

Case Study on the Situation of Government Hospital Cleaners in Southeast Asia

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“CORONAVIRUS: ARE HOSPITAL CLEANERS FORGOTTEN HEROES IN THIS CRISIS?”, “HOSPITAL CLEANERS MORE EXPOSED TO COVID-19 THAN ICU DOCTORS”, “WORRIED CLEANERS TAKE FRONT LINE POSITIONS IN FIGHT AGAINST VIRUS”

At the peak of the Corona pandemic, these are some of the headlines globally. In Malaysia too, the hospital cleaners were making headlines, as never before.

“HOSPITAL CLEANERS IN A BIND”, “UNION WANTS JUSTICE FOR HOSPITAL CLEANERS”, “WE CAN’T JUST SIT STILL”, “FRONT-LINE WORKERS: FIGHTING THE VIRUS AND EMPLOYER ABUSE”

With the growing casualization of the workforce, less than 3% of the private sector workers are unionized in Malaysia. The covid-19 has led to many low-income workers especially contract workers losing their source of income and have no savings for emergencies. Due to their contractual status, they were also excluded from certain benefits from the government stimulus package, despite some of them being frontline workers such as the government hospital cleaners. The hospital cleaners revived their union in 2018 after a long period of dormancy. The AI Solidarity Grant with EI matching funding was partially requested to strengthen the workers campaign to recognize the hospital cleaners as front liner, stop union busting and improve work condition.

To further support the campaign, as well as for learning purposes, four members of the Senior Atlantic Fellow, Health Equity for Southeast Asia collaborated to produce this comparative study. This is to understand the trends and good practices, useful for advocacy work. The fellow members are from Laos, Philippines, Indonesia, and Malaysia.

As the study involves one of the lower income groups, data on the minimum wages observed across the region¹ and their GDP per capita will be the indicator to understand the cleaners’ living standard.

- In Malaysia, current minimum wage rate is RM1,200 (US\$295) per month or RM5.77 per hour, in major cities only, effective Jan 2020. While in non-urban areas is MYR1,100 (US\$270).
- In Indonesia, monthly wages are fixed at the provincial level. The province of Jakarta has the highest minimum wage at 4,200,000 rupiah (US\$298) whereas Central Java province has the lowest at 1,742,00 rupiah (US\$123), for year 2020. Five provinces have increased their minimum wage rate for 2021.²
- In 2018, the Laotian government increased the minimum wage for all businesses and factories from 900,000 kip (US\$101) to 1.1 million kip (US\$124) a month.

¹ <https://aseantuc.org/2020/01/minimum-wages-in-asean-how-are-they-calculated/>

² <https://www.aseanbriefing.com/news/indonesias-2021-minimum-wage-no-increases-for-most-provinces/>

- The Philippines has daily minimum wage rates that vary from region to region, ranging from P290 (US\$5.70) to P537 (US\$10.61) a day. The country's average minimum wage rate is among the highest, between US\$172.58 to US\$301.57³ as reported in 2017.

Based on the 2018 data⁴, among the 4 countries, Malaysia reported higher GDP per capita US\$11,237 compared to Indonesia (US\$4,052), Philippines (US\$3,095) and Laos (US\$2,706).

The annual wages of the government hospital cleaners from these countries who are earning for their family of average 4 persons are about US\$3,540 in Malaysia, US\$1,488 in Indonesia, US\$960 to \$1,200 in Siargao, Philippines and in Laos between US\$1,488 to \$2,292. The summary of the comparison among the 4 countries, Laos, Malaysia, Philippines, and Indonesia are provided on pages 3 to 5 (Table 1). This is based on the information gathered, focusing on management of support service in government hospitals, cleaners' wages, employment and occupational health and safety protection as well as feedback on any special treatment during the covid-19 pandemic.

Job security is one of the greatest challenges for the workers followed by fair wages and social security. No career advancement at all for these workers.

The Team thank all the respondents, mainly the workers for sharing their stories, fear, and aspirations. The team hopes this report will add value to the many struggles towards creating a community of equity in Southeast Asia.

Table 1: Summary on Management of Support Service in Government Hospitals (pages 3-5)

³ <https://aseantuc.org/2017/11/minimum-wage-in-asean-countries/>

⁴ <https://seasia.co/2018/08/10/latest-2018-economies-ranking-of-gdp-per-capita-of-southeast-asian-countries>

Scope	Laos	Malaysia	Philippines	Indonesia
Management of Support Services in the government hospitals:	Outsourced. The tendering and procurement process is managed by the Ministry of Health on yearly basis. Tender is open to local and foreign companies. The contractors directly hire the cleaners with 1-year contract or less. Only local workers are hired.	Outsourced. The tendering and procurement process is managed by the Ministry of Health; done every 10-15 years. Tender is open to local business only. The awarded company sub-contracts the service. The sub-contractors hire cleaners, minimum 1-year contract. Can hire both local and foreign workers.	Managed by the province (Siargao Island). Workers hired directly by the province. Only locals are hired.	Outsourced. The tender is advertised by Ministry of Health, the procurement process is managed by the respective hospital on yearly basis. Tender is open to local and foreign companies. The contractors directly hire the cleaners with 1-year contract. Only locals are hired.
Support Services (define)	Hospital waste disposal, clinical waste, cleaning services of various departments, bed cleaning services, maintenance of medical biological equipment, electrical and mechanical components.	Clinical waste, facility cleaning services, dooby and laundry services, bio-medical equipment maintenances, facilities' mechanical and electrical engineering maintenances.	The government hospital and the polyclinics in Siargao, are accountable for the general cleanliness of the hospital e.g. clinical waste, facility cleaning services, maintenance	The outsourcing company provided a type of work that was not directly related to the company's core business. Such as telephone operators, call centers, security guards, cleaning services and administrative staff.
Cleaners Scope of Work	Varies based on contract. Cleaning generally e.g. the rooms, garbage collection, table, and equipment settings in the room/ward. Turn-on and off the lamp or fans	Varies to the department. Generally: sweep and mop the floor, wipe all the furniture, doors, gates, windows, sink, pantry, and any other hard surfaces. Clean the toilets. Top up tissue, soap, hand sanitizers. Clean the drainage, collects, and dispose rubbish. These are done 2-3 times a day as instructed.	Taking care of clinical wastes, facility cleaning services, maintenance except for equipment maintained by trained professional such as the nursing assistants	The cleaning service department at Respira Hospital responsible of the general cleaning of the hospital, and during pandemic also responsible of cleaning the isolation room, handling hospital waste which contains viruses and infectious.

Cleaners Wages	Varies based on work contract. Starting salary at 1,300,000 to max 1,800,000 kip (about US\$191) [Note: the amount is more than the national minimum wage, 1.1 million kip (US\$124)]	MYR1,200 per month. [Note: as per the national minimum wage, RM1,200 (US\$295)]	Between US\$80 – US\$100 per month which is about the minimum wage in Siargao Islands, Philippines	Monthly salary paid by company IDR1,790,500 (about US\$124) [Note: as per the 2021 monthly minimum wage rate for the Special Region of Yogyakarta]
Legal & Social Protection	Protected under National Employment Act. Must sign work contract that defines work hours, scope, salary, and other benefits. Wages paid timely. 8 hours work with 2 hours break per day. Union formation allowed with the Ministry's consent.	Protected under Employment Act, Industrial Relations and Trade Unions Act. Must sign work contract that defines work hours, scope, salary, and other benefits under the law e.g. EPF, SOCSO, SIP, annual leave, medical leave. 8 hours work with 1.5 hours break in between. Unionization allowed under the law.	Protected under National Employment Act on wages, social protection and other benefits. Law allow Union formation. Must sign work contract that defines work hours, salary, job scope & other benefits. Some benefits e.g. bonus, allowances are based on work contract. Casual employees entitled while Job Order Employees don't.	Protected under Employment ACT Law no. 13 of 2003 concerning manpower, Outsourcing is known as the provision of labor services as regulated in articles 64, 65 and 66. Health and Employment Insurance and a full month holiday allowance provided by employer. Periodically, cleaning service, JP and TPP allowance given by the hospital management.
Occupational Safety & Health	Work safety & cleanliness monitored by the company and the hospital. Protective equipment given. Masks, gloves, and hand sanitizer placed at various points in the hospital. Training provided. High risk: for cleaners working at infectious diseases wards	Work safety & cleanliness monitored by the company and the hospital. Workers provided uniform, PPE, hand gloves, safety shoes. Face masks provided by hospital. Training provided by the company or senior workers. Common illness: joint pain, fever, blood pressure	Workers provided PPE e.g. face masks, face shields, sanitizers, and hand gloves. Training & orientation provided. Common illnesses experienced: coughs, colds, and fever. Treatment provided at the hospital itself	A complete PPE, uniform and others are provided by the Hospital. The Hospital takes the relevant measure for the workers' health and safety, not the company. [High risk: cleaning service division handles infectious waste.]

Challenges	Health subsidies and health insurance not covered for all workers, tedious reimbursement process. No job security, contract one year or less.	No job security (contract 1-3 years), no wage increment (by years of service), limited benefits (e.g. shift allowance) overload of work and union busting. Overtime work is forced by some employers or workers decide to work long hours due to low pay. No carrier advancement.	No Job Security as contract renewed every 6 months for Job Order Employees. Some delays in salary payment processing	No Job Security, contract one year or less. The disadvantages include wage deduction by their contracting company, unfair contract terms, lack of transparency, low in protection, no career path in their work
Workers Support System/Grievance	Ministry of Labor and Social Welfare, the Women's Union, the Lao Trade Union Confederation for justice. Have good relationship with hospital doctors and nurses	Company Supervisor or Management, Workers Union, Labour/IRD Department under the Human Resource Ministry	Seek solution from head nurses or the ones who are in-charge in their respective hospital/polyclinics.	Hospital Management – have good relationship *Not much known about DIY Regional Ombudsman
Covid Situation	Additional payment for cleaners working at Covid ward. Some face reduction in wages during covid; Cleaning workers not prioritized for vaccination.	Some contractor paid one-time allowance. Government did not provide the special allowance given to other front liners in hospital but prioritized the cleaners for vaccination due to ongoing campaign by the Union	Received government incentives	From the company, there was no assistance at all during the Covid 19 pandemic. The hospital provides vitamin supplements such as redoxon; there is also extra nutritional food 3 times a week.

