





Urban Agenda Platform

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Hanoi's Intergenerational Self-Help Clubs

Region Asia and the Pacific Award Scheme Shanghai Manual

Themes Human Rights
Social Inclusion
Others

Sustainable Development Goals Goal 10 - Reduce inequality within and among countries

Goal 11 - Make cities and human settlements inclusive, safe, resilient and sustainable

New Urban Agenda Commitments Sustainable and Inclusive Urban Prosperity and Opportunities for All

Summary

Facing an aging population, Hanoi's Intergenerational Self-Help Clubs provide support for the elderly with respect to healthcare and social security, enhancing livelihoods and empowerment among typically vulnerable community members.

Background and Objective

As a country in transition, Vietnam is on the brink of having a dramatic aging population that is occurring faster and at an earlier stage of development than most other countries globally. In 2015, the country became an aging society with projections indicating it will become an aged society by 2035. Coupled with the fact that the per capita income of Vietnam is just 40 per cent of the global average, this has presented the country with significant challenges in regard to achieving socio-economic prosperity. It is lagging behind in the region in regard to achieving an upper middle-income status by 2035. Critically, such changing demographic compositions have placed a burden on health-care systems, reinforcing the need to expand the nation's social welfare system and develop a vibrant long-term care system throughout the country. In 2019, the General Statistics Office of Vietnam conducted the fifth demographic census and housing census with the assistance of the United Nations Population Fund. Presenting the main characteristics of the current population over 60 years old in Vietnam, the report highlighted that at the time of its conduction, women accounted for approximately 60 per cent of Vietnam's older population with nearly 70 per cent of the older population living in rural areas, specifically in the north of the country. The report presented recommendations that the national government should prioritize the elderly in rural areas, especially women, when planning for and providing long-term care services for senior citizens. HelpAge Vietnam, registered in 2011, is the only international organization in the country that focuses on aging and supporting the elderly. It was initiated and established by HelpAge International, a non-profit organization headquartered in London, and has worked with the Vietnam Women's Union since 1997. The traditional model of the Older People's Association marks the initial exploration by HelpAge Vietnam to establish project-based associations for older persons to respond to their specific social needs, such as the protection of their rights and interests, healthcare, livelihoods, social security and empowerment. However, this model soon encountered bottlenecks, including the limited social function of each project, lack of motivation among local partners, high project costs, over-reliance on external funding and the need for long-term support. In late 2005, in partnership with the Vietnamese Senior Association and the Vietnam Women's Union, HelpAge Vietnam launched an innovative pilot project called the Intergenerational Self-Help Club (ISHC), a development model focused on a community-based approach to achieving active aging, inclusive development and increasing access to home care services. Proven to be very effective in practice, ISHC has been approved by the Prime Minister for the second time and officially replicated and promoted at the national level – it has also been recognized by the In late 2005, in partnership with the Vietnamese Senior Association and the Vietnam Women's Union, HelpAge Vietnam launched an innovative pilot project called the Intergenerational Self-Help Club (ISHC), a development model focused on a community-based approach to achieving active aging, inclusive development and increasing access to home care services. Proven to be very effective in practice, ISHC has been approved by the Prime Minister for the second time and officially replicated and promoted at the national level - it has also been recognized by the United Nations as an excellent model to help achieve nine SDGs at the local level. In 2020, the Japan Centre for International Exchange and the Economic Research Institute for ASEAN and East Asia jointly awarded HelpAge Vietnam with the Healthy Aging Prize for Asia Innovation. According to the official website of HelpAge Vietnam, there were 3,842 ISHCs by the end of 2021, distributed in 61 of 63 provinces and cities across Vietnam, with over 210,000 club members, 12,000 home care volunteers and 4 million direct beneficiaries.

