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Governing People through Risk Technology: A Case Study of Garbage Clinical Insurance in Malang, Indonesia

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Abstract

Garbage Clinical Insurance (GCI) by Indonesia Medika, offers an innovative program to address the prevalent issues of health, a health access equality. By using garbage as a premium of the insurance scheme, it has served the poor community in Malang with the free health facilities. By elaborating governmentality theory of Foucault as a theoretical framework, this research is aimed to investigate the means used by Indonesia Medika to shape people's behavior through insurance technology. Moreover, this study is also dedicated to contribute to the policy discourse of addressing health access inequality. Using case study as the research design, this research found that Indonesia Medika has produced a risk discourse of insurance technology as government rationality, to govern people. This was implemented through various practices of surveillance, using the body as a target of intervention. Health risk awareness is the targeted conducts upon society, the governed. Despite the wide recognition, both at the national and international level, GCI faced difficulties to approach local government, as the part of their strategic alliance. However, this initiative has been considered as an alternative policy in tackling poverty, by creating a certain condition, which stimulates people to govern themselves according to the end of the state.

Keywords:

governmentality; risk discourse; body intervention; health access inequality; non-state actor.

Introduction

In the developing countries with a large number of population, such as Indonesia, health care service provided by the government becomes one of the commodities that is not accessible to the poor (Hidayat, 2004; Kristiansen, et al., 2006). The social security system, namely Universal Health Coverage, which has been launched recently, opens some opportunities to earners below the poverty line, to gain medical treatment. Hence, to claim that this new system as a panacea for the major health issues in Indonesia is premature, as social and political barriers remain unsolved.

After the transformation of the political system in Indonesia, the role of non-state actors became prominent, including the health sector (Hidayat, 2004; Kristiansen et al., 2006). Indonesia Medika, a non-governmental organization, based in Malang, East Java, Indonesia offers a unique concept to serve vulnerable people with medical treatment, which emphasizes equity, inclusiveness and open accessibility. Garbage Clinical Insurance is employed as the model of this healthcare service. Not only addressing the two prevalence issues of health - health service access, and environment; this system also stimulates and

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motivates the poor people towards healthy behaviors.

Foucault (1977) as cited by Rose et al. (2006) defines the term of governmentality on his 1977 – 1978 course titled, "Security, Territory, and Population" as an activity aimed to undertake such a conduct of individuals throughout their individuals, by positing them under 10 authority of a guide responsible for what they do and for what happens to them. This leads to several further questions that arise when conceiving governmentality: how to govern oneself? How to be governed? How to govern others?

How to become the best governor (Foucault, 1991)? Ettlinger (2011) and Dahlstedt (2009) divided the term of governmentality into govern and mentality, which means to the governance of mentality that guides everyday citizens - subject to act in accordance with societal norms (Ettlinger, 2011; Dean, 2010).

Rose et al. (2006) argues that in the contemporary strategies for go+verning conduct is creating freedom known as a technology of the self. The technology of the self is the effort of individuals to transform themselves voluntarily, in order to pursue a certain state of happiness, purity, wisdom, as a practice of freedom (Ayo, 2012; Ferlie, 2011).

Governing population through shaping people's conduct, is likely to be a policy alternative. It works through health promotion of an autonomous individual, who is responsible to maintain its own wellbeing, not by changing the social and political structures, which impedes the health and wellbeing of the population (Ayo, 2012). By doing this, the state places the burden of society into individual level, yet it does not mean that the society are left behind (Ayo, 2012). This idea of minimum state intervention locates a series of expert knowledge, to form particular subjectivities as part of the guidelines for healthy living to the citizen (Ayo, 2012). In this case, Indonesia Medika through its insurance rationality plays an expert guideline to govern people. How it will influence the community, and contribute to the policy debate, on addressing low health access of the poor. They seem to give promise to influencing people's conduct, proven by the increasing number of its members, and the expanding of the operating areas. Thus, this research is aimed to investigate, how the apparatuses of Indonesia Medika produce such strategies, in driving people's behavior using the theoretical framework of governmentality by Michael Foucault.