Case Study Report 1:

Situation of Government Hospital Cleaners in Lao PDR: A Case Study at A Central Hospital

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INTRODUCTION

Lao People's Democratic Republic (Lao PDR) is in the process of revising national Occupational Safety and Health (OSH) laws and regulation, which is under the Ministry of Labor and Social Welfare. The first labor law of Lao PDR was approved by the President of Republic in 1994 (NA,2006), concerning Labor and amended in 2013, by the National Assembly, which include social security law. The law defines the principles, regulations and measures on labor administration, monitoring, skills development, recruitment, and protection in order to enhance the quality and productivity of work. It is developed to ensure the rights of employees and employers are safeguarded along with the era of transformation to modernization and industrialization of the country. The law is also to legitimate interests and the continual improvement of all workers' livelihoods, while contributing to the promotion of investment, national socio-economic development, and regional and international cooperation.

The new law of "Social security law" was amended in 2018 by the national assembly. It is a guarantee for a person and family members receive benefits from the social security fund for basic livelihoods whenever needing of health care upon employment injury, occupational diseases, maternity, sickness, invalidity, pension, death, survivor's benefit, and unemployment. In 2001, the law on Hygiene, Disease Prevention and Health Promotion was developed by MoH. This was processed with the cooperation of the Department of Law's Campaign and Distribution, Ministry of Justice, approved by the President of Lao PDR and issued by the national assembly (NA, 2001).

Studies on OSH are still rare and unpublished. Although there was a study more than five years ago on hospital workers regarding needle sticks and sharp injuries (Keomixay, 2015), hospital cleaners were not recruited as a part of the sample. However, hospital cleaners seem to be one of the most vulnerable groups that risk getting infection during their work. Especially, these groups of people are in lower levels of education and socioeconomic status and have less chance to make choices of job. This case study aims to understand the situation of safety and health of hospital cleaners who work for keeping hygiene at the care facility, and who also work as one part of the front-liners during COVID situations.

METHOD

Semi-structured interviews were conducted at the Central Hospital in Vientiane Capital, Lao PDR. The respondents were,

- administrative personnel
- two cleaners who work at the infection/In-patient wards (as Case 1) and
- two cleaners who work at the out-patient wards or OPD and general cleaning work (as Case 2).

In addition, a desk review was conducted with relevant available documents. The recruitment of the respondents was performed by purposive selection based on case-1 (work at a higher risk place) and case 2 (work at a lower risk place). The selection was according to the suggestion of the administrative personnel at the hospital. Each interview took about an hour with the consent, anonymity, confidentiality, voluntary and availability of time of the respondents. Respondents were assured no risk or negative consequences of attending the interview. Interviews were performed in Lao language, recorded, note-taken and transcribed in Lao language, then translated into English. Interview content was analyzed by five themes, I) Management of Support Services, II) Employment Act/Labor Law, III) Scope of Work & Work Contract, IV) Rights and Job Security, and V) Occupational Health and Safety.

RESULT:

(I) Management of Support Services in the government hospitals

The Central Hospital is under the Ministry of Health, overseeing the provision of health services for out-patients and in-patients. The Ministry of Health is responsible for public health care, including the management of outreach, disease prevention, treatment, and rehabilitation. According to the administrative personnel, the support services are centralized and directly under the Ministry of Health, but each level of service has a different role and is integrated with a referral system, managing services with health problems that vary from central to local level.

The *Administrative Personnel* explained that the support services were outsourced to private companies since 2018, which in the past was managed by the hospital itself. Supplying services from private companies includes cleaning, laundry, maintenance of medical biological equipment, procurement of medical equipment, electrical and mechanical components. Bidding is not limited, any companies can bid, either local or foreign. Every year, there is a one-time bidding and organized by the Ministry of Health, which has a contract period with each company for only one year.

On the scope of work, the cleaners interviewed said (of both *Case-1 and 2 Cleaner*) that it depends on the contracted company. They follow the duties assigned by the company. As a cleaner, they are responsible to clean the rooms, cleaning generally, garbage collection, table, and equipment settings in the room/ward. Also, if nurses call for help to clean anything, they follow. Either case-1 or -2, basic works are similar; but not only cleaning work, they also have to turn-on and off the lamp or fans. In addition, *Case-2 cleaner* explained that they feel safer because they don't have to touch any contagious wastes. A cleaner said:

“... I do the cleaning at the children's department, but the general cleaning is not related to infectious waste. I do the same as other cleaners”

The services employ about 30 cleaning workers: by 3-4 divisions per worker. The services of collecting towels, blankets and other laundry were performed by different companies. The cleaners only do cleaning and collecting garbage. Cleaners did not have many conditions to apply for a job but seem to be happy with their work. A *case-1 cleaner* said:

“... I have been with this company and have been at this hospital for three years, having been with the Department of Cardiac Surgery since the first year. The work in this department is the same over the years.”

The cleaners can also help each other in different places within the hospital. A *case-2 cleaner* said:

“... I have been working for this company and have been at this company for 2 years. I have been cleaning since then and I am always in this department, but if there is a lot of work in other rooms, we will help each other.”

(II) Employment Act/Labour Law

According to the administrative personnel interviewed, the support service workers are entitled to protection under the National Employment Act or Labour Law.

Employees are protected under the Labor Law, where wages are paid on a contract basis based on the employment contract received by the employee. Salary and other benefits are paid on a monthly basis in accordance with the contract. Employers always pay the wages on time, and they do not pay extra because the hospital personnel do not ask cleaners to over-work or work over-time. Furthermore, the cleaners are there to help each other. Anyway, if the worker is required to work more than 8 hours, the workers will be paid extra or on public holidays as well. In case a worker giving birth, had miscarriage or stillbirth, illness, accident, the company provides some financial support e.g. subsidize their medical bill. In the case, an employee is required to replace another worker (who was temporary or retrenched), the employer compensates the employee for that duration. The government may allow workers to form unions or associations, subject to the approval of each level at the ministerial level.

Case-1 cleaner added that employees who work for sub-services are protected under the National Labor Law because a contract must be signed before entering the work. The wages of the employees are paid straight monthly. Salaries vary depending on each department; for the department with high risk, the salary would be higher. Average salary per month is 1,500,000 kip (USD159) Some months will be lesser, some months higher, depending on the wards assigned. Also, the salary could be reduced due to the COVID situation. A cleaner said:

“... I have been working for 3 years, but since the COVID the company lacks money, they said, they had to re-manage lots of things by cutting off some salaries.”

Based on the explanation from the cleaners, the employer pays the employee monthly salary, timely as specified in the contract. If the worker gives birth, falls ill, or has an accident, the company also reimburses partially the medical cost to help and allow two weeks of paid work leave. The salary will be stopped because if the worker does not return after the paid work leave. Once the worker is recovered or healthy and if he wants to return to work, the company is open to receive the worker. In

the case of working more than 8 hours, the worker is paid 50,000 kips per hour. Or working on non-public holidays, workers are given extra money such as Women's Day and other important days.

The cleaner also added an explanation that employees are protected under labor laws, such as setting the salary at 1,300,000 kip when they first started working and then increasing it every 6 months or 12 months. Current earning is 1,800,000 kip. Every 10th of each month, the company pays their salaries and the worker can also request for advance payment, if necessary. The company also allows for the absence of a worker if it's a valid reason.

“... I work here regularly; I have never been out of work. If there is a lack of work, the company has a policy for three days off and does not cut the salary, but they look at the reasons.”

According to the worker, the relationship between cleaners and health staff are good as they are supportive to each other including when they face health problems. A cleaner said:

“... the hospital also helped us a little bit, the doctor did not want our money, just give free medicine, free bed and so on. In case we have a miscarriage, or abortion, or illness, or accident, the company has the appropriate amount of money to pay for us, but we have to pay first and then show the bill to the boss.”

However, not all support service workers are aware of the health subsidies. Some cleaners might not know the details. *A case-2 cleaner* said:

“I do not know what support the company could provide, I just follow the contract with the company, such as work hours, the salary, the work, the protection of the rights and benefits of the workers.

In addition, wages vary for different types of work or department. And although the cleaners have compensation policy from the company, they still need to buy their own social security service. A cleaner confirmed this:

“... I now earn 1,400,000 kip because I have just worked for 2 years [...] the company also provides compensation if there is a drug bill [...] sometimes the hospital does not charge. ... I pay my own monthly insurance because the company does not provide social security cards.”

(III) Scope of Work & Work Contract

Supporting services include the work related to management of hospital waste disposal, clinical waste, cleaning services of various departments, bed cleaning services, maintenance of medical biological equipment, electrical and mechanical components. There is a contract of employment between the employer (Ministry of Health) and the contractor (company). The content of the contract covers work duties, hours of work, how many hours of rest, how many hours of wages received from each month, how many hours of work are required, days and months to work in the company or in the hospital, and sick leave and other illnesses. Cleaners can be from any place but must meet required criteria. The *Administrative Personnel* interviewed, explained:

“Applicants can be Lao or a foreigner but must have lived in Lao PDR only in accordance with the law and have complete documents such as ID card / family book, certificate of residence, resume and other relevant documents.”

Cleaners explained the same things. The company has some selection criteria to work, such as not foreigners, not less than 18 years old, or not too old or over 40 years old. A cleaner gave this reason:

“... because they are afraid that the elder could not see even some very small spiders or move things [...] child labor is also against the law. [...] Before entering the company, the company told me to fill in the documents, such as certificate, family or ID card, certificate of residence and photo.”

