“Harnessing social networks and intergenerational support to empower active lifestyles across the life course”

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The Asia and Pacific Region is Rapidly Ageing

Asia has the largest & fastest growing ageing population

- **1950**
- **1990**
- **2025**

OP Population in Millions

<table>
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<tr>
<th>Region</th>
<th>1950</th>
<th>1990</th>
<th>2025</th>
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<tbody>
<tr>
<td>Oceania</td>
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<td>Nth America</td>
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<td>Asia</td>
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Source: World Population Prospects UN

World Bank’s 2016 Per Capita GDP for Asia Region

What are countries/govt. to do when the demand is great, but the resource is very limited?

but with limited resources
Evolution of HelpAge’s Intergenerational Self-help Club model

HelpAge works with local partners to initiate various development projects and activities

- Research and Capacity building
- Right and Entitlement
- Health living and healthcare
- Gender, ageing
- Homecare & HIV/AIDS
- DRR activities
- Networking and Advocacy
- Livelihood & social pension

Main characteristics of HelpAge’s development model in Vietnam from 1997 to 2005

Previous 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 supported (no exit strategy)
- Small (only meant to be pilot)
- Not able to replicate nationally
- No customer – no buy in

KEY RECOMMENDATIONS:
- Strong buy-in (model)
  - Relevant – meeting the need of the beneficiaries, not just the donors – multi-focus
- Strong participation and full local ownership
- Commitment – willing to invest (time and resource) in the model

Durable: wide & long-lasting impacts
- Technical sustainability
- Financial sustainability
- Ongoing R&D

Scalability:
- Standardization (replication tools)
- Costing: affordability
- Champion
- Political space (lobby & advocacy)

We were proud of our comprehensive programs in the country but had lingering questions.

1. Were we meeting the needs of the people or just what the donors’ needs?
2. What happen after the project (did it have lasting benefits and wider impacts)?
3. Why aren’t we seeing any local buy-in of the Vietnam’s OPA model?
The Intergenerational Self-help Club Model (ISHCs)

• ISHC development model is a **development initiative** that provides control of the **development process, resources** and **decision-making authority** directly to community groups.

• The underlying assumptions of ISHC development model are that communities are the **best judges** of how their lives can be improved and, if provided with **adequate training, information, opportunities and resources**, they can organize themselves to provide for their **immediate and long-term needs and development**.

• Moreover, ISHC models are motivated by their trust in people and hence it advocates people **full participation** as a powerful force for development.

• By treating people as **assets and partners** in the development process, many studies have shown that ISHC is **responsive** to local demands, are more inclusive and cost-effective compared to traditional development model/programs.
Unique characteristics of the ISHC development model

1) Promote equitable & inclusive development

Target the entire community (not just those with disadvantaged) to promote stronger local ownership, mutual support (able to tapped available local resources) and greater and lasting impacts.

2) Self-managed and self-help

ISHC organisation structure
Membership: 50-70 from 1 village (around 1,000 people/village)

- ISHC Management Board Members
  - President
  - Vice President
  - Book-keeper
  - Treasurer
  - CMB Member

- Group 1 Leader
  - Group 2 Leader
  - Group 3 Leader
  - Group 4 Leader
  - Group 5 Leader

Group 1 8 - 12 members
Group 2 8 - 12 members
Group 3 8 - 12 members
Group 4 8 - 12 members
Group 5 8 - 12 Members

“Help community to help themselves”

4) Financially sustainable:

Support the ISHCs to increase their capacity to generate their own regular and increasing income:

- Around $5,000 livelihood grant to the ISHC
- ISHC’s income (ISHC Fund)
- Income sources
  1. Profit from the IGA
  2. Membership fee
  3. Local Fund raising
  4. Small ISHCs’ IGA
- The ISHC’s incomes are used to support the ISHC activities

Benefits from having regular self-generated income for poor households and the ISHCs

- ISHCs are **poor people** - able to design, implement and monitor its own activities
- Able to **response to multiple needs** of members and their communities
- Are financially sustainable and able to generate **increasing income** to cover its own running costs and activities - will continue **even after the project** funding has ended
- Are dynamic and able to change & grow

