

PROJECT NEMO



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Introduction

From January 2023, the Gentle Care Foundation wants to start fundraising activities. By drawing up a fundraising plan with the board, it was possible to start structurally mapping out the requirements for successful fundraising.

Fundraising is used to start our project 'NEMO' (Non Emergency MObile unit) in Indonesia. As a Dutch partner, we support the Yayasan Gentle Care Foundation Indonesia in organizing this project and help with financing through funds and sponsors.

Fundraising is also used for the purchase of other facilities that are necessary to realize this project. We will be looking for partners to work with, sponsors and financiers.

This plan describes the social and financial goals that we want to achieve in 2023 and what we need for this.

We naturally hope to be able to contribute to various projects in the future that will make access to good medical care in Indonesia possible for everyone. So fundraising is also used to respond to future situations and developments that are signaled in Indonesia. These possibilities must of course be discussed in more detail. This fund plan does not yet include a financial indication for this.

With our 'NEMO' project and future projects, we are always committed to supporting and boosting initiatives that strengthen social cohesion.

It is important for our foundation at the start of our fundraising activities that we ensure that the basis for fundraising is good. We have a nice project in mind that we will realize in 2024 for the poor medically needy in Indonesia and we will work on our visibility and brand awareness in the Netherlands and Indonesia. In addition to this fundraising plan, a fundraising calendar and a fundraising policy are drawn up.

We will make it a beautiful and constructive period!

Sincerely,

Charles Kreleger

Voorzitter Stichting Gentle Care Foundation, Nederland



1. Objective

1.1. Question and background

Health care is one of the basic public services that every community, including the poor, has the right to receive. Poor people frequently face numerous challenges, such as limited access to health care, which results in a lower health status when compared to wealthy people.

The Indonesian health-care system is still a work in progress that the government must address. Both in terms of equity, regulation, and also system integration.

According to Luthfi Mardiansyah, Founder and Chairman of the Center for Healthcare Policy and Reform Studies (Chapters) Indonesia, there are at least six obstacles that must be addressed as soon as possible. Connectivity, regulatory clarity, demographic advantage, archipelagic country, low service, and technology that is not used properly are among the obstacles (Fika et al., 2021).

According to Article 34 paragraph (3), the state is responsible for providing adequate health care and public services. In practice, however, there are four major issues with health services in Indonesia. According to Suryo Suwignjo, President Director of Philips Indonesia, four factors influence health-care delivery: accessibility, capability, capacity, and affordability.

There are a number of factors that influence accessibility. The availability of transportation, particularly in outlying areas, is one of the factors that has a significant impact on the accessibility of health services (Delly et al., 2019).

People in remote areas must travel by boat for three to four hours to reach the hospital, followed by another hour by land vehicle. They occasionally have money for treatment but not for transportation (Suryo, 2021),

There are remote and difficult areas in West Lombok where reaching a health facility can take up to 4 hours. People cannot access health care if they do not have access to transportation. This has an impact on the community's health in West Lombok. As a direct consequence, West Lombok has the lowest index of health development among NTB districts (Adia et al., 2020).

The example below shows of how difficult it is for people in remote areas of West Lombok to access health services: one community member in Bunut Boyot Hamlet, Gunung Sari District, West Lombok Regency has to be stretchered to a health facility to receive health services.



The lack of access to health care for the poor continues to be a difficult problem to solve. In practice, they continue to face barriers to accessing health-care services. According to some sources, the problem is caused by two factors. The first are internal factors (caused by individuals themselves), such as a lack of participation in health-care activities. The second type is external factors (those that come

from outside the individual), which include geographical location, transportation facilities, discrimination, and administrative procedures.

Therefore, the community will benefit greatly from the presence of this ambulance transporter in bringing healthcare closer to those in need.