Cleaners explained that they were not from the same company. Some companies specialize in housekeeping, other companies provide service of washing blankets, towels, and linens; while there are other companies provide other kinds of supporting services. Although different companies, the daily routine hours are similar. All respondents mention eight hours work from 8:00 a.m. and two hours rest in between for the lunch break. Cleaners only provide cleaning service and do not overlap with the other work. A cleaner said:

“... I do the cleaning, wiping, sweeping, and collecting the rubbish; just not to wash or dry the clothes.”

Cleaners also explain that they might not receive extra-money when they work on weekends or special days if it is already included in their salary already based on the contract. This means contracts can be different for different cleaners. A cleaner said:

“... Saturdays, Sundays and public holidays, I work part-time, but I do not get extra; it is already in my salary [...] Before entering the job, I have a contract to read and agree on the working conditions of the day, what to do and what not to do.”

(IV) Rights and Job Security

The *Administrative Personnel* of the hospital explained that the employees are happy and satisfied with this employment. This is because the work is not overloaded and there is a lot of time to relax. It is a job where no one is forced to do things, each of which knows the duties and responsibilities of each person in each place or wards. The administrative personnel also mentioned this:

“... in case there is a labor violation, or the company takes advantage of the workers, they can go to the Ministry of Labor and Social Welfare, the Women's Union, the Lao Trade Union Confederation for justice.”

Cleaners also provided a similar explanation. They feel happy and satisfied to come to work not only because of the salary, but also because the job is not forcing them to work hard and their work is well on schedule that they feel comfortable and helpful to each other; although they are aware that they are working in a risky place. A cleaner said:

“... I am not forced or exploited by the company or the workplace, I can help others with my free time [...] I am satisfied and love this job because I can live enough. I do not dry in the sun [...], but it is risky because it is right next to the infected garbage.”

With regards to discussion on the rights and job satisfaction, in case of violation, the cleaners themselves however do not know where to go other than their company. They have never thought of such a problem before and never seen such a problem either. A cleaner expressed this:

“... I have never been taken advantage of by this company and I have never seen anyone taken advantage. [...] We have a good-hearted boss; it is easy to talk about anything and the boss never gets angry at workers.”

(V) Occupational Health and Safety

During standard operating procedures for the Covid outbreak around the world, or even routine operations, they protect themselves with masks, gloves, and hand sanitizer placed at various points in the hospital. Employers are required to comply with occupational health and safety measures, which, before sending employees to work in any job, they must first be trained. For example, they must be trained in cleaning and self-defense while working. Employers also provide them safety equipment. In the performance of the staff in each case, there will be a team in the hospital to check the correct practice of self-defense, as well as to check the performance of the cleaning workers on a monthly basis and report to the Ministry of Health. The hospital also provides additional protection to the cleaners in case of necessity, or accordingly. The administrative personnel addressed this:

“... If we do not see the worker wearing a mask or gloves, just give some masks and gloves to them at the hospital.”

When a worker becomes infected or becomes ill for any reason, which occurs during the course of work or cleaning practice, they will be treated in the contract facility or if there is an external injury (outside of operation) they can be treated at the facility where they work according to their circumstances or conditions. The hospital administrative personnel understand that cleaners are often at risk of needle stick or sharp injuries, and the most common disease they are at risk of exposure is the HIV/AIDs and other infections.

Due to the ongoing Covid situation, workers have received special assistance, such as more rigorous protection by providing protective equipment during operations, and the government has given special importance to staff working in health facilities. For example, care providers have been vaccinated with COVID vaccine already. However, cleaning workers were not included for such vaccination.

Cleaners also similarly reflect about themselves regarding the COVID situation. A cleaner said:

“... I protect myself with masks, gloves and hats. The company informs me and gives me the masks and gloves. I will never forget using it.”

The company also provides special teaching, training regarding the prevention of COVID and self-protection, and monitoring the cleaners 2-3 times a week (Monday-Wednesday-Friday) or even almost Monday to Friday. The company provided training on work, work ethic and self-defense in the performance of work, for example: when to work, when they must wear gloves, or not to wear a mask.

Cleaners somehow feel that the company has not yet fulfilled their need in terms of health. The company only compensates once sickness has been cured. Cleaners must pay by themselves first. This usually brings difficulties when they don't have money in the pocket. They expect health insurance service cards provided by the company to make the convenience of care and expense process in the hospital, but the company does not buy health insurance for them and some cleaners have to buy it

by themselves with their own money. Some cleaners do not even care about the compensation in case they feel it is minor injuries or difficult in the process of bill-to-reclaim. A cleaner said:

“... In case of an injury, the company has compensation, but they do not provide any health insurance, only they pay for someone, not for everyone. [...] Sometimes the hospital does not take the money from us.”

Anyhow, the cleaners at least were trained and able to self-protect. Due to the ongoing Covid situation, cleaning workers receive special assistance, such as Covid prevention training, hand wash gel and the company also provides monthly compensation to those working in high-risk departments, such as the Department of Infectious Diseases and Adult Infections.

Case-1 and Case-2 cleaners also mention the same things regarding what is similar and different between working in the higher and lower risk places.

Similarities: Both groups of case-1 and case-2 receive the same support from the company and similar help from the hospital. Both cases have the similar view on their work satisfaction but still in need of health insurance.

Differences: Case-1 works in a higher risk place while case-2 works in a lower risk place. The company pays extra for the case-1 as they are working at the higher risk place than the case-2.

A cleaner said:

“... the company provides training and supports us. [...] During the period of Covid, those who work at infectious wards or also Covid rooms were paid extra, [...] so was I, at the surgery room where I work. [...] I think I am at risk of infection because I work with patients’ waste, but I have never had an infection or injury while working in the hospital.”

Table 1: What similar and different between case-1 and case-2

Similarities	Differences	
	Case-1	Case-2
<ul style="list-style-type: none"> • Company reimbursement • Satisfaction on the cleaning job • In need of health insurance • Good relationship with hospital staff • Receive help from hospital informally in case of sickness • Salary covers whole cleaning job • Got extra paid if over-time working or work on holidays • Received the same training 	<ul style="list-style-type: none"> • Higher risk of infection • Got extra paid upon the higher risk place of work 	<ul style="list-style-type: none"> • Lower risk of infection • Got regular paid

CONCLUSION

Although the service of hospital cleaning is managed by an out-sourced private company, hospital cleaning work is well monitored by both the hiring company and the hospital itself. The hospital cleaners feel happy and safe with their work. COVID-19 situation has even led them to be stricter on safety at work, especially when they need to help each other at different wards. However, safety concern at their cleaning work must be assured all-time, not only during the COVID out-break. Ensuring health insurance for all the hospital cleaners is imminent and its application should be well explained.

This case study has some dominant limitations. Firstly, the cleaners could not provide a copy of their contracts. Cleaners reported that all contract sheets must be kept at the company and difficult in process if asked to see the contract. Secondly, more respondents and more information about life experiences related to cleaning jobs were still required. Further investigation is still required on life skill, economic and health insurance, and health seeking behaviors among these populations and with more respondents' recruitment.

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Case Study Report 2:

A Case Study of Cleaners Contracted by Sub-Contractors of a GLC and a non-GLC Concessionaires in Malaysia

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INTRODUCTION

Under the Seventh Malaysia Plan (1996 -2000), government support services systems such as cleaning, maintenance and security have been outsourced to private contractors. This was a component of the Privatisation Policy introduced in 1983. The policy was intended to reduce government expenditures and to improve the quality of service delivery. The policy and the system have been in operations for almost 25 years.⁵

On 27th October 1995, the then Finance Minister announced the outsourcing of healthcare support services. Privatization of hospital support services focused on 5 critical areas: clinical waste (collection, management, and incinerations); facility cleaning services; dooby and laundry services; bio-medical equipment maintenances; facilities' mechanical and electrical engineering maintenances. In privatizing hospital support services 2,600 government workers were "transferred out" to the 1996 concession holders. ((JPKK), AUGUST 2020)

According to the Ministry of Health (MOH)'s website⁶, there are a total of 15 State Health Department and 167 District Health Offices. They are managing 145 Government Hospitals, 2838 Government Health Clinics, 196 Community Clinics and 668 Government Dental Clinics. The Acquisition and Privatisation Division in MOH manages the tendering and procurement of the outsourced support services. The Government Contract Act 1949 empowers the respective Ministers in the respective ministries to enter contracts and empowers the respective ministers to delegate powers to Government Officers to enter contracts on behalf of the Government. Procurement of works, supplies, and services above the value of RM500,000 must be done through tender processes. All contractors intending to participate in local tenders must be registered with the Government.⁷

The outsourcing project has created a mixture of reactions from the public and other public interest groups concerning the low-income, the elderly, and the disabled. Their concern is on the increase in the operational costs of support services. The same issue was also raised at the 3rd parliamentary

⁵ STUDY ON DIRECT EMPLOYMENT OF CONTRACT WORKERS IN GOVERNMENT AGENCIES: JARINGAN PEKERJA KONTRAK KERAJAAN (JPKK) – AUGUST 2020

⁶ https://www.moh.gov.my/index.php/database_stores/store_view/3?items=25&page=6

⁷ MINISTRY OF HEALTH, MALAYSIA PRIVATISED HOSPITAL SUPPORT SERVICES MINISTRY OF HEALTH, MALAYSIA: Guideline on Management of Variation Orders in Contract Hospitals, June 2014

meeting of the lower hall (Dewan Rakyat) on the increase of the operational costs from RM470 Million (£67 M) to RM510 M (£7.25 M) in 1999.⁸

The above-mentioned study says that Facility Engineering Maintenance took up almost 40% in average of total operational costs of healthcare support services. It is then followed by Cleaning Services of 21% average and Biomedical Engineering Services of 20% average. The conclusion made by the study is the significant increase in operational costs, is due to:

- drawbacks of outsourcing such as costs of drafting operation contract, negotiating and bargaining, policing, and enforcement costs
- improved service provision that has been passed onto the client and the transaction cost's effect

Meanwhile, JPKK's study (August 2020) on understanding the impact of outsourcing to an estimated 150,000 contract workers serving as cleaners in schools and hospitals as well as security guards at schools, concludes:

- the outsourcing of support services promoted under the Privatization Policy had resulted in unanticipated labor and human rights violations
- government regulatory agencies facing challenges in ensuring that government-linked companies (GLCs), subsidiaries and contractors adhere to labor laws and regulations.

