



FINAL REPORT (SOW I)

PROJECT PERIOD: 15. OCTOBER 2012 – 31. DECEMBER 2013

TITLE:

**Sexual and reproductive health clinic in South Jakarta:
A collaboration between Angsamerah and SUM II**

LOCATION OF ACTIVITIES	
<i>a. Province :</i> DKI Jakarta <i>b. Kota:</i> Jakarta Selatan	<i>c. Hot spots:</i> 1. Blok M 2. Jakarta Selatan 3. DKI Jakarta
EXECUTION	
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Acknowledgements:

Angsamerah Foundation is immensely grateful to the many organizations and individuals whose generous support, guidance and hard work made our achievements possible.

First of all, we would like to thank the United States Agency for International Development (USAID) and its program Scaling Up For Most-At-Risk-Populations (SUM II) for their faith and trust in Angsamerah to become the collaborating partner. We greatly appreciate the funding and support through the SUM II program for making this project possible. Special thanks go to the SUM II team for their technical support and collaboration. At this point, we would also like to acknowledge the help provided by Circle Indonesia and Penabulu, which has greatly contributed to the strengthening of our organization.

We are also extremely grateful to COFRA Foundation for their generous complementary support, which came in the form of a consultant and financial resources.

Angsamerah would also like to say thank you to a number of Civil Society Organizations such as Yayasan Kapeta, Yayasan Inter Medika, Yayasan Srikandi Sejati, Yayasan Karisma, Yayasan Kusuma Buana, Yayasan LPA Karya Bhakti and Yayasan Bandungwangi for their collaboration and commitment to refer patients to the new clinic.

Furthermore, Angsamerah is grateful for the endorsement from a number of government institutions, such as the Ministry of Health, the Provincial AIDS Commission of DKI Jakarta, as well as the South Jakarta branche of the AIDS Commission and their generous support with medical consumables.

Last but not least, all our accomplishments have only been possible thanks to the technical and financial backing from Angsamerah Institution and its team. Herewith, our special thanks are extended to the Angsamerah team, for their advice, persistence and hard work.

I. Executive Summary

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 „most-at-risk-populations“ and the general public, to serve as an incubator for other clinics, and public health consulting.

One of the main pillars of a successful HIV/AIDS response is health services, which are affordable, easily accessible and non-discriminative (friendly). Current coverage of such services in Jakarta is insufficient, resulting in suboptimal conditions for people at high risk of contracting HIV and other STIs. Health experts and community workers stress the need to add more facilities that fill the gaps of existing services and add new and alternative options.

Up until now, the private sector has not been sufficiently mobilized, in particular on the primary health care level. Driven by a strong commitment to contribute to the strengthening of the Indonesian health system in innovative ways, Angsamerah has seized the opportunity to partner with SUM II to establish a new model clinic in South Jakarta.

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. 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 local government institutions.

Within the first 5 months, the clinic has seen 228 patients, and detected 41 new HIV cases. Nevertheless, it will be important to increase the number of patients accessing the clinic in the near future – both in terms of validating the clinic model and to reach sustainability. Hence, a key element within the second year of collaboration with SUM II will be the development and subsequent 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.

II. Background

New HIV infections, cases of AIDS and other sexually transmitted infections (STIs) are still increasing in Indonesia. As in most other countries in the region, HIV and STI epidemics in Indonesia remain concentrated in certain „most at risk populations“, namely among people who inject drugs (PWID: 36%), transgender people (43%), female sex workers (FSW: 7%) and MSM (8%).¹ Particularly major urban areas, such as Jakarta, harbour growing epidemics among „at-risk“ populations. The situation is especially concerning among MSM, a trend which has been reflected at Angsamerah’s private clinics. Many people at high risk of HIV infection are still reluctant to test for HIV. Consequently, late diagnosis of HIV remains a serious problem, with a majority of people already having developed AIDS at the time of HIV diagnosis.

Since 2010, Angsamerah has been running a private high-end clinic in Central Jakarta, providing sexual and general health services. The patient base at the this modern and unconventional clinic has been mostly made up of young Indonesian professionals, public figures and expatriats, who value its clean, private, friendly and professional atmosphere. Many of the patients have previously travelled abroad for sexual health checkups, due to a lack of good quality, friendly and private services locally.

Over a period of three years, the number of people testing positive for HIV or other STIs has increased significantly at the clinic. Concerned by this and the fact that large parts of the population face difficulties in accessing the clinic’s services due to economic constraints, Angsamerah has created a foundation called Yayasan Anak Bangsa Merajut Harapan (Yayasan Angsamerah), with the aim of providing sexual health services to lower income groups, especially „most-at-risk-populations“.

The growing number of people at risk of or affected by HIV and STIs are in need of comprehensive health services, which are of high-quality, affordable, non-discriminative and easily accessible. In line with SUM II’s (and following the National HIV and AIDS Strategy and Action Plan 2010-2014) aim to slow the number of new infections and increase the quality of life of people living with HIV, Klinik Yayasan Angsamerah provides a combination of services from prevention to treatment as prevention, which are of high-quality, friendly, affordable and easily accessible. A special concern at the clinic are individuals and population groups that are at elevated risk of HIV and other STIs.

