第 2 回第三国研修（於インドネシア：2017 年 7-8 月）

（1） 第 2 回第三国研修工程表等

Day 1: Sun, July 30			
Transportation from KL to Indonesia			
Day 2: Mon, July 31			
Start	Finish	Description	Detail
8:00	9:30	**Coordinating Ministry for Human Development and Culture RI (Kemenko PMK RI)** Lecturer: Mr. Tubagus Ahmad Choesni, Deputy for poverty reduction and social protection	Venue: Meeting Room of Coordinating Ministry for Human Development and Culture RI Address: Jl. Medan Merdeka Barat #3, Central Jakarta Tel: +62(21) 34834703
10:30	12:00	**Ministry of Health (Kemenkes)** Lecturer: Ms. Wahyum Khaulah, Section Head of Access of Elderly Health,	Venue: Meeting Room of Ministry of Health Address: Jalan H.R. Rasuna Said Blok X5 Kav. Kuningan Timur, Setiabudi, South Jakarta 12950 Tel: +62(21) 5201590
14:30	16:00	**Ministry of Social Affair** Lecturer: Mrs. Carolyne Clara E.S. Director of Elderly Social Rehabilitation	Venue: Meeting Room of Ministry of Social Affair Address: Jl. Salemba Raya #28, East Jakarta Tel: +62(21) 3904774 Ext.2620
16:30	18:00	**Indonesian Psycho- geriatric Association** Lecturer: Dr. Martina, Former Chairman and dr. Natalia, New Chairman	Venue: Staff Meeting Room of Radiology Dept at Cipto Mangunkusmo Hospital Address: Jalan Pangeran Diponegoro No.71, RW.5, Kenari, Senen, Central Jakarta, 10430 Tel: +62(8) 1239290159
Day 3: Tue. August 1			
8:00	9:30	**Social Office DKI Jakarta Province** Mr. Chaidir, Head of Department of Social Rehabilitation	Venue: Meeting Room of Social Office DKI Jakarta Province Address: Jl. Gunung Sahari II No.6, RT.13/RW.7, Gn. Sahari Sel., Kemayoran, Central Jakarta 10610 Tel: +62(21) 4264679
10:30	12:00	**BK3S (Badan Koordinasi Kegiatan Kesejahteraan Sosial) Jakarta Province** Lecturer: Mrs. Maryono, Advisor of BK3S and Mr. Sarsito, Ist Chairman	Venue: Plaza BK3S Address: 3rd Floor, Jl. Salemba Tengah 51, Central Jakarta Tel: +62(21) 3919135, 3912788
Day 4: Wed. August 2			
10:15	12:00	**Dompet Dhufa** Lecturer: Mr. Yudha Abadi, MM, Program Director DDF	Venue: Philanthropy Building, Address: Jalan Warung Buncit Raya, Pasar Minggu, RT.3/RW.5, Jati Padang, Ps. Minggu, Kota South Jakarta, 12540
14:00	15:30	**Pos Sehat** Director of LKC followed by Representative of Pos Sehat Cinere and watch Pos Sehat Cinere Video.	Venue: Pos Sehat Cinere Address: Depok-West Java
Day 5: Thr. August 3			

8:00	9:30	**Pergeri (Indonesian Society of Gerontology)** Mr. Tony Setiabudhi, Chairman	Venue: Century Park Hotel Address: Jl. Pintu Satu Senayan, South Jakarta, 10270 Tel: +62 (21) 571 2041 HP. 0816 94 64 17 (TS)
10:40	12:10	**Posyandu Lansia Pegangsaan Village** Lecturer: Ms. You Ming Ethga Lang, Head of Section of the People's Welfare in Sub-district	Venue: RPTRA AMIR HAMZAH, Address: Jl. Taman Amir Hamzah No.9, RT.8/RW.4, Pegangsaan, Menteng, Central Jakarta 10320 Tel: +62(21) 3159508
14:00	15:30	**PUSAKA 2** Lecturer: Mr. Irwansyah, and Mrs. Endang, Chairman	Venue: Yayasan Al Islah-PUSAKA 2 Address: Jl. Matraman Dalam 1, Central Jakarta Tel: +62(21) 3904674 HP: 087876065821
Day 6: Fri. August 4			
8:30	11:00	**Sasana Tresna Werdha** Lecturer: Dr. Tumbu R. Ramelan, Director	Venue: Office of Sasana Tresna Werdha Address: Jl. Karya Bhakti Km. 17, Cibubur, East Jakarta Tel: +62(21) 8730 179
14:30	16:00	**Bina Bhakti (Panti Werdha)** Lecturer: Ms. Anyus, Manager	Venue: Meeting Place of Bina Bhakti Address: Kampung Curug, RT.002/01 Desa Babakan Serpong,Tangerang, Banten 15315 Tel: +62(21) 7566439
Day 7: Sat. August 5 / Day 8 Sun, August 6: Day Off, Preparation for team presentation			
Day 9: Mon. August 7			
8:30	10:00	**Jababeka** Lecturer: Mr. Marlin Marpaung (Presiden Direktur JLLC) : Tittle SLD Profile. Mr. Yuzurihara Kazuma (Direktur) : Tittle JLLC Consulting.	Venue: MTG Room of PT Jababeka Longlife City Address: Jl. Taman Golf Timur No. 100, The Care Center Senior Living @D'Khayangan Jababeka Residence, Cikarang Bekasi, West Java 17550 Tel: +62(21) 28518040
13:00	15:30	Wrap up and Discussion	Stay at Century Park Hotel Jakarta Address: Jalan Pintu Satu Senayan , 10270 Jakarta Tel: +62 (21) 571-2041 URL: http://www.atletcentury.com/
15:30	15:50	Coffee Break	
15:50	16:30	Evaluation meeting on the training course	
16:30	17:00	Completion ceremony	
Day 10: Tue. August 8			
Transportation from hotel to the airport, KL			

（2） 研修員リスト

No.	氏名	肩書	所属
1.	Mr. Said Bin Sidup	Director	Elderly Division, DSW
2.	Ms. Mazura Binti Ngah Abd Manan	Senior Principal Assistant Director	Community Division, DSW
3.	Ms Siti Fatimah Binti Ismail	Senior Principal Assistant Director	Department Of Social Welfare Selangor
4.	Ms. Rugayah Binti Ag Besar	Senior Principal Assistant Director	Department Of Social Welfare Sabah
5.	Ms. Hezleen Binti Hassan	Senior Principal Assistant Director	Community Service Division, DSW
6.	Ms. Norhida Binti Abdul Aziz	Principal Assistant Director	Legal And Enforcement Division, DSW
7.	Mr. Bazlan Bin Ismail	Principal Assistant Director	Community Division, DSW
8.	Mr. Mohd Mahir Bin Mohd Tahir	Principal Assistant Director	Quality Standard Division, DSW
9.	Ms. Nithiah Palaniandy	District Welfare Officer	Welfare District Office Of Petaling Selangor
10.	Mr. Desa Bin Mat Rabi	Principal Senior Assistant Director	Training And Competency Branch, DSW
11.	Ms. Noraida Binti Ibrahim	Principal Assistant Director	Planning & Development Division, DSW
12.	Ms. Irine Anak Andrew Ganggang	Principal Assistant Director	Department Of Social Welfare Sarawak
13.	Ms. Suryani Binti Mohamad	Principal Assistant Director	Department Of Social Welfare Pahang
14.	Mr. Mohamad Aziz Bin Abdul Kapi	Senior Assistant Director	Elderly Division, DSW
15.	Mr. Anuwar Bin Ismail	Head Of Children Institution	Sekolah Tunas Bakti Taiping
16.	Mr. Ansharey Bin Matarsad	District Welfare Officer	Welfare District Office Of Alor Gajah, Melaka
17.	Mr. Che Ahmad Bin Che Noor	Senior Assistant Director	Productive Welfare Division, DSW
18.	Mr. Abdul Razak Bin Yahaya	Head Of Elderly Institution	Rsk Taiping
19	Ms. Siti Nurul Munawirah Binti Mohamad Roslan	Assistant Director, Social Services Section	EPU
20	Ms. How Sin Meun	Assistant Director	Ministry Of Women, Family & Community Development
21	Dr. Rahimah Binti Ibrahim	Public Health Physician	Ministry Of Health

18th ASIAN GAMES Jakarta Palembang 2018

COORDINATING MINISTRY FOR HUMAN DEVELOPMENT AND CULTURE

SOCIAL PROTECTION FOR ELDERLY

DEPUTY FOR
POVERTY REDUCTION AND SOCIAL PROTECTION

Jakarta, 31 July 2017

OUTLINE:

- Strategic Issues
- Development of Population Structure
- Profile of Ageing in Indonesia
- National Policy on Ageing
- Promoting the participation of Older Persons in Policy Making
- Social Protection for Elderly
- Future Policy Development for Elderly

"We all going to be old someday….. "

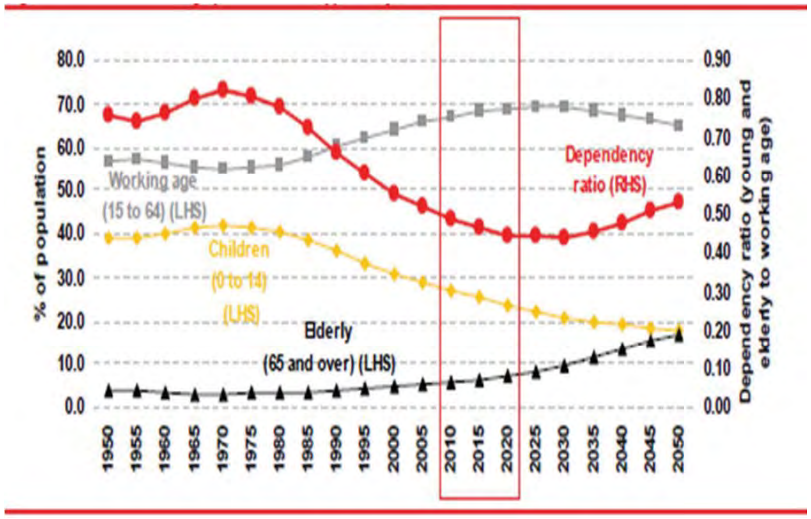
- Help Age International

STRATEGIC ISSUES :

Population

- Transition of Indonesia's population will reached the peak in the next 25 years
- Recent study has been carried out by Centre for Population and Policy Studies (CPPS) UGM in 2014, which was estimated that the population had reached of 238.5 milion (2010) increased to 304.9 million inhabitants by (2035) ---> 67.3% of productive age;
- Elderly increased of 4.9% or 11,878,236 (2010) to 10.8% or 32,112,361 (2035)

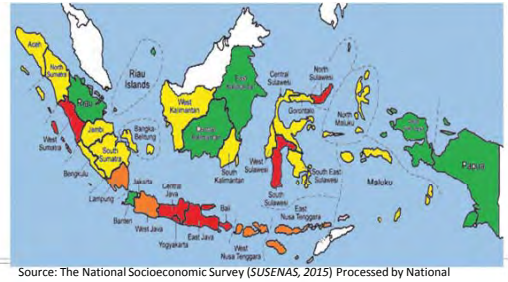
❑ Demographic Dividen



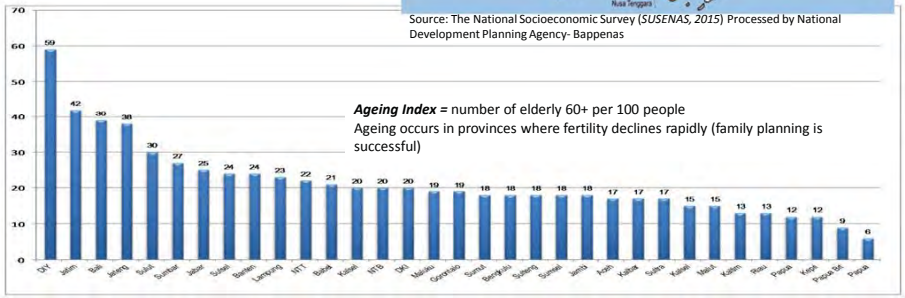
Source: Center for Population and Policy Studies, UGM,2014

GROWTH AND DISTRIBUTIAN OF ELDERLY IN INDONESIA

- Elderly in Indonesia amounted to 21,500,193 people (8.43% of the total population, National Socioeconomic Survey 2015)
  Indonesia entered the top 5 countries with the largest population and the third largest number of elderly in the world.
- Aging in Indonesia started in the province where the Family Planning was successful



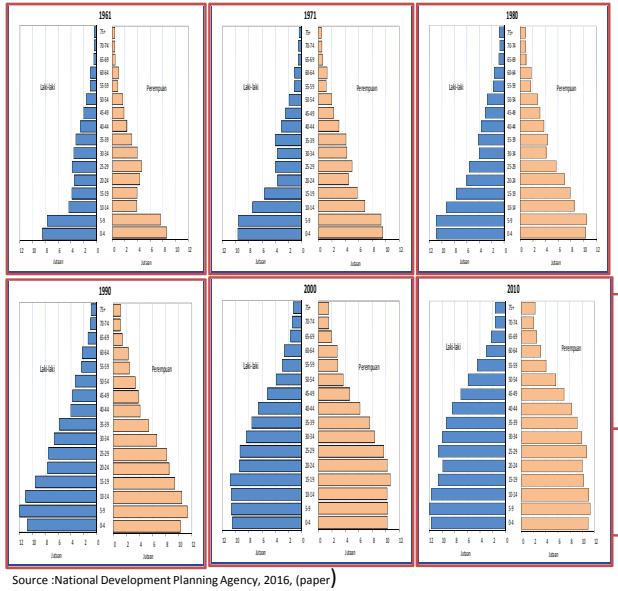
Source: The National Socioeconomic Survey (*SUSENAS, 2015*) Processed by National Development Planning Agency- Bappenas



Ageing Index = number of elderly 60+ per 100 people
Ageing occurs in provinces where fertility declines rapidly (family planning is successful)

Source: Central Statistic Bureau, Census 2010

DEVELOPMENT OF POPULATION STRUCTURE (Census 1961-Census 2010)



Triple Burden on Pop

OLD AGE 64+ yrs
Infrastructure and facilities for the elderly (social security, disease burden, long term care / nursing home etc.

PRODUCTIVE AGE 15-64 yrs
Infrastructure, secondary and tertiary education, & employment

YOUNG AGE-14 yrs
ncreased birth rate, investment in infrastructure and basic social services

Source :National Development Planning Agency, 2016, (paper)

Increasing urban population

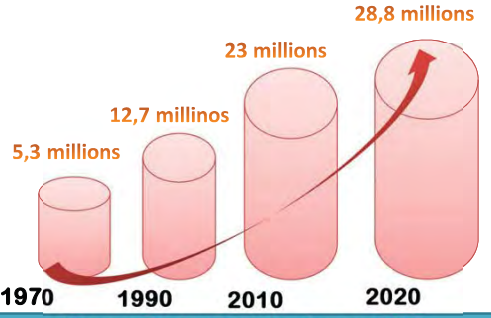
2025

*Estimates

Increase population ageing

67,5%

13,9%



INDONESIA is a country with the third largest population of elderly after China and India

200 millions

100 millions

25 millions

*Source: Central Statistic Bureau, 2015

AGEING IN INDONESIA

- Life expectancy of the population in Indonesia has steadily rises.
  - ✓ **1970: 45.7 years**
  - ✓ **1990: 59.8 years**
  - ✓ **2008: 69,0 years**
  - ✓ **2010: 69,4 years**
  - ✓ **2013: 70,07**
  - ✓ **The aged population in Indonesia, (i.e. Those 60 years and above), will increase in proportion of total population from 7.4% or 15.4 million in 1999 to between 10 and 11% or 30–40 million older people in 2020.**

Source: National Development Planning Agency, 2015

LIFE EXPECTANCY AND POPULATION GROWTH

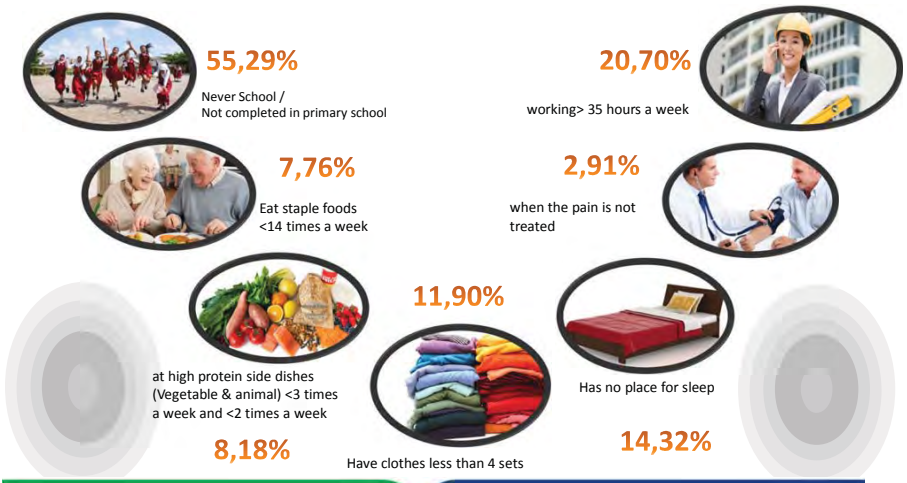
Year	Life Expectancy (year)	Number of Elderly People	Percentage from the total population
1980	52,2 Tahun	7.998.543	5,45 %
1990	59,8 Tahun	12.778.121	6,29 %
2000	64,5 Tahun	14.439.967	7,18 %
2010	67,4 Tahun	23.992.552	9,77 %
2020*)	71,1 Tahun	28.822.879	11,34 %

- Increased life expectancy is usually followed by an increase in the number of morbidity due to degenerative diseases.
- If an increase in the number of elderly is not anticipated and well managed, it will be a burden for the country.

Source: Central Statistic Bureau, National Development Planning Agency, 2015 (paper)
*projection year

Percentage of Elderly Population According to 7 Abandonment Criteria

Source: Profile of people with social welfare problem (PMKS) based on data of The National Socioeconomic Survey of 2015



Some Chalenges

- Triple burden diseases: nutrition, metabolic, degenerative and infections, are on the uprise, it means there will be an increased for health care cost.
- The economic growth lack behind the speedy increase of elderly. Since resources are limited, solving problems of the ageing population, do not get proper priority.
- The education of the present elderly is far beyond expectation. There are only 1.2% with university degree, 6,2% high school and elementary school, 28.2% with basic school. 63.2% do not enjoy formal education.
- Labour force. More than 50% of elderly are still working. 88.37% of men aged 60 – 64 and 75.48% of men aged 65+ are still working. While 59.66% women aged 60 – 64 and 46.03% women aged 65+ are still working.

These fact shows us two things

- More than 50% of elderly are able to work and funding their own living and their family.
- They are forced to do so by necessity and their low level welfare.

INDONESIAN NATIONAL POLICY

- Before The Madrid International Plan of Action on Ageing (MIPAA):
  1. Law No. 13/1998 on Older Persons Welfare.
  2. Law No. 39/1999 on Human Rights.
- After MIPAA:
  1. National Plan of Action for Older Person Welfare Guidelines in 2003.
  2. Government Regulation No. 43/2004 on Older Person Welfare Improvement Efforts.
  3. Presidential Decree No. 52/2004 on Formation of National/ Regional Commission.
  4. Presidential Decree 93/M/2005 on Appointment and Membership of National Commission for Older Persons period 2005-2008.
  5. Law No. 40/2004 on the National Social Security System (NSSS).
  6. Law No. 11/2009 on Social Welfare.
  7. Law No. 13/2011 on Poverty Eradication.