On 11 March 2015, MOH signed a concession agreement with five concessionaires (Faber Medi-Serve Sdn Bhd, Radicare (M) Sdn Bhd, Medivest Sdn Bhd, Sedafiat Sdn Bhd and One Medicare Sdn). The contract period is 10 years (till 2025) and the government pays RM1.3 billion yearly to them.⁹ Except for Radicare (M) Sdn Bhd, the rest is wholly owned by UEM Group Bhd dan UEM EDGENTA GROUP, subsidiary of Khazanah Nasional Berhad, the sovereign wealth fund of Malaysia. Concession for Hospital Support Service (HSS) can be as long as 15 years based on the past practice.¹⁰

The case study 1, is an interview with Madam Seema, a worker contracted by Harta Maintenance Sdn Bhd, a sub-contractor of Radicare (M) Sdn Bhd. The case study 2 is an interview with Madam Azura, contracted by Edgenta UEMS, whose parent company is UEM Edgenta Group. Pseudonym is used to avoid any repercussions from their superiors, for sharing their story. The interviews were conducted over the phone using a semi structured interview method.

MADAM SEEMA, "WE MAKE DO WITH WHAT WE GET"

Madam Seema, age 48, has 5 children between the age 10-29 years old. Two of her youngest are still schooling. Her husband is working as a lorry driver. For the record, they are Malaysian citizens.

Though she has been working as cleaner for the past 6 years, only in the last 3 years, she has been working in one of the government hospitals in Selangor. Nevertheless, her employer remains the same, Harta Maintenance Sdn Bhd. Harta Maintenance Sdn Bhd is a sub-contractor for cleaning

⁸ Outsourcing in Malaysian Healthcare Support Services: A Study on The Causes of Increased Operational Costs by Fara Diva Mustapa, Muzani Mustapa, Fuziah Ismail and Dr. Kherun Nita Ali Department of Quantity Surveying, Universiti Teknologi Malaysia, UTM Skudai 81310, Johor Bahru, Malaysia

⁹ <https://www.nst.com.my/news/2015/09/government-signs-new-concession-agreements-hospital-support-services>

¹⁰ <https://www.theedgemarkets.com/article/moh-evaluates-alternatives-support-service-contracts-east-malaysia>

services engaged by Radicare (M) Sdn Bhd. Radicare (M) Sdn Bhd is one of the concessionaires contracted till 2025 by MOH in March 2015.

Scope of Work

Madam Seema's contract is renewed yearly by Harta Maintenance. When she first joined the job, the contractor provided her training, for about 10 days. At the hospital, Madam Seema is responsible for cleaning the Specialist Ward and X'ray Ward. She must be at work by 7.00 am every morning. She works 12 hours a day, meaning her work ends at 7.00 pm. Every day, she cleans both the wards twice – sweep and mop the floor, wipe all the furniture, doors, gates, the windows, sink, pantry, and any other hard surfaces. Then she cleans the two toilets in each of the wards. She must clean three times a day because it's frequently used and gets dirty. The lobby, which is the most common space used by the patients need to be cleaned four times in a day. She also tops up the tissue, soap, hand sanitizers and so on. She also needs to clean the drainage, collect rubbish and other wastes three times a day. She disposes them at a space provided, which is 10 minutes away from her workspace and she walks every day, 3 times a day.

Sometimes, the contractor also asks Madam Seema to clean other ward such as ICU ward, which has a higher standard of cleaning requirement as it has more sophisticated equipment. It's also a high-risk area due to Corona patient's admission. It requires the workers to wear PPE. After cleaning, they must bath and change their clothes. Inconvenient but must for safety.

Overall, her job is long hours, heavy, and tiring. She gets a one-hour lunch break each day with a 15 minutes interval at 10 am and 4 pm. Physical strength, body fitness and good health is a must, for one to continue working 6 days a week and 12 hours continuously.

Wages and Other Benefits

Is it possible to be fit and healthy with a basic salary of MYR1,200 per month (USD\$300/8 hours work)? Seema says, *"What choice do I have? We make do with what we get. There is attendance allowance if we don't take leave, MYR100 a month. The company contributes to our Employee Provident Fund (EPF), Social Security scheme (SOCSSO) and Employment Insurance Scheme (EIS) as per the law and another group insurance which I am not familiar. We also get to take annual leave and medical leave as per the work contract. It's not easy to get a job, so we work. My family relies on my income."*

Their work on cleanliness is monitored by the Hospital Matrons. Likewise, Radicare representatives also monitor the cleaners to ensure they are industrious and using the appliances provided. The contractor provides PPE, hand gloves and safety shoes but not face masks. The workers get face masks from the nurses at the hospital or they buy using their own money.

Health and Other Grievances

On grievances, she raises it with her supervisor or the National Union of Workers in Hospital Support and Allied Services (NUWHSAS). For example, all government hospital front liners received special allowance from the government, MYR600 (one-time payment in 2020 and 2021) but the cleaners were excluded. A matter that became a national issue through the union. Recently, she was quarantined for 10 days due to possible Corona infection. She requested her employer to pay her the salary for the duration, which they did eventually.

Another issue that Madam Seema raised to her supervisor was deduction of her salary despite her submitting medical leave certificates from a government hospital. Her employer does not accept medical certs issued by private hospitals/clinics. Like many other low-income Malaysians where the

prevalence of diabetes and high blood pressure is high¹¹, Madam Seema has been suffering from high blood pressure for the past 9 years. Recently she was admitted to the government hospital. She was given medical leave for about 20 days. Her employer deducted wages for that duration. She disagrees since she has a valid government hospital leave certificate.

Madam Seema also observed that in the last 3 years of her service at the said hospital, it's common for workers to suffer from knee problems/joint pain and body pain due to the nature of their work. Two workers were infected with TB (Tuberculosis). She is not certain if the two workers received adequate support from the employer for their recovery, since she is not receiving one, for her current health problem.

Recently, Madam Seema was approached by the National Union of Workers in Hospital Support and Allied Services (NUWHSAS). They have been consistently raising the plight of the workers and have been advocating for better work conditions. She hopes that her employer would not victimize workers for joining the Union. Madam Seema wishes to get more workers to join the union to protect the workers' rights, for better salary and work environment.

MADAM AZURA, "SIGNED CONTRACT AS NEW WORKER DESPITE 10 YEARS' SERVICE"

Madam Azura, age 55, has 5 children between the ages 17-27 years old. Two of her children are still studying. She is a single mother. Madam Azura has been working as a cleaner for the past 11 years. Her current employment is at a government hospital in Penang. Her employer is Edgenta UEMS and she signed the contract with this new employer in December 2019. Prior to that, for 9 years, her employer was NS Medik.

Nevertheless, the concessioner who contracted the services to NS Medik is the same, UEM Edgenta Group, the parent company of Edgenta UEMS. It's a government linked company given 10-year concession for 32 hospitals in Perak, Kedah, Penang, and Perlis (ending 2025), formerly known as Faber Group Berhad. Yet, for Madam Azura, she signed her contract with Edgenta UEMS as a new worker despite her 10 years' service with the same concessioner.

Wages and Other Benefits

Under the new contract, she is offered basic wages MYR1,200 (Gred E2), 3 sets of uniform, 1 set of canvas shoe, group insurance, sick leave (22 days), annual leave (16 days), and other social protection e.g. *EPF, SOCSO, EIS* as per the Employment Act. Her work hours are 8 am to 5 pm. There is also a panel clinic that the workers can go to. But she is unhappy because the new employer denied them benefits that were promised in their offer letter such as shift allowances and transport allowances. These are not in the contract. In fact, the shift workers were promised MYR1,250 monthly salary, inclusive of shift allowance. But now, these workers, not getting the shift allowance and are forced to work extra one hour. The dispute is filed in the labor court, the worker won but it is being appealed by UEMS¹².

Madam Azura finds her previous employer, NS Medik is more humane as they provided all these allowances. NS Medik gave recognition to the workers union, National Union of Workers in Hospital Support and Allied Services (NUWHSAS). Edgenta UEMS refuses to acknowledge the Union, instead

¹¹ <https://www.thestar.com.my/business/business-news/2020/12/02/of-mortality-and-poverty>

¹² <https://www.queerlapis.com/tharanifrontliner/> ; <https://www.thestar.com.my/opinion/columnists/all-the-pieces-matter/2021/03/07/stop-bullying-our-frontliners>

taking on Union Busting. Six union leaders were sacked, and the case is now in the Industrial court. NS Medik also provided 3 days training for all new workers. Edgenta UEMS never provided any training, instead the 'senior workers' were asked to train the new ones for no cost.

Scope of Work

Under the new contract, her job scope is not specified but she is required to clean one department in the hospital, 3 times a day. She is satisfied with her workload.

But as a unionist, she receives complaints from other workers about their increasing workload and ad-hoc instructions from supervisors. The hospital staff nurse/matron who monitors the cleanliness has raised the issue to Edgenta UEMS that the cleaners are given too much task to the extend, the cleanliness is not up to par. According to Madam Azura, Edgenta UEMS's response was there are not enough workers.

What could be the reason for the workers turnover?

Azura's view, "since Edgenta UEMS took over, many hospitals are facing similar problem". The employer has opted to hire foreign workers. The local workers are quitting due to low pay, low benefits, and heavy workload. She is uncertain if the two Indonesian workers and 3 Bangladeshi workers hired are documented or otherwise.

Health and Other Grievances

On matters of grievances, Madam Azura either directly reports to her supervisor, or the higher management. If that doesn't solve, then she brings it up to the Union. Recently one of the supervisors was moved to another site because she was bullying the union members and threatening to terminate workers if they join the Union. The Union reported on her.

