

Daya Health and Wellness Program: Empowering Pensioner Customers Through Better Health Care

The Partnership between Bank Tabungan Pensiunan Nasional and the Indonesian General Practitioners Association

Poverty and the Millennium Development Goals (MDGs)

A multitude of health issues are directly attributable to poverty. Impoverished communities are denied access to health services, proper sanitation, and clean water. They are also incapable of acquiring an adequate food supply of acceptable quality to meet their dietary needs. Countless children from poor families suffer from stunted growth due to nutrition deficiency. An Indonesian government report reveals that 36.8% of children under age 5 with nutritional problems come from poor households. This hard fact is substantiated by data on calorie intake in which 60% of low-income families consume less than the minimum daily requirement of 2000 kcal¹.

Despite the downward trend in the proportion of the population subsisting below the national poverty line, i.e. from 15% in 1990 to 12.5% in 2011, these figures remain far from the 7.5% target set by the Millennium Development Goals (MDGs)². Many poor people earn a living in the informal sector by working in micro, small, and medium-scale enterprises (MSMEs). The government places priority on pro-poor investments that help create employment opportunities, improve the business environment, ensure infrastructure development, strengthen educational and health services, and provide clean water and proper sanitation. Focusing on these resources is intended to break the cycle of poverty by building access to education and health care and giving social protection to the poor.

EXECUTIVE SUMMARY



A group of pensioners participates in a joint exercise routine to prevent various age-related diseases such as osteoporosis and hypertension. © BTPN 2013

The Daya Health and Wellness Program (Daya Sehat Sejahtera) or DSS is a partnership forged between Bank Tabungan Pensiunan Nasional (BTPN) and the Indonesian General Practitioners Association (Perhimpunan Dokter Umum Indonesia) or PDUI. DSS was introduced in 2010 and continued until 2013, with the possibility of an extension. The program seeks to empower pensioner customers over age 55 to lead a healthy way of life. Its core activities include (1) consultation and health services

and symptomatic treatment, (2) interactive dialogue through counseling on clean and healthy living, (3) empowerment of health volunteers tasked to impart health information and provide referrals to customers, if necessary, and (4) monitoring and evaluation for program development. PDUI has developed a Consultation and Health Service procedure, relevant educational materials, and a health care system; conducted interactive dialogues; and acted as resource for health volunteers' training. Meanwhile, BTPN, among others, provides the venue for activities carried out at branch offices along with the required educational materials and covers the operating costs of health volunteers. This partnership scheme benefits both parties. PDUI is afforded the opportunity to implement its organizational vision to revitalize primary health care in Indonesia through BTPN branches. BTPN, on the other hand, benefits from the improved health status of its customers, which ensures that they are physically and mentally fit to continue leading a productive and healthy life in their advanced age.

From 2010 to 2013, this collaborative scheme has helped develop 250 consultation and health clinics and initiated interactive dialogues in 403 branch offices, benefiting over 600,000 customers each year, 70% of whom have reported being satisfied with the availability of these activities. DSS-related activities are rolled out across 32 provinces throughout Indonesia.

THE PARTNERS



BTPN, www.btpn.com

BTPN, established in 1986, is a national commercial bank headquartered in Jakarta. BTPN initially focused on the pension business, serving as the pension payer for Indonesian civil servants and military personnel. Along the course of its banking journey, BTPN transformed into a commercial bank for mass-market customers, such as pensioners and micro, small, and medium-size entrepreneurs, as well as productive low-income communities. BTPN has 1,200 branches across Indonesia.

Its Corporate Social Responsibility (CSR) program, known as Daya, aims to empower customers in terms of their health and economic well-being. The Daya program was first introduced in 2008 and is ongoing. Three main pillars form the backbone of the program: “Daya Sehat Sejahtera” (DSS, Health and Wellness) for promoting the health of customers, “Daya Tumbuh Usaha (Entrepreneurial Growth)” for empowering micro businesses, and “Daya Tumbuh Komunitas (Community Development)” for enhancing the entrepreneurial skills and health of the community. By adhering to the principle of “Do Good, Do Well,” BTPN believes that empowering customers will have a positive impact on the bank’s performance. The Daya program therefore is a social mission inextricably linked to BTPN operations. By 2012, Daya had reached more than 1.2 million beneficiaries in 900 branch offices throughout Indonesia.