Methods

This study used a case study as part of ethnography in qualitative design, through Indonesia Medika. Interview, observation and secondary data collection were the tools used, to obtain data from 35 participants from Indonesia Medika (GCI) Staff, Community (members and non members GCI), local and national government officers, ranging from Government Local Health Agency, Government Local Environmental Body, Government Local Sanitary Agency and Indonesia Ministry of Youth during 1-30 August 2015. Transcript interviews and data were analyzed with Miles and Huberman (1984) methods (Silverman,2010). To address the issue of validity, combining different ways of looking at it (method triangulation) or different findings (data triangulation) (Silverman, 2010) was employed.

Discussion

Governing Through Risk

Risk Discourse through Insurance Technology

Before moving into discussing governing people through risk, it is important to describe the relationship between those concepts; how risk applies to set such strategies in governing people in the modern liberal states. Thus, we have to correlate this with the notion of self-enterprise, by which responsibilities of its being are rendered into themselves. First of all, we have to come to the notion of government rationality, which underpins the strategies used

by the governmentality regime, based on the issues or problems defined by them (Gordon, 1997; Lin, 1996; Lemke, 2010).

This rationality produced through a set of knowledge promoted by the experts to create reality, in such a way thus it becomes thinkable, and practicable (Certoma, 2015; Ayo, 2012). Through this rationality, they shape desire, aspirations, roles, needs, and behavior of people (Certoma, 2015; Ayo, 2012). The exercise of power using its productive, subtle form, makes the process of this knowledge of production possible (Ferlie et al, 2011; Holmes et al, 2002; Certoma, 2015). Thus, Gordon (1997) argues that the whole aspects of modern societies are most likely to be understood, only by reconstructing certain 'techniques of power' or of 'power/ knowledge' which is designed to observe, monitor, shape, and control individual's behaviour.

The neo-liberal government seems to transform risk as a technique of social security provision, to a responsibility assigned to self-governing entities (Erickson, 2005). This rationality comes from the narrative of freedom, entailed by Neo-liberalism, which involves two paradoxical conceptions (Erickson, 2005). Risk which limits freedom need to be predicted through risk assessment based on certain knowledge resulting in such probability thus leads individuals into risk avoidance that constrains their freedom to act freely (Erickson, 2005). Conversely, uncertainty as the product of risk assessment is also a source of freedom, which creates space for imagination, and the production of more useful and precise knowledge of risk (Erickson, 2005). Indeed, as stated by O'Malley in Erickson (2005), the liberal government employs risk and uncertainty, to govern people by such knowledge, in which it gives way to liberal governments to render risk into reality.

The nature of the risk itself, as conceived by the sociocultural perspectives, was drawn from the aspects which have been neglected by the cognitive perspective, the social and cultural contexts, in which risk was understood and negotiated, emerging from such disciplines, such as cultural anthropology, philosophy, sociology, social history, cultural geography and science, and technological studies. The cultural/symbolic perspective direct their attention into these ways, in which notion of risks are used to establish and maintain conceptual boundaries between self and other, with a particular interest in how the human body is used in discourses and practices around risk (Lupton, 1996).

The strong sociocultural perspective largely built upon Foucauldian theory, which emphasizes the importance of identifying the discourses that participate in the construction of notions of realities, meanings, and understandings. There is also a different view on power relations, in which they point out that power relations are always implicated with knowledge, and that no knowledge, therefore, can be said to be neutral (Lupton, 1996) Dean (2010) inspired by Ewald (1999) when defining risk, as nothing, since such things do not exist in reality, therefore, everything can be risk conceive risk as a way, a set of different ways of ordering reality. It is a way of representing events in a certain form, so they might be made governable in particular ways, with particular techniques, and for particular goals. Hence, risk is a form of calculative rationality for governing the conduct of an individual, and population (Dean, 2010). A second preposition of risk: the significance of risk lies not with risk itself, but with what risk gets attached to. The risk is our understanding, which can be investigated from the different modes of risk calculation, also the moral and political technologies within which such calculations are to be found (Dean, 2010).

A risk is assigned to construct certain reality in order to govern population, a core theme promoted by Foucauldian perspective on risk is the formulation of discourses, strategies, and practices around risk, making it a reality (Lupton,

1996; Dean, 2010). Thus, the nature of risk itself is not important, rather risk should be seen as a calculative rationality, which represents the event in a specific form, so they become governable to certain types of action and intervention (Lupton, 1996; Dean, 2010).

The rendered reality as the risk discourse technology was produced based on the context in which this governmentality agenda was designed. Thus, the case of Garbage Clinical Insurance gives the notion of how this process proceeds as follows.

