support network for individuals in the community. In addition, well-developed mobilization-action patterns created by various self-organizations in daily operation can enable self-organizations to respond quickly to external shocks. As a result, tenants’ self-organizations can help enhance the resilience and stability of their communities against crises.

**Hanoi, Vietnam: Hanoi's Intergenerational Self-Help Clubs**

**Case background**

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 percent 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 percent of Vietnam’s older population with nearly 70 percent 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 Elderly 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 Clubs (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.

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8 The SDGs in focus include SDG 1, 2, 3, 4, 5, 8, 10, 11 and 13.
with over 210,000 club members, 12,000 home care volunteers and 4 million direct beneficiaries.9

Implementation process
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 (see Figure 2.14).

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.

Figure 2.14 The chairwoman of ISHC checking the club account book with other members in Hanoi’s Khuong Din district

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:9

1. Identifying the right members
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 percent of its members should be over 60 years old; ② Seventy percent must be women; and ③ Seventy percent 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 percent is only a proposed rate, 65 ~ 75 percent 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.

2. Establishing diversified activities around the core club components

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 (see Table 2.2).

<table>
<thead>
<tr>
<th>Core functions</th>
<th>Details activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and income security</td>
<td>• A fund for generating income is set up to provide members with microcredit loans (up to VND 5 million or approximately USD 205 per person)</td>
</tr>
<tr>
<td></td>
<td>• Communication concerning fundraising models and techniques as applicable to the elderly, poor and climate change is carried out quarterly on average</td>
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<tr>
<td></td>
<td>• Economic development and industry teams with over five members are set up to support each other</td>
</tr>
<tr>
<td>Medical insurance</td>
<td>• Medical examinations are conducted for club members annually, including blood sugar testing</td>
</tr>
<tr>
<td></td>
<td>• Blood pressure and weight are checked monthly</td>
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<tr>
<td></td>
<td>• A lecture on healthcare and self-care is provided quarterly</td>
</tr>
<tr>
<td></td>
<td>• Regular physical activity (including health maintenance, fitness and exercise) is encouraged</td>
</tr>
<tr>
<td></td>
<td>• Health insurance is purchased for members and vulnerable members of the community</td>
</tr>
<tr>
<td>Lifelong learning</td>
<td>• Meetings to transfer new knowledge and skills for club members and community residents are organized every month (using village/community meetings and club events, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Information and documents are shared</td>
</tr>
<tr>
<td></td>
<td>• Interest groups are established to share experiences and encourage learning from one another</td>
</tr>
<tr>
<td></td>
<td>• Publicity through community-based radio stations or other loudspeaker devices is encouraged</td>
</tr>
<tr>
<td>Social care and connection</td>
<td>• At least one culture and artist team is built within each club</td>
</tr>
<tr>
<td></td>
<td>• Clubs are encouraged to communicate and perform at local events</td>
</tr>
<tr>
<td></td>
<td>• Home visits and condolences are made to members when they are sick</td>
</tr>
<tr>
<td>Self-help and social support</td>
<td>• Support is provided for at least one person in need in the community every month (in the form of labour, financial assistance, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Participation is encouraged in community-supporting joint work (e.g. cleaning, disaster prevention, etc.)</td>
</tr>
</tbody>
</table>
### Core functions

<table>
<thead>
<tr>
<th>Core functions</th>
<th>Details activities</th>
</tr>
</thead>
</table>
| Home care relies on volunteers         | - Older persons in need in the community are attended to with the support of local health centres  
                                           - Each club takes care of five people, with each member serving at least twice a week |
| Resource mobilization                  | - The club earns income to maintain its operation by:  
                                           - Collecting membership dues  
                                           - Obtaining interest in the fund development  
                                           - Encouraging donations from the society  
                                           - Obtaining profits from the fund growing activities |
| Rights and defending rights            | - Communication campaigns are carried out at least twice a year on relevant laws and policies including those on gender equality and combating elder maltreatment  
                                           - A monitoring system is established to support the rights of older persons  
                                           - Opinions are solicited from members on issues of mutual interest and submitted to local governments, departments and service providers |
| Monthly meetings for the club          | - Opinions are collected and solutions discussed at regular meetings every month  
                                           - Local officials are invited to the meetings for direct connection with residents  
                                           - A meeting usually lasts about two hours, covering introductions, welcoming new members, reporting on events of the previous month, financial situation, questions & answers, mini-games, plans for the next month, etc. |
| Local cooperation                      | Cooperation is encouraged with local government departments for better implementation of local policies and projects, and members are mobilized to participate and provide support in disaster relief and mitigation, pandemic prevention and control, etc. |

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.

