

The Intergenerational Self-help Club (ISHC) Model in ageing Vietnam

By Thuy Tran, Country Director, HelpAge International in Vietnam

ISHC Context & Background

Vietnam is one of the fastest aging countries in Asia. By 2036, it is expected that the ratio of the population aged 60 or older will have increased from current 14,3 percent to 20 percent. It takes Vietnam only 25 years to transit from ageing to an aged society. That will have major social, health, and economic implications for the country, particularly in the context that Vietnam is still a lower middle-income country and has limited resources to properly respond to and take advantages of rapid ageing.

The life of older people (OP) in Vietnam has been much improved over the years, together with the country development. However, HelpAge International's calculation based on data provided in the 2023 first 6 month report of Vietnam National Committee on Ageing shows that, there is still about 15% OP living in poverty or near poverty, 54% OP has no social or contributory pensions. The average life expectancy of Vietnamese people is high (nearly 74 years) but the average healthy life expectancy (HALE) is still low (64 yrs.). Vietnam government set the target of at least 68 years for HALE by 2030 and this is identified as a challenge. In Vietnam most of OP still live with their children, but there is an increase in proportion of OP living alone, or with their older spouse or with only children, which is 35% in 2019, who need more community care and support.

OPs in Vietnam are very active. Many of them are community leaders, carers, volunteers or still work. More than 81% of those who work take informal work. 35% of OPs have paid jobs and this percentage rises to 50% in age group 60-69. Nowadays, OPs in Vietnam live longer, are healthier and more educated, however, they are not fully included in socio-economic policies, and often seen as passive beneficiaries, rather than active or agents of change. Recently, the government pays more attention to promoting the role of OPs, which leads to some good policies on OPs but their implementation in practice is still poor. It is seen that intergenerational gap is getting wider, attributed by lack of understanding and less interactions among generations due to ageism and impact of digital world. In the context of getting older before getting rich leading to the country's challenges in meeting the SDGs, and popular ageism, which require intergenerational interventions, Intergenerational Self-help Club (ISHC) is selected by Vietnam to be the national model to both respond to and take advantages of rapid ageing and challenge ageism through mutual support and intergenerational approach.

The term "ISHC" first appeared in 2006-07 when HelpAge International in Vietnam (HAIV) collaborated with Vietnam Women Union (VWU), as main implementing partner, and other technical co-implementing partners including Research Centre on Ageing Support (RECAS) and Vietnam Association for the Elderly (VAE) and others to conduct the project "Promoting intergenerational approaches to improve life for disadvantaged groups in Vietnam (VIE014)", funded by EC. It can be said that ISHC is a model initiated by HAIV, piloted through collaboration with local stakeholders, especially VWU and VAE, and later endorsed by the Vietnamese government to become a national model to respond to rapid ageing.

What is ISHC?

Intergenerational Self-Help Club (ISHC) is a voluntary social organisation based in the community (village/hamlet/residential group), with about 50-70 members of many ages, in which the majority (~70%) are older people (OP), women, people with social or economic difficulties, with the spirit of mutual support to improve quality of life.

ISHC objective

- To provide opportunities for OPs to improve the well-being of themselves and their communities.
- To provide opportunities for OPs to promote their roles and contributions in local health promotion, livelihoods and development
- To improve the interaction between OP and the local authorities, service providers and other organizations, pushing for the better implementation of the rights and entitlements of OP.

Furthermore, ISHC provides necessary conditions, knowledge, and skills to prepare for later life, aiming at healthy and active ageing. Through its various activities, ISHCs is attractive and benefit both young and old, men and women, poor and non-poor, members and non-members. The membership diversity also helps promote social connections among and between generations.

ISHC is a development initiative that provides control of the development process, resources and decision-making authority directly to community groups. The underlying assumption of ISHC approaches are that communities, with both younger and older, are the best judges of how their lives and livelihoods can be improved and, if provided with opportunities, information and adequate resources, they can organise themselves to provide for their immediate and future needs. Moreover, ISHC programs are motivated by the model trust in people and hence it advocates people changing their own environment as a powerful force for development. By treating people (mostly poor and disadvantaged) as assets and partners in the development process, previous learnings have shown that the ISHC approach is responsive to local demands, are more inclusive, and cost-effective compared to centrally led programs.

Since 2006, the ISHCs have demonstrated that they can serve as a strong mechanism for informal sustainable social protection for well-being of vulnerable households which enables higher income, better health and care, promotion of life-long learning, reduction of inequality & empowerment, and can be an effective platform to mobilise collective voice and to negotiate for rights and entitlements of disadvantaged groups.

ISHC governance and organizational structure

The ISHC is managed by its Club Management Board (CMB), which includes of 5 members (Club Chairperson, Vice Chairperson, Treasurer-cum-Secretary, Accountant and one other member). They are responsible for overseeing ISHC in accordance with ISHC regulations, which were agreed upon by all members. CMB are chosen from vote by members, with consultation and agreement from Association of the Elderly and local authority. The serving term is 2 years (and is not remunerated). The membership of CMB is diverse (young and old, women and man, disadvantaged and not) to reflect the diverse membership of club members. ISHC operations are open and democratic, based on the foundation of an ISHC regulation agreed on by all members at the time of ISHC establishment. Decisions are made through consultation with members in monthly meeting or when needed. Before and/or after ISHC

monthly meeting, CMB may meet (with sub-group leaders) to prepare for the members meeting (agree on report, issues, check club fund, etc.), draw lessons learnt and so on. CMB may also meet when necessary.

