

## Conference Paper

# Overcoming Funding Issues with Funding Management Innovation of Garbage Clinical Insurance Malang

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## Abstract

This research aims to comprehend a funding management innovation as well as funding source alternative with an insurance model in a sociopreneur organization. The research was done in Garbage Clinical Insurance (GCI), one of the programmes of Indonesia Medika in Malang, which works on micro health insurance, and operates utilizing waste as a payment tool of the premium to get the health treatment. This research is a descriptive qualitative research with a study case approach. The results of the study show that funding sources used by GCI do not only rely on primary income only, but also from public patient income, funding from competitions or CSR, merchandise selling, alms from the administrators, and donations in a form of waste. In the fund management, besides using it for the medical treatment of the patients, the fund is also used to develop the fundraising programme.

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Funding is one of an essential things for every company. After doing investment policy to determine which assets are used in the company, the next step is to make the funding policy. Without a good funding management, a company will not be able to operate. When a company does not have sufficient fund and cannot fund their investment, their efficiency degrades and eventually affect the whole performance (Sartono, 2012:461).

Funding sometimes still becomes one of the primary hurdles to business doers in Indonesia. Usually, a plethora of entrepreneurs, especially sociopreneurs, get difficulties in obtaining their funding source. Besides not having the access to the capital market, another issue that they face is the difficulties in getting loans from the banks. Lerner, Leamon & Hardymon (2012:4) explains the factors that cause entrepreneur companies to undergo conundrums in obtaining funding through banks, which are because of the asymmetrical company information with the fund sources, negative

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earning in the beginning of the establishment, and the unclear vision of the company. According to the data released by Deputy Bidang Pembiayaan Kementerian Koperasi dan UMKM (Department of Cooperatives, Small-Medium Enterprises), from total UMKM (Micro, Small, Medium Enterprises) doers in the first and second cluster spread in Indonesia, 50.7 millions of them are still very vulnerable of funding matters. 70% of them (35.49 million) still do not have the capability and are not bankable, and the rest of them (15.21 million) are capable enough but still are not bankable. Based on that condition, there must be a new innovation in the UMKM funding management which can tune out the monetary difficulties. Rupeika (2014) finds that from the Fokum UKM's data in Latvia, the primary issue faced by the 25% of the UKM is the access to the funding. According to too the data collected, 20% of the UKM get loans or 10% use overdrafts as the funding source, and almost half of the others state that they do not use credits and there are 80% who get loans from private banks. Access to funding is one of the most significant challenges to UKM.

Garbage Clinical Insurance (GCI) is the innovation programmes from Indonesia Media sociopreneur in Malang which works on micro health insurance, using waste as their premium payment method in order to get health treatments holistically. They have been operating since 24<sup>th</sup> of September 2013, and this idea was created by dr. Gamal Albinsaid who is now the CEO of Indonesia Medika. Through Garbage Clinical Insurance, Indonesia Medika wants to solve two big social problems, which are health and waste problems. Through this programme, Indonesia Media hopes that they can motivate the citizens in middle-low economy class to use the wasted resources (waste) as an investment in health. By only paying Rp 10.000,00/month, the insurance clients can enjoy the health treatment holistically. While actually, other health insurance companies offer premiums that are far beyond cheap, as well as the private company made by the government (BPJS), in which the citizens have to purchase at least Rp 25.000/month to get the health treatment. Looking at the cheap premium. GCI is still able to maintain their business until now. With that condition, this research aims to reveal more about the alternative funding source used by Garbage Clinical Insurance and its management.

## 1. RESEARCH METHOD

The research is descriptive qualitative. Qualitative research tries to observe a phenomenon wholly and suitable with the context (holistic-contextual) through the data collection by utilizing the researcher as the key instrument. This type of research is, for

the researcher, a need in order to understand a phenomenon and facts faced based on the research title. The approach used in this research is the case study. A case study is a research directed to collect the data, take the meanings, and obtain the comprehension of the case profoundly (Ghony, 2012:62). There are 3 collection data techniques used, which are observation, interview, and documentation. The location of the research was in Malang, at Jl. Kedawung No. 17 as the headquarter of Indonesia Medika and at Jl. Kyai Parseh Jaya 18B Bumiayu which is the clinic center. This research analyses the data using interactive models starting from the data collection, continued by the reduction of the collected data, data presentation, conclusion, and data verification. Data verification is done by using triangulation method (time, source/subject, and technique).