Currently, a number of primary health care community health centres (*puskesmas*) and public hospitals in Jakarta do already offer HCT and STI services. Being the key primary health care providers for the poor and near-poor (in the case of the *puskesmas*), they play an important role in the provision of sexual and reproductive

¹ Republic of Indonesia Country Report on the Follow up to the Declaration of Commitment on HIV/AIDS (UNGASS) Reporting Period 2010-2011. Indonesian National AIDS Commission 2012.

health services.² Nevertheless, *puskesmas* have to deal with large numbers of patients, with sexual and reproductive health services only accounting for a fraction of all services provided. Lack of privacy, long waiting periods and short consultation times have led many people, especially from the growing middle class, to seek services from private health care providers. But current coverage of such services in Jakarta is still insufficient, resulting in suboptimal conditions for people at high risk of contracting HIV and other STIs. With Klinik Yayasan AngsamERAH a new and alternative health care provider has been added to the existing services, increasing the options for people in need. It is part of the health services network for at-risk populations in South Jakarta along with local hospitals and public community health centers (*puskesmas*).

² Moreover, an important and successful element of existing services for MARPs in Jakarta is the so called 'dokling' (dokter kiling = mobile doctor), organized by the *puskesmas*. 'Dokling' consists of mobile VCT and STI testing at entertainment venues such as karaoke centers and massage parlours.

III. Program Achievements and Challenges

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.

Within the first year of collaboration, Angsamerah Foundation has successfully established a „most-at-risk-population“ friendly sexual and reproductive health „model clinic“ in the Blok M area of South Jakarta. Klinik Yayasan Angsamerah has started its operation in the middle of July 2013.

Planning and setting up process:

- ***Finding a place for the clinic:***

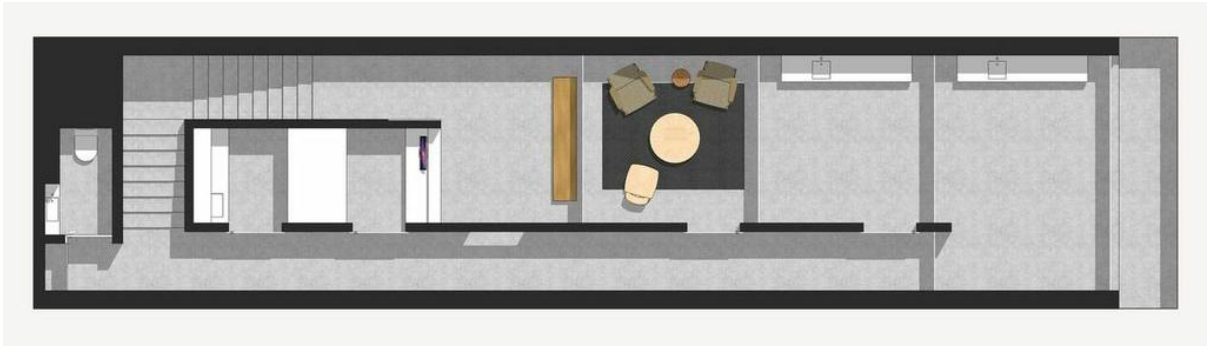
The first step consisted of finding a good location for the clinic. Main criteria were a strategic location (in terms of visibility and reachability of the clinic and closeness to hotspots around Blok M), price class, condition and suitability of building, complete documents/permits and cooperation of owner. Our team had started looking for a suitable building even before the grant agreement was signed in October 2012. The search was done through a number of ways, mainly by touring around South Jakarta by car and on motorbike, through internet search on property websites and by asking our many partners for help.

Over the course of about four months we found several places, which would have qualified for our purpose, but either prices were too high or owners not cooperative. At the end, finding a location for the clinic took us several months longer than planned. After many setbacks, we were able to find a suitable location in mid January 2013, a four story RUKO at Jl. Panglima Polim Raya no. 6K, across from Blok A market and only 5 minutes by public transport from Blok M. The owners were cooperative and a few days later payment was done (for two years) and a rental agreement (for five years) was signed. With its four floors and considerable floor space, the RUKO can potentially be shared with other businesses, which will lower the operational costs of the clinic on the long run.

- ***Design and Renovation:***

Once the payment was settled and the contract signed, layout plans were designed in collaboration with our Angsamerah architect. It was decided that the best place for the clinic would be the second floor and that the renovation would focus on establishing the clinic on that floor (with just minor changes made to the first and third floor). Plans for a commercial pharmacy on the first floor and a commercial laboratory on the third floor were also made.

The layout of the clinic was designed to contain two examination rooms, a counselling room, an administration desk/space, a waiting space, a simple laboratory and a toilet.



After the layout plan had been finished, a number of contractors were contacted to provide quotations. This process took several weeks, due to the waiting time for the quotations and the subsequent price negotiations and some adjustments of the layout. In order to keep the costs as low as possible, we have decided to directly work with three different sub-contractors/suppliers. This allowed us to avoid overhead costs and the overall price could be lowered considerably (as compared to having a single contractor).



