



**Klinik Yayasan Angsamerah: A model of comprehensive, high-quality, and friendly primary health care provision in the private sector.**

## **Project Completion Report**

***(August 1, 2015 – March 31, 2016)***

***To be submitted to***

**DERAP PROJECT  
Menara Salemba 7<sup>th</sup> 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. Johar no. 6A, Kebon Sirih, Menteng, Jakarta Pusat 10340

**Management:**

Director : Dr. Nurlan Silitonga  
Program Manager : Felix Neuenschwander

**Program Period:**

August 1, 2015 – 31. March, 2016

Obligated grant : Rp. 542'173'333.-

Total received funds : Rp. 514'165'831.-

Total used funds : Rp. 514'165'831.-

## II. Background

DERAP (Delivering Expanded Resources for AIDS Programming) is a 12 month Bridging Project of USAID Indonesia, and constitutes an important element of the collaboration between USAID and the Government of Indonesia. It aims at strengthening the organizational and technical capacity of stakeholders at a district and city level to mobilize forces and expand coverage of HIV and AIDS services for key affected populations. An important component of this has been the provision of small grants for CSOs to strengthen comprehensive HIV prevention services, treatment and support, as well as antiretroviral treatment for FSWs, IDUs, MSM, waria, and HRM.

New HIV cases among key affected populations in Indonesia are still on the rise. Particularly major urban areas, such as Jakarta, harbor growing epidemics. The situation is especially concerning among MSM, a trend which has been reflected at Angsamerah's two private clinics, where about 20% or one in five new MSM patients test HIV positive. 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. The aim of Klinik Yayasan Angsamerah is to provide such services to both key affected populations and other individuals in need of sexual health services.

Currently, an increasing number of puskesmas and public hospitals in Jakarta already offer HIV and AIDS related 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 health services. 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. Therefore, it is crucial to fill the gaps of existing services by strengthening these, but also adding new and alternative service options within the private sector, which are being primarily accessed by the growing middle classes and high income groups (which also includes many individuals from key affected populations).

Angsamerah has also established itself as a training and learning center and "bank of ideas and innovations" for health care professionals from across Indonesia. In particular general practitioners, who are interested in increasing their professional capacities related to the clinical management of HIV and AIDS, STIs, hepatitis, tuberculosis and recreational drug use, and those who wish to learn more about how to set up and run a successful private practice or small private clinic, can profit from Angsamerah's expertise and experience in the field. An important element of this has been the provision of a support package to public healthcare providers (PKM doctors), consisting of a mix of theoretical and practical components, comprising of clinical skills development, business strategy aspects and personnel development. Angsamerah has also created a business template of the Klinik Yayasan Angsamerah clinic model, which can potentially be used by other doctors who are interested in setting up or improving their own private practice or clinic.

## **Overall Goal :**

To create a business model template of the Klinik Yayasan Angsamerah clinic model, which can serve as a stepping stone for interested general practitioners to set up and run their own private practice or clinic. The business model template will allow the doctors to both save costs and time. The clinic model can thus be replicated in other parts of Jakarta and urban centers across Indonesia.

## **Objectives:**

- **Objective 1:** To continue providing comprehensive, high-quality, friendly, confidential, affordable and easily accessible sexual and reproductive health services to key affected populations and the general public (for target details see table on page 5).
- **Objective 2:** To significantly increase the number of patients accessing Klinik Yayasan Angsamerah through ongoing and intensified promotion and marketing activities from currently 4.5 patient visits per day to 12 patient visits per day in March 2016.
- **Objective 3:** To improve communication and coordination within Klinik Yayasan Angsamerah's health services network (puskesmas, public and private hospitals, and private clinics) and with CSO partners, in order to minimize the loss of follow up among patients living with HIV and AIDS.
- **Objective 4:** To conduct a workshop and bed side teaching training for general practitioners (working at puskesmas which are part of DERAP), which will provide participants with comprehensive basic knowledge related to the clinical management of HIV and AIDS, STI, hepatitis, tuberculosis and recreational drug use, as well as the basics of counselling, interpersonal communication, business strategy, and self-motivation.
- **Objective 5:** To create a business model template of the Klinik Yayasan Angsamerah clinic model, which can be used by interested doctors to set up and run their own private practice or clinic.

### III. Analysis of Program Implementation

NO	Program Output	Pre Condition	Description of Activity	Achievements	Notes
<b>Objective 1: To continue providing comprehensive, high-quality, friendly, confidential, affordable and easily accessible sexual and reproductive health services to key affected populations and the general public.</b>					
1.1	All patients accessing Klinik Yayasan Angsamerah have received a fully satisfying service in terms of quality, friendliness, and time investment.	Klinik Yayasan Angsamerah has been providing high-quality, friendly, affordable and easily accessible services since its opening in July 2013. However, the clinic's capacity in terms of client numbers had not yet been fully exploited and there had been a need to maintain and improve coordination with CSO partners.	1.1.1. Daily operation of clinic (Monday – Saturday) by clinic core team.	<ul style="list-style-type: none"> <li>Klinik Yayasan Angsamerah had been operating according to set opening hours.</li> <li>In January 2016, opening hours had been expanded and are now from 9 a.m. – 9 p.m., with two daily work shifts for the medical core team, which consists of a doctor, nurse, laboratory technician, administration officer, and office assistant.</li> </ul>	
			1.1.2. To provide patients living with HIV and AIDS with treatment and care services.	<ul style="list-style-type: none"> <li>All clients who have been diagnosed with HIV at the clinic were advised to immediately start ART, in line with SUFA. A total of 61 clients were diagnosed with HIV during the DERAP period (Aug. 15 – Feb. 16). Of these, 52 were MSM, 2 waria, 2 FSWs, and 5 OVPs.</li> <li>Of 61 newly diagnosed clients at KYA 44 have subsequently accessed care and treatment at KYA, 14 were referred to other healthcare services for care and treatment, 1 is waiting for follow up appointment, and 2 were lost to follow up. For more details, see graphics in monitoring &amp; evaluation section.</li> </ul>	<ul style="list-style-type: none"> <li>For more details see graphics in monitoring and evaluation section.</li> </ul>
			1.1.3. Distribution and analysis of patient satisfaction questionnaires.	<ul style="list-style-type: none"> <li>New clients have been provided with client satisfaction questionnaires. Feedback had been overwhelmingly positive.</li> <li>Clients mentioned the following as positive: privacy, quick and efficient service, no waiting time, one-day service, friendliness and professionalism of staff.</li> <li>Critique was: ground floor not renovated (in the mean time it has been renovated), opening hours (in the mean time extended).</li> </ul>	

