

Enhancing social inclusion of (ethnic and religious) minorities in public services

What do we know? What we ought to know?

A report of the Socially Inclusive Cities Project from India by the
Institute of Public Health (Bengaluru)



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Strengthening health systems since 2005

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INTRODUCTION

This report is about India-component of a broader collaborative project, ‘Strategic Network on Socially Inclusive Cities’, with the project (rather network) partners in Asia (India, Vietnam), Africa (Uganda, Nigeria) and Europe (United Kingdom). The network focuses on social inclusion of ethnic and religious minorities in a range of public institutions (especially, health, education, police, and governance). The objectives of the network include: (1) review of the state of international research on social inclusion of ethnic and religious minorities; (2) develop interdisciplinary and multiagency learning on social inclusion approaches/strategies; (3) develop research agenda in this area that is most relevant to people from these minority communities; (4) identify useful mechanisms for collaborations for research and practice; and (5) establish links with other relevant networks. The network partners are expected to lead such activities within the respective countries while periodic international meetings are organized for sharing and mutual learning across countries. In India, considering the limited project resources and the vast expanse of the country, we limited the network building aspect of the project to the state of Karnataka. Karnataka is a southern Indian state with a population of about 64 million. However, the scope of the subject matter (review of social inclusion research and developing research agenda) was kept countrywide.

As the project approaches the last quarter of the project cycle, this report captures the project activities and outputs so far. This report (especially, the collective research agenda identified) will now be discussed with relevant stakeholders for further refinement. This report will also be presented to the network partners in India and internationally for their feedback.

METHODS

We used a review of literature and a series of three workshops in order to develop a collective understanding of issues related to social exclusion of ethnic and religious minorities from select public services and chart out major research agenda for the future.

We started off with a scoping review of literature to understand social exclusion of ethnic and religious minorities in India. The objectives of the review were to map literature on who gets excluded, what are the drivers of social exclusion, what is the evidence on policies aimed at their inclusion and any major gaps in the knowledge. Taking into considerations the purpose as well as resource constrains (time, finances), the review was not aimed at producing an exhaustive or authoritative account but to scope the available literature for dominant themes defining social exclusion of these communities, and their experience with policies aimed at their inclusion.

We searched for literature using different combinations of search terms (groups ~ scheduled caste, SC, scheduled tribe, ST, other backward caste, OBC, religion, ethnic, poverty, BPL and minority; policies ~ policy, program, service, scheme, affirmative action, reservation, quota, discrimination; sectors ~ health, medical, education, university, employment, job, government, election, assembly, panchayat; India). We searched select databases (IDEAS-RePEc, JSTOR, World Bank Open Knowledge Repository), journal

archive (Economic and Political Weekly), websites/portals of concerned government and non-government agencies, and used targeted free Internet searches. Annex-1 provides details of the search strategy and outputs. Sourced citations were shortlisted based on their relevance and content: we retained papers analyzing inclusive policies based on primary/secondary data and critical commentaries. We could not get full-text of a few of the short listed abstracts requiring paid subscription. We used Nvivo to organize and code data. We looked for themes that defined the excluded groups, inclusive policies in these sectors, impact of these policies, and major issues (design, implementation) with regard to these policies.

The findings of the review were used as one of the inputs for a series of three workshops engaging people from varied disciplines/roles the subject. Considering the resource constraints, these workshops were framed as half-day meetings of researchers, practitioners and policy makers from Karnataka who were engaged and/or interested in social exclusion/inclusion. The first workshop was conducted on May 26 (2017) on the theme of 'social exclusion'. The second workshop was conducted on September 20 (2017) on the theme of 'socially inclusive policies'. The third workshop was conducted on December 13 (2017) on the theme of 'age, gender and migration'. Annex-2 provides a cumulative list of people who participated in these workshops. These workshops were aimed at promoting sharing and mutual learning from participants who represented different backgrounds/sectors as well as an avenue to build a (rather informal) network of these people.

EXCLUDED GROUPS & THE DRIVERS OF EXCLUSION

Minorities

The Indian constitution uses the term without really defining it. Most dictionaries define minorities as groups that are smaller in number: typically smaller than the other groups that make a whole or lesser than half of the whole. Some define minorities irrespective of their size in the population as groups that have lesser power or voice relative to other dominant groups in society. They could also be seen as groups that are different from others in certain characteristics (such as religion, culture, appearance etc.) due to which they face discrimination in society.

For government/official purpose, minorities in India are those who are notified as minorities by minority commissions at national or state level under relevant legislations. The national minority commission has notified Muslims, Christians, Sikhs, Buddhists, Zoroastrians, and Jains as minorities in India. While there is no explicit criteria on defining minorities, the religion and population size, especially with reference to national scenario, seem to be the guiding factors so far. Purely from the perspective of number/size of the groups, as per Census 2011, Sikhs form a majority in Punjab, Muslims in Lakshdweep and Jammu and Kashmir, and Christians in the four northeastern states (Arunachal Pradesh, Mizoram, Meghalaya, Nagaland).

India exhibits huge ethnic diversity. The ethnic lens is not widely used in literature, especially while studying socioeconomic and political issues. The governments in India

have not specifically defined/notified ethnic minorities as the groups that need affirmative actions. However, the several indigenous communities (often referred as tribals, *adivasis*) clearly form ethnic minorities in India. There could be many other groups that might fall into this category, especially when minorities seen as less powerful groups, such as migrants from adjoining countries, internal migrants from northeastern states, or international (especially, African) students.

