Silver threads amongst the gold: Philanthropy and aging in Indonesia, Malaysia, and Singapore

Report by Just Cause for the Credit Suisse Philanthropists Forum
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Executive summary

Few philanthropists in Southeast Asia have focused on aging in the past. However, the issue is becoming harder and harder to ignore, in particular as Singapore, Malaysia, and Indonesia all face an increasingly aging population over the coming decades.

With an overwhelming set of unmet needs and relatively little action to date (especially in Malaysia and Indonesia), there are huge opportunities for philanthropists to make a difference in this sector.

Our research showed that six main themes resonated across all three countries: active aging, financial security, mental wellbeing, dementia, long-term care, and end of life.

In Indonesia, there are many challenges facing the country’s millions of older people, especially those in poorer, remote regions. Whilst the government is increasingly aware of the issues, it has struggled to prioritize attention and resources for this area given the many competing demands on its limited budget. Meanwhile, there are very few donors and non-profits explicitly focusing on the issue. In this context, private philanthropy is particularly in need at all levels.

In Malaysia, aging is an emerging issue that has recently started to attract serious attention. The unmet needs are significant in many areas and are forecast to become even more pressing as the population increasingly ages. At present there are very few private donors with an explicit focus on this area. There are also relatively few non-profits – and those that do exist all struggle to attract significant funds to enable research, innovation, and the ability to impact lives at scale.

In Singapore, aging has increasingly moved up the agenda over the past decade. Whilst the topic is still not generally seen as attractive, it has been championed by several high-profile philanthropic foundations (in particular the Lien Foundation and the Tsao Foundation) and is starting to gain attention from other private donors. Relative to Malaysia and Indonesia, there are many well-established and professional non-profit organizations in the sector. Opportunities for donors include supporting government-funded non-profit programs to boost their quality, seed-funding new and innovative initiatives, and commissioning research.

Overall, our expert interviews revealed five key messages for anyone interested to take action in this sector:

1. Aging is not always the most attractive topic, but it is a strategic choice for donors who want to make a significant impact in a highly relevant area.

2. There are particular opportunities in Indonesia and Malaysia for those who take a venture philanthropy approach – providing long-term investment and softer support to nurture promising non-profits and new initiatives.

3. In Singapore, government covers many of the most basic needs in this sector – meaning philanthropic donations can stretch a long way, especially when donors take a bolder approach.

4. Small is beautiful, but we need to think big: for example, one of the most pressing issues in all three countries is long-term care. Here donors can make a discrete impact by funding individual nursing homes, but their money may reach further by investing in more scalable solutions such as community-based care.

5. For the real change-makers, philanthropy is a personal quest: “Philanthropists need to know the issues but also need to see for themselves.”

Few philanthropists in Southeast Asia have focused on aging in the past. However, the issue is becoming harder and harder to ignore, in particular as Singapore, Malaysia, and Indonesia all face an increasingly aging population over the coming decades.
Dear Reader,

I am pleased to present to you “Silver threads amongst the gold: Philanthropy and aging in Indonesia, Malaysia and Singapore”, an independent report commissioned by Credit Suisse to investigate and highlight one of the most topical and pressing issues of today: Aging and eldercare needs.

Credit Suisse has a firm commitment to social responsibility. In APAC, we have been building long-term strategic partnerships since 1998 to bring about lasting social and economic change to the regions where we operate; and we have been privileged to advise some of the world’s wealthiest families and individuals on how to achieve maximum social impact with their philanthropic giving.

The annual Credit Suisse Philanthropists Forum is a flagship event that has been running consecutively for seven years. It brings together global thought leaders, prominent philanthropists and expert practitioners from the region to explore the latest trends in strategic philanthropy and to discuss urgent and pressing social issues. The Forum not only provides a great avenue for sharing best practices, finding potential partners and inspiring others; but also aims to provide participants with vital tools and tangible takeaways.

This year, the independent report commissioned by Credit Suisse by Just Cause will provide you with insights on how to use your wealth to maximize social impact in the healthcare-eldercare space. Combining comprehensive literature review with interviews with key philanthropists, practitioners, academics and government agencies involved in the eldercare space; the report provides an overview of the emerging social issues generated by rapidly aging populations in the region, as well as highlights the significant unmet needs faced by the elderly.

The report also includes a giving guide, showcasing multiple service providers and non-profit organizations operating in the eldercare sector in Indonesia, Malaysia and Singapore.

It is our hope that this year’s Forum panel discussions and keynote speech will be inspiring to you and help generate further ideas on how to leverage your resources to help those in need. As charitable giving in Asia continues to move from an ad-hoc approach to more strategic philanthropy, we trust that this report will serve as an interesting and useful supplement to your arsenal of philanthropic tools; and invite you to reach out to our experienced Philanthropy Advisory team should you wish to explore eldercare giving or strategy-driven philanthropy.

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Introduction

This report was prepared for the Seventh Credit Suisse Philanthropists Forum on healthcare giving in November 2017. It aims to furnish potential donors to this sector with a summary of the main issues and some inspiration on possible ways to give.
The report focuses on three countries in Southeast Asia: Indonesia, Malaysia, and Singapore. It is structured in two parts – the main report includes an overview of the issues for each of the three countries, together with commentary on possible approaches to giving in this sector. The accompanying annex includes profiles of 15 non-profit organizations (five in each country) that are working on the ground to tackle some of the issues raised.

Research for this report was conducted by independent non-profit consultancy Just Cause from May-September 2017. It is based on interviews with over 30 leading experts, including policymakers, academics, clinicians, and philanthropists.

The expert interviews were supplemented by analysis of five non-profit organizations in each country, selected to cover a range of different goals and approaches.

Analysis of the non-profits was based on a combination of interviews, field visits, and document review. For each country, this primary research was further supported by a literature review of policy documents, academic articles, non-profit research reports, and other relevant material.
Philanthropy and aging:
Big issues, big opportunities

Few philanthropists in Southeast Asia have focused on aging in the past. In many cases, donors are drawn to the opposite end of the age spectrum: children and youth (and the associated theme of education).

Numerous studies have found that education is often the top choice for private donors in the region, with sectors such as health, poverty alleviation, and disaster relief as the next most common focus areas. Whilst elderly people and aging do relate to all of these themes in some way, aging itself receives extremely little attention directly. One expert interviewed for this report suggested that:

"People don’t want to think about aging, so they don’t give."

However, the issue is becoming harder and harder to ignore, with Indonesia, Malaysia, and Singapore all facing an increasingly aging population over the coming decades as baby boomers enter retirement and life expectancy continues to increase. These demographic pressures are compounded by a cultural shift toward increased female labor-force participation and fewer children being willing or able to care for their elderly parents.
Active aging is a commonly used term around the world to describe “the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age.” For example, it can refer to participation in exercise classes, lifelong learning, employment and volunteering, as well as areas such as financial planning for old-age. The concept is popular amongst many policymakers and public health specialists for its emphasis on prevention rather than cure: in other words, empowering people to take early action to maximize their own health, financial security and wellbeing as they grow old.

Financial security is top of the agenda for many individuals themselves due to issues such as rising healthcare costs. It is also a major concern for policymakers grappling with daunting projections around old-age support ratios (the shrinking proportion of working age citizens versus retirees). The topic relates to social security and pensions, employment opportunities for seniors, as well as financial literacy.

Mental wellbeing can be overlooked in the rush to address more tangible pressures such as poverty and access to long-term care. However, there is increasing recognition (especially in Singapore) that mental wellbeing is central to the whole topic of aging. In all three countries, there is a need for more proactive outreach to isolated individuals, increased access to specialized counseling, and greater opportunities for social support and interaction. Experts are also calling for these services to be underpinned by a deeper understanding and appreciation across society of the positive value that older people contribute.

Dementia sits alongside non-communicable diseases such as cardiovascular disease, cancer, chronic respiratory disease, and diabetes as one of the major health risks that disproportionately affect older people. Sometimes described as an “epidemic”, dementia affects an estimated one million people in Indonesia, 120,000 in Malaysia, and 45,000 people in Singapore, with the numbers forecast to rise dramatically in the coming years. It is particularly challenging not least because of the intense burden of care that it often places on caregivers and family members.

End of life planning and care is a taboo subject in many countries around the world, including Indonesia, Malaysia, and Singapore. Individuals and families often fail to talk about the issue and to make plans in advance, for example around the type of care they would like to receive in their final days (“Advance Care Planning”). Experts argue that this lack of early discussion and planning can lead to further stress at what is already a very difficult time. Another major topic related to end of life is palliative care, which is a holistic approach to caring for patients going through serious illnesses. It aims to meet all needs (physical, emotional, psychosocial, and spiritual) so as to alleviate suffering and maximize quality of life for patients and their loved ones. Whilst there is increasing evidence to show that many people could benefit from palliative care, it is not yet widely available or understood.

With an overwhelming set of needs and relatively little action to date (especially in Malaysia and Indonesia), there are huge opportunities for philanthropists to achieve an impact in this sector. The issues and needs are complex and inter-connected, but our research showed that six main themes resonated across all three countries:

1. Active aging
2. Financial security
3. Mental wellbeing
4. Dementia
5. Long-term care
6. End of life planning and care

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2. Mental wellbeing can be defined in various different ways: We found it helpful to refer to the WHO Quality of Life measurement tool, WHOQOL-BREF, which specifies six domains of overall quality of life. One of them is “psychological”, covering positive feelings, negative feelings, self-esteem, body image and appearance, and thinking, learning, memory, and concentration.
Summary statistics

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The following three chapters present a summary of how these six issues are being addressed in each of our three target countries.
3.1 Overview

Indonesia has a population of 261 million people, 8% of whom (21.2 million) were over 60 in 2015. The proportion of older people is forecast to increase significantly in the coming years, rising to 13% (39.0 million) by 2030.

Indonesia is a middle-income country, where 9% of older people live below the poverty line. Inequality is relatively high, with significant differences in income levels and access to services across the country’s large and diverse archipelago. The demographic profile of the population also varies, with the highest proportion of older people living in Java.

The country faces an increasingly aging population and multiple unmet needs in this area (see grid below). However, the issue struggles to gain attention from policymakers, donors, and the public. Government tends to prioritize limited budgets for other pressing needs, such as education for children and youth.

“Aging is a new issue in Indonesia; people are not yet paying attention to it.”

Richard Makalew,
United Nations Population Fund (UNFPA) Indonesia

Summary of key themes: Indonesia

Active aging
- Many formal sector workers face pressure to retire by 60, then become inactive
- Informal sector workers tend to continue working and stay active for longer
- In general, older people lack visibility and voice

Financial security
- 9% of older people live below the poverty line
- Women are particularly vulnerable
- Some calls for greater access to employment and training
- Lack of financial literacy

Mental wellbeing
- 10% of seniors live alone
- Mental wellbeing receives relatively little attention
- “A prevailing negative image of older people”

Dementia
- One million people with dementia (2015)
- Lack of awareness and specialist facilities
- Many are not diagnosed

Long-term care
- Expectation and preference for receiving care at home
- Access to residential care is limited
- “Support for caregivers is highly needed”

End of life planning and care
- “Culturally difficult” to discuss and plan for end of life
- Palliative care is gradually becoming available, but still limited
- Severe lack of palliative care specialists is the main barrier

3.2 Active aging in Indonesia

What are the issues?
Around 40% of Indonesian workers are employed in the formal sector and are typically expected to retire around the age of 55-60. This can often mean a sudden drop in levels of activity, including social interaction, physical exercise, and mental stimulation. In some cases, this inactivity is exacerbated by family members, who believe that it is their duty to prevent their older relatives from over-straining themselves.

“In Indonesia, once you retire you just stop.”

Expert interviewed for this report

Meanwhile, many Indonesians – especially those in poor, rural areas – have no choice but to work for as long as they can in old age. The 2010 population census showed that half the older population were economically active and the labor force participation rate amongst older people in rural areas was around 60%. This group may struggle financially and in other ways (see financial security section below), but they are likely to face less of a stark transition into old age than their peers facing mandatory retirement in the formal sector.

A common issue facing all older people in Indonesia is lack of overall visibility and voice. Experts interviewed for this report noted that older people in Indonesia are often not recognized, valued, or consulted. For example, poor public transport and facilities can make it hard for many older people to travel outside:

“If you can’t see old people then you can ignore their existence.”

Richard Makalew, United Nations Population Fund (UNFPA) Indonesia

Who is doing what?
Government stated policy places a strong emphasis on active aging, with a focus on empowerment and encouraging healthy living. However, in reality this agenda has only been implemented in a piecemeal manner. One significant initiative was the introduction of Older People’s Associations (OPAs) as grassroots empowerment and self-help groups for older people at local level. OPAs were initially piloted with some support from the international NGO HelpAge International, which partnered with several local non-profits including Yayasan Emong Lansia (YEL), a vocal advocate for active aging, and YAKKUM Emergency Unit (YEU). However, experts suggested that the initiative has failed to gain traction at government level and that national implementation has to some extent “dried up”. Meanwhile, the non-profit Lembaga Lanjut USIA Indonesia (LLI) acts as an umbrella organization for existing grassroots older people’s associations across the country and continues to advocate and raise awareness on behalf of these groups.
In the absence of more formalized government initiatives, religious institutions play a particularly important role in providing social structure as well as spiritual guidance for many older people. Meanwhile, there are few non-profits operating direct services relating to active aging – one example is the Bumi Sehat Foundation, which runs exercise, yoga and dance classes for elderly people in Bali.

3.3 Financial security for older people in Indonesia

What are the issues?
9% of older people in Indonesia live below the poverty line and most seniors do not have access to social security or pensions (although the government is currently implementing a scheme that aims to offer more universal coverage). Elderly women are particularly vulnerable to financial insecurity, with lower labor force participation, lower educational attainment, and a much higher proportion of singles.

Some experts are calling for greater access to employment and training for older people as a means to bolster their financial security. For those in the informal sector, however, the issue may be the opposite. For example, one study in 2012 found that 37% of males and 12% of females aged over 80 were still economically active. Most of these were in the informal sector, which – according to the authors – raised "questions on whether their work is for leisure, is compulsory, or is a survival strategy."

Lack of financial literacy is a further issue, in particular for many women. The grassroots women’s network PPSW found that 89% of its 30,000 members did not have knowledge and skills on financial planning for the future.

Who is doing what?
The government operates a growing number of schemes to provide insurance and subsidies for seniors in financial need, although coverage is still only partial. A recent high profile initiative is the system of universal health insurance (Jaminan Kesehatan Nasional (JKN)), which the government is currently implementing. By June 2017, this system covered around two thirds of the population (176 million people) and the government aims for it to reach the entire population by 2019. Other welfare schemes include the Elderly Social Assistance Program (ASLUT), which provides IDR 200,000 per month to around 30,000 low-income elderly people for medicine, nutrition, and outpatient healthcare. Meanwhile, the Hope for Family program (Keluarga Harapan) provides funds to around 150,000 poor families with elderly members who meet certain criteria.

There are few non-profits with a direct focus on financial security for elderly people, although a greater number provide indirect support through subsidized services to low-income families in general. Foundation 18 in Bali is one example of a non-profit providing emergency financial support to senior citizens in a local area. Meanwhile, The Association of Centers for Women’s Resources Development (PPSW) has partnered with Citi Foundation over recent years to develop a Financial Education Program for Mature Women in six provinces.

3.4 Mental wellbeing for older people in Indonesia

What are the issues?
The mental wellbeing of seniors is a topic that receives relatively little attention in Indonesia: there are few published studies on the level of need, and policymakers place little direct emphasis on this area. With 10% of over-60s living alone, isolation and loneliness may be a serious problem for many.

A further issue relates to society’s overall perception of older people and their status within the community. As mentioned in the active aging section above, several experts suggested that older people often lack visibility, with a “lack of participation” in the local community. As one researcher summarized it in 2009:

“There is a prevailing negative image of older persons..., who are considered as frail, sick, and forgetful.... Among the older persons themselves, the majority are pessimistic and feel vulnerable.”

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4 UNFPA Indonesia, 2014, “Indonesia on the threshold of population aging”.
5 UNFPA (ibid.).
6 UNFPA (ibid.).
7 PPSW, 2016, “Financial education for mature women in Indonesia” (presentation slides).
9 2010 Indonesia population census data reported in UNFPA (ibid.), refers to “those who lived all by themselves”.

10% of older people in Indonesia live alone (2010)
3.5 Dementia in Indonesia

What are the issues?
In 2015, an estimated one million people in Indonesia were suffering from dementia – the majority of them elderly. This number is forecast to increase to nearly 1.9 million by 2030 and nearly 4 million by 2050.11

Public awareness of the disease is low and there are few healthcare facilities equipped to perform accurate diagnosis and treatment. As a result, many people do not spot the warning signs and cases are often undiagnosed. As one expert pointed out:

“Families do not understand about dementia and this leads to conflict.”

Who is doing what?
As of 2015, there were only three government hospitals offering memory clinics for the diagnosis and treatment of dementia.12 However, the Ministry of Health has recently taken steps to start addressing the issue, publishing a National Dementia Plan in 2016 and pledging approximately USD 100,000 to support its implementation during the first year. Meanwhile, in 2015, the Governor of Jakarta pledged his support for the Dementia Friendly Jakarta project by Alzheimer’s Indonesia (ALZI). ALZI is the leading non-profit in this sector, conducting public awareness-raising and advocacy as well as operating a nationwide network of caregiver training and support groups. One private sector initiative is from pharmaceuticals company PT Eisai, which collaborates with several hospitals to offer its e-Memory Clinic tool, helping doctors to detect dementia.

3.6 Long-term care for the elderly in Indonesia

What are the issues?
“It is becoming urgent to think about long-term care for those without social security. The needs are growing, but the government is doing little.”

Expert interviewed for this report

For most elderly people in Indonesia long-term care is provided primarily or entirely by their families, with a strong societal expectation that children should care for their elderly parents at home. A patchwork of government and privately-run old people’s homes and nursing homes exists for those whose family is unable to take care of them. The system nevertheless faces many challenges, which are expected to become even more acute as the population rapidly ages.

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Access to affordable residential care is limited, with government-run homes offering shelter but little nursing or other care. Meanwhile, the various small-scale charity-run homes make up only 3-5% of all long-term residential care. The majority of nursing homes are privately run and therefore prohibitively expensive for many.

There is a different set of issues for those who plan to stay at home to receive care. A key problem is caregiver stress, exacerbated by the fact that family caregivers do not have access to necessary training and support: “People don’t know how to care properly for bed-ridden old people.” Most families do not have the money to pay for professional caregivers. Anecdotally, experts suggest that many elderly people are suffering through lack of appropriate care – for example, a lack of understanding about food needs can lead to malnourishment.

“Support for caregivers is highly needed.”

Sri Moertiningish Adioetomo, Professor Emeritus, Universitas Indonesia

Who is doing what?
The government’s strategy is to promote aging in place rather than residential long-term care and it has appealed to children to take care of their parents. However, policymakers acknowledge that beyond this overall strategic direction the development and implementation of specific policies has to date been only piecemeal. The Government’s National Committee and Local Committee of Aging Population Issues under the Social Affairs Ministry is said to be “not very active” due to a lack of resources.

“Government fully understands the need, but the budget is competing with young people, who generally take priority”

Sri Moertiningish Adioetomo, Professor Emeritus, Universitas Indonesia

Several non-profits are operating small-scale initiatives to support homecare and community-based care. For example, YEL delivers caregiver training seminars and operates a volunteer-led community homecare model in three cities. Cita Sehat offers community based support and caregiver training in 12 villages in and around Yogyakarta. Meanwhile, YEU is currently collaborating with HelpAge international to build up communities’ capacity to care for their seniors, including offering training on topics such as homecare and self-care. ALZI provides caregiver training and support specifically for dementia caregivers.

Charity-run nursing homes include Marfati, Yayasan Amal Mulia, and the Santa Anna Nursing Home.

Around 15% of low-income elderly people in need can access appropriate long-term care

Dr. Makmur Sanusi, Vice Chair, Lembaga Lanjut Usia Indonesia (Indonesian Older Person Foundation)
3.7 End of life planning and care in Indonesia

What are the issues?
Experts interviewed for this report suggested that few people talk about or plan for death in Indonesia as it is "culturally difficult". There are calls for further research in this area, for example, to understand why people struggle to discuss the topic. Amongst medical providers themselves, the concept of end of life has been addressed to some extent from the point of view of cancer, but not from the general perspective of aging.

Palliative care started to emerge in Indonesia in the 1990s and is offered through government hospitals in some cities such as Surabaya, but it is not yet widely available or understood. Experts note that the main barrier to scaling up palliative care provision is lack of human resources, with a need for more training of specialists. It is not yet recognized as a clinical specialism and there are "only a handful" of doctors who trained in this area overseas.

“The main need for palliative care in Indonesia is to expand to more people. Currently, it’s only accessible to a few.”

Dr. Erna Rochmawati,
Palliative Care Researcher,
Universitas Muhammadiyah Yogyakarta

The government’s recently introduced national healthcare insurance means that people can technically afford palliative care where it is available. Homecare is not covered under this scheme, however; this creates a problem when the patient should be discharged from hospital to be cared for at home.

Who is doing what?
The Ministry of Health introduced a national policy on palliative care in 2007, aiming for palliative care to be available initially in five main cities. As of 2016, there were ten organizations (mostly hospitals) providing palliative care across seven cities, with the most comprehensive services in Surabaya and Jakarta. In 2018 Surabaya University will start providing training on palliative medicine.

