

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 framework for optimal partnerships and opportunities provide value for a specific country?* We chose Indonesia because the potential solutions from the case study application were aligned with key development challenges highlighted in USAID Indonesia's strategy.

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.¹ According to World Bank data, Indonesia's youth unemployment rate for 2019 was 17.04%, a 0.67% increase from 2018. 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 as a development challenge, with more than 28 million Indonesians living below the poverty line. With 1.7 million youth (under age 30) entering the workforce each year, the slow rate of job creation further challenges poverty reduction efforts. In addition, USAID's current strategy includes 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. While the health sector presents an opportunity for long-term employment, UNFPA's report on Indonesian youth in the 21st century highlights that the completion of education does not automatically lead to employment, especially if the training is not aligned to labor market needs (see box at right).

Youth Employment in Health Framework in the Indonesian Setting

The intent of the Youth Employment in Health framework is to highlight opportunities to support TVETs to strengthen the bridge from education to employment. When applying this framework in Indonesia, we considered the labor market, regulatory, and pre-service education contexts.

For this case study, a first step was to understand health vocational education in the country. In Indonesia, pre-service

Snapshot of Indonesia's Labor Market Trends

Policies and practices to increase opportunities for youth employment need to be aligned to the labor market. In Indonesia, according to 2017 Pusrengun/MoH data, there has been an overproduction of nurses and midwives, with some provinces above the recommended number of nurses and midwives per 100,000 of the population.* In addition, a 2017 National Health Workforce Research survey of public sector *Puskesmas* (community health centers) across Indonesia noted about half had laboratory vacancies.

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TVET programs are run by both the public and private sector. Public sector vocational training programs, or *Poltekkes*, 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 both public and private 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 (KIIs) and focus group discussions (FGDs) from three groups: educators, employers, and youth through purposive sampling. KIIs and FGDs followed an interview guide and were conducted in Bahasa Indonesia, and

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

interview notes were translated into English. Interviews were held in-person between October and December 2019.

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.

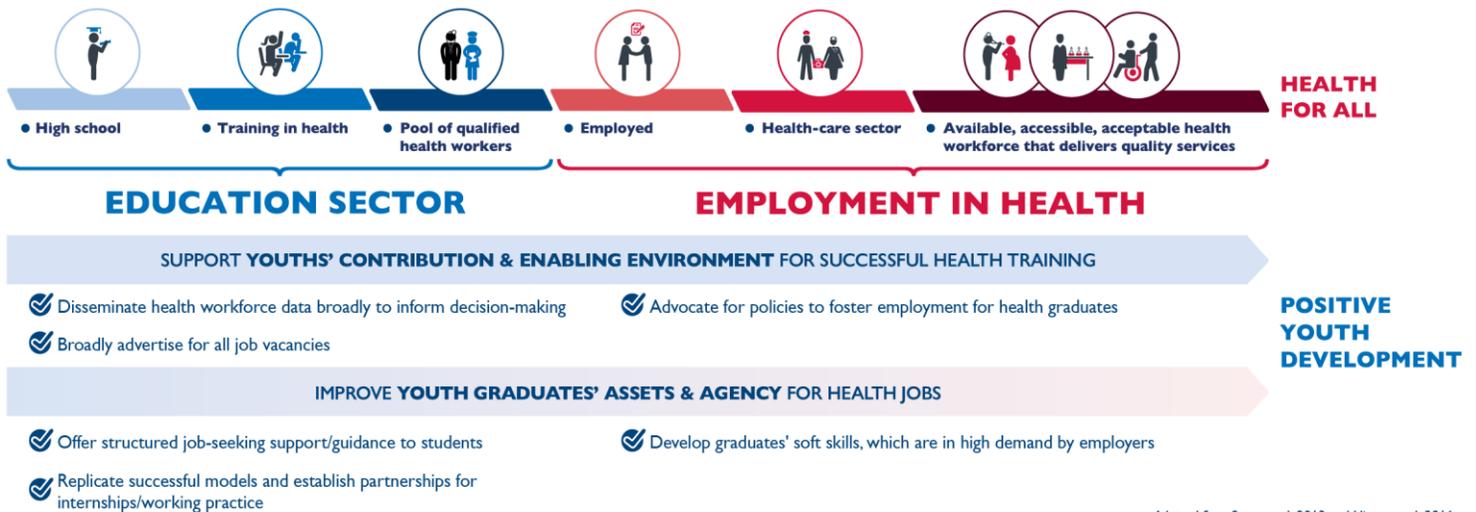
Employers. HRH2030 conducted KIIs with 26 individuals from a range of health employment institutions, including private hospitals, local government hospitals, private clinics, Puskesmas, provincial government hospitals, and homecare services. Of the 26 individuals, 14 were representatives of institutions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



