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Impact of Micro Health Insurance on the Well-being of Underprivileged Groups in Bangladesh

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Abstract: *Micro Health Insurance has been a very popular means of paving the way for the safety of the health-related issues of low-income group of people in developing countries like Bangladesh. Officially launched in 1997, Grameen Kalyan has introduced Micro Health Insurance to offer low-cost healthcare services to the people. The use of such insurance facility may have an impact on its members' well-being. Hence, this study attempts to investigate the impact of such facility on the members' well-being and to identify constraints of availing such facility. The Capability Approach developed by Nobel Laureate and renowned economist Dr. Amartya Sen (1993) was used as the theoretical underpinning to measure the well-being of the underprivileged groups. Overall, the study findings provided insights that Grameen Kalyan contributed to improving different dimensions of its members' well-being.*

Keywords: *Micro Health Insurance (MHI), Grameen Kalyan (GK), Capability Approach (CA), Bangladesh*

1. Introduction

In recent days, Micro Health Insurance (MHI) has become a very intriguing issue among the developing and under-developed countries of the world. Since health is one of the most concerning issues, the countries are attempting in every possible way to minimize such health-related problems. Out of many possible ways, health insurance has been popular, since this type of insurance provides safety for the health issues of its clients. However, MHI is a type of community-based health insurance mechanism where the policyholder has to pay a comparatively low amount of premium. In case of any health-related issues, the insurer will compensate for the treatment of the insured person.

In Bangladesh, out of many MHI providers, Grameen Kalyan (GK) has been providing affordable health care services to the rural poor in Bangladesh since 1997. As most of the defaulters of Grameen Bank (GB) loans were facing severe health issues in their families, an institution that would focus directly on health-related issues was the most pressing

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need of time. Therefore, GK was established with a focus on prevention as well as early detection of healthcare issues through diagnostic services. GK has already grown to over 54 clinics in rural Bangladesh and is covering over 90% of the members' medical costs. GK offers health insurance plans for a family of six for $1 per month.

GK has introduced MHI to offer low-cost healthcare services to the people. It has been working to make the MHI as an integral part of its primary healthcare services since launching the healthcare program. Under GK, MHI scheme is quite popular as it requires only BDT 200 (USD 2.5) for GB members and BDT 300 (USD 3.75) for Non-GB members for healthcare services; mentionable that anyone can take the annual health insurance policy.

Each health insurance policy covers 6 members in the family. Until the end of 2015, GK had 24,000 micro insurance policyholders. The poor households in the community are allowed to pay MHI premium through quarterly/half yearly instalments. The microinsurance holders of GK enjoy 50% discount on consultation/advice/prescription fees, 30% discount on pathological tests available in GK Health Center, 10% discount on medicines available in the pharmacy in Health Center, 70% discount on monthly blood sugar tests for diabetic patients, quarterly free health check-up at home for 6 family members at free of charge, compensation up to BDT 2,000 (USD 25) for hospitalization.

Though GK has been providing MHI facility for quite a while, it would be an interesting research agenda to investigate what impact GK is having on its members' well-being. Understanding such impacts would enable better performance of the institution, improved insurance service design and delivery, revamping the business model and thought-process for MHI and addressing issues of the overall MHI facility with a specific focus to its contribution as well as existing constraints towards enhancing the members' well-being.

1.1 Objectives of the Study

The core objectives of this study are to identify the impacts of MHI facility of GK on the well-being of its members and to highlight the major constraints creating impediments to fully materialize the MHI facility's potentials to enhance such well-being. In line with the core objectives, the study's research question can be formulated as "What is the impact of GK's MHI facility on the well-being of its members?". However, the idea of well-being covers a wider area and can be explained from many different aspects. This study is based on an established theoretical framework proposed by Sen (1993) and defined well-being within the five pillars of the capability approach of Sen's (1993) theory.

