



Klinik Yayasan Angsamerah: A Private Sexual and Reproductive Health Clinic in South Jakarta

Project Completion Report

(15 October 2012 – 28 February 2015)

To be submitted to

**SUM 2 PROJECT
Menara Salemba 7th Floor
Jl. Salemba Raya No. 5
Jakarta 10440, Indonesia**

By

Yayasan Angsamerah



March 2015

I. Organizational Data

Name of Organization:

Yayasan Angsamerah (Anak Bangsa Merajut Harapan)

Address:

Jl. Blora 8-10, Gedung Graha Media Lt. 2, Menteng, Jakarta Pusat

Management:

Program Advisor : Dr. Nurlan Silitonga

Program Manager: Felix Neuenschwander

Program Period:

15. October 2012 – 28. February 2015

Budget (SOW I, II & III)¹:

Grant Ceiling : Rp.1'869'227'866'67.-

Grant Obligated : Rp.

Total received funds : Rp. 1'618'770'029.-

Total used funds : Rp. 1'699'032'965.-

¹ The budget for cycle three (SOW III) related to Angsamerah as Technical Assistance provider is included in this financial data. However, there is a separate narrative Project Completion Report related to Angsamerah as a Technical Assistance provider.

II. Project Background

The USAID SUM II Program has been partnering with the Government of Indonesia in an effort to support and speed up the Indonesian HIV and AIDS response, which aims at preventing new infections by expanding the coverage and outreach to key affected populations, improving the quality of life of people living with HIV and AIDS by linking them to a continuum of HIV treatment and care, and decreasing stigma and discrimination within the health sector and society at large. SUM II has been working in coordination with the National AIDS Commission, Ministry of Health, and other government institutions at the national, provincial and district levels, as well as with a large number of civil society organizations and other national and international partners.

Founded in 2007, Angsamerah Institution has established itself as an important player within the field of sexual and reproductive health in Indonesia and beyond. Its aim is to provide high quality, holistic, complete and accessible information and services for the promotion of better sexual and reproductive health, as well as for the prevention and treatment of HIV and AIDS and other sexually transmitted infections (STIs) in Indonesia. The core businesses of Angsamerah include the operation of private clinics providing high-quality and friendly health services to „key affected populations” and the general public, to serve as an incubator for other clinics, and public health consulting.

The availability of high quality, friendly and affordable sexual and reproductive health services is still limited in Indonesia, resulting in suboptimal conditions for people at high risk of contracting HIV and STIs or those already suffering from it. Recent year’s efforts to expand these services have mainly centered on the public sector. The private sector, in particular on the primary health care level, has not been mobilized sufficiently.

The SUM II program has recognized the vital role of the private health sector in filling existing gaps. Therefore, in October 2012, SUM II has taken initiative to support Yayasan Angsamerah, which is an affiliate of Angsamerah Institution, to create a model of sexual and reproductive health care delivery, which provides high quality, friendly and affordable services for middle income Key Affected Populations (KAPs) and the general population.

This resulted in the establishment of Klinik Yayasan Angsamerah, which has been launched in July 2013 during the first cycle of partnership between the SUM II Program and Angsamerah (October 2012 – March 2014). The clinic represents an innovative approach to health care delivery, mobilizing ideas, efforts and resources of government, the private sector and civil society to increase the access to quality health care services. This model of a public-private partnership results from a cost-sharing agreement between USAID (SUM II) and Angsamerah Foundation, financial and technical assistance from COFRA Foundation and Angsamerah Institution, and support for medical consumables and medication from the local government.²

Within the second cycle of collaboration (April 2014 – February 2015) the main focus has been laid on increasing the number of clients accessing Klinik Yayasan Angsamerah, strengthening the foundation’s financing mechanism to raise additional funds and secure the long-term sustainability of the clinic, as well as developing the foundation’s capacity to become a learning center. Moreover, based on

² For a detailed review of the first cycle of collaboration, please see the attached “Annual Report SOW I”.

Angsamerah's track record of creating strong models of sexual and reproductive health care delivery, SUM II (USAID) has requested Angsamerah to provide technical assistance on how to set up and run a healthy health care business to six selected private clinics in four provinces. Between May and August 2014 Angsamerah has conducted assessments at all selected clinics to collect the necessary information to develop a solid and tangible technical assistance workplan, which is tailored to the needs and aspirations of the selected clinics and reflects the peculiarities of each setting.

Starting in December 2014, Angsamerah Foundation has been providing technical assistance to the six selected clinic partners, as part of the third cycle of collaboration with SUM II (see separate technical assistance project completion report).

Overall Goal:

The ultimate goal of the collaboration between SUM II and Angsamerah Foundation has been to create a model of sexual and reproductive health care delivery, which is sustainable and replicable.

The aim of Klinik Yayasan Angsamerah, launched in July 2013, is to provide the population of Jakarta, especially individuals and population groups that are at elevated risk of HIV and other STIs, with comprehensive, high-quality, friendly, confidential, affordable and easily accessible sexual and reproductive health services.

Objectives:

Within SOW I:

- Take all the necessary steps and measures for setting up a KAP friendly sexual and reproductive health clinic in South Jakarta.
- Promote Klinik Yayasan Angsamerah among KAPs and institutions working with them.

Within SOW II:

Component A - Continuation of Klinik Yayasan Angsamerah:

- To significantly increase the number of clients (both KAPs and general population) accessing the clinical services at Klinik Yayasan Angsamerah by applying principles and techniques of social marketing.
- To develop an innovative subsidy financing mechanism with the aim of increasing and diversifying funding as a strategy to secure long-term sustainability for KYA.

- To develop the foundation's capacity to become a learning center.

Component B - Angsamerah as Technical Assistance provider:

- To undertake preparations for the subsequent provision of technical assistance to a number of selected private clinics, in how to provide friendly, private and high-quality services, on clinical management and how to attract Most-At-Risk-Populations.

III. Analysis of Program Implementation

An analysis of the implementation of the first Scope of Work (SOW I) can be seen in the Annual Report SOW I (attached).

The following section concerns the program implementation of the second Scope of Work (SOW II), which started in April 2014 and lasted up until the end of February 2015.

No	Program	Pre-condition	Activities	Post-condition	Description
<p>Objective 1: <i>To significantly increase the number of clients (both KAPs and general population) accessing the clinical services at Klinik Yayasan Angsamerah by applying principles and techniques of social marketing.</i></p>					
1.1.	<p>Continued routine communication with key stakeholders and clients.</p>	<ul style="list-style-type: none"> During the first cycle (SOW I period: July 2013 – March 2014) the clinic has recorded 351 patient visits from 261 individuals. Both the total number of individuals accessing the clinic and the total number of patient visits lie below the target set in the first SOW.³ An increasing number of patients is important both in terms of validating the clinic model and to reach self-sufficiency for the operation of the clinic. Hence, a key element within the second cycle of collaboration with SUM II has been the development and subsequent 	<ul style="list-style-type: none"> 1.1.1: However, the planned meetings (every two months) were not conducted as planned due to the fact that hardly any participants showed up at the meetings and it proved more efficient to coordinate with the CSO partners through whatsapp, e-mail and by phone. Moreover, routine communication was only maintained with Yayasan Kapeta and Yayasan Inter Medika, as these two CSOs were most strategic in terms of location and 	<ul style="list-style-type: none"> Continued routine communication with CSO partners, other key stakeholders and clients is maintained. 	<ul style="list-style-type: none"> Routine communication with CSO partners (meetings) has proved to be challenging at times due to limited time availability or involved parties and CSO partners not being reliable (e.g. confirm to attend meeting but not showing up). Therefore, routine communication with CSO partners has been done by phone, whatsapp and through e-mail and was limited to CSO partners most strategic in terms

³ The target number of total patient visits stated in the first SOW was calculated for 10 months (in reality 8.5 months from mid July 2013 – March 2014) of clinic operation (1st-4th month, 5 patient visits per day; 5th-8th month, 7 patient visits per day; 9th-10th month, 10 patient visits per day) = total of 1496 patient visits. The target for total individuals accessing the services was 660.

