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Intergenerational Self-Help Club

Innovative and cost-effective community-based approach to promote healthy and active ageing in Vietnam

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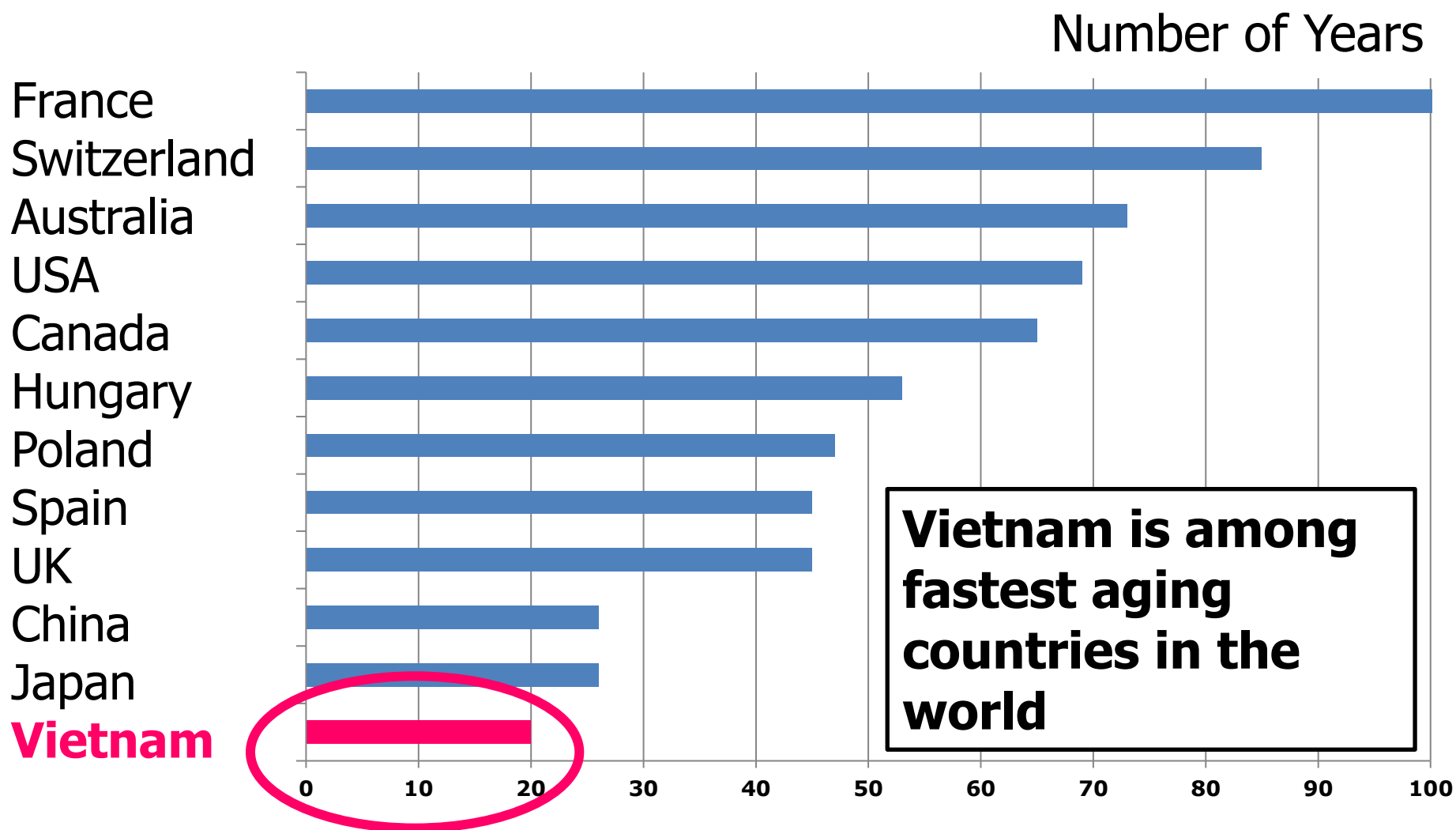
Outline

1. Aging situation in Vietnam
(Why ISHC?)
2. Healthy and Active Aging
components of ISHC (What is
ISHC?)
3. ISHC scale up (How?)

Jargons

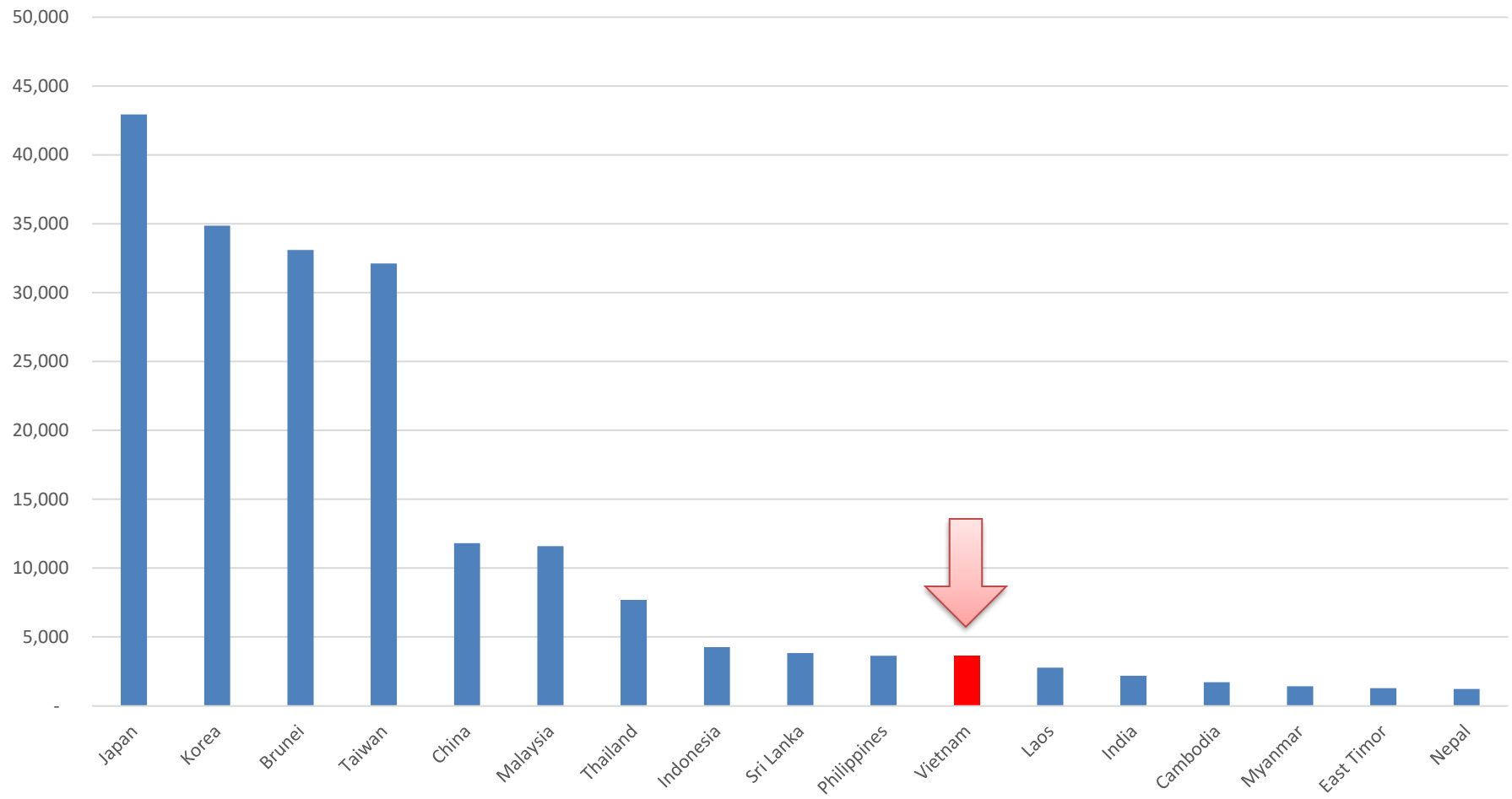
- CMB: Club Management Board
- CHS: Commune Health Station
- HP: Health care provider
- HCV: Homecare volunteer
- HC: Homecare client
- ISHC: Intergenerational Self-help Club
- OP: Older person

Transition from Aging (10%) to Aged (20%)



Source: Kinsella and Gist, 1995; Census Bureau, 2005; Vietnam GSO, 2010; World Bank, 2016

Rapid aging but limited resource



Source: IMF's 2021 Per Capita GDP for Asia Region

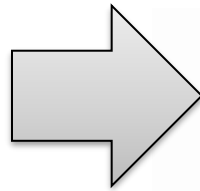
Challenges of aging population in Vietnam

- 1. Income insecurity** at older age: Higher poverty rate, challenges in accessing livelihood support programs. Social protection policies and programs are at its max, but still limited both in amount and coverage
- High life expectancy but **low healthy years** (73.6 vs. 63.2) (NCDs increasing rapidly)
- 3. Feminization** of aging (Older male-Female % ratio: 42-58)
- Majority of people with **disability** are older persons (National Population census, GSO, 2019)
- Large **migration** of young adult from rural to urban areas (aging of the rural communities)
- Reduction of traditional 3-4 generation households to 2 generations household or **skipped generations**. Increased **generation gaps** (especially with unequal access to technology)
- 7. Violence, neglect and abuse** at older age not yet widely addressed
- 8. Lack of age friendly facilities/services** (information, education, transportation, housing, health and care, etc.)
- Other factors: **COVID-19, climate change** (top 10 most affected countries by climate change, prone to natural disaster)
- 10. Ageism!**

On the flip side: Opportunities of aging

1. Majority of OP are **younger old and middle old** (83.2% of total OP population, GSO, 2019)
2. They are **growing** rapidly in size and proportion
3. OP participate in many community-based organizations and are **community leaders**
4. They are **highly responsible**, both at work, family and social activities
5. They have life time **experience**
6. They live long in the community so they **understand** their community best
7. They are very **active** in social work
8. They understand the **need of the most vulnerable** because they are one of them
9. They are normally **main carers** in family, caring for older old family members, people with disability, children, etc.
10. They have a **voice** in their family and community, and **set example**.

Tackle AGEISM



**NEEDY/BURDEN
STEREOTYPE**

**VALUABLE
UNTAPPED
RESOURCES**

Consultation with community and local partners

Old model

Vertical focused (focus only on 1-2 areas – no synergies)

Mostly led by non beneficiaries

Beneficiaries were separated

Weak in local ownership, self-help and sustainability

Expensive (not affordable)

Require long term support (no exit strategy)

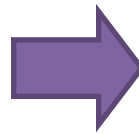
Small (only meant to be pilot)

Not able to replicate nationally

No customer – no buy in

Expectation on new model

- 1) Train us to do it ourselves
("We learn better by doing")
- 2) The new development model should be able to help us to meet our own diverse needs (multi-functional)
- 3) Increase our capacity to generate our own regular income during and after the project
- 4) Cost effective and affordable
- 5) Closer partnership with local partners and public sector



WHO's definition of active aging

The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age

Figure 8. The determinants of Active Ageing



Outline

1. Aging situation in Vietnam
- 2. Healthy and Active Aging components of ISHC**
3. ISHC scale up

What is ISHC?

A voluntarily social organizations contributing to the improved quality of life of OP through community based, intergenerational and self help approaches



Grand Prize Winner

of 2020 Healthy Aging Prize for Asian Innovation-Community Based Initiatives

<https://www.ahwin.org/helpage-vietnam-ishc/>



International recognition (cont.)

Examples of SDG Good Practices



Find below some examples of SDG Good Practices that were submitted during the first open call

1. HelpAge International, with local partners, established over 1,500 intergenerational self-help clubs to take care of Vietnam's most marginalized and vulnerable members, such as the elderly and minorities, to harness the willingness of community members to support each other through tough times.