The underlying condition of Indonesia health sector as a whole is health access for the poor; household is low although now that Indonesia government has launched Universal Health Coverage programme through *Badan Pengelola Jaminan Kesehatan* (The Institution of Health Security Management). Of all those household who are subject to this programme, only 30% are covered by this government insurance scheme. Also, the low income of most household in Bumiayu, Malang, hampers this, so that people are not able to access private health care.

> "Given the real condition of Indonesia, where almost half of the low middle-income class, the average earning is lower than US$ 2 and of 18% is only US$1, I analyze the percentage of the total health expenses for such household. Surprisingly, it is only around 2, 3% - 3, 5% in total. Take it for example, if a household has monthly income around US$ 30, so it only covers less than US$2 each month for health. According to this fact, I create this programme, Garbage Clinical Insurance, simply to increase the health expenses of low-income household." (Senior Officer of Indonesia Medika).

Another factor worsening this condition is the lack of health awareness of the society, due to the low educational background and high poverty level.

> "That is the reality! The local people here are more careless; they don't care with this or that. They will get any medical treatment after suffering from the disease but never had any prior preventive attempt. They seem to be afraid of disease, that is why visiting doctor or hospital is avoided, as they are scared of being diagnosed to have some illness, even if it is only to check blood temperature or sort. That is very typical here." (The informal leader of Bumiayu).

Accordance with this economic and social condition of Bumiayu, how Indonesia Medika produces the rationality of risk to render such reality on the basis of insurance technology, so that they can persuade and govern people? "We explain insurance system through GCI, as a health service along with its facilities, such as promotion, preventive, curative and rehabilitation provided to those who collect and submit their disposal or garbage, as the insurance premium. This collecting and submitting garbage were term donating. So by doing this, they are not only helping themselves but also supporting others" (Indonesia Medika Senior staff) The Indonesia Medika is confidence that Garbage Clinical Insurance can address the problems defined above. As stated by the CEO, this program forces people to increase their health expenses and gain more health awareness willingly. They believe 26 that the financial system using garbage as exchange method, breaks the barrier of people getting access to the health services, as this is such disposal resources with no value. "What we want at the very beginning is the financial health system from the society funding, but it is not sourced from their income... Thus, our target is that disposal waste, which is excluded from their earning and transferred to the clinic as a financial health system. Hence, it also helps them by reducing the cost of disposal depot" (Senior Officer of GCI, Indonesia Medika).

Another narrative produced by the Indonesia Medika is persuading people, which is the notion of sharing the burden. As the member of the society who is exposed to the relatively same degree of risk, based on its probability, each individual is rendered to help each other, and share the burden together. It is by involving into this Garbage Clinical Insurance they have served their role as a responsible citizen.

"The term we use is, donate your garbage to help others. This is the way we support other. So they give their garbage, as a mean of saving and preventing an emergency situation, sickness. This 'charity insurance' is also defined as the fund for those who are ill. Thus, we keep donating this garbage, even when we are healthy." (Project officer of Garbage Clinical Insurance).

The society who are not members of Garbage Clinical Insurance (GCI), they are relatively typical to see the risk of being sick. The reason to become reluctant, when it is offered by the insurance scheme is that insurance does not give any direct benefit for its members, as it can be claimed only when the participants are sick or die. This is one of the challenges faced when GCI officers begin to persuade them, by using the rationale of how insurance operates. Thus, the benefit of being an insurance member is perceived.

One of the characteristics of risk in insurance technology is calculable. The insurers' calculation is based on the objective probability of an event, regardless of the action of people; whether it is a goodwill or not, accidents happen at a particular, specific rate. Thus the possibility of such event to occur regardless of who will have that accident is called calculable or predictable (Lupton, 1996; Dean, 2010; Ewald, 1996).

> "Theoretically, although all members give their garbage routinely, yet only around 21% who are predicted to become sick of all. That's based on our research. But some textbook said, it is approximately 10% - 15% of total." (CEO of Indonesia Medika).

There are some key points on how Indonesia Medika renders such reality to govern people into healthy behavior. First, it defines the issues of poverty, lack of health awareness as the main problem of the society in Bumiayu to get health access. Second, clinical garbage insurance is formulated as the intervention to address these issues; as it includes two basic principles: health financing system excluded from the income of society, and preventive efforts to elude the state of sickness as well as share the burden for each other. as the member of the society.