The Indonesian General Practitioners Association (PDUI), www.pdui.or.id

The Indonesian General Practitioners Association, a professional medical organization of general practitioners, was founded in 2009 in Jakarta under the auspices of the Indonesian Medical Doctors Association (Ikatan Dokter Indonesia [IDI]). PDUI membership currently is composed of over 30,000 medical practitioners in 29 provinces across Indonesia. The association represents the interests of physicians who are expected to help revitalize primary health care by bringing it to the forefront of Indonesia’s health system.

PDUI has fostered various forms of cooperative ties with the business sector— with, among others, pharmaceutical companies for the organizing of symposia and General Electric (GE) for conducting skills training on the use of medical equipment. Its collaboration with BTPN is its only long-term partnership reaching nearly all regions across Indonesia.

INITIATING THE PARTNERSHIP

At the initiative of several branch offices, in 2008 BTPN began setting up small clinics in these branches to provide curative health services for customers through medical examinations and treatment. These branches worked with local doctors or community health centers (puskesmas) to



Interactive dialogue: A general practitioner from PDUI educates BTPN customers at the Kebavoran Baru branch. © BTPN 2013

provide the necessary health care. Such services are available at the start of every month, when customers would typically visit the bank to collect their pension money. BTPN, however, found that curative health care was less effective for its customers. Common health risks associated with the aging process among its customers that may lead to the deterioration of bodily functions (e.g., diabetes, hypertension, kidney ailments) are normally already being treated by a medical specialist. Information on prevention and health promotion through consultation is rarely available. Furthermore, with no proper benchmarks to measure against, BTPN also noted that the effectiveness of health care offered by branch offices cannot be measured.

Learning from this experience, by the end of 2009 BTPN discussed with a member of the presidium of PDUI a possible partnership for the DSS program. After communicating for six months, BTPN and PDUI finally agreed to work together by entering into a memorandum of understanding, signed in August 2010. This collaboration led to a shift in conceptualizing DSS toward putting more emphasis on prevention and health promotion and providing more measurable and standardized delivery of information and health services. DSS primarily aims to empower BTPN’s pensioner customers to promote their physical and mental fitness, allowing them to lead a productive and healthy life into advanced age.

The BTPN-PDUI partnership was founded on the premise that program activities will be beneficial for both the community and its customers. BTPN is fully cognizant of the close association between customers’ health and business productivity and performance. Nevertheless, as a commercial bank, BTPN lacks the necessary competency to provide proper health care and information. PDUI, on the other hand, views this partnership scheme as consistent with its organizational purpose of making primary health care available to the people as part of their service as medical practitioners.

IMPLEMENTING THE PARTNERSHIP

Shortly after the signing of the Memorandum of Understanding, BTPN and PDUI made the necessary preparations. They (1) conducted a needs assessment

through focus group discussions (FGDs) with pensioner customers to identify health issues common to them and ways of dealing with these ailments, (2) coordinated with the branch offices of the respective parties for preparations, (3) developed educational materials, (4) established the implementing team, and (5) identified resource needs according to the capacity of the respective parties. BTPN provides the location or venue for program implementation while PDUI develops the manuals and educational materials and assigns members who will be involved as medical workers in intervention areas.

BTPN then selected the location of branch offices and set aside a direct budget to cover the activities. Meanwhile, PDUI contacted and coordinated doctors near the BTPN branch offices to serve as resource persons and providers of medical services for the DSS program.

The DSS program encompasses four key activities: (1) consultation and health services, (2) interactive dialogue, (3) health volunteer empowerment, and (4) monitoring and evaluation.

The first component provides individual customers with a range of services, including blood pressure readings, symptomatic treatment (e.g., runny nose, coughing, headache), and advice to induce clean and healthy behaviors. PDUI offers consultation and health services on the first four days of the month, making the most of this particular time span when, depending on branch size, 1,000 to 2,000 BTPN customers flock to branch offices to claim their pension money.

Interactive dialogue, on the other hand, brings in PDUI resource persons to every BTPN branch office monthly to educate customers on physical and mental health. General practitioners from PDUI speak on various health-related topics relevant to senior citizens in accordance with guidelines that PDUI has set forth. The following day, customers are given further information through a video screening on health and wellness in the banking hall. BTPN produces the health literacy video for distribution to all branch offices involved in the DSS program. In addition to this audio-visual aid, BTPN produces and distributes supporting educational materials such as posters and leaflets that feature 34 different health topics, including cholesterol levels, a healthy diet, geriatric exercise recommendations, stress prevention tips, and anxiety relief techniques. BTPN develops a different health literacy topic each month to suit the interactive dialogue themes.

