KIDNEYSG
Dialysis Foundation
Serving the Needy Since 1996

SERVING THE NEEDY SINCE 1996

KIDNEY DIALYSIS FOUNDATION ANNUAL REPORT FY 23/24

Our Vision

To ensure that no kidney patient will perish because of the lack of funds for dialysis.

Our Purpose

Serving the needy since 1996.

Table of **Contents**

2023 At A Glance

NUMBER OF KDF
DIALYSIS CENTRES

4 DIALYSIS CENTRES

NUMBER OF PATIENTS
WE HAVE HELPED

1098 PATIENTS

AS OF END OF FY23/24

SUPPORTING OUR CAUSE

248,000 **copies of newsletters shared in FY23/24**

7,837

FOLLOWERS AS OF END OF FY23/24

FACEBOOK

6,600
FOLLOWERS

INSTAGRAM

755
FOLLOWERS

LINKEDIN

482
FOLLOWERS

OUR HEROES

Total Number and Training Hours:

32
COMMUNITY PARTNERS
ENGAGED

31
MAIN STAFF
1269.5 HOURS
TRAINING HOURS

60
ACTIVE VOLUNTEERS
(CCC, DOCTORS ETC.)

48
NURSING STAFF
1768.5 HOURS
TRAINING HOURS

THANK YOU, BECAUSE OF YOU WE HAVE RAISED

41,845 **donations made by Individuals and Corporations in FY23/24**

10
UNIQUE FUNDRAISING CAMPAIGNS

4
DIGITAL GIVEPLEASE TERMINALS INTRODUCED

79
PHYSICAL DONATION BOXES IN PLACE

110,000
APPEAL LETTERS SENT

The statistics provided offer a comprehensive overview of our outreach and engagement efforts. These metrics give valuable insights into our communication with supporters and the community. Including these figures in our annual report demonstrates our commitment to keeping stakeholders informed, helping us evaluate and enhance our strategies. By doing so, we can continue to improve our impact and support those we serve.

Chairman Message

> “At KDF, our primary focus remains on serving the needy, ensuring that those most vulnerable in our society receive the care and support they deserve. Every initiative, every partnership, and every effort we undertake is guided by this commitment.”

In 2023, the Kidney Dialysis Foundation (KDF) achieved significant milestones in our mission to provide comprehensive care and support to kidney disease patients in Singapore. This year, we focused on enhancing our operations and emphasising quality, training, and service excellence. We intensified efforts to raise awareness about kidney health within the wider community. Our dedicated team of healthcare professionals and staff worked tirelessly to ensure that our patients received the highest standard of care. We extend our heartfelt gratitude to our staff, volunteers, donors, and partners for their unwavering support and dedication, which have been instrumental in assisting us in achieving our goals.

NEW INITIATIVES IN 2023

- **Inaugural Charity Futsal Tournament:** KDF successfully hosted the inaugural charity futsal tournament, ‘Got to Goal 2023: Scoring As One Community,’ at The Kickoff @ Kovan. The event attracted enthusiastic participation from 36 teams, showcasing remarkable sportsmanship and unity. We raised over $300,000, which will substantially benefit needy kidney patients in Singapore.

- **First In-person Charity Walkathon:** We also organised the first in-person ‘Got To Walk 2023: Illuminating Life’ charity walkathon on 14 October 2023, held at OCBC Square, Singapore Sports Hub. This event brought together over 2,500 participants from diverse backgrounds, all walking united for a noble cause. The walkathon successfully raised more than $700,000 to enhance the lives of needy kidney patients and to increase awareness about kidney health within our community.

- **Partnership with SUSS:** KDF established a significant partnership with the Singapore University of Social Sciences (SUSS) on 19 September 2023. This collaborative effort aims to elevate industry capabilities and promote workforce development in crucial areas. Through this partnership, both organisations seek to identify and address critical industry needs, enhance workplace strategies, and foster skills development through professional training programs and relevant activities.

- **Fall Prevention Program:** In our relentless pursuit of enhancing service quality for our patients, KDF has implemented a comprehensive Fall Prevention Program to reduce the risk of falls and ensure patient safety during treatment. The program includes thorough risk assessments, tailored interventions, and ongoing education for patients and staff on best practices in fall prevention. Through regular staff training, patient education sessions, and a focus on creating a culture of safety within the organisation, we are dedicated to providing the highest level of care and support, striving to prevent accidents and continuously improve the well-being of our patients.

CHALLENGES FACED

Staffing Challenges: In addition to our ongoing efforts to enhance service quality and patient safety, we must address a critical staffing challenge. Recruitment and retention of qualified nurses pose significant hurdles at KDF due to the growing demand for skilled nursing professionals in the healthcare sector. We are actively exploring innovative strategies such as offering competitive compensation packages and fostering a supportive and inclusive work environment to build a dedicated nursing workforce capable of delivering high-quality care.

Reaching Needy Kidney Patients: Another notable challenge we encounter at KDF is reaching out to needy kidney patients. Despite our best efforts, there are individuals in our community who may not be aware of the support and services we offer. This challenge is compounded by factors such as limited access to information, language barriers, and the stigma associated with kidney disease. To address this issue, we are exploring innovative outreach strategies, including community partnerships, targeted advertising, and digital media campaigns to raise awareness about kidney health and the resources available to those in need, ensuring every individual has access to the care and support they deserve.

FUTURE PLANS FOR FY 2024/25

Looking ahead to 2024, we are excited to implement key IT initiatives at KDF. Our plans include a central database for inventory management, automating goods receiving, and enabling just-in-time purchasing. Upgrading IRIS to version 2.0 will enhance incident tracking and risk management. Phase II of our EMR enhancement will improve patient care, while upgrades to our CRM/ Finance system will enhance financial reporting and cybersecurity. These initiatives underscore our commitment to innovation and efficiency in serving our patients and stakeholders.

The upcoming year promises growth and transformation for KDF as we persist in enhancing our services and operations. Our dedication to innovation and excellence remains unwavering as we strive to make a difference in the lives of those affected by kidney disease, with the support of our community and partners.

At KDF, our primary focus remains on serving the needy, ensuring that those most vulnerable in our society receive the care and support they deserve. Every initiative, every partnership, and every effort we undertake is guided by this commitment. We are dedicated to breaking down barriers and providing comprehensive, compassionate care to all in need, and we will continue to strive towards a future where every kidney patient has access to the best possible treatment and support.

Thank you for your support and dedication to our cause. Together, we can make a profound impact on the lives of those we serve.

DR LIM CHEOK PENG
CHAIRMAN OF KDF

Stories Of Our **Beneficiaries**

STORIES OF OUR BENEFICIARIES

Staying Happy At 86

In the quiet enclave of Bukit Merah View, Mr Chua Kim Teck, an indomitable 86-year-old soul, gracefully manoeuvres through life's ebbs and flows. Dwelling alone, he carries the echoes of a bygone era, having bid farewell to his partner, traversing the currents of life as a solitary figure. Yet, he embraces this solitude with grace, finding happiness in being alone. During our cheerful rendezvous at the Ghim Moh KDF Dialysis Centre, where Mr Chua welcomed me with an energetic handshake and a friendly tone, "Hello Bellamy, nice meeting you at KDF Ghim Moh!" - a poignant moment unfolded. It became evident that in addition to his resilience, Mr Chua stands as one of the eldest patients at KDF, a testament to the enduring spirit that graces the halls of the dialysis centre.

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https://www.kdf.org.sg/newsletters

The tapestry of Mr Chua's daily routine is woven with simplicity and purpose. He revels in the serenity of Tiong Bahru Garden to take morning and evening walks, choosing to retire early at 8 PM and rise with the sun at 4 AM. His mornings also unfold with a pilgrimage to the market, a testament to his zest for life's simple pleasures. In the stillness of dawn, Mr Chua delights in a breakfast of TeoChew porridge or vegetarian bee hoon, savouring flavours that transport him to a world of nostalgia.

Peering into the sepia-toned photograph from over four decades ago reveals a younger Mr Chua, a vibrant echo of his taxi-driving days. Until the age of 73, he navigated the streets with a zest for life, having acquired a license in 1957.

The tale takes an adventurous turn with the mention of a "naughty period," during which Mr Chua operated an unlicensed taxi, weaving through bustling streets and picking up passengers. His favourite route, the airport, not only promised a modest income of $30 per day at that time but also led to encounters with kind-hearted passengers.

His favourite route, the airport, notonly promised a modest income of $30 per day at that time but also led to encounters with kind-hearted passengers. During his heyday, Mr Chua also smoked and gambled, consuming at least 4 packs of cigarettes daily, a habit he quit in his mid-50s.

Mr Chua's life has seen its share of challenges, including the recent passing of his sister at 85, leaving behind a lingering sense of grief. Amidst these difficulties, he opened up about his late wife, a companion in both joy and sorrow. She worked as a stall helper at a coffee shop, contributing to the family's well-being until her passing in 2012. Her absence created a lasting void, but Mr Chua holds her memory close in his heart. Recently, in 2022, he was diagnosed with Chronic Kidney Disease (CKD) at Singapore General Hospital, adding another layer to his life journey. Through these ups and downs, Mr Chua's resilience shines as he faces life's complexities with the support of his nephew, Teo Hong.

Following the passing of his wife, his sister, and the CKD diagnosis — Mr Chua initially grappled with the notion of undergoing dialysis at the age of 86. The weight of these experiences made him question the meaning of prolonging his life through medical interventions.

Pictured: A black and white photograph that Mr Chua keeps behind his phone, featuring him in his 40s.

However, in this challenging juncture, his nephew's heartfelt encouragement served as a catalyst. He prompted Mr Chua to reconsider and embark on the journey of dialysis, viewing it not as a mere medical necessity but as an opportunity to embrace and cherish his golden years with the care and support of those who hold him dear.

His nephew, Teo Hong, a taxi driver himself, checks in on Mr Chua every fortnight. This familial connection becomes a lifeline, offering companionship and ensuring that Mr Chua is not alone in his musings.

Amidst the challenges of health and loss, Mr Chua's spirit remains resolute. His post-dialysis routine is a delicate dance of adjustments, a testament to the fortitude with which he confronts the nuances of his health. Despite dietary restrictions, Mr Chua finds joy in the occasional treats of indulging in his favourite plate of Nasi Briyani topped with some fried delights, relishing each morsel as a celebration of his long-lived years. However, mindful of his health, he exercises caution not to overindulge, recognising the importance of moderation. Post-dialysis, he faces the challenge of slightly low blood pressure. Yet, the dedicated medical team at KDF makes necessary adjustments and closely monitors him, ensuring his well-being remains a top priority.

In the lively community at KDF, Mr Chua discovered a kindred spirit in Mr Tan Eng Hwa. The bond they formed transcends the boundaries of the dialysis centre, evolving into a friendship that extends beyond its confines. Sharing their experiences and emotions during dialysis sessions, both find solace in the comfort of companionship and mutual understanding.

Facing life's challenges, Mr Chua draws support from various sources. The government's thoughtful gesture of providing goodie bags filled with necessities to elderly residents, like him, who live alone, adds a heartwarming touch. He also enjoys subsidies from his MSF Public Assistance card when going about his daily activities.

Pictured: Mr Chua posing for a family photo with his second nephew over a meal.

The steadfast support of Mr Chua's nephew and the assistance of social workers from his community club further contribute to the robust support system that envelops him. In this network of care and understanding, Mr Chua navigates the complexities of his health journey with a sense of communal strength and shared camaraderie.

Pictured: Mr Chua posing for a photo post dialysis.

Reflecting on pre-COVID times, Mr Chua used to venture to Malaysia for a short respite, but circumstances have shifted his perspective. In the wisdom of his 86 years, Mr Chua reflects that happiness is an indispensable facet of life, especially in the golden years.

He believes that embracing joy and contentment is paramount, adding a richness to the tapestry of existence. As we traverse the various chapters of life, the significance of happiness becomes increasingly pronounced, serving as a beacon of light amid challenges.

Mr Chua's philosophy resonates not only as a personal mantra but also as a universal truth. In the spirit of fostering happiness and well-being, we extend an appeal to our compassionate donors. Your support plays a pivotal role in ensuring that individuals like Mr Chua, navigating the complexities of life challenges, can continue to experience the warmth of joy and the comfort of shared smiles from those around him.

STORIES OF OUR BENEFICIARIES

Active Ageing – A Blueprint For Health

Mdm CT's journey is one of remarkable resilience and adaptability, shaped by both personal challenges and the unwavering support of her family. Despite facing significant health setbacks at age 65, including a stroke and genetic kidney disease, Mdm CT has shown incredible strength in overcoming these obstacles to keep herself active, mentally and physically.

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Mdm CT's health struggles began in 2013 when she experienced a sudden and severe headache, leading to a brain haemorrhage and fainting episode at the market. The doctors' initial prognosis was grim, but she defied the odds and made a remarkable recovery. This experience deeply impacted her, prompting her to reevaluate her life and priorities.

Mdm CT's genetic kidney disease, which she shares with her sister, necessitates dialysis. This diagnosis initially shook her, as the sudden change in her lifestyle was challenging to accept. However, her sister's unwavering support and encouragement helped her find the strength to persevere. Her sister's own experience with dialysis served as a source of inspiration, reminding Mdm CT that, despite her fatigue and weariness, she must continue to face her challenges head-on.

Before her health issues, Mdm CT spent 17 years working at Pottery Jungle, selling pottery to tourists. However, her stroke forced her into two years of unemployment. Her journey back to the workforce led her to Sarah, an active ageing centre near her home, where she now works as a community support assistant. Despite her initial struggles with computers, the centre's management supported her in acquiring the necessary skills. What started as a volunteer role in 2014 became a full-time commitment, spanning over a decade, where she now assists with data entry and serves as a translator for multiple languages and dialects including English, Mandarin, Hokkien, Teochew, and Cantonese.

Mdm CT's interactions with the elderly at Sarah have highlighted the deep-seated fear some have of hospitals, often leading to delayed medical care with tragic consequences. She empathises with their reluctance, understanding that many feel abandoned by their own families who are often too preoccupied with their own lives to provide the necessary support. She advocates for a balanced approach, emphasising the importance of families staying involved in the care of their elderly loved ones to prevent overreliance on external support.

Working as a community support assistant has also provided Mdm CT with valuable insights. She noticed a stark difference in the demographics between those staying in purchased flats versus rental flats, with the elderly in rental flats more commonly living alone. Mdm CT takes it upon herself to check on these elderly residents, often through door knocking. The gratitude she receives from them is a source of immense fulfilment.

The sense of community at Sarah is palpable. Elderly residents often cook food for Mdm CT and her team, and local churches visit to celebrate birthdays. Quarterly gatherings are held to sing songs, cut cakes, fostering a warm and inclusive atmosphere. She actively encourages elderly residents who live alone to become members at Sarah, where they can participate in activities like bingo and singing to keep themselves engaged.

Mdm CT's work brings both fulfillment and challenges, as she has faced poignant moments alongside the joys. She vividly recalls finding an elderly woman in distress, highlighting the importance of regular check-ins. Another incident involved the sudden passing of an elderly man who lived alone, reinforcing her belief in the necessity of companionship for the elderly. During the pandemic, an elderly man's tragic suicide after seeking connection with his daughter underscored the critical need for mental health support. These events serve as stark reminders of life's fragility and the crucial role of community care for the elderly.

Due to her dialysis routine, Mdm CT's interactions with the elderly are now limited to phone calls, leaving her yearning for the personal connections she once enjoyed. She often reminds everyone she meets of the importance of health, believing that without it, even the most abundant wealth is meaningless.

Mdm CT taking a photo to remember her interaction with this elderly man, who was the oldest attendee at 100 years old at their Chinese New Year event.

On her non-dialysis days, Mdm CT works from home and spends her weekends running errands and spending time with her family, seeking advice on dialysis from her elder sister. She emphasizes 3 main things to go about life:

- The importance of healthy living
- Encouraging others to avoid oily and high-cholesterol foods
- Maintain independence and happiness in life

As she looks forward to maintaining good health in 2024, Mdm CT expresses her gratitude to those who support Kidney Dialysis Foundation (KDF) patients, highlighting the importance of continued support for those going through difficult phases.

SHE URGES EVERYONE TO FOCUS ON HAPPINESS AND POSITIVITY, EMPHASISING THAT LIFE MUST GO ON REGARDLESS OF THE CHALLENGES ONE MAY FACE.

Her dedication to her work and her health exemplifies the essence of active ageing, proving that age is no barrier to living a fulfilling life.

STORIES OF OUR BENEFICIARIES

Transplanting Hope

"Hello Bellamy, welcome to my house!" a friendly voice resonated warmly across the corridor, as I approached Mr Hussen's humble abode at Jurong West. With a radiant smile, he greeted me with open arms, seemingly inviting me into the very heart of his story as a kidney transplant patient.

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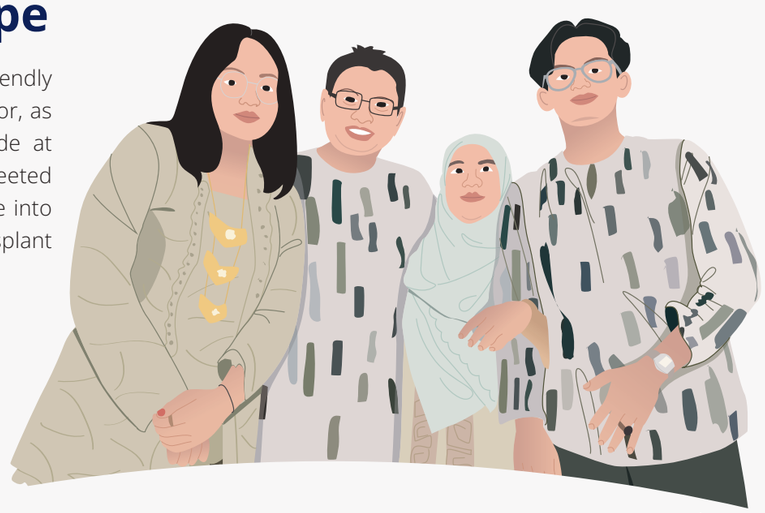

The life journey of Mr Hussen Bin Haroon, aged 53, is nothing short of inspiring. Despite facing the challenges of kidney disease and undergoing dialysis for over a decade, his determination and positive outlook never wavered. As the sole breadwinner of a family of 4, he eagerly shares his remarkable story of strength, hope, and the immeasurable power of support, which were pivotal in his journey as a kidney patient, who was fortunate enough to undergo a successful kidney transplant.

It all started with a fateful day in 2010, when Mr Hussen first noticed something was amiss. His foot had been gradually swelling, but he didn't pay it much attention, thinking it would resolve on its own. Little did he know, it was a sign of something much more serious. He continued to go about his daily routine, heading to work in the mornings, but he couldn't ignore the tightness in his shoe and the increasing fatigue and breathlessness that weighed him down. Mr Hussen's appetite also took a turn for the worse as every time he tried to eat something, his body would reject it, causing him to vomit. It was a disheartening cycle, as his weakened kidneys struggled to filter and process waste effectively.

Concerned about his worsening condition, Mr Hussen decided to seek medical help and he went to the A&E Department at Parkway East Hospital. The doctor took one look at his swollen leg and suspected that something might be wrong with his kidneys. The following morning, tests were conducted, including X-rays and blood work, and it was then that the doctor delivered the devastating news, Mr Hussen's kidneys had failed.

It felt like a bolt from the blue, a sudden and unexpected blow. The news that his kidney was no longer functioning came as a shock to Mr Hussen, leaving him feeling helpless and unsure of what lay ahead. He recalled breaking the news to his wife, Ms Norah, in a frantic tone, his voice choked with sobs, "Alamak! Why are things this way suddenly? The doctor said my kidneys have failed!"

After keeping his emotions in check, Mr Hussen and his wife were briefed by the doctor on how to go about managing Mr Hussen's situation by undergoing kidney dialysis treatment, and he will be placed on the national waiting list for a kidney transplant. Mr Hussen commenced his dialysis treatment at a private dialysis centre, where he began with peritoneal dialysis (PD), before transitioning to haemodialysis (HD) after 3 months due to peritonitis. Over time, financial woes arising from the high cost of dialysis treatment, and the inconvenience of long travelling hours to the private dialysis centre troubled him. When Mr Hussen went to SGH for his renal appointment, he voiced his concerns to the doctor in charge, Dr Sheryl Gan, who advised him to dialyse at the Kidney Dialysis Foundation (KDF).

Mr Hussen dialysed at the Ghim Moh KDF Dialysis Centre for 12 years as it was the closest dialysis centre to his home. The initial 2 years of his dialysis journey were an arduous one as he found it difficult to put up with the lifestyle changes that he had to undergo as a kidney patient, such as controlling his daily fluid intake, and not being able to freely eat whatever he likes. However, his wife wholeheartedly embraced the role of being his unwavering pillar of support, frequently offering him words of encouragement and reminding him,

Pictured: Mr Hussen and his Wife Ms Norah, holding their nephew;s baby during Hari Raya last year.

"Sayang, always think positive in this journey. If you are feeling down, i will be feeling down as well, and our kids will be affected too. This will not be good for our family in the long run."

