments, and 1,805 children in situations of abuse. Additionally, the study found that there were at least 13,600 children/youth in conflict with the law. It should be noted that these statistics are not necessarily an accurate depiction of the situation of children in need of alternative care in Vietnam, as the data collection and child monitoring systems throughout the country are not entirely reliable. There is currently no available data concerning the number of children in child prostitution and trafficking situations, and there is not a conclusive statistic for the number of children in situations of maltreatment.¹⁵

NOTE: The institutional care facilities in Vietnam include rehabilitation & vocational centres for sex workers and drug users, and detention centres & reformatory schools for children in conflict with the law.

Vulnerable children or children having special difficult circumstances stands at 1.5 million

cited by Ministry of Labor – Invalids & Social Affairs, 2017.

The lack of a comprehensive child protection system and social work services has underdeveloped the data collection system – as well as the alternative care and social welfare systems as a whole. Variation in reported statistics has led to a general state of confusion as to the situation of children in need of care.¹⁶ Official statistics pertaining to institutional child care facilities in Vietnam states that there are about 500 social protection centres. Of these 500 centres, approximately 70% are government-run (accounting for 15,000 children in care), while the remaining 30% are operated by private or faith-based organizations. Duration of stay for most of the children in the care facilities averages of 8 years.¹⁷ However a more recent statistics shared by Holt International indicated that there are 213 government-run care facilities and 189 non-governmental institutions.¹⁸

¹⁴ Law on Children (Law No. 102/2016/QH13). 2016. Accessed November 10, 2017. <http://www.ilo.org/dyn/natlex/docs/ELECTRONIC/103522/125796/F-1725767197/VNM103522%20Eng.pdf>.

¹⁵ “Child protection.” UNICEF Viet Nam, www.unicef.org/vietnam/protection.html. Accessed 18 Sept. 2017.

¹⁷ Bergeron, Julie, Sakiko Tanaka, and M. Denov. Children’s Rights and International Development. Palgrave Macmillan US (2011), 63.

¹⁸ Bergeron, Julie, Sakiko Tanaka, and M. Denov. Children’s Rights and International Development. Palgrave Macmillan US (2011), 63.

Still statistics from the late 1990s circulate amongst news articles, child-protection reports, and country reports. The most comprehensive set of official data on the situation of vulnerable children in Vietnam was released in 1999, but child-protection agencies continue to use the outdated statistics because the information is made most readily available. Research found that an SOS report on alternative care was released as late as 2016, yet the report used figures from almost two decades past. In order to accurately assess the need for development in the Vietnamese alternative care system, more recent data is needed to accurately depict the state of child-protection across the country.

Field findings show that there are currently about 80 institutional care facilities in HCM alone. These government-run facilities would usually accommodate abandoned and orphaned children, whereas faith-based organizations (i.e. Catholics/Buddhists) would provide shelter for street children, marginalized migrant (local Vietnamese who moved across provinces), children from the poor families and victims of sexual abuse. Save the Children Child Protection Manager, Nguyen Lu Gia mentioned that less than 30% of the children in the institutions are below the age of 5 years old. It was also reported that the government-run institutions are able to hold an average of 150-200 children while the NGO/community based care facilities has a smaller capacity of 20-40 children. The latter is also depicted as a close institution where faith-based care facilities are open.

Historically, the nature of the government-run institutions lack transparency as the government past initiative/s in dealing with “abnormal children” i.e. children with disabilities, affected by HIV, sex workers or drug abusers etc is to place them in a designated compound. The area known as ‘0506 Centre’ eventually ceased operations after being criticized by Human Rights Watch as the children were isolated from the community and deemed outcast in not fitting to the socialist social structure. To date most of the government-run care facilities continue to be located outside the city outskirts and the institutions are more commonly known via a numeric code i.e. No 1, No 2, No 3 in determining the type of care provided as well as resource allocation in meeting the needs of the children.

In addition, it was noticeable that there were more boys in the institutions as the families preferred to have the girls at home to manage the households (in HCM care facilities). Having said that, it reported otherwise in Hanoi. Sources from the site visit alluded that there would likely be more girls in institutional care as culturally families would prefer boys to remain in the families as the latter would be carrying the family ancestry i.e. lineage and expected to be the breadwinner for many. Vietnamese sons are also expected to care for their elderly parents in old age.

2.1 Government / state-run child care facilities

Based on information provided by situational reports and analysis on the alternative care system in Vietnam, it appears as though residential care is primarily offered to children with disabilities by the state. UNICEF and MOLISA complied a report entitled Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam, which states:

“Children with disabilities who are in difficult circumstances may be cared for in Social Assistance Centres, and they are entitled to a monthly social allowance under the Ordinance on Allowances for the Handicapped.

At the time of MOLISA and UNICEF’s report publication (2009), it was reported that there were over 300 welfare centres operating in Vietnam. However, it should be noted that some of the aforementioned welfare centres only provided individuals with financial assistance, rather than alternative care programmes or rehabilitation services.¹⁹ It was also reported that 220,000 children are receiving yearly social welfare subsidy of 300,000VND (USD13) for those age 2 to 7 years and 500,000VND (USD22) for those above 7 years old. No subsidy given for infants (between 0 and 2 years old).

While the Vietnamese government is running a number of sizeable child care institutions, MOLISA does not tend to make information regarding these institutions readily available. Orphanages, children’s homes and other residential care facilities are often referred to as children’s centres, social assistance or social protection centres (SPCs, commonly used term), which can cause some institutional child care facilities to appear as though they are community-based care centres. Visits to the centres are controlled. One would need to seek official permission from the authorities in order to visit an SPC. The authorities would then direct the visitor to specific “progressive” i.e. model SPCs.

Notably, the majority of institutional care centres listed on MOLISA’s website are designed to accommodate the needs of children with disabilities. For example, the Thuy An Village Centre of Rehabilitation for Handicapped Children, Hanoi established in 1976 provides handicapped children with rehabilitation programmes, access to education, and vocational training. The centre is especially concerned with the needs of children who suffer from mental and physical disabilities caused by dioxin (Agent Orange). There are currently 240 children under the care of the Centre. The Centre is built to accommodate infants (0-2 years old), children (3-15 years old), young adults and elders with full-time professional care.²⁰ There are currently 289 vulnerable persons under the care of the Centre, including 178 seniors (up to 50 years old), 108 children (60 of which suffer from severe disabilities) and 33 infants. Despite the fact that the Centre is government-run, tourist visitation is encouraged by the establishment. Local homestays and

hotels in close proximity to the Centre offer package services that include day trips to visit the children in care. Generally, tours of the Centre seem to be provided by Moon Garden Homestay, a popular tourist destination in Thuy An. It is unclear as to whether these visits are highly supervised, and there is no available information concerning safeguarding practices.²¹

Director Tran Van Ly, indicated that there are 95 staff in total, including 16 therapists, 6 occupational & 2 speech therapists, 30 nurses, 22 teachers, 4 social workers who double as counsellors to the children and family in equipping them with life skills and remaining operational staff. He shared that the Centre was initially intended for the children of soldiers whom had died during the Vietnam War as well as children from the poorest families in North Vietnam. Most of the children were either brought in by their parents or had approached the provincial officials when MOLISA units goes to the town/ villages to seek the children needing to be placed in care. There is about 60% of girls and 40% of boys who would stay and attend the classes in the Centre for a period of 4-5 years before being reunited with their families. Director Tran mentioned that 80% of the children have birth families and only 10% are visited by their parents. Most of the attending children were either deaf or they had learning disabilities and/ or physical disabilities. Lessons are held in the morning from 7-11am after which the children would be attending vocational training (i.e. handicraft making) as means of equipping them with a skill after being discharged from the institutions.

Thuy An is categorized as the No 1 Disability Centre; well-resourced and located on massive premises. It is able to sustain itself from the government funding as well as the sales of the handicrafts made by the children. It also offers outpatient therapy sessions for children and adults with disabilities with charges. On the other end of the spectrum Ba Vi Disability Centre No 3 is the least supported care institution, yet it houses about 180 children and young adults together with another 200 adults and elderly - the majority of whom have multiple and unidentified disabilities. Many of them were sent to the centre at young age and remain until they pass on, as their family do not have the physical and financial means to care for them at home. Some of children with families have visitation once a year during the Lunar New Year celebrations, but they are left on their own for the rest of the time. The children are only attended to by staff during meals, shower time and when put to bed during nap time between 11-1pm and bedtime at 4.30pm. It is a common practice that older children are directed by staff to care for the younger children without much guidance or supervision. In an effort to facilitate adoption, babies are separated from the main living quarters of the children with disabilities. There are usually about 30 babies in care at one time.

¹⁹ Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam. Report. Hanoi: UNICEF & MOLISA, 2009. 82.

²⁰ “Centre of Rehabilitation for Handicapped Children - Thuy An village.” Moon Garden. Accessed April 04, 2017. <http://moongardenhomestay.com/en/cttc113a143/centre-of-rehabilitation-for-handicapped-children-thuy-an-village.html>. Date of publication unavailable.

²¹ Ibid.



2.3 Private child care facilities

Research yielded minimal information pertaining to privately operated/funded child care institutions. It appears as though the majority of privately run institutions are part of the faith-based care sector. Although organizations such as Loving Kindness Vietnam and Children of Vietnam Benevolent Foundation claim to offer financial assistance to private care facilities, such organizations do not interfere or aware of the level of care provided by the agencies/orphanages/facilities that they have assisted.²² Despite private and faith-based reportedly making up 30% of the institutional care sector, information about specific private institutions is not made available via online sources.

During the field mission, direct correspondences were initiated with some of the identified organizations in seeking permission to visit the care facilities. However, further discussions found that the organizations were not based in Vietnam, and were unable to provide a contact person/head of the private institutions that they claimed to support. Therefore, the legitimacy of foreign entities involvement in the private child care sector of Vietnam is questionable.

2.3 Non-profit & community child care facilities

Research has yielded little information on non-profit and community child care facilities. It could be attributed to the stringent laws imposed by MOLISA in regulating any independent or foreign entities in setting up any child care provisions. Nonetheless, there are a few notable charitable funded non-governmental organizations - Blue Dragon Foundation based in Hanoi and registered in both Vietnam and Australia was founded 15 years ago by Michael Brosowski. Michael, an Australian came to Vietnam to work at Hanoi’s National University, where he started off teaching shoeshine boys English to boost their sales. Over time he began to unravel the dark trade of child trafficking and sex trade of street children. These children were usually sent out by the unsuspecting parents to syndicate recruiters to sell small items like chewing gums, flowers or cotton buds. The parents had assumed the children were away to secure an education. Michael began to house the first 6 street boys in 2003 and took on the first rescue mission of 6 other girls who were about to be sold to brothels in China. Blue Dragon had since accommodated 400 children, rescued 160 girls from brothels and forced marriage and 384 trafficked girls and boys from slave labour with the support of 87 staff; made up of social workers, lawyers, psychologists, teachers and residential care workers.

Blue Dragon also runs a Crisis Care Hotline and are heralded for their outreach work where the staff heads out to hotspots i.e. internet cafés, by the popular tourist spot bridge/lake to engage the children and render help to avoid them from falling prey to paedophiles. They shared that the main beneficiaries of their programmes are boys and girls between aged 13-19 years old. Only 10% are under the age of 5 years old. They see an average of 7 new admission per month; roughly 100 per year. Many of the children do not have proper documentation, yet Blue Dragon staff are still able to search and reunify 80% of them back to their families. And uniquely, they also have provided legal representation for the children to gain access to justice for the petty crimes that landed them in detention centres/ reform schools.

2.4 Faith-based child care facilities

Vietnam is home to a number of pagoda-based orphanages for abandoned infants and children. It appears as though a majority of the faith-based care options in Vietnam are provided by local religious groups, monasteries, pagodas, etc. Duc Son Orphanage is considered to be one of the most highly respected pagoda-based alternative child care programmes in Vietnam. The orphanage is located near Hue (central Vietnam), and it provides approximately 200 children with alternative care. Duc Son is primarily run by nuns, with the help of volunteers. It is unclear as to whether or not the orphanage receives funding from the Vietnamese government. Funding appears to be one of the primary concerns of the institution, as it is almost entirely reliant on donations. Notably, unlike many orphanages in neighbouring countries, Duc Son clearly

states that their mission is not to find homes or families for the children under their care. Adoption is not facilitated by the orphanage, as it is believed that the children would lead better lives in an institutional care setting based in their country of origin.²³

While it is somewhat uncommon for overseas faith based organizations to operate in Vietnam, there are a few Christian charities/NGOs offering residential care programmes. A Christian organization called Tiny Hearts of Hope is currently operating in Vietnam (the exact areas of operation were not specified). Tiny Hearts offers a variety of programmes and services to vulnerable children, however there is emphasis placed on The Hope House, an alternative home for street children. The environment of the children’s home or “shelter” is openly Christian, although it is unclear as to whether children under the care of shelter are required to share the organization’s religious beliefs. Tiny Hearts of Hope offers limited information regarding funding. It is clear that the organization both encourages and accepts donations. According to the Tiny Hearts of Hope website, the Hope House has devised a meal budget that requires a dollar per child, per day. Additional information regarding registration, government affiliation, the number of children in care, and reunification efforts are not made available.²⁴

²² “About Our Vietnam Relief.” Loving Kindness Vietnam, lovingkindnessvietnam.org/about-our-vietnam-relief/. Accessed 23 Sept. 2017. Date of publication unavailabl

²³ “Duc Son Orphanage.” Duc Son Orphanage, Vietnam. Accessed April 11, 2017. <http://www.ducsonorphans.org/>. Date of publication unavailable.

²⁴ “Useful Resources.” Tiny Hearts Of Hope. 2012. Accessed April 05, 2017. <http://www.tinyheartsofhope.org/orphan.html>.

politics of care

3.1 What is the current political stance/approach to care?

Over the years, the Vietnamese government has collaborated with multiple international charities and organizations in order to further develop the alternative care system. Upon ratifying the UNCRC in 1991, Vietnam has developed various government units to ensure the implementation of the CRC. Despite the Vietnamese government's commitment to the Convention, there are certain aspects of the alternative care system in Vietnam that still require attention.

