



Final Report

ANGSAMERAH TECHNICAL ASSISTANCE ON CLINICAL MANAGEMENT AND BUSINESS DEVELOPMENT TO SUM II CSO PARTNER CLINICS

(December 2014 – February 2015)

To be submitted to

**SUM 2 PROJECT
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1. Executive Summary

1.1. 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.

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 2012, SUM II has taken initiative to support Yayasan AngsamERAH 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 and the general population.

An important element of SUM II's strategy has been its partnership with local technical assistance providers, which have been providing SUM II CSOs, private clinic partners and local governments with technical assistance on financial and organizational management, organizational performance, clinical management and technical integrity.

Based on AngsamERAH's track record of creating strong models of sexual and reproductive health care delivery, within the second cycle of the partnership SUM II has requested AngsamERAH to provide technical assistance on how to set up and run a healthy health care business to six SUM II private clinic partners in four provinces. Between May and August 2014 AngsamERAH has conducted assessments at all selected clinics (as part of SOW II) 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.

Based on AngsamERAH's experience over the years, a well-functioning and healthy private clinic business requires a strategic management concept, which consists of five key elements: 1) medical quality; 2) client-oriented services; 3) motivated and able providers; 4) a transparent and efficient management system; 5) as well as having and implementing a marketing strategy. However, due to the limited time availability for the implementation of the support package (December 2014 – February 2015) AngsamERAH has proposed in its work plan only the most strategic and feasible technical assistance, with the main focus being laid on clinical management issues, improvement of the medical quality of the services, as well as business development and personnel aspects.

Methods used by Angsamerah's multidisciplinary team of mentors have included a study tour and workshop in Jakarta and mentoring/coaching on-site at the six partner clinics, follow up mentoring by e-mail, phone and whatsapp, as well an evaluation workshop in Jakarta at the end of the three months period.

1.2. Project Goal, Purpose, and Objectives:

Goal:

The goal of the project, as outlined within the third scope of work document (SOW III on technical assistance), has been to increase the capacity of the six selected private clinics in four provinces (DKI Jakarta, Central Java, Riau Islands and Papua) to provide friendly, high-quality and comprehensive sexual and reproductive health services to KAPs and other people in need of such services. This includes the increased efficiency of the clinic's management systems, as well as the development of sustainable business concepts for each clinic.¹

Purpose:

The purpose of the technical assistance component has been to improve the quality of patient care at the six selected clinics, increase the efficiency of their clinic management systems and to help them develop sustainable and profitable business models.

Objectives:

- **Objective 1:** To undertake all the necessary preparations for the subsequent implementation of the technical assistance component.
- **Objective 2:** To organize a 5 days study tour and start-up workshop on 5 key elements (including on business plan development) at Angsamerah (Jakarta) for selected representatives of the six clinics.
- **Objective 3:** To increase the capacity of the six selected clinics related to 5 key elements (medical, client-oriented, provider friendly, management, and marketing).
- **Objective 4:** To conduct a 2 day workshop in Jakarta to evaluate the progress and effect of the technical assistance.

¹ It has been agreed on that, potentially, community health centres (*puskesmas*), public hospitals and other private health providers in the vicinity of the selected clinics will also be included in the TA package, depending on time and resources availability and their cooperativeness.

1.3. Main Achievements

Angsamerah has been able to successfully implement its activities as outlined within the scope of work. Only a very small number of activities (mentoring visits) could not be conducted due to the limited time availability of the partner clinics or mentors.

The main focus during the three month of technical assistance has been laid on three of the five key elements: 1) To improve the selected clinics' medical quality and collaboration with local stakeholders; 2) to develop and strengthen the capacity of the personnel working at the clinics; and 3) to help each clinic to develop a draft business plan. Each clinic partner has benefited from three mentoring visits lasting between two and three days.² As a result of the mentoring five of six clinics now possess a selection of the most relevant medical SOPs related to HIV/AIDS and other STIs (adopted by Angsamerah's SOPs), and all six clinics have developed their staff profiles, clinic profiles and a draft business plan. Moreover, three of the clinic partners have approached local health offices to explore the possibility of becoming satellite providers for ART.

Angsamerah has successfully conducted two workshops for key representatives of each partner clinic. In mid January 2015 the clinic partners were invited to take part in a 5 days study tour and start-up workshop in Jakarta. During the study tour (1 day) the participants could learn in a practical way about Angsamerah's service system and business model at the two Angsamerah clinics. During the workshop that followed (4 days), participants were provided with a wide range of new skills and knowledge related to the five key elements, delivered by a selection of renowned and multidisciplinary experts both from the public and private sectors. Moreover, the strong practical component of the workshop further contributed towards its uniqueness. Judging from the participants' enthusiastic feedback, the workshop was a great success.

The evaluation workshop, conducted during the last week of February 2015, constituted the last element within Angsamerah's technical assistance workplan. This two days workshop allowed Angsamerah and the clinic partners to reflect on the three months of technical assistance, evaluate the process and quality of the partnership, as well as to present the results of their work. Furthermore, on the second day, the clinic partners were provided with a unique opportunity to present their clinic profiles and plans and dreams for the future to a number of invited stakeholders from the public and private sector.

Angsamerah's technical assistance has been very well received and all clinic partners have been showing great commitment and willingness to work together, gain new knowledge and skills, and explore new ways of improving their services and clinic businesses. This in itself is a major achievement (for the clinic partners, Angsamerah and SUM II), as the cooperativeness of the clinic partners and their willingness to work together with Angsamerah to improve their services constitutes the basis of a successful partnership and the potential to bring about positive change.

² Pos Kesehatan Mandiri (LPPSLH) in Purwokerto did only receive one mentoring visit due to the unique situation of the clinic and the limited time availability of its staff.

Performance related to the TA budget has been relatively good. Of a total budget amount (ceiling) of Rp. 847'920'366.67 related to the new SOW as TA provider, the actual cost of activities performed has been of Rp. 692'805'366. This means a budget absorption of 82%. However, the burn rate has been slightly slower than planned, mainly due to a delayed study tour and start-up workshop and some changes related to the mentoring visits.

Overall budget performance for the entire grant period (October 15, 2012 – February 28, 2015), which includes SOW I and SOW II related to Klinik Yayasan Angsamerah and the additional budget to execute SOW III as TA provider, has been even better, with a budget absorption rate of 91% (Angsamerah has been awarded a total of Rp. 1,869,227,866.67, of which Rp. 1'699'032'965 have been used by the end of the project).

1.4. Conclusion

The three months of technical assistance have been an intense and immensely enriching experience for both Angsamerah and the clinic partners. The commitment and positive spirit of the clinic partners has been extraordinary and this has allowed for a number of positive outputs and changes, which ultimately benefit all parties involved (the clinic partners themselves, Angsamerah as technical assistance provider, as well as the SUM II program), including the thousands of clients accessing the clinics' services.

One of the aims of the technical assistance has been that after the completion of the technical assistance package at least one of the clinics will become a model for high quality and friendly sexual and reproductive health services and the involved teams become mentors for other interested clinics (public and private) at a provincial and national level. However, while several of the clinics provide exemplary services and are mostly self-sufficient, more time is needed to strengthen and support the clinics capacities to become models and learning centers for other health service providers on an ongoing basis.

The very short period of three months has only allowed for a limited number of issues to be addressed and follow up mentoring is strongly recommended in order to maintain and maximize what has been initiated. Moreover, a wide variety of important issues has not been part of the scope of work but needs to be addressed should Angsamerah be given the opportunity to continue its work with the clinic partners.

2. Program Implementation and Management

2.1. Implementation

Angsamerah has been able to successfully implement its activities as outlined within the scope of work. Only a very small number of activities (mentoring visits) could not be conducted due to the limited time availability of the partner clinics or mentors.

The program has been rolled out over three overlapping phases:

Description	Time Period	Main Activities
Start up and preparation phase	December 2014	<ul style="list-style-type: none"> Internal planning and coordination. Selection, recruitment, and job desks for mentors. Recruitment of technical officer. Meeting with key stakeholders (Subdit AIDS). Preparation of TA tools and workshop preparation.
Implementation phase	Late December 2014 – late February 2015	<ul style="list-style-type: none"> 5 day study tour and start-up workshop in Jakarta. Mentoring on-site at partner clinics (3 visits a 2-3 days to each clinic). Follow up by e-mail, phone or whatsapp.
Evaluation phase	Late February – early March 2015	<ul style="list-style-type: none"> Evaluation workshop in Jakarta. Internal evaluation and analysis. Final report writing.

The initial timeline for the implementation of the planned activities has been largely maintained. Only the study tour and start-up workshop, initially planned to mark the starting point of the activities in late November 2014, has been postponed until early January 2015 due to a prolonged approval process for Angsamerah's technical assistance workplan and budget. Consequently, a number of mentoring visits on-site at the partner clinics had been conducted in late December 2014 and early January 2015 before the study tour and start-up workshop. The evaluation workshop, which marked the last element within the technical assistance workplan, has been conducted as planned during the last week of February 2015.

Mentoring activities have been conducted as planned, with the bulk of the visits having been conducted after the study tour and start-up workshop in Jakarta in mid January and before the evaluation workshop in late February.