Early stage of clinic renovation.

The renovation process had been coordinated and supervised by our architect and team, which had been challenging at times. The course of the renovation did

not always go according to our plan and schedule, with several delays (e.g. the late delivery of the glass partitions) causing delays of subsequent steps of the renovation. In the end, the renovation took almost two months longer than previously planned. It could be finalized in early to mid July 2013.



Administration desk at the new clinic.

- ***Mobilizing additional resources:***

With the aim of securing additional resources for the project, in particular for the equipment of the clinic and laboratory (which cannot be supported by USAID funding), Angsamerah approached Swiss based COFRA Foundation.³ After submitting a proposal in early January 2013, COFRA Foundation signalled interest in supporting the project. Based on the proposal and subsequent discussions through e-mail and by phone, COFRA concluded that more thinking on the sustainability of the clinic needed to be done. They offered to assist us in this regard, by sending a consultant to work for 5 days with our team to develop more robust financial projections and a sustainability plan. In the case of a positive outcome of this exercise, they committed to also provide us with financial support as requested in our proposal.

³ COFRA Foundation is part of the CSR program of The COFRA Holding AG, from Switzerland. COFRA Holding is an international family company active in retail, real estate, financial services, renewable energies and corporate investment.

- **Financial Projections:**

Parallel to the renovation, many other preparations had to be tackled. An important element in this regard had been the development of a sustainability plan and more elaborate financial projections for the next few years of the clinic operation. This was done with the help of a consultant from COFRA Foundation (as mentioned above), who had been working with our team for 5 days in late February 2013. The exercise proved successful and resulted in the development of a profit and loss statement template, which allowed us to project the costs and revenues for the first few years of the clinic operation. Moreover, it had been very helpful to determine the prices for the services at the clinic. The profit and loss statement is a living document, which had been updated and adjusted as we went along.

- **Pricing:**

In conjunction with the development of the profit and loss statement, we have also calculated and determined the prices for the services at the new clinic. Prices are not arbitrary but the result of careful calculations, which are based on the basic price of each available service and taking into account the overall costs for the operation of the clinic. The challenge here was (and still is) to keep prices as low as possible while still generating enough revenues to cover the operational costs of the clinic. The end result is a range of prices, which situate Klinik Yayasan Angsamerah in terms of cost of services somewhere between the *puskesmas* and hospitals.

In a further attempt to accommodate lower income groups, the clinic has adopted two different price categories, with clients from the general population paying somewhat higher prices in order to help cross-subsidize the lower prices for MARPs referred by CSOs.

- **Coordination with CSOs and selected stakeholders:**

During the months leading up to the clinic's opening, Angsamerah has started approaching 7 CSOs⁴ and a number of selected stakeholders (such as the KPAP DKI Jakarta, Sudinkes Jakarta Selatan and Puskesmas Kebayoran Baru). CSO partners and key stakeholders were approached by e-mail, through visits to their offices and during coordination meetings. This was done in order to inform the different institutions in more detail about the concept of the planned clinic and the scope of services, to seek support (e.g. for medical consumables) and

⁴ Yayasan Inter Medika, Yayasan Kusuma Buana, Yayasan Bandung Wangi, Yayasan Srikandi Sejati, Yayasan Karisma, Yayasan Kapeta and Yayasan LPA Karya Bhakti. Among these, the following cover South Jakarta: Yayasan Inter Medika, Yayasan Kapeta, Yayasan Srikandi Sejati. With the exception of Yayasan Kapeta, all other CSOs are supported by the SUM II program.

endorsement, and to coordinate and discuss issues related to the distribution of the referral cards (see below).

With the help of our CSO partners, which have been conducting outreach among different MARPs across Jakarta, the Angsamerah team has been able to learn more about the characteristics and lifestyles of the different communities they serve. The newly gained knowledge has proven helpful to our team to provide better health services to MARPs once the clinic started operating. Moreover, the concerns and inputs by the CSOs have had an impact on the planning of the service system at the new clinic, such as MARP friendly opening hours and pricing. After the clinic had been launched, our CSO partners started promoting the clinic at hotspots across Jakarta, distributing referral cards and referring clients to our clinic. An important element of the collaboration has been routine communication between the clinic staff and outreach workers, which is primarily being done through monthly „sharing“ meetings.

- ***Referral cards:***

With the intention of making it easier to identify clients referred by our CSO partners (and also as a means of promotion), Angsamerah had produced small referral cards, similar to business or name cards, which were then distributed to MARPs by outreach workers of the respective CSOs. Clients accessing the clinic with a referral card pay lower prices (subsidized). Clients not presenting a referral card but nevertheless being clients of one of the partner CSOs are also entitled to pay the lower prices. Clients who have not been referred by a CSO („general“ patients) pay regular and thus higher prices. If during the consultation a patient has been identified as belonging to one of the MARPs, he/she will be given the option to access one of the CSOs and subsequently receive the same benefits as referred patients.

