Intergenerational Self help Club (ISHC): a community based model to respond to rapid ageing in Vietnam

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AGEING VIETNAM

- **A low middle income country**: a per capita GDP in 2013 of USD1,800 (WB, 2013); **Life expectancy** (2015): 73.3 years

- **Rapid ageing**: Older population (60+) is 10.5% (9,462,236) in 2014, reach 20% in 2038 and 25% in 2049 (IPS 2014)

- **Aging occurs most rapidly in the oldest age group**: % of older people (OP) aged 80 and over of the total OP population: in 1979: 9%; in 2015: 18.8%

- **Feminization** of the older population

- **Increase** of OP living alone or only with their older spouse is increasing

- 69% of OP live in **rural areas**; this trend is increased with age.

- **Poverty**: 22% OP live in poverty; 44% OP have access to social or contributory pensions

- **Poor health status**: 67.2% OP reported having weak or very weak health condition (VNAS 2011);

- **Burden of diseases in OP**: mainly caused by NCDs

- **Disability**: 54.6% of people with disabilities are aged 60+ (census 2009)
INTERGENERATIONAL SELF-HELP CLUB (ISHC): provides comprehensive support to OPs

- ISHC: village based; 50-70 members, 70% are OP, women and disadvantaged
- Monthly meeting and many other activities including home care for disadvantaged home bound OP
- Monthly report and plan

Main activities of the ISHC in government Decision 1533

- Enhance mental health through entertainment (songs, games, poem...)
- Provide increased access to pro-poor livelihood knowledge, credit and employment
- Promote healthy and active ageing, health screening (monthly) and check-up (2 times/year) and health insurance
- Home visits by ISHC volunteers (at least 5, non paid)

Why Multifunctional?

- Meet the real needs of people
- Adapt to local context
- Inclusive
- Create synergies between activities
ACTIVITIES OF INTERGENERATIONAL SELF-HELP CLUB FOR ACTIVE AND HEALTHY AGING

1) Livelihood
2) Social/cultural
3) Health
4) Homecare
5) Self-help
6) Right & entitlement
7) Life long learning
8) Resource mobilization
Social care provided by the ISHCs for older people (OP)

Each ISHC: at least 5 home care volunteers (non-paid)

Beneficiaries: mostly poor, living alone, and other disadvantaged OP. The jobs of the volunteers:

- Befriending; providing information, doing housework (cleaning up the house, gardening, washing the dishes, washing clothes, cooking),
- buying things in market, dressing for the elderly, taking the elderly around
- Providing additional support like money, belongings, foods from their own families.
- Personal hygiene, simple exercises, monitoring of weight and blood pressure (if capable)
- Reporting to ISHC Management Board for the needs beyond their abilities for further assistance

ISHC’s daily living support (Becides volunteers’ support): in cash, in kind (electric fan…), or labour days to repair house or farming…), or legal support to access to entitlements
Health care provided by the ISHCs

1) Promoting healthy and active lifestyle

2) Monthly health screening

3) Health checkup (by medical professional)

4) Health insurance promotion

5) Piloting paid care assistants

Tasks by the Care Assistants (retired health workers or village health collaborators): 1 by ISHC, work closely with ISHC and volunteers (case management) (piloting in 10 ISHCs – one year)

- Personal hygiene, sharing health knowledge, do rehabilitative exercises, practicing simple physical exercises.
- Provide on-going informal care training to the homecare volunteers and family members if appropriate
- Oversee the taking of medication
- Consult with the health providers in case of higher health needs & problems
ISHC’ community care services

HelpAge

Local Association of the Elderly

ISHC

Home care volunteers

Paid Care Assistants (CA) (pilot in 10 ISHCs)

Health stations

Local authorities

Homecare Services by volunteers

Homecare by paid CA (pilot)

Health services

Living support services

Case Management (pilot)

OPs including frail OP and OP with serious disability
The ISHC model is technically & financially sustainable:

HelpAge & local partners support the ISHCs to increase its capacity to run and manage well and generate their own regular income:

**Income sources**

1. Profit from the IGA
2. Membership fee
3. Local Fund raising
4. Small ISHCs’ IGA

$5,000 livelihood grant to the ISHC

**ISHC’s income (Club Fund)**

**The ISHC’s incomes are used to support the ISHC activities**

- Capacity building/long life learning
- Healthy living & healthcare
- Income generating activities
- Cultural performance and social bonding
- Right & entitlements
- Volunteer based Homecare
- Self help activities/community support
- Local fund-raising

Usage of income
ISHC replication and social & health care integration

- **National Program on Ageing for 2012-2020**
  - **At least 50%** of the commune in the country will have at least 1 ISHC or other equivalent model **by 2020**

- **National project** on the ISHC replication nationally (approved by Prime Minister, Aug 2016):
  - **3,200 ISHCs will be established & maintained by 2020.**
  - **MOH to collaborate with and provide technical support to ISHCs in annual health check up, health care communication and home care for disadvantaged OP**, as well as training for the home care volunteers.
  - **Collaborative program between Vietnam Association of the Elderly and MOH in supporting ISHC is developed, if approved, this will ensure the better integration of health care in ISHCs’ activities**

![Number of ISHC in Vietnam](chart)
Lessons learnt and Challenges

Lessons learned:

1. **Holistic approach**: people have multiple needs, therefore interventions should respond to those needs.

2. **CBOs** like ISHCs and Association of the Elderly (OPA) can play important role in providing social care for OP, tapping local human, financial and other resources such as volunteers, funding, in-kind supports – important for LMICs.

3. (For local authority, social welfare and health sectors): Supporting and linking with these CBOs in their care activities would bring cost effective, greater and long lasting impact.

4. It is cost effective to **invest in community based healthy and active ageing initiative** like ISHC as it help delay/reduce the needs for LTC.

5. Home care volunteers are important, but not enough-professional home care services are needed.

Challenges

1. **Slow replication of ISHC model**, even it has become a national model to respond to rapid ageing, due to low priority on ageing and economic difficulties.

2. Getting old before getting rich: **lack of resources for care**

3. **LTC is a new concept** in Vietnam – lack of understanding what and how to do, and why should invest in.

4. LTC requires comprehensive services and inter-sectoral coordination and collaboration while it is a new way of working in Vietnam.
Recommendations

- To seriously implement the existing policies relating to LTC, such as ISHC replication and integration of health care into ISHC as stipulated in the Prime Minister’s Decision #1533 on ISHC replication.

- To pilot a community based comprehensive LTC model which link with existing CBOs like ISHCs and Association of the Elderly, for lesson learnt, before its wider replication.

- To have a national focal point on LTC who will work with related stakeholders to develop a LTC guidance and road map

THANK YOU!