Below an overview of the mentoring visits according to clinic, date, mentor and key result area:

Clinic	Date	Mentor	Key Result Area (KRA)
Klinik Keluarga Kita (YKIEB), Batam	23.-24. December, 2014	<ul style="list-style-type: none"> Sri Pandam, dr, MPH Felix Neuenschwander, MA (PM) 	Medical (networking)
	21.-23. January, 2015	<ul style="list-style-type: none"> Stanislaus Bondan W, dr, MKes 	Medical
	2.-4. February, 2015	<ul style="list-style-type: none"> Adhe Zamzam Prasasti, Psi Mujahid Nurul Falah, ST 	Provider

Klinik Keluarga (YKB), North Jakarta	30.-31. December, 2014	<ul style="list-style-type: none"> Lamsaria Siburian, dr, MARS 	Medical
	27.-29. January, 2015	<ul style="list-style-type: none"> Adhe Zamzam Prasasti, Psi Mujahid Nurul Falah, ST 	Provider
	30. January, 2015	<ul style="list-style-type: none"> Inez Kristanti, S.Psi (Technical Officer) Felix Neuenschwander, MA (PM) 	Follow up visit (copy system, staff profiles, clinic profile, business plan)
	17. February, 2015	<ul style="list-style-type: none"> Lamsaria Siburian, dr, MARS 	Medical
	25. February, 2015	<ul style="list-style-type: none"> Sri Pandam, dr, MPH Felix Neuenschwander, MA (PM) 	Medical (networking)
Klinik Griya Asa (PKBI), Semarang	7.-9. January, 2015	<ul style="list-style-type: none"> Adhe Zamzam Prasasti, Psi Mujahid Nurul Falah, ST 	Provider
	20.-21. January, 2015	<ul style="list-style-type: none"> Sri Pandam, dr, MPH Andika Wirawan 	Medical (networking)
	2. February, 2015	<ul style="list-style-type: none"> Inez Kristanti, S.Psi (Technical Officer) Felix Neuenschwander, MA (PM) 	Follow up visit (copy system, staff profiles, clinic profile, business plan)
	11.-13. February, 2015	<ul style="list-style-type: none"> Stanislaus Bondan W, dr, MKes 	Medical
Pos Kesehatan Mandiri (LPPSLH), Purwokerto	11.-13. February, 2015	<ul style="list-style-type: none"> Adhe Zamzam Prasasti, Psi Mujahid Nurul Falah, ST 	Provider
Wisma Kesehatan Terpadu Cenderawasih (PKBI), Jayapura District	19.-21. January, 2015	<ul style="list-style-type: none"> Adhe Zamzam Prasasti, Psi Mujahid Nurul Falah, ST 	Provider
	28.-30. January, 2015	<ul style="list-style-type: none"> Stanislaus Bondan W, dr, MKes 	Medical
	11.-12. February, 2015	<ul style="list-style-type: none"> Sri Pandam, dr, MPH Felix Neuenschwander, MA (PM) 	Medical (networking), and follow up
Klinik Kalvari (GIDI), Wamena	22.-24. January, 2015	<ul style="list-style-type: none"> Adhe Zamzam Prasasti, Psi Mujahid Nurul Falah, ST 	Provider
	2.-4. February, 2015	<ul style="list-style-type: none"> Stanislaus Bondan W, dr, MKes 	Medical
	14. February, 2015	<ul style="list-style-type: none"> Felix Neuenschwander, MA (PM) 	Follow up visit (staff profiles, clinic profile, business plan)

2.2. Management

The Angsamerah core team has been made up of staff members from Angsamerah Institution, as well as a number of Angsamerah associates and experts, who served as mentors. The following table provides an overview of the team and each persons' role within the program:

Position	Name	Responsibility
Project Manager	Felix Neuenschwander, MA	<ul style="list-style-type: none"> • Planning, budgeting, directing, organizing, controlling and documenting of all aspects of partnership. • Make sure deliverables are met • Communication and reporting to SUM II (USAID). • Communication with CSO partners • Supervise project staff and mentors
Senior Advisor	Nurlan Silitonga, dr. MMed	<ul style="list-style-type: none"> • Routine strategic, tactic and technical advise • Overall project advisor • Workshop leader and facilitator
Technical Officer	Inez Kristanti, S.Psi	<ul style="list-style-type: none"> • Assist PM with communication, coordination and documentation. • Administrative support and data base of mentors • IT and Social Media
Admin. and Finance Officer	Ririn Ridiarti, SE	<ul style="list-style-type: none"> • Financial and administrative matters • Project accounting • Financial reporting
Supporting	Rosa Diaz	<ul style="list-style-type: none"> • Human resources, recruitment, contracts (personnel)
Mentors	<ul style="list-style-type: none"> • Adhe Zamzam Prasasti, Psi 	<ul style="list-style-type: none"> • KRA: Provider • Self-motivation • Goal setting • Communication skills • Inhouse training
	<ul style="list-style-type: none"> • Mujahid Nurul Falah, ST 	<ul style="list-style-type: none"> • KRA: Provider • Self-motivation • Goal setting • Communication skills • Inhouse training
	<ul style="list-style-type: none"> • Sri Pandam, dr, MPH 	<ul style="list-style-type: none"> • KRA: Medical • Networking (local government) • ART • SUFA
	<ul style="list-style-type: none"> • Stanislaus Bondan W, dr, MKes 	<ul style="list-style-type: none"> • KRA: Medical • Clinical SOPs • Patient handling • Case study • Quality control
	<ul style="list-style-type: none"> • Lamsaria Siburian, dr, MARS 	<ul style="list-style-type: none"> • KRA: Medical • Clinical SOPs • Patient handling • Case study • Quality control
	<ul style="list-style-type: none"> • Andika Wirawan 	<ul style="list-style-type: none"> • KRA: Medical • Networking (local government) • Monitoring and evaluation

Communication and Coordination:

Routine internal communication and coordination between the project manager, project staff and the mentors has been central throughout the project implementation to ensure a mutual and ongoing understanding of the project goals, a smooth implementation of the planned activities, allowing for updates on the progress and eventual changes, as

well as to monitor and evaluate project implementation. The internal communication and coordination mechanism was as follows:

Preparation phase:

- Preparatory meetings in November and early December 2014: Several coordination meetings involving the core team and mentors were held related to the understanding of the TA action plan (including overall goals, objectives, KRAs and KPIs) and technical integrity.

Implementation phase:

Daily:

- Project Manager with Finance and Administration Officer in person and by e-mail.
- Project Manager with Technical Officer in person in person and by e-mail.

Weekly:

- Project Manager with Senior Advisor through weekly supervision meeting and by e-mail.
- Project Manager with Mentors in person and by e-mail.

Monthly:

- Project Manager with core team and mentors through monthly meeting.
- Mentors with Project Manager through mentoring reports.
- Finance and Administration Officer with Project Manager through finance report.

Routine communication and coordination between Angsamerah and the clinic partners has been conducted on a weekly basis by the Project Manager and Technical Officer to coordinate upcoming mentoring visits and workshops, as well as to follow up on the progress and assist with eventual problems and challenges faced by the clinic partners. Communication was done by e-mail, phone, and whatsapp.

Quality assurance:

Quality assurance is focused on planning, documenting and agreeing on a set of guidelines and standards that are necessary to assure quality. Quality assurance planning was undertaken at the beginning of the project and drew on Angsamerah Company standards (SOPs), which comply with standards and recommendations put forward by the Indonesian Ministry of Health.

A number of activities have been conducted at the beginning of the project to assure the quality of the mentoring tools and materials, as well as to make sure that the core team and mentors had the same understanding in this regard:

- Development of mentoring guidelines and catalogue of questions to be used by each mentor.
- Review and updating of Angsamerah SOPs (in particular clinical SOPs).
- Clear job description for core staff and mentors. This included role as mentors, key result area, expected outputs, workload, as well as reporting requirements.
- Clear reporting format and deadlines.

2.3. Monitoring and Evaluation:

Monitoring and evaluation are essential elements of the project cycle and should be part of all project phases, from the planning phase up to the project closing and evaluation.

A logframe has been developed together with the project workplan, containing project objectives, activities, expected outputs, performance indicators, means of verification, as well as assumptions and risks. Overall, the logical framework has been serving as a management tool to plan, monitor and evaluate the implementation of the project. During project development key result areas (KRAs) and key performance indicators (KPIs) were also determined. The KRAs are based on the five key elements developed by Angsamerah, which are essential for a well-functioning and healthy private clinic business. They serve as a reference point for all technical assistance delivered to the clinic partners. For each KRA there are a number of KPIs, which are used to measure the effectiveness (quantitative) of the activities. Means of verification, such as a draft business plan or staff profiles, provide the data source required in relation to the performance indicators.

Project monitoring and evaluation has been done on an ongoing basis using the following tools:

- Monthly internal monitoring and coordination meetings.
- Monthly reports (finance and narrative).
- Training/workshop/mentoring reports by mentors.
- Evaluation workshop: Feedback from clinic partners.
- Project Completion Report.

Overall program monitoring and evaluation has been the responsibility of the Project Manager. Financial data has been evaluated by the Finance and Administration Officer, supervised by the PM.

Reporting:

- Monthly financial reports by Finance and Administration Officer.
- Monthly narrative progress report by Project Manager.
- Monthly training/workshop/mentoring reports by mentors.
- Project completion report by Project Manager.

The PM has been responsible for the timely submission of above mentioned reports to the SUM II regional office.

Throughout the project the clinic partners have been provided with feedback from the mentors. Recommendations formulated after each mentoring visit were sent to the director of each clinic by e-mail. Moreover, feedback has been provided during follow up communication, as well as during the evaluation report in Jakarta at the end of the project.

2.4. Lessons Learned:

While the project period has been a mere three months, there have been nevertheless a few lessons learned in relation to its implementation and management, which can benefit future technical assistance activities by Angsamerah or other organizations:

- Routine communication and coordination with beneficiaries (clinic partners in this context) is crucial. Apart from direct interactions (coaching/mentoring) on-site, routine communication and coordination can be done by e-mail, skype, phone, and whatsapp. Only by closely communicating with the clinic partners and being responsive to their wishes and concerns does a strong bond develop and the technical assistance can be tailored to the partners' needs.
- Communication and coordination with key stakeholders, which is the local government in this context (Dinkes, KPAP/K, PKM, referral hospitals), is very important. It is important to show the government that SUM II and its partners are significantly contributing towards the national goals.
- Technical assistance interventions need to be culturally sensitive (e.g. in the context of Papua) and tailored to the needs of the beneficiaries in order to achieve good and long-lasting results.
- The importance of a financial buffer at each organization in order to cover financial gaps due to delayed funding release. In the case of Angsamerah the availability of a financial buffer has allowed for a smooth implementation of the planned activities and timely salary payments, which would have otherwise been delayed.