Based on Lupton (1996), Ewald (1996), and Dean (2010), what has been produced by Indonesia Medika as rationality to conduct people's conduct is associated with the term of a moral and political technology of insurance. As a moral technology means that insurance provides a narration of self- entrepreneur, of which individual has to pose the means to prevent, to repair the effects of such misfortune effects, by transforming one's relationship with nature, the God, and the world. Thus, individual has to protect themselves to certain mechanism including insurance scheme. Insurance is political technology which produces an understanding of solidarity as the part of the membership in certain group of individual through which they share the burden (Lupton: 1996; Ewald: 1996; Dean: 2010).

Moreover, the underlying social-economic condition of the society of Bumiayu was exercised by the Indonesia Medika, as the insurance technology or known as insurantial imaginary (Ewald, 1997). The insurantial imaginary is social conditions such as economic, moral, political and juridical, which under the targeted population was located, which provides insurance with its market, the market for security was considered,

as the basis of departure in constructing its form (Ewald, 1997).

The insurance technology of which in this case, is In member perspective, Garbage Clinical Insurance has changed people perspective about risk; it ensures people to act accordingly into certain state of being, a healthy lifestyle.

> "As a human being, we never know if suddenly we get sick, such as catch a cold, headache or sort. So I feel released when joining this programme. It is not far." (54 years old of widow, GCI member, Bumiayu).

Technology of Self

As the notion of contemporary governmentality regime in the realm of Neo-Liberal era, an autonomous individuals are the one who are responsible to watch over their own wellbeing through voluntary risk-avoiding behavior or called as technology of self (Lupton, 1996, Rose, et al, 2006, Ferlie, 2011; Ayo, 2012). Health promotion as part of public health campaign encourages individuals to actively take the role over their own wellbeing, using the image of healthy, and wise citizen, increasingly stimulate and teach individuals to take up insurance against health risk factors (Ayo, 2012). GCI promoting healthy behavior through a series of promotion and preventive programme as the main practices.

> "According to the prominent research, health promotion is acknowledged to have more effect rather than curative or pragmatism. We don't want people to suffer from stroke, and then start curing it. Thus, we need to prevent this at the very beginning or how to decrease its severity. So we focus on health promotion and prevention."(Senior officer of GCI, Indonesia Medika).

GCI persuading people to routinely monitor their health through a series of body check, such as blood pressure, glucose, and so on. The creation of sense of panic, urgent action in order to impede harm is also employed as strategies by Indonesia Medika to build people health awareness.

> "So, there are four techniques to influence people. First, give them benefit which can be gained directly. Second, make them feel afraid. I used to say, Mam, your blood pressure is high, 200, why you don't go to clinic, not donating garbage? Be aware; you can get sick. The third is creating such vulnerable condition so they tend to think about risk in the future that they are part of society who are vulnerable to such damages in the future. The last is minimising the barrier for people to get health access." (Senior officer of Indonesia Medika)

They apply a series of surveillance to monitor people, so they can lead themselves into a particular state of being, healthy behavior. Home care visit, health socialization are some practices implemented by them. As same as diabetic management doing by United States such as the health officers monitor targeted individual through routine body check-up including body weight, stress and level of exercise (Holmer, 2008).

> "There are public education on health knowledge, and home care visit. For example, we have programme for pregnant women, then for the elderly, also for patients with chronic diseases, such as diabetes, hypertension… those diseases can be tackled only by the healthy lifestyle. But if it is too late, we educate them sufficiently through regular home care visit." (Senior Officer of Indonesia Medika)

The member get benefits after they practice the suggestion and advice of GCI exercise program by regular walking, consuming water and so on.

> "I feel healthier, and I am able to sleep tightly" (a patient of stroke, GCI, Indonesia Medika).

This body intervention, which suggests to people to have a routine monitoring over their body, increases the awareness of people, stimulates them to start visiting Indonesia Medika clinic, and become aware of the possibility of chronic diseases, such as diabetes, stroke, and high blood pressure and so on. At least, there are two cases of patients who begin to worry about their blood pressure as it causes diabetes and stroke; thus they routinely check to clinic.

Along with home care visit and public campaign, GCI apparatuses act as a consultant, who do no only give medical treatment to patient, but also moral suggestion or advice regarding their problem, since it is believed this attempt is part of the causes of the diseases.