			1.1.4. Periodic review and updating of clinical SOPs.	<ul style="list-style-type: none"> <li>Development of new SOP related to PrEP.</li> </ul>	<ul style="list-style-type: none"> <li>PrEP consultation and monitoring is available at the Angsamerah clinics. However, PrEP is not yet available at Angsamerah, as it is not provided by the government and the supply at pharmacies is not guaranteed.</li> </ul>
			1.1.5. External quality control for laboratory (once a year).	<ul style="list-style-type: none"> <li>External quality control by DKI Jakarta Health Office passed with good result.</li> </ul>	
<b>Objective 2: To significantly increase the number of patients accessing Klinik Yayasan Angsamerah through ongoing and intensified promotion and marketing activities.</b>					
2.1	The number of patients accessing Klinik Yayasan Angsamerah has increased from 4.5 to 12 patient visits per day.	Client number at KYA have increased from an average of 3.9 visits in July 2015 (pre DERAP), to 6.5 visits per day in August 2015, to an average of 14.3 visits per day in February 2016.	2.1.1. To further develop and intensify promotion and marketing using various social media.	<ul style="list-style-type: none"> <li>Dissemination of promotion material (e.g. free HIV testing flyer for Youth) through Angsamerah's social media channels (FB, twitter, website/blog), and Angsamerah's partners social media channels (e.g. Gue Berani, Q! Film, CSO partners).</li> </ul>	<ul style="list-style-type: none"> <li>Funded by COFRA Foundation.</li> </ul>

			<p>2.1.2. To increase Klinik Yayasan Angsamerah's visibility on Angsamerah website.</p>	<ul style="list-style-type: none"> <li>• Increased visibility of KYA on upgraded Angsamerah website, with one full page dedicated to it, including price list (for general patients).</li> <li>• Search Engine Optimization (SEO) for google search.</li> <li>• Creation of an anonymous forum for people to ask questions directly to our doctors (on blog.angsamerah.com).</li> <li>• Other newly developed subdomains used for promotion and marketing purposes are: <ul style="list-style-type: none"> <li>• blog.angsamerah.com</li> <li>• m.angsamerah.com</li> <li>• youth.angsamerah.com</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Funded by COFRA Foundation.</li> <li>• The Angsamerah website (angsamerah.com) had first been launched back in 2010, around the time the first Angsamerah clinic started its operation. Since then, the website has been updated and further developed and refined on a regular basis. Since 2013, Klinik Yayasan Angsamerah has been promoted through the website. In July 2015, the latest version of the website had been finalized, further highlighting Klinik Yayasan Angsamerah.</li> </ul>
			<p>2.1.3. Intensified use of MailChimp and sms blast.</p>	<ul style="list-style-type: none"> <li>• Since February 2015 Angsamerah is using the web based e-mail marketing service MailChimp to engage and stay in touch with our clients. Updates and news related to the clinic, as well as attractive testing promotions are sent to all clients within our database</li> <li>• Angsamerah is also using LINE and WhatsApp to stay in touch and engage with partners. Furthermore, sms blast is also used when indicated.</li> </ul>	<ul style="list-style-type: none"> <li>• Funded by COFRA Foundation.</li> </ul>