The Indonesian Palliative Society (Masyarakat Palliatif Indonesia, MPI) is a non-profit organization that promotes palliative care and facilitates training. Meanwhile, there is only one non-profit hospice in Indonesia, Rachel House, which caters specifically to children. Muhammadiyah University in Yogyakarta carries out some research and training on the subject and has early-stage plans to establish a more formal training and research center. From 2015-17, Jakarta Cancer Foundation collaborated with Rachel House and the Singapore International Foundation (SIF) to host Singaporean volunteer trainers for palliative care.

53rd/80
A 2015 global “Quality of Death” study found that Indonesia ranked 53rd out of 80 countries (Singapore was 12th and Malaysia was 38th).

Source: Economist Intelligence Unit, 2015, “The 2015 Quality of Death Index Ranking of palliative care across the world”.

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3.8 Aging in Indonesia: what does it mean for donors?

There are many challenges facing the millions of older people in Indonesia, especially those in poorer, remote regions. Whilst the government is aware of the issues, it has struggled to prioritize attention and resources for this area given the many competing demands on its limited budget. In this context, private philanthropy is particularly welcome. However, the level of donations has not been significant to date. Small-scale private giving is often focused around local communities or religious institutions. Few larger-scale philanthropists have explicitly focused on the issue (larger donations in this area tend to be more broadly targeted at healthcare NGOs, which in turn encompass some support for the elderly). With very little funding from either government or private sources, the number and capacity of non-profits in the sector are low.

“In Indonesia, NGOs don’t tend to get significant government funding.”

Kusumadewi Suharya (DY), Regional Director, Alzheimer’s Disease International

There are multiple opportunities for private donors and volunteers to make a significant impact by supporting this nascent sector.

We asked the experts interviewed for this report what they would do if they had USD 1 million to donate to the sector. The following are some of their suggestions:

“If I had USD 1 million, I would focus on policy change e.g. around pensions – universal social pensions, universal healthcare, integrated long-term health and care, healthy aging, prevention and management of non-communicable diseases, establishing OPAs in every community, dementia, and mental health.”

“Create an overview of the government policies in this area and then do a campaign around how important it is to address the issues.”

“Make a pilot to provide community-based care to old people at local level.”

“Train human resources and caregivers.”

“Education and capacity building for older people – e.g. to stay more engaged in the workforce.”

“Support non-governmental players to play a more pivotal role providing knowledge on the sector – the government needs more evidence from the field.”
4.1 Overview

Malaysia has a population of 31 million people, 9% of whom (2.8 million) were over 60 in 2015. The proportion of older people is forecast to increase significantly in the coming years, rising to 14% (5.2 million) by 2030.

Malaysia is an upper middle-income country where extreme poverty is now rare, with an official poverty rate of less than 1%. Nevertheless, there are significant differences in income and standard of living across the country and amongst the various ethnic and indigenous groups, as well as the sizeable refugee community.

In this context, aging has not historically been a priority for government or the non-profit sector. However, the issue is increasingly coming to the fore, with a wide range of unmet and growing needs.

“The aging issue is an emerging concern. It has only received serious attention in Malaysia within the last 3-4 years.”

Prof. Dr. Tengku Aizan Hamid, Director, Malaysian Research Institute on Aging, University Putra Malaysia

### Summary of key themes: Malaysia

#### Active aging
- Gradually increasing awareness of active aging
- Relatively few opportunities for lifelong learning and social activities (though increasing)
- “Older people must have a purpose in life.”

#### Financial security
- Nearly 40% of workers are not covered by basic pensions
- Low levels of assets and savings
- Hard for older people to find jobs
- Many older people need better financial planning skills and employment opportunities

#### Mental wellbeing
- 9% of elderly live alone
- Even those living with family can feel isolated or a burden
- Mobility can be a barrier to social participation – and there is limited supporting infrastructure
- Need for technology education as one way to keep in touch

#### Dementia
- >120,000 people with dementia (2015)
- No national dementia plan
- No specialist long-term care for people with dementia
- Need more support and training for caregivers

#### Long-term care
- Severe lack of affordable and quality care, including homecare, daycare, and residential care
- Fewer female family caregivers; over-reliance on low-paid unskilled foreign workers
- Need to train more specialist physicians and caregivers – greater support for homecare

#### End of life planning and care
- >50,000 people per year would benefit from palliative care but only 10% receive it
- Lack of awareness about palliative care
- Lack of palliative care specialists and quality standards
- Need for greater support to talk about and plan for end of life

### Percentage of population over 60 (forecast)

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![Percentage of population over 60 (forecast)](chart.png)
4.2 Active aging in Malaysia

What are the issues?
Several of the experts that we spoke to suggested that older people in Malaysia are starting to become more aware of the importance of healthy living and preparing for old age, although progress is fairly slow:

“As people are living longer, the concept of aging is slowly changing and people are becoming aware that they can’t rely on their children to look after them and need to take charge of their own health.”

Dr. Bharati Vengadasalam, geriatric psychiatrist, Pantai Hospital Kuala Lumpur

Meanwhile, others also highlight the importance of maintaining a strong sense of purpose in life: for example, through lifelong learning, volunteering, or part-time employment. One expert noted that surveys indicate most people in Malaysia say they do not want to continue working after the age of 60, even if we also know that overall quality of life tends to fall significantly upon retirement. Increased availability of more flexible types of work may help more people to stay partially employed.

“Older people must remain active and have a purpose in life. This will keep them going and in doing so they will be more healthy and satisfied with life.”

Tey Nai Peng, Coordinator, Population Studies Unit, University of Malaya

Who is doing what?
The government has included a focus on providing opportunities for lifelong learning within its 11th Malaysia Plan 2016-2020. It also introduced a National Policy for Older Persons (NPOP) in 2011 with the purpose of promoting active and productive aging. These plans have not yet been fully implemented and some have questioned their effectiveness.

Nevertheless, one tangible initiative is the government’s move to construct more Senior Citizen Activity Centers (Pusat Aktiviti Warga Emas, or “PAWE”) offering free recreational activities. As of the end of 2016, there were 51 such centers across the country.14

Currently, there are relatively few non-profit organizations operating active aging programs or awareness campaigns in Malaysia. Examples include the National Council of Senior Citizens Organization Malaysia (NACSCOM), which plays a prominent role in raising the profile of older people at a national and policy level and is a strong advocate for lifelong learning. Their newsletter, Senior Voice, highlights issues related to financial security, healthy aging, and lifelong learning – it is published three times a year for their 20,000 members. NACSCOM also runs three “day centers” offering recreational and social activities. Another example is the Malaysian Healthy Aging Society (MHAS), which is a health-focused organization that runs nationwide workshops for members of the public as well as healthcare professionals. Meanwhile, the University of the 3rd Age (U3A) promotes lifelong learning by offering a variety of courses for senior citizens.

4.3 Financial security for older people in Malaysia

What are the issues?
Many Malaysians struggle to cover their costs in old age. The Employee Provident Fund (EPF) scheme for private sector employees and the pension scheme for public sector employees together cover about 63% of the total employed labor force,15 which leaves 37% of workers (for example, the many who work in the informal sector) without any basic pension. The majority of people have low levels of assets and savings – and reports suggest that most people use up their EPF within only five years of retirement.16

“Our EPF contribution rates are high, yet our salaries are low so the amount contributed is small. For pensioners, if they receive less than MYR 1,500 a month, it’s difficult to survive given the increasing cost of living.”

Dato Dr. Soon Ting Kueh, Chairman, National Council of Senior Citizens Organizations

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14 Star Malaysia, December 11, 2016, “Never too old to learn new skills, say retirees”.
Meanwhile, it is hard for older people to find jobs. Workplace discrimination is a serious issue, whilst employers often prefer to hire younger people who are perceived to be more technologically savvy. A compounding issue is that the country has a heavy reliance on foreign workers for non-skilled jobs and part-time employment is not easily available.

“We need to get rid of the word retirement and let people work as long as they want to work.”

Professor Nathan Vytialingam,
Advisor, Global Coalition of Aging & Malaysian Healthy Aging Society

Who is doing what?
The government recently introduced several new initiatives to tackle this issue, including increasing the retirement age from 58 to 60 and developing a pension scheme for informal sector workers and housewives. The Department of Social Welfare runs an Assistance for Older Persons program providing a monthly allowance of MYR 300 to older people from low-income families – but reports suggest that implementation has been limited, with many deserving older people not receiving the assistance.17

Most of the non-profits in the aging/elderly sector offer subsidized services targeted at older people who cannot afford relevant care or support. However, few organizations directly address the issue of financial security from the perspective of prevention. Several experts whom we interviewed highlighted the need for more pre-emptive support around financial literacy and financial planning. NACSCOM is one organization that provides advice on financial security, for example within its member newsletter (see also under active aging above). MHAS also includes financial and legal topics within many of its public seminars.

4.4 Mental wellbeing for older people in Malaysia

What are the issues?
Isolation can be a major factor influencing people’s mental wellbeing. In Malaysia, changing attitudes towards family and women’s role in the workplace have led to an increase in the proportion of elderly people living apart from their extended families. A recent survey found that over 20% of elderly people live only with their spouse and a further 9% live alone.18 Even those living with family can feel isolated or that they are a burden.

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17 Holzmann, R. (ibid.),
Several experts also mentioned the need for greater infrastructure and support for older people to keep in touch with broader society. Mobility can be a significant barrier to social participation – and Malaysia’s public infrastructure has limited facilities and support for disabled people to move around easily. Another prominent issue is technological know-how, where the pace of change has been so rapid that older people can struggle to keep up with modern technology, for example, in accessing web-based services such as online banking and transport services such as Uber.

See the active aging and financial security sections above for discussion around purpose in life and access to employment, as two further key factors influencing mental wellbeing.

Who is doing what?
See the active aging section above for several charities and government initiatives aimed at increasing social participation, lifelong learning, and promoting a positive sense of purpose in life.

One organization offering emotional support is Befrienders, which runs a helpline and provides one-to-one counseling for anyone in need of emotional support, including seniors. Meanwhile, MHAS and NACSCOM are both engaged in advocacy at a system level to promote a more age-friendly society.

4.5 Dementia in Malaysia

What are the issues?
“Dementia is on the rise in Southeast Asia and we lack facilities such as daycare centers and senior citizen activity centers, especially in the rural areas.”

Dr. Bharati Vengadasalam, Geriatric psychiatrist, Pantai Hospital Kuala Lumpur

In 2015, an estimated 120,000 people in Malaysia were suffering from dementia – the majority of them elderly. This number is forecast to increase to over 260,000 people by 2030. Dementia patients require intensive and specialized care, often for periods of many years. As in other countries, this can place a huge strain on families and caregivers as well as the public health system. In many cases, patients receive poor quality or inappropriate care – and general public understanding of the disease is low.

120,000 people in Malaysia suffer from dementia (2015 estimate)

Who is doing what?
Malaysia currently has no national dementia plan, although the Ministry of Health does offer some courses for caregivers. There are no specialist nursing homes provided by the government for people with dementia apart from the geriatric wards in the major government hospitals. Private sector nursing homes and community care centers do provide basic care to people with dementia, however staff are often not specifically trained in this area.

Very few non-profit organizations in Malaysia are working on the issue. The leading organization is Alzheimer’s Disease Foundation Malaysia (ADFM), which conducts caregiver training, awareness raising and operates a small daycare center.

4.6 Long-term care for the elderly in Malaysia

What are the issues?
The continuum of care required in terms of community care, homecare, day care, respite care, and residential care is very much lacking in Malaysia. While some private enterprises do offer these services, they are not accessible for many due to cost and the location of the services. Lack of qualified medical and nursing staff is a major issue.

“We don’t have enough geriatricians, palliative care physicians, or occupational therapists in the country to cope with the increasing demand.”

Professor Nathan Vytialingam, Dean, Perdana University School of Occupational Therapy

With fewer female family caregivers, middle and upper-income families are increasingly reliant on low-paid, unskilled foreign domestic workers to provide homecare. In the current challenging economic climate, experts suggest that some families will soon not be able to afford foreign domestic workers and may need to start looking after their elderly relatives themselves. There is therefore a strong and growing need to train and support family members as caregivers, as well as to make caregiving into a more attractive and rewarding profession for local workers.

Who is doing what?
Residential care is available from the private sector and various small-scale non-profits, as well as around ten government-run homes. Experts agree that the quality of residential care for the elderly in Malaysia is highly variable and in many cases poor – most government and non-profit homes provide shelter but not nursing. The average cost for commercial nursing homes is MYR 3,000-6,000 per month, which is unaffordable for most families. Well-known non-profits operating residential care homes include NACSCOM and Little Sisters of the Poor.

Many experts agree that further investment in residential care is not the most appropriate or feasible strategy – and that the most pressing need is for initiatives to support “aging in place”. In other words, providing greater support in areas such as high-quality homecare and respite care. This approach is also reflected in government policy, which contains no plans to build any further residential care homes. Organizations that are working on the theme of aging in place include the GoldenAge Welfare Association of Malaysia (USIAMAS), which has pioneered a volunteer-based homecare program, ADFM (dementia caregiver support), and MHAS (practical seminars for caregivers).
4.7 End of life planning and care in Malaysia

What are the issues?
A public survey conducted by Hospis Malaysia in 2016 found that around two thirds of Malaysians think it is important to talk about death and dying, especially as they grow older. However, only one third had actually discussed their preferences. Many do not do so for fear of upsetting others. Experts point to a need for greater support for people to talk about and plan for end of life.

“Most do not know what services are available, or the type of care they might expect at the end of life.”
Hospis Malaysia, 2016

With specific reference to palliative care, Hospis Malaysia estimates that 56,000 people per year would benefit from palliative care in Malaysia, although fewer than 10% of those people are currently receiving relevant services. Access is limited partly by the level of provision and also by lack of public awareness. To the extent that it exists, provision is concentrated in urban areas and there are very few palliative care services available in East Malaysia. A survey of providers found that the top three barriers were lack of financial resources (72%), a lack of staff and or volunteer and members (72%), and the poor awareness and support for the palliative care service (39%).

Who is doing what?
The government issued a directive in 2000 that every hospital should have a palliative care unit. However, this directive has not been consistently implemented. As of 2017, there were 14 government-run palliative care centers in Malaysia linked to public hospitals. These tend to be focused on pain management and do not always provide more holistic care.

Overall, there are around 25-30 organizations in Malaysia offering palliative care services (all are free). Beyond the hospital-linked services, non-profit examples include Hospis Malaysia, Pure Lotus Hospice of Compassion, the Kasih Hospice, and Penang Hospice Society.

38th/80
A 2015 global “Quality of Death” study found that Malaysia ranked 38th out of 80 countries (Singapore was 12th and Indonesia was 53rd).

Source: Economist Intelligence Unit, 2015, “The 2015 Quality of Death Index Ranking of palliative care across the world”.

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22 Hospis Malaysia, 2016, “Palliative care needs assessment: Malaysia”.
23 Hospis Malaysia, 2016 (ibid.).
24 Hospis Malaysia, 2016 (ibid.).
“In 25 years of community palliative care services run by NGOs, progress has been slow and needs are rapidly growing as palliative care evolves and our population ages. If we are to have comprehensive community palliative care services available, NGOs cannot do this alone.”

Hospis Malaysia, 2016

4.8 Aging in Malaysia: what does it mean for donors?

Aging is an emerging issue in Malaysia that has only recently started to attract serious attention from policymakers, the public, and indeed from private donors. The unmet needs are significant in many areas – and are forecast to become even more pressing as the population ages.

At present there are very few private donors with an explicit focus on this area. There are also relatively few non-profits – and those that do exist all struggle to attract significant funds to enable research, innovation and the ability to impact lives at scale. This presents a major opportunity for philanthropists looking for a strategic way to support the sector, as well as volunteers looking to offer in-kind support.

Overall, there are multiple avenues for private donors to make a significant impact by supporting this sector.

We asked the experts interviewed for this report what they would do if they had MYR 1 million to donate to the sector. See below for some of their suggestions:

“Fund social participatory projects and social interaction projects.”

“Funding research for aging, providing facilities for the elderly, or training caregivers.”

“I would focus on mobility and tech savviness for the elderly.”

“I would spend it on training of caregivers, as we lack manpower and need a lot of human resources to do the work around aging.”

“There’s a need for retirement villages or a community for older people and – though some developers have tried the idea – it’s catering to those from high-income backgrounds. There is nothing affordable, [so this is an opportunity for private donors].”

“Health promotion to get people to value their health. The government has limited resources when it comes to health promotion.”

“Form a foundation for aged care and put together a large endowment fund to support organizations in this sector.”

“Fund a study to understand the immediate needs of elderly in the country, e.g. what are healthcare preferences of the elderly – not what their families want them to do.”

“Self-help for the aged.”

25 Hospis Malaysia, 2016 (ibid.).
26 One organization that has donated to a variety of elderly-related causes in Malaysia in the past is Singapore’s Tan Chin Tuan Foundation. However, the experts whom we interviewed did not identify any other philanthropic foundations with a direct focus on this issue.
5.1 Overview

Singapore has a total population of 5.6 million people, including 3.9 million residents. 18% (1.0 million) of the total population were over 60 in 2015. The proportion of older people is forecast to increase rapidly in the coming years, rising to 31% (2.0 million) by 2030.

Singapore is a high-income country, where extreme poverty is very rare but inequality is high. The rapid pace of change over the past 50 years means that the older generation can easily feel detached from modern society.

Aging has become an increasingly prominent issue over the past decade – and relative to Indonesia and Malaysia, there are multiple government and non-profit initiatives in place. Nevertheless, the country still faces a wide range of unmet and growing needs.

“The government is giving a lot for aging, but it’s still not enough.”

Expert interviewed for this report

Summary of key themes: Singapore

Active aging
- Widely known concept in Singapore
- Many government and non-profit programs already in place
- Further needs include engaging hard-to-reach seniors, creating more appropriate jobs, and promoting a more constructive image of aging overall

Financial security
- Most can meet their basic needs, but individuals require more money to ensure decent quality of life
- Many “asset-rich, cash-poor” seniors who do not qualify for subsidized services
- Seniors are likely to receive less family support in future

Mental wellbeing
- 7% of elderly live alone
- Difficult for charities to engage hard-to-reach seniors and shortage of volunteer befrienders
- Increasing attention on trying to understand what really makes older people happy
- “Society must be more inclusive”

Dementia
- 45,000 people with dementia in 2015 (a relatively high proportion of the total population)
- Some services available, but experts suggest provision is insufficient and fragmented

Long-term care
- Many non-profit nursing homes, but quality is variable and access is challenging for those not eligible for subsidies
- General consensus to promote “aging in place”: current efforts to provide more integrated, high-quality support at community level

End of life planning and care
- Increasing attention on Advance Care Planning and palliative care
- Several established hospices offering residential care and homecare
- Providers struggle to recruit and retain qualified staff


Percentage of population over 60 (forecast)


05 Country focus: Singapore
5.2 Active aging in Singapore

What are the issues?
Active aging is a well-known concept in Singapore, with multiple formal and informal groups engaged in exercise classes and enrichment courses. Experts note that whilst there are “tons of activities everywhere” there are still opportunities in this area – in particular:

- Outreach to engage more isolated and harder-to-reach seniors
- Creating more appropriate employment opportunities for seniors, in particular bridging employment for those who are retired or close to retirement
- Promoting intergenerational bonding, a theme that is gaining increasing interest from policymakers and researchers
- Integrating active aging and social programs with healthcare and other services to create a coherent and complementary support service for seniors in each community
- Public awareness campaigns and research to help re-frame aging in a more positive and constructive light, for example emphasizing the value that older people bring to society

“Ageism is rampant. Society must be more inclusive, which will allow the building of a brighter future for older people.”

Dr. Mary Ann Tsao, Chair, Tsao Foundation

Who is doing what?
In 2016, the Ministry of Health published its SGD 3 billion Action Plan for Successful Aging, which includes a strong emphasis on areas such as lifelong employability, lifelong learning, senior volunteering, healthy living, and intergenerational bonding. Existing infrastructure to support active aging is well established and continues to grow. For example, the government funds a network of charity-run Senior Activity Centers (SACs) providing social activities in communities across the country with a high proportion of low-income and single seniors. These are complemented by the healthy activities and enrichment classes offered by over 100 government-run Community Centers (CCs).

Meanwhile, the Council for the Third Age (C3A) is a government-funded agency with a mandate to promote active aging; it runs programs such as the Silver Academy, offering accessible lifelong learning.

27 Note that the CCs were not originally established to focus on aging specifically – they have a separate mandate around community bonding. However, experts noted that over time CCs have become increasingly responsive to the needs of their local communities, and hence social and enrichment activities for seniors form a key part of their work in many cases.
Many non-profits also operate in this sector, including Center for Seniors (offers workshops and support around work-life transitions), Fei Yue Community Services (a wide-ranging charity that is also one of the larger operators of SACs), Society for WINGS (active aging programs tailored for women), O’Joy Care Services (runs a “Health Oriented Aging” program in partnership with local CCs), and the Wellness Kampung initiative by St Luke’s Eldercare in partnership with Alexandra Health.

5.3 Financial security for older people in Singapore

What are the issues?
As a relatively high-income country with an established social welfare system and national insurance scheme (Central Provident Fund (CPF)), Singapore has very few citizens facing abject poverty in old age. Experts commented that in general, everyone can access basic necessities such as shelter, food, and healthcare. However, individuals need greater resources to guarantee a decent quality of life as they grow old.

“CPF will keep people alive, but you need more money for quality of life”

One highly visible group of low-income elderly people are the frail men and women who can be seen in some areas collecting newspaper for recycling, clearing away dishes at some hawker centers, or selling tissue packets on the street. At first sight, many of these individuals may appear to be destitute. Whilst there is no published research on this group, multiple experts share the view that although some of these people are indeed “desperate”, many others are in fact doing these jobs to maintain a sense of structure and self-worth.