2. Literature Review

MHI is a dynamic type of microinsurance that provides low-cost health insurance based on a community or cooperative model, distinct from the conventional insurance pattern (Dror and Jacquier, 1999). Habib, Perveen and Khuwaja (2016, p. 02) defined MHI as a

kind of micro-insurance, which offers "protection for low-income people against financial risk, in exchange of premium payments, according to the probability and cost of the risk". On the other hand, Shaw and Griffin (1995) stated that micro-insurance is a mechanism to pool both risks and resources of whole groups for providing safety to all the members against the negative financial consequences of mutually determined health risks.

MHI is a form of micro-insurance in which resources are pooled to lessen health risks and provide health care services in full or in part (Funds for NGOs, 2009). Most of the developing and least developed countries are trying to adopt this facility for the people in the low-income group. Already, MHI has covered approximately thirty-six million people worldwide within 2006 (Dror et al., 2009). It has been used in some countries as a way of pooling risk and reducing Out of Pocket (OOP) health expenditure (Habib et al., 2016). In most of the cases, MHI has been found to contribute to the financial security of its beneficiaries, by decreasing OOP health expenditure, health expenditure shocks, household borrowings, total health expenditures and it also had a positive safeguarding effect on household savings, assets, and consumption patterns (Habib et al., 2016).

Literature suggests that around 100 million people are pushed below the poverty line each year by payments for healthcare services (Kawabata, Xu and Carrin, 2002). The Alma-Ata declaration of WHO (1978) promoted "health for all" that indicates equitable access to health services for people around the world, regardless of socio-economic class (Dror and Jacquier, 1999). However, the unaffordability of healthcare costs is now recognized as one of the most pivotal obstacles for access to healthcare services (Peters et al., 2008). Significant evidence from developing countries is found regarding the continuous presence of inequity in health, showing that the rich receive significantly more health benefits than the poor (Iyer, Sen and George, 2007; Mills et al., 2012). In the event of diseases, many low-income households receive sub-optimal service or sacrifice medical care altogether (Malik and Syed, 2012; Dror et al., 2005; Gotsadze, Bennett, Ranson and Gzirishvili, 2005).

Most of the high-income countries depend greatly on government taxation (e.g. United Kingdom) or mandated health insurance (e.g. Germany and France) for healthcare financing (Berkhout and Oostingh, 2008). However, in low-income countries, developing an efficient tax-funded health system is a challenging task due to the lack of a strong tax base and low institutional capacity to efficiently run the tax collection (Carrin, Waelkens and Criel, 2005). Thus, in these countries, MHI may possibly be able to provide financial protection to a substantial proportion of the poor population.

Based on the context of Bangladesh, Hamid, Roberts and Mosley (2011) found that MHI placement has a positive association with health awareness, healthcare utilization and health status of microcredit members in rural areas. Zaman (2012) identified a potential

demand for health insurance and scope for providing such services through the existing wide network of microfinance institutions. Hamid et al. (2011) found that MHI facility can reduce the poverty level of Bangladesh through exerting a positive impact on household income, the stability of household income via food sufficiency and ownership of non-land assets. From a gender perspective, Nanda (1999) found a positive impact of women's participation in finance based programs on the demand for formal health care.

However, based on the literature to date, it is identified that no study has addressed the impact of MHI facility of GK on its members' well-being. Thus, this unique issue has become a clear research gap whose fulfilment would offer sufficient academic and policy level contribution.

3. Research Methodology

The phenomenological interpretive research approach is frequently used to understand human processes within social contexts (Giorgi and Giorgi, 2008; Jensen, 2013). This type of research uses a qualitative methodology in the form of surveys with respondents. For this study, such a form of qualitative research approach was used. A convenience sampling method can be used due to several reasons such as geographical proximity, easy accessibility, availability of the samples at the time of data collection and the willingness of the samples to participate in the research (Trottier and Dörnyei, 2010). As for the sampling design of this study, convenience sampling method was used due to unavailability and unwillingness of the samples at the time of data collection.