			<p>2.1.4. Various small promotion and marketing events and campaigns, which may include mobile testing.</p>	<ul style="list-style-type: none"> <li>• On the last weekend of August 2015, Angsamerah provided free HIV mobile testing at a middle-upper class mall in South Jakarta (Lippo Mall, Kemang Village) during a fund raising event of HOPE, an organization working on women’s rights issues. The event provided a good opportunity to introduce Angsamerah to a wide range of people frequenting the mall by opening a promotional booth. A total of 34 persons (21 females &amp; 13 males) underwent free testing, which was provided behind a curtain at the booth. Two persons (both MSM) were found to be HIV positive and referred to the clinic for further treatment.</li> <li>• Free HIV screening in collaboration with CIMSA (Center for Indonesian Medical Students’ Activities) and counsellors from YIM and YKB on four occasions: <ul style="list-style-type: none"> <li>- Opening of promotional booth and free HIV mobile testing during “Medical Profession and Beyond (Med-Probe 2015) event at medical faculty of Krida Wacana University, 12. September 2015. Free HIV screening of 40 students.</li> <li>- At Pasar Santa on Saturday the 5th of December 2015. A total of 29 persons underwent HIV screening. No case had been detected.</li> <li>- Car Free Day on Sunday the 13th of December 2015. A total of 33 persons underwent HIV screening. No case had been detected.</li> <li>- HIV awareness and screening event in collaboration with SCORA/CIMSA (Pelita Harapan University) at SMAN 5 Tangerang on Saturday the 9th of January 2016. A total of 30 students underwent HIV screening. No case detected.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Funded by COFRA Foundation.</li> <li>• While HIV screening in a public environment targeting young people of the general population is not the most effective way to increase case findings in a country where the overwhelming majority of HIV cases are concentrated in a number of key affected population groups, it is nevertheless hoped that events like these can increase awareness about the immunodeficiency disease, reduce associated stigma and discrimination, and encourage health seeking behavior by Indonesian youth and regular HIV testing as part of a healthy lifestyle.</li> </ul>
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			<p>2.1.5. Free HIV testing campaign during Q! Film Festival and collaboration as film screening venue partner.</p>	<ul style="list-style-type: none"> <li>Free HIV testing throughout Q! Film Festival period, between the 12th and 20th of September.</li> <li>Publication of promotional flyer in Q! Film Festival booklet.</li> <li>Film screening on 3rd floor, a total of 14 festival movies screened.</li> <li>Throughout the festival, a total of 42 individuals underwent free HCT at the clinic. Among these were 38 MSM and 4 females. Ten individuals (all MSM) were diagnosed with HIV.</li> </ul>	<ul style="list-style-type: none"> <li>Funded by COFRA Foundation.</li> <li>Collaboration with YIM for counselling and patient referrals.</li> <li>5 of 10 diagnosed clients subsequently referred to various PKM for HIV care and treatment, close to their respective homes.</li> </ul>
			<p>2.1.6. Ongoing free HIV testing promotion.</p>	<ul style="list-style-type: none"> <li>Start of free HIV testing campaign for youth (younger than 26 years of old) in July 2015.</li> <li>Design of promotional/campaign flyers in July 2015.</li> <li>During August 2015 and February 2016 a total of 159 young clients made use of the free HIV testing promotion (127 new clients and 32 repeat clients).</li> </ul>	<ul style="list-style-type: none"> <li>Funded by COFRA Foundation.</li> <li>The aim of this campaign is both social and promotional.</li> <li>Roughly 40% of all clients accessing KYA are under the age of 25.</li> <li>Campaign will continue up until mid 2016 and potentially longer.</li> </ul>
			<p>2.1.7. Collaboration with various businesses and entertainment venues.</p>	<ul style="list-style-type: none"> <li>Collaboration with AMDOCS to provide workplace HIV and AIDS education for its employees. A talkshow by Dr. Nurlan Silitonga had been conducted on February 26, 2016.</li> </ul>	<ul style="list-style-type: none"> <li>Income generating activity.</li> </ul>

**Objective 3: To improve communication and coordination within Klinik Yayasan Angsamerah's health services network and with CSO partners, in order to minimize the loss of follow up among patients living with HIV and AIDS.**

3.1	Improved communication and coordination within Klinik Yayasan Angsamerah's health services network and with CSO partners and minimize loss of follow up of patients living with HIV and AIDS.	Communication between KYA, referral services and CSO partners not on a regular basis but rather when need arises (e.g. referral of client, specific event, any updates related to clinic).	3.1.1. Quarterly coordination meetings with selected partners within health services network, including CSO partners.	<ul style="list-style-type: none"> <li>• Three coordination meetings with health services network and CSO partners on the following dates: October 30, 2015; January 13, 2016; and February 4, 2016.</li> <li>• Each coordination meeting provided an opportunity for KYA and its partners to update each other, ask questions, and provide feedback.</li> <li>• As the coordination part usually did not last more than 30 minutes, we decided to provide participants with capacity building (personal development) on self-motivation and goal setting as part of each coordination meeting. Feedback had been very positive.</li> </ul>	<ul style="list-style-type: none"> <li>• Despite the fact that referrals from CSO partners are still relatively small (less than 10% of total clients at the clinic), Angsamerah nevertheless sees collaboration and coordination with CSO partners as an important activity, both related to promotion and marketing and accommodate</li> </ul>
			3.1.2. To create joint notification mechanism between providers within health services network.	<ul style="list-style-type: none"> <li>• No formal notification mechanism had been created. As referrals between Angsamerah and participating health services partners are small (PKM Kebayoran Baru, Setiabudi, and Ruang Carlo), cases are handled as previously based on each service's referral SOP.</li> </ul>	
<b>Objective 4: To conduct a workshop and bed side teaching training for general practitioners (from all PKM providing HIV and AIDS related services in DKI Jakarta), which will provide participants with comprehensive basic knowledge related to the clinical management of HIV and AIDS, STI, hepatitis, tuberculosis and recreational drug use, as well as the basics of counselling, interpersonal communication, business strategy, and self-motivation.</b>					
4.1	General practitioners from puskesmas which are part of DERAP have successfully participated in workshop and potentially bed side teaching training (endorsed and accredited by IDI).	So far there has not been any training package for doctors combining personal development, clinical issues related to SEX, HIV and Drugs, and entrepreneurship in healthcare. Angsamerah's innovative training package (consisting of workshop	4.1.1. To take all the necessary preparations for the subsequent conduction of 3 day workshop and 1 day bedside teaching training for PKM doctors.	<ul style="list-style-type: none"> <li>• Finalization of workshop agenda.</li> <li>• Confirmation of guest speakers and experts.</li> <li>• Coordination meeting with Dinas Kesehatan DKI Jakarta (dr. Inda and dr. Endang) to discuss upcoming workshop and bedside teaching training.</li> <li>• Formal letter to Head of Dinas Kesehatan DKI Jakarta to facilitate and invite PKM doctors for workshop and bedside teaching and open workshop.</li> <li>• Weekly preparation meetings with FK UKI / CME team.</li> </ul>	<ul style="list-style-type: none"> <li>• Invitations for workshop and bedside teaching have been sent by Dinas Kesehatan DKI Jakarta to all PKM in DKI Jakarta, which provide HIV and AIDS related services (total number of 28 PKM).</li> </ul>