No	Program	Pre-condition	Activities	Post-condition	Description
		<p>implementation of an ambitious marketing plan, which will both aim at strengthening the collaboration with our CSO partners and expanding our promotion efforts beyond the CSOs.</p> <ul style="list-style-type: none"> Routine communication with key stakeholders and clients has already been established during the first cycle, even before the clinic opened its doors in July 2013. This involved meetings with stakeholders from the local government (Sudinkes Jakarta Selatan, KPAK Jakarta Selatan, PKM Kebayoran Baru), as well as seven CSO partners⁴, of which six are funded by the SUM II program. The main purpose of these meetings was to inform the stakeholders about the new clinic and its service system, to seek their endorsement, as well as to discuss and coordinate potential partnerships. Initially, monthly coordination meetings with the seven CSO partners were held at KYA. 	<p>the number of referrals.</p> <ul style="list-style-type: none"> 1.1.2: Routine communication with key stakeholders. However, the meetings (every three months) were not conducted as previously planned, as routine communication was already maintained through e-mail and by phone. Moreover, key stakeholders have already been introduced to and informed about Klinik Yayasan Angsamerah in the period leading up to its opening. 1.1.5. and 1.1.6: Routine communication with clients. Routine communication with clients was conducted in a number of ways. The previously planned FGDs have not been conducted due to the fact that patients preferred to be questioned alone or through a questionnaire, rather than in groups. <ul style="list-style-type: none"> For promotion and marketing purposes e-mail and sms blast were used, to inform clients about monthly promotions and other important information related to the KYA. For client follow up the KYA team used whatsapp and e- 		<p>of location.</p> <ul style="list-style-type: none"> Most clients prefer a high degree of privacy and prefer not to be grouped together with other patients, e.g. for the purpose of FGDs. Therefore, client feedback was done using a written questionnaire provided to each new patient.

⁴ Yayasan Kapeta, Yayasan Inter Medika, Yayasan Bandungwangi, Yayasan Karya Bakti, Yayasan Kusuma Buana, Yayasan Karisma, and Yayasan Srikandi Sejati.

No	Program	Pre-condition	Activities	Post-condition	Description
			<ul style="list-style-type: none"> mail. - For client feedback each new patient was given a patient satisfaction questionnaire 		
1.2.	Completed social marketing plan.	<ul style="list-style-type: none"> • Previously, Klinik Yayasan Angsamerah did not possess a marketing plan and its promotion relied heavily on CSO partners. Moreover, Klinik Yayasan Angsamerah did not have any promotion and marketing officer. 	<ul style="list-style-type: none"> • Recruitment of marketing and social mobilization officer in early June 2014. However, the candidate has only been able to start working in early August 2014. • 1.2.1: Literature review and analysis of previous and existing promotion and marketing activities, as well as analysis of patient base. • 1.2.5: Development of marketing plan for the period September 2014 – December 2014. • 1.2.5: Development of marketing plan for 2015. 	<ul style="list-style-type: none"> • Marketing plans for last quarter of 2014 and the whole of 2015 developed. 	<ul style="list-style-type: none"> • Finding and recruiting a marketing and social mobilization officer was more difficult than previously anticipated. Moreover, the only candidate standing out and suitable for the position could only start working in early August, which led to a delay with the marketing activities. • Promotion and marketing related to sexual and reproductive health comes with its own challenges, as issues related to sexuality, STIs and HIV/AIDS are sensitive and taboo in Indonesia. Promotion by “word of mouth” from clients works but due to the sensitive nature of the issue many patients prefer to keep their clinic visit secret. This has also prevented us from organizing FGDs, as the clients we asked to participate preferred to give their feedback through a questionnaire rather than the participation in a FGD.

No	Program	Pre-condition	Activities	Post-condition	Description
1.3.	Selected number of hotspot venues/places reached.	<ul style="list-style-type: none"> Previously, Klinik Yayasan Angsamerah has not reached or worked with any entertainment venue. Having no outreach staff ourselves, Klinik Yayasan Angsamerah relied heavily on its CSO partners for the promotion and marketing of the clinic. Moreover, we assumed it would be more effective and efficient approaching entertainment establishment owners and workers facilitated by CSO partners, who have already established strong links over the years. 	<ul style="list-style-type: none"> 1.3.1: Mapping of hotspots (data of CSOs and own data). 1.3.2: Visiting and approaching of hotspot venues, partly facilitated by CSO partners. Outreach workers of Kapeta were accompanied on a number of occasions during their work around Jl. Melawai and Jl. Falatehan. Starting in December 2014 KYA had its own sales promotion boys/girls to promote the clinic around Blok M and Fatmawati. Their main focus, however, were businesses and hang-out places where young people congregate rather than entertainment venues. 1.3.3: Dissemination of promotion brochures and vouchers was mainly done by outreach workers of CSO partners. 	<ul style="list-style-type: none"> Selected number of hotspot venues and places have been reached, facilitated by Kapeta outreach staff. However, only a limited number of venues has been visited by KYA staff. Mostly, Kapeta outreach staff has been used to inform establishment owners and employees about KYA and its services, as well as provide them with brochures and vouchers. 	<ul style="list-style-type: none"> Not all entertainment establishments are welcome to promotion and marketing activities from Klinik Yayasan Angsamerah. Many venues have their own private doctors and thus they are not interested in having their employees' access services elsewhere. PKM Kebayoran Baru and Setia Budi conduct regular mobile testing at entertainment venues around Blok M for low fees. Yayasan Kapeta has advised Angsamerah not to approach establishments which already collaborate with one of the PKMs or which have a private doctor. However, outreach workers stated that they would nevertheless inform employees of these establishments about KYA and if interested provide them with brochures and or vouchers.
1.4.	MOUs with venue/establishment owners signed.	<ul style="list-style-type: none"> Klinik Yayasan Angsamerah has no MOUs with establishment/venue owners related to mobile testing or referral clinic. 	<ul style="list-style-type: none"> No specific activities. 	<ul style="list-style-type: none"> So far no MOUs with establishment or venue owners signed. 	<ul style="list-style-type: none"> Private doctors already work at many of the establishment at Jl. Melawai. Many establishments already work with PKM (territoriality).
1.5.	Completed social media strategy.	<ul style="list-style-type: none"> Social media (FB, blogspot, twitter, google+, etc.) and the internet more generally (website) have been used as low-cost and effective promotion and marketing tool related to Angsamerah 	<ul style="list-style-type: none"> 1.5.1: Review current social media tools (FB, twitter, blogspot, twitter, google+, temanteman.org, and whatclinic.com). 1.5.2: Identify key social media 	<ul style="list-style-type: none"> Social media strategy included within overall marketing plan. 	<ul style="list-style-type: none"> Maintenance of content and continuous engagement through social media is time intensive. So far, Angsamerah does not have a person