For example, a recent UNICEF report noted that there has never been a human rights commission (or a similar institution) to monitor children's rights. At the time of the report (2010), the main government body concerned with implementing the UNCRC was the Committee for Population, Family and Children (CPFC). Although CPFC's work is crucial to upholding the values and regulations stipulated by the CRC, the Committee cannot be categorized as a national human rights commission. In this sense, the Vietnamese alternative care system appears to be more invested in upholding international standards than developing and implementing policy changes that are specific to the needs of vulnerable Vietnamese children and families.²⁷

Upon ratifying the CRC, Vietnam launched the National Plan of Action for Children (1991-2000) under the CPFC. After the first plan was successfully implemented, the Vietnamese government launched a secondary National Plan of Action for Children (2001-2010). In keeping with other countries' national plans or programmes

for children, the National Programme of Action for Children was mainly concerned with creating and maintaining a care system that prioritized the needs, basic rights and safety of Vietnamese children. Detailed information regarding the national plans is not available, as the official programme write-ups are not published.

The Action Plan for Child Survival Vietnam is portrayed as somewhat of an extension of the Millennium Development Goals (MDGs). Because children are seen as the future of the country, the MDGs take into account child protection, early child development, child mortality, access to education and the continued development of children's rights. Notably, Vietnam did not meet the MDG4 goals due to the country's child survival rate. With limited access to medical care or assistance in the mountainous regions of Vietnam, many families suffer from loss due to a lack of healthcare and medical professionals. Approximately 44% of all childbirths in the mountainous regions are carried out without a skilled assistance present. From birth, children are faced with a range of health complications. Some reports have stated that the lack of newborn care in rural areas has significantly contributed to the infant and child mortality rates. With these issues in mind, the Vietnamese government and national stakeholders would need to pull resources in order to strengthen the care system with an emphasis on child survival.²⁸

Despite the Vietnam Government's efforts to align the country's legal system with international child laws, there remain to be pertinent child rights and protection concerns that are not

addressed by the revised Child Law. For example, Article 22 states that children have the right to live with their parents. However, the law does not explicitly state that institutional care is meant to be used as a last resort. Similarly, it is expressed by Article 23 of the Child Law that children maintain the right to have contact with their parents. However, this law is only upheld in situations where the child's parents have been detained, expelled, or relocated to another country. The law makes no mention of the child's right to remain in contact with their birth parents while they are in a care institution -- or any other situation in which maintaining contact would/should be prioritized. Due to the lack of continuity in the legal framework, organizations/institutions/agencies/etc. could potentially use loopholes in the Child Law to manipulate the system to their advantage.²⁹

Nonetheless, in Ho Chi Minh the biggest Buddhist organization, *Thanh Hoi Phat Giao* is exploring family-based care options. Thanh Hoi Phat Giao oversees 20 pagoda based institutions with 2,000 children in care. Having grown up in one of the pagoda based care facilities, Master Thich An Dat is now leading the "Buddhist Leadership Programme" initiated alongside with UNICEF and Save the Children in 2008 to look into the affairs of the children. Master An Dat reported that the 'orphanages' has varying capacity i.e. caring for 10-150 both boys and girls from the infancy to 18 years old in one care facility. He mentioned that less than 25% of them are under the age of 5 years old. The main reasons cited for the children being placed into care by monks are generally listed as having no surviving parents or relatives, and/or a family crisis or abandoned since infancy. He added that only 50-60% of the children have living relatives whom would visit them once a year given the distance they have to travel to the city. Less than 10% of the families had taken the child back into their care. Another 6-7% of the children have been adopted. The Programme is working with the Ho Chi Minh Child Welfare Association to receive training on child protections issues, safeguarding etc. to help pagoda care staff to understand the care needs of the children as well as be in the know of national policies and decrees i.e. making announcements for abandoned children. He also shared that there was a Minimum Standards of Pagoda Based Care issued in 2013, but there is still a need to review the current practice. He mentioned that there are approximately 200 existing temples which have not registered and some are providing care – the organization is assisting with the registration process. There is also a Children Consultation Office set up in 4 of the care facilities where a child could report any issue and be counselled by a social worker/monk. All of the care facilities provide monastic education, which are made particularly available to migrant children, as they are unable to attend government or private schools because they come from a different district. Master An Dat revealed that unlike government-run institutions, pagoda based care facilities are dependent on random donations and sponsors.

2.5 Are there any cartels/strategic alliances?

UNICEF and MOLISA have often partnered for the purpose of jointly compiling data in order to obtain an accurate assessment of the need for care in Vietnam. Together, they have assembled multiple country care assessment reports. Additionally, in 2013 UNICEF launched a project titled *Believe in Zero*. The purpose of the project was to raise awareness about the various dangers faced by vulnerable children, and the need to stop children in Vietnam from dying from preventable causes.²⁵ UNICEF also has a variety of corporate partnerships in Vietnam, many of which are presumably based on funding opportunities. Some of the key corporations and companies partnered with UNICEF Vietnam include Yahoo, Sheraton Hotels and Resorts, Manchester United, and Unilever.²⁶

Save the Children appears to have more collaborative initiatives with local provincial units as well at commune level, these efforts are carried out alongside their partnership with MOLISA in developing child protection mechanism. The main priority is to educate welfare organizations on child safeguarding and advocacy to develop child friendly environment in schools and communities. Having a stronghold in HCM, Save the Children was able to ensure that a Child Protection Officer is to be deployed at the district and commune level. They also intend to push for a social worker to work alongside at commune level as part of a national plan to be implemented 2019/2010. These strides are taken in addition to advocating for a minimum standard of care for all government-run institutions by 2018.

A more localised front, under Ho Chi Minh Child Welfare Association, Child Rights Working Group (CRWG) is one of the existing INGO Discussion Group in the bigger platform of People's Aid Coordinating Committee (PACCOM). It is one of the active groups and is made up of civil society organizations, both local and international NGOs, child care institutions as well as journalists seen as valuable member of the group as they will broadcast any developments in the sector and inform social care policy initiatives. The group meet on quarterly basis where the members share practice experience, provide update on the recent national laws/policies as well as involve in the policy-making. The priority set out for 2018 include promoting communications in broadening the group inclusion of other organizations to create more impact, info-sharing via social media and improving capacity building in improving the child protection system (primary focus of the group). The group serve a crucial point of reference in socialization of national decrees and ruling on social protection via informal voluntary association. Thou the group acknowledge that its reach is limited within HCM and hence noted that it does not necessary ensure uniform practice across the social care sector.

²⁷ Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam. Report. Hanoi: UNICEF & MOLISA, 2009. 17.

²⁸ National Plan of Action for Child Survival. Hanoi: Ministry of Health, 2009. 2-3. http://www.wpro.who.int/vietnam/topics/child_health/viet_nam_national_p_action_child_survival.pdf.

²⁹ Law on Children (Law No. No. 102/2016/QH13). 2016. Accessed November 10, 2017. <http://www.ilo.org/dyn/natlex/docs/ELECTRONIC/103522/125796/F-1725767197/VNM103522%20Eng.pdf>.

²⁵ "Believe in ZERO." UNICEF Viet Nam. Accessed April 05, 2017. <https://www.unicef.org/vietnam/believeinzero.html>. Date of publication unavailable.

²⁶ "Partnerships." UNICEF Viet Nam. Accessed April 05, 2017. https://www.unicef.org/vietnam/17553_22595.html. Date of publication unavailable.



3.2 What is the social policy agenda and how advanced are developments?
- what policies exist and how important are they perceived within the country?
The MOLISA has recently released a series of national plans for family and child protection to take place between 2016 and 2020. Some of these plans are continuations of previously established schemes for national advancement, while others appear to be entirely new developments. The list of national plans and programmes include:

- National Child Protection Programme (2016-2020)
- National Action Plan for Children (2016-2020)
- Vietnam family development strategy through 2020 (intended to be continued in order to reach the goals of a 2030 vision)
- National Action of Children affected by HIV/AIDS (2014-2020)
- Child Injury & Control Programme (2013-2015) & (2016-2020)
- Child Labour Prevention & Minimization Programme (2016-2020)
- Programme of Child’s Rights Participation (2016-2020)
- National Nutrition Strategies (2001-2010) & (2016-2020)
- National Programme to prevent malnutrition of Children under 5 (2001-2010)

These plans and programmes are to be implemented by various government ministries and national institutes, with financing from the national budget. Further information regarding the actual implementation and coming about of the national plans and programmes is not available, and official write-ups for most of the plans and programmes are inaccessible to public. Therefore, researchers were unable to verify the actuality of the situation and/or identify the intended beneficiaries of this new social agenda.

child protection

Due to the lack of a comprehensive data monitoring mechanism, it is difficult to accurately assess the wide range of child protection issues that are faced by the Vietnamese care system. Although it is acknowledged that issues such as child prostitution and human trafficking are prevalent in Vietnam, there are no reliable data to analyse for research purposes. This is a detriment to the child protection system as a whole, as there is simply not enough information available to inform the decisions made by alternative carers (including institutions). Moreover, there is a distinct lack of social workers in Vietnam, which causes the response time in crisis situations to be dangerously slow.

According to UNICEF’s Child Protection Overview, the lack of social workers has contributed to limited prevention and intervention services. Generally, services such as follow up care and rehabilitation are not made available to all Vietnamese families and children in need of assistance. In cases where such forms of care are offered, the government’s family and community-based care services (including preventative services and counselling, etc.) are unregulated. Due to the lack of professional social care channels, families in need of assistance are often forced to seek help from untrained volunteers.³⁰

Child sexual abuse
Sexual abuse of children has become a serious and widespread child protection problem in Vietnam. In the first half of 2017, there were 805 cases of child abuse reported. Of the 805 cases that are known by Vietnamese authorities, 696 cases were reports of sexual abuse. Data from the General Department indicate that there were upwards of 4,100 cases of child sexual abuse between 2014 and 2016. Statistics from this period show that there were 278 victims of child abuse under the age of 6, 1,333 victims between the ages of 6 and 12, and upwards of 2,500 victims between the ages of 13 and 16. More than 80% of the recorded child abuse victims were girls, and 11% of child sexual abuse victims were street children. Approximately 30% of the children who experienced sexual abuse reported that it occurred on more than one occasion.³¹ Sources have attributed the growing number of child molestation cases to the lack of an effective child protection system and an insufficient number of social workers.³² With this in mind, the number of reported sexual abuse cases may be significantly lower than the reality of the situation. Child protection experts suspect that the number of sexual abuse cases is likely ten times that of the reported figures.³³

Street children, Sex trafficking & HIV/AIDS
Data released by MOLISA shows that there were approximately 13,000 street children in 2007. Some street children originate from poor provinces and come to larger cities in search of employment opportunities, while others are orphaned or forced to live on their own due to the lack of care options made available to them (and/or their family). The well-being of street children is a primary concern, as studies have shown that street children have a significantly higher risk of being sexually exploited, being exposed to HIV or other sexually transmitted infections, being trafficked or using drugs. As the number of children with HIV/AIDS is rising quickly, the situation of street children in Vietnam both deserves and requires more attention.

Children in conflict with the law
Additionally, the number of children in conflict with the law has risen drastically in recent years. UNICEF released data showing that approximately 28,000 juveniles were arrested and charged with crimes between 2001 and 2006. Additional data was released in 2009, showing that 15,589 juveniles were in conflict with the law during that year alone. It is unclear as to whether there is a link between street children and children in conflict with the law.³⁴

³⁰ “Child Protection Overview.” UNICEF Viet Nam. Accessed April 06, 2017. <https://www.unicef.org/vietnam/protection.html>. Date of publication unavailable.
³¹ “Vietnam reports nearly 700 child sexual abuse cases in first half of 2017.” TheSundaily, 28 July 2017, www.thesundaily.my/news/2017/07/28/vietnam-reports-nearly-700-child-sexual-abuse-cases-first-half-2017. Accessed 16 Sept. 2017.
³² “Child Sex Abuse in Vietnam.” Bliss Saigon Magazine, 4 Apr. 2016, blissisaigon.com/child-sex-abuse-in-vietnam-2/. Accessed 23 Sept. 2017.
³³ Youth, Voices of. “A Report on Child Abuse in Vietnam.” Voices of Youth, 2011, www.voicesofyouth.org/posts/a-report-on-child-abuse-in-vietnam. Accessed 16 Sept. 2017.
³⁴ An Analysis of the Situation of Children in Vietnam. Report. UNICEF, 2010. 25-26. https://www.unicef.org/sitan/files/SitAn-Viet_Nam_2010_Eng.pdf.

Corporal punishment

The use of corporal punishment has also been highlighted as a major child protection issue in Vietnam. Due to the loose wording of the legislation pertaining to corporal punishment, parents and caretakers alike use physical forms of discipline. In fact, the legal framework for child protection in Vietnam does not contain a formal definition of physical abuse of children. Moreover, within the current legal framework, a report of child abuse can only be filed if the child has signs of abuse (bruises, cuts, etc.) on more than 11% of his/her body. The National Assembly and child protection related government units are scheduled to reassess the current laws, and make amendments to advance the social-support system as a whole. However, the enforcement of the newly proposed law amendments appears to be a concern. Sources state that child abuse is seen as a private family matter in most parts of Vietnam, thus causing local authorities to feel hesitant about intervening in situations of abuse. There have been instances of children suffering from years of severe abuse at the hands of their parents/caretakers/family/employers, without anyone reporting the incidents. In one case, multiple residents of a village heard the cries of a child suffering from extremely abusive parents for multiple years, and no one interfered – including the authorities. Local residents who did show concern about the situation stated that they did not know who to call, as the local police are known to refrain from involving themselves in domestic issues.³⁶

Similar cases of repeat abuse have arisen within institutional care facilities. Care staff at a HCM based care centre for children with HIV were caught beating and force feeding multiple children. Most of the children suffering at the hands of caretakers were between the ages of 3 and 6. Following the incident, a one week investigation of the facility was launched by local authorities, as potentially lethal gaps in the child-protection system came to light.³⁷

“We don’t consider beating a child to be violence against children,” concedes Nguyen Hai Huu, director of the Ministry for Labour, Invalids and Social Affairs’ (MOLISA) Child Protection Unit

International child-protection agencies have since publically addressed the severity of the harm that is being caused by to the country’s insufficient child-protection system. UNICEF’s report on Children with Disabilities in Vietnam (2009) highlights the lack of complaint procedures. Based on information provided by the report, it appears as though report mechanisms for children were not established until recently (i.e. the child abuse report hotline). Being that child abuse occurs most frequently at the hands of parents and family members, the adult-centred abuse report mechanism has not been conducive to children seeking out help from authorities. Aside from the Law on Complaints and Denunciations and the Penal Code, the Vietnamese legal system is devoid of complaint procedures.³⁸ The systems in place for investigation and assessment also lack a child-centred approach. UNICEF reports that the Law on Handling of Administrative Violations and the Criminal Procedure Code are the only pieces of legislature that address investigative procedures. The field mission confirmed that voluntary social work collaborators i.e. para-social workers are assigned at each province level to assist in intervening with child protection related issues. Hence, they are not necessary skilled or equipped to render support to the child or families concerned.