		<p>and bedside teaching training) had been the first of its kind in Indonesia.</p>	<p>4.1.2. To conduct 3 day workshop.</p>	<ul style="list-style-type: none"> <li>• The three day workshop titled “Practical Lessons: Clinical Management (SEX, HIV &amp; DRUGS), Interpersonal Communication, and Mobilizing Resources from the Private Sector for the Public Health Program, for Trained General Practitioners from Puskesmas, DKI Jakarta Province” had been successfully conducted between the November 2 – 4. All 28 PKM providing HIV/AIDS related services were invited (through Dinas Kesehatan DKI Jakarta). A total of 24 participants participated, from 19 PKM and 5 doctors from FK UKI.</li> <li>• Each participant earned 15 credit points (SKP) from the Indonesian Medical Association (IDI).</li> <li>• Participants were very excited to participate in the workshop, and feedback from participants had been very positive and encouraging. Many expressed the need for more similar workshops.</li> </ul>	<ul style="list-style-type: none"> <li>• Non-attendance was due to factors outside of Angsamerah’s control. It is assumed that these PKM could not send participant due to shortage of personal or other priorities.</li> </ul>
			<p>4.1.3. To conduct 1 day bedside teaching practical training at the Angsamerah clinics.</p>	<ul style="list-style-type: none"> <li>• Each workshop participant had been invited to take part in a 1 day bedside teaching training at the Angsamerah clinics. Of the 24 workshop participants 15 participated in the bedside teaching training. Participants were divided between the two Angsamerah clinics and a total of 7 training days were conducted (a total of 7 participants at Klinik Yayasan Angsamerah and 8 at Angsamerah Clinic).</li> <li>• During the training, participants saw a total of 41 patients, referred by YIM, Swara, Bandung Wangi, YKB, and YSS. Patients consisted of waria, MSM, and female sex workers. Services were provided for free, and each participating patient was paid an incentive of Rp. 200’000,-</li> <li>• During bedside teaching 6 patients were diagnosed with HIV (3 MSM, 2 waria, 1 FSW). Moreover, 2 patients were co-infected with syphilis.</li> <li>• Apart from handling patients, participants also learned about Angsamerah’s service and management system.</li> <li>• Each participant earned 8 credit points (SKP) from the Indonesian Medical Association (IDI).</li> <li>• Participants of the bedside teaching training were very happy and satisfied with the training.</li> </ul>	<ul style="list-style-type: none"> <li>• All doctors who participated in workshop were invited to participate. Schedule arranged with doctors during workshop, but invitations (based on this schedule) sent by DKI Jakarta Health Office.</li> <li>• Non-attendance due to difficulties to arrange schedule and other priorities at a number of PKM.</li> </ul>

			4.1.4. One day capacity building for CSO partners explaining about Indonesian health system and personal development.	<ul style="list-style-type: none"> <li>• Invitations sent to 19 CSO partners and stakeholders. Each organization invited to send 1 participant, preferably the Project Manager.</li> <li>• Successful conduction of two day workshop/training at Hotel Ori, between the 23<sup>rd</sup> – 24<sup>th</sup> of March 2016: <ul style="list-style-type: none"> <li>- A total of 23 individuals took part in the workshop: 15 participants, mostly PMs from CSO partners, 2 observers (Linkages and DERAP), and 6 Angsamerah staffs and facilitators.</li> </ul> </li> <li>• First day of training focusing on personal development: self-motivation and goal-setting (facilitators: Adhe Zamzam, S.Psi and Rully Mujahid, ST).</li> <li>• Second day of training focusing on self-branding, social entrepreneurship in healthcare, and resources mobilization (facilitators: Dr. Nurlan Silitonga, MMed, and Adhe Zamzam, S.Psi).</li> </ul>	<ul style="list-style-type: none"> <li>• Participants were from the following organizations: <ul style="list-style-type: none"> <li>- Yayasan Inter Medika</li> <li>- Yayasan Karisma</li> <li>- Yayasan Stigma</li> <li>- Yayasan Rempah</li> <li>- Yayasan Kapeta</li> <li>- Yayasan Bandung Wangi</li> <li>- SWARA</li> <li>- IPPI</li> <li>- PKBI (Pro Care Klinik)</li> <li>- Yayasan Srikandi Sejati</li> <li>- Yayasan Kusuma Buana</li> <li>- Yayasan Karisma</li> <li>- Yayasan Kasih Suwitno</li> <li>- LINKAGES (observer)</li> <li>- DERAP (observer)</li> </ul> </li> </ul>
<b>Objective 5: To create a business model template of the Klinik Yayasan Angsamerah clinic model, which can be used by interested doctors to set up and run their own private practice or clinic.</b>					
5.1	Business model template of Klinik Yayasan Angsamerah developed and ready to be used by interested doctors.	Doctors who are interested in opening their own private practice or clinic often have limited resources and know-how to do so. If they already run their practice, many face financial hardship and difficulties related to the clinic's management. Angsamerah has experience setting up	5.1.1. To determine format and content of business model template.	<ul style="list-style-type: none"> <li>• Format and content of business model template determined.</li> </ul>	
			5.1.2. To write and design business model template.	<ul style="list-style-type: none"> <li>• Business model template developed, consisting of various elements such as profit &amp; loss calculations for the establishment of different clinic types, projected revenues for 5 years, inventory, and calculations for investors. Moreover, the Angsamerah information and management system and clinical SOPs also available to be sold or provided to interested doctors.</li> </ul>	