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		<p>Institution and its clinics since the beginning. A vast majority of patients accessing the two Angsamerah clinics have done so because of Angsamerah's website or social media. However, Angsamerah has not had any specific social media strategy in place and no staff responsible for managing the social media (it has all been developed and maintained by Dr. Nurlan, her husband and occasionally some other staff members).</p>	<p>tools.</p> <ul style="list-style-type: none"> • 1.5.3: Learn about and develop social media strategy. As part of this our marketing and social mobilization officer has attended a training on the use of social media for private clinics to reach out to MSM communities, organized by SUM I/FHI 360. • 1.5.4: The social media strategy document is part of the overall marketing plan. 		<p>specifically responsible for the social media and website. Most of it is still done by Dr. Nurlan and her husband, but with support from the marketing and social mobilization officer and some other staff members. However, ideally there will be a staff member solely responsible for the management of Angsamerah's website and social media, however, this is of high cost.</p>
1.6.	<p><i>Selection of attractive promotion material/brochures designed and printed.</i></p>	<ul style="list-style-type: none"> • Previously, Klinik Yayasan Angsamerah did not have any promotion material or brochures. However, a multitude of promotion and marketing material, such as leaflets, brochures, flyers, posters, banners and sign boards are urgently needed. Promotion and marketing material will be tailored to different segments of the target populations and thus vary in content, approach and method. 	<ul style="list-style-type: none"> • 1.6.1: Identify target population and purpose: Key Affected Populations (KAPs), general population (general health and reproductive and sexual health), Youth. • 1.6.2: Identify strategic promotions tools. • 1.6.3: Create smart promotion slogans and attractive design: brochures for general health, sexual and reproductive health were developed and vouchers (Rp. 100'000. – price cut). • 1.6.4: Print promotion material and brochures. 	<ul style="list-style-type: none"> • Selection of attractive promotion material and brochures designed and printed. 	<ul style="list-style-type: none"> • No particular challenges were faced.
1.7.	<p><i>Incentive/bonus and promotion mechanism</i></p>	<ul style="list-style-type: none"> • Previously, Klinik Yayasan Angsamerah did not have any specific incentive/bonus or promotion mechanism. Small cash incentives and gifts, which will be used to encourage referrals (in the case of small cash 	<ul style="list-style-type: none"> • 1.7.1: Determine nature of incentives: <ul style="list-style-type: none"> - Cash incentives - Gift incentives • 1.7.2: Determine promotion packages: Altering HIV and STI 	<ul style="list-style-type: none"> • Incentive, bonus and promotion mechanism established. 	<ul style="list-style-type: none"> • No particular challenges were faced.

No	Program	Pre-condition	Activities	Post-condition	Description
	<i>established.</i>	incentives) and to make patients accessing the clinic feel special (in the case of small gifts, e.g. T-Shirts, soaps or small souvenirs) can potentially be a good way to increase patient numbers.	<p>testing promotions (price cut).</p> <ul style="list-style-type: none"> • 1.7.3: Create incentive mechanism: <ul style="list-style-type: none"> - Cash incentives for referrals from non-SUM II CSOs (Yayasan Kapeta) for referring patients. - Gift incentives for patients referring 5 or more patients (T-Shirt or price cut for KYA services). • 1.7.4: Create promotion mechanism: Monthly attractive promotions (price cut) related to different services (e.g. HIV testing and STI testing promotions). 		
1.8.	<i>Selected number of neighbors reached.</i>	<ul style="list-style-type: none"> • Previously, Klinik Yayasan Angsamerah has not promoted its services within the immediate neighborhood. 	<ul style="list-style-type: none"> • 1.8.1: Mapping of neighborhood. • 1.8.2: Identify key persons or businesses in neighborhood, which will potentially lead to new clients. • 1.8.3: Create and write distribution/promotion strategy, as part of overall marketing plan. An important element of this is the campaign "Angsamerah Peduli Wanita", targeting women of the general population to raise awareness about the dangers of cervical cancer and encourage them to undergo pap smear testing. <ul style="list-style-type: none"> - Selection and recruitment of sales promotion girls/boys, whose job has been to promote KYA within the 	<ul style="list-style-type: none"> • Promotion and marketing activities within neighborhood has been initiated. 	<ul style="list-style-type: none"> • No particular challenges but the sensitive nature of sexual and reproductive health requires a general health approach (e.g. address general health issues first and then move on to reproductive and sexual health issues). Moreover, such campaigns focus on issues such as cervical cancer and vaginal discharge (keputihan), rather than STIs and HIV/AIDS.

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			<p>immediate neighborhood and around Blok M and Fatmawati:</p> <ul style="list-style-type: none"> - A total of six candidates were invited for an interview. - Three of the six candidates were selected and they started working in late December 2014 (1 candidate) or early January 2015 (two candidates). 		
1.9.	Mobile HIV/STI testing at selected hotspot venues.	<ul style="list-style-type: none"> • Klinik Yayasan Angsamerah has previously provided mobile testing (e.g. during Q! Film Festival 2013 and in collaboration with Kapeta at their Drop-In Shelter), but not on a regular or ongoing basis. • Angsamerah does not plan to provide mobile testing to the same venues on an ongoing basis. Rather, mobile testing will be used as a means to promote Klinik Yayasan Angsamerah, introduce the Angsamerah medical team to potential clients and encourage them to subsequently access the clinic's services on their own and be more proactive about their own health. 	<ul style="list-style-type: none"> • 1.9.1: Identify hotspot venues for mobile HIV/STI testing in collaboration with Yayasan Kapeta. In September 2014 KYA has been able to purchase additional equipment (microscope, centrifuge and lamp) for the purpose of mobile testing. Subsequently, the KYA team has put together attractive testing packages and developed an SOP for mobile testing. 	<ul style="list-style-type: none"> • KYA does have price list and SOP on mobile testing, as well as the necessary equipment. 	<ul style="list-style-type: none"> • After sharing the SOP on mobile testing and the testing packages with the Kapeta team, a number of meetings have been conducted at KYA to discuss and coordinate the details of upcoming mobile testing activities. Initially, KYA and Kapeta did not agree on a number of issues, such as the sharing of the testing results to the Kapeta case manager without the patients consent, but subsequently a consensus was found. One of the challenges has been to organize meetings with the responsible staff from Kapeta due to the persons' busy schedule. This dragged on over many weeks and up until today no mobile testing in collaboration with Kapeta has been conducted. Later, we found out that Kapeta has already conducted mobile testing in collaboration with a

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					<p>PKM at the corresponding venue for a much lower price.</p> <ul style="list-style-type: none"> • KYA still plans to collaborate with Kapeta or other CSOs to do mobile testing for the purpose of promoting KYA's services. However, mobile testing will need to be done based on the clinic's SOPs and respecting our terms and conditions. • The increasing number of patients accessing the services of KYA at the clinic premises means that mobile testing would force us to close the clinic, as we do not have enough available staff to do both mobile testing and run the clinic at the same time. Therefore, mobile testing will not be conducted too frequently but rather during special events and as part of specific campaigns.
<p>Objective 2: <i>To develop an innovative subsidy financing mechanism with the aim of increasing and diversifying funding.</i></p>					
2.1.	Completed fund	<ul style="list-style-type: none"> • In an effort to increase and diversity funding as a strategy to contribute towards and or secure long-term 	<ul style="list-style-type: none"> • 2.1.1: Identify potential institutions/companies/people with available funding. 	<ul style="list-style-type: none"> • Angsamerah has conducted fund raising and successfully 	<ul style="list-style-type: none"> • Despite having successfully raised additional funds for Angsamerah Foundation, which

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	<i>raising strategy.</i>	sustainability Angsamerah Foundation had to come up with a strategy related to fund raising.	<ul style="list-style-type: none"> - Private sector CSR - Private donations - International donors • 2.1.2: Determine and formulate fund raising mechanism: Disussion on how to conduct fund raising, as well as who will be in charge of it. <ul style="list-style-type: none"> - Fund raising letter for patient at Angsamerah Clinic (high-end clinic Jl. Blora) written and displayed at each examination room. • 2.1.3: Write fund raising strategy document (SOP): So far we have not developed an SOP related to fund raising. 	<p>secured additional support (for marketing) from COFRA Foundation for a period of 2 years (July 2014 – June 2016).</p> <ul style="list-style-type: none"> • Angsamerah has successfully started raising funds (private donations) from clients of Angsamerah Clinic (Jl. Blora). 	will be solely used for Klinik Yayasan Angsamerah, we have not yet formalized our fund raising strategy in the form of an SOP. However, we plan to do so in the near future.
2.2.	Completed promotion strategy for companies.	<ul style="list-style-type: none"> • Previously, Klinik Yayasan Angsamerah did not have any written promotion strategy document regarding potential collaborations with private companies. However, partnering with private companies for the purpose of gaining new patients and promoting educational or awareness sessions related to sexual and reproductive health harbours great potential. 	<ul style="list-style-type: none"> • 2.2.1: Determine what we can offer (e.g. packages and benefits): <ul style="list-style-type: none"> - Special offers and rates for company employees accessing KYA. - Educational sessions related to sexual and reproductive health on-site upon request. - Mobile testing at companies upon request. • 2.2.2: Identify and list potential companies/institutions for partnerships: <ul style="list-style-type: none"> - Private companies (e.g. banks, insurance companies, multinationals). - Private businesses (e.g. beauty salons, shops, restaurants, etc.) - Educational facilities (high- 	<ul style="list-style-type: none"> • KYA is in the process of approaching and promoting different companies. Various proposals have been developed, summarizing what we can offer. However, no specific promotion strategy document has been produced, as this aspect is included within the marketing plan. 	<ul style="list-style-type: none"> • No challenges so far but due to our limited number of employees (one marketing and social mobilization staff) we have to prioritize on which activities are most urgent and come first. So far, we have mainly focused on engaging with CSO partners, mobilizing the existing patient base, social media, as well as promoting the services within immediate neighborhood.

