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REPORT

drawn up on behalf of the Committee on Development
and Cooperation

on the granting of humanitarian aid to Vietnam

Rapporteur: Mr Pierre-Bernard COUSTE

r. Fr.

PE 87.767/fin.

English Edition

At its sitting of 19 February 1982, the European Parliament referred the motion for a resolution tabled by Mr Balfe and others (Doc. 1-890/81/rev.), pursuant to Rule 47 of the Rules of Procedure, to the Committee on Development and Cooperation as the committee responsible and to the Political Affairs Committee for an opinion.

At its meeting of 18 May 1982, the Committee on Development and Cooperation decided to draw up a report and appointed Mr Deniau rapporteur.

The committee considered the draft report at its meetings of 20 January and 26 January 1983, and at the latter meeting approved the motion for a resolution by 18 votes to 3 with 8 abstentions. The opinion of the Political Affairs Committee is attached to that report.

At the plenary sitting of the European Parliament of 11 April 1983 the report (Doc. 1-1270/82) was referred back to the Committee on Development and Cooperation, on a proposal from the President pursuant to Rule 56(2).

On 14 April 1983, Mr Deniau resigned as a Member of the European Parliament.

At its meeting of 26 May 1983, the Committee on Development and Cooperation appointed Mr Cousté rapporteur.

The draft report was considered at the meetings of 18 October 1983 and 25 January 1984. At the latter meeting the motion for a resolution was approved by 22 votes to 1 with 4 abstentions.

Present: Mr Poniatowski, chairman; Mr Bersani, first vice-chairman; Mr Cousté, rapporteur; Mrs Carrettoni Romagnoli, Mrs Cassanmagnago Cerretti, Mrs Castellina, Mr Cohen, Mr de Courcy Ling, Mr Deschamps (deputizing for Mr Wedekind), Mr d'Ormesson (deputizing for Mr Narducci), Mrs Dury, Mr Enright, Mr Fellermaier, Mr Fergusson (deputizing for Mr Pearce), Mr Ferrero, Mrs Focke, Mr Irmer, Mr Klepsch (deputizing for Mr Luster), Mr Lezzi, Mr Lomas (deputizing for Mr Fuchs), Mr Loo, Mr Moorhouse (deputizing for Mr Sherlock), Mrs Poirier (deputizing for Mr Denis), Mrs Rabbethge, Mr Sablé, Mr Schieler (deputizing for Mr Kühn), Sir James Scott-Hopkins (deputizing for Sir Henry Plumb), Mr Simpson (deputizing for Mr Jackson), Mr Vankerkhoven, Mr Vergeer, Mr Vitale and Mr Wawrzik.

The opinion of the Political Affairs Committee will be presented orally in plenary sitting.

The report was tabled on 27 January 1984.

The deadline for tabling amendments to this report is indicated in the draft agenda for the day on which the report is to be considered.

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The Committee on Development and Cooperation hereby submits to the European Parliament the following motion for a resolution, together with explanatory statement:

MOTION FOR A RESOLUTION

on the granting of humanitarian aid to Vietnam

The European Parliament,

- having regard to the motion for a resolution tabled by Mr LOMAS and others (Doc. 1-890/81/rev.),
 - having regard to Petitions Nos. 16/81, 17/81 and 34/81,
 - having regard to the European Parliament's previous resolutions on food aid,
 - having regard to the decision to grant Community emergency medical aid to Vietnam on two occasions following natural disasters,
 - having regard to the resolution of the Community's principal non-governmental organizations of 3 October 1981,
 - having regard to the report of the Committee on Development and Cooperation (Doc. 1-1344/83),
- A. emphasizing that the current situation of children in Vietnam is characterized by malnutrition, which the Vietnamese Government could easily remedy if it were to release the resources necessary for this purpose by putting an end to its costly military occupation of Kampuchea and Laos,
- B. whereas the level of agreement between the government's policy on nutrition and health and UNICEF's Mandate has enabled this organization to establish an integrated cooperation programme in Vietnam and implement it in satisfactory conditions;

- C. stressing the progress recently made with regard to cooperation between the international organizations working in Vietnam and, in particular, UNICEF, the World Food Programme (WFP), the World Health Organization (WHO) and, more recently, the United Nations Development Programme (UNDP);
 - D. whereas Vietnam has been one of the main recipients of Community food aid;
 - E. noting that several Member States of the EEC have resumed medical and food aid - both direct and indirect - to Vietnam and have cofinanced projects carried out by different non-governmental organizations;
 - F. whereas international organizations and, in particular, the WFP and the UNDP have just recently approved a number of new projects and programmes designed to improve health and nutrition and have managed to obtain from the government the full guarantees needed to ensure that these projects run smoothly, particularly as regards the WFP nutrition programme for nursing mothers and young children approved in October 1983;
 - G. whereas by reducing more than two million people from Kampuchea, Laos and Vietnam itself to the fate of refugees, including the unfortunate 'boat people', the Vietnamese Government has caused considerable economic difficulties for its neighbours, particularly Thailand and Hong Kong;
 - H. having regard to the measures taken by different non-governmental organizations (NGO) in Vietnam with a view to improving the living conditions of the people by projects in the fields of health and agriculture;
1. Welcomes the fact that the international community, by means of the World Food Programme, has adopted a medium-term nutrition programme in Vietnam for nursing mothers and young children;
 2. Notes that, nevertheless, the medical and nutritional situation of children, particularly over the age of six, is still a cause for concern;
 3. Requests that the European Economic Community grant humanitarian aid to Vietnam in the form of support for the integrated programme for children established by UNICEF in 1976, once the conditions and monitoring guarantees already mentioned have actually been fulfilled;

4. Considers that the aims of this programme - the improvement of children's nutrition and health - falls within the scope of humanitarian aid which has always been granted by the Community wherever it was needed;
5. Notes the agreement concluded between Vietnam and the Office of the United Nations High Commissioner for Refugees (UNHCR), following the Geneva Conference of 1979, on the legal departure from Vietnam of persons who meet certain criteria - the main criterion being the reuniting of families - but is concerned at the slowness of the procedures and other constraints;
6. Requests that the Vietnamese Government take the necessary measures to facilitate and accelerate within the framework of the UNHCR programme (Orderly Departures Programme) the reunion of separated families and to enable persons still imprisoned in hard labour camps on charges of dissidence to be released;
7. Instructs its President to forward this resolution to the Council and the Commission and to the executive directors of UNICEF, the World Food Programme and the Office of the United Nations High Commissioner for Refugees.

EXPLANATORY STATEMENTI. VIETNAM: GENERAL DESCRIPTIONA. Basic Aspects of the Economy

Vietnam is a country which still shows the ravages of thirty years of uninterrupted war. It is one of the poorest countries in the world, with a GNP per capita which was estimated at \$189 - by the IMF in 1983. Because of its history, marked by a protracted colonial war, the American war, and military strife with its powerful neighbour to the north, China, as well as Kampuchea, which was invaded in December 1978, Vietnam is one of the few developing countries which has failed to register any significant economic progress since the end of World War II; a World Bank Report prepared in 1980 said:

'In the three decades following the end of the Second World War, almost every country has enjoyed substantial economic growth and an improvement in the welfare of its people ... (But) when the war in Vietnam finally came to an end in 1975, per capita production of major commodities had changed little or fallen, since the 1940s. Except in some parts of the South, the economic infrastructure is less well developed than in most developing countries and the country's standard of living is one of the lowest.'¹

The UNDP estimates that the annual growth of GNP per capita was 0.3% for 1960-1974. (See Annex I for a Basic Data Sheet)

War, and in particular the last one, has wrought havoc on the economy and caused severe hardship for the people. By the end of that war, every family in the North as well as in the South had lost someone; civilian casualties are estimated to have been 1.5 million. Hundreds of thousands were crippled, and by 1975 there were between 800,000 and 1,000,000 orphans. The war caused tremendous social dislocation, particularly in the South, where the proportion of rural dwellers dropped from 85% in 1966 to 35% in 1975. Saigon's population rose from 1.8 to 3.8 million from 1972 to 1975.