A larger and less visible group are the many “cash-poor, asset-rich” seniors who own their own apartment but have little or no real income. This group are not eligible for many means-tested services and therefore can struggle, in particular as health and care needs increase in old age. Many experts point to this group as being particularly in need. To address this issue, the government has introduced schemes such as the lease buy-back option for owners of public housing units; this allows owners to gradually sell their apartments back to the state. Take-up has been low, however. Suggested reasons for the low take-up include: lack of awareness of the scheme’s existence, elderly people struggling to manage the paperwork, fear that they may outlive the term of the buy-back scheme and be left with no cash and no assets, and the desire to leave a legacy for their children.

Many older people, especially women, rely on financial support from children and grandchildren. One study found that elderly women rely on family members for 65% of their income, in contrast to 34% for elderly males.28 However, there are concerns that as society evolves, children will be less willing or potentially less able to support their parents in old-age, creating a growing need for alternative sources of income including savings, pensions, and age-friendly employment.

Who is doing what?
The government is gradually extending the CPF national insurance scheme (for example, it now covers sole proprietors) and increasing the level of subsidies for older people (such as the pioneer generation program). It is also enacting a range of policies and programs to boost employment for older people, extending the re-employment age from 65 to 67 in 2017, and offering subsidized skills training for older workers.


33/108
Meanwhile, several non-profit initiatives are addressing this area through financial literacy education and facilitating access to appropriate employment for seniors. Financial literacy training providers include Center for Seniors, Society for WINGS, and the Citi-Tsao financial education program. Center for Seniors also supports people to access “bridging employment” upon retirement from full-time work, whilst Silver Spring provides a job matching service.

5.4 Mental wellbeing for older people in Singapore

What are the issues?
Many of the experts whom we interviewed spoke about the need to understand more deeply – and in a more constructive manner – what makes elderly people happy. There is a growing recognition in Singapore that overall quality of life for seniors is influenced as much by deep-rooted psychological factors (such as sense of self-worth) as it is by meeting concrete needs such as shelter, nutrition, and healthcare. Nevertheless, there are calls for further research to understand this area more fully:

“We need research on the inner life of old people – what makes them tick? How do people succeed in being frail yet also resilient?”

Dr. Mary Ann Tsao, Chair, Tsao Foundation

Isolation is a major issue for many, with 7% of older people living alone and 27% of older people living in two-person households (according to 2011 data). Various services exist offering counseling, befriending, and social activities, but these do not always have the outreach capacity to engage with the most isolated and vulnerable individuals. In Singapore’s fast-paced, high-pressure culture, fewer people have the time to volunteer as befrienders and develop relationships with their older neighbors. Meanwhile, language can also act as a significant barrier, with many older people not able to speak fluent English and facing difficulty to access social activities and services that are not in their mother tongue.

Several experts also commented on an overall lack of empathy, support, and respect for older people within Singapore’s society. The positive role of older people is not widely acknowledged, for example the fact that many older people provide financial, moral, and practical support to children and grandchildren.

“Some people sometimes don’t have very much empathy for seniors. What is further making this worse is that we are on our phones a lot of the time with dire consequences – how do we care for others if we are not even aware?”

Eleanor Yap, Founder, Ageless Online

Who is doing what?
See the active aging section above for several charities and government initiatives aimed at increasing social participation, lifelong learning, and promoting a positive sense of purpose in life.

The Ministry of Health is due to launch a new five-year Community Mental Health Master Plan in 2017, which is expected to further mainstream the provision of mental health services for both young and old. Currently, the government funds a range of services such as COMIT: community-based, multi-disciplinary teams providing psychosocial support for people with mild to moderate levels of mental disorders and support for their caregivers to cope with caregiving. Charities currently funded to offer COMIT include O’Joy Care Services, which has a specific focus on geriatric mental health, and Club HEAL, which is a Malay-Muslim centric organization offering what one expert described as a “very useful religious based framework”. A recent program by the Agency for Integrated Care (AIC) is CREST, which offers a community outreach and support network for elderly people at risk of or diagnosed with mental health problems. Charities funded to offer CREST include Thye Hua Kwan Moral Charities (THK), Fei Yue Community Services, and Club HEAL.

29 International Longevity Center, Tsao Foundation, 2014, “A profile of older men and women in Singapore 2014”, refers to those living with only one person in the household.
A range of non-profits also offer befriending and other outreach services aimed at isolated older people. For example, **Lions Befrienders** and **Filos Community Services** offer befriending for seniors. Meanwhile, the GoodLife center by **Montfort Care** offers a range of integrated services including CREST, befriending, and an innovative communal space for seniors to cook and eat together.

### Private philanthropy in action: tackling social isolation

Seniors who live alone are at risk of becoming socially isolated. This can result in depression and Alzheimer’s disease or dying alone. Philanthropist and businessman Govind Bommi is hoping he can put a stop to this for some seniors living in the east of Singapore. The 70-year-old said “Boredom and no one to talk to seems to be the starting point to a downward spiral of mental challenges in our aging population.”

Working with non-profit **Metta Welfare Association** and program manager Eleanor Yap, she has come up with the “We Are Bonded” initiative aimed at bringing together seniors and volunteers. Not only will seniors benefit by reducing their social and emotional isolation, but the volunteers will gain from lasting conversations as well as friendships with their matched seniors. The program, which will be piloted for one year, will be measured for its impact with the help of the National University of Singapore (NUS). They will also assess the initiative’s success to see if it could be rolled out to other parts of Singapore.

In 2015, an estimated **45,000** people in Singapore were suffering from dementia – the majority of them elderly. This number is forecast to increase to 103,000 in 2030 and 241,000 by 2050. The percentage of people with dementia in Singapore (an estimated 10% of people over 60) is relatively high compared with many other countries, as the disease disproportionately affects very elderly people – and Singapore has a high and increasing life expectancy.

Whilst there is growing recognition of the scale and impact of the disease, experts suggest that there are still **not enough services** available to meet demand. Furthermore, patients and caregivers can struggle to navigate the support available due to **insufficient integration** and mainstreaming of dementia services.

**45,000** people in Singapore suffer from dementia (2015 estimate)

“A big gap exists in assisted living, especially for persons with mild dementia – this is not really addressed at the moment, except by the privately run St Bernadette’s.”

Dr. Ng Li Ling, Senior Consultant, Psychological Medicine, Changi General Hospital

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**5.5 Dementia in Singapore**

### Why is it relevant?

“Dementia is a really big issue and represents one of the costliest diseases. It’s also horrible because of the huge burden of care.”

Lee Poh Wah, CEO, Lien Foundation

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30 Alzheimer’s Disease International, 2014, “Dementia in the Asia Pacific region”.
Who is doing what?
The government’s Agency for Integrated Care (AIC) has developed a range of guidance and tools around appropriate and quality dementia care – for instance its “Knowing dementia” toolkit for eldercare providers and a recently completed dementia competency framework. The organization is currently promoting “Dementia-friendly communities”, which were first introduced in three local areas in 2016. AIC has placed less emphasis on housing and residential care for dementia patients, noting that the cost of such care is often high and that the government may not be able to commit to providing this for all.

Key non-profit organizations in this area include the Alzheimer’s Disease Association (ADA), which operates a range of services including daycare, caregiver support, and a helpline. Tsao Foundation provides holistic support to people in their homes through its Hua Mei Dementia Care System. AWWA and St Luke’s Eldercare offer dementia daycare. Meanwhile, Apex Harmony Lodge is a nursing home specifically for people with dementia, with one expert noting that this organization offers a range of “interesting” support such as art therapy and work therapy. Other nursing homes with dementia specific sections include Lions Home (Bishan), Ren Ci (Bukit Batok), and Salvation Army’s PeaceHaven. Hospices with dementia specific services include Assisi Hospice and Dover Park Hospice.
5.6 Long-term care for the elderly in Singapore

What are the issues?
With Singapore’s rapidly aging population and shrinking family ties, the issue of long-term care is a hot topic amongst many policymakers, non-profits, private companies, and individuals themselves.

For frail elderly people with no family support, Singapore has many charity-run nursing homes offering government-subsidized places. Access to such homes is currently not a major issue for low-income seniors who qualify for means-testing – and the government is proactively investing in scaling up supply in advance of a forecast increase in demand around 2020-22. However, the quality of facilities and care is highly variable, with many homes offering only a rudimentary service. Providers struggle in particular to recruit and retain quality staff. Meanwhile, many in the sector also point out that access is a problem for those who do not qualify for means testing.

“The bottom 20% are taken care of but the 20-40% segment are only ok so long as they are staying within a supportive family and face no shocks. When there is a health issue, the whole family can go into crisis.”

Expert interviewed for this report

The government’s broader strategy – and the consensus amongst experts also – is to build up capacity for “aging in place”, so that the majority of people can grow old in their own home. There are many challenges to this agenda, including encouraging more people to plan in advance, building up the skills and quality standards of homecare and daycare providers, ensuring affordable homecare (without subsidies, it costs around SGD 200 for a doctor visit and SGD 100 per day for a nurse), providing further training and support to caregivers (including family and foreign domestic workers), extending access to respite care, and developing affordable models for assisted living.

Who is doing what?
AIC plays a central role in coordinating and channeling funds to eldercare providers. The agency is currently focused on enhancing quality (it has developed an “enhanced nursing home standard”, although homecare standards do not yet exist). It is also working towards more integrated models of health and social care (for example, traditionally daycare tends to focus only on healthcare whilst Senior Activity Centers focus only on social care – a relatively new model being introduced is the Senior Care Center, designed to offer both health and social care). Other initiatives from AIC include the Senior Group Home, (designed to offer assisted living for small groups of frail elderly within the local community) and SPICE (offering integrated homecare and daycare).

There are many non-profit providers of long-term care in Singapore. Well-known nursing homes include Salvation Army’s PeaceHaven (known for its innovative approach), St Joseph’s Home, Ren Ci Nursing Home (which also offers the SPICE program), and Lions Home. Organizations offering homecare include St Luke’s Eldercare (which also runs daycare centers), TOUCH Community Services (which also runs a Senior Group Home), and the Home Nursing Foundation. Other providers of Senior Group Homes include Fei Yue Community Services and AWWA.

Private philanthropy in action: professional caregiver training

The Credit Suisse SymAsia team supported one of its family foundations in setting up a designated fund for professional caregivers at the National University Hospital of Singapore. The first phase of the funding was used to build up the hospital’s nursing capabilities, specifically in geriatric care for older adults.

This enabled nurses to be trained under a robust eldercare program, thereby enhancing the quality of care provided by the nurses to their elder patients. Guided by a mission “to care for those who care”, the foundation also provided communication aids for the elderly people. The goal was to improve communication between nurses/healthcare providers and the elderly who may be hard-of-hearing, thereby reducing their frustrations and consequently also improving the care process.
5.7 End of life planning and care in Singapore

What are the issues?
Singapore scored relatively highly (12th out of 80) on a global “Quality of Death” study in 2015. The authors of that study noted that “Caring for people towards the end of their lives has risen up the agenda for healthcare policymakers”, with growing (though still limited) awareness among the public of the importance of Advance Care Planning and the concept of palliative care.

Nevertheless, there are still significant opportunities to further improve people’s end of life experience in Singapore. For many people it is still a taboo to talk about death, meaning that individuals do not tend to make adequate plans and specify their wishes in advance. Meanwhile, clinicians point to the lack of trained specialists as a barrier to further mainstreaming palliative care: A 2014 survey found that 74% of doctors and 46% of nurses felt that they do not know enough about palliative care. Hospice providers report that they struggle to recruit and retain skilled nurses in particular – in some cases it is lack of manpower rather than lack of funding that is the main barrier to greater scale.

“There are 51 accredited specialists in palliative medicine in Singapore, but only an estimated 34 of them work full-time. This works out at less than one full-time palliative consultant per 100,000 people — less than half the ratio recommended by Palliative Care Australia.”

Dr. Ong Yew Jin, Medical Director, Singapore Cancer Society

Who is doing what?
The Ministry of Health has taken proactive steps to promote Advance Care Planning and palliative care in recent years. This may be partly due to the high-profile efforts of the Lien Foundation, a leading private philanthropic foundation which has championed the issue. The government has set a target to double the number of doctors, nurses, and medical social workers in the palliative care sector from around 150 in 2012

12th/80
A 2015 global “Quality of Death” study found that Singapore ranked 12th out of 80 countries (Malaysia was 38th and Indonesia was 53rd).

Source: Economist Intelligence Unit, 2015, “The 2015 Quality of Death Index Ranking of palliative care across the world”.

—

31 Lien Foundation, 2014, “Doctors and nurses report inadequacies in medical & nursing education, training, communication, and healthcare system support for the terminally ill in Singapore.”
It has also subsidized several major facility upgrades for non-profit hospice providers such as Assisi Hospice and Dover Park Hospice. Meanwhile, it is working with the Singapore Hospice Council to implement national palliative care guidelines and improve the quality of end of life care.

Other non-profit palliative care providers include HCA Hospice Care (residential and homecare), Metta Hospice Care (homecare), and Singapore Cancer Society (homecare). Meanwhile, the arts charities ArtsWok Collaborative and Drama Box partnered with foundations and hospitals to run the Both Sides, Now program, which uses an arts-based approach to encourage people to open up and talk more in general about end of life.

5.8 Aging in Singapore: What does it mean for donors?

Aging has increasingly moved up the agenda for policymakers and the public in Singapore over the past decade. Whilst the topic is still not generally seen as attractive, it has been championed by several high-profile philanthropic foundations (in particular the Lien Foundation and the Tsao Foundation, as well as the Tan Chin Tuan Foundation) and is starting to gain attention from other private donors. Relative to Malaysia and Indonesia, there are many well-established and professional non-profit organizations in the sector.

For donors and volunteers in Singapore, the topic of aging offers multiple opportunities for impact. Options for philanthropists include supporting government-funded programs to boost their quality, seed-funding new and innovative initiatives (for example, to tackle the shortage of manpower within the long-term care sector or to re-frame the popular perception of aging in a more constructive light), or commissioning research. In many cases, the government-funded programs receive around 80% of their basic costs from government, leaving charities under constant pressure to raise additional resources from private donors in order to ensure quality.

“It’s good to contribute to this sector in Singapore because many charities are eligible for the government’s Community Silver Trust matching scheme (which matches private donations dollar for dollar).”

Lee Poh Wah, CEO, Lien Foundation

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From ideas to action: Five key messages for strategic philanthropists

As shown in the preceding chapters, aging presents multiple opportunities for philanthropists who are keen to make a significant impact in any of the three target countries for this report. Overall, our expert interviews revealed five key messages for anyone interested to take action in this sector:

01

Aging is not always the most attractive topic, but it is a strategic and relevant choice

With an aging population and rising costs of care in all three countries, it is inevitable that aging will become an increasingly critical issue. And yet relatively few donors have focused on the area to date. This creates multiple gaps and opportunities for those who wish to make a real difference on a topic that ultimately relates to every one of us.

02

Particular opportunities in Indonesia and Malaysia for venture philanthropy

In Malaysia and Indonesia, there are very few non-profits operating in this sector and those that do exist tend to be small and underfunded. These organizations would welcome any support that is offered, but in particular they would benefit from venture philanthropy. In other words, long-term investments of financial resources and softer support (such as training and strategic guidance) that can allow them to professionalize, scale up, and reach their full potential.

03

Money goes a long way in Singapore, especially when we take a bolder approach

In Singapore, there is a significant level of government funding for this sector. Private donors have the opportunity to leverage this funding so that their donations can go further and deeper. First, the Community Silver Trust scheme offers dollar-for-dollar matching on donations to many non-profits in the sector, meaning that the impact of any donation can effectively be doubled. Second, the government often funds around 80% of the costs for charities to deliver their services, meaning that basic service provision is less of an unmet need. But charities look to private donors for longer-term and more flexible funding that can allow them to add extra value: to innovate, research, and invest in training and quality.

04

Small is beautiful, but we need to think big

Donors face a choice between supporting small-scale, discrete programs or contributing towards broader-scale impact. Small-scale programs such as individual nursing homes offer the opportunity to make a deep and lasting impact for a limited number of individuals. However, they may not help to address the broader challenges facing this sector. The level of the needs described in this report calls for more effective services on a large – or even massive – scale. This will require government leadership (as is already present in Singapore), but private donors and non-profits can also play an important role in researching, testing, and advocating for innovative approaches that address the question of scale. For example, for long-term care, this could mean piloting new models of sustainable community-based care or developing a new format of social enterprise to offer assisted living, where higher-income residents subsidize the costs for their lower-income neighbors.

“Every time we talk about long-term care, we talk nursing homes. But actually we need the home-based care to ramp up.”

Expert interviewed for this report

05

For the real change-makers, philanthropy is a personal quest

Many of our expert interviews revealed that it is not as easy as it may seem to create a meaningful impact. For non-profits and also for serious donors, the journey involves taking the time to listen and think deeply about your own goals, as well as the ability to take a daring approach, make mistakes, and learn.

“Philanthropists need to know the issues, but also need to see for themselves. Don’t just give to what you think people need – go and talk to old people yourselves. You have to put in the effort to find out what they need and want.”

Dr. Mary Ann Tsao, Chair, Tsao Foundation
Annex: Example non-profits

This annex contains profiles of 15 non-profit organizations (NPOs) that represent a range of themes and approaches within the aging/elderly sector in Singapore, Malaysia and Indonesia (five in each country). The profiles are based primarily on responses provided by the NPOs through interviews and document review, as well as field visits in most cases.

We hope this annex gives readers a sense of how NPOs in these countries are working to tackle the issues raised in the main report.

### Indonesia
- Alzheimer’s Indonesia
- Cita Sehat Foundation
- Yayasan Sosial Marfati
- Yayasan Emong Lansia
- YAKKUM Emergency Unit

### Malaysia
- Alzheimer’s Disease Foundation Malaysia
- GoldenAge Welfare Association, Malaysia
- Hospis Malaysia
- Malaysian Healthy Aging Society
- National Council of Senior Citizens Organizations, Malaysia

### Singapore
- Alzheimer’s Disease Association
- Fei Yue Community Services (Eldercare Services Division)
- Lions Home for The Elders
- O’Joy Care Services
- Society for Wings

Please note:
- These profiles are intended as examples, rather than recommendations, of NPOs in the sector.
- All data is self-reported by the NPOs.
- All information is correct as of September 2017.
### Indonesia charity profile:
**Alzheimer’s Indonesia (ALZI)**

#### In a nutshell

**Alzheimer’s Indonesia (ALZI) is the leading non profit in Indonesia focused on dementia.**

Their programs focus on increasing public understanding of the disease; influencing government policy on the issue; promoting healthy lifestyles (for dementia prevention); and providing training and support to caregivers, nurses and doctors. The organization's overall goal is to improve the quality of life of people with dementia, their families and caregivers.

There are 11 ALZI chapters across Indonesia, each of which runs regular meetings for caregivers.

#### Target groups
- People with dementia and their caregivers;
- Policymakers; healthcare workers

#### Type of work
- Health & care; active aging; research & advocacy

#### Established
- 2013

#### Annual income
- IDR 643,000,000 (US$ 48,194) (2015)

#### Religion affiliation
- None

#### Registration status
- Non-profit foundation (yayasan)

#### Website
- www.alzi.or.id

### Strategy and character

The following characteristics really stood out to our researchers when reviewing this program:

#### Niche Cause

ALZI is one of very few organizations in Indonesia that explicitly focuses on supporting people with dementia and their caregivers.

#### Innovation

A core aspect of ALZI’s work is to develop and promote new approaches to supporting people with dementia and their families. The organization shared multiple examples with us on how they formed partnerships to create and test out new ideas, such as the “purple troops” multi-disciplinary response team in Jakarta.

#### Collaboration

ALZI has a notably open attitude towards sharing and collaborating with other organizations including hospitals, other charities and the private sector. The organization has also played a prominent role within the regional Alzheimer’s Disease International network which conducts peer support and knowledge sharing amongst dementia charities in Asia Pacific.
Impact

Approach to impact measurement

Framework
ALZI provides a broad statement of its target impact through its website: to improve the quality of life of people in Indonesia with dementia, as well as their family and caregivers.

The organization does not have an explicit “Theory of Change” or logic framework diagram, but it does have three clear target outcomes: increased public understanding; healthier lifestyles; and increased capacity and access to information for professionals and caregivers.

Data collection
ALZI collects data on basic outputs such as the number of people attending each caregiver support group. It also conducts more detailed outcome tracking for specific projects where possible – for example in relation to its 2014 awareness raising campaign (see outcomes box below).

Continuous improvement
ALZI tracks and reports on its target outcomes each year in its annual report. The organization’s leadership also regularly evaluates the needs and seeks out opportunities to develop and test new or improved services.

Results

Main outputs (e.g. Number reached)

40-50
Number of caregivers attending each monthly meeting for the Jakarta group (2017)

11
Caregiver support groups operating in cities across Indonesia (2017)

60
Advocacy meetings took place (2016)

Main outcomes (Reported change)

300%
Increase in number of patients requesting information on dementia following 2014 awareness raising campaign (in 3 cities)

The Governor of Jakarta declared Jakarta as a Dementia and Age Friendly City in 2015 and the government launched a Dementia National Plan in 2016, partly prompted by ALZI’s advocacy work.

“ALZI has been incredibly helpful and supportive… I personally need to know… how to take care of my mother’s dementia better and ALZI has been instrumental in this.”