1.2. Objective of the project on micro, meso en macro level

1.2.1 Micro level

NEMO is a non-emergency mobile unit that is deployed in Central and East Lombok to provide poor people with access to good medical care by offering transport. Our NEMO ambulance will transport these people to and from a medical post, hospital or clinic where they will receive the necessary medical assistance. In this way we want to connect patients and medical practitioners. In this way, NEMO must prevent patients who do not have transport from becoming isolated due to their condition.

Concretely this means:

Our goal is to purchase and deploy 1 NEMO ambulance in Central and East Lombok in 12 months.

1.2.2. Meso level

The Gentle Care Foundation aims, together with Yayasan Gentle Care Foundation Indonesia, to provide the largest possible group of people in Indonesia with better access to good medical care. Medical conditions can have a significant negative impact on the quality of life and other dimensions of patients' health well-being. By creating awareness and offering adequate medical treatment, we want to prevent someone from being unable to participate in daily life and the work process.

The focus will be on the transport of people with medical needs to and from a medical post, hospital or clinic. We want to achieve this by offering NEMO transport in our first project. In future projects we want to offer medical care and health examinations in the kampongs (= village) and we also want to contribute to the improvement of lifestyle and health by providing knowledge and information.

In time, this will lead to more and more people enjoying a better quality of life. We will measure this by using the participation ladder.

1.2.3. Macro level

Through fundraising, we want to strengthen social cohesion by:

- To provide support in organizing project(s) in Indonesia that contribute to building a network between different partners and authorities so that good medical care can be guaranteed.
- To respond to opportunities that we as the Gentle Care Foundation and Yayasan Gentle Care Foundation Indonesia identify. We will do this by connecting partners to initiatives and helping initiators with financing through funds and sponsors.
- support, coordinate and collaborate.

1.3. Results

Accessibility of health services:

The use of ambulance transport in the remote and difficult to reach areas of Central and East Lombok results in a large group of people who now have access to health services.

One of the examples is the patients with cataracts. 671 patients per year lose their sight due to lack of treatment. And this lack of treatment can be traced back to a lack of transport and accessibility in 100% of cases. With our NEMO we can help reduce this number of patients per year.

Breaking the cycle of poverty:

Illnesses and wounds can have a significant negative impact on patients' lives. Due to their disorders, they are often unable or barely able to work or participate in social/economic life. Not only they themselves but also their family is disadvantaged by this. Transport to and from health services contributes to improving patient health. A healthy patient can work and contribute to the needs of his family.

We will periodically measure the achievement of this result by using the participation ladder.

Transferring knowledge and expertise regarding health and lifestyle:

The driver(s) and nurse(s) of the Yayasan Gentle Care Foundation Indonesia build a relationship of trust with the patient and his family. They also know the home and family situation of the transported patients. Within this relationship, they can assist both the patient and the family and inform them about nutrition, health, hygiene and care of illnesses and wounds.

We will periodically measure the achievement of this result by using the participation ladder.

1.4. Participation ladder

The Participation Ladder is a measuring instrument that measures the extent to which someone participates in society. The ladder is divided into four steps: from social isolation to participating in daily life (working) without support.

2. Target group/Need of the project

Who is the target group?

Our project mainly focuses on the poor in the remote areas of Central and East Lombok. People for whom access to health services is not available or is hindered. We do not discriminate by age or income.

District	Poverty (%)
Lombok Tengah	13.44%
Lombok Timur	15.38%



What is the necessity of the project?

People in remote areas have to travel three to four hours to reach the hospital. They occasionally have money for treatment but not for transportation (Suryo, 2021).

There are remote and difficult areas in Central and East Lombok where it can take up to 4 hours to reach a health center. People cannot access health care if they do not have access to transportation. This has consequences for the health of the community in Central and East Lombok.

Number of hospitals per district?

In Lombok Tengah there is 1 hospital. This is a small hospital in relation to the size of the district in terms of area and number of inhabitants.

Number of Inhabitants	Area in km ²	Number of hospitals
1.034.859	1.208	2

<https://ntb.bps.go.id>

In Lombok Timur there are 2 hospitals. In both cases, too, these are small hospitals in relation to the size of the district in terms of surface area and the number of inhabitants.