No	Program	Pre-condition	Activities	Post-condition	Description
			<p style="text-align: center;">schools, universities, vocational schools).</p> <ul style="list-style-type: none"> • 2.2.3: Write promotion strategy document: Document has not yet been written. 		
2.3.	<i>Selected number of companies/businesses/people approached.</i>	<ul style="list-style-type: none"> • Previously, Klinik Yayasan Angsamerah has only approached a very limited number of companies, businesses or people for the purpose of a potential partnership (apart from COFRA Foundation and the local government). 	<ul style="list-style-type: none"> • 2.3.1: Identify contact/key person of selected companies/institutions. • 2.3.2: Approach contact/key person of selected companies/institutions (e.g. by e-mail, letter, phone). • 2.3.3: Meeting with contact/key person of selected companies <ul style="list-style-type: none"> - Bank CIMB Niaga - Ultima Cosmetics - Aliansi Remaja Independen - Ikatan Perempuan Positif Indonesia (IPPI) - Majala CitaCita, dll. • 2.3.4: Preparing proposal/budget for funding request: <ul style="list-style-type: none"> - Proposal “Angsamerah Peduli Perempuan”. - Proposal “Angsamerah for YOUTH”. - Fund raising letter for Angsamerah Clinic clients. 	<ul style="list-style-type: none"> • A selected number of companies, businesses and people have been approached and still ongoing. 	<ul style="list-style-type: none"> • No challenges so far and still ongoing.
2.4.	<i>MOUs with selected companies/businesses signed.</i>	<ul style="list-style-type: none"> • See output 2.3. So far no formalized partnerships with private companies or businesses, with the exception of COFRA Foundation, which has agreed to support Klinik Yayasan Angsamerah for another two years for its promotion 	<ul style="list-style-type: none"> • 2.4.1: Formulate MOUs in collaboration with selected companies: None so far. • 2.4.2: Finalize proposals/budgets for funding requests: <ul style="list-style-type: none"> - Proposal submitted to 	<ul style="list-style-type: none"> • So far no MOUs with companies or businesses have been signed. • Proposal has been submitted to COFRA 	<ul style="list-style-type: none"> • No particular challenges so far.

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		and marketing efforts.	COFRA Foundation in May 2014 (for marketing) and approved in July 2014. <ul style="list-style-type: none"> • 2.4.3: Sign MOUs with selected companies: None so far. • 2.4.4: Sign Agreement Letters with selected donors (institutions/companies): <ul style="list-style-type: none"> - Signed agreement letter with COFRA Foundation (total of 50'000 Euro over the period of two years for marketing purposes). 	Foundation, accepted and subsequently grant agreement has been signed.	
2.5.	Completed strategy of how to engage and nurture our partners.	<ul style="list-style-type: none"> • While we have always engaged with our partners on a regular basis and nurtured our partnerships, we have not yet developed a related SOP. 	<ul style="list-style-type: none"> • No specific activities. 	<ul style="list-style-type: none"> • No changes as to how we engage with and nurture our partnerships. 	<ul style="list-style-type: none"> • Due to limited time availability we have not yet developed an SOP on how to engage with and nurture our partners.
2.6.	Fund raising event or gathering.	<ul style="list-style-type: none"> • No fund raising event or gathering for Klinik Yayasan Angsamerah had been conducted before. However, even though work intensive and costly, fund raising events or gatherings can be a great way to increase the awareness of KYA, promote its services and distribute brochures and vouchers, as well as raise funds (financial and non-financial) for the clinic. 	<ul style="list-style-type: none"> • No fund raising event or gathering has been organized so far, mainly due to limited time availability. 	<ul style="list-style-type: none"> • So far no fund raising event or gathering has been organized. However, Angsamerah does fund raising on an ongoing basis through clients of Angsamerah Clinic (Jl. Blora). 	<ul style="list-style-type: none"> • Fund raising events or gatherings are high-cost and require a lot of time and preparation. Mainly because of limited time availability so far the KYA team has not been able to organize such an event. However, small events and/or gatherings are planned for the future.
2.7.	Volunteer mechanism	<ul style="list-style-type: none"> • Angsamerah Institution has benefited from numerous local and international volunteers over the years. But up until now no volunteer mechanism or SOP 	<ul style="list-style-type: none"> • While a great many of people have helped and supported Angsamerah over the years, we have not yet developed an SOP or 	<ul style="list-style-type: none"> • No volunteer mechanism has been established as of yet. 	<ul style="list-style-type: none"> • While volunteers have, in the past, considerably contributed towards Angsamerah's success, it is important to be

No	Program	Pre-condition	Activities	Post-condition	Description
	<i>established.</i>	has been developed, which would allow Angsamerah to formulate clear terms and conditions and thus maximize the benefits for both parties – the volunteers and Angsamerah Institution or Foundation.	guidelines related to volunteers.		selective and negotiate a long-term commitment (at least 3 months).
2.8.	Documentation of fund raising success story.	<ul style="list-style-type: none"> Angsamerah has not yet produced a specific document or article related to its fund raising mechanism and describing its strategy. However, Angsamerah takes pride in being strong at documentation and regularly updates and publishes its work on its website, blogspot and other social media. 	<ul style="list-style-type: none"> Angsamerah considers the documentation of its work (process and results/achievements) an essential element of its success. However, no specific document related to its fund raising strategy/mechanism as a whole has been produced. 	<ul style="list-style-type: none"> Fund raising success story and mechanism have not yet been documented. But Angsamerah continuously documents its work and achievements on its website, blogspot and social media. 	<ul style="list-style-type: none"> No particular challenge except limited time availability to produce related document.
Objective 3: To develop the foundation's capacity to become a learning center.					
3.1.	Biannual internship cycle in collaboration with universities completed.	<ul style="list-style-type: none"> Angsamerah Foundation envisions to use KYA as a learning/training center for other health professionals to do an internship or attend trainings. Trainings will be designed for trainees to obtain practical experience in providing services in the fields of sexual and reproductive health. 	<ul style="list-style-type: none"> Promotion of Klinik Yayasan Angsamerah as learning center and clinic to gain practical experience in the field of reproductive and sexual health. Recruitment of two intern doctors. 	<ul style="list-style-type: none"> Two young and ambitious general practitioners (fresh graduates) have conducted internships/trainings at Klinik Yayasan Angsamerah of between 5 and 12 months. One of them is currently still practicing at KYA. 	<ul style="list-style-type: none"> In order to maximize benefits for both parties (interns and Angsamerah) interns should commit to a minimum of three months, preferably longer.
3.2.	Third floor of clinic premises	<ul style="list-style-type: none"> Klinik Yayasan Angsamerah is located on the second floor of a four story RUKO. Previously, the remaining floors have been largely unutilized, requiring 	<ul style="list-style-type: none"> 3.2.1: Identify needs related to renovation and setting up of third floor: Third and fourth floors as foundation office and meeting and 	<ul style="list-style-type: none"> Reparation works at KYA (e.g. water damage) have been completed. 	<ul style="list-style-type: none"> Conduct reparation and renovation works without disturbing the operation of the clinic.