NATIONAL COMMISSION FOR OLDER PERSONS (NCOP)

- NCOP task is :
  - ✓ To assist President in coordination of implementation efforts to increase social welfare;
  - ✓ To provide recommendation and consideration in developing policy on efforts to improve older person social welfare.
- In implementation of its tasks, NCOP can cooperate with government agencies, community, experts, international organizations and other necessary parties.
- Komisi Nasional Lanjut Usia :
  Jl. Salemba Raya Nomor 28 Jakarta Pusat Gd D Aneka Krida Lt I dan II www.komnaslansia.or.id

NATIONAL PLAN OF ACTION (NPA) ON AGEING AND ITS OBJECTIVES

- Political support of policy maker, NGOs, community and religious leaders as well as experts in ageing in efforts to improve older person welfare
- Create informal support for older persons by maintaining family and community support for older population
- Create formal support for older persons by increasing improvement in health services and development of system in protection and social security for older persons
- Establish reinforcement of older person institutions through improving inter sector cooperation at national and international levels
- Role of older persons in family life as well as community, nation and state

NPA ON AGEING AND GENDER CONCERNS

- Mainstreaming older women in development sector:
  - ✓Identifying sector programs that are age-friendly
  - ✓Inter sector meetings on mainstreaming older women in development programs
  - ✓Monitoring and evaluation
- Increase sensitivity and Community Awareness on Older Women (equality to men):
  - ✓Public Education through published media
  - ✓Public education through mass media
  - ✓Solidifying institutions and networking as well as age-friendly community
- Affirmative action for older women
- Education is implemented through education and skills program for older women
- Health is implemented through activities of health insurance for older persons
- Economy is implemented through activities of economic empowerment state

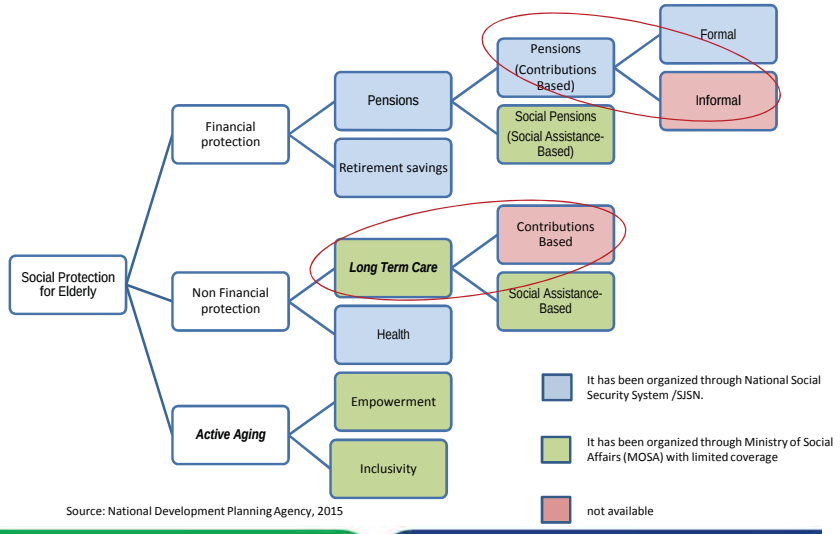
MONITORING FRAMEWORK OF NPA ON AGEING

- Monitoring and evaluation of NPA involves:
  - ✓ Central government
  - ✓ Local government
  - ✓ Older people associations

PROMOTING THE PARTICIPATION OF OLDER PERSONS IN POLICY-MAKING

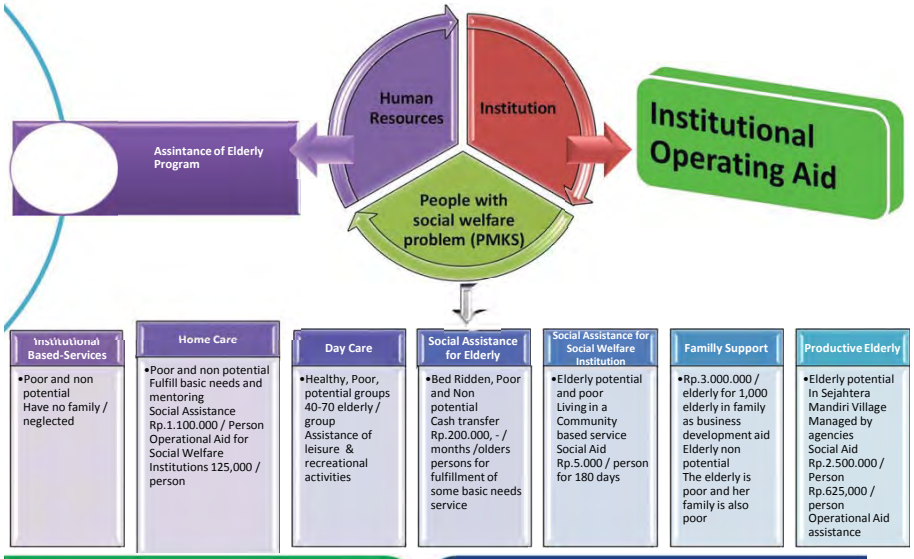
- NPA on Ageing 2009-2014, Action 6 states: To improve Older Person quality of life both economic, mental-religious, self actualization and quality of life.
- This action is implemented through:
  - ✓ Education of skills or courses in line with older persons before entering pension;
  - ✓ conomic productive activities based on older person capabilities;
  - ✓ Increase professional capacity of older persons that is nondiscriminative and based on his/her profession through formal and informal institutions;
  - ✓ Increase social function through relations between older persons and between generations through various forums such as religious, traditional and others;
  - ✓ Preparation of mental-spiritual through comprehensive understanding of religious beliefs entering old age

Social Protection for Elderly



Source: National Development Planning Agency, 2015

EXISTING PROGRAM 2017



FUTURE POLICY DEVELOPMENT FOR ELDERLY

- Policy development for elderly can not just focus on the elderly, but should be based on **life-cycles** --- to prepare each generation before they become elderly.
- **Active and healthy aging;**
  - Active aging is a process that seeks to improve the quality of life of elderly, consisting of health, participation and security (WHO, 2002)
  - Healthy aging: the process of developing and maintaining functional capabilities that allow welfare for elderly as individuals (WHO, 2015)
- **Active and healthy aging will have a possitive impact**:
  - **Economy**: the elderly have an impact on economic growth, savings, investment, consumption, labors, pensions, taxation and intergenerational transfers.
  - **Social**: the elderly have an impact on family composition, living arrangements, need of housing, migration trends, epidemiology and the need for health care services.
  - **Politics**: right for voting and political representation.
- Comprehensive efforts, integrated, sustainable in the social services and care:
  - **The services of elderly package,** in National Health Insurance , social pension by BPJS TK (Institution of Social Security employment))
  - **Community-based services**: for example : Intengrated Services for Elderly (Posyandu Lansia)
  - **Public-private partnership**: health and social workers with expertise in the field of gerontology, training health care and volunteers for the elderly

Source: National Development Planning Agency, 2015

IDEAS TOWARDS SOCIAL PENSIONS

- Social pension is the best solution to cover the poor elderly ; for whom, who does'nt have retirement savings
  - For the poor who don't have the ability to full-fill their basic needs, they cann't priorities their elderly saving. In this situation the contribution-based pensions would not be optimally applied.
- Social pensions have a risk of burdening the government budget. The implementation should be directed to:
  - Applying the definitive eligibility in order to reduce the burden on the state budget (eg: only for the elderly poor or neglected; paid in the same amount, regardless of the number of elderly in family).
  - Flexible eligibility according to changes in population structure, such as changes in life expectancy and poverty levels.
  - In related towards the economic growth, in the future goverment contribution in social pension willbe decreasing and being replaced by a contribution-based pension.
- Development of contribution-based pension for the informal sector in the working age, both poor and non-poor,

Source: National Development Planning Agency, 2015

KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

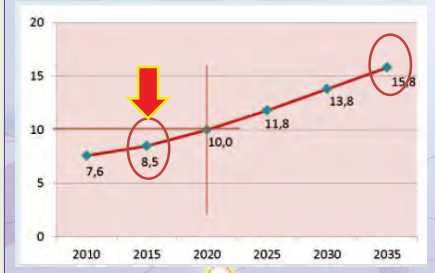
Elderly Health Policy Development in Indonesia

Directorate of Family Health
Ministry of Health – Republic of Indonesia
2017

Life Expectancy at birth & Population of Older People in Indonesia

- National development has an impact on increased life expectancy. **Indonesia's life expectancy**: 2008 : 69 yr, 2010: 69,8 yr, 2016:70,9 yr, will be increasing become 72,2 yr (in 2030-2035) (BPS,2010)
- The number of elderly population keep increasing → will doubled in the next decades → after "Demography Bonus" 2020-2035
- The government and elements of society have been increased their concern on older persons issues

Indonesia Life Expectancy in 2008-2015 and the projection in 2030-2050



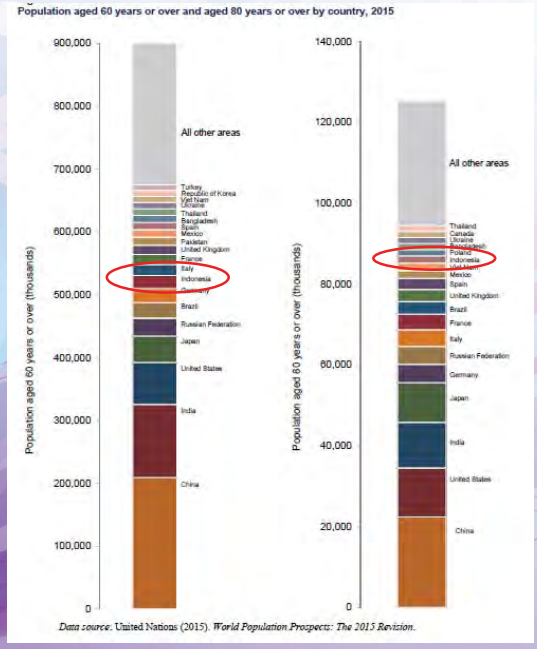
% of Indonesia's OP in 2010 -2035

Country Profile

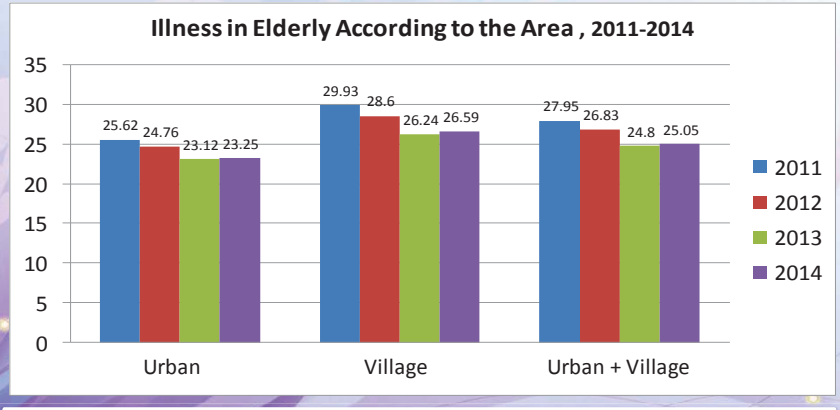
Total pop*	255.153 m
Women 15-49 years*	131 m
U5*	22.7 m
TFR**	2.6
Total live births	4.3 m
MMR ***	305
NMR**	19
Neonatal deaths*	95 301
Stillbirths (2009)	62 300
Preterm babies (2010)	65 700

34 provinces, 416 districts, 98 municipalities, 7.160 subdistricts, 82.523 villages
2162 hospitals, 9557 health centres, 212 629 integrated health posts
104 060 midwives (65 475 community midwives – deployed at village level)

Source: *Population census 2010; **IDHS 2012; *** SUPAS 2015



Elderly Health Situation

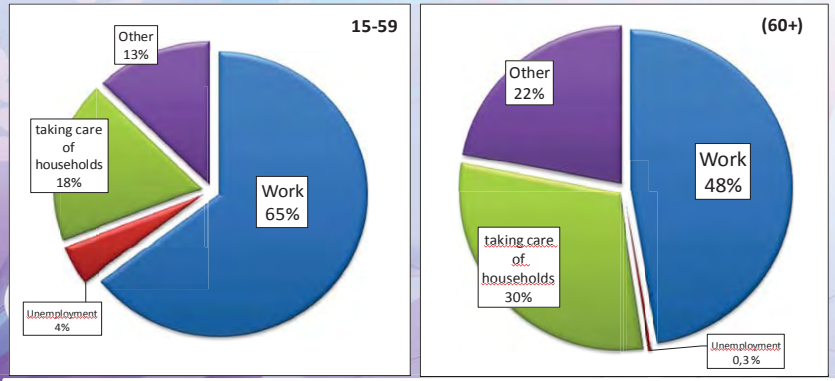


The percentage of elderly illness in 2014 was 25.05 %, indicates that one among four old persons was ill. The improvement of the elderly people's health was relative increased over the last four years, both elderly that living in urban and rural areas

Source : Central Bureau of Statistics, National Social dan Economic Survey 2011-2014

Potentials of Elderly

The proportion of people 15-59 years old and the elderly people (60+) by the Type of Activities , 2014



48% elderly was still working, while the others were taking care of the households (30 %) and doing other activities (20%). Other activities include a variety of activities besides working , finding a job and taking care of the household). This shows the potential of the Elderly to be able to work, and productive (Elderly Potential) .

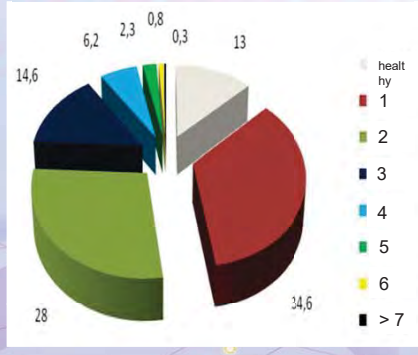
Source : Central Bureau of Statistics, Sakernas 2014

ELDERLY HEALTH STATUS

Elderly Health Problems (National Basic Health Research, 2013)

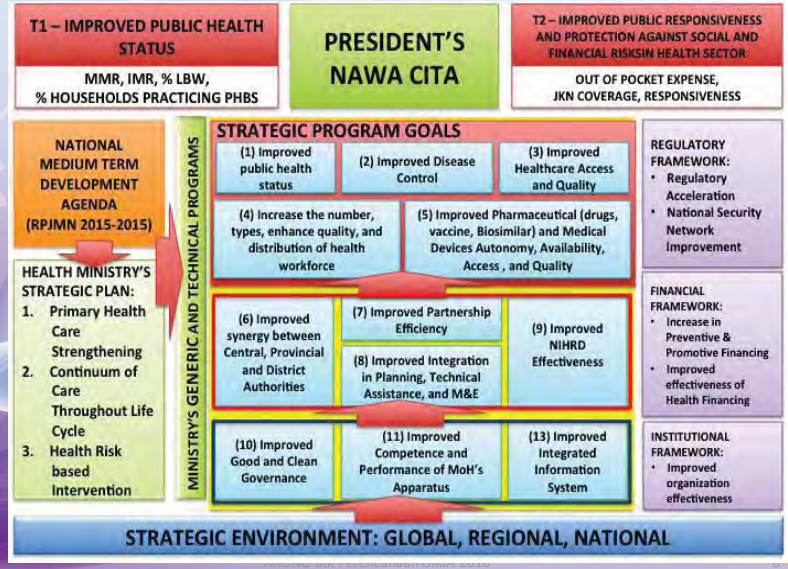
No	Health Problems	Prevalence		
		55-64 year	65-74 year	75 + year
1	Hypertension	45.9	57.6	63.8
2	Arthritis	45	51.9	54.8
3	Stroke	33	46.1	67
4	Chronic Obstructive Pulmonary Disease	5.6	8.6	9.4
5	Diabetes Mellitus	5.5	4.8	3.5
6	Cancer (‰)	3.2	3.9	5
7	Coronary Heart Disease	2.8	3.6	3.2
8	Kidney Stones	1.3	1.2	1.1
9	Heart Failure	0.7	0.9	1.1
10	Renal Failure	0.5	0.5	0.6

Proportion of elderly health based on the number of illness suffered



EPIDEMIOLOGICAL TRANSITION
Communicable Disease → NCD's and New Emerging Disease

MINISTRY OF HEALTH'S 2015-2019 STRATEGIC PLAN



LOGICAL FRAMEWORK

GLOBAL COMMITMENTS
NATIONAL COMMITMENTS

- The trend of degenerative diseases is increasing along with the increasing number of elderly
- High cost for the treatment of degenerative diseases

PROBLEMS

SUPPORTING FACTORS

OBSTACLES

GAP

EXPECTED CONDITIONS

1. Availability of Health care facilities that can provide standardized Elderly Health Care
2. Improve the awareness and quality of public services to the better quality and access for elderly health and welfare
3. Elderly population are in the healthy, active and productive conditions, in the context of family health

1. Elderly Friendly Health Care Facilities not yet available sufficiently
2. Lack of knowledge and public attention to the Elderly health
3. Common's assumptions that elderly is merelly related with weakness and sickness

CURRENT SITUATIONS

PRECONDITIONS
1. Increase Life Expenctancy → Elderly Population increase

STRATEGIC TARGETS

Increasing the acces and quality of elderly Health Care in Primary Health Facilities and Referral Health Facilities, and also elderly empowerment

NATIONAL COMMITMENT

LAW

- Law No.13/1998: The Welfare for Older Persons
- Law No. 39/1999: Human Rights
- Law No.11/2009: Social Welfare
- Law No. 36/2009: Health

GOVERNMENT REGULATION & PRESIDENTIAL DECREE

- Pres Reg. No. 43/2004: the Implementation of Welfare Promotion of Older Persons effort
- Pres Decree No. 52/2004: National Commission for Older Persons

NATIONAL ELDERLY DAY CELEBRATION
29th May
Every Year

Ministerial Regulation

- Min. of Interior Reg No.60/2008: Guidance of Regional Commission for Older Persons Establishment
- MoH Reg. No.75/2014 : Primary Health Center
- MoH Reg.No. 79/2014: Geriatric Health Care in Hospital
- MoH Reg. No.67/2015: Implementation of Eldelry Health Care in PHC
- MoH Reg. No.25/2016: National Action Plan for Elderly Health 2016-2019

GLOBAL COMMITMENTS

• *Viena Plan of Action on aging* 1982.	• *U.N. Principle of the Elderly*	• *A Society for all Ages* • *Macao Plan of Action*	• WHO "*Active Aging*", *Policy Frame Work*
1982	**1991**	**1998**	**2000**
• *Madrid International Plan of Action on Ageing* • *Shanghai Implementation Strategy*	• *Resolution WHA 58.16 on Strengthening active and healthy ageing Agenda item*	• *Macao Document – Operationalization of the Madrid International Plan of Action on Aging* in Asia Pacific	• *Regional Strategy for Healthy Ageing* • *Yogyakarta Declaration on Ageing and Health*
2002	**2005**	**2007**	**2012**

FAMILY HEALTH PROGRAM WITH LIFE CYCLE APPROACH

Revitalization of School Health Programs
- Institution strengthening (TP UKS)
- Health screening and regular check up for students
- Health Rapport
- Strengthening Human Resources for Health

Revitalization of Posyandu (Integrated community post)
- Strengthening the operational working group/POKJANAL
- Transformation of MCH Handbook – Health Card
- Strengthening Posyandu Cadres
- Feeding program for under-fives

Pre-marital Counseling
- GP2SP –female workers
- Tetanus Immunization
- Pre-marital FP counseling
- Balanced nutrition counseling
- Reproductive health counselling

The First 1000 days of life

Quality of Elderly Health
- Preventive and Promotive health care in Elderly Health Group
- Elderly Friendy Health Services in PHC and Hospital
- Improving the quality of Home care / long term care
- Slowing degenerative processes in ageing (physical and cognitive)
- Empowerment in Family and Community

Quality of Ante Natal Care, Delivery, Post Natal care, and Neonatal Care
- Maternity waiting home
- Delivery at health facilities
- Counseling of early breastfeeding initiation and post-partum Family Planning
- MCH Handbook

Quality of Post-natal Care
- Exclusive Breastfeeding Counseling
- Post Partum Family Planning
- Infant feeding
- BCG and Hep B Immunization

The objective of Elderly Health Program

General objective

To increase the elderly health status so the elderly will live longer, remain happy, independent, healthy, active and productive

THE ELDERLY HEALTH PROGRAM DEVELOPMENT

Through **INTEGRATED PROGRAMS**
Involving cross programs, cross sectors, and professional organizations

- Increasing and Improving the Elderly Health services in Primary Health Service through **Elderly Friendly PHC**
- Increasing Health Referrals For Elderly through development of **Integrated Geriatric Services In Hospital**
- Increasing Community Empowerment through **Integrated Health Care Post for Elderly (Elderly Groups / Posyandu Lansia)**
- **Developing the Elderly empowerment in increasing the family and community Health Status**
- Increasing the quality of Elderly health care in family through **Home Care and Long Term Care**
- Increasing the **communication, information, and education** For Elderly People
- Increasing the **coordination** with inter sector, profession, NGO, education and research institution