		<p>two private clinic models and is now ready to share the know-how and lessons learned to other interested doctors, who wish to establish or upgrade their private practice or small clinic. However, no template had been available.</p>	<p>5.1.3. To promote business model template among potential clients and investors.</p>	<ul style="list-style-type: none"> <li>• Business model template has already been promoted during various workshops for general practitioners. So far, several doctors have showed interest in establishing their own private practice or clinic with the assistance from Angsamerah.</li> <li>• Currently, one doctor is in the process of establishing her own private practice in North Jakarta supported by Angsamerah.</li> <li>• Angsamerah is in the process of initiating the Happy Program, which is an innovative approach that aims at strengthening the health system in Indonesia by creating a network of up to 100 private practices and small clinics in big cities across Indonesia, which belong to the doctors operating them, and provide services in accordance with national guidelines and public health programs, and based on Angsamerah's five key principles: 1) high medical quality; 2) client oriented services; 3) motivated and skilled personnel; 4) an efficient and transparent management system; 5) an efficient and innovative marketing system.</li> </ul>	
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#### IV. MONITORING AND EVALUATION

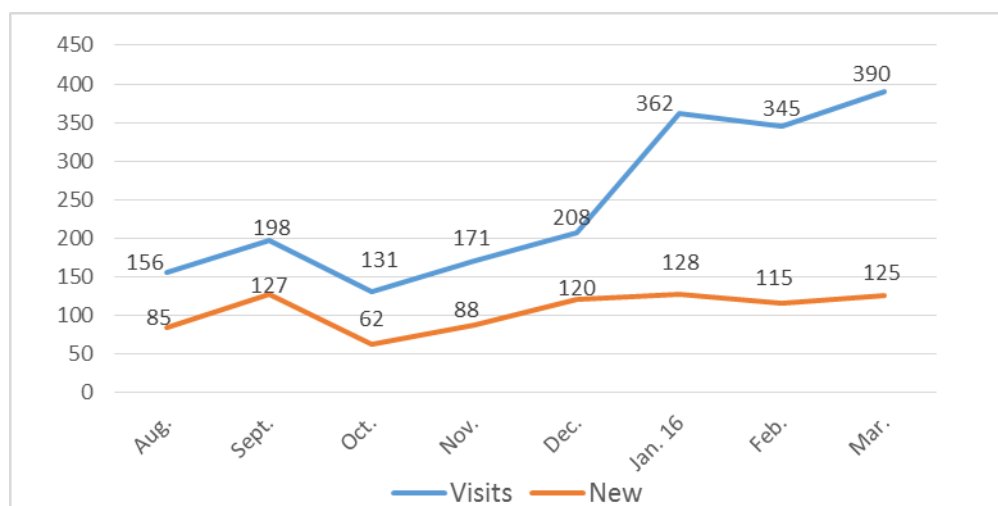
The following section provides an overview of monitoring and evaluation efforts related to the DERAP scope of work. Of particular interest here is an analysis of client data related to Klinik Yayasan Angsamerah.

Overall, program monitoring and evaluation had been done through the following ways:

- Ongoing recording and reporting of client data from Klinik Yayasan Angsamerah. This includes the use of the Angsamerah Information and Management System (which includes medical records, invoices, financial overview, ART reminders, pharmaceutical stock, and client statistics), SIHA, LBP HIV and ART, as well as a separate excel based client data base.
- Routine analysis of client, program, and financial data by core team. Subsequent writing of monthly narrative reports and clinic data overview.
- Client satisfaction survey.
- Monthly internal monitoring and coordination meetings.

##### Client visits and new clients:

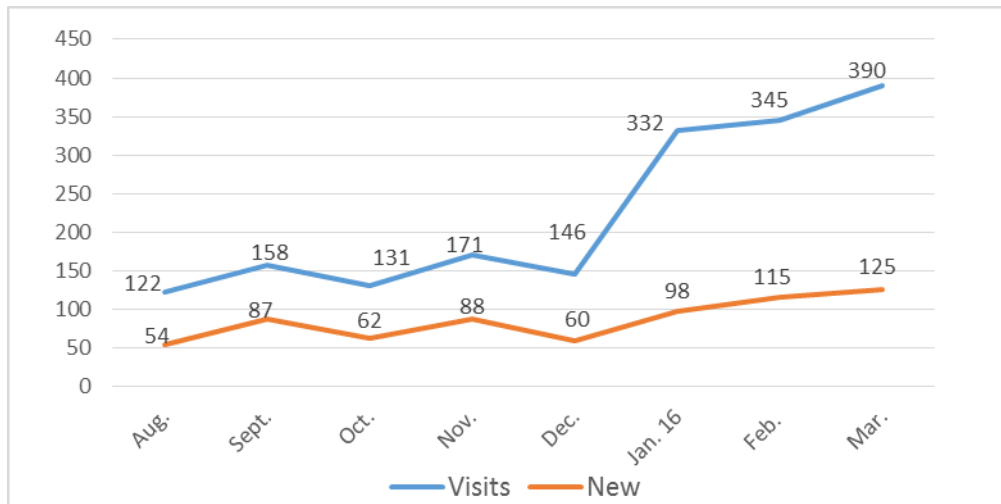
The graphic below illustrates the evolution of client numbers (visits and new clients) over the course of the DERAP project period (Aug. 2015 – Feb. 2016). This graphic also includes mobile testing. Starting in January 2016, services of the Angsamerah Clinic in Central Jakarta, which will move to a new location at Jl. Johar after the building renovation is completed, had been temporarily transferred to Klinik Yayasan Angsamerah, which partly explains the steep increase in client visits.