After a series of severe abuse cases, the gaps in Vietnam’s child-protection system have now been acknowledged by the Government. The Child Protection Programme (2016-2020) has been drawn up in response to the plight suffered by vulnerable children in Vietnam. With a special focus on eliminating child abuse and securing a stronger child-protection system, the Programme is designed to increase access to support services across the country. By 2020, the Government expects to be

capable of providing support services to 90% of the children in situations of plight. The Programme also prioritizes the improvement of child-related institutions, as well as the continued development and expansion of the social work profession in Vietnam. Thus far, the success of the most recent programme (2016-2020) has not been documented. However, during the previous years of the Programme (2011-2015), the percentage of children in situations of special plight decreased to 5.6%. The Vietnamese Government also claims that the Child Protection Programme was instrumental in providing 85% of children in special plight with support services.³⁹

HOTLINE

The Government of Vietnam established the country’s first child support national hotline for child protection in 2004. The support hotline could be reached via the telephone number 1800 1567. It has received over 2.5 million calls since its establishment, but plans for a new, more convenient hotline have been in place for June of 2017. The original hotline will remain active for a short period of time, as the hotline number is still somewhat known and used. But MOLISA ultimately intends to eliminate the original abuse line, as the government unit has decided that they must focus on the newer hotline. However, the function of the original hotline is not exactly the same as the newly established line; the original hotline was designed to provide children and families with legal advice on matters such as trafficking, exploitation, abuse and violence. The new hotline will maintain most of the functions of the original hotline, while adopting some improvements, such as having a number that would be easier for most children to remember (111). The number of the new hotline will also be widely spread throughout the country, as the government has laid plans to strategically place the number on household items such as telephone book covers, pens, dairy products, etc. Recent news articles indicate that the “111” hotline will be launched in December of 2017.⁴⁰

The “111” hotline will ensure that emergency calls are transferred to the police and local authorities. Calls indicating that the child may be at risk will be handled differently, with 111 hotline operators connecting the child with local agencies for direct support. The MOLISA also intend for the operators of the new child support hotline to be more educated on the local services that are available. Notably, the 111 hotline will be managed and operated by a combination of local agencies and the DCA. In order to increase access to the hotline, there will be three consulting centres in the cities of Da Nang, Ha Noi and An Giang. Each call centre is scheduled to handle consultations from specific geographical locations. The Ha Noi consultation centre will be responsible for providing assistance to callers from 28 provinces/cities in the north of Vietnam, while the Da Nang consultation centre will be receiving calls from 16 central provinces/cities, and the An Giang consultation centre will handle calls from 19 provinces/cities in Southeast Vietnam.⁴¹

If the functions of the new hotline are carried out in accordance with the MOLISA’s description of the consultancy centres, the hotline will be in line with the legal framework for child care as stipulated by the Law on Children (2017). Therefore the hotline must follow Article 6, Clause 7 of the Law on Children (2017), which states that concealment of information pertaining to the abuse of a child is punishable by law.⁴² The launch of the hotline will indicate whether the hotline is in line with Article 51, Clause 3, which states that the government will establish a helpline for children in need of advice or rescue.⁴³

³⁵ Ibid. 25.
³⁶ Overland, Martha Ann. “Child-Abuse Case Reveals Vietnam’s Lax Social Services.” Time, Time Inc., 14 July 2010, content.time.com/time/world/article/0,8599,2003389,00.html. Accessed 20 Sept. 2017.
³⁷ Qiuyi, Tan. “Vulnerable children beaten at childcare centre in Vietnam.” Channel NewsAsia. April 08, 2015. Accessed September 24, 2017. http://www.channelnewsasia.com/news/asiapacific/vulnerable-children-beaten-at-childcare-centre-in-vietnam-8261274.
³⁸ The Rights of Children with Disabilities in Vietnam. Report. UNICEF, 2009. 45. https://www.unicef.org/vietnam/Final_legal_analysis_report_in_E.pdf.

³⁹ “Child protection program for 2016-20 approved.” Vietnamlawmagazine.vn. December 28, 2015. Accessed September 24, 2017. http://vietnamlawmagazine.vn/child-protection-program-for-2016-20-approved-5153.html.
⁴⁰ “New helpline for child protection to be launched,” Vietnamnews.vn, September 22, 2017, accessed September 23, 2017, http://vietnamnews.vn/society/394271/new-helpline-for-child-protection-to-be-launched.html#XciBr87oBfBvbCC197.
⁴¹ Ibid.
⁴² The Law on Children. Report. The Socialist Republic of Vietnam, 2016. 2. http://ilo.org/dyn/natllex/natllex4.detail?p_lang=en&p_isn=103522&p_country=VNM&p_count=573.
⁴³ Ibid. 9.

workforce for care

4.1 Who/which agencies are offering social work qualifications?

The University of Labour and Social Affairs (ULSA) is exalted as the first learning institution (then known as the College of Labour – Social Affairs) to offer a social work programme in 1997, after a prolonged hiatus due to the Vietnam War. Although only in 2004, the Ministry of Education (MOE) disseminated the training framework i.e. curriculum/requirements for a national social work programme. Consequently, the Protecting and Caring for Children Committee appointed the Hanoi National University (HNU) to offer the training programme for the key staff of regional agencies in improving the social work qualifications within governmental branch. According to Associate Professor Boi Anh Thuy, Director of ULSA in his presentation *Challenges in Training & Establishing the position of Social Workers in the Current Context of Vietnam*, there are currently 55 universities and colleges and 21 vocational institutes offering social work programmes. Of which only 20 universities offer the bachelor’s degree in social work; 3 offer master’s programme and 2 PhD programme (2017).

It is estimated that there are only between 50-60 people with a Masters in Social Work (MSW) in all of Vietnam. For a country with a population of over 92.7 million, this is an outstandingly low number of social work professionals.⁴⁴ Universities in Vietnam reported difficulties with obtaining textbooks, references, resources etc for social work

programmes. Without qualified social work instructors and a strong curriculum, students cannot receive proper social work training. Associate Prof Boi added that there is an inconsistent learning curriculum as many of the universities training/seminars are often ad hoc collaborations with international varsities namely from the States and Russia. Despite the aforementioned issues with social work in Vietnam, there is not necessarily a lack of interest in the field. It is estimated that there are upwards of 32,000 social workers in Vietnam, yet 82% of these social workers have not received formal training. Only slightly more than 1,000 social workers in Vietnam have received an undergraduate education in the field. Those who have received degrees in social work are not guaranteed employment or official payment from the Government. This is evidenced by the fact that only 5 out of 22 major hospitals in Vietnam hired social workers, regardless of the fact that social workers are in high demand. Some sources have attributed this issue in part to the current legal code of Vietnam, as they feel it does not represent social work as profession.⁴⁵ While others quoted nepotism as the main factor where positions in many of the social welfare organizations/ departments are filled up by family members of the ruling National Assembly committee.

In an effort to enrich the social work programmes, professors and social workers from foreign countries continue to initiate social work training seminars and projects in Vietnam. It was recently

announced that a social work, teaching and community outreach programme will be headed by Dr Huong Nguyen, a Global Carolina Regional Director for Vietnam. Dr Huong has been granted a two-year term, starting in June of 2017 and ending in May of 2019. The programme was initiated by the University of South Carolina, and it is designed to involve 8 faculty and at least 30 students from the university.⁴⁶ Similarly, USAID established a three-year partnership with various Vietnamese institutions in order to aid in the development of professionalized social work programmes. The Social Work Education Enhancement Programme was established with USAID funding in 2012. It is described as “an international consortium coordinated by San Jose State University of California and includes Vietnamese universities, the Ministries of Labor, Invalids and Social Affairs and Education and Training, community stakeholders, and private-sector partner Cisco Systems, Inc.”⁴⁷

Other international organizations and charities such as UNICEF have actively assisted the development of social work programmes in Vietnam. However, support offered from such organizations generally comes in the form of financial assistance or charitable donations. While financial aid offers short-term solutions to the problems facing the social work force, social workers have noted that it does not ultimately provide the country with a more stabilized foundation for the development of professionalized social work, guidelines and curricula.⁴⁸

Interviewees during the field mission emphasized the need to provide practical opportunities such work practice placements/attachments programme with governmental units which are overseeing the various social welfare initiatives and/or mentoring as well professional coaching programme with senior social workers. To enable them to have insight into the realities faced by families and children. They highlighted that the present syllabus as well as many of the available social work trainings are theoretical. Hence, unable to inform the practitioners of the complexities as well as prepare them in meeting the needs of vulnerable group/s. Also, none of the courses provided the clinical supervision component which is essential in building up the skill competency under guidance of a qualified senior social worker.

4.2 Is there an association/ accreditation body for the social workers?

One of the major problems that currently faces the social work sector in Vietnam is the absence of an officially recognized social workers association. Research shows that there are approximately 500 social work associations operating in Vietnam, none of which fall directly under one government unit or organization. With this in mind, there tends to be a severe lack of communication amongst the social workers associations. It is also highly likely that social work practices are not yet streamlined or regulated, as there is no existing legislation that recognizes social work as a profession. At this point in time, it is unclear as to

whether social workers in Vietnam are adhering to the Guidelines provided by the International Federation of Social Workers. With a lack of data collection on the social work profession, a lack of communication amongst social work associations, and a lack of formally trained social workers, there is limited information available on the presence of social work in Vietnam.⁴⁹

In addition, it was observed that some of the associations were mere extension of universities faculties or retired government officials’ epitomes. Private practitioners had also capitalize on such “social work education enhancement” initiatives in securing international funding to sustain their programme/ services (or rather expand business opportunities). At the core of the matter, there is non-existing local association which could accredit the social workforce nor lobby for the professional development of the social workforce.

Nonetheless, field mission identified with two leading social work associations – Research and Training Centre for Community Development (RTCCD) in Hanoi and Social Work & Community Development Research & Consultancy (SDRC) in Ho Chi Minh. Established in 1996, RTCCD is one of the recognised independent research entity, following the issuance of Decision No. 677/ TC-LHH on 25 September 1998 by the Vietnam Union of Science and Technology Associations and of Decision No. A340 on 25 January 1999 by the Ministry of Science, Technology and Environment Vietnam.⁵⁰

Since, RTCCD has been delivering training on various social work related topics such as Social Work in Child Protection, Care & Protection for Vulnerable Children, Parenting Skills, Foster Care etc to various government bodies i.e. MOLISA, DOLISA, Hanoi National University of Education as well as organizations i.e. Vietnam Association for Protection of Children’s Rights, Association for Protection of Children’s Rights (APCR), Hanam Women’s Union. Attendees to the courses were social workers, para-social workers, students and university lecturers.

Staying true to its mission, the SDRC is an active member of the Child Rights Group Network (CRGN). Besides, delivering social work training Managing Director, Chau Hoang Man shared that SDRC also provides internship opportunities for social work graduates and had crafted the Standards of Professional Ethics in Feb 2017. Thou, it was noted that their outreach is only amongst social care practitioners in Ho Chi Minh city. And despite having collaborated with other international bodies, it was reported partnership with other local associations across provinces to pursue a national agenda was difficult.

⁴⁴ Barnes, Andrew, and Neal Newfield. “Reinstituting Social Work in Vietnam.” Social Work Today, 2008, www.socialworktoday.com/news/psw_110108.shtml. Accessed 20 Sept. 2017.
⁴⁵ “Vietnam’s social workers need training, cohesion and recognition.” Thanh Nien Daily, 1 Jan. 2013, www.thanhniennews.com/society/vietnams-social-workers-need-training-cohesion-and-recognition-3956.html. Accessed 23 Sept. 2017.
⁴⁶ “CoSW Faculty Named Global Carolina Regional Director.” College of Social Work, 9 June 2017, www.cosw.sc.edu/about-the-college/news. Accessed 23 Sept. 2017.
⁴⁷ “U.S.-Supported Program Promotes Social Work Education in Vietnam.” U.S. Agency for International Development, 9 Nov. 2012, www.usaid.gov/vietnam/press-releases/us-supported-program-promotes-social-work-education-vietnam-0. Accessed 23 Sept. 2017.
⁴⁸ “Vietnam’s social workers need training, cohesion and recognition.” Thanh Nien Daily, 1 Jan. 2013, www.thanhniennews.com/society/vietnams-social-workers-need-training-cohesion-and-recognition-3956.html. Accessed 23 Sept. 2017.

⁴⁹ “Vietnam’s social workers need training, cohesion and recognition.” Thanh Nien Daily. N.p., 01 Jan. 2013. Web. 06 Apr. 2017. http://www.thanhniennews.com/society/vietnams-social-workers-need-training-cohesion-and-recognition-3956.html.
⁵⁰ “Research and training centre for community development (RTCCD).” GreenID. July 06, 2016. Accessed November 10, 2017. http://en.greenidvietnam.org.vn/notices/research-and-training-centre-for-community-development-rtccd).html.