Caregiver support group participant, 2017

Commentary on impact

In August 2017, Just Cause visited one of ALZI’s caregiver support group meetings in Pondok Indah, South Jakarta. The meeting was attended by people with dementia and their caregivers, as well as a number of ALZI volunteers. Most of the participants appeared to come from relatively middle class backgrounds. Through our observation and informal discussions with participants and volunteers, we found that the caregivers in particular were benefitting from the session – both through the social interaction and moral support from their peers, as well as through access to information and advice.
What do people who work with them say?
In August 2017, Just Cause interviewed several volunteers that work regularly with ALZI to ask how they viewed the organization:

“ALZI’s approach is slightly different to other organizations who also deal with the aging population issue. Not only do we provide support directly to the main beneficiaries (in ALZI’s case it is the caregivers and the people with dementia themselves), but also we build the capacity of the ecosystem/community to be more aware of the issue of Alzheimer’s. For example, the other day we have an information session at a large private company to raise awareness of the employees on how to detect and address if one day they find out their own parents at home are diagnosed with dementia.”

ALZI volunteer, Jakarta

Latest media coverage
Indonesia’s purple squad rescues abandoned elders
Aljazeera.com – 13 April 2017

Jakarta, Indonesia – With a rapidly aging population, more than one million people in Indonesia are known to be suffering from Alzheimer’s.

Pentingnya Penanganan Penderita Alzheimer
BeritaSatu – 27 September 2016

“Most people with Alzheimer’s are elderly parents... the caring parties do not necessarily understand...” said Alzheimer’s Indonesia’s Founder DY Suharya... (translated)

Jakarta Siap Jadi Kota Ramah Lansia
CNN Indonesia – 24 September 2016

The report will be followed up by Purple troops, consisting of Social Service, Health Office... and volunteers from Alzheimer’s Indonesia (ALZI)... (translated)
Staff & volunteers

ALZI is heavily dependent on a highly committed group of volunteers: "ALZI is fully volunteer-based organization where everybody, including myself and the coordinator for regular events such as today’s Caregivers Meeting, is a volunteer. We all have daily full-time jobs on weekdays so we spend our weekends entirely for ALZI’s events and activities to keep it going" (volunteer, 2017).

The volunteers are involved in ALZI’s regular events such as the caregivers’ meetings as well as special events, e.g. ALZI’s major conference in November 2017. Volunteers also support ongoing back office tasks such as managing the organization’s social media presence.

2 total number of staff (as of August 2017)
18 total number of active volunteers (as of August 2017)
5% staff turnover rate (2016)

Finances

As a fairly young organization, ALZI has yet to reach a steady state for its income and expenditure trends. Income in 2015 was IDR 643 million (USD 48,194), falling from IDR 832 million (USD 62,359) the previous year. ALZI had two fairly large donations (more than IDR 200 million) in 2014, but none at that size in 2015. In 2015, half of donations came from businesses. Expenditure in 2015 was mainly on communication materials and activities for World Alzheimer Month. The organization has not maintained any significant reserves to-date. Note that ALZI is one of few non-profits in Indonesia reviewed by Just Cause that was able to provide audited financial statements.

2015 Income break-down

- Donations 100%

Reserves ratio (2015)
Unrestricted reserves/Total annual expenditure

0.01

Total no. of major donors (2015)
Donors giving more than IDR 500,000,000

0

Financial key processes & policies checklist (self-reported)

- The Board ensures internal control systems for financial matters are in place with documented procedures
- The Board approves an annual budget for the charity’s plans and regularly monitors its expenditure
- Donations collected are properly recorded and promptly deposited by the charity
- Board and management actively identify and manage financial risks

Note: Financial data is based on audited financial statements provided by the NPO
Governance & leadership

ALZI has a Board of Trustees which in turn oversees three sub-boards: a supervisory board, an executive board and an honorary board. The organization also has a scientific committee with 18 members.

Eva Sabdono
Board President

Ibu Eva is Executive Director of Yayasan Emong Lansia, a well-established aging charity in Indonesia (see YEL profile).

Sakurayuki
Executive Director

Sakurayuki took over as Executive Director in 2016 from her pioneer, DY Suharya. Her daily job is as a lawyer and partner of Hiswara Bunjamin & Tandjung (HBT), practising in Corporate and M&A. Her grandmother was diagnosed with Alzheimer’s which drew her interest to contribute and also co-founded this organization.

Gender balance

Board male to female ratio: 2:3

Total Board size: 5

Board composition by professional background

<table>
<thead>
<tr>
<th>Sector Specialist</th>
<th>Academic</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Financial key processes & policies checklist (self-reported)

✓ Not more than one-third of the board are staff members
✓ Staff does not chair the board
✓ There is a limit of three consecutive years for the Treasurer position (or equivalent person on board that is responsible for overseeing finances of the charity)
✓ Board members and staff are required to declare actual or potential conflicts of interest
✓ No Board member or staff is involved in setting his or her own remuneration
✓ Board members do not vote or participate in decision-making on matters where they have a conflict of interest
✓ Board meets at least 4 times a year
✓ There is a specific requirement on board members’ meeting attendance
✓ All board members submit themselves for re-nomination and re-appointment at least once every 3 years
✓ There are established term limits for all Board members to ensure steady renewal of the Board

How your support can help

Broaden the overall reach of ALZI’s efforts

Whilst ALZI has achieved impressive results since it was founded in 2013, the scale of the dementia challenge facing Indonesia is daunting. The organization has significant scope to expand its reach in all areas, including advocacy and awareness-raising as well as caregiver support. In particular, there are likely to be huge numbers of people with dementia and their caregivers in low income, more remote areas who are not yet able to access the level of support that ALZI has successfully established so far in the more affluent, urban areas.

Scaling up the “purple troops” pilot

Since 2016, ALZI has been working in partnership with the Jakarta government to pilot the “purple troops”, a rapid response team for elderly people in crisis. The multidisciplinary teams include government staff and ALZI volunteers – they provide emergency response for example when an elderly person is found to be lost. ALZI is seeking funding to build on this pilot and extend the purple troops initiative to other areas beyond Jakarta.

Further support and training for volunteers

ALZI is heavily reliant on its impressive team of highly dedicated volunteers. With additional resources, these individuals may benefit from further support and training in areas such as managing the caregiver meetings and events. For example, a volunteer meeting coordinator shared feelings of being "overwhelmed" when they were unable to anticipate a surge in attendance and demand.
Based in Bandung, West Java, Cita Sehat Foundation (CSF) is a health-focused NGO focused on improving public health in several areas across the country. Elderly people are one of the main groups that CSF supports.

Their most relevant program is the Dusun Ramah Lansia program, which provides community-based elderly care in 12 communities in and around Yogyakarta. Established in 2012, this program involves a range of initiatives targeted at “productive” and “non-productive” elderly people, including: caregiver training; monthly homecare visits in partnership with local government clinics; and promoting inter-generational bonding (e.g. group trips with teenagers and elderly people). The organization also trains local health cadres to help elderly people enroll for the new national health insurance scheme and to manage the administrative requirements when visiting a clinic or hospital.

In a nutshell

Based in Bandung, West Java, Cita Sehat Foundation (CSF) is a health-focused NGO focused on improving public health in several areas across the country. Elderly people are one of the main groups that CSF supports.

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<table>
<thead>
<tr>
<th>Target groups</th>
<th>Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>General public; elderly people</td>
<td>2008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Religious affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; care; active aging</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual income</th>
<th>Registration status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not disclosed</td>
<td>Non-profit foundation (yayasan)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue model</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not disclosed</td>
<td><a href="http://www.citasehat.org">www.citasehat.org</a></td>
</tr>
</tbody>
</table>

Strategy and character

The following characteristics really stood out to our researchers when reviewing this program:

Collaboration

CSF regularly collaborates with local government and other organizations to implement its projects.
Approach to impact measurement
Framework
CSF’s overall mission is to: “build the healthy paradigm and lifestyle; build an environment that supports healthy living; provide quality healthcare services; and to create sustainable positive change”.

The organization is able to share broad target outcomes for its individual programs.

Impact

Main outputs (e.g. Number reached)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Caregivers received training to-date (since 2012)</td>
</tr>
<tr>
<td>10</td>
<td>Vulnerable people each month (on average) visited by local community befrienders</td>
</tr>
</tbody>
</table>

Main outcomes (Reported change)
The organization reported that many of their elderly members have shown significant progress over the years. For example, one elderly person who suffered a stroke seven years ago and initially was not able to sit up, but now is able to sit by himself, partly thanks to CSF’s staff and volunteer support.

Reputation

Latest media coverage
Warga Bekasi Peringati HUT RI dengan Cek Kesehatan
Republika Online – 22 August 2017
Rumah Zakat and Cita Sehat held a free body metabolic examination activity in one of the fields in Jaka Permai City number... (translated)

Rumah Zakat-Cita Sehat Gelar Program Ramah Lansia di Bandung
Republika Online – 20 August 2017
Since initiated by Rumah Zakat and Cita Sehat in July, Sibulan Elderly Villages has been the location for several times...

Dokter Cilik Ikut Sosialisasi Campak dan Rubela di SD Juara
Republika Online – 10 August 2017
Rumah Zakat with Cita Sehat held a socialization of measles and rubella for the small doctors (dokcil) in SD Juara Bandung... (translated)

2,160 Facebook likes (August 2017)

Staff & volunteers
CSF has around 250 staff working at its main office and 32 branches across the country. Volunteers also play an important role in all of their programs, with around 100 active volunteers as of August 2017. The elderly program in Yogyakarta is coordinated by two staff, supported by 10 local volunteers.

Data collection
CSF collects data on basic outputs such as the number of people served. It also collects anecdotal stories of impact for individual beneficiaries.

Continuous improvement
CSF does not have a formal process for reviewing and learning from impact data.
Finances

CSF does not disclose its financial information. The organization receives some of its funding from Rumah Zakat (Muslim religious giving), but they are also open to other external donations.

Governance

CSF reported that it is unable to share governance information for internal reasons.

How your support can help

**Funding for a medical director**
CSF reported that it lacks a doctor in charge. In 2017, the organization is aiming to scale up and strengthen its work – and recruiting a medical director (and more doctors in general) will be critical to that expansion.

**Training of trainers materials**
CSF reported that it needs support for materials and content for its regular trainings on community care for the elderly, tailored to a rural context.
Yayasan Sosial Marfati (Marfati) is a charity based in Tangerang (near to Jakarta) that operates two nursing homes; a community polyclinic providing emergency care; and an employment program for former leprosy patients, some of whom are elderly people.

The organization is managed by the Jesus Maria Joseph Convent (affiliated with the Catholic church), although Marfati’s services are open for people of all religious backgrounds.

Founded in 1984, the organization originally offered nursing home places to 10-12 elderly people who had no relatives to look after them. The nursing home changed its name in 2004 to Graha Lansia Marfati, and the organization now runs two homes which can house around 65 people in total. Nursing Home Marfati I is for elderly people who are relatively physically and intellectually fit, whereas Nursing Home Marfati II is for people who are less independent.

The following characteristics really stood out to our researchers when reviewing this program:

Social enterprise
Marfati operates partly as a social enterprise in that its business model relies on earned income as well as donations.
Impact

Approach to impact measurement
Framework
Marfati’s goal is to meet the needs of frail elderly where:
- Children are too busy with their work to be able to look after their parents
- The elderly do not have any family nor relatives to live with
- There are internal problems within the family of the elderly so that it is not conducive to live at home
- In some cases, where elderly people have been neglected on purpose by their family

The organization does not have a formal theory of change or logic model, but designs its services in response to the needs above.

Data collection
Marfati tracks basic outputs such as the number of residents at each nursing home.

Continuous improvement
Marfati does not have a formal approach to reviewing and learning from impact data. However, the organization has grown and adapted over the years in response to the needs that it identifies through working closely with frail elderly people and the local community.

Results

<table>
<thead>
<tr>
<th>Main outputs (e.g. Number reached)</th>
<th>Main outcomes (Reported change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 Residents at the two nursing homes in 2016</td>
<td>See commentary below</td>
</tr>
</tbody>
</table>

Marfati does not collect or report systematic data on impact or outcomes, but staff reported that “generally the elderly felt at home when nursed at the Marfati facility.” Another indicator of impact is staff reporting that some residents, who were initially “forced” by their families to stay in the facility, “grew their affection and ended up loving to stay longer there”. The organization also reports that Marfati staff also benefit through achieving a strong sense of fulfillment – “as if they were taking care of their own parents.”

Reputation

Latest media coverage
There were no media hits on google for “Yayasan Sosial Marfati” or “Graha Lansia Marfati” (August 2017).

Staff & volunteers
Marfati has five people at management level plus 59 further staff: the nursing homes have 35 staff; the employment division has 22 staff; and the polyclinic has two volunteer part-time doctors and one full-time nurse (who is also the coordinator).

Facebook likes
4 (August 2017)

Total number of staff
64 (August 2017)

Total number of active volunteers
2 (August 2017)
Finances

Marfati does not disclose its financial information. However, we understand that the organization is closely affiliated with the Catholic church, which is likely to be a key source of funding. As mentioned above, the organization also depends to some extent upon earned income from the fees of its nursing home residents.

Governance & leadership

For Marfati, the Board of the organization is the same as the management team, comprising of the Head of the Foundation, three section Coordinators and the Treasurer. The organization is also supported by an Advisor (Sister Fransineti) and an Administrative coordinator.

Father (Romo) Broto.
Head of the Foundation
Father Broto is based in Semarang, Central Java.

Sister Anastasia
Board secretary and nursing homes coordinator

Sister Abdelita
Employment development coordinator

Sister Katherina
Health clinic coordinator

Mr. Bedjo (background as a social worker)
Treasurer

2:3 Gender balance
Board male to female ratio

5 Total Board size

Governance checklist (self-reported)
✓ Staff does not chair the board
✓ No Board member or staff is involved in setting his or her own remuneration
✓ Board meets at least 4 times a year

How your support can help

Contribute to the operating costs of the organization
Marfati reports that external supporters can choose between supporting the nursing homes, the clinic or the employment program. The organization did not specify any particular needs at present, but in general donations are always welcome to help cover day-to-day operational costs such as food, toiletries, clinical equipment and staff salaries.
Indonesia charity profile: Yayasan Emong Lansia (YEL)

In a nutshell

Yayasan Emong Lansia (YEL) is a Jakarta-based NGO with branches in Yogyakarta and Banda Aceh.

Their goal is to improve the lives of disadvantaged older people in Indonesia. The organization works directly with beneficiaries, through the provision of homecare visits, essential supplies, such as staple foods, and recreational activities. They also work towards improving caregivers’ skills through customised training programs at local and national levels. YEL stands out as one of the main non-profit organizations conducting advocacy in relation to aging in Indonesia.

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly; financially disadvantaged</td>
<td>1996</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Religious affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; care; research &amp; advocacy provision</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual income</th>
<th>Registration status</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDR 491,363,112 (USD 36,837) (2016)</td>
<td>Non-profit foundation (yayasan)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue model</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% government funding</td>
<td><a href="http://www.gerbanglansia.org">www.gerbanglansia.org</a></td>
</tr>
</tbody>
</table>

Strategy and character

The following characteristics really stood out to our researchers when reviewing this program:

Volunteer led
Yayasan Emong Lansia currently has eight volunteers and one salaried staff. The organization would not be able to run or grow without the support of its volunteers.
Impact

Approach to impact measurement

Framework
YEL provides a fairly clear statement of its target impact through its website and annual report: “attaining a sustainable quality of life for disadvantaged older persons”. In its public documents, the organization does not share explicit detail on their program logic or “theory of change” – i.e. why they believe their specific approach will lead to the target impact.

Data collection
The organization routinely collects data on basic outputs such as the number of beneficiaries reached. However, the organization does not publicly report data relating to impact – i.e. what change took place as a result of their work.

Continuous improvement
The organization does not share details in its public documents about how it reviews and learns from its impact data.

Results

Main outputs (e.g. Number reached)

280
“Grannies” supported by their Adopt a Granny program, in Jakarta, Yogyakarta and Banda Aceh as of June 2017

80
Caregivers trained and working in Jakarta as of June 2017

6,000
People attended their yearly awareness raising event, Lomba Gerak Jalan dan Jalan, in 2016

Main outcomes (Reported change)

“YEL volunteers often visit to chat and help by giving a package of staple foods. It really helps.”

“I had stroke several months ago…YEL helps me when their volunteers visit me once in a while to chat and ask how I’m doing. It is very nice.”

“I love it here. I have… people to talk to. I can check my health regularly…there are recreational events… which are fun. I love the exercise routine…”

Commentary on impact

In July 2017, Just Cause visited one of YEL’s project sites in West Jakarta where we spoke with beneficiaries and volunteers. We observed that the main area of YEL’s impact on the beneficiaries is in their social well-being, through befrienders and social gatherings. According to the volunteers, the distribution of staple food parcels is an effective incentive for the older people to attend YEL’s monthly gatherings.

Reputation

Latest media coverage
Sebanyak 3,6 Juta Lansia di Indonesia Telantar
Poskotanews – 29 May 2016

“Many elderly go through their old age alone without… guarantee,” said Yayasan Emong Lansia Director Eva Sabdono… (translated)

Tahun 2035, RI Akan Menghadapi Masalah “Aging Population”
BERITASATU.com – 31 July 2013

“If well prepared and directed, the aging of the population can be a positive thing… because the elderly population can be productive longer,” he said in the event UNFPA Seminars, BKKBN and Yayasan Emong Lansia… (translated)

Kemsos: KDRT Kerap Terjadi pada Lansia
BERITASATU.com – 4 December 2013

Yayasan Emong Lansia Indonesia Foundation Chairman Eva Sabdono also regretted the low attention of the government and the younger generation towards the elderly… (translated)
The eight active volunteers act as unpaid staff. All are based in Jakarta.

**Finances**

**Commentary about finances**
Income in 2016 was IDR 491 million (USD 36,837), having grown from IDR 350 million (USD 26,256) in 2014. All of the organization’s income is sourced from small-scale private donations. The organization has a very low level of reserves, calculated at 0.1 years based on the reported “ending balance” for 2016.

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income (IDR'000,000)</td>
<td>0.1</td>
<td>0</td>
</tr>
<tr>
<td>Expenditure (IDR'000,000)</td>
<td>0.1</td>
<td>0</td>
</tr>
</tbody>
</table>

*Note: Reserves ratios for most other charities in this document are calculated based on the reported figure for unrestricted funds. However, YEL is only able to share partial financial statements which do not show a figure for unrestricted funds. We therefore used the “Ending balance” for 2016 to indicate reserves.*

**Financial key processes & policies checklist (self-reported)**

- The Board ensures internal control systems for financial matters are in place with documented procedures
- The Board approves an annual budget for the charity’s plans and regularly monitors its expenditure
- Donations collected are properly recorded and promptly deposited by the charity
- Board and management actively identify and manage financial risks

Note: Financial data is based on basic financial statements (not audited) provided by the NPO
Governance & leadership

There are currently two members of the Board of Directors, which meets once a year or whenever needed. All Board members submit themselves for re-nomination at least every five years, three months before the end of their term. The organization also has an Advisory Board which currently has one Advisor in addition to the Executive Director. YEL is currently seeking new Board members.

Dr. BRA Moorjati Soedibjo
Board Chair
A successful entrepreneur, author and champion of social causes.

Eva Sabdono
Executive Director
Eva has been the executive Director of YEL since 1996. She is currently the Chairman of the Alzheimer’s Association Indonesia.

Board composition by professional background

<table>
<thead>
<tr>
<th>Professional Background</th>
<th>Business, Strategy &amp; Management</th>
<th>Medical</th>
</tr>
</thead>
</table>

Governance checklist (self-reported)

- Not more than one-third of the board are staff members
- Staff does not chair the board
- There is a limit of five consecutive years for the Treasurer position (or equivalent person on board that is responsible for overseeing finances of the charity)
- Board members and staff are required to declare actual or potential conflicts of interest
- No Board member or staff is involved in setting his or her own remuneration
- Board members do not vote or participate in decision-making on matters where they have a conflict of interest
- There is a specific requirement on board members’ meeting attendance
- There are established term limits for all Board members to ensure steady renewal of the Board

How your support can help

Development and piloting of new service models
YEL previously worked with HelpAge International and the government in Indonesia to develop and launch its community-based homecare model, which is now being implemented in partnership with government in various communities nation-wide. Building on this experience and track record, the organization is in a good position to work with new partners for the development of further new services that can similarly be adopted and mainstreamed.

Advocacy work
YEL is a leading voice and is well-connected in the eldercare sector. It has a track record of working with the government and is a potential partner for donors seeking to work with government to influence and shape policy.

Distribution of staple food parcels
YEL distributes staple food parcels at their monthly gatherings. This has been critical to YEL’s efforts to reach more disadvantaged older people. Not only does it provide basic essentials, it is a recruitment channel for YEL’s other services. According to one of the volunteers in Jakarta, due to a cutback in resources, this program is now serving fewer older people, and as a result, fewer older people are attending the monthly gatherings for health checks and information talks.

Health check equipment
With additional support, YEL will be able to purchase essential health check equipment and provide more consistent and quality service to the disadvantaged older people. For example, In Jakarta, they will be able to purchase the tensimeter, instead of borrowing one from the local primary care clinic.
In a nutshell

YAKKUM Emergency Unit (YEU) focuses on emergency response and disaster risk reduction. Established in 2001, YEU is a branch of YAKKUM (the Christian Foundation for Public Health), which itself was founded in 1950 and operates a number of hospitals, clinics, nursing and midwifery academies and other services across the country.

Since 2015, YEU has been working in partnership with HelpAge International to build up community disaster resilience in six areas, several of which are near to Yogyakarta. Their support targets whole communities but ensures that elderly people are included, with training on topics such as home care and self care. YEU also helps to raise awareness of the aging population by supporting local communities and their elderly members to speak up and be heard by local government.