In July 2015 (not included in the graphic below), an average of 3.9 clients visited the clinic per day. Between August 2015 and March 2016 average client visits per day increased from 6.5 to 16.3 per day. Roughly a third of clients were female, and two thirds were male. Disaggregated according to risk groups, slightly more than a third (35%) are MSM, a maximum of 10% are FSWs, 5% are transgenders, 40% other vulnerable populations (OVPs), and 10% are other lower risk clients.

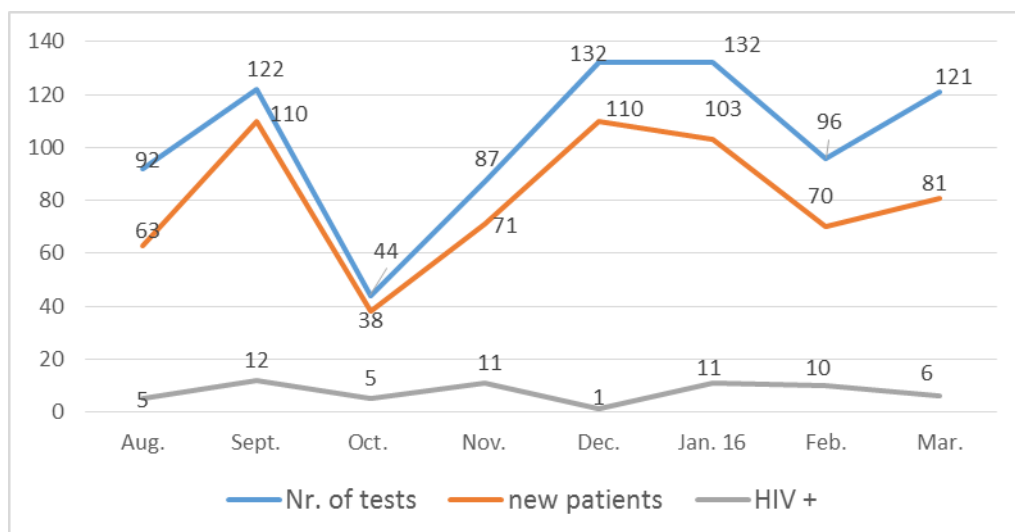
Different than the DERAP project, which only focuses on key affected population groups and HIV and AIDS, promotion and marketing efforts of Angsamerah target a wider range of clients for a wider range of health issues related to sexual and reproductive health.

Below a graphic of the evolution of client visits at the clinic (excluding mobile testing) during the DERAP period:



### HIV Counseling and Testing (HCT):

Up to 90% of new clients undergo HIV testing at the clinic. Below is an overview of the monthly number of HIV tests, first time testers at the clinic, and HIV positive results during the DERAP project period. The data includes all population groups and mobile testing:



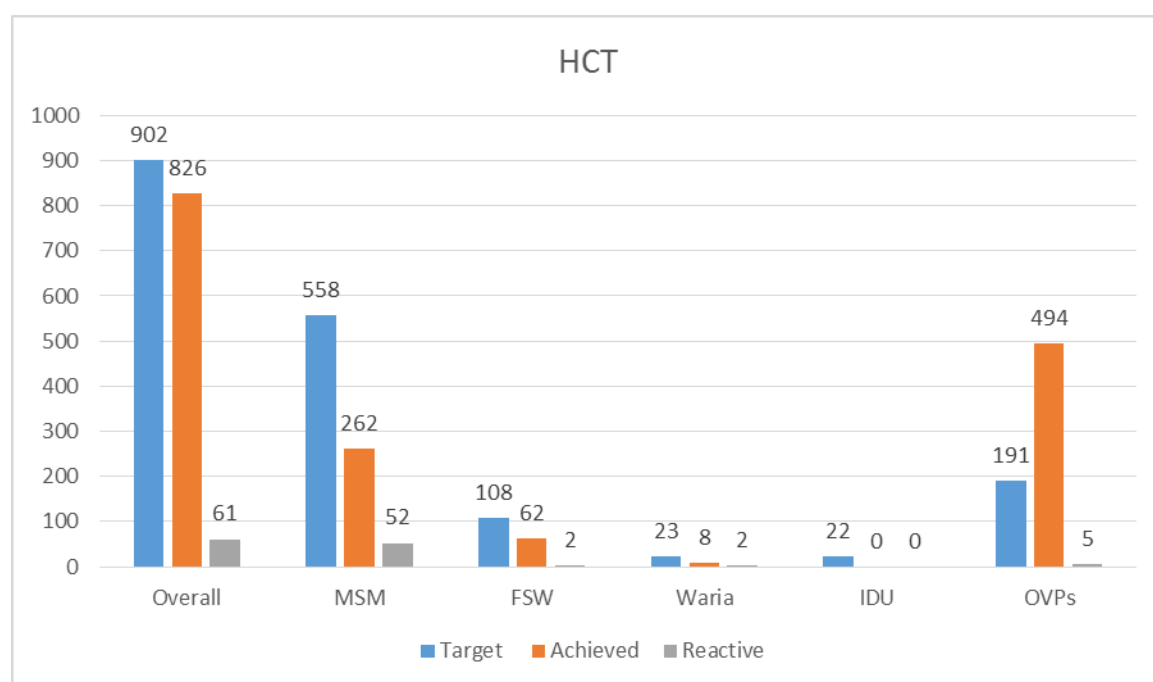
Overall, HIV prevalence at the clinic had been of 7.4% during the DERAP period. This is lower than during previous periods, as an increasing number of clients who access the clinic have a lower risk profile (mainly OVPs).