Number of Inhabitants	Area in km ²	Number of hospitals
1.325.240	1.606	3

<https://ntb.bps.go.id>

Both districts are district hospitals. This means that these hospitals do not perform complicated operations, do not make specific diagnoses and have a referral function for the majority of the diseases.

In addition, these hospitals only have 1 surgeon who can perform the simpler procedures. On the size of the population, this is of course just a drop in the bucket.

In reality this means that the patient must have transport to the Mataram district.

And herein, as we have indicated earlier in our plan, lies the major stumbling block for the majority of patients in these remote and hard-to-reach areas.

Hospitals also have their own ambulance, but it is only used for emergencies in these districts of Tengah and Timur.

Which diseases are common in these districts?

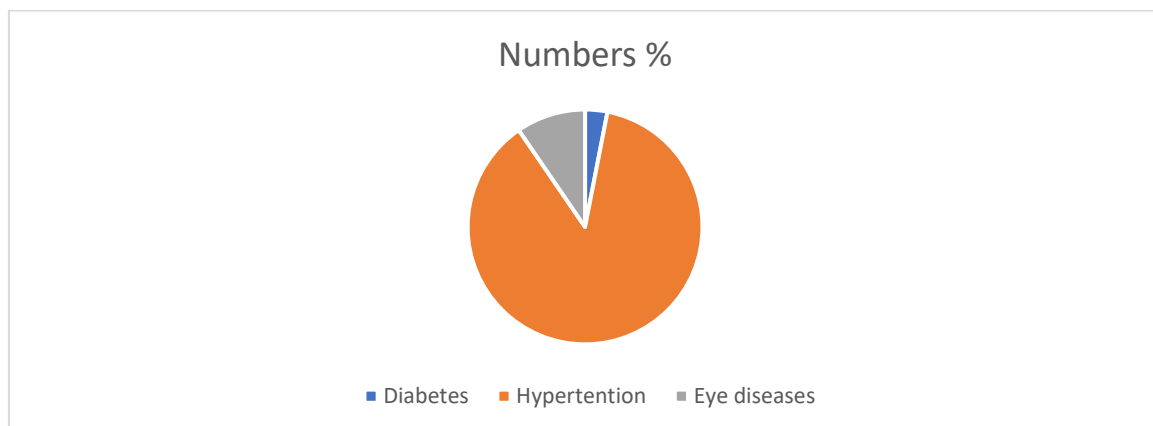
- Diabetes
- Hypertention
- Eye diseases: Cataract, Corneal Infection of kids

Mostly farmers and fishermen live in these areas. Due to the many outdoor activities and the exposure to light, their eyes have to endure a lot. Cataracts are therefore a common problem. In addition to exposure to light, age and smoking obviously also play a major role.

Informing about health and lifestyle and creating awareness is therefore part of our task as a foundation.

Numbers (people) in Lombok Tengah

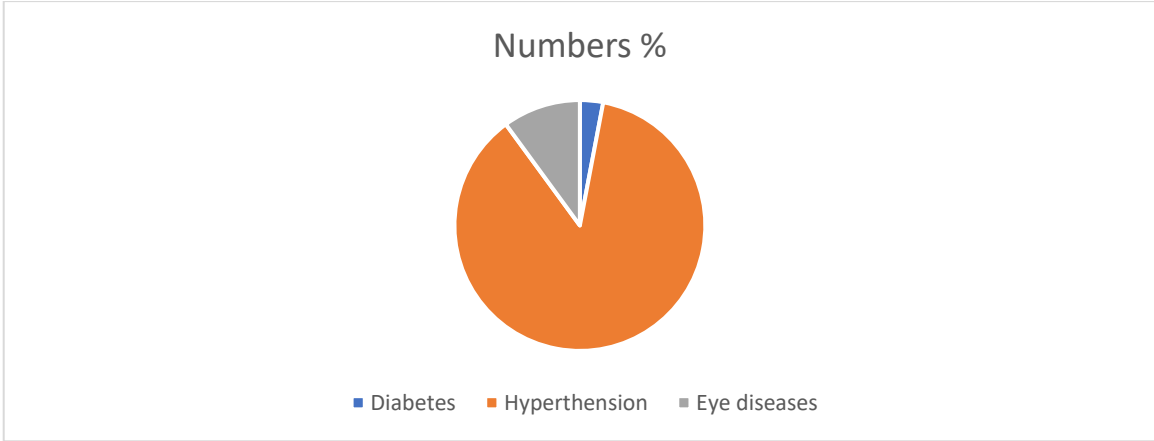
Diabetes	Hypertention	Eye diseases
9.313	251.470	32.287