YEU is a well-established organization with a track record of working with multiple international agencies and partners such as the Asian Development Bank and the international NGO, Christian Aid. At the global and regional level, YEU serves as a member of ACT Alliance, CHS Alliance, Asian Disaster Reduction and Response Network (ADRRN) and an affiliate to Global Network for Disaster Reduction (GNDR) and Huairou Commission.

The following characteristics really stood out to our researchers when reviewing this organization:

- **Target groups**: Disaster affected communities; elderly people; other vulnerable groups
- **Type of work**: Disaster preparedness and relief; training; advocacy
- **Annual income**: IDR 5,976,531,622 (USD 448,000) (2016)
- **Revenue model**: 0-30% government funded
- **Established**: 2001
- **Religious affiliation**: Christian
- **Registration status**: Non-profit foundation (yayasan)
- **Website**: http://www.yeu.or.id/

**Strategy and character**

The following characteristics really stood out to our researchers when reviewing this organization:

**Innovation**

YEU stands out as one of the first disaster relief organizations in Indonesia to explicitly include a focus on elderly people within its work.
Impact

Approach to impact measurement
Framework
YEU’s overall vision is: “communities affected by disasters have the right to a dignified life and sustainable development, through the synergy of humanitarian services and community development through community-based transformative approach, accountability and quality performance.” YEU subscribes to the globally recognized Core Humanitarian Standard, which provides an evidence-based quality framework to guide its approach for disaster relief work.

Data collection
YEU tracks data on the number of beneficiaries supported through its various interventions. It also collects and reports quotes from participants to understand its impact. The organization expects to be able to report further data in 2018 relating to its partnership with HelpAge International.

Continuous improvement
YEU takes an open approach to learning and improvement and publicly shares the data that it has on outputs and outcomes. Quality and continuous improvement are enshrined within the organization’s strategic plan.

Main outputs (e.g. Number reached)

350
Villages supported overall from 2001-16

2,709
Elderly people supported through disaster resilience support in Magelang and Siem districts (2016)

Main outcomes (Reported change)

“Elderly group can establish a network through Intergenerational Group to create better environment and health elderly through positive and productive activities which is supported by all generations.”

Mbah Citro, group participant

“Activities in Intergenerational Group can make us to change our lifestyle into healthy lifestyle, eat clean, exercise, regular health check, and we get new knowledge.”

Pak Saiman, group participant

Reputation

Latest media coverage
Yakkum Emergency Unit Gelar Seminar Urban Thinkers Campus ...
Tribun Jogja – 22 August 2017

The event initiated by Yakkum Emergency Unit with Huairou Commision presents a series of interesting events in it...

BPBD Gelar Pelatihan Psikososial Pasca Bencana
Kedaulatan Rakyat – 26 July 2017

This activity also involves psychosocial workers from the Yakkum Emergency Unit (YEU) which has a Disaster Working Group...

Konas PB Diikuti Puluhan Lembaga Penanggulangan Bencana
Republika Online – 22 August 2017

Activities include disaster management agencies such as... Humanitarian Forum Indonesia, Lingkar, Yakkum Emergency Unit (YEU) and ADAB...

682
Facebook likes (August 2017)
See also on twitter: @YEUJogja
Staff & volunteers

YEU had 40 staff as of August 2017. The organization does not routinely make use of volunteers.

Finances

YEU stands out amongst the Indonesian non-profits reviewed by Just Cause for being able to provide audited financial statements quickly upon request.

YEU’s main income sources are private donations and earned income from its training center. Major donors for 2015 included German NGO DKH (Diakonie Katastrophenhilfe) and the NGO network, Huairou Commission.

Income over the past three years has fluctuated between around IDR 4.6 – 6.0 billion (around USD 350,000 - 450,000). Expenditure for the latest year (2016) is not shown in the chart on this page as the final figures had not yet been confirmed as of August 2017.

The organization’s reserves ratio (calculated based on the financial statements using cash and cash equivalents) was 0.8 years in 2015. This is slightly lower than average for the charities reviewed by Just Cause.

Financial key processes & policies checklist (self-reported)

- The Board ensures internal control systems for financial matters are in place with documented procedures
- The Board approves an annual budget for the charity’s plans and regularly monitors its expenditure
- Donations collected are properly recorded and promptly deposited by the charity
- Board and management actively identify and manage financial risks
- The charity publishes its reserves policy on its annual report/website

2 Total no. of major donors (2015)
Donors giving more than IDR 500,000,000

0.8 Reserves ratio (2015)
Cash & cash equivalents/ Total annual expenditure

2015 Income break-down

- Donations 55%
- Charitable activity income 38%
- Others 7%

Note: Financial data is based on audited financial statements provided by the NPO
Governance & leadership

YEU is governed as a part of its parent organization, YAKKUM (the Christian Foundation for Public Health). YAKKUM’s Governing Board consists of nine members, with two nominated Chairs (see below). The Governing Board is supported by an Advisory Board with eight members and a Supervisory Board with five members. Many members of both the Advisory and Supervisory Boards come from either a medical or a theological background.

Daniel Sugiarto Roestamadji
Chairperson

Daniel’s background is as a businessman.

Dr. Bagoes Widjanarko MPH., MA.
Chairperson

Dr. Widjanarko’s background is as a medical doctor, specialising in public health.

Dr. Sari Mutia Timur
YEU Director

Ibu Sari is a medical doctor who studied in Indonesia and Australia. She has significant experience working in post-disaster situations.

Gender balance
Board male to female ratio

7:2

Total Board size

9

Governance checklist (self-reported)

✓ Not more than one-third of the board are staff members
✓ Staff does not chair the board
✓ There is a limit of four consecutive years for the Treasurer position (or equivalent person on board that is responsible for overseeing finances of the charity)
✓ Board members and staff are required to declare actual or potential conflicts of interest
✓ No Board member or staff is involved in setting his or her own remuneration
✓ Board members do not vote or participate in decision-making on matters where they have a conflict of interest
✓ Board meets at least 4 times a year
✓ There is a specific requirement on board members’ meeting attendance
✓ All board members submit themselves for re-nomination and re-appointment at least once every 3 years
✓ There are established term limits for all Board members to ensure steady renewal of the Board
✓ There is a clear succession plan in place for key management leadership roles

How your support can help

Extending and expanding YEU’s disaster resilience work with elderly people
YEU’s current work with elderly people is funded through a three year partnership with the international NGO, HelpAge International. Funding for the current program of work will end in 2018, after which the organization would like to secure further resources to continue and extend its work in this important area. More private donations could allow the organization to continue and extend its disaster resilience work with elderly people beyond 2018.
## Malaysia charity profile:
Alzheimer’s Disease Foundation Malaysia (ADFM)

### In a nutshell

**Alzheimer’s Disease Foundation Malaysia (ADFM)** was established with the primary purpose of providing support to caregivers of Alzheimer’s patients, increasing awareness of Alzheimer’s and supporting the early detection of Alzheimer’s.

They run free seminars for caregivers, health professionals and the general public on early detection and caring for Alzheimer’s patients.

The organization takes a holistic approach to dementia and prioritizes the well-being of caregivers as they believe Alzheimer’s significantly impacts the lives of caregivers and that caring for a loved one with Alzheimer’s is a demanding task.

One of their main programs is a day care center for patients with Alzheimer’s Disease (AD). It runs five days a week with the primary purpose of providing respite to the caregivers. Some of the activities at the day care include morning exercises and social and mental activities such as arts and crafts and brain gym. They currently host around 25 clients a day and have a waiting list, so they are only able to accept those who are in early or mid stages of AD, to ensure clients can still benefit from the activities at the center.

<table>
<thead>
<tr>
<th><strong>Target groups</strong></th>
<th>Alzheimer’s patients; caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of work</strong></td>
<td>Daycare; training; advocacy</td>
</tr>
<tr>
<td><strong>Annual income</strong></td>
<td>MYR 839,000 (USD 197,000) (2016)</td>
</tr>
<tr>
<td><strong>Revenue model</strong></td>
<td>0% government funded</td>
</tr>
<tr>
<td><strong>Established</strong></td>
<td>1997</td>
</tr>
<tr>
<td><strong>Religious affiliation</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Registration status</strong></td>
<td>Company Limited by Guarantee</td>
</tr>
<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.adfm.org.my">www.adfm.org.my</a></td>
</tr>
</tbody>
</table>

### Strategy and character

The following characteristics really stood out to our researchers when reviewing this organization:

#### Core capacity

ADFM is run by a core group of 13 staff members made up mainly of retired professional staff. Their training courses are a primary feature of their educational outreach program and as such, ADFM invests a lot in ensuring their trainers are certified and accredited by Alzheimer’s Disease International (ADI) (which follows the Australian Dementia Care Skills Model).

#### Niche cause

ADFM is one of the few organizations in Malaysia geared towards the welfare of dementia caregivers and early detection of AD. They have also established an online National Caregivers Support Network which is a borderless virtual support group for caregivers.
Impact

**Approach to impact measurement**

**Framework**
ADFM provides a fairly clear statement of its target impact through its website: to promote awareness of Alzheimer’s Disease in Malaysia and to help dementia patients and their families living in Malaysia.

Its website goes on to list how the mission will be implemented through clear action steps. Staff were also able to share an explanation of why they believe their specific approach will lead to their target impact.

**Data collection**
The organization maintains a database of all participants who attend their programs. They collect feedback from the public and doctors.

**Continuous improvement**
ADFM does not have a formal process in place to analyze data due to lack of resources. Nevertheless, the organization does make improvements to their programs based on feedback from participants and trainees.

Results (2016)

<table>
<thead>
<tr>
<th>Main outputs (e.g. Number reached)</th>
<th>Main outcomes (Reported change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;700 Caregivers trained</td>
<td>Participants who attended ADFM’s caregivers training reported:</td>
</tr>
<tr>
<td>&gt;15 Awareness raising talks and caregiver sharing sessions conducted</td>
<td>“The training is well-suited, comprehensive and practical”</td>
</tr>
<tr>
<td>&gt;16 Dementia care skills training workshops conducted</td>
<td>“The presentation and slides are very informative, simple and easy to understand”</td>
</tr>
<tr>
<td>&gt;25 Clients who visit their day center on a daily basis</td>
<td>“More training should be conducted to reach out and benefit more caregivers in the country”</td>
</tr>
<tr>
<td></td>
<td>“More regular sharing sessions should be held to support the caregivers and their families”</td>
</tr>
<tr>
<td></td>
<td>“Overall the trainers are knowledgeable and well-versed with their topics, passionate and able to connect with the participants”</td>
</tr>
</tbody>
</table>

Reputation

**Latest media coverage**

**An Alzheimer’s caregiver’s journey with ADFM**
The Star – 5 February 2015

…with the help of the Alzheimer’s Disease Foundation Malaysia (ADFM)…

**AirAsia X pledges solemn support for Alzheimer’s Disease Foundation Malaysia**
Air Asia Press Release – 3 December 2014

…low cost affiliate of AirAsia Group lends its support to Alzheimer’s Disease Foundation Malaysia…

**Support crucial in Alzheimer’s disease**
The Star – 30 November 2014

The Alzheimer’s Disease Foundation Malaysia offers much needed support to those living…

43 Facebook likes (July 2017)
Staff & volunteers

The 13 staff members have been with ADFM for the past 4 years.

Six staff members (four registered nurses and two support staff) tend to the day care center clients daily.

The 14 volunteer trainers include geriatricians, retired nursing educators, physiotherapists, occupational therapists, counselling psychologists and caregivers.

Finances

ADFM is mainly funded by donations (contributing 87% of total income in 2016).

Their main source of revenue is from raising funds from the public either through fundraising activities or seeking donations. ADFM does not seek out government grants due to the often lengthy and time-consuming process involved in government grant application.

About MYR 600,000 (75%) of donations in 2016 was raised specifically for their new training center which is currently under renovation. Their total comprehensive loss for the year 2016 was MYR 27,196. ADFM is considering cutting down on free seminars in the future to reduce expenses.

The increased income in 2014 was due to a fundraising concert they organised which raised MYR 1.2 million. The funds were used to purchase the current building which houses their office and day care center.

ADFM has sufficient reserves to cover expenditure for around 1.67 years which indicates a healthy financial situation. Donations to ADFM are tax-deductible.
Governance & leadership

ADFM is governed by a Board of Trustees, an independent body that oversees the utilization of ADFM funds. It is an Executive Committee comprising of people from various fields including corporate figures, social workers and medical specialists, who are responsible for the planning and administration of day to day operations of the foundation’s activities. Their constitution calls for the Director General of Health, Ministry of Health and Director General of Social Welfare, Ministry of Women, Family and Community Services to both sit on the Board of Trustees and neither the Board nor the Foundation can remove either from office. In addition, four of the trustees must be from the Rotary Club of Shah Alam. The Foundation is a company limited by guarantee and thus has no shares in which directors could have an interest.

Dato’ Jeffrey Ng Chin Heng
Board President
Dato’ Ng is the current Managing Director of LBI Capital Berhad. He pioneered ADFM in 1997.

Datuk Dr. Yim Khai Kee
Chairman
Datuk Yim is a retired dentist and a Rotarian. He has been actively involved with ADFM for more than a decade.

Gender balance
Board male to female ratio
17:1

Total Board size
18

Financial key processes & policies checklist (self-reported)

- Staff does not chair the Board
- There is a maximum limit of four consecutive years for the Treasurer position (or equivalent, e.g. Finance Committee Chairman)
- Board members and staff are required to declare actual or potential conflicts of interest
- No Board member or staff is involved in setting his or her own remuneration
- Board members do not vote or participate in decision-making on matters where they have a conflict of interest
- Board meets at least 4 times per year
- There are established term limits for all Board members to ensure steady renewal of the Board
- Clear succession plan in place for key leadership roles

How your support can help

New day care center
ADFM is seeking support for a new day care center with a larger capacity, as this will enable the organization to accommodate the increasing demand for respite care among many deserving and desperate caregivers.

New training center
ADFM is constructing a new training center, with the objective of raising awareness of dementia and encouraging the setting up of dementia associations in every state of Malaysia (since very few organizations in Malaysia work on raising awareness of dementia). Construction for the new training center is expected to complete by December 2017 and it will have the capacity to accommodate 100 participants. Besides running regular training workshops for caregivers and professionals, ADFM plans to utilize the training center to promote greater public awareness and outreach programs. They are seeking funding to equip the training center with the necessary facilities.

Nationwide Dementia Care Skills (DCS) training program
ADFM will be implementing a nationwide DCS training program between January 2018 and December 2018 across all states in Malaysia. They are seeking funding to enable them to carry out the training workshops to reach out to caregivers, healthcare workers, paramedics, healthcare professionals and volunteers who are involved in the caring of persons living with AD and dementia.
### Malaysia charity profile:
GoldenAge Welfare Association of Malaysia (USIAMAS)

#### In a nutshell

![Image](50x503 to 292x672)

The GoldenAge Welfare Association of Malaysia, better known as USIAMAS, is a not-for-profit organization dedicated to empowering senior citizens to achieve their maximum potential through training, advocacy and community service programs.

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Established</th>
<th>Religious affiliation</th>
<th>Registration status</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior citizens; general public</td>
<td>1991</td>
<td>None</td>
<td>Registered society</td>
<td><a href="http://www.usiamas.gov.my">www.usiamas.gov.my</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Annual income</th>
<th>Revenue model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home help services; training; advocacy</td>
<td>MYR 380,000 (USD 89,000) (2016)</td>
<td>More than 70% government funded</td>
</tr>
</tbody>
</table>

#### Strategy and character

The following characteristics really stood out to our researchers when reviewing this organization:

**Innovation**
USIAMAS launched Home Help Services in Malaysia in 2005 by replicating the model from HelpAge Korea (HAK), which financially supported USIAMAS until 2012. The Malaysian government adopted Home Help Services in 2013 although USIAMAS continues to support the government in implementing the services. Home Help Services provides physical and emotional assistance to senior citizens who are poor and living alone. The services are provided by trained volunteers at the homes of senior citizens.

**Volunteer delivered**
USIAMAS is run by 10 dedicated volunteers and only 1 paid staff.

Their main focus is helping people age at home by providing informal care through trained volunteers. They pioneered the Home Help Services program in Malaysia in 2005.

USIAMAS recently launched a Neighborhood Senior Support program (NSSP) which is adapted from their Home Help Services model as it promotes neighbors helping each other and targets existing senior citizen organizations within communities. They operate a bottom-up approach by first approaching senior citizen organizations within communities and subsequently running two-day workshops to train interested volunteers. Trained volunteers then identify senior citizens within their communities who need help at home and provide them with physical and emotional support. As volunteers are from the same neighborhood and known to the elderly, trust is quickly established. The community support program is aimed at recruiting, developing and deploying volunteers to make regular visits as informal companions and soft-skilled caregivers to older persons at their homes.
Impact

Approach to impact measurement

Framework

USIAMAS provides a statement of its target impact through its website: to be the premier organization, empowering older persons to achieve their maximum potential through the effective implementation of research, training, advocacy and community service programs.

Their website goes on to clearly state how they intend on achieving their mission.

Data collection

USIAMAS maintains a database of all their volunteers and Home Help Services clients. They conducted an in-depth evaluation of their Home Help Services in 2006 and published an internal report with their findings. They also regularly collect reports from Home Help Services volunteers to monitor the progress of their clients.

Continuous improvement

Though the organization does not have a formal mechanism in place to measure impact due to lack of resources, they are committed to continuously improving their services based on verbal client and volunteer feedback.

Results (2016)

Main outputs (e.g. Number reached)

>440

Clients served by Home Help Service

>110

Volunteers trained for Home Help Services

>11

Districts where USIAMAS operates its Home Help Services

Main outcomes (Reported change)

“Through our initiative, the Government of Malaysia has declared the First Sunday of every October to be celebrated as the “Grandparents Day”.

2017 USIAMAS President

“Older persons were very grateful to USIAMAS for providing them services much needed such as providing companionship, that gives them emotional comfort, as well as rendering help in their daily activities thereby contributing largely to maintain independent living.”

“Volunteers feel proud and satisfied with their involvement in helping older persons.”

Based on USIAMAS’ evaluation report of their Home Help Services in 2006

Reputation

Latest media coverage

Move can leave elderly in lurch

The Malay Mail – 7 November 2016

GoldenAge Welfare Association Malaysia (USIAMAS) President Datuk Abdullah Malim Baginda agreed with the move...

Rai datuk, nenek kukuh kekeluargaan

Utusan Melayu – 30 September 2016

According to President Usiamas, Dr. Datuk Abdullah Malim Baginda, different from the Golden Day welcome speech which is welcomed October 1 every year...

A city for the elderly

The Star – 13 July 2016

…and GoldenAge Welfare Association Malaysia (USIAMAS) President Datuk Dr. Abdullah Malim Baginda about possible plans to care for the aged in the city...

149

Facebook likes

(July 2017)
Staff & volunteers

As USIAMAS only has one paid staff on their team who has been with USIAMAS for many years, they had a zero percent staff turnover rate in 2016.

Finances

USIAMAS is mainly funded by government grants (contributing 97% of total income in 2016).

Although their Home Help Services program was adopted by the Department of Social Welfare in 2013, USIAMAS continues to work closely with the government to implement the program and thus relies on government grants for its operation of the Home Help Services program. Funding from the government is specifically tied to supporting the Home Help Services program only.

Most of their expenses are incurred by running events and paying staff and volunteer allowances. Together, these items made up 67% of total expenditure in 2016.

Their reserve ratio is at 0.16 which indicates that the organization has a relatively low level of financial buffer if its current sources of income were to stop. Staff explained their low reserves are due to challenges in securing adequate funding and their heavy reliance on government grants, which is often delayed and insufficient to cover operating costs.

Their financial year runs from 1st January to 31st December each year. Donations to USIAMAS are tax-deductible.

Financial key processes & policies checklist (self-reported)

☑ The Council ensures internal control systems for financial matters are in place with documented procedures
☑ The Council approves an annual budget for the charity’s plans and regularly monitors its expenditure
☑ Donations collected are properly recorded and promptly deposited by the charity
☑ Council and management actively identify and manage financial risks

Note: Financial data is based on audited financial statements provided by the NPO
Governance & leadership

USIAMAS’ Council consists of five office-bearers and eight ordinary Council members, many of whom are former government employees. All Council members are volunteers and do not receive any form of remuneration. Their Constitution calls for all office-bearers to be Malaysian citizens, with a renewable two year tenure. The President of USIAMAS sits on the policy-making committee chaired by the Minister of Women, Family and Community Development.

Dr. Abdullah Malim Baginda
President
Dr. Baginda is the former Director General of the Department of Social Welfare. He founded USIAMAS in 1991.

Mr. Sundralingam Kumaravelu
Deputy President
Mr. Kumaravelu has over 30 years experience working for the Audit Department. He has been on USIAMAS’ Council since 2007.

10:3 Gender balance
Council male to female ratio

13 Total Council size

How your support can help

Long-term support
USIAMAS states that the organization has the knowledge, expertise and ability to mobilize resources quickly, but is lacking in funding, which hinders its ability to implement and scale projects. The organization is seeking long-term partners who are committed to the cause and willing to provide support for at least three years. The team is looking for sustained funding, rather than one-off operational funding. USIAMAS received USD 12,000 a year for seven consecutive years between 2005 and 2012 from HelpAge Korea, which enabled it to successfully replicate and pilot the Home Care Services program in Malaysia. The organization is now looking to replicate this kind of funding with a new partner.

USIAMAS training institute
USIAMAS plans to establish a training institute focused on providing training to: volunteers, old folks’ home operators, caregivers within the formal system, family members looking after the aged, and those facing retirement in preparation for old age. The institute will take a holistic approach to training and offer certification for its trainees to ensure only trained caregivers are employed in the future. Some examples of the workshops they intend to run are pre-retirement workshops, home help services training, day center management training and nursing home management training.
Hospis Malaysia is a non-profit charitable organization involved in developing and providing palliative care in Malaysia to those with life-threatening illnesses such as cancer, AIDS, organ failure or progressive neurological conditions.