## 2. RESULTS AND DISCUSSION

### 2.1. Funding Sources

The funding sources used by Garbage Clinical Insurance do not only rely on the primary income of the members' premium payment. It is because the primary income still cannot cover all the operational fee. In making it sufficient, GCI this far has been trying to look for the funding through competitions abroad. The prize from the competition is used to subsidize or donate to GCI's programs. Besides, there are other funding sources to subsidize the programs, like the alms from Indonesia Medika's CEO, merchandise selling, and waste donation.

### 2.2. Waste Premium

Based on the research findings, the funding source used by Garbage Clinical Insurance comes from the entrepreneurship program created by them called as the waste insurance. There are three types of the program offered to the members with different premium value each. Those premiums are not paid by the GCI members with money, but with non-organic waste. For instance, Aqua glasses, clear bottles, colored bottles, cards, HVS paper, milk cards, cans, iron, and so on and so forth. Very non-organic waste has their different values, ranging from Rp 2.500,00 to as high as Rp 10.000,00 per kilogram. The waste will be taken by the waste management team every Wednesday and Saturday using a cart to every GCI member's house. From the collected waste, the

management team will categorize the waste, and sell them to those waste collectors who have made agreements with Indonesia Medika.

So far, from all of the 203 members of GCI, every month GCI can have approximately Rp 300.000,00 as the result of the waste selling. This amount depends on the amount and the types of the waste collected from the members. With this condition, the average GCI members still cannot reach the premium price that they have to pay. This is also caused by the majority of the middle-low citizens who have low consumption rate. It affects the waste amount of the members. However, GCI realizes this condition and does not push the members to consume more or to be scavengers in order to achieve their premium payment. Even so, those GCI members have their own initiative acts to add the amount of the waste to be turned in. For example, Ibu Munah who works as a cook in the neighbors' houses. Usually, she finds non-organic waste as she walks back home. She picks up these wastes. This is done to increase the amount of the waste to pay her premium [14]. GCI is still very flexible in terms of the premium payment. For the members who cannot pay all of the premia, there is no punishment for them at all. The members are able to enjoy the health insurance treatments well from GCI.

### 2.3. The Income from Public Patient Service

One of the sources of GCI is the clinic activities which is the income from the public patients. This is in line with the opinion of Nainggolan (2012:3) that a non-profit company has one/more funding sources that can be used, and one of them is the direct commercial fund. The direct commercial fund is the funding source obtained when a company commercializes its activities.

In this, besides serving the GCI members, the clinic in Bumiayu also offers a health service for their public patients. According to the results of the observation and the findings, this clinic operates from Monday to Saturday, from 16.00-20.00 WIB. It is handled by dr. Abdul Malik Setyawan on Monday, Wednesday, and Friday, and also dr. Awana on Tuesday, Thursday, and Saturday. The clinic provides various health treatments with not so expensive prices ranging from Rp 7.500,00 to Rp 450.000,00. They offer full-body examination, blood sugar checking, cholesterol checking, contraception injections, and circumcision.

The facilities given in the clinic in Bumiayu are relatively the same as what other clinics also do. However, there are other additional things that are rarely found in other public clinics, such as homecare (where the doctor comes to the patients' houses and consultation service through SMS. For the medicines, GCI does not differentiate

between the public patients with the GCI members. All GCI members are given good quality medicines as well.

From the funding, the income from the public patient's service is very helpful in subsidizing the GCI members' health payment. It is because the income from the public patients is higher than the income from the waste insurance. Thus far, the company imposes the partial subsidy from the income of the public patients when the fund is not enough to cover all of the fee needed.