In the beginning of their contract with Edgenta UEMS, the workers were not provided adequate self-protection equipment while the country and world were threatened by Corona pandemic. The Union reported the matter to the Ministry of Health after several attempts of directly raising the issue with the company failed. The Hospital Director intervened and now the workers are receiving face masks (one a day), hand gloves, apron, safety boot and sanitizer.

Just like Madam Seema, Azura also raised the issue of a special allowance that the government gave to health workers but not for the cleaners. Instead, Edgenta UEMS paid them the special allowance, one-off, MYR300.

On the health issue, Madam Azura said, most common among the workers are related to the chemical exposure (substances used for cleaning), fever, body pain and high blood pressure. Their supervisor monitors to ensure workers always wear the safety equipment both to avoid infections and cleanliness. Meanwhile the hospital matron supervises cleanliness of the ward/clinic.

Workers Union

Madam Azura, as one of the Unionists with the National Union of Workers in Hospital Support and Allied Services (NUWHSAS), played a key role along with other union members to revive the Union in 2016 and developed a Collective Agreement (CA). According to the Union's Industrial Relations Officer, Mr. Pannerselvam, the CA was signed on 23 October 2019. The CA's validity is from 10 Aug 2017 till 9 Aug 2020, but it was not complied by the new employer, Edgenta UEMS. The non-compliance led to a trade dispute. He further added that the matter is in court because by virtue of the sub section 17(1) of Industrial Relations Act, collective agreement taken cognizance of by the industrial

court (in this case on 26 Nov 2019) shall be designed to be an award of the court. As such any breach of the collective agreement can be enforced as a violation of the award of the industrial court.

CONCLUSION

The point raised by Dr. Chan Chee-Khoon in his paper *The Malaysian Health System in Transition* (August 2014) makes sense, “The state is juggling multiple hats: (i) funder and provider of public sector healthcare; (ii) regulator; and (iii) key investor in for-profit health care, along with the inherent conflicts of interest”.

In order to ensure that cleanliness in the public hospitals is up to the standard and the public, mainly patients are not risked, the workers who are cleaning the facilities in the hospitals must be well taken care. Especially now that many local workers are losing their jobs due to Covid pandemic. It would be a timely intervention for the government to review the current contractual practices especially on continuation of services, wage increment based on years of service, work promotion, more training and right to union must be respected. They are front liners and they should be well compensated for the risk they are taking and not exploit them. Job security is important. Having a contract renewed on a yearly basis means the workers are constantly living in fear of losing income and there is no stability for their family.

Case Study Report 3:

Siargao Island, Philippines: Management of Healthcare Support Service by the Province

Alfredo M Coro II¹ and Anna Marie Tiu²

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2. Doctor in Management (2020); Master in Psychology (2017); Performance Management Manager of Perpetual Succour Hospital, Cebu City, Philippines (2017-2020); Training and Development Coordinator, Perpetual Succour Hospital, Cebu City, Philippines (2014-2017)

I. OBJECTIVE:

The interview conducted aimed to gather relevant information as to the current employment status of Hospital Cleaners or Janitors in the Government Hospital and Polyclinics in Siargao Island. Specifically, it sought to answer the following questions:

1. What is the profile of the respondents in terms of:
 - 1.1 Age
 - 1.2 Gender
2. Further, it intended to answer questions on the following job facets:
 - 2.1 The management of support services staff in the government hospital and polyclinics in Siargao Island
 - 2.2 The law that protects these employees
 - 2.3 The scope of work & work contract of support services staff
 - 2.4 The rights and job security of these employees
 - 2.5 The occupational health and safety of support services staff

II. METHODOLOGY:

In order to gather important information from the respondents, interviews were conducted on each of the hospital cleaners or janitors on Del Carmen and Pilar Polyclinics as well as with Siargao District Hospital. The respondents were the eight (8) hospital cleaners of the hospital and polyclinics in Siargao Island whose employment is categorized as casual or job order.

The data were gathered for analysis and interpretation.

Below are the respondents of the interview:

<i>Name</i>	<i>Age</i>	<i>Gender</i>	<i>Hospital/Polyclinic</i>	<i>Employment Status</i>
Irene C. Doligol	39	Female	Del Carmen Polyclinic	Casual
Inn C. Coro	42	Female	Del Carmen Polyclinic	Casual
Wenivella E. Bonono	36	Female	Del Carmen Polyclinic	Casual
Arnold S. Escuyos	36	Male	Pilar Polyclinic	Casual
Kristoffer N. Cervantes	34	Male	Pilar Polyclinic	Casual
Ruel P. Espuerta	30	Male	Pilar Polyclinic	Casual
Ely R. Liray	52	Male	Dapa District Hospital	Job Order
Felixberta D. Guiral	38	Female	Dapa District Hospital	Job Order

III. DEFINITION OF TERMS:

The terms being used in this paper are operationally defined for a more straightforward and better understanding of readers as to the distinction between Contractual/Job Orders and Casual employees as defined by the Civil Service Commission.

Casual Employees

These refer to the government employees who performs functions that are essential and necessary to the services of the government agency where there are not enough regular staff to meet the demands of the service. Thus, they perform functions of the regular employees. Moreover, casual employees are entitled to receive benefits enjoyed by regular employees such as PERA, ACA, RATA, mid/year-end bonuses, cash gift, clothing allowance, productivity incentive bonus, loyalty, award/pay, performance based bonus, and are entitled to all kinds of leave per CSC rules and Memorandum Circulars.

Contractual/Job Order Employees

These are employees who undertake specific jobs and covers piece of work or intermittent for a limited period not exceeding six (6) months. These employees cover particular services such as janitorial, security, or consultancy. Unlike casual employees, contractual/job order employees are not entitled to government benefits such as PERA, ACA and RATA.

IV. FINDINGS AND ANALYSIS:

After processing all the data and inputs, the following were established:

1. In terms of the profile of the respondents:

- 1.1 Most of the respondents belong to the 36-59 age bracket (75%), followed by the 20-35 group (25%).
- 1.2 The number of male respondents (50%) is equal to the number of female respondents (50%).

2. As to the job facets, the following findings and analysis were summarized:

2.1 Management of Support Services in the government hospitals

Based on the interview conducted, the support services staff of the government hospital and polyclinics in Siargao Island are directly managed by the province. Specific job duties

and responsibilities as well as the scheduling of duty hours however are given by the Administrative Officers or officer-in-charge of such facility in conformity with the directives given by the province. Furthermore, the results of the interview indicated that the respondents were not outsourced or privatized at all but are directly employed by the province.

2.2 Employment Act/Labour Law

As emphasized by the respondents, the National Employment Act protects the support services staff in aspects related to wage, social protection and other benefits that these employees are entitled to have considering that they are government employees. The act has allowed employees to form a union but there has never been an incident of forming such because there was no violation of employee rights committed by the province or management of these hospital and polyclinics in Siargao Island.

2.3 Scope of Work & Work Contract

As defined by the respondents, support services staff in the government hospital and the polyclinics in Siargao, are the ones who are accountable for the general cleanliness of the hospital. Specifically, they are mainly focused on taking care of clinical wastes, facility cleaning services, maintenance except for equipment maintained by trained professional such as the nursing assistants. In addition, it was indicated that there is a work contract between the respondents and their employer in which specific employment information such as salary, employee's job description, work hours, duration of contract and social benefits are found. As to the hiring of employees, the respondents said that jobs of this kind are mainly for locals based on their observation on the previous years.

2.4 Rights and Job Security

As indicated in the results of the interview, it was highlighted by the respondents that they are happy and satisfied with their current contract or employer because through this employment, they were able to provide for the needs of their family. However, the results of the interview indicated that there were some slight issues as to the release of their salary because there were times that their salary was delayed which somehow affected them in some way. The respondents said though, that such delays were due to the processing of papers especially if the payday or a day before the scheduled payday falls on a holiday. Nevertheless, the respondents have emphasized that they are grateful being part of the workforce since their job and the hospital or polyclinic that they work for have provided them with a sense of family and a feeling of belongingness. It may not be the perfect working environment, but at least, for them, their work has given them self-fulfillment and work satisfaction.

Conversely, it is certainly apparent that the respondents have been yearning for years to become permanent government employees so that they will no longer need to renew every 6 months and that they would feel more secure with their job. As to the parties or organizations that they go to when there are problems or any labor issues, the respondents stressed that they only go to their head nurses or the ones who are in-charge in their respective hospital/polyclinics.

2.5 Occupational Health and Safety

The respondents conveyed that as workers of the government facility, they were provided with personal protective equipment as part of the global pandemic Standard Operating Procedure. These include face masks, face shields, sanitizers, and hand gloves. Additionally, as indicated in the results of the interview, the hospital and polyclinics also followed the Occupational Health and Safety Measures to ensure that workers are protected and kept safe. The respondents were trained as well as to the proper way of doing their job as they were provided with the right training and orientation in cleaning services, ensuring the safety of the hospital workers and the patients.

Some of the common illnesses that the workers have experienced during this pandemic include coughs, colds and fever. If the workers become sick, the respondents said that they will be assessed initially and if the symptoms are associated with COVID, the workers will be brought to Siargao District Hospital, if they are from the polyclinics, for evaluation and assessment as well as for COVID testing. If the workers become positive of COVID, the expenses will be paid by the province especially when they are brought to the government hospitals or be quarantined in Bad-as, Surigao del Norte. Lastly, the respondents emphasized that they have received government incentives especially with the ongoing COVID situation.

V. CONCLUSION

Based on the results of the conducted interview, it can be concluded that the respondents who are the hospital cleaners or janitors, are generally satisfied and happy with their current status of employment because such employment aside from the fact that it has provided them with income for their family, the environment in which they work for, exhibits camaraderie among workers. Support, understanding, and the willingness to help one another, especially the ones who are in dire help are present in these hospitals. This, for me, is one of the best practices that these facilities on this island, has. The respondents however, expressed that until now, they have been hoping to become permanent government employees given their employment tenure so that they would feel more secure with their job. Nonetheless, it does not change the fact that these casual and job order support services employees are grateful with their current status due to the fact that they have been treated well by the management and has given them the things they are entitled to have and enjoy as hospital workers.