More than 50% of their patients are aged 65 and above and most of their patients are cancer patients.

The organization runs a homecare program, a weekly rehabilitation program and offers teaching, support and training to medical schools, hospitals and individuals on palliative care. They also extend psychological and emotional assistance to family members to help them understand the process of dying, advance care planning and understanding grief. 60% of their work is focused on patient services, 30% on education and training of healthcare professionals and 10% on advocacy which includes public education. All services offered by Hospis Malaysia, including medication and medical equipment are completely free-of-charge.
Strategy and character

The following characteristics really stood out to our researchers when reviewing this organization:

**Broad reach**
Hospis Malaysia has developed the largest community palliative care service in the country over the last 25 years. They provide a strong education and training program and increase public awareness of palliative care, which still remains largely unheard of in Malaysia. They are the pioneers in providing homecare services, weekly rehabilitation sessions for patients and training healthcare professionals on palliative care in Malaysia. They serve more than 3,000 beneficiaries a year.

**Core capacity**
Hospis Malaysia is run by a professional team of 35 staff who attend to around 500 patients at any given time and conduct more than 1,000 home visits a month. The team is led by a Chief Executive, a qualified doctor, who supervises a team of fellow doctors, nurses and volunteers. The organization places a strong emphasis on training and ensures all staff members are extensively trained in palliative care on an ongoing basis.

**Promotes Research**
Hospis Malaysia conducted a Palliative Care Needs Assessment in 2016 to estimate the need for palliative care in Malaysia, a first of its kind in Malaysia. They surveyed 600 Malaysians across Peninsular Malaysia and published a report with their findings. The organization regularly conducts research with particular emphasis on assessing the effectiveness of palliative care and gaining a better understanding of the needs of patients and carers.
Impact

**Approach to impact measurement**

**Framework**

Hospis Malaysia provides a clear statement of its target impact through its website: to provide the best possible palliative care services to the community, provide the best possible education and training to healthcare professionals, increase awareness about the needs of patients with progressive and life-threatening illness and promote quality of life.

They seek to ensure every Malaysian is aware of, and has access to proper palliative care when the need arises.

Staff were able to share an explanation of why they believe their specific approach will lead to their target impact.

**Data collection**

The organization measures impact by conducting regular patient satisfaction surveys and using patient referrals from doctors and donor support as an indication of their reputation and quality of care. Their main indicators of success are: high level of patient satisfaction, growing patient referrals and a steady stream of funds.

**Continuous improvement**

The organization has recently implemented a set of process indicators to track how well they are responding to patient referrals. The team are also working on indicators to measure how well they are managing their patients’ symptoms, with the aim of improving the delivery of their quality of care.

**Results**

<table>
<thead>
<tr>
<th>Main outputs (e.g. Number reached)</th>
<th>Main outcomes (Reported change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;500 Patients under their care at any given time (2016)</td>
<td><em>Continuous in-house training has equipped their own clinical team with the necessary skills and knowledge to practice holistic patient-centered care.</em></td>
</tr>
<tr>
<td>&gt;12,500 Home visits conducted (2016)</td>
<td><em>Palliative care services have relieved people of suffering through pain management and other symptom management.</em></td>
</tr>
<tr>
<td>&gt;1,000 Healthcare professionals trained on palliative care across the country and region each year</td>
<td><em>Patient referrals have increased from just 146 patients in 1995 to 2,076 patients in 2016.</em></td>
</tr>
<tr>
<td>&gt;2,000 Patient referrals received (2016)</td>
<td></td>
</tr>
<tr>
<td>&gt;170 Emergency calls attended to (2016)</td>
<td></td>
</tr>
</tbody>
</table>

**Reputation**

**Latest media coverage**

**Four out of 10 Malaysians need palliative care each year**

The Malay Mail – 22 April 2016

“…Hospis Malaysia produced a report Palliative Care Needs Assessment: Malaysia.”

**Easing the pain of cancer**

The Star – 14 February 2016

When dealing with cancer, Hospis Malaysia Chief Executive Officer and Medical Director Dr. Ednin Hamzah says…*

**Hospis launches new logo**

The Star – 6 May 2014

“Hospis Malaysia launched a new symbol to represent the face of palliative care…”

<table>
<thead>
<tr>
<th>Facebook likes (July 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,717</td>
</tr>
</tbody>
</table>
Staff & volunteers

Hospis Malaysia has a total of 35 full-time paid staff on their team. Most staff members stay with the organization for an average of six years.

There was an unusually high turnover of staff members in the organization in 2016 with five resigning, three retiring and one leaving for medical reasons. Most of the resignations were anticipated as they were due to poor performance.

Finances

Hospis Malaysia is almost entirely funded by donations (contributing 99% of total income in 2016). Government contribution for the years 2014, 2015 and 2016 were zero, MYR 273,000 and MYR 50,000 respectively.

Donations in 2016 fell to MYR 3.84 million compared to MYR 4.63 million (2015) and MYR 4.17 million (2014) and is attributed to the national economic downturn in 2015-2016. The organization also did not run their charity dinner in 2016 which is a major source of income as the charity dinner is only held once every two years.

The net deficit for 2016 stood at MYR 520,347. The organization explained that they increased the size of their clinical team with an additional four nurses in 2015, and that salaries account for 80% of their expenses.

The organization has sufficient reserves to cover expenditure for 2.06 years, which indicates a healthy and comfortable financial situation. There were no transfers to or from reserves or provisions during 2014-2016.

Their financial year runs from 1st January to 31st December each year. Donations to Hospis Malaysia are tax-deductible.

Note: Financial data is based on audited financial statements provided by the NPO

Financial key processes & policies checklist (self-reported)

✓ The Council ensures internal control systems for financial matters are in place with documented procedures
✓ The Council approves an annual budget for the charity’s plans and regularly monitors its expenditure
✓ Donations collected are properly recorded and promptly deposited by the charity
✓ Council and management actively identify and manage financial risks
Governance & leadership

Headed by the Chairman, the Council acts as trustee of the funds and manages the income, property and affairs of the organization. Policies and long-term strategies for Hospis Malaysia are decided by the Council, who also take on the responsibility of ensuring that the organization adheres to proper governing policies. The Council meets regularly to discuss relevant issues and all Council members are elected at the Annual General Meeting. Their Constitution calls for a minimum of three and a maximum of 15 Council members. Volunteers and Council Members (except the CEO/Medical Director) are not remunerated for their time.

The organization is managed by a team of medical professionals, administrative staff and volunteer-professionals who govern their overall policies and administer their finances. They have key strategies in place to ensure sustainability of operations and accountability to donors.

Dato Richard Robless
Chairman
Dato Robless served in the Royal Malaysian Air Force for 30 years. He is presently the Executive Chairman of Rajawali Aerospace Sdn Bhd and Selbor Enterprise.

Dr. Ednin Hamzah
Medical Director/CEO
Dr. Hamzah joined the Council in 1997. He is trained in General Medicine and General Practice and currently sits on the Board of the International Association of Hospice and Palliative Care.

How your support can help

Improve training of healthcare professionals
Hospis Malaysia prides itself in providing high quality palliative care services and have almost always met the expectations of patients and donors. However, Hospis Malaysia finds it difficult to hire staff trained in palliative care as palliative care is a very different type of care and not taught in most local medical and nursing schools. As such, considerable resources are and will be dedicated to training new staff.

Long-term partnerships
Hospis Malaysia is seeking strategic long-term donors (both private and corporate) who are willing to partner for at least three years to scale and support current services, fund research, and/or boost staff salaries.

Gender balance
Board male to female ratio

<table>
<thead>
<tr>
<th>Professional background</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate</td>
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</tr>
<tr>
<td>Finance</td>
<td>2</td>
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<tr>
<td>Medical</td>
<td>4</td>
</tr>
<tr>
<td>Legal</td>
<td>0</td>
</tr>
</tbody>
</table>

Governance checklist (self-reported)
√ Not more than one-third of the Council are staff members
√ Council members and staff are required to declare actual or potential conflicts of interest
√ No Council member or staff is involved in setting his or her own remuneration
√ Council members do not vote or participate in decision-making on matters where they have a conflict of interest
√ Council meets at least 4 times per year
√ All Council members submit themselves for re-nomination and re-appointment at least once every 3 years
√ There are established term limits for all Council members to ensure steady renewal of the Council
Malaysian Healthy Aging Society (MHAS) is dedicated to educating healthcare professionals and members of the public on numerous healthy aging issues.

They raise awareness by running nationwide workshops and seminars for members of the public and healthcare professionals which are delivered by a panel of trained experts.

MHAS believes that the disabilities associated with normal aging are caused by physiological and psycho-social dysfunctions, which can in many cases be prevented and treated to ensure a better quality of life as one grows older.

**Strategy and character**

The following characteristics really stood out to our researchers when reviewing this organization:

**Volunteer delivered**
MHAS was founded by a group of healthcare professionals and is, to date, run entirely by a dedicated team of professional volunteers from the medical, legal and academic sectors who hold full-time jobs. Nobody on the team is remunerated for their time.

**Niche cause**
MHAS is the one of the few non-profit organizations in Malaysia actively dedicated to raising awareness on healthy aging and takes the lead in organising international conferences around the issue of aging regularly. They were instrumental in organising the First World Congress on Healthy aging in 2012 in Malaysia and continue to support it every 3 years in different locations around the world (2015 in South Africa and 2018 scheduled for Turkey). They are also organising the ASEAN Conference on Healthy aging in Sarawak, Malaysia in October 2017.

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**Target groups**
Elderly caregivers; public health professionals

**Type of work**
Education and public awareness on healthy aging

**Annual income**
MYR 250,000 (USD 58,500) (2016)

**Revenue model**
0% government funded

**Established**
2002

**Religious affiliation**
None

**Registration status**
Registered society

**Website**
http://healthyageing.org/
Impact

Approach to impact measurement

Framework
MHAS provides a fairly clear statement of its target impact through its website: “to promote the integrative approach towards the aging process and to foster and co-ordinate education, study and research in aging in Malaysia.” They seek to educate Malaysians on the importance of healthy aging through nationwide seminars and workshops.

Staff were also able to share a detailed explanation of why they believe their specific approach will lead to their target impact.

Main outputs (e.g. Number reached)

>5,000
Participants who have attended their seminars

>100
Seminars conducted across all states in Malaysia

>4
International conferences on healthy aging organized by MHAS

Data collection

MHAS collects verbal feedback and evaluation forms from program participants and maintains a database of all participants who attend their seminars.

They measure impact based on the positive feedback of their seminars and use evidence of the growing number of participants as an indication of success.

Continuous improvement

MHAS does not have a formal process in place to analyze data due to lack of resources. Nevertheless, the organization does make improvements to their seminars based on evaluation forms from participants.

Results to date (2002–2016)

Main outcomes (Reported change)

“I have now learnt how to care for the elderly.”
MHAS program participant

“Attending the seminar saved my life as I now recognize the systems which were discussed during the seminar.”
MHAS program participant

Success story

“One participant who is still in contact with us had informed us that she was saved by attending the seminar, as she knew she had to reach a hospital within 10 minutes when she felt she was having a stroke. This is our success story.”
MHAS 2017 Vice President

Reputation

Latest media coverage

Battling Loneliness
New Strait Times – 13 December 2016
As a support system for the elderly is lacking in the country, Dr. Azhar, who is an advisor to the Malaysian Healthy Aging Society, says it is important that they take steps to overcome loneliness...

Coping with an aging population
BFM – 9 May 2016
Professor Nathan Vytialingam, an Advisor and past President of the Malaysian Healthy Aging Society, explores how we should address the changing attitudes towards older people...

Society: More day-care centers needed for the elderly
The Star – 2 April 2016
Malaysian Healthy Aging Society adviser Professor Nathan Vytialingam said the World Health organization was encouraging “aging in place”...

343 Facebook likes (July 2017)
Staff & volunteers

As MHAS is entirely volunteer run, they do not have any paid staff on their team and thus a zero percent staff turnover rate. All the volunteers on their team are qualified professionals who regularly conduct workshops related to healthy aging.

Finances

MHAS is entirely funded by donations (contributing 100% of total income in 2016).

Their income and expenses are relatively low as they often receive sponsorship for seminar venues and travel expenses and the training is delivered by their team of volunteers. MHAS does not have its own office space and operates out of a law firm of one of its council members.

Most of their expenses are incurred from marketing their seminars and costs incurred in running the seminars such as purchasing seminar materials and hiring support staff.

Their reserves ratio is 0.07, indicating that the organization has a relatively low level of financial buffer if its current sources of income were to stop. Staff explained their low reserves and deficit over the past three years are due to the fact that MHAS is continuously conducting programs and does not receive any government grants or funds.

Donations to MHAS are not tax-deductible. Their financial year runs from 1st January to 31st December each year.

Financial key processes & policies checklist (self-reported)

- The Board ensures internal control systems for financial matters are in place with documented procedures
- The Board approves an annual budget for the charity’s plans and regularly monitors its expenditure
- Donations collected are properly recorded and promptly deposited by the charity
- Board and management actively identify and manage financial risks

Note: Financial data is based on audited financial statements provided by the NPO
Governance & leadership

Malaysian Healthy Aging Society has three advisors, two of whom are Professors with a medical background and one with a legal background. Their Constitution only calls for three advisors who are elected every two years at the Annual General Meeting. Their Council consists of four office-bearers and five ordinary council members, most of whom are professionals in the medical field. All Board and Council members are professional volunteers and do not receive any remuneration. All office-bearers must be Malaysian citizens and hold a term of tenure for two years, with a maximum of three consecutive tenures.

**Governance checklist (self-reported)**

- ✓ There is a maximum limit of six consecutive years for office-bearers position (or equivalent, e.g. Secretary, Treasurer etc)
- ✓ Council members and staff are required to declare actual or potential conflicts of interest
- ✓ No Council member or staff is involved in setting his or her own remuneration
- ✓ Council members do not vote or participate in decision-making on matters where they have a conflict of interest
- ✓ Council meets at least 4 times per year
- ✓ All council members submit themselves for re-nomination and re-appointment at least once every 2 years
- ✓ There are established term limits for all Council members to ensure steady renewal of the Board
- ✓ Clear succession plan in place for key leadership roles

**Council composition by professional background**

<table>
<thead>
<tr>
<th>Professional Background</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business, Strategy &amp; Management</td>
<td>0</td>
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<tr>
<td>Medical</td>
<td>6</td>
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<tr>
<td>Legal</td>
<td>1</td>
</tr>
</tbody>
</table>

**Gender balance**

**4:5** Council male to female ratio

**Total Council size**

**9**

**How your support can help**

**Train The Trainer**
MHAS wants to expand their operations and launch a regional “Train the Trainer” program across Southeast Asia so that they can reach more people. As MHAS has a pool of expert trainers with extensive experience, they are seeking funding and resources to launch this program.

**Establish day care center**
MHAS is looking to renovate an old house and turn it into a model day care center for the elderly, where the elderly would be empowered to be independent through income-generating activities that enable them to live with dignity. MHAS plans to offer services including medical facilities, a garden, and social activities, and locate the center next to a kindergarten, to encourage inter-generational learning between the old and young. MHAS is seeking space and funding for this project.

**Human resources**
As MHAS is entirely volunteer run by professionals with full-time jobs, human resources is a challenge. The organization states they would operate better if they have a small team dedicated to MHAS on a full-time basis to focus on fundraising and operations. This will enable them to increase their reach and impact which is currently limited by the availability of their volunteers.
In a nutshell

National Council of Senior Citizens Organizations Malaysia (NACSCOM) is a membership organization representing senior citizens to promote and support the welfare and rights of the senior citizens’ community in Malaysia.

They represent senior citizens in Malaysia in dialogues and meetings with the government and engage corporate and civil society in raising their awareness and commitment to the welfare of senior citizens. They have a special concern for issues and challenges related to the aging population and strongly advocate for lifelong learning for the elderly. They run three day centers, one old folks’ home and have over 20,000 members and 39 affiliates all over Malaysia.

One of their main programs is an old folks’ home which they have been operating since 2006. The home currently hosts 17 residents aged between 75 to 88 years old. They have a waiting list and are only able to take in senior citizens who do not require a lot of care due to lack of resources. There is no medical or nursing care facility at the home and residents are sent to a hospital for any medical needs. Complimentary lodging and three meals a day are provided at no cost to residents. The home is open to senior citizens of all races but only takes in those who are homeless with no means to look after themselves. Most of the residents at the home either have no family or have been abandoned by their families. The home is supported by public donations.

Target groups
Senior citizens; caregivers

Type of work
Advocacy; day centers; old folks’ home

Annual income
MYR 246,000 (USD 57,600) (2016)

Revenue model
0-30% government funded

Established
1990

Religious affiliation
None

Registration status
Registered society

Website
www.nacscom.org.my

Strategy and character

The following characteristics really stood out to our researchers when reviewing this organization:

Broad reach
NACSCOM has 39 affiliates, which are senior citizen organizations located all over Malaysia, and a total of 20,000 members. They impact more than 4,000 senior citizens a year through their three day centers which promote lifelong learning and productive aging to ensure the elderly lead a quality and purposeful life. They publish a newsletter, Senior Voice, three times a year which highlights issues related to financial security, healthy aging and lifelong learning for their 20,000 members.
Impact

Approach to impact measurement

Framework
NACSCOM provides a fairly clear statement of its target impact through its website: to safeguard and promote the welfare of the senior citizen community in Malaysia.

They seek to take a holistic approach in engaging all relevant stakeholders in raising awareness of the welfare of senior citizens.

Data collection
The organization maintains a database of all their members and documents all activities conducted in a year. They measure impact based on the advocacy they do for senior citizens in Malaysia and the number of elderly who visit their day centers each year.

Continuous improvement
They do not have a formal process in place to analyze data due to lack of resources. However, they report that they attend numerous local and international conferences to ensure they are always in the know regarding the latest developments and can champion the rights of the elderly in a relevant and meaningful manner.

Results

Main outputs (e.g. Number reached)

>39
NACSCOM affiliates in the country (2017)

>20,000
Registered members (2017)

>4,000
Senior citizens who visit and benefit from their three day centers (2016)

>17
Senior citizens who are cared for at their old folks’ home (2017)

Main outcomes (Reported change)

“We are invited to participate in many activities and functions related to senior citizens and aging by government agencies, the corporate sector, civil society and also regional and international organizations.”

NACSCOM 2017 President

“We sit on the National Senior Citizens Advisory and Consultative Council under the Ministry of Women, Family and Community Development and are a member of HelpAge International.”

NACSCOM 2017 President

“If not for this old folks’ home, many of the residents here would be living on the streets.”

NACSCOM old folks’ home supervisor

Reputation

Latest media coverage
Making life easier in their golden years
The Star – 22 January 2016
National Council of Senior Citizens Organizations Malaysia (NACSCOM) Deputy President Susan Suah shared the same sentiments for a senior citizen card…

Number of abandoned aging parents on the rise
The Star – 17 May 2015
NACSCOM President Datuk Dr. Soon Ting Kueh has called for the setting up of a Senior Citizens Affairs Department to look into the social and financial security of the group…

A voice for the elderly
The Star – 4 April 2014
The National Council of Senior Citizens Organizations Malaysia (NACSCOM) is out to promote quality aging with minimum suffering…

N/A
Facebook likes
(July 2017)
Staff & volunteers

Three full-time staff work at the old folks’ home and three staff members work at the organization's head office.

Finances

NACSCOM is mainly funded by donations (contributing 54% of total income in 2016) and income from other sources such as rental of their space, which is a major source of revenue.

Some of their fundraising activities include organizing fundraising dinners, singing competitions, charity and food fairs, mass-mailing for donations and fundraising from the corporate sector.

Their deficits for year 2014, 2015 and 2016 were MYR 10,852, MYR 86,895 and MYR 24,865 respectively. NACSCOM acknowledges they need to look at ways to increase income to ensure sustainability.

They need about MYR 100,000 a year to cover operational expenses of their old folks’ home.

NACSCOM has sufficient reserves to cover expenditure for around 1.95 years which indicates a healthy and comfortable financial position.

Their financial year runs from 1st January to 31st December each year. All donations to NACSCOM are tax-deductible.

2016 Income break-down

- Donations (individual or corporate) 54%
- Investment income 5%
- Government grants 11%
- Charitable activity income 3%
- Others 27%

1.95 Reserves ratio (2016)

Unrestricted reserves/ Total annual expenditure

Not Reported

Total no. of major donors (2016)

Donors giving more than MYR 50,000

Financial key processes & policies checklist (self-reported)

- The Council ensures internal control systems for financial matters are in place with documented procedures
- The Council approves an annual budget for the charity’s plans and regularly monitors its expenditure
- Donations collected are properly recorded and promptly deposited by the charity
- Council and management actively identify and manage financial risks

Note: Financial data is based on audited financial statements provided by the NPO
Governance & leadership

NACSCOM’s Advisory Board consists of 3 members, the President, Secretary General and a Chairman who must not be a member of the Council. The Advisory Board meets once a year and has a 4 year term. The Council meets once in 3 months and consists of 10 office-bearers and 10 ordinary council members who are elected from its affiliates every 2 years. The Constitution calls for at least one of the five vice-presidents of the Council to be representative of Affiliates from Sabah or Sarawak. The Council is the governing body and ensures internal control systems for financial matters are in place with documented procedures. The Council can only approve expenditure up to MYR 1 million and expenditure above MYR 1 million needs approval of a General Meeting.