As can be seen in the following graphic, which provides an overview of HCT clients disaggregated according to risk groups, the bulk of new HIV infections occurs among MSM, where prevalence stands at 19.8%. This is almost identical as during the previous year. HIV prevalence among FSW clients stood at 3.2%, which is considerably lower than the 5.5% found during the previous recording period (SUM II). Among transgender clients (which mainly accessed the clinic as part of the bedside teaching training), prevalence stood at 25%, which slightly lower than the 31% prevalence found among *waria* in Jakarta in the 2011 IBBS. Among OVP groups, which may include clients of sex workers, steady partners of key affected population groups or PLWHA, youth, or other individuals with frequently changing sex partners, HIV prevalence was 1%. This is considerably lower than the 4% among OVPs during the SUM II project period.

**Patient targets and achievements related to HCT:**

Targets: Period July 2015 – March 2016

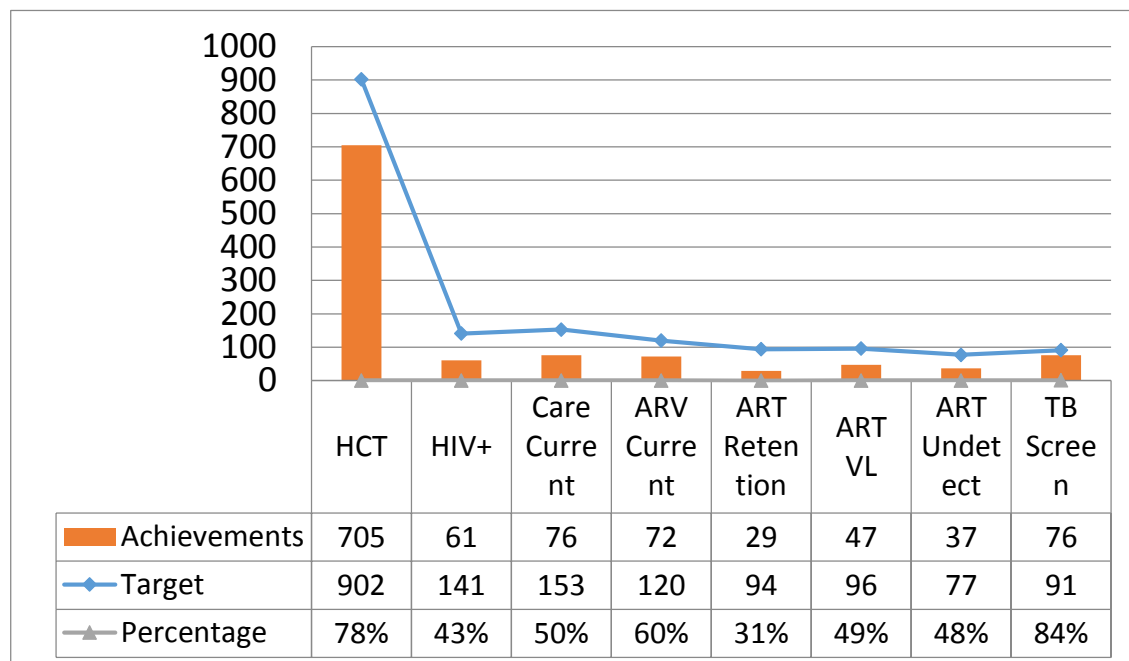
Achievements: August 2015 – March 2016



Overall, 91.6% of the client (patient) targets set related to HCT for the period July 2015 – March 2016 (achievement period August 2015 – March 2016) could be reached. However, if only considering the four key affected population groups focused on within DERAP (MSM, FSW, Waria, and IDU), then only 36.8% (n. 332) of the target had been reached (not taking into consideration the longer time period for targets than achievements). While from an HIV epidemiological stand point OVPs may be of less importance, such clients are crucial for Angsamerah from a business perspective. Furthermore, Angsamerah as a clinic focuses not only on HIV and AIDS but sexual and reproductive health more broadly. This is reflected in its promotion and marketing strategy, which aims at a large variety of individuals with sexual and reproductive health needs. Only a small minority of clients (< 10%) accessing Angsamerah have been referred by a CSO partner. The overwhelming majority of clients have learned about Angsamerah from the internet (Angsamerah website, blog, social media, Gue Berani, other partners) and or through friends.