4.3. How is the social work profession perceived in the country?

As indicated, social work is a relatively new profession in Vietnam and it is often equated with social justice/charity. While some sources state that Vietnam was one of the first countries in South East Asia to include social work programmes in higher education,⁵¹ the profession was only truly recognized in 2010 with *Project 32* when Vietnam PM approved scheme on the development of social work profession phase 2010-2020. A consequent to the Ministry of Education and Training (MOET) approval of the first undergraduate social work programme,⁵² which foresees the graduation of the first batch of 1,500 qualified social workers in 2009. In either case, the social work profession remains under-developed and generally unappreciated. Some sources have accredited the lack of development in the social work sector to an insufficient legal framework. Additionally, there is a distinct lack of professionally trained social workers, which is largely due to the small number of social work training programmes and resources.

The professionalization of social work has been taken seriously by the Vietnamese Government and affiliated international child protection/care organizations and stakeholders. Child care/protection professionals have highlighted the significance of formalizing social work in Vietnam, as the country has a high volume of children and young adults who suffer from disabilities and special needs. In order to provide children and families with the care they require, highly trained social workforces must be trained and deployed. Therefore, in 2010, Vietnam launched the National Programme on Social Work as a Profession. Proper implementation of the Programme was thoroughly deliberated amongst government officials and international child protection organizations alike. This was marked by a national conference that was specifically focused on the plan and method(s) for implementing the Programme, in which upwards of 400 senior government officials, partnered organizations, practitioners, academics, etc. convened to discuss plans for implementation.⁵³

In order to encourage further advancement of the social work sector, the Government of Vietnam then published a 10-year scheme on the Development of the Social Work Profession (2010-2020). The objectives of the Scheme are to further develop the social work profession in Vietnam by means of raising public awareness about social work; establishing a platform through which collaboration between social workers, employees and social work cadres can take place; developing a multi-level system of social work service; and combining these various advancements to build up the country’s social security system. While the Scheme advocates for the promulgation of professional standards, ethical codes and a solid legal framework for social work, research has not yielded evidence of these advancements coming to fruition.⁵⁴ Field findings on the realization of the aforementioned social work developments were also minimal, as researchers were unable to verify that the initiatives mentioned to the social work sector were implemented and no published report were found.

One component of the Vietnamese Government’s Scheme on the Development of the Social Work Profession (2010-2020) has received a fair amount of attention internationally. The Government announced that USD123 million will be put towards the professionalized training of tens of thousands of social workers. By 2020, the Government expects to have approximately 60,000 professionally trained social workers as a result of the Scheme. Due to the deficiency of recently reported information on the success of the Scheme, it is unclear as to whether this amount was ultimately granted to social work training programmes. Whether or not the current social work force of Vietnam is professionally trained, the country is heavily reliant on social work, a professionalization scheme could be highly beneficial to the social care and social welfare systems as a whole. Sources state that over 5,000 social workers are employed in HCM alone, yet the profession has not received sufficient recognition until recent years.⁵⁵ Some sources have argued that the lack of recognition for the sector may be due to the way in which social work is perceived in Vietnam. Social work has become somewhat synonymous with charity, which could ultimately be interpreted as a devaluation of social work as a serious profession. A lack of appreciation for the profession as a whole appears to be hindering the development of the sector.⁵⁶



As the Vietnamese Government pursues the development of professionalized social work across the country through long-term schemes and plans, social work experts have expressed concern regarding the urgency of the situation. With the rapid growth of the economy in recent years, Vietnam is motioning towards reclassifying as a middle-income country. Once this reclassification takes place, it is likely that international donors, NGOs, charities, etc., will no longer be willing to continue to pump aid into programmes that are taking place within a middle-income country. International donors are prone to feeling that aid should go to those who need it most, without understanding the full context of the country’s economy and social welfare system. Given the current amount of ODA received by Vietnam, a significant decrease in financial assistance for social welfare programmes could severely impact the country’s ability to further develop professionalized social work.⁵⁷

Apart from the thrust towards professionalizing social work, there is also impetus for closer communication and collaboration between social workers and those working in the medical profession. Nurses reportedly have a tendency to take on a social worker’s role in some relationships with patients, which proves to be problematic in circumstances where the nurses have not been trained in social work. Sources report that nurses tend to take on this role in order to compensate for the lack of attention that is paid to patients’ private lives and emotional states. Some doctors have argued that medical assistance alone is not always enough to heal a patient, rather there is a need for a deeper assessment of the patient’s physical and emotional suffering in order to provide the patient with lasting treatment.⁵⁸ This may be especially true in cases involving vulnerable families and children.

Field findings unravelled that many of the social care “professionals” employed at governmental units do not have any social work qualifications. Many had secured the employment via family connections. The emergence of INGOs in recent years has indicated a preference to engage English-speaking Vietnamese staff. Unfortunately, the personnel employed do not necessarily have the knowledge-skill set to implement effective new social care initiatives or for the matter have the contextual understanding of the social welfare landscape nor engage the local community. The average salary of social worker is USD200-300 with local NGO; USD500-600 for INGO.

⁵¹ “Vietnam’s social workers need training, cohesion and recognition.” Thanh Nien Daily. N.p., 01 Jan. 2013. Web. 06 Apr. 2017. <http://www.thanhniennews.com/society/vietnams-social-workers-need-training-cohesion-and-recognition-3956.html>.
⁵² Tran, Kham Van. “Social Work Education in Vietnam: Trajectory, Challenges and Directions.” International Journal of Social Work and Human Services Practice 3, no. 4 (October 04, 2015): 1-2. <http://www.hrpub.org/download/20151130/IJRH3-19204705.pdf>.
⁵³ “Viet Nam launches national programme on social work as a profession.” The United Nations in Viet Nam. September 09, 2010. Accessed November 10, 2017. <http://www.un.org.vn/en/media-releases/69-un-press-releases/1530/molisa-launches-decision-32-on-development-of-social-work-as-a-profession.html>.
⁵⁴ Approving the Scheme on the Development of the Social Work Profession During 2010-2020. Report. The Socialist Republic of Vietnam. 1-4. Accessed September 24, 2017. <http://www.google.esurl?sa=t&rc=tj&q=&esrc=s&source=web&cd=1&ved=0ahUKewiwXuC1zr3WAhUHLcAKHcGBA5gQFggitMAA&url=http%3A%2F%2Fwww.molisa.gov.vn%2Fen%2FPages%2FDetail-document.aspx%3FvID%3D501&usgAFQjCNHbsfkBNH6Z6s3NE6D6mnc88079g>.
⁵⁵ Vietnam’s social workers need training, cohesion and recognition.” Thanh Nien Daily. N.p., 01 Jan. 2013. Web. 06 Apr. 2017. <http://www.thanhniennews.com/society/vietnams-social-workers-need-training-cohesion-and-recognition-3956.html>
⁵⁶ Overland, Martha Ann. “Child-Abuse Case Reveals Vietnam’s Lax Social Services.” Time, Time Inc., 14 July 2010, content.time.com/time/world/article/0,8599,2003389,00.html. Accessed 20 Sept. 2017..

⁵⁷ “Social Work in Vietnam.” AsiaLIFE Vietnam, 4 Apr. 2014, www.asialifemagazine.com/vietnam/social-work-vietnam/. Accessed 23 Sept. 2017.
⁵⁸ “Vietnam’s social workers need training, cohesion and recognition.” Thanh Nien Daily. N.p., 01 Jan. 2013. Web. 06 Apr. 2017. <http://www.thanhniennews.com/society/vietnams-social-workers-need-training-cohesion-and-recognition-3956.html>.

alternative care

5.1 What is the definition of alternative care of children?

It should be noted that in the context of Vietnam’s care system, the term alternative care sometimes refers to all forms of care that are not institution-based. This stands in contrast the more common definition of alternative care for children, which would refer to any form of care (adoption, foster care, institutional care, guardianship care, kinship care, etc.) given to a child who is unable to live with his/her biological parents. However, the definition of the term seems to fluctuate, and alternative care can also refer to institutional care depending on the context.

While Vietnamese legislature does not yet include a formal definition of “alternative care of children,” the revised Law on Children (2016) includes a definition of “surrogate care,” which appears to be synonymous with most formal definitions of “alternative care” or “alternative care arrangements.” Clause 3 of the Law on Children defines the term as follows:

“ Surrogate care refers to the fact that an organization, family or individual undertakes to take care of an orphan, a child who is not permitted to or cannot live with natural parents or a child who is affected by natural disasters and calamities or aimed conflict for the purpose of ensuring the safety and best interests of such child.”⁵⁹

According to Article 61 of the Law on Children, surrogate care can take four different forms, including

- 1) surrogate care taken by the child’s kin;
- 2) surrogate care taken by an individual or a family that is unrelated to the child;
- 3) surrogate care in the form of adoption; and
- 4) surrogate care at social support establishments (i.e. institutional or residential care).

Under Article 62 of the Law on Children, children who are deemed to be in need of surrogate care must be in one of the following circumstances: *children who are double orphans, children who have been abandoned, children who are homeless, children who cannot live with their parents due to safety concerns (i.e. abusive or non-nurturing parents), children who have been in emergency situations (i.e. natural disasters, armed conflict), and refugee children (only those whose parents have not or cannot be identified).*⁶⁰



As listed in the Law of Children (2016) and Law on Adoption (2010)

Terms	Definition
Abandoned Child	A child whose natural parents are unidentifiable.
Child	A human being below the age of 16.
Child Protection	The implementation of appropriate measures for ensuring safe and healthy life for children, the prevention and response to child abuse and the support for disadvantaged children.
Child Caregiver	One who undertakes to take care of a child. Such caregiver can be the child’s guardian or the one who performs the surrogate care or is assigned to support, take care of or protect the child together with such child’s parent.
Child Abuse	Any act that results in harm to the body, emotion, psychology, honour or human dignity of such child through violence against the child, child exploitation, sexual abuse, neglect and abandonment, and other forms of causing harm to the child.
Child Exploitation	The act of forcing the child to work against the law on labour, perform or produce pornographic products; organizing or supporting for tourist activities for the purpose of child sexual abuse; offering, adopting or supplying the child for prostitution and other acts of using the child for profiteering purpose.
Child Sexual Abuse	The act of using violence, threatening to use violence, forcing, persuading or seducing a child to engage in sexual acts. The child sexual abuse includes rape, aggravated rape, sexual intercourse or molestation with children and use of children for prostitution or pornography in any form.
Child Neglect & Abandonment	The child parent’s or the child caregiver’s failure to perform or inadequate performance of their duties to take care of the child.
Disadvantaged Children	Those who are unable to exercise their rights to life, protection, nurture and education, and need a special assistance and intervention of the Government, families and society so that they can live safely and fall in line with their families and the community. They include <ol style="list-style-type: none">1. Double orphans;2. Abandoned children;3. Homeless children;4. Children with disabilities;5. Children affected by HIV/AIDS;6. Children committed illegal acts;7. Children who are drug addicts;8. Children who must give up their studies to earn their living and fail to complete the universalization of secondary education;9. Children who suffered seriously physical and mental harm due to violence;10. Exploited children;11. Sexually abused children;12. Trafficked children;13. Children who have fatal disease or disease requiring long-term treatment and are children of poor or near poor households; and14. Immigrant and refugee children whose parents are not yet identified or those who have no caring person.
Nurturing Centre	A social relief establishment, a child support establishment or another establishment established under Vietnamese law to nurture, care for and educate children.
Orphan	A child whose parents are dead or whose parent is dead while the other is unidentifiable.
Supervision of the exercise of the children’s rights upon the children’s proposal and expectation	The evaluation of activities carried out by relevant agencies, organizations and individuals for ensuring the children’s rights and response to children’s proposals for the purpose of protecting children’s best interests.
Violence against the Child	Acts of maltreating, persecuting or beating a child; taking physical abuse or causing harm to the child’s health; reviling or offending honor or dignity of the child; segregating, driving the child away and other deliberate acts that cause physical and mental harm to the child.

⁵⁹ The Law on Children. Report. The Socialist Republic of Vietnam, 2016. 1. http://ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=103522&p_country=VNM&p_count=573.

⁶⁰ Ibid. 11-13.

Statistics of children in alternative care



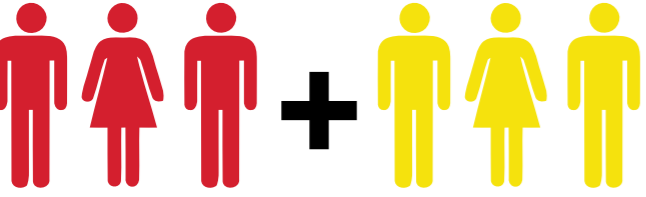
Total number of children in alternative care (total)

Due to a lack of data collection and monitoring, there is limited information regarding the number of children in alternative care in Vietnam. In 2017, MOLISA cited that there are 1.5 million vulnerable children or children having special difficult circumstances, in contrast to the figure released in 2010 which quoted 4.3 million to be living in special circumstances.