Numbers (people) in Lombok Timur

Diabetes	Hypertention	Eye diseases
11.927	322.033	41.347

<https://ntb.bps.go.id>



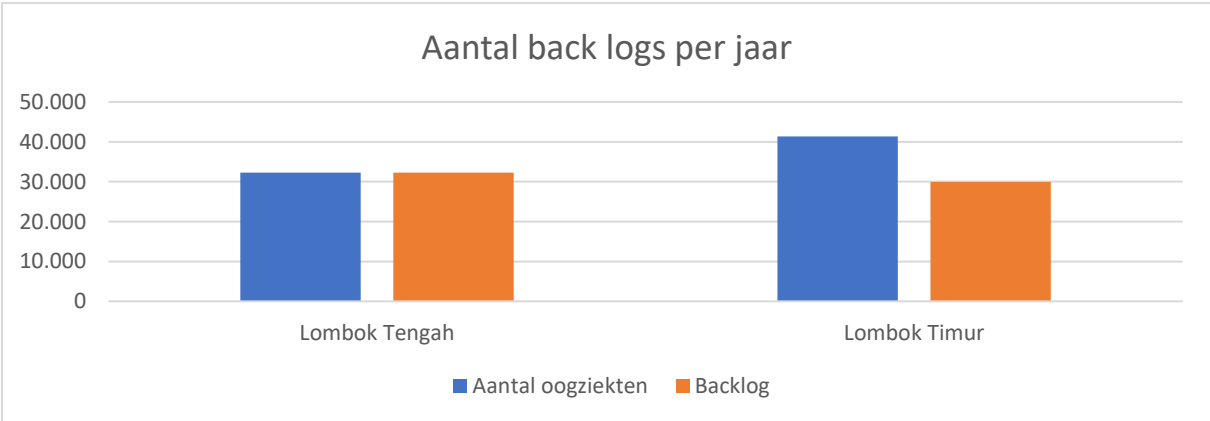
Consequences of lack of transportation with regard to these conditions?

Stare

Every year there is a fairly large group of people who go blind due to the total lack of treatment. This group grows cumulatively every year unless we stop this through our transport to and from the hospitals.

District	Back log per year	Number of Eye surgeons
Lombok Tengah	32.287	1
Lombok Timur	29.931	2

<https://ntb.bps.go.id>



That is 62,218 patients per year who lose their sight due to lack of treatment. And this lack of treatment can be traced back in 100% of cases to lack of transport and specialized doctors in these districts. Patients must have transportation to Mataram district for their treatment. With our NEMO we can help reduce this number of patients.

Our partner Yayasan Gentle Care Foundation Indonesia estimates that we can transport **700 patients in the first year**, taking into account the geographical circumstances, the waiting times in the clinics and hospitals and the cost of transport.

Corneal Infection

Last year (2022), Yayasan Gentle Care Foundation encountered 4 patients with a corneal infection through a local action. In all cases, these are young children.

A corneal infection is no longer treatable if it is not diagnosed early. So time is a great enemy.

Once the cornea is seriously infected, this patient can only be helped with a corneal transplant. This means a long wait for a donor cornea and then an expensive operation. This means an operation of more than € 3,000.

