

# Case Study: Opportunities for Increasing Youth Employment in Health in Indonesia

This brief provides a summary of the application of HRH2030’s global framework in Indonesia and opportunities to engage educators and employers to effectively build the future health workforce. Opportunities include supporting youth’s contribution and enabling environment for health training and improving youth assets and agency for careers in health.

**FIGURE 1: OPTIMAL PARTNERSHIPS AND OPPORTUNITIES FOR POSITIVE YOUTH DEVELOPMENT AND HEALTH FOR ALL**



## Introduction

The number of health workers available is insufficient for the current global need to sustain and improve health services. Well-skilled, unemployed youth could provide an answer to that problem. The ILO estimates there are 71 million unemployed youth (2016). By contrast, the WHO Global Human Resources for Health (HRH) Strategy, Workforce 2030 (2016), estimates 40 million new health jobs will be created by 2030. While higher education opportunities may be limited for these young people, technical and vocational education and training institutions (TVETs) show promise for more youth to build skills for productive livelihoods and careers in health. Worldwide, VETs offer certification in paraprofessional health cadres as an alternative to a four-year institution, and confer specific, marketable skills in a shorter duration and often at a lower cost.

## HRH2030’s Framework for Youth Employment in Health

To draw connections between educators, employers, and youth and highlight opportunities to support youth to secure careers in health, HRH2030 proposes a vision for how health professional schools and health employers can adapt positive youth development approaches to build and support the future health workforce. Drawing on WHO’s health labor market framework and USAID Youth Power’s Positive Youth Development (PYD) Framework, HRH2030 developed a framework outlining opportunities for youth careers in health. This global framework, titled Optimal Partnerships and Opportunities for Positive Youth Development and Health for All includes best practices for the education sector and health employers [See Figure 1].

## Purpose and Country Selection

Through this case study, HRH2030 aimed to test the global framework for youth employment in health and see how it could be applied to a country context. Our guiding question was: *How can HRH2030's vision for optimal partnerships and opportunities provide value for a specific country?* We chose Indonesia because the potential solutions expected from the case study application were aligned with key development challenges highlighted in [USAID Indonesia's strategy](#), which are further described below.

By applying HRH2030's Youth Employment in Health framework to the Indonesia context we aimed to identify opportunities and potential partnerships to support youth to secure jobs in health and fill emerging health workforce skill gaps in response to Indonesia's youth unemployment challenges.<sup>1</sup> According to [World Bank data](#), Indonesia's youth unemployment rate for 2018 was 15.84%, a 0.5% increase from 2017. Our goals for this case study included identifying:

- ✓ Opportunities to strengthen the bridge from education to employment
- ✓ Jobs and skills in demand by employers
- ✓ Opportunities to support youth for careers in health

## Indonesia's Youth Employment Context

[USAID/Indonesia's strategy](#) notes the country's stalled economy, with more than 28 million Indonesians living below the poverty line as a key development challenge. With 1.7 million youth entering the workforce each year, the slow rate of job creation further challenges poverty reduction efforts. In addition, USAID's current strategy includes the importance of strengthening the capacity of education institutions to prepare graduates to work in Indonesia's 21st century economy and specifically calls out the need to bolster vocational education and training programs that typically target vulnerable, marginalized youth. In Indonesia, 'youth' are defined as under the age of 30. While the health sector presents an opportunity for long-term employment, UNFPA's [report on Indonesian youth in the 21<sup>st</sup> century](#) highlights that the completion of education does not automatically lead to employment, especially if the training is not aligned to labor market needs.

*Labor market trends.* According to 2017 Pusrengun/MoH data, there has been an overproduction of nurses and midwives in Indonesia, with some provinces above the recommended number of nurses and midwives per 100,000 of the population. In addition, a 2017 RISNAKES survey of public

sector *Puskesmas* (community health centers) across Indonesia noted about half had laboratory vacancies.

## Youth Employment in Health Framework in the Indonesian Setting

When applying HRH2030's youth employment in health framework to Indonesia, we considered the labor market and regulatory contexts summarized above, as well as the pre-service education context. As summarized above, the intent of the Youth Employment in Health Framework is aimed to support TVETs. For this case study, a first step was to understand health vocational education in the country. In Indonesia, pre-service vocational education training programs are run by both the public and private sector. Public sector vocational training programs, or *Poltekes*, are operated by the BPPSDMK (the Ministry of Health Board of Human Resources for Health Empowerment and Development, in Bahasa Indonesia, *Badan Pengembangan Dan Pemberdayaan Sumber Daya Manusia Kesehatan*). Conversely, private vocational health education institutions are governed by the Ministry of Education and Culture. Further, health-focused high schools, or *Sekolah Menengah Kejuruan/Kesehatan* (SMK/Health) provide vocational training for allied health professions.