3. Program Achievements and Analysis

3.1. Overview of Activities and Achievements

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
Objective 1: To undertake all the necessary preparations for the subsequent implementation of the technical assistance component.					
1.1.	The Angsamerah team (including its consultants), key staff of the clinic partners, the SUM II team and selected stakeholders are familiar with and understand the SOW related to the technical assistance component.	<ul style="list-style-type: none"> Angsamerah has already started with preparations to become a technical assistance providing organization several month before the project officially started in December 2014. This way, once the scope of work and budget had been approved, key preparatory activities could be conducted promptly. 	<ul style="list-style-type: none"> Internal planning and coordination, including consensus related to the understanding of the TA action plan and technical integrity (Angsamerah team and its consultants/mentors). Final selection and recruitment of consultants/mentors and determining of respective roles (job desks) and scheduling. Recruitment of Technical Officer and introduction to Angsamerah. Meeting with key stakeholders (Dr. Subuh, Subdit AIDS in Jakarta) with the goal to inform them about the Angsamerah – SUM II (USAID) technical assistance partnership and seeking of endorsement. Preparation of tools for the subsequent delivery of the technical assistance: SOP review and updating (Angsamerah SOPs) by Angsamerah doctors. Development of mentoring guidelines by Angsamerah consultant. 	<ul style="list-style-type: none"> All the necessary preparation for the upcoming implementation of the technical assistance have been conducted. Core team and mentors familiar with and understand technical assistance SOW (goals, objectives, indicators). Staff recruitment completed and mentors selected. Mentoring tools and guidelines developed and ready to be used. Endorsement by stakeholders (Subdit AIDS). 	<ul style="list-style-type: none"> Communication and coordination with local stakeholders, e.g. Subdit AIDS and local health offices, is very important and their endorsement will facilitate our future work.

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
<p>Objective 2: To organize a 5 days study tour and start-up workshop on 5 key elements (including on business plan development) at Angsamerah (Jakarta) for selected representatives of the six clinics.</p>					
2.1.	<p>Key representatives of the selected clinics have learned in a practical way about Angsamerah's service system and business model.</p>	<ul style="list-style-type: none"> With the exception of Griya Asa from Semarang and LPPSLH from Purwokerto, the other clinic partners have not yet had the chance to visit the Angsamerah clinics and see and learn first hand and in a practical way about its service system and business model. 	<ul style="list-style-type: none"> Various preparations (TOR writing, sending invitations to partner clinics, logistic arrangements, developing of workshop material/modules) related to upcoming study tour and workshop in Jakarta (12th – 16th January). During the first day (12.1.) all participants were invited to take part in a 1 day study tour of the two Angsamerah clinics. The aim of the study tour was to provide the participants with a practical experience, which was to observe first hand the Angsamerah service system and business model. During the morning participants visited Angsamerah Clinic at Jl. Blora, Central Jakarta, and after lunch participants were brought to Klinik Yayasan Angsamerah (Jl. Panglima Polim Raya), in South Jakarta. For a more detailed description see TOR and activity notes. 	<ul style="list-style-type: none"> Twelve key representatives of the six selected partner clinics have participated in 1 day study tour and learned in a practical way about Angsamerah's service system and business model. 	<ul style="list-style-type: none"> The practical nature of the study tour, which allowed the participants to see and experience the Angsamerah clinics and service system with their own eyes and directly ask questions and discuss, proved to be very useful and efficient. More practical experiences, such as staff replacements for a number of days or weeks, should be included in the future technical assistance workplan.
2.2.	<p>Key representatives of the selected clinics have been provided with new</p>	<ul style="list-style-type: none"> So far the six clinic partners have not been introduced in detail to the five key elements by Angsamerah: 1) 	<ul style="list-style-type: none"> Between the 13.-16. January the Angsamerah workshop was conducted in Wisma PGI, Menteng. The workshop was very special due to a wide selection 	<ul style="list-style-type: none"> The key representatives of the six selected partner clinics (including 1 PKM doctor from PKM Setiabudi and 1 doctor from Lapas 	<ul style="list-style-type: none"> Based on Angsamerah's experience over the years, a well-functioning and healthy private clinic business requires

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
	<p><i>skills and knowledge related to the five key elements (including on business plan development) delivered in start-up workshop.</i></p>	<p>medical quality; 2) client-oriented services; 3) motivated and able providers; 4) a transparent and efficient management system; 5) as well as having and implementing a marketing strategy.</p> <ul style="list-style-type: none"> The introduction to the five key elements provides basic knowledge and the basis for the subsequent mentoring. 	<p>of multidisciplinary experts from both the private and public sectors, who became guest speakers during the workshop. The four days were divided according to topics (5 key elements).</p> <ul style="list-style-type: none"> Tuesday, 13.1.: Focus on provider (self-motivation, communication skills, self-branding, setting goals). Wednesday, 14.1.: Focus on a variety of medical issues (e.g. WHO guidelines, SUFA, HIV and Hep./TB coinfection, drug use – delivered by various guest speakers such as dr. Sigit from Subdit AIDS, dr. Adria from RSPI, dr. Ratna Mardiaty, etc.). For the last session representatives from 4 key affected populations were invited to read a "surat suara harapan terhadap penyedia layanan", which they wrote earlier. Thursday, 15.1.: Focus on clinical management, including 5 key elements at partner clinics, a session on tax (perpajakan utk klinik swasta), business plan development and marketing. Friday, 16.1.: Discussing remaining WHO guidelines on HIV prevention, treatment and care, introduction to copy/dropbox system, as well as setting of mentoring schedule with clinic partners. 	<p>Pemuda) have participated in 4 days workshop at Wisma PGI. They have been provided with new skills and knowledge related to the five key elements (including on business plan development).</p>	<p>a strategic management concept, which consists of five key elements.</p> <ul style="list-style-type: none"> The practical and interactive nature of the workshop proved to be very successful and the feedback of participants was very positive.

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
2.3.	Capacity building priorities for each clinic determined and schedule and timeline (Dec. 2014 – Feb. 2015) agreed on and written down.	<ul style="list-style-type: none"> As the study tour and start-up workshop was moved from early December 2014 to mid January 2015 coordination and communication with clinic partners related to the mentoring priorities and schedule already took place before the workshop. 	<ul style="list-style-type: none"> TA priorities with each clinic were re-discussed and determined. Dates for the mentoring visits reconfirmed with each clinic. It had been decided that follow up would be done by e-mail and phone. 	<ul style="list-style-type: none"> Mentoring timeline and activities set. 	<ul style="list-style-type: none"> It is important to encourage the clinic partners to still provide services to their clients, despite the mentoring.

Objective 3: *To increase the capacity of the six selected clinics related to 5 key elements (medical, client-oriented, provider friendly, management, and marketing).*

Klinik Keluarga Kita (YKIEB), Batam

3.1.	The six selected clinics have taken measures to increase the medical/clinical quality of their services.	<ul style="list-style-type: none"> No clinical SOPs available. Small number of static patients. No quality control mechanism in place. No case study sessions conducted. Knowledge and skills related to HIV/AIDS and other STIs not up to date. Small laboratory for HIV testing but syndromic approach related to STIs. Weak network with local health office and referral services. Does not access 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (various sessions on clinical issues). Three days mentoring visit by Dr. Stanislaus Bondan between the 21.-23. January. The focus of the visit (key result area: medical) was laid on a number of medical/clinical issues, such as the review and development of medical SOPs, direct patient handling, case study sessions, and quality control. Two days mentoring visit by Dr. Sri Pandam, accompanied by Felix Neuenschwander (PM), between the 23.-24. December 2014. The focus of the visit was to strengthen the 	<ul style="list-style-type: none"> Understanding about Angsamerah's service system and business model, as well as the 5 key elements. Selected clinical SOPs handed over from Angsamerah to KKK, reviewed and discussed. KKK staff has learned about how to conduct a case study session and plan to conduct it on a monthly basis. Improved and updated knowledge on HIV/AIDS, STI management and other sexual and reproductive health issues. 	<ul style="list-style-type: none"> All issues dealt with need to be followed up over a longer period of time. Most have only been initiated but not yet completed due to a lack of time (e.g. a selected number of clinical SOPs has been given to KKK and discussed. However, the adaptation process takes time and more time is needed to see whether services are really based on new SOPs). It is still too early to really see whether some of the changes can be maintained (e.g. regular case study sessions).
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No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
		<p>free testing reagents or medication.</p> <ul style="list-style-type: none"> No CST or ART services available. 	<p>partnership between KKK, the local health office (Dinas Kesehatan Kota Batam) and the referral hospitals Budi Kemuliaan and Elisabet, as well as PKM Lubukbaja.</p>	<ul style="list-style-type: none"> Quality control mechanism discussed but not yet in place. The local health office (Dinas Kesehatan Kota Batam) has been approached, KKK and Angsamerh introduced, and the possibility of KKK becoming part of the local LKB network and potential a future satellite provider for ART has been discussed. Potentially, KKK will become a satellite of PKM Lubukbaja in the future. 	<ul style="list-style-type: none"> KKK will need to proactively follow up with the Dinkes regarding the next steps in relation to being included in the LKB network and potentially become a satellite provider for ART. KKK will need to improve its capacity first in order to be ready to become a satellite provider for ART.
3.2.	<p><i>The six selected clinics have taken measures to increase the friendliness (client-oriented) of their service system.</i></p>	<ul style="list-style-type: none"> Staff is friendly and welcoming. Doctor and laboratory technician on and off. Clinic location not strategic and difficult to reach. Long waiting periods for HIV testing results and syndromic approach for STIs. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on client-oriented services). Discussion about opportunities and challenges related to relocation of clinic to more strategic location in Nagoya. Discussion about improving laboratory and shorten waiting time for clients to receive test results. 	<ul style="list-style-type: none"> More clarity related to need to relocate clinic to more strategic location. However, no concrete decisions have been taken. Explore possibility to collaborate with RS Budi Kemuliaan for laboratory tests. 	<ul style="list-style-type: none"> Make use of close links to RS Budi Kemuliaan to access testing reagents, medication and to collaborate for laboratory results.
3.3.	<p><i>The six selected clinics have taken measures to improve the work-climate and strengthen its staff on an individual</i></p>	<ul style="list-style-type: none"> No regular capacity building for staff. Limited opportunities for staff development. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on provider). Mentoring visit to Klinik Keluarga Kita, Batam by Adhe Zamzam Prasasti and Mujahid Nurul (KRA: Provider). Focus on strengthening the individuals working 	<ul style="list-style-type: none"> Understanding about Angsamerah's service system and business model, as well as the 5 key elements. KKK staff and YEP staff have participated in "Inhouse training". 	<ul style="list-style-type: none"> Regular capacity building and staff development should be conducted.