State-defined groups for affirmative actions

In India, state has recognized certain groups, as having suffered social exclusion and that are the target of affirmative action policies by governments.

‘Scheduled Castes’ (SC) is one such group that recognizes lower caste groups (from Hinduism, Buddhism, Sikhism) that suffered inhuman practice of ‘untouchability’ and caste-based discrimination. They are also referred as dalits. ‘Scheduled Tribes’ (ST) is another category that recognized several indigenous communities that suffered disadvantage due to ‘physical isolation’ living in the forests. Then, there are groups categorized as the ‘Other Backward Class’ (OBC) who suffer social backwardness. Unlike for Scheduled Castes and Scheduled Tribes, there is no objective defining criterion that underlines notification of groups under as the Other Backward Classes. Both the national and state-level governments can notify groups under these categories. Listing of these groups has not been based on any large-scale surveys.¹

Virginius Xaxa² argues that ST have not benefited from affirmative action policies in their own rights but also in comparison to SCs. He argues that this is because ST, unlike SC, are seen as outsiders, and were never a part of the mainstream (linguistic and/or religious) communities, limiting their exposure to and interactions with the prevailing institutional structures and systems. He further argues that the *adivasi* values promote collectivism, something that does not fit with competitive individual spirit needed to take advantage of prevailing state systems (e.g. education, employment). There is as such no strong *adivasis* political identity unlike SC. There are a handful of prominent *adivasi* political leaders at national level. While SC come from different religions, they are a part of the same social mainstream and have generally suffered similar social and cultural oppression bringing them together as a string collective voice. This is not a case with *adivasi* community, who are physically isolated, socially heterogeneous groups with huge intragroup inequalities and lacks a common sociocultural oppression as in case of SC.

There has been documentation of social stratification among Muslims and Christians. Low-caste Hindus converted to Islam and/or Christianity often face social discrimination within these communities. Studies in the last decade reveal that Muslims are not a homogeneous and monolithic community, as they were believed to be. They remain stratified along lines of their origin, conversion from other religions, and other factors often giving rise to caste-like groups. In addition to social stratification, low education levels and physical segregation are other drivers of exclusion.³ However, Dalit Muslims and Dalit Christians have not been classified in Scheduled Caste category.

The India Exclusion Report⁴ articulates major reasons for social exclusion of urban marginalized groups (including but not limited to ethnic and religious minorities) from

primary healthcare. These groups suffer three kinds of vulnerabilities: (1) residential vulnerabilities (residing in locations that are hazardous; expose them to risk of evictions and diseases; and without proper access to water and sanitation), (2) social vulnerabilities (various ascriptional and biological identities), and (3) occupational vulnerabilities (hazardous, seasonal and mostly informal labor; lack of social security). The authors of the report identify two major drivers of social exclusion in urban India. One is institutional bias, where (care) institutions privilege certain groups over others. For example, caste discrimination among healthcare workers or negative attitudes of healthcare providers towards minorities. Second factor is what they call unruly practices, meaning when rules are not followed in a sense that prescribed policies/programs/services are not provided. Examples include inadequate budgets and care provision at primary care centers.

Other groups facing exclusion in urban India

The deliberations during workshops identified several other groups that need to be prioritized for their inclusion in public services.

Migrants to the cities face exclusion from public services due to several factors including lack of official documents to establish legal identity and resident status, linguistic barriers, and lack of social networks. There are different types of migrants in Indian cities such as, migrants who come to cities due to displacements and/or social exclusion in rural areas, migrants who come to cities in search of new and better livelihoods, migrants who come from other states within India, and migrants from other countries. They all face exclusion with some differences in the degree and drivers of exclusion.

People in informal and hazardous occupations such as rag pickers, sweepers, garbage handlers, street vendors, domestic help, construction workers and many factory workers face social exclusion.

Slums are the places where excluded live. In fact, many slum-like areas are yet to be officially recognized as slums. There are families that live in temporary settlements out of slums in public or private lands for years together. Within several groups specified above, women particularly are more vulnerable compared to men. People suffer social exclusion based on their sexual orientation or disabilities they suffer.

Participants suggested that irrespective of the social identities, the presence of social networks play an important role. For example, knowing an elected representative and/or a service provider or simply having relatives/friends who are aware of available services and the rights of excluded groups, has significant positive effect on one's ability to access public services.

Intersectionality: multiple layers of intersecting exclusions

The participants at the workshops discussed the concept of 'intersectionality'. The American civil rights advocate Kimberle Crenshaw⁵ propagated intersectionality theory to denote how multiple identities intersect to form a whole that is different from individual identities. She built this concept from a case of a black African-American woman who sought justice in the court against the employment discrimination she faced.

The court, however, dismissed her case as the employer had employed African-Americans as well as women. The problem was that it's mostly the men among African-American who got employment while it was mainly the white women who got employment. So, in the particular case, the court did not see overlapping race and gender discrimination for African-American women. In the Indian context, there could be several such examples. For an instance, a dalit Muslim woman selling vegetables on the streets and residing in a slum. Here, she is likely to face social exclusion along lines of many of her identities (religion, caste-like social stratification, gender, occupation, and her residence).

Studies show how among the groups officially identified for the affirmative actions in India (i.e. SC, ST, OBC), it is often the men, those residing in urban areas, and those from upper socioeconomic class, get advantages of the affirmative action policies.⁶ In the category of OBC, where there is no agreed upon defining criteria for categorization, it is often those in higher economic class, commonly referred as 'creamy