Table 01: Research Methodology in a Nutshell

Nature of Research	Qualitative
Research Approach	Phenomenological interpretive research
Population of the Study	24,000+ MHI policyholders of GK
Sample of the Study	MHI policyholders of Singair, Manikganj
Period of the Study	December 21, 2016 – December 28, 2016
Sampling Procedure	Convenience sampling
Sample Number	20 GK's MHI policyholders of Joy Mantap Union Parishad of Singair Upazila of Manikganj district
Source of Data Collection	Survey questionnaire

The population for the study was the total MHI policyholders of GK across Bangladesh, which is more than 24,000. As for the sample, this study is focused mainly on the MHI policyholders of Singair Upazila of Manikganj district. The authors selected the GK's MHI policyholders of Joy Mantap, which is a Union Parishad of Singair Upazila of

Manikganj district. The total number of sample is 20. A structured survey questionnaire was used for capturing the perspectives of respondents within the contextual setting. The questionnaire also included an open-ended question for each of the five dimensions of the Capability Approach to obtain insights regarding the different constraints faced by the MHI policyholders. The study was conducted within the period of December 11, 2016 – December 28, 2016. The findings from the survey were used to investigate the impact of GK's health insurance initiative on the well-being of the underprivileged groups of society. The sample size of this study is comparatively smaller and focused on a specific area. The results were presented using cross-sectional data. These factors may limit the generalizability of the findings.

3.1 Sample of the Study

Singair Upazila has 44,151 households and the total area of 217.38 km. As of the 1991 Bangladesh census, it has a population of 231,628 where males constitute 50.47% of the population, and females constitute 49.53%. The adult population totals at 117,789 and the average literacy rate is 21.1% (7+ years of education). Singair Upazila contains 1 Municipality, 11 Unions, 141 Mauzas/Mahallas, and 236 villages.

Figure-01: Singair Upazila

3.2 Data Collection

The respondents were surveyed at their homes for ensuring their convenience and comfort. At first, the authors briefed the respondents on the research purpose and their right to privacy. After taking their consents, the surveys were conducted which included total 31 close-ended questions with three choices (yes or no or neutral). These questions were presented to them in the form of statements. All these 31 statements were presented under the five instruments of the Capability Approach (CA) where there were 11

statements (P1 – P11) under political freedoms, 6 statements (E1 – E6) under freedom for economic security, 6 statements (O1 – O6) under freedom for social opportunities, 4 statements (T1 – T4) under freedom for transparency guarantees and 4 statements (S1 – S4) under freedom for protective security. The respondents had to select any of the options as his/her choice in the survey. The below-mentioned table summarizes basic characteristics of the interview participants.

Table 02: Respondents' Profile

	Number	Percentage
Gender		
Male	07	35%
Female	13	65%
Age		
15-25 years	03	15%
25-35 years	09	75%
35-45 years	08	40%
Educational Qualification		
No formal education	09	45%
Primary	09	45%
Secondary	02	10%
Higher Secondary	0	0%
Graduation	0	0%
Marital Status		
Married	15	75%
Separated	0	0%
Divorced	0	0%
Widower	01	5%
Unmarried	04	20%
Children		
No child	05	25%
One	02	10%
Two	09	45%
More than two	04	20%
Number of Years Spent as a Member of GK		
Less than 1 year	02	10%
1 – 5 years	05	25%
More than 5 years	13	65%

After the 31 close-ended questions, the respondents were also asked an open-ended question whether they faced any constraint in using the MHI facility. The insights from the open-ended question served the study's research objective aimed at finding constraints and improving the health insurance service of GK.

3.3 Functioning through the Lens of Amartya Sen's Theory

The Capability Approach (CA) developed by Nobel Laureate Economist Dr. Amartya Sen has been incorporated into diverse disciplines and applied in manifold ways. In essence, this approach posits that in measuring the quality of life, one has to consider the various functioning (doings and beings) that make up a person's life. Capabilities, which can be seen as opportunities to function (Kaufman, 2007), can range from elementary to complex, such as from being adequately nourished to actively participating in politics (Stiglitz, Sen and Fitoussi, 2009).