> "Through home care visit, we understand the problem faced by the members. Basically, some diseases roots from the psychology of people itself. For example, gastritis. To tackle this disease is really simple, just by eating healthy food routinely. But since they have so many problems like thinking about their children education or worrying about children who are placed with the grandparents as they don't have the money to fund it. It then leads to that disease. Fortunately, after a regular home visit, slowly it shows changes." (Indonesia Medika senior officer).

It is called as pastoral power, one of the power exercised by the governmentality regime, to shape people's conduct through a specific knowledge of a subject (Holmes, 2002). These techniques are part of the therapeutic tools used for counseling, personality modification personal development, health education and, of course, psychiatric care (Hindess, 1996 in Holmes, 2002).

The patient feels comfortable with the services, as well as with the attitude and caring offered by the Indonesia Medika. Despite this, there are some patients who compared the services between GCI and government health care services. For them, CGI serves the patients warmly; thus they prefer to go to the clinic rather than to government health care services.

The strategies used by GCI to shape people's conduct through a series of body intervention has affected perception and behavior of people. It is also interesting to know that this GCI programme also drives people to be responsible over the environment sustainability. This is done by the weekly garbage collection of Indonesia Medika staff.

> "I begin to hunt garbage everywhere, including the market hall. My neighbours, they even give me their garbage; so I will be able to keep joining this programme, and get the free access to health facilities." (An old women, a member of GCI, Indonesia Medika, Bumiayu).

Government's Perception: Making an Alliance

Promoting the discourse: Gaining International Recognition

Indonesia Medika with its programme, Garbage Clinical Insurance gains a wide range of appreciation, both at international level and national level. Environmental Sustainability Award, Harvard young entrepreneur and many more. It was fully designed by the Indonesia Medika, as part of their strategies to promote the discourse.

Replication is one of the goals targeted by the Indonesia Medika. For that, they have prepared some strategies that are producing the manual booklet of GCI replication, a series of stages and assistance provided based on the need of each partner. This assistance is divided into four forms: training, consulting, monitoring and developing. As part of this strategies, Indonesia Medika also assigns one

of its division to seriously build a wide range of networking to expand the idea of GCI through replication.

While promoting the discourse using international approach and media coverage brings significant effects to its existence, it is not the case when Indonesia Medika try to approach the local government of Malang.

Government's Perception of Garbage Clinical Insurance: Environmental Agencies

The shifting paradigm of waste management into society centered-approach entails new strategies, where the local government try to build the awareness of the society; so they can involuntarily manage garbage as directed by the government.

> "We concern on the society mindset, how to shape their consciousness of environmental sustainability through education and character building." (Senior officer of Environmental Institution of Malang City).

It is clear now that the government aims to shape the behavior of the society; so they can solve the current problems of garbage. Compared to what the Indonesia Medika seeks to achieve individual healthy behavior, which one of it is the action of treating, garbage has the strong correlation with that of local government. In this sense, we can say that both of the entities serve the ends of the state. Does it mean they make some cooperative alliance to meet the goals?

Although the local government acknowledges the contribution of Indonesia Medika, they tend to be reluctant to actively support this NGO. One issue has occurred, related to the waste management, through which the local government of Malang City had formed a new institution namely; The Waste Bank of Malang. The Waste Bank of Malang built in 2013 is aimed to administer the waste processing, based on the sustainability principle, as stated above; sorting out the garbage, based on its categories then recycle it into new commodities.

The Waste Bank of Malang claims that the idea of Garbage Clinical Insurance was their initiative as Indonesia Medika had been registered and coordinated by this institution before obtaining the Award of Prince Charles.

> "So, this is the chronology. We, the government tries to seriously handle the problem of waste disposal that is why we created The Waste Bank of Malang. From this organization, we can stimulate another initiative of how to utilize garbage, including the innovation of Indonesia Medika. So generally, GCI is the part of the Waste Bank of Malang initiative." (Senior officer of Sanitary Agency of Malang City).

Thus, instead of actively facilitating with their direct support, the local government tend to view Garbage Clinical Insurance initiative as the part of the government empowerment of the society, a process by which the government provides the space for non-state actors to participate in managing public affairs. So it is not necessary for local government to intervene them.