Launching of Klinik Yayasan Angsamerah:

The long anticipated moment had finally come and the new clinic has started its operation in the middle of July 2013. Thanks to the collected effort of the Angsamerah team, the renovation and set up of the new clinic could be completed during the first half of July. Klinik Yayasan Angsamerah - a modern, stylish and unconventional clinic - was launched in the afternoon of the 15th of July, during the first week of the Muslim fasting month.

The opening celebration was attended by representatives from SUM II/USAID, a number of key government institutions, our CSO partners and members and colleagues of Angsamerah. The small event took place at the first floor of the RUKO, which is still empty and will house a pharmacy in the future.

The ceremony started with some welcoming words by the Angsamerah team. Thereafter, the microphone was passed on to Yen Rusalam, SUM II's Chief of Party, who gave a very astute and inspiring short speech. Among other things Bpk. Yen expressed his hopes related to the new clinic and stressed the importance of adding additional options to the already existing health services. He also expressed concerns about the high and increasing prevalence rates among MARPs and called upon all parties to work together to turn the tide.

The second speech was delivered by Dr. Nurlan, Founder of Angsamerah, who captivated the audience immediately. She talked about the importance of having a dream, a vision. Great things are born out of an initial dream, but focus, creativity and hard work are needed to transform the dream into reality. Subsequently, Dr. Nurlan invited the other guests to participate in a discussion.

After a lively discussion it was time to proceed and cut the ribbon. Once the ribbon was cut in two everyone climbed up the stairs in excitement to the first floor to see the new clinic.



Big moment: Cutting the ribbon together with Dr. Nurlan, Dr. May from Puskesmas Kebayoran Baru and Winli from KPAK Jakarta Selatan.

Operation of Klinik Yayasan Angsamerah:

Service description:

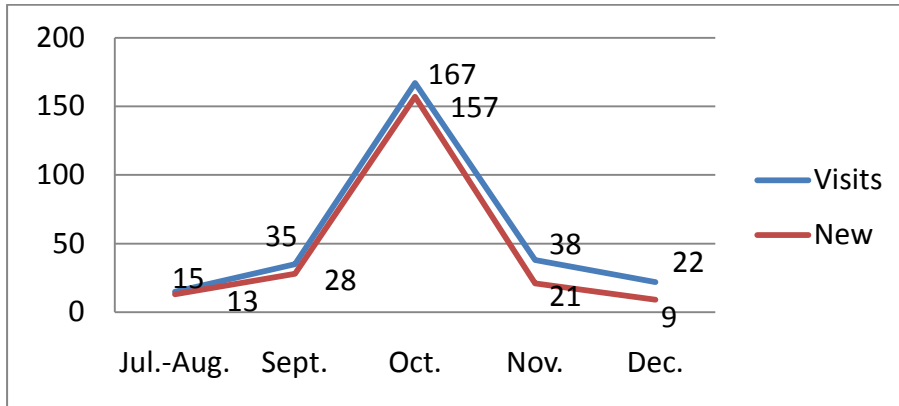
Klinik Yayasan Angsamerah is run by Angsamerah Foundation, which is part of the Angsamerah Institution, a private organization specialized in the provision of sexual and reproductive health services. Klinik Yayasan Angsamerah is centrally located at Jl. Panglima Polim Raya, across from Pasar Blok A, only a few minutes away from the Blok M mega shopping and entertainment area and bus terminal. The clinic is open from Monday till Saturday, with opening hours „friendly“ for at-risk populations (Monday – Friday: 11 a.m. – 7 p.m.; Saturdays: 10 a.m. – 4 p.m.). Services at the clinic can be obtained incognito, that is without the need to show any identification. Patients are encouraged to make an appointment.

Klinik Yayasan Angsamerah is an outpatient clinic managed by a general practitioner. It provides general health services on a primary health care level. Special attention is given to the provision of comprehensive sexual and reproductive health services (a combination of services from prevention to treatment as prevention). Such services are often neglected by conventional providers. Services are provided to all members of society, regardless of their age, gender, sexual orientation, marital status or profession.

The clinic provides „one stop“ services for HIV and STI screenings, with results being available within 20 minutes. With other words, the clinic provides the opportunity to obtain comprehensive care including counselling, testing, treatment and medical follow-up at one location and with a high level of personal continuity. This way, the transfer between two or even more institutions can be avoided, which means that patients can save time and do not have to disclose intimate information repeatedly to new providers. Nevertheless, if patients require services beyond the primary health care level or from a specialist doctor, they will be referred to one of our partners. The clinic does also provide ARVs, with Angsamerah being a certified satellite provider for Anti-Retroviral Treatment by Sulianto Saroso Infectious Disease Hospital.