Discussions with an ophthalmologist have shown that early diagnosis can help these patients with eye drops and a course of antibiotics.

In other words, **only 1 transport** with our ambulance to the eye clinic in Mataram, costing less than 3 euros, can help and cure a patient.

Yayasan Gentle Care Foundation is vorig jaar (2022) door een plaatselijke actie gestoten op 4 patiënten met een hoornvlies infectie. Het gaat hier in alle gevallen om jonge kinderen.

Diabetes en Hypertention

In Indonesia, preventive and adequate care often receives too little attention. Simply because there is no transport to a hospital or clinic. All too often this leads to conditions not being treated, which can have disastrous consequences, such as major surgery or amputation.

One of these conditions, which can have disastrous consequences, is diabetes. If diabetes is not properly treated and monitored, diabetic retinopathy can develop in these patients, for example. This means that damage to the retina is caused by diabetes. And this causes blindness. Many other disorders can therefore be prevented by proper follow-up and guidance of this condition.

The periodic visits of these patients with our NEMO service to a health center contribute to the general health of these patients.

The driver and nurse of the Yayasan Gentle Care Foundation Indonesia build a relationship of trust with the patient and his family. They also know the home and family situation of the transported patients. Within this relationship, they can assist and inform both the patient and the family about nutrition, health, hygiene and care of the condition.

3.Content of the project

What are we going to do?

We purchase a NEMO ambulance and transport patients from the Central and East Lombok districts to clinics/hospitals.

NEMO is a non-emergency mobile unit that is deployed in West Lombok to provide poor people with access to good medical care by offering transport. Our NEMO ambulance will transport these people to and from a medical post, hospital or clinic where they will receive the necessary medical assistance. In this way we want to connect patients and medical practitioners. In this way, NEMO must prevent patients who do not have transport from becoming isolated due to their wounds/illness.

How are we going to do this?

We purchase a Toyota Innova and equip this non-emergency mobile unit with an emergency kit and a funnel. Our ambulance is registered and insured before it goes on the road.

Our partner Yayasan Gentle Care Foundation Indonesia has used the past six months to create partnerships and networks with local partners. In this way, they have created an entrance that enables us as a foundation to introduce and screen our future patients.

This screening examines the general health of the patients. But we also look at diabetic wounds, the precancerous stages of diabetes, or a certain health risk, even though there are no clear symptoms or complaints yet. Timely detection can prevent worse and increases the chance of a cure. The team uses various screening instruments for this screening, such as a questionnaire, a physical examination, a measurement or a test of bodily material, such as a blood test. Sometimes different screening instruments are used.

Who is going to do it and where will the project take place?

Where will we carry out our project?

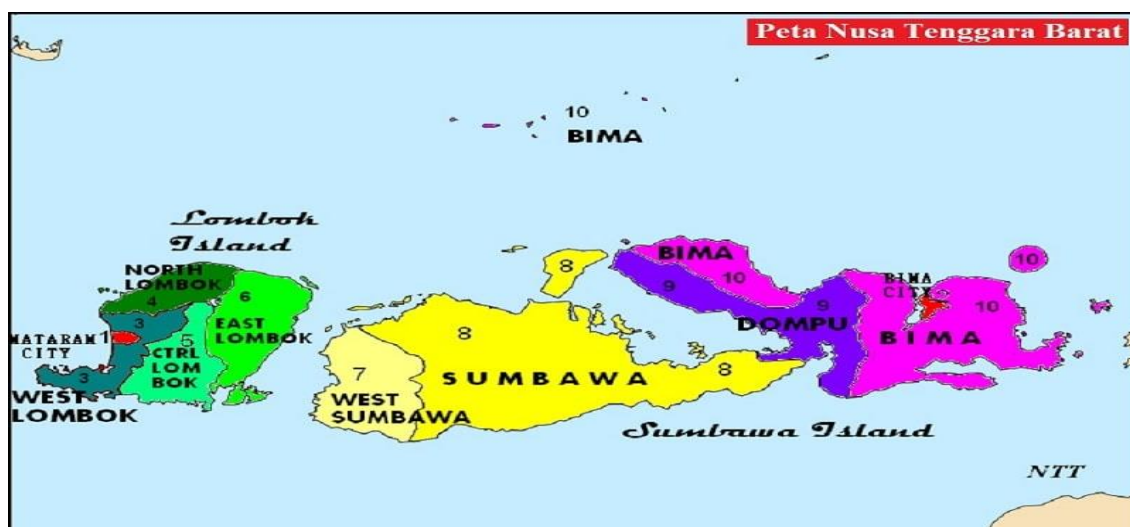
We carry out our project on the island of Lombok, in the districts of Tengah (Central) and Timur (East) Lombok.