Driven by the support of his wife, Mr Hussen decided to look at the positive areas in his life to build his mental fortitude. He exclaimed to me that he was very thankful to his boss and colleagues at Parkway Pantai, a healthcare organisation that he worked at for 30 years and ongoing, as a delivery dispatcher for clinical samples. When he was diagnosed with kidney disease, Mr Hussen was afraid that he might be outcasted by society, and that he would also lose his job due to the demands of having to go for dialysis at least 3 times a week. However, his boss and colleagues were very understanding of his situation, and they were willing to accommodate a flexible working arrangement for Mr Hussen to take on morning shifts on days that he has to go for dialysis. His colleagues also visited him from time to time at the dialysis centre, to provide him with morale support and cheer him on in his fight against kidney disease.

During his time at the dialysis centre, Mr Hussen also recalled forming connections with other fellow patients like Mr Joseph and Madam Rosiah. They shared their stories andprovided each other with emotional support, creating a sense of camaraderie in the face of adversity. The nurses at the dialysis centre also took excellent care of Mr Hussen, ensuring his comfort and well-being during his dialysis treatment sessions.

After years of waiting and 12 years of dialysis treatments, Mr Hussen finally received the long-awaited call for a kidney transplant. The first attempt at a transplant was unsuccessful due to complications, but a second call came while he was at work. With the support of his understanding manager, Mr Hussen rushed to Singapore General Hospital (SGH) to undergo the life-changing procedure on 29th December last year, at SGH.

Following the successful transplant, the dietary habits of Mr Hussen were carefully managed by him and his wife to ensure the longevity of his new kidneys. Some of his current dietary habits include:

- ✓ Avoiding Salty and High Potassium-foods Avoiding the consumption of certain foods and fruits like eggs, grapefruit, and pomelo
- ✓ Adopting healthier cooking options like stewing and boiling, instead of frying Consuming lean protein options like fish and chicken
- ✓ Drinking at least 3 litres of water daily
- ✓ Regulating the consumption of fruit juice

Pictured: Mr Hussen and his relatives happily coming together for a picture during Hari Raya

Aside from adopting these dietary habits, Mr Hussen also prioritised regular diabetes checks and attended follow-up renal appointments to monitor his recovery progress. This journey has taught him the significance of taking proactive measures and making necessary adjustments to preserve the precious gift of life he has received.

When Mr Hussen was officially discharged on 26 January 2023, his life took a remarkable turn as he experienced a newfound sense of normalcy. His two children expressed their joy and relief that their father could now live a healthier and more active life, and this milestone became a catalyst in strengthening his family's bond. He made it a point to spend more time with his family, as it was previously challenging due to the demands of dialysis. Mr Hussen deeply cherishes the quality time spent with his loved ones, be it watching movies at home or supporting his children in their educational pursuits and sports interests. He also dreams of embarking on a spiritual trip to Mecca one day with his family.

Clasping his wife's hands as he spoke, Mr Hussen expressed his heartfelt gratitude to his wife, who has been a constant source of positivity and support. "Family support can provide a strong foundation for managing the mental and emotional impact of kidney disease," he remarked. Mr Hussen hopes that his story serves as a beacon of hope for other dialysis patients, reminding them not to lose faith and to believe in the possibility of a successful transplant. He is grateful to the KDF staff and the hospital doctors for their unwavering dedication to helping patients like him navigate the demands of kidney disease.

Mr Hussen's story is a testament to the power of resilience, the strength of family bonds, and the transformative impact of a successful kidney transplant. As a devoted Liverpool fan, he finds solace in the team's slogan, "You'll never walk alone." This sentiment resonates deeply with Mr Hussen, as he draws parallels between the unwavering support of his family and the unyielding camaraderie of Liverpool fans. With his wife's words of encouragement and his family's presence, he hopes that other kidney patients will never walk alone, even during the toughest times. It is through stories like Mr. Hussen's that we are reminded of the remarkable resilience of the human spirit and the power of family and support from one's circle of influence, to navigate life's hurdles.

STORIES OF OUR BENEFICIARIES

Born Into Resilience

In the heart of Bukit Batok, where familial bonds are woven into the fabric of everyday life, Ms Salina and her mother, Mdm Sara, warmly welcomed me into their home. With a genuine smile and a petite frame, Ms Salina greeted me, saying, "Hi Bellamy, it's great to see you!" This warm introduction sets the tone for an extraordinary narrative—a story of resilience and courage in the face of having to grapple with kidney disease since birth.

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At the age of 39, Ms Salina's journey unfolds amidst the caring presence of her 68-year-old mother and two older sisters. One happily married, and the other residing in Australia for the past five years, their family dynamics tell a story of steadfast support, marking a journey defined by courage, familial love, and an unyielding spirit.

Pictured: Mdm Sara holding Ms Salina, who appears looking swollen at Alexandra Hospital.

Kidney disease crept into Ms Salina's life in 1985 when she was just 1 year and 10 months old. At that time, her mother, Mdm Sara, sensed something amiss as Ms Salina appeared swollen and unusually heavy for a baby, weighing around 18kg. In the eyes of the public, it might be tempting to brush off such symptoms as mere chubbiness in a baby. However, the reality was different. Aside from her swollen appearance, Ms Salina also faced difficulties passing urine. Based on these symptoms, the doctor at Alexandra Hospital broke the news to Mdm Sara that her baby daughter, Ms Salina, was unfortunately diagnosed with kidney disease.

For Mdm Sara, the news hit her hard, leaving her shocked and speechless. She was taken aback by the harsh reality of how her baby daughter could contract kidney disease at such a young age, especially considering that kidney disease is typically diagnosed in individuals at a more senior age.

Pictured: Ms Salina with Mdm Sara at KDF's patient outing to National Orchid Gardens.

Pictured: Ms Salina posing for a photo at a Christmas party.

Mdm Sara was advised to go to NUH's General Ambulatory Paediatrics and Adolescent Medicine Department, where Ms Salina, at the tender age of 3, started to undergo peritoneal dialysis, a procedure involving a tube to introduce and remove dialysis solution from the abdominal cavity.

As Ms Salina entered primary school, she began to question what was wrong with her and if there was a cure for her condition. Being so young, she couldn't fully comprehend her situation. School days often ended with her returning home straight for portable dialysis. At the age of 6, this routine involved dialysing four times a day, with a 500ml solution bag each time.

Complications arose as Ms Salina grew older. Infections and blockages in her stomach led to difficulties inserting the tube, causing her stomach to bloat too. The ineffectiveness of peritoneal dialysis became apparent when for instance, a litre of dialysis solution went in, but only 600 or 700ml came out, leaving residual liquid in her stomach. The doctor determined that peritoneal dialysis was no longer suitable for her, prompting a transition to haemodialysis at the age of 8.

Navigating the delicate balance between education and haemodialysis, Ms Salina faced challenges during her academic journey. From Jubilee Primary School near West Coast to Yusof Ishak

Secondary School, her dialysis routine often meant missing out on lessons. However, Salina's classmates were not just understanding; they became her pillars of support. Whether it was carrying her bag, fetching food during recess, or even receiving free meals from the caring canteen staff, the camaraderie extended from primary to secondary school. Teachers, too, played their part, encouraging Salina to take breaks when needed.

When it came to tertiary education at the Institute of Technical Education (ITE), Salina initially delved into chemical processing at ITE College West. Enthusiastic about the course and its proximity to her home, Ms Salina charted her academic path. However, concerns about chemical exposure impacting her health prompted teachers to suggest a change. Switching gears to the Infocomm course at ITE College Central, Salina's educational journey reflected not just adaptability, but a community committed to both her well-being and academic pursuits.

Amidst her journey in her teens and young adult phase, Ms. Salina also experienced periods of hope and normalcy, highlighted by two kidney transplant episodes. At the tender age of 11, Ms Salina received her first transplant, a transformative moment that granted her a decade of respite, carrying her through the challenges of adolescence until she was 21. During this time, she believed her kidneys were in good health, allowing her to have thoughts of being able to pursue her education further at the Higher Nitec level.

However, the illusion of permanence shattered when signs of kidney failure emerged. The frequency of urination diminished, blood test results painted a grim picture, and creatinine levels steadily rose, casting a shadow on her educational aspirations. At 23, she underwent a second transplant, a beacon of hope that unfortunately dimmed after just over a year. By the age of 24/25, Salina found herself back on dialysis, a journey she continues to navigate.

Opening up about these experiences brought Ms Salina to tears. The disappointment and emotional toll were profound, as she had hoped the new transplants would last forever. Despite these challenging moments, she chose to bear the weight of her emotions privately, reminding herself of the strength she had exhibited throughout her pre-transplant days.

Throughout this rollercoaster of emotional moments, Ms Salina found solace in the unwavering support of her mother. Grateful for this familial pillar, she acknowledged the care and support displayed by her mum, even during her bouts of illness where she had extended hospital stays of 2 months due to peritoneal dialysis (PD) infections. In these moments, the resilience and support from her mum always staying by her side, played a crucial role in Salina's journey of perseverance.

Ms Salina's dialysis journey as an adult was not an easy one too. She faced needling challenges during her time at KDF Ghim Moh, and she sought resolution through consultation with a vascular doctor at NUH. It wasn't until the end of September 2022 that she transitioned back to Ghim Moh, underscoring the intricate nature of her dialysis journey.

Pictured: Different types of snacks and cookies home-baked by Ms Salina that she sells during Hari Raya.

In contrast to others who often have their needling done on the upper arms, Ms Salina's dialysis journey involved most of her body parts. Her needling initially involved both of her limbs. However, as complications arose, dialysis shifted to her thighs, a painful process marked by the removal of grafts and exposure of certain areas. Gauze insertions, requiring careful removal during dialysis sessions, added to the discomfort. Currently, complications resulting in blockages throughout her body, as noted by her mother's remark "Semua Sudah Blocked," indicating everything is blocked in Malay, have led Salina to undergo dialysis at the side of her body.

Acknowledging her limited pain tolerance, Salina expressed gratitude for the assistance provided by Professor Jackie Ho from NUH in her earlier days of dialysing at the thigh area. Her expertise in managing the dressing for the thigh area alleviated some of the challenges she faced. The dedicated nurses at KDF also grappled with the intricacies of Ms Salina's needling area, a task Ms Salina recognised as particularly demanding, further deepening her appreciation for their commitment and care. Reflecting on her early days, Salina recounts the hesitancy of nurses from other dialysis centres when she was just 8 years old. Fearful of her small veins, they were initially apprehensive, highlighting the dialysis challenges she faced from a very young age.

Ms Salina's access to care is sustained through subsidies. Her family, reliant on her mother's income of around $800 per month, receives additional support from MUIS (Majlis Ugama Islam Singapura), contributing approximately $300. The combination of KDF's 100% subsidised dialysis and 95% coverage of hospital fees, renders the financial aspect of dialysis more manageable, providing a crucial lifeline for Salina and her family amid the complexities of her journey in dealing with kidney disease.

In terms of looking at the things that bring her joy in her daily life now, it is rather ironic to Ms Salina that she finds happiness on dialysis days. She treasures the interactions with the nurses and fellow patients, often affectionately referred to as "makcik," describing it as a delightful experience, exclaiming, "So fun la, to talk with these people." Engaging in the lively banter and shared experiences creates a sense of camaraderie, making the dialysis sessions more than just a medical routine.

Intriguingly, Ms Salina also enjoys the element of gossip during these moments, finding amusement in the stories shared by others. Each staff member and nurse, with their unique approach to patient care, adds a touch of individuality to the experience. Ms Salina appreciates their ability to understand patients, deftly handle procedures like needle removal, and engage in conversations that alleviate the potential monotony of the dialysis process.

Beyond her dialysis routine, Ms Salina finds solace and fulfilment in her passion for baking. This pastime takes a festive turn yearly, especially during Hari Raya where she takes in orders from patients and nurses at KDF. For this year's Deepavali, one of the nurses at KDF also placed an order from her to support her home-based business. Ms Salina's baking repertoire includes a variety of flavours such as chocolate chips, cornflakes, and pineapple tarts. Her learning process involves online exploration, with YouTube being a significant source of inspiration. Running her home-based baking business for two years, Salina has developed a preference for baking over cooking, finding the intricate world of pastries and confections both fascinating and enjoyable.

On the other hand, Ms Salina's mother, Mdm Sara is also a home-based seller, specialising in preparing and selling nasi goreng and mee goreng. Her day kicks off early at 2:30 am, diligently preparing the dishes until around 6 am where she heads to a shop located opposite Bukit Gombak MRT station. After her morning business routine, she would visit the market, return home for some rest, and then wake up around 10 am to prepare lunch for Ms Salina and herself. The home-based nature of her business provides Mdm Sara with flexibility and it allows her to stay active despite her age.

As Ms Salina approaches the milestone of turning 40 next year, she expressed an interest in venturing into the world of baking cakes. Recognising the uniqueness of cakes that demand a keen eye for details and elaborate decorations, she acknowledges the effort required in this culinary pursuit. To embark on this new journey, Ms Salina plans to start with the basics, opting for the simplicity of sponge cakes before delving into more intricate and challenging creations. With a target in mind, she aspires to showcase her baking skills before the next Hari Raya.

In reflecting on her journey with kidney disease, Ms Salina wants to share a motivational message for fellow patients:

"I've come to realize that, regardless of whatever sickness you face, it should be seen as a small test—a challenge that you can overcome. Dwelling on it or continuously crying about it won't make the sickness disappear. While adopting this mindset might be easier said than done, i genuinely believe it is crucial to navigate life's challenges."

Ms Salina's journey, marked by resilience and a spirited determination, serves as an inspiring testament to the strength of the human spirit in the face of chronic illness. Her unwavering courage, supported by the love of her family and the community around her, paints a vivid picture of triumph over adversity. As we delve into Salina's narrative, it becomes apparent that support in various forms, including donations in kind, can play a pivotal role in enhancing the quality of life for individuals grappling with chronic conditions. Whether it's through medical resources, financial assistance, or emotional support, every contribution can make a significant impact. By extending a helping hand, we can collectively contribute to creating a more supportive and compassionate environment for kidney patients like Ms Salina, to fight against the demands of kidney disease.

KDF X SUSS
Partnership

To formalize the partnership between the Singapore University of Social Sciences (SUSS) and the Kidney Dialysis Foundation (KDF), a Memorandum of Understanding (MOU) was signed on 11 January 2024. This strategic collaboration focuses on leveraging analytics for targeted marketing and enhanced patient care, marking a significant milestone in the healthcare and education sectors.

KDF's decision to use analytics to understand patients' medical and social needs reflects a forward-thinking approach to healthcare management. This initiative demonstrates KDF's commitment to improving patient outcomes and its proactive efforts to address broader societal challenges. Furthermore, KDF's focus on targeted marketing to increase donations underscores its strategic approach to fundraising. By leveraging analytics to identify and engage potential donors effectively, KDF is poised to secure more support for its charitable endeavours, particularly for needy kidney patients.

The involvement of SUSS students in this partnership adds a unique dimension to the collaboration. Through work attachments and capstone projects at KDF, students gain invaluable real-world experience in a non-profit charitable organization. This hands-on involvement aligns with SUSS's commitment to providing students with holistic learning experiences that prepare them to be socially responsible leaders of tomorrow. The partnership between KDF and SUSS exemplifies the potential of collaborations between non-profit organizations and educational institutions for social good.

Our Operations Department is working closely with an SUSS lecturer, who is generously contributing his consultancy services on a pro bono basis to help establish KDF's procurement and inventory system. SUSS has conducted thorough interviews with our internal stakeholders to identify current gaps and develop effective solutions, including paving the way for enhanced inventory management.

By transitioning from manual inventory processes to digital solutions, we expect to significantly reduce human errors and improve operational efficiency.

This collaboration has provided us with valuable industry insights, enabling us to streamline our procurement processes and enhance supplier performance management. Since embarking on this journey with SUSS, our staff have found the experience both rewarding and transformative. The partnership underscores our shared commitment to innovation and excellence, paving the way for sustained improvements in patient care and operational effectiveness at KDF.

Event scores over $300k for kidney patients

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肾脏透析基金首办足球赛 为弱势病患筹逾35万善元

Source: Lianhe Zaobao© SPH Media Limited.
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Source: The Independent Singapore

சிறுநீரக நோயாளிகளுக்கு நம்பிக்கையூட்டும் உதவி

Source: Tamil Murasu© SPH Media Limited.
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Got To Goal 2023: **Scoring As One Community**

The Kidney Dialysis Foundation (KDF) is delighted to share the success of our inaugural charity futsal tournament, 'Got to Goal 2023: Scoring As One Community,' held at The Kickoff @ Kovan on 16 December 2023. This landmark event, featuring 36 teams, not only highlighted exceptional sportsmanship but also raised over **$300,000** to support needy kidney patients in Singapore.

The tournament was a celebration of competitive spirit, with electrifying futsal matches creating a vibrant atmosphere. While cash prizes were awarded to the top teams—$1000 for the Champions, $500 for the 1st Runner-Up, $250 for the 2nd Runner-Up, $150 for the 3rd Runner-Up, and $100 for the Most Valuable Player—the focus was on promoting an active lifestyle and raising awareness of kidney health.

The theme "Scoring As One Community" was embodied through the participation of diverse teams, including the Singapore Special Olympics team. Their involvement added an inspiring dimension to the event, symbolizing inclusivity and the unifying power of sports. Reflecting on their participation, the Special Olympics team echoed their commitment to the Special Olympics Oath: "Let them win. But if they cannot win, let them be brave in the attempt." The Special Olympics team expressed immense pride in being part of KDF's meaningful event, underscoring the inclusive nature of sports that unites individuals regardless of their backgrounds.

A memorable moment of the day was when more than 20 beneficiaries joined Guest of Honor, Mr. Eric Chua, Senior Parliamentary Secretary, Ministry of Culture, Community and Youth & Ministry of Social and Family Development, in an interactive session of folding paper stars. Together, they crafted 300 stars, which were placed inside a handcrafted football, symbolizing the unity and support within our community.

This handcrafted soccer ball, created with love by KDF patients, stands as a powerful symbol of community strength and resilience. The adhesive binds representing these values connect us all, and the inclusion of the KDF logo reinforces our shared identity and mission. The 300 folded paper stars represent the hopes and best wishes of our 300 KDF patients, highlighting our collective solidarity and commitment to overcoming the challenges of kidney disease.

The tournament's climax was the thrilling final match, where Team KNOCKOUT emerged victorious as the first champions of the KDF Got to Goal 2023 Charity Futsal Tournament. Before the prize presentation, KDF Directors Mr. Watson Ong and Mr. Uantchern Loh presented the handcrafted soccer ball to Mr. Eric Chua. Mr. Chua, alongside KDF directors and the KDF Chinese Community Committee Chairman, awarded the cash prizes to the winning teams and the Most Valuable Player.

Captain of Team KNOCKOUT, Mr. Prasad s/o Selvaraju, expressed their honor in winning the tournament and standing as ambassadors for a cause that transcends the game of futsal. "This victory symbolizes our collective commitment to spreading awareness about kidney health and the incredible work of the Kidney Dialysis Foundation," he stated. "We believe in the power of sports to make a positive impact, and this win allowed us to forge new friendships and demonstrated the strength of our community coming together to support needy kidney patients."

Mr. Uantchern Loh, KDF Board Director, extended heartfelt gratitude to all participants, sponsors, and donors. "Got To Goal 2023 is a significant step for us in paving the way for a healthier future while raising awareness about kidney disease," he added.

KDF expresses profound thanks to all participants, donors, patients, and especially to our keystone sponsor, OdysseyRe, and the support of Tote Board. We also appreciate the media coverage from Lianhe Zaobao, The Straits Times, Tamil Murasu, and The Independent Singapore. The collective efforts and contributions made this fundraising event a remarkable success.

The Kidney Dialysis Foundation looks forward to continuing our mission of supporting needy kidney patients and raising awareness about kidney health, inspired by the community's unwavering support.

Organisational **Structure**

CHAIRMAN AND BOARD OF DIRECTORS

- Audit & Risk Committee
- Budget & Finance Committee
- Investment Committee
- Comms & IT Committee
- Fundraising Committee
- Human Resources Committee
- Patient Program Selection & Review Committee
- Tender Committee
- Medical Advisory Board

Human Resources
Ms Hillary Seah
1-Jun-22

General Manager
Mr Raymond Lim
3-Jan-22

Clinical Services
Ms Petra Chong
25-Jan-18

Finance
Mr Eric Cheong
19-Jun-19

Operations
Ms Rena Sim
10-Apr-23

Resource Development & Communications
Mr Triston Siew
22-Jun-20

Patient Welfare Services
Ms Shelaine Pom
21-Feb-22

Stakeholder **Engagement**

We recognise the profound influence of our key stakeholders on our strategic directions and the direct impact our decisions have on them. Engaging with these stakeholders is crucial as it helps us understand and address their most important issues. **By aligning our actions and performance with their expectations, we can set clear strategic priorities and steer our initiatives effectively, bringing us closer to achieving our vision and fulfilling our mission.**

STAKEHOLDER ENGAGEMENT

Patients

OUR FOCUS

At KDF, the well-being of our patients is at the heart of everything we do. We are dedicated to providing exceptional treatment and care to underprivileged kidney patients in Singapore. Our primary objective is to support them in their battle against kidney disease, ensuring they receive the best possible care.

ENGAGEMENT

We actively engage with our patients to understand their needs, enabling us to make meaningful changes and improvements to our services. This patient-centric approach allows us to tailor our care to meet their unique requirements, ensuring they receive comprehensive support.