No	Program	Pre-condition	Activities	Post-condition	Description
	renovated and available for meeting/training and office purposes.	some renovation works. In order to function as a learning center Angsamerah Foundation will need to renovate and set up the third and fourth floors of its premises to be used as office and meeting/training rooms.	<p>training rooms.</p> <ul style="list-style-type: none"> • 3.2.2: Design renovation plan by Angsamerah architect. • 3.3.3: Renovation and setting up of third and fourth floors: <ul style="list-style-type: none"> - Renovation of third floor as foundation office. - Renovation of fourth floor as meeting and training space. - New flooring (epoxy clinic flooring) for Klinik Yayasan Angsamerah. - Diverse reparation works (e.g. water damage). 	<ul style="list-style-type: none"> • Third and fourth floors have been renovated. • Clinic floor (epoxy flooring) has been completed. 	<ul style="list-style-type: none"> • Renovation works have lasted much longer than anticipated (especially epoxy flooring works). This has led to the closer of KYA for 1 month, as opposed to 1 week as agreed within the MOU with the contracting company.

Objective 4: To undertake preparations for the subsequent provision of technical assistance to a number of selected private clinics, in how to provide friendly, private and high-quality services, on clinical management and how to attract Most-At-Risk-Populations.

4.1.	Moduls (medical and non-medical) for TA developed and ready to be used.	<ul style="list-style-type: none"> • Preparation of tools for the subsequent delivery of the technical assistance, such as the development of mentoring guidelines and check-lists for the Angsamerah mentors. 	<ul style="list-style-type: none"> • 4.1.2: Select team of experts/consultants. • 4.1.3: Development of comprehensive mentoring guidelines and check-list for the team of mentors (developed by Angsamerah consultant). 	<ul style="list-style-type: none"> • Mentoring guidelines and catalogue of questions developed and compiled in a document. Each mentor has received and used this document. 	<ul style="list-style-type: none"> • No particular challenges have been faced.
4.2.	SOPs reviewed, updated and developed.	<ul style="list-style-type: none"> • Standard Operating Procedures (SOPs) are a crucial element of a healthy health service providing high-quality and friendly services. SOPs provide a comprehensive set of rigid criteria outlining the management steps for a 	<ul style="list-style-type: none"> • 4.2.1: Select team of experts/consultants. • 4.2.2: SOP development, review and updating of Angsamerah SOPs by Angsamerah doctors. 	<ul style="list-style-type: none"> • Angsamerah clinical SOPs reviewed and ready to be used for TA: <p>Medical/clinical: STIs:</p>	<ul style="list-style-type: none"> • No particular challenges faced.

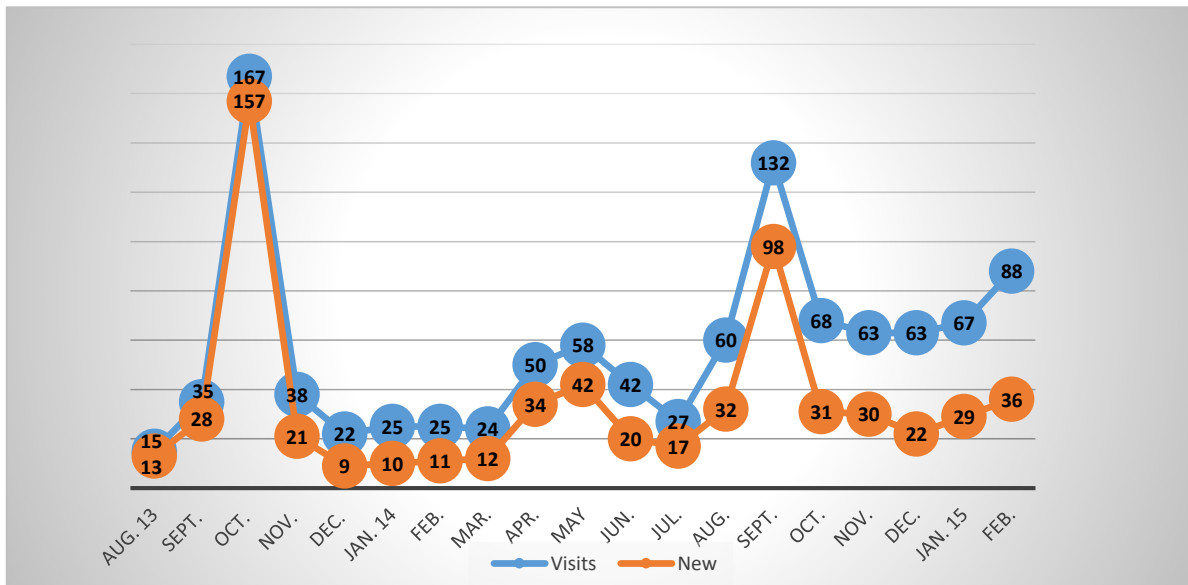
No	Program	Pre-condition	Activities	Post-condition	Description
		<p>single clinical condition or aspects of organization. As such, SOPs ensure a high-standard, consistency and compliance with guidelines. Patient care can substantially be improved if SOPs are in place.</p> <ul style="list-style-type: none"> • Looking at the importance of good SOPs, both Angsamerah and SUM II are hoping that the clinic partners will also have a developed and solid set of SOPs as the output of the technical assistance project. In order to help them achieve that goal, Angsamerah will provide them with sets of its own SOPs on 5 key areas: 1. Medical/clinical; 2. Client orientation (friendly); 3. Management (internal communication, rules); 4. Personnel (staff support, motivation); 5. Marketing. From these models, it is expected that the clinics will see the given SOPs as examples and adapt them to meet their current needs and conditions. • To ensure that the given SOPs are ready to serve as good examples, Angsamerah needs to review its own SOPs, as well as update and further develop them if necessary. 		<ul style="list-style-type: none"> - Gonorrhea, Non-Gonorrhea, Non-Specific - Trichomoniasis, Bacterio Vaginosis, Candidiasis - Ulcus - Herpes - Vegetation <p><i>HIV/AIDS:</i></p> <ul style="list-style-type: none"> - Anti Retroviral Therapy for Adults and Children - Therapy Counseling - HIV Treatment - ARV Availability - ARV for Pregnant Women - ARV for Infant - Opportunistic Infection - Opportunistic Infection and Treatment - Opportunistic Infection in Children - PEP <p>Quality Control/Patient Management:</p> <ul style="list-style-type: none"> - SPM for Administration - SPM for Appointment - SPM for BPU (Balai Pengobatan) 	

No	Program	Pre-condition	Activities	Post-condition	Description
				Umum) - SPM for Medicine - SPM for Medical Record - SPM for Consultation Room - SPM for ARV Follow-Up - SPM for Counsellor Referrals - STI Examination Flow	
4.3.	Assessments completed in five different locations.	<ul style="list-style-type: none"> In order to collect all the necessary information to develop a solid and tangible technical assistance workplan, assessments at the six selected clinics will need to be conducted. The assessments will provide Angsamerah and our partners with an opportunity to introduce each other personally and learn about each other's organizations and health services as well as provide Angsamerah with detailed information about the capacity of the selected clinics to provide friendly, high-quality and affordable sexual and reproductive health services. Furthermore, challenges and potential opportunities can be identified and Angsamerah will learn about its partners' goals, ambitions and expectations towards the SUM II program and Angsamerah as a technical assistance provider. 	<ul style="list-style-type: none"> 4.3.1: Prepare assessment tools: In preparation for the assessments, a pre-assessment questionnaire has been developed and sent to the clinic partners a few days before the actual assessment visits. 4.3.2: Conduct assessments at 6 different clinics: Between May and August 2104 assessments have been conducted at the six selected clinics: <ul style="list-style-type: none"> - Klinik Keluarga Kita (YKIEB), Batam - Klinik Keluarga (YKB), Tanjung Priok - Pos Kesehatan Mandiri (LPPSLH), Purwokerto - Klinik Griya Asa (PKBI), Semarang - Klinik Tanjung Elmo (PKBI), Jayapura District - Klinik Kalvari, Wamena 4.3.3: Write assessment reports: 	<ul style="list-style-type: none"> Assessments have been completed at all six selected clinics and subsequently results have been compiled in two separate assessment reports (1. Four clinics outside Papua; 2. Two clinics in Papua). 	<ul style="list-style-type: none"> Limited availability of time and resources for the subsequent implementation of the technical assistance.