Total number of children in residential / institutional care

22,000



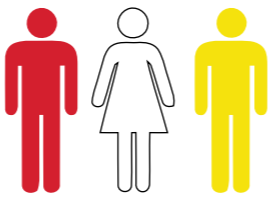
Total number of children adopted

It was reported that 484 children were placed on domestic adoption in 2014.⁶¹ There is no available date on inter-country adoption placements



Legal age of leaving care

Vietnamese law identifies children as persons under the age of 16, which is not in alignment with the UNCRC’s definition of a child as someone under the age of 18. The National Assembly are currently debating the possibility of changing the country’s legal definition of a child to persons under 18, due to the vast array of potential risks associated with making the age of adulthood only 16 years old. For child protection purposes, particularly in terms of sexual abuse cases, international child protection organizations (i.e. UNICEF) have recommended that Vietnam’s legal definition of a child is revised.⁶²



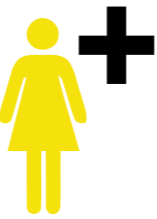
Total number of children in family-based care - kinship care / foster care

Data unavailable



Total number of boys in care

Data unavailable



Total number of girls in care

Data unavailable

structure of care for children & young persons with disabilities

There is a strong need for care for children with disabilities in Vietnam. To this day, children are born with disabilities caused by the lasting effects of dioxin (Agent Orange), a chemical used for herbicidal warfare by the U.S. military during the Vietnam War (1955-1975). Research has shown that there are still at least 150,000 children with birth defects in Vietnam. The current structure of care for children with disabilities is mainly concerned with institutionalization, as parents/families reportedly feel unable to provide children with the support and assistance they require. It is not uncommon for children or infants with disabilities to be abandoned at pagodas, hospitals or orphanages, by parents who feel they are not equipped to meet their child’s needs.⁶³ Notwithstanding, there are some parents whom abandoned their children with disabilities with a cultural belief that they had committed something wrong in the past, and therefore leaving the children in institutional care is seen as a means of getting rid of the ‘curse’. In fact, statistics show that approximately half of the 22,000 children in institutional care have disabilities. For this reason, multiple reports have highlighted the need to strengthen family and community based care programmes for children with disabilities. Some reports conclude that increased access to counselling, respite care, equipment (medical, etc.), and attendant care would significantly reduce family stress levels and possibly aid in the prevention of abandonment and/or institutionalization.⁶⁴ In addition, there is also a call for inclusive education as sources indicated that 50% of the children do not attend school.

Some organizations have established community and family-based care services in order to keep children with disabilities from being institutionalized due to a lack of support. Morning Star (Sao Mai) Centre, a charitable and non-profit social enterprise in Hanoi, was founded in 1995 in response to the growing number of children with disabilities in need of special care. Sao Mai Centre offers alternative education for a range of intellectual disabilities, including children with autism, Asperger syndrome, cerebral palsy, Down syndrome, attention deficits hyperactivities (ADHD) etc. Director Do Thuy Lan (a psychiatrist by training) mentioned that autism and other learning disabilities are not included in the categorization of special needs. Hence, many of the children as well as families are not able to gain access to government social assistance, causing families to struggle to source for programmes and services for their child. The centre currently schools 176 children who have undergone an initial assessment before a class is identified for them. The age group ranges from 18 months to 18 years old, and approximately 20% of the student body are girls and 80% are boys. Each of the 18 classrooms accommodate 4 students to a teacher. Teachers have been trained to deliver a specific lesson plan according to the children’s capacities and potential. The children would ‘graduate’ from the classes to eventual be prepared to attend the mainstream schools which accounts for 50-60 children per year. In total there are 65 teacher-therapists, including qualified speech and occupational therapists and 4 attending social workers. There is also a hydrotherapy pool and the children take much delight in seeing to a vegetable growing patch as well. Their progress is reviewed every 6 months.

The school fee is USD180/month, although it was mentioned that the fees are waived for 40% of the children from low-income household. Hence, the centre operation is funded mainly from donations. The Centre has collaborated with Japan College of Social Work, which is supporting the Centre via visits by field experts/psychologists whom are monitoring the behaviours of children with autism. The Centre also offers training to teachers and therapists on intervention for children with intellectual disabilities and autism. Though it was disclosed that many of the attendees whom are either parents or recent graduates tended to open their own private practice(s) without proper experience. Director Do Lan added she had seen a sprouting of such establishments in the city centres of Hanoi and Ho Chin Minh over the past 7 years. These establishments are capitalizing on the lack of available services by charging fees that vary from USD400-500 per month

61 “Vietnam: Annual Adoptions Statistics 2009, 2011-2014.” HCCH. <https://www.hcch.net/en/publications-and-studies/details4/?pid=5080&dtid=32>
62 Abdel-Jelil, Youssouf. “The Revised Child Law: the Opportunity for Viet Nam to consolidate its pioneering stand on child rights.” UNICEF Viet Nam, 1 Apr. 2016, unicefvietnam.blogspot.com.es/2016/04/the-revised-child-law-opportunity-for.html. Accessed 16 Sept. 2017.

63 Newton, Jennifer. “Four decades after Agent Orange - heart-breaking pictures show even now babies in Vietnam are being born with horrific defects.” Daily Mail Online. Associated Newspapers, 25 Apr. 2014. Web. 06 Apr. 2017. <<http://www.dailymail.co.uk/news/article-2613038/40-years-Agent-Orange-heartbreaking-pictures-babies-Vietnam-born-horrific-defects.html>>.
64 Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam. Report. Hanoi: UNICEF & MOLISA, 2009. 23. https://www.unicef.org/vietnam/legal_review_on_cp.pdf.



Kianh Foundation is another organization located in Dien Ban district of Quang Nam province. It was founded by Jackie Wrafter, an Australian. She had come to Vietnam for a holiday in 2000, and was simultaneously volunteering to set up programmes for children with disabilities in orphanages. She discovered that most of the children were not orphans and there were no community-based centres attending to their needs. It took 4 years of arduous negotiation between the Vietnam government and Australian funders to finally agree on the allocated location (i.e. with high percentage of children with disabilities) and permit for the establishment of the current centre/school. The local government provided the land while remaining contributions came mainly from RMIT University, Australia. The school is attended by 80-100 children (both full-time as well as outpatient classes i.e. early intervention session). It caters to children with cerebral palsy, Down syndrome, autism as well as other disabilities. Its founder Jackie shared her initial struggle in recruiting qualified social workers, and conceded in employing staff with some teaching background. Nonetheless, there is now a total of 4 psychotherapists and several qualified teachers in Special Education in the team of 38. The school fees amount to USD10-30/month, 90% of which are waived. KF shares a close partnership with SCOPE Global, Australian Volunteers International and highly regarded Singapore special education specialists for the continual staff learning on health, nutrition, occupational and speech therapy and development of curriculum (i.e. numeracy, life skills etc.). Similarly, the main aim is to have the children integrated into mainstream education, though it was indicated that many of

the schools are yet to be receptive. In addition, parents are engaged to set up routines and boundaries for the children so improvement can be sustained. There is also a push for less reliance on the use of anti-psychotic or/and anti-depressants, which are often prescribed by local hospitals in order to sedate the children.

In 2012, The National Plan to Support Children with Disabilities (2012-2020) was launched, marking a significant step in the development of the sector. Some of the primary concerns raised by the National Plan to Support Children with Disabilities include: a need for early intervention services, access to transportation, vocational training, medical services, legal services, access to inclusive education. Since the National Ordinance on People with Disabilities Act was enacted in 1998, the National Coordinating Council on Disability (NCCD) has been established, and a number of other initiatives have been undertaken by the Vietnamese government. The legal framework for adults and children with disabilities has undergone significant changes, including the creation of the first comprehensive national law concerning the rights of persons with disabilities (Law on Persons with Disabilities, 2010). Additionally, there has been a push for the inclusion of disability provisions in the Vocational Training Law of 2006.⁶⁵

It should be noted that the Vietnamese Law on Persons with Disabilities has received some criticism from international child protection organizations such as UNICEF. This is primarily due to the Law not stipulating that children with disabilities have the right to live within a family setting. As

noted by the UNICEF report on the Rights of Children with Disabilities in Vietnam (2009), “the Vietnamese Law on Protection, Care and Education of Children states that all children have the right to live with their parents and that no one has the right to take children away from their parents, unless it is in the child’s interest.” However, the Law on Persons with Disabilities does not include a clause on the child’s right to live in a family. UNICEF has suggested that the National Assembly make amendments to the Law, in order properly to address and advocate for the rights of children with disabilities.⁶⁶

Field findings noted that none of the above mentioned developments seem to have made an impact nor cascaded to the sector to implement any of the initiatives. Observers from the site also took notice and were verified from sources that many of the staff in institutional care facilities are not keen to learn new techniques to help the children with disabilities to be self-reliant. The probability of the child(ren) with an improved condition will likely mean that they would be more mobile, and hence ‘more work’ for the staff to manage them. Many of the children are left on their own without any stimulation and some are tied up to chairs/beds throughout the day in many of the institutional care facilities. The notion of ‘care’ by the institutional

care staff is simply to bathe, feed and put the children to sleep. Also, there is a perception that the more ‘helpless’ the children present themselves, the more likely tourists, volunteers and/or donors are to be sympathetic towards them and sponsor/contribute to the care facility. On the other hand, Vietnamese parents were told to be overprotective of their children and would do anything for fear that the child might get hurt. Hence, they have no expectations and concede to such basic level of care of care provided in the institutions as there is no other existing available supporting structures and was made to believe that that it was the “best care” arrangement.

⁶⁵ “People with Disabilities - Vietnam.” Angloinfo. Accessed April 06, 2017. <https://www.angloinfo.com/how-to/vietnam/healthcare/people-with-disabilities>. Copyright 2017.

⁶⁶ The Rights of Children with Disabilities in Vietnam. Report. UNICEF, 2009. 27. https://www.unicef.org/vietnam/Final_legal_analysis_report_in_E.pdf.

family based care

6.1 What is the definition of family-based care? How is it defined? Is there emphasis/priority on it?

The Vietnamese government has not yet provided a formal definition of family-based care. Generally, the term family-based care is used to refer to non-institutional alternative caring options for children (i.e. foster care, kinship care, adoption or guardianship). In recent years, the Vietnamese government has given some priority to the development of a family-based care system. However, the government’s involvement in supporting family-based care tends to be largely financial. For example, under the Prime Minister’s Decision (No. 38, 2004), the government provides foster families with financial support in order to cover the cost of caring for the child. Similarly, the Government’s Decree (No. 67, 2007) on the Policy for Supporting the Beneficiaries of Social Protection refers to the provision of financial assistance to families in a state of poverty. The Vietnamese social protection system reportedly had 63,900 child recipients of government subsidies in the year 2006. The amount of financial assistance received by the children was not stated.

Despite the lack of formalized child care terminology, the rights of the child in “surrogate care” are outlined by Vietnamese legislation. Under the Law on Children (2016), promulgated by the National Assembly of Vietnam, children have the following rights to a family and/or family-based care:

- 1) *Article 22. Right to live with their parent(s)* - Children have the right to live with their parent(s) and are provided with the protection, caring for and education of both parents, unless they must be separated from their parent as regulated by the law or for protecting their best interests. In case of separation from parent(s), children must be assisted to stay in contact with their parent(s) and family, unless this might cause adverse influence on their best interests.
- 2) *Article 23. Right to be reunited and stay in contact with parent(s)* - Children have the right to know their natural parents, unless this might cause adverse influence on their best interests. They are entitled to stay in touch or contact with both parents when they or their parent(s) resides (reside) in different countries or are detained or expelled. They also have their immigration facilitated to be united with their parent(s). In addition, children are protected from illegal transport to the outside of the territory of Vietnam and provided with information when their parent(s) is (are) missing.
- 3) *Article 24. Right to receive surrogate care and to be adopted*
Clause 1. Children can receive the surrogate care when their parents are dead or they cannot live with their natural parent or they are affected by natural disasters and calamities or aimed conflict in order that their safety and interests are ensured and protected in the best manner.
Clause 2. Children are adopted as regulated by laws on adoption.⁶⁷

6.2 Is there a real need for family based service? Justify answer; what indicators suggest this?

With upwards of 22,000 children living in institutional care facilities and 126,309 children living without the care of their biological parents, there is a clear need for more family-based care services in Vietnam. There are currently no formal fostering systems in place, and there is a complete lack of legislation pertaining to foster care (both formal and informal). Similarly, while adoption is utilized as a form of alternative care for children, domestic adoption is rare and often unregulated. The needs of abandoned children, street children, children living with disabilities and children affected by HIV/AIDS are also not met by institutional care facilities. Research shows that a small number of Vietnamese children without primary caregivers are placed in institutional or residential care. Children without primary caregivers are prone to working and living on the streets.⁶⁸ Perhaps a stronger family-based care system would provide families and children in need of support with access to forms of care that do not require familial separation.

While there are currently Social Assistance Programmes available in Vietnam, reports have shown that the current health and social insurance scheme(s) do not meet the needs of the people.⁶⁹ With poverty cited as one of the main reasons for child abandonment in Vietnam, the efficacy of the Vietnamese social welfare system comes into question. Under the UNCRC, the child’s right to a family is of the utmost importance. Therefore, preventing family separation and/or abandonment by means of providing vulnerable families with financial and psychosocial assistance should be a priority of the care system. In addition to advancing and developing the foster care system in Vietnam, it appears as though further development of the social welfare system could also significantly improve the care system as a whole. The need to develop a stronger policy framework is also imperative to the advancement of family-based care services as a whole in Vietnam. In order to advance the alternative care system for children, priority must be given to the development of family-based care services.

6.3 Is there poor practice or short-fall of service? are standards very high; is the sector strong? if there is a need; then why? – Short-falls come from; Govt/Private/NGO?

It is difficult to accurately assess the organizational structure of family based care, as it remains to be an underdeveloped sector of the Vietnamese social protection system. Regrettably, the recent Law on Children (2016) which was only recently implemented Jul 2017 also does not make any mention of family-based care service provisions.

6.4 If there is a need; then is this politically and professionally acknowledged? Or is the need resented and concealed?

The need to transition from a predominantly institution-based care system to a family-based care system has been politically and professionally acknowledged. According to recently published UNICEF reports on the status of alternative care for children in Vietnam, the Vietnamese government has shown some commitment to shifting from an institution-based care model to a family-based care model. In 2005, the Prime Minister approved Decision No: 65/2005/QĐ-TTg, a new care plan (2005-2010) that prioritizes family and community-based assistance for children in vulnerable circumstances.

