GARBAGE CLINICAL INSURANCE
Micro Health Insurance Which Use Garbage as Financial Resources

PART 2
(Economic, research report, replication plan, and interview)

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RESEARCH REPORT
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![Age distribution chart]

2. Gender

![Gender distribution chart]

3. Ethnic

![Ethnic distribution chart]
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5. Occupation

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6. How many relatives living in the house?
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10. Does the government should cover you into BPJS?
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![Organic Waste Per Day Diagram]

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![Inorganic Waste Per Day Diagram]

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18. How long have you been a member of GCI?

19. Are you satisfied with the service of GCI?

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21. Would you mind to give the testimonial towards the garbage collection technical?

![Satisfaction of Collecting Garbage](chart1.png)

VI. ECONOMIC ANALYSIS OF GARBAGE CLINICAL INSURANCE

22. Does the GCI give the achievable charge by storing the garbage?

![Cost According with Garbage Payment](chart2.png)

23. Dose the GCI premium cost is cheap?
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25. Does the GCI reduce the illness severity?
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27. Does the GCI has excellent services?
REPLICATION PLAN

The success with which the GCI model can be replicated is entirely dependent on local context. Community needs have to be aligned with the ability to obtain sufficient revenue from waste to pay for the delivery of quality healthcare. It is the responsibility of the replicating organisation to understand each of these factors and, based on high-quality research, decide whether the GCI model is appropriate for replication in their specific context.

Organisations wishing to replicate GCI outside Indonesia that are interested in furthering the model as a whole are asked to sign a memorandum of understanding (MOU) with GCI. The MOU provides a values oriented framework around which the GCI model is replicated. It also enables the replicating organisation to be part of a GCI network where organisations working on the model both inside and outside Indonesia are able to share successes, failures and new ideas. The MOU also requests that data is provided on a regular basis to the central GCI team, which assists with monitoring and evaluation of the impact of the model globally.

Replication framework

<table>
<thead>
<tr>
<th>Sub-stages</th>
<th>Milestone</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPARATION PHASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Preliminary community research undertaken and results delivered</td>
<td>Demographic data which identifies the target community’s needs and informs the development of the GCI replica in a way that meets them</td>
</tr>
<tr>
<td>1.2</td>
<td>Waste disposal data relevant to the community where the GCI model is being replicated obtained</td>
<td>Data on the volume and composition of waste. Used to build the waste management revenue model</td>
</tr>
<tr>
<td>1.3</td>
<td>Potential waste management partners and waste</td>
<td>Data on prices paid for organic and non-organic waste and fertilisers. Information on costs</td>
</tr>
<tr>
<td>Sub-stages</td>
<td>Milestone</td>
<td>Deliverables</td>
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<tr>
<td></td>
<td>management equipment researched</td>
<td>associated with waste management equipment. Used to build the waste management revenue model</td>
</tr>
<tr>
<td>1.4</td>
<td>Public health data relevant to the community where the GCI model is being replicated obtained</td>
<td>Data on the diseases most prevalent in the target community. Used to support the planning of clinical priorities and inform financial modelling</td>
</tr>
<tr>
<td>1.5</td>
<td>Stakeholders engaged</td>
<td>All relevant local authorities and community groups approached, including youth organisations and health services as well as the target community. All invited to feed into the planning phase</td>
</tr>
<tr>
<td>1.6</td>
<td>All relevant legal approvals and licenses researched</td>
<td>Clear understanding of any legal or licensing requirements for both clinics and waste management</td>
</tr>
<tr>
<td>1.7</td>
<td>Locations for clinics researched and associated costs explored</td>
<td>Projection of costs associated with clinic set-up and sites for potential clinics identified</td>
</tr>
<tr>
<td>1.8</td>
<td>Business plan complete</td>
<td>3 year business plan projecting costs and revenue based on the research data and stakeholder engagement</td>
</tr>
<tr>
<td>1.9</td>
<td>Implementation phase planning complete</td>
<td>Structured project management plan in place for the implementation phase, including plans to recruit GCI volunteers and members</td>
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<tr>
<td>1.10</td>
<td>MOU with central GCI team signed</td>
<td>Structures in place to ensure the commitments outlined in the MOU are met. Plans to collect data</td>
</tr>
<tr>
<td>Sub-stages</td>
<td>Milestone</td>
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<td>regularly and participate in the global GCI network in place.</td>
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**IMPLEMENTATION PHASE**