Policies for Elderly Health Care Services

1. Elderly health program development's goal is **to improve the health and ability of the elderly to be independent as long as possible** in order to remain productive and active in national development participation
2. Community empowerment through **improvement role of the family, community, and also partnerships with NGO's and private sectors** in the implementation of Elderly Health Services
3. Elderly health care development is carried out through a **holistic approach,** regarding to the social and cultural values that exists
4. Elderly health care development is implemented by increasing the role, **coordination and integration** with the cross programs and cross sectors
5. **Life cycle approach** in health care services to achieve healthy and active aging in the context of family health
6. Elderly health efforts implemented through **the quality of PHC and referral health facilities,** comprehensively include promotive , preventive , curative and rehabilitative care

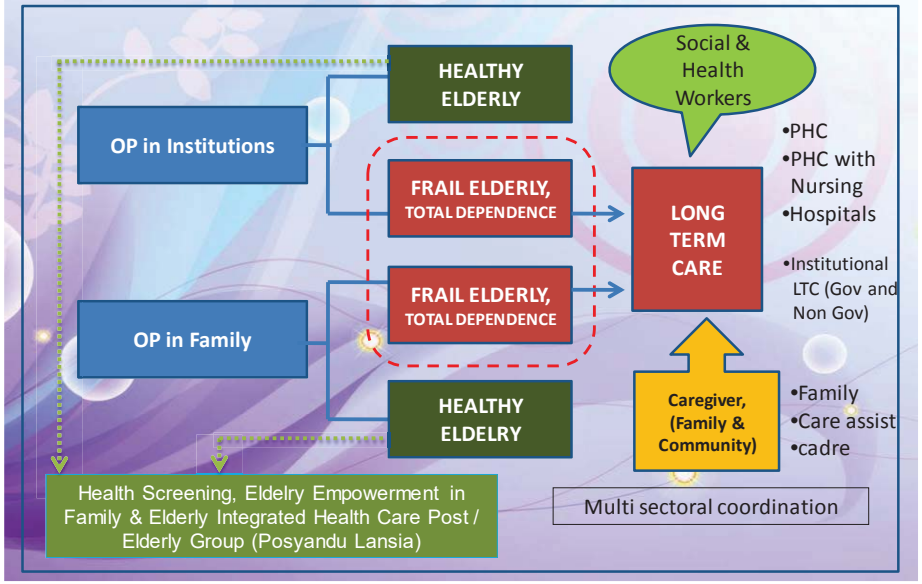
ELDERLY HEALTH CARE (Ministry of Health)

Independent/ Light Dependence	Mild Dependence	Severe / Total Dependence
• Active in Elderly Integrated Health Care Post (Posyandu Lansia) • Elderly Empowerment to mantain healthy and independent Older Person's as long as possible	• Home Care /Long Term Care services • Referred to Primary Health Care (PHC) or Hospital	

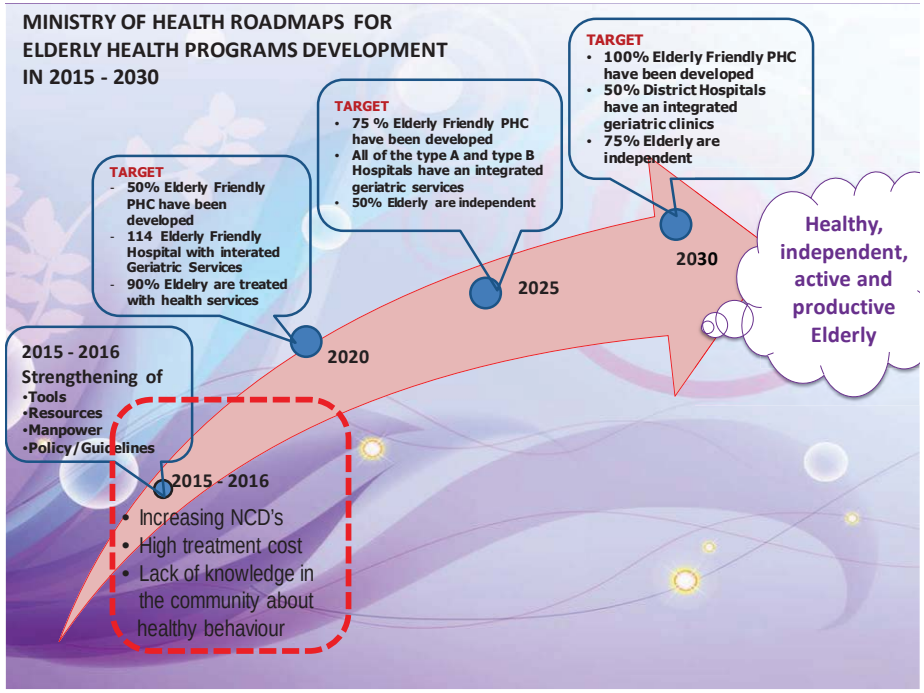
Community Health Based Effort supervised by PHC

- Family,
- Nursing Home / Institutions
- PHC
- Hospital

HEALTH CARE CONCEPT OF LTC DEVELOPMENT FOR ELDELRY



MINISTRY OF HEALTH ROADMAPS FOR ELDERLY HEALTH PROGRAMS DEVELOPMENT IN 2015 - 2030



ELDERLY HEALTH PROGRAM DEVELOPMENT

Implemented	On Going	Next
1. Elderly Health Program implemented in 34 Provinces, 2. Eldery Friendly PHC Developments (approx. 824 PHC), 3. 86,000 Elderly Health Care Post /Posyandu Lansia which provide promotive and preventive services that spread across all provinces, 4. Elderly friendly Hospitals: 10 Hospitals provide integrated Geriatric services 5. Launching of National Action Plan for Elderly Health 2016-2019	1. Early detection of the elderly health by screening &regular medical check up (once a month) in Posyandu Lansia integrated with NCD and Mental Health program 2. Broadening usage of Elderly Health Book, 3. Support and facilitate the PHC to implement elderly friendly health services, development and empowerment of elderly group in their area, 4. Development the Guidelines for Elderly Empowerment in improving the family health status 5. Improvement and integration of elderly health care program collaboration with cross-program and cross- sector 6. Strengthening in data reporting , surveillance and research for elderly health development	1. Establishment the Guidelines for Home Care and Long Term Care Services (2017) 2. Revision guidelines of the Reproductive Health in Elderly (Andropause, Menopause,etc) → 2017, 3. Monitoring on the implementations of National Action Plan for Elderly in 2016-2019 4. Strengthening the integration and collaboration through Elderly Health Working Group (Minister of Health Decree) → 2016, 5. Encourage and propose for inisiative of specific treatment for Geriatric patients in the National Health Insurance System

CHALLENGES

1. Elderly Friendly Health Care Facilities not yet available sufficiently
2. Lack of knowledge and public attention to the Elderly health
3. Common's assumptions that elderly is merelly related with weakness and sickness
4. Limited budget for elderly health program (not yet become a priority issue).

OUT REACH SERVICES OF
Primary Health Center

1. Elderly Group Activity
   (Posyandu Lansia, Karang Wredha, etc)
2. Medical Check up and services
3. Health Promotion
4. Food Supplementation

OUT REACH SERVICES OF
Elderly Friendly Primary Health Center

5. Sport for elderly
6. Recreation
7. Religious Activity
8. Empowerment of **the potential Elder Persons**

Elderly Friendly Primary Health Center
- CIMAHI PHC

Elderly Friendly Primary Health Center
- DUMAI TIMUR PHC

ELDERLY FRIENDLY HOSPITAL WITH INTEGRATED GERIATRIC SERVICES

Integrated Geriatrics Clinic at dr. Cipto Mangunkusumo National General Hospital, Jakarta

ELDERLY HEALTH POST/POSYANDU LANSIA ACTIVITIES IN COMMUNITY

ELDERLY HEALTH POST/POSYANDU LANSIA ACTIVITIES IN COMMUNITY

DEVELOPMENT OF ELDERLY HEALTH POST/POSYANDU LANSIA A CORPORATE SOCIAL RESPONSIBILITY WITH PRIVATE SECTOR

HOME VISIT/HOME CARE IN PHC AT YOGYAKARTA

GUIDELINES, KIT, AND HEALTH PROMOTION MEDIA

TRAINING OF TRAINERS FOR GERIATRIC HEALTH WORKERS IN PHC

NATIONAL ELDERLY DAY CELEBRATION MAY 29TH 2016

ELDERLY HEALTH CAMPAIGN IN CAR FREE DAY AREA JAKARTA

NATIONAL ELDERLY DAY 2016: HEALTH SERVICES AT VETERAN HOUSING COMPLEX, WEST JAVA

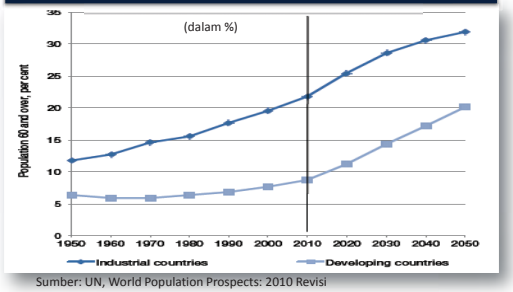
LAUNCHING OF NATIONAL ACTION PLAN FOR ELDERLY HEALTH 2016-2019

KEBIJAKAN DAN PROGRAM REHABILITASI SOSIAL LANJUT USIA TAHUN 2017

Disampaikan oleh Carolyne Clara E.S.
Direktur Rehabilitasi Sosial Lansia

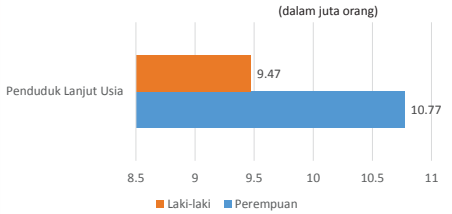
LAJU PERTUMBUHAN LANJUT USIA

Pertumbuhan Populasi Lansia Global



Sumber: UN, World Population Prospects: 2010 Revisi

Jumlah Populasi Lansia Indonesia

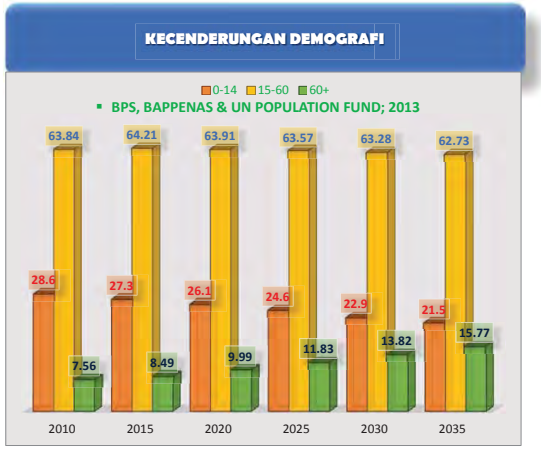


Sumber: Susenas 2014, Bappenas

Proporsi penduduk lanjut usia (lansia) yang semakin besar membutuhkan perhatian dan perlakuan khusus dalam pelaksanaan pembangunan. Usia 60 tahun ke atas merupakan tahap akhir dari proses penuaan yang memiliki dampak terhadap tiga aspek, yaitu biologis, ekonomi, dan sosial. Secara biologis, lansia akan mengalami proses penuaan secara terus menerus yang ditandai dengan penurunan daya tahan fisik dan rentan terhadap serangan penyakit. Secara ekonomi, umumnya lansia lebih dipandang sebagai beban daripada sumber daya.
Berdasarkan data Susenas 2014, jumlah rumah tangga lansia sebanyak 16,08 juta rumah tangga atau 24,50 persen dari seluruh rumah tangga di Indonesia. Rumah tangga lansia adalah yang minimal salah satu anggota rumah tangganya berumur 60 tahun ke atas. Jumlah lansia di Indonesia mencapai 20,24 juta jiwa, setara dengan 8,03 persen dari seluruh penduduk Indonesia tahun 2014.
(BPS,BAPPENAS, 2014)

DEMOGRAFI LANJUT USIA

KECENDERUNGAN DEMOGRAFI



PROYEKSI PROPORSI PENDUDUK UMUR 60+ MENURUT PROVINSI 2010 - 2035 (%)

Propinsi	Periode					
	2010	2015	2020	2025	2030	2035
1	2	3	4	5	6	7
DKI JAKARTA	5,13	6,48	8,4	10,76	13,46	16,39
D I YOGYAKARTA	12,88	13,38	14,67	16,39	18,15	19,51
SULAWESI UTARA	8,42	9,73	11,55	13,55	15,7	17,5
B A L I	9,67	10,3	11,5	13,38	15,86	18,07
KALIMANTAN TIMUR	4	5,17	6,82	8,87	11,23	13,65
JAWA TENGAH	10,32	11,79	13,94	16,37	18,66	20,58
SUMATERA UTARA	5,89	6,78	8,29	9,98	11,66	13,22
RIAU	4,04	4,82	6,05	7,6	9,41	11,39
JAWA TIMUR	10,35	11,54	13,48	15,81	18,18	20,21
LAMPUNG	7,18	7,85	9,27	11,18	13,3	15,58
KALIMANTAN TENGAH	4,64	5,2	6,3	7,81	9,69	11,91
SUMATERA BARAT	8,11	8,77	10,08	11,4	12,65	13,94
SUMATERA SELATAN	6,2	6,98	8,35	10,03	11,82	13,72
JAWA BARAT	7	8,08	9,67	11,6	13,77	16,02
SULAWESI SELATAN	8,22	8,836	9,83	11,23	12,97	14,76
JAMBI	5,48	6,47	8,02	9,85	11,85	14,09
KEPULAUAN BANGKA BELITUNG	5,84	6,76	8,07	9,5	11,2	13,05
SULAWESI TENGGARA	5,75	6,3	7,18	8,3	9,72	11,27
BENGKULU	5,81	6,46	7,84	9,58	11,41	13,35
GORONTALO	5,93	7,05	8,37	9,9	11,69	13,57
KALIMANTAN BARAT	5,84	6,8	8,16	9,77	11,5	13,31
NUSA TENGGARA TIMUR	7,36	7,53	8,13	8,96	9,78	10,48
PAPUA	2,42	2,85	3,95	5,77	8,12	10,67
M A L U K U	6,15	6,59	7,39	8,32	9,26	10,23
BANTEN	4,55	5,32	6,67	8,49	10,67	13,02
NANGGROE ACEH DARUSSALAM	5,71	6,26	7,22	8,43	9,82	11,33
KALIMANTAN SELATAN	5,75	6,5	7,89	9,72	11,83	14
SULAWESI TENGAH	6,61	7,29	8,42	9,9	11,7	13,66
MALUKU UTARA	4,75	5,53	6,58	7,71	8,99	10,48
NUSA TENGGARA BARAT	7,12	7,66	8,71	10,01	11,5	13,16
SULAWESI BARAT	6,23	6,33	6,8	7,61	8,93	10,64
PAPUA BARAT	3,24	3,96	5	6,34	7,87	9,5
KEPULAUAN RIAU	3,36	3,99	5	6,4	8,41	11,2
INDONESIA	7,56	8,49	9,99	11,83	13,82	15,77

PERMASALAHAN DAN KEBIJAKAN LANJUT USIA

PERMASALAHAN LANSIA

- Kemunduran fisik, mental dan sosial
- Komunikasi dan mobilitas terbatas
- Hilangnya pekerjaan karena masa pensiun,
- Keterlantaran, kesepian & kesendirian
- Kemiskinan

KEBIJAKAN UMUM LANSIA

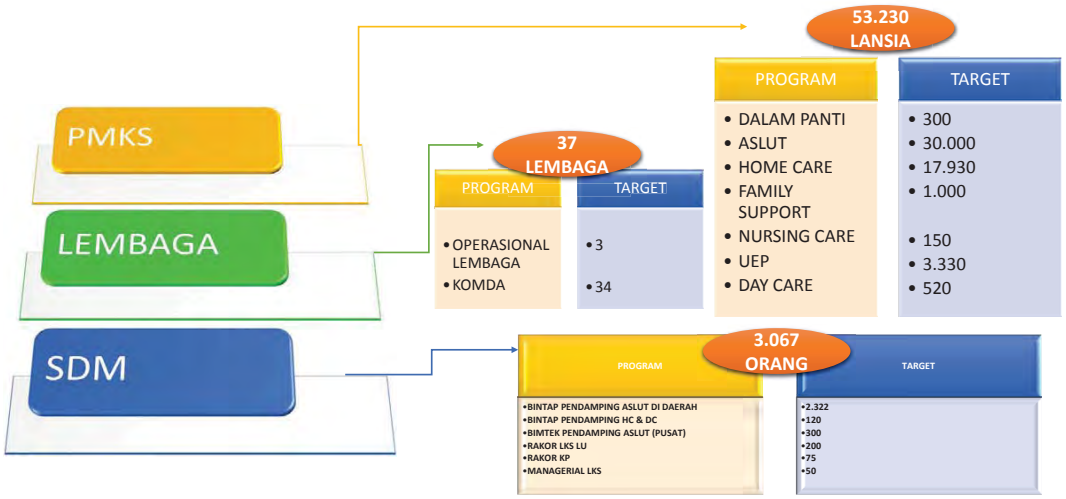
- Pelayanan keagamaan dan mental spiritual;
- Pelayanan kesehatan;
- Pelayanan kesempatan kerja;
- Pelayanan pendidikan dan pelatihan;
- Kemudahan dalam penggunaan fasilitas, sarana, dan prasarana umum;
- Kemudahan dalam layanan dan bantuan hukum;
- Perlindungan sosial;
- Bantuan social

(NOMOR 13 TAHUN 1998 Pasal 5)

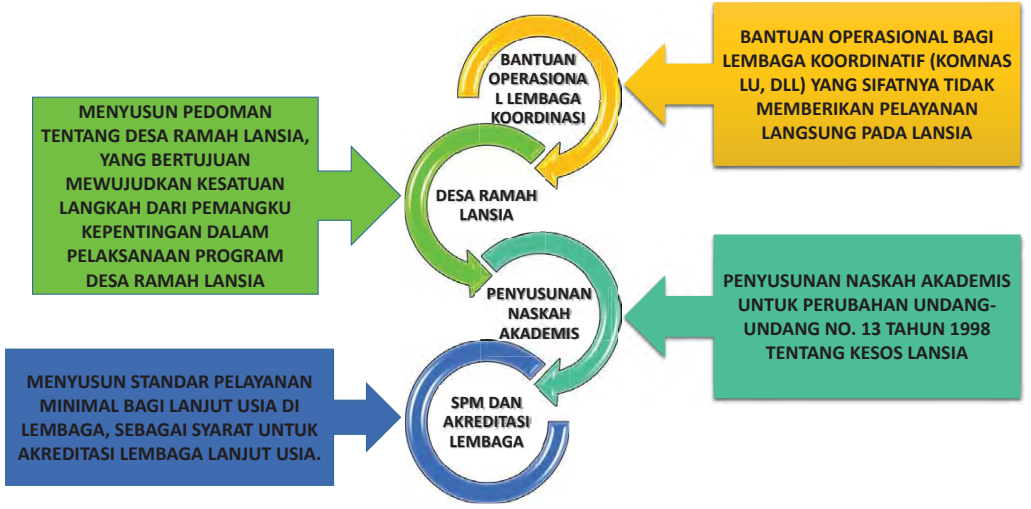
TUGAS DAN TANGGUNG JAWAB

- Pemerintah bertugas mengarahkan, membimbing, dan menciptakan suasana yang menunjang bagi terlaksananya upaya peningkatan kesejahteraan sosial lanjut usia
- Pemerintah, masyarakat, dan keluarga bertanggungjawab atas terwujudnya upaya peningkatan kesejahteraan sosial lanjut usia