HRH2030 reviewed and considered the different types of degrees offered by TVETs and SMK/Health schools. TVETs offer 'D3' diplomas equivalent to a professional or associates degree, while SMK/Health schools offer the equivalent of a health-focused high school diploma. The following health professional certificate opportunities offered by TVETs and SMKs were considered for this case study: nursing, midwifery, laboratory technicians, pharmacy technicians, health analysts, and nursing assistants. The case study focused on two USAID priority geographic areas of JABODETABEK (the cities of Jakarta, Bogor, Depok, Tangerang, and Bekasi) and South Sulawesi (the cities/districts of Makassar, Maros, and Takalar).

## Case Study Approach

HRH2030 gathered qualitative information through key informant interviews (KIs) and focus group discussions (FGDs) from three groups: educators, employers, and youth through purposive sampling. KIs and FGDs followed an interview guide and were conducted in Bahasa Indonesia, and interview notes were translated into English. Interviews were held in-person between October and December 2019.

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<sup>1</sup> Youth unemployment refers to the share of the labor force ages 15-24 without work but available for and seeking employment

*Educators.* The sample of education institutions were identified based on a list of all available TVETs and SMKs in JABODETABEK and South Sulawesi. Other considerations included the majors offered, size, accreditation grade, urban vs. rural location, and if the school was private or public. HRH2030 aimed to have a balance of schools across all factors. Key informant interviews were conducted with representatives from 14 schools, evenly split between JABODETABEK and South Sulawesi. Eight were vocational schools and six were SMKs; six were public and eight were private.

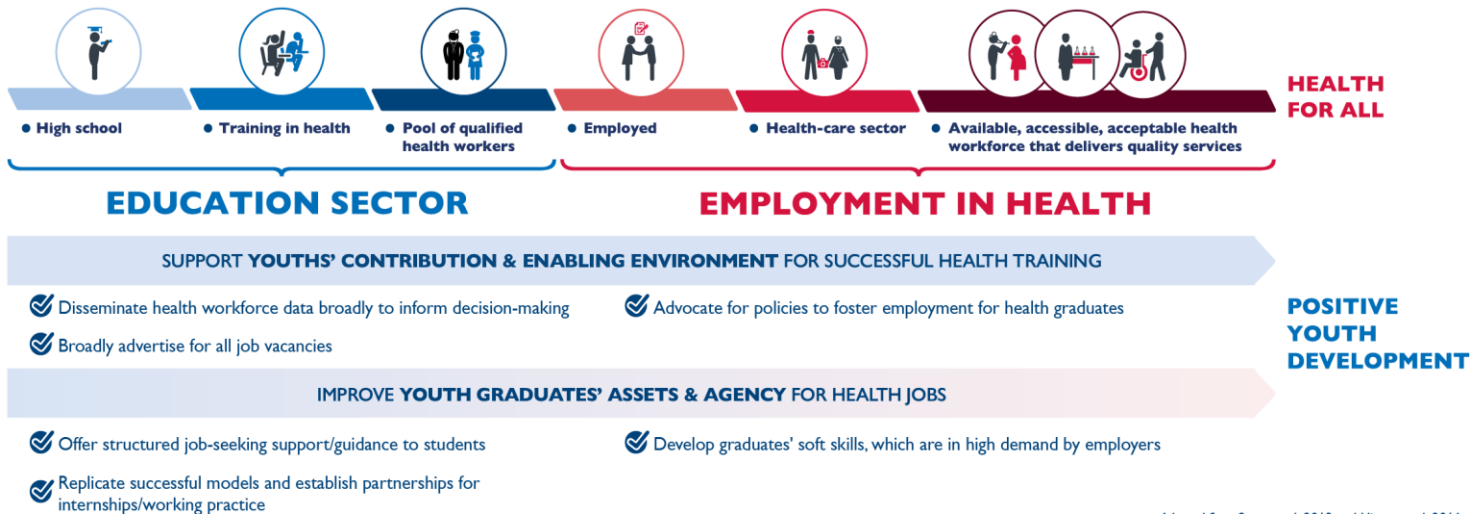
*Employers.* HRH2030 conducted KIIs with 26 individuals from a range of health employment institutions, including private hospitals, local government hospitals, private clinics, Puskesmas, provincial government hospitals, and homecare services. Of the 26 individuals, 14 were representatives of institutions in JABODETABEK, and 12 in South Sulawesi.