Actions and Implementation







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Hanoi, the capital of Vietnam, accommodates a greater number and higher proportion of individuals aged 60 and over compared to any other province or city in the country. In 2017, with funding from the Korea International Cooperation Agency and HelpAge Korea, HelpAge Vietnam launched a project code-named VIE70. The project aims to support older persons in communities such as those in Hanoi by replicating the model of ISHC. Following completion of the project in 2020, a total of 94 clubs had been established, almost 6 times the original target. With 78 clubs more than expected, Hanoi has proved to be the most successful city in replicating the club model. The clubs have raised around VND 420 million (approximately USD 17,600) within three years to maintain their operation. The 16 clubs in the project plan have a total of 868 active members, of which 390 applied for clubs' microcredit loans and all made the repayment. The clubs have become model examples among others in local areas by helping 97 people obtain home care services and 125 people policy benefits. As completion of the project coincided with the COVID-19 outbreak, the clubs helped communities and health departments publicize COVID-19 pandemic prevention, promoting control measures, testing and community medical assistance. A retired civil servant, Dao Thi Hoa joined and chaired the ISHC in Hanoi's Khuong Din district at the age of 67, and found that many households were unemployed with no income during the COVID-19 pandemic in 2020. Accordingly, she called for 60 club members to jointly collect 1,000 pounds of rice, 85 boxes of noodles and cash for 30 of the most in need members to help improve their financial security, reflecting the Vietnamese principle of mutual helping. ISHC operates as a cost-controllable, replicable, multi-functional and inclusive project designed to address the social challenges in Vietnam in respect to rapid aging. It aims to tackle this via five core premises: 1) the process of social development, resource allocation and decision-making requires the participation of local governments and members; 2) older persons are assets and partners of the community; 3) community residents can best measure out to what extent their lives can be improved; 4) people are more motivated to create positive changes when they trust each other; and 5) responding to local needs through the community is a more inclusive and cost-controlled approach. The ISHC development model includes the following key elements. ISHCs are membership-based community self-organizations, each of which contains 50 to 70 members of various ages and backgrounds, most of whom are older persons, women and residents facing social or economic challenges. Any local resident who meets the following conditions can join the club: ? Willingness to support oneself and others? Ability to participate in club activities? Voluntariness and passion? Agreement to abide by the rules of the club? Agreement to pay membership dues on time (VND 2,000-5,000 per month, approximately USD 0.1-0.2 per month)? Other members may be accepted. In line with the principle of mutual helping to improve the quality of life, the club also needs to follow three basic principles in its composition of members: 1) seventy per cent of its members should be over 60 years old; 2) seventy per cent must be women; and 3) seventy per cent should be people in challenged socio-economic circumstances such as those living alone, people with disabilities or chronic illness, people who are financially struggling or survivors of domestic violence. However, where 70 per cent is only a proposed rate, 65-75 per cent is also acceptable for each group according to local conditions. Most clubs have only 50-55 members in their first year of operation; however, the number increases as they continue. The purpose of the club is to improve the quality of lives of senior people, their families, individuals in need and also the quality of life in local communities. As a comprehensive development model promoting access to healthcare and social participation for older members of society, ISHC predominantly conducts activities around eight components: 1) income security; 2) medical care; 3) lifelong learning; 4) social care; 5) community support; 6) family care; 7) resource mobilization; and 8) rights and interests. These components aim to satisfy the different requirements of community members, especially older individuals and those in need. The principles of voluntariness, self-governance, democracy, equality, solidarity and cooperation are key for the successful development of a club, and all members can join or leave the club as they wish. The activities of the club are planned, implemented and supervised by the members themselves, whilst the club resorts to collective decision-making and voting if necessary. All members have the right to participate in and provide opinions on club activities and decisions. Club members should be always united, friendly, willing to share their ups and downs, and to help one another. A total of five suitable volunteers are selected from members to form a biennial council that composes a diverse structure for each club. In terms of age, this includes two to three people aged 60 years old or over, with the remainder under 60 years of age. In terms of gender, there are at least two to three women; and in regard to social status, there must be at least one representative in the group in a challenging circumstance as per the stated criteria. A maximum of two to three council members can hold other positions in the community; however, the time required to serve the club may reduce the time for other part-time positions. To reduce the workload of the council and simultaneously enhance the role and ability of the management, a club will usually set up teams to cover five areas according to the specific situation, with each team containing 8-12 members, a leader and a deputy leader. They will act as assistants for the council in the management and implementation of activities including convening meetings for members, feeding the thoughts and suggestions of members and of the local community back to the council, reminding members to pay principal and interest on the microcredit loans, monitoring the use of loans and leading discussions among members at the meetings. Since it involves economic, cultural and additional diverse activities, the club requires appropriate management strategies in respect to its financial accounts and documents on daily activities. These include but are not limited to: ? Records about weight, blood pressure, blood sugar and health insurance status during each health care activity ? Income, loans, application forms, use plans and loan contracts? Monthly activity logs and information for home care services? Details and photos of mutual support in the community? Personnel management and monthly reports? Annual budget and all financial statements? Social donation statistics? Club by-laws, etc. To ensure risks are kept under control, each club is required to disseminate its monthly report to a community-affiliated seniors association for audit by the end of each month. As a new type of community-based self-organization, the club follows its own life development cycle and needs to advance step by step. The first one to three months can be an unstable yet critical period for its survival but usually it will gradually develop steadily in the seven months after its establishment. Considering the differences in its financial capacity, HelpAge Vietnam suggested that local governments provide each club with a start-up capital of approximately USD 2,100 (VND 50 million). HelpAge Vietnam has worked with the Vietnamese Senior Association and customized five capacity building training sessions for the club in light of the above cycle. The training starts with a five-day initial training session on club preparation. Next, a session on capacity building for two to five days is provided at each stage to help the club smoothly proceed to the next stage of development. The club should achieve self-support and sustainable development financially without assistance from other institutions after two years.