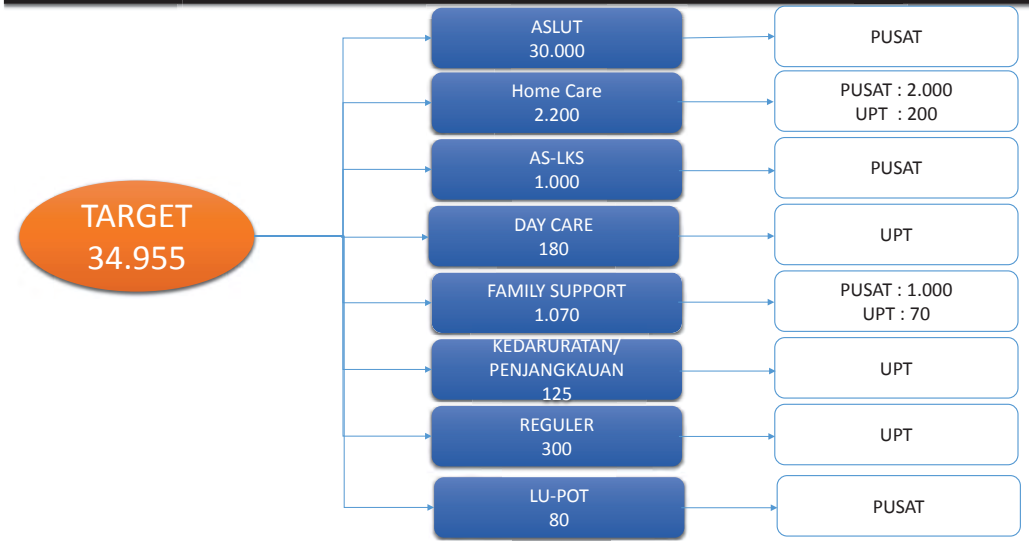
TARGET LAYANAN KEMENSOS TAHUN 2016 UNTUK LANJUT USIA



PROGRAM REHABSOS LANSIA 2017



TARGET KEMENSOS UNTUK REHABSOS LANSIA 2017



ASLUT

- BANTUAN ASISTENSI UNTUK 30.000 LANJUT USIA MISKIN, TERLANTAR, BEDRIDDEN
- MENDAPATKAN BANSOS Rp.200.000/BULAN, SELAMA 10 BULAN.
- MENDAPATKAN PENDAMPINGAN OLEH PENDAMPING PROGRAM
- TERSEBAR DI 34 PROVINSI DAN 418 KAB/KOTA

HOME CARE LANSIA

- PELAYANAN DAN PERAWATAN LANJUT USIA MISKIN DAN TIDAK POTENSIAL DI LINGKUNGAN KELUARGA
- DILAKSANAKAN OLEH LEMBAGA KESEJAHTERAAN SOSIAL LANJUT USIA
- DIBERIKAN BANSOS Rp.1.100.000/LANSIA DAN BANTUAN OPERASIONAL LEMBAGA Rp.125.000/LANSIA
- DILAKSANAKAN 40 X KUNJUNGAN

DUKUNGAN KELUARGA LANJUT USIA (FAMILY SUPPORT)

- PROGRAM DUKUNGAN KESEJAHTERAAN SOSIAL LANJUT USIA DALAM KELUARGA MISKIN
- UNTUK USAHA KELUARGA
- UNTUK 1.000 LANSIA DI 5 PROVINSI (JATENG, JABAR, LAMPUNG, BANTEN, NTB)
- MENDAPATKAN BANSOS Rp.2.000.000/LANSIA

PELAYANAN DALAM PANTI KEMENSOS

KEGIATAN PELAYANAN DI DALAM PANTI YANG MELIPUTI :

- PENERIMAAN
- PENGASRAMAAN
- ASSESMENT
- RENCANA INTERVENSI
- HINGGA BIMBINGAN

BAGI LANJUT USIA MISKIN DI DALAM PANTI MILIK KEMENTERIAN SOSIAL

ASISTENSI SOSIAL LEMBAGA KESEJAHTERAAN SOSIAL (AS-LKS)

BANTUAN PERMAKANAN UNTUK LANJUT USIA DI DALAM PANTI MILIK MASYARAKAT SEBESAR Rp.5.000 X 180 HARI BAGI 1.000 LANJUT USIA

SUPPORTING PROGRAM MELALUI DANA HIBAH

Bedah Rumah Lanjut Usia

- 750 Rumah
- Rp. 15.000.000/rumah
- Tanah atas nama lansia
- Mendapatkan rekomendasi dari Dinsos Kab/Kota dan Provinsi

Paket Kebutuhan Dasar

- 2.500 Paket
- Rp. 500.000/Lanjut Usia dalam bentuk barang
- Diusulkan oleh lembaga/Instansi
- Mendapatkan rekomendasi dari Dinsos Kab/Kota dan Provinsi

Santunan Kedaruratan

- 500 Paket
- Rp. 2.000.000/Lansia
- Lanjut usia dalam situasi darurat (Bencana Alam / Bencana Sosial)

Sarpras Kamar Lansia

- 750 Rumah
- Rp. 1.500.000/rumah
- Memiliki rumah atas nama lansia
- Mendapatkan rekomendasi dari Dinsos Kab/Kota dan Provinsi

Paket Sembako

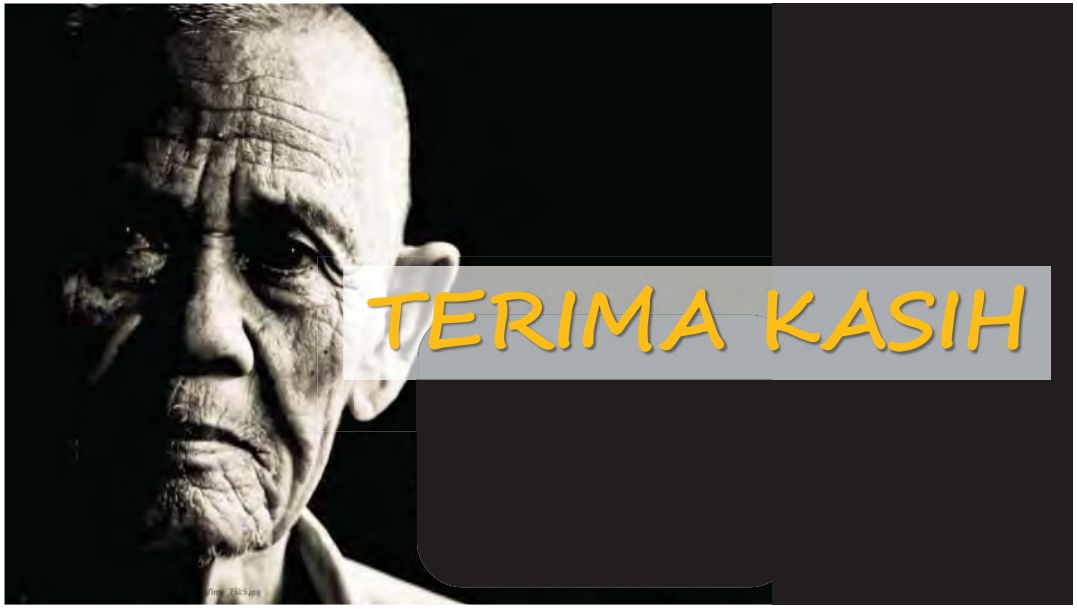
- 1.500 Paket
- Rp. 250.000/Lansia dalam bentuk sembako
- Diusulkan melalui lembaga/Instansi
- Mendapatkan rekomendasi dari Dinsos Kab/Kota dan Provinsi

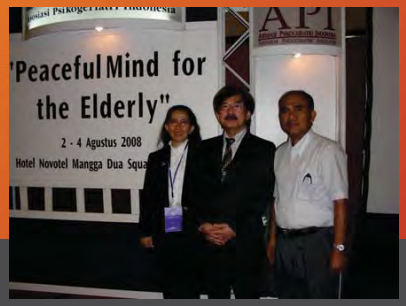
LANJUT USIA POTENSIAL

- BANTUAN USAHA BAGI LANJUT USIA POTENSIAL,
- DIBINA OLEH LKS DI LOKASI DESA SEJAHTERA MANDIRI (KAB. MALANG, KOTA SEMARANG, KAB. GUNUNG KIDUL, KAB. CIANJUR)
- MENDAPATKAN BANTUAN SOSIAL Rp.2.500.000/LANSIA
- DAN BANTUAN OPERASIONAL LEMBAGA Rp. 625.000/LANSIA

LAYANAN HARIAN LANSIA (DAY CARE)

- LAYANAN HARIAN UNTUK LANJUT USIA POTENSIAL
- MISKIN
- BERKELOMPOK 40-70 ORANG PER KELOMPOK
- BERTUJUAN UNTUK PENDAMPINGAN, PENGISIAN WAKTU LUANG DAN KEGIATAN REKREATIF





Jakarta 31 Juli 2017

API as a Drive on Psychogeriatric Activity to achieve better quality of life

Interviewing older person

Asosiasi Psikogeriatri Indonesia (API)

- Organisasi non profit (2001)
- Multiprofesi (medik dan non medik)
- Tujuan: meningkatkan kesejahteraan dan kesehatan mental warga usia lanjut di Indonesia
- Affiliated to IPA: 2005

International Psychogeriatric Association

Visi dan Misi

- Visi: menjadi organisasi yang berkiprah optimal untuk mewujudkan kesehatan mental yang setinggi-tingginya bagi warga lanjut usia di Indonesia
- Misi: meningkatkan kesehatan mental lansia di Indonesia melalui pendidikan, penelitian, profesionalisme, advokasi, promosi kesehatan dan pengembangan pelayanan psikogeriatri

1984 -1987 - 1991:

- Kelompok studi usia lanjut: Ditkeswa
- ASEAN Teaching Seminar: Kusumanto Setyonegoro
- Pelayanan di RSJ - RSJ
- Buku Pedoman Pelayanan Psikogeriatri (1992)

- Jumlah sarana dan prasarana increasing (private)
- Guidance Book for Old Age, Dementia, etc
- Seminars, Symposium, workshop, etc

API: 2001 - 2017

- Indonesia negara ke 4 lansia terbanyak
- Pertumbuhan tertinggi
- 2025: 32 juta (BPS, 1998)

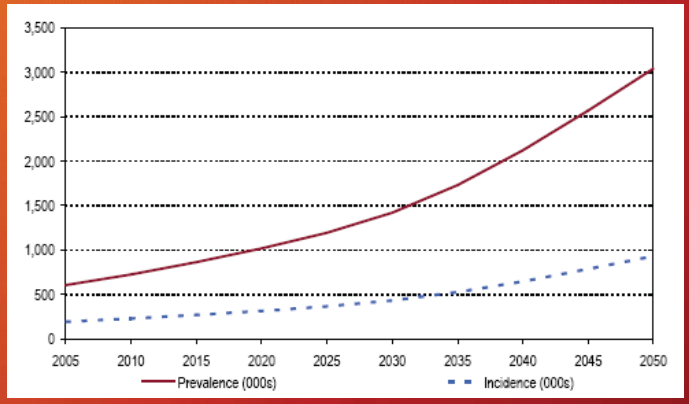
- Depresi
- Dementia
- Delirium

- Pelayanan kesehatan mental lansia terpadu

1991 - 2001:

- Geriatric Team in Teaching Hospitasl
- LKLU (lembaga komunikasi lanjut usia)
- FKLU (forum komunikasi lanjut usia)
- National commission on Ageing (komnas lansia)
- Senior Club in Posyandu Puskesmas (Dahlia, Manggarai, PIK, TST, etc)
- WULAN (warga usia lanjut)
- Ministry of Health & Ministry of Social Affair

Dementia prevalence in Indonesia



Day Care Adiyuswa for PWD

Reminiscence activity

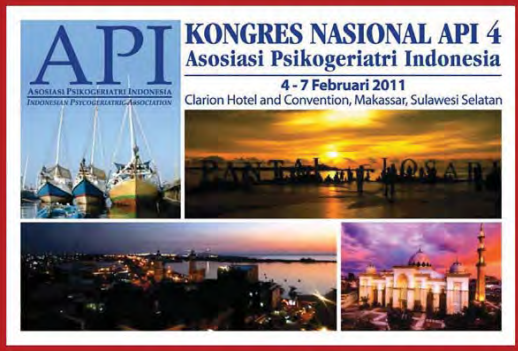
Meaningful activities to stimulate cognitive function

Caregiver support in primary care

*

Caring for patients
* Self-help groups
* Support services
* Medico-legal help
* Caregiver well being

API pendorong kegiatan Psikogeriatri: Research, Service & Advocation



API objectives:

- Menghimpun profesional yang berminat mengembangkan psikogeriatri
- Meningkatkan pengetahuan masyarakat dan profesional di bidang psikogeriatri
- Memacu dan menjalin hubungan kerjasama di bidang Pelayanan, pendidikan dan penelitian baik di dalam maupun di luar negeri

National Strategic Plan

- Launch in 2016 by ministry of health
- Endorsed by family directorate, elderly section
- Old age services in regional general hospital (permenkes 2015)
- Old age services in primary health center (Puskesmas) – 2014
- Posyandu Santun Lansia
- Friendly Elderly

GerMas

National Strategic Plan on Dementia 2015

1. Raising Awareness & Healthy Life Promotion
2. Advocacy for human right of PWD & caregiver
3. Ensure Access to qualified services
4. Early detection, Accurate diagnosis & Management of Dementia
5. Establishment of sustainable human resources
6. Establsihment of system to reinforce Cognitive Health Program through life cycle approach
7. Implementation & application Research on Cognition and Dementia

Society Activity: GERMAS

- Elderly Day Care
- PUSAKA
- Alzheimer Indonesia
- PERGERI
- PERGEMI
- Senior Club
- Adiyuswa etc

NAWACITA statue

6. Quality of Life Indonesian People

Early Detection of Pre Dementia

Layanan Geriatri di Rumah Sakit Pendidikan RSCM

- RSCM
- Pusat Geriatri Terpadu
- Interdiscipline
- Home Care
- Day care
- Acute Care Hospital
- Team based approach

Day Care Activities

Dignity, Privacy and QOL

National Training of Trainers

- Module for health providers in Primary Care:
- 34 provinces
- 2016-2017

- Module for Caregivers: ongoing
- Ministry of Health
- Ministry of Social Affair
- NGO: Alzi, PADI, YEL, CAS, etc

Contributing factors of QOL in Pre-dementia stages

- Healthy Lifestyle, balanced diet
- Exercise
- Meaningful social activities
- Low stress

Thank You

PELAYANAN SOSIAL BAGI LANJUT USIA DI PROVINSI DKI JAKARTA

TUGAS POKOK DAN FUNGSI BIDANG REHSOS DINAS SOSIAL PROVINSI DKI JAKARTA

BIDANG REHSOS DINAS SOSIAL PROVINSI DKI JAKARTA

TUGAS

Melaksanakan Rehabilitasi sosial anak, remaja, lanjut usia, dan penyandang disabilitas serta tuna sosial dan Korban Tindak Kekerasan

FUNGSI

1. Penyusunan kebijakan teknis operasional di Bid. Rehsos Anak, Remaja, Lansia dan Penca , Tuna sosial serta Korban Tindak Kekerasan ;
2. Pelaksanaan registrasi dan identifikasi masalah sosial anak, remaja, lansia, Penca dan Tuna Sosial serta Korban Tindak Kekerasan.
3. Pelaksanaan pelayanan bimbingan mental.sosial dan keterampilan, bantuan usaha kemandirian serta penyantunan sosial anak, remaja, Lansia, Penca dan Tuna Sosial serta Korban Tindak Kekerasan
4. Pelaksanaan penyaluran dan binjut anak, remaja, lansia, penca dan tuna sosial. serta Korban Tindak Kekerasan
5. Pelaksanaan bimbingan dan konsultasi teknis kesej anak, remaja, lansia, penca dan tuna sosial serta Korban Tindak Kekerasan
6. Pelayanan rekom adopsi anak dan izin pengasuhan anak.
7. Pelaksanaan wasdal dan koordinasi penertiban sosial PMKS.
8. Pelaksanaan koordinasi dan kerja sama lintas sektor/unit dalam upaya keterpaduan pelayanan dan rehabilitasi sosial

VISI DAN MISI DINAS SOSIAL PROVINSI DKI JAKARTA

VISI DINAS SOSIAL

Masyarakat Jakarta yang mandiri dan sejahtera

MISI DINAS SOSIAL

1. Meningkatkan harkat, martabat serta kualitas hidup manusia
2. Mengembangkan prakarsa serta peran aktif masyarakat dalam pembangunan
3. Mencegah dan mengendalikan serta mengatasi masalah sosial
4. Meningkatkan ketahanan dan pemberdayaan sosial masyarakat
5. Menigkatkan pelayanan dan rehabilitasi sosial
6. Mengembangkan sistem perlindungan dan jaminan sosial
7. Mengembangkan sistem dan sarana serta prasarana UKS

KEBIJAKAN PEMBANGUNAN BIDANG KESOS DI PROVINSI DKI JAKARTA

- Penanganan permasalahan kesos menjadi tanggung-jawab bersama pemerintah dan masyarakat
- Peningkatan pemberdayaan sosial masyarakat dalam usaha kesejahteraan sosial
- Penanganan PMKS diarahkan pada pemulihan dan kemandirian dalam kehidupan yang layak dan normatif
- Peningkatan mutu dan jangkauan serta profesionalisme pelayanan
- Peningkatan kerjasama lintas sektoral dan antar daerah

JENIS PENYANDANG MASALAH KESEJAHTERAAN SOSIAL

- Anak Balita Terlantar
- Anak Terlantar
- Anak Jalanan
- Anak Berhadapan Hukum
- Anak yg memerlukan perlindungan khusus
- Gelandangan
- Pengemis
- Penyandang Cacat
- Wanita Tuna Susila
- Waria
- Lansia Terlantar
- Fakir Miskin/Keluarga Miskin
- Eks Narkoba
- Eks Narapidana
- Penderita HIV/AIDS
- Orang Terlantar
- Korban Tindak Kekerasan
- Korban Bencana & Musibah Lainnya

→ Kelompok anak yang memerlukan pembinaan dan perlindungan serta penanganan

→ Kelompok lanjut usia menjadi prioritas dalam penanganannya

DASAR HUKUM

- Undang-Undang No.13 Tahun 1998 ttg Kesejahteraan Lanjut Usia.
- Undang-Undang No. 11 Tahun 2009 tentang Kesejahteraan Sosial
- PP No. 43 Tahun 2004 ttg Pelaksanaan Upaya Peningkatan Kesejahteraan Lanjut Usia
- Keppres No. 52 Tahun 2004 ttg Komisi Nasional (KOMNAS) Lanjut Usia.
- Inpres No. 1 Thn 2010 ttg Percepatan Pelaksanaan Prioritas Program Nasional Thn 2010
- Inpres No. 3 Thn 2010 ttg Program Pembangunan yang berkeadilan.
- Rencana Aksi Nasional (RAN) untuk Kesejahteraan Lanjut Usia tahun 2009 – 2014.
- Permendagri No. 60/2008 tentang Pedoman Pembentukan Komda Lansia dan Pemberdayaan Masyarakat dalam Penanganan Lansia di Daerah

APA ITU LANJUT USIA,..???

Lanjut Usia adalah seseorang baik pria ataupun wanita yang telah berusia lanjut/ mencapai usia 60 tahun keatas.