*Youth.* Through KIIs and FGDs, 30 youth, ages 18-27, contributed to this case study; 22 were in JABODETABEK and eight in South Sulawesi. Of these youth, 12 were unemployed, 17 were employed, and one works as a volunteer.

## Opportunities for Indonesian Educators and Employers to Contribute to Support Youth and Effectively Build the Health Workforce

By applying HRH2030's Youth Employment in Health framework through this case study and soliciting input from educators, employers, and youth, we identified specific opportunities for the Indonesian context. We then updated the Youth Employment in Health framework to reflect these opportunities, as shown in Figure 2 below, Opportunities for Indonesian Educators and Employers to Support Youth for Careers in Health. Opportunities are structured along positive youth development approaches of contribution, enabling environment, assets, and agency.

**FIGURE 2: OPPORTUNITIES FOR INDONESIAN EDUCATORS AND EMPLOYERS TO SUPPORT YOUTH FOR CAREERS IN HEALTH**



## Support youths' contribution and enabling environment for successful health training

Educators and employers are uniquely positioned to support youths' contribution and enabling environment for careers in health. We define the enabling environment broadly, including social, normative, and structural environments to support youth. Contribution refers to youth's engagement and motivation for a career in the health sector.

### *Disseminate health workforce data broadly to inform decision-making.*

How many health workers are needed in the geographic areas of JABODETABEK and South Sulawesi, and which cadres are currently experiencing a shortage or surplus? Though information is available through PUSRENGUN/MOH, through this case study, both educators and employers expressed a need for more formal reports and guidance regarding the health labor market. For example, educators and employers observed an oversupply of nurses and midwives but did not feel they had official reports or data to confirm these assumptions, nor did they have guidance from the ministry of health about what actions they should take in response to the overproduction.

More broadly available workforce data on the number of active health workers, type, and location, as compared to trends in population health needs offers opportunities for 1) educators to tailor existing programs to meet emerging workforce needs, and 2) youth to make informed decisions on entering fields of study.

Educators interviewed highlighted the need for accurate data, as evidenced below from one representative from a public vocational school in Jakarta.

**“All health-related higher education institutions need information about the number of health workers demanded and their availability. So far, we have a prediction that there is an oversupply of nurses and midwives, but there is no confirmation.”**

**~ Deputy director for public education institution, Jakarta**

Employers interviewed corroborated the oversupply of nurses and midwives, with statements such as “it is not

difficult to find good health workers,” “applicants are plenty,” and “it appears the number of vacancies is lower than the number of graduates.” While the supply of nurses and midwives was perceived to be in surplus, pharmacy technicians were regarded as limited. Employers in South Sulawesi commented that it is difficult to hire pharmacy graduates and noted more opportunities for students in pharmacy and health laboratory.

With more information on high-demand cadres and location of vacancies, educators could adapt the size of their programs/majors of study to focus on the most in demand cadres and improve the employment outlook for their graduates.

Making health workforce data more broadly available could also help youth make better informed decisions on their career prospects when choosing an education program. The young people we spoke with did not appear to be aware of the broader labor market and the challenges in securing employment, until after they completed their education program and were job searching.

HRH2030 is supporting the BPPSDMK to improve HRH data use for improved HRH management and will look to identify synergies to more broadly share HRH data with TVETs and SMK/Health schools.

### *Advocate for policies to foster employment for SMK Kesehatan graduates.*

In 2016, the MoH enacted regulation No. 80 regarding the health worker assistant cadre in Indonesia. The regulation clarifies the scope of practice for different health worker assistant cadres (nurse, pharmacist, laboratory, etc.), and states assistants must pass the competency test, but does not require a license and registration. After this regulation was passed, SMK graduates were no longer able to secure a license, called STR. The spirit of this regulation was to ensure the quality of care provided by SMK graduates, but an unintended consequence of this regulation is that employers do not want to hire staff without a license, and therefore youth with an SMK degree face more difficulty securing employment.

Employers noted SMK graduates could fill positions such as administrative roles in private laboratories, or supportive roles in laboratory, nursing, or administration in Puskesmas. Representatives of a DHO in Bekasi and a local government hospital in South Sulawesi remarked:

**“SMK graduates are still needed. They have some skills and are cost-effective. If hospitals can recruit SMK graduates, that would be helpful.”**

**~Representative of a local government hospital, South Sulawesi**

Employers of pharmacy and laboratory technicians expressed the most concern to comply with the regulation. The regulation specifically calls out pharmacy assistants, and states individuals with practice license, labor permits, and registration prior to the enactment of this regulation, are valid until October 2020. After this date, pharmacy assistants will be required to have a higher-level degree to continue working. However, employers are working with the Indonesian Pharmacies Association to extend the validity of licenses past 2020, as many pharmacies employ pharmacy assistants who are SMK/Health graduates.