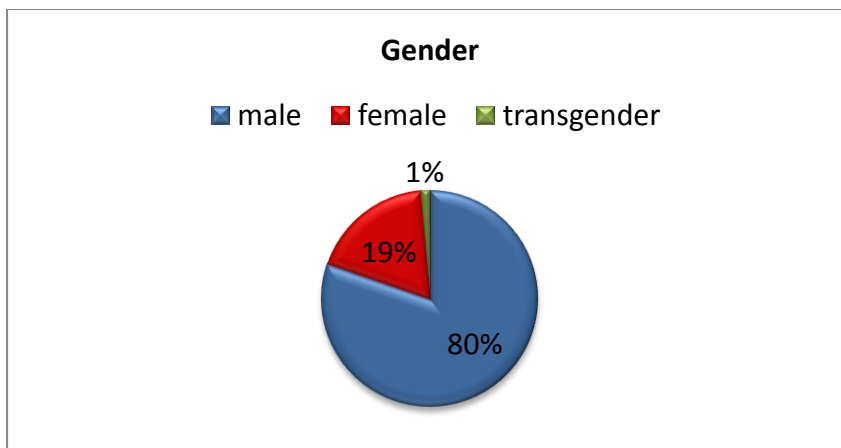
A glance at the clinic's patients:

During 2013 (mid July – December), there have been a total of 277 patient visits by 228 different individuals, which makes an average of 1-2 patient visits per day.⁵ The following table shows the distribution of patient visits and new patients over time:



Note the peak in October due to the Q!Film Festival.

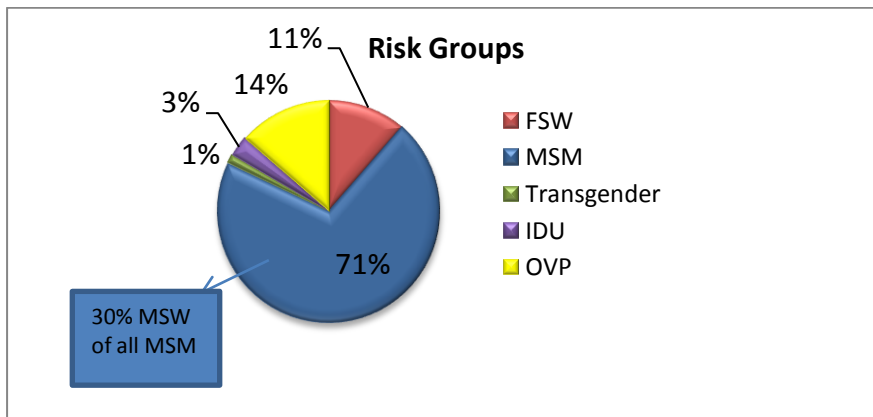
A majority of the patients at the clinic are male (183), followed by females (42) and a small number of transgender persons (male-to-female) (3). The male to female ratio has been considerably influenced by the free HIV testing campaign targeting MSM during the Q!Film Festival, but even excluding the Q!Film Festival patients, males make up the bulk of patients. The following table illustrates the gender distribution of all patients:



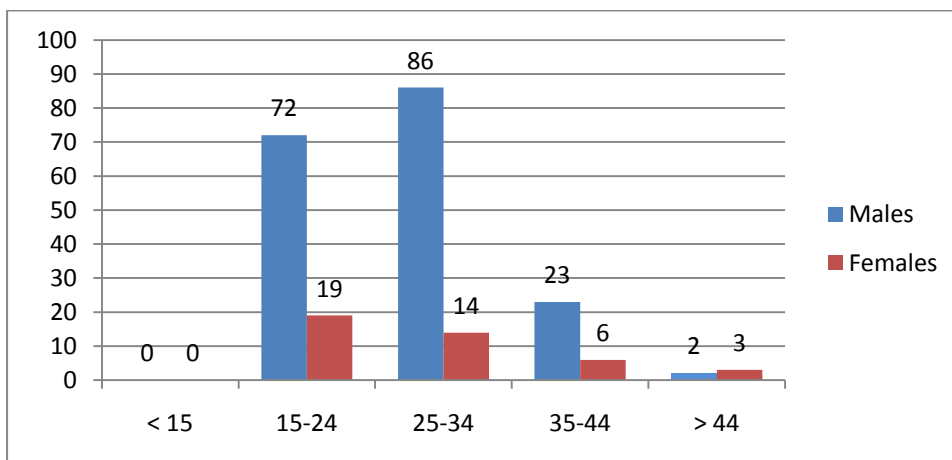
More than two thirds of patients at the clinic are MSM (71%)⁶, with female sex workers making up the second largest single „risk group“ (11%). The category „other

⁵ This includes 142 people (mostly MSM) who have accessed free VCT services during the Q!Film Festival collaboration between Yayasan Inter Medika and Angsamerah.

vulnerable populations“ (OVP, 14%) is made up of clients of sex workers, regular partners of MARPs and other individuals with multiple partners. Small numbers of IDUs and transgender people have also accessed the clinic:



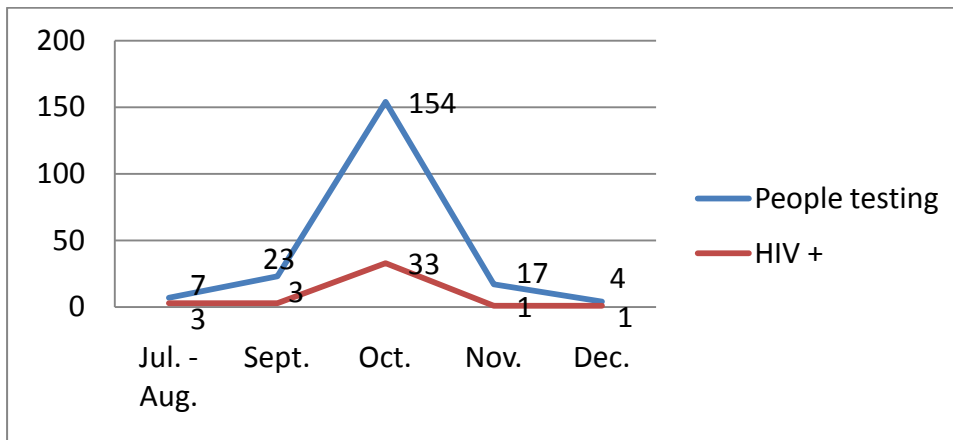
Patients at KYA range between the ages of 16 and 63. The group of 25 – 34 year olds make up a narrow majority. The second largest group are youth patients between the ages of 16 and 24 (largest group for female patients). The third largest group are persons between 35 and 44, with a small number being over the age of 44. The youngest patients have been two 16 year old female sex workers.



A majority of patients have been referred by our CSO partners (190 referred as opposed to 38 non-referred). This is largely due to the fact that up until now there has not been any noteworthy promotion of the clinic beyond the CSOs.

⁶ The large proportion of MSW (30%) among MSM is due to mobile testing at MSM massage parlors during the Q!Film Festival.

A total of 205 different individuals underwent VCT at the clinic, of which 41 turned out to be HIV positive, adding up to an HIV prevalence of 20% among all persons tested.



The HIV prevalence has been particularly high among tested MSM (151 tested, 38 positive), meaning a staggering 24.5% turned out to be HIV positive. The HIV prevalence among tested female sex workers stood at 11.5% (26 tested, 3 positive).

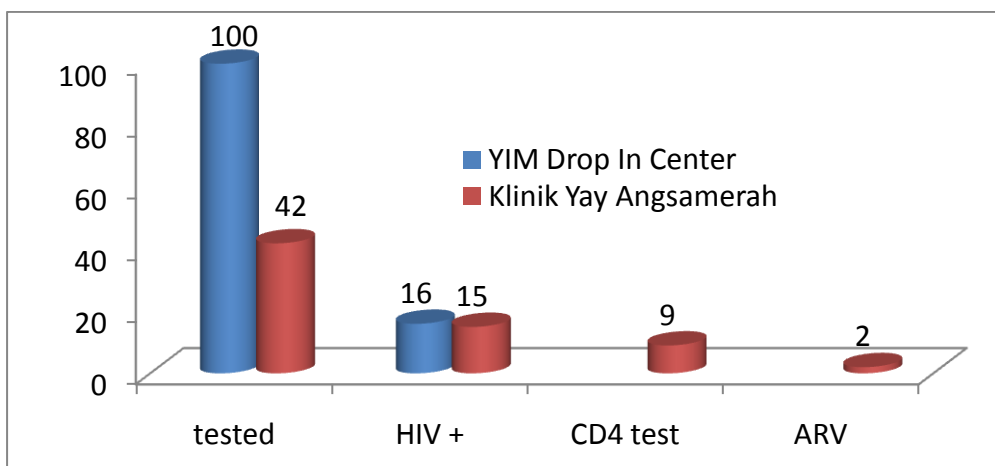
Most new HIV cases have been among youth patients between the ages of 16 – 24 (17 cases) and within the 25 – 34 age group (18 cases). Three new HIV cases have been detected among MSM below the age of 20.

Of particular concern is (apart from the fact that most new HIV cases are among young persons), that a majority of patients have already developed AIDS at the time of their first HIV diagnosis. This points to the fact that many of the clients only get tested once their health starts deteriorating and they start to feel sick. Late diagnosis of HIV thus remains a serious problem among patients at the clinic. This not only reduces the chances of a successful treatment and survival but also contributes to the further spread of the disease, as many of the patients have been unknowingly infected for years.

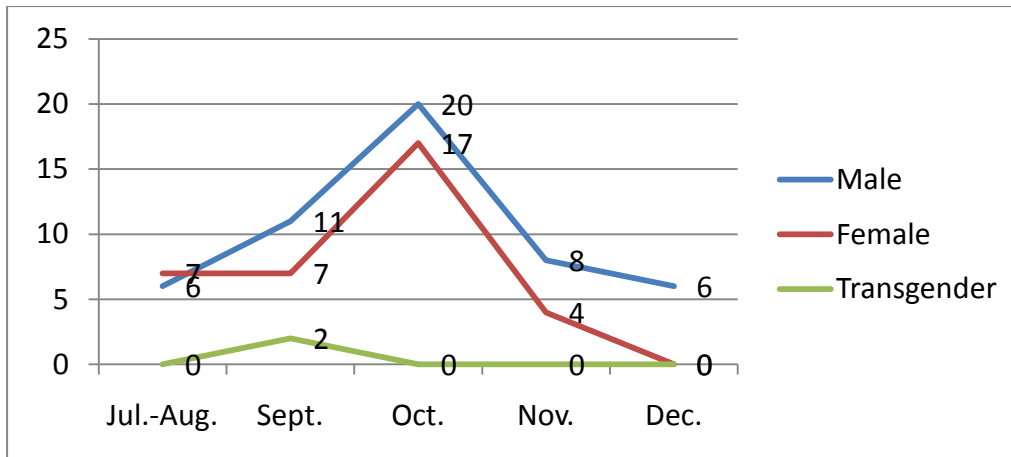
In early October, Angsamerah has collaborated with Yayasan Inter Medika to provide free HIV counseling and testing (HCT) to MSM during the Q!Film Festival, which turned out to be a great success. A total of 142 persons accessed the free HCT services (135 MSM and 7 females), which were available at Klinik Yayasan Angsamerah and the Yayasan Inter Medika drop-in center (supervised by Angsamerah staff).