Inter-generational Self-help Clubs (ISHC)-Promoting Inclusive Sustainable Development to Improve the Well-being of Disadvantaged Groups

SNAPSHOT

Geographical coverage: Vietnam

Entity name: HelpAge International (www.helpage.org)

Entity type: Civil Society Organization

Implementation period: January 2006 - Ongoing

Key stakeholders and partnerships: HelpAge Global Network, Vietnam Association of Elderly (VAE), Vietnam Women's Union (VWU), state government agencies, and other relevant organizations who provided technical and funding support.

Relevant SDGs:



Click to learn more: sustainabledevelopment.un.org/partnership/?p=27868

ISHC model is selected by UNDESA as outstanding SDG Good Practices in **SDG good practices, success stories and lessons learned** by national governments and all stakeholders in the implementation of the 2030 Agenda and the SDGs between 2018/2019

SDG Good Practices, Success Stories and Lessons Learned in SDG Implementation

Summary of outcomes of the first open call



SDG Good Practices



MARCH 2020



DESA

Department of
Economic and
Social Affairs

International recognition (cont.)

Highlighted as an example of social innovation on WHO-WPRO regional action plan on Healthy Ageing in Western Pacific

<https://www.who.int/docs/default-source/wpro---documents/regional-committee/session-71/rc71-5-ageing-and-health-annex.pdf>

Fig. 9. Overview of the Regional Action Plan on Healthy Ageing



Source: World Health Organization.

2.1 Vision: Healthier older adults in the Western Pacific Region are thriving and contributing in society ("Turning silver into gold")

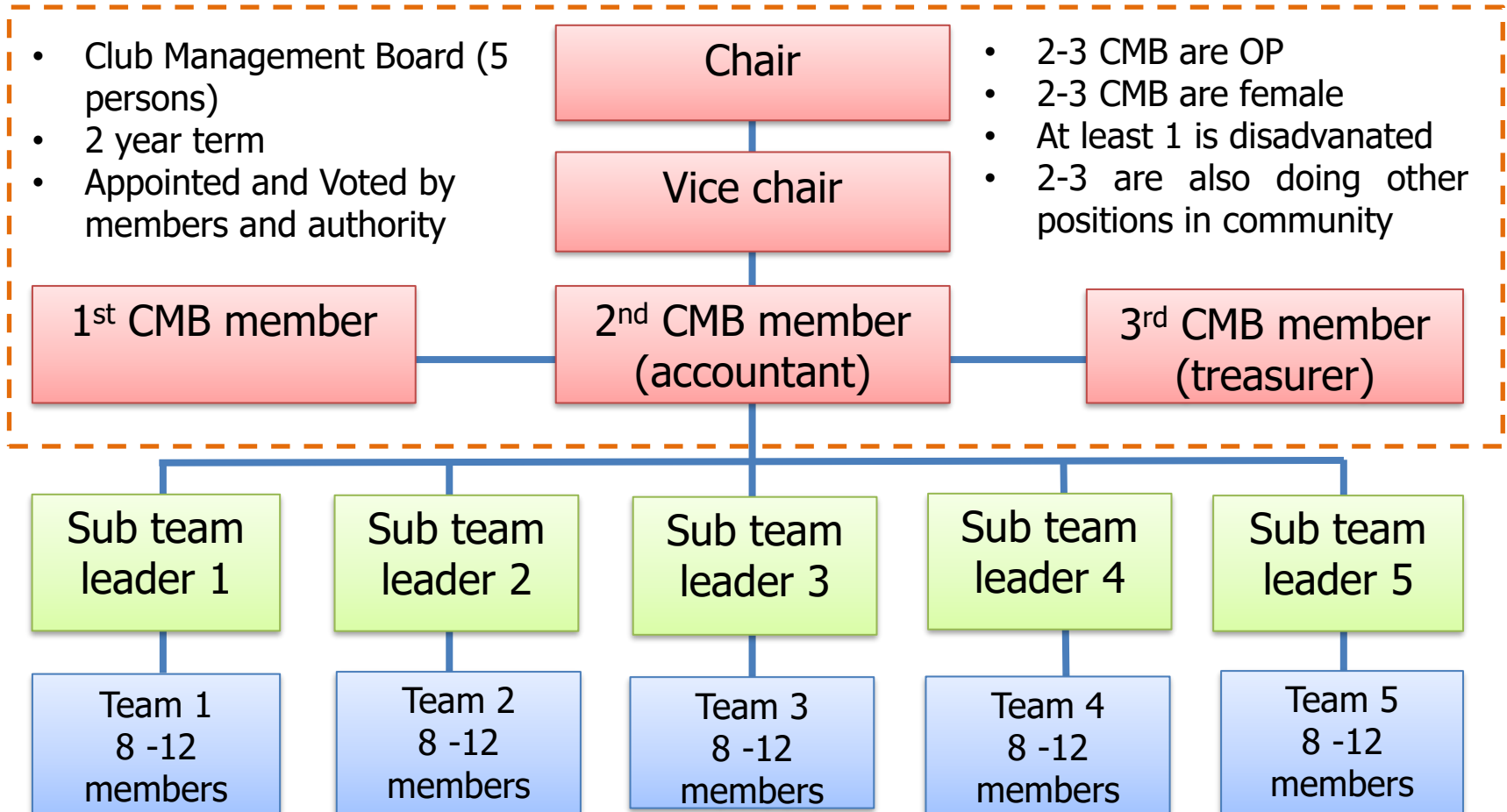
Fig. 10. When society invests in healthy ageing, older adults can contribute back to their society

Case study: Viet Nam Intergenerational self-help clubs

Intergenerational self-help clubs (ISHCs) are volunteer-based organizations, aiming to promote the well-being of individuals who are poor and most disadvantaged in society, with the majority of them being older adults. These organizations are established by local governments called Commune People's Committees and are supported by organizations such as the Association of the Elderly or the Women's Union.



ISHC organization structure (50-70 members)



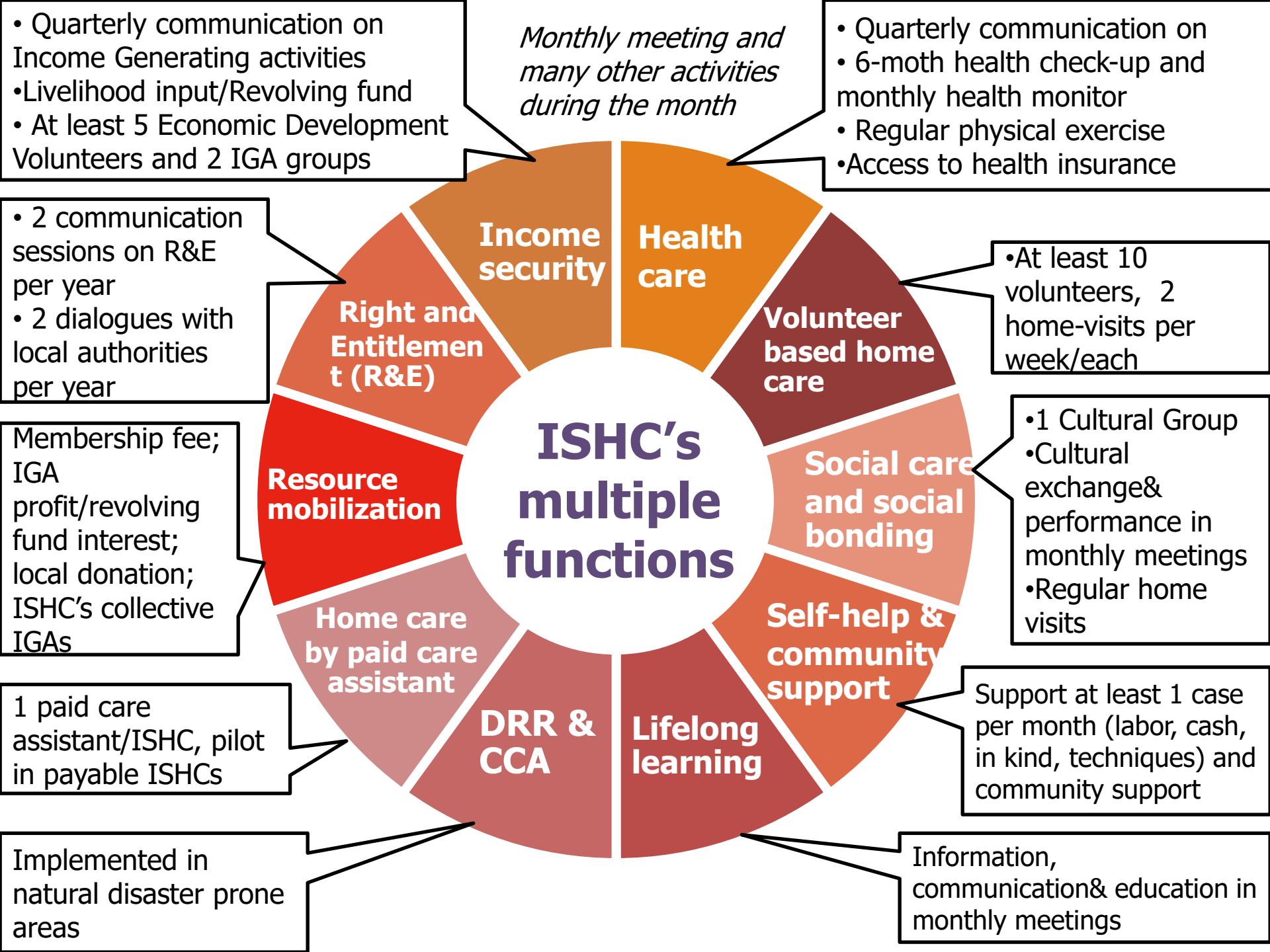
3 rules of 70% (+-5%)

70% are **OP**; 70% are **female**; 70% are socially and/or economically **disadvantaged**

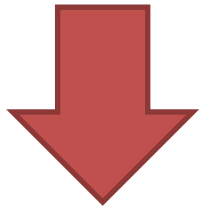
ISHC is multi-functional!



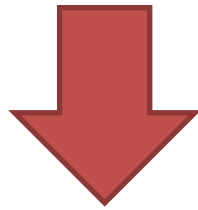
Monthly meeting and many other activities during the month



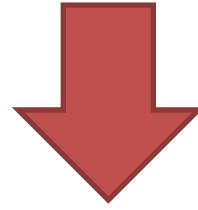
How the ISHC promotes healthy and active ageing and comprehensive community-based care



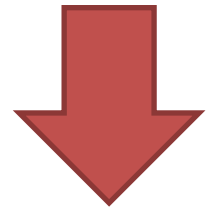
1) Promote healthy and active aging (OP as valuable resources)



2) Increase self-care awareness & practice of healthy living



3) Enhance regular health monitor & NCDs management



4) Improve access to treatment and care

ISHC and Healthy & Active Aging

Improved health status of OP by enabling them to remain socially and economically active longer through:

1. Introduce age-friendly, healthy & active aging materials
2. Organize regular health awareness sessions/talks/loudspeaker broadcast (provide knowledge and skill on self-care)
3. Promote physical exercise, sports and social/cultural activities
4. Conduct monthly health screening and six-monthly medical checkups
5. Create a safe and age friendly local environment
6. Ensure OP's rights to health and care
7. Increase access and usage of health insurance, and
8. Link between community-level health-related activities and formal primary health care services

Age friendly healthy & active aging materials

Những tác động của rượu
Effect of Alcohol



Thị giác kém
Giọng nói kém đi
Cảm giác và nhận thức kém

Trung tâm điều khiển ở não sẽ bị suy yếu, những phản xạ trở nên chậm chạp

Mạch máu dẫn ngoại vi khiến cơ thể mất nhiệt

Tăng huyết áp và áp lực tim

Tế bào gan bị ảnh hưởng

Thận sản xuất nhiều nước tiểu hơn, dẫn đến mất nhiều nước

Ảnh hưởng dạ dày, hệ thống tiêu hóa; uống quá nhiều dẫn đến nôn mửa





Ngôi nhà không khói thuốc:
Smoke free home



Xin mời
Đến “ngôi nhà
không khói thuốc”

**Bệnh không lây nhiễm
đối với người cao tuổi**

Non Communicable Diseases Of Older People



Age friendly healthy & active aging materials

Những cách phòng chống vi khuẩn và ngăn ngừa bệnh đơn giản



Khi bạn ốm, hãy ở nhà và khám bác sĩ nếu cần thiết



Tránh đưa tay vào mắt, mũi và miệng



Thường xuyên rửa tay và mặt bằng xà phòng và nước sạch



Che hoặc đeo khẩu trang khi bị ho hoặc hắt xì hơi.