Although the plan was largely aimed at transferring children in institutions to family-based caring situations, a significant component of the plan was to establish a series of small-scale (10 children or less) family caring facilities. With this in mind, it is clear that the government did not intend to make a complete a shift to a family-based care model, as the plan for family-based care was dependent on the creation of residential care facilities for children. While reports show that the care plan was implemented by the Vietnamese government, some concerns have been raised in regard to the breadth of the plan’s target demographic. The plan was limited to the ‘specific’ groups of children, while vulnerable children in all other circumstances were overlooked: children with disabilities, orphans, displaced children, children affected by HIV/AIDS and children who have been exposed to toxic chemicals. Ultimately, the government only provided certain

groups of vulnerable children with access to family-based care, while the majority of vulnerable children were forced to remain under the care of institutions because they did not qualify for the family-based care plan.⁷⁰

6.5 What model(s) of family based care is used? Family preservation / strengthening i.e. preventing admission into institutional care:

There is limited information on the family strengthening services that are available in Vietnam. Only a select few of the organizations that offer alternative care have programmes aimed at preventing admission into institutional care. However, a variety of individualized family strengthening programmes are offered by Families in Vietnam, an INGO run and funded by a board of child care professionals from the United States. Families in Vietnam claims to provide holistic support for the child and their family, which is achieved through contextual assessment of the families’ needs. Their programmes highly emphasize the need for preventative services such as counselling, birth control, assistance with housing, etc. Additionally, Families in Vietnam offers a family foster care service for children who are in need of temporary alternative care. Because it is a non-government organization, funding for the aforementioned programmes tends to come from the board members themselves, or from donors.⁷¹

⁶⁷ The Law on Children. Report. The Socialist Republic of Vietnam, 2016. 4-5. http://ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=103522&p_country=VNM&p_count=573.
⁶⁸ Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam. Report. Hanoi: UNICEF & MOLISA, 2009. 12. https://www.unicef.org/vietnam/legal_review_on_cp.pdf.
⁶⁹ “Vietnam strives for complete social welfare system.” VOV Online Newspaper. September 25, 2013. Accessed April 08, 2017. <http://english.vov.vn/society/vietnam-strives-for-complete-social-welfare-system-265286.vov>.
⁷⁰ Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam. Report. Hanoi: UNICEF & MOLISA, 2009. 33.
⁷¹ “Mission Statement.” Families In Vietnam. Accessed March 30, 2017. <http://familiesinvietnam.org/about/mission-statement/>. Copyright 2017.

SOS Children’s Villages have also established multiple child and youth care centres across Vietnam. Generally, SOS Children’s Villages offers services such as educational support, access to medical attention, nutrition, day care, and financial assistance. Although the centres are largely focused on family support services, SOS also offers residential care to children who are no longer able to live with their families. However, the priority of the organization is to provide vulnerable families with the support that they require in order to stay together.⁷² It was also cited that SOS does explore other means of alternative care i.e. adoption or foster care placements.

Holt International has worked to establish numerous partnerships with local agencies and children’s centres. Holt International offers family assistance programmes with a focus on permanency planning. Services offered by Holt International include foster care, day care, family preservation programmes, assistance for single mothers, child welfare centres, access to early education for low-income families and/or children with special needs. The family strengthening programme offered by Holt International includes counselling, economic grants, educational support, and training. An estimated 150 children benefit from the family preservation programme every year, and 2000 children (per year) are provided with support through Holt International’s local agency partnerships. Beyond providing preventative care for families, Holt International has also developed training programmes for childcare professionals. Thus far, hundreds of child care and social welfare professionals have received training from the organization.⁷³

Family assistance i.e. family tracing / reintegration / reunification etc;

Research has yielded minimal information regarding programmes and services that are aimed towards family tracing, family reunification and/or family reintegration. Holt International appears to be a major provider of family strengthening/prevention programmes as well as family reunification services in Vietnam. In keeping with the ideal of child right to a family, the family reunification programme started in 1995. Acknowledging that some of the parents whom had placed their children in institutional care were eager to have them back with the family with given additional support. In partnership with MOLISA, Holt International piloted the programme in 6 SPCs in Hanoi, wherein care staff were trained on issues such as child development, the concept of permanent planning as well as well as proper case management procedures to aid/increase reintegration and improve the quality of care. In addition, the children underwent a ‘medical tool’ assessment wherein 30% of them were discovered to be iron-deficient. Supplements were provided to improve their overall condition before returning home. Subsequently, the families were offered day care and education support as extended help in while the child is adjusting back into the care of the family.

Kinship care

Kinship care has been a traditional form of alternate child care within the Vietnamese community where the child would be entrusted to extended family members. It is more acceptable than foster care as there is a perception that the latter would entail bringing up a child from a troubled background. Furthermore, there will be no support provided given the lack of social

workers/counsellors. Should Vietnamese families consider foster care, they would likely take on the care of babies.

Foster care

The foster care system in Vietnam is still in early stages of development. The first foster care pilot programme was initiated by HealthRight International in partnership with the Ha Noi Women’s Union and Bright Futures Network in 2009. The model “Mama plus” was brought up as a case study of volunteer mothers registering to care for orphan children and was introduced at a national workshop with the participation of stakeholders from 63 provinces and international organizations. Since 2010, working alongside with MOLISA the foster care pilot model was put into action in 8 provinces where the prevalence of orphaned children due to HIV-positive parents was particularly high. The 3 years of implementation provide insights for the development of the Foster Care Protocol Guidelines which was included into the National Programme of Action on Child Protection specialized for children affected by HIV/ AIDS in 2013-2015.

HealthRight subsequently collaborated with RTCCD in working closely with MOLISA to recommend and advocate the inclusion of foster care in the Law on Enhancing Child Protection Services. Resulting in the National Assembly agreement to acknowledge foster care as an alternative care option in the newly amended Law on Children which became effective as in Jun 2017.

In 2014, a two-day conference on foster care and adoption was jointly organized by MOLISA, UNICEF and Care for Children. Reportedly the conference was centred on a need to develop

legislation, guidelines, and standards for the provision of more family-based care options across the country. To some degree, this conference marked the beginning of formal foster care policy development in Vietnam. After the HealthRight pilot programme ended in 2012, the conference was seen as a revival of revisiting foster care provisions. Only a small amount of progress has been made in the sector. It remains uncommon for NGOs to offer foster care placement services in Vietnam, with only a few international organizations involved in the push for prioritizing family-based care options.⁷⁴ Since the HealthRight programme, Care for Children only begun to initiate the programme mid 2017 upon the invitation from the government.

Holt International is another Vietnamese government’s international partner in establishing an organizational structure for the provision foster care services. In this stage of development, Holt International is depicting foster care as a temporary form of alternative care for children, rather than a long term option.⁷⁵ The foster care programme designed predominantly by Holt International is expected to provide temporary family-based care (specifically foster care) to 400 children without primary caregivers. Foster families are provided with a stipend in order to cover the living costs of the child under their care. Generally, educational and nutritional expenses are covered by the foster care programme. However, medical expenses tend not to

be included in the monthly budget, as the cost of medical attention varies depending on the child’s mental and physical needs.

NOTE: Despite seemingly to be providing foster care provisions both Care for Children and Holt International are engaged by 2 separate department under MOLISA.

Recent data collected by the Vietnamese government shows that approximately 20% of the population of Vietnam are in need of social assistance. With this figure in mind, some major changes to the structure of social welfare and care provision were made over the last few years. In 2013, the Vietnamese government issued Decree 136, a document designed to address the needs of families and persons/children in vulnerable situations who are in need of financial assistance. The assistance programmes laid out by the decree are summarized as follows: “According to the decree, people living in extremely difficult circumstances shall be given a minimum allowance of VND270,000 (USD12) per month, which will be multiplied by coefficients ranging from 1.0 to 3.0 depending on their family situation. The beneficiaries shall also be given free health insurance, educational support and vocational training.” Additionally, in order to establish an incentive to start offering family based care services over institutional care, the government gives foster carers (both families and community-based care organizations/centres) a monthly allowance in order to cover basic costs. Aside from Decree 136, little progress has been made in terms of the development of a legal framework for foster care.⁷⁶

Adoption

Adoption procedures in Vietnam are primarily governed by the National Law on Adoption (2010).⁷⁷ Prior to enacting the Law on Adoption, adoption procedures were dictated by alternate legal documents pertaining to domestic adoption, including the Civil Code (1995), the Marriage and Family Law (2000) and the Law on Vietnamese Nationality (1998). Significant changes to the adoption system in Vietnam have been made through the alliance between MOLISA, UNICEF and the Ministry of Justice. Variations in adoption practice remain to be administrative rather than child-focused.

Following the series of reforms to the legal framework for domestic and inter-country adoption, there have been some changes to the leading ministries, laws and projects on all forms of adoption. Given the most recent changes to adoption legislature, the functionality of the adoption framework is dependent on these laws and programmes:

- The Law on Adoption (Law 52/2010/QH12) (2010)
- Decree 19 (19/2011/ND-CP)
- The Hague Convention (ratified 2011)
- The Circular on Management of ICA agencies in Viet Nam (2011) and
- The National Project to support the implementation of the Hague Convention on the Protection of Children and Co-operation in respect of ICA from 2012-2015 (2012).⁷⁸

⁷⁴ “Foster care gives children new homes.” Viet Nam News. September 28, 2014. Accessed April 07, 2017. <http://vietnamnews.vn/sunday/features/260696/foster-care-gives-children-new-homes.html#21XEtOAKowSmh8h5.97>.

⁷⁵ “Services in Vietnam.” Holt International. Accessed April 04, 2017. <https://www.holtinternational.org/vietnam/projects.shtml>. Copyright 2017.

⁷⁶ “Foster care gives children new homes.” Viet Nam News. September 28, 2014. Accessed April 07, 2017. <http://vietnamnews.vn/sunday/features/260696/foster-care-gives-children-new-homes.html#21XEtOAKowSmh8h5.97>.

⁷⁷ “Law on Adoption.” Moj Gov, The Socialist Republic of Vietnam, 17 June 2010, [moj.gov.vn/vbpq/en/lists/vn%20bn%20php%20lut/view_detail.aspx?itemid=10483](http://www.moj.gov.vn/vbpq/en/lists/vn%20bn%20php%20lut/view_detail.aspx?itemid=10483). Accessed 24 Sept. 2017.

⁷⁸ Adoption from Vietnam: https://www.unicef.org/vietnam/Eng_Adoption_report.pdf

⁷² “SOS Children’s Village Ben Tre.” SOS Children’s Villages International. Accessed March 28, 2017. <http://www.sos-childrensvillages.org/where-we-help/asia/vietnam/ben-tre>. Date of publication unavailable.

⁷³ “Services in Vietnam.” Holt International. Accessed April 04, 2017. <https://www.holtinternational.org/vietnam/projects.shtml>. Copyright 2017.

It should be noted that there is some discrepancy surrounding the procedure by which domestic and inter-country adoptions are formalized. According to some sources, the Ministry of Justice is responsible for managing foreign and domestic adoptions in Vietnam. But other sources state that all procedures for domestic adoption are overseen by a local Communal People’s Committee and governed by Decree 158/2005 (otherwise known as Government Issuing Regulations on Birth, Death and Marriage Registration).⁷⁹

In general, reliable information pertaining to domestic adoption – such as the number of babies/children/youth adopted within Vietnam – is not made available. Research has led to the conclusion that the vast majority of information regarding adoption services in Vietnam is focused on intercountry adoption, although domestic adoption services are also available. Reports have highlighted the fact that domestic adoption is not well regulated or monitored, despite the legal provisions that are in place. Domestic adoptions are not always viewed as permanent child placement in a family, as the legal framework is lenient towards the termination of adoption agreements. Adoptions can be terminated somewhat easily if one of the following circumstances has occurred: “*the child’s violation of the adopters’ life, health, human dignity or honour; and the child’s maltreatment or persecution of the adopters, or destruction of their property.*” With these clauses in mind, it is clear that the adoption system in Vietnam allows adoptive families to outwardly reject the adoptive child, which has the potential to reinforce the child’s feelings of abandonment.⁸⁰ Predictably, information on domestic adoption agencies is also limited.

Holt International is one of the known agencies whom began their work in the Vietnamese child care system in 1973, and later included adoption in their list of offered services. However, Holt International was forced to cease their work in Vietnam in 1995, thus ending the organizations involvement in the provision of international adoption services. Holt International resumed their work with Vietnam in the 1980s, but their adoption programme was only reinstated in 2014, making it a fairly recent development in the sector(s) for alternative care of children without primary caregivers. Thou they have been involve in providing technical existence to Ministry of Justice in sharing their experiences in developing adoption guidelines, training manual and skills development in preparing the child for the transition. Since Holt International began their work in Vietnam, approximately 400 children have been placed in adoptive families from the United States of America. The children range between the ages of 2 to 14 years old with majority of them having special needs. There is an equal representation of boys and girls whom have been adopted. Notably, Holt International has also established a variety of post-adoption family support services, such as counselling, family support groups, nutritional advice, and homeland tours.⁸¹

NOTE: Kindly refer to Annex 1 for HOLT Medical Condition Checklist which potential adoptive parents would need to complete as part of application.

Intercountry adoption first started developing in Vietnam in the 1970’s, circa the early days of Holt International’s establishment in the country. A large-scale adoption movement was triggered by the after math of the Vietnam War, as thousands of children were flown to the U.S., Canada and Europe in what is now referred to “Operation Babylift.” American volunteers claimed to be under the impression that the children who were brought to the United States were orphaned and/or abandoned. However, more recent reports show that the mass number of intercountry adoptions following the Vietnam War may not have been an act of altruism, as it was later revealed that many of the babies adopted by Americans were not orphaned or in need of an emergency adoption.⁸² Volunteers in Operation Babylift did not verify the status of the babies who were flown out of Vietnam for adoption placement in Western countries. Many of the babies still had living parents or family members, and they were sent to live with adoptive families in foreign countries without their parents’ consent. Some of the babies who were taken in Operation Babylift are still searching for their birth families to this day.⁸³

The scale of the operation was extreme, potentially causing thousands of unnecessary family separations. At least 3,000 babies were sent to Western countries during Operation Babylift. Moreover, between the years of 1962 and 2001, approximately 7,096 Vietnamese children were adopted by American families. Statistics show that 10,011 intercountry adoptions between Vietnam and the U.S. were approved between the years of 1962 and 2008. Vietnam has also been rated one of the most popular countries of origin in terms of adoption, with an estimated 10,000 intercountry adoptions facilitated over the past decade.⁸⁴

⁷⁹ Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam. Report. Hanoi: UNICEF & MOLISA, 2009. 42.