Saturation bombing of the North (several times the tonnage used in World War II) destroyed the industrial infrastructure several times over, roads, bridges, and railways were damaged beyond repair, fields were ruined and soils and forests harmed by the use of defoliants.

¹ Quoted in Vietnam, The Habit of War, Robert Archer, Catholic Institute for International Relations (London : 1982), page 27

Vietnam's history goes a long way towards explaining the countries' severely underdeveloped economy, as well as the large numbers of orphans, widows, and handicapped people.

The war mentality is not easy to shake off, especially when Vietnam is locked into what seems a diplomatic deadlock in Kampuchea, where some 200,000 Vietnamese troops have been stationed since 1979. Further large numbers are in a state of permanent alert near the Chinese border, and the state of tension between Vietnam and China is aggravated by frequent verbal assaults and constant border incidents.

Vietnam has a large standing army of some 3,000,000 men, serving a three year term of conscription. The army is poorly paid, and is often used in large public works, such as the construction of dams, dikes, and irrigation canals, and thus also provides a useful way of mopping up excess labour which would otherwise be unemployed, as the continued lack of industrial growth points to a very bleak employment outlook. This is a crucial problem for a country like Vietnam, where 41% of the population is under 15 years of age, and 16% is under the age of 5. With a population as large as that of France (56.6 million) and a rate of population growth of 4%, an additional one million mouths have to be fed each year.¹

Most of the population is engaged in agriculture, (71%) and 80% were rural dwellers in 1980.

The country is far from being self sufficient in food, in spite of some recent official statements to the contrary, and agricultural production has failed to increase significantly since 1975. It suffers from a chronic shortfall, exacerbated by the destruction of rice growing areas by devastating floods caused by typhoons in 1980 and in 1981, and by successive typhoons in the autumn of 1982 and 1983.

After the end of the war in 1975 Vietnam was one of the major recipients of international aid in general, and of several Western bilateral aid programmes. The task of reconstruction benefitted enormously from this external support; since 1979 however most of it has dried up, and the country is increasingly economically isolated.

¹ See Compte rendu du voyage au Vietnam du 16 au 30 juillet 1981, G. Fauconneau and F. Nicolas, Institut national de la recherche agronomique, unpublished paper, p.3.

In spite of these constraints, the Government has been able to provide basic services in the areas of food, health, and education to its people, even though their quality is often not commensurate with the coverage which has been attained. It has raised life expectancy significantly, and scored important successes in lowering infant and child mortality, even though Vietnam is still ranked by UNICEF as a High Infant Mortality Country.¹

B. Nutrition, Health, and Education: in particular with regard to vulnerable groups

Nutrition:

As mentioned above, Vietnam suffers from a chronic food deficit, estimated in 1981, for example, at 2.3 million tonnes. When the country is struck by natural disasters, with flooding of rice fields, shortfalls are even greater. Agricultural production faces severe bottlenecks due to the lack of fertilizers and pesticides, farm machinery and implements, and capital. The same holds true for fishing, where, for example, nylon for nets is in short supply because it has to be imported and paid for with hard currencies.

The Government's food supply policy is one of equitable distribution to all individuals throughout the provinces, through rationing. The latter is set at 15 kg rice/mo. (the minimum recommended by the FAO) however in fact rations range from 9-13 kg per month. In spite of the Government's policy which has averted starvation, it is obvious that there tends to be more hunger and malnutrition in large cities such as Hanoi and Ho Chi Minh Ville and the country as a whole is living below prescribed minimum levels.

Hunger on a large scale is rare in Vietnam except in areas which have been struck by typhoons or hit by drought, thus creating an emergency situation for the people of that area.

But the chronic shortfall (calculated by deducting the actual rice ration from the prescribed 15 kg minimum), dietary habits and the virtual absence of animal protein, including milk, has led to a high incidence of malnutrition, especially amongst children and other vulnerable groups, such as pregnant women and lactating mothers. Other vulnerable groups are those who are unable to provide for themselves, such as widows and the elderly.

¹ See The State of the World's Children 1984, UNICEF, (Oxford University Press), Table I, p. 114.

Recent surveys conducted by the national authorities in two communes in flood affected areas, one ward in Ho Chi Minh Ville, and in rural crèches have revealed grave nutritional deficiencies. They showed that the highest daily caloric intake was only 75% of the required level and usually varied between 45-60%, daily protein intake was 65-70%, and intake of lipids was 25-30%.

Percentage of children aged 0-6 years

With access to health services:	100
With access to safe water supply:	20
Suffering from moderate malnutrition:	35
Suffering from severe malnutrition:	6

Sanitary facilities:	1 double septic tank latrine for 1.8 families
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Source: UNICEF Country Programme E/ICEF/P/L.2133(REC)

Breast feeding was recommended as the solution for infants. The government promotes breast feeding through special labour legislation, and a nationwide system of crèches has been set up to cater for the very high proportion of working women, but it is not a practicable one since lactating mothers are often malnourished themselves.

The Government has recently become deeply aware of the importance of diet and nutrition and has set up an Institute of National Nutrition to conduct appropriate research, evaluation, and monitoring.

Health:

The promotion of and the maintenance of the population's health is a key priority for the Vietnamese Government: it is regarded as a right and a duty for the individual and for the community as well. Consequently, the Vietnamese health service aims at maximum coverage, and is organized at communal, district, and provincial level.

The communal health centre (or rural health centre), is the key health facility in villages, with over 8,600 such centres in 1981. They mostly deal with outpatients, as they usually contain 5-10 beds, and a great deal of their treatment and care is given by mobile health units. Serious cases are referred to district or provincial hospitals, which are also specialised hospitals. On average their staff includes one doctor or assistant doctor, one traditional medicine assistant doctor, one pharmacist, one or two nurses, one or two midwives and several health workers.

However the quality of health care delivery suffers considerably from the lack of equipment and supplies, especially medicine. In fact, almost all hospitals lack the most simple materials necessary for daily use, such as film for x-ray equipment, cat gut for operations, clinical thermometers, needle suture, and basic drugs and antibiotics such as tetracycline, Vitamin C, Vitamin B, aspirin, and streptomycin. Hospitals often cannot use modern operating theatres because the lack of air conditioners in temperatures which can often climb up to 40°C with high humidity makes it impossible for doctors to operate; there are not enough generators available, so frequent power failures are another constraint.

In fact much of the work done in the rural health clinics is maternity care, and virtually every child born in a rural area, at least in the North, is born in a rural health station. Some clinics complain of a lack of maternity tables. However, rural clinics are reported by NGOs and International Organizations to be very clean, well-run, and to keep complete medical records for local residents and of any disease which occurs in their area.

Child health care is the core of primary health care in Vietnam, but the high incidence of child malnutrition also results in a high incidence of communicable diseases, and low birth weight. Children suffer in particular from malaria, tuberculosis, trachoma, diarrhoeal disease, respiratory infections, whooping cough, measles, diphtheria, and tetanus, and there have been occasional occurrences of plague, cholera, and typhoid.

Children's health is also affected by the lack of safe drinking water, particularly in newly settled agricultural communities in rural areas. Only 20% of children under the age of 6 have access to a safe water supply. Much of the rural population obtains its water from polluted sources, such as ponds, open wells, and rivers. In urban areas the quality of potable water has declined because of irregular maintenance. Sanitation facilities could be put to better use, particularly in urban areas, whilst in rural areas, the widespread use of double tank septic latrines has led to substantial improvements.

Education:

The educational infrastructure is well developed and extensive, but again suffers from the lack of suitable facilities and teaching material such as text books, teaching aids, school furniture, adequate school buildings, and insufficient teacher training.

C. Administrative Infrastructure

As can be seen from the above, Vietnam has developed an impressive infrastructure for social welfare services extending up from the village to the provincial as well as national level. This has served international and bilateral aid agencies, as well as NGOs, well in drawing up programmes in conjunction with local and national authorities, as well as directly with project beneficiaries themselves.

International Aid

AIDRECEP, an acronym for the Committee for the Reception of Foreign Aid (Comité pour la réception de l'aide étrangère) is the organisation responsible for many of the administrative arrangements necessary for the reception and in some cases the distribution of aid. They obtain visas, prepare itineraries in conjunction with foreign visitors and local authorities, and take care of all other arrangements. They are also responsible for drawing up reports pertaining to an emergency food aid programme which may involve an entire province in the wake of natural disasters. They oversee the off-loading, storage, and handling of aid.