Lanjut usia terbagi atas 2 kategori :

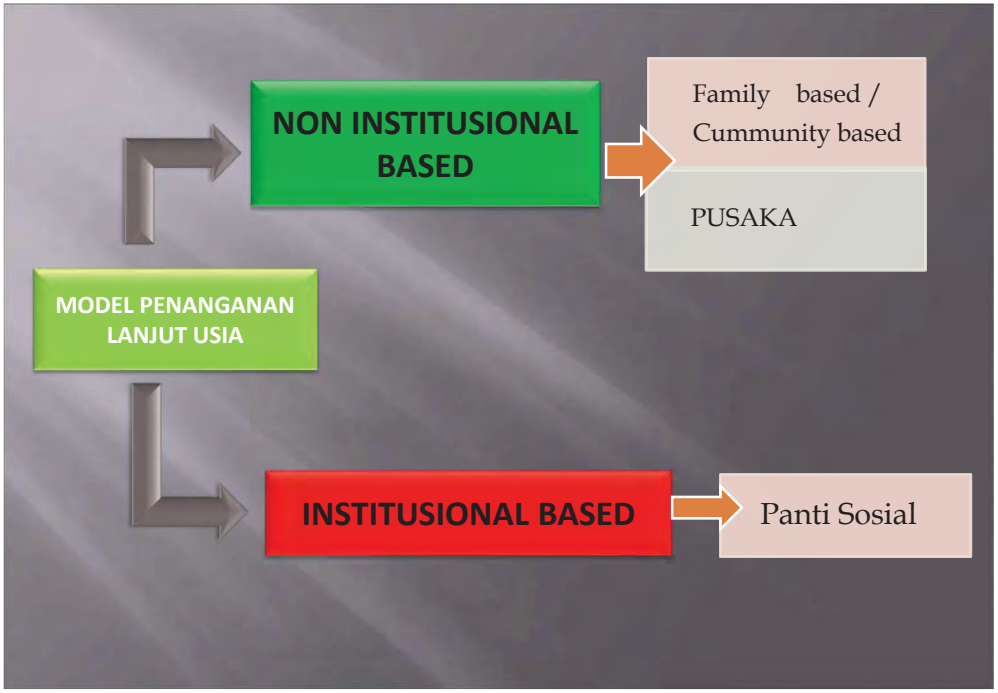
1. Lanjut Usia Potensial
2. Lanjut Usia Tidak Potensial

DASAR PEMIKIRAN

1. Penuaan penduduk yang pesat bila tidak ditangani akan berdampak terhadap kehidupan sosial, ekonomi, kesehatan, jaminan sosial, dll.
2. Lansia memiliki hak yang sama dalam kehidupan bermasyarakat, berbangsa dan bernegara.
3. Meningkatnya penduduk yang berstruktur tua.
4. Pemerintah memiliki keterbatasan untuk menangani masalah lansia.

Permasalahan Lanjut Usia

- Kemunduran fisik mental dan sosial
- Rawan terhadap penyakit
- Produktivitas kerja menurun
- Hubungan dan komunikasi serta mobilitas terbatas
- Keterlantaran
- Kemiskinan.



Permasalahan yang dihadapi dalam Penanganan Lanjut Usia di Provinsi DKI Jakarta

1. Besarnya jumlah populasi lansia di Provinsi DKI Jakarta (populasi ± 15.393, PUSAKA : 112 yang aktif 105 pusaka, lansia terlantar 6.616 orang, Panti Sosial Pemda 1.100 orang, Panti Sosial Masyarakat 700 orang, dan Lansia di masyarakat yang belum terdata)
2. Kurangnya kepedulian masyarakat dalam menunjang penanganan masalah lansia
3. Keterbatasan jumlah tenaga yang melayani lanjut usia
4. Keterbatasan sarana dan prasarana pelayanan bagi lansia di masyarakat

JUMLAH WBS YANG DILAYANI PANTI SOSIAL DINAS SOSIAL PROVINSI DKI JAKARTA

NO.	NAMA LEMBAGA	JUMLAH		KET.
		KAPASITAS	RIIL	
1.	PSTW 01 - Cipayung	335	385	
2.	PSTW 02 - Cengkareng	225	340	
3.	PSTW 03 - Margaguna	150	200	
4.	PSTW 04 - Cengkareng	110	175	
	Total	720	1100	

DATA LANSIA TERLANTAR DALAM LEMBAGA KESEJAHTERAAN SOSIAL DI PROVINSI DKI JAKARTA

NO	WILAYAH	PANTI SWASTA	PUSAKA	ASLUT	FKLU	JUMLAH
1	Jakarta Pusat	32	1452	222		1706
2	Jakarta Utara	-	1190	255		1445
3	Jakarta Barat	77	1099	237		1969
4	Jakarta Selatan	-	1663	207		2106
5	Jakarta Timur	69	1212	279		1953
6	Pulau Seribu	-	-	50		50
Jumlah		178	6616	1250	11000	
Total		20.229				

INSTITUTIONAL BASED

- Pelayanan Kelembagaan dimana lansia ditampung di Panti dalam jangka waktu tertentu
- lansia mendapatkan bimbingan dan pembinaan berupa bimbingan fisik, pembinaan mental spiritual, bimbingan psiko sosial, pemberian latihan dan keterampilan.

FUNGSI PANTI SOSIAL TRESNA WERDA

SEBAGAI

- **Lembaga Pelayanan Sosial Lanjut Usia** → Pengganti keluarga yang menjalankan fungsi : sosialisasi, perawatan, pengasuhan.
- **Lembaga Pembinaan dan Pelatihan** → Tempat pembinaan fisik, mental keagamaan, psiko sosial dan pelatihan keterampilan
- **Sebagai pusat informasi** → Pusat informasi program pelayanan lanjut usia bagi kalangan akademisi dan masyarakat

Apa itu PUSAKA ?

Pusat Santunan dalam Keluarga (PUSAKA) adalah upaya pelayanan kesejahteraan Sosial secara terpadu terhadap warga / keluarga lanjut usia terlantar

TERIMA

KASIH

PAPARAN SEKILAS TENTANG
BADAN KOORDINASI DAN KEGIATAN KESEJAHTERAAN SOSIAL
(BKKKS) PROVINSI DKI JAKARTA

Materi Penerimaan Kunjungan Studi Banding SDM
Kementrian Sosial dan Kesehatan Malaysia dan Jepang
Tanggal 1 Agustus 2017

BADAN KOORDINASI DAN KEGIATAN KESEJAHTERAAN SOSIAL
(BKKKS) – PROVINSI DKI JAKARTA
Jalan salemba tengah No. 51, Jakarta – Pusat 10440
Telp. 021. 391 2788, fax. 021 391 9135, email : bk3sdki_ 1966@yahoo.com

D A F T A R I S I

1 IDENTITAS LEMBAGA

1	Nama Lengkap	Badan Koordinasi dan Kegiatan Kesejahteraan Sosial (BKKKS) Provinsi DKI Jakarta
2	Berdiri	Tanggal 30 April 1966
3	Akte Pendirian	Akte Notaris Zainudin SH nomer 106 tahun 2012, tanggal 31-12-2012
4	Izin Domisili	102 / 5.16.0 / 31.71.04.10030 / 1.757 / 2015
5	Badan Hukum	Keputusan Menteri dan HAM RI. Nomer / AHU 00587.60.2014
6	Tercatat	Nomer : 5 / tercatat / III / 2017, tanggal 3 Maret 2017 Badan Kesatuan Bangsa dan Politik Prov. DKI Jakarta
7	Alamat	Graha BKKKS Jl. SALEMBA Tengah No.51 Kel. Paseban, Kec. Senen, Jak – Pus 10440
8	Organ Lembaga	1. Ketua Pembina Mayjen TNI (Purn) Prijanto 2. Ketua Pengawas Drs. H. Rustam Yusuf 3. Ketua Umum DR. Budiharjo, M.Si 4. Ketua I Sarsito N. Sarwono 5. Ketua II Drs. S. Sofyan Manurung 6. Ketua III Drs. H. Baharudin, Z. M.Si 7. Ketua IV B.Edy Butar Butar, S. IP. Brigjen TNI (Purn) 8. Sekretaris Umum Drs. H. Waluyo, As 9. Bendahara Umum DR. Deden Kurniawan, SH.MH.ME
9	No. Telp/ Fax/ Email	Telp.(021) 3912788, Fax (021) 3919135, Email : bk3sdki_1966yahoo.com
10	Rekening Bank	Bank BNI 46 Cabang Menteng No. 0010729906 Bank DKI Cabang Juanda No. 101.02.05000.0

2 SEJARAH BERDIRINYA BKKKS

1963 Berawal dari kegiatan ibu – ibu relawan sosial / penggerak sosial, menyelenggarakan kegiatan koordinasi dalam pelayanan sosial anak terlantar (Badan Jerjasama Panti Asuhan / BKSPA) di pimpin oleh Ibu J. Sunarti Nasution.

1966 Merespon perkembangan permasalahan sosial yang terjadi di Ibukota, BKSPA mengembangkan kegiatan bukan saja hanya terbatas kepada pelayanan sosial anak, melainkan mengembangkan kegiatan pelayanan sosial terhadap lansia, penyandang disabilitas, tuna sosial, pemberian beasiswa dan lain lain.
Pemda DKI menilai bahwa keberadaan BKSPA sangat penting dan strategis, maka BKSPA ditingkatkan menjadi Badan Pembina Koordinasi dan Kegiatan Organisasi Sosial.

1985 Intruksi Menteri Dalam Negeri NO. 5 tahun 1985 menyatakan BKKKS sebagai forum koordinasi organisasi sosial tingkat provinsi, yang di tindak lanjuti dengan keputusan Gubernur, tentang pengesahan BKKKS.

3 DASAR HUKUM

1. Undang – undang nomer 11 tahun 2009 tentang kesejahteraan sosial
2. Peraturan Pemerintah nomer 39 tahun 2012 tentang Penyelenggaraan Kesejahteraan Sosial
3. Peraturan Menteri Sosial nomer 184 tahun 2011 tentang lembaga Kesejahteraan sosial (LKS)
4. Peraturan Daerah DKI Jakarta nomer 4 tahun 2013 tentang Kesejahteraan Sosial

- Masyarakat mempunyai kesempatan yang seluas luasnya untuk berperan dalam penyelenggaraan kesejahteraan sosial.
- Masyarakat dalam melaksanakan peran tersebut dapat dilakukan koordinasi antar lembaga kesos dengan membentuk lembaga koordinasi non pemerintah
- Lembaga koordinasi non pemerintah bersifat terbuka, independen dan mandiri

- No 5 bagan struktur organisasi

4 VISI DAN MISI

VISI

Terwujudnya lembaga koordinasi dan kegiatan penyelenggaraan kesejahteraan sosial yang profesional, terbuka dan Independen

MISI

1. Mengembangkan kemampuan dan kualitas lembaga kesejahteraan sosial
2. Mengembangkan kemampuan kemandirian masyarakat dibidang kesejahteraan sosial
3. Meningkatkan koordinasi dan kerjasama membangun sinergitas antar pelaku penyelenggara kegiatan kesos

6 KEDUDUKAN DAN TUGAS POKOK BKKKS

1. KEDUDUKAN

   Mitra Pemerintah / Pemerintah Daerah dibidang pembangunan kesejahteraan sosial / penanganan permasalahan kesejahteraan sosial

2. TUGAS POKOK

   2.1 Melakukan koordinasi dan kerjasama dengan pelaku penyelenggara kegiatan kesejahteraan sosial

   2.2 Melakukan pembinaan terhadap organisasi sosial / lembaga kesejahteraan sosial

   2.3 Menyelenggarakan forum komunikasi dan konsultasi kegiatan penyelenggaraan kesejahteraan sosial

   2.4 Mengembangkan model – model pelayanan kesejahteraan sosial

   2.5 Melakukan advokasi sosial dan advokasi anggaran terhadap lembaga kesos / organisasi sosial

7 PELAKSANAAN TUGAS POKOK

7.1 Melakukan koordinasi dan kerjasama lintas sektor

Koordinasi dan konsultasi dengan Walikota Jakarta Pusat

Koordinasi dan konsultasi dengan Dinas Sosial Provinsi DKI Jakarta

7.2 Melakukan pembinaan kepada lembaga kesos masyarakat

Pelatihan manajemen lembaga kesos dan pelatihan tehnis fungsional SDM petugas sosial

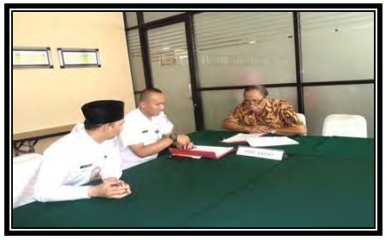
7.3 Menyelenggarakan Forum Komunikasi dan konsultasi kegiatan penyelenggaraan kesos

Kegiatan forum komunikasi dan konsultasi antar lembaga kesos dan relawan untuk membangun sinegritas

7.4 Mengembangkan model – model pelayanan sosial

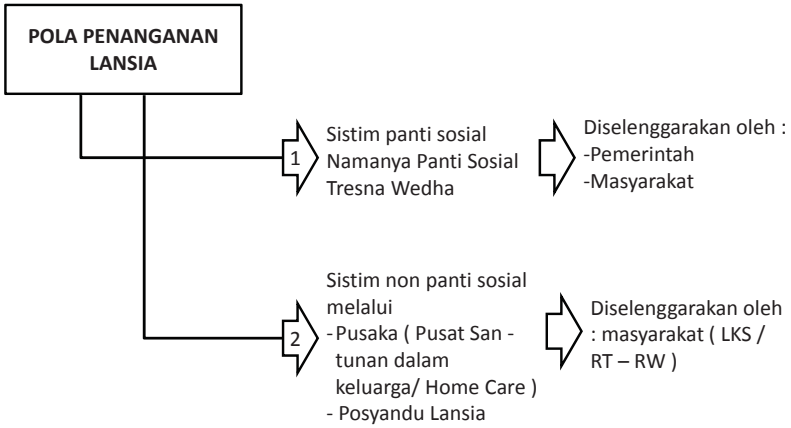
NO	Model Model Pengembangan Kesos Rintisan BKKKS	Keterangan
1.	Pelayanan Sosial Orang Terlantar Yang Sakit	Dirintis tahun 1969, dikelola oleh Yayasan Panti Usaha Mulia (PUM) bekerjasama dengan Pemda DKI Jakarta . Mulai Tahun 2010 sepenuhnya dikelola oleh Dinas Sosial Provinsi DKI Jakarta
2.	Pelayanan Sosial Lanjut Usia dalam keluarga (PUSAKA)	Dirintis tahun1970, namanya Pusat Santunan dalam Keluarga (PUSAKA) Saat ini telah tersebar diseluruh wilayah Provinsi DKI Jakarta menjadi 125 unit
3.	Pelayanan Sosial Penyandang Cacat Ganda	Dirintis tahun 1975, kerjasama dengan LRPM dengan mendirikan Wisma Tuna Ganda Palsigunung Sejak 1 Mei 1985 sepenuhnya dikelola oleh LRPM – PPACG Wisma Tuna Ganda Palsigunung.
4.	Pelayanan Sosial Penyandang Cacat Tuna Rungu	Dirintis tahun 1976, pelayanan Sosial dan pendidikan bagi PACA Tuna Rungu Kini sepenuhnya dikelola oleh Yayasan Santi Rama
5.	Penyelenggaraan peran masyarakat melalui kegiatan Contact Meeting	Dirintis tahun 1978, kerjasama dengan Organisasi Wanita Negara Asing di Jakarta Kegiatan ini berjalan hingga sekarang, diselenggarakan secara berkala setiap 3 bulan sekali.

7.5 Melakukan advokasi sosial lembaga kesejahteraan sosial



Rapat Koordinasi Advokasi Sosial dan Anggaran

8 POLA PENANGANAN SOSIAL LANSIA



9 DATA POPULASI PANTI SOSIAL TRESNA WERDHA DAN PUSAKA

NO	NAMA LEMBAGA	JUMLAH LEMBAGA	JUMLAH WBS	KETERANGAN
1.	Panti Sosial Tresna Werdha (PSTW)	8 buah	1552 jiwa	5 unit milik pemerintah 3 unit milik yayasan / swasta
2.	Pusat Santunan dalam Keluarga (PUSAKA)	101 buah	5835 jiwa	Milik masyarakat (100%)

Sumber data
BKKKS 2016

10 BERBAGAI JENIS KEGIATAN PELAYANAN SOSIAL LANSIA

1. Pemenuhan kebutuhan dasar (sandang, pangan, papan (dipanti sosial))
2. Pelayanan kesehatan (Rumah sakit, klinik /posyandu lansia)
3. Bimbingan rohani / keagamaan (ceramah agama dan praktek ibadah)
4. Bimbingan sosial / konsultasi sosial (therapi sosial)
5. Kegiatan Olah raga / senam kesegaran jasmani (SKJ)
6. Pelayanan permakanan (makanan rantangan, kegiatan PUSAKA)
7. Bantuan bedah rumah / renovasi kamar tidur / kamar mandi - wc
8. Bantuan usaha ekonomi produksi (bagi lansia potensial)
9. Bantuan sosial / sembako bagi keluarganya
10. Kegiatan Rekreasi
11. Pengisian waktu ruang (seni budaya, hasta karya, permainan)
12. Buku tabungan masing masing WBS
13. Pelayanan pemulasaraan jenazah (bagi yang meninggal)

11 KEGIATAN BKKKS DALAM GAMBAR

Rapat pleno pengurus diselenggarakan secara periodik

Kegiatan donor darah pengurus, karyawan, warga binaan sosial dan relawan sosial

Kegiatan penggalan peran masyarakat untuk santunan sosial kaum duafa Yatim Piatu

Hut BKKKS 50 tahun

Contact Meeting

Bantuan tongkat untuk lansia

Bhakti Sosial menyambut bulan suci Ramadhan

Buka Puasa Bersama Anak Yatim dan Kaum Duafa

Tabur Bunga ke makam pendiri BKKKS Johana Sunarti Nasution

Kunjungan dan bantuan kerumah sakit

Training of trainer anak dalam keluarga

Pelatihan tenaga sosial Lansia dan Disabilitas

PAPARAN

YAYASAN AL–ISLAH BAROKAH

JL. MATRAMAN DALAM I/4A
KELURAHAN PEGANGSAAN, KECAMATAN MENTENG
KOTA ADMINISTRASI JAKARTA PUSAT
JAKARTA PUSAT – 10320
TELP. 3904674

DISAMPAIKAN
DALAM RANGKA PENILAIAN LOMBA PILAR-PILAR SOSIAL BERPRESTASI
TINGKAT NASIONAL
TAHUN 2015

DAFTAR ISI

1. PROFIL LEMBAGA

1.	Nama Lembaga	Yayasan Al Islah Barokah
2.	Tahun Berdiri	1963
3.	Akte Pendirian	Notaris R.M. Soerojo Nomer 21 Tanggal 13 Januari 1977
4.	Akte Pengesahan	Kementerian Hukum & Ham No. AHU-4036.AH.01.05 Tahun 2009
5.	Alamat	Alamat : Jl. Matraman Dalam I No. 4 A RT 003 RW 08 Kelurahan Pegangsaan, Kecamatan Menteng, Jakarta Pusat.
6.	No. Telephone/Hand Phone	3904674, 0818 7024 96
7.	Tanda Daftar Yayasan	Dinas Sosial Prov. DKI Jakarta No. 13.31.06.1001 Tanggal 3 Mei 2013 s/d 2 Mei 2018
8.	Izin Operasional	Dinas Sosial Prov. DKI Jakarta No. 13.103.20.143 Tanggal 20 September 2013 s/d 19 September 2018
9.	Bidang Kegiatan	a. Bidang Kesejahteraan Sosial (2 Kegiatan) b. Bidang Agama (2 Kegiatan) c. Bidang Kesehatan (1 Kegiatan) d. Bidang Pendidikan (1 Kegiatan)
10.	Nomor Rekening	Bank Mandiri Cabang Matraman a/n Yayasan Al Ishlah Barokah No. 006-00-0696480-7

2. RIWAYAT PERKEMBANGAN YAYASAN

No	Tahun	Kegiatan	Keterangan
1.	1965	Pengajian Ibu – ibu Matraman Dalam	Prihatin akan kondisi warga dalam hal keagamaan
2.	1976	Pembentukan PUSAKA	1. Prihatin akan kondisi lansia terlantar disekitar lokasi 2. Peduli untuk menangani para lansia tersebut
3.	1977	Pembentukan Yayasan Al Islah Barokah	Sebagai Badan Hukum
4.	1980	Pembentukan NPSAA	Pelayanan Non Panti untuk anak-anak kurang mampu
5.	1983	Bimbingan Rohani Islam untuk pasien, keluarga di RSUD Pasar Rebo	Kerjasama dengan RSUD Pasar Rebo
6.	1986	Bimbingan Rohani Islam untuk warga Bianaan Narapidana	Kerjasama dengan LAPAS Rutan Salemba
7.	2007	Pembentukan PAUD	Pendidikan Usia Dini
8.	2008	Pembuatan Poliklinik Teras Sehat Kita	Pelayanan kesehatan gratis untuk masyarakat dan warga binaan

3. DASAR HUKUM

1.	**Undang-Undang Nomor 11 Tahun 2009 Tentang Kesejahteraan Sosial**
2.	Peraturan Pemerintah No. 39 tahun 2012 Tentang Penyelenggaraan Kesejahteraan Sosial
3.	Peraturan Menteri Sosial No. 134 Tahun 2011 Tentang Lembaga Kesejahteraan Sosial
4.	Akte Notaris R. M Soerojo No. 21 Tahun 1977 dengan nama YAYASAN AL ISHLAH
5.	Keputusan Menteri Hukum dan Hak Asasi Manusia Republik Indonesia Nomor: ahu-4036.A.H.01.05.Tahun 2009 tentang YAYASAN AL ISHLAH berubah nama menjadi YAYASAN AL ISLAH BAROKAH