The following table shows the number of people tested at the two respective sites, HIV positive cases and the number of individuals undergoing subsequent CD4 testing and starting ART:



A smaller number of persons (88) tested for any STI (excluding HIV). STIs most commonly tested were syphilis, gonorrhoea, chlamydia and genital warts. Among female patients pap smear screening was most commonly requested. The prevalence of syphilis among MSM (69 tested, 5 diagnosed) stood at 7.2% and among female sex workers at 4% (26 tested, 1 diagnosed). The table below indicates the total number of individuals undergoing STI testing distributed by gender:



So far, Klinik Yayasan Angsamerah has provided care to 19 people (15 males and 3 females) living with HIV and AIDS (PLWHA).⁷ Among PLWHA, a majority (10 people) belong to the 25 – 34 age group, followed by the youngest (15 -24) age group (7 individuals). In terms of risk groups, 14 PLWHA are MSM, 3 are female sex workers and 2 IDUs.

A total of 10 PLWHA have been provided with ARVs at the clinic, one of whom (a female patient) deceased in late November.

Challenges:

The process of setting up Klinik Yayasan Angsamerah has proven to be more challenging and time consuming than previously thought. Finding a good location for the clinic (strategic, close to Blok M, not too expensive, legal documents in order, owner collaborative), took several month longer than planned. Subsequently, the renovation of the second floor of the RUKO to establish the clinic also took longer than planned and there have been a number of unforeseen delays during the process. As a result of this, Klinik Yayasan Angsamerah has opened its doors in mid

⁷ Individuals counted as PLWHA have either accessed Klinik Yayasan Angsamerah with an existing HIV/AIDS diagnosis (diagnosed at another facility outside of KYA) or they have previously received an HIV/AIDS diagnosis at KYA and accessed the clinic for a second time (thus counting as PLWHA).

July, six months later than stated in the initial program proposal. In retrospective, our initial estimate to open the clinic in January had been unrealistic.

One of the implications of the delayed opening is a lower number of clients reached during the period of the first SOW. 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.⁸ Our previous estimate of having 5 patient visits per day during the first 4 months of clinic operation (we have achieved 1-2 patient visits per day) has been too ambitious.

So far, we have not been able to promote the clinic on a large scale, which is mainly due to limited financial and personnel resources and lack of time. More time, efforts and resources are needed to reach new clients and a crucial element of this will be the development and subsequent implementation of a solid marketing plan. Angsamerah will apply principles and techniques of social marketing, which aim at improving the health-seeking behaviours of at-risk populations and thereby help creating demand for sexual and reproductive health services. An important aspect of our social marketing strategy will be to promote the clinic beyond our CSO partners, through targeted promotions and campaigns in the neighbourhood and places and venues where potential clients congregate (e.g. malls, beauty and hairdressing salons, restaurants and cafes, apartments, etc.). This will also contribute to the sustainability of the clinic, as such clients pay somewhat higher prices in order to help cross-subsidize the lower prices for MARPs referred by CSOs.

IV. Organizational strengthening:

In line with SUM II's objective to improve the organizational performance of its CSO partners, Yayasan Angsamerah has been supported by two local technical assistance providers, that is Circle Indonesia and Yayasan Penabulu.

Yayasan Angsamerah has only been established in September 2012 and is thus still a very new organization. The foundation differs from other CSOs not only in that its main function is to provide health services, but also in the way it is linked to a bigger private institution, that is the Angsamerah Institution. For instance, Yayasan Angsamerah does have limited full time staff and much of the support (both in terms of technical assistance and personnel) is provided by Angsamerah Institution. Apart from the fact that Angsamerah has long planned to establish a foundation due to its

⁸ The target number of total patient visits stated in the first SOW was calculated for 10 months 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.

concern for marginalized populations, the timing of the foundation's creation has been a practical one.

Circle Indonesia:

The main role of Circle Indonesia in relation to Yayasan AngsamERAH has been to assist us with the development of our new organization. After an initial assessment in January 2013, Circle put together a training and mentoring plan. Over the course of the year, the team from AngsamERAH could benefit from the following assistance/activities:

1. Strategic Planning Workshop (Renstra)
2. Project Management Cycle Workshop
3. Gender and Human Rights Workshop
4. Advocacy Workshop
5. Personalized mentoring

Moreover, Circle Indonesia has supported our team in developing HR and Admin SOPs. Overall, the technical assistance provided by Circle Indonesia has been very helpful and valuable for our foundation.