International organisations and NGOs who regularly work in collaboration with AIDRECEP are satisfied with the way that it seeks to understand their particular needs and work to accommodate them. It is generally recognised that even though AIDRECEP's staff and resources are sometimes stretched - the staff numbers some 30 people divided between four offices with only one vehicle to share between them in a country sorely lacking adequate telephone and transport facilities - some of their officers are remarkably capable and dedicated to making sure they can satisfy donor needs. International staff can always travel to virtually any part of the country they wish to visit, the only material constraint being the poor state of roads and the scarcity of vehicles.

D. Natural Resources and Disasters

Observers are sometimes astonished by the fact that a country like Vietnam, seemingly well endowed with rich agricultural lands, particularly in the fertile Mekong Delta, is unable to meet basic food needs and is so vulnerable to the regular occurrence of drought and typhoons.

The fact that Vietnam's considerable natural resources are under-exploited - the area under cultivation could be doubled - is not just due to the lack of adequate infrastructure and equipment as well as to past economic policy; control of the environment is insufficiently developed. Irregular rainfall causes both drought and flooding. During the rainy season for example, rivers are carrying 80% of their annual volume, and the North alone has 1,083 rivers. Water control on such a massive scale requires huge expenditure for dikes, irrigation canals, and other types of infrastructure¹. In the South, flooding by sea water has not only regularly destroyed dike networks and devastated rice fields, it also increases soil salinity, making land unfit for agricultural production.

Until Vietnam succeeds in establishing effective water control and in building an adequate system of access roads it will continue to face difficulties in meeting agricultural targets and will be vulnerable to natural disasters.

II. VIETNAM AND THE INTERNATIONAL AID COMMUNITY

A. United Nations Agencies

The World Food Programme

The WFP has been involved in several major emergency operations in Vietnam since 1979 to assist displaced persons and typhoon affected people. (See Annex II for a summary of assistance); the two last operations involved the distribution of 16,800 mt of food to 260,000 people (including 200,000 children) and the distribution of 10,000 mt of wheat to 840,000 respectively.

The WFP's governing body, the Committee for Food Aid Policies and Programmes (CFA) operates on the basis of consensus and no consensus was reached on an irrigation development project to be co-financed by IDA and the Netherlands (Annex II) which was submitted to three successive meetings. The CFA however approved a major four-year nutritional project for vulnerable groups at its October 1982 session. This is the first WFP funded project for Vietnam since 1979.

An extensive and detailed Plan of Operations was signed by both parties in November 1982; it lays down the aims of the project and includes specific provisions for monitoring and distribution. The project is designed to raise the nutritional level of children and mothers to ensure the proper

¹ The FAO estimates that agricultural land under irrigation has increased from 992,000 ha. in 1965, to 980,000 in 1973 and to 1,450,000 in 1978. See Fauconneau and Nikolas, Ibid., p. 5.

physical and intellectual development of children. It comprises three main parts:

- the provision of food aid for children aged from 6 months to 3 years in the form of weaning food manufactured by a UNICEF-funded factory to be built and to be fully operational by end of 1983;
- food aid for children and lactating mothers in hospital, and for the six months following birth;
- food aid for the National Institute of Nutrition responsible for the project's evaluation, and to pilot villages (involved in gardening, animal husbandry, and fish farming).

This project is run in close conjunction with UNICEF's integrated programme for children. A total of 39,594 tonnes of food aid (comprising wheat flour, Vitamin A enriched skimmed milk powder, vegetable oil, sugar, and concentrated fish protein) will be provided during the life of the project. Completion of the project is contingent upon a mid-term evaluation of its success. The preparatory stage was completed this summer, and the WFP's staff has been increased to ensure proper management and supervision.

UNICEF

UNICEF is currently the most important international organisation working in Vietnam. It plays a key role in focussing the activities of other donors, be they multilateral, bilateral, and non-governmental, on its special province of activity: providing basic services for children.

In the aftermath of the war, UNICEF was primarily involved in the immediate reconstruction tasks facing the country: the rebuilding and reequipping of schools, day-care centres, health infrastructure, and so on.

UNICEF was also in charge of major emergency operations, primarily involving the distribution of food aid and relief materials, until this particular role was taken over by the WFP in 1981.

The end of this prolonged period of emergency assistance marked the beginning of a more normal phase of UNICEF cooperation. 1980 witnessed

the beginning of UNICEF's "integrated services approach", a programme of long-term involvement made possible by the government's commitment to the provision of basic and social welfare services to children and mothers.

Continued UNICEF programme cooperation in Vietnam was approved by the 41-country Executive Board at its May 1982 session¹. The Board traditionally operates on the basis of consensus, and consensus was reached on the programme content and the amount of \$27,000,000 from general resources and \$6,000,000 in "noted" projects. (The latter are projects the Board considers worthy of support to complement and extend UNICEF's regular programme, but for which it lacks funds). Members of the Board were satisfied by the UNICEF safeguards and monitoring procedures, enshrined in a framework agreement called a "Plan of Operations", signed by the agency and the governments, which lays down detailed responsibilities for both parties.

Programme content

The Vietnamese government is pursuing new policies in the areas of educational reform, nutrition, and family planning, combined with a continued commitment to the expansion and improvement of social welfare policies aimed at children and mothers. These ambitious policy objectives, however, continue to pose problems in terms of manpower development and the provision of facilities and materials. UNICEF's past work, and this applies to a somewhat lesser extent to its present programme as well, has been aimed at expanding services as well as at improving their quality.

UNICEF's programme cooperation in 1976-81 covered child health care and nutrition, social welfare services for children, formal and non-formal education, water supply and sanitation, and planning and project support services as well as emergency relief. (See Annex III for a financial breakdown by field of assistance).

¹ See United Nations Children Fund, Report of the Executive Board (10-21 May 1982), Economic and Social Council, Official Records 1982, Supplement no. 7

In view of the government's key concern to overcome infectious diseases which contribute to high infant mortality, UNICEF lent support for the health services by providing equipment to 2,162 rural and urban health centres until the end of 1981; with WHO support, it helped to prepare a national programme of diarrhoeal disease control (diarrhea is a major child-killer), and it provided support for an expanded immunization programme. Infant mortality statistics provide a measure of the government's success in this area: it has fallen from 300 per 1,000 in 1945 to 100 per 1,000 in 1980.

The 1982-86 programme marks a pronounced shift into some new areas of policy, such as nutrition, a greater emphasis on improving the quality of care as opposed to providing basic facilities and equipment, and heralds the beginning of area-based programmes in six selected provinces, three of them situated in typhoon-affected provinces of the North, and three located in Mekong Delta provinces where a UNICEF water project is already under way. Some 11.8 million people will be covered¹. (See Annex III for full details, broken down by sector of assistance).

Programme success and effectiveness have been enhanced by several noteworthy developments, in particular closer coordination with other agencies, such as the WFP (i.e. the nutritional project above), WHO, bilateral agencies such as SIDA (Swedish International Development Agency) and NGOs. Some EEC Member States have participated in UNICEF-sponsored coordination meetings in Hanoi. UNICEF has a major office in both Hanoi and Ho Chi Minh Ville, numbering some 13 international staff, plus local staff. Joint field visits with government and local officials have resulted in closer monitoring of implementation, and in much clearer definition of needs and priorities. A mid-term evaluation with the government is scheduled for 1984.

The shrinking of outside financial support since 1979 has had some effect on UNICEF. However, for the first time since 1979, some supplementary funds from non-governmental organisations were provided for UNICEF noted projects. (These came from the French and Spanish National UNICEF Committees).

¹ This section of the report on UNICEF is drawn on the Programme Committee's Country Programme Report, a basic reference document for UNICEF activities in Vietnam; United Nations, Economic and Social Council, 12 March 1982, ref. E/ICEF/P/L.2133(REC), Original: English. Also available in French.

Activities such as supplementary feeding programmes, an integral part of the UNICEF programme for child nutrition, offer considerable scope for outside support.