4. VISI DAN MISI

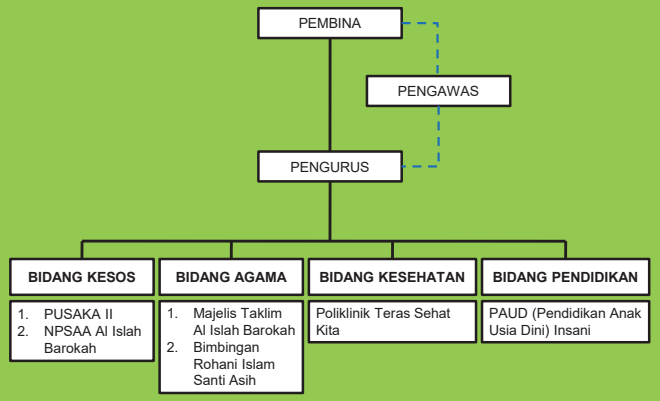
A. VISI

TURUT MENDUKUNG TERWUJUDNYA MASYARAKAT YANG BERKUALITAS, BERTAQWA, MANDIRI DAN SEJAHTERA

B. MISI

1. MENYELENGGARAKAN UPAYA PEMBERDAYAAN PENYANDANG MASALAH KESEJAHTERAAN SOSIAL (PMKS) MELALUI BIDANG KESEJAHTERAAN SOSIAL, BIDANG KESEHATAN, BIDANG KEAGAMAAN DAN BIDANG PENDIDIKAN.
2. MENYELENGGARAKAN UPAYA PEMBERDAYAAN POTENSI DAN SUMBER KESEJAHTERAAN SOSIAL (PSKS) UNTUK MENUNJANG PENYELENGGARAAN KESEJAHTERAAN SOSIAL.
3. MELAKUKAN KOORDINASI DAN KERJA SAMA DENGAN PARA PEMANGKU KEPENTINGAN

5. BAGAN STRUKTUR ORGANISASI



6. PERSONALIA PENGURUS

No	Jabatan	Nama	Keterangan
1.	Pembina	1. Hj. Aisyah Hamid Baidlowi 2. Hj. Farida Cik Husein	
2.	Pengawas	1. Hj. Raimah Usman 2. Hj. Sri Sulastri Suwito	
3.	Pengurus 3.1. Ketua 3.2. Wakil Ketua 3.3. Sekretaris 3.4. Bendahara	 Hj. Endang Sulistinah Hj. Isra Juliar Hj. Saodah Hartono Hj. Nurleina Nasution	
4.	Unit - Unit 4.1. Kesejahteraan Sosial a. Ketua UPT Pusaka II b. Ketua UPT NPSAA Al Islah Barokah 4.2. Agama a. Ketua UPT Majelis Taklim Al Islah Barokah b. Ketua UPT Bimb. Rohani Islam Santi Asih 4.3. Kesehatan a. Ketua UPT Poliklinik Teras Sehat Kita 4.4. Pendidikan a. Ketua UPT PAUD Insani	 Hj. Zubaidah Hj. Nurleina Nasution Hj. Dahniar Hj. Dadah Zoebaedah Hj. Saodah Hartono Hj. Zuriati Dahlan	

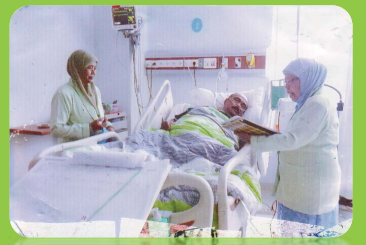
7. KEGIATAN YAYASAN

No	Bidang	Jenis Kegiatan	Volume	Keterangan
1.	Kesejahteraan Sosial	1. PUSAKA II a. Makanan Rantangan b. Bimb. Rohani Islam c. Rekreasi d. Bantuan Perbaikan Tempat Tinggal e. Pembayaran Premi Ke Yay. Bunga Kamboja f. Santunan Sosial	 Setiap hari Senin 55 Orang : 2 Porsi 1 Minggu 1 X hari Senin 1 Tahun Sekali Insidentil 6 Bulan 1X Insidentil	1. Ketua : Hj. Zubaedah 2. Tahun Berdiri : 17-11-1977 3. Jumlah WBS: 55 orang (Laki-laki 11, Perempuan 44 orang) 4. Pembiayaan 95% Donatur 5% Pemerintah

No	Bidang	Jenis Kegiatan	Volume	Keterangan
2.	Agama	1. Majelis Taklim Al Islah Barokah a. Pengajian b. Peringatan hari-hari besar Islam	 Hari kamis Disesuaikan	1. Ketua: Hj. Dahniar 2. Tahun berdiri: 1965 3. Jumlah Anggota 50 orang 4. Pembiayaan - Iuran Anggota - Donatur

No	Bidang	Jenis Kegiatan	Volume	Keterangan
		2. NPSAA Al Islah Barokah a. Bantuan biaya sekolah b. Bantuan Natura c. Seragam Sekolah d. Bimb. Rohani Islam e. Kursus Bhs. Inggris	50 Anak 1 Bln 1 X 1 Bln 1 X Awal Tahun ajaran Setiap Rabu Malam Setiap hari Sabtu	1. Ketua: Hj. Nurleina Nasution 2. Tahun berdiri: 28-12-1980 3. Jumlah WBS: 50 anak 4. Pembiayaan Donatur 90% Pemerintah 10%

No	Bidang	Jenis Kegiatan	Volume	Keterangan
		2. Bimb. Rohani Santi Asih a. Bimbingan Rohani Pasien RSUD Pasar Rebo b. Bimbingan Rohani Islam WBS Rutan Salemba	Hari Rabu 10 petugas @ 5 s.d.8 pasien Hari Senin 5 petugas @ 5 s.d 7 WBS	1. Ketua: Hj. Dadah Jubaedah 2. Berdiri Tahun: 1983 di Rutan 1986 3. Pembiayaan Mitra Kerja



No	Bidang	Jenis Kegiatan	Volume	Keterangan
3.	Kesehatan	1. POLIKLINIK KTSK a. Pemeriksaan kesehatan dan memberikan obat secara gratis b. Pengobatan Masal c. Pemeriksaan darah d. Rujukan ke Rumah Sakit	Setiap hari Selasa & Sabtu 1 tahun sekali 3 bulan sekali Sesuai kebutuhan	1. Ketua: Hj. Saudah Hartono 2. Berdiri tahun: 2008 3. Pembiayaan Mitra Kerja

No	Bidang	Jenis Kegiatan	Volume	Keterangan
4.	1. Pendidikan	1. PAUD Insani Belajar mengikuti kurikulum PAUD Diknas	Setiap hari Senin s/d Jum'at	1. Ketua: Hj. Zuriah Dahlan 2. Tahun berdiri: 2007 3. Jumlah Siswa: 40 anak 4. Jumlah Pendidik: 3 orang 5. Pembiayaan - Iuran Murid - Donatur

8. KOORDINASI DAN KERJASAMA

No.	Koordinasi dan Kerjasama dengan	Koordinasi dan Kerjasama tentang	Keterangan
1	Dinas Sosial DKI Jakarta	Pembinaan dan Bantuan per makanan	Untuk Pusaka II dan NPSAA
2	PT MUTUAL +	Pendanaan Teras Sehat Kita dan Bimbingan Rohani Santi Asih	Honor Dokter, obat-obatan dan Transpot Petugas Santi Asih
3	BAZNAS	Bantuan	Sebagai rujukan
4	RS PASAR REBO	Bimbingan Rohani	Pasien dan Keluarga
5	RUTAN SALEMBA	Bimbingan Rohani	Warga Binaan Sosial Napi
6	BKKKS	Pelatihan – pelatihan	Konsultasi
7	YAYASAN BUNGA KAMBOJA	Perawatan Jenazah, sampai pemakaman	WBS Pusaka II yang meninggal
8	RUMAH SEHAT SUNDA KELAPA	Sebagai rujukan dari TERAS SEHAT	Untuk Pasien
9	HIMPAUDI	Pembinaan	Untuk Guru – Guru

9. KEGIATAN UNGGULAN

Kegiatan Unggulan	Uraian	Keterangan
Pengembangan Program	1. Multi Layanan Berangkat dari kegiatan pengajian meningkat hingga 4 bidang dengan 6 kegiatan dilakukan secara konsisten, kontinyu dan berkelanjutan.	Bidang 1. Kesos: 2 kegiatan 2. Agama: 2 kegiatan 3. Kesehatan: 1 kegiatan 4. Pendidikan: 1 kegiatan
	2. Pendekatan Holistik/Menyeluruh Dari segi sasaran mulai dari anak, dewasa, lansia bahkan sampai meninggal.	
	3. Pemberdayaan Masyarakat Dari iuran anggota menjadi berkembang dengan menggali potensi masyarakat membiayai kegiatan bersama-sama sampai menjalin kemitraan melalui MOU dengan perusahaan.	

SEKIAN DAN TERIMA KASIH

KEGIATAN PELAYANAN SOSIAL WARGA BINAAN SOSIAL (WBS)
LANSIA DI PANTI SOSIAL TRESNA WERDA (PSTW)
DAN PUSAT SANTUNAN DALAM KELUARGA (PUSAKA)
DI PROVINSI DKI JAKARTA
2017

BERBAGAI JENIS KEGIATAN PELAYANAN SOSIAL LANSIA

1. Pemenuhan kebutuhan dasar sandang, pangan, papan (dipanti sosial)
2. Pelayanan kesehatan (Rumah Sakit/ klinik/posyandu lansia)
3. Bimbingan rohani/keagamaan (ceramah agama dan praktek ibadah)
4. Bimbingan sosial/konsultasi sosial (therapi sosial)
5. Kegiatan olahraga /Senam Kesegaran Jasmani (SKJ)
6. Pelayanan permakanan/ makanan rantangan (kegiatan PUSAKA)
7. Bantuan bedah rumah / renovasi kamar tidur /kamar mandi – WC
8. Bantuan usaha ekonomi produktif (bagi lansia potensial)
9. Santunan sosial /sembako (bagi keluarganya)
10. Kegiatan rekreasi
11. Pengisian waktu luang (seni budaya, hasta karya, permainan dsb)
12. Pelayanan pemulasaraan jenazah (bagi yang meninggal)
13. Buku tabungan masing-masing Warga Binaan Sosial (WBS)

Pengisian waktu luang dengan kegiatan hasta karya

Menu makan dan pelayanan permakanan di Panti Sosial Tresna Werda (PSTW)

kegiatan pembinaan rohani di Panti Sosial Tresna Werda

Tanpak suasana kegiatan olah raga /senam kesegaran
jasmani warga binaan lansia di PSTW

Tampak suasana kegiatan pengisian waktu luang dengan kesenian angklung

Pengisian waktu luang dengan permainan


Pengisian waktu luang dengan kegiatan bernyayi


Pengisian waktu luang dengan lomba merias diri dan joget balon


Suasana pelayanan kesehatan / pemeriksaan kesehatan di poliklinik PUSAKA


Kegiatan pembinaan rohani (pengajian) secara berkala bagi warga binaan sosial PUSAKA



Warga Binaan Sosial PUSAKA ikut terlibat kegiatan memasak


Warga binaan PUSAKA menerima makanan rantangan

Untuk menunjang biaya operasional PUSAKA, di kembangkan usaha di bidang pendidikan (TK)

Pelayanan kesehatan WBS PUSAKA kerja sama dengan Fakultas Kedokteran Universitas Indonesia

VISI DAN MISI

- Memberikan pelayanan semaksimal mungkin kepada para lansia
- Melayani dengan hati yang tulus
- Memberikan tempat yang layak dan pantas bagi lansia yang kurang perhatian dari sanak saudara

SEJARAH PANTI WHERDA BINA BHAKTI

Panti Wherda Bina Bhakti didirikan tanggal 26 September 1986 dengan perintis utamanya Sr. Rina Ruigrok, BKK, dibantu oleh Sr. Regina, BKK.. Karena usia lanjut, maka tanggal 11 Agustus 1998 Sr. Rina kembali ke negeri asal yakni Holland dan meninggal dunia pada tanggal 4 September 2000. Pada Bulan Maret 1999 dengan sebab yang sama Sr. Regina pun kembali ke biara dan tidak lagi di Panti Wherda. Selanjutnya panti Wherda dikelola oleh bapak Supardi dan pengurus lainnya

TUGAS POKOK PANTI

- Memberikan santunan dan sumbangan kepada orang tua lanjut usia yang tinggal di daerah sekitar panti (menyantuni orang tua lanjut usia yang tinggal non panti)
- Memberikan bantuan dan membina kepada orang-orang lanjut usia baik yang terlantar maupun yang masih ada keluarga.

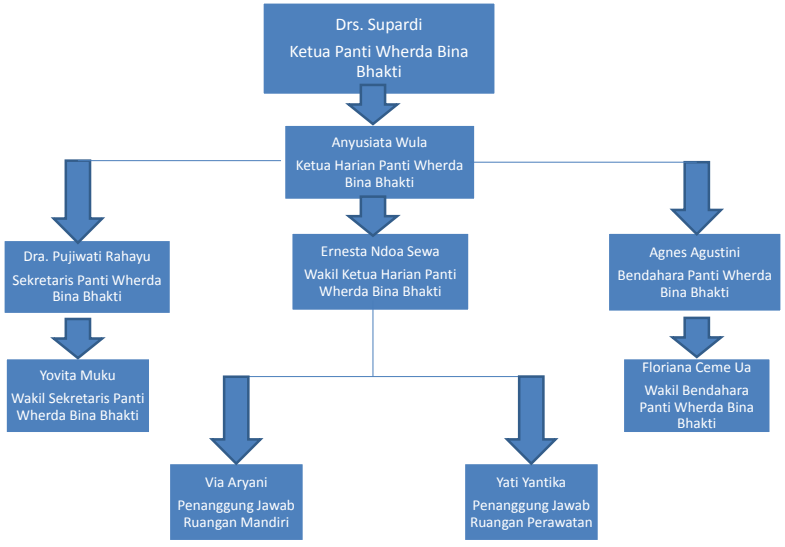
RENCANA KERJA

- Jangka pendek : memberikan bantuan/pertolongan kepada opa-oma yang merasa terbuang dan kesepian
- Jangka menengah : memberikan keterampilan kepada para lanjut usia yang masih bisa berkreatif dan memberikan pelatihan senam lansia
- Jangka panjang : bersama masyarakat dan bekerja sama dengan puskesmas setempat meningkatkan kesehatan dan membantu masyarakat dan menanggulangi masalah kesehatan.

LANSIA DI PANTI WHERDA BINA BHAKTI

- Jumlah lansia 77 orang
- Asal lansia:
  - ❖ Rujukan dari keluarga
  - ❖ Rujukan dari Gereja
  - ❖ Rujukan dari Dinas Sosial
- Jenis penyakit
  - ❖ Hipertensi : 14
  - ❖ Asam Urat : 11
  - ❖ Cholesterol : 3
  - ❖ Diabetes Melitus : 3
  - ❖ Alzaimher : 6
  - ❖ Jantung : 4
  - ❖ Asma : 2
  - ❖ Pikun : 12
  - ❖ Kecemasan : 22

STRUKTUR ORGANISASI



Lanjutan.....

Fasilitas

- Ruang karaoke
- Poliklinik
- Apotek
- Sound sistem
- Lapangan
- Aula
- Dapur
- Mobil

Lanjutan.....

TERIMA KASIH

JLLC Consulting

Senior Living Consulting Service

Our Service

Senior Living Consulting Services

Developing a care service brand and concept is a very important aspect in starting up a Senior Living business as this will have a huge impact to Senior living market and business stability in the long term future. We assist Senior Living owner and investor in creating this care service brand and concept from market viewpoints and operation one in order to achieve the best business performance.

Technical Services

This service will include in the preparation of Senior Living such as site planning, building & facility design, construction management, and Senor Living FFE up to the standard required, the preparation of policy and procedures, standard operating procedures, human resources selection & placement, and training of Senior Living up to the opening of the enterprise.

Operation & Management Services

Running a Senior Living operation is not a simple job. It requires a high passion and commitment from Senior Living personnel from all level to provide quality care service, and we do a management contract in managing a profitable Senior Living operation in order to ensure that the Senior Living operation is always up to the highest standard quality and much more profitable for Senior Living owners :

- Pre-Opening
- Interim Management Contract
- Full Management Contract

Senior Living Consulting Services

Research Development & Feasibility Study

Just consult us your current needs; we conduct a research to assist you solving the problems arise. Or If you are satisfied enough with the current Senior Living operations, you might not know the hidden problems that you are facing which endanger your business for long-term goals. Our two main researches will focus on intern and extern matters impacting directly to Senior Living business.

- Operation Development Research
- Marketing Development Research
- Feasibility Study (Business Planning)

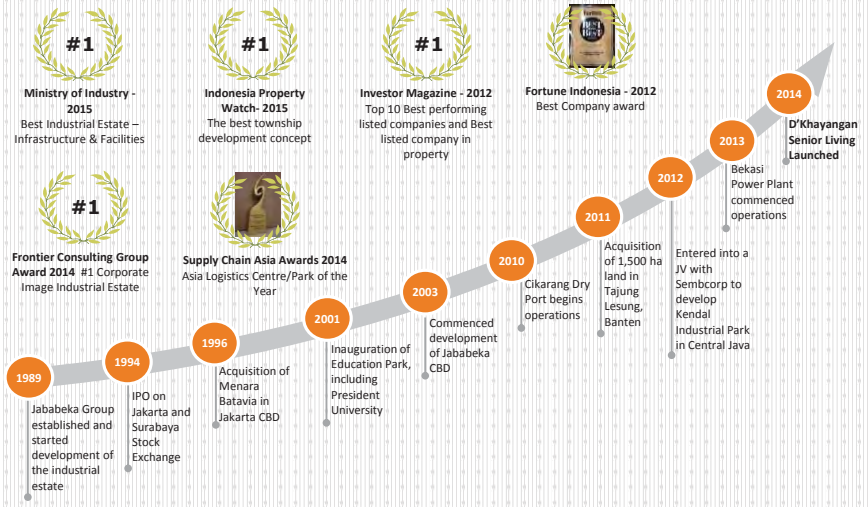
Human Capital Training & Development

Senior Living business is caring people business. Investing on people training and development must have a great impact to the performance of the employee which in turn will also impacting to the performance of the organization. Those who pay a high attention to people training and development will benefit a lot more comparing to those paying less. People Training & Development is an endless circle for those wanting the sustainability of the business among more and more competitive business environment.

- Soft Skill Training
- Hard Skill Training
- Standard Operating Procedures Training

Our Founder

PT . Jababeka – Milestones & Selected Awards



PT . Jababeka Tbk – Vision & Mission

Vision:

To Create Modern Self Sustained Cities in Every Province in Indonesia and Provide Jobs for Better Life

Mission:

1) *To collaborate with local governments and strategic partners in order to develop and innovate investment concepts which are in line with the latest technological development.*
2) *To provide human resources and physical infrastructure facilities to support urban development.*
3) *To actively promote group expansion to multinational companies.*

PT. Jababeka – Business Pillars

Land Development ***Infrastructure*** ***Leisure & Hospitality***

ACHIEVEMENT

We are a leading township developer with an established track record in industry-based townships

We have two main business segments: real estate and infrastructure. As of FY2014, real estate segment contributed ~ 43% of revenues and 72% of gross profit. Infrastructure segment made up the rest – primarily from service and maintenance fees and power plant operations

Our real estate segment is primarily driven by industrial land sales complemented by residential and commercial components

Our flagship township development, Kota Jababeka is a prime example of an integrated industry-based township with residential, commercial facilities and world class infrastructure

As of year end 2014, we had a strategically located and diversified land bank of 3,154 ha which supports our current project pipeline of Kendal Industrial Park in Central Java and tourism-based township in Tanjung Lesung, Banten

Our long term vision is to create modern self sustained cities in every province in Indonesia and provide jobs for better lives

We have more than 25 years of track record in industrial township development, since the Group's establishment in 1989

Since then, we have successfully built up Kota Jababeka as a mature, self-contained industry-based township with superior access to infrastructure facilities

Kota Jababeka is the only industrial township with its own power plant and dry port facilities

Cikarang Dry Port, which began operations in 2010 was recognized as the Asia Logistics Centre/Park of the Year at the Supply Chain Asia Awards 2014

Bekasi Power Plant commenced operations in 2013 and is a key differentiator for Kota Jababeka vs. other industrial estates

Jababeka has also received various other awards in recognition of its growth trajectory and performance

One of Indonesia's fastest growing companies by Fortune Magazine

Various Best performing company awards and corporate image awards

Our Founder Partner ; Longlife Holdong, Co.Ltd. - Japan

A RECORD OF MANY ACCOMPLISHMENTS

Over the past few years, the LONGLIFE Group has made significant progress in building a solid foundation for growth. Three highlights were the opening of Long Life Kyoto Arashiyama in December 2012, the March 2013 establishment of PT. Jababeka Longlife City - a joint venture with Jababeka in Indonesia - and the establishment of the education and training company Long Life Casita Co., Ltd. in April 2013.