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Conclusion

HelpAge Vietnam launched its pilot project in several regions and has achieved remarkable results through the development of a highly effective model tackling the challenges of gaps between the demand for medical care and home care services for the elderly, and a lack of actual supply due to rapid aging. ISHC can systematically intervene in the quality of life of the elderly in all aspects by means of diverse activities. The clubs attach great importance to, and provides a stage for both disadvantaged and senior women to maintain their continued participation in community activities. Through utilizing community-based public space, HelpAge Vietnam has established multi-level community bonds and improved the resilience of disadvantaged individuals in local communities so as to enhance the physical and mental health of the elderly, as well as individuals who face more challenging socio-economic circumstances. Older persons, especially those that are socially disadvantaged, are often regarded as objects and passive recipients of help from others, as opposed to being subjects capable of improving their own lives in regard to many projects focusing on social development and support. In ISHCs, they can actively participate in self-development, self-empowerment and self-improvement. The continual project evaluations conducted by HelpAge Vietnam have proven that via an effective governance structure which includes a council with older and younger members, aims for gender parity and which represent people of different social statuses is a key reason why ISHCs remain active and continue to grow. Integrating multiple factors such as age, gender and social status enables the ISHC model to serves as a basis for community members to connect and reach a consensus. The operation of the ISHC fund pool helps to not only improve the livelihood of individual members but also to sustain the activities of the organization itself. The structure of multiple incomes and the activities of community resource mobilization make the fund pool more extensible and sustainable so as to give full play to the role of government resources as a lever and the effectiveness of social resources. Rapid aging can bring about complex social challenges that cannot be solved by any institution alone. Since the pilot project was launched, HelpAge Vietnam has been working with local social groups such as senior citizens' associations and women's federations. In the large-scale region-based replication, it also attaches great importance to the network of cooperation with local governments. Importance is also attached to the core activity model, to communication with local officials and to cooperation with community management agencies. These efforts combined have laid the foundation for the advocacy of national policies across Vietnam. HelpAge Vietnam has established a monitoring and evaluation system for the ISHC project at each stage. During the implementation of the project, regular data and research are employed to visualize the changes brought about by the club including the increase in its economic income, the emotion and spirit of its members, and the frequency and effectiveness of its daily activities. This helps the project to monitor the progress and take corrective actions as needed. It has also facilitated replication and large-scale implementation of the project.