| 2.1 | Both the clinical and waste management teams in place | • Volunteers recruited with clear descriptions of their role  
• Clear management structure in place |
| 2.2 | Waste management centre established | • Procurement complete  
• Waste management processes in place  
• Waste centre is ready to operate |
| 2.3 | Clinics established | • Procurement complete  
• Clinic ready to accept patients |
| 2.4 | Communications campaign to raise awareness of GCI in the target community launched | High level of awareness and enthusiasm for GCI in the target community |
| 2.5 | Target number of members recruited | Following on from the awareness campaign, a membership recruitment plan is launched and the target number of members recruited |
| 2.6 | Media launch complete | High profile launch, featuring new members sorting their waste and accessing the clinics for the first time |

**DEVELOPMENT PHASE**

<p>| 3.1 | Evaluation of GCI members' satisfaction levels complete | Data indicating satisfaction levels in-hand and used to determine further development of the GCI replica. |</p>
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<td>3.2</td>
<td>Participation in knowledge sharing</td>
<td>Implementing plans to participate in the Global GCI network and using knowledge gained from other GCI replications to further develop GCI in line with local context</td>
</tr>
<tr>
<td>3.3</td>
<td>Data collection</td>
<td>Regular data collection which monitors the social impact and evaluates the success of the programme, identifying ways to improve and develop the programme</td>
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_Replication Strategy_

1. **Direct replication through GCI team owning and running Garbage Clinical Insurance in its own clinics**
   - i. Set up clinic, equipment, facilities, staff
   - ii. Manage Garbage
   - iii. Monitor finances
   - iv. Cover health costs of insured

2. **Direct replication of Garbage Clinical Insurance by GCI Teams as a plug and play in clinics owned and run by other organisations**
   - i. Manage garbage
   - ii. Monitor finances
   - iii. Cover health costs of insured
   - iv. Guidance on access to secondary and tertiary care through additional funds

3. **Garbage Clinical Insurance as an accreditation process managed by GCI Team**
   - i. Monitor trademark use
   - ii. Accreditation process
   - iii. Monitoring process
   - iv. Renewal process
4. Garbage Clinical Insurance is open source, and GCI Team operates as a knowledge hub
   
   i. Incentives to replicators
      1. Awards
      2. Benchmarking
      3. Information sharing
   
   ii. Online asset management platform
CUSTOMER INTERVIEW SUMMARY

1. **Mbok Tuna, a garlic peeler (member of Garbage Clinical Insurane)**

   “I have pain in my legs and waist and also under my chest. My neighbor told me that there is a free health clinic by only bringing trash. I ask for medicine, and I also gather trash from my neighbor’s house.”

2. **Habibah, housewife (member of Garbage Clinical Insurance)**

   “I’m thankful for this programme. I don’t need anything else other than garbage to pay for the medication.”

3. **Yuli, housewife (member of Garbage Clinical Insurance)**

   “There are a lot of poor people in my place, who must borrow money from other people to pay their medical bills. When we can get medical treatment and pay with garbage, we are thankful for this programme. We are proud and moved because by only bringing trash, we get medical treatment.”

4. **Ani Purwanti, housewife (member of Garbage Clinical Insurance)**

   “This rubbish for healthcare programme is very helpful because I have to check-up every 2 weeks. I have hypertension. If I pay with garbage, I don’t spend money, so the program helps my health expenses.”

5. **SitiHasanah(member of Garbage Clinical Insurance)**

   “I’m happy, I just bring my garbage here, the medication is free, and the health check is also free.”

6. **Mohammad Yazid(member of Garbage Clinical Insurance)**

   “I bring one kilo of plastic and paper waste. I’m glad I can pay for my health care with this. I don’t have to pay anything.”
7. **Mahmud, 60 years old (Mahmud, who suffers from arthritis, is one of many members of the KlinikBumiayu in Malang who regularly brings in rubbish in exchange for check-ups and medicine.)**

“I know I can sell my garbage here so I keep it. I used to throw everything onto the street but I have started telling myself that actually the garbage is useful. Before I did not feel well, especially when I had to bend over to pray. But now I can pray normally.”