To establish health volunteer empowerment, BTPN enforces a rigorous selection process by involving the Department of Psychology at the University of Indonesia (FPsi-UI). Recruitment consists of the following steps: (1) A BTPN branch office posts a vacancy for customers interested in becoming a health volunteer. (2) Preliminary selection of a candidate is based on the applicant's capacity or potential as provided in the biodata. (3) The recruitment team of representatives from FPsi-UI, PDUI, and BTPN interview the candidate to learn more about the applicant's motivation and capability for the position of health volunteer. From 453 candidates, 70 health volunteers were selected to take part



A medical practitioner uses a visual aid to impart information to pensioner customers as part of DSS consultation and health services. © BTPN 2013

in a three-week training course. PDUI provided the trainers, while BTPN financed the training activities held at the respective branch offices and reimbursed health volunteers for transport expenses. Health volunteers are assigned to provide health counseling to customers; examine vital signs such as blood pressure and body temperature; and impart practical self-care tips to enable customers to independently alleviate symptoms. For illnesses or ailments unmanageable at this level, health volunteers may refer the customer to a medical doctor at the nearest branch office. Health volunteers are available in 33 areas in the provinces of Banten, West Java, and East Java where BTPN branches are located, based on the capacity of each branch office to run the program.

The BTPN team monitors the program quarterly to determine the extent to which the delivery of services is in compliance with standards/guidelines to assess improvements in health knowledge/healthy behaviors, and to measure customer satisfaction. With regard to monitoring and evaluation, the BTPN team applies standards/guidelines developed by PDUI that consist of 10 indicators of healthy living and 5 indicators of wellness¹. Healthy lifestyle indicators include physical activity, nutrition, stress management, avoiding bad habits, leading a proper life, first aid knowledge, living a healthy and orderly life, compliance with health recommendations, knowledge of product/medicine use, and maintaining a healthy and clean living environment. Wellness indicators comprise a person's emotional, intellectual, physical, social, and spiritual dimensions.

PDUI uses survey and evaluation results to improve health services and to develop subsequent educational materials on different topics.

RESULTS AND IMPACTS

From 2010 to May 2013, this partnership scheme has (1) established 250 health consultation clinics, (2) conducted interactive dialogues in 403 BTPN branch offices, (3) reached over 600,000 customers each year, nearly 70% of whom have expressed their satisfaction with services received, and (4) trained 70 health volunteers to provide



A health volunteer from BTPN examines the vital signs of a customer in Bekasi, West Java. © BTPN 2013

health information and education in 33 BTPN branch offices. DSS-related locations extend across 32 provinces in Indonesia.

CHALLENGES AND LESSONS LEARNED

BTPN and PDUI owe the success of their partnership to the complementarity of their distinct capacities that are mutually beneficial for both parties. PDUI offers its expertise in primary health care along with an extensive member network that stretches across nearly all the provinces in Indonesia. Through BTPN branch offices, PDUI members are given the opportunity and location to fulfill their mission of revitalizing primary health care in Indonesia. Meanwhile, BTPN benefits from the improved health status of its customers, which will ultimately boost the productivity of its core clients in managing MSMEs. This outcome is in line

Footnotes

- i. These indicators are adapted from C. Corbin et al., “Concepts of Fitness and Wellness: A Comprehensive Lifestyle Approach” (Boston: McGraw-Hill, 2009).

References

1. Ministry of National Development Planning/National Development Planning Agency (BAPPENAS). Peta Jalan Percepatan Pencapaian Tujuan Pembangunan Milenium di Indonesia [Road Map for Accelerating the Achievement of Millennium Development Goals]. Jakarta, 2010.
2. Ministry of National Development Planning/National Development Planning Agency (BAPPENAS). Laporan Pencapaian Tujuan Pembangunan Milenium di Indonesia [Report on the Achievement of Millennium Development Goals in Indonesia], 2011. Jakarta, 2012.

About this Case Study

This is one in a series of case studies based on presentations by partners at sessions of the Health and Business Roundtable Indonesia (HBRI). HBRI is an activity of Company-Community Partnerships for Health in Indonesia (CCPHI), a project funded by the Ford Foundation.

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