Council composition by professional background

<table>
<thead>
<tr>
<th>Professional Background</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting/Finance</td>
<td>2</td>
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<tr>
<td>Business, Management &amp; Strategy</td>
<td>4</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
</tr>
</tbody>
</table>

Gender balance
Council male to female ratio: 15:5

Total Council size: 20

Datuk Dr. Soon Ting Kueh
President
Dr. Soon is a chemist by profession and joined the Council in 2007. He was elected as Deputy President in 2008 and has served as President since 2012.

Dato V Thannimalai
Deputy President
Dato Thannimalai served as Vice President to NACSCOM from 1994 to 2016. He is a former headmaster, unionist, politician and social worker.

Governance checklist (self-reported)

- ✔ Not more than one-third of the Council are staff members
- ✔ Council members and staff are required to declare actual or potential conflicts of interest
- ✔ No Council member or staff is involved in setting his or her own remuneration
- ✔ Council members do not vote or participate in decision-making on matters where they have a conflict of interest
- ✔ Council meets at least 4 times per year
- ✔ There are established term limits for all Council members to ensure steady renewal of the Council

How your support can help

Old folks’ home in Sabah
NACSCOM is looking to establish an old folks’ home in Kota Kinabalu, Sabah where they presently run a day center. They feel there is a great need for homes for the elderly in Sabah and are trying to raise money to buy a piece of land there.

Day centers in every State
In keeping with their belief of lifelong learning and leading a purpose driven life, NACSCOM wants to open a day center for the elderly in every State in Malaysia where the elderly will have a social space of their own and can take part in activities which will keep both their body and mind active.
Alzheimer's Disease Association (ADA) is Singapore’s leading charity specializing in care and support for persons with dementia and their families.

In 2016, ADA supported over 1,000 persons with dementia and their caregivers through their seven dementia care centers, caregiver support services, training and consultancy, as well as a weekday dementia helpline and elder-sitting services in the homes of people with dementia.

Target groups
People with dementia and their caregivers

Type of work
Health & care

Annual income
SGD 6.11 million (2015-16)

Revenue model
Between 30-70% government funded

Established
1990

Religious affiliation
None

Registration status
IPC

Website
http://alz.org.sg

Strategy and character

The following characteristics really stood out to our researchers when reviewing this organization:

Broad reach
The organization reports that each year it serves over 1,000 persons with dementia and their caregivers through their centers and services.

Collaboration
ADA works in partnership with numerous agencies in Singapore such as the National Heritage Board and the Chinatown Heritage center to run their “Arts and Dementia program”, where clients (persons with dementia) are taken on tours to connect to their past experiences and memories. ADA is also collaborating with other organizations to facilitate the transformation of old kindergartens to dementia day care services.
Approach to impact measurement

Framework
ADA’s website presents a clear list of objectives showing the impact that it aims to achieve: for example, “To increase the quality and quantity of care for the elderly with dementia”. The organization does not have an explicit “theory of change” – i.e. framework for why they believe their specific approach will lead to the target impact.

Data collection
ADA collects an impressive range of data on their outputs and outcomes. In addition to customer feedback surveys, they use Dementia Care Mapping, a globally recognized tool to evaluate the wellbeing and emotional state of persons living with dementia. The organization also carries out periodic quality of care assessments at their centers.

Continuous improvement
ADA has a relatively strong and established approach to continuous improvement. Outcomes data and customer feedback are regularly reviewed by ADA’s management to identify opportunities and areas for improvement. As of June 2017, the organization was in the middle of a detailed strategic review, which involved careful reflection on outcomes and impact to-date.

Impact

Results (2015-16)

<table>
<thead>
<tr>
<th>Main outputs (e.g. Number reached)</th>
<th>Main outcomes (Reported change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>315 Beneficiaries served over the four Dementia Daycare centers</td>
<td>&gt;75% Caregivers improved or maintained their Zarit Burden Scores (a measure of caregiver stress)</td>
</tr>
<tr>
<td>712 Caregivers participated in the Caregiver Support Group (CSG)</td>
<td>&gt;70% Beneficiaries improved or maintained their well-being profiling score</td>
</tr>
<tr>
<td>117 Caregivers participated in the Family Caregiver Training program</td>
<td>The organization publicly shares quotes to describe the impact they helped to achieve, for example:</td>
</tr>
<tr>
<td>6,068 Calls received on their Dementia Helpline</td>
<td>“It has helped us gain a better understanding and really equipped us with skills to manage my mum’s behavioral changes appropriately to reduce frustration, tension and miscommunication between us.”</td>
</tr>
<tr>
<td>166 Home visits under the Person-centered Home-based Intervention Service</td>
<td>(Caregiver support client)</td>
</tr>
</tbody>
</table>

Reputation

Latest media coverage

Plans for national database of patients put on hold
The Straits Times – 22 February 2017
The Sunday Times reported in January last year that the Alzheimer’s Disease Association (ADA), Agency for Integrated Care (AIC) and the...

Two more dementia friendly towns soon
The Straits Times – 22 February 2017
Alzheimer’s Disease Association (ADA) Chief Executive Jason Foo said that this, in turn, helps with the cost of dementia as fewer facilities are...

Important for dementia patients to be in a familiar home environment ...
The Straits Times – 21 February 2017
...with clients of the Alzheimer’s Disease Association on 22 February, 2017. ... alongside a visit to the Alzheimer’s Disease Association (ADA) on...

Facebook likes
(June 2017)
2,139
Alzheimer’s Disease Association (ADA)

Staff & volunteers

125
total number of staff
(June 2017)

150
total number of active volunteers
(June 2017)

13%
staff turnover rate
(2016–17)

Finances

Based on the 2015-2016 reported figures, ADA’s overall financial situation was relatively stable and healthy. The organization ran a small surplus each year from 2013/14 – 2015/16.

Nevertheless, the organization does not have the reserves or financial flexibility to expand or adapt to changing needs. As of end 2015/16 ADA had sufficient reserves to cover expenditure for 0.87 years. This level of reserves is in the lower average range for charities in Singapore.

ADA has been mainly funded to-date by government grants or subsidies. However, the organization is actively seeking to raise more private donations. Any additional donations will be channelled to close gaps in existing services, build up their reserves and invest in new programs – such as the building of more resources to cater for the future elderly.

2015/16 Income break-down

- Donations (individual or corporate) 7%
- Government grants or subsidies 69%
- Charitable activity income 18%
- Others 6%

0.87
Reserves ratio (2015/16)
Unrestricted reserves/
Total annual expenditure

4
Total no. of major donors (2016/17)
Donors giving more than SGD 50,000

Financial key processes & policies checklist (self-reported)

- The Board ensures internal control systems for financial matters are in place with documented procedures
- The Board approves an annual budget for the charity’s plans and regularly monitors its expenditure
- Donations collected are properly recorded and promptly deposited by the charity
- Board and management actively identify and manage financial risks
- The charity publishes its reserves policy on its annual report/website

Note: Financial data is based on audited financial statements provided by the NPO
Governance & leadership

The organization has relatively clear and strong policies in place for basic governance areas, although they are planning to update and further tighten their approach in keeping with the latest government guidelines. Currently, the board meets six times a year and board members who are absent for three consecutive meetings without satisfactory explanation will be deemed to have withdrawn from the board. The board members are mostly healthcare professionals but the organization is actively seeking to diversify the range of members. The organization shared that there is not currently a clear succession plan in place for key leadership roles (as of June 2017).

Dr. Ang Peng Chye
Board President
Dr. Ang is currently a consultant Psychiatrist at The Psychiatric and Behavioural Clinic. He is also the founder of and consultant with the Center for Effective Living.

Jason Foo
Chief Executive
Jason served on the Board of ADA as a volunteer for 22 years before taking on the CEO role in 2012. Prior to 2012, Jason spent 25 years in senior positions in the financial industry.

3:9 Gender balance
Board male to female ratio

12 Total Board size

How your support can help

Support ADA to implement its new strategy in 2018:
In mid-2017, ADA was in the process of reviewing and updating its overall strategy. When Just Cause met with ADA, the new strategic direction was still under discussion and not yet confirmed. From 2018, the organization will be seeking donors to support them in implementing what we expect to be an exciting and ambitious new strategy and direction for the Association.
In a nutshell

Fei Yue Community Services (FYCS) is a well-established social services provider that is currently growing rapidly. Together with its sister organization, Fei Yue Family Service Center, FYCS offers a diverse range of services for the very young to the old.

The organization’s broad mission is to “effect life transformation through the provision of quality social services”. Their services and programs include counselling, adoption, family life education and early intervention programs.

FYCS’s elderly services in particular

One of the main areas of focus for FYCS is eldercare services. Working closely with government, the organization manages 10 Senior Activity Centers (offering social activities and other support), two Group Homes (sheltered accommodation within local communities), two Cluster Support services (outreach, counselling and support for more vulnerable and isolated elderly people) and a Retirees’ center.

The Eldercare Services Division provides personalized support to thousands of elderly people each year, primarily serving the western part of Singapore. The organization has a passionate team focused on building trusting relationships and a sense of family.

Strategy and character

The following characteristics really stood out to our researchers when reviewing this organization:

Broad reach
The organization reports serving nearly 7,000 beneficiaries through their core eldercare services in 2016-2017. This was a significant increase from 2015-16, when the organization reported serving around 2,500 elderly people.

Research
FYCS has an internal research team which focuses on gathering lessons learned, developing a deeper understanding of needs and scoping potential new initiatives. Between 2015 and 2016, the organization undertook seven major research and evaluation studies. Their recent work includes collaborating with MSF to profile the characteristics and needs of a group of elderly people.
Approach to impact measurement
Framework
FYCS provides a broad statement of its target impact through its website and annual report: to effect life transformation through the provision of quality social services.

The eldercare division does not have an explicit “theory of change” or logic model. Nevertheless, staff can clearly articulate that their goal is to help their clients age gracefully and they do this through forming trusted relationships with individuals and helping to link them to support in all aspects of their life. The organization also has a strong underlying focus on research and evidence-based practice and adheres to a range of service quality frameworks.

Data collection
FYCS routinely collects data on basic outputs such as the number of beneficiaries reached. The organization also gathers quotes relating to impact – i.e. what change took place as a result of their work. Meanwhile, the research team conducts detailed evaluations on selected programs.

Continuous improvement
A key metric that is tracked at management level is client satisfaction. Meanwhile, FYCS’s research team routinely collates and shares insights and data with management and frontline staff. The organization also runs regular internal learning exercises at program and team level.

Results for FYCS elderly services division

Main outputs (e.g. Number reached)

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,929</td>
<td>Elderly clients supported by core eldercare services (2016-17)</td>
</tr>
<tr>
<td>10</td>
<td>Senior Activity Centers in operation by the end of 2017</td>
</tr>
<tr>
<td>831</td>
<td>Members served at the Senior Activity Centers (2016-17)</td>
</tr>
<tr>
<td>678</td>
<td>Participated in the Advance Care Planning Talks (2015-16)</td>
</tr>
</tbody>
</table>

Main outcomes (Reported change)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>of elderly attending the programs at the Senior Activity Centers reported they were satisfied with the service (2016-17)</td>
</tr>
<tr>
<td>“It gave me the space to be imaginative. I learnt stuff that I did not learn outside before, like how do I put the cloths together in an angle, or match colours.”</td>
<td>Elderly beneficiary</td>
</tr>
<tr>
<td>“We talk, sometimes they have any problems, they will share. I also feel that it is meaningful, because the piece will help someone.”</td>
<td>Elderly beneficiary</td>
</tr>
</tbody>
</table>

In July 2017, Just Cause visited FYCS’s Senior Activity Center and Group Home in Hougang to observe its operations and better understand how the program was making a difference for beneficiaries. Through our observation and informal discussions with staff, we found that the team were passionate and committed and that the facilities at the center were clean and newly refurbished. The services themselves and the design of the Group Home are fairly tightly specified by the primary funder (government), so that FYCS does not have significant scope to tailor its overall approach. Nevertheless, the team clearly puts significant effort into providing a loving and personalized service for each individual client.

Reputation

Latest media coverage
The Big Read: Apathy, complacency — the worst enemies in Singapore’s war against diabetes
TODAYonline – 25 August 2017

A Fei Yue Community Services spokesperson noted that lower income or disadvantaged groups and communities tend to have “limited access…”

More finding love and marriage in golden years
The Straits Times – 13 August 2017

Mr. Leng Chin Fai, Executive Director of Fei Yue Community Services, said: “Twenty years ago, many seniors would not remarry as they were…”

NUS students raise over $400k for charity
The Straits Times – 12 August 2017

…Fei Yue Community Services, Pathlight School, St Andrew’s Autism center, and The Singapore Cheshire Home. The charity project has been…”

2,100
Facebook likes (May 2017)
Staff & volunteers

FYCS’s team has grown rapidly in recent years – from 183 in March 2016 to 241 in July 2017. Despite this period of significant change, staff report high levels of satisfaction, with 86% stating that they are satisfied or very satisfied. The organization also makes use of skilled volunteers, for example with its Caring Assistance from Neighbors (CAN) program to promote mutual support amongst residents and neighbors. Through this program, volunteers are empowered to take on the role of a carer to the senior. The role of a CAN Carer (or volunteer) is to provide basic monitoring, support and befriending services to the seniors.

Finances

Income for the whole of FYCS grew noticeably between 2014-15 and 2015-16, reaching nearly SGD 15 million. This aligns with the fact that the organization has been rapidly expanding in recent years and is continuing to do so.

FYCS has sufficient unrestricted reserves to cover expenditure for only 0.1 years. This level of reserves is in the low range for charities reviewed by Just Cause in Singapore and significantly below FYCS’s reserves policy of three years. The organization explained that it relies primarily on governmental schemes or grants, so that funds are predominantly restricted (and therefore not counted within the calculated reserves ratio).

FYCS’s eldercare services are mainly funded by government grants or subsidies, for example, their SACs are 80% funded by the Ministry of Social and Family Development. However, the organization is actively seeking private donors to make up the remaining 20% of its core budget and to provide additional enriching services for their beneficiaries.

Total income & expenditure: FYCS overall

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Income (SGD’000)</td>
<td>16,000</td>
<td>14,000</td>
</tr>
<tr>
<td>Expenditure (SGD’000)</td>
<td>12,000</td>
<td>10,000</td>
</tr>
</tbody>
</table>

2015-16 Income break-down: FYCS overall

- Government grants or subsidies: 52%
- Donations: 4%
- Charitable activity income: 37%
- Others: 7%

Financial key processes & policies checklist (self-reported)

- The Board ensures internal control systems for financial matters are in place with documented procedures
- The Board approves an annual budget for the charity’s plans and regularly monitors its expenditure
- Donations collected are properly recorded and promptly deposited by the charity
- Board and management actively identify and manage financial risks
- The charity publishes its reserves policy on its annual report/website

Note: Financial data is based on audited financial statements provided by the NPO
Governance & leadership

The Board consists of six members, half of whom work in academia. This composition is partly reflected in the organization’s focus on research alongside client-facing services. The Executive Director works closely with the Board, holding regular informal meetings with Board members in addition to formal scheduled meetings.

John Ang
Board President
Mr. John Ang is a Senior Fellow at Department of Social Work at NUS. From 2005-11, he was Chief Executive Officer of the St. Andrew’s Autism Center. He has also served as President of the Singapore Association of Social Workers for three terms.

Mr. Leng Chin Fai
Executive Director
Mr. Leng Chin Fai is one of the pioneers who set up Fei Yue back in 1991. He worked as a qualified accountant prior to taking over the reins of Fei Yue. His vision is to see more lives helped, enabled and transformed.

Gender balance
Board male to female ratio

5:1

Total Board size
6

Board composition by professional background

<table>
<thead>
<tr>
<th>Professional Background</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academia</td>
<td>6</td>
</tr>
<tr>
<td>Business, Strategy &amp; Management</td>
<td>2</td>
</tr>
<tr>
<td>Legal</td>
<td>1</td>
</tr>
</tbody>
</table>

Governance checklist (self-reported)

- Not more than one-third of the board are staff members
- Staff does not chair the board
- There is a limit of four consecutive years for the Treasurer position (or equivalent person on board that is responsible for overseeing finances of the charity)
- Board members and staff are required to declare actual or potential conflicts of interest
- No Board member or staff is involved in setting his or her own remuneration
- Board members do not vote or participate in decision-making on matters where they have a conflict of interest
- Board meets at least 4 times a year
- There is a specific requirement on board members’ meeting attendance
- All board members submit themselves for re-nomination and re-appointment at least once every 3 years
- There are established term limits for all Board members to ensure steady renewal of the Board
- There is a clear succession plan in place for key management leadership roles

How your support can help

Transportation for clients
FYCS’ eldercare team finds that many elderly clients struggle to access relevant services because they cannot easily travel on public transport. This is an important factor in contributing to social isolation. Whilst, in some cases, FYCS and other agencies currently offer some basic travel assistance, they do not have the vehicles to provide consistent and relevant transport for all clients in need. The organization is actively seeking donations to provide greater support in this area.

Boosting human resources
FYCS’ eldercare clients have indicated in surveys that they would like more time with staff or volunteers. However, the organization shared that they struggle to meet this challenge as the teams are already overstretched. The number of staff at each Senior Activity Center (SAC) is dependent on the size of the SAC. For example, a small SAC – defined as having around 100 members – would have only two staff, while larger SACs – defined as those who serve around 500 clients – would have four or five staff. Funding to hire additional staff would enable the organization to provide a more comprehensive service to more people, in particular, reaching out to isolated and hard-to-reach elderly people.
In a nutshell

Lions Home operates two nursing homes at Bishan and Bedok South, with capacity to house a total of 384 residents. The homes provide their residents with 24-hour nursing and clinical care, physiotherapy, occupational therapy and a regular program of social activities.

The purpose-built home in Bishan includes a section tailored for residents with dementia as well as an "Assisted Living Unit" section offering more flexibility for residents with greater levels of independence. Lions Home also offers daycare services for up to 25 clients per day, including dementia day care, social activities, rehabilitation, and nursing.

As with other Ministry of Health subsidised nursing homes in Singapore, Lions Home operates within a physical space and service model that is fairly strictly specified at national level. Nevertheless, the organization makes significant efforts to personalise and optimise the experience of its residents, working within the national service parameters: "We are an institution but we do not institutionalize" (Doreen Lye, CEO).

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income frail elderly; people with dementia</td>
<td>1980</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Religious affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term care; daycare</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual income</th>
<th>Registration status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGD 13.9 million (2016/17)</td>
<td>Registered society (IPC)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue model</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-70% government funded</td>
<td><a href="http://lionshome.org.sg">http://lionshome.org.sg</a></td>
</tr>
</tbody>
</table>
Strategy and character

The following characteristics really stood out to our researchers when reviewing this organization:

**Collaboration**
Lions Home places a strong emphasis on welcoming and supporting the local community. The organization proactively collaborates with multiple organizations such as local schools, community clubs and religious organizations to host volunteers and arrange outings for their residents.

**Innovation**
Lions Home was one of the first nursing homes in Singapore to offer a specific unit for residents with dementia. The organization also proactively identifies and tests out new approaches to enhance residents’ quality of life – for example, the team is currently exploring a type of nutrient dense meal from Japan for residents who have difficulty swallowing.

Impact

**Approach to impact measurement**
**Framework**
Lions Home’s mission focuses on promoting dignity and choice; and on enabling residents to enjoy maximum independence. Although there is not a clearly documented “theory of change” framework that articulates how the service is designed to achieve these goals, the organization does have a clear philosophy of care and staff can explain in detail how their model operates in practice.

**Data collection**
Lions Home tracks patient and caregiver satisfaction levels and feedback collected twice yearly at national level by government researchers. The organization also has a quality improvement team, with staff champions responsible for monitoring key areas such as falls prevention and end of life care.

**Continuous improvement**
Driven by the quality improvement team, continuous learning and improvement is enshrined as one of three key priorities in Lions Home’s mission: “To develop, maintain and evaluate our systems and structures for continued improvement of our services.”

Results

<table>
<thead>
<tr>
<th>Main outputs (e.g. Number reached)</th>
<th>Main outcomes (Reported change)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>313</strong> Residential care residents (as of March 2017)</td>
<td><strong>90-94%</strong> Residents surveyed by government researchers in 2016 said they would recommend the home to others. This is slightly higher than the national average for nursing home residents (87%)</td>
</tr>
<tr>
<td><strong>34</strong> Daycare clients at the Senior Care center enrolled during the period April 2016 – March 2017</td>
<td><strong>84%</strong> Satisfaction rate of residents (Bishan) surveyed by government researchers in 2016. This is slightly higher than the national average for nursing home residents (79%)</td>
</tr>
</tbody>
</table>

In July 2017, Just Cause visited the Bishan home to observe its operations and better understand how the program was making a difference for beneficiaries. Through our observation, we found that the home’s staff were attentive and that the living environment – whilst not luxurious – had been thoughtfully designed and managed to provide different opportunities for entertainment, socializing and quiet space.
What do people who work with them say?

Just Cause interviewed 4 organizations that work with Lions Home to ask what it’s like working with them:

“Overall, we have had a good and wholesome experience of partnering with Lions Home. They are welcoming to the local community and open to suggestions on partnership at programs. As a non-profit organization, we notice and understand that they may at times lack required manpower but as partners, we work hand in hand to achieve a socially cohesive community.”

Community partner

“Our volunteers have a very enjoyable experience when they go to Lions Home and have formed a bond with the residents. It is very smooth and easy to coordinate with Lions Home.”

Fu Shi Shi, RSVP

“Thanks to Lions Home for giving us a wonderful opportunity to spend quality time and bond with their senior residents. Since we visit them almost every month, the residents now look forward to having us and vice versa. Being with them and to bring a smile on their faces is probably one of the most satisfying feeling I have personally experienced. We have become one big happy family and we are grateful to Lions Home for making this possible.”