Other international organisations

WHO, UNESCO, and the United Nations Fund for Population Activities (UNFPA) are working in close coordination with UNICEF; WHO's regular programme and special assistance, and the support of UNFPA and of a number of NGOs are closely related to UNICEF work in health care.

UNDP's new country programme (1982-86), with an indicative planning figure of \$US 118,000,000 also emphasizes improvement of the social welfare infrastructure.

B. NON-GOVERNMENTAL ORGANISATIONS

OXFAM U.K. and CARITAS GERMANICA have been chosen because they are two of the most important non-governmental organisations working in Vietnam whose activities are representative of what is being done by other church and lay NGOs such as OXFAM Belgique, Catholic Committee against Hunger and for Development, Trocaire, the World Council of Churches, and many others.

OXFAM U.K.

OXFAM U.K. is the main NGO operating in Vietnam. Its total grant allocations from October 1980 to December 1983 are £924,604.00 including £475,062.00 in longer-term development projects and £499,542.00 in emergency programmes, primarily involving food shipments. These small development projects are purely humanitarian in nature, involving food, health, agriculture, transport, and social welfare.

Its activities had considerably slowed down after the end of the war in 1975, but since 1980, when they arranged their first shipment of emergency food and other types of aid successfully, OXFAM has been very active throughout the whole country. They have developed a good working relationship with AIDRECEP. They send a representative for long visits to Vietnam at six month intervals; OXFAM will only make a funding recommendation to its Governing Board after it has visited a project, talked to beneficiaries, and satisfied itself that the project is being executed properly.

OXFAM handled delivery and distribution of the thirty medical kits granted by the EEC in December 1981, working very closely with beneficiary clinics to ascertain their needs; it was able to establish to its satisfaction that every kit reached its intended beneficiary.

OXFAM has noted that Vietnam is unlike most underdeveloped countries in that it has a very well developed and extensive administrative infrastructure and organisation, reaching down from Hanoi to the remotest rural village and communes. OXFAM's involvement in Vietnam is different from what it is elsewhere, where it is mainly involved in training and helping to set up institutions and infrastructures to do development work.

Vietnam is a country which is in great need, and OXFAM feels it is fully justified in helping by providing funds and equipment for its small humanitarian projects and for emergency relief.

CARITAS GERMANICA

Deutscher Caritasverband has been active throughout Vietnam since 1959. This organisation has specialised in the provision of medical material and hospital equipment of which there is great need; recently it provided milk powder which was delivered to hospitals. Deutscher Caritasverband had not experienced any difficulties in monitoring the distribution and the destination of its aid. At present Caritas is looking for funds to fulfil lists of requests for medical equipment and supplies received from hospitals in Danang and Tam-ky. This would require financial support from one or several donors.

III. VIETNAM AND BILATERAL AID

A. EEC COUNTRIES

Before 1979 several EEC governments had major bilateral aid programmes for Vietnam; since that year these countries have tended to run down their bilateral programme by providing finance for the completion of ongoing projects, but not funding any new ones. Most governments have provided humanitarian, and in particular, emergency aid.

Belgium

Co-financing with NGOs

The Belgian government has co-financed two projects with Oxfam Belgique. Government financial backing for an NGO project amounts to 3/4 of the cost, with the NGO providing the balance. The first OXFAM project involved support for the setting up of mobile medical units; cost 13 M BF. The second project benefitted an agricultural institute, and was designed to improve the quality of vegetable seeds; cost 8 M BF. Total government support for both projects amounts to some 16 M BF.

In 1981 the government also granted a total of 9m. BF to three NGOs - OXFAM BELGIQUE, CARITAS BELGIQUE, and SOLIDARITE SOCIALISTE for emergency aid, comprised medicines, milk powder, and insecticide.

The government has funded a scholarship programme for Vietnamese students. Some 40 Vietnamese students will be completing their four-year university courses in Belgium this year.

Emergency aid

Milk powder for a value of 19 M BF was granted as emergency aid in November 1981.

A further grant of 2 M BF was made to the United Nations Disaster Relief Organisation (UNDR0) for the purchase of medicine in the wake of Typhoon Nancy, which occurred in October 1982.

Denmark

Danish policy is to provide the extra funds needed to complete certain major industrial projects approved before 1979, such as a cement factory, a sugar mill, and several others. Credit has been extended for this purpose.

The government does not intend to grant any further project aid once these factories are completed.

As far as humanitarian aid is concerned, government policy is to provide indirect aid through international organisations such as the WFP and UNICEF, or local bodies such as the National Red Cross Committee. They also work with NGOs and other organisations with which they have a longstanding relationship.

Emergency aid

Food aid valued at \$750,000 was channelled through the WFP in June 1981, the year of devastating typhoons.

Denmark has also provided financial support for the UNHCR's Orderly Departure Programme (ODP).

France

France's bilateral aid to Vietnam mostly takes the form of commercial credit and other measures designed to stimulate trade. A new financial protocol for 200 million FF was signed in December 1981; additional commercial soft credits amounting to 400 million FF, of which 10 % are grants have also been made available.

A 1981 meeting of the Franco-Vietnamese Joint Committee for cultural, scientific, and technical cooperation approved a major cooperation and exchange programme, involving the fielding of more than 100 missions of French experts to Vietnam; Vietnamese trainees will undergo further training in France in the fields of transport, electricity, and management. There is a medical exchange programme for the training of 20 Vietnamese students each year in France, and the sending of French medical specialists to Vietnam.

A draft agreement between the Vietnamese Government and the National Research Council (CNRS) has been signed providing for training and exchange of scientists.

Two major cooperation and barter agreements for agricultural products have been signed with the group INTERAGRA.

Direct food aid has been resumed.

6,000 T were delivered in 1982, increased to 7,000 T in 1983.

France financed the transport costs for 8 t of emergency aid, granted in the wake of Typhoon Nancy, which occurred in October 1982.

Federal Republic of West Germany

Since 1979 the German government has not guaranteed any private loans for industrial purposes in Vietnam.

West Germany is not averse to granting food aid to alleviate hunger and suffering arising in an emergency situation, such as a natural disaster. It will not, however, grant food aid to alleviate a chronic food deficit.

Emergency Aid

1980:	113,000 DM	in medical aid
1981:	100,000 DM	in medical supplies for Da Nang Hospital
1981:	700,000 DM	as a contribution to CARITAS GERMANICA's programme
1982:	1,300,000 DM	allocated as follows:
	500,000 DM	as a contribution to the Orderly Departure Programme
	200,000 DM	emergency aid distributed by CARITAS in the wake of Typhoon Nancy
	250,000 DM	for displaced people, distributed by CARITAS
	253,000 DM	given to TERRE DES HOMMES for orphaned children
	160,000 DM	for a hospital

Ireland

Co-financing with NGOs

£70,000 granted to TROCAIRE for the financing of development projects.

Italy

A \$ 10,000,000 soft credit line (4% rate of interest) opened in October 1980 for the purchase of industrial supplies.

Italy does not have special legislation for government funding of NGO projects.

Netherlands

Prior to 1983 the Dutch government granted occasional project aid; since that year only humanitarian aid - through cofinancing of NGO projects and international organisations - has been made available.

Project Aid

An ad hoc decision was made in 1981 to provide 6,000,000 guilders to support the Mekong Delta Committee, a regional body of which Vietnam is a member.

Cofinancing with NGOs and others

1981:	90,000 guilders	for the purchase of a rice-threshing machine
	2,000,000 guilders	through a Dutch NGO for the purchase of agricultural machinery
	18,000,000 guilders	to the Netherlands/Vietnam Medical Committee for their 1981-1985 anti-malarial and tuberculosis programme
1982:	325,000 guilders	for a printing shop for blind people

Cultural Cooperation and Exchange Programmes

1981: A total of 34 scholarships were granted for 1982/83 to Vietnamese students for study in Dutch Universities.

A cooperation programme involving Dutch and Vietnamese medical schools has received 3,000,000 guilders in government support.

The Dutch Embassy in Hanoi runs six small projects for handicapped people.