As noted by Stiglitz et al. (2009, p. 42), the CA emphasizes the complementarities between different capabilities:

> *"The foundations of the capability approach, which has strong roots in philosophical notions of social justice, reflect a focus on human ends and on respecting the individual's ability to pursue and realise the goals that he or she values; a rejection of the economic model of individuals acting to maximise their self-interest heedless of relationships and emotions; an emphasis on the complementarities between various capabilities; and a recognition of human diversity, which draws attention to the role played by ethical principles in the design of the "good" society."*

Sen (1993) categorized the freedoms into five distinct categories, which are complementary and essential in developing individuals' and communities' quality of life. These five freedoms are economic freedom, political freedom, social opportunities, protective security and transparency guarantee (Sen, 1993). These five freedoms would form the basis for constitutional principles that should be respected and implemented by the governments of all nations and must be reviewed over time and in different contexts.

Several health economics researchers have applied the CA (Al-Janabi, Flynn and Coast, 2012; Simon et al., 2013; Smith et al., 2012; Bleichrodt and Quiggin, 2013; Ruger, 2010) focused on health justice in their application of this framework. Coast et al. (2016) noted that when the CA has been applied in health economics, the emphasis has been on broad assessment of capability instead of considering health as a utility. The CA has also been conceptualized in healthcare experiences of patients (Entwistle and Watt, 2013; Ryan et al., 2014). Simon et al. (2013) studied the capability domains that are most affected by mental illness. Stephens et al. (2015) concluded that elderly people, aged between 63 and 93, considered capabilities to be of high importance, but the social and material circumstances often limit capabilities. For this study, the CA offers a solid theoretical foundation and an ethical approach to addressing and understanding the impact of MHI

facility of GK on the well-being of its members. The determinants of five freedoms in CA were adapted from Sen (1993) to fit in the context of this research.

4. Results and Findings

In this section, the results from both the close-ended questions and the open-ended question are presented. All these results are described under the five instruments of the CA. The results of each of the instruments are explained with a combination of graphical and descriptive analysis as the results from the close-ended questions are arranged in a column chart format and the results from the open-ended question are described under each instrument. The findings from the close-ended questions are presented in a table format in Appendices in detail. In the statement column, the statements in the questionnaire are given and the specific aspects of CA's freedom referring to each statement are provided in parenthesis.

4.1 Political Freedom

The political freedom has been measured with 11 items (P1 to P11), which are detailed in appendix A. The items P1, P2, P6, P10 and P11 contains a positive response in the 70%-90% range, while rest of the items shows an average positive response of no less than 55%. Overall, figure 02 shows that the results from the political freedoms have a positive impact of MHI facility on the well-being of GK members. However, the positive responses from political freedoms are as a whole less than those of other instruments of CA, for example economic security. On the other hand, the respondents showed concerns about some constraints of MHI facility regarding political freedoms. Particularly, the respondents faced constraints on access to information, constraints on the use of telecommunications, no protection against evictions, constraints to voting, the absence of assessments required to inform policymakers about capabilities and potentials of development.