> "It is automatical that we embrace them (Indonesia Medika) as the part of our effort to tackling the waste disposal problem of Malang. We together handle this issue. We respect them, but it does not mean we have to meet them every day, do we?" (Senior officer of Sanitary Agency of Malang City).

Surprisingly, although they appreciate the contribution of Indonesia Medika through GCI in empowering society, as the limited time and resources of the local government, she confessed that the local government has not effectively attempted to reach this institution.

"Actually, we want to adhere to them. But I am confused, whether it is focused on health or environment. The thing is, I don't have time to visit them, although I really want to meet them. I had read the news about them since two years ago, when they got the award from Prince Charles." (Senior officer of Environmental Institution of Malang City).

Government's Perception of Garbage Clinical Insurance: Government Health Agency of Malang City

The new policy of National Social Insurance of Indonesia government, which covers the health financial system of the society has assigned the local governments to implement this. It is the obligation of the local government agency of health to provide the eligible population data of their area to the criteria, a poor household.

> "The beneficiaries of the Health Insurance program now has been integrated into the new policy which replaces it, namely, the Social Security Program through the scheme of the Central Aid Recipients (Bantuan Iuran Penerima Pusat). Of all 106.902 total recipients, 31.975 is from district social insurance, and 24.272 is proposed by this institution." (Senior officer of Government Local Agency of Health).

Compared to the total number of poor population in Malang City, who meets the requirements of the Social Security programmes, it is likely that many of the eligible households are not covered.

Unfortunately, the Local Government Agency of Health is not able to provide the percentage of the gap between those that are eligible but are not registered, and people who have been administered.

By the new programme of Social Security, the government acknowledges the crucial issue of health access, which hampers the society to get sufficiently health care services. In this case, the local government of Malang City faces the difficulties to reach all the eligible citizen to be covered by this scheme. Thus, health services remain barely enjoyed by the deprived community in Malang city. This is also the main reason of Indonesia Medika to create Garbage Clinical Insurance.

Yet, does Indonesia Medika perceive itself as the part of the government effort to address that prevalent issue of health access?

> "In fact, we do help the government to reduce inequality in health access. The government needs participation from non-governmental organization like us (Indonesia Medika – red). Instead of hiring a lot of staff, collaboration with NGO is the better solution." (Senior officer of Indonesia Medika).

Based on the information from the Indonesia Medika staff, they are now formulating a new project to combine GCI program, and the Social Security of the government. By this new project, they will enable members who lack financial capacity to apply at one of the membership schemes of the Social Security program by subsidizing them through the waste collection. By this new approach, the member of GCI will benefit the health facilities completely both the primary care from Indonesia Medika and secondary treatment from the government hospital.

> "That is our goal for the future, to synergize with the government's program (the Social Security program – red). From garbage we got Rp. 10.000 (US$0,75) so we still need Rp. 15.000 (US$1). Takes for example, if one family has five members, so they needRp 125.000 (US$10) per month. That amount is not affordable for most families here. So now we are still considering how to fund the rest of its cost. We still look for the innovation." (Senior officer of Indonesia Medika).

From the findings, some of the members agree with the concept offered by the Indonesia Medika, to share the cost of the government insurance premium. The following comment is the opinion of one of the members who accept the idea of Indonesia Medika as long as it is not too expensive considering their income.

> "They (Indonesia Media – red) used to list our information to be included to the new program in which we have to pay more extra money to cover the rest cost of insurance if the amount of our monthly garbage is not enough. I am okay with that but there has no decision until now. But I hope it is not too high. As you see, this is our work. We can only get enough money temporarily depending on the season." (Member of Indonesia Medika, a Garlic peeler).

While Indonesia Medika runs the GCI programme including its innovation, to elaborate it with the government insurance programme, the Local Government Health Agency of Malang City states that Indonesia Medika is not the part of health policy rather an environmental movement.

> "Regarding the program (GCI-red), I don't really know about that. I have heard about their project from Kick Andy (One of Indonesia TV shows-red). In my opinion, it is not related to the health field. Their purpose is to increase the environment sustainability." (Senior officer of Government Local Agency of Health).

Another senior staff of this government health agency said that he does not know about the existence of Indonesia Medika. However, to answer the second question of government's perception over the GCI programme, I asked their opinion, if GCI has helped the government to solve the problem of health access in Bumiayu, which means that there is still a big gap in the society between the unregistered-eligible household and the existing recipients. Following is the answer.