The following graphic provides an overview of targets and achievements related to HIV and AIDS care and treatment at Klinik Yayasan Angsamerah during the DERAP project period:



Notes:

1. **HCT** achievements include: overall 826 HIV tests, 262 MSM, 62 FSW, 8 transgender, 494 OVPs. **Overall, 332 tests by key populations prioritized by DERAP.**
2. Target **HIV+** calculated based on estimated HIV prevalence, based on the previous year's prevalence at the clinic. However, during the DERAP period the overall prevalence was of 7.4%. The overall prevalence is lower than during previous year because a larger proportion of OVPs accessing the clinic. Prevalence among MSM remained roughly the same, at 19.8% (previously 20%).
3. **Care current:** includes all clients who currently access ART + pre-ART clients at KYA (n. 76).
4. **ARV current:** number of clients accessing ART at KYA at the end of March 2016 (n. 72).
5. **ART retention:** number of clients who have started ART before April 2015 and thus been on ART for  $\geq 12$  months (n. 29).
6. **ART VL:** number of clients who have been on ART for  $\geq 12$  months, which includes 27 clients from KYA and 20 clients from AMC who have moved to KYA after the two clinics have been merged in January 2016 (total n. 47).
7. **ART undetectable:** number of clients who have had their VL tested after  $\geq 12$  months on ART and who had an undetectable VL (n. 37). This adds up to 79% of eligible clients having an undetectable VL.
8. **TB screen:** number of clients who have been screened for TB symptoms during anamnesis.

It is important to note that data related to HIV care and treatment as illustrated above differs from the LBP HIV and ART report, which compiles data from both Angsamerah clinics (Angsamerah Clinic in Central Jakarta and Klinik Yayasan Angsamerah in South Jakarta). The two Angsamerah clinics form a single entity as ARV satellite from RSPI Sulianti Saroso and related data is compiled. The data as illustrated above does not include HIV care and treatment data from the Angsamerah Clinic in Central Jakarta. As can be seen in the LBP HIV and ART report, between the two Angsamerah clinics above 90% of clients who are in HIV care more on to start treatment, and retention rates are well above 90%.

## **V. LESSONS LEARNED**

The eight months of collaboration with DERAP have been an instructional and valuable experience for Angsamerah. We are very grateful for the opportunity and support received by USAID through DERAP.

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

- Thanks to the fact that a large part of the operational costs of Klinik Yayasan Angsamerah had been covered by DERAP, the clinic could make some savings and now has a financial buffer. This will allow Angsamerah Foundation to not only withstand times of limited resources, but also grow as an organization and clinic business. While KYA had 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 to three year period. Currently, monthly operational costs (including the salaries of the core medical team and clinic operational costs, excluding rent) could already be covered with client revenues.
- In its effort to support and speed up the Indonesian HIV and AIDS response, the DERAP program has built on achievements of the SUM II program and made use of unique strategies, which have brought about significant changes for a wide range of partners and numerous individuals. One of these strategies, which has been the partnership with local technical assistance providers, has been remarkable – not only in that it has allowed for wider coverage and the fulfillment of more ambitious targets and achievements, but also in the way it has strengthened and acknowledged local expertise and resources. Angsamerah has considerably benefited from this approach and it has allowed us to grow as an institution. In this regard DERAP (USAID) has contributed towards building the foundation of a locally driven and more sustainable response.

## **VI. CHALLENGES**

Internal:

1. Improving and maintaining the quality of services at the clinic and to function and grow as a business are an ongoing process and challenge. The balance between keeping operational costs as low as possible, while at the same time improving and maintaining service quality and keeping prices at a reasonable level to be afforded by a wide range of people.
2. Personal development and motivation of clinic core team and employees within Angsamerah. Because only if the staff is motivated and satisfied with their work, career path and financial and non-financial compensation, can and will they perform up to their full potential.

External:

1. Providing services related to SEX, HIV and Drugs still comes with many challenges, both for the service provider and clients seeking such services. This is due to the fact that issues surrounding sexuality are still largely taboo, due to

cultural and religious norms. Furthermore, some segments of society are increasingly becoming more conservative, which is reflected in the ratification and discussion of an increasing number of by-laws regularizing morality, as well as discourses in the media (e.g. LGBT controversy). In business terms, 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.

2. The widespread assumption that the private healthcare sector is solely profit oriented, that making as much profit as possible is the main driving force for players within the private healthcare sector. The concept of social business or social entrepreneurship is not yet wellknown.
3. The assumption that the private sector is unregulated and cannot be controlled. The idea that the private sector does not play an important role to contribute towards national health goals.

## **VII. RECOMMENDATIONS**

- Through Angsamerah's and some of our partners' experience we have learned that it is crucial to have good documentation. Due to a lack of documentation, information and experience gathered, and achievements made through hard work, cannot be seen and reached by others. Therefore, it is of utmost importance to document the work we have been doing, be it in the form of success stories, best practice examples, lessons learned, articles, activity reports, etc. The availability of proper documentation, or the lack of it, is one of the main reasons why some organizations prosper and others not.
- To keep acknowledging 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. The 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.
- In addition to institutional or organizational strengthening, more emphasis should be laid on personal development or the strengthening of individuals, which may include self-motivation, goal setting, communication and leadership skills. Only individuals who understand and develop themselves can live up to their full potential, which will undoubtedly also benefit the organization or institution they work in.
- Harness the potential of for-profit social enterprises, which have a high probability of being able to do good for a lot more people than conventional NGOs, because they use sound business principles to grow, which means that they will not fold when the funding dries up. A for-profit social enterprise, as Angsamerah Institution, aims to be economically functional and grow as a

business, while at the same time trying to achieve social good on a long term basis.

- 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. Future efforts will need to address more aggressively the widespread reluctance to access HCT services (and its root causes), and try 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.