Lombok is part of the NTB region. This is the Nusa Tenggara Barat region consisting of the island of Lombok and Sumbawa.

The island of Lombok consists of 5 districts: Lombok Mataram, Lombok Utara, Lombok Timur, Lombok Selatan, Lombok Barat and Lombok Tengah.

The choice to carry out our project in the districts of Tengah and Timur Lombok is based on 2 reasons:

- Poverty in these districts is high. Which inextricably leads to many medical conditions.
- These neighborhoods cover a large area. But relatively few health services (clinics/hospitals) make access to health care possible.





Lombok Tengah (<http://plut.diskop.ntbprov.go.id/>)

Lombok Timur (<http://plut.diskop.ntbprov.go.id/>)

Who is going to carry out the project?

Yayasan Gentle Care Foundation Indonesia will carry out the project in Lombok.

Our foundation consists of:

Romy Hidayat (chairman and founder), Febrina Sulistiawatu (secretary) and Maria Hidayati (treasurer). In addition, the foundation works with a large number of volunteers.

The driver of the ambulance is a nurse. And for measuring the vital functions and screening the patients for transport, trainees from the university of nursing will be deployed. We therefore do not have to include these volunteers in our budget.



4. Timemanagement

We started January 2023 with a board meeting for fundraising. Which funds are we going to write to, which companies are we going to approach and which activities are we going to set up?

From this moment on we evaluate every 3 months. The following questions will be answered at these evaluation moments:

- How far are we with our fundraising?
- Which funds, companies and activities to invest?
- Which funds, companies and activities need more time? How much time (estimate)?
- Which funds, companies and activities should we drop? Why?

- Which new funds, companies and activities require our attention?

This way we always have 3 months to start for every action we take. After these 3 months, we will evaluate together whether this action needs more time or should be cancelled.

If it becomes clear that a certain action is not running or is not (s) or yielding enough, it can of course be decided to stop sooner.

We assume that we need 12 months to pay the full amount needed to purchase the ambulance.

The project can only be started from the moment that the ambulance can be purchased. Until then, Yayasan Gentle Care Foundation uses the time to improve partnerships, connect with future patients, find volunteers and find funds/sponsors/donors.

5. Begroting

Start up project

In the start-up phase there are costs that are one-off and are then amortized annually. In addition, there are costs that continue to run. The ongoing costs are indicated in the table as p/y. Because we are a starting foundation and in the start-up phase, there is currently no income to include in the budget.

Objective project	Cost in €	Invoice/Estimate	Fund/Company/Donation
Ambulance Toyota Reborn	18.500,-	Invoice	Fund/Company
Strechter & Emergency kit	120,-	Invoice	Fund/Company
Registration	180,- p/j	Invoice	Fund/Company
Insurance	310,- p/j	Invoice	Fund/Company
Depreciation and maintenance	2.500,- p/j	Estimate	Fund/Company
Total funds, company	21.610,-		
Marketing materials	400,-	Estimate	Donation
Fuel	900,- p/j	Estimate	Donation
Unforeseen cost	500,- p/j	Estimate	Donation
Total donations	1.800,-		

The costs for implementing the project plan (the Netherlands) are shown in the following table.