Duy trì sức khỏe qua: chế độ ăn uống phù hợp và tập thể dục.



Những thói quen tốt có thể giúp bạn và gia đình phòng chống bệnh tật

Tuổi già khỏe mạnh (Healthy Ageing)



Tập thể dục hàng ngày



Cách sống tích cực và vui vẻ



Kiểm tra sức khỏe và điều trị



Không thuốc lá, rượu



Dinh dưỡng phù hợp



Kiến thức và tự chăm sóc

Khi nào cần rửa tay? (Hand Wash)



Sau khi đi vệ sinh



Sau khi sờ vào vật nuôi



Sau khi hắt hơi, xì mũi



Trước và sau khi chế biến thực phẩm




Trước khi ăn



Khi tay bẩn

An toàn thực phẩm (Food Safety)




Rửa tay sạch trước khi chế biến và ăn



Để riêng thực phẩm sống, chín, dụng cụ nấu ăn và thớt.




Rửa sạch các dụng cụ nấu ăn và bếp



Lựa chọn những thực phẩm sạch, an toàn



Ăn những đồ ăn đã nấu chín hoặc đã được làm nóng lại



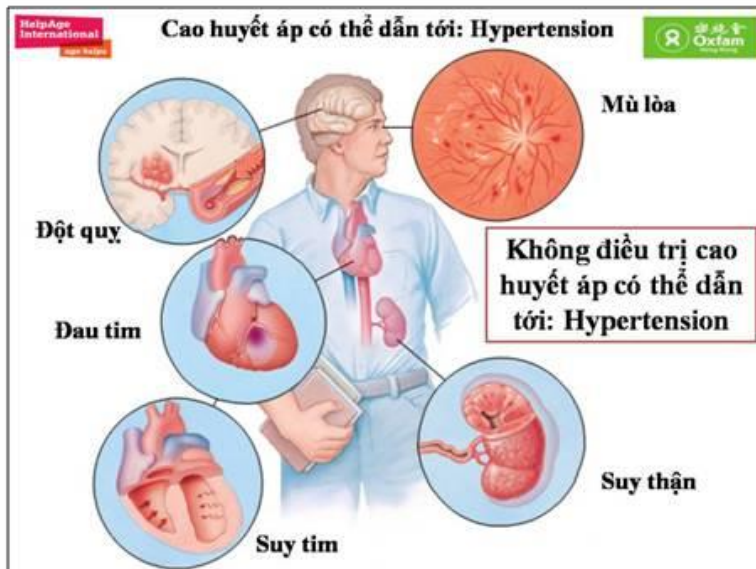
Rửa sạch thực phẩm, hoa quả và rau

Age friendly healthy & active aging materials



Lợi ích tập dưỡng sinh hàng ngày (Physical Exercise)

1. Tăng cường năng lượng
2. Tăng cường hệ thống miễn dịch nhằm chống lại bệnh tật
3. Tim và phổi khỏe mạnh
4. Giảm những nguy cơ rủi ro đối với sức khỏe
5. Giúp giảm cân
6. Giúp bạn thấy khỏe hơn và hạnh phúc



<p>Khó chịu vùng ngực</p> <p>Khi thấy những dấu hiệu của cơn đau tim cần hành động NHANH</p> <p>CƠN ĐAU TIM</p> <p>HEART ATTACK</p> <p>Khó thở kèm theo hoặc không kèm theo khó chịu ở ngực</p>	<p>Khó chịu vùng tay hoặc lưng</p> <p>Có cảm giác đau đầu nhẹ hoặc toát mồ hôi lạnh</p>	<p>Khó chịu vùng cổ và hàm</p> <p>Cảm thấy mệt hoặc khó chịu ở bụng</p>
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Conduct regular healthy and active aging training and talks in target communities by the ISHCs



Conduct regular healthy and active aging training and talks in target communities by the ISHCs



Interactive learning

Conducted by the ISHC themselves and/or local health providers



Promoting healthy and active lifestyle: cultural, exercise, sport and hobby groups



Promoting healthy and active lifestyle: cultural, exercise, sport and hobby groups



Monthly health screening – by the ISHC



Họ tên	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12
	Cân (kg)	H/A	Cân (kg)	H/A	Cân (kg)	H/A	Cân (kg)	H/A	Cân (kg)	H/A	Cân (kg)	H/A
Cao Văn Bản	57	125/2			56	125/2			56			
Le Thị Bình	45	124/1	55	125/2	46	125/2	54	125/2	45	125/2	44	125/2
Bùi Thị Bình	51	116/1	53	118/1	51	117/2	51	115/1	52	117/2	52	115/1
Trần Thị Cúc	50	121/1	50	121/1	51	119/1	51	119/1	50	125/2	51	125/2
Trần Duy Cường	48	118/1	46	112/1	47	118/1	46	118/1	47	118/1	45	118/1
Nguyễn Thị Chính	42	118/1	42	120/1	41	114/1	41	114/1	41	118/1	41	118/1
Nguyễn Thị Chương	55	111/1	55	120/1	54	119/1	55	120/1	54	118/1	54	118/1
Nguyễn Thị Chính	46	131/1	45	134/1	46	131/1	45	131/1	46	131/1	45	131/1
Nguyễn Thị Chân	56	129/1	56	138/1	56	131/1	54	131/1	54	120/1	53	118/1
Trần Thị Chiên	52	132/2	51	112/2	54	118/1	54	118/1	51	111/1	50	110/1
Nguyễn Văn Chung	44	131/1	45	149/1	46	130/1	46	141/1	46	141/1	46	141/1
Trương Trọng Đông			46	131/1								
Trương Trọng Diễn	52	127/1	51	110/1	52	125/1	51	119/1	50	118/1	50	115/1
Mai Thị Đức	64	132/1	64	130/1	60	130/1	61	128/1	60	128/1	60	128/1
Nguyễn Thị Đan	50	131/1	51	137/1	52	113/1	53	113/1	52	120/1	50	118/1
Mai Đình Già	48	116/1	48	120/1	50	110/1	47	116/1	48	118/1	48	118/1
Trần Thị Hoa a	54	120/1	52	125/1	50	115/1	53	117/1	50	126/1	51	126/1
Nguyễn Thị Hoa b	58	112/1	46	141/1	47	141/1	46	141/1	46	113/1	46	113/1
Trần Thị Hòa												

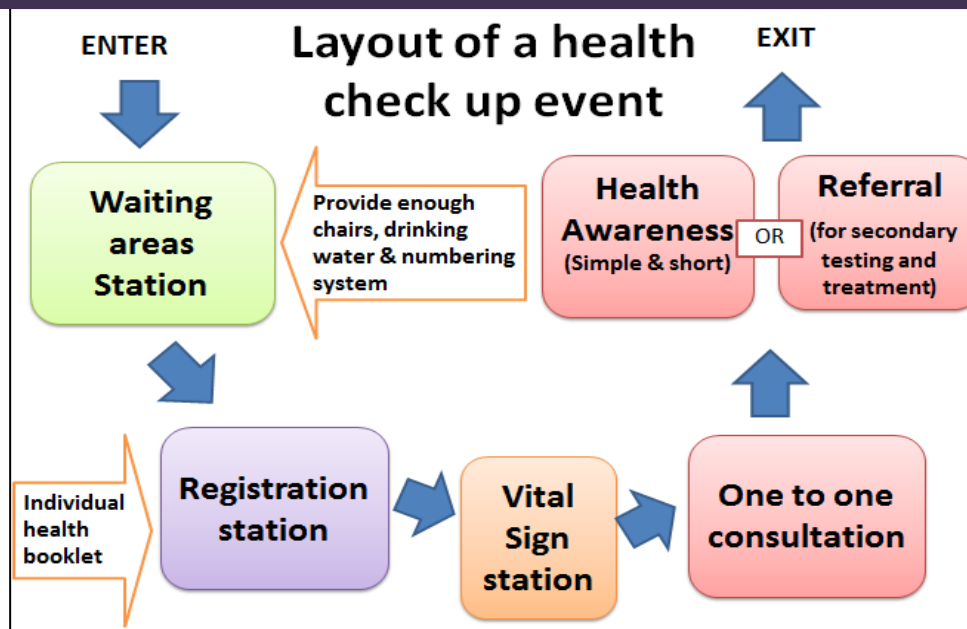
By the ISHCs – monthly health screening

Health check-up – link with local health station/ hospital to conduct health check-up and testing



Target: at least two health checkups per year
per person

Mobile health check and health booklets



Sample health Individual health booklet

Name		Village	
Gender		Commune	
DOB		District	
House #		Province	
Patient history			
	1st Health Check up	2nd Health Check up	
Date of HC			
Check by			
PB reading			
Weight (kg)			
Height (cm)			
Health Issue found #1			
Recommendation #1			
Health Issue found #2			
Recommendation #2			

Fill in by ISHC and local health

Promote the purchase of health insurance and medical referral systems (refer cases to medical treatment)



Target: 90% have health insurance by two years (ISHC at two years old)

ISHC and Commune Health Station Collaboration

1. Form partnership between Association of the Elderly & ISHC and commune health station (CHS)
2. Health awareness - communication
3. Monthly health screening
4. Health checkups – at least twice a year
5. Health insurance
6. NCDs – diagnosis, treatment and care
7. Support the CHS's healthcare service
8. Medical referral



Community based homecare

Improved home-based care service to enhance quality of life and independence for people whose ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs) is declining through

1. ISHC provide a variety of care services (social care: befriending and health care, living support, rights and entitlement access, protection against violence and abuse)
2. Development of homecare training materials
3. Recruiting and training of community homecare volunteers (at least 10 per ISHC) and health care provider (1 per ISHC) to provide comprehensive homecare service support to needy people in the target communities,
4. Setting up a care case-management system

Comprehensive care services of the ISHC

Social Care

- Befriending (loneliness)
- Provide information (update on what is happening in the community)
- Escort – to market, temple, visit friend or family, attend local social, sport and cultural events
- Singing, dancing, poetry and others

Personal Care (ADL/IADL)

- House work (include washing clothing)
- Food preparation and feeding
- Massage and simple rehab
- Personal hygiene
 - Bathing, toiletry
 - Dressing and grooming
 - Others (transferring, etc.)

Living Support Care

- Financial support (local fund raising)
- Access to right and entitlement (SP, health insurance and others)
- House repair or improvement
- Garden and farming (labor support)
- In-kind donation (clothing, household utensils and others)
- Assistive devices (walking stick, wheel chair, eye glass, and others)

Health Care (ADL/IADL)

- Health Information (knowledge & skill)
- Health screening (vital sign)
- Health checkup – link with local health providers
- Medical/health related escort for checkup and treatment
- Health insurance
- Others (taking medication, case management, etc..)