IMPACT

KDF offers services at the most affordable rates based on the financial circumstances of our patients. All of our patients receive subsidies for various services, ensuring that 80% of them do not incur any out-of-pocket expenses. Notably, 68% of our patients belong to the lowest income tier in Singapore (PCI of $1200 and below).

SUBSIDISED SERVICES

Dialysis Treatments
Providing life-saving dialysis treatments to manage kidney failure.

Medication
Offering essential medications to manage their condition.

Transportation
Ensuring patients have access to transportation for their treatment sessions.

Complementary Care Services
Providing additional support services to enhance their quality of life.

STAKEHOLDER ENGAGEMENT

Donors

OUR COMMITMENT

Donors are crucial to our mission, entrusting KDF with their resources to support those in need. We prioritise transparent communication, keeping our donors informed about our latest initiatives and the impact their contributions make on our beneficiaries.

ENGAGEMENT

We engage with donors by providing comprehensive and honest information about our activities and achievements. This transparency allows donors to make informed giving decisions with confidence, knowing their contributions are making a tangible difference.

IMPACT

KDF strives to build a sound and effective resource allocation strategy to maximise the impact of donor contributions. For FY23/24, 61.74% of KDF's expenses were channelled into providing subsidised treatments and care for patients. This efficient use of resources ensures that donor funds are utilised effectively to benefit those in need.

STAKEHOLDER ENGAGEMENT

Community Partners

OUR COMMITMENT

KDF is committed to assisting the needy within our community. By securing robust support from the government and society, and fostering strategic collaborations with like-minded Social Service Agencies (SSAs) and Intermediate and Long-Term Care (ILTC) services, we can effectively extend our reach to a larger population of kidney patients in Singapore. This collaborative approach ensures holistic care and support for our beneficiaries.

ENGAGEMENT

Compliance with public policies and regulations is of paramount importance to us at KDF. Through a thorough understanding of these guidelines, we refine and improve our initiatives to meet the highest industry standards. Our commitment to strict compliance is integral to upholding our brand reputation and optimising the support we provide to our beneficiaries.

IMPACT

KDF embraces its role as a responsible charity organisation, ensuring strict adherence to all relevant regulations and public policies in Singapore. By upholding these guidelines, we actively contribute to the dynamic philanthropic landscape and the cohesive social fabric of our nation. Our commitment to transparency has been recognised with the esteemed Charity Transparency Award by the Charity Council for three consecutive years: 2016, 2017, and 2018.

STAKEHOLDER ENGAGEMENT

Our People

OUR COMMITMENT

At KDF, we recognise the indispensable contributions of our employees and volunteers to the success of our organisation. Ensuring their overall well-being, both physically and mentally, is our top priority. We are dedicated to fostering a positive work environment that promotes high levels of job satisfaction, effective teamwork, and exceptional service quality.

ENGAGEMENT

We engage with our employees and volunteers through various initiatives designed to enhance their work experience and overall satisfaction. This includes providing opportunities for professional development, encouraging open communication, and recognising their hard work and dedication.

IMPACT

KDF is committed to cultivating a strong sense of purpose among our team members through growth opportunities and active engagement. By fostering a supportive and inclusive work culture, we ensure that our staff and volunteers are motivated and equipped to deliver the highest standards of care and service to our beneficiaries.

STAKEHOLDER ENGAGEMENT

Media

OUR COMMITMENT

The media plays a crucial role in raising awareness about KDF and our initiatives. As a powerful communication medium, it helps us reach a wider audience and garner support for our cause.

ENGAGEMENT

We engage with the media through robust and diverse communication strategies, aiming to build strong connections with our stakeholders and audiences. This involves leveraging various media channels, including print and social media platforms, to share our stories and updates.

IMPACT

At KDF, we proactively involve our stakeholders through various media channels to keep them informed about our initiatives. By delivering up-to-date news and updates, we ensure that our stakeholders are aware of the progress we are making and the impact of their support. This ongoing communication helps to strengthen our relationships and build a solid foundation of trust and collaboration.

Patient Welfare **Programmes**

At KDF, our mission is to provide essential care and support to underprivileged end-stage kidney patients. We are dedicated to ensuring every patient has access to life-sustaining dialysis treatments and comprehensive care. Beyond dialysis, our programmes include the Adopt-a-Patient initiative, subsidies for medications and transportation, and specialised exercise programmes, all designed to enhance the quality of life for our patients.

Exercise Programme

KDF recognises the challenges faced by patients with end-stage kidney disease, such as muscle wasting and decreased protein storage, which can lead to conditions like uremic myopathy and neuropathy. These issues can have significant long-term effects on hospitalisation and mortality rates.

To address these concerns, KDF introduced a fall prevention programme in 2023. This initiative aims to reduce the risk of falls, a common issue for dialysis patients due to their weakened physical state. The programme includes targeted exercises to enhance balance, coordination, and muscle strength. By integrating this fall prevention programme into our care regimen, KDF aims to reduce fall-related injuries, lower hospitalisation rates, and improve the quality of life for our patients. This programme underscores our commitment to holistic patient care, providing comprehensive support to manage their health challenges effectively.

Subsidised Dialysis Programme

KDF operates four haemodialysis centres located in Admiralty, Bishan, Ghim Moh, and Kreta Ayer, with a combined capacity of 432 seats. Since 1996, KDF has been committed to assisting underprivileged patients by providing subsidies based on their financial circumstances. The subsidy amounts are determined through means-testing assessments conducted by the Ministry of Health.

Portable Subsidy Programme For Peritoneal Dialysis (PD)

Since 2017, KDF has been offering subsidies for routine blood tests and solution packages to underprivileged patients undergoing peritoneal dialysis at home. This programme provides financial assistance, enabling patients to manage their dialysis treatment comfortably and conveniently.

Subsidised Medication Programme

In addition to dialysis treatments, patients require medications that are essential for their overall care. This programme provides subsidies for medications such as Erythropoietin Injections (EPO), One Alpha, Venofer, Lanthanum Carbonate, Cinacalcet, and Hepatitis Vaccinations. Additionally, patients have access to highly subsidised supplemental protein feeds to support their nutritional needs.

Adopt-A-Patient Programme

Through this programme, KDF offers a second-tier subsidy to patients experiencing significant financial difficulties, helping them cover the co-payment portion of their treatment fees. This initiative aims to reduce or eliminate out-of-pocket expenses, ensuring that patients can access necessary treatments without financial strain.

Transport Subsidy Programme

In November 2016, KDF introduced the transport subsidy programme to assist patients with their transportation expenses to and from the dialysis centre. This programme is available to patients with mobility limitations or those at moderate-to-high risk of falling. In 2023, KDF expanded the programme to include van transportation (wheelchair-friendly vehicles) for patients with medical conditions affecting their mobility, requiring one-man assistance, and unable to commute to the dialysis centre via taxi.

Portable Subsidy Programme For Haemodialysis (HD)

This programme supports high-dependency haemodialysis patients with complex medical conditions who cannot receive treatment at KDF dialysis centres. These patients can receive their treatment in an appropriate medical setting while still benefiting from KDF subsidies.

Holistic
Patient Care

At KDF, we embrace a comprehensive approach to patient care that covers various aspects, including high-quality treatment, regular assessments, ongoing education, and addressing the psychosocial needs of our patients.

Patient Orientation and Education

When patients qualify for our programme, our nursing personnel take the initiative to educate them about their treatments and the dialysis process. To ensure thorough understanding, we provide a patient handbook containing all the necessary information. Additionally, our primary nurses and dietitians regularly conduct educational sessions to inform patients about medication management and the importance of adhering to dietary guidelines.

Clinical Care and Regular Reviews

KDF's dialysis centres are supported by nephrologists from restructured hospitals and the private sector to ensure quality care. Monthly medical reviews are conducted for patients, and arrangements are made with nearby family physicians to provide immediate medical coverage as needed.

The management of KDF's dialysis centres at Bishan, Ghim Moh, and Admiralty Link is handled directly by the Foundation. The Kreta Ayer dialysis centre is run by skilled nursing teams from external service providers, who adhere to KDF's medical and nursing protocols.

Hepatitis B Core Screening For Patients

KDF is proactive in safeguarding patients against the Hepatitis B virus (HBV) by implementing a Hepatitis B core screening initiative. In the fiscal year 2023/2024, 94.8% of KDF patients, who tested negative for HBsAg and had Anti-HBs levels below 100, underwent screening to detect any occult Hepatitis B infections, which could potentially contribute to transmission.

Psychosocial Support

In 1997, KDF established Renal Friends, a patient support group for individuals with kidney conditions and their families. This group provides a platform for continuous learning, socialising, and mutual bonding. Renal Friends organises events throughout the year, including patient outings, to facilitate interaction, knowledge-sharing, and opportunities for patients and their families to engage with each other. These initiatives empower participants to better manage their care and foster a supportive community.

Clinical Standards **and Efficacy**

At KDF, ensuring the highest level of care is a top priority.

We have established meticulous procedures and stringent guidelines across our dialysis centres to maintain consistent, exemplary service delivery. These measures support quality care and foster the continuous education and professional growth of our dedicated nursing staff.

Continuous Quality Improvement

Under the guidance of KDF's Medical Director, a collaborative team of nurse managers and KDF nursing personnel actively monitors dialysis adequacy indicators (KT/V). In FY23/24, 93.44% of KDF patients achieved a level of 1.2 or higher. The team also closely tracks nutritional performance indicators, such as albumin, potassium, and phosphate levels, to ensure comprehensive patient care.

Infection Prevention and Control Audits

KDF places strong emphasis on maintaining a safe environment for patients by conducting infection control audits twice a year at its dialysis centres. These audits ensure high-quality care and reduce the risk of infections. In FY23/24, audits were conducted in September 2023 and March 2024 at all four KDF dialysis centres, with each centre receiving ratings exceeding 80%.

Safe Care for Our Patients

Maintaining a safe and hygienic environment for immunocompromised kidney patients is a top priority for KDF. Regular inspections of environmental cleanliness, cleaning practices, and disinfection product utilization are conducted at all dialysis centres. Housekeeping staff undergo stringent training to comply with KDF's cleaning standards. In FY23/24, all four dialysis centres achieved ratings above 85% in their audits.

Clinical Drills

To enhance preparedness for unforeseen medical emergencies such as cardiac arrest, air embolism, suspected pyrogenic reactions, profound hypotension or hypertension, and significant blood loss, KDF dialysis centres conduct annual clinical drills. These drills equip nursing staff with the necessary skills to respond effectively. In FY23/24, clinical drills were successfully executed at KDF's Bishan and Admiralty dialysis centres, achieving scores of 92% and 97%, respectively.

Glucose Monitoring

All registered nurses at KDF dialysis centres are certified and proficient in using glucometers to monitor patients' blood glucose levels. They receive training on assessing and responding to related complications. Nurse managers administer an annual recertification test on glucose monitoring to maintain staff competency.

Intravenous (IV) Administration of Medicines

To ensure proficiency in administering specific intravenous medicines, registered nurses at KDF dialysis centres undergo yearly recertification. This program is conducted by KDF nursing personnel and endorsed by the Medical Director. In FY23/24, pharmacist Dr. Loh Huei Xin provided IV pharmacology training to 12 registered nurses, followed by a certification exercise. KDF maintains a register of authorised staff for intravenous medication administration, monitored by nursing personnel and charge nurses.

Staff Competency Check

To ensure adherence to KDF's nursing protocols and guidelines, an annual competency check on dialysis procedures is conducted in collaboration with the charge nurse of each centre. This comprehensive assessment guarantees the consistent implementation of best practices across all KDF dialysis centres.

In-Service Education

Recognising the dynamic nature of the nursing profession, KDF is committed to providing ongoing in-service education to its nurses. In line with the Singapore Nursing Board guidelines, KDF organized six CPE-accredited in-service education sessions for nurses in FY23/24. These sessions enhance nurses' competencies and earn them valuable 'Continuing Professional Education' (CPE) points for the renewal of their practicing certificates.

Preceptor Coaching

KDF is committed to strengthening our nursing workforce by training staff to become preceptors. These preceptors are essential in guiding junior nurses and training new staff, including foreign nurses. To ensure our preceptors are well-prepared, selected nurses are enrolled in the "Prepare and Conduct Coaching Course" provided by the Institute of Technical Education (ITE). Additionally, clinicians who serve as educators attend the "Train the Trainer" programme, equipping them with advanced skills to mentor and support our nursing team effectively. Through these initiatives, KDF aims to foster a supportive learning environment, enhancing the professional growth and competency of our nursing staff.

Patient **Profile**

Patients are usually referred to the Foundation by medical social workers from restructured government hospitals and undergo means-testing[1]. To date, KDF has served 1,098 patients, 83 of whom have received a new lease on life through kidney transplants.

Patient Statistics

Patients in the haemodialysis programme receive care at KDF dialysis centres, while those in the peritoneal dialysis programme benefit from portable subsidies for their treatment and laboratory tests.

As of 31 March 2024, our total patient count was 292, with 99% of these patients opting for haemodialysis.

For patients who are unable to receive treatment at KDF dialysis centres due to their complex medical conditions, they will receive portable subsidies from KDF to dialyse at a private centre.

As of 31 March 2024, 1 patient benefitted from our haemodialysis portable subsidies.

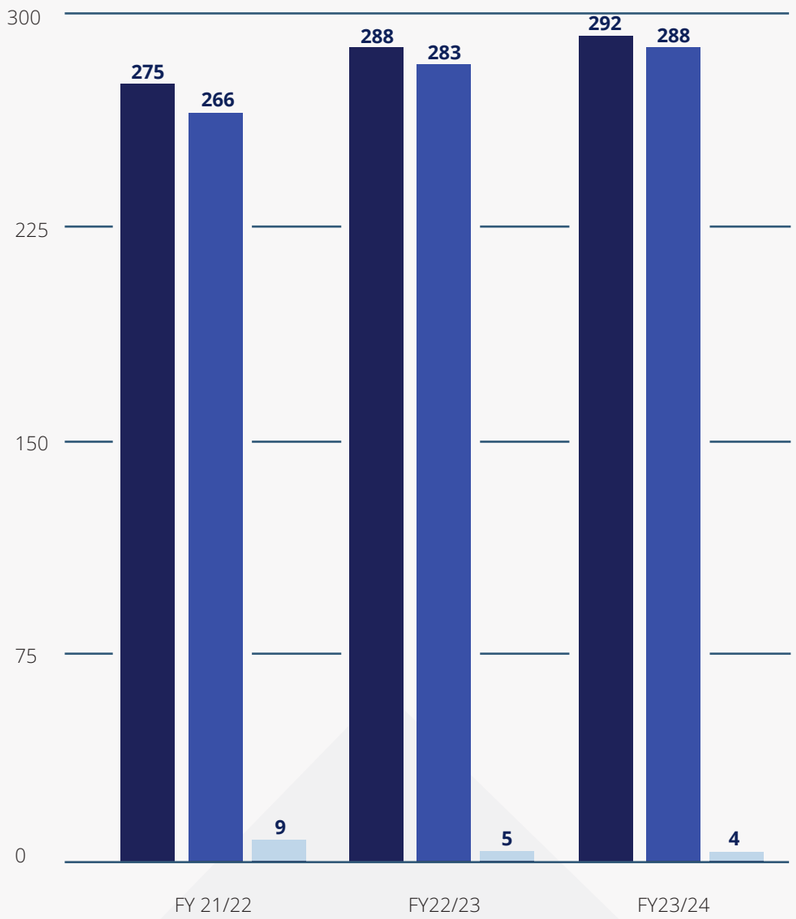


Figure 1: Distribution of patients by treatment type

[1] *Means-testing is used to determine the amount of subsidies each patient is eligible for. Persons from lower-income households will be granted higher subsidies under the means-testing framework*

Age

Elderly patients (above 61 years old) represent the largest segment of those served by KDF, followed by middle-aged individuals (41–60 years old). As of 31 March 2024, 68% of KDF patients were elderly, 30% were middle-aged, and only 2% were 40 years old or younger.

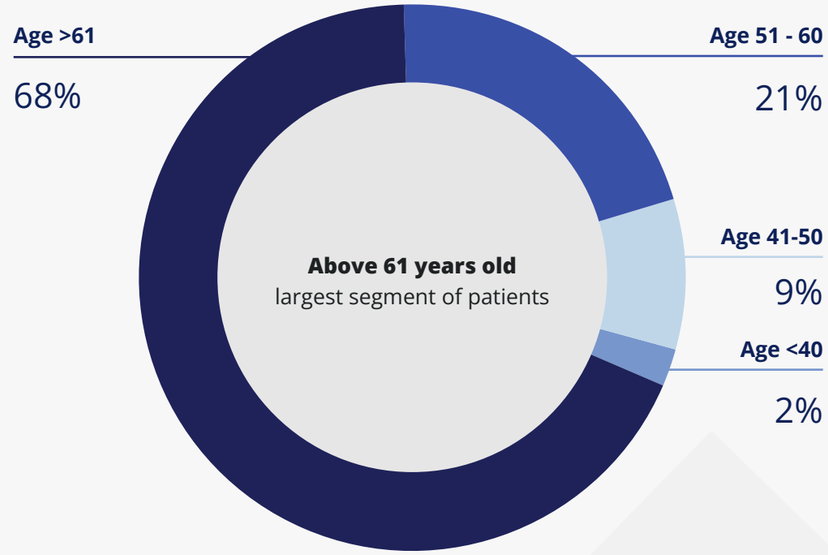


Figure 2: Distribution of patients by age

Gender And Race

Gender distribution among KDF patients was fairly equal. In terms of racial composition, Chinese patients accounted for 71%, while Malay patients were approximately one fifth of the total patient population.

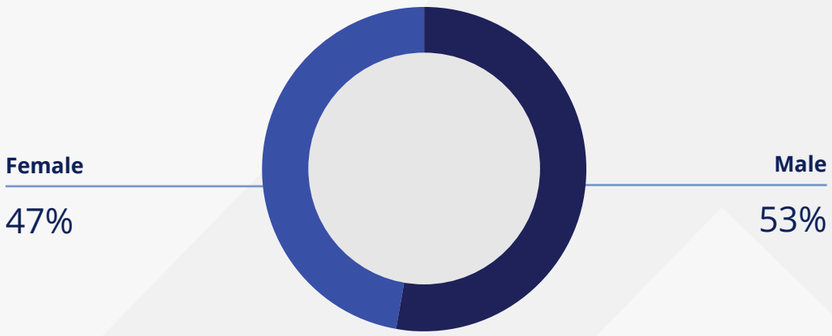


Figure 3: Distribution of patients by gender

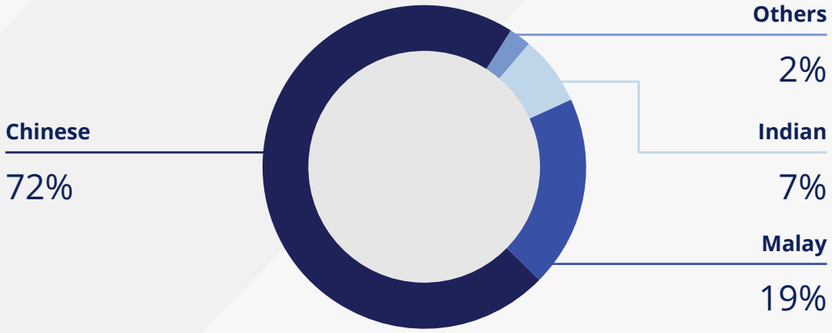


Figure 4: Distribution of patients by race

Employment Status

Within the KDF patient population, only 15% are currently employed. The majority of patients are retirees, homemakers, or individuals unable to seek employment due to age or underlying medical conditions. Among those who are employed, blue-collar positions such as drivers, machine operators, cleaners, or general workers are common.

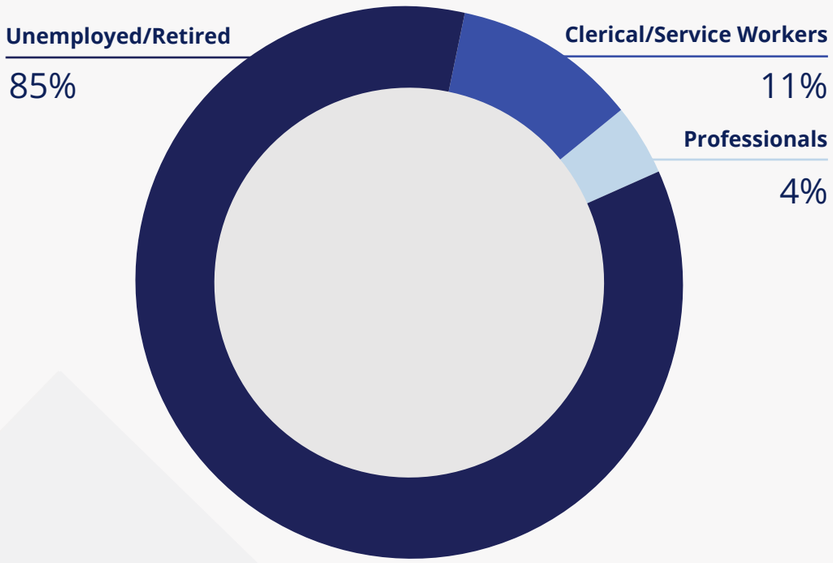


Figure 5: Distribution of patients by employment type

Mobility

While the majority of our patients are independent, 30% are wheelchair-bound, and the rest require some level of assistance or supervision. To enhance their safety and prevent injuries, we have been hiring dialysis aides at our centres since 2019.

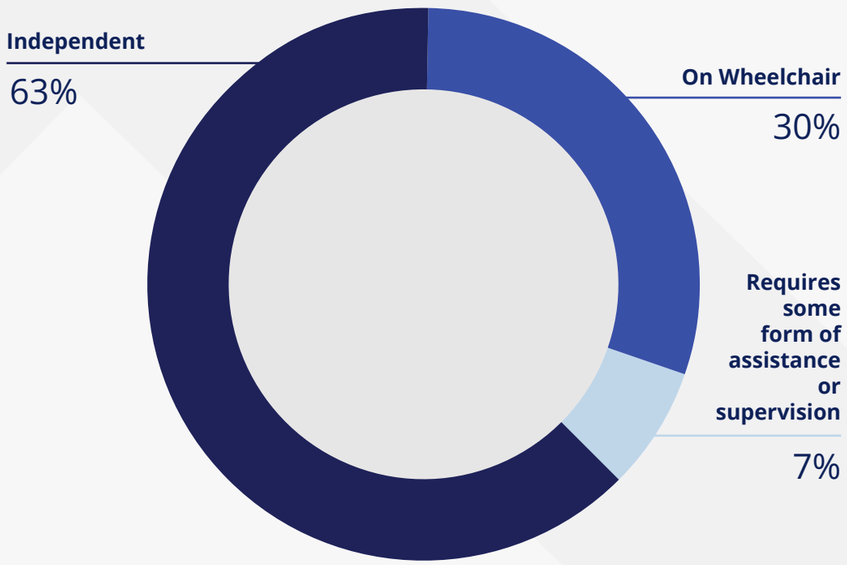


Figure 6:Distribution of patients by mobility

Patient Subsidy

KDF patients receive subsidies of varying amounts for their dialysis treatments, medication, and transportation fees, depending on their household income.

As of 31 March 2024, more than 80% of our patients did not have to pay any out-of-pocket expenses for dialysis treatments.

Patient Out-of-Pocket Expenses	Patient Count		Total	Percentage
	HP	PD		
$0	232	4	236	80
$1-$200	44	0	44	15
$201-$400	8	0	8	3
Above $400	4	0	4	2
Total	**288**	**4**	**292**	**100%**

Table 1: Out-of-Pocket expenses of patients for dialysis treatments

Based on means-testing criteria set by the Ministry of Health (MOH), 96% of KDF's patients qualified for government subsidies. The table on the right shows the number of KDF patients who were under the various income-bands under the MOH means-test.

Monthly per capita income	Patient Count		Total	Percentage
	HP	PD		
$0-800	162	1	163	56
$801 - 1,200	34	2	36	12
$1,201 -1,900	45	0	45	15
$1,901 -2,000	5	0	5	2
$2,001 - 2,800	30	0	30	11
Above $2,800	12	1	13	4
Total	**288**	**4**	**292**	**100%**

Table 2: Patients per capita income based on MOH's means-test

Outreach & **Education**

At the Kidney Dialysis Foundation (KDF), outreach and education are at the heart of our mission.

We are passionately committed to engaging with individuals, families, and the wider community, aiming to cultivate a culture of awareness, knowledge, and support in the fight against kidney disease.

Through our dedicated outreach and educational initiatives, we strive to inspire and empower the community, highlighting the critical importance of a healthy lifestyle for optimal kidney health. Our goal is to not only inform but also to motivate and equip people with the tools they need to take proactive steps towards preventing kidney disease.

Health Seminar on Common Heart Problems in Dialysis Patients

On 21 May 2023, KDF hosted a seminar focused on common heart problems in dialysis patients, featuring esteemed speakers Professor Chong Jun Hua and Dr. Mohammad, both Consultant Cardiologists at the National Heart Centre Singapore. This informative event delved into a comprehensive range of essential topics, including an in-depth exploration of various heart diseases commonly affecting dialysis patients, the identification of key risk factors, and the latest advancements in treatment options. Attendees gained valuable insights into managing cardiovascular health, specifically tailored for those undergoing dialysis.

Additionally, the seminar highlighted practical advice through a session on ten “Heart Tips” for maintaining a healthier heart, aimed at empowering patients and healthcare providers with actionable strategies for better heart health. The seminar provided an invaluable platform for knowledge sharing and fostering a deeper understanding of the intersection between kidney disease and cardiovascular health.

Health Seminar on Tips to Manage Your Medication

On 29 October 2023, KDF hosted a seminar featuring esteemed speakers, Pharmacist Ms Leong Chi Kay and Senior Pharmacist Ms Kathleen Yah Tinn Yik, both distinguished professionals from Singapore General Hospital (SGH). The seminar provided valuable insights into the effective management of medications for dialysis patients. Ms Leong and Ms Kathleen shared a wealth of knowledge, emphasising the critical importance of adhering to prescribed medication regimens. They also provided practical strategies for efficient medication management, aiming to enhance patient outcomes and overall health. This seminar was instrumental in empowering patients and healthcare providers with the necessary tools and information to optimise medication use in the context of dialysis treatment.

Health Checkup Station at Sing For Charity 2023

At the “Sing For Charity 2023” event, the Kidney Dialysis Foundation set up a comprehensive health checkup station to promote wellness and kidney health awareness. Attendees were offered free health screenings, which included measuring blood pressure and weight, providing an essential overview of their current health status. The station also served as an advocacy platform, educating the public about the importance of maintaining kidney health through early detection and proactive management of potential health issues. This initiative underscored KDF’s commitment to fostering a healthier community by providing valuable health services and education.

Fundraising

KDF is heavily reliant on public funding to sustain our programmes for underprivileged patients and to sustain our operations.

For FY23/24, fundraising income accounted for 28% of the Foundation's total income.

Chinese Community Committee

Since its formation in 2003, the fundraising directors and members of the Chinese Community Committee (CCC) have dedicated their time, resources, and personal networks to building and strengthening KDF's ties with the local Chinese community, including associations, clans, and temples. Their common goal is to raise funds for the Foundation. Organising fundraising efforts during the seventh lunar month remains the primary responsibility of the CCC.

Core Committee Members (FY23/24)

Ms Jennifer Lim	– 林丽珠律师 PBM
Mr Ong Liang Kwang	– 翁两光
Master Hui	– 慧戒师傅
Mr Lawrence Lim	– 林胜来
Mr Richard Lee	– 李贵PBM
Mr Peter Sng	– 孙财安
Mr David Lim	– 林绍光 PBM
Mr John Yeo	– 杨德洲 PBM
Mr Andrew Lim	– 林振家
Ms Sandy Pang	– 冯沁颜

KDF Charity Icon Launch 2023

The KDF Charity Icon is a meaningful fundraising initiative championed by the Chinese Community Committee of KDF since 2003. This Icon Launch event is an instrumental event as part of KDF's efforts to kick off the Seventh Lunar Month fundraising efforts. The Charity Icon Launch Ceremony 2023 was an unequivocal success, marked by the unveiling of the exquisite 'Fortune Rabbit' 2023 Charity Icon, which embodies the spirit of the lunar Year of the Rabbit. Meticulously crafted from shimmering amber 'liuli' glass, this stunning piece features a rabbit leaping gracefully amidst auspicious clouds and a blooming peony, symbolising resilience, growth, and the unwavering pursuit of a brighter future. The highly anticipated event took place on 20 May 2023 at The Jubilee Garden Restaurant, nestled within the SAFRA Toa Payoh complex, and attracted approximately 615 enthusiastic participants. It was a night to remember, highlighted by the enthusiastic turnout and an impressive fundraising achievement of over **$500,000**.

Seventh Lunar Month Fundraising

Throughout the Foundation's 27-year history, the seventh lunar month has always been significant for the CCC. During this period, table-to-table solicitations and auctions of KDF charity icons at dinner events have successfully raised substantial funds. This year, through a series of fundraisers and appeals, the adoption of the KDF Charity Icon resulted in an impressive total of **$616,673.85** raised.

KDF Flag Day

Flag Day holds a significant place in the hearts of KDF supporters, where volunteers and donors have traditionally contributed through familiar donation tins. Recognising the enduring impact of these traditional methods, KDF took a bold leap into the digital era to meet the evolving preferences of donors. This year, we introduced GivePlease donation terminals, enabling payments via Singpass QR code scanning. This strategic addition allowed us to cater to a broader audience and enhance the overall donor experience. The event was a success, raising **$29,944.54** and demonstrating the continued generosity and support of our community.

KDF Sing for Charity

The successful collaboration between Serangoon Community Club (SRCC) and KDF gave rise to Sing for Charity, an exhilarating live singing performance aimed at fundraising, which began in 2019. Celebrating its fifth year in 2023, artists and residents from Serangoon united during the Chinese Mid-Autumn season, harmonising their voices in support of this charitable cause. As part of the fundraising drive, the audience had the opportunity to purchase garlands, starting at $20 each, allowing them to show their unwavering support for their favourite singers while making a positive impact on the community. The event received an overwhelming response, raising over **$200,000** and demonstrating the community's generosity and solidarity.

KDF Got To Walk 2023

The Kidney Dialysis Foundation (KDF) brightened hearts and spirits with the inaugural 'Got To Walk 2023: Illuminating Life' charity walkathon, held at OCBC Square, Singapore Sports Hub, on 14 October 2023. The event attracted over 2,500 participants from various backgrounds who united for a noble cause, promoting kidney health awareness and supporting needy kidney patients. The 5KM walkathon, themed 'Illuminating Life,' aimed to ignite a wave of positivity and create a lasting impact on those affected by kidney disease. The event was graced by esteemed guests, including Ms Tin Pei Ling (MP for Macpherson SMC), Ms Chan Hui Yuh (Advisor to Aljunied GRC), Mr Chan Soo Sen (KDF Director), Ms Sheena Gow (Senior Clinical Manager for AWAK Technologies), and Ms Jean Teo (Managing Director of Teo Heng KTV). Through the overwhelming support and participation, the event successfully raised over **$700,000**, significantly advancing KDF's mission to serve the needy.

KDF Got To Goal 2023

The Kidney Dialysis Foundation (KDF) expresses deep gratitude following the successful conclusion of its first-ever charity futsal tournament, 'Got to Goal 2023: Scoring As One Community,' held at The Kickoff @ Kovan on 16 December 2023. The event, themed 'Scoring As One Community,' united 36 teams in a vibrant display of sportsmanship and solidarity. Participants from diverse backgrounds came together, reflecting their dedication to a common cause. The tournament not only showcased exceptional athletic talent but also successfully raised over **$300,000**. These funds will significantly aid needy kidney patients in Singapore, demonstrating the powerful impact of community support.

KDF Charity Calendar

As part of the Foundation's yearly initiatives, the KDF Charity Calendar remains a source of inspiration through its artistic expression. In partnership with the talented fine arts students from Nanyang Academy of Fine Arts (NAFA), the 2024 charity calendar embraces the theme 'Connection.' This theme highlights the universal bonds that unite us all, much like the sense of belonging and joy we find in our relationships with others. The sale of the charity calendar has been remarkably successful, raising an impressive **$481,723.50** in funds during this fiscal year.

Donation Box

The extensive reach of KDF donation boxes across Singapore has been made possible through the strong support of our retail partners. Esteemed names such as U Mart, Ong Jit Sang Sundries, Killiney Kopitiam, Kim San Leng (F&B) Group, Pet Lovers Centre, Kwan Tzi Zhai Vegetarian Catering, and numerous independent retailers have collaborated with us, enabling the public to contribute to our cause. We are proud to announce that, as of 31 March 2024, this collective effort has raised an impressive **$56,392.13**, demonstrating the profound impact of our partnerships.

Board Of **Directors**

Chairman

Dr Lim Cheok Peng

Appointed on 18 Nov 2010

Chairman,
Ophir Ventures Sdn Bhd

Director

Mr Cheng Wai Keung

Appointed on 1 Feb 1996

Chairman and Managing Director,
Wing Tai Holdings Ltd

Deputy Chairman,
Temasek Holdings (Private) Ltd

Director

Mr Stephen Lee Ching Yen

Appointed on 1 Feb 1996

Managing Director,
Great Malaysia Textile Investments Pte Ltd

Director,
Temasek Holdings (Private) Ltd

Director

Mr Watson Ong

Appointed on 1 Dec 2005

Managing Director,
Magnus McKeever Industries Pte Ltd

Director

Mr Yeoh Oon Jin

Appointed on 1 Dec 2005

Former Executive Chairman, Singapore,
PricewaterhouseCoopers LLP

Director

Mr Timothy Kwan

Appointed on 31 Aug 2023

Managing Director, Asia,
Virtus Health

Board Of **Directors**

Director

Mdm Chan May Ping

Appointed on 22 Jun 2016

Former Managing Director,
DBS Bank Ltd

Director

Ms Linda Hoon

Appointed on 18 Mar 2024

Independent Director,
Tru Marine Pte Ltd

Director

Mr Chan Soo Sen

Appointed on 10 Oct 2016

Retired Member of Parliament

Chairman
SCP Consultants Pte Ltd

Director

Mr Roy Quek Hong Sheng

Appointed on 1 Jul 2020

Founder and Chairman,
St. Joseph's Institution International School

Director & Treasurer

Mr Uantchern Loh

Appointed on 20 Jul 2016

CEO, Asia Pacific
Black Sun

Medical Advisory Board

Chairperson and Medical Director	**A/Prof Lina Choong Hui Lin** *Senior Consultant and Director of Dialysis, Department of Renal Medicine* *Singapore General Hospital*
Medical Director *(Peritoneal Dialysis)*	**Dr Grace Lee** *Consultant Nephrologist and Physician, Grace Lee Kidney & Medical Centre*
Members	**Prof Woo Keng Thye** *Emeritus Consultant and Advisor, Department of Renal Medicine Singapore General Hospital*
	Prof Celia Tan
	Dr Lou Huei Xin
	Dr Tan Seng Hoe *Senior Nephrologist & Physician, SH Tan Kidney & Medical Clinic*
	Dr Lim Cheok Peng
	Mr Watson Ong
	A/Prof Tan Chieh Suai

Visiting Doctors

A/Prof Lina Choong Hui Lin

Dr Grace Lee

Dr Tan Seng Hoe

Dr Htay Htay
Consultant, Department of Renal Medicine Singapore General Hospital

Dr Manish Kaushik
Senior Consultant, Department of Renal Medicine Singapore General Hospital

Dr Ng Tsun Gun
Renal Physician, T G Ng Kidney & Medical Centre

Dr Pwee Hock Swee
Consultant Nephrologist and Medical Director, Renal Team

Pwee Renal and Dialysis Clinic

Dr Stephen Chew
Specialist and Physician, Stephen Chew Centre for Kidney Disease & Hypertension

A/Prof Tan Han Khim
Senior Consultant, Department of Renal Medicine Singapore General Hospital

Adjunct Assistant Professor Timothy Koh Jee Kam
Senior Consultant, Department of Renal Medicine Tan Tock Seng Hospital

Dr Wong Jiunn
Consultant, Department of Renal Medicine Singapore General Hospital

Dr Yeoh Lee Ying
Senior Consultant, Department of Renal Medicine Sengkang General Hospital

Other Office Bearers

Legal Advisors	**Ms Angela Wong** **Mr John Tan**
Secretary	**Tricor Evatthouse Corporate Services**

Auditors

External Auditor	**KPMG LLP**
Independent Internal Auditor	**Shared Services for Charities Limited**

Board **Sub-Committees**

Audit & Risk Committee

Chairperson	**Mr Yeoh Oon Jin**
Members	**Mr Cheng Wai Keung**
	Mr Stephen Lee Ching Yen
	Mr Timothy Kwan

Communications and IT Committee

Chairperson	**Mr Uantchern Loh**
Members	**Mr Chan Soo Sen**
	Mr Watson Ong

Human Resources Committee

Chairperson	**Mdm Chan May Ping**
Members	**Mr Roy Quek Hong Sheng**
	Mr Uantchern Loh
	Mr Timothy Kwan

Investment Committee

Chairperson	**Dr Lim Cheok Peng**
Members	**Mdm Chan May Ping**
	Mr Cheng Wai Keung
	Mr Uantchern Loh

Patient Programme Selection & Review Committee

Chairperson	**Mdm Chan May Ping**
Members	**Mr Roy Quek Hong Sheng**
	Mr Timothy Kwan

Tender Committee

Chairperson	**A/Prof Lina Choong Hui Lin**
Co-Chairperson	**Mr Watson Ong**
Members	**Mr Chan Soo Sen**
	Dr Ng Tsun Gun
	Dr Tan Chieh Suai

Budget & Finance Committee

Chairperson	**Mr Uantchern Loh**
Members	**Mr Chan Soo Sen**
	Mr Watson Ong

Fundraising Committee

Chairperson	**Mr Chan Soo Sen**
Members	**Mr Uantchern Loh**
	Mr Watson Ong
	Mr Timothy Kwan

Fundraising Sub-Committee

Chairperson	**Mr Lawrence Lim** *(Chinese Community Committee)*

The Board is supported by various working committees, each with responsibilities aligned according to their respective terms of reference.

Audit and Risk Committee

The Audit and Risk Committee is responsible for:

- Financial reporting, risk management systems, and reviewing governance policies periodically.
- Assessing the independence and objectivity of external auditors and recommending the appointment and removal of external auditors to the Board.
- Engaging external auditors throughout the auditing process, including understanding the nature and scope of the audit before auditing, and reviewing issues such as regulatory compliance, or key accounting and audit judgements, during and after the audit.
- Reviewing errors identified during the audit and obtaining all necessary explanations from the management and auditors regarding the errors.
- Overseeing the annual internal audit programme, discussing its compliance with accounting standards and proposals by the external auditor, and reviewing its effectiveness periodically.
- Ensuring coordination between internal and external auditors.

Communications and IT Committee

The Communications and IT Committee is responsible for:

- Overseeing the technological requirements and communication efforts of the Kidney Dialysis Foundation and safeguarding its reputation.
- Ensuring all internal and external communication messages are accurate, consistent, honest, ethical, and upholds the dignity of Kidney Dialysis Foundation's beneficiaries and cause.
- Ensuring that all initiatives, purchases and communication efforts may promote awareness and contribute to a positive reputation for the Kidney Dialysis Foundation.
- Advising on the Kidney Dialysis Foundation's technological needs, and the financial resources allocated to acquiring necessary technology.
- Addressing budgeting for training and purchases.
- Overseeing the progress of initiatives.

Human Resources Committee

The Human Resources Committee is responsible for:

- Ensuring adequate policies are in place for recruitment, retention, training, and assessment of staff to run operations and programmes of the Kidney Dialysis Foundation to achieve its vision and mission.
- Overseeing the drafting of employment terms, guidelines and policies for staff and volunteers.
- Ensuring that fair and transparent processes are in place for remuneration, regular supervision, appraisal and personal development of the staff and key volunteers.
- Ensuring that the safety and well-being of staff and key volunteers are protected with appropriate insurance coverage and effective workplace grievance handling channels.

Investment Committee

The Investment Committee is responsible for:

- Evaluating the contemplated investment and portfolio companies of the Kidney Dialysis Foundation and recommending the investment and disinvestments of portfolio companies to the Board.
- Reviewing and discussing with the management the diversity and risk of Kidney Dialysis Foundation's investment portfolio, the performance of portfolio companies, and reporting the results of investment activities to the Board
- Examining the results of operations, anticipated additional capital requirements, return on investment, level of management support required, budgets, forecasts and variance reports, and advise the management accordingly.
- Ensuring that investments comply with the regulations and guidelines of the Kidney Dialysis Foundation

Patient Programme Selection & Review Committee

The Patient Programme Selection & Review Committee is responsible for:

- Advising and overseeing the selection and review of patients admitted into the Subsidy Programmes at the Kidney Dialysis Foundation.
- Approving the criteria proposed by the management for the selection of patients based on non-medical conditions.
- Reviewing and approving the computation of the cost of dialysis treatments, medication and any other programmes for which Kidney Dialysis Foundation would be offering financial subsidies.
- Ensuring that new and existing subsidy programmes remain aligned with the vision and mission of the Kidney Dialysis Foundation.

Tender Committee

The Tender Committee is responsible for:

- Overseeing the tender process and award of contracts of $100,000 and above to third-party providers of goods and services.
- Ensuring that the interest of the Kidney Dialysis Foundation is protected during the tender and decision-making process.

Budget & Finance Committee

The Budget & Finance Committee is responsible for:

- Advising and overseeing the budgetary processes, including the allocation of financial resources, and finance matters of the Kidney Dialysis Foundation.
- Producing, updating, and keeping track of the Kidney Dialysis Foundation's budget, while ensuring the smooth operation and financial solvency of the Foundation.
- Reviewing and approving departmental budgets.
- Overseeing the allocation of financial resources of the Kidney Dialysis Foundation.
- Maintaining fiscal responsibility and a clear overview of the Kidney Dialysis Foundation's overall financial status.

Fundraising Committee

The Fundraising Committee is responsible for:

- Assisting the Board to raise funds to meet the funding requirements of the Kidney Dialysis Foundation.
- Ensuring that fundraising projects and activities are transparent, ethical and upholds the public's confidence in the cause of the Kidney Dialysis Foundation.
- Advising realistic and achievable income targets and cost-income ratios for the execution of fundraising projects.
- Ensuring that approved projects adopt corporate governance, the best practices and standards required by the regulators and the Kidney Dialysis Foundation.
- Ensuring that fundraising projects are executed within their cost and income targets, and the expected cost-income ratio.

Corporate **Governance**

Accountability and Transparency

KDF complies fully with the 'Governance Evaluation Checklist' outlined on the Charity Portal of the Ministry of Culture, Community, and Youth (MCCY). Our annual report and financial statements are accessible for review on both the portal and the KDF website. Recognised for our exemplary disclosure practices, KDF received the Charity Transparency Award from the Charity Council in 2016, 2017, and 2018. All members of our Board are independent, meaning they have no familial, employment, business, or other relationships with KDF and its Executive Head or Board members, its related companies, or their officers that could compromise, or be perceived to compromise, their independent judgment. Board members are volunteers and do not receive remuneration.

Additionally, KDF conducts an annual evaluation via a self-evaluation survey issued to the Board, to assess the Board's performance, effectiveness, and drive improvements where necessary. Any Board members who have served more than 10 years and are re-elected were approved at the Annual General Meeting (AGM). The Board operates under a terms of reference document that clearly defines its scope, authority, duties, and responsibilities. This includes guidelines related to the composition of the Board and the conduct of meetings.

Board of Management and Renewal

The KDF board of directors convened once through a physical meeting on-site at KDF Corporate office and via ZOOM, in the recently concluded financial year. The meeting's attendance record is as reflected below:

Board Director	**Designation**	**Attendance** August 2023
Dr Lim Cheok Peng	Chairman	Present
Mr Cheng Wai Keung	Board Director	Present
Mr Stephen Lee Ching Yen	Board Director	Present
Mr Watson Ong	Board Director	Present
Mr Yeoh Oon Jin	Board Director	Absent with Apologies
Mdm Chan May Ping	Board Director	Present
Mr Chan Soo Sen	Board Director	Absent with Apologies
Mr Uantchern Loh	Board Director	Present
Mr Wong Yew Meng	Board Director	Present
Mr Roy Quek Hong Sheng	Board Director	Present
Ms Jacqueline Yee	Treasurer	Present
A/Prof Lina Choong	Medical Director	Present

Table 1: Board meeting attendance for FY22/23

Of the current board, five members have served on the KDF board for more than ten consecutive years. They include Mr. Cheng Wai Keung, Mr. Stephen Lee, Mr. Watson Ong, Mr. Yeoh Oon Jin, and Dr. Lim Cheok Peng. In accordance with the Code of Governance for Charities and Institutions of a Public Character, all board members are required to submit themselves for re-nomination and re-appointment at least once every three years if they have served for more than ten consecutive years. Consequently, the Chairman tabled a resolution to re-nominate and re-appoint these five long-serving directors, including himself, based on their subject expertise, experience in managing the Foundation, and their understanding of the charity sector and its related legislation in Singapore. This resolution was met without objection. The board also acknowledged the retirement of Mr. Wong Yew Meng as a KDF Board Director and thanked him for his invaluable contributions during his tenure.

Internal Controls and Audits

An independent third party commissioned by the board conducts annual internal audits to ensure that the operations of the Foundation are in compliance with established guidelines and regulations set by the Commissioner of Charities, Sector Administrator and relevant government bodies. They also ensure that the Foundation adopts best practices recommended for the charity sector.

For FY23/24, Shared Services for Charities Limited was appointed as KDF's independent internal auditor. Over the course of the year, they reviewed the following areas:

- Receipts and Collections
- Governance Review

Conflict of Interest Policy

KDF has policies in place to prevent and address actual and perceived conflicts of interest that will affect the integrity, fairness, and accountability of the Foundation. These policies are clearly stated in the Foundation's Code of Governance and Conduct and are adopted by the Foundation, board members and staff.

In situations where a potential conflict of interest should arise, the board will evaluate the situation and the affected party will abstain from voting on the transaction. For this financial year, the Chairman, board members and staff have declared that they do not have any personal interest in the business transactions or contracts that KDF has entered.

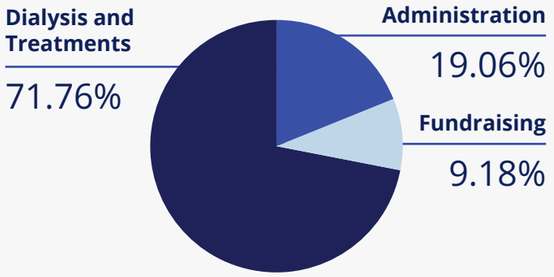
Whistleblowing Policy

KDF has in place a whistleblowing policy that is made known to all staff of the Foundation. The policy ensures that there are proper avenues for employees to raise concerns about actual or suspected improprieties and that all reports are taken seriously and investigated accordingly.

KDF maintains a zero-tolerance policy towards fraud. This policy applies to members of the board, committee members, staff, volunteers and to the Foundation's vendors, suppliers and partners, to the extent that the Foundation's resources or reputation may be involved or affected.

Financial **Policies**

Fund Allocation and Expenditure



The Charities Regulations (Fund-raising Appeals for Local and Foreign Charitable Purposes) require that the total fundraising expenses of a charity shall not exceed 30% of the total receipts from fundraising and sponsorships for that year. For FY23/24, the total fundraising expenses incurred by KDF was 29% of all donations raised for the year, below the 30% as stipulated by the Charity Regulations.

The Foundation remains committed to channelling a large portion of funds received into patient care by keeping money spent on publicity, fundraising and administration to a minimum.

Reserves Policy

KDF upkeeps a reserve policy that provides clarity on the Foundation's management of its reserves. The policy applies to the part of the Foundation's income funds that are freely available for its operating purposes. It excludes endowment funds, restricted funds and designated funds.

As of 31 March 2024, assuming KDF receives no income at all, the accumulated surplus would enable KDF to sustain the cost base of FY23/24 for 3.25 years. As dialysis treatment is a long-term commitment, it is the intention of the board of directors to ensure that the level of reserves is adequate to support KDF's programmes for its needy patients during their lifetime and fulfil its commitment towards education and research.

The restricted building funds, which are part of our reserves, have been set aside for future expansion plans that are currently on hold. These funds are meticulously managed to ensure they are available when needed for their designated purpose. Meanwhile, the restricted Patient Welfare Services (PWS) fund is actively utilised to support patients who are unable to cover the full cost of dialysis, even after receiving subsidies from both the government and KDF. This strategic allocation of resources reflects our commitment to maintaining financial prudence while prioritising the immediate needs of our patients.

Top Executive Remuneration

The board of directors of the Foundation render their services on a voluntary basis and do not receive any remuneration. However, the general manager receives a remuneration that is approved by the board of directors. For FY23/24, five employees of the Foundation received an annual remuneration of above $100,000.

Salary Range	Number of Executives
$100,001 - $250,000	5

Table 4: Top Executive Remuneration for FY23/24

Donor **Recognition**

We would like to extend our heartfelt thanks to our dedicated donors for their continuous support all these years. As a non-profit charity organisation, your contributions help us empower lives and bring hope to our underprivileged patients.

$50,000 and above

Hui Master International Geomancy Pte Ltd
In Memory of Dr Gordon Ku
Odyssey Reinsurance Company
Singapore Totalisator Board

$10,000 to $49,999

Asia Chemicals Trading Pte Ltd
Buddha Tooth Relic Temple (Singapore)
C K Holdings (2003) Pte Ltd
Chai Poh Kong
Chan Wing To
Chang Meng Kiat
Chew How Teck Foundation
Chi Han Trading Pte Ltd
Chia Yuet Hing
Chin Tze Meng
E Combi Teamwork Pte Ltd
Enova Electrical Pte Ltd
Fu Lu Shou Si Mian Fo Pte Ltd
GET International Pte Ltd
Goh Jia Le
Hong Leong Foundation
Inderjit Singh Gill
Koh Nui Hoon
Late Koh Hong Neo Patricia
Late Mdm Goh Kui Eng
Lee Foundation Singapore
Lee Jian Kuan
Lee Shih Kwei
Leela Appoo
Li Teck Chuan Cin Tong
Lim Boon Eng Julie
Lim Him Chuan
Lim Hong Lian
Lim Soon Hock
Lim Yuan En
Lim Yuan Guang
Low Kia Min
Low Kwang Tong
MPS Trading Pte Ltd
Nam Hwa Opera Limited
National Council of Social Service
Oan Chim Seng
Pei Hwa Foundation Ltd
Pet Lovers Foundation Limited
Quek Soo Chek William
Seah Wong Chi
Shahani Mahesh Bhagwan Gobind
Sim Bak Sun
Suwanto Sunkorjanto
Sze Sue Kim
Tan Kim Biau
The Shaw Foundation Pte
Thong Teck Co (2011) Pte Ltd
Trailblazer Foundation Ltd
Ye Liang How Catering Service Pte Ltd
Yeoh Choon Jin
Yin Fook Cheong
Yu Long International Fengshui
Zu-Lin Temple Association

$5,000 to $9,999

Adrian Ng Say Khoon
Alcare Pharmaceuticals Pte Ltd
Allswell Trading Pte Ltd
Ann May Yin
Chan Chow Pheng Grace
Cheong Lay Kheng
Chesed Wong Ching-Yi
Chia Soon Hien Frankie
Chris Tew Boon Pin
City Rangers Sports Club
ConocoPhillips Asia Ventures Pte Ltd
Esun International Pte Ltd
EXS Pte Ltd
Harry Lim
Heng Hui Koon
Ho Cheng Chong@Ho Kian Hock
Hong Eng Chua
Irene Kwee Nee Irene Chia
Kee Marine Pte Ltd
Khoo Whee Leng
Koh Kian Lai
Kok Pin Chin Stanley
Kwok Yew Kai Colin
Lee Beng Hooi
Li Yiwei
Lim Hock Eng
Lim Ker Ker
Lim Seng Lye
LKG Recycling Pte Ltd
Loke Yuen Kin Ruby
Loo Leong Peow
Low Hwee Chua
Low Shueh Li
Low Thong Kiang
Loyang Tua Pek Kong
Lu Lixia
Luo Zhong Zhong
Lyna
Mellford Pte Ltd
Moeez H Nakhoda
Ng Seok Lan
Ng Wei Yong William
Ong Seow Yong
Poh Tiong Choon Logistics Ltd
Qianxi Restaurant Group
RSM SG Assurance LLP
Singapore Buddhist Youth Mission
Soong Wei San
Tak Products &Services Pte Ltd
Tan Koon Chwee
Tan Teck Kee
Tan Thiam Kien
The Centre for Inner Studies in Singapore Ltd
Thomson Shin Min Foundation
Tiong Shu
Tong Seng Produce Pte Ltd
Tow Soon Kim
TTJ Design And Engineering Pte Ltd
U&P Pte Ltd
Wee Liang Chyan
Wing Tai Holdings Ltd
Wong Siew Kheng
Wong Yee Lih
Wu Suat Chin Dixie
Yako Lim Ming Ye
Yong Khian Pte Ltd
Yong Siew Sing
Yuan Zong Reno Pte Ltd

$1,000 to $4,999

118 Aljunied Zhong Yuan Hui 42
Accesstech Engineering Pte Ltd
A Lioe & Associates Pte Ltd
Additive Specialities Pte Ltd
ADDP Architects LLP
Adelene Ang
Aerospace Consultancy Pte Ltd
Agape Logistics Pte Ltd
Aik Lee Solutions Pte Ltd
Alex Neroth Jacob
Aligent Spring Pte Ltd
Allalloy Dynaweld Pte Ltd
Almight Marine & Engineering Pte Ltd
Alpine Shipping Pte Ltd
AM Global Pte Ltd
Ancon Anda Pte Ltd
Ang Ah Chye
Ang Chee Yam
Ang Kok Seng
Ang Siew Khing Carole
Ang Tuan Huang
Annitha Annathurai
Arun S/O Ramachandran
Ashvinkumar S/O Kantilal
Austin Ting Lee Hwa
Aw Bee Hong
Aw Chieh Boon
Aw Fook Weng
Aw Mun Poh
Bai Yaozhong
Bay Siew Yee
Behn Meyer Agcare LLP
Behn Meyer Specialty Chemicals LLP
Best Diamond Shipping &Trading Pte Ltd
Bhotiya Thilen
Boey Shook Yin Joyce
Boo Thuan Kit
Bright Asia Construction Pte Ltd
Cappitech Engineering Pte Ltd
Catriona Yan Sze Lui
Chai Jia Jia
Cham Lay Peng
Chan Ah Cheng
Chan Chai Ling
Chan Chong How
Chan Geok Khoon
Chan Hian Kin
Chan Sei Yee
Charles Tseng
Chay Oh Moh
Che Hian Khor Moral Uplifting Society(S)
Cheang Yee Meng
Chee Hwan Kog Singapore
Chee Yew Chung
Chee Yin Yen Olivia
Chen Mei Jun
Chen Rui Ing @ Chen Irene J E
Chen Weilun
Chen Xue You
Chen Yew Nah
Cheng Chee Kok
Cheng Hong Siang Tng (Charitable Organisation)
Cheng Hong Welfare Service Society
Cheng Li Kopitiam Pte Ltd
Cheng You Jiang
Cheong Hock Soon Andy
Cheong Kok Hwee
Cheong Kok Thong
Cheong Wai Kun
Chew Lean Huat
Chew Teng Geok
Chew Yang Hee
Chia Gin Sun
Chia Hwee Kiat
Chia Jia Jin
Chia Lihan
Chiang Kok Keong-PN
Chin Hon Choong
Chin Joon Yew
Chin Tze Keen
Chin Yau Seng
Chinniah Manohara
Chiu Guo Chyuan
Chiu Kin Yuen
Chng Hup Jeng
Chng Hwee Hong
Choi Ching Yin
Chong Hoi Sang Peter
Chong Kah Loong
Chong Pang Huat Holdings Pte Ltd
Choo Bee Ching
Choo Kuen Lim
Chor Wei Ping Daniel
Chow Kam Wing Dominic
Christine Kang Hwee
Christine Yap Hui Ann
Christopher Khoo Soo Guan
Christopher Richard King
Chua Chung San
Chua Hoon Hong
Chua Jun Yeong Edlan
Chua Kim Chiu
Chua Seng Ong
Chua Tau Ming
Chung Chee Keong
Chung Chun Yee John
Chung Hwa Food Industries Pte Ltd
Cindy Chow Pei Pei
Corrinne Oen Mei Tin
Cryoexpress Singapore Pte Ltd
Cuthbert Chan Heng Kiat
Daniel Tan Soon Ping
Dave Soh Kim Chye
David Lee Eng Thong
Debashis Bhattacharya
Defu Foodstuff Pte Ltd
Deric Lee Kay Meng
Design 2 Associates Pte Ltd
Dharmendran Kathiravelu
Dou Yee Enterprises (S) Pte Ltd
Ee Kiam Keong
Ee Seck Leng Stanley
Ee Tze-Yin Elaine
Electronic Synergies (s) Pte Ltd
EMI Trader
EML F&B Pte Ltd
Eng Hsi Ko Peter
Eni Wongso
EPL Alliance Pte Ltd
Erecon Construction Co Pte Ltd
Esther Margaret Tan Kim Tiau
Eugene Neo Chin Chuan
Fei Siong FS
Flygod International Trading Pte Ltd
Fong Kum Mui
Foo Check Boon
Foo Jang Song
Foo Jie Wen Thomas
Foo Yee Ling
Food Line Pte Ltd
Food Street Keng Fi
Franky S Tanudjojo
Fresh Turf Pte Ltd
Fu Li Jin
Full Eagle Trinity Holdings Pte Ltd
Gan Kok Tuan
Gan Soh Har
Gan Sok Eng
Gao Nanzhen
Gennal Industries Pte Ltd
Gerard Joseph Nathan
Go Kim Huay
Goh Ah Moay
Goh Ching Hoe
Goh Ching Yu
Goh Chiu Gak
Goh Geok Yian
Goh Hiap Lee Michael
Goh Hua Seng
Goh Hwee Chen
Goh Jong Aik
Goh Juat Kin
Goh Khee Teong
Goh Lay Lee
Goh Lee Eng
Goh Mee See
Goh Miaw Hui
Goh Pi Lee Beverly
Goh Poh Gek
Goh Puay Hoon
Goh Seng Khim
Goh Zenton
Goy Soon Lan
GT San Engineering Pte Ltd
Guan Ho Construction Co Pte Ltd
Gwee Tiong Kee Ronald
Han Hong Siew
Harriet M.Van Buerle
Hassan Bin Othman

Healthcare Asia Pte Ltd
Healthy Land Group Pte Ltd
HEC Electrical & Construction Pte Ltd
Hee Siew Fong
Henky Toha
Henry Yap Yong Sang
Hiah Boon Yong / Hiah Boon Chew
Ho Bee Tat
Ho Kee Seng
Ho Kim Seng
Ho Kok Sun Kevin
Ho Nai Yin
Ho Poey Wee
Ho Seong Peng
Ho Siew Hua
Ho Soon Teck
Ho Thye Keong
Ho Wei Ming
Hoe Hwee Chin
Hong Aik Sai
Hou Chee Yong
HPI
Hsieh Tsun Yan
Hwang Hui Fung
In Memory of Mdm Koh Guek Heng
In Memory of Mdm Phua Chak
Inderjeet Singh Rikhraj
Interlocal Exim Pte Ltd
Irene Wee
Jaclyn Lee Mui Suan
Janice Poon Sheau Ting
JBK Engineering Pte Ltd
Jemix Engineering (S) Pte Ltd
Jiang Fang
Joelle Chua Xiao Ying
Johann Heinrich Jessen
Joleen Wang Xiao Jun
Jyotdeep Singh Bhatia
Kader Jabarulla Khan Kader Meera
Kamal Kant s/o Chhotalal
Kan Kian Seng
Kan Kim Swee
Kan See Mun
Kang Chu Siong Edwin
Kapde Tushar
Karthikeyan Thillainayagam
Kathleen Quek Keng Kiat
Kee Hong Boon
Kee Sek Huat
Kee Tien Yew
Kelly Chia Hwee Ming
Kelvin Tok Lye Huat
Kenrick Law Ka Long
Kevin Hadinata
Khadijah Binti Abdul Kader
Khaw Kheng Joo
Khoo Beng Keow
Khoo Boo Jin
Khoo Kian Ming Andrew
Khoo Teng Peng
Khoo Whee Luan
Kiat Lee Management & Builders Pte Ltd
Kim Keng Kok
Kim Lian Huat Works Pte Ltd
Kim San Leng (F&B) Group
KLA
Kng Swee Meng
Koh Aik Kuan
Koh Beng Ling
Koh Chin Fah
Kong Ong Lim Lynn
Kong Wai Kin Adams
Kong Yuet Peng
Kou Fung Xon
Ku Swee Yong
Kuah Hsian Yang
Kueh Hwee Ping
Kwan Tzi Zhai Vegetarian Catering
Kwek Meek Lin
Kwik Wan Ling Regina
Kwok Chun Yue
Lai Chien Qin
Lai Ching Chuan
Lai Fong Kheong
Lai Yock Wah
Lam Kee Fisheries Pte Ltd
Late Chan Kit Loong (Liam Kok Kheng)
Late Gun Cho Wey
Late Teo Yoke Lan
Lau Chin Kiang
Lau Hau Sian
Lau Hong Choon
Lee Boon Seong
Lee Chek Khoon
Lee Chen Kuan
Lee Chen Siang
Lee Choon Poh Poey
Lee Choon Siew
Lee Hovk Beng Harold
Lee Johnny
Lee Kar Hoe
Lee Lay Har
Lee Leong Wei Paul
Lee Mimi
Lee Pao Heong
Lee Poh Kheng
Lee Rui Sheng Jason
Lee Seok Hwa
Lee Soon Leng
Lee Su Min
Lee Tat Seng Polyethylene Pte Ltd
Lee Teck Piang
Lee Wai Mun
Lee Wee Buang
Lee Wee Guan
Lee Yu Teck
Lek Soon Chor
Leng Ern Jee Temple
Leo Kum Yuen
Leong Chee Meng
Leong Lai Han
Leong Meng Soon Henry
Leong Pui Ying
Leong Quee Ching Karen
Leong Seng Yook
Leow Khi Kwang
Ler Lay Guat
Lew Oi Kiun
Lian Hong Yong
Liang Kim Poh
Liew Chih Wai
Liew Ming Hau
Lih Ming Construction Pte Ltd
Lily Wong Soon Peng
Lim Ah Mui
Lim Bee Suat
Lim Boon Heng
Lim Chee Pheng
Lim Chew Lan
Lim Chin Khing
Lim Eng Joo
Lim Ewe Teck Andy
Lim Fang Peng
Lim Giok Kwee
Lim Guek Lan
Lim Hon Giap
Lim Hoo Yang
Lim Hwee Kwang
Lim Hwee Leng
Lim Joo Yong
Lim Kee Kwee
Lim Kia Hui Eunice
Lim Kim Huat
Lim Kim Kee
Lim Lay Kok
Lim Leong Hwee
Lim Ming Hui Mervin
Lim Oon Hui Jonathan
Lim Pei Wan Merissa
Lim Peng Huat
Lim Phing Seng
Lim Poh Geok
Lim See Kiau
Lim Siew Hsia
Lim Soo Haia
Lim Su Fen Charis
Lim Teck Chai Danny
Lim Teck Foon
Lim Whee Kong
Lim Yean Nyok
Lim Yenn Ruong
Lim Yuan Kang
Lingjack Engineering Works Pte Ltd
Liu Qing
Lo Chin Chai Daniel
Loh Chi Wei
Loh Foo Keong Jeffrey
Loh Kai Yeen
Loh Pau Suan
Loh Siew Wan
Loke Hing Leng
Loke Wai Yin
Low Gek Chon
Low Hong Nguan
Low Miang How Sandy
Low Ming Sheng
Low Phui Hiong
Lu Jiayi
Lu Nguan Soo
Lu Zhi Ying
Lucille Holdings Pte Ltd
Lui Tai Fatt
Lui Yew Sing
Lunar Marine Pte Ltd
Luo Zheng Jie Jasper
Lye Victor
Mah Lan Kuen
Man Fut Tong Lin Chee Cheng Sia Temple
Mani Sujathan
Marie Tan Nguang Huay
Matthias Sim Sar Kiow
Megalah D/O Suppiah
Megan Lee Hui Ing
Michael Ng Wee Kiat
Michelle Seow
Mindy Chow
Mohamad Husaini Bin Supa'At
Mok Yin Ping Joan
Molina Pamela Verzosa
Molly Tan nee Seet
Mrs England
Multirich F&B Management Pte Ltd
Mun Soi Yue
Neo Bee Huat
Neo Kah Kiat
Neo Sing Hwee
Neo Tee Boon
Neo Thiam Hock
New Century Cafe Pte Ltd
Ng Aik Cheng
Ng Boon Seng
Ng Chee Keong
Ng Chee Weng
Ng Choon Hwee
Ng Chuan Lim
Ng Guan Choo
Ng Han Meng
Ng Hweefen
Ng Khin Kwee
Ng Kim Hong Ivy
Ng Kwee Choon
Ng Lim Khoon
Ng Seng Hung Gary
Ng Sor Poh
Ng Suat Kheng
Ng Weng Kwai Philip
Ng Weng Pan
Ngo Soo Lin
Ng's Technical Service & Trading
Ong Ban Seng
Ong Chee Eng
Ong Chye Hock
Ong Hai Beng Charles
Ong Hok Beng
Ong Keong Wee
Ong Kiam Chye
Ong Leong Hee Danny
Ong Lian Kwang
Ong Liang Hong
Ong Mong Siang
Ong Nai Koon
Ong Say Leong
Ong Yizhi Kingsfield
Oo Ai Li
Oon Peng Lim
PA Solutions Pte Ltd
Patel Ajay Jayantilal
Pauline Hew
Peck Chee Hian
Peh Bee Geok
Perfection General Services Pte Ltd
Phang Shim Mah
Phee Ah Huat
Phua Gim Hock
Phua Wan Ting
Phua Wen Jie
Png Eng Kwee
Poenar Daniel Puiu
Poh Geok Kiow Renee (Fu Yujiao)
Q N Q Enterprise Pte Ltd
Quek Boon Chin
Quek Gim Pew
Quek Kwang Sieah
Quik Lee Lee
Quik Song Ngoh
Rahimah Mohd Noor
Rajkumar Swaminathan
Ramasamy Uma Maheswari
Ricardo Auto Centre Pte Ltd
Richard Guan
Rico-A-Mona Bridal Pte Ltd
Rising Technologies Pte Ltd
Robert Lee Hong Seng
Roger Chan Kum Onn
Saburabi Nila Ibrahim Beazer
Seah Chee Hua
Seah Chee Hwee
Seah Chor Nah
Seasons Solutions Pte Ltd
See Lian Eng
Seen Joo Company Pte Ltd
Seet Iris
Seh Huat Eng
Seletar Golf Club Zhong Yuan Hui
Seng Choon Engineering Pte Ltd
Seng Joo How
Sengkang Trading Enterprise
Seow Yong Meng
Serve You Motor Pte Ltd
Sharon Tan Ai Ling
Shermela Appan
Sheshashayee Venkatraman
Shikaripura Puttappa Vidyaranya
Shirley Lim Puay Joo
Shui Swee Haur
Sim Giok Lak
Sim Lye Hee
Sim Siong Huat
Sim Soo Hoon Eunice
Sim Yau Lai
Sin Lai Ching
Singapore Che Wein Khor Moral Uplifting Society
Sinlite Electrical Engineering Pte Ltd
Sivakumar Saravan
Soh Chee Siang
Soh Kay Log
Soh Lee Yong
Soh Wanqin
Solely Construction Pte Ltd
Song Wilson
Sony Nainan
Soo Peng Lam
Source Manufacturing Pte Ltd
South East Asia Hotel Pte Ltd
Spir Star Asia Pte Ltd
Star Ready-Mix Pte Ltd
Steel Ally Contracts Pte Ltd
Steven Chia Khoy Heung
Steven Lim
Steven Luk Chiew Peng
Steward Cross Pte Ltd
Swee Yew Seng Philip
Sweet Reservations
Syn Keong Kong
Taiwan Ichiban Pte Ltd
Tan Ah Leong
Tan Ai Ping
Tan Bee Hiok
Tan Beng Soon
Tan Beng Tian
Tan Chee Wei
Tan Chiap Hua
Tan Choo Leng Christopher
Tan Choon Kee
Tan Geck Sian
Tan Gek Eng
Tan Gek Gnee
Tan Gek Tiang
Tan Hong Seng
Tan Hui Sim
Tan Hwa Boon
Tan Hwa Heng Jeffrey
Tan Hwee Ann
Tan Keng Guan
Tan Khee Jeslin
Tan Kim Ping
Tan Kok Boon
Tan Kok Huan
Tan Lian Leng
Tan Phiak Geik
Tan Siang Lim Danndy
Tan Sieu Lee Amelia
Tan Siew Tin
Tan Sin Lip
Tan Siok Lan
Tan Siok Siew Susie
Tan Siok Tze Jennifer
Tan Siow Meng
Tan Suan Meng Don
Tan Sze Hui Karen
Tan Teck Guan
Tan Toh Choon
Tan Xiao Li

Tan Xiao Rong
Tan Xiao Yi
Tan Xiu Hui
Tan Yang Guan
Tan Yee Shu
Tan Yen Wei
Tan Yew Lok Edward
Tan Yi Ryh
Tang Ai Chee
Tang Mun Chee
Tang See Chim
Tang Yoke Sim
Tang Yu Xiang
Tay Ching Khiang
Tay Choon Noi
Tay Lay Ngee
Tay Peng Soon Raymond
Tay Pin
Tay Suan Ngoh
Tay Tunn Ren
Tay Watt Moi
Tay Woon Teck
Tea Wee Teck
Tee Hwee Lan
Tee Peng Siong
Teh Choon Nee
Teng Gek Hong Lynette
Teo Bee Hoon
Teo Chiang Ho @ Khairuddin Teo
Teo Hee Lian
Teo Kee Meng
Teo Koon Wee
Teo Meng Keh
Teo Siew Kim
Teo Zhilun
Terang Company Pte Ltd
Tey Su Hui Jeannie
The Kheng Chiu Tin Hou Kong & Burial Ground
Thio Syn Kym Wendy
Thong Soo Li Richard
Ting Cher Lan
Tio Moi Soi
Tiong Hin Won Eric
TLG Technology Pte Ltd
Toh Kai Seng
Toh Shao En Terry
Tong Tek Buddhist Temple
Triple-Max Engineering Pte Ltd
Tuen Kong Hoong
U Mart-Aseret Trading
Uantchern Loh
Veerasingam Prem Kumar
Victor Cheong Fook Wah
Wan Fook Weng
Wan Foong Yoke Audrey
Way Suk Yee Catherine
Wee Kim Yew Arthur
Wee Yong Hock
Wendy Yap Woon Hui
Widianto Ngadimin
William Cai Weiliang
Wing Tai Foundation
Winnie Leong Siew Peng
Wong Bee Eng
Wong Bor Horng
Wong Chiew Khiong Henry
Wong Chin Yong Mark
Wong Keet Mun
Wong Keng Yean
Wong Mei Siong
Wong Mun Fai Kelvin
Wong Siew Lian
Wong Wee Chang
Wong Yew Choo
Woo & Woo Precision Industries Pte Ltd
Woon Lejean
Woon Tai Sam
Woon Wee Hao
Wu Yow Ngam & Family
Yam Ah Mee
Yang Yuen Tsyr Caroline
Yangzheng Foundation
Yap Kim Yiau
Yap Lian Eng Ivy
Yap Soo San
Yap Wei Khia
Yap Yuk Kiew
Yeap Mei Lee
Yee Lai Ching
Yee Lee Pte Ltd
Yeo Kian Kee Albert
Yeo Kim Chuan
Yeo Lay Yong
Yeo Lee Kiaw
Yeo Siew Khoon
Yeo Su Aun Julian
Yeo Terence
Yeoh Loy Lean
Yip Ming Chi
Yong Chee Fah
Yong Chin Chin
Yong Yuen Kai
Yue Yin Mei Melva
Yum Shoen Yih
Zhang Yin Chun
Zhao Shuyu
Zhi Zhe Charity Association
Zhong Hui Zhong Yuan Hui
Zhuang Tian Qing

Financial Statement

Kidney Dialysis Foundation Limited

(A Company limited by Guarantee)

Registration Number: 199600830Z

Annual Report

Year ended 31 March 2024

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Directors' statement
Year ended 31 March 2024

Directors' Statement

We are pleased to submit this annual report to the members of the Kidney Dialysis Foundation Limited (the "Foundation") together with the audited financial statements of the Foundation for the financial year ended 31 March 2024.

In our opinion:

(a) the financial statements set out on pages FS1 to FS29 are drawn up so as to give a true and fair view of the financial position of the Foundation as at 31 March 2024 and the financial performance, changes in funds and cash flows of the Foundation for the year ended on that date in accordance with the provisions of the Companies Act 1967, Charities Act 1994 and other relevant regulations ("the Charities Act and Regulations") and Financial Reporting Standards in Singapore; and

(b) at the date of this statement, there are reasonable grounds to believe that the Foundation will be able to pay its debts as and when they fall due.

The Board of Directors has, on the date of this statement, authorised these financial statements for issue.

DIRECTORS

The directors in office at the date of this statement are as follows:

Dr Lim Cheok Peng	- Chairman
Yeoh Oon Jin	
Cheng Wai Keung	
Stephen Lee Ching Yen	
Watson Ong Choon Huat	
Kwan Weng Tim, Timothy	(Appointed on 31 August 2023)
Chan May Ping	
Uantchern Loh	
Chan Soo Sen	
Roy Quek Hong Sheng	
Linda Hoon Siew Kin	(Appointed on 18 March 2024)

PRINCIPAL ACTIVITIES

The Foundation was incorporated on 1 February 1996 as a Foundation limited by guarantee and is registered as a charity under the Charities Act 1994 and other relevant regulations.

The principal activities of the Foundation during the financial year have been those relating to the provision of subsidised and/or free medical treatment and dialysis services for patients suffering from kidney and kidney related illnesses. These activities are funded by donations received from the general public and subsidies from the Government (administered by the Ministry of Health). The Foundation generally does not accept patients who are financially able to pay for dialysis treatment at private centres. There have been no significant changes in such activities during the financial year.

DIRECTORS' INTERESTS

Directors, who are also members of the Foundation, are Mr Cheng Wai Keung and Mr Stephen Lee Ching Yen. The members do not have a personal interest in the Foundation.

As the Foundation is a Foundation limited by guarantee and has no share capital, the statutory information required to be disclosed by the directors under Section 201(6)(g) and Section 201(12) of the Companies Act 1967 does not apply.

Neither at the end of, nor at any time during the financial year was the Foundation a party to any arrangement whose objects are, or one of whose objects is, to enable the directors of the Foundation to acquire benefits by means of the subscription to or acquisition of debentures of the Foundation or any other body corporate.

SHARE OPTIONS

The Foundation is limited by guarantee and has no share capital nor share options, the statutory information required to be disclosed under Section 201(12) of the Companies Act 1967 does not apply.

AUDITORS

The auditors, KPMG LLP, have indicated their willingness to accept re-appointment.

On behalf of the Board of Directors

Dr Lim Cheok Peng
Director

Yeoh Oon Jin
Director

12 August 2024

Independent auditors' report

Members of the Foundation
Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)

Report on the audit of the financial statements

Opinion

We have audited the financial statements of Kidney Dialysis Foundation Limited ('the Foundation'), which comprise the statement of financial position as at 31 March 2024, the statement of income and expenditure and other comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, as set out on pages FS1 to FS29.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Companies Act 1967 ('the Companies Act'), the Charities Act 1994 and other relevant regulations ('the Charities Act and Regulations'), and Financial Reporting Standards in Singapore ('FRSs') so as to give a true and fair view of the financial position of the Foundation as at 31 March 2024 and of the financial performance, changes in funds and cash flows of the Foundation for the year ended on that date.

Basis for opinion

We conducted our audit in accordance with Singapore Standards on Auditing ('SSAs'). Our responsibilities under those standards are further described in the *'Auditors' responsibilities for the audit of the financial statements'* section of our report. We are independent of the Foundation in accordance with the Accounting and Corporate Regulatory Authority *Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities* ('ACRA Code') together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

Management is responsible for the other information contained in the annual report. Other information is defined as all information in the annual report other than the financial statements and our auditors' report thereon.

We have obtained all other information prior to the date of this auditors' report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of management and directors for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Companies Act, the Charities Act and Regulations and FRSs and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair financial statements and to maintain accountability of assets.

In preparing the financial statements, management is responsible for assessing the Foundation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Foundation or to cease operations, or has no realistic alternative but to do so.

The directors' responsibilities include overseeing the Foundation's financial reporting process.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.

- Obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal controls.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Foundation to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that we identify during our audit.

Report on other legal and regulatory requirements

In our opinion, the accounting and other records required by the Companies Act and the Charities Act and Regulations to be kept by the Foundation have been properly kept in accordance with the provisions of the Companies Act, and the Charities Act and Regulations.

During the course of our audit, nothing has come to our attention that causes us to believe that during the year:

(a) the Foundation has not used the donation monies in accordance with its objectives as required under Regulation 11 of the Charities (Institutions of a Public Character) Regulations; and

(b) the Foundation has not complied with the requirements of Regulation 15 of the Charities (Institutions of a Public Character) Regulations.

KPMG LLP
Public Accountants and Chartered Accountants

Singapore
12 August 2024

Statement of Financial Position
As at 31 March 2024

	Note	2024 $	2023 $
Non-current assets			
Plant and equipment	5	1,949,978	1,885,276
Intangible assets	6	1,157,221	1,338,585
Total non-current assets		**3,107,199**	**3,223,861**
Current assets			
Trade and other receivables	7	1,263,623	1,683,608
Inventory	8	27,449	27,449
Cash and cash equivalents	9	50,046,437	45,708,055
Total current assets		**51,337,509**	**47,419,112**
Total assets		**54,444,708**	**50,642,973**
Non-current liabilities			
Deferred capital grants	10	1,332,712	1,116,432
Grants received in advance	11	1,658,619	829,609
Total non-current liabilities		**2,991,331**	**1,946,041**
Current liabilities			
Deferred capital grants	10	1,085,591	733,674
Grants received in advance	11	2,172,777	1,956,189
Trade and other payables	12	1,736,314	1,369,307
Total current liabilities		**4,994,682**	**4,059,170**
Total liabilities		**7,986,013**	**6,005,211**
Net assets		**46,458,695**	**44,637,762**
Funds of the Foundation:			
Unrestricted Funds			
General Fund		44,694,121	42,890,825
Restricted Funds			
Building Fund	13	1,100,000	1,100,000
Patient Welfare Support (“PWS”) Fund	14	664,574	646,937
Total funds		**46,458,695**	**44,637,762**
Members’ guarantee	4	**300**	**300**

Statement of Income and Expenditure and Other Comprehensive Income
Year ended 31 March 2024

2024	Note	Unrestricted General Fund	Restricted		Total
			CST Fund	PWS Fund	
		$	$	$	$
Income/Incoming resources					
Incoming resources from generated funds					
Voluntary income (donations)	16	1,851,188	–	29,938	1,881,126
Funds generating activities	16	2,529,690	–	–	2,529,690
Sponsorship	16	47,820	–	–	47,820
Investment income	17	1,535,699	–	–	1,535,699
Other income	18	1,214,008	–	–	1,214,008
		7,178,405	**–**	**29,938**	**7,208,343**
Charitable activities					
Charitable income (mainly dialysis services and medication fees)	19	3,607,614	–	–	3,607,614
Less: subsidies to patients	19	(503,182)	–	(12,301)	(515,483)
Government subsidies	20	3,995,344	1,831,746	–	5,827,090
		7,099,776	1,831,746	(12,301)	8,919,221
Total income/incoming resources		**14,278,181**	**1,831,746**	**17,637**	**16,127,564**
Expenditure/Resources expended					
Cost of generating funds					
Cost of generating voluntary income	21	(584,538)	–	–	(584,538)
Cost of fund generating activities		(728,626)	–	–	(728,626)
		(1,313,164)	**–**	**–**	**(1,313,164)**
Cost of charitable activities					
Dialysis services and medication cost	22	(8,434,594)	(1,831,746)	–	(10,266,340)
Governance costs	23	(2,727,127)	–	–	(2,727,127)
		(11,161,721)	(1,831,746)		(12,993,467)
Total expenditure/resources expended		**(12,474,885)**	**(1,831,746)**	**–**	**(14,306,631)**
Net surplus for the year, representing total comprehensive income for the year	24	**1,803,296**	**–**	**17,637**	**1,820,933**

The accompanying notes form an integral part of these financial statements.

Statement of Income and Expenditure and Other Comprehensive Income (continued)
Year ended 31 March 2024

2023	Note	Unrestricted General Fund	Restricted		Total
			CST Fund	PWS Fund	
		$	$	$	$
Income/Incoming resources					
Incoming resources from generated funds					
Voluntary income (donations)	16	1,768,560	–	33,175	1,801,735
Funds generating activities	16	2,264,354	–	–	2,264,354
Sponsorship	16	83,126	–	–	83,126
Investment income	17	693,803	–	–	693,803
Other income	18	1,329,935	–	–	1,329,935
		6,139,778	**–**	**33,175**	**6,172,953**
Charitable activities					
Charitable income (mainly dialysis services and medication fees)	19	3,398,164	–	–	3,398,164
Less: subsidies to patients	19	(529,778)	–	(12,437)	(542,215)
Government subsidies	20	3,564,170	3,086,796	–	6,650,966
		6,432,556	3,086,796	(12,437)	9,506,915
Total income/incoming resources		**12,572,334**	**3,086,796**	**20,738**	**15,679,868**
Expenditure/Resources expended					
Cost of generating funds					
Cost of generating voluntary income	21	(682,384)	–	–	(682,384)
Cost of fund generating activities		(308,909)	–	–	(308,909)
		(991,293)	**–**	**–**	**(991,293)**
Cost of charitable activities					
Dialysis services and medication cost	22	(5,549,737)	(3,086,796)	–	(8,636,533)
Governance costs	23	(2,417,856)	–	–	(2,417,856)
		(7,967,593)	(3,086,796)		(11,054,389)
Total expenditure/resources expended		**(8,958,886)**	**(3,086,796)**	**–**	**(12,045,682)**
Net surplus for the year, representing total comprehensive income for the year	24	**3,613,448**	**–**	**20,738**	**3,634,186**

The accompanying notes form an integral part of these financial statements.

Statement of Changes in Funds
Year ended 31 March 2024

	Unrestricted General Fund	Restricted Building Fund	Restricted PWS Fund	Total
	$	$	$	$
At 1 April 2022	**39,277,377**	**1,100,000**	**626,199**	**41,003,576**
Net surplus for the year, representing total comprehensive income for the year	3,613,448	–	20,738	3,634,186
At 31 March 2023	**42,890,825**	**1,100,000**	**646,937**	**44,637,762**
Net surplus for the year, representing total comprehensive income for the year	1,803,296	–	17,637	1,820,933
At 31 March 2024	**44,694,121**	**1,100,000**	**664,574**	**46,458,695**

The accompanying notes form an integral part of these financial statements.

Statement of Cash Flows
Year ended 31 March 2024

2024	Note	Unrestricted General Fund	Building Fund	Restricted		Total
				CST Fund	PWS Fund	
		$	$	$	$	$
Cash flows from operating activities						
Net surplus for the year		1,803,296	–	–	17,637	1,820,933
Adjustments for:						
Depreciation of plant and equipment	24	275,634	–	547,820	–	823,454
Loss on disposal of plant and equipment	24	64	–	–	–	64
Amortisation of intangible assets	24	245,912	–	–	–	245,912
Amortisation of deferred capital grants	24	–	–	(547,820)	–	(547,820)
Utilisation to fund operating expenditure	11	–	–	(1,283,926)	–	(1,283,926)
Government grants and subsidies income	20	(3,995,345)	–	–	–	(3,995,345)
Investment income	17	(1,535,699)	–	–	–	(1,535,699)
		(3,206,138)	**–**	**(1,283,926)**	**17,637**	**(4,472,427)**
Changes in:						
- Trade and other receivables		171,523	–	–	–	171,523
- Trade and other payables		367,007	–	–	–	367,007
Cash (used in)/generated from operations		(2,667,608)	–	(1,283,926)	17,637	(3,933,897)
Government grants and subsidies received, net		7,440,886	–	–	–	7,440,886
Net cash flows from/(used in) operating activities		**4,773,278**	**–**	**(1,283,926)**	**17,637**	**3,506,989**
Cash flows from investing activities						
Purchase of plant and equipment		(888,220)	–	–	–	(888,220)
Purchase of intangible assets		(64,548)	–	–	–	(64,548)
Changes in placement of fixed deposits with banks, net		(393,728)	–	–	–	(393,728)
Interest received		1,784,161	–	–	–	1,784,161
Net cash flows from investing activities		**437,665**	**–**	**–**	**–**	**437,665**
Net increase/(decrease) in cash and cash equivalents		5,210,943	–	(1,283,926)	17,637	3,944,654
Gross transfer between funds (Note A)		(1,283,926)	–	1,283,926	–	–
Cash and cash equivalents at beginning of year		18,852,374	1,100,000	–	646,937	20,599,311
Cash and cash equivalents at end of year	9	**22,779,391**	**1,100,000**	**–**	**664,574**	**24,543,965**

Note A

The transfer between Unrestricted General Fund and CST Fund relates to utilisation of funds granted by Ministry of Health.

The accompanying notes form an integral part of these financial statements.

Statement of Cash Flows (continued)
Year ended 31 March 2024

2023	Note	Unrestricted General Fund	Building Fund	Restricted		Total
				CST Fund	PWS Fund	
		$	$	$	$	$
Cash flows from operating activities						
Net surplus for the year		3,613,448	–	–	20,738	3,634,186
Adjustments for:						
Depreciation of plant and equipment	24	242,530	–	405,637	–	648,167
Loss on disposal of plant and equipment	24	2,498	–	–	–	2,498
Amortisation of intangible assets	24	23,001	–	–	–	23,001
Impairment loss on trade receivables	24	147	–	–	–	147
Amortisation of deferred capital grants		–	–	(405,637)	–	(405,637)
Utilisation to fund operating expenditure	11	–	–	(2,681,159)	–	(2,681,159)
Government grants and subsidies income	20	(3,564,170)	–	–	–	(3,564,170)
Investment income	17	(693,803)	–	–	–	(693,803)
		(376,349)	**–**	**(2,681,159)**	**20,738**	**(3,036,770)**
Changes in:						
- Trade and other receivables		(278,911)	–	–	–	(278,911)
- Trade and other payables		136,830	–	–	–	136,830
Cash (used in)/generated from operations		(518,430)	–	(2,681,159)	20,738	(3,178,851)
Government grants and subsidies received, net		5,441,166	–	–	–	5,441,166
Net cash flows from/(used in) operating activities		**4,922,736**	**–**	**(2,681,159)**	**20,738**	**2,262,315**
Cash flows from investing activities						
Proceeds from disposal of plant and equipment		29,942	–	–	–	29,942
Purchase of plant and equipment		(950,565)	–	–	–	(950,565)
Purchase of intangible assets		(843,100)	–	–	–	(843,100)
Changes in placement of fixed deposits with banks, net		(14,388,585)	–	–	–	(14,388,585)
Interest received		275,945	–	–	–	275,945
Net cash flows used in investing activities		(15,876,363)	–	–	–	(15,876,363)
Net decrease/(increase) in cash and cash equivalents		**(10,953,627)**	**–**	**(2,681,159)**	**20,738**	**(13,614,048)**
Gross transfer between funds (Note A)		(2,681,159)	–	2,681,159	–	–
Cash and cash equivalents at beginning of year		32,487,160	1,100,000	–	626,199	34,213,359
Cash and cash equivalents at end of year	9	**18,852,374**	**1,100,000**	**–**	**646,937**	**20,599,311**

Note A

The transfer between Unrestricted General Fund and CST Fund relates to utilisation of funds granted by Ministry of Health.

The accompanying notes form an integral part of these financial statements.

Notes to the Financial Statements

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board of Directors on 12 August 2024.

1 Domicile and Activities

The Foundation was incorporated in the Republic of Singapore on 1 February 1996 as a Foundation limited by guarantee and is registered as a charity under the Charities Act 1994 and other relevant regulations. Its registered office is Block 333 Kreta Ayer Road, #03-33 Singapore 080333.

The Foundation is a registered member of the Ministry of Health's General Fund. The Foundation has also been granted Institution of a Public Character ("IPC") status since February 1996.

The principal activities of the Foundation are those relating to the provision of subsidised and/or free medical treatment and dialysis services for patients suffering from kidney and related illnesses. These activities are funded by donations received from the general public and subsidies from the Government (administered by the Ministry of Health). The Foundation generally does not accept patients who are financially able to pay for dialysis treatment at private centres.

2. Basis of preparation

2.1. Statement of compliance

The financial statements have been prepared in accordance with Financial Reporting Standards in Singapore ("FRSs"). The changes to material accounting policies are described in Note 2.5.

2.2. Basis of measurement

The financial statements have been prepared on the historical cost basis except as otherwise described in the notes below.

2.3. Functional and presentation currency

These financial statements are presented in Singapore dollars, which is the Foundation's functional currency.

2.4. Use of estimates and judgments

The preparation of the financial statements in conformity with FRS requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised prospectively.

Management is of the opinion that there have been no critical judgments in applying the Foundation's accounting policies that would result in a significant effect on the amounts recognised in the financial statements or assumptions and estimation uncertainties that would have a significant risk of resulting in a material adjustment within the next financial year.

2.5. Changes in material accounting policies

New accounting standards and amendments

The Foundation has applied the following FRSs and amendments of FRSs for the first time for the annual period beginning on 1 April 2023:

- FRS 117: *Insurance Contracts*
- Amendments to FRS 12: *Deferred tax related to Assets and Liabilities arising from a Single Transaction*
- Amendments to FRS 12: *International Tax Reform – Pillar Two Model Rules*
- Amendments to FRS 1 and FRS Practice Statement 2: *Disclosure of Accounting Policies*
- Amendments to FRS 8: *Definition of Accounting Estimates*

Other than the below, the application of these amendments to standards does not have a material effect on the financial statements.

Material accounting policy information

The Foundation adopted Amendments to FRS 1 and FRS Practice Statement 2: *Disclosure of Accounting Policies* for the first time in 2023. Although the amendments did not result in any changes to the accounting policies themselves, they impacted the accounting policy information disclosed in the financial statements.

The amendments require the disclosure of 'material', rather than 'significant', accounting policies. The amendments also provide guidance on the application of materiality to disclosure of accounting policies, assisting entities to provide useful, entity-specific accounting policy information that users need to understand other information in the financial statements.

Management reviewed the accounting policies and made updates to the information disclosed in Note 3 Material accounting policies (2023: Significant accounting policies) in certain instances in line with the amendments.

3 Material accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

3.1. Financial instruments

Trade and other receivables

Trade and other receivables are accounted as financial assets at amortised cost as they comprise cash flows that are solely payments of principal and interest and held to collect contractual cash flows business model. These assets are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses.

Cash and cash equivalents

Cash and cash equivalents comprise cash balances and fixed deposits that are subject to an insignificant risk of changes in their fair value. For the purpose of the statement of cash flows, fixed deposits with maturity greater than 90 days are excluded.

Impairment of financial assets

The Foundation assesses on a forward-looking basis the expected credit losses ("ECL") associated with its financial assets carried at amortised cost. The Foundation applies the simplified approach for all trade receivables which requires the loss allowance to be measured at an amount equal to lifetime ECL.

The Foundation applies the general approach of 12-month ECL at initial recognition and when there is no significant increase in credit risk after initial recognition for all other financial assets at amortised cost.

At each reporting date, the Foundation assesses whether the credit risk of a financial instrument has increased significantly since initial recognition. When credit risk has increased significantly since initial recognition, loss allowance is measured at an amount equal to lifetime ECLs.

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECLs, the Foundation considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Company's historical experience and informed credit assessment and includes forward-looking information.

Trade and other payables

Trade and other payables are accounted for as financial liabilities at amortised cost. They are initially measured at fair value less directly attributable transaction costs. They are subsequently measured at amortised cost under the effective interest method.

3.2. Plant and equipment

Recognition and measurement

Items of plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset.

Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

The gain or loss on disposal of an item of plant and equipment is recognised statement of income and expenditure.

Subsequent costs

The cost of replacing a component of an item of plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the component will flow to the Foundation, and its cost can be measured reliably. The carrying amount of the replaced component is derecognised. The costs of the day-to-day servicing of plant and equipment are recognised in statement of income and expenditure as incurred.

Depreciation

Depreciation is based on the cost of an asset less its residual value. Depreciation is recognised as an expense in statement of income and expenditure on a straight-line basis over the estimated useful lives of each component of an item of plant and equipment, unless it is included in the carrying amount of another asset.

The estimated useful lives for the current and comparative years are as follows:

Air-conditioners	-	4 years
Computers	-	3 years
Furniture and fittings	-	3 years
Medical equipment	-	4 years
Office equipment	-	3 years
Renovations	-	3 years

Depreciation methods, useful lives and residual values are reviewed at the end of each reporting period and adjusted if appropriate.

Plant and equipment valued at less than $1,000 are not capitalised and are expended to statement of income and expenditure in the year of acquisition.

3.3. *Intangible assets*

Intangible assets that are acquired by the Foundation and have finite useful lives are measured at cost less accumulated amortisation and accumulated impairment losses. Amortisation is calculated based on the cost of the asset, less its residual value. Amortisation is recognised in statement of income and expenditure on a straight-line basis over the estimated useful lives of intangible assets from the date that they are available for use.

The estimated useful life for the current and comparative years is as follows:

Software	-	3 to 5 years

Amortisation methods, useful lives and residual values are reviewed at the end of each reporting period and adjusted if appropriate.

Software development-in-progress is not depreciated.

3.4. Non-financial assets

The carrying amounts of the Foundation's non-financial assets, other than inventories are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the assets' recoverable amounts are estimated. An impairment loss is recognised if the carrying amount of an asset or its related cash-generating unit ("CGU") exceeds its estimated recoverable amount.

The recoverable amount of an asset or CGU is the greater of its value in use and its fair value less costs of disposal. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset or CGU. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or CGU.

Impairment losses are recognised in statement of income and expenditure. Impairment losses recognised in respect of CGU are allocated to reduce the carrying amounts of the other assets in the CGU (group of CGUs) on a *pro rata* basis.

Impairment losses recognised in prior financial years are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

3.5. Employee benefits

Defined contribution plans

Obligations for contributions to defined contribution pension plans are recognised as an employee benefits expense in statement of income and expenditure in the financial years during which related services are rendered by employees.

Short-term employee benefits

Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. A liability is recognised for the amount expected to be paid under short-term cash bonus if the Foundation has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

3.6. Grants

An unconditional grant and contribution is recognised in statement of income and expenditure as other income when the grant becomes receivable.

Government grants and contributions are recognised initially as grants received in advance at their fair value where there is reasonable assurance that they will be received and all required conditions associated with the grants and contributions will be complied with by the Foundation.

These grants and contributions that compensate the Foundation for expenses incurred are recognised in statement of income and expenditure as government subsidies on a systematic basis in the same financial years in which the expenses are recognised, unless the conditions for receiving the grant are met after the related expenses have been recognised. In this case, a grant is recognised when it becomes receivable.

Grants and contributions utilised for the purchase/construction of depreciable assets are initially recorded as deferred capital grants on the statement of financial position. Deferred capital grants are then recognised in statement of income and expenditure over the financial years necessary to match the depreciation of the assets purchased or constructed with the related grants and contributions. Upon disposal of the plant and equipment, the balance of the related deferred capital grants is recognised in statement of income and expenditure to match the net book value of the assets written off.

3.7. Funds structure

General fund

The general fund is available for use at the discretion of the management in furtherance of the Foundation's general objectives and purposes. The fund is available to apply for general purposes of the Foundation as set out in its governing document.

Income generated and expenditure incurred in a general fund will be presented as unrestricted general income and expenditure, respectively.

Designated funds

The designated fund is available for use at the discretion of the management within particular projects in furtherance of the Foundation's objectives that the management have identified and earmarked.

Designated funds are funds which are part of the unrestricted general fund but earmarked for a particular project. The designation is made for administrative purposes only and does not contain any legal restrictions in relation to the Foundation's discretion to apply the fund. Management of the Foundation will pass a Directors' Resolution to approve the designation fund for purposes of a particular project earmarked by the Foundation.

Designated fund is accounted for as part of the Foundation's unrestricted designated funds. Income generated and expenditure held in designated funds will be presented as designated general income and expenditure, respectively.

Restricted funds

Restricted fund is a fund subject to specific purpose, declared by the donor(s) or with their authority or created through a legal process, but still within the wider objectives of the Foundation. The restricted fund is available for use at the discretion of the management within specified projects in furtherance of the Foundations' objectives that have been identified by donors of the funds or communicated to donors when sourcing for the funds.

Restricted fund may be a restricted income fund, which is expendable at the discretion of the Foundation in furtherance of some particular aspect(s) of the objects of the Foundation, or may be a capital fund, where the assets are required to be invested or retained for actual use, rather than expended.

Restricted fund has to be separately accounted for. Income generated and expenditure incurred in a restricted fund will be legally subjected to the restrictions of the fund.

Transfer of funds

Generally, transfers of funds within the Foundation involve the transfer of available funds in the unrestricted funds of the Foundation to the unrestricted designated fund at the discretion of management as and when it is deemed appropriate and in furtherance of the objectives and purposes of the designated funds. Approval of transfers is made through a Directors' Resolution passed by the Board of Directors of the Foundation. The Foundation's practice is that no fund transfers are made out of the restricted funds to other funds established by the Foundation. However, unrestricted funds may be spent and transferred to the restricted funds to meet any overspending or deficit in the restricted funds, as approved by Board of Directors of the Foundation.

3.8. Incoming resources

Voluntary income (donations) and funds generating activities

Voluntary income (comprising donations from direct appeals, fundraising through newsletters and websites, outright donations and sponsorships) are recognised as income in the financial year as received or receivable when and only when all of the following conditions have been satisfied:

- the Foundation obtains the right to receive the donation;
- it is probable that the economic benefits comprising the donations will flow to the Foundation; and
- the amount of donation can be measured reliably.

Incoming resources from the sale of goods from fund raising activities is recognised at the point of sale.

Donations-in-kind are recognised based on their estimated fair values.

The gross incoming resources in relation to funds raised or collected for the Foundation by individuals not employed or contracted by the Foundation, are the net proceeds remitted to the Foundation by the organisers of the event, after deducting their expenses.

Donations with restriction and/or conditions attached shall be recognised as income if the restrictions and conditions are under the Foundation's purview and it is probable that these restrictions and conditions would be met.

Investment income

Investment income comprises interest income on funds invested and is recognised on an accrual basis, using the effective interest method.

Charitable income (mainly dialysis services and medication fees)

Income from rendering dialysis and related medical services in the ordinary course of business is recognised when the services are rendered. Revenue excludes goods and services taxes or other taxes.

3.9. Resources expended

All expenditure is accounted for on an accrual basis and has been classified under headings that aggregate all costs related to the respective categories of incoming resources. Cost comprises direct expenditure including direct staff costs attributable to the relevant category of incoming resources. Where costs cannot be wholly attributable to a category of incoming resources, they have been apportioned on a basis consistent with the use of resources. Such costs relate to support costs which comprise of staff costs of the head office and maintenance of the IT infrastructure.

Allocation of support costs

Support costs comprise staff costs of the head office relating to general management, human resource and administration, budgeting, accounting and finance functions, and maintenance of the IT infrastructure.

Costs of generating funds

The costs of generating funds are those costs attributable to generating income for the Foundation, other than from undertaking charitable activities and includes an apportionment of support costs.

Costs of charitable activities

Costs of charitable activities comprise all costs incurred in undertaking its work in the pursuit of the charitable objects of the Foundation. The total costs of charitable expenditure include an apportionment of support costs.

Governance costs

Governance costs comprise all costs attributable to the general running of the Foundation, associated with the maintenance of the Foundation's governance infrastructure and in ensuring public accountability. These costs include costs related to constitutional and statutory requirements, and include an apportionment of support costs.

3.10. New standards and interpretations not adopted

A number of new accounting standards and amendments to standards are effective for annual period after 1 April 2024 and earlier is permitted. The Foundation has not early adopted the new or amended standards in preparing these financial statements. The application of the new FRSs and amendments to FRSs are not expected to have a significant impact on the Foundation's financial statements.

- Amendments to FRS 1: *Classification of Liabilities as Current or Non-Current*
- Amendments to FRS 7 and FRS 107: *Supplier Finance Arrangements*
- Amendments to FRS 116: *Lease Liability in a Sale and Leaseback*
- Amendments to FRS 21: *Lack of Exchangeability*

4 Members' guarantee

The Foundation is a Foundation limited by guarantee whereby each member of the Foundation undertakes to meet the debts and liabilities of the Foundation, in the event of its liquidation, to an amount not exceeding $100 per member.

5 Plant and equipment

	Air-conditioners	Computers	Furniture and fittings	Medical equipment	Office equipment	Renovations	Total
	$	$	$	$	$	$	$
Cost							
At 1 April 2022	126,339	156,295	344,558	2,935,434	124,654	971,823	4,659,103
Additions	16,500	197,507	3,650	521,780	1,330	209,798	950,565
Disposals	(2,570)	(31,045)	(3,300)	(536,998)	(8,449)	(80,912)	(663,274)
At 31 March 2023	140,269	322,757	344,908	2,920,216	117,535	1,100,709	4,946,394
Additions	–	17,875	–	758,906	19,539	91,900	888,220
Disposals	–	(37,122)	(3,850)	(285,650)	–	–	(326,622)
At 31 March 2024	**140,269**	**303,510**	**341,058**	**3,393,472**	**137,074**	**1,192,609**	**5,507,992**
Accumulated depreciation							
At 1 April 2022	86,057	129,657	239,983	1,734,127	73,720	780,241	3,043,785
Depreciation for the year	17,675	23,361	38,677	431,401	21,190	115,863	648,167
Disposals	(2,569)	(6,688)	(824)	(536,465)	(8,447)	(75,841)	(630,834)
At 31 March 2023	101,163	146,330	277,836	1,629,063	86,463	820,263	3,061,118
Depreciation for the year	15,628	62,226	38,341	548,799	20,864	137,596	823,454
Disposals	–	(37,105)	(3,850)	(285,603)	–	–	(326,558)
At 31 March 2024	**116,791**	**171,451**	**312,327**	**1,892,259**	**107,327**	**957,859**	**3,558,014**
Carrying amounts							
At 31 March 2023	**39,106**	**176,427**	**67,072**	**1,291,153**	**31,072**	**280,446**	**1,885,276**
At 31 March 2024	**23,478**	**132,059**	**28,731**	**1,501,213**	**29,747**	**234,750**	**1,949,978**

6 Intangible assets

	Software	Development in-progress	Total
	$	$	$
Cost			
At 1 April 2022	456,653	314,920	771,573
Additions	47,219	956,273	1,003,492
Disposals	(1,950)	–	(1,950)
At 31 March 2023	501,922	1,271,193	1,773,115
Additions	64,548	–	64,548
Transfer	1,271,193	(1,271,193)	–
At 31 March 2024	**1,837,663**	**–**	**1,837,663**
Accumulated amortisation			
At 1 April 2022	413,479	–	413,479
Amortisation for the year	23,001	–	23,001
Disposals	(1,950)	–	(1,950)
At 31 March 2023	434,530	–	434,530
Amortisation for the year	245,912	–	245,912
At 31 March 2024	**680,442**	**–**	**680,442**
Carrying amounts			
At 31 March 2023	**67,392**	**1,271,193**	**1,338,585**
At 31 March 2024	**1,157,221**	**–**	**1,157,221**

Software under development-in-progress is not depreciated as it is not ready for use as at 31 March 2023.

7 Trade and other receivables

	2024 $	2023 $
Trade receivables	556,124	537,080
Interest receivable	253,906	502,368
Grant receivables	354,410	499,781
Other receivables	–	5,780
Deposits	27,654	32,136
	1,192,094	**1,577,145**
Prepayments	71,529	106,463
	1,263,623	**1,683,608**

The Foundation's exposures to credit risk related to trade and other receivables are disclosed in Note 28.

8 Inventory

	2024 $	2023 $
Medical consumables	**27,449**	**27,449**

In 2024, medical consumables of $1,361,512 (2023: $1,307,460) were recognised as an expense during the year.

9 Cash and cash equivalents

	2024 $	2023 $
Fixed deposits	46,302,667	43,374,465
Cash held with bank	3,743,770	2,333,590
Cash and cash equivalents in statement of financial position	**50,046,437**	**45,708,055**
Less:		
Fixed deposits with maturity greater than 90 days	(25,502,472)	(25,108,744)
Cash and cash equivalents in the statement of cash flows	**24,543,965**	**20,599,311**

The effective interest rates per annum relating to fixed deposits at the reporting date range from 2.40% to 3.65% (2023: 0.90% to 4.10%) per annum. The fixed deposits mature at intervals of: one to twelve months).

10 Deferred capital grants

	Note	2024 $	2023 $
Balance at the beginning of the year		1,850,106	1,122,079
Add:			
Grants received for capital expenditure transferred from grants received in advance	11	1,116,017	1,133,664
		2,966,123	**2,255,743**
Less:			
Amortisation during the year	24	(547,820)	(405,637)
Balance at the end of the year		**2,418,303**	**1,850,106**
Classified as:			
Non-current		1,332,712	1,116,432
Current		1,085,591	733,674
		2,418,303	**1,850,106**

11 Grants received in advance – Community Silver Trust Funds

The Community Silver Trust Fund ("CST") was set up in November 2012 for government grants received from the Trustees of the Community Silver Trust. The Community Silver Trust is managed by the Ministry of Health on behalf of the Trustees. The grant received is used to improve the capability of the Foundation's existing services in achieving higher quality care and affordable step-down care.

The government grants received are first accounted for as grants received in advance and the utilisation of these grants are set out below:

		Software	Development in-progress	Total
		$	$	$
Balance at the beginning of the year			2,785,798	4,723,625
Add:				
Grants received during the year			3,445,541	2,590,862
			6,231,339	**7,314,487**
Less:				
Transferred to deferred capital grant	10		(1,116,017)	(1,133,664)
Refunded on expired grants			–	(713,866)
Utilisation to fund operating expenditure				
- Centre operating costs			(53,791)	(495,407)
- Exercise rehabilitation programme			(477,749)	(402,665)
- Enterprise Resource Planning & Customer Relationship Manager systems			–	(348,414)
- Haemodialysis			(752,386)	–
- Centre renovations			–	(1,434,673)
	20		(1,283,926)	(2,681,159)
Balance at the end of the year			**3,831,396**	**2,785,798**
Classified as:				
Non-current			1,658,619	829,609
Current			2,172,777	1,956,189
			3,831,396	**2,785,798**

12 Trade and other payables

	2024 $	2023 $
Trade payables	412,940	298,644
Other payables	122,870	82,786
Accrued operating expenses	638,482	857,344
Accrual for unutilised annual leave	84,595	77,610
Goods and Services Tax payables, net	50,604	52,923
Security deposits	426,823	–
	1,736,314	**1,369,307**

The Foundation's exposures to liquidity risk related to trade and other payables are disclosed in Note 28.

13 Restricted building fund

The Building Fund was set up in November 2017 for the development of a new haemodialysis centre. San Wang Wu Ti Religious Society has pledged to donate an amount of $1,000,000. A restricted Building Fund has been set up accordingly to account for this donation since January 2017. As at date of reporting date, the Foundation has received $1,100,000 in donations.

14 Restricted patient welfare support fund

The Patient Welfare Support Fund ("PWS") was set up in June 2016 to fund the Adopt-A-Patient Scheme ("APS"). This fund is used strictly for the direct benefit of patients only. In addition to providing secondary funding for patients unable to cope with their out-of-pocket payment for dialysis treatment, the PWS Fund includes providing transportation subsidies, meal vouchers and other needs as approved by the Patient Programme Selection and Review ("PPSR") Committee. Patient eligibility is based on individual financial circumstances and determined by the Foundation's social workers and approved by the PPSR Committee.

	2024 $	2023 $
Balance at beginning of the year	646,937	626,199
Donations received	29,938	33,175
Subsidies provided to patients	(12,301)	(12,437)
Balance at the end of the year	**664,574**	**646,937**

15 Restriction on distribution of reserves

The Foundation's Memorandum of Association provides that no portion of the income and property of the Foundation shall be paid by way of dividend, bonus or otherwise to the members of the Foundation.

16 Incoming resources from generated funds

Donations received for the unrestricted General Fund during the year are included as follows:

	2024 $	2023 $
Voluntary income (donations)	1,881,126	1,801,735
Income from funds generating activities	2,529,690	2,264,354
Sponsorship	47,820	83,126
	4,458,636	**4,149,215**

During the year, the donations received comprise tax-deductible and non-tax-deductible donations of $3,517,368 (2023: $3,107,539) and $ 941,268 (2023: $1,041,676) respectively.

Sponsorships received in 2024 and 2023 comprised cash sponsorship.

17 Investment income

	2024 $	2023 $
Interest income on fixed deposits	**1,535,699**	**693,803**

18 Other income

	2024 $	2023 $
Special Employment & Wage Credit Scheme	72,437	38,188
Job Growth Incentive grant	309	83,224
Community Care Salary Enhancement grant	1,124,580	921,445
Nurse Special Payment Package	–	113,450
Workforce development grant	–	116,000
Others	16,682	57,628
	1,214,008	**1,329,935**

19 Charitable income

	2024 $	2023 $
Dialysis services and medication fee	3,607,614	3,398,164
Less: Subsidies to patients	(515,483)	(542,215)
	3,092,131	**2,855,949**

20 Government subsidies

Government subsidies received of $3,995,344 (2023: $3,564,170) are recognised under charitable activities as incoming resources in the statement of income and expenditure and other comprehensive income to fund the related expenditure incurred during the financial year.

The Foundation receives government subsidies on dialysis services provided to patients who meet the Ministry of Health's criteria for subsidised haemodialysis and peritoneal dialysis. The government subsidies received for peritoneal dialysis are remitted to the peritoneal dialysis solution provider.

The Foundation also receives grants from the Community Silver Trust. The CST provides a dollar-for-dollar matching grant administered by the Ministry of Health. The grant received is used to improve the capability of the Foundation's existing services in achieving higher quality care and affordable step-down care.

The related expenditures charged to the statement of income and expenditure and other comprehensive income that were funded through CST grants are set out below:

	Note	2024 $	2023 $
Operating expenditures	11	1,283,926	2,681,159
Depreciation of plant and equipment	24	456,767	405,637
Amortisation of intangible assets	24	91,053	–
		1,831,746	**3,086,796**

21 Costs of generating voluntary income

	2024 $	2023 $
Direct mailing materials and services	150,406	242,613
Staff costs	380,573	331,860
Administrative and operating expenses	53,559	107,911
	584,538	**682,384**

22 Dialysis services and medication cost

	2024 $	2023 $
Expenditure paid to dialysis service providers and medication expenditure	2,129,567	2,002,387
Honorarium paid to visiting doctors	118,641	119,600
Staff costs	3,458,380	2,579,772
Depreciation of plant and equipment	777,413	621,587
Amortisation of intangible assets	26,799	22,401
Rental and utilities	274,962	271,667
Non-claimable GST input tax	442,033	375,327
Repair and maintenance expense	86,830	99,460
Administrative and operating expenses	2,951,715	2,544,332
	10,266,340	**8,636,533**

Donated services

The Foundation receives professional services from doctors and lawyers on a voluntary basis. Honorarium totalling $118,641 (2023: $119,600) for 12 (2023: 12) volunteer doctors was paid directly to the restructured hospitals and volunteer doctors for the services rendered.

23 Governance costs

	2024 $	2023 $
Staff costs	1,830,483	2,001,585
Depreciation of plant and equipment	46,041	26,580
Amortisation of intangible assets	219,113	600
Rental and utilities	24,578	18,232
Non-claimable GST input tax	–	3,533
Repair and maintenance expense	32,811	70,442
Administrative and operating expenses	574,101	296,884
	2,727,127	**2,417,856**

24 Net surplus for the year

Net surplus for the year includes the following:

	Note	2024 $	2023 $
Paid to the auditor of the Foundation		46,802	46,098
Depreciation of plant and equipment			
- General fund		366,687	242,530
- CST	20	456,767	405,637
Amortisation of intangible assets			
- General fund		154,859	23,001
- CST	20	91,053	–
Loss on disposal of plant and equipment		64	2,498
Impairment loss on trade receivables		–	147
Short-term leases		69,695	63,737
Amortisation of deferred capital grants	10	(547,820)	(405,637)
Staff costs (see below)		5,669,436	4,913,217
Salaries, bonuses and other costs		5,097,424	4,446,144
Contributions to defined contribution plans		572,012	467,073
		5,669,436	**4,913,217**

25 Taxation

The Foundation is registered as a charity under the Charities Act 1994. With effect from YA2008, all registered charities are not required to file income tax returns and will enjoy automatic income tax exemption. No provision for taxation has been made in the Foundation's financial statements.

26 Related parties

For the purpose of these financial statements, parties are considered to be related to the Foundation if the Foundation has the ability, directly or indirectly, to control the party or exercise significant influence over the party in making financial and operating decisions, or vice versa, or where the Foundation and party are subject to common control or common significant influence. Related parties may be individuals or other entities.

Key management compensation

Key management personnel, who are the trustees/office bearers, of the Foundation are those persons having the authority and responsibility for planning, directing and controlling the activities of the Foundation. The Board of Directors and the General Managers (including human resources, finance, nursing and social work) are considered as key management personnel of the Foundation. The Board of Directors of the Foundation renders its services on a voluntary basis and does not receive any remuneration. However, the General Managers received remuneration that is approved by the Board of Directors.

	Salaries $	AWS and variable bonus $	Contributions to Central Provident Fund $	Total $
31 March 2024				
Key management personnel	621,745	146,414	100,442	**868,601**
31 March 2023				
Key management personnel	552,507	142,090	97,356	**791,953**

During the financial year, no other key management personnel received any reimbursement of expenses, allowances or any other forms of payments, except as described above.

Other related party transactions

The aggregate value of transactions and outstanding balances with key management personnel and entities over which they have control or significant influence were as follows:

	Transaction value for the year ended 31 March		Balance outstanding as at 31 March	
	2024 $	2023 $	2024 $	2023 $
Type of services rendered				
Internal audit services	17,500	45,090	400	–

A Director of the Foundation also sits on the Board of Directors of another non-profit organisation, Shared Services for Charities Limited. The selection of internal audit services was based on the Foundation's tender and procurement process, which takes into consideration the price, professional competency and objectivity, robustness and meticulousness of the proposed internal audit approach as important selection criteria.

Other than the above, there are no other related party transactions during the year.

27 Capital commitment

Capital expenditures relating to medical equipment that are contracted for at the reporting date but not recognised in the financial statements amounted to $nil (2023: $758,906).

28 Financial instruments

Financial risk management

Overview

The Foundation has exposure to the following risks arising from financial instruments:

- credit risk
- liquidity risk
- market risk

This note presents information about the Foundation's exposure to the above risks, the Foundation's objectives, policies and processes for measuring and managing risk, and the Foundation's management of capital.

Risk management framework

The Board of Directors has overall responsibility for the establishment and oversight of the Foundation's risk management framework. The Board has established the Audit Committee, which is responsible for developing and monitoring the Foundation's risk management policies. The Audit Committee reports regularly to the Board of Directors on its activities.

The Foundation's risk management policies are established to identify and analyse the risks faced by the Foundation, to set appropriate risk limits and controls, and to monitor risks and adherence to limits. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the Foundation's activities. The Foundation, through its training and management standards and procedures, aims to develop a disciplined and constructive control environment in which all employees understand their roles and obligations.

The Foundation's Audit Committee oversees how management monitors compliance with the Foundation's risk management policies and procedures, and reviews the adequacy of the risk management framework in relation to the risks faced by the Foundation. The Foundation's Audit Committee is assisted in its oversight role by Internal Audit. Internal Audit undertakes both regular and ad hoc reviews of risk management controls and procedures, the results of which are reported to the Audit Committee.

Credit risk

Credit risk is the risk of financial loss to the Foundation if a counterparty to a financial instrument fails to meet its contractual obligations, and arises primarily from the Foundation's cash and cash equivalents and trade and other receivables.

The carrying amounts of financial assets represent the Foundation's maximum exposure to credit risk, before taking into account any collateral held. The Foundation does not hold any collateral in respect of its financial assets.

Trade receivables

Management has a credit policy in place and the exposure to credit risk is monitored on an ongoing basis.

The Foundation establishes an allowance for impairment that represents its estimate of incurred losses in respect of trade receivables. The main components of this allowance are specific loss component that relates to individually significant exposures, and collective loss component established for groups of similar assets in respect of losses that have been incurred but not yet identified. The collective loss allowance is determined based on historical data of payment statistics for similar financial assets.

Exposure to credit risk

The exposure to credit risk for trade receivables at the reporting date by counterparty was:

	Carrying amount	
	2024 $	**2023 $**
Corporate – insurance providers	524,722	520,451
Individual patients	31,402	16,629
	556,124	**537,080**

The carrying amount of the Foundation's most significant customer was $230,981 (2023: $210,441).

Impairment losses

A summary of the exposures to credit risk for trade receivables at the reporting date is as follows:

	Non-credit impaired	
	2024 $	**2023 $**
Not past due	295,121	2,559
Past due 1-30 days	1,098	272,173
Past due 31-60 days	250,942	260,582
Past due 61-90 days	857	1,766
Past due more than 90 days	8,106	–
Total carrying amount	**556,124**	**537,080**

Movements in allowance for impairment in respect of trade receivables

The movement in the allowance for impairment in respect of trade receivables during the year was as follows:

	Lifetime ECL	
	2024 $	**2023 $**
Balance at beginning of the year	–	16
Impairment loss recognised	–	147
Utilised	–	(163)
Balance at the end of the year	–	–

Cash and cash equivalents

The Foundation held cash and cash equivalents of $50,046,437 as at 31 March 2024 (2023: $45,708,055). The cash and cash equivalents are held with bank counterparties, which are rated from A3 to Aa1 (2023: A3 to Aa1), based on Moody's ratings, except for fixed deposits of $9,305,850 (2023: $9,922,470) which has been placed with a financial institution with no available credit rating.

Impairment on cash and cash equivalents has been measured on the 12-month expected loss basis and reflects the short maturities of the exposures. The Foundation considers that its cash and cash equivalents have low credit risk based on the external credit ratings of the counterparties. The amount of the allowance on cash and cash equivalents is insignificant.

Interest receivables, grant receivables, other receivables and deposits

Impairment on these balances has been measured on the 12-month expected loss basis which reflects the low credit risk of the exposures. The amount of the allowance on these balances is insignificant.

Liquidity risk

The Foundation has minimal exposure to liquidity risk as its operations are funded by government grants and subsidies, as well as donations from corporations and individuals. The Foundation has ensured sufficient liquidity through the holding of highly liquid assets in the form of cash and cash equivalents at all times to meet its financial obligations when they fall due. The cash flow maturity of the grants received in advance is identified based on the respective funding projects' agreed time period with Ministry of Health (Note 11). Cash outflows of these balances are only expected when the project expired with unutilised funding balances.

Fixed deposits are placed with reputable financial institutions, which yield better returns than cash at bank. The fixed deposits generally have short-term maturities so as to provide the Foundation with the flexibility to meet working capital needs. All fixed deposits have maturity period of one year.

The following are the expected contractual undiscounted cash outflows of financial liabilities, including interest payments and excluding the impact of netting agreements:

		Cash flows	
	Carrying amount	Contractual cash flows	Within 1 year
	$	$	$
2024			
Non-derivative financial liabilities			
Trade and other payables#	**1,258,887**	**(1,258,887)**	**(1,258,887)**
2023			
Non-derivative financial liabilities			
Trade and other payables#	**1,316,384**	**(1,316,384)**	**(1,316,384)**

Excludes Goods and Services Tax payables, net and security deposits

Market risk

Market risk is the risk that changes in market prices, such as interest rate and foreign exchange rates will affect the Foundation's income or value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising returns.

The Foundation's exposure to market risk for changes in interest rates relates primarily to the Foundation's investment portfolio.

Interest rate risk

At the reporting date, the interest rate profile of the Foundation's interest-bearing financial instruments was as follows:

	2024	2023
	$	$
Fixed rate instruments		
Fixed deposits	**46,302,667**	**43,374,465**

The Foundation does not account for any fixed rate financial assets at fair value through statement of income and expenditure. Therefore, changes in interest rates at the reporting date would not affect the Foundation's statement of income and expenditure.

Foreign currency risk

The financial assets and liabilities of the Foundation are primarily denominated in Singapore dollars. The Foundation has no significant exposure to foreign currency risk.

Capital management

The Foundation defines "capital" to be the unrestricted funds and restricted funds. The primary objective of the Foundation is to ensure that it maintains a healthy capital position through donations and government grants to sustain its operations.

There are no changes in the Foundation's approach to capital management during the year. The Foundation is not subject to any externally imposed capital requirements.

Accounting classifications and fair values

The carrying amounts of financial assets and liabilities, all of which are not measured at fair value, are as follows. No separate disclosure is made on their fair values as their carrying amounts are reasonable approximations of fair value due to the short period to maturity.

	Note	Amortised cost	Other financial liabilities	Total carrying amount
		$	$	$
31 March 2024				
Cash and cash equivalents	9	50,046,437	–	50,046,437
Trade and other receivables*	7	1,192,094	–	1,192,094
		51,238,531	**–**	**51,238,531**
Trade and other payables#	12	**–**	**(1,258,887)**	**(1,258,887)**
31 March 2023				
Cash and cash equivalents	9	45,708,055	–	45,708,055
Trade and other receivables*	7	1,577,145	–	1,577,145
		47,285,200	**–**	**47,285,200**
Trade and other payables#	12	**–**	**(1,316,384)**	**(1,316,384)**

* Excludes prepayments

Excludes Goods and Services Tax payables, net and security deposits

Supplementary Financial Information – Statement of Financial Position

		Restricted		
	Unrestricted General Fund	PWS Fund	Building Fund	Total
	$	$	$	$
2024				
Non-current assets				
Plant and equipment	1,949,978	–	–	1,949,978
Intangible assets	1,157,221	–	–	1,157,221
Total non-current assets	**3,107,199**	**–**	**–**	**3,107,199**
Current assets				
Trade and other receivables	1,263,623	–	–	1,263,623
Inventories	27,449	–	–	27,449
Cash and cash equivalents	48,281,863	664,574	1,100,000	50,046,437
Total current assets	**49,572,935**	**664,574**	**1,100,000**	**51,337,509**
Total assets	**52,680,134**	**664,574**	**1,100,000**	**54,444,708**
Non-current liabilities				
Deferred capital grants	1,332,712	–	–	1,332,712
Grants received in advance	1,658,619	–	–	1,658,619
	2,991,331	**–**	**–**	**2,991,331**
Current liabilities				
Trade and other payables	1,736,314	–	–	1,736,314
Deferred capital grants	1,085,591	–	–	1,085,591
Grants received in advance	2,172,777	–	–	2,172,777
	4,994,682	**–**	**–**	**4,994,682**
Total liabilities	**7,986,013**	**–**	**–**	**7,986,013**
Net assets	**44,694,121**	**664,574**	**1,100,000**	**46,458,695**

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)

Financial Statements
Year ended 31 March 2024

Supplementary Financial Information – Statement of Financial Position

		Restricted		
	Unrestricted General Fund	PWS Fund	Building Fund	Total
	$	$	$	$
2023				
Non-current assets				
Plant and equipment	1,885,276	–	–	1,885,276
Intangible assets	1,338,585	–	–	1,338,585
Total non-current assets	**3,223,861**	**–**	**–**	**3,223,861**
Current assets				
Trade and other receivables	1,683,608	–	–	1,683,608
Inventories	27,449	–	–	27,449
Cash and cash equivalents	43,961,118	646,937	1,100,000	45,708,055
Total current assets	**45,672,175**	**646,937**	**1,100,000**	**47,419,112**
Total assets	**48,896,036**	**646,937**	**1,100,000**	**50,642,973**
Non-current liabilities				
Deferred capital grants	1,116,432	–	–	1,116,432
Grants received in advance	829,609	–	–	829,609
	1,946,041	**–**	**–**	**1,946,041**
Current liabilities				
Trade and other payables	1,369,307	–	–	1,369,307
Deferred capital grants	733,674	–	–	733,674
Grants received in advance	1,956,189	–	–	1,956,189
	4,059,170	**–**	**–**	**4,059,170**
Total liabilities	**6,005,211**	**–**	**–**	**6,005,211**
Net assets	**42,890,825**	**646,937**	**1,100,000**	**44,637,762**

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)

Financial Statements
Year ended 31 March 2024

Supplementary Financial Information – Income Generating Activities and Related Costs

Voluntary income and cost of generating voluntary income

	Income		Expenses*	
	2024	2023	2024	2023
	$	$	$	$
Activities				
Direct appeal	540,628	589,726	(108,233)	(244,221)
Communications, such as newsletters and website	1,259,996	1,106,611	(365,314)	(211,378)
Outright donation	80,502	105,398	(64,629)	(112,243)
Sponsorship	47,820	83,126	(46,362)	(114,542)
Total	**1,928,946**	**1,884,861**	**(584,538)**	**(682,384)**

* Expenses pertaining to staff costs, administrative and operating expenses of resource development and communication department are apportioned and allocated to the individual activities based on proportion of voluntary income earned.

Funds generating activities and cost of funds generating activities

	Income		Expenses*	
	2024	2023	2024	2023
	$	$	$	$
Activities				
Lunar 7th month	860,834	1,024,296	(173,613)	(125,849)
Got to walk	713,553	302,919	(152,594)	(40,742)
Got to goal	352,403	–	(54,527)	–
Got to ride	–	5,050	–	–
Flag day	29,945	600	(21,532)	–
Donation boxes/Pledge cards	56,392	57,999	(12,793)	(1,569)
Millennium Ride	1,550	562,081	–	(124,023)
Calendar sales	480,603	–	(282,890)	–
Others	34,410	311,409	(30,677)	(16,726)
Total	**2,529,690**	**2,264,354**	**(728,626)**	**(308,909)**

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KIDNEYSG
Dialysis Foundation
Serving the Needy Since 1996

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REGISTRATION DETAILS:

KDF is a company limited by guarantee. It is registered as a charity under the Charities Act 1994 and is governed and monitored by the Charity Sector Administrator, the Ministry of Health on behalf of the Commissioner of Charities.

Charity Registration No. 1156 dated 22 February 1996
Company Registration No. 199600830Z
GST Registration No. 19-9600830-Z
IPC Registration No. HEF0021/G
(Status renewed up to 29 October 2024)

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