From Good Will to Good Deed:
The International Aide Experience of Taiwan
Compassion International
Frank T. Y. Wang, Ph. D.
A story of a Taiwanese INGO learning to transform its good will into good deed.

Over-romanticized imagination of international aide

Compassion International serves as a good case to illustrate such learning experience
Purposes

- explore dilemmas
- issues of resources distribution
- program development
Vietnam is the target country for this three-years corrective surgery program.

Vietnamese children under the shadow of the end of Vietnam War.

Many studies have proved the impact of chemicals on children born in the sprayed areas:

- the legacy of environmental contamination and the destruction.
- 13 percent of the Vietnamese population (roughly 845,000/6,500,000) was disabled during the years.
- In 2001, there are 50,000 victims requiring rehabilitation in northern Vietnam.
The story of A-Fu

- CI was founded in 1995 in Taiwan and started its first program of sponsoring poor children in Vietnam by providing monthly cash benefits to enable children go to school.

- In 2003, there are about 1,200 Vietnamese children sponsored by CI. Through the sponsorship program, CI encounters A-Fu.

- CI arranged to fly A-Fu to Taiwan and receive surgery in 長庚 Hospital.
The story of A-Fu

A-fu with his family
A-fu in his village
A-fu flying to Taiwan
Follow-up visit
Reflection of A-Fu’s case

- Impact on his family: the loss of work incentive of his father
- The cost effectiveness of the savior model
- Individualistic vs. systemic approach
What will you do with 30 million?

- Building a hospital
- Reconstructing existing hospital
- Rotating quota for disabled children
Principles

- Maximize participation of Vietnamese people
- Strengthen existing health care system
- Contact Hue Medical University Hospital as partner
Systemic Approach: Corrective surgery program

- Catchment Area
- Project target population: least severe and most benefit, $200 per capita
- Intake and Enrollment process: community screen, examined by MD, hospitalized for surgery and rehabilitation.
- Results
### Comparison between A-Fu and Corrective surgery program

<table>
<thead>
<tr>
<th></th>
<th>A-Fu</th>
<th>Corrective surgery program</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. of beneficiary</strong></td>
<td>1</td>
<td>643</td>
<td>1:643</td>
</tr>
<tr>
<td><strong>Total expense (in USD)</strong></td>
<td>17,865 USD</td>
<td>128,600 USD</td>
<td>1:7.2</td>
</tr>
<tr>
<td><strong>Unit Cost (in USD /per beneficiary)</strong></td>
<td>30,000 USD till 2011</td>
<td>200 USD</td>
<td>150:1</td>
</tr>
<tr>
<td><strong>Average length of service</strong></td>
<td>5 years (est. 13 years)</td>
<td>1~2 weeks operation 3 months follow up (est. 3.5 months)</td>
<td>44.6:1</td>
</tr>
<tr>
<td><strong>Effect on Fund-raising</strong></td>
<td>530,000 USD</td>
<td>73,530 USD</td>
<td>7:1</td>
</tr>
</tbody>
</table>
助人形式是捐款、組織型態與案主需求之間的角力產物，角力過程中，辯證的是台灣社會對助人的思考，反映對人的看法。

認養人制度的小額捐款是方案發展最穩定的財源形式，但所涉及的人與人施與受的關係反應捐款人對助人的認知，感性訴求與理念認同的平衡。

國際援助所涉及的跨文化理解過程更凸顯助人關係中揮之不去且不可避免的權力關係。而台灣社會對於助人的能力仍在學習與摸索中。