Emergency Aid

1981:	1,000,000 guilders	for hospitals
1982:	1,400,000 guilders	distributed by UNICEF after Typhoon Nancy

United Kingdom

Since 1979 the British government has provided the credits necessary to complete an ongoing project for the construction of cargo boats. No project aid, no emergency aid, and no financial contribution towards NGO projects has been given since.

B. EEC

Until deliveries of food aid were suspended in 1979, Vietnam was the third largest beneficiary of the EEC's food aid programme (See Annex IV for full details). It had also received 1.7 mECU in project aid under the aid programme for non-associates. The Commission fielded a mission to Vietnam in late 1978 to assess project execution as well as to identify possible new projects; it also looked into the distribution mechanisms for food aid, and reached the conclusion that the aid was being handled properly.

The decision to suspend direct aid was taken at the Strasbourg European Council of May 1979. Vietnam's food aid allocation was distributed mostly to South-East Asian and Vietnamese refugees, and to a lesser degree to refugees in other parts of the world. It had been intended to resume deliveries of food aid, once agreement was reached at the Geneva Conference on South East Asian refugees on the setting up of the Orderly Departure Programme. However events in Kampuchea have precluded any further developments in this field.

In 1980 500 T of food aid were distributed through CARITAS GERMANICA. In addition, 1,000 T of rice and 1,729 T of wheat flour were granted by the Community to civilian victims in the seven provinces affected by the Sino-Vietnamese border conflict of 1979. This food aid was distributed by the International Committee of the Red Cross (ICRC) in 1980 and 1981.

The Foreign Ministers meeting in The Hague in February 1981 decided to suspend all aid, including indirect aid.

Since then the EEC has granted emergency aid on two separate occasions. In December 1981 300,000 ECU worth of medical supplies were distributed by OXFAM UK to bring down the death rate in hospitals located in typhoon affected provinces, which lacked adequate medical supplies to treat the sudden influx of patients. Many of the victims were children.

In December 1982 the EEC responded to the international appeal to donors launched by UNDR0 in the wake of typhoon Nancy, by granting 300,000 ECU of emergency aid, in the form of medical supplies, tents, and other types of relief material. This aid was distributed by Caritas Germanica, the World Council of Churches, the Catholic Committee against Hunger and for Development, and OXFAM UK.

Several grants of food aid have been made for the 21,000 Kampuchean refugees assisted by the UN High Commissioner, and who reside in camps located in Vietnam.

Recently both Commission and Council, in separate but virtually identical replies to Written Questions tabled in the European Parliament, have stated that the EEC can grant humanitarian aid (the Council's words)¹ or food aid of a humanitarian nature (Commission)² through an international agency or a non-governmental organisation. Both statements mark a significant development.

C. NON-EEC COUNTRIES

Sweden

Sweden is Vietnam's major donor. Total aid under the bilateral programme amounts to 365m krona (app. \$45,000,000) for fiscal year 1983/84. More than half (150,000,000 krona) goes towards an input support programme for industrial raw materials and spare parts. Much of that has been used for the building of a paper mill; this part of the programme will become smaller once the mill is completed, and the Government is contemplating moving into the energy sector by building small hydroelectric power stations. The balance available under the programme is allocated to the health sector. The Swedish Government has lent support for the development of a local pharmaceutical industry, and for two major specialised hospitals. Future programmes will be targetted to the development of primary health, in particular child care, to be done in close conjunction with UNICEF's primary health care programme.

Food Aid:

Sweden provided 48,416 t of wheat in 1980/81, through the WFP. Additional quantities of wheat were delivered in 1981/82 through the WFP, for a value of around \$ 100,000.00.

Emergency Aid:

Emergency aid worth 3,000,000 krona (app. \$400,000) was distributed by various Church NGOs and the Red Cross during fiscal year 1982/83.

An emergency grant of 10,000,000 (app. \$1,200,000) was made in the same year for the purchase of insecticides.

¹ See Reply to Written Question No 918/83, tabled by Alf Lomas, MEP, published in Official Journal No C.326/15 of 30 November 1983

² See Reply to Written Question No. 788/82, tabled by Jacques Denis, MEP, published in Official Journal No C. 271, 7 October 1983

Finland runs a bilateral aid programme whose appropriations are maintained year to year within a range of 40,000,000 - 50,000,000 Finnish marks (app. \$8,000,000). The main project funded is for the rehabilitation of the port of Haiphong.

Food aid

Finland's policy is to supply limited amounts of food aid through international organizations, primarily the WFP, particularly in the aftermath of natural disasters.

Australia

The Australian Government has not taken any decision to move in practical terms towards a resumption of its bilateral programme, suspended in 1979¹. In November 1983, the Foreign Minister, Mr Bill Hayden, announced that Australia had decided to contribute 1,000 t of Australian rice (value app. \$500,000) in response to the relief appeal launched by UMDRO in the wake of Typhoon Georgia. He expressed the Government's concern at the loss of life and damage to crops and property caused by a succession of typhoons which struck the coastal regions of north and central Vietnam, of which Georgia inflicted the worst damage.

IV. THE REFUGEE QUESTION

The most visible wave of Vietnamese refugees washed ashore in several south-east Asian countries and made its way overland to China in mid-1978; by mid-1979 hundreds of thousands of people had left the country.

This massive exodus was triggered by the sharp deterioration of Sino-Vietnamese relations. China, which had propped up virtually single-handedly North Vietnam's economy through the long war years, cut off all aid and recalled some 20,000 experts, engineers, etc. in July 1978. War broke out in February 1979, when China invaded several northern provinces in retaliation for Vietnam's entry into Kampuchea, where it had overthrown the Chinese supported Khmer Rouge Government.

Most of the 'boat people' were Hoa, that is, Vietnamese of Chinese extraction. China and Vietnam had been holding consultations with a view to settling several outstanding issues concerning the Hoa, such as nationality, for many years.

The Hoa had long dominated the trading and commercial sector in Vietnam, particularly in the South, and there can be no doubt that the ban placed on the private trading sector in March 1978 dealt a terrible blow to their material prospects and position within the country. The fact that Vietnam would continue to face severe economic difficulties for the

¹ See Hansard of 7 December 1983 pp 3404 - 3413 for the full text of a Ministerial Statement on the Report of the Joint Committee on Foreign Affairs and Development, on "Power and Indo-China since 1975".

foreseeable future constituted another key factor.

The programme's success was contingent, from its very inception, on Vietnamese willingness to honour commitments entered into in respect of eligibility, and on Western countries fulfilling undertakings to take in those leaving under the ODP on a permanent basis.

The Orderly Departure Programme

The key criterion for eligibility under the programme is family reunification. More than 90% of departures fall under this category. The second criterion is a personal link of another nature with a country, a private company, an NGO, or an international organisation. This covers many former employees of Western embassies, foreign armed forces, etc. People held in re-education camps have been released and have left Vietnam under the ODP.

The holding of an informal conference to assess the programme's success, or lack of it, and to identify areas for further progress has become virtually institutionalised since 1979. It is held in Geneva under the auspices of UNHCR, and brings together representatives of the Vietnamese Government and other participating countries.

This year's meeting confirmed the trend towards greater cooperation, which is gathering pace. In what was regarded by conference participants as a major breakthrough, the Vietnamese and the Americans held extensive bilateral talks for the first time; the Vietnamese Government has also agreed to increase the number of permanent interviewers in Ho Chi Minh Ville to five, and to allow Americans for the first time to work in that capacity.

The conference noted with satisfaction that the Vietnamese had fulfilled their informal undertaking, given at the 1982 conference, to bring average monthly departures up to 2,000. The figure for September 1983 stands at 2,183, and total departures for Jan-Oct. 1983 are already well in excess of the total 1982 figure.

Departures under the ODP

1979	1979
1980	4706
1981	9815
1982	10057
Jan.Oct.1983	14870

(See Annex V for full details, including countries of resettlement)

The Vietnamese Government also agreed that the 21,000 Kampuchean refugees, many of Chinese origin, living in Vietnam in UNHCR camps could be permanently resettled, if they so wish. They also asked for financial support for the running of the camps.

It is generally agreed that the constraints against speedier departures under the programme are material in nature: lack of adequately trained staff, office equipment. etc.

However, procedures are cumbersome and bureaucratic and there is room for improvement, particularly in terms of shortening the time that lapses between the lodging of the initial application and the granting of an exit visa.