## 2.4. Fundraising

So far, GCI is accustomed to looking for the funding source through competitions. Indonesia Medika has a team called International Development which works on the fundraising team for Indonesia Medika and GCI. International Development team will search for the opportunities in competitions, awards, and also Corporate Social Responsibility (CSR). The team will take part in competitions/awards related to the theme or projects in Indonesia Medika. Every month, this International Development has a target to propose 15 of their proposals, especially in international competitions. From the initial, International Development has been accepted by more than 10 competitions or awards. Those include Queensland of Australia Queensland of Australia, Cambridge University Inggris, Ministry of Youth and Sports, Ministry of Health, and such. This fundraising activity by Indonesia Medika is in line with Haryati (2016:121) that one of the funding sources in sociopreneur can come from social funds. Social funds are the funds obtained freely. The fund can be in the form of the proposal-based grant, awards from competitions, programs from BUMN, private companies, and so on. It is also supported by Wanti (2009:1) which states that the funding source in sociopreneur does not only rely on the profit, but also from other fundings such as the public, government, projects with other companies, or through special enterprise units. Fundraising in Indonesia Medika comes from 2 activities which are competitions and CSR.

## 2.5. Competition

Indonesia Medika has participated in several competitions, from idea/innovation competitions to development program competitions or entrepreneurship. In winning this competition, the prize does not have to be used specifically for something. But, Indonesia Medika has a policy regarding the prize won from the pure competitions. The policy says that the 10% of the prize is used for GCI program. For instance, in winning a

competition in America, 10% of the prize of Rp 30.000.000,00 will be allocated to subsidize GCI program (approx.. Rp 3.000.000,00)

GCI also has participated in competition programs or entrepreneurship. In the program competition, the committees usually have their own rules and regulations about the prize. It can be a project development, company development, and so on. In the prize allocation of program competitions, Indonesia Medika allocates all of the prizes for Indonesia Medika per se. For example, in 2016, Indonesia Medika won the second place with GCI program in Japanese Award for Most Innovative Development Project awards. Another achievement is like the one held by Asian Development Bank (ADB). The funding came from the competition prize was allocated to cover the fee needed by GCI for a year. They were used to develop the program, the execution of the program, project officer fee, doctors fee, clinic administration fee, and GCI operational fee. Thus, while GCI is still in the process of sustaining their business, those funding sources are used to subsidize GCI.

## 2.6. CSR

In the funding from CSR, Rupeika & Apoga (2014) in their research says that there are several other funding alternatives that can be used by UMKM besides loans from banks like business Angels, Venture Capital Funds, Government's Programs, as well as seed funding. There are also public instruments for the UMKM to cover their needs such as loans from individuals, microloans, export guarantee, and many more.

GCI this far has been focusing on several International Companies which give their CSR in a form of competitions. For example, pharmacy companies Boehringer Ingelheim from Germany who held a competition called Asoka Foundation with a theme of "Competition to find Business Models that Transform Health System". Indonesia won the competition, and the prize was allocated to establish a permanent clinic of GCI in different locations.

Many times, the prizes from the competition are not in a form of money, but there are other non-financial prizes. It may include training, seminars, tutors, and broad networks. These non-financial prizes help the company to always grow and develop to be better not only financially but also from the side of its management, system, and business.

While also there are some forms of CSR from companies in Indonesia. Some gave opportunities to GCI to form co-operation. In 2013-2014, Indonesia with BSMI, and several public doctors co-operated in providing medical facilities. Other collaborations

made by GCI is the establishment of Syariah-based credit program with BNI Syariah in 2015-2016. In 2017, Indonesia Medika joins a collaboration with BPJS to integrate the health insurance with waste and BPJS program. With this joint collaboration program, the members are able to enjoy the health treatment from BPJS (3<sup>rd</sup> class) as well as the health insurance until further stages (the reference to a hospital/specialist doctors).

Until now, the collaborations with those companies/communities have the different range of time. It could be 6 months, 1 year, 2 years, according to its conditions. Nevertheless, the company seeks some ways, such as through relations with various parties so that the company can develop GCI to be better. GCI also forms replication offers. Indonesia Medika opens the opportunity for any organizations in Indonesia to replicate GCI program. The proposals of replication have been spread and received many positive responses from parties like governments, privates, and individuals. There are already some who act it out. In the clinic replication, Indonesia Medika also offers side-programs in the making of GCI. A team from Indonesia Medika will help the process of preparation, socialization until the clinic operates. Besides, the Indonesia Medika Team will advise until the clinic is established.