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
	<i>level.</i>		in the clinic and client-oriented services.	<ul style="list-style-type: none"> • Increased motivation and awareness about self-branding. • Staff has learned how to write their clinic profiles and produced first draft. • Each staff member has set their own work goals. 	
3.4.	<i>The six selected clinics have taken measure to make their clinic management system more efficient and effective and have developed a business plan for their clinic.</i>	<ul style="list-style-type: none"> • KKK does not have a business plan document and no clear strategy on how to develop their business. • Klinik Keluarga Kita has plans to relocate the clinic to a more strategic location in Nagoya neighborhood. 	<ul style="list-style-type: none"> • Participation in 5 days study tour and start-up workshop in Jakarta (session on business development and business plan). • Session about business plan, its purpose and structure. 	<ul style="list-style-type: none"> • KKK has developed a draft business plan. However, it is still a draft and it needs to be further developed. 	<ul style="list-style-type: none"> • Finalize development of business plan. Angsamerah will support the clinic with this process beyond SUM II. • Relocate clinic to Nagoya. Large potential to establish profitable clinic business. • Resources mobilization for clinic relocation.
3.5.	<i>The six selected clinics have taken measures to improve their marketing system.</i>	<ul style="list-style-type: none"> • No marketing strategy in place to increase number of clients. • No clinic profile to be promoted among potential donors or investors. • The clinic relies on mobile testing, ojek drivers and a few regular patients for the promotion. 	<ul style="list-style-type: none"> • Participation in 5 days study tour and start-up workshop in Jakarta (session on marketing). • The clinic has learned how to write their clinic profiles and market their clinic (to donors and investors). 	<ul style="list-style-type: none"> • The clinic has written their clinic profil, adapted by the profile written by Angsamerah. 	<ul style="list-style-type: none"> • Develop marketing strategy assisted by Angsamerah should the technical assistance be extended.

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
Klinik Keluarga (YKB), North Jakarta					
3.1.	<i>The six selected clinics have taken measures to increase the medical/clinical quality of their services.</i>	<ul style="list-style-type: none"> High quality of services and good knowledge of team. No clinical SOPs available. Considerable number of static patients but not many HIV and STI patients. Regular mobile testing in West Jakarta. No quality control mechanism in place (laboratory still new). No regular case study sessions conducted. Small laboratory for HIV testing but syndromic approach related to STIs. Good network and relations with local stakeholders (Sudinkes Jakarta Utara, KPAK, Sudinkes Parawisata), referral services (RS Koja and RSPI, PKM Tanjung Priok). 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (various sessions on clinical issues). Three days mentoring visit by Dr. Lamsaria between the 30.-31 of December 2014 and on the 17th of February 2015. The focus of the visit (key result area: medical) was laid on a number of medical/clinical issues, such as the review and development of medical SOPs, direct patient handling, case study sessions, and quality control. One day mentoring visit by Dr. Sri Pandam, accompanied by Felix Neuenschwander (PM), on the 25th of February 2015. The focus of the visit was to strengthen the partnership between Klinik Keluarga, the local stakeholders (Sudinkes Jakut, KPAK, and Sudinkes Parawisata) and referral services (RS Koja, RSPI, PKM Tanjung Priok). 	<ul style="list-style-type: none"> Understanding about Angsamerah's service system and business model, as well as the 5 key elements. Selected clinical SOPs handed over from Angsamerah to Klinik Keluarga, reviewed and discussed. Klinik Keluarga staff has learned about how to conduct a case study session and plan to conduct it on a monthly basis. Improved and updated knowledge on HIV/AIDS, STI management and other sexual and reproductive health issues. Quality control mechanism discussed but not yet in place. Successful meeting with local stakeholders and referral hospitals to discuss future plans of Klinik Keluarga becoming a satellite provider for ART. 	<ul style="list-style-type: none"> All issues dealt with need to be followed up over a longer period of time. Most have only been initiated but not yet completed due to a lack of time (e.g. a selected number of clinical SOPs has been given to Klinik Keluarga and discussed. However, the adaptation process takes time and more time is needed to see whether services are really based on new SOPs). It is still too early to really see whether some of the changes can be maintained (e.g. regular case study sessions). Klinik Keluarga will need to improve its capacity related to recording/reporting first in order to be ready to become a satellite provider for ART.
3.2.	<i>The six selected clinics have taken</i>	<ul style="list-style-type: none"> Klinik Keluarga staff is friendly, professional and 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session 	<ul style="list-style-type: none"> Set up of simple laboratory and redecoration of clinic to 	<ul style="list-style-type: none"> Gradual introduction of services by appointment.

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
	measures to increase the friendliness (client-oriented) of their service system.	<ul style="list-style-type: none"> competent. Clinic environment is friendly, clean and welcoming. 	<ul style="list-style-type: none"> on client-oriented services). Discussion about improving laboratory (equipment and capacity of staff). Setting up of laboratory and redecoration (after assessment but before TA started). 	give it a fresher look and move towards becoming a one-stop service.	<ul style="list-style-type: none"> Capacity building for laboratory technician (e.g. by practical training at Angsamerah).
3.3.	The six selected clinics have taken measures to improve the work-climate and strengthen its staff on an individual level.	<ul style="list-style-type: none"> No regular capacity building for staff. Limited opportunities for staff development. High commitment and dedication of staff. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on provider). Mentoring visit to Klinik Keluarga by Adhe Zamzam Prasasti and Mujahid Nurul (KRA: Provider). Focus on strengthening the individuals working in the clinic and client-oriented services. First day of mentoring conducted at Klinik Keluarga for clinic staff. Second and third day “Inhouse training” at YKB main office for representatives of all five YKB clinics and key staff of YKB. 	<ul style="list-style-type: none"> Understanding about Angsamerah’s service system and business model, as well as the 5 key elements. Staff has participated in “Inhouse training”. Increased motivation and awareness about self-branding. Staff has learned how to write their clinic profiles and produced first draft. Each staff member has set their own work goals. 	<ul style="list-style-type: none"> Regular capacity building and staff development should be conducted to increase motivation and update knowledge.
3.4.	The six selected clinics have taken measure to make their clinic management system more efficient and effective and have developed a business plan for their clinic.	<ul style="list-style-type: none"> Klinik Keluarga does not have a business plan document (detached from YKB). 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on business development and business plan). Session about business plan, its purpose and structure. Session on copy and dropbox system to facilitate the sharing of documents and communication between Klinik Keluarga, YKB and the remaining four YKB clinics. 	<ul style="list-style-type: none"> Klinik Keluarga has developed a draft business plan. However, it is still a draft and it needs to be further developed. Klinik Keluarga and other staff members from YKB have learned about copy system, subscribed and downloaded the application. 	<ul style="list-style-type: none"> Finalize development of business plan. Angsamerah will support the clinic with this process beyond SUM II.

