

CHILD HEALTH CARE IN SOUTH VIETNAM

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Child health care in Vietnam has received support from various organizations financed by USAID. The organization providing major services are Children's Medical Relief International (CMRI), International Rescue Committee (IRC), and World Rehabilitation Fund (WRF).

CMRI supports the National Center for Plastic and Reconstructive Surgery and has an overseas staff of six consultants. Major responsibility for the operation of the Center has been transferred to the Vietnamese Ministry of Health. Since its opening in July 1969, the Center has and continues to provide support for an average of 90 patients per month, approximately 80% of the patient load being children. Twelve percent of the total number of admissions are war related.

The patient workload as evaluated by type of treatment over the past three years is as follows:

<u>Year</u>	<u>Injury</u>	<u>Burns</u>	<u>Cleft Lip Cleft Palate or both</u>	<u>Noma and Congenital Deformities</u>	<u>Total Patients</u>
1970	149	206	595	320	1,270.
1971	151	193	374	274	992
1972	<u>123</u>	<u>228</u>	<u>409</u>	<u>235</u>	<u>995</u>
Total	<u>423</u>	<u>627</u>	<u>1,378</u>	<u>829</u>	<u>3,257</u>
Mo/Avg.	<u>12</u>	<u>17</u>	<u>38</u>	<u>23</u>	<u>90</u>
Percent	<u>13%</u>	<u>19%</u>	<u>42%</u>	<u>26%</u>	<u>100%</u>

Part of the National Center for Plastic and Reconstructive Surgery is a 120-bed Recovery Convalescent Ward which receives administrative and technical support from IRC. Medical care at the convalescent unit is provided by a staff of 53 non-host country nationals and Vietnamese. IRC presently provides six field personnel; three western nurses directly to the Center, two physicians, and one population planner.

The Center is the only modern medical facility in South Vietnam specifically designed for treatment of children requiring the special skills of plastic and reconstructive surgery as a result of war injury, domestic trauma and disease. The Center also maintains active research programs in such areas as noma and keloid formation. The results of this research will benefit children everywhere.

WRF has been providing technical support to the Vietnamese National Rehabilitation Institute which produces prosthetic and orthotic devices. Only two western, long-term personnel are assigned; all of the semi-skilled and skilled labor is being provided by the Vietnamese. NRI provides treatment for children as part of their regular program. About 2,000 or about 50% of the devices produced in the Saigon Center are for polio cases. Although resolution of the backlog of amputee cases is by no means in sight, NRI is increasing its capacity to treat more handicapped children in the future.

A major objective of the MOH has always been the further development of provincial and district hospitals and health centers to a level of providing an effective health care and public health program for all villages and hamlets. The priority targets are mothers and children. A new campaign in this regard called "Bringing Health to Villages" was started in March 1973. To date, 365 mobile health teams made up of MOH staff from provincial and district health facilities provide comprehensive health services each afternoon to villages and hamlets. Average weekly statistics are impressive in this regard. For example, approximately 800 villages are entered weekly, 150,000 patients are examined, 18,000 home visits are made, 26,000 well children are examined, 9,000 pregnant women examined, 145,000 vaccinations are given and 99,000 posters and leaflets distributed. This is in addition to the normal in-patient and out-patient daily patient loads at the 3,300 static health facilities.

The MOH recently created a plan to regularize and control health services to orphanages throughout Vietnam. They are now performing surveys on numbers, location, age groups, nutritional status, qualifications of staff, and adequacy of existing medical care. The second phase will consist of providing training to personnel, control and expansion of sanitary facilities and the adequate provision of medical services. A full-time USAID physician has been assigned to the project.

A three year school for physical therapists has been started in Vietnam under Canadian auspices. These therapists will be trained in the rehabilitation of polio victims.

An "Under Six Years of Age" clinic has been started in Saigon as an extension service of the Department of Pediatrics, Saigon Medical School.

Maternal and Child Health (MCH) clinics will be established in all urban areas and provincial capitols by the end of this year under the USAID Family Planning Project. Projected plans call for the establishment of MCH clinics in all districts by 1975.

Another recently established project of the MOH aimed at school children has been started in preventive dentistry. Free tooth brushes and dental cream will be provided to all school children along with education in oral hygiene.

Immunizations for children are being provided at an expanding rate. In 1972, 2,524,000 immunizations were provided for polio, tuberculosis, diptheria, pertussis and tetanus.

The USAID funded a contract with a U.S. milk processing firm, and milk and corn-soya-milk (CSM) distribution systems were established to assist in providing adequate nutritional levels for children.

While these new projects are serving as a basis for comprehensive health services to mothers and children, there remains much more to be done, but the "tip of the iceberg" is now rapidly being exposed. With continuing financial and advisory assistance by USAID and other agencies in future years, improved school health services, MCH services, sanitized hamlets and villages and specific disease control projects should bring about a rising increase in the health level of all mothers and children in Vietnam.

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