The ISHC model is based on “the **people** know, the **people** decide, the **people** do, the **people** monitor, and the **people** manage”

5) Is affordable:

**Example: Vietnam**

If the government of Vietnam invest just **0.02%** of its 2018 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.
Unique characteristics of the ISHC development model

3) The ISHC is multi-functional

- It enables the ISHC to respond to the multiple needs of the beneficiaries and communities
- Promote greater synergy between the activities
- Increase sustainability of the ISHC

“Help community to respond to their own needs”

A8) Resource Mobilization

1) Local donations (in cash, in kind or labour)
2) Monthly membership fees
3) Micro credit interest
4) Collective income generating activities

Empower communities to help themselves

8 main activities of the ISHCs:

1) Social/Cultural
2) Livelihood
3) Health
4) Homecare
5) Self-help
6) Life-long learning
7) Rights
8) Resource Management
6) Clear evidence of impacts (1/2)

Funding from KOICA: 758,000 USD (average cost 7,850 USD/ISHC)
Timeframe: 3 years

VIE047 Project – Key achievements

96 ISHCs were established
With 4,865 members
1,885 monthly meetings conducted
95% of ISHC member practice regular physical exercise
4,604 members have health insurance (94.6%)
96 social and cultural groups were established
632 talks on health were conducted

95% of members received at least 2 health checkups per year

6) Clear evidence of impacts (2/2)

Funding from KOICA: 758,000 USD (average cost 7,850 USD/ISHC)
Timeframe: 3 years

VIE047 project – key achievements

3,444 households received livelihood loans (71%)
1,556 people received support from ISHCs to access their right and entitlement
651 homecare volunteers providing care to 484 homecare clients
41.9% increased in members’ household incomes (compare to baseline)
1,517 self-help activities were conducted to help needy people and their communities (1.4 self-help activities per day)
196,200 USD were self-generated income by ISHCs

576 talks on livelihood were conducted

Evidence of Impacts

N=13,628

7) STRONG LOCAL BUY IN

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%
**Evidence of Scale-up**

**9) Able to influence local and national policies**

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<th>Year</th>
<th>Event</th>
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<td>2006</td>
<td>NPAA 2012-2020 (Target: 50% of commune or ward in the country will have ISHCs by 2020)</td>
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<td>2013</td>
<td>Decision 1533: National ISHC Proposal approved by Prime Minister</td>
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<td>2016</td>
<td>National Healthcare Proposal for OP (link to ISHCs)</td>
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<tr>
<td>2017</td>
<td>MOU between MoH &amp; (linking to ISHCs)</td>
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<tr>
<td>2018</td>
<td>55/63 provincial ISHC proposals approved</td>
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<tr>
<td>2020</td>
<td>63/63 provinces will have ISHC models</td>
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<tr>
<th>Source of Funding</th>
<th>Amount (VND)</th>
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<td>SP: 90,000 VND (90 yrs)</td>
<td>180,000 VND (85 yrs)</td>
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**10) Sharing ISHC model beyond VN**

1. **Provide regional training on the ISHC/CDD development model (since 2015)**

   - Tuyen Quang
   - Nam Dinh
   - Quang Nam
   - Gia Lai (waiting for approval)
   - Binh Dinh (waiting for approval)

   **Note:** each ISHC: 50-70 members

2. **Next regional CDD training workshop – in November 2019**

   - Support countries in the region to adopt and adapt the ISHC development model to their country context

   - Bangladesh
   - Cambodia
   - Indonesia
Scaling-up with limited resource: Supermarket model

Social/cultural  Livelihood  Resource M.

Health  Care  DRR/First Aid

50  300  12

300  60  30
What are the strengths ISHC

1. Alleviate overreliance on central governments as the main (only) service providers,
2. Improve the accountability in services
3. promote equity and inclusiveness development
4. Enhance efficiency and good governance
5. Effective at targeting and including vulnerable and excluded groups (ex. home & bed bounded)
6. Promote local ownership: allowing communities to manage and control local resources directly
7. Normally result in wider and lasting benefits
Thank you!