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
3.5.	<i>The six selected clinics have taken measures to improve their marketing system.</i>	<ul style="list-style-type: none"> No clear marketing strategy in place to increase number of clients. However, brand has already been developed. No clinic profile to be promoted among potential donors or investors. Sporadic marketing activities in immediate neighborhood. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on marketing). The clinic has learned how to write their clinic profiles and market their clinic (to donors and investors). 	<ul style="list-style-type: none"> The clinic has written their clinic profil, adapted by the profile written by AngsamERAH. 	<ul style="list-style-type: none"> Develop marketing strategy assisted by AngsamERAH should the technical assistance be extended.
Klinik Griya Asa (PKBI), Semarang					
3.1.	<i>The six selected clinics have taken measures to increase the medical/clinical quality of their services.</i>	<ul style="list-style-type: none"> High quality of services and good knowledge of team. Clinical SOPs available but have not been reviewed and updated since more than five years. Large number of patients, mostly FSWs. Mobile VCT for sex workers at community center within Sunan Kuning. No quality control mechanism in place (laboratory technician still new). No regular case study sessions conducted. Clinic condition and cleanliness rather poor. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (various sessions on clinical issues). Three days mentoring visit by Dr. Stanislaus Bondan from the 11th - 13th of February 2015. The focus of the visit (key result area: medical) was laid on a number of medical/clinical issues, such as the review and development of medical SOPs, direct patient handling, case study sessions, and quality control. Activities by Griya Asa staff to improve cleanliness and tidiness of clinic. Two days mentoring visit by Dr. Sri Pandam and Andika Wirawan on the 20th and 21st of January 2015. Focus on strengthening partnership between Griya Asa and local stakeholders (Dinas Kesehatan Kota 	<ul style="list-style-type: none"> Understanding about AngsamERAH's service system and business model, as well as the 5 key elements. Old PKBI SOPs reviewed and selected clinical SOPs handed over from AngsamERAH to Griya Asa. Griya Asa staff has learned about how to conduct a case study session and plan to conduct it on a monthly basis. Improved and updated knowledge on HIV/AIDS, STI management and other sexual and reproductive health issues. Quality control mechanism discussed but not yet in place. 	<ul style="list-style-type: none"> All issues dealt with need to be followed up over a longer period of time. Most have only been initiated but not yet completed due to a lack of time (e.g. a selected number of clinical SOPs has been given to Griya Asa and discussed. However, the adaptation process takes time and more time is needed to see whether services are really based on new SOPs). It is still too early to really see whether some of the changes can be maintained (e.g. regular case study sessions). Klinik Griya Asa will need to proactively follow up with Dinkes Semarang on next

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
		<ul style="list-style-type: none"> Good network and relations with neighboring PKM Lebdosari. However, networking with local health office (Dinkes Kota Semarang) not yet optimal. 	Semarang, RS Karyadi, PKM Lebdosari, SGC, etc.).	<ul style="list-style-type: none"> Clinic tidier and cleaner. Successful meeting with local stakeholders and referral hospitals to discuss future plans of Klinik Griya Asa becoming a satellite provider for ART. 	steps related to becoming satellite provider for ART.
3.2.	<i>The six selected clinics have taken measures to increase the friendliness (client-oriented) of their service system.</i>	<ul style="list-style-type: none"> Klinik Griya Asa staff is friendly, professional and competent. Clinic environment not yet very friendly and welcoming in terms of cleanliness. Lack of privacy. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on client-oriented services). Activities by Griya Asa staff to improve cleanliness and tidiness of clinic. Development of patient satisfaction questionnaire. 	<ul style="list-style-type: none"> Clinic is tidier and cleaner. Feedback mechanism (questionnaire) for patients ready. 	<ul style="list-style-type: none"> Gradual introduction of services by appointment (this would be more relevant should clinic relocate). Take measures to increase privacy.
3.3.	<i>The six selected clinics have taken measures to improve the work-climate and strengthen its staff on an individual level.</i>	<ul style="list-style-type: none"> No regular capacity building for staff. Limited opportunities for staff development. High commitment and dedication of staff. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on provider). Mentoring visit to Griya Asa by Adhe Zamzam Prasasti and Mujahid Nurul from the 7th – 9th of January 2015 (KRA: Provider). Focus on strengthening the individuals working in the clinic and client-oriented services. Individual coaching and “Inhouse training”. 	<ul style="list-style-type: none"> Understanding about Angsamerah’s service system and business model, as well as the 5 key elements. Staff has participated in “Inhouse training”. Increased motivation and awareness about self-branding. Staff has learned how to write their clinic profiles and produced first draft. Each staff member has set their own work goals. 	<ul style="list-style-type: none"> Regular capacity building and staff development should be conducted to increase motivation and update knowledge.
3.4.	<i>The six selected clinics have taken measure to make</i>	<ul style="list-style-type: none"> Griya Asa does not have a business plan document (detached from PKBI). 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on business development and business 	<ul style="list-style-type: none"> Griya Asa has developed a draft business plan. However, it will be good to further 	<ul style="list-style-type: none"> Further develop and finalize business plan. Angsamerah has committed to assist the

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
	<i>their clinic management system more efficient and effective and have developed a business plan for their clinic.</i>	<ul style="list-style-type: none"> Griya Asa plans to relocate clinic to new location outside of <i>lokalisasi</i> with the aim of expanding services to other KAPs and the general population in order to become more profitable. 	<ul style="list-style-type: none"> plan). Session about business plan, its purpose and structure. Session on copy and dropbox system to facilitate the sharing of documents and communication within Griya Asa and with PKBI. 	<ul style="list-style-type: none"> develop and finalize the business plan. Griya Asa staff has learned about copy system, subscribed and downloaded the application. 	<ul style="list-style-type: none"> clinic with this process beyond SUM II. Consider relocation to building outside of <i>lokalisasi</i> in order to expand patient base and increase business. Survey for new clinic location.
3.5.	<i>The six selected clinics have taken measures to improve their marketing system.</i>	<ul style="list-style-type: none"> No clear marketing strategy in place to increase number of clients. However, brand has already been developed. No clinic profile to be promoted among potential donors or investors. Sporadic marketing activities already conducted. Collaboration with CSOs for promotion and marketing. Willingness to expand services beyond FSWs to other KAPs and the general population. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on marketing). The clinic has learned how to write their clinic profiles and market their clinic (to donors and investors). 	<ul style="list-style-type: none"> The clinic has written their clinic profil, adapted by the profile written by Angsamerah. 	<ul style="list-style-type: none"> Develop marketing strategy assisted by Angsamerah should the technical assistance be extended. This becomes especially relevant should the clinic relocate.
Pos Kesehatan Mandiri (LPPSLH), Purwokerto					
3.1.	<i>The six selected clinics have taken measures to increase the medical/clinical quality of their</i>	<ul style="list-style-type: none"> No fix clinic staff, sense of belonging limited. Clinical SOPs not available. Limited number of patients (FSWs of Gang Sadar 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (various sessions on clinical issues). However, clinic staff has not participated in workshop. 	<ul style="list-style-type: none"> No changes. 	<ul style="list-style-type: none"> Consider relocation of clinic to more strategic location, which could be accessed by a wider range of patients. Recruite more permanent

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
	services.	<p><i>lokalisasi</i>).</p> <ul style="list-style-type: none"> • Project based services. • No quality control mechanism in place. • No regular case study sessions conducted. • Good network and relations with neighboring PKM Lebdosari. However, networking with local health office (Dinkes Kab. Banyumas) not yet optimal. 	<ul style="list-style-type: none"> • Mentoring visits related to medical quality and networking with local stakeholders could not be conducted due to limited time availability of LPPSLH and clinic staff, as well as limited time of mentors. 		<p>clinic staff.</p>
3.2.	<i>The six selected clinics have taken measures to increase the friendliness (client-oriented) of their service system.</i>	<ul style="list-style-type: none"> • Services are not provided on a regular basis (project based). 	<ul style="list-style-type: none"> • No particular activities conducted. 	<ul style="list-style-type: none"> • No changes. 	
3.3.	<i>The six selected clinics have taken measures to improve the work-climate and strengthen its staff on an individual level.</i>	<ul style="list-style-type: none"> • No regular capacity building for staff. • Limited opportunities for staff development. • High commitment and dedication of LPPSLH management. 	<ul style="list-style-type: none"> • Participation in 5 days study tour and start-up workshop in Jakarta (session on provider). • Mentoring visit to LPPSLH by Adhe Zamzam Prasasti and Mujahid Nurul from the 11th – 13th of February 2015 (KRA: Provider). Focus on strengthening the individuals working in the clinic and client-oriented services. Individual coaching and “Inhouse training”. 	<ul style="list-style-type: none"> • Understanding about Angsamerah’s service system and business model, as well as the 5 key elements. • Staff has participated in “Inhouse training”. • Increased motivation and awareness about self-branding. • Staff has learned how to write their clinic profiles and produced first draft. • Each staff member has set 	<ul style="list-style-type: none"> • Regular capacity building and staff development should be conducted to increase motivation and update knowledge.

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
				their own work goals.	
3.4.	<i>The six selected clinics have taken measure to make their clinic management system more efficient and effective and have developed a business plan for their clinic.</i>	<ul style="list-style-type: none"> The clinic does not have a business plan document. LPPSLH plans to open new clinic outside of <i>lokalisasi</i> with the aim of expanding services to other KAPs and the general population in order to become more sustainable. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on business development and business plan). Session about business plan, its purpose and structure. 	<ul style="list-style-type: none"> LPPSLH has developed a draft business plan. However, it will be good to further develop and finalize the business plan. 	<ul style="list-style-type: none"> Further develop and finalize business plan. AngsamERAH has committed to assist LPPSLH with this process beyond SUM II. Consider relocation to building outside of <i>lokalisasi</i> in order to expand patient base and increase business. Survey for new clinic location.
3.5.	<i>The six selected clinics have taken measures to improve their marketing system.</i>	<ul style="list-style-type: none"> No clear marketing strategy in place to increase number of clients. Limited options to increase patient numbers. No clinic profile to be promoted among potential donors or investors. Sporadic marketing activities already conducted. Collaboration with CSOs for promotion and marketing. Willingness to expand services beyond FSWs to other KAPs and the general population. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on marketing). The clinic (LPPSLH staff) has learned how to write their clinic profiles and market their clinic (to donors and investors). 	<ul style="list-style-type: none"> The clinic (LPPSLH) has written their clinic profil, adapted by the profile written by AngsamERAH. 	<ul style="list-style-type: none"> Develop marketing strategy assisted by AngsamERAH should the technical assistance be extended. This becomes especially relevant should the clinic relocate.
Wisma Kesehatan Terpadu Cenderawasih (PKBI), Jayapura District					
3.1.	<i>The six selected clinics have taken</i>	<ul style="list-style-type: none"> Good quality of services and sufficient knowledge of 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (various 	<ul style="list-style-type: none"> Understanding about AngsamERAH's service system 	<ul style="list-style-type: none"> All issues dealt with need to be followed up over a longer