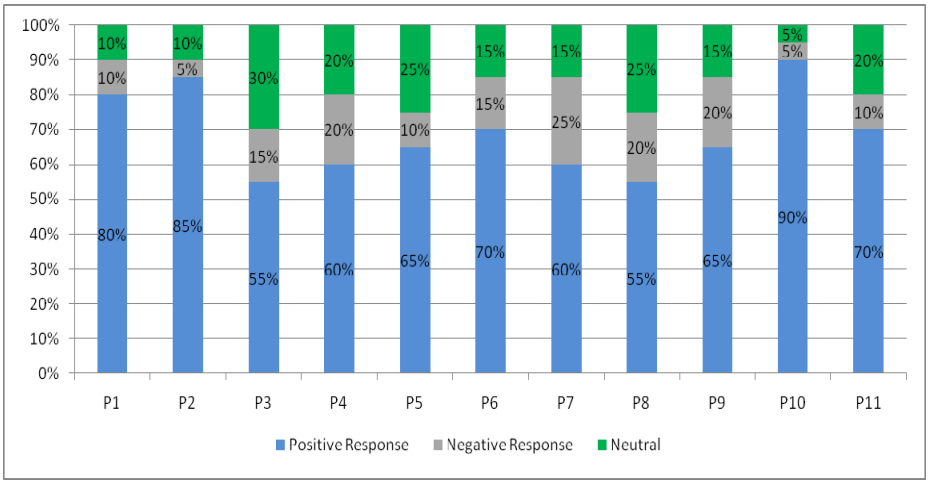

Figure 02: Responses regarding Political Freedoms

4.2 Freedom for Economic Security

Economic security of GK members were measured with six items (E1 to E6) as detailed in Appendix B. All but E5 (55%) received a positive response from over 80% of the respondents. Based on Figure 03, it is found that the respondents' viewpoints regarding the freedom for economic security are positive. However, the positive response regarding the impact of MHI facility of GK on facilitating the ownership of land is much less than other categories of economic security. Besides, the respondents also mentioned no access to urban economies, less access to financial training facilities, no concern for individual disabilities. Some of them also expressed concerns about gender inequality and constraints on shelter settlement.

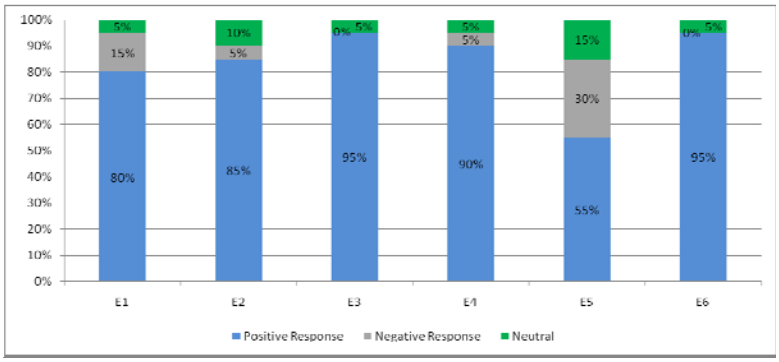

Figure 03: Responses regarding Freedom for Economic Security

4.3 Freedom for Social Opportunities

Overall, respondents provided a high degree of positive responses (above 85% except for O6) to all the six determinants of social opportunities. Though the responses regarding freedom for social opportunities are positive as presented in Figure 04, the positive responses are slightly less than those of freedom for economic security. Moreover, the respondents informed about no significant improvement in school attendance, inaccessibility of policing service in emergency situations, exposure to pollution, constraints to access pure water and instability of dwelling.

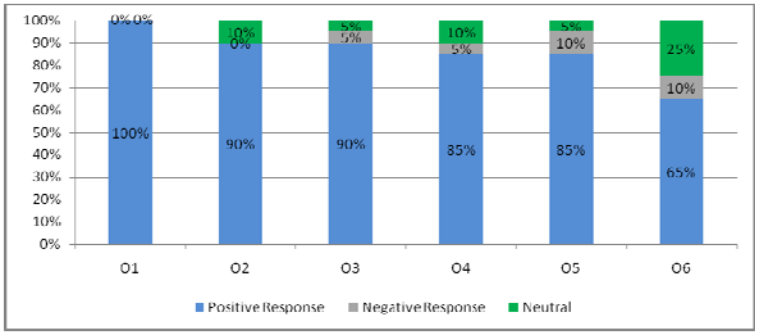

Figure 04: Responses regarding Freedom for Social Opportunities

4.4 Freedom for Transparency Guarantees

Although it is found that the responses regarding freedom for transparency guarantees are mostly positive (above 60% on an average for the four measurement items) as shown in Figure 05, the percentages are comparatively lower than other CA instruments. This indicates that GK should give a significant emphasis on transparency issues. Besides, the respondents also mentioned irregular independent auditing of municipal accounts, no laws on disclosure of potential conflicts of interest and unpublished contracts.