⁸⁰ Adoption from Viet Nam: Findings and Recommendations of an Assessment. Report. International Social Service (ISS) & UNICEF, 2009. 29-30. https://www.unicef.org/vietnam/Eng_Adoption_report.pdf.

⁸¹ “Vietnam Adoption.” Holt International Adoption Agency. Accessed April 02, 2017. <http://www.holtinternational.org/vietnam/>. Copyright 2017.

⁸² Wright, Andy. “The U.S. Rescued Over 3,000 Orphans From Vietnam After the War. But Were They Really Orphans?” Atlas Obscura, 21 Sept. 2016, www.atlasobscura.com/articles/after-the-vietnam-war-america-flew-planes-full-of-babies-back-to-the-us. Accessed 19 Sept. 2017.

⁸³ Simon Parry, “Orphan who survived Vietnam War plane crash that killed 80 babies makes emotional return to scene where he was found huddled with his twin sister,” Daily Mail Online, April 03, 2015, , accessed September 19, 2017, <http://www.dailymail.co.uk/news/article->

⁸⁴ Adoption from Viet Nam: Findings and Recommendations of an Assessment. Report. International Social Service (ISS) & UNICEF, 2009. 12-13. https://www.unicef.org/vietnam/Eng_Adoption_report.pdf.

Presently, the same precarious practice seem to exist, field mission reported that babies were usually placed in a separate wing/building within institutional care facilities. It was noted as well that the space would likely been more done up than the other rooms for older children. Resources are also diverted in keeping with the supplies of diapers, milk formula etc, the same attention is not necessary given to the older i.e. less likely to be adopted children in the facility. Visitors (whom could also be perceived potential adopters) are also usually directed to those spaces rather than having access to the other parts of the centres. Field mission was unable to establish the origins of the children. Random exchange with adopters indicated that have frequented a centre indicated that the adoption process had taken them nearly 2 years. Sources revealed that there are about 35 adoption agencies and about 50-60 orphanages which have been allowed by the government for foreigners to approach for intercountry adoption. Only government-run institutional care facilities are permitted to facilitate adoption.

Another adoptive parent had recounted her journey in adoption her current 3 year old adoptive daughter where she simply had to obtain a Letter of no Objection from the institutions to secure an Adoption Licence; no Home Study was required thou she had personally engaged a wife of a doctor to do up the assessment as she was unable to locate any social worker or a national agency who would be able to assist / facilitate the adoption process proper.

On the other hand, domestic adoption does not seem to be encouraged. Potential local adopters are often disheartened by the lengthy procedure in having to complete many forms and fulfil various regulations. And most of the institutional care facilities are located quite a distant from the provincial cities to enable easy/frequent access to the children. Making it wearisome and costly for them to travel especially families whom are struggling to meet the increasing standards of living. Some sources had also indicated their scepticism over the adoption of children as culturally, many had adopted believing that it will increase the likelihood for them to conceive another child and others had done so as means of having someone to care for them during old age.

Guardianship

In the context of Vietnam, guardianship does not tend to be used as a form of alternative care for children in vulnerable situations. However, the country does have a legal framework in place for guardianship embedded in the recently amended Civil Code (2017). Further information concerning the terms stipulated by the Civil Code is not yet available, as the English version of the revised Civil Code has not been published online.

If a child has been orphaned or abandoned, or the parents have had their rights restricted by the court, it is legally required that the child be assigned a guardian. In most cases, the child’s older siblings would have to fulfil the role of legal guardian. However, in cases where the child does not have older siblings, or the siblings are not old enough to assume legal guardianship over the child, the child’s grandparents would be appointed as their legal guardian(s). If the child does not have maternal or paternal grandparents that are capable of providing care, the court would assign an aunt or uncle as the child’s legal guardian. If there are no family members that are able or willing to be the child’s guardian, the responsibility of caring for the child falls on the town/ward/community. At this stage, a local child care agency would be assigned the role of legal guardian.

These terms and policies on guardianship are also dictated by Article 61 of the Penal Code, as well as Articles 83 and 84 of the Law on Marriage and Families (2000).⁸⁵

legal considerations

7.1 How does the operator of the alternative care service provisions set-up/register? Would they need a legal mandate?

The exact process of NGO registration remains somewhat unclear. According to some sources, the process is relatively simple, and only requires submitting an application to the People’s Aid Co-ordinating Committee (PACCOM) in Hanoi.⁸⁶ However, other sources state that Committee for Foreign NGO Affairs (COMINGO) is the main point of contact between NGOs or INGOs and the Vietnamese government. While the registration process for NGOs and INGOs appears to be different, the exact differences between the two kinds of applications are not specified. Notably, changes to the legislation pertaining to INGO registration were made in 2012, requiring that all INGOs be administered under Decree 12/2012/ND-CP.

There are three forms of registration for INGOs, which tend to be referred to as “registration status.” The registration statuses are divided into the following categories:

- a) Operations;
- b) Project Office; and
- c) Representative Office

The Operations Certificate of Registration lasts for up to three years, while the Project Office and Representative Office Certificates grants an INGO five years of legal registration with the Vietnamese government. The exact differences between the three registration statuses are not specified by the Vietnam government’s INGO requirement documents. The responsibilities, rights and obligations associated with registration statuses are reportedly outlined by Decree 12,

the main legal document concerning INGO registration. However, there is no distinction made between registering as an INGO and registering as an INGO that specializes in alternative care for children. Based on the information provided by the Vietnamese NGO Resource Centre, it appears as though INGOs offering care for children are required to fill out the same forms as those that offer community services/ programmes.⁸⁷

In addition, all the operators are also to adhere to ruling of Decree No. 144/2013/ND-CP where they could be heavily penalised for not keeping with the administrative expectations i.e. failure to “implement the duties to care, raise child” as a service provider. Remedial measures could include a formal apology or complete closure with the confiscation of operation licence. The new Law of Children further reinforces with the inclusion of Clause 12; Article 6, which clearly defined the Prohibited Acts is to

” Make corrupt use of the child surrogate care to harm such child; take advantage of state policies and aid granted by organizations or individuals to seek private profit.

Special permit for activity to be conducted by foreign entity Startlingly, the Vietnam government (due to direct translation of “non”) deemed non-governmental organizations (NGOs) as agencies going against or not in favour to work alongside with them till early 2000. Hence, it was only a recent development that the government began engaging and open to collaboration (not solely dependent on donor funding).

Nonetheless, foreign non-profits organizations/NPOs are still viewed with much suspicion in disrupting the socialist state charter in the protection and promotion of the social well-being of its citizens.

Any external body would have to seek an official authorization in order to conduct any activity/endeavours which would include meeting attended by any foreign delegate. Alternatively, one would be expected to concede to a partnership with a local organization which will then oversee the activities under the direction of the governing committee. FFA’s intended regional workshop on *Pushing Boundaries – Creative Care Options for Children with disabilities* was cancelled as the authorities gave no definitive response to the request for the event to be held in Hanoi Aug 2017. Additional requirements included the passport copies of the attending participants whom could only be produced upon confirmation of the event.

⁸⁵ Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam. Report. Hanoi: UNICEF & MOLISA, 2009. 31-32. https://www.unicef.org/vietnam/legal_review_on_cp.pdf.

⁸⁵ Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam. Report. Hanoi: UNICEF & MOLISA, 2009. 31-32. https://www.unicef.org/vietnam/legal_review_on_cp.pdf.

⁸⁶ “NGO Registration in Vietnam.” Vietnam Online. Accessed April 10, 2017. <https://www.vietnamonline.com/az/ngo-registration-in-vietnam.html>. Date of publication unavailable.

⁸⁷ “Starting and operating an INGO.” VUFO - NGO Resource Centre Vietnam. Accessed April 10, 2017. <http://www.ngocentre.org.vn/vi/content/starting-and-operating-ingo>. Date of publication unavailable.

National Laws, Policies, Regulations, Codes Etc.

Civil Code
Law on Vietnamese Nationality
Penal Code

Law on Marriage and Family
Penal Procedure Code (or Criminal Procedure Code)
Child Protection, Care and Education Law

Youth Law
Law on Persons with Disabilities
Law on Adoption
Law on the Prevention and Combat of Human Trafficking
Law on Handling of Administrative Violations
Vietnam Constitution
Law on Court Organization
Law on Children

Circulars, Decrees

Circular No. 04/2011/TT-BLDTBXH
Decree No. 19/2011/ND-CP
Decree No. 10/2012/ND-CP

Decree No. 81/2012/ND-CP

Decree 136/2013/ND-CP

Decree No. 144/2013/ND-CP

Decree No. 56/2017/ND-CP

Decision No. 239/QD-TTg of February 09, 2010

Decision No. 2361/QD-TTg
Circular No. 87/2008/TT-BTC

Joint Circular No. 03/2016/TTLT-BTP-BNG-BCA-BLDTBXK

International Laws, Policies, Conventions, etc.

Convention on the Rights of the Child (UNCRC)
The Worst Forms of Child Labour Convention (1999)
The Minimum Age Convention (1973)
Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict
1993 Hague Adoption Convention

Enacted 1995, amended 2015
Enacted 1998, amended 2008
Enacted 1999, amended 2009
(most recent amendment)
Enacted 2000, amended 2014
Enacted 2003, amended 2015
Enacted 2004, amended & repealed
2016 – now known as Law on Children
Enacted 2005
Enacted 2010
Adopted 2010, effective Jan 2011
Enacted 2011
Enacted 2012
Enacted 2013
Enacted 2015
Adopted Apr 2016, effective Jul 2017

Care Standards at Social Protection Facilities
Guidelines for the implementation of the Law on Adoption
Provision of commune/ward/township-based education measures to juvenile offenders
Prescribing conditions and procedures for the setting up, organization, operation and dissolution of social relief establishment
Policy provisions of social support for social subjects
Decree on sanctioning of administrative violations in social protection, social emergency support, child protection, persons with disabilities and the elderly
Guidelines for implementation of the Law on Children. The decree elaborates on some articles related to children with special circumstances i.e. support and intervention for the cases of child abuse, at risk of violence, exploitation, and / or neglect.
Approval on universal pre-school education for children aged five years in the 2010-2015 period
Approval on the Child Protection Programme 2016-2020
Guidelines for the management and use of children relief funds
Guidelines for supervision development of inter-country adoption of Vietnamese children

Ratified 1990
Ratified 2000
Ratified 2000
Ratified 2001

Ratified 2001

Ratified 2012



references

“About.” Ministry of Labour - Invalids and Social affairs. Accessed April 04, 2017. <http://www.molisa.gov.vn/en/Pages/Organizational.aspx>. Date of publication unavailable.

“About Our Vietnam Relief.” Loving Kindness Vietnam, <http://loving-kindnessvietnam.org/about-our-vietnam-relief/>. Accessed 23 Sept. 2017. Date of publication unavailable.

“About Vietnam: Political System.” The Socialist Republic of Viet Nam Government Portal, www.chinhphu.vn/portal/page/portal/English/The-SocialistRepublicOfVietnam/AboutVietnam/AboutVietnamDetail?categoryId=10000103&articleId=10001578. Accessed 23 Sept. 2017. Date of publication unavailable.

Abdel-Jelil, Youssouf. “The Revised Child Law: the Opportunity for Viet Nam to consolidate its pioneering stand on child rights.” UNICEF Viet Nam, 1 Apr. 2016, <http://unicefvietnam.blogspot.sg/2016/04/the-revised-child-law-opportunity-for.html>. Accessed 16 Sept. 2017.

Adoption from Viet Nam: Findings and Recommendations of an Assessment. Report. International Social Service (ISS) & UNICEF, 2009. https://www.unicef.org/vietnam/Eng_Adoption_report.pdf

An Analysis of the Situation of Children in Vietnam. Report. UNICEF, 2010. https://www.unicef.org/sitan/files/SitAn-Viet_Nam_2010_Eng.pdf

Approving the Scheme on the Development of the Social Work Profession during 2010-2020. Report. The Socialist Republic of Vietnam. <http://www.google.es/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiwxuC1zr3WAhUHLcAKH-cGBA5gQFgggMAA&url=http%3A%2F%2Fwww.molisa.gov.vn%2Fen%2FPages%2FDetail-document.aspx%3FvID%3D501&us-g=AFQjCNHbsfikBNH6Z6s3NE6D6mnc88079g>

Barnes, Andrew, and Neal Newfield. “Reinstituting Social Work in Vietnam.” Social Work Today, 2008, www.socialworktoday.com/news/psw_110108.shtml. Accessed 20 Sept. 2017.

“Believe in ZERO.” UNICEF Viet Nam. Accessed April 05, 2017. <https://www.unicef.org/vietnam/believeinzero.html>. Date of publication unavailable.

“Caring for Vietnam’s ‘invisible’ disabled children.” Thanh Nien Daily. June 02, 2013. Accessed April 06, 2017. <http://www.thanhniennews.com/society/caring-for-vietnams-invisible-disabled-children-2312.html>

“Centre of Rehabilitation for Handicapped Children - Thuy An village.” Moon Garden. Accessed April 04, 2017. <http://moongardenhomestay.com/en/cttc113a143/centre-of-rehabilitation-for-handicapped-children-thuy-an-village.html>. Date of publication unavailable.

The Law on Children. Report. The Socialist Republic of Vietnam, 2016. 2. http://ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=103522&p_country=VNM&p_count=573.

“Child protection.” UNICEF Viet Nam. Accessed 18 Sept. 2017. www.unicef.org/vietnam/protection.html

“Child Protection Overview.” UNICEF Viet Nam. Accessed April 06, 2017. <https://www.unicef.org/vietnam/protection.html>. Date of publication unavailable.

“Child protection program for 2016-20 approved.” Vietnamlawmagazine.vn. December 28, 2015. Accessed September 24, 2017. <http://vietnamlawmagazine.vn/child-protection-program-for-2016-20-approved-5153.html>

“Child Sex Abuse in Vietnam.” Bliss Saigon Magazine, 4 Apr. 2016. Accessed 23 Sept. 2017. <http://blissisaigon.com/child-sex-abuse-in-vietnam-2/>

“Children with Disabilities.” Children of Vietnam. Accessed April 06, 2017. <https://www.childrenofvietnam.org/meet-our-children/>. Copyright 2016.