## 2.7. Alms from Indonesia Medika's CEO

Alms in Islam is depicted as a part of someone's property who is given to strive in Allah's way for the community's good. Based on the research, it was found that the CEO of Indonesia Medika, dr. Gamal Albinsaid does not work/get his income from the clinic. But, he is working his other business that he develops outside his clinics, and the income he gets is allocated some to support his clinic or alms for the foundation.

This is in line with Nainggolan (2012) who explains that sometimes in non-profit foundations, the business is funded by the founder's personal wealth. The used fund cannot be taken aback by the founder. So, the founder has really given the wealth to the non-profit foundation. dr. Gamal Albinsaid as the founder and the CEO of Indonesia Medika has given some of the allocated wealth to support the clinics/foundation and does not expect it to be taken aback. He calls this as infaq (alms in Islam).

In the meeting result of Indonesia Medika Foundation for other permanent donors, the management is still looking for other donors for GCI, and it can come from individuals or companies and also other foundations. On average, the donation given by the donors is temporary. This far, when GCI needs funding for the clinic operational fee and other fees, they will look for it from other sources and competition activities abroad.

## 2.8. Merchandise Selling

GCI has another income, which is from selling merchandise. The merchandise they sell are stickers, T-shirts, jackets, and more. A half of the profit from selling the merchandise is used for GCI programs. Indonesia Medika usually has particular innovations in their business, such as when they see an opportunity, the management decides to sell merchandise like T-shirts and jackets with "Can Survive" embedded. Besides using this as another fund source, the program also has a social purpose where another half of the profit will be used to help cancer survivors.

The funding source used in GCI like this is also stated by Nainggolan (2012) that one of the sources used by a non-profit foundation is from an indirect commercial fund. The indirect commercial fund is the fund when a foundation forms a whole different work unit, which does not correlate directly with the core foundation's activity. This is also done by Indonesia Media by creating particular innovations like selling merchandise where this activity is not correlated with the core activities of GCI's waste insurance. This merchandise selling is achieved when there are certain conditions that appear, for in making the merchandises, Indonesia Medika still employs full-time workers, and they actually have had their own job descriptions. The management team wishes for Indonesia Medika to have their own officers who work in merchandise making in the future, and continuously become the source of funding for GCI's programs.

## 2.9. Waste Donation

Other sources that can be categorized as the funding source in GCI is the waste donation. The donation means the material wealth or non-material wealth given by someone for the community's purpose. GCI endeavors to get some parties into doing this good deeds by giving or donating their waste that has been thrown away into something useful for the community.

GCI hopes that by donating the waste, it can add the waste for the GCI members per se. One of the waste donation that has been received by GCI so far was from Ma Chung University Malang. They gave it to GCI on October 2016 as a form of agreement between GCI and Ma Chung University Malang in the freshmen's orientation day. From that program, Ma Chung University transferred waste in forms of bottles as many as 1 pickup car to GCI for the waste donation. The most recent waste donation received by GCI was from various schools in Malang in the celebration of "National Waste



Awareness Day 2017” held by Indonesia Medika, along with Environmental Offices of Malang, the Ministry of Environment and Forestry, and BPJS.

Thus, it can be concluded that funding source in sociopreneur Indonesia Medika in GCI does not only rely on the income coming from the primary activities, which is waste insurance, but also using other sources like from the public patients, fundraising, alms from the CEO of Indonesia Medika, merchandise selling, and waste donation. It is in line with the opinion of Wanti (2009:1) that sociopreneur funding source does not only rely on the profit obtained, but also from other sources like the donation from the citizens, governments, from joint-cooperation projects with other foundations, and from its own work unit (fundraising).

## 2.10. Funding Management

The variety of the funding source used makes the sociopreneurs have bigger responsibilities to make sure that the fund is managed effectively and efficiently. The monetary management functions as providing and allocating the funding source to guarantee the success of the company’s activities (Nainggolan, 2012:3).

In holding every program/co-operation, Indonesia Medika always starts with planning and researching. Planning and observing are done in every step from the establishment until the evaluation of a program/co-operation’s effectivity. Planning becomes a factor for a company to know what to do next in order to grow well as its own vision. Indonesia Medika has 4 systematic stages in doing GCI program. Starting from the preparation, socialization, the execution, to the advising of the program. Here are more explanations about them.