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
	<i>measures to increase the medical/clinical quality of their services.</i>	<p>team.</p> <ul style="list-style-type: none"> Clinical SOPs available (from PKBI) but have not been reviewed and updated since many years. Considerable number of patients, almost exclusively FSWs. Quality control mechanism already in place. No regular case study sessions conducted. Condition and location of clinic building rather poor and not fulfilling minimal standards (e.g. poor ventilation and sunlight). Good network and relations with neighboring PKM Harapan. Networking with local health office (Dinkes Kab. Jayapura) well established and smooth. 	<p>sessions on clinical issues).</p> <ul style="list-style-type: none"> Three days mentoring visit by Dr. Stanislaus Bondan from the 28th - 30th of January 2015. The focus of the visit (key result area: medical) was laid on a number of medical/clinical issues, such as the review and development of medical SOPs, direct patient handling, case study sessions, and quality control. Two days mentoring visit by Dr. Sri Pandam and Felix Neuenschwander (PM) from the 11th – 12th of February 2015. Focus on strengthening strengthening partnership between Klinik Tanjung Elmo and the local health office (Dinkes Kab. Jayapura) and nearby PKM Harapan. 	<p>and business model, as well as the 5 key elements.</p> <ul style="list-style-type: none"> Old PKBI SOPs reviewed and selected clinical SOPs handed over from Angsamerah to Klinik Tanjung Elmo. The clinic staff has learned about how to conduct a case study session and plan to conduct it on a monthly basis. Improved and updated knowledge on HIV/AIDS, STI management and other sexual and reproductive health issues. Successful meeting with local health office (Dinkes Kab. Jayapura) and PKM Harapan conducted. Commitment to strengthen partnership. 	<p>period of time. Most have only been initiated but not yet completed due to a lack of time (e.g. a selected number of clinical SOPs has been given to the clinic and discussed. However, the adaptation process takes time and more time is needed to see whether services are really based on new SOPs).</p> <ul style="list-style-type: none"> It is still too early to really see whether some of the changes can be maintained (e.g. regular case study sessions). Consider moving to other building within <i>lokalisasi</i>, which will allow for healthier clinic environment.
3.2.	<i>The six selected clinics have taken measures to increase the friendliness (client-oriented) of their service system.</i>	<ul style="list-style-type: none"> Klinik Tanjung Elmo staff is friendly, professional and competent. Clinic environment not optimal and due to small space the clinic gets easily crowded (lack of privacy). 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on client-oriented services). Discussions related to relocation of clinic to more favourable building within <i>lokalisasi</i>. 	<ul style="list-style-type: none"> No changes. 	<ul style="list-style-type: none"> Increase privacy for clients, e.g. by making smaller batches/groups (e.g. only 4 to 5 patients together). Consider moving to building with better ventilation and more sunlight.
3.3.	<i>The six selected clinics have taken</i>	<ul style="list-style-type: none"> No regular capacity building for staff. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session 	<ul style="list-style-type: none"> Understanding about Angsamerah's service system 	<ul style="list-style-type: none"> Regular capacity building and staff development should be

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
	<i>measures to improve the work-climate and strengthen its staff on an individual level.</i>	<ul style="list-style-type: none"> Limited opportunities for staff development. High commitment and dedication of staff. 	<p>on provider).</p> <ul style="list-style-type: none"> Mentoring visit to Klinik Tanjung Elmo by Adhe Zamzam Prasasti and Mujahid Nurul (KRA: Provider) from the 19th – 21st of January 2015. Focus on strengthening the individuals working in the clinic and client-oriented services. Mornings at PKBI main office in Kotaraja, afternoons at Klinik Tanjung Elmo. 	<p>and business model, as well as the 5 key elements.</p> <ul style="list-style-type: none"> Staff has participated in “Inhouse training”. Increased motivation and awareness about self-branding. Staff has learned how to write their clinic profiles and produced first draft. Each staff member has set their own work goals. 	<p>conducted to increase motivation and update knowledge.</p>
3.4.	<i>The six selected clinics have taken measure to make their clinic management system more efficient and effective and have developed a business plan for their clinic.</i>	<ul style="list-style-type: none"> Klinik Tanjung Elmo does not have a business plan document (detached from PKBI). Griya Asa plans to relocate clinic to new location within <i>lokalisasi</i>, which provides a healthier clinic environment. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on business development and business plan). Session about business plan, its purpose and structure. Session on copy and dropbox system to facilitate the sharing of documents and communication between staff members and between the clinic and PKBI. 	<ul style="list-style-type: none"> The clinic management has developed a draft business plan. However, it will be good to further develop and finalize the business plan. The clinic management and PKBI staff have learned about copy system, subscribed and downloaded the application. However, follow up is needed. 	<ul style="list-style-type: none"> Further develop and finalize business plan. AngsamERAH has committed to assist the clinic with this process beyond SUM II. Improve condition of clinic building, e.g. by relocating to more favourable location. Survey for new clinic building.
3.5.	<i>The six selected clinics have taken measures to improve their marketing system.</i>	<ul style="list-style-type: none"> No clear marketing strategy in place to increase number of clients. Limited options to increase patient numbers. No clinic profile to be promoted among potential donors or investors. Sporadic marketing activities already conducted. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on marketing). The clinic management has learned how to write their clinic profiles and market their clinic (to donors and investors). 	<ul style="list-style-type: none"> The clinic management has written their clinic profil, adapted by the profile written by AngsamERAH. 	<ul style="list-style-type: none"> Develop marketing strategy assisted by AngsamERAH should the technical assistance be extended.

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
		<ul style="list-style-type: none"> • Collaboration with CSOs for promotion and marketing. • Willingness to expand services beyond FSWs to other KAPs and the general population. 			
Klinik Kalvari (GIDI), Wamena					
3.1.	<i>The six selected clinics have taken measures to increase the medical/clinical quality of their services.</i>	<ul style="list-style-type: none"> • High quality of services and sufficient knowledge of team. • Clean and healthy clinic environment. • No doctor on stand-by (only once a week). • No clinical SOPs available. • Large number of patients, KAPs and general population. • Quality control mechanism already in place. • No regular case study sessions conducted. • Laboratory very comprehensive. • CST services available, satellite provider for ART. • Good network and relations with local stakeholders. 	<ul style="list-style-type: none"> • Participation in 5 days study tour and start-up workshop in Jakarta (various sessions on clinical issues). • Three days mentoring visit by Dr. Stanislaus Bondan from the 2nd – 4th of February 2015. The focus of the visit (key result area: medical) was laid on a number of medical/clinical issues, such as the review and development of medical SOPs, direct patient handling, case study sessions, and quality control. • One day mentoring visit by Felix Neuenschwander (PM) on the 14th of February 2015. Following up on staff profiles, clinic profile and business plan. 	<ul style="list-style-type: none"> • Understanding about Angsamerah's service system and business model, as well as the 5 key elements. • Selected clinical SOPs handed over from Angsamerah to Klinik Keluarga, reviewed and discussed. • Klinik Kalvari staff has learned about how to conduct a case study session and plan to conduct it on a monthly basis. • Improved and updated knowledge on HIV/AIDS, STI management and other sexual and reproductive health issues. • Improved knowledge on MSM and their particular health 	<ul style="list-style-type: none"> • All issues dealt with need to be followed up over a longer period of time. Most have only been initiated but not yet completed due to a lack of time. E.g. a selected number of clinical SOPs has been given to Kalvari and discussed. However, the adaptation process takes time and more time is needed to see whether services are really based on new SOPs. Moreover, the concept of SOPs is still new for the clinic staff and thus more time is needed to work on this. • It is still too early to really see whether some of the changes can be maintained (e.g. regular case study sessions). • Look for doctor who is

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
				needs.	<p>dedicated and willing to commit long-term.</p> <ul style="list-style-type: none"> Strengthening of nurses (head of nurses) to run clinic on a daily basis.
3.2.	<i>The six selected clinics have taken measures to increase the friendliness (client-oriented) of their service system.</i>	<ul style="list-style-type: none"> The Klinik Kalvari staff is friendly, professional and competent. Patients are always welcomed with a smile. The clinic environment is clean and tidy, the ventilation and lighting very good. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on client-oriented services). 	<ul style="list-style-type: none"> No changes. 	<ul style="list-style-type: none"> No particular recommendations, clinic already provides services based on the needs of their clients.
3.3.	<i>The six selected clinics have taken measures to improve the work-climate and strengthen its staff on an individual level.</i>	<ul style="list-style-type: none"> High commitment and dedication of staff. No regular capacity building for staff, limited options to update knowledge. Limited opportunities for staff development. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on provider). Mentoring visit to Klinik Tanjung Elmo by Adhe Zamzam Prasasti and Mujahid Nurul (KRA: Provider) from the 22th – 24st of January 2015. Focus on strengthening the individuals working in the clinic and client-oriented services. “Inhouse training” and individual coaching with clinic management. 	<ul style="list-style-type: none"> Understanding about Angsamerah’s service system and business model, as well as the 5 key elements. Staff has participated in “Inhouse training”. Staff is excited about new experience, as they have not been familiar with the concept of staff development. Staff has learned how to write their clinic profiles and produced first draft. Each staff member has set their own work goals. 	<ul style="list-style-type: none"> Regular capacity building and staff development should be conducted to increase motivation and update knowledge. Capacity building must be adapted to specific cultural context of Wamena.
3.4.	<i>The six selected clinics have taken measure to make</i>	<ul style="list-style-type: none"> Klinik Kalvari does not have a business plan document. Klinik Kalvari dreams of 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on business development and business 	<ul style="list-style-type: none"> The clinic management has developed a draft business plan. However, it will be good 	<ul style="list-style-type: none"> Further develop and finalize business plan. Angsamerah has committed to assist Kalvari