There is an opportunity to reexamine regulations related to employers' hiring of SMK/Health graduates in order to better support the enabling environment for youth to secure jobs while simultaneously empowering employers. If this regulation stays in effect, both the unemployment rate and staff vacancy rate could increase.

*Broadly advertise for all job vacancies.*

Though civil servant positions are recruited by the local government regional personnel agency (*Badan Kepegawaian Daerah*, or BKD) and follow government approved protocol, not all positions are widely advertised. For example, two-year contract employees are often recruited through informal networks. Employers reported recruiting through word of mouth or 'friends and family' when vacancies arise. The negative effects of this informal recruitment approach are felt by youth, who described a lack of information of job vacancies when searching for employment. The perception among youth is that one's success in securing employment is dependent upon who they know and where their contacts work, as evidenced by the quote below from a focus group participant.

**“The key factor in finding a job is your network.”**

**~ Employed youth, FGD participant**

If all employers broadly advertised all vacancies, youth would increase their awareness of available jobs and improve their likelihood of securing employment.

**Improve youth graduates' assets and agency for health jobs**

Youth assets and agency can also be shaped by educators and employers. Assets refer to the necessary skills and competencies to be successful health workers. We define agency as a positive self-efficacy and identity.

*Offer structured job seeking support/guidance to students.*

Of the educators HRH2030 interviewed, the most cited job-seeking support to students was through social media. Schools form alumni groups through Facebook, Instagram, or WhatsApp for alumni to post opportunities for employment. None of the schools interviewed provided structured guidance around student's job search such as CV writing, employment seeking strategies, mock interviews, or strengthening soft skills. The youth interviewed were looking for this type of support, as one recent SMK/Health graduate who is currently searching for employment stated in an interview:

**“I would like a seminar or workshop focusing on employment or job opportunities, nothing like that was offered at my school.”**

**~Unemployed youth, age 18, and SMK nurse assistant graduate**

Offering structured job seeking support is an opportunity to increase youth's assets and agency, providing health graduates both the skills and confidence to secure employment.

*Develop soft skills of graduates, which are in high demand by employers.*

Globally, the evidence base on the importance of fostering soft skills for positive workforce success has grown and was echoed during our KIs. Through this case study, employers consistently noted soft skills as being the most important skills for new graduates, as they are looking to recruit and hire staff with clinical competence but are cognizant that new hires will be providing direct patient care. For example, a private employer in Jakarta commented that “soft skills are important, because the clinic treats patients with different characteristics. All employees represent the clinic, so they need to act properly.” While strong interpersonal skills are

sought after by employers, none of the educators interviewed offered awareness training or support for students to strengthen this skill area.

There is an opportunity for educators to provide support in soft skill development. Examples of successful models to develop soft skills are noted by the Solutions for Youth Employment (S4YE) coalition, which published [New and Promising Approaches in Youth Employment Programs](#) (July, 2017). Specific examples are centered around student-centered learning, skills labs, promoting volunteerism, and youth-led community enterprises.

*Replicate successful model and establish partnerships for internships/working practice.*

Of the 14 educators and 26 employers consulted during this case study, a few had an established partnership for student's working/clinical practice to gain on-the-job experience. The most successful model included a public vocational school partnering with large public hospitals to place their students in working/clinical practice. The school is asked to send their top 10 to 20 students for the hospital's recruitment process, thereby skipping the written test and moving straight to the psychological test, which is the final step in recruitment.

During focus group discussions, youth expressed a need for these arrangements as opportunities to gain experience, increase information on what is required by employers, and to increase the likelihood of gaining employment at the completion of the clinical internship. Education institutions can replicate successful models by proactively seeking out employers and formalizing a partnership through a memorandum of understanding (MOU). BPPSDMK/MoH has developed standard operating procedures for Poltekes to develop MOUs, which can be shared.

## Conclusion

In Indonesia, 1.7 million youth enter the work force each year and the youth unemployment rate was 5.84% in 2018. Meanwhile, while the health sector is growing, the availability of health workers in certain cadres may be insufficient for the current need and to sustain and improve health services. Opportunities exist for educators and employers to support youth for careers in health which offers a potential 'win-win' solution to economically empower youth and fill health workforce gaps.



[www.hrh2030program.org](http://www.hrh2030program.org)

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