1. Preparation Stage. Indonesia Medika will do a research regarding the social and health condition of the citizens and waste collection capacity. Furthermore, the management will prepare the human resources as well as the facilities in the health treatment and the waste management.
2. Socialization Stage. After preparing, there will be a socialization with the stakeholders. This is compulsory before executing a program. Socialization will be done as a formal legal in the program execution permission. The stakeholders are the heads of the neighborhood units, the committees of young councils, waste collectors, and so on and so forth. Socialization will also be done to give a clearer explanation to the citizens about the program and the execution of GCI.
3. Program Execution Stage.

4. Waste Managing
5. Curative Health Treatment
6. Promoting and Preventive Health Treatment
7. Rehabilitative Health Treatment
8. In the advising stage, there is monitoring and activity evaluation. The management team will do a research on GCI programs, and this is done to see the effectiveness of the program from time to time.

Based on the findings, GCI has a parameter in managing the usage of funding source. The funding source from the waste insurance premium is for the health treatment fee of the members. This far, the clinic operational fee spends the highest on its curative/medical treatment. In average, each month in 2015-2016, there are 10%-15% of the members who got sick. The waste insurance premium from the members has not been sufficient to cover all the fees. Thus, Indonesia Medika uses other funding sources to subsidize the fees in GCI as long as GCI is not able to sustain the income from its waste premium.

Thenceforth, the income from the public patients is allocated by GCI to fulfill the medicine needs both for the GCI members and the public patients themselves. GCI commits to giving the best treatment, with high-quality medicines. There is no significant difference between the health treatment of the public patients and the GCI members, for they are treated equally with the same facilities and medicines.

Every prize in the competition winning is used differently. The usage will be adjusted to the needs of the company. For instance, when GCI won a competition held by Asia Development Bank (ADB), GCI allocated the prize from that competition for their operational fee for a year. However, for the prize given by Boehringer Ingelheim from Germany, GCI allocated the prize to establish a new clinic.

According to the research findings, the operational fee of GCI every month ranges from Rp 10.000.000,00 to Rp 15.000.000,00. Those are used for GCI project officer fee, doctors fee, administration fee, program execution fee, clinic operational fee, and other medical needs and facilities.

Besides using it to cover the clinic operational fee and the officers' fee, other sources are also utilized by GCI to develop programs. The funding source allocated to develop programs usually comes from the prize of pure competitions (10%). GCI has health treatment promotion, preventive, and rehabilitative programs. The development of the program is very useful for the company. If the promotion, preventive, and rehabilitative

program succeed, it can decrease the number of the members' illness. The examination facility which is usually twice a month can be reduced to only once a month, and the medical treatment fee can also be lessened.

GCI once developed an organic waste management with Taka Kura model. Taka Kura model is one of the organic waste management models using modified trash bins. This organic waste management aims to add the value of the citizens' waste. With this method, the members of GCI are able to create fertilizers out of the organic waste in approximately 1 month, and the fertilizers can be sold with a higher price than Rp 10.000,00 of the premium price. Albeit this program can increase the value of the organic waste of the citizens, as time went by, denials came from the citizens, for the process of making the fertilizers create bad smells in the environment of the members' house. The socialization also became one of the hurdles in developing this program.

After reviewing several considerations, the management decided to divert the organic waste management in Gandaria as its center. The organic waste management in Gandaria uses bigger bins and is done by part-time workers who have good managing skill. However, over time, the management decided to put off the program. This program was considered ineffective to be used as a replication in other areas and consumed a lot of time and resources.

In some certain conditions, companies have fund allocations for their funding activities, especially in competitions. There are allocations for applying into the competition, sending the delegates, researching, and many more. But still, the management team always tries to get the accommodation and anything else covered by the committees.

Besides funding management, funding categorization is one of the important components to be managed in non-profit foundations. The categorization eases the managers of the foundation to understand which one is to be allocated for which. Nainggolan (2012:32) categorizes types of funds in non-profit foundations based on their activities, which are: operational fee, fundraising fee, and the program execution fee.