8. **EfrikoSeptananda,MD (Medical doctor in Garbage Clinical Insurance)**

“Common problems people came in with include high blood pressure, diabetes, runny noses, and gastroenteritis. Most earn between 500,000 and one million Rupiah a month ($44-88) and would struggle to get good medical treatment if the clinic did not provide it in exchange for rubbish.”

9. **Naimah, small merchant (member of Garbage Clinical Insurance)**

“Garbage Clinic in Bumiayu givse much benefit for citizens. Since the garbage clinic opened, I immediately joined. I love being able to give trash for health. Although I’m rarely sick, I still want to give my trash to help other citizens. And I can also take care of the environment.”

10. **SitiFatonah, onion peeler day laborer (member of Garbage Clinical Insurance)**

“Garbage Clinic is something we really need. This clinic is the nearest Health Care Services to our place. With garbage only, we could seek treatment. Instead of just throwing the trash away, it is better we use it to benefit us. The visits from the clinic officers also make us feel appreciated and cared for.”

11. **Siti Fatimah, small merchant (member of Garbage Clinical Insurance)**

“The existence of Garbage Clinic makes me feel happy. Garbage can be used for health. Where there are items being wasted and useless, I feel sad.”

12. **Dandung, garbage collector, (member of Garbage Clinical Insurance)**

“I am glad there is a clinic that can provide service for free by just depositing garbage. I am also ready to help shelter the garbage. So we help each other. Becoming one of the residents here enables me to help the other citizens and garbage clinic.”

13. **Faridah, housewife (member of Garbage Clinical Insurance)**
“This Garbage Clinic is important. If at any time there is a problem, we can get medical treatment. Each consultation (medical check and treatment) is free, whereas before we didn’t dare to get medical check or treatment if we didn’t have money.”

14. **Anisatul Mubarah, Teacher (member of Garbage Clinical Insurance)**

“The existence of Garbage Clinic in Bumiayu is very beneficial for the citizens here in addition the place is nearby, also we can get free health services only with garbage deposit. I hope it can be my small contributions for the environment and health.”

15. **Novi Yunita Sari, (member of Garbage Clinical Insurance)**

“I really feel the benefits of the clinic, and hopefully later this clinic can also accept BPJS patients.”

16. **Sulifah, (member of Garbage Clinical Insurance)**

“At any time I can get to the garbage clinic if I get cold. Don’t let the illness become worse. Getting health guidance from garbage clinic like this is better prevention, and if people become sick and get medical treatment.”

17. **Chairunnisa, housewife (member of Garbage Clinical Insurance)**

“With the existence of this clinic, I’m not worried that it will be difficult to get nearby medical services. What’s more it’s basically for free by simply depositing the garbage.”

18. **Salmah, housewife (member of Garbage Clinical Insurance)**

“This clinic has been helping many citizens. And we just collect garbage on Wednesday and Saturday. Hopefully we can collect the garbage regularly.”

19. **Ngadi, unemployed (member of Garbage Clinical Insurance)**

“I’ve had diabetes for a year. Now, I don’t have to go far for routine control to get medical treatment, which I need every two weeks. With this clinic standing here I have been helped very much. Hope this Garbage Clinic can grow more.”

20. **Wiwik, (member of Garbage Clinical Insurance)**

“I’ve been greatly helped with this clinic. Initially I didn’t believe that it was possible to get medical treatment just by paying with garbage. Knowing that there is clinic, my family has become directly active in collecting garbage at and near our home.”

21. **Yanti, (member of Garbage Clinical Insurance)**

“I’m now not confused whether it is possible to get the medical treatment I need because there is clinic which just charges me in garbage.”
22. Merlita Herbani, MD, M.Biomed (Unisma Faculty of Medicine Lecturer)
   “Garbage Clinical Insurance is a brilliant idea that has come from the mind of a young Muslim man. Hopefully these ideas can be useful for increasing medical justice for all people.”

23. M. Rizal Novianto, MD (UIN Faculty of Medicine Lecturer)
   “GCI is coming from a simple idea but it’s very useful. GCI has not only become a source of health problem solutions, but it also brings environmental solutions. For me, GCI should continue to be developed become so its benefit can reach out wider community. Keep developing!”