After 2013, the outlook for the operating environment was encouraging. Signs of a recovery of the Japanese economy were emerging as the yen weakened and stocks climbed, mainly in response to government economic measures and monetary easing. In the nursing care sector as well, there were expectations for growth as this has been a key element of the government's new growth strategy.

One of our goals at this time was to provide in-home nursing care services in more areas of Japan, especially near Tokyo. This is why our wholly-owned subsidiaries L Care Co., Ltd. and L Care Higashinihon Co., Ltd. were merged on January 1, 2014. Combining these companies made in-home nursing care businesses more efficient and raised public awareness by increasing the scale of operations.

In 2014, we were determined to generate steady results at the Indonesian operations that we started in April 2014. In addition, we continued to export and increase sales of "the spirit of providing the ultimate in services" in markets that required the high-value-added, high-quality services offered by the LONGLIFE Group. And we have continued to grow by taking these actions.

Our Founder Partner ; Longlife Holdong, Co.Ltd. - Japan

We would like to express our deep gratitude for everyone's support and encouragement over the years. LONGLIFE was founded in 1986 with the goal of establishing nursing care services for a 21st century society in which seniors now account for a large share of the population. Since its inception, LONGLIFE has been a pioneer in developing ideas about how new nursing care services should be provided in anticipation of the needs of the times. In line with our management philosophy, we have consistently provided services that impress our customers so much that they say 'LONGLIFE can help us even with things like this!' We promise that we will continue to be a company that makes a real contribution both to our customers and to society in the years to come.

Our Founder Partner ; Longlife Holdong, Co.Ltd. - Japan

EMPLOYEE TRAINING PRINCIPLES

The LONGLIFE Group has identified three factors that are essential to supporting customer satisfaction: "culture and environment"; "pleasant spaces"; and "high-quality healthcare". In today's rapidly changing world, in which the yardsticks of corporate performance are shifting from quantitative to qualitative measures, we feel that our principles are now even more truly in demand than ever before.

We believe that the most important element in being able to fulfill the Group's role of providing high-value-added, high-quality services is employee training. Our employees have tremendous capabilities and we think that it is essential that the Group make use of these capabilities to maximize its own potential as an organization. To achieve this goal, we train each and every employee on the basis of the spirit that has survived and remains strongly present from the time the Group was founded. This training provides them with the opportunity to maximize their potential to contribute to the Group's success.

Furthermore, because the Group believes that people are its most important asset, it describes them not as "human resources" but as "human treasures".

MESSAGE FOR SHAREHOLDERS

We shall continue to make ceaseless efforts to create new, value-added services so as to continue to provide high-value-added, high-quality services to our customers, shareholders, employees, and to society both in Japan and worldwide. We are strongly committed to improving our business performance and protecting the environment.

I ask for your support as the LONGLIFE Group continues to make progress toward accomplishing our goals.

Our Founder Partner ; Longlife Holdong, Co.Ltd. - Japan

We act with highest possible speed, foreseeing what the world needs.

"High class elderly care facilities", "Resorts", "Overseas development" – we create synergy, based on these 3 pillars.

Let's transfer the elderly care and resorts overseas.

Our Experience

Senior Living @ D'Khayangan Bird-eye view

D'Khayangan – Kota Jabaebka, Cikarang

New Life Style

Award

Senior Lifestyle

Senior Activities

Senior Activities

Indonesia's Senior Living Association (ASLI) Members

50 PERSON AGED CARE AND HOME CARE	UNDER CONSTRUCTION INDEPENDENT SENIORS LIVING	50 – 100 BED DAY CARE	50 – 100 PERSON HOME CARE	100 – 400 BED INDEPENDENT SENIORS LIVING
KANOPI Rawamangun, Jakarta Timur - Indonesia	LIVING WELL COMMUNITIES Jakarta - Indonesia	SENIOR CLUB INDONESIA Pantai Indah Kapuk, Jakarta Utara - Indonesia	INIS INDONESIA Jakarta - Indonesia	SENIOR LIVING @D'KHAYANGAN Cikarang, Bekasi - Indonesia
100 PERSON HOME CARE	60 – 200 BED INDEPENDENT SENIORS	UNDER CONSTRUCTION INDEPENDENT	100 - 200 PERSON HOME CARE	50 -100 BED INDEPENDENT SENIORS
GLOBAL ICHSAN MANDIRI Tangerang, Jakarta Selatan Indonesia	RUKUN SENIOR LIVING Sentul, Bogor Indonesia	PLUMERIA Bandung Indonesia	INSAN MEDIKA PERSADA Yogyakarta - Indonesia	SADAJIWA BALI Bali - Indonesia

National - Senior Living Forum, Network & Chain

Trough Association of Senior Living Indonesia - ASLI

KANOPI Rawamangun, Jakarta Timur - Indonesia

LIVING WELL COMMUNITIES Jakarta - Indonesia

SENIOR CLUB INDONESIA Pantai Indah Kapuk, Jakarta Utara - Indonesia

INIS INDONESIA Jakarta - Indonesia

SENIOR LIVING @D'KHAYANGAN Cikarang, Bekasi - Indonesia

MEMBER

ASOSIASI SENIOR LIVING INDONESIA

GLOBAL ICHSAN MANDIRI Tangerang, Jakarta Selatan Indonesia

RUKUN SENIOR LIVING Sentul, Bogor Indonesia

PLUMERIA Bandung Indonesia

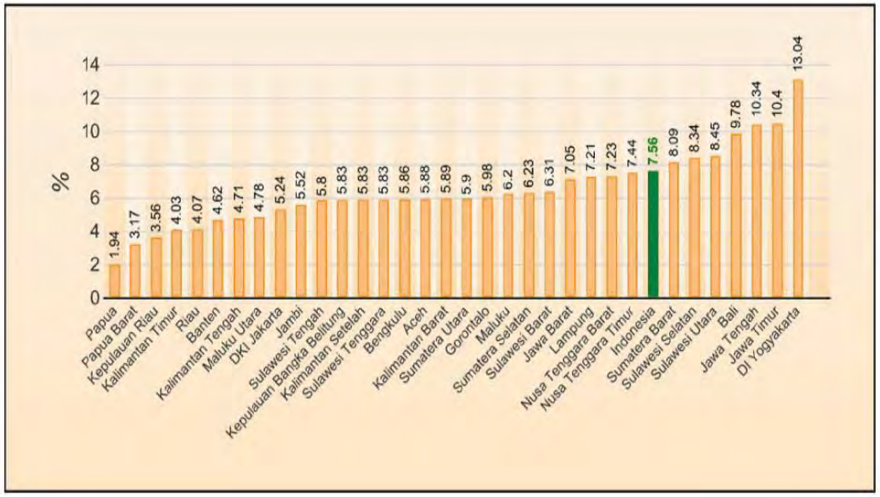
INSAN MEDIKA PERSADA Yogyakarta - Indonesia

SADAJIWA BALI Bali - Indonesia

International – Senior Living Forum Network & Chain

IABW 2015 - Healthcare and Seniors Living

The Elderly Population in Indonesia



Source : Indonesia Central Bureau Statistic – BPS 2012

International - Senior Living Forum, Network & Chain


世界が注目する
「日本のケアサービス」とは—

国際ケアサービス
シンポジウム
2014年9月5日[金]17:00開始(16:30 開場)

国際ケアサミット
世界に貢献する日本式ケアサービスの課題と実践

基調講演
中馬 弘毅氏

討論会
遠藤 正一氏
徐 延華氏(中国)
セチョノ・ジュアンディ・タルモノ氏(インドネシア)
休憩

ロングライフ国際学会
ケアサービスの現場から、実践と事例に学ぶ

研究発表会
洪 仁杓氏(韓国)

後援 厚生労働省、経済産業省、中華人民共和国大使館
在大阪インドネシア共和国総領事館、在大阪ユネスコ協会

Indonesia & Java Island's Elderly Population

INDONESIA

- POPULATION 2016: 259 MILLION
- AGE 65+: 14 MILLION
- PERCENTAGE: 5.5 %
- PROJECTED TO BE > 16 MILLION BY 2019

JAVA ISLAND

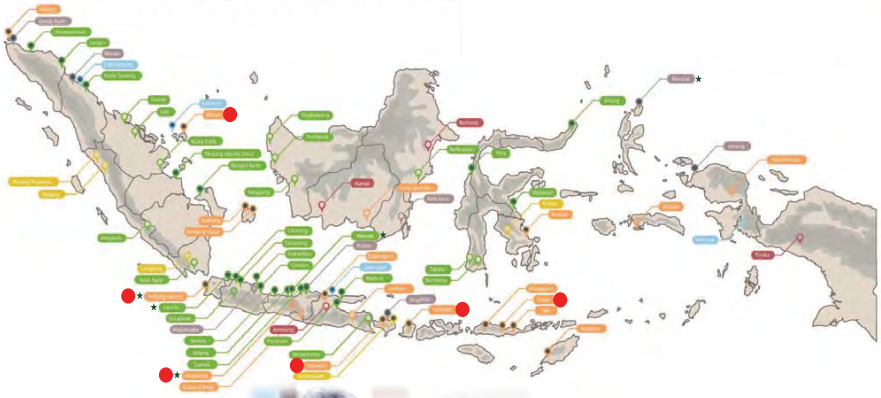
- POPULATION 2016: 124 MILLION
- AGE 65+: 5.24 MILLION
- SENIORS LIVING EXISTING <1000 BED

NEEDS

- EDUCATION
- PROMOTION
- SENIOR FOREIGN IMPACT

BIG OPPORTUNITIES

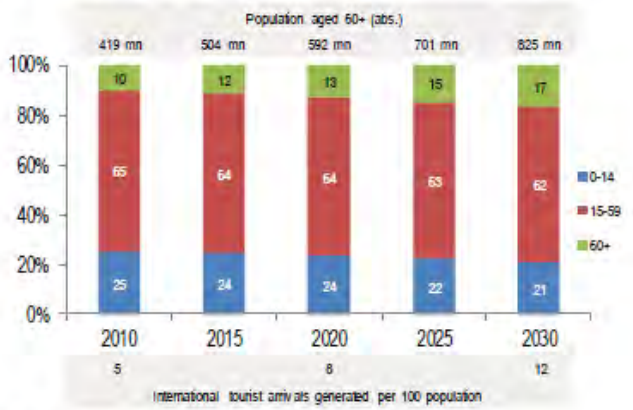
Senior Living Development Site Potential - Indonesia



Senior Living Site Potential
'The more the merrier"

ASIA POPULATIONSENIOR TOURIST

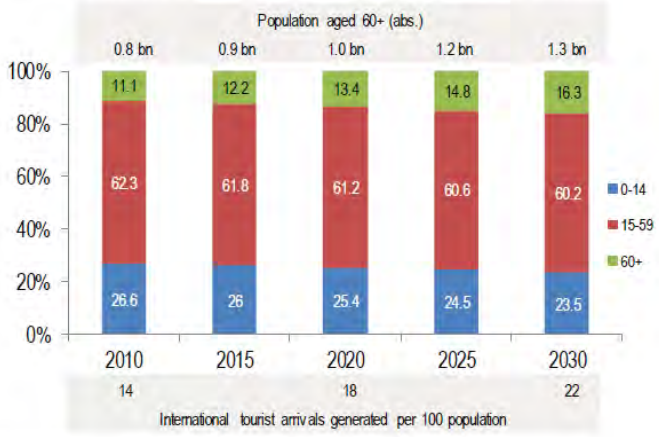
Asia - population by age group*, international tourist arrivals per 100 population**



Sources: * = UNDESA, Population Division; ** = UNWTO.

WORLD POPULATION SENIOR TOURIST

World - population by age group*, international tourist arrivals per 100 population**



Sources: * = UNDESA, Population Division; ** = UNWTO.

Seizing the impact of an ageing population

PT. Jababeka Longlife City
www.seniorlivingdkhayangan.com

Further Information

The Care Center, ***Senior Living @D' Khayangan***
Jalan Taman Golf Timur 1 No 100, Jababeka Residence,
Cikarang 17550
West Java, Indonesia
Ph +62 21 2851 8040
Fax +62 21 2851 8057

SPREADING THE KINDNESS

BREAK THE POVERTY CHAIN

DOMPET DHUAFA

Organization Profile

BRIEF GLIMPSE OF DOMPET DHUAFA

DOMPET DHUAFA : Social foundation that raises social charity categorized as ZISWAF (*Zakat, Infaq, Sadaqah, Waqaf*) and other halal funds, aiming for promoting the *dhuafa* community welfare by 4 prime programs: social humanity, economy, health & education. It was founded by 4 *Republika* journalists who care of helping the *dhuafa* tier.

July 2nd, 1993
Dompet Dhuafa was founded, as minor column in *Harian Republika* newspaper.

September 14th,1994
Establishment of **Dompet Dhuafa Republika Foundation**

Oktober 8th, 2001
Inauguration as **National Amil Zakat Organization**

Rp 425,000
First day fund raising (July 2nd, 1993)

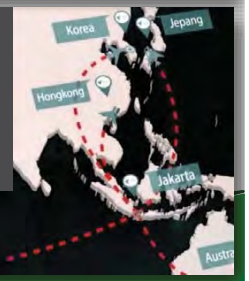
Rp 314.31 MIL
Total charity raised in 2016

9,62 %
Trend of donation growth (2012 – 2016)

12 Local Branches

5 Foreign Branches

and 5 Local Representatives



HISTORY OF DOMPET DHUAFA

PROFILE OF DOMPET DHUAFA

VISION

Accomplishment of vigorous World society through service, defense & empowerment based on righteous system of justice

MISSIONS

1. Becoming the society movement in transforming courtesy values
2. Creating powerful community through democracy economy development
3. Being actively involved in World humanity actions through global network reinforcement
4. Rising character-driven & globally competent leader fronts
5. Conducting policy advocacies in order to embody the system of justice
6. Self-developing as global organization through innovation, quality service, transparency, accountability, independency, & foundation autonomy

A vigorous World society are those who are empowered in Economy, Social, Health &Education.

DOMPET DHUAFA Programme is through Service, Defense and Empowerment aimed for creating a robust community, rising character-driven & globally competent leader fronts, and becoming society movement in transforming kindness values.

System of justice is global organizational system through innovation, quality service, transparency, accountability, independency, & foundation autonomy.

STRATEGY

VISSION & MISSIONS

SWOT

INSPIRATIONAL VALUES

GRAND STRATEGY

1. Organization reinforcement: value, competence & management.
2. Network & strategic alliances expansion.
3. ICT utilization in organizational expansion.
4. New strategy development in fund-raising
5. Position strengthening as a transparent & accountable public community.
6. Reinforcement of public policy advocacies.

DOMPET DHUAFA by their programmes is nowadays well-known as Amil Zakat Foundation, Waqaf Foundation, Social Foundation, Humanity Foundation, Society Empowerment Foundation & Da'wah Foundation. In developing their organizational strategy, **DOMPET DHUAFA** has conducted SWOT analysis to define their advantages, disadvantages, opportunities & obstacles faced in present and future time. Based on the output, **DOMPET DHUAFA Grand Strategy** was then constructed, which is afterwards adopted into the foundation strategic planning.

Foundation values:

INSPIRATIONS

Islamic · Universal · Caring · Innovative

Responsive · Trustworthy · Professional

ISLAMIC
Defining Islamic values as principal references for the foundation.

UNIVERSAL
Spreading favors to every needy persons regardless the nationality, either the locals or foreigners. Personifying Islamic message as mercy for the entire Universe.

CARING
Being considerate & proactive on condition occurred in surroundings, and always all ready voluntarily for giving hands of aids anytime necessary.

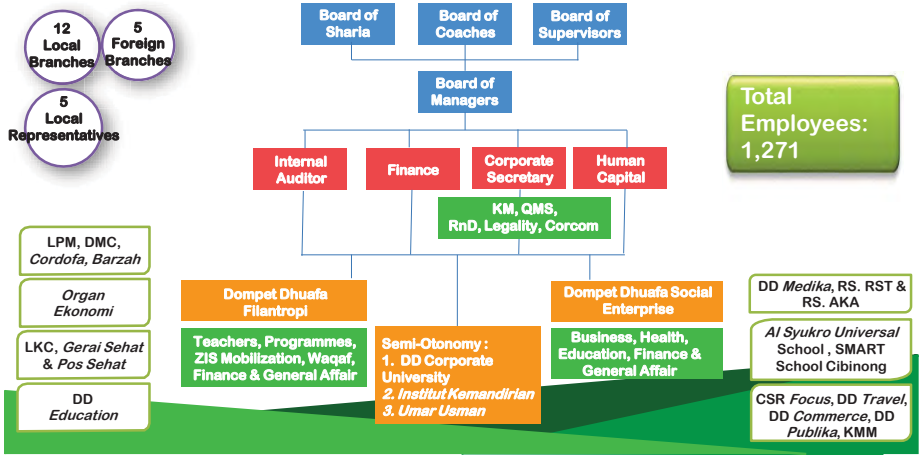
INNOVATIVE
Discovering new ideas that are more effective & efficient in order to achieve the foundation purposes.

RESPONSIVE
Providing swift response and action in helping society who are in need.

TRUSTWORTHY
Maintaining trust, seeking for optimum benefits & being accountable/responsible on every actions towards the society.

PROFESSIONAL
Being on duty according to each expertise, totality & whole-hearted manner in order to achieve the foundation purposes.

ORGANIZATIONAL STRUCTURE



BASIC COMPETENCES

VISION, MISSIONS & VALUES

Quality Management System, Knowledge Management
Legal Regulation Management, Research and Development

Communication & Resource Mobilization	Programme of Service, Defense & Empowerment in Social Development, Economy, Health & Education based on Zakat, Infaq, Sadaqah & Waqaf	Customer Relationship Management

Operational Management
(Finance Accounting, Human Capital, Information Technology)

ACHIEVEMENTS & AWARDS

The Best in Experiential Marketing & The Best in Innovation Marketing, 2009

Excellent in PPM Management for Non-Profit Organization, 2012

Performance Criteria Application, Indonesia Quality Award, 2014

Indonesia Original Brand Award (SWA Magazine), 2015

Indonesia Middle Class Brand Champion IMBC 2015

Mitra Bakti Husada Award for Contribution to Kemenkes, 2014

GOVERNANCE OF *THE ORGANIZATION*

Renstra, KPI, Action Plan

Strategy, Procedural Policy

Communication, *Remo*, CRM

Programmes

Sharia, Legality, QMS, KM, RnD, Internal Audit

FA, IT, HC, GA, Asset

Evaluation Audit

Management Review

In each specific period, both internal & external audit, as well as evaluation, are carried out as improvement action.

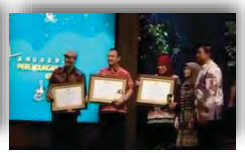
The audit & evaluation output is furthermore communicated in the Managerial Forum

In adjusting the proper organizational governance, **DOMPET DHUAFA** has arranged strategic planning every 5-year-period. This *Renstra* is thereafter adopted throughout every annual period, along with KPI & Action Plan of every directorates until individuals. Aiming for the foundation performance accomplishment, every directorates until departments shall organize the strategy, policy & procedure in accordance with the Sharia, legality & quality management system thus the existing activities are considered fit to the foundation target.