Case Study Report 4:

Situation of Outsourcing Workers (Cleaning service/Office/ Security Guard) at Government Hospitals in Indonesia

Rennata¹ and Saktya²

1. Rennta Chrisdiana 2019 Senior Atlantic Fellow, Atlantic Institute - Health Equity for Southeast Asia, Chairwoman Rumpun Nurani Foundation, Senior Advisor Yogyakarta Consumer Institute
2. Saktya Rini Hastuti, Chairwoman Yogyakarta Consumer Institute

Introduction

According to Law no. 13 of 2003 concerning manpower, Outsourcing (outsourcing) is known as the provision of labor services as regulated in articles 64, 65 and 66. Outsourcing labor is contract worker supplied from an outsourcing service provider company. Initially, the outsourcing company provided a type of work that was not directly related to the company's core business and did not care about career path. Such as telephone operators, call centers, security guards and cleaning services. However, nowadays, the use of outsourcing is increasingly widespread in various lines of company activities.

By using contract workers, contracting companies have less responsibility to provide certain facilities such as pension, maternal leave, allowances etc. The outsourcing company responsible for the contract worker, which causes them to be disadvantaged by the systems and regulations implemented by the outsourcing company or the hospitals. The disadvantages of contract workers in their work system include the wages cut by their contracting company, unfair contract terms, lack of transparency, low in protection etc. In this case, oftentimes, contract workers do not know how much deductions are given to the company from their total salary. Second, contract workers have no career path in their work. When the contract ends, the contract worker does not necessarily have his contract extended by the company. So that the guarantee of their right to decent work is still very questionable. In addition, guaranteeing the work safety and security of contracted workers is the sole responsibility of the outsourcing company, and not the contracting company where the worker is carrying out his / her duties.

With the various problems faced by contract workers, there is an urgency for a multi-stakeholder such as the government, outsourcing companies, contracting companies / BUMN (government owned companies) / other public facilities where contract workers work, to review the policies and contract systems they create for these contract workers. Does the contract between the two parties (the outsourcing company and the contracting company), as well as the contract between the outsourcing company and the contract worker, have guaranteed protection for the vulnerable contract workers?

This study aims to gather basic information on contract workers in hospitals owned by the government. Contract workers, who work in hospitals, at this time, during the pandemic of the corona/covid-19 virus, are certainly among those who are vulnerable to transmission of the covid-19 virus.

It is important to understand how the contract worker is protected by PPE when carrying out their duties, giving vitamin supplements to increase their immunity, to providing decent wages according to work and the work risks they face in the hospital. Considering that contract workers in hospitals, such as security guards, cleaning services, are part of the indirect facilities provided by the hospital which contribute to the value of customer satisfaction in accessing hospital services, this simple research is important to do.

This simple research is intended to capture the extent to which the pattern of cooperation between the government, hospitals and outsourcing companies guarantees the rights of outsourced workers. This is important to do, because during this pandemic, outsourced workers are at the forefront of hospital services apart from health workers. We will use the data from this simple research as material for case studies and material for social analysis in advocacy for outsourcing workers. In a simple study of the Situation of Outsourcing Workers (Cleaning Service / Janitor / Satpam) at Government Hospitals, the Yogyakarta Consumer Institute, initially will take samples at two Regional Government Hospitals, Yogyakarta Special Region, Respira Hospital and Ghrasia Hospital. Unfortunately, we only get one permission from Respira Hospitals only.

B. Purpose and Objectives of Activities

The aims and objectives of this research activity are:

- i. Describing the condition of contract workers at the Regional Government-Owned Hospital, Yogyakarta Special Region.
- ii. Knowing the cross-sectoral relations between hospitals, government and hospital partners in terms of outsourcing worker management
- iii. Knowing the implementation of the policy on the protection of contract workers in the hospital
- iv. Knowing the forms of agreement that workers accept with the employing company
- v. Knowing the level of worker satisfaction in the contract with the company

C. Respondents

Respondents from this simple study at each hospital consisted of several parties, namely:

- Hospital workers with the status of contract workers under hospital partner companies (security guards, janitors, and cleaning services: 1 person each)
- Head of General department of the Hospital, (1 person)
- Management of the Outsourcing Company in charge of the contract workers being interviewed (1 person)

D. Research Methods

The research method used was online and telephone-based survey research methods, as we minimize contact to hospitals. Contact our respondents via telephone number or WA and answer all questions that are on the questionnaire. Pseudonym is used to avoid any repercussions from their superiors, for sharing their story.

E. Research Time

This research was held between January - 28 February 2021.

F. Research Output

We will use the data that we can use as material for social analysis in advocacy for the protection of contract workers in hospitals, as part of comparative studies with Malaysia, Philippines, and Laos.

RESPONDENT 1: MR. WAY, CONTRACT WORKER, CLEANER RS RESPIRA YOGYAKARTA

"I HOPE THAT IN THE FUTURE THERE WILL BE NO LONGER THE TERM CONTRACT. THE CONTRACT SHOULD BE MADE DIRECTLY BETWEEN THE CONTRACT WORKER AND THE FIRST PARTY, IN THIS CASE THE CONTRACT DIRECTLY WITH RESPIRA HOSPITAL." WAY- CLEANER

Mr. Way worked in the Cleaning Service section for about 14 years. Started working in cleaning services since December 2006. Outsourcing companies that Mr. Way had participated in include: PT BUMI LESTARI, PT MKM (Mega Kurnia), PT TMI (PT Tempel Melati Indah). Currently Mr Way has a contract with PT TMI. It has been three years for Mr Way to have a contract with PT TMI, with a contract that is renewed every year.

Salaries and allowances

The amount of honorarium received by Mr. Way is as follows: a) The monthly salary of PT TMI is Rp. 1,790,500. paid at the beginning of each month; b). Allowance as a cleaning service coordinator at Respira Hospital: Rp. 300,000 (from PT TMI); c) Allowances for cleaning services (paid by Respira Hospital) include the following: JP (service) every 2 months in the amount of between IDR 200,000 - IDR 400,000 and TPP (Additional Income) every 3 months between IDR 200,000 - IDR . 250,000.

This allowance from Respira Hospital is an internal policy of Respira Hospital. Even though Pak Way is not a direct contract worker with the Respira Hospital. The funds are obtained from permanent employee allowances (ASN) at Respira Hospital, which are deducted according to their class, then given to outsourcing workers. All contract workers get JP and TPP from Respira Hospital. There were several assistances provided by Respira Hospital during the Covid Pandemic, for the contract workers.

The assistance such as vitamin supplements such as redoxon; there is also extra food 3 times a week, every Tuesday, Wednesday, and Thursday. Contract workers receive food such as green beans, boiled eggs, milk.

During the pandemic, a complete PPE worker uniform has also been provided by Respira Hospital. Meanwhile, from the company PT TMI itself there was no assistance at all during the Covid-19 pandemic.

Satisfaction as a Contract Worker

Mr. Way felt quite satisfied as a contract worker after he worked with PT TMI. This is because the leadership of PT TMI is friendly enough to employees and is willing to go directly to the field. Every time there is a chemical request from the cleaning service officer, it is always responded to quickly. Employee salaries are never late. THR or holiday allowance is given one full month salary every year. There is health and employment insurance (BPJS Kesehatan and BPJS Ketenagakerjaan), the amount of which is 5% of wages, 4% is paid by PT TMI, workers only pay 1% of the total paid. When working with PT MKM, before at PT TMI, Mr Way was very dissatisfied. This is because PT MKM has violated many things, including: chemicals are often late arriving, uniforms are only secondhand, not new uniforms, BPJS is not fulfilled by the company, late/unpaid salaries, and THR paid in half.

Challenges and opportunities as contract workers in the Hospital

The challenge felt by Mr. Way as a worker in the cleaning service at Respira Hospital, is that he is anxious in the isolation room, especially if the patient is positive, either TB or COVID. Meanwhile, the

cleaning service division also handles hospital waste, which contains viruses and infectious waste. Whereas the opportunity that Mr. Way if the performance is considered good by the user, in this case Respira Hospital, then even though the company (PT) is working with Respira Hospital, he will still be employed and included in the contract, with the new/ different companies.

Respira Hospital treats the contract workers who work at the Respira Hospital like family. Another opportunity that Mr. Way as a contract worker at Respira Hospital gets is to attend training held by Respira Hospital and other parties, such as firefighting training, basic life training, etc.

Complaint Handling

The contract workers have only complained to the hospital management in charge of cleaning services if there is a complaint. Mr Way experienced an incident where PT MKM did not pay his salary, Mr. Way did not complain to the police, only complained to the hospital management in charge of cleaning services. PT MKM was then summoned by the inspectorate and was fined, even on the blacklist of PT, it could no longer operate. However, workers' salaries are not given to workers, but go to the state treasury. When asked about the existence of the DIY Regional Ombudsman Institute, which can help contract workers to handle their cases, so far, they have not been known.

Hope for the future

Mr. Way hopes that in the future there will be no longer the term contract. Even if the term contract cannot be eliminated, the contract is no longer through the outsourcing companies are the intermediary for the contract. The contract should be made directly between the contract worker and the first party, in this case the contract directly with Respira Hospital.