24. Awal Muhammad Rezki, (General Manager Indonesia Medika)
   “GCI is not only offering affordable health care solutions, but it also has changed habits of society, which used to just throw away garbage. Now, they harness the value of the garbage.”

25. Enka Nur Ismatika, (Public Health Department’s Staff, Garbage Clinical Insurance)
   “GCI is a fantastic and innovative program for helping increase low-income society welfare. It seems that this company program could become a main government program to boost communities to support their own family health and environment.”

27. Farras Shanda, (Information and Technology Department’s Staff, Garbage Clinical Insurance)
   “I think that the idea about Garbage Insurance Clinic is beyond imagination. Who can imagine that only with garbage the poor can get health insurance—marvelous isn’t it? So eventually when the majority of the population in Indonesia participates in this clinic, I believe waste problems in Indonesia will decrease significantly and community welfare will increase.”

28. Makhyan Jibril Al-Faraby, (Chief of Health Applied Science and Technology Development Department, Garbage Clinical Insurance)
   “GCI is one of the best sociopreneur programs out there. It tackles both health and garbage problems at once, I believe this program will benefit a lot of people in the future.”

29. Vanny Azizah, (Manager of GCI, Health Interconnection Department’s Staff, Garbage Clinical Insurance)
   “GCI is a smart, innovative strategy for solving health care access problems for developing countries in the world.”
30. Yesita Rizky, (Chief of IndoAid Department, Garbage Clinical Insurance)
   “Waste processing and health remain significant problems in Indonesia, and GCI exists to
   overcome that. I believe that this pioneering program has the potential to expand and meet
   the needs of people all around the world.”

31. Mrs. Hasanah
   “Even apparently worthless garbage can be made useful—to pay health expense.
   Alhamdulillah I’m so grateful someone has begun to notice these health problems among
   poor people. Now, the poor can get medical treatment by giving their trash. The public
   benefits.”

32. Ibu Ike
   “Since paying for the services of a doctor or a midwife costs only about 25000 or 30000, this
   clinic offers competitive cost. It is only collecting garbage and giving it to the clinic to pay
   the fee.”

33. Bapak Solikin
   “People can reach the clinic since it’s closer. Besides this raises the prosperity for not paying
   the health cost by money.”

34. Ibu Ike
   “This clinic has many positive effects. People change their negative behavior such as
   throwing the trash away to the stream. This keeps the environment cleaner and reduces water
   pollution. Reduced pollution caused by garbage burning also makes the air fresher. We gather
   the garbage and bring them to the clinic every Saturday.”

35. Ibu Habibah
   “Since the establishment of the clinic, the trash in our living space has been reduced because
   we manage the trash by separating into each type such as organic and inorganic. Trash is
   stored at the clinic, and we throw away that which cannot be reused anymore.”

36. Ibu Hasanah
   “We collect bottles of mineral water from the canal and this prevents it from getting clogged
   as it used to do. Thus no more clogged canal.”

37. Ibu Jumaati
   “We are motivated to collect the garbage in our area. The environment becomes clean and we
   don’t litter as much.”
38. *Ibu Ike*

“The good thing is that we can see our neighbors going to the clinic more often. The ten houses in the neighborhood can see the people in the clinic and talk to them.”

39. *Ibu Habibah*

“We collaborate with our neighbors and manage the trash. We substitute trash as our money in the medical treatment payment.”

40. *Ibu Habibah*

“I know about this from Dr. Gamal and the officer in his clinic. They came to me and gave me a brochure about GCI. Then I became interested in becoming a member. They’ve been on TV; Dr. Gamal has visited us to help promote GCI.”

41. *Ibu Yuliastutik*

“I took my daughter to the Bumiayu clinic and people were distributing a brochure about Garbage Clinical Insurance, which offers free medical treatment through garbage exchange only. I persuaded myself to join at that very moment.”

42. *Bapak Solikin*

“This information was from my neighbors. They were visited by the officer of GCI. Then I checked up there myself.”

43. *Ibu Jumaati*

“Some people came to Tahlilan and informed us about this program. We were persuaded to be a member of the clinic and got the member card.”

44. *Ibu Siti Hasanah*

“This is very helpful for us. We can have medical treatment by free of charge, which we didn’t experience before. Money we receive from work doesn’t cover the health cost so we just stayed at home and consumed improper pills when we were sick. Now it won’t have to be that way anymore.”