Nainggolan (2012) argues that ideally, a non-profit foundation operates with a big amount of money allocated for the program fee, and allocate it small for the fundraising and the operational fee. It is suitable with what happens in GCI where a big amount of money is managed by the management team to cover the execution and the development of the program, like the establishment of the clinics, purchasing medical tools, holistic health program development (promotion, preventive, and rehabilitative), and so on and so forth. Thenceforth, the allocation of the fundraising and the operational fee is smaller.

It can be concluded that in GCI, all of the income from the waste premium does not cover all of the needs of GCI which ranges from Rp 10.000.000,00 to Rp 15.000.000,00 per month. GCI will use other funding sources to subsidize the needs of GCI. The sources can come from the public patient service, which GCI allocates it to purchase medicines for both the GCI members and the public patients. Nevertheless, the funding from winning competitions will be allocated differently and will be adjusted with the rules/regulations from the committees and the needs of the company. Besides the medical and clinic operational fee, the funding sources are also used to develop the program and the fundraising activities of the company. From the information above, it can be explained more briefly in the infographics below.

### 3. CONCLUSION AND SUGGESTION

#### 3.1. Conclusion

The primary funding source managed by a sociopreneur organization called Garbage Clinical Insurance (GCI) is using non-organic waste as an insurance premium for their members' health treatment. However, to support the needs and the continuity of it, the management team also looks for other alternative funding sources, such as from the public patient's service, funding from competitions or CSR, merchandise profits, alms from the CEO of Indonesia Medika, and waste donation. The income is also made using other creative social program developments in giving health treatments to the poor citizens in the community.

#### 3.2. Suggestion

In making the financial report, it is advised for Indonesia Medika to be able to implement the usage of the source and the allocation of the fund. This report can help the business to evaluate and forecast the funding source and the allocations in the future so that the decision making and the funding policy can be better. Doing socialization programs through the activities in the community will help broaden the service of the foundation.

## References

- [1] Ghony, M.Djunaidi & Almanshur, Fauzan. 2012. *Metodologi Penelitian Kualitatif*. Jogjakarta:Ar-Ruzz Media
- [2] Haryanti, Dewi Meisari, Sri Rahayu Hijrah Hati, dkk. 2016. *Berani Jadi Wirausahawan Sosial ?*. Jakarta: PT Bank DBS Indonesia
- [3] Indonesia Medika. 2015. *Proposal Pengembangan Klinik Asuransi Sampah*
- [4] Indonesia Medika. 2015. *Proposal Training, Consulting, and Coaching Pengembangan Klinik Asuransi Sampah*
- [5] Lerner, J., Leamon, A., Hardymon, F. 2012. *Venture Capital, Private Equity, and The Financing of Entrepreneurship*. New York: Wiley
- [6] Nainggolan, Pahala. 2012. *Manajemen Keuangan Lembaga Nirlaba*. Jakarta:Yayasan Bina Integrasi Edukasi (YBEI)
- [7] NET TV. 2014. *Indonesia Morning Show, (TV Talkshow)*. Jakarta: Net Mediatama
- [8] NET TV.2016. *Pagi-Pagi, (TV Talkshow)*. Jakarta: Net Mediatama
- [9] Rupeika, R., Apoga. 2014. *Alternative financing of SMEs in the Baltic States: myth or reality?*. *Procedia Social and Behavioral Sciences* 156 (2014): 513 – 517
- [10] Rupeika, R., Apoga. 2014. *Financing in SMEs: Case of the Baltic State*. *Procedia Social and Behavioral Sciences* 150 (2014): 116 – 125
- [11] Sartono, R. Agus. 2012. *Manajemen Keuangan Teori dan Aplikasi Edisi 4*. Yogyakarta: BPFE
- [12] UM. 2010. *Pedoman Penulisan Karya Ilmiah Edisi Kelima*. Malang: Universitas Negeri Malang
- [13] Wanti, Sri S. & Estrely, Martina.2009. *Non Profit Financial Management*
- [14] Yuswantoro. 2017. *Menjaga Lingkungan Dengan Klinik Kesehatan Bermodal Sampah*(Koran Sindo edisi 22-02-2017). Malang: Koran Sindo