> "Of course not, it is not like that. It is just only a trend; there is something by which rise up his name (the founder of GCI-red). That is for income, as rubbish can be utilised into cash. So it is more related to environment." (Senior officer of Government Local Agency of Health).

Based on the two different fields of local government agencies: health agency, and environmental institution; they formulate policy to accomplish the prominent issues of health and environment in the Malang city as directed by the central government of Indonesia. While The environmental institution perceives that the society awareness to maintain garbage correctly, as part of their responsibility of the citizen, the health agency of Malang City also emphasize the role of informal leaders in encouraging society to be more active in participating in the government program, the Social Security.

Meanwhile, Indonesia Medika through Garbage Clinical Insurance seeks the same aims, governing people's conduct toward health-related behavior. Although some acknowledgments are received from the local government, Medika Indonesia is likely to face certain difficulties to get involved in the decision making process of the local authority there. According to the information, an attempt to influence policymaker has been initiated far long before they gain international recognition.

> "We went to a health agency office, far before we reach this popularity. It was in the beginning, when we were still building the system. They rejected us at the first time until they gave us a chance to present our program. When I was presenting, he (the senior health officer-red) kept giving signature on some documents. But, two weeks later, we

> got the award from Prince Charles, so the Mayor of Malang City invited me. I remember he (the senior health officer-red) was sitting behind me. Yes, that is life." (Senior staff of Indonesia Medika)

Dean (2010) in relation to these governmentality agencies explains that it can form an alliance as well as conflictual networking amongst them. From this study, it shows that there are similarities in the way governmentalities agencies define the problem, pursuing the aims, it does not lead them to create the collaboration to achieve that goal automatically. Rather, a conflictual relation is found to be the form among these governmentality agencies.

Conclusion

Indonesia Medika strategies to govern people are by producing risk rationality through insurance technology by defining the issues or problems faced by the community, as well as setting the intervention to solve it out. Poverty and lack of health awareness are suggested as the main problems hindering the society from adequate health facilities. Insurance scheme using garbage as premium to access health care is set up as the intervention to address those issues. Second, political and moral technology of insurance become the rationality underpinning Garbage Clinical Insurance of Indonesia Medika. Preventive effort to avoid risk in the future as well as share the burden as part of the citizenship responsibilities are the rationality. Third, in order to build self-awareness through a series of attempt in producing technology of self is addressed using the body as the target of intervention. Home care visit, weekly garbage collection, and pastoral power are the techniques of surveillance to ensure the society manage themselves based on particular healthy living, as suggested by the Indonesia Medika.

The public health discourse in alleviating health care inequality. To achieve this aim, this study investigated how government perceives GCI program and the relation between local government of Malang and Indonesia Medika as governmental agencies serving the end of the state. This leads to an analysis of policy making discourse as mentioned above.

Both local government of Malang and Indonesia Medika are pursuing the same goal as part of their role in serving the end of the state. Empowerment to create responsible citizenship is defined by those agencies as both the goals and cause of the problem of health and environment.

As explained by Dean (2010), the relation of governmental agencies is diverse, ranging from cooperative relationship and conflictual relationship. In this case, conflictual relationship is more profound. Governing people through risk is likely to be effective in transforming people's conduct. This shape and motivates people to govern themselves based on the guideline suggested by the Indonesia Medika. Based on the idea of state minimum state intervention (Ayo, 2012), Indonesia Medika has served as an expert providing knowledge to produce particular subjectivities of society. In regard to improve the insurance coverage of society as part of an attempt to reduce the negative impact of low health care access, it is important to consider the social and political structure of Indonesia which hampers its effectiveness. Utomo et al. (2011) has identified several factors as a challenge to healthcare provision in Indonesia: lack of coverage, lack of quality in delivering the program, lack of sustainability. The new program of Universal Health Coverage by Indonesia government is likely suffering from the same issues as presented by the finding from this study. The impact of the program is far to be benefited by the society.

By using garbage to subsidy the nearly poor society member, Indonesia Medika has extended the chance of National Insurance Coverage. In addition, this program also gives the promise to achieve sustainability from garbage utilization, as the resources which

can be gained relatively easily by the society. Yet, the state should consider the bottom up aspiration to meet the maximum gains where the relation between governmental agencies is conflictual.

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