There are many interest groups within ISHCs, such as neighbourhood groups, sport and physical exercise, home care volunteers' group, income generating activities groups, economic development volunteers' group, cultural groups, ect... This is to meet various needs of the members and communities.

ISHCs activities:

ISHC are multifunctional, with 8 care areas of activities, including:

1. Mental and social care: cultural performance (songs, dance, games and team building), home visit, exchange and sharing
2. Income generating activities - IGAs (livelihood inputs or micro credit, pro poor and age friendly livelihood technical transfer, IGA support groups and economic development volunteers to support others)
3. Health care (self care, physical exercise, health check up, health monitoring, reference, access to health insurance)
4. Community based care (each club has 5-10 home care volunteers, each volunteer pays at least 2 visits per week to home care beneficiaries, who are frail, living alone or lack of care and disadvantaged. Together with ISHC, they provide social care, personal care, health care and living support to the beneficiaries, most of them are OP; ISHCs link with health care professional to provide health care and collaborate with others to provide other care if it is beyond the clubs capacity to respond).
5. Self help and community support (in cash, in kind, technical support, labour: help at least one individual in urgent and emergency need per month and do something to support the community as the whole)
6. Life long learning to increase awareness and knowledge (through ISHC monthly meetings: at least 30 minutes for learning talk/informal training/experience sharing by local resource persons/experts)
7. Right and entitlement (awareness, access, monitoring and dialogue/voice)
8. Resource mobilization: collect monthly self managed revolving loan interest, membership fee, local fund raising using Golden Heart Booklet, collective IGA, others...

A part from the above 8 core activities, depending to local needs, ISHCs also conduct disaster risk reductions (DRR) and case management for long term care cases, and others. To conduct these activities, the club have monthly meeting/get together and many activities during the month.

Benefits to the ISHC members through social connections and intergenerational approach

Through its various activities, ISHC bring great benefits to both members and non members. For members: most of them reported that ISHCs help them feel happier (98.6%), improve

solidarity (95.6%), enhance confidence (93.2%), feel empowered (91%), healthier (90.6%), wealthier (88.7%).

ISHC not only bring benefits to their members, but also non-community members through their financial and in kind support, technical and mental support.

Through the years, ISHC is proved to be a good model that promotes intergenerational bonding. ISHC, with its intergenerational approach, helps promote mutual understanding and break down stereotypes among generations through increased interaction between them and engagement of each generation, which gives each of them a sense of purpose in life. ISHC also promotes shared learning between generations. Each of generation has their own strengths and limitations and through ISHC activities, they can learn and complement each other, for example, younger generation can share new technology knowledge and skills with older generation while the later can share their life skills & wisdom to the former. ISHC also helps keep local stories, history and custom alive by educating/ transferring them to younger generations. In addition, through interaction with and sharing older generation, younger one is more aware what they should do to prepare for their own older age at the earlier stage of life. ISHC creates a platform for enhancing mutual support, collaboration and empowerment for both generations.

ISHCs in national policies

The effectiveness of the ISHCs has gained broad recognition in Vietnam and the expansion of the ISHC model was promoted by the government through national ISHC replication project with 2 phases approved by Prime Minister (Decision No 1533 in 1996 and No 1336 in 2020). The 2nd phase set a target of having at least 3,000 new ISHCs by the end of 2025 while maintaining the existing ISHCs. In addition, the model is also included as a national government target in the 2021–2030 National Plan of Action on Ageing with target by 2030, at least 80% of the country communes and wards would have at least one ISHC or the like. The national Program on Health Care for Older People 2021 to 2030 also targeting 100% of ISHCs will have health care activities by 2030.

At the end of 2022, there were approximately 5,400 ISHCs established in all 63 provinces/cities across the country with an estimated total membership of 270,000. According to plan, by 2025, there will be about ~7,500 ISHCs nationwide, with more than 400,000 members and it is expected to reach 10,000 ISHCs by 2030.

International recognition

ISHC model received a number of recognition in the region and the world, specifically:

- Grand prize of the ‘Healthy Aging Prize for Asian Innovation’ (HAPI) in 2020, under Community-Based Initiative category. HAPI is an initiative of the Economic Research Institute for ASEAN and East Asia (ERIA) and the Japan Center for International Exchange (JCIE), under the auspices of the Japanese government’s Asia Health and Wellbeing Initiative (AHWIN).
- Recognised by the United Nations Department for Economic and Social Affairs as a good practice in community in achieving SDGs
- Recognised by World Health Organization as a best practice in promoting Healthy Ageing.

Find out more about this [here](#).

Conclusion:

ISHC is the best way to respond to and take advantage of rapid ageing in low resourced setting Vietnam using local resources and tackle ageism through promoting intergenerational solidarity. The model is promoted by the government through a number of policies as the national model to respond to rapid ageing in the country.