What	Cost in €	Invoice/Estimate	Fund/Company/Donation
Participation Event	500,-	Estimate	Donation
Materials marketing	500,-	Estimate	Donation
Apply CBF quality label	120,-	Invoice	Donation
Cost Bank account	150,-	Invoice	Donation
Cost website	48,-	Invoice	Donation
Total	1.318,-		

Total cost project in €	24.728,-		
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Budget after the start up (first year)

We assume that we need a year to purchase the ambulance.

Annual costs for the Gentle Care Foundation after the first year of the project:

What	Costs in €	Invoice/Estimate	Fund/Company/Donation
Materials marketing	200,-	Estimate	Donation
Deelname evenement	100,-	Estimate	Donation
CBF quality mark	120,-	Invoice	Donation
Bank Account	150,-	Invoice	Donation
Cost website	48,-	Invoice	Donation
Total per year	618,-		

Annual costs for the Yayasan Gentle Care Foundation Indonesia after the first year of the project:

What	Costs in €	Invoice/Estimate	Fund/Company/Donation
Materials marketing	250,-	Estimate	Donation
Registration	180,-	Invoice	Donation
Insurance	305,-	Invoice	Donation
Fuel	900,-	Invoice	Donation
Unforeseen costs	500,-	Estimate	Donation
Total per year	2.135,-		

6.Manpower

Both the Gentle Care Foundation and the Yayasan Gentle Care Foundation Indonesia carry out the activities entirely on the basis of volunteers.

The board in the Netherlands consists of people who work in different fields. As a result, they have a wealth of expertise and experience that can be used to draw up a solid policy plan.

By talking to each other, we get different ideas and we assess whether these ideas are realistic, acceptable and feasible. Each of these board members performs the tasks as a volunteer.

In Indonesia, only volunteers work. The volunteers are all professionals within the health sector in their working lives. The interns who are deployed within the foundation are nursing students. In this way we guarantee quality and we do not spend any costs on hiring professionals to train the volunteers.

7. Stakeholders

Who benefits from the project?

- Patients
- Clinics/Hospitals: This way doctors are sure that patients show up for their appointments. They can therefore start a long-term treatment.
- Local foundations within the health sector: foundations that care for patients at home but do not offer a transport service can register their patients with our foundation. They then know that the patients are transported in a high-quality manner and receive the medical treatment they need.

Who do we work with?

- Local foundations
- Local clinics and hospitals

Our partner Yayasan Gentle Care Foundation Indonesia has used the past six months to create partnerships and networks with local partners. In this way, they have created an entrance that enables us as a foundation to introduce and screen our future patients.

Wilde Ganzen

In collaboration with Wilde Ganzen, our policy plan is worked out as well as possible, concretely for the best result. Upon final approval, Wilde Ganzen will increase the amount of donations we receive by 50%.

8. Communicatie en Publiciteit

8.1. Making communication carriers suitable for fundraising

Our social message is essential for the support of our foundation. Because we are a new, starting foundation, the mission of the Gentle Care Foundation is not yet known to the general public and our visibility needs to be expanded. We assume the following communication carriers:

1. our communication is honest and transparent. Our sponsors and financiers periodically receive an overview of the activities in Indonesia and insight into how the funds raised are used.
2. our communication is clearly visible to the outside world. We can be found both via our website and via Facebook and Instagram. On these social media we will post current news about current projects, look back and look ahead at activities, developments and projects within our foundation. In addition, we send an online newsletter to interested parties every quarter.
3. our communication is aimed at dialogue. Dialogue is a wonderful form of open communication. Every communication partner has a wealth of opinions and good ideas. With our goals in mind, open communication also brings their voice into the picture.

8.2. Starting an online donor program

Part of the website will be set up for an online donor program. This part of the website offers the possibility to make donations. Make a donation for specific projects, take action for a project, register to become a volunteer and to work with the Gentle Care Foundation.