The programme is regarded as fulfilling its aims. The number of boat people continues to fall.

Number of arrivals in countries of temporary asylum:

('Boat people' and land people)	
1979	205,448
1980	75,833
1981	74,754
1982	48,913
Jan.Oct.1983:	33,449

(See Annex VI for full details)

V. CONCLUSIONS

The entire international community of donors, through international as well as non-governmental organisations, provides limited aid to Vietnam which is primarily humanitarian and not developmental in nature, that is to say, aid targeted to specific groups of people such as children, pregnant and lactating mothers, the handicapped, and the elderly. The international aid community has designated these as 'vulnerable groups'. In view of the fact that Vietnam is ranked as one of the least developed countries in the world (an LLDC), with a high infant mortality rate, present levels of humanitarian aid are low compared to other countries in this category. (See Annex VII)

Most EEC countries co-finance small development projects run by church and lay NGOs which are of direct benefit to these people as well as to other groups. A few have extended credit on concessionary terms and other commercial facilities. Many have provided emergency medical and food aid in the aftermath of typhoons which periodically hit the same provinces. Many donors believe that much of the present hardship is the inevitable result of the effects of prolonged war. Aid agencies have established to their satisfaction that this aid reaches its intended beneficiaries.

Some countries, such as Sweden and Finland, have never interrupted their development programmes. Others, such as France, have recently stepped up bilateral assistance in various forms.

The international donor community has consistently expressed, through its continuing support for UNICEF's integrated programme in Vietnam, its concern for the welfare of children and other vulnerable groups, who comprise a high proportion of the population. The EEC can participate in this international effort by providing material support for the health and nutrition components of the programme, and by providing emergency aid in the wake of natural disasters when they occur.

BASIC DATA SHEETVIETNAM

1980 POPULATION: 53.9 million ⁽¹⁾		CHILD POPULATION (0-15) 22.45 million ⁽¹⁾			
MAIN INDICATORS		Around 1980			
	Country	Low-income country average (LIC average)			
GNP per capita (\$US)	189 ⁽²⁾	230			
Infant mortality rate (ages 0-1) (per thousand live births)	34.7 ⁽³⁾	130			
Child death rate (ages 1-4) (Per thousand children)	N.A.	22			
Life expectancy at birth (years)	60 ⁽³⁾	48			
Adult literacy rate (age 15+)	82.5 ⁽⁴⁾	34			
Access to clean water: % pop.	20 ⁽⁵⁾	29			
POPULATION		EDUCATION			
	Country	LIC average	Country	LIC average	
Life expectancy (years)	60 ⁽³⁾	48	Primary enrolment rate	103.6 ⁽⁴⁾	64
male	N.A.	-	male	96.1	77
female	N.A.	-	female	111.4	47
Crude death rate (per 1,000 pop.)	7.0 ⁽³⁾	18			
Crude birth rate (per 1,000 pop.)	29.3 ⁽³⁾	45	Children completing primary level (% of 1st enrolment)	46 ⁽⁴⁾	
Population: annual growth rate (1970-1980)	2.3 ⁽³⁾	2.6			
Urban pop. (% of total)	19.1 ⁽¹⁾	19	Adult literacy rate	82.5 ⁽⁴⁾	34
			male	88.8	
Annual urban growth rate (1970-1980)	N.A.	5.4	female	77.9	

Sources:

- (1) Population census 1979
- (2) IMF Staff Report 1983 (unpublished)
- (3) Health services in the Socialist Republic of Vietnam 1980. Other estimates give IMR as 45 (Population census 1979), 54 (Autret 1983) 106 (United Nations 1980).
- (4) Ministry of Education 1983 (request for data by ICEF August 1983)
- (5) Estimate unofficial ICEF 1983

SOURCE: UNICEF

LEVEL OF WFP ASSISTANCE TO VIETNAM

Given below is a summary of WFP assistance committed to the Socialist Republic of Vietnam since 1979 to 30 June 1982.

<u>Year of approval</u>	<u>Title</u>	<u>Total WFP cost</u>
	<u>Emergency operations completed</u>	<u>in \$</u>
1979	Food aid to displaced persons in Vietnam	5,209,800
1979	Food aid to typhoon-affected people	1,612,000
1980	Food aid to typhoon-affected people	2,823,000
1980	" " " " " "	2,451,500
1981	Food aid to flood affected people in Vietnam	2,100,000
	<u>Emergencies in operation</u>	
1982	Food aid to victims of 1981 typhoons	6,116,000
	<u>Development projects in the pipeline</u>	
	Irrigation works in Tay-Ninh Province ¹ (Dau-Tieng) (2 years)	5,306,000
	Food aid to vulnerable groups (4 years) ²	23,989,300

¹Project submitted for approval to CFA/9 (April 1980) }
 Project submitted for approval to CFA/12 (October 1981) } consideration
 Project submitted for approval to CFA/13 (April 1982) } deferred
 (involving the supply of 12,730 m.t. of food, of which 12,000 m.t. of wheatflour)

²Project to be submitted for approval to CFA/14 (October 1982)
 (involving the supply of 39,595 m.t. of food, of which 22,950 m.t. of wheatflour and 5,550 m.t. of skim milk powder)

ANNEX III

UNICEF Programme Cooperation, 1976-1981

	<u>Annual expenditures</u>		<u>1981 call-forwards</u>	
	<u>1976-1980</u>	<u>1981</u>	<u>Planned</u>	<u>Actual</u>
	<u>average</u>			
	(thousands of US dollars)			
From balance of earlier commitments on 1 January 1981 and 1981 Board commitments	11 105	3 932	5 284	4 110

Breakdown by field of assistance

Child health	3 828	2 057	2 323	1 916
Water supply and sanitation	736	204	765	401
Child nutrition	319	150	215	85
Social welfare services for children	1 787	773	498	161
Formal education	3 836	569	1 315	1 245
Non-formal education	214	17	44	271
Planning and project support services	97	85	124	71
Emergency relief	288	77	-	-40

UNICEF Programme Cooperation; 1982-1986

Breakdown of total by field of co-operation

	<u>1982</u>	<u>Total</u>	<u>Probable yearly call-forwards</u>				
			<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
	<u>programme</u>	<u>existing and</u>					
	<u>recommen-</u>	<u>recommended</u>					
	<u>dation</u>	<u>co-operation</u>					
			(thousands of US dollars)				
Child health	10 112	13 337	2 060	2 280	2 650	2 957	3 390
Water supply and sanitation	7 550	10 830	1 685	1 880	2 050	2 315	2 900
Sanitation	3 565	5 005	900	940	955	1 090	1 120
Child nutrition	1 260	1 890	225	325	350	480	510
Social welfare services for children	3 955	5 378	888	930	1 040	1 190	1 330
Formal education	5 800	7 605	1 170	1 240	1 555	1 630	2 010
Non-formal education	200	250	20	40	60	60	70
Other	700	1 070	180	200	220	230	240
Total	33 142	45 365	7 128	7 835	8 880	9 952	11 570

Source: COUNTRY PROGRAMME PROFILE, VIETNAM, UNICEF, Ref. E/ICEF/P/L.2133(REC), Original, English.