ACHIEVEMENTS & AWARDS

National Adhi Karya Pangan Award for Economy Acompaniment Programme (*Karya Masyarakat Mandiri DOMPET DHUAFA*), 2016

UNHCR Award for Refugees Education & Social Development Programme, 2016



KPAI Award for SMART *Ekselensia* School of Refugees & Women's & Children's Health, 2016

1st Winner of IDEA FEST 2016 by Gen Oil: sociopreneur community, alumni of DOMPET DHUAFA Social Entrepreneur Academy, 2016

Special Recognition by *Make Study* 2016 : Admirable Initiaves on Becoming Knowledge Enterprise, 2016

International appreciation for 23 year long DOMPET DHUAFA contribution in transforming & expanding zakat merit in helping the *dhuafa*.

PROGRAMMES OF DOMPET DHUAFA

4 DOMPET DHUAFA *principal* PROGRAMMES

HEALTH

1. Integrated *Rumah Sehat* Hospital (RS. RST)
2. *Free Health Care* (LKC)
3. *Gerai Sehat*
4. *Pos Sehat*
5. RS AKA *Medika Sribhawono*

SOCIAL

1. *Karitas* Response = LPM
2. Disaster = DMC
3. Migrant Worker Advocacy = MI
4. *Da'wah* = Cordofa
5. Environment = *Semesta Hijau* (SEMAI)
6. Law Assistance = (PBH)
7. Public Policy Study = IDEAS

EDUCATION

1. SMART Ekselensia Indonesia
2. Beastudi Indonesia
3. *Makmal Pendidikan*
4. *Indonesian Teacher School* (SGI)
5. Anti-Corruption Study Centre (PBAK)
6. Education Philanthropy Community (KFP)
7. School for Refugees

ECONOMY

1. *Indonesia Healthy Farm* (PSI)
2. *Nusantara Ranch Village* (KTN)
3. *Karya Masyarakat Mandiri* (KMM)
4. *Institut Kemandirian* (IK)
5. Social Trust Fund (STF)
6. Social Enterpreneur Academy (SEA)
7. *Jampang* Tour Village – Zona Madina
8. Dayamart

4 DOMPET DHUAFA *principal* PROGRAMMES

HEALTH | EDUCATION | SOCIAL DEVELOP-MENT | ECONOMY

PROGRAMMES & EXPANSIONS

138 Programmes
14.97 Mil of Donation Receivers (1993-2016)
Spread throughout 34 Provinces in Indonesia
40 Countries in the World
22 Branches & Representatives

Afrika Tengah	Kamboja	Papua Nugini	Tiongkok
Amerika Serikat	Kamerun	Perancis	Turki
Australia	Kanada	Saudi Arabia	Unit Emirat Arab
Bangladesh	Korea Selatan	Singapura	Vietnam
Belanda	Kuwait	Somalia	Yordania
Filipina	Malaysia	Suriah	Yunani
Hong Kong	Mesir	Suriname	
Inggris	Myanmar	Taiwan (Province Of China)	
Iran	New Zealand	Thailand	
Iraq	Nepal	Timor Leste	
Italia	Pakistan		
Jepang	Palestina		

ECONOMY PROGRAM INNOVATION

DAYAMART

- **DAYAMART** is an unique "*one stop one service*" minimart that applies supermarket system in selling consumer goods and services (cellphone & token charges, etc.).
- It facilitates trading area and sell the local (UKM; home industry) produces.
- **DAYAMART** was established by majority ownership of family in poverty or beneficiary; along with investors who care & are willing to share social-based business investments.
- **DAYAMART** also provides as trading micro-small area for UKM stakeholders

DAYAMART

ECONOMY PROGRAMME INNOVATION

Fruit Extract Factory Empowered Indonesia

DOMPET DHUAFA through "Empowered Indonesia" programme has managed 5 Ha land to be planted with variety of fruit crops in Subang, West Java. Some of them are dragon fruit, pineapple, papaya, crystal guava & avocado, planted by intercropping.

The farmland involves the *dhuafa* community as farmers & gardeners.

In its development, **DOMPET DHUAFA** as well projected an industry establishment of fruit extracts & processed food (jam, syrup, etc.). This factory is expected to be labor intensive & promote work force from local *dhuafa* tier.

It is considered as productive Waqaf, where land area & Waqaf fund gathered by **DOMPET DHUAFA** can be transformed as productive economical source that yields benefit.

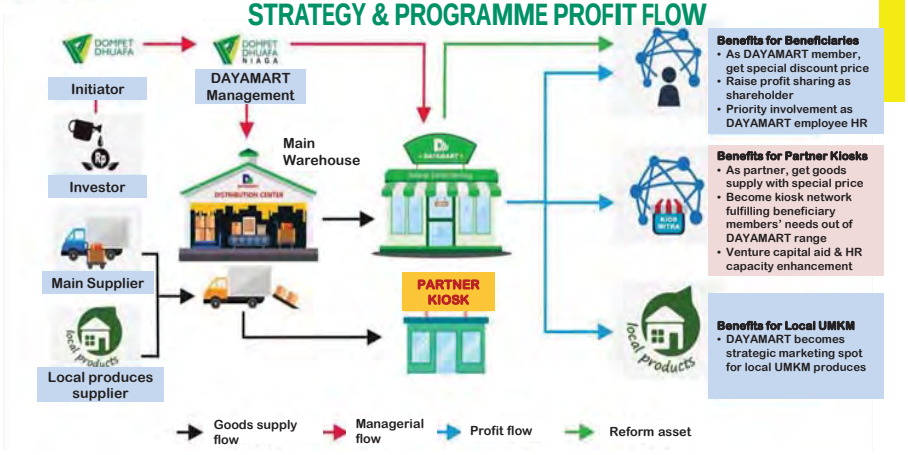
Fund Needed: Rp. 5.4 Billion

#MembentangKebaikan

DAYAMART PROGRAMME CONCEPT:

DOMPET DHUAFA

STRATEGY & PROGRAMME PROFIT FLOW



HEALTH PROGRAMME INNOVATION

HOSPITAL DEVELOPMENTS

St. Ir. Sutami Raya No.1 Sribawono, East Lampung

St. Taktakan Raya No.1 Serang, Banten

St. Pondok Kelapa Raya No.50, East Jakarta

RS RST KUNINGAN, St. Cilimus Raya, Kuningan, West Java

VOLUNTEERING MANAGEMENT

VOLUNTEERING MANAGEMENT

DESK VOLUNTEER

- PROGRAMME DIVISION
- FUNDRISING
- NETWORKS
- BRANCHES

DOMPET DHUAFA VOLUNTEER

ZAKAT CAMPAIGN & HUMANITY MISSION.

Volunteer is everyone who is willing to spread kindness voluntarily, not under obligatory or force, through events organized under **DOMPET DHUAFA.**

The purpose of Volunteering Management is establishing volunteer community based on society supports for ZISWAF campaign and humanity movement through activities organized under **DOMPET DHUAFA**.

VOLUNTEER INTELLECTUAL ASSET

THE UNIVERSE OF VOLUNTEERS

BASE OF SOCIETY SUPPORT

- DONATION
- VOLUNTARY

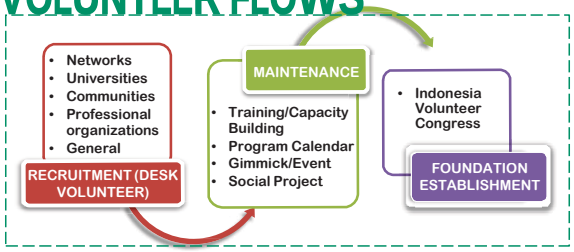
VOLUNTEER CATEGORY

General Volunteer is everyone who is willing to undertake duty voluntarily & participate in activities organized by **DOMPET DHUAFA**.

Specialized Volunteer is everyone who is skilled with specific abilities in field according to programmes organized by **DOMPET DHUAFA**.

Super Volunteer is everyone who is categorized as public figures (CEOs, scholars, celebrities, notable/persona individuals etc.) who is willing to assist **DOMPET DHUAFA** as partner in order to gain society opinions regarding humanity themes.

DESK VOLUNTEER FLOWS



ENTERPRISE CAPITAL

SINTA >> DESI (DOMPET DHUAFA ENTERPRISE SYSTEM INFORMATION)

Thank you for the generous attentions

OLDER - PEOPLE
< a New Paradigm 2017 >

By : Tony Setiabudhi

National Centre for Ageing Studies
Gerntological Society of Indonesia

JICA

3 August 2017

Concerning Topics

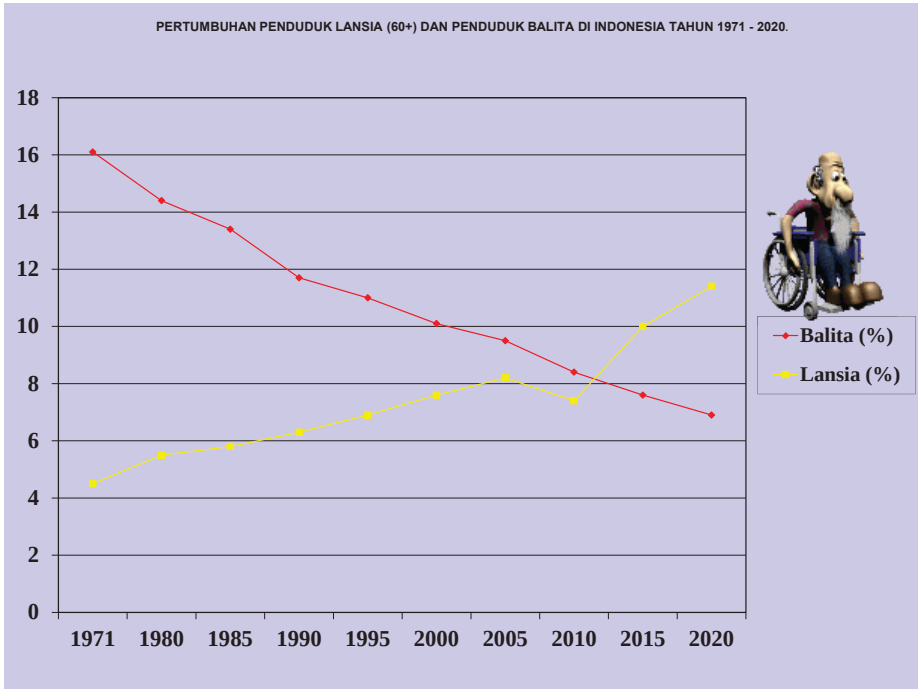
- **Demographic Aspect**
- **National; Regional and Global Aspect**
- **Historical View : WAA I; Indonesia & its problems; UN-ESCAP and WAA II**
- **What have to be anticipated ?**
- **Latest issues**
- **JAKARTA's prospects**

Demographic Aspect

- **Population Projection**
- **Life Expectancy**
- **GENDER Issues**
- **REGIONAL Distribution**
- **UN-ESCAP**
- **IAGG 2013 (June 2013)**

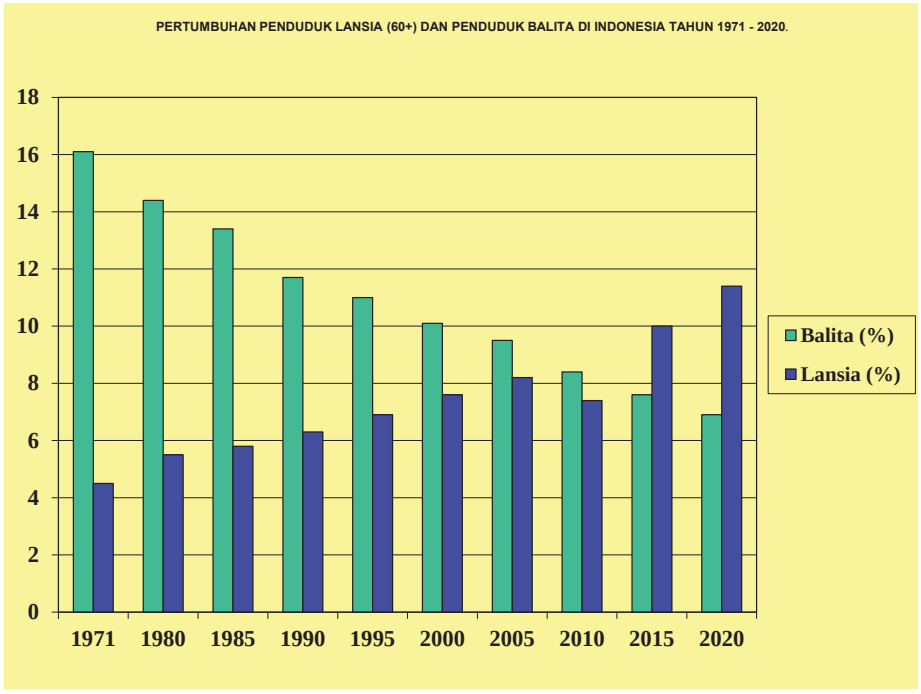
Population and its Projection

Tahun.	Penduduk Balita		Penduduk Lansia	
	Jumlah	Persen	Jumlah	Persen
1971	19.098.693	16,1	5.306.874	4,5
1980	21.190.672	14,4	7.998.543	5,5
1985	21.550.364	13,4	9.440.999	5,8
1990	20.985.144	11,7	11.277.557	6,3
1995	21.609.150	11,0	13.600.962	6,9
2000	21.190.900	10,1	15.882.827	7,6
2005	21.112.758	9,5	18.283.107	8,2
2010	19.720.793	8,4	17.303.967	7,4
2015	18.773.512	7,9	24.446.290	10,0
2020	17.595.966	6,9	29.021.128	11,4



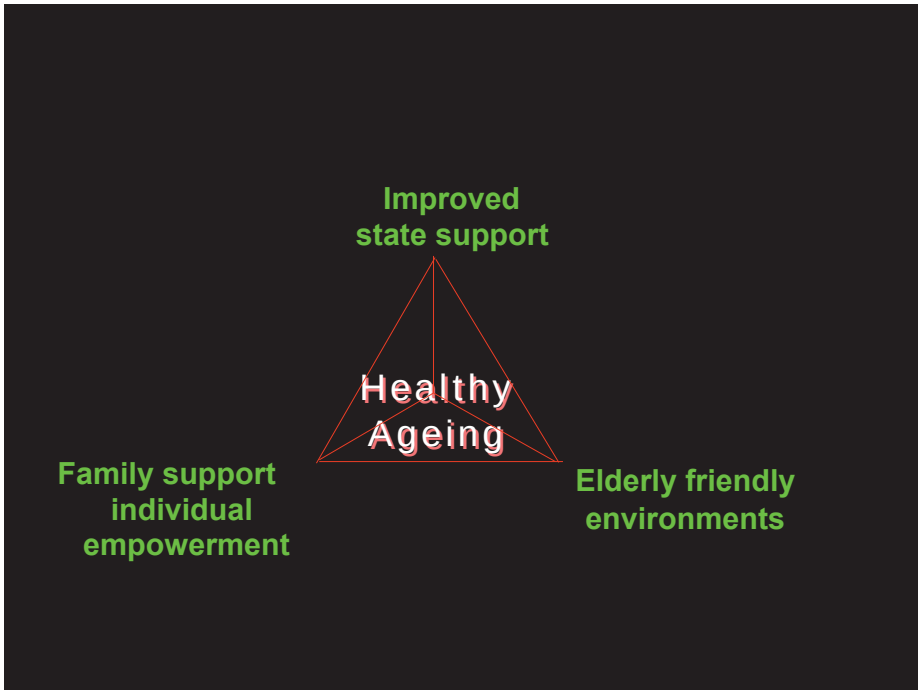
Economic and Social Consequences of Ageing in Indonesia and Asia-Pacific Region

- **Greatly increased life expectancy; increased percentages of older persons**
- **Significant demographic feature - growth of the "oldest old" segments (aged 80+)**
- **Population policies focusing on demographic ageing rather than family planning (greatly reduced fertility levels)**
- **Spectacular epidemiological transition in almost all countries**
- **Interactions - ageing and socio-economic development**



Ageing and development - the complex interrelationships

- Older persons and the family, social position
- health in older age
- Income security
- Supportive environments (housing, care, protection, the wider environment)



Some "UN-ESCAP 2001" s proposals

- **It is recommended that UN should have a sub-ordinate body under the Secretary general.**
- **Social security scheme as well as Pension scheme should be provided in each country.**
- **The empowering of older persons in every UN-ESCAP's country should be enhanced.**

1 st National CONGRESS of Older Persons

Officially declared by the Vice President of the Republik of Indonesia (Januari, 30 – 31 2001) :

- **Lembaga Lanjut Usia Nasional/ National Institute of Older Persons**
- **National Centre for Ageing Studies/ Pusat Kajian Nasional – Masalah Lanjut Usia.**

Socio-economic development via empowerment of older persons - the way ahead?

- Productive ageing - socio-economic perspectives (+ve development)
- Successful ageing - psycho-social aspects
- Healthy ageing - requires both
- Lifespan perspective - old age as part of a continuum; education and skills
- Empowerment and political will

Some Constraints is still faced in our country :

- Continuation effort to collect data
- Systematically approach
- Properly analyzed
- Participation from the community by using the 'collected data'; and use it to evaluate for :
- Re-evaluation on planning; implementing and evaluate the further steps.

National Committee of Older Persons' Program & NPA

- NPA (family & social support) was published in 2000 by the minister of population !
- Organizations : Retirees; Care Providers & NGO's and Scientific organizations
- National Umbrella is under the Ministry of Social Affair
- 2003 NPA for Older People's Welfare

1st Indonesian - National Congress of Gerontology's Recommendation 2002 <preparing WAA II> :

- Healthy Ageing Program should be initiated as soon as possible at one of the 'very poor' sub-district as a pilot project.
- To implement this idea; inter-sector and inter-institutional cooperative work will be facilitated by the Minister of Health; where Jakarta Autonomy's governing body and other related organizations are involved.

CARE PROVIDERS

- Homes for the elderly – sasana tresna werdha/ panti (Residential)
- Non-Residential/ Home Care
- Hospital : Gerontological/ Geriatric Care
- HOSPITIUM & PALLIATIVE ???

2012 evaluation

- **Indonesian Older People's TASK should be Re-Conceptualized due to Havighurtst's Theory**
- **As Jakarta has a new LEADER since the end of 2012 and have a PROGRAM : 'NEW JAKARTA'**
- **Jakarta Older Persons ==➔ NEW Power for Development**

2013 PROGRAM

- **Research shows that the concept of ; "INDEPENDENT FAMILY MODEL" <through specific intervention> is able to reduce the burden of care givers; empowering older persons; the re-conceptualize the further PROGRAM for older people in JAKARTA**

2013 Ageing Alliance Findings

- **Market size and economic potential of baby boomers**
- **15 global eldercare business models for Asia Pacific**
- **Top 12 trends in business of ageing**
- **Market observations of 15 Asia Pacific countries**
- **Findings of 1st Asia Pacific Eldercare Innovation Survey**
- **Industry leader insights on future of ageing in Asia Pacific**

IAGG INT'L CONGRESS

JULY 23 – 27, 2017

- **GLOBAL AGING and HEALTH**
- **BRIDGING SCIENCE, POLICY and PRACTICE**

IAGG INT'L CONGRESS
JULY 23 – 27, 2017

IAGG PERSPECTIVES : LOOKING AHEAD

1. **Inter-Connectedness of Global- Village**
2. **IAGG Mission Adapted – there are CHANGING Bio-psycho-social circumstances of ageing societies**
3. **Policy Adapted Towards Integration of Health, Education and Social Services**
4. **Education & Training of Older Persons**

IAGG INT'L CONGRESS
JULY 23 – 27, 2017

IAGG PERSPECTIVES : LOOKING AHEAD continued

5. **Life-long Learning**
6. **Employment of Older Persons**
7. **Education and Training of Gerontologist and Geriatricians**
8. **Older Persons are NATIONAL ASSETS !**

Indonesia's Silver Economy Potential

- **It's projected at US 36.5 Billion as at 2012, and will hit US 75 Billion by 2017. With only 278 Nursing homes, the business, government and community leaders have a huge market potential to tap on to provide products and services that will change the way future generations of Indonesians age – HEALTHY, INDEPENDENTLY & w/ DIGNITY.**

Thank You for your Attention

Dr. Tony Setiabudhi Ph.D.
National Centre for Ageing Studies

JAKARTA; 3 August 2017