Who will provide the community care service



1:60

Demands : Supplies

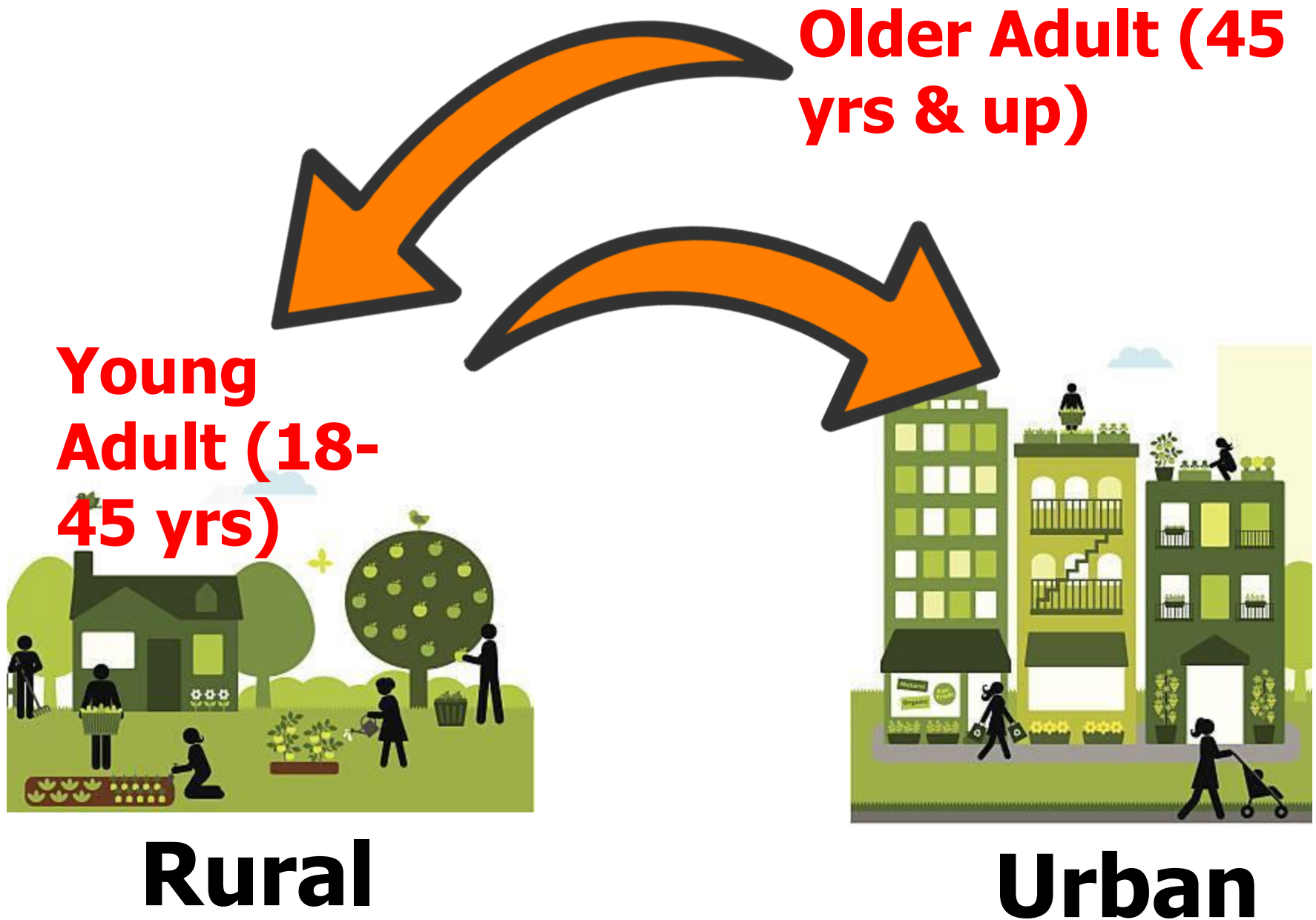


Tapping large and growing available resource: near and young old population are very large and growing (45 to 70 yrs.)

Targets:

- 1) 10 homecare volunteers (HCV) per community
- 2) Each HCV provides at least 2 home visits per week

Migrant trends in developing countries



What does the Homecare Volunteer do?

Social Care:

- Befriending (talking, singing, dance, reading book/poetry, etc..)
- Communication and information support
- Escort service (market, temple, clinics, market and others)

Personal Care:

- Doing errands, washing clothes, fetching water and firewood, cleaning house compound, simple house repair and farming etc.
- Support simple self-care and basic health information (if capable)
- Bathing, changing clothes, cooking, feeding, personal hygiene, sharing health knowledge, doing rehabilitative exercises, giving massage (if capable)

Others

- Keep record of their services monthly and report to the ISHC

Home Care Services by volunteers



Home Care Services by volunteers



- 1. Each ISHC has at least 10 homecare volunteers (HCV)** to provide homecare service to those in need of care (has ADL or IADL problem, living alone and others)
- 2. Each HCV provide homecare service at least 2 times/week**

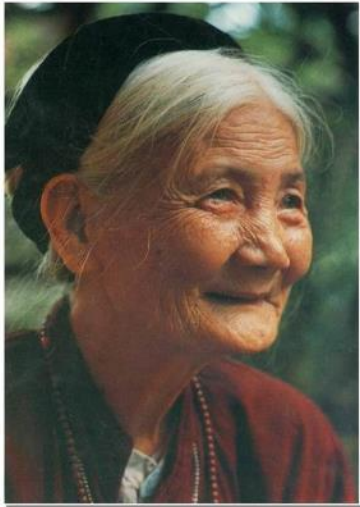
Healthcare Providers/Assistants



(Nursing and medical care – depending on the need of the clients)

Target: 1 Healthcare provider per ISHC

Homecare and First Aid training materials



HelpAge
International
age helps

**Già hóa dân
số ở Việt
Nam: Cơ hội
và thách
thức**

**Một số vấn đề cần lưu ý khi giao
tiếp và làm việc với người cao tuổi**



Vệ sinh cá nhân cơ bản

(mặt, tay và chân)



Rửa tay trước và sau khi đi vệ sinh



Homecare and First Aid training materials

Cung cấp đồ dùng cơ bản cho TNV



Vệ sinh miệng



- 1) Nghiêng bàn chải đánh răng ở góc 45° so với lợi và chải răng mà không đụng đến lợi.
- 2) Chải nhẹ nhàng phía trong, ngoài răng, sử dụng bàn chải đánh răng mềm.
- 3) Nhẹ nhàng đánh lưỡi nhằm làm sạch vi khuẩn và làm cho hơi thở thơm tho.

Chăm sóc tóc cho bệnh nhân như thế nào?

Chăm sóc tóc tốt là một phần quan trọng của vệ sinh cá nhân. Tóc của bệnh nhân cần phải được chải hàng ngày; Ngoài ra, cần phải có các hình thức chăm sóc khác nữa nhằm đảm bảo tóc luôn gọn gàng, tăng cường lưu thông trên da đầu, và phòng ngừa tóc bị rối.



Mat-xa đầu (hàng ngày)



Chải tóc (1-2 lần/ngày)



Cắt tóc (1 lần/tháng)



Gội đầu (2-3 lần/tuần)



NCT là nam giới thì cần được cạo râu mỗi 2-3 ngày

Làm thế nào để lau người cho người bệnh trên giường



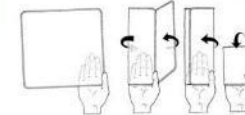
1) Đầu tiên đeo găng tay ni lông



2) Pha nước vừa đủ ấm (46 độ C hoặc thấp hơn) vào một chiếc chậu to có lòng trũng. Đảm bảo nhiệt độ trong phòng phù hợp, tránh không để bệnh nhân bị nhiễm lạnh

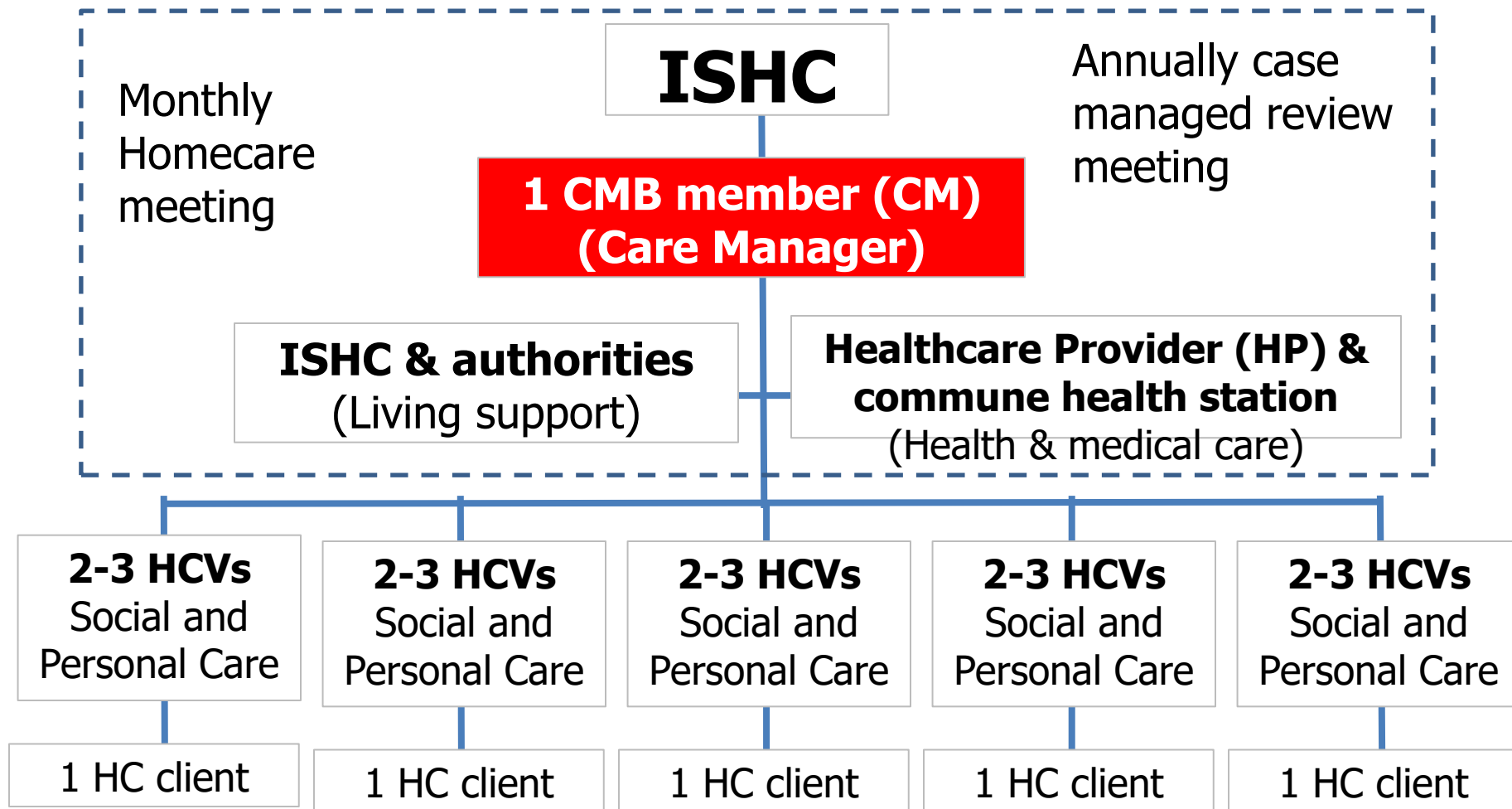


3) Nhúng khăn vào chậu nước ấm và vắt khô



Dùng khăn ướt lau mặt cho bệnh nhân

Figure 2: ISHC's long term care Management Schemes






- Each ISHC provides care for **5 clients** (on average)
- At least **10 HCVs/ISHC (most HCVs are also ISHC members)**
- **1 Healthcare Provider /ISHC (are retired health professional)**

PART 1: GENERAL HOMECARE CLIENTS AND PROVIDER INFORMATION:

HOMECARE CLIENT AND CARE ASSISTANT

	<p>NAME: Le Thi Hoa AGE: 81 years GENDER: Female ADDRESS: Dan Quyen, Trieu Son, Thanh Hoa</p> <p>LIVING ARRANGEMENT:</p> <ul style="list-style-type: none"> Widow 2 Children live far away Living alone 		<p>NAME: Nguyen Thi Mai AGE: 50 years GENDER: Female ADDRESS: Dan Quyen, Trieu Son, Thanh Hoa Medical Background: commune health worker (nurse): CA service: at least 1 visit per week (vital sign, oversee taking medication, health and care awareness for HC client and HCVs)</p>
<p>HC Clients</p>		<p>Healthcare provider (HP)</p>	

HOME-CARE VOLUNTEERS INFORMATION

	<p>NAME: Ngo thi Lan AGE: 49 years GENDER: Female ADDRESS: Dan Quyen, Trieu Son, Thanh Hoa Distance from clients: 150 meters HC service: 3 times per week (M,W,F), befriending, house work, personal hygiene, escort</p>		<p>NAME: Tran Thi La AGE: 66 years GENDER: Female ADDRESS: Dan Quyen, Trieu Son, Thanh Hoa Distance from clients: 50 meters HC service: 3 times per week (T,Th,Sat) Befriending, house work, personal hygiene, escort</p>		<p>NAME: Le Van Da AGE: 67 years GENDER: Male ADDRESS: Dan Quyen, Trieu Son, Thanh Hoa Distance from clients: 100 meters HC service: 2 times per week (Sat, Sun), house repair, farming</p>
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PART 2: GENERAL SITUATION:

HOUSING:

- Small concrete house
- Lack proper toilet (no friendly for older old people)
- Have electricity and well water
- Roof has two small leaks

INCOME:

- Adult children send around 2 million VND per year
- 270,000 social pension
- Small kitchen garden
- Small fish ponds and 12 chickens
- Rice field (600 square meters)

HEALTH:

- Not disable
- Back problem
- Has health insurance card
- Received two health checkup per year
- Do not practice physical exercise regularly

OTHERS:

- Not part of any community groups or local activities
- Like to listen to music (singing)
- Home get flooded during strong typhoon
- N/a

NCDs: Mark "X" if you have NCDs

High Blood pressure	X	Heart disease		Cancer		Diabetes	
Low Blood pressure		Kidney disease		Stroke		Others	Hearing – hard to hear

PART 3: ADLs & IADLs

ADLS: Without assistance are you able to:	Yes, able	With some Supervision	With some assistance	Extensive assistance	Cannot do at all	Total Score
	(0)	(1)	(2)	(3)	(4)	
1) Dress yourself?	0					0
2) Feed yourself?	0					0
3) Groom yourself?	0					0
4) Walk by yourself?	0					0
5) Toileting yourself?			2			2
6) Do own hygiene?		1				1
Total ADLs SCORE	4	1	1	0	0	3
IADLS: Without assistance are you able to:						
1) Managing your money		1				1
2) Handling transportation (get around)					4	4
3) Shopping (buying basic needs)		1				1
4) Using communication devices (phone call)				3		3
5) Managing medications		1				1
6) Housework & basic home maintenance			2			2
7) Prepare meal				3		3
Total IADLs SCORE	0	3	1	2	1	15

PART 4: CARE NEEDS AND GAPS

#	NEED		What is being provided			How the gaps will be met		
	What's needed	How much	What's provided	How much	By who	What's needed	How much	By who
1	Need daily befriending service		Provide befriending service daily		HCV #1 & #2	No Gap		N/A
2	Need daily housework support		Housework – cleaning and cooking daily		HCV #1 & 2	No Gap		N/A
3	Cooking daily		Cooking – daily		HCV #1 & #2	No Gap		N/A
4	Need regular house repair, improve toilet		None		N/A	Find new volunteer to do regular house repair		HCV #3
5	Need people to take care of her kitchen garden (2-3 times/week)		None		N/A	Find new volunteer to take care of her kitchen garden (2-3 times/week)		HCV# 3 or 4
6	Take blood pressure reading 2 times per week		None		N/A	Provide blood pressure reading 2 times per week		HP
7	Oversee purchase and taking of medication		None		N/A	Oversee taking of medication as needed		HP & HCV
8	At least two health checkup per year		Only 1 health checkup per year		HVC, ISHC	1 more health-check per year		HCV, ISHC
9	Get monthly social OA allowance		Monthly by OPA representative		ISHC	No gap		N/A

What does the ISHC do?

The ISHC will take the lead in providing **volunteers** and **living support services** to the homecare client, such as:



← In-cash support

In-kind support →



Labor support



Assistive devices

What does the HP and CHS do?

Different from homecare volunteers, the HP and the CHS will focus more on **health and medical care support** and is directly under the supervision by the ISHC and local commune health station.

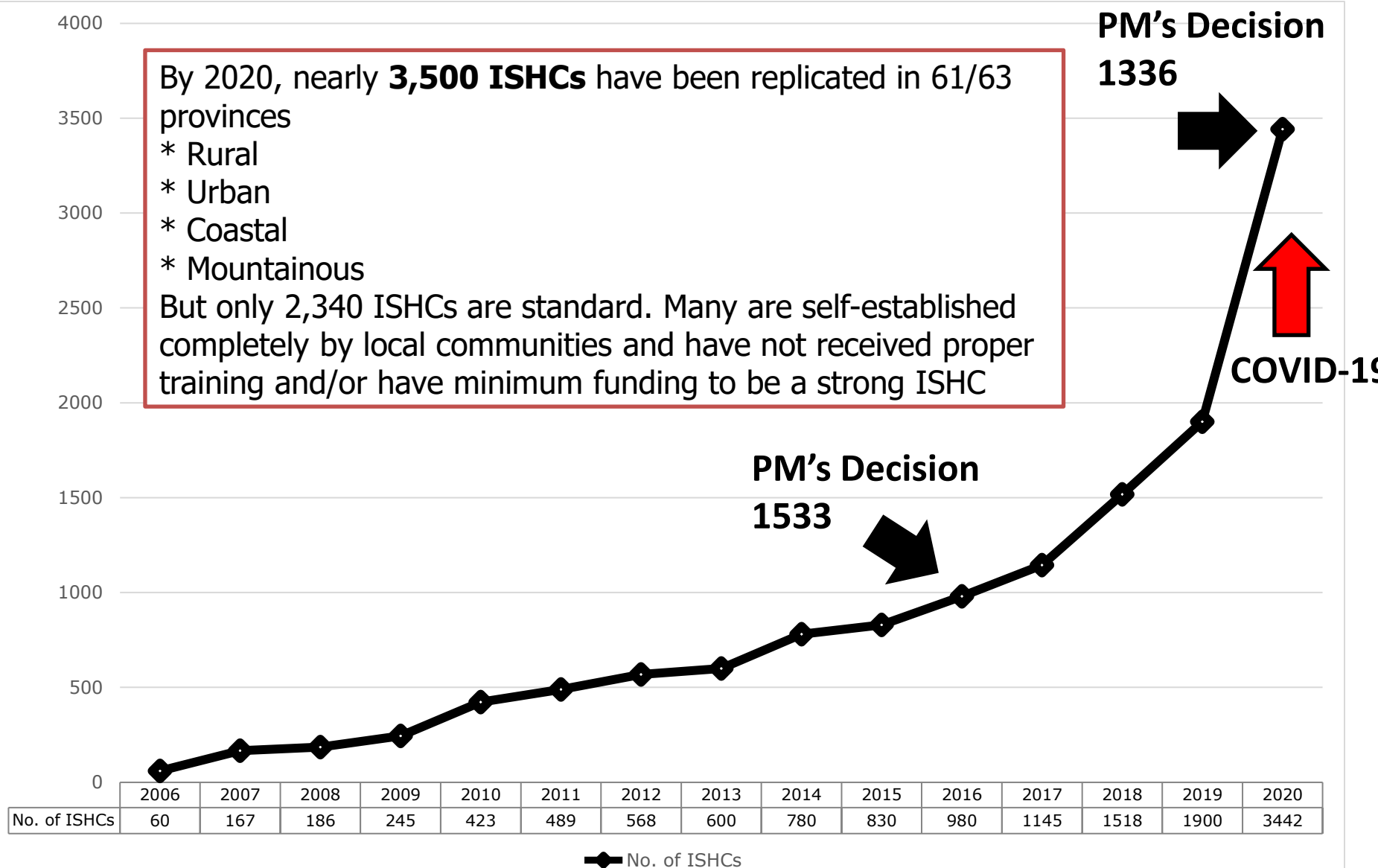
Tasks of the HP and CHS:

1. Monitor the health status of the homecare clients
2. Oversee the purchase and taking of medication
3. Provide on-going informal care training to the homecare volunteers and family care providers, such as on health and care information, nursing skill, rehabilitative exercises and simple physical exercises older old and or frail clients.
4. Set up and oversee case management system
5. Link with local health station and hospital for medical referral (check-up and follow-up) and higher medical care services.

Outline

1. Aging situation in Vietnam
2. Healthy and Active Aging components of ISHC
- 3. ISHC scale up**

ISHC's replication in Vietnam



ISHC's ability to influence policy

First 60 ISHCs

piloted via an internationally funded project

2006

First province to self replicate ISHCs (200 ISHCs)

2013

Partnership Agreement between MOH and Association of the Elderly mentioning OP health and care via ISHC

2017

PM's Decision No.1336 approving the 2nd phase
PM's Decision No. 1579 on Health Care program for OP until 2030 (mentioning ISHC)

2021

2012

Vietnam National Plan of Action on Older Persons (2012-2020) aiming for at least 50% communes in the country to have ISHC model by 2020