No	Program	Pre-condition	Activities	Post-condition	Description
			<p>Two assessment reports have been produced, the first one describing the four clinics outside of Papua and the second one describing the two clinics in Papua Province. The assessment reports provided the basis for the subsequent development of the technical assistance workplan.</p>		

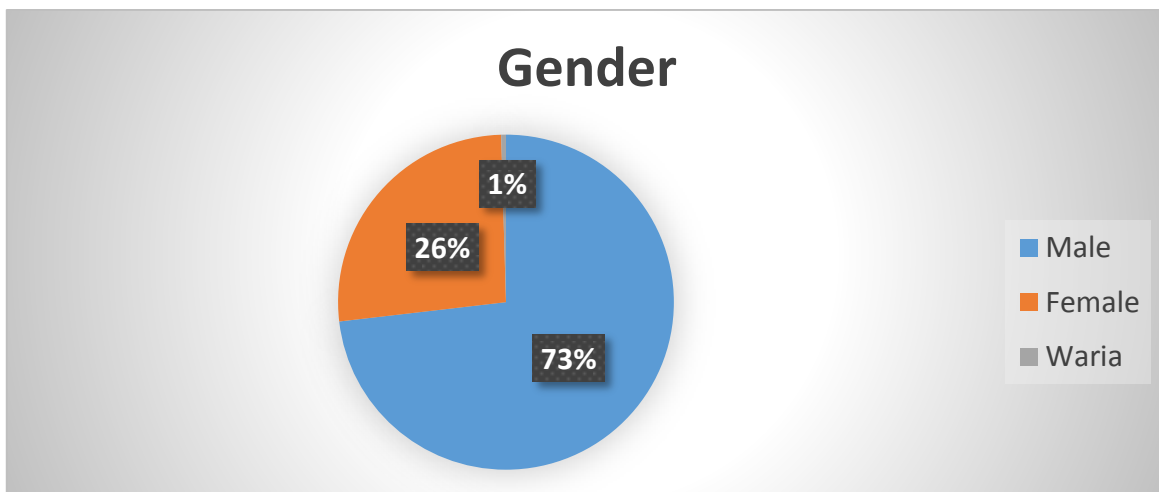
IV. Klinik Yayasan Angsamerah – A glance at the clinic’s patients

Since the opening of Klinik Yayasan Angsamerah in mid July 2013, the clinic has recorded a total of 1069 patient visits from 652 different individuals. While patient numbers are below the set targets there is a steady trend towards more patients over time:



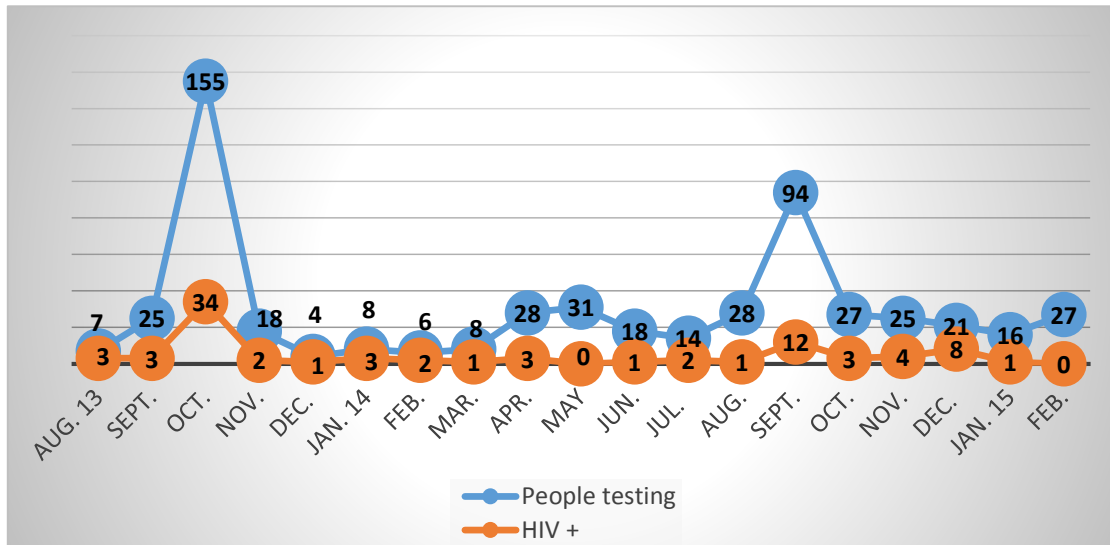
Note the two peaks in October 2013 and September 2014 are due to the Q! Film Festival free HIV testing campaign.

Almost three quarters of patients accessing Klinik Yayasan Angsamerah are males (477), and one quarter (172) are females. Less than 1% (3) are waria patients. The male to female ration has been considerably influenced by the two free HIV testing campaigns targeting MSM during the yearly Q! Film Festival weeks. However, even when excluding Q! Film Festival patients a majority of patients (roughly two thirds) are males. The table below illustrates the gender distribution of new patients:

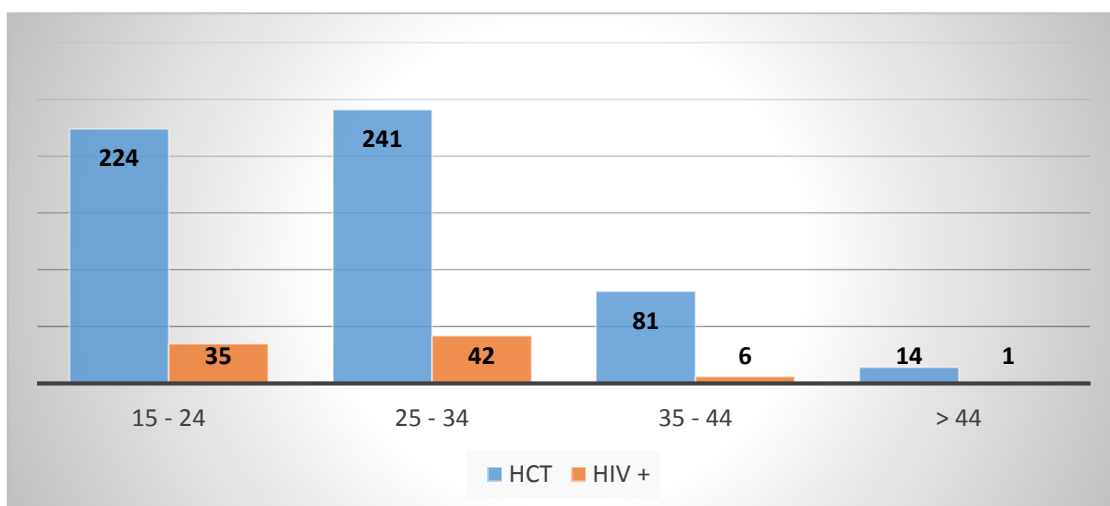


HCT:

Since its opening in mid 2013 a total of 560 different individuals underwent HCT at the clinic, of which 84 turned out to be HIV positive, adding up to an HIV prevalence of 15% among all new clients tested.