PE 87.767/fin./Ann.III

COUNTRIES IN RECEIPT OF HIGHEST ABSOLUTE QUANTITIES OF FOOD AID

a) Direct aid 1969 to 1979

BUTTEROIL			MILK POWDER			CEREALS		
Country	Tonnage	%	Country	Tonnage	%	Country	Tonnage	%
1. India	25 700	8.0	India	77 250	8.9	Bangladesh	965 000	16.2
2. Bangladesh	23 800	7.4	Bangladesh	51 450	5.9	India	448 000	7.5
3. Egypt	13 129	4.0	Vietnam	37 919	4.4	Egypt	407 100	6.9
4. Pakistan	12 000	3.7	Egypt	29 050	3.4	Pakistan	377 000	6.3
5. Vietnam	10 300	3.2	Upper Volta	12 700	1.5	Vietnam	216 000	3.6
6. Jordan	6 250	1.9	Mali	10 600	1.2	Indonesia	197 800	3.3
7. Ethiopia	6 050	1.9	Senegal	9 720	1.1	Sri Lanka	162 000	2.7
8. Somalia	5 000	1.6	Mauritania	9 600	1.1	Turkey	143 000	2.4
9. Mauritania	4 950	1.5	Peru	9 550	1.1	Somalia	138 500	2.3
10. Upper Volta	4 350	1.4	Tanzania	9 350	1.1	Tunisia	128 000	2.2
Others (39 countries)	210 471	65.4	Others (55 countries)	607 811	70.3	Others (55 countries)	2 780 040	46.6
Total	322 000	100.0		865 000	100.0		5 962 440	100.0

b) Direct and indirect aid: 1977, 1978 and 1979

1. India	37 860	28.0	India	83 439	20.6	Bangladesh	344 300	15.9
2. Vietnam	14 286	10.6	Egypt	42 556	10.5	Egypt	343 519	15.9
3. Egypt	9 737	7.2	Vietnam	42 111	10.4	Vietnam	251 340	11.6
4. Palestinian refugees	9 600	7.1	Cuba	21 022	5.2	Palestinian refugees	116 460	5.4
5. Pakistan	7 088	5.3	Chile	11 351	2.8	Pakistan	105 000	4.9
6. Bangladesh	6 300	4.7	Sudan	11 061	2.7	Sri Lanka	77 510	3.6
7. Chile	6 200	4.6	Bangladesh	9 420	2.3	Lebanon	60 291	2.8
8. Jordan	3 835	2.8	Tanzania	8 740	2.2	Ethiopia	60 050	2.8
9. Somalia	3 513	2.6	Ethiopia	8 358	2.1	Somalia	55 083	2.5
10. Mauritania	2 875	2.1	Pakistan	7 740	1.9	Jordan	52 500	2.4
Others (56 countries)	33 706	25.0	Others (83 countries)	159 202	39.3	Others (56 countries)	695 447	32.2
Total	135 000	100.0		405 000	100.0		2 161 500	100.0

DEPARTURES FROM THE SOCIALIST REPUBLIC OF VIET NAM FOR COUNTRIES OF RESSETTLEMENT

ORDERLY DEPARTURES										KAMPUCHEAN REFUGEES										
Jan-Dec 1979 Total	1980 Total	1981 Total	1982 Total	Jan- Sep	1 Oct	9 Nov	8 Dec	3 Dec	Cumulative Total	Resettlement Countries	1980 Total	1981 Total	1982 Total	Jan- Sep	1 Oct	9 Nov	8 Dec	3 Dec	Cumulative Total	
112	41	63	184	627	99				726	1126	-	-	24	14	-	-	-	-	14	38
-	9	100	50	72	1				73	232	13	64	1	12	-	-	-	-	12	90
280	224	643	359	365	30				395	1903	29	91	3	10	2	-	-	-	12	135
58	341	1601	1946	1893	501				2394	6340	300	97	97	112	-	-	-	-	112	806
2	1	47	22	62	1				63	133	-	-	-	9	-	-	-	-	9	9
-	-	19	12	14	-				14	45	-	-	-	-	-	-	-	-	-	-
591	1806	2231	2150	1655	204				1859	8637	1191	903	911	167	17	-	-	-	184	3189
392	333	1180	629	1133	300				1433	3967	45	32	1	5	-	-	-	-	5	83
-	-	-	1	11	-				11	12	-	-	-	-	-	-	-	-	-	-
7	77	22	11	11	2				13	130	1	4	-	5	1	-	-	-	6	11
-	-	-	-	3	-				3	3	-	-	-	-	-	-	-	-	-	-
-	-	-	4	3	-				3	7	-	-	-	-	-	-	-	-	-	-
23	61	70	72	135	3				138	364	3	8	-	-	-	-	-	-	-	11
5	67	26	19	37	-				37	154	15	9	-	5	-	-	-	-	5	29
-	-	25	35	23	24				24	107	-	-	-	8	-	-	-	-	8	8
-	13	24	13	9	3				12	62	-	6	-	-	-	-	-	-	-	6
141	28	130	78	120	15				135	312	-	-	1	-	-	-	-	-	-	1
6	23	21	39	30	-				30	119	-	7	-	-	-	-	-	-	-	7
-	21	28	24	84	15				99	172	14	-	41	40	-	-	-	-	40	95
-	1	122	23	87	23				112	258	-	25	-	-	-	-	-	-	-	25
-	3	-	2	-	-				-	5	-	-	-	-	-	-	-	-	-	-
-	-	-	7	-	-				-	7	-	-	-	-	-	-	-	-	-	-
-	3	5	1	-	-				-	9	-	-	-	-	-	-	-	-	-	2
6	9	509	212	176	18				194	930	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-				-	-	4	93	6	1	-	-	-	-	1	106
44	80	212	82	83	8				93	511	57	1	1	8	-	-	-	-	8	67
20	77	394	200	563	7				570	1261	18	51	3	2	-	-	-	-	2	74
289	1397	2297	3871	5713	714				6427	14281	-	-	-	-	-	-	-	-	-	-
3	64	36	23	6	6				12	138	-	4	1	-	-	-	-	-	-	5
1979	4706	9815	10057	12918	1952				14670	41427	T O T A L	1892	1397	1090	398	20	-	-	418	4797

a/ Family reunification programme.

STATISTICS OF INDO-CHINESE REFUGEES

ARRIVALS IN COUNTRIES OF TEMPORARY ASYLUM

Figures as of 31 October 1983

Countries of temporary asylum	Until end 1976	1977	1978	1979	1980	1981	1982	1983						Cumulative Total	
								Jan-Jun	July	Aug	Sep	Oct	Nov		Dec	Total
AUSTRALIA	111	861	747	497	-	30	-	-	-	-	-	-	-	-	2246
BRUNEI	11	38	35	-	29	-	-	-	-	-	-	-	-	-	113
CHINA	-	-	-	70	220	54	7	-	-	-	-	1	-	1	352
HONG KONG	196	1881 g/	6489 g/	68748 g/	6788 g/	8470 g/	7840 g/	2096	517	565	289	135	-	3602	103254
INDONESIA	244	679	2932	48651	6821	9328	7835	3389	126	173	380	1229	-	5297	81787
JAPAN	348	831	722	1123	1278	1885	954	146	126	32	28	309	-	641	7683
KOREA	-	161	98	150	20	168	65	-	10	-	-	10	-	20	662
MACAU	-	25	945	3350	2270	448	59	-	-	-	-	-	-	-	7097
MALAYSIA	1157	5817	63129	53896	18263	23113	14855	7686	709	341	684	616	-	9536	189857
PHILIPPINES	713	1153	2582	7821	4932	8353	3288	583	649	258	155	127	-	1692	30534
SINGAPORE	121	308	1828	5451	9200	5381	2749	696	129	144	337	258	-	1565	26683
THAILAND	2699	4536	6301	11887	21549	18378	6876	2787	312	1	64	49	-	3213	74639
OTHER COUNTR.	19	221	464	372	1	-	-	-	-	-	-	-	-	-	1077
SUB-TOTAL (boat people)	5619	15651	86383	202176	71451	74749	43728	16803	2578	1514	1937	2735	-	25567	525324
THAILAND (land people)	112045	29788	62839	188114	92318	24882	5185	5335	862	715	484	486	-	7882	523045
GRAND TOTAL (boat + land)	117664	45431	149222	390290	163769	99631	48913	22138	3440	2229	2421	3221	-	33449	1048369

g/ Figures readjusted as refugees previously admitted returned to PRC.

