The Effectiveness of Occupational Health Interventions for the Informal Sectors in Indonesia and the Options for Their Delivery

Hanifa M. Denny
Department of Occupational Safety and Health
College of Public Health, Diponegoro University
Semarang, Indonesia

Sub topics

1. Public-private partnership engagement pertaining to Occupational Health Services for workers in informal sectors
2. Some notable activities to reach out to and engage the informal sector through policy, financing, and/or service delivery
3. Involvement of other sectors in Occupational Health
4. Sustainability issues in financing, technical assistance, service delivery, and relationships/partnerships
5. The keys for success, barriers, limitations, and strengths
Overview

- Indonesia’s population: 237,641,326 people
- Population density of 123.76 people per square kilometer (323.05 per square mile)
- POS UKK (5000 units in Indonesia): Occupational health posts (OHPs) at village level are the units to promote occupational health as part of the initiative to empower communities through participation.
- Feasibility to establish a POS UKK: there is need, willingness to adopt and volunteerism from workers (incl. workers in informal sectors, home industries and small scale enterprises with similarity in production)
Occupational Health Care Network in Indonesia

Source: Dir. OH Indonesia Annual Meeting, 2006 (unpublished)
Upper level of OHS units

- PUSKESMAS: Community Health Center (CHC) with inpatient and/or outpatient services that serves an average of 30,000 population, (9655 operational CHC units in Indonesia)

- BKKM: Center for occupational health services (COSHES) for OH services referrals, (currently 4 operational units in West Java Province and 1 in Makasar-South Sulawesi Province)
Public, Private and NGOs Partnership Engagements, for example:

1. PUSKESMAS Cendrawasih along with other CHCs received support from “Kinerja USAID” for Occupational Health Services outreach, (Surya R. Labetubun. Kompasiana, 01 August 2013)

2. BKKM Bogor (West Java) received support from the ILO in 2006 to improve the working conditions of the footwear home industries (Field Observation, 2006)*
Public, Private and NGOs Partnership Engagements, for example:

3. Community participation: The embroidery home industries’ owners, workers and village officers requested to and assisted by PUSKESMAS Bangil, Pasuruan, East Java to launch POS UKK in 2010, (Field observation, 2010)**

4. Some major companies operating in West Java Provinces supported the Occupational Health Posts activities.

5. Ministry of Fisheries and Maritime contributes to the health program for fishermen.
1. Decree of the Minister of Health of Republic Indonesia Number: 758/MENKES/SK/XII/2003 concerning the Basic of Occupational Health Services Standard:
   • Occupational Health Post is one of the basic occupational health service units located in the workplace area and managed by the workers as volunteers.

2. Law No. 36 of 2009: Health, Chapter XII Article 164 to 166:
   • Occupational health services cover workers in the formal and informal sectors
3. The Center for Occupational Health’s scope within Ministry of Health, Republic of Indonesia was expanded under the new Directorate of Occupational Health (Dit.OH) in Dec 2005.

4. The Ministry of State Employees Empowerment and Bureaucratic Reform enacted decree number 13/2013 concerning the creation, function, responsibility and mission for Occupational Health Supervisor operating under the Directorate of Occupational Health & Sports within the Indonesian Ministry of Health.
5. Republic Indonesia’s Presidential Instruction number: 15/2011 concerning Health Protection of Fishermen. It instructs to build and operate health services infrastructures within the fishing communities, to facilitate health service access for fishermen and their families and to help with the health insurance mechanism claim.
Financing OHIS in Indonesia

1. The annual budget for Occupational Health Program administered by the Directorate of Occupational Health and Sports (MOH, RI) has increased 3 fold from Rp.15,000,000,000,- (± $ 1.5 M) in 2005 to Rp.50,000,000,000,- (± $ 5 M) currently.

2. Fifty percent of the budget was utilized to deliver Occupational Health Services for Informal sectors.

3. Beside direct spending by the central government, a discretionary spending budget was made available to Provincial Health offices; so called: De-concentration Budgeting.

4. Local government’s contributions are generally patchy and mostly engaged in the pilot project level.
1. What stated as Pilot Projects for the Establishment of Occupational Health Post (POS UKK) in 2002 and 2006, has to date resulted in 5518 operational posts

2. Pilot Project focused on the establishment of Center for Occupational Health Services in 2002, has resulted in 5 operational BKKMs

3. Occupational Health Risk Mapping has been done by Dit.OH together with some Provincial Health Offices at selected provinces and workplaces, incl. Informal sectors, home industries and small-scale enterprises.
4. Training for the Volunteers of POS UKK (e.g. farmers, craftsmen, fishermen, traditional divers, etc.) is conducted by Dit.OH together with some Provincial Health Offices.