2016

Prime Minister issued Decision No. 1533 turning ISHC into a **national model**

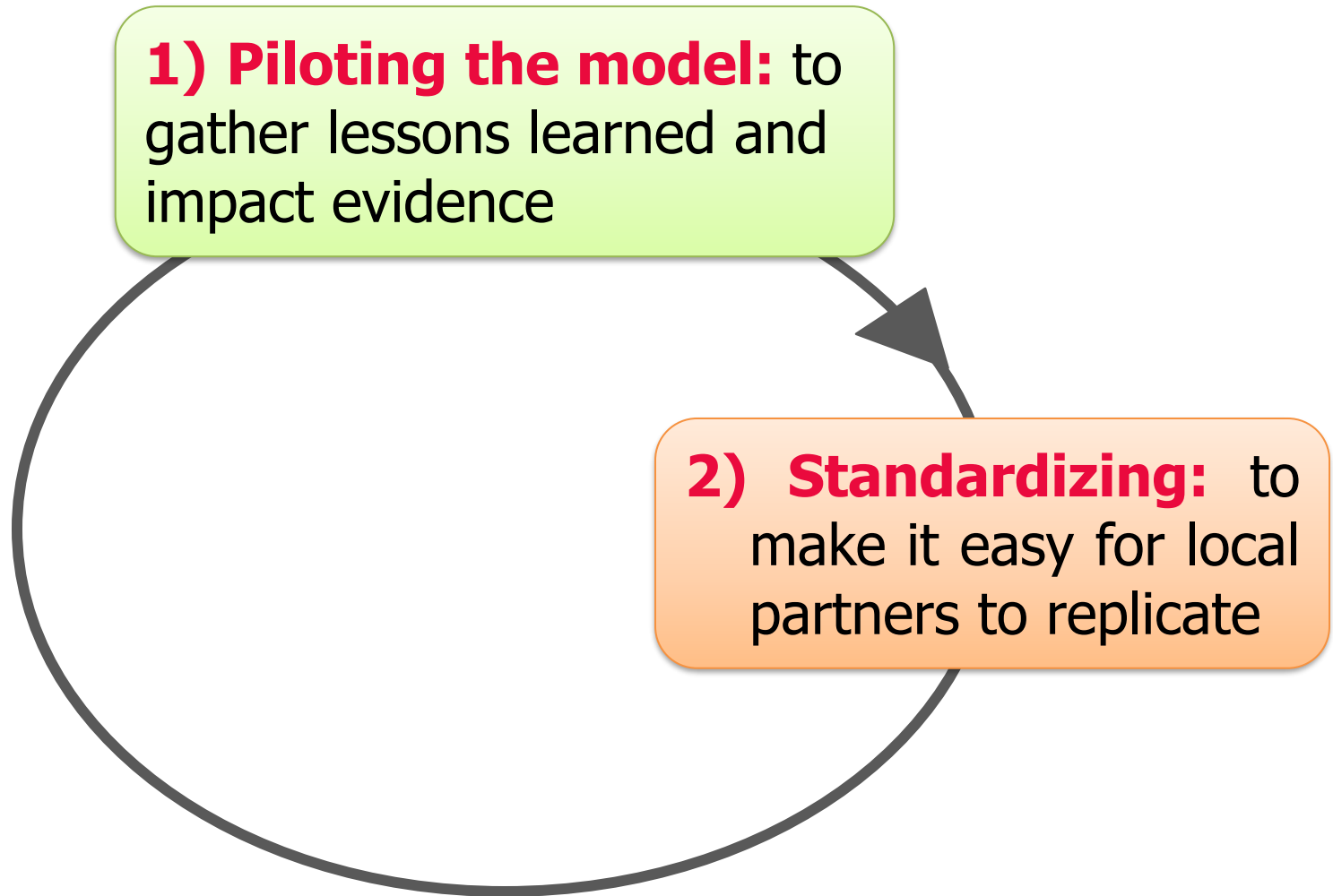
2020

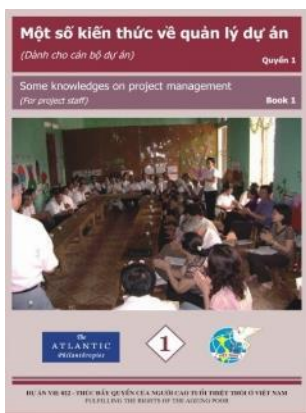
Review 5 year implementation of Decision No. 1533. Prepare for **2nd phase** of ISHC national replication

2025

Aim to have **6,500 ISHCs** in 90% of the provinces. Continue to improve existing clubs' quality

Franchising the ISHC model





Project
manage-
ment



Club
establishment
and
management



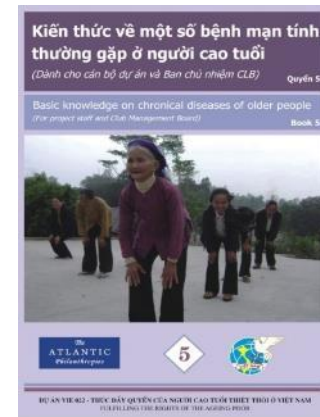
Handbook
skill for
CMB



Right and
Entitlement



Revolving
Fund scheme
management



Self-care



NCDs



Homecare



Age
friendly
and
Pro poor
Livelihood

Standardized manuals and materials for ISHCs

Standardize materials (large text, pictures, short)

Bài tập thể dục dưỡng sinh 14 động tác





1	 1,3,5,7,9 2,4,6,8,10	8	 1,3,5,7,9 2,4,6,8,10
2	 1,3,5,7,9 2,4,6,8,10	9	 1,3,5,7,9 2,4,6,8,10
3	 1,2,3,4,5,6,7,8,9,10 1,2,3,4,5,6,7,8,9,10	10	 1,2,3,4,5,6,7,8,9,10 1,2,3,4,5,6,7,8,9,10
4	 1,3,5,7,9 2,4,6,8,10	11	 1,3,5,7,9 2,4,6,8,10
5	 1,2,3,4,5,6,7,8,9,10 1,2,3,4,5,6,7,8,9,10	12	 1,3,5,7,9 2,4,6,8,10
6	 1,3,5,7,9 2,4,6,8,10	13	 1,3,5,7,9 2,4,6,8,10
7	 1,3,5,7,9 2,4,6,8,10	14	 1,3,5,7,9 2,4,6,8,10

Mỗi động tác làm 10 lần

Học chú mèo tự trị bệnh (mỗi động tác 36 lần)

 1) Xoa tay	 2) Xoa 2 ổ mắt (hai bên)	 3. Xoa mũi
 4. Xoa 2 gò má	 5. Xoa tai (hai bên)	 6. Xoa trán (hai bên)
 7. Xoa miệng và cằm (hai bên)	 8. Cào đầu	 9. Xoa gáy và cổ (hai bên)

Tập thể dục Bài Thức vũ kinh 3

No	Position	Count
1	 Squeeze	1,2,3,4 5,6,7,8 2,2,3,4 5,6,7,8 Clap 3 times (1,2,3)
	 Cup hands	1,2,3,4 5,6,7,8 2,2,3,4 5,6,7,8
2	 Cup hands	3,2,3,4 5,6,7,8 4,2,3,4 5,6,7,8 Clap 3 times (1,2,3)
	 Cup hands	

Videos

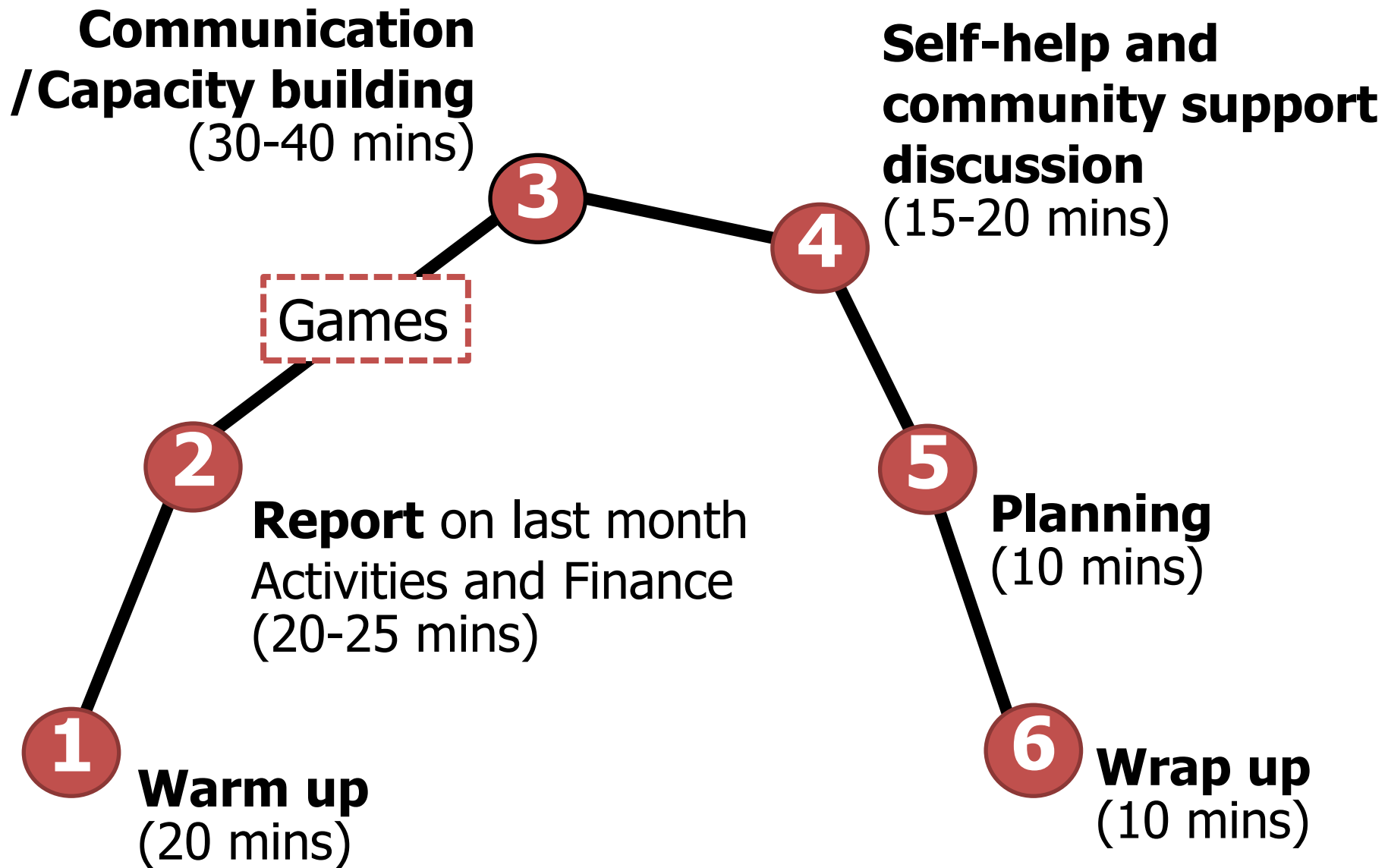


[Youtube HelpAge International in Vietnam](#)

[Youtube ISHC founder - Mr. Quyen Tran](#)



Standardize ISHC monthly meeting outline



1/ Warm up (exercise)



1/ Warm up (songs, dance, poetry performance)



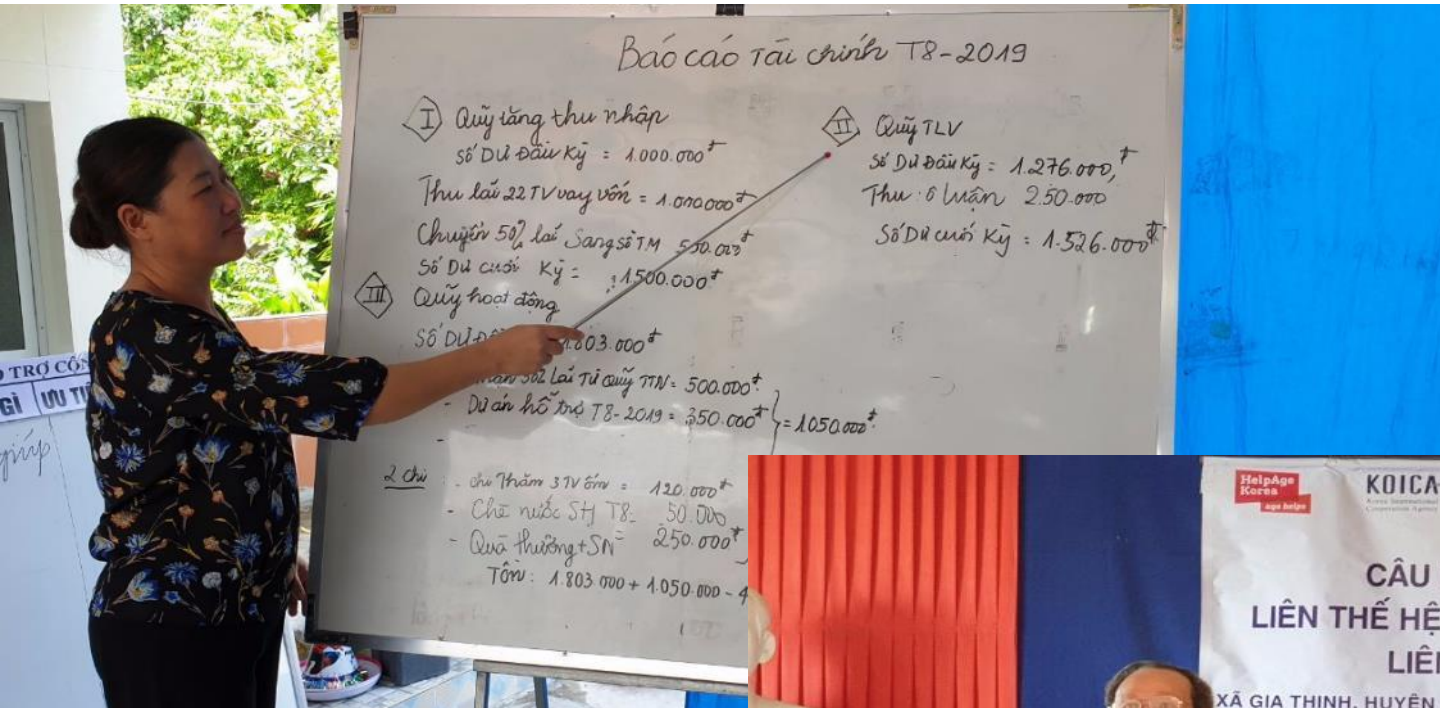
1/ Warm up (birthday celebration)