Adapted from Sousa et al. 2013 and Hinson et al. 2016.

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. HRH2030 defines 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 labor market 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? Examining broadly available workforce data on the number of active health workers, type, and location, as compared to trends in population health needs highlights 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.

Though health labor market information, including data from public and private sector employers, is available through PUSRENGUN/MOH, educators, employers, and youth interviewed as part of this case study expressed a need for more formal reports and guidance regarding the health workforce market.

For example, both educators and employers emphasized the need for accurate data. Both groups 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. One representative from the education sector in Jakarta said:

“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 corroborated educators' perceptions on the oversupply of nurses and midwives, with statements such as “finding good health workers is not difficult; applicants are plenty,” “there are too many graduates, so there is a lot of competition to find a job,” and “it appears the number of vacancies for nursing/midwifery is small compared to the number of job seekers.” While there was perceived to be an abundance of nurses and midwives, 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 better information on high-demand cadres and location of vacancies, education institutions 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. Further, information could be broadly shared with stakeholders in the education space, such as the Ministry of Education and Culture, Ministry of State Apparatus and Bureaucratic Reform, and the Center for Education (PUSDIK) so that health labor market information can be taken into account when considering education policies.

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 share HRH data more broadly with stakeholders in the labor market that make decisions influencing the number of graduates in certain cadres. One potential synergy is through the technical working group for the National Health Workforce Accounts (NHWAs), which brings together stakeholders from different sectors – including health and education – to address HRH strategic planning.

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 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 about compliance with the regulation. The regulation specifically cites 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. Youth's perception 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 one focus group participant:

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

~ Poltekkes graduate, employed youth and FGD participant

If all employers broadly advertised all vacancies, youth would be better informed about 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. HRH2030 defines agency as a positive self-efficacy and identity.

Offer structured job seeking support/guidance to students.

Educators interviewed cited social media as the greatest source of job-seeking support for students. 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 students' job search such as CV writing, employment seeking strategies, mock interviews, or strengthening interpersonal/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, 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 interpersonal and soft skills as the most important skills for new graduates. Employers are looking to recruit and hire staff with clinical competence but are cognizant that new hires will be providing direct patient care and thus require skills to build rapport with patients of diverse backgrounds and viewpoints. For example, one 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 these skills. This presents an opportunity for educators to provide support in this area. 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 approaches 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 more opportunities like these to gain experience, increase information on what is required by employers, and 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 Poltekkes to develop MOUs, which can be shared.

Conclusion

In Indonesia, 1.7 million youth enter the workforce each year. The youth unemployment rate remains high while the health sector continues to grow. 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. These opportunities can be realized through better data sharing, improvements in job advertising and career guidance, developing youth’s soft skills, and successful partnerships.

While not the focus of this case study, the COVID-19 pandemic has highlighted the importance of the global health workforce. This pandemic could open additional job opportunities for youth graduates such as contact tracers, index testing, or COVID-19 information call centers. The COVID-19 pandemic underscores the need for quality health workforce data to continuously understand how current events affect the health labor market and opportunities for youth.



HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes.



This material is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-15-00046 (2015-2020) in partnership with The U.S. President’s Emergency Plan for AIDS Relief. The contents are the responsibility of Chemonics International and do not necessarily reflect the views of USAID or the United States Government.