RESPONDENT 2: MR. SWAN, SECURITY RS RESPIRA YOGYAKARTA

"I FEEL ANXIOUS WHEN THE CONTRACT WAS NOT EXTENDED. I HAVE TO THINK ABOUT A NEW BUSINESS OR APPLY FOR ANOTHER JOB IF THE CONTRACT IS NOT EXTENDED. THERE IS NO CAREER PATH IN THE OUTSOURCING EMPLOYMENT SYSTEM, I HAVE TO PREPARE "STAY JUST LIKE THIS". SWAN, SECURITY

Mr. Swan is a security guard at the Respira Hospital. He was also appointed as the security guard coordinator in charge of 16 security guards. Mr. Swan has worked with Respira Hospital as an outsourcing worker since 10 years ago. This is in line with Respira Hospital, which has been employing outsourcing staff since 10 years ago. Mr. Swan has experienced several changes in the company for outsourcing workers. Currently he is working with PT Merapi where the company has won the award twice (2 years in a row) at Respira Hospital. According to Swan, the tender was obtained through a public bidding which was participated by outsourcing companies submitting applications. As a security guard coordinator, Mr. Swan coordinates 16 security guards.

Wages and Benefits

Wages and allowances from PT Merapi, each month, Mr. Swan receives a salary every once a month at the beginning of the month. The amount of the salary, around 1,820,000, was deducted from the salary for BPJS Ketenagakerjaan, so that it received around 1,770,000 and was paid via bank transfer. Every year, Mr. Swan gets a holiday allowance of 1-time monthly salary. As a security guard coordinator, Swan does not get additional salary from the company. Respira Hospital provides allowances to contract workers through several policies. The first is from JP (Services) which is given

around Rp. 250,000 every 3 months. This amount can change because it depends on the fees earned. The second is TPP (Additional Income) every 3 months amounting to Rp. 250,000.00. This allowance is obtained from permanent workers donations.

Worker Health and PPE During the Covid -19 Pandemic

During this pandemic special uniforms and PPE are provided by the hospital. The outsource company did not provide special clothes during the pandemic. The company only provides security guard uniforms and security fittings which they used to use before the pandemic. PPE is used during the morning shift when they face many patients. The health of the contract workers is paid attention to by the hospital. Not by the company.

Three times a week, workers are given additional nutrition such as fruit, milk, eggs, and green beans. In addition, additional vitamins are also given for endurance. Vaccinations have also been carried out by the hospital for contract workers.

Outsourcing Workforce Satisfaction

Mr. Swan is quite satisfied with the salary and facilities provided. So far there has been no delay in salary. However, if he needs permission for holiday out of the provision stipulated by PT Merapi then he will have his monthly wages cuts ranging from 50,000 to 60,000. This deduction is applied to pay for replacement personnel. According to Mr. Swan, this is not in favor of the workforce. Another satisfaction factor came from the hospital, which always recruited Mr. Swan to work for each company that won the tender. This applies to contract workers who have good performance and are highly dedicated to the hospital. In addition, he is also satisfied with the allowances and facilities provided to hospitals, which are not permanent employers but care with contract workers.

Challenges and Opportunities

The challenge faced by Mr. Swan as a security guard is that the hospital's status as an infection makes Mr. Swan more alert and careful. Apart from that, Swan 's status as a contract worker made Swan feel anxious when the contract was not extended. So, the challenge is to prepare a new business or apply for another job if the contract is not extended. A career path that does not exist in the outsourcing employment system means that Mr. Swan will "just stay like this".

Opportunity

The opportunity that Mr. Swan got came from the hospital. Not from the company. Before the pandemic, Swan often received training such as work safety handling training, firefighting training, first aid training and others. In addition, the hospital has the authority to propose previous outsourced workers to be recruited by the winning bidder. This is beneficial for Mr. Swan because he can still work. So far, Swan has never broken his contract with the hospital.

Complaint Handling

So far, the flow of labor problems if you want to complain is taken through the general department of the hospital. This hospital division will forward it to the outsourcing company managerial. So far, Swan has never complained about any problem. However, some of his friends have complained about the late salary and the THR.

RESPONDENT 3: MS. WATI, THE HEAD OF THE GENERAL DIVISION OF RESPIRA PULMONARY HOSPITAL YOGAYAKARTA

“THE OPPORTUNITY THAT EXISTS IF THE HOSPITAL CONTINUES TO RUN THE OUTSOURCED LABOR SYSTEM IS A MATTER OF EMPLOYMENT RENEWAL OPPORTUNITIES. IF THERE IS A DETERIORATION IN THE QUALITY OF LABOR RESOURCES AND THE QUALITY OF THE SUPPLY COMPANY, IF THE CONTRACT EXPIRES WITHIN ONE YEAR, THE HOSPITAL HAS THE OPPORTUNITY TO REPLACE NEW WORKERS WHO ARE CONSIDERED MORE QUALIFIED”

One of her tasks is handling the relationship between the outsourcing companies and the hospital. There are 3 outsourcing companies that cooperate with Respira Hospital, PT Merapi Adkhikara provides outsourcing workers in the field of security services, PT TMM provides janitors, and one other company provides for kitchen and administration officers. Respira Hospital uses a certain time work agreement (PWKT). The payroll system and technical work are carried out by the provider company.

Respira Hospital is a hospital owned by the provincial government. Its status as a provincial hospital makes the hospital directly related to the Ministry of Health. This includes cooperation with companies that provide outsourcing workers. Through the Ministry of Health's LPSE website, service providers can make public bidding requests.

Hospitals have to comply with national and regional regulations in the implementation of contracts with outsourcing companies. In these regulations, the hospital has the duty to ensure that workers' rights such as wages, health insurance and benefits are in accordance with government regulations. Employment outsourcing recruitment started in 2011 in Respira hospital. Since then the hospital has collaborated with companies that provide outsourcing workers through an auction system. The hospital collaborates with the provincial LPSE where the process of obtaining an open tender is through an online auction system. All outsourcing companies can get the opportunity to apply. Service providers can come from outside the province, and it was likely that international companies could also get the same opportunities as national companies.

The duration of the contract with the outsourcing labor service provider company lasts for 1 year only. This is because the budget rules are limited to only one year. This rule has become the stipulation of the Yogyakarta provincial government.

Challenge and Opportunity

The challenge faced so far as a contracted company is the difference in service quality obtained from each outsourcing company. There are times when they find companies that are less cooperative in terms of discipline. For example, they violated the provisions of the agreement such as late payroll, mismatched facilities provided for workers and incomplete administrative requirements required by the hospital. This makes hospitals more selective in choosing hospital service providers. In addition, the hospital also has the responsibility to carry out the mandate of the regulations regarding the recruitment provisions for outsourced workers. The hospital is responsible for reporting to the provincial government both in terms of funding and implementation reports. Government regulations require the recruitment of outsourced workers if a supporting job is not filled by state civil apparatus (ASN).

It should be noted that supporting staff (not main staff) such as security guards, kitchen workers, janitors, CSSD staff and archivists can only be filled by (ASN) and contract workers. The recruitment of supporting personnel cannot be done by the hospital, this rule is what makes hospitals employ contract workers if the type of supporting work which cannot be filled by ASN. The opportunity that exists if the hospital continues to run the outsourced labor system is a matter of employment renewal opportunities. If there is a deterioration in the quality of labor resources and the quality of the supply company, if the contract expires within one year, the hospital has the opportunity to replace new workers who are considered more qualified. In other words, the hospital may not renew the contract or win the auction for an outsourcing company. The short contract period of 1 year allows the hospital to easily change companies as needed. On the other hand, this may not be beneficial for the workers themselves and the supply companies.

Workers' Rights and Protection

The hospital has the responsibility to ensure that these workers' rights can be fulfilled. In addition, according to the hospital, companies have a very important role in fulfilling their rights because in principle, their rights are the responsibility of the company providing labor services. The hospital only monitors the company to be orderly administratively. For the fulfillment of rights other than salary, health insurance and benefits such as the right to leave and permission are the responsibility of the provider company including for disciplinary matters including attendance and performance. When processing hospital payments to service providers, the hospital asks for evidence such as worker salary slips, proof of receipt of benefits and proof of payment for BPJS employment.

This is to ensure that the provisions required by regulations and laws can be implemented by the employment provider company. Companies that have administrative and technical credibility will be considered in the next auction process. It is possible to re-contract with the hospital. Hospitals have the burden and responsibility in carrying out the mandate of regional regulations and statutory regulations.

In terms of income, hospitals ensure that their salaries are met according to the required Bantul UMK (regional minimum wage), THR (Holiday Allowance) of 1 monthly salary per year and BPJS employment insurance. The hospital provides benefits to outsourced workers in 2 types. The first is the bonuses of around Rp 250,000 which comes from contributions from ASNs. The second is from services Fee (JP) for every 3 months around 250,000.

There is also additional nutrition which is done 3 times a week. In addition, the hospital also provides compensation for contract workers who are sick with a sincere donations system from other workers. For death donations, the hospital is not responsible because it has been included in the BPJS Employment allocation.

For security protection from Covid-19, the hospital prepares special PPE in the form of special clothes, N95 masks, and face shields. Distribution of vitamins is also done every 2 months. Vaccines are also guaranteed by the hospital for outsourcing workers. Currently, all hospital workers have received the vaccine. Protection from Covid-19 is getting more attention because Respira Lung Hospital is an infectious hospital where the risk of contracting is higher than other types of hospitals.

Complaint Handling

Aspirations or complaints can be submitted through the hospital management, or a coordinator from the provider company. For the past 2 years, the relationship with the company has been relatively good because the provider company has performed well and is able to fulfill workers' rights in a timely manner. In each complained matter, the hospital refers to the rules and agreements with the company.

They still do monitoring and evaluation for the continuity of good performance. So far, to deal with administrative problems and other complaints, the hospital has never involved a third party, such as the Ombudsman Institute.

The contacts of workers and employers are held by the provider company. The contract is not held by the hospital. The hospital does not have a copy of the contract agreement letter. The hospital only has a contract between the hospital and the labor provider company. The contents include the agreed contract value for one year covering basic salary, THR, health insurance, uniforms. Then there are technical specifications regarding job descriptions and tasks as well as a loan agreement for the equipment provided by the provider company because the hospital itself does not have a budget for equipment. A labor agreement with a provider company is called a fixed-time work agreement (PWKT).