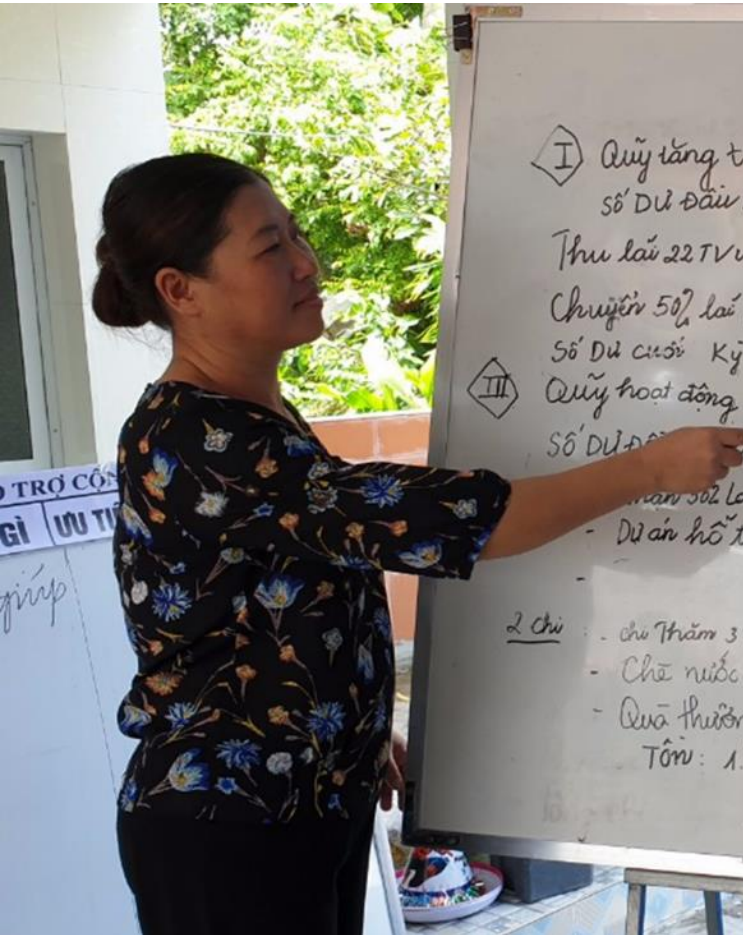
1/ Warm up (attendance checking, guest introduction, agenda announcement)



2/ Report



2/ Report



Báo cáo Tài chính T8-2019

I Quỹ tăng thu nhập	II Quỹ TLV
Số Dư Đầu Kỳ = 1.000.000 ⁺	Số Dư Đầu Kỳ = 1.276.000 ⁺
Thu lãi 22 TV vay vốn = 1.000.000 ⁺	Thu: ô lương 2.500.000
Chuyển 50% lãi Sang sổ TM 500.000 ⁺	Số Dư cuối Kỳ = 1.526.000 ⁺
Số Dư cuối Kỳ = 1.500.000 ⁺	

III Quỹ hoạt động

Số Dư Đầu Kỳ = 1.000.000⁺

Manh số la

- Dự án hỗ trợ

2 chi

- Chi Thăm 31
- Chi nước
- Quà thưởng

Tôn: 1.



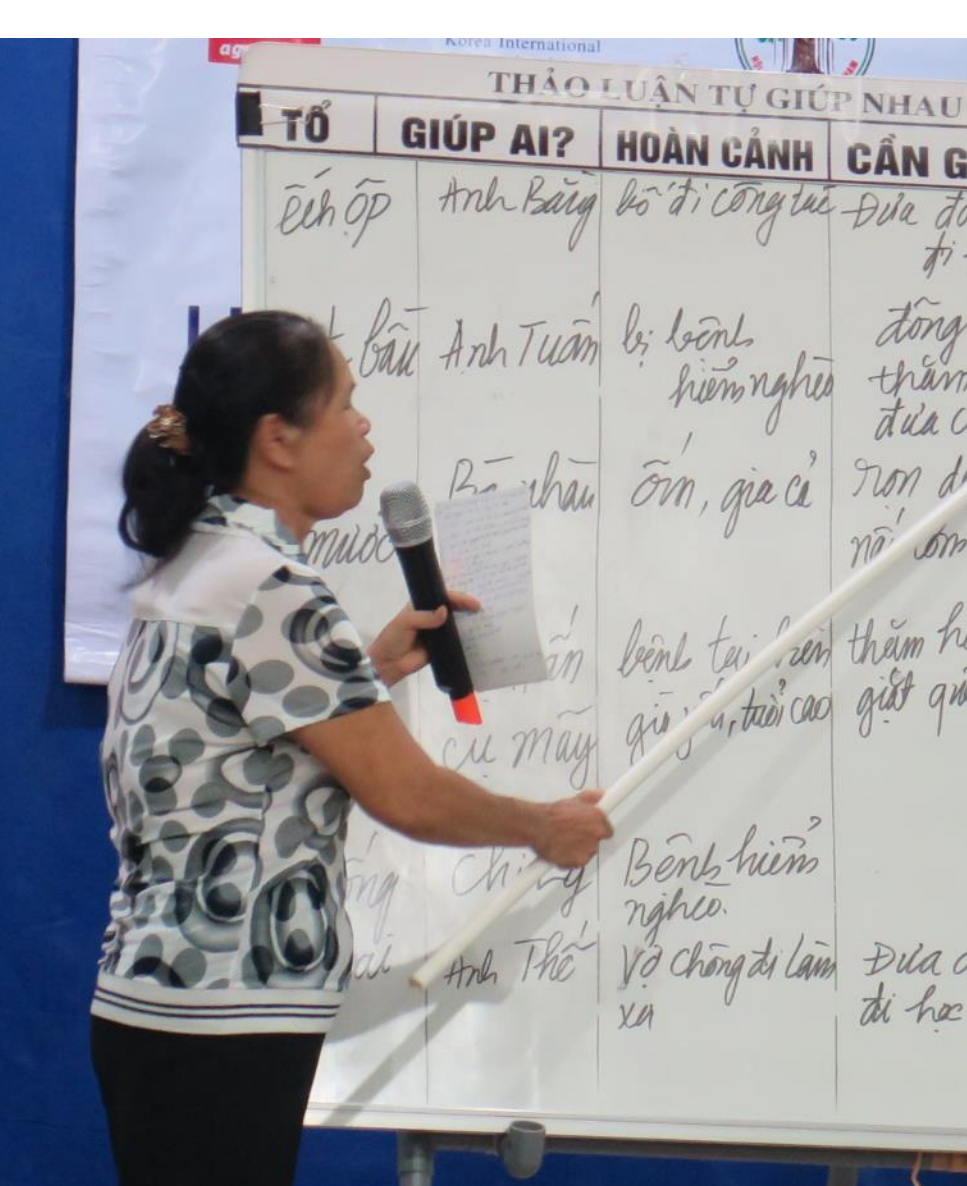
Games in between



3/ Communication



4/ Self help Discussion



5/ Planning

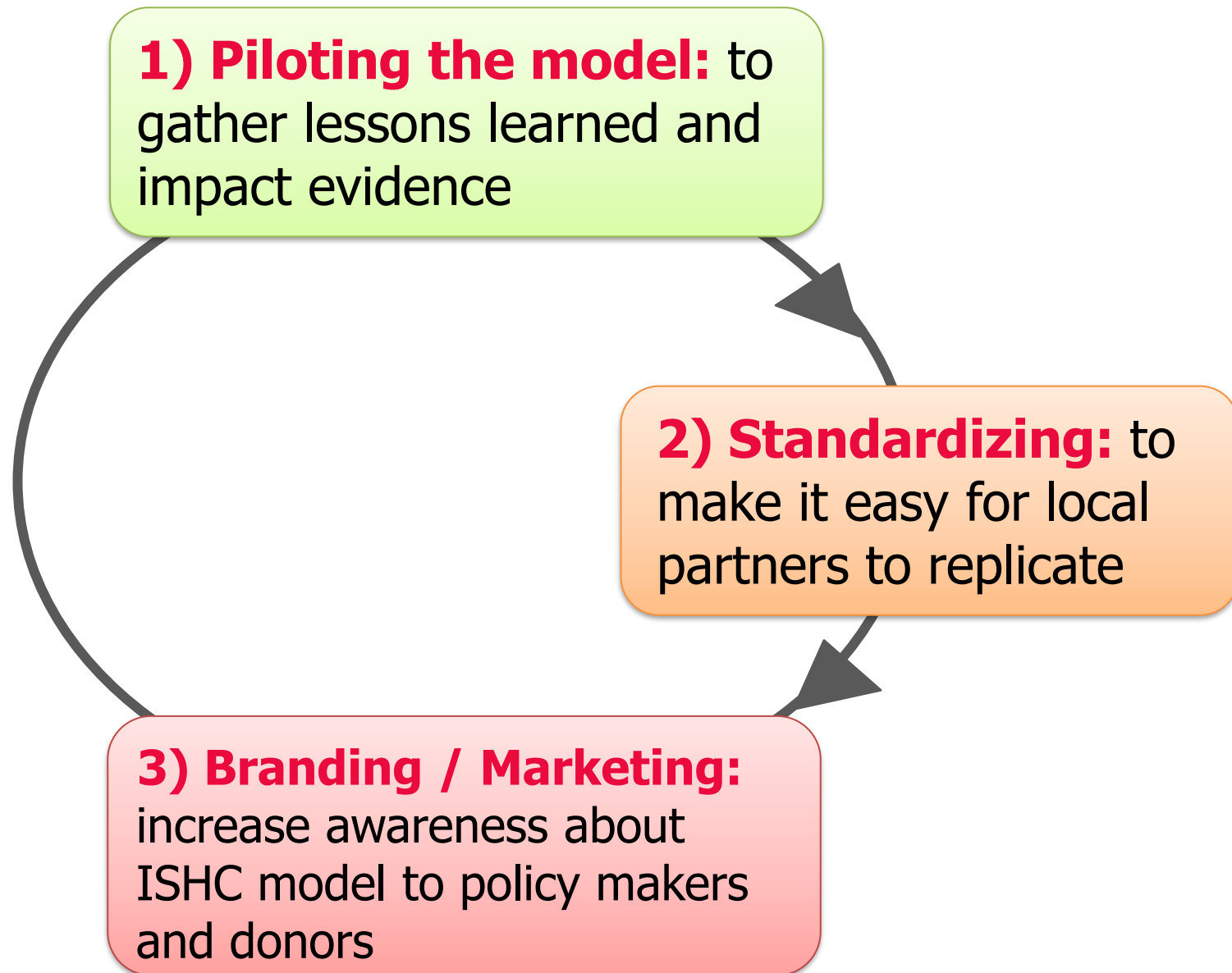


KẾ HOẠCH THÁNG TỚI				
STT	HOẠT ĐỘNG GÌ	NGÀY NÀO	GIỜ NÀO	AI PHỤ TRÁCH
1	Kiểm tra Sức Khỏe - Cân nặng - Đo huyết áp	21/9 - 24/9 25/9 - 27/9 28/9 - 30/9 31/9 - 2/10 3/10 - 5/10 6/10 - 8/10 9/10 - 11/10	Sáng 8h - Chiều 15h " " " " " " " " " " " "	Bà Trâm Bà Mùi Bà Hoa Bà Liên Bà Quý Bà Sen Bà Đơn
2	Chăm sóc sức khỏe tháng 10	từ 22/9 - 5/10	các giờ trong ngày	Tập thể các Tổ trưởng Trần - Mùi - Na Liên - Quý - Sen Đơn
3	Lao động Cộng Đồng	Thứ 7 - 29/9 + 30/9	15h Chiều 29/9 7h Sáng 30/9 (chủ nhật)	Trông Học Đường Bà Đăng - Bà Tường Tâm có vườn học trường trước Nhà Ông Trú Bà Tâm + Hoa + Mỹ + Tâm Mùi + Sen
4	Linh hoạt tháng 10	21/10	13h 30	Hội Ban Trưởng Chủ thôn Nhiệm

6/ Wrap up



Franchising the ISHC model



3) Branding



IEC materials (Website, video, handbooks, brochure,...)