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
	<i>their clinic management system more efficient and effective and have developed a business plan for their clinic.</i>	opening a small hospital in the near future, to accommodate the ever increasing number of patients.	plan). <ul style="list-style-type: none"> Session about business plan, its purpose and structure. 	to further develop and finalize the business plan.	with this process beyond SUM II. <ul style="list-style-type: none"> Resources mobilization for future plan to establish small hospital. Leadership of clinic should be strengthened.
3.5.	<i>The six selected clinics have taken measures to improve their marketing system.</i>	<ul style="list-style-type: none"> No marketing strategy document or clear marketing strategy. Clinic does already have a large number of patients and with the current capacity of the staff patient numbers should not be increased. No clinic profile to be promoted among potential donors or investors. Sporadic marketing activities already conducted, including using social media (e.g. FB). Collaboration with CSOs for promotion and marketing. 	<ul style="list-style-type: none"> Participation in 5 days study tour and start-up workshop in Jakarta (session on marketing). The clinic management has learned how to write their clinic profiles and market their clinic (to donors and investors). 	<ul style="list-style-type: none"> The clinic management has written their clinic profil, adapted by the profile written by Angsamerah. 	<ul style="list-style-type: none"> Develop marketing strategy assisted by Angsamerah should the technical assistance be extended. However, the marketing strategy will need to be tailored to the specific socio-cultural context of Wamena, the capacity of the clinic's staff and available resources.
Objective 4: To conduct a 2 day workshop in Jakarta to evaluate the progress and effect of the technical assistance.					
4.1.	<i>Progress of three months of capacity building and mentoring evaluated and objectives for</i>	<ul style="list-style-type: none"> Clinic partners did not have a platform to present their profies, achievements and dreams for the future to other clinic partners and stakeholders form the public 	<ul style="list-style-type: none"> Evaluation of the process and quality (benefit) of the technical assistance provided by Angsamerah to six SUM II private clinic partners. Clinic partners have been provided with an opportunity to present the outputs of 	<ul style="list-style-type: none"> Progress of three month of technical assistance has been evaluated and clinic partners were given the opportunity to present their clinic profiles, outputs of the 	<ul style="list-style-type: none"> Routine communication with Angsamerah after February 2015 (beyond SUM II) in order finalize business plans and follow up on medical SOPs. Continuing technical

No	Program	Pre-condition	Activities	Post-condition	Insight or Recommendation
	<i>follow up period set.</i>	<p>and private sectors.</p> <ul style="list-style-type: none"> Lack of confidence to present their dreams to a wider public (e.g. other clinic partners and stakeholders). 	<p>the technical assistance and share about the process and benefits from their perspective.</p> <ul style="list-style-type: none"> Angsamerah has been provided with an opportunity to share from the perspective of the technical assistance provider and gather lessons learned Planning ahead, next steps and nature of future partnership between Angsamerah and the clinic partners. The clinic partners have presented their clinic profiles, achievements and needs to a number of invited stakeholders. Invited stakeholders have provided feedback and inputs (based on the presentations) to the clinic partners and Angsamerah. 	<p>technical assistance and plans for the future to Angsamerah, the other clinic partners and a number of stakeholders from the private and public sectors (e.g. Pak Kemal from KPAN, Pak Ramdani from IBCA, Ibu Ria from CCM, Ibu Nurjana from Subdit AIDS).</p>	<p>assistance by Angsamerah. A three month period is not enough to bring about real change. It should rather be seen as the start (trigger) of a longer process of improving the quality and management of their clinics, strengthening their staffs, as well as moving towards long-term sustainability. The technical assistance should both consist of following up on issues addressed during the last three months, as well as include new elements (of five key elements).</p> <ul style="list-style-type: none"> Clinic partners should be proactive and keep strengthening their networks with the government sector, as well as the private sector. Several of the clinic partners plan to move their clinic to a more strategic location or open a new clinic (e.g. KKK in Batam, LPPSLH in Purwokerto, Griya Asa in Semarang, PKBI in Jayapura, Kalvari in Wamena). It is important to plan this step carefully and make sure that it is feasible (human and financial resources). Mobilization of resources for clinic relocation – how much and how?

3.2. Overview of Targets vs Achievements:

Key Result Area	Key Performance Indicator	Target	Target achieved	Description	Recommendations and Follow up
<i>By February 2015, the six selected clinics have taken measures to increase the medical/clinical quality of their services.</i>	Number of clinics with medical SOPs developed/reviewed/updated and implemented.	6	5	<p>With the exception of Pos Kesehatan Mandiri (LPPSLH) in Purwokerto, which did not receive any mentoring related to medical/clinical issues, all clinics are now in possession of selected clinical SOPs developed by Angsamerah. These SOPs have been reviewed and discussed during the mentoring sessions, there has been a proper hand-over, and the SOPs have been/will be adjusted, if necessary, to the specific contexts of the clinics.</p> <p>Clinics which already had a selection of clinical SOPs (but not updated):</p> <ul style="list-style-type: none"> • Klinik Griya Asa • Klinik Tanjung Elmo <p>Clinics which did not possess any SOPs:</p> <ul style="list-style-type: none"> • Klinik Keluarga • Klinik Keluarga Kita • Klinik Kalvari 	<ul style="list-style-type: none"> • Angsamerah strongly recommends all clinics to possess a basic set of clinical SOPs (e.g. HIV and AIDS, STI management, as well as sexual and reproductive health). • Follow up mentoring related to the clinical SOPs provided by Angsamerah is needed at 5 clinics in order to make sure that they are properly understood and that services are provided in line with SOPs. • Due to a lack of time of LPPSLH and the mentors Pos Kesehatan Mandiri (LPPSLH) in Purwokerto has not received any medical mentoring. However, Angsamerah strongly recommends to do so in order to make sure that services comply with minimum standards.
	Number of clinics with quality control mechanisms in place.	3	2	<p>The following clinic have already had a quality control mechanism in place:</p> <ul style="list-style-type: none"> • Klinik Kalvari • Klinik Tanjung Elmo <p>The remaining clinic are in the process of setting up such a mechanism.</p>	<ul style="list-style-type: none"> • It is strongly recommended that all 6 clinics have a quality control mechanism in place. • Follow up mentoring by Angsamerah to assist/facilitate remaining four partner clinics to set up quality control mechanism.
	Number of clinics conducting monthly case study sessions.	3	5	Five of six clinic have learned about the importance of regular case study sessions in	<ul style="list-style-type: none"> • It is strongly recommended that all six clinics conduct case study sessions on

				order to solve complicated cases and as part of continuous learning practices. The have learned how to conduct a case study session. However, due to the short time period it is still unclear how many of the clinics will continue doing so on a monthly basis.	<p>an ongoing (monthly) basis to maintain quality and increase and update knowledge and skills.</p> <ul style="list-style-type: none"> Follow up mentoring by Angsamerah to discuss cases and encourage partners to conduct sessions regularly.
	Number of clinics with improved cleanliness and hygiene environments and service delivery.	3	3	<p>Three clinic partners have taken measures to improve the cleanliness and hygiene at their services:</p> <ul style="list-style-type: none"> Klinik Griya Asa Klinik Tanjung Elmo Klinik Keluarga 	<ul style="list-style-type: none"> Cleanliness and hygiene are an utmost priority for any health service. Its maintenance is a continuous and constant process. The three clinics which recently improved the situation at their services will need to maintain and further improve cleanliness and hygiene. The three clinics which already complied with minimal standards before the intervention will nevertheless have to maintain and possibly improve it. During follow up mentoring Angsamerah would keep assisting and advising the clinic partners on how to improve these issues at their services.
	Number of clinics demonstrating increased uptake of services.	3		Baseline data related to patient numbers have been collected at all clinics	<ul style="list-style-type: none"> Baseline data will later be used and compared with patient numbers after 12 months of technical assistance.
<i>By February 2015, the six selected clinics have taken measures to increase the friendliness (client-oriented) of their service system.</i>	Number of clinics able to demonstrate increased level of client-oriented service delivery.	6	2	Most of the clinics already demonstrate a high-level of client-oriented services under current conditions. Several of the clinics have made minor changes to their service systems to increase the level of client-orientedness (e.g. increasing privacy by reducing the number of patients accessing the clinic at the same time). However, due to limited time availability we have not been	<ul style="list-style-type: none"> To provide client oriented services is also an ongoing process and regular reviews and updates are needed. A set of SOPs on client-oriented services (e.g. communication between doctor and client, patient management, stigma and discrimination) are needed at each clinic. Angsamerah plans to assist the clinic

				able to focus much on this aspect.	partners with the development of SOPs on client-oriented services (or sharing of its own SOPs) should the technical assistance be extended.
	Number of clinics with improved referral systems efficiency.	6	6	All clinic partners have created a document (overview) of their referral contacts, including contact numbers, contact persons, and specific details on their services.	<ul style="list-style-type: none"> Referral contact list will need to be updated regularly and should have a fix place within clinic (e.g. specific drawer, folder, or hanging on wall) to make sure that all staff can access it.
	Number of clinics demonstrating improved efficiency of patient flow (within clinic).	3	2	Two clinics, Klinik Tanjung Elmo and Klinik Keluarga Kita, have taken measures to improve patient flow efficiency (e.g. by asking clients to come to the clinic in smaller groups).	<ul style="list-style-type: none"> Finding ways to further improve efficiency of patient flow within clinic. However, more time is needed as certain aspects of the patient flow are connected to the room set up at the clinic or number of staff. During follow up mentoring Angsamerah will assist all clinics to review patient flow and find ways of improving its efficiency.
	Number of clinics which have successfully introduced service by appointment patient scheduling.	3	0	So far none of the clinics have introduced services by appointment. However, several of the clinic partners consider introducing services by appointment in the future.	<ul style="list-style-type: none"> While services by appointment scheduling allow the medical team to better prepare themselves for a consultation and the client spends less time waiting – two benefits which increase level of client-oriented services – this system does not fit the service systems of all clinics. E.g. at clinics located in a <i>lokalisasi</i> (Griya Asa, Tanjung Elmo, Gang Sadar), where most patients are FSWs, it can only partially be introduced. Also, at Klinik Kalvari, services by appointment will, at the most, only be partially introduced.