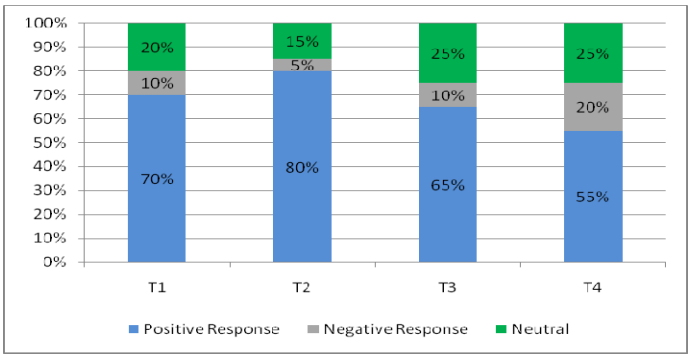

Figure 05: Responses regarding Freedom for Transparency Guarantees

4.5 Freedom of Protective Security

The protective security of GK members has been identified with four items (S1 to S4), which are detailed in appendix E. A fluctuating degree of positive responses are overserved among the four items with the lowest at 60% (S2) and the highest at 90% (S3). Though the respondents were mostly positive regarding freedoms of protective security (figure 06), the magnitude of positivity regarding the aspects of protective security can be perceived as low if contrasted with other instruments of CA. Moreover, the respondents also discussed no access to emergency food, late facilities in emergency situations, less mental support in severe family conflicts.

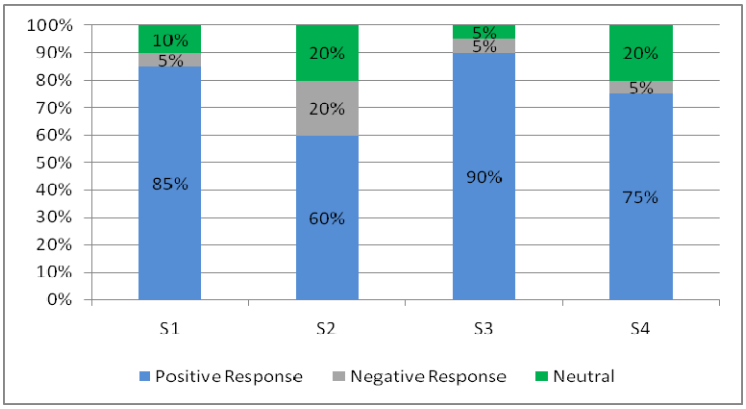

Figure 06: Responses regarding Freedoms of Protective Security

5. Discussion

It can be inferred from the survey results that the members of GK are mostly satisfied with the facility of MHI of GK in Bangladesh. However, the political culture of a country has a significant impact on the health condition of the country (Kazemi et al., 2015). Accordingly, MHI facility of GK encourages forums for free debate that increases the ability to participate in the public discussions and ensures the participation of common people in its schemes. All these positive aspects of MHI facility of GK pave the way for the political freedoms of the members as a form of promoting their rights to health care as recommended by Nordgren (2010).

On the other hand, due to the political pressures on the decision-making practice in the top-level management, GK often fails to ensure protection for the dissenters, to ensure checks and balances between the judiciary, legislature, and executive processes, to support decentralization, provide protection against evictions, and ensure proper access to information. At the same time, the political engagement of the top-level management of GK often leads to politically biased management of its operations, less scrutiny of its authorities and less access to members' voting rights. All these findings call for an urge to plummet the political influence on GK management for its members' betterment.

Healthcare can be considered as one of the most challenging tasks for the policymakers (Roberts and Olson, 2013) since the costs of healthcare services keep on rising at a much higher rate than that of other social goods and services (Van Hoof and Penders, 2013). In their study, Savedoff, de Ferranti, Smith and Fan (2012) found that public healthcare centres are mostly not available in all areas of the country evenly whereas private health services are comparatively costlier and have also been regulated in an inefficient manner though they are funded by the health insurance. MHI facility has reduced the barriers to the purchasing of healthcare services from the market. In addition, it has led to an ever-increasing range of choices and the enhancement of economic freedoms of GK members. Studies of Klasnja and Pratt (2012) and Noordam et al., (2011) regarding micro-health insurance have also offered similar findings for the economic well-being of micro-health insurance policyholders.