“CoSW Faculty Named Global Carolina Regional Director.” College of Social Work, 9 June 2017. Accessed 23 Sept. 2017 www.cosw.sc.edu/about-the-college/news

Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies, Especially Children in Special Circumstances in Viet Nam. Report. Hanoi: UNICEF & MOLISA, 2009. https://www.unicef.org/vietnam/legal_review_on_cp.pdf

“Detail Organization.” Ministry of Labour, Invalids and Social Affairs. June 20, 2013. Accessed April 03, 2017. <http://www.molisa.gov.vn/en/Pages/Detail-organization.aspx?tochucID=17>

“Duc Son Orphanage.” Duc Son Orphanage, Vietnam. Accessed April 11, 2017. <http://www.ducsonorphans.org/>. Date of publication unavailable.

“Foster care gives children new homes.” Viet Nam News. September 28, 2014. Accessed April 07, 2017. <http://vietnamnews.vn/sunday/features/260696/foster-care-gives-children-new-homes.html#21XE-tOAKowSmh8h5.97>

“Law on Adoption.” Moj.Gov, The Socialist Republic of Vietnam, 17 June 2010. Accessed 24 Sept. 2017. http://moj.gov.vn/vbpq/en/lists/vn%20bn%20php%20lut/view_detail.aspx?itemid=10483

The Law on Children. Report. The Socialist Republic of Vietnam, 2016. http://ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=103522&p_country=VNM&p_count=573

“Mission Statement.” Families In Vietnam. Accessed March 30, 2017. <http://familiesinvietnam.org/about/mission-statement/>. Copyright 2017.

“National Assembly adopts five-year financial plan.” Vietnamnews.vn. October 2016. Accessed September 24, 2017. <http://vietnamnews.vn/politics-laws/345964/national-assembly-adopts-five-year-financial-plan.html#ZhXAhyeQ4PkUM0IF.97>

National Plan of Action for Child Survival. Hanoi: Ministry of Health, 2009. http://www.vpro.who.int/vietnam/topics/child_health/viet_nam_national_p_action_child_survival.pdf

“Net official development assistance and official aid received (current US\$).” Data. 2016. Accessed April 11, 2017. <http://data.worldbank.org/indicator/DT.ODA.ALLD.CD>. “New helpline for child protection to be launched,” Vietnamnews.vn, September 22, 2017, accessed September 23, 2017, <http://vietnamnews.vn/society/394271/new-helpline-for-child-protection-to-be-launched.html#XciBr87oBfbvbCC1.97>

Newton, Jennifer. “Four decades after Agent Orange - heart-breaking pictures show even now babies in Vietnam are being born with horrific defects.” Daily Mail Online. Associated Newspapers, 25 Apr. 2014. Web. 06 Apr. 2017. <http://www.dailymail.co.uk/news/article-2613038/40-years-Agent-Orange-heartbreaking-pictures-babies-Vietnam-born-horrific-defects.html>

“NGO Registration in Vietnam.” Vietnam Online. Accessed April 10, 2017. <https://www.vietnamonline.com/az/ngo-registration-in-vietnam.html>. Date of publication unavailable.

Overland, Martha Ann. “Child-Abuse Case Reveals Vietnam’s Lax Social Services.” Time, Time Inc., 14 July 2010. Accessed Sep 20, 2017 <http://content.time.com/time/world/article/0,8599,2003389,00.html>

“Partnerships.” UNICEF Viet Nam. Accessed April 05, 2017. https://www.unicef.org/vietnam/17553_22595.html. Date of publication unavailable.

“People with Disabilities - Vietnam.” Angloinfo. Accessed April 06, 2017. <https://www.angloinfo.com/how-to/vietnam/healthcare/people-with-disabilities>. Copyright 2017.

Qiuyi, Tan. “Vulnerable children beaten at childcare centre in Vietnam.” Channel NewsAsia. April 08, 2015. Accessed September 24, 2017. <http://www.channelnewsasia.com/news/asiapacific/vulnerable-children-beaten-at-childcare-centre-in-vietnam-8261274>

“Research and training centre for community development (RTCCD).” GreenID. July 06, 2016. Accessed November 10, 2017. [http://en.greenid-vietnam.org.vn/notices/research-and-training-centre-for-community-development-\(rtccd\).html](http://en.greenid-vietnam.org.vn/notices/research-and-training-centre-for-community-development-(rtccd).html)

The Rights of Children with Disabilities in Vietnam. Report. UNICEF, 2009. https://www.unicef.org/vietnam/Final_legal_analysis_report_in_E.pdf

Ruwitch, John. “Party wins big in Vietnam, but with a few twists.” Reuters. June 04, 2011. Accessed September 21, 2017. <http://blogs.reuters.com/global/2011/06/04/party-wins-big-in-vietnam/>

“Services in Vietnam.” Holt International. Accessed April 04, 2017. <https://www.holtinternational.org/vietnam/projects.shtml>. Copyright 2017.

Simon Parry, “Orphan who survived Vietnam War plane crash that killed 80 babies makes emotional return to scene where he was found huddled with his twin sister,” Daily Mail Online, April 03, 2015, , accessed September 19, 2017, <http://www.dailymail.co.uk/news/article-3024506/Orphan-survived-Operation-Babylift-plane-crash-Vietnam-returns-scene-40-years-on.html>

“Social Work in Vietnam.” AsiaLIFE Vietnam, 4 Apr. 2014. Accessed 23 Sept. 2017. www.asialifemagazine.com/vietnam/social-work-vietnam/

“SOS Children’s Village Ben Tre.” SOS Children’s Villages International. Accessed March 28, 2017. <http://www.sos-childrensvillages.org/where-we-help/asia/vietnam/ben-tre>. Date of publication unavailable.

“Starting and operating an INGO.” VUFO - NGO Resource Centre Vietnam. Accessed April 10, 2017. <http://www.ngocentre.org.vn/vi/content/starting-and-operating-ingo>. Date of publication unavailable.

Tran, Kham Van. “Social Work Education in Vietnam: Trajectory, Challenges and Directions.” International Journal of Social Work and Human Services Practice 3, no. 4 (October 04, 2015). <http://www.hrpub.org/download/20151130/IJRH3-19204705.pdf>

“The World Fact book: VIETNAM.” Central Intelligence Agency. January 12, 2017. Accessed April 11, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/vn.html>

UNICEF Annual Report 2015: Viet Nam. Report. UNICEF, 2015. https://www.unicef.org/about/annualreport/files/Vietnam_2015_COAR.pdf

“Useful Resources.” Tiny Hearts Of Hope. 2012. Accessed April 05, 2017. <http://www.tinyheartsofhope.org/orphan.html>

“U.S.-Supported Program Promotes Social Work Education in Vietnam.” U.S. Agency for International Development, 9 Nov. 2012. Accessed 23 Sept. 2017. www.usaid.gov/vietnam/press-releases/us-supported-program-promotes-social-work-education-vietnam-0

“Vietnam Adoption.” Holt International Adoption Agency. Accessed April 02, 2017. <http://www.holtinternational.org/vietnam/>. Copyright 2017.

“Viet Nam launches national programme on social work as a profession.” The United Nations in Viet Nam. September 09, 2010. Accessed November 10, 2017. <http://www.un.org.vn/en/media-releases/3/69-un-press-releases/1530-molisa-launches-decision-32-on-development-of-social-work-as-a-profession.html>

“Vietnam’s Political System (Part 1) - News VietNamNet.” Vietnamnet, 19 Oct. 2010. Accessed 23 Sept. 2017. <http://english.vietnamnet.vn/fms/vietnam-reference/general-information/438/vietnam-s-political-system--part-1-.html>

“Vietnam Politics.” Vietnam Tours. Accessed 23 Sept. 2017. www.toursinvietnam.com/vietnam-travel-guide/vietnam-politics.html. Date of publication unavailable.

“Vietnam reports nearly 700 child sexual abuse cases in first half of 2017.” TheSundaily, 28 July 2017. Accessed 16 Sept. 2017. www.thesundaily.my/news/2017/07/28/vietnam-reports-nearly-700-child-sexual-abuse-cases-first-half-2017

“Vietnam strives for complete social welfare system.” VOV Online Newspaper. September 25, 2013. Accessed April 08, 2017. <http://english.vov.vn/society/vietnams-social-workers-need-training-system-265286.vov>

“Vietnam Total External Debt.” Trading Economics. 2017. Accessed April 11, 2017. <http://www.tradingeconomics.com/vietnam/external-debt>

“Vietnam’s social workers need training, cohesion and recognition.” Thanh Nien Daily, 1 Jan. 2013. Accessed 23 Sept. 2017.www.thanhniennews.com/society/vietnams-social-workers-need-training-cohesion-and-recognition-3956.html

“Welcome to University of Education - Vietnam National University Hanoi.” Welcome to University of Education - Vietnam National University Hanoi. 2007. Accessed April 01, 2017. <http://daotaoquocte.edu.vn/eng/index.php?menu=detail&mid=17&cid=62&nid=146>

Wright, Andy. “The U.S. Rescued Over 3,000 Orphans From Vietnam After the War. But Were They Really Orphans?” Atlas Obscura, 21 Sept. 2016. Accessed 19 Sept. 2017. www.atlasobscura.com/articles/after-the-vietnam-war-america-flew-planes-full-of-babies-back-to-the-us

Youth, Voices of. “A Report on Child Abuse in Vietnam.” Voices of Youth, 2011. . Accessed 16 Sept. 2017. www.voicesofyouth.org/posts/a-report-on-child-abuse-in-vietnam. Date of publication unavailable.

Medical Conditions I/We Would Consider

Dear Parent,

Every child is an individual and not an assortment of conditions. Many factors will shape your decision to adopt, such as your access to resources (medical, financial, emotional, time, support) and the impact on children already in the home.

As you approach this form, please keep in mind that your responses are neither permanent nor binding. Your guidance will help us understand the profile of child you are able to parent. You may revise your responses at any time during the adoption process.

Most medical and developmental conditions have a range of involvement. To reflect this continuum, we have provided an opportunity to (1) indicate whether or not you are open to a particular condition (check "Yes"), then if you are able, to (2) indicate a level of involvement you feel capable of handling:

Min=minor, Mod=moderate, Maj=major

Thank you for considering a child with special care needs

Birth Parent History

	Yes
Birthmother used alcohol during pregnancy	<input type="checkbox"/>
Birthmother used drugs during pregnancy	<input type="checkbox"/>
Birthmother smoked during pregnancy	<input type="checkbox"/>
Birthmother HIV positive	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>
Incest	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>
Mental retardation	<input type="checkbox"/>
Medical conditions/Physical disabilities	<input type="checkbox"/>

Birth Conditions

	Yes	Min-Mod-Maj
Albinism	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cleft lip: Unilateral	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bilateral	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cleft palate	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other cranio/facial issues	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Down syndrome	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other genetic syndrome	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hyperbilirubinemia (Jaundice)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Less than 36 weeks gestation	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Low birth weight—under 4.5 lbs	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Multiple birth defects	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Premature	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Respiratory distress syndrome	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tumor	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Central Nervous System

	Yes	Min-Mod-Maj
Abnormal sonogram	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fetal alcohol spectrum disorders	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Central Nervous System (cont.)

	Yes	Min-Mod-Maj
Mental retardation	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Macrocephaly (larger head size)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Microcephaly (smaller head size)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hydrocephaly	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Neurofibromatosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Seizures—Controlled with medication	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Uncontrolled	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transitory—unknown cause	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Shaken baby syndrome	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Spina bifida	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Circulatory System

	Yes	Min-Mod-Maj
Heart— ASD and/or VSD	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Condition requiring surgery	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Murmur, unknown prognosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Thalassemia	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other blood disorders	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Developmental

	Yes	Min-Mod-Maj
Developmental delay	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Failure to thrive	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Language delay	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Emotional

	Yes	Min-Mod-Maj
Behavioral problems	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Known physical abuse in past	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Known sexual abuse in past	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

continues on back

Applicants	Last Name	First Name
Father		
Mother		

Gastrointestinal System	Yes	Min–Mod–Maj	Sensory Systems (cont.)	Yes	Min–Mod–Maj
Anal Atresia	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Crossed eyes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bladder malfunction/disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food allergy	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Loss of sight in one eye	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food intolerances	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Possible vision problems	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Gallbladder malfunction/disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ptosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Gastroesophagael reflux	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Strabismus	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Intestine malfunction/disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Kidney malfunction/disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Infectious Diseases	Yes	Min–Mod–Maj
Liver malfunction/disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hepatitis B carrier	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Malnutrition	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hepatitis B active	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Metabolic issues	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Missing organ	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pancreas malfunction/disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stomach malfunction/disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Surgery needed	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Syphilis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tube feeding required	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Muscular System	Yes	Min–Mod–Maj	Skeletal System	Yes	Min–Mod–Maj
Arthrogryposis (persistent contraction of joint)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clubfoot	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Congenital hip dislocation	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tethered cord	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Missing or partial appendages	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Needing: Braces	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Crutches	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Wheelchair	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Reproductive System	Yes	Min–Mod–Maj	Osteogenesis imperfecta (brittle bone disease)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ambiguous genitalia	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rickets	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Genital malformation	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Small stature (dwarfism)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hypospadias	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Webbed or extra fingers, toes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Infertility	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Missing organ	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Skin Conditions	Yes	Min–Mod–Maj
Undesended testicles	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Birthmarks: Hematoma	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vaginal atresia	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Angioma	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Portwine	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Nevus—large or unusual birthmark	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Any requiring surgical removal	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Respiratory System	Yes	Min–Mod–Maj	Burns	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Warts	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lung					
disease	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
damage	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
missing one	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Sensory Systems	Yes	Min–Mod–Maj	Other comments or guidance you can provide:		
Sensory Sensitivities	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Ear atresia	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Vision impairment	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			



Vietnam

Socialist Republic of Vietnam