TABLE 6: ECONOMIC INDICATORS (Source: State of the world's children 19 UNICEF)

	GNP per capita (US \$) 1981	GNP per capita average annual growth rate (%) 1960-1981	Rate of inflation (%) 1970-1981	% of population below absolute poverty level 1977-1981		% population urbanised		Annual growth rate of urban population (%) 1970-1981	ODA inflow (million US \$) 1981	ODA as % of recipient GNP (million US \$) 1981
				urban	rural	1980	1981			
Very high infant mortality countries (IMR over 100)	320	1.4	11.4			11	21	5.7	120317	8
1 Upper Volta	240	1.1	9.5	..	..	5	11	6.0	217	15
2 Afghanistan	170 ^a	0.5 ^b	5.0	18	36	8	16	5.8	23	0.9 ^c
3 Sierra Leone	320	0.4	12.2	..	65	13	22	4.4	61	5
4 Kampuchea	70 ^d	-2.7 ^e	..	..	..	11	15	1.5 ^f	130	23 ^g
5 Yemen Arab Rep.	460	5.5	15.6	..	..	3	11	8.2	363	11
6 Malawi	200	2.7	10.3	25	85	4	10	7.0	138	11
7 Guinea	300	0.2	4.6	..	..	10	20	6.0	82	5
8 Angola	490	-2.3 ^h	..	..	..	10	22	5.8	61	2 ⁱ
9 Benin	320	0.6	9.4	..	65	10	15	4.1	82	7
10 Bhutan	80	0.1	..	..	..	2	4	4.4	10	9
11 Central African Rep.	320	0.4	12.6	..	..	23	29	4.8 ^j	102	13
12 Chad	110	-2.2	7.4	30	56	7	19	6.5	60	12
13 Ethiopia	140	1.4	4.1	60 ⁱ	65 ⁱ	8	14	5.5	241	5
14 Guinea-Bissau	190	2.9 ^k	7.2	..	..	13	17	4.4 ^l	65	43
15 Liberia	520	1.2	8.9	23	..	20	34	5.7	109	11
16 Mali	190	1.3	9.7	27 ⁱ	48 ⁱ	11	19	4.6	230	17
17 Nepal	150	0.0	9.3	55	61	3	6	5.0	181	8
18 Somalia	280	-0.2	12.6	40	70	17	31	5.4	359	29
19 Mauritania	480	1.5	9.0	..	..	3	24	8.1	187	26
20 Niger	330	-1.6	12.2	..	35 ⁱ	6	13	7.2	201	11
21 Rwanda	250	1.7	13.4	30	90 ⁱ	2	4	6.4	154	11
22 Senegal	430	-0.3	7.9	..	..	23	34	3.7	400	16
23 Yemen, PDR	460	12.1 ^h	..	..	20	28	37	3.8	97	11
24 Bangladesh	140	0.3	15.7	86	86	5	12	6.5	1096	9
25 Bolivia	600	1.9	23.0	..	..	24	45	6.9	170	5
26 Congo	1,110	1.0	11.8	..	..	30	46	4.4	70	4
27 Lao, PDR	80	1.8 ^o	..	..	..	8	14	5.2	35	12
28 Nigeria	870	3.5	14.2	..	..	13	21	4.8	41	0.1
29 Oman	5,920	8.3	27.2	..	..	4	7	6.8 ⁱ	237	4
30 Burundi	230	2.4	11.6	55	85	2	2	2.7	122	-12
31 Egypt	650	3.5	11.1	21	25	38	44	2.9	1293	5
32 India	280	1.4	8.1	40	51	18	24	3.7	1902	1
33 Ivory Coast	1,200	2.3	13.0	..	..	19	41	8.3	124	1
34 Pakistan	350	2.8	13.1	32	29	22	29	4.3	788	3
35 Sudan	380	-0.3	15.9	..	85 ⁱ	10	26	7.1	680	9
36 Turkey	1,540	3.5	32.7	..	..	30	47	4.1	735	1
37 Algeria	2,140	3.2	13.4	20	..	30	44	5.6	165	0.4
38 Cameroon	880	2.8	10.6	15	40	14	36	7.4	201	3
39 Haiti	300	0.5	10.0	55	78	16	28	4.7	107	7
40 Lesotho	540	7.0	10.5	50	55	2	12	16.1	101	14
41 Mozambique	230	-0.1 ^h	..	..	..	4	9	8.2	144	5
42 Saudi Arabia	12,600	7.8	24.3	..	..	30	68	7.4	30	(.)
43 Togo	380	2.5	8.9	42	..	10	21	6.6	63	6
44 Zaire	210	-0.1	35.3	..	80 ⁱ	16	36	7.5	394	6
High infant mortality countries (IMR 60 to 100)	570	2.5	11.0			9	11	3.7	4,517	3
45 Burma	190	1.4	10.7	40	40	19	28	3.9	284	4
46 Ghana	400	-1.1	36.4	..	..	23	37	5.0	145	3
47 Indonesia	530	4.1	20.5	28	51	15	21	4.0	975	1
48 Iran	2,160 ^p	7.9 ^q	20.1	..	..	34	51	5.0	9	(.)
49 Libya	8,450	4.7	17.3	..	..	23	54	8.1	11	(.)
50 Morocco	880	2.4	8.2	28	45	29	41	4.8	548	3
51 Papua New Guinea	840	2.5	8.6	10	75	3	19	8.2	336	13
52 Tanzania	280	1.9	11.9	10	60	6	12	8.8	664	13
53 Tunisia	1,420	4.8	8.2	20	15	36	53	4.0	241	3
54 Uganda	220	-0.6	41.2	..	..	5	9	3.4	136	5
55 Viet Nam	100 ^s	0.3 ^t	..	..	..	15	19	3.3	242	3 ^u
56 Zambia	600	0.0	8.4	25	..	23	44	6.5	231	7
57 Honduras	600	1.1	9.1	14	55	23	36	5.5	109	5
58 Nicaragua	860	0.6	14.2	21	19	41	54	5.0	170	7
59 Peru	1,170	1.0	34.3	49	..	46	66	3.5	233	1
60 South Africa	2,770	2.3	12.8	..	..	47	50	3.1	..	..
61 Botswana	1,010	7.9	11.6	40	55	2	28	15.1 ^v	97	10
62 Brazil	2,220	5.1	42.1	..	..	46	68	3.9	235	0.1
63 Ecuador	1,180	4.3	14.1	40	65	34	45	4.6	59	0.6
64 El Salvador	650	1.5	10.8	20	32	38	41	3.4	187	6
65 Iraq	3,020	5.3 ^h	..	40 ⁱ	..	43	72	5.3	9	(.)
66 Kenya	420	2.9	10.2	10	55	7	15	7.3	450	6
67 Dominican Rep.	1,260	3.3	8.1	45	43	30	52	5.3	105	1
68 Guatemala	1,140	2.6	10.4	21	25	33	39	3.9	75	0.9
69 Jordan	1,620	5.7 ^h	..	14	17	43	57	4.7	833	21
70 Madagascar	330	-0.5	10.6	50	50	11	19	5.2	184	6
71 Zimbabwe	870	1.0	10.1	..	..	13	24	6.3	212	3
72 Colombia	1,380	3.2	22.4	34	..	48	64	2.6	102	0.3
73 Syrian Arab Rep.	1,570	3.8	12.0	..	..	37	49	4.6	563	4

t: the figure for Vietnam is based on 1978 GNP.

MOTION FOR A RESOLUTION (DOC. 1-890/81/rev.)

tabled by Mr BALFE, Mr LOMAS, Mr SEAL, Mr CABORN, Mr MEGAHY and Mrs BUCHAN
for entry in register
pursuant to Rule 49 of the Rules of Procedure
on food aid to Vietnam

The European Parliament,

- noting that the Commission has often stated that they do not use food aid as a political weapon,
 - noting that a petition bearing thousands of signatures has been presented to the President of the European Parliament and that this petition urges the Commission to release supplies of the surplus dried milk held by the EEC for the children of Vietnam who are suffering from serious malnutrition due to the shortage of food following the six typhoons which struck Vietnam in 1980,
 - noting that the Committee on Development and Cooperation has called on the Commission to consider resuming food aid,
 - noting that the Commission has stated in response to the petition that they will consider resuming food aid subject to adequate controls,
 - noting that many countries including Finland, Sweden, France, the German Democratic Republic, the Soviet Union, India and Japan do send aid to Vietnam and as responsible governments will have satisfied themselves that adequate controls exist,
 - noting that the UK-based agency, OXFAM, the Red Cross and the United Nations World Food Program have stated that they are satisfied adequate controls exist for the distribution of food aid,
1. Calls upon the Commission to resume food aid without delay;
 2. Instructs its President to forward this resolution to the Council and the Commission.