Ragini Sheth, Shrimad Rajchandra Love and Care Singapore

“Lions Home for the Elders (Bedok) has provided very enriching learning opportunities for our student volunteers to interact and build good relationships with the elderly. Through the experience, the student volunteers have grown to be more confident while developing their communication and social skills. The team from the Home has always displayed professionalism, making for a pleasant and meaningful collaboration over the years.”

Community partner

Latest media coverage

New nursing home officially opens in Bishan

Channel NewsAsia – 17 March 2017

The new Lions Home for the Elders is a replacement for the nursing home previously located at Toa Payoh Rise….

Lions nursing home in Bishan officially opened by Health Minister Gan Kim Yong

The Straits Times – 18 March 2017

The Lions Home for the Elders was officially opened by Minister for Health Gan Kim Yong on Saturday

A little less Nimby

The Straits Times – 18 February 2017

The Lions Home for the Elders is set to mark its official opening next month, having been operating for more than a year, and has become...

Staff & volunteers

Recruiting and retaining high quality staff is a significant challenge for Lions Home, as with all long-term care providers in Singapore. The organization places a strong focus on training and support for its staff, but nevertheless struggles to attract sufficient staff to allow for full occupancy at both homes. The turnover rate for 2016-17 was low (1.5%), suggesting that the organization is successful at retaining its staff, despite the challenges inherent within this sector.

The organization stands out for hosting large numbers of volunteers. It receives an average of four group visits per week at both homes, with around 20 volunteers per group. Volunteers come from schools, companies and Lions clubs.

<table>
<thead>
<tr>
<th>Staff &amp; volunteers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of staff (March 2017)</td>
<td>209</td>
</tr>
<tr>
<td>Total volunteers (2016)</td>
<td>&gt;5,000</td>
</tr>
<tr>
<td>Staff turnover rate (FY 2016-17)</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
Finances

Total income for 2016/17 was SGD 13.9 million, with the organization receiving around 60% of its funding through direct government grants and subsidies. Around one fifth of income is derived from donations, with residential and daycare fees making up the remaining 23%. Residents’ fees are in turn predominantly subsidised by government, although Lions Home does offer additional subsidies (funded by private donations) for those who are still unable to pay the balance.

Income and expenditure have grown steadily over the past three years of reporting, with income comfortably (though not excessively) exceeding expenditure each year.

As of March 2017, the organization had a healthy reserves ratio of 1.7 years. Whilst providing a reasonable financial buffer for the organization, this amount of reserves is still within Lions Home’s stated policy of maximum three years.

Note: Financial data is based on audited financial statements provided by the NPO.
Governance & leadership

Lions Home adopts a notably transparent approach to governance, with Board membership and policies clearly reported in the organization’s website an annual reports, together with the attendance record for each Board member. Board meetings are held five times a year.

Support for nutrient dense meals and advanced technology

Government funding and client fees help to cover the majority of Lions Home’s core operating costs so that clients can receive sufficient support to meet their basic needs. However, the organization is constantly seeking additional private donations in order to further enhance the quality of life of its residents and daycare clients.

One specific area in which private donations could help is in relation to meals for residents who are unable to swallow solid food (i.e. suffer from dysphagia). As of early 2017, over 80 of the organization’s residents were on a soft and blended diet, meaning that they typically would eat very similar, unappealing food for breakfast, lunch and dinner every day. This diet does not help to enhance the residents’ quality of life and at the same time creates a burden for staff, who need to spend significant time coaxing the residents to eat their food. Lions Home has therefore started to explore a new type of nutrient dense soft meal produced in Japan, which can be offered in different flavors and with more appealing presentation. The additional cost of providing this type of meal would be around SGD 600 per resident per month (not factoring in cost savings from reduced kitchen and nursing staff time to prepare and serve the meals).

In addition, the organization is seeking funding for several advanced technologies that are used in Lions Home to further enhance the quality of life for residents, for instance Jintronix (a computer application to facilitate rehabilitation) and Paro Robotic Seal (a high-tech fluffy animal that has been shown to be beneficial when used in therapy for dementia patients).

Isabel Cheong
Chairman
Isabel is a retired physiotherapist, with wide-ranging senior level experience at a range of hospitals and non-profit organizations such as Spastic Children’s Association and National Council of Social Service. She has more than 40 years experience in physiotherapy.

Doreen Lye
CEO
A registered nurse trained in the UK, Doreen has been with Lions Home since 1998. She previously held Director of Nursing positions at St Andrew’s Community Hospital and Aged Care in Melbourne, Australia. She has more than 30 years experience in aged care.

Gender balance
Board male to female ratio: 15:5

Total Board size: 20

Governance checklist (self-reported)
✓ Not more than one-third of the Board are staff members
✓ Staff does not chair the Board
✓ There is a maximum limit of four consecutive years for the Treasurer position (or equivalent, e.g. Finance Committee Chairman)
✓ Board members and staff are required to declare actual or potential conflicts of interest
✓ No Board member or staff is involved in setting his or her own remuneration
✓ Board members do not vote or participate in decision-making on matters where they have a conflict of interest
✓ Board meets at least 4 times per year
✓ All board members submit themselves for re-nomination and re-appointment at least once every 3 years
✓ There are established term limits for all Board members to ensure steady renewal of the Board
✓ Clear succession plan in place for key leadership roles
In a nutshell

O’Joy’s goal is to enhance the well-being of older persons and their families and/or caregivers, in particular by providing psychosocial counselling and promoting active aging.

They are one of few agencies in Singapore providing psychosocial counselling that is specifically tailored for seniors.

The organization places a strong emphasis on quality, for example, through extensive training for staff and volunteers; strict service standards; and carefully considered design of its services.

Strategy and character

The following characteristics really stood out to our researchers when reviewing this organization:

**Innovation**
O’Joy actively tests out creative ways to better serve beneficiaries, for example through its recent Health Oriented Aging (HOA) program, where the organization designed a new community-based approach to active aging, building on overseas best practice. One stakeholder (interviewed by Just Cause) described the program as “cool”.

**Core capacity**
O’Joy stands out for investing in increasing the core capacity of its organization. For example, they place special emphasis on staff and volunteer training; and have carefully thought-through processes for ensuring and building quality. This was acknowledged by stakeholders (interviewed by Just Cause), e.g. “their counsellors are very well-trained”.

**Niche cause**
O’Joy is one of few non-profits in Singapore providing specialised mental health counselling for older people. Partners interviewed by Just Cause noted that they stand out for being able to offer home visits, speak dialects and understand the cultural issues of older people in the area they work.
Approach to impact measurement

Framework
O’Joy has thought extensively about the frameworks that it uses to structure its different services. They draw on several best practice frameworks from overseas, including Virginia Satir’s Self Mandala Framework. However, O’Joy does not have an explicit Theory of Change model that maps its activities to its target outcomes.

Data collection
O’Joy collects a range of clinical outcome data to report to its funders as part of their requirements for the counselling services. For example, its Community Mental Health Intervention (COMIT) program tracks the number of clients showing improvement on a Global Assessment of Functioning (GAF) scale. O’Joy does not track outcomes for the HOA active aging program.

Continuous improvement
O’Joy shares some of its quantitative outcome data with stakeholders through its annual report. Meanwhile, they have a simple internal process for the Board to review data every quarter and check if funder-specified KPIs are being met.

Results (FY2015/16)

<table>
<thead>
<tr>
<th>Main outputs (e.g. Number reached)</th>
<th>Main outcomes (Reported change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>152</td>
<td>97%</td>
</tr>
<tr>
<td>Active participants in Health Oriented Aging program (HOA)</td>
<td>Counselling clients achieving at least one positive outcome (e.g. improvement in coping skills)</td>
</tr>
<tr>
<td>240</td>
<td>“I have many new friends.”</td>
</tr>
<tr>
<td>Community Mental Health Intervention (COMIT) clients</td>
<td>HOA program participant</td>
</tr>
<tr>
<td>147</td>
<td>“I get to learn new skills like art.”</td>
</tr>
<tr>
<td>People received individual counselling</td>
<td>HOA program participant</td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Para-counselling training sessions for volunteers</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Active volunteer para-counsellors</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Mass events conducted for Health Oriented Aging</td>
<td></td>
</tr>
</tbody>
</table>

In June 2017, Just Cause visited the HOA active aging program to observe one of its group activity sessions and better understand how the program was making a difference to beneficiaries. Through our observation and informal discussions with participants, we found that the daily program of craft, music and exercise sessions was playing a significant role in the lives of many of the group’s 400 members, mainly Mandarin-speaking ladies aged 65 years and above. We observed participants making new friends and exchanging phone numbers. Several participants also commented that without the sessions, they would not have anything to do.
What do people who work with them say?
Just Cause interviewed three organizations that work regularly with O’Joy Care Services to ask what it’s like working with them:

“Their counsellors are very well-trained and their process is diligent and thorough. Some patients benefit a lot from their counselling.”

Dr. Pamela Ng Mei Yuan, Institute of Mental Health

“They try very hard and are thoughtful in their approach. They are one of the few organizations that specialize in counselling geriatric patients, for example they understand specific cultural issues, speak dialect and offer convenient home visits. They are also quite collaborative and have worked with some of the hospitals.”

Dr. Ng Li Ling, Changi General Hospital

“O’Joy is very committed and we have a strong working relationship with them. Their clients are also very happy with the service – they are specialists in counselling for seniors.”

Ng Koon Sing, AMKFSC Community Services Ltd

Latest media coverage
Charities must explain why board members are allowed to serve beyond 10 years
Today – 6 April 2017

“Mr. Choo Jin Kiat, Executive Director of voluntary welfare organization O’Joy Care Services, said the guideline to disclose board members’ terms…”

Social workers ‘key to meeting health and social needs’
The Straits Times – 19 June 2016

“… and shower themselves but, at the same time, their judgment can be impaired,” said Dr. Chew, a senior counsellor at O’Joy Care Services.”

Charities Act to undergo review
Today – 16 July 2015

“O’Joy Care Services’ Executive Director Choo Jin Kiat said his organization, which focuses on the elderly and those with mental health …”

Staff & volunteers
In 2016, O’Joy commissioned a People Opinion Survey Report with AON to assess its People Practices. It revealed that O’Joy scored higher than the Singapore average in terms of the various people development indices, such as career development and leadership development. It is also impressive that 85% of its staff agreed that “it would take a lot to get me to leave this organization”. The only area O’Joy scored below the Singapore average was around high-potential development. This may have potential implications for O’Joy’s talent development and succession plans.

Meanwhile, O’Joy places special emphasis on the quality of their volunteers, and enhancing the skills of its volunteers is incorporated into the organization’s strategic objectives.
Finances

O’Joy is mainly funded by government grants (contributing almost 90% of total income in 2015). About 65% of the government grants are restricted which suggests that the organization could face challenges in funding further new or innovative projects and continuing its current level of impressive investment in staff and volunteers. Just Cause believes that O’Joy is well placed to make the most of more private donations, which could allow the organization to innovate and specialise even further.

Based on the 2015-16 latest reported figures, its overall financial situation was somewhat healthy, but did vary year on year:

- O’Joy had a strong surplus at 2013 due to a new grant from Tote Board for its HOA program
- The drop in income in 2014 is due to the reduction in grant from Tote Board
- The increase in income in 2015 is due to an increase in grants ($212,000 to $533,000) from NCSS
- The organization has sufficient reserves to cover expenditure for around 0.68 years. This is somewhat below average for the charities reviewed by Just Cause and is notably below O’Joy’s reserves policy of maximum 2 years

![2015/16 Income break-down](chart)

### Financial key processes & policies checklist (self-reported)

- The Board ensures internal control systems for financial matters are in place with documented procedures
- The Board approves an annual budget for the charity’s plans and regularly monitors its expenditure
- Donations collected are properly recorded and promptly deposited by the charity
- Board and management actively identify and manage financial risks
- The charity publishes its reserves policy on its annual report/website

<table>
<thead>
<tr>
<th>Total income &amp; expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,400</td>
</tr>
<tr>
<td>2013/14</td>
</tr>
</tbody>
</table>

- Income (SGD’000) | Expenditure (SGD’000)

### Reserves ratio (2015/16)

Unrestricted reserves/Total annual expenditure

#### Total no. of major donors (2015/16)

Donors giving more than SGD 50,000

0.68

Note: Financial data is based on audited financial statements provided by the NPO
Governance & leadership

O’Joy has four board members, none of whom has a background in mental health. The organization explained that as a registered society, it faces challenges in attracting board members due to the personal financial liability that board members of a society must take on. To tackle this, the organization is in the process of switching to a Company by Limited Guarantee (CLG), which would allow it to attract board members more easily. O’Joy aims to have 10 board members in due course, including a broader range of relevant professional backgrounds. The Board meets four times per year and members are re-elected every two years.

Further develop innovative approaches

O’Joy is a potentially attractive partner for donors who are looking to work with a charity on innovative and specialized approaches in eldercare. The organization has a track record of providing creative experiences for their beneficiaries through the Health Oriented Aging program. Such partnerships would afford O’Joy more financial flexibility, given that the majority of their funds are in the form of restricted government grants.

Alan Goh
Board President
Alan Goh Jiang Wee has been in O’Joy’s Board since 2011 and was elected as the Secretary (2011-2013) and Treasurer (2013-2015) prior to his current role as President (2015-2017).

Choo Jin Kiat
Executive Director
Jin Kiat has been with O’Joy since 2006 and was the former center Manager prior to his current appointment.

Gender balance
Board male to female ratio
4:0

Total Board size
4

Governance checklist (self-reported)

- Not more than one-third of the Board are staff members
- Staff does not chair the Board
- There is a maximum limit of four consecutive years for the Treasurer position (or equivalent, e.g. Finance Committee Chairman)
- Board members and staff are required to declare actual or potential conflicts of interest
- No Board member or staff is involved in setting his or her own remuneration
- Board members do not vote or participate in decision-making on matters where they have a conflict of interest
- Board meets at least 4 times per year
- All board members submit themselves for re-nomination and re-appointment at least once every 3 years
- There are established term limits for all Board members to ensure steady renewal of the Board
- Clear succession plan in place for key leadership roles
In a nutshell

WINGS promotes active aging for women, focused on improving health, happiness and security.

The organization has an active community of members who attend a variety of awareness workshops, in-depth courses and engaging activities. Whilst there are many organizations in Singapore running active aging programs, WINGS stands out for its specific focus on women. The organization offers a variety of awareness workshops, in-depth courses and engaging activities that promote health, happiness and security, and aims to create a supportive community of peers.
The following characteristics really stood out to our researchers when reviewing this organization:

Collaboration
WINGS has been actively collaborating with a number of Senior Activity Centers (SACs), such as Beo Crescent SAC, to befriend and engage the elderly in various activities. The organization also collaborates with KK Women’s and Children’s Hospital to deliver WINGS’ flagship program - the confinement nanny training.

Volunteer led
The organization stands out for having a large number of volunteers, who facilitate several programs and have become mentors to other women. The organization would not be able to run or grow without the support of its volunteers.

Broad reach
WINGS has around 7,000 women registered as “WINGS women” and as of 30th April 2017, the organization has 1,700 active “WINGS women” participating in the organization’s main programs.

Approach to impact measurement
Framework
WINGS provides a clear statement of its target impact through its website and annual report: to empower women to age with more confidence. When interviewed in late 2015, Staff were also able to share a detailed explanation of their program logic or “theory of change” - i.e. why they believe their specific approach will lead to the target impact. The organization is also able to explain how it has used research and feedback from other organizations working in the sector to inform its impact framework.

Data collection
WINGS publicly shares data on outputs such as number of beneficiaries reached, as well as quotes and stories about impact - i.e. what change took place as a result of their work. They also track metrics such as the number of “graduates” from their programs who then become mentors for new groups of women.

Continuous improvement
The organization has a relatively strong approach to using its stakeholder feedback data for continuous learning and improvement. Based on an interview in late 2015, the team can cite multiple examples of how impact data helped them identify concrete opportunities and areas for improvement.

Results (2015-2016)

<table>
<thead>
<tr>
<th>Main outputs (e.g. Number reached)</th>
<th>Main outcomes (Reported change)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20,000</strong></td>
<td><strong>30</strong></td>
</tr>
<tr>
<td>Women participated in WINGS programs over the past 10 years (up to 2017)</td>
<td>WINGS women graduates who progressed to become mentors in 2015-2016</td>
</tr>
<tr>
<td><strong>1,700</strong></td>
<td></td>
</tr>
<tr>
<td>Active “WINGS women” as of April 2017</td>
<td>The organization also publicly shares quotes from stakeholders which describe the change they helped to achieve. For example:</td>
</tr>
<tr>
<td><strong>50</strong></td>
<td></td>
</tr>
<tr>
<td>Women participated in the Confinement Nanny Training in 2016-2017</td>
<td>“Before joining MoneyAct, I thought I was financially prepared for retirement. After the course, I took several steps to better prepare myself, like write a will, do my LPA and AMD, as well as reviewed my insurance plans.”</td>
</tr>
<tr>
<td><strong>3,019</strong></td>
<td></td>
</tr>
<tr>
<td>Volunteer hours mobilized (all volunteers) (2015-16)</td>
<td>Rosna Abdul Jalil</td>
</tr>
<tr>
<td><strong>522</strong></td>
<td></td>
</tr>
<tr>
<td>Women took part in the exercise classes (2015-16)</td>
<td></td>
</tr>
</tbody>
</table>
Reputation

What do people who work with them say?
Just Cause interviewed two organizations that work regularly with WINGS to ask what it’s like working with them:

“WINGS has been providing their volunteering services to our Senior Activity Center for about a year. They are very good in engaging the elderly in a wide range of creative activities, which they have really enjoyed. The elderly are very supportive and happy with WINGS’ programs.”

Daniel Liew, Beo Crescent Senior Activity center

“WINGS has been successful in helping many women bond among themselves and with the mentors. They have also helped empower women to have a life plan and to age successfully and healthily. One opportunity for WINGS to further broaden its impact is to reach out to lower-income and more vulnerable women to age successfully, happily and healthily.”

Lai Oi, WINGS trainer/mentor

Latest media coverage

It Changed My Life: Down and out, she finds herself
The Straits Times – 24 September 2016
Social entrepreneur Anthea Ong went from a successful career and ... and WINGS (Women’s Initiative for Aging Successfully), where she was...

Senior volunteer finds joy in making others happy
TODAYonline – 4 September 2015
... in several voluntary welfare organizations (VWOs) including the SAVH; Women’s Initiative for Aging Successfully (WINGS); Tsao Foundation...

$3b plan to help seniors live more fulfilling lives
The Straits Times – 26 August 2015
Ms. Anthea Ong, President of the Women’s Initiative for Aging Successfully (WINGS), also welcomed the “systemic effort” to reframe aging as...

93
Facebook likes (May 2017)
Staff & volunteers

Volunteers play a very important part of how WINGS runs, with a strong emphasis on sharing experiences. The organization is actively recruiting volunteers through their WINGS members.

Finances

Based on the 2016 latest reported figures, the organization’s overall financial situation was somewhat healthy, but did vary year on year.

WINGS had a smaller surplus at the end of 2016, compared to a higher surplus in 2015 and a small deficit in 2014.

The difference in 2016 was mainly due to a 43% decrease in private donations. However, this was offset by an increase in government grants and subsidies and program fees, causing income to fall by 6%.

The organization has sufficient reserves to cover expenditure for around 1.16 years. This level of reserves is in the average range for charities in Singapore. Private donations will be used to scale up existing programs.

2016 Income break-down

- Donations (Individual and corporate) 33%
- Government grants or subsidies 39%
- Charitable activity income 27%
- Others 1%

Reserves ratio (2016)

Unrestricted reserves/Total annual expenditure

1.16

Total no. of major donors (2016)

Donors giving more than SGD 50,000

0

Financial key processes & policies checklist (self-reported)

- The Board ensures internal control systems for financial matters are in place with documented procedures
- The Board approves an annual budget for the charity’s plans and regularly monitors its expenditure
- Donations collected are properly recorded and promptly deposited by the charity
- The charity publishes its reserves policy on its annual report/website

Note: Financial data is based on audited financial statements provided by the NPO
Governance & leadership

The Board has a strong profile in terms of business, finance and strategy expertise. The Board meets once a month and Board members are required to attend at least 25% of the meetings in a year. It is notable that all of the Board’s ten members are female. This may be appropriate given that the organization has an explicit focus on women.

Ngo Lin Ai, Janice
Board President

Janice has experience in retail and private banking and has held leadership positions in banks and retail establishments. She has over ten years of active volunteering experience.

Executive Director: N/A

The Executive Director’s position is currently vacant at WINGS.

<table>
<thead>
<tr>
<th>Board composition by professional background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others</td>
</tr>
<tr>
<td>Business, Strategy &amp; Management</td>
</tr>
<tr>
<td>Human Resources</td>
</tr>
<tr>
<td>Legal</td>
</tr>
<tr>
<td>Accounting/Finance</td>
</tr>
</tbody>
</table>

Governance checklist (self-reported)

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✓ Board members and staff are required to declare actual or potential conflicts of interest
✓ No Board member or staff is involved in setting his or her own remuneration
✓ Board members do not vote or participate in decision-making on matters where they have a conflict of interest
✓ There is a specific requirement on Board member’s attendance
✓ Board meets at least four times per year
✓ There are established term limits for all Board members to ensure steady renewal of the Board

How your support can help

Broaden WINGS’ reach

WINGS will channel additional funds to scale up their existing programs, increasing the number of women participating in and benefitting from their active aging activities. While the organization already has broad reach, new resources can help develop a targeted approach to reaching "lower-income and more vulnerable women," as well as those who are disengaged from society.