Yayasan Penabulu:

The technical assistance provided by Yayasan Penabulu has primarily focused on equipping our team with the skills to comply with the financial requirements related to the SUM II program and improving the foundation's finance system.

Firstly, Penabulu has improved the capacity of AngsamERAH's finance officer to fulfil SUM II's book keeping (CTH) and financial reporting requirements. This was done through regular mentoring sessions, which were immensely helpful. Secondly, Penabulu has assisted AngsamERAH Foundation with the creation of a finance SOP.

V. Lessons learned:

The first year of collaboration with SUM II (USAID) has been a challenging but immensely instructional and valuable experience. Below are some key insights, which have been gained or confirmed through the process:

- One of the challenges for Angsamerah Foundation during the past year have been limited financial and human resources. This has led Angsamerah to achieve higher levels of efficiency, while at the same time increasing effectiveness. Examples are: improving time management of staff, motivating staff to learn new things and take challenges, emphasize on quality, think and act strategically and set priorities.
- It is crucial to look at an organization as a “business” (in our example the clinic), which is meant to be economically functional (sustainable). An essential first step is to calculate and know the total monthly or yearly costs of the business/organization (e.g. through a profit and loss statement). The second and more challenging step is to find ways of how to generate income/access resources. There are many ways of how this can be accomplished, but it is very important to really calculate everything and make a strategic plan.
- Marketing for sexual health requires innovative and new approaches: one of the main challenges for Klinik Yayasan Angsamerah and the overall HIV/AIDS response in Indonesia is the relatively small number of people accessing sexual and reproductive health services. Despite the encouragement of 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 related to the provision of ARVs, which is the strategic use of antiretrovirals (SUVA) for treatment and prevention of HIV, widespread routine testing, especially for people at high risk of HIV, becomes even more crucial.
- Future efforts will thus need to address more aggressively this widespread reluctance to test (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.
- So far, referrals from our CSO partners have been lower than expected, despite routine communication and testing promotions (e.g. free HIV and syphilis screening). It might be helpful if SUM II can set targets for the different CSOs to refer particular numbers of patients to our clinic, as an initial boost to promote the clinic.

VI. Looking ahead:

During the second year of collaboration with SUM II, our scope of work will centre on the continuation of the clinical services of Klinik Yayasan Angsamerah and its intensified promotion, with the goals of increasing the number of individuals accessing the clinic and reaching long-term sustainability for the operation of the clinic and to develop the satellite clinic's capacity to become a learning centre and model for others to replicate, especially in how clinics can promote health seeking behaviours, provide friendly services, and attract most-at-risk populations.

One of the main challenges will be to reach and maintain long-term sustainability while keeping the prices for the services at an affordable level for both at-risk populations and a wide range of others in need of sexual and reproductive health services. Therefore, along with social marketing, Angsamerah will focus on strengthening and further developing its innovative financing mechanism, with the aim of increasing and diversifying its resource base and complementing current funding.

Moreover, based on Angsamerah's track record of creating models of sexual and reproductive health care delivery, SUM II has requested Angsamerah to provide technical assistance related to the development of clinical services models and in clinical management to a number of selected private clinics in four provinces.

The scope of work for the technical assistance will be elaborated after the completion of assessment visits to each of the selected private clinics. The output of the assessment visits, the written assessment reports, will be used by the Angsamerah team as the basis for the development of the technical assistance workplan. Moreover, the scope of the technical assistance will be based on the time and resources availability of the TA recipients, SUM II, Angsamerah Foundation and other potential supporters.

VII. Finance:

Up until now, Yayasan Angsamerah has been running one project, which is the collaboration described in this report.

The following institutions have contributed to the establishment and subsequent running of Klinik Yayasan Angsamerah:

- **SUM II (USAID):** **Rp. 345'030'000.-**

SUM II's funding has supported the bulk of salaries; contributed to the setting up, furnishing and renovation of the clinic, operational costs of the clinic, marketing, monitoring and evaluation. Moreover, support came through technical assistance and strategic guidance from the Chief of Party and the rest of the SUM II team as well as the assistance through two TA providers.

- **Angsamerah Institution:** **Rp. 335'662'000.-**

Angsamerah has financially contributed to salaries; the design, setting up, renovation and furnishing of the clinic, operational costs of the clinic (e.g. rent), legal matters, marketing and medical consumables. Moreover, technical assistance and strategic guidance from the founder as well as support from Angsamerah Institution's staff has been provided for free as part of their social responsibility and commitment to the foundation.

- **COFRA Foundation:** **Rp. 95'250'000.-**

COFRA's funding has been largely used to purchase medical and non-medical equipment for the clinic and laboratory, which small parts having contributed to the renovation of the clinic and for marketing purposes. The above mentioned amount does not include the cost for the consultant.

- **GWL-INA:** **Rp. 4'800'000.-**

The support from GWL-INA was for medical consumables related to the free HIV testing during the Q!Film Festival.