<p><i>The six selected clinics have taken measures to improve the work-climate and strengthen its staff on an individual level.</i></p>	<p>Number of clinical staff aware of staff personal branding, self-motivation and developed their staff profiles (resumes).</p>	<p>6</p>	<p>6</p>	<p>All six clinic partners have profited from a three days mentoring visit focusing on issues related to clinic personnel and staff development.</p>	<ul style="list-style-type: none"> • Utilization of staff profiles to promote expertise and skills. • Each clinic should have a plan related to staff development and how it is done. • Follow up mentoring by Angsamerah.
<p><i>The six selected clinics have taken measure to make their clinic management system more efficient and effective and to improve their business development.</i></p>	<p>Number of clinics with draft business plans.</p>	<p>6</p>	<p>6</p>	<p>All six clinic have developed a draft business plan</p>	<ul style="list-style-type: none"> • Draft business plans will need to be further developed and finalized within the coming weeks and subsequently regularly updated. • Angsamerah has committed to assist the clinic partners with this process by reviewing, providing feedback, as well as promoting their services through the Angsamerah social media (e.g. blogspot). • Follow-up mentoring on business plan, in particular related to financial section (potentially in collaboration with Yayasan Penabulu).
<p><i>The six selected clinics have taken measures to improve their marketing system.</i></p>	<p>Number of clinics with brands defined and profiles developed.</p>	<p>6</p>	<p>6</p>	<p>All six clinics have developed their clinic profile. The clinic profiles will be useful for guests/visitors and potential donors or investors, to get a comprehensive overview of the clinic, its history, values, services, patients and plans ahead.</p>	<ul style="list-style-type: none"> • Print clinic profile and have it ready to be distributed to visitors, stakeholders and donors. Ideally, clinic profile should be in both Indonesian and English. • Documentation of clinic profile and showcasing achievements and expertise of service are very important. • Angsamerah will continue to promote the clinic partners' services on Angsamerah's social media.

3.3. Most Significant Change:

The three months of technical assistance have been an immensely valuable experience for both Angsamerah and the clinic partners. Without any doubt, Angsamerah's technical assistance in conjunction with the clinic partners' commitment and hard work has resulted in a number of concrete outputs and positive changes for their clinic businesses. The previous section has provided an overview in this regard. But there are benefits and changes experienced by the people involved, which cannot be measured with quantitative performance indicators. The most significant change approach is a qualitative and participatory monitoring and evaluation tool, which aims at collecting personal stories of "significant change", the sharing of these stories and feedback on the significance of change they represent.

However, the brief project period of three months makes it difficult to come up with stories of significant change, as most of the processes have only recently been initiated and more time and work are needed for significant changes to happen. Therefore, this section will not provide most significant change stories in a stricter sense, but rather short statements from the clinic partners expressed after the study-tour and start-up workshop in mid January or related to Angsamerah's technical assistance as a whole.



Moments of joy and togetherness: Participants of the Angsamerah study tour and workshop gather for a group picture. Their dedication, passion and perseverance inspite of many challenges is really remarkable.



Muhammad Taufik Hidayat, Klinik Griya Asa, Semarang:

“Amazing, inspiring, powerfull!! Those are the three words that came up to my mind once I set foot in Angsamerah clinic. Not only because the physical and management qualities, but more about the spirit that radiates from within. There is no doubt that these exceptional spirit and energy were built by the founder, Dr. Nurlan, which were further transmitted to the rest of its components”

“The training flow was determined strategically, it put the self-motivation session on the first day. This strategy made the whole workshop package become

very useful and even more powerful. It’s not only about knowledge or skill that were built by the workshop material, but also about how those materials can be applied altogether to each clinic.”



Marcel Kooijmans, Klinik Kalvari, Wamena:

“We are very very happy with the support from the Angsamerah team! This has been an amazing experience for us, very different from previous programs. Although it has only been three months, we have gained a lot!”



Dr. Vita Koedoes, Tanung Elmo Klinik, Jayapura District:

“It’s cool...I was surprised, “is it really a clinic?”, as I continued to dream that one day there will be a clinic this comfortable in Jayapura”

“From Angsamerah workshop, I gained knowledge and also colleagues. In the end it all made me very happy. My favorite session was positive character building session, it made me know how to deal with other people and maintain positive thinking towards other people as well as myself.”

Dr. Dwi Yoga Yulianto, Klinik Griya Asa, Semarang:
“Angsamerah workshop is full of inspiration and also suitable for our current needs. It gave us insight as well as motivation. I truly hope that there will be mentoring sessions to strengthen its results.”



Concluding from above statements, feedback from the mentors from the field, as well as various discussion with the clinic partners through the project period and during the evaluation workshop, feeling connected and being part of a wider network of dedicated health care professionals who support each other, as well as new motivation, inspiration and the believe in the feasibility of our dreams might be the most significant changes for many of the participants.

4. Challenges

The main challenges faced during the development and implementation of the technical assistance scope of work were related to the following two issues:

- **Limited time availability**

Three month of technical assistance are not enough to bring about significant and long-lasting change. Much more time and efforts are needed in order to increase and maintain the quality of the clinics' service systems and to develop functional and sustainable business models. However, the many achievements by the clinic partners and Angsamerah show that even within a brief period of time many good and valuable things can be accomplished. Angsamerah hopes that the last three months have only marked a starting point within a much longer journey of collaboration and joint efforts to bring about meaningful change and contribute towards the strengthening of the Indonesian health system.

- **Limited resources**

Limited resources are of course ubiquitous and a challenge for many programs. While resources for the implementation of the proposed scope of work have not been limited, many of the recommendations put forward by Angsamerah after the assessments could not be tackled due to limited financial resources and time. The issue that sticks out most here concerns the recommendation by Angsamerah and the plans by many of the clinic partners to relocate their clinics in order to allow their businesses to grow and become self-sufficient. A shift away from clinics established based on the needs of a project towards sustainable and strong clinics contributing towards a project's needs. However, Angsamerah and the clinic partners' philosophy has been to make the best out of the time and resources available.

5. Recommendations

- The brief time period of three months has only allowed for a limited number of issues to be addressed and follow up mentoring is strongly recommended in order to maintain and maximize what has been initiated. Moreover, a wide variety of important issues has not been part of the scope of work but needs to be addressed should Angsamerah be given the opportunity to continue its work with the clinic partners.
- Technical assistance must be tailored to the specific needs and aspirations of the beneficiaries and be responsive to their socio-cultural contexts. Only this way will the assistance be well received and maximal results can be expected.
- The commitment and positive spirit of the clinic partners has been extraordinary and this has allowed for a number of positive outputs and changes, which ultimately benefit all parties involved (the clinic partners themselves,

Angsamerah as technical assistance provider, as well as the SUM II program), including the thousands of clients accessing the clinics' services. Win-win solution for all parties involved.

- Improving and maintaining quality services and to function and grow as a business is an ongoing process. Clinic partners will need to work hard, evolve and innovate, and increase their staff's capacity regularly. To be proactive is the key word and a strong network and active network of partners will allow the clinics to harness resources and perspectives from both the government and business sectors.
- Five out of the six partner clinics plan to relocate their clinic to a more favourable location in the future. More favourable means either in terms of business potential, because the current location does not allow the clinic to grow as a business, or in terms of the clinic environment and infrastructure, which does not comply with minimum standards for a healthy clinic environment. While there is no urgency to this and careful planning and weighing up of opportunities and challenges is needed, future technical assistance efforts must consider this important issue in order to bring about long-lasting change and maximal outcomes.
- The current SUM II funding release mechanism has proved challenging for Angsamerah as a technical assistance provider. Several times did we run out of funding or were forced to hastily use up remaining funds in order not to be "frozen". While some of these issues might have been caused by mistakes with the planning or reporting, there are numerous factors which are out of our control (such as availability of clinic partners or days used for reviewing our reports and releasing new funds). Had Angsamerah not had a financial buffer to cover these funding voids, we would not have been able to conduct all planned activities as scheduled and deliver similar results.

6. Conclusion

The end or just the beginning?

The three months of technical assistance have been an intense and immensely enriching experience for both Angsamerah and the clinic partners. Angsamerah's technical assistance in conjunction with the clinic partners' commitment, dedication and hard work has resulted in a number of concrete outputs and positive changes for all parties involved. New connections and links have been established (professional and personnel), resources have been joined, knowledge, skills and experiences have been shared and transferred, and dreams have been voiced and slowly but surely started to substantiate. The journey ahead is still long and littered with small and big challenges, but it is good to know that we are not alone. By joining resources and working collaboratively we can truly make a difference – for the benefit of programs and organizations we manage, the businesses we run, and most importantly, for the communities most affected by the HIV and AIDS epidemic.

In its effort to support and speed up the Indonesian HIV and AIDS response, the USAID SUM II Program has 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 SUM II (USAID) has contributed towards building the foundation of a locally driven and more sustainable response.

While the technical assistance project in collaboration with the SUM II program has officially ended in February 2015, Angsamerah's connection and partnership with the clinic partners will continue beyond SUM II. Although less intensive and formal, Angsamerah will continue to assist the clinics with the finalization of their business plans and other needs, depending on the willingness and commitment of the partners and the time and resources available. Nevertheless, Angsamerah strongly recommends to extend the provision of technical assistance to the clinic partners for a longer period of time, which would allow us to follow up on and continue previously initiated activities, as well as tackle a wide range of other issues relevant for a healthy and well-functioning private clinic business.