The MHI facility of GK is increasing the access to both the labour market and product market by providing protection for the family members through encouraging savings for the economic security of its members. However, it is lacking adequate access to financial training facilities, access to the urban economies, facilitating the ownership of land for individual members. Therefore, GK should focus more on enabling its members' access to urban economies and improve their financial condition through arranging more and more comprehensive training programs as Zhan, Anderson and Scott (2006) has found such training and enhanced access can lead to improved financial conditions.

Any inequality in the healthcare sector provides an indication of severe inequalities in society, resulting in discrimination in access to health services (Marmot, 2011). The study findings suggest that MHI facility of GK ensures basic education, good health, gender equality, women's well-being, and childcare that ultimately increases the social opportunities for the GK members. On the other hand, the members also think that the facility should emphasize increasing awareness on higher education, pollution problem, safe drinking water, and property rights for the women through adequate awareness programs. Pinfold et al (2005) provided evidence in line with the GK members' perception of the potential influence of such awareness programs.

Selecting healthcare services includes identifying several choices and choosing among alternatives based on feasible price and best quality. However, if the information regarding the quality and price of a specific service is not transparent, selecting an alternative becomes difficult and people end up with inefficient choices. Transparency issues in health-related services can be defined from different standpoints, such as between providers and payers, between physicians and consumers as well as within different healthcare organizations. In any of the stated cases, the lack of transparency makes the customer the ultimate sufferer (Reid et al*.,* 2010; Sinaiko and Rosenthal, 2011).

To be benefitted from the transparency matters, it is usually required to have a minimum level of education. Since most of the members of MHI facility of GK in Singair, Manikganj do not have higher educational qualifications to understand about the transparency requirements (Bangladesh Bureau of Statistics, 2011), it is difficult for them to compare among alternatives and understand the perceived value of their chosen option. On the other hand, those who are able to understand the insights of all the available information are not provided with proper disclosure about GK's MHI operations, independent auditing of municipal accounts, and unpublished contracts. Therefore, GK should put more attention to ensure the transparency issues for increasing trustworthiness of all of its members. The study findings of Gaventa and McGee (2013) also provided evidence that increasing transparency can positively influence the trust factor.

In the case of healthcare services, the protective security for the members of MHI facility of GK can be specifically related to the acute diseases. Though the MHI facility of GK provides financial support to the victims of chronic health issues, the policyholders think that emergency health facilities, enabling members for psychological confidence, protection from extreme deprivation, emergency foods, and behavioural support for severe family conflicts are more important for the members than such financial support. In line with the recommendation of Prenzler and Sarre (2008), the respondents believe that such facilities from the MHI in GK will ultimately increase their protective security to a greater extent.

6. Conclusion

Micro Health Insurance (MHI) has been playing a significant role in providing a safety net for the health-related issues of people in developing countries like Bangladesh. The study findings offered conformity to such significance of MHI through evaluating the initiative of Grameen Kalyan (GK) to address health-related issues of the low-income group of people in Bangladesh. Overall, the study results support that MHI facility of GK has a positive impact on the well-being of its members, as investigated through the lens of Capability Approach (CA). However, the study also documented evidence of constraints under each instrument of CA as informed by the member, which require urgent attention. Provided that GK resolves the constraints and expedites the MHI facility to the low-income group of Bangladesh, the underprivileged population can have a better standard of living with equity in healthcare. Further studies may include larger sample size covering different regions of the country. Moreover, there is scope for extending this study's findings through using time series data and using other recognized theoretical models to determine the impact GK on its members' well-being and socioeconomic condition.