8.3. Transparency about fundraising activities and being visible

Every quarter we publish a newsletter, which we send to newsletter readers, companies and partners with whom we work. We do this to provide insight into the beautiful projects that we organize as a foundation. Communication will be used to support projects, both online and offline messages, blogs, etc. will be prepared to promote fundraising projects. To thank sponsors and funds for their support, we give them a miniature car with an accompanying (thank you) letter. Attention will also be paid to each completed project.

The Gentle Care Foundation does not yet have a CBF quality mark. A CBF quality mark for charities means that an organization meets strict requirements. The CBF assesses, among other things, the board and their policy, as well as the method of fundraising and the spending of resources. We spend the financial resources generated through fundraising directly on the fundraising projects. We strive to meet the conditions of the quality mark as much as possible.

8.4. Existing (social and societal) network of the board and its advisers

The board consists of people who work in different fields. As a result, they have a wealth of expertise and experience that can be used to draw up a solid policy plan. By talking to each other, we get different ideas and we assess whether these ideas are realistic, acceptable and feasible. When looking for funds and partners, the board therefore bases itself on possibilities within its own network, personal choices to approach specific parties and local parties that connect with the goals of the foundation.

8.5. Participation in at least 1 local event

For the year 2023, we want to participate in at least 1 local event where we want to introduce our foundation and our projects. In this way it can be examined whether these events are a suitable means of generating income for the Foundation.

9. Evaluatie

First evaluation is the starting moment. With the project plan as we have drawn up, can we purchase and deploy an ambulance in 12 months.

The second evaluation moment is 12 months after purchasing the ambulance. Are we able to transport the 5 to 60 people per month with our ambulance.

Third evaluation moment is 24 months after purchasing the ambulance. Here we will evaluate whether the ambulance can drive cost neutrally and whether we are able to expand the number of patients to be transported.

The fourth evaluation moment is 36 months after purchasing the ambulance. The question we ask ourselves in this evaluation round is whether the Yayasan Gentle Care Foundation Indonesia is able to support itself and whether the project can be carried out independently

10. Exploitation

How will the project pay for itself after the start up?

Yayasan Gentle Care Foundation Indonesia indicates that, because they are a starting foundation, they are completely dependent on income from the Dutch foundation for the start of the project and the first year thereafter.

As soon as the Yayasan Gentle Care Foundation Indonesia can manage the NEMO and create brand awareness, the foundation will start its search for donations and funds. Yayasan Gentle Care Foundation Indonesia comes up with 4 ways to make the project viable:

1. Patients who can pay for the transport

When screening patients, our volunteers discuss the options for paying for transportation. Because our foundation wants to work primarily for people who are not insured and have no money for transport, we assume that the minority of our patients will pay for the transport. We therefore estimate that only a small part of the donations can be collected in this way.

2. Personal favor from the district council

As soon as the foundation carries out activities, we can request a personal favor from the municipality of the district where we work. In our case, that is both in the district of Lombok Tengah and in Lombok Timur. We need to submit a formal application. This is only possible after our foundation has started and takes care of the transport. After approval, the project will receive an amount of approximately € 923 per year.

3. Religious community

For social projects, a foundation can receive donations from the religious community. In Indonesia, each member of the community gives 2.5% of their income to charity. Money from this pot can be donated to social projects. To be able to use this, the project must meet the following conditions:

- only social projects are supported;
- the project must already be running.

It is currently difficult to estimate how much money that could generate. What is certain is that if you submit an application, there is a very good chance that you will receive a subsidy and that this will happen quickly.

4. Financing of companies, banks,.....

Some private banks have a fund for charities. An application must be submitted for this. Here too, the condition is that the project must have started and activities are already being carried out.

5. Influencers

We know a number of influencers within our network. Once the project has started and the transport has been carried out, they can help us increase our brand awareness. They can help us get donations, through social media.

6. Government

An application can also be submitted to the government for projects that contribute to improving the living conditions of the poor population. The condition for the application is that the project is already running.