RESPONDENT 4: MR. MANN, MANAGER OF PT MERAPI ADHIKARYA

"I HOPE THAT IN THE FUTURE, FOR PROJECTS THAT GO THROUGH A TENDER MECHANISM, THE PROJECT VALUE IS OVER 500 MILLION WHICH ARE TENDERED. PROJECTS WITH A VALUE OF 500 MILLION AND BELOW DO NOT NEED TO BE TENDERED, BECAUSE THEY ARE NOT EFFICIENT. TENDERS ARE A WASTE OF TIME. NOT EFFICIENT"

PT Merapi Adhikarya is a company that provides outsourcing workers. Established in 2017 and collaborating with Respira Hospital for 3 years, namely 2018, 2020 and 2021. In 2019 it did not cooperate with Respira Hospital because it lost the tender. The tender for the provision of contracted labor at Respira Hospital is conducted openly every year. For Respira Hospital, PT Merapi Adhikarya provides contract workers for Security, Waiter and Administration jobs.

Challenge and Opportunity

PT Merapi Adhikarya has faced several challenges as an outsourcing company. Such as employees' salaries are pegged first, then after being paid by the service user, the salary bonus is returned to the company. The company also needs to give Holiday Allowance (Tunjangan Hari Raya) each year with the amount of one-month salary. Companies also need to pay insurance premiums for BPJS Health and BPJS Employment for workers, with the size of the workforce paying 1% of the salary while the company pays 2% of the worker's salary. Another obligation of the company is to provide uniform, work equipment and ensure workers' rights must be in accordance with the contract and regulations.

The company has an opportunity to supply contract workers as security, cleaning services, drivers etc. Now, the government opens access through websites, so companies can apply to win a tender offered by the government hospitals. Companies can participate in tenders held by various parties seeking contract workers. Projects worth less than 200 million do not have to go through a contract, while those over 200 million must be through a tender.

Regulations

Contract workers under PT Merapi Adhikarya are protected by the Manpower Law. The logical consequence of this is that the wages refer to the regional minimum wages (UMR). The party that must fulfill the workers' rights in accordance with the Manpower Law is the service user (vendor), in this case the Respira Hospital, in accordance with the contract that both parties have agreed upon. In addition, companies that provide outsourcing workers are the main party in fulfilling workers' rights in

accordance with the Manpower Law. In this case, the company will be audited directly by the inspector. There is an association of outsourcing companies called the association of business entities and security services, while an association for outsourcing workers themselves, until now there is no such thing.

Work Dispute Complaints

Every year workers have a contract with the company. In the contract, there are several articles that regulate if there is a dispute. The work contract is always communicated with the Bantul Regency Manpower Office. So far there has never been a dispute between an agency worker and the company. The contents of the contract between the company and the worker include, among others, the validity period of the work contract, salary, work Standard Operational Procedures (SOP), and Holiday Bonuses (THR). All of these are contained in the work contract between the company and the worker. Meanwhile, for workers who can work under PT Merapi Adhikarya, only for local Indonesians, not for foreign workers.

Recommendation

As a manager of an outsourcing company which is engaged in providing outsourced labor services, Mr. Mann is very hopeful that in the future, for projects that go through a tender mechanism, the project value should be over 500 million which are tendered. Projects with a value of 500 million and below do not need to be tendered, because they are not efficient. Tenders are a waste of time. It is inefficient.

SUMMARY OF RECOMMENDATION AND CONCLUSION:

At the start of the corona pandemic a year ago, afraid of infection everyone was asked to clean our surrounding and every surface we touch. Cleaning and disinfecting became a day to day conversation and important part of the standard operating procedure to minimize the risk. Another conversation was about people who are doing the cleaning work such as the municipal workers and cleaners at hospitals or any buildings. Their contribution is recognized to some extent, but their plight remains the same, precarious employment with low wages and no growth.

Public Health is defined as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO). This is the expected role of each and every one working in the hospital system. The 4 country case studies on Hospital Support Service Workers, specifically on cleaners highlights 3 key issues, poor social protection, health risk and absence of career path. If the wellbeing and equity of these support service providers are abandoned, would they be able to impact public health services, significantly?

Except for Philippines, cleaning services is one of the hospital support service, outsourced to private companies. All 4 countries practice short term sub-contract system and wages are within the minimum wage range, regardless of the workers experience or skills. Only in Malaysia, the job is open to foreign workers. Relatively Malaysia offers better labor protection, yet labor violations are also high.

The intent of this document is to learn from each other and share the findings in several international health forums. The more people talk about and give voice to the plight of the hospital cleaners, high likely government and policy makers will pay attention and provide better incentives and benefits to address the poverty cycle of these workers.

Outlined below, some good practices observed during the study:

- In Indonesia, the workers are provided vitamin supplements and nutritional food 3 days a week. None of the other countries has this unique practice.
- In Laos, all hospital cleaners are vaccinated along with some hospital staffs and general public, as part of the vaccination campaign against Covid. In Malaysia, as a result of the strong campaign by the Hospital Support Workers Union to recognize the cleaners as front liners, Government prioritized the cleaners to receive Covid vaccination. In Philippines too, hospital cleaners were prioritized to receive Covid vaccination along with the other Hospital Staff.
- Malaysian Government provides The Employee Insurance Scheme (EIS), Employment Injury Scheme and the Invalidity Scheme under Social Security program as well as Employee Provident Fund (penchant scheme), for private sector workers including the contract workers. Indonesian Government also offers mandatory health insurance, BPJS, for old age protection, industrial accident, and pension protection. Philippines has public health insurance, PHILHEALTH that can be purchased thru employer or directly, for medical care. In Laos, private sectors can choose either government or private company insurance for their

employees' insurance. The difference, with government scheme, can receive free treatment while the private insurance is on reimbursement basis.

- In Malaysia, workers are entitled to paid annual leave, which depends on the period of employment, paid sick leave confirmed by medical practitioner, maternity leave and public holidays. Laos's labor law has similar policies. In Indonesia, workers' wages are deducted if they take leave, to pay for replacement worker. In Philippines as well, job order workers, not given paid leave.
- All 4 countries have minimum wage law, a form of protection to low income workers. Weekly working hours are minimum 48 hours, generally 6 days' work in a week for all except in Philippines, 35 hours per week with 5 days work. It's 3 shifts work at the hospital compare to Malaysia, generally 2 shifts.
- Written employment contract is also practiced by all 4 states and workers are provided a copy of the work contract, except in Laos.
- All 4 countries allow the hospital workers to form Union and have collective agreement, but none formed one, except in Malaysia. The hospital cleaners have set a precedent in the region by forming and reviving their union. Despite the ongoing union busting, they continue to organize the workers.

Below is the summary of recommendations, to address the inequity faced by the Government Hospital Cleaners:

Table 2: Summary of Recommendation by States.

Issues	Lao PDR	Malaysia	Philippines	Indonesia
Health Care (OSHA)	Ensuring health insurance for all the hospital cleaners is imminent and its application should be well explained.	Adequate training, zero chemical exposure from substances used for cleaning and clinical waste. Safety equipment must be comfortable to wear. Should adequately compensate for the risk workers taking during pandemic.		Ensuring health insurance, adequate holidays, and pension scheme.
Contract Period (Job Security)		Short term contractual practices should be reviewed, reduce middleman, direct employment with government	Longer term job contract and/or permanent government employee status	Short term contractual practices should be reviewed, reduce middleman, direct employment with government
Monitoring & Enforcement		Increase government agencies capacity to monitor and enforce existing policies and		Need to raise awareness on workers' rights. They need to organize and advocate for their

		law to minimize violation of trade union and industrial law by the concessioners & contractors		rights. Workers Union, regional ombudsman should play more role to protect workers' rights.
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Finally, the government and private sectors has obligation to provide better salary and benefits to elevate the hospital cleaners/janitors from poverty. All 4 countries are in the lowest ranking on the national minimum wage (<https://countryeconomy.com/national-minimum-wage>). Malaysia is in 60th, Indonesia 86th, Philippines 97th place. Japan, Taiwan, and Hong Kong are among the highest in the list of 100 countries.

(Last updated 10 May 2021)



Photos of Interviews with Hospital Workers at Siargao Island

Scope of Fact Finding at Government Owned Hospitals:

A. Management of Support Services in the government hospitals:

- The Ministry in charge of the Government Hospitals at Central Level?
- Are the support services centralized and directly managed by this ministry or are they managed at various level within the government e.g. local municipality, district, state
- Are the support services outsourced or privatized? Since when? What are the support services that was outsourced to private companies? Is the tender to outsourcing company limited to local or open to international companies as well? What is the duration of the contract period to these companies?

B. Employment Act/Labour Law

- Are the Support Service Workers protected under the National Employment Act or Labour Law - How are the workers protected under this law e.g. minimum wage, social protection, and other benefits? Please elaborate - Does the Act allow them to form union or association?

C. Scope of Work & Work Contract

- How is "Support Service Workers" in government hospital is defined in your country.
- Please elaborate on the services covered.
- Is there a work contract between the employee and their employer (government or private contractor)? What is the content of the contract (e.g. work hours, minimum wage, duration of contract and other social protection)?
- Is the job only for local workers or are they open to foreigners as well (e.g. refugees, migrant workers @ documented or undocumented)?

D. Rights and Job Security

- Are the workers happy and satisfied with their current contract or employer? If Yes, why and if No, why
- Who are the parties/workers organizations/government agencies/CSOs that they go to when there are labor violations?

E. Occupational Health and Safety

- As part of the global Covid pandemic SOP, are the workers provided with personal protection equipment (PPE) e.g. face masks, sanitizer, hand gloves?
- Does the employer follow the Occupational Health and Safety measures in ensuring the workers are trained in the cleaning services, provide the safety equipment to the workers, and has monitoring mechanism to ensure the measures are followed? - If the workers are infected/sick, would they receive treatment at the hospital they are working, or do they have to use 'out of pocket money' to get treatment?
- As janitors/cleaners, what are the common illness they face? - With the ongoing covid-19 situation, are the workers receiving any special support service e.g. government incentive packages.