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Appendices

Appendix – A: Responses regarding Political Freedoms

Serial No.	Statements regarding Political Freedoms	Positive Response	Negative Response	Neutral
P1	MHI facility of GK arranges forums for public debate about health issues (Forums for free debate)	80%	10%	10%
P2	MHI facility of GK increases its members' ability to participate in public discussions (Ability to participate in public discussions)	85%	5%	10%
P3	MHI facility of GK provides protection for the dissenters (Ability to participate in public discussions)	55%	15%	30%
P4	MHI facility of GK is free from all media politics (Free media)	60%	20%	20%
P5	MHI facility of GK supports political bias-free management (Existence of political parties)	65%	10%	25%
P6	MHI facility of GK supports non-participation of elected bodies in its operations (Elected bodies)	70%	15%	15%
P7	MHI facility of GK facilitates proper scrutiny of its authorities (Facilities to scrutinize authorities)	60%	25%	15%
P8	MHI facility of GK ensures checks and balances between judiciary, legislature and executive processes (Positional arrangements to ensure checks and balances between judiciary, legislature, and executive)	55%	20%	25%
P9	MHI facility of GK supports decentralization (Decentralization)	65%	20%	15%
P10	MHI facility of GK ensures the participation of common men in its schemes (Citizen's participation)	90%	5%	5%
P11	MHI facility of GK ensures institutional arrangements for health related issues (Institutional arrangements)	70%	10%	20%

Appendix – B: Responses regarding Freedom for Economic Security

Serial No.	Statements regarding Freedom for Economic Security	Positive Response	Negative Response	Neutral
E1	MHI facility of GK helps to increase the access to labor market (Open labor market)	80%	15%	5%
E2	MHI facility of GK provides the protection of family members (Protection from bondage)	85%	5%	10%
E3	MHI facility of GK increases the access to product markets (Access to product markets)	95%	0%	5%
E4	MHI facility of GK encourages savings (Saving opportunities)	90%	5%	5%
E5	MHI facility of GK facilitates ownership of land (Title to land)	55%	30%	15%
E6	MHI facility of GK motivates women employment (Freedom for women to seek employment outside home)	95%	0%	5%

Appendix – C: Responses regarding Freedom for Social Opportunities

Serial No.	Statements regarding Freedom for Social Opportunities	Positive Response	Negative Response	Neutral
O1	MHI facility of GK ensures good health (Good health)	100%	0%	0%
O2	MHI facility of GK encourages basic education requirements (Basic education)	90%	0%	10%
O3	MHI facility of GK supports gender equity (Gender equity)	90%	5%	5%
O4	MHI facility of GK enhances women's well-being (Women's well-being)	85%	5%	10%
O5	MHI facility of GK facilitates childcare (Childcare)	85%	10%	5%
O6	MHI facility of GK promotes learning of property rights for women (Property rights for women)	65%	10%	25%

Appendix – D: Responses regarding Freedom for Transparency Guarantees

Serial No.	Statements regarding Freedom for Transparency Guarantees	Positive Response	Negative Response	Neutral
T1	MHI facility of GK encourages corruption-free operations (Absence of corruption)	70%	10%	20%
T2	MHI facility of GK stimulates the learning of justice-seeking mechanism (Mechanism for seeking justice)	80%	5%	15%
T3	MHI facility of GK provides proper disclosure of its operations (Guarantees of disclosures, lucidity, and speed of Judicial decisions)	65%	10%	25%
T4	MHI facility of GK encourages its members to have access to police protection (Access to police protection)	55%	20%	25%

Appendix – E: Responses regarding Freedoms of Protective Security

Serial No.	Statement regarding Freedoms of Protective Security	Positive Response	Negative Response	Neutral
S1	MHI facility of GK provides emergency health facilities (Emergency facilities)	85%	5%	10%
S2	MHI facility of GK provides psychological confidence to its members (Shelters)	60%	20%	20%
S3	MHI facility of GK offers financial support for victims of chronic health issues (Subsidy for victims of famine and disaster)	90%	5%	5%
S4	MHI facility of GK provides protection from extreme deprivation (Arrangements for protection of extreme deprivation)	75%	5%	20%