Organize field visit to the ISHC

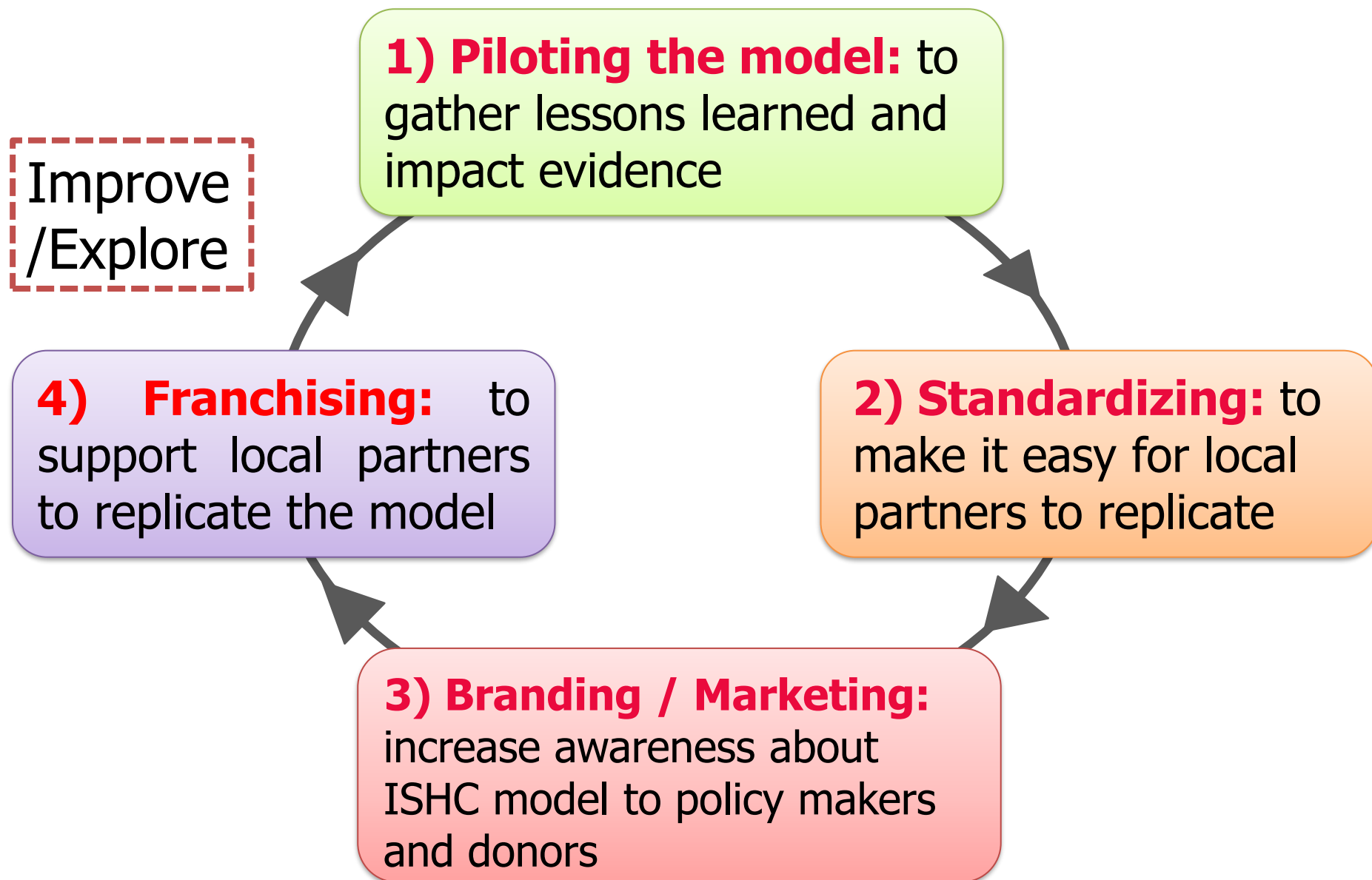


Home visit to see impact



Conferences & discussion

Franchising the ISHC model



4) Franchise



Discussion with possible partners/customers



Replication plans and strategies (proposal, FR,...)



Support in training & management



Handover (TOT)

Sharing and piloting ISHC beyond Vietnam

1

Conducted five regional trainings on the ISHC development model since 2015



2

Supported countries in the region to adopt & adapt the ISHC development model to their country context



Bangladesh



Cambodia



Indonesia



India



Iran



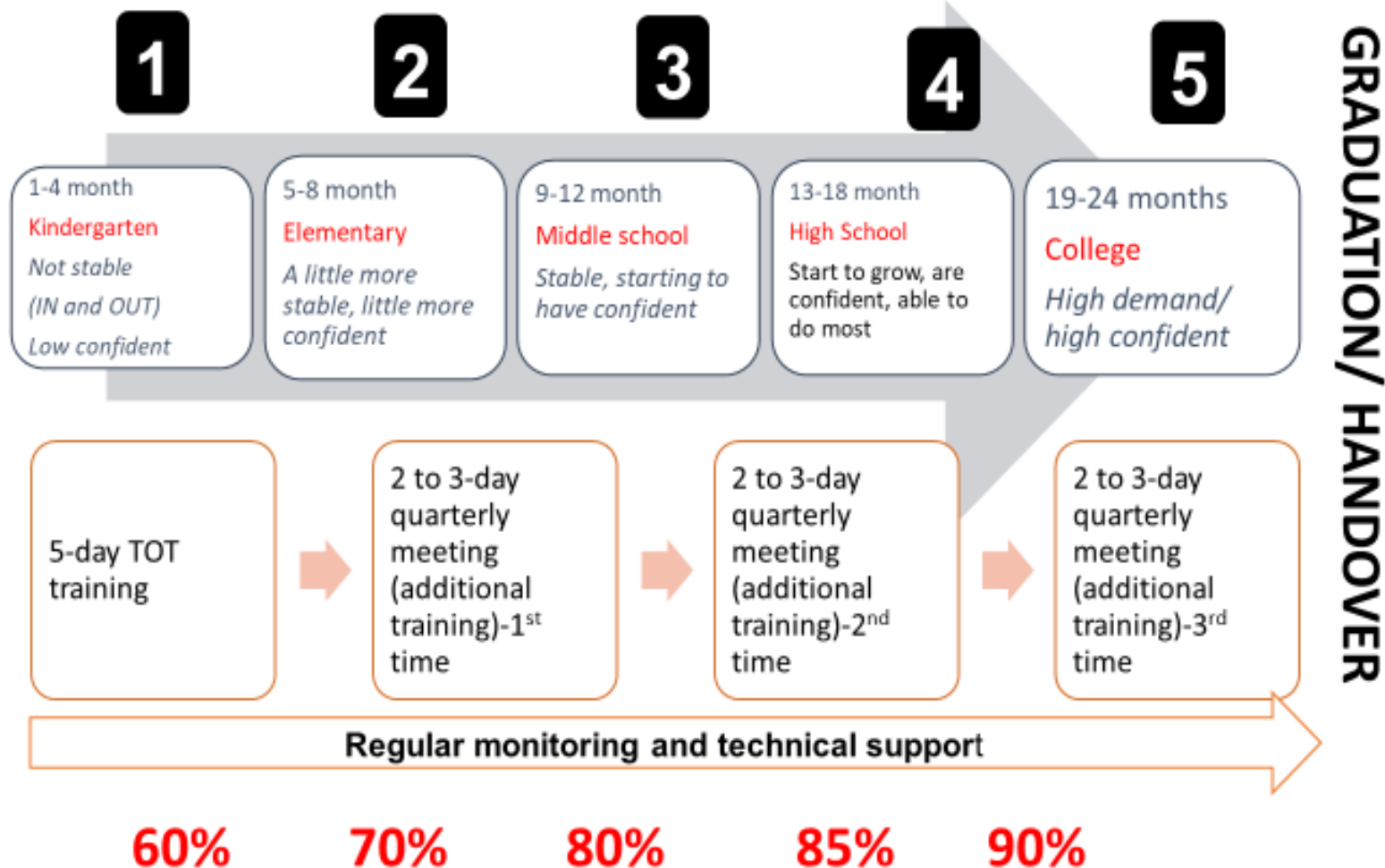
Myanmar

5 stages of ISHC development

Stage of
Develop-
ment

Capacity
building
timeline

Capacity
Targets



Having strong and wide buy in is very important of your ISHC model

1. Have an ISHC model that are wanted and needed by all stakeholders (people, families, communities, partners and authorities) & willing to pay for it
2. Able to show clear results and impacts
3. Have long lasting and wide benefit (sustainable)
4. Cost effective (value to the money)
5. Affordable (able to replicate with local resource)
6. Develop strong partnership with government, private sectors, the media and development organizations

Financially sustainable

HelpAge & local partners support the ISHCs to increase its capacity to generate their own **regular income**:

**Around \$5,000
livelihood grant to
the ISHC**

ISHC's income
(ISHC Fund)

Income
sources

1. Profit from
the loan fund

2. Membership
fee

3. Local Fund
raising

4. Small
ISHCs' IGA

The ISHC's incomes are used to support the ISHC activities

Usage of
income

Capacity
building

Health
living &
healthcare

Income
security

Social,
cultural and
community

Gender,
ageing, and
right

Homecare &
HIV/AIDS
awareness

CBDRR,
relief and
rehab

Self-help
activities,
disability

"ISHC will continue & grow even after funding end"

Evidence of wide range impacts

1) Healthier

88.6%



2) Wealthier

97.0%



3) Happier

92.7%



4) Improved
solidarity

95.9%



5) Empowered

93.2%



6) Enhanced
confidence

91.0%



3.2 million USD

567 ISHC
established

5,738 USD cost per
ISHC



30,196
members (74.5%
member, 56.0% CMB
were women)

3.5 average
HH size

106,906 member
HHs size



224,800
Direct beneficiaries

674,400
Indirect beneficiaries

57.6%

Average increased in
member annual income

18.7

average aged of
ISHC (in month)

16,594

revolving loan outstanding



45.6% average increased
in members' HH annual income

756

social and
cultural groups

1,086

sport and
exercise groups



97.7% (29,509)

Practice regular exercise (3 times/week)



DEVELOPMENT AND PILOTING of ISHC IN TEN PROVINCES 2014-2020

3.0 Ave. # of health
checkup/member/year



91,607
health
checkups
(round)



99.9% received
health
awareness information



5,182 care
volunteers



9.2 average # of care
volunteers per ISHC



97.7% health
insurance coverage



3,346 care clients

6.0 average # of
care clients per ISHC

1.5 care volunteers
to client ratio

99.9%
Received health
awareness information



99.8%
Received livelihood
awareness information



96.8% received right
and entitlement awareness
information



5,605 self-help
activities
conducted



670,000
people directly
benefiting from
the regular self-
help activities



1,062,846 USD
generated by the ISHCs

22,722 people received access to legal support

Is affordable

Example: Vietnam

If the government of Vietnam invest just **0.03%** of its **2019 GDP** per year (for 10 years), the funding will be enough to establish **100,000** multi-functional self-managed and sustainable ISHCs in the country.

Note: One ISHC in every village or urban community in the country

Invest in ISHC for better health and aging in place!





Thank you very much!

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HelpAge International in Vietnam
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