5. OH Training for PUSKESMAS’ personnels has covered 3000 PUSKESMASes in Indonesia.

6. Training and technical assistance on OH for traditional divers and fishermen at Riau Island, Maluku, Seribu Island, Cilacap, Semarang, and Situbondo.
Service Delivery of OHIS in Indonesia

7. The Diagnosis of Occupational Diseases training was delivered and recruited General Physician participants who worked at PUSKESMASes in Indonesia.

8. Distribution of Occupational Health guidelines and Information Education Communication materials for informal sectors of specific occupations, e.g. Farmers, Traditional Fishermen, Traditional Divers and Footwear Workers.

9. Medical services in Indonesia are free since the enactment of the universal health care program in 2014 as long as a person has obtained a “BPJS” or a Social Security card.
Involvement of other sectors in Occupational Health

1. The Directorate of Occupational Health & Sports, is a leading actor in Occupational Health Services delivery for workers in informal sectors, home industries and small scale enterprises.

2. The Ministry of Man Power and Transmigration Affairs is involved in selected projects in partnership with the ILO. It should be noted that its main focus is its OSH inspection program for the medium and big scale companies.
Involvement of other sectors in Occupational Health

3. The Ministry of Agriculture has partnered with the Ministry of Health’s initiative for safe pesticide used by farmers and pesticides’ handlers.

4. The Ministry of Industries has participated and collaborated with the Ministry of Health for an Occupational Health and Safety Program at some small-scale batik industries.
Sustainability issues in financing, technical assistance, service delivery, and relationships/partnerships

1. Financing is a main issue in delivering Occupational Health Services for Informal Sectors.

2. If the PUSKESMAS does not continue its supervisory, informal sectors have difficulties in sustaining their OH promotion when the TA has left.

3. The partnership with the local big scale companies in Occupational Health Services for the Informal Sectors’ workers has not been promoted widely.

4. Occupational Health program is not included in the National Minimum Standard of Health Services Delivery in PUSKESMAS, therefore its sustainability depends on the funding assistance and the willingness as well as awareness of the PUSKESMAS’ Manager
The keys for success, barriers, limitations, and strengths

The Successes:

1. Dit.OH supervisory and assistance for PUSKESMASes resulted in the capability of PUSKESMASes to assist POS UKKs.

2. PUSKESMASes assistance for POS UKKs improved the skill of workers in workplace’s hazard identification and its solution.

3. Outreach program of the BKKM’s health promotion activities resulted in switching the home industries owners in their practice of unsafe food processing (i.e. switching from the use of textile for food coloring to the use of legal food color products).
The keys for success, barriers, limitations, and strengths

The Successes:

• Occupational Health promotion through PUSKESMAS and POS UKK improved on positive behavioral change among informal sector workers in their practice of workplace hygiene and wearing PPEs

• Notable effort is credited to make home industries owners believed that they and their workers work better because they felt better about their health
The keys for success, barriers, limitations, and strengths

The Barriers:

- Difficulties in cross-sectors collaboration
- Lack of record keeping and reporting in Occupational Health Services
- Workers job loss
- Frequent job rotation among health officers
- Informal sector workers were not permanent
- Lack of sustainability efforts for maintaining the Occupational Health program when the funding is stopped
The keys for success, barriers, limitations, and strengths

The Limitations:

• Lack of human resources to deliver OHIS
• Difficulties to access certain villages due to geographical barrier
• Time constraint among workers
• Difficulties in mapping the type of production to establish a POS UKK
• Lack of funding to cover all underserved working population in Indonesia
• Expansion of universal coverage beyond the health care coverage through the national program in the National Social Security scheme has not yet been implemented.
The keys for success, barriers, limitations, and strengths

The Strengths:

• Community participation and engagement in social activities are part of Indonesian cultures
• Laws and regulations to support OHIS delivery have been enacted
• Increase funding from the central government to deliver OHIS program
• Universal health coverage has been implemented
• Improved and improving policies in OHIS
Sources:

• Statistics Indonesia. Available at: http://www.bps.go.id/eng/tab_sub/view.php?kat=1&tabel=1&daftar=1&id_subyek=12&notab=1


• Wagner, N. and Denny, H. Consultation for the Directorate of Occupational Health, Ministry of Health Republic of Indonesia, funded by GTZ-PAF, 2006

• Inter-ministerial and inter-departmental Meeting on Occupational Health among Traditional Fishermen and Divers, Jakarta, July 15, 2014