45. *Ibu Yuliastutik*

“The doctors are kind and the officers as well. It makes us glad.”

46. *Ibu Ike*

“By giving the garbage we have collected regularly on Saturday we can have free medical treatment twice in a month.”

47. *Ibu Hasanah*
“I go to the clinic whenever I get sick and give the garbage to pay the charge. Even the worthless garbage is useful to pay health expenses. I’m so grateful to anyone noticing the poor health and we can have medical treatment by giving the trash.”

48. *Ibu Siti Hasanah*

“I used to see doctor in Puskesmas Arjowinangun that provided free medical treatment but it was so far. I couldn’t go if nobody could take me there, and public transportation was the only alternative. Now I don’t have to do that anymore.”

49. *Ibu Putiah*

“I used to be examined in a pharmacy around Klenteng area that provided free medical treatment but it was so far and only held the program once a month.”

50. *Ibu Putiah*

“I have been a member of GCI for some time now. I’m really glad to be a part of it. I just pay medical treatment by giving garbage, and I receive appropriate treatment and medications. Another reason is the reachable distance from my house and the fact that the program is held regularly on Saturday.”

51. *Ibu Siti Hasanah*

“I’m glad to see the patient and friendly officers. Furthermore it is close to my house.”

52. *Ny. Rohaniyah (Mrs. Rohaniyah)*

“Good. Good luck to improve health.”

53. *Ny. Endang Sri*

“Good. It helps me to keep the stream clean. It’s really useful for managing the garbage.”

54. *Ny. Siti Fatimah*

“Good. The service is excellent. This program helps us to cope with health problems.”

55. *Ny. Khoirunnisak*

“Insya Allah everything is excellent.”

56. *Tn. Suhartono (Mr. Suhartono)*

“Carry on the clinic!”

57. *Ny. Salma*

“Excellent service. Keep moving forward.”

58. *Tn. Shohib*

“Keep making progress.”
59. Ny. Novi
   “It would be better to keep the clinic open everyday.”

60. Ny. Mariani
   “Excellent service.”

61. Tn. Mashudi
   “Good. It really helps the citizens even when we don’t expect to have health problems.”

62. Ny. Faisatul Maghfiroh
   “Good. Decreasing public problems.”

63. Ny. Suwarni
   “It reduces the financial charge.”

64. Ny. Evi Kusnia
   “Good. I can have health facilities by garbage deposit only.”

65. Ny. Munayah
   “Good in reducing family charge.”

66. Tn. Imam Rofii
   “It is better. Hopefully this can be a good way for both clinic and the people, and I will be a loyal member.”

67. Ny. Aminah
   “It really helps the poor. The surrounding area is cleaner. Keep improving and making it better.”

68. Ny. Suratmi
   “The coaching clinic will be the best to deliver the process of picking up the garbage.”

69. Ny. Maria
   “All is good. It really helps the elders like me who have a problem with long distance walking. The closest clinic is GCI.”

70. Ny. Muna
   “I’m really satisfied.”

71. Ny. Siti Khasanah
   “I’m glad I can stay healthy.”

72. Ny. Lailatul Mufida
   “Hopefully it can last longer and give benefit to the public.”
73. Ny. Juariyah
   “Hopefully it can last longer and give benefit to the poor. I’m really satisfied with the service.”

74. Ny. Fuzimah
   “I expect the clinic will provide obstetric examination.”

75. Ny. Nurhayati
   “Very good. We can have medical facilities close to our home.”

76. Ny. Saudah
   “It would be better if clinic could give service via SMS. This way the doctor doesn’t need to come and visit every patient. Thank you for helping me.”

77. Ny. Suha
   “This is useful for staying healthy.”

78. Ny. Rosita
   “It needs to improve coaching clinic and establish a contraception program. Though so far it has helped my family.”

79. Ny. Lusi Erna Wati
   “All is good.”

80. Ny. Munawaroh
   “The medicines are better and more complete. It would be good in the future to have a female doctor, too.”

   “Good. I come to the clinic whenever I’m sick.”

82. Ny. Suliha
   “My grandmother can have health treatment.”

83. Ny. Naimah
   “This is good but not all people store the garbage to the clinic. Thus the officer need to work harder to taking the garbage from each home.”