### 3. Developing an effective council

A total of five suitable volunteers are selected from members to form a biennial council that composes a diverse structure for each club (see Table 2.3). 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.\(^{10}\)

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10 Criteria for volunteers includes: being open-minded and willing to listen to others; learning and absorbing new thoughts; demonstrating enthusiasm, responsibility and energy; trusting and enjoying prestige in society, showcasing a willingness to help others, the ability to think rationally and the ability to lead the club for at least two years without financial compensation — ensuring availability and the ability to mobilize people via management skills; ensuring physically fitness, no dependency on alcohol or drugs, and no violence; and preferably to possess experience in community activities, have smartphone experience and own a vehicle (especially in the case of a COVID-19 outbreak).
### Table 2.3  The roles and specific responsibilities of the club council

<table>
<thead>
<tr>
<th>Roles of Council</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>• Comprehensive management, planning and reporting</td>
</tr>
<tr>
<td></td>
<td>• Personnel management</td>
</tr>
<tr>
<td></td>
<td>• Fundraising and resource mobilization</td>
</tr>
<tr>
<td></td>
<td>• Partnerships</td>
</tr>
<tr>
<td></td>
<td>• Receiving feedback and handling complaints</td>
</tr>
<tr>
<td>Deputy Chairperson</td>
<td>• Acting on behalf of the chairman when the latter is absent</td>
</tr>
<tr>
<td></td>
<td>• Activities to secure income</td>
</tr>
<tr>
<td></td>
<td>• Rights and interests-related activities</td>
</tr>
<tr>
<td>First director</td>
<td>• Health care and social care related activities</td>
</tr>
<tr>
<td>Second director</td>
<td>• Accounting</td>
</tr>
<tr>
<td></td>
<td>• Self-help and community-supporting activities</td>
</tr>
<tr>
<td>Third director</td>
<td>• Safeguarding the funds of the club</td>
</tr>
<tr>
<td></td>
<td>• Secretarial work and archiving</td>
</tr>
<tr>
<td></td>
<td>• Home care-related activities</td>
</tr>
</tbody>
</table>


![Schematic diagram of the governance structure of the club council.](image)


#### 4. Promote continuously active teams and groups

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, as shown in Figure 2.15 and Table 2.4. 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
Table 2.4 Development processes for teams and groups within the club

<table>
<thead>
<tr>
<th>Functional team</th>
<th>Development direction and suggestions</th>
</tr>
</thead>
</table>
| Cultural team                | • Talented members and those interested in it are selected  
|                              | • The culture and art team is responsible for organizing cultural activities or participating in cultural exchanges with other clubs  
|                              | • All members are encouraged to find their own way of providing entertainment instead of tending to the needs of the culture team only  
|                              | • The council can assist the team in electing its leader and deputy leader  
|                              | • At least one cultural team is set up  
| Sports team                  | • People with an aptitude for sports are selected  
|                              | • The sports team is responsible for organizing sports events and participating in sports for exchanges and competitions  
|                              | • The council can assist the team in electing its leader and deputy leader  
|                              | • At least one sports team is set up  
| Health team                  | • This team is responsible for organizing health and nutrition-related activities, including those promoting regular exercise and health maintenance  
|                              | • The council can assist the team in electing its leader and deputy leader  
|                              | • At least one health team is set up  
| Volunteer team               | Each club needs to develop three types of volunteer teams:  
|                              | 1. A home care volunteer group with at least 10 members to be equipped with health monitoring equipment based on their jobs  
|                              | 2. A health care volunteer group with one person to assist the council in maintaining the health of all members  
|                              | 3. An economic development volunteer group with at least five members to assist the council in increasing the number of members and income of the club  
|                              | Each volunteer team needs to elect its own leader and deputy leader to assist the team leaders in organizing and managing the club’s activities  
| Revenue generating team      | • To ensure efficiency, special teams can be established according to the production and operation conditions, such as the chicken breeding group, bean sprouts planting group, and composting group, with those working in these industries being encouraged to join  
|                              | • It is necessary to organize demonstrations and study-oriented visits, and organize activities such as raw material procurement and product sales regularly  

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.

5. Ensure an accountable file management system
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.

6. Ensure progressive development and capacity building
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 (see Figure 2.16). 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.

Reference experiences
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.

1. Promote targeted interventions that protect and enhance the livelihoods of elderly members of society and communities
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.

2. Understand the importance of an effective, self-sufficient governance structure for self-help clubs in line with the ISHC model
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 serve 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.

3. Promote partnership networks that value cooperation between governments and society
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.

4. Integrate mechanisms that enable the monitoring and measurement of progress in self-care models
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.

Odisha, India: Odisha Urban Wage Employment Initiative – Creating Sustainable Livelihood Opportunities

Case background
Poverty has caused prevailing long-term challenges across India where sustained urbanization has widened the gap between rich and poor and aggravated socio-spatial inequalities. Combined with rapid population growth, this has led to a growing unemployment crisis in which the national urban unemployment rate reached 6.1 percent between 2017 and 2018 marking its highest level in the last 45 years.11 Compounding this, with a large influx of rural migrants in search of better livelihood opportunities, 83 percent of the urban workforce operated in the informal sector, inflating issues of poverty and socio-economic vulnerability. With the onset of the COVID-19 pandemic in 2020, the health crisis soon spiraled out of control sinking India's urban economies downwards, exacerbating spatial inequalities and leading to socio-economic crisis. Through nationwide lockdowns, economic turmoil ensued rendering hundreds of thousands of people jobless with many urban unemployed workers returning to their rural hometowns through distress migration. According to the World Bank, an estimated 40 million internal migrants were impacted. With no social safety nets, India's most vulnerable were pushed further into poverty, bringing the vision of creating an employment and social protection initiative to the forefront of the national government.

Where national flagship programmes have traditionally focused on large cities, this approach has led to the neglect of many smaller municipalities. The 2011 Census identified over 7,500 small and medium sized towns11 with many falling outside the scope of national urban programmes such as the Smart Cities Mission, and the Atal Mission for Rejuvenation and Urban Transformation. Exacerbated by the increasingly urban-centric COVID-19 pandemic, many of the nation’s urban local bodies (ULBs) became