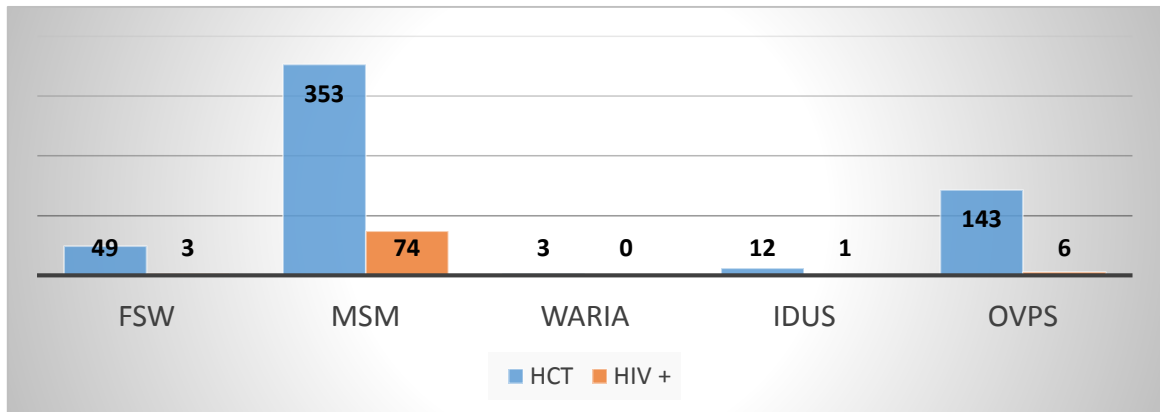


The largest age group among clients undergoing HCT lies within the 25-34 year range. However, almost as many, 40%, are Youth between the ages of 15-24 years. This shows that KYA is successful in attracting young clients, who value the private clinic environment and the staff's friendly, professional and non-judgemental attitude towards young people who are sexually active. HIV prevalence is highest within the 25-34 age group with more than 17% infected, but patients from the youngest age group are almost equally as likely to be infected (16%). This very high prevalence among young patients, who have been sexually active for a couple of years at the most, is very concerning.



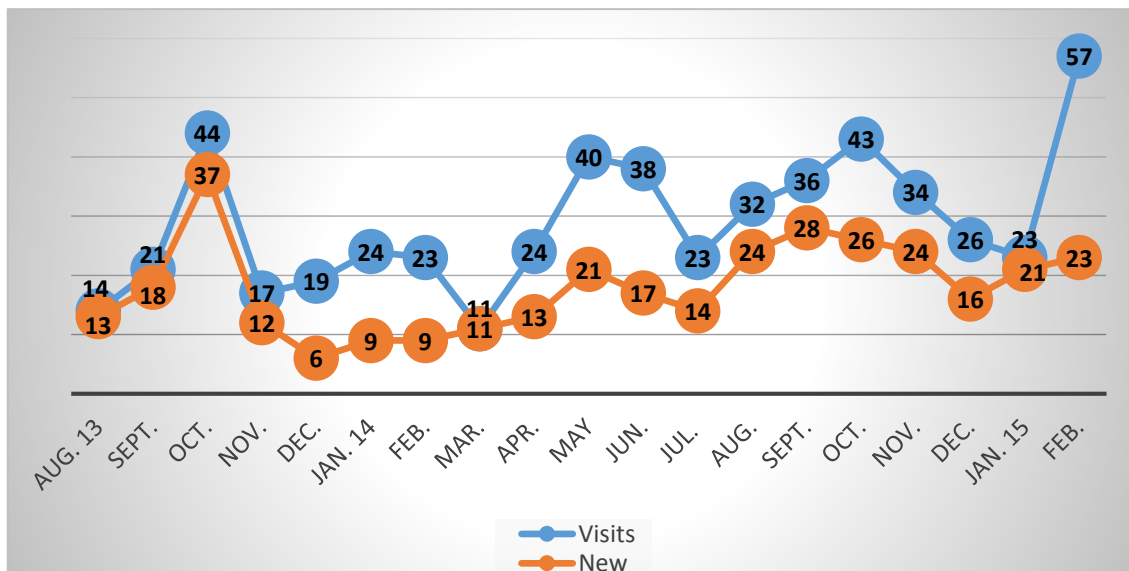
As can be seen in the graphic below, two thirds of HCT clients are MSM (63%). The bulk of new HIV infections occurs within this group, with 21% of MSM clients undergoing HCT

found to be HIV positive. The second largest KAP group are 'Other Vulnerable Populations' (OVPs)⁵, making up almost a quarter of HCT patients. Roughly 4% of OVPs tested HIV positive, with two of these being females. The third largest group are FSWs, making up less than 10% of HCT patients. HIV prevalence among tested FSWs at KYA stands at 6%. Small numbers of IDUs and transgender people (*waria*) have also accessed the clinic for HCT services:



Other STIs:

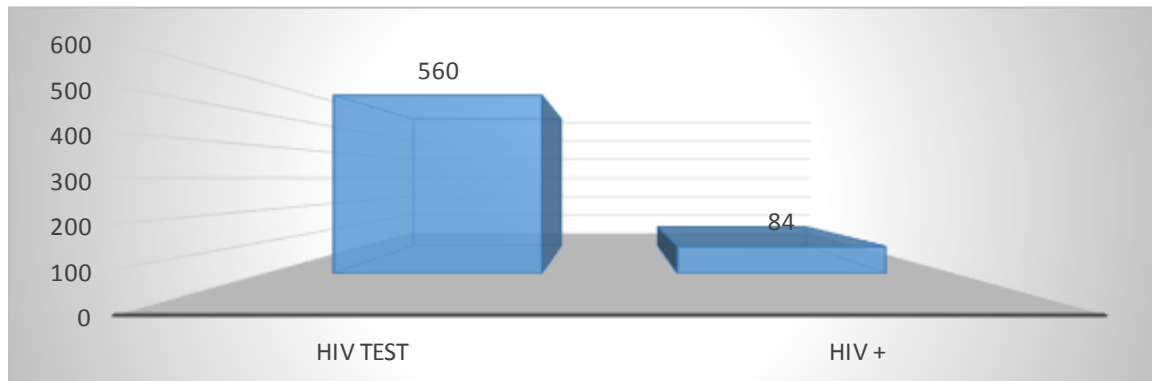
So far 342 different individuals have made a total of 549 visits to test for STIs other than HIV. STIs most commonly tested were syphilis, gonorrhoea, chlamydia and genital warts. Moreover, among female patients Pap smear screening was also in high demand. The table below provides an overview of patient visits and new patients related to STI testing (other than HIV) over time:



⁵ OVPS are clients of sex workers, regular partners of KAPs, and other sexually active individuals.

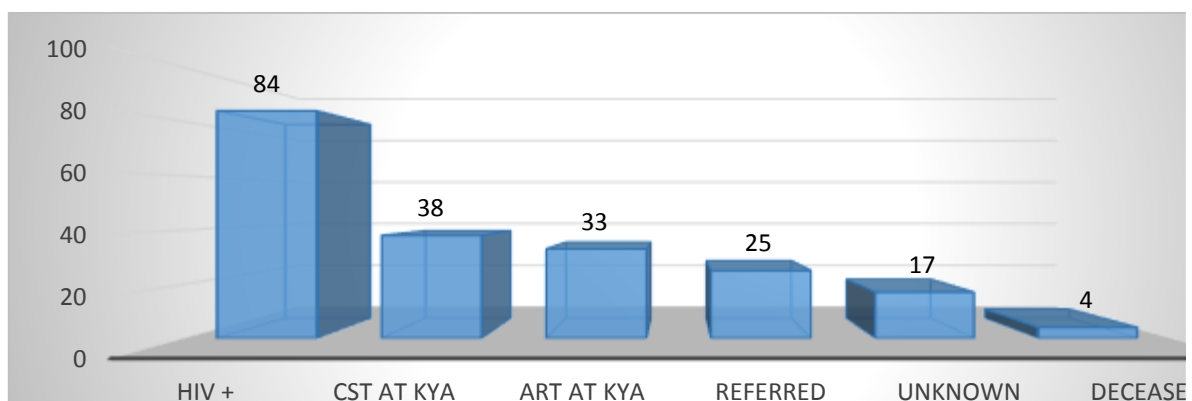
PLWHA:

Since the opening of KYA a total of 84 clients have been diagnosed with HIV and AIDS. More than half of these (43) were diagnosed during the free HIV testing campaigns on the occasion of the Q! Film Festivals 2013 and 2014, which in 2013 included mobile testing at MSM massage parlours in collaboration with Yayasan Inter Medika.



Following WHO recommendations and guidelines, since 2014 Indonesia has started implementing the Strategic Use of ARVs (SUFA) for Key Affected Population groups. Health services are thus advised to provide newly diagnosed individuals with ARVs as early as possible, to prevent them from getting sick and as a means of prevention. Since mid 2014 the Angsamerah clinics have followed these recommendations.

However, as can be seen in the graphic below, less than half of clients diagnosed have subsequently accessed CST services at KYA and only 40% of the total are currently accessing ART at KYA. Patients listed as 'referred' access CST and or ART services at another health facility (e.g. Angsamerah Blora, Carolus, PKM Setia Budi, RS Keramat Jati) due to a move or convenience (e.g. closer to their homes), or because other health facilities provide services at a lower cost or for free. Most of these clients have been tested during one of the Q! Film campaign. With the exception of two, all patients whose whereabouts are unknown have been tested during the 2013 Q! Film Festival, many of them during mobile testing. Most likely these patients have been referred to a lower cost or free health service by our CSO partners, but KYA does currently not have any data in this regard. Communication and coordination with CSO partners in this regard will need to be improved immediately. A total of four individuals have died of AIDS related illnesses, one of them shortly after initiating ART, one before starting ART and two based on information from our CSO partners.



V. Monitoring and Evaluation

The following section provides an overview of the targets and achievements of Klinik Yayasan Angsamerah within the second cycle (SOW II).⁶

As can be seen in the table below, targets related to patient visits and new patients could not be met. Targets displayed below have been calculated for a period of 12 months (see SOW II workplan) and achievements include 11 months (April 2014 – February 2015).

Overall, only 41% of the target related to patient visits and 45% of the target related to new patients could be reached (however, results would look slightly better if targets had been adjusted to 11 month period). KYA has been most successful in attracting MSM, reaching almost 80% of the set target. Roughly 55% of the target related to OVPs has been reached and just like MSM patients, a vast majority of these have accessed the clinic out of their own initiative (non-referrals). Only 12% of the target related to FSWs has been reached, with most of these clients having been referred by Yayasan Kapeta.⁷ A small number of IDUs have accessed KYA during the second cycle period (17% of target, mostly referred by Kapeta). No *waria* patient has accessed KYA during the SOW II period, despite frequent testing promotions.

Only a small fraction of KYA's clients, roughly 15%, have been referred by one of our CSO partners.⁸ This probably has to do with the fact that CSO partners promote a wide range of services, some of which provide lower cost or free services. Moreover, many CSO clients (establishment based) still seem to prefer mobile testing, as opposed to independently access health services. Another reason is that KYA's promotion and marketing efforts have primarily utilized the internet (website and social media), as well as other marketing strategies focusing on populations not being reached by CSOs.

Type of patients	Target ⁹	Achieved	%	Gap
Patient visits	1925	792	41,14%	1133
New patients	945	424	44,87%	521
FSWs	284	35	12,32%	249
MSM	284	225	79,23%	59
Waria	47	-	0%	47
IDUs	47	8	17,02%	39
OVPs	283	156	55,12%	127

⁶ An overview of the targets and achievements of the first cycle (SOW I) can be seen in the SOW I Annual Report.

⁷ Many of the FSWs around Blok M access private doctors directly at their work place (entertainment establishment) or access services during mobile testing conducted by PKM Kebayoran Baru or PKM Setia Budi. Most of the FSWs accessing KYA are street based (not establishment based) and work around Jl. Falatehan (information based on Kapeta outreach worker).

⁸ Excluding patients testing during the 2014 Q1 Film testing campaign.

⁹ Targets formulated within the SOW II workplan were calculated for a period of 12 months. Achievements (patient numbers) are for a period of 11 months (April 2014 – February 2015).

VI. LESSONS LEARNED

The almost two and a half years of collaboration with the USAID SUM II Program has been a challenging but immensely instructional and valuable experience. Angsamerah is very grateful for the opportunity and support from SUM II (USAID).

Below are some key insights, which have been gained or confirmed through the process:

- While KYA has been established in collaboration with the SUM II USAID program, it is a private clinic and has been designed to become economically functional (self-sufficient) after a two year period. Therefore, it is essential to calculate and know the costs (operational costs) of running the clinic and carefully track its income. This will allow Angsamerah to plan ahead (financially and in terms of service system) and take the necessary measures in order to keep running and reach long-term sustainability.
- While the collaboration with our CSO partners is an important element within our promotion and marketing strategy, KYA has not been created to fulfil the needs of a particular project and will not be able to reach long-term sustainability relying on CSO referrals only. Especially, because outreach workers promote a wide variety of services, with some of these providing lower cost or free services. In order to become economically functional and grow as a business KYA will have to target a wide variety of people beyond the clients of our CSO partners.
- Albeit patient numbers are below the set targets and have increased slower than anticipated, there is a clear trend towards more patients over time. Persistence, and consistency in terms of quality, friendliness and overall service delivery is starting to show good results. Patient feedback is overwhelmingly positive and encouraging, and Klinik Yayasan Angsamerah is slowly but surely establishing its brand as a clinic providing top quality services, having a welcoming, professional and friendly staff, offering a high degree of privacy and comfort, and being time efficient (no queues).
- Marketing for sexual health is challenging and requires innovative and new approaches. The demand for HIV testing and testing rates are still relatively low, both among KAPs and within society at large. This remains a major challenge for Klinik Yayasan Angsamerah and the overall HIV/AIDS response in Indonesia.
- While HIV/AIDS is still a serious condition, it has transformed from being an early death sentence to a manageable chronic illness. However, knowledge about available treatment options (ART) are very limited (among KAPs, the general population and sometimes even CSO staffs), thus preventing many from testing as HIV and AIDS are still widely associated with suffering and death. Despite the encouragement from outreach workers, many people at high risk of HIV are still reluctant to undergo HIV testing. And in the light of the Indonesian government's new approach, the Strategic Use of Antiretrovirals (SUFA) for the treatment and prevention of HIV/AIDS, widespread routine testing, especially for people at high risk of HIV, becomes even more crucial.

VII. CHALLENGES

- One of the main challenges for Klinik Yayasan Angsamerah will be to reach and maintain long-term sustainability, while maintaining a high quality and keeping the prices for the services at an affordable level for both key affected populations and a wide range of others in need of sexual and reproductive health services.
 - Therefore, it will be crucial to continue and intensify promotion and marketing efforts beyond our CSO partners, as a large number of patients will not only validate our clinic model but also contribute towards the long-term sustainability of the clinic and allow for growth. Promotion and marketing activities are supported by COFRA Foundation up until July 2016.
 - Further develop financing mechanism, with the aim of increasing and diversifying its resource base and complementing current funding. An example here will be to increase the involvement of our clients at the Angsamerah Clinic at Jl. Blora, e.g. through donations and other forms of support. Also, we will look at CSR programs within the corporate sector.

VII. RECOMMENDATIONS

- Higher visibility and subsequent normalization of HIV and AIDS campaign. Low awareness levels, demand for HIV testing and testing rates, stigma and discrimination are still major issues and future efforts will need to address more aggressively the widespread reluctance to access HCT services (and its root causes), by trying to improve the health seeking behaviour of “at-risk” populations (and society at large). New approaches and strategies will need to be developed and different players will need to work together more closely.
- Acknowledge the vital role of the private sector within the Indonesian health system and harness its potential (human resources, expertise, efficiency, and innovative and entrepreneurial spirit) by joining forces.
- Continuous and increased collaboration with private clinics as part of the overall HIV/AIDS response and to increase the quality and efficiency of a wide range of health services. Transfer of knowledge, expertise and lessons learned from more established institutions (e.g. Angsamerah) through technical assistance to other private (and potentially public) health services.
- New and innovative approaches to reach key affected populations (in particular the many ‘hidden’ MSM) and encourage them to access HCT services. Although current approaches such as direct and indirect models of outreach, HCT service provision, client retention, support networks and strategic partnerships have been relatively successful, scale-up of services is urgently needed to achieve comprehensive service provision across Indonesia. Such approaches must make use of new technologies (social

media and mobile devices) and take into account the changing life realities of MSM and other KAPs across Indonesia.

Submitted by

Approved by

Dr. Nurlan Silitonga
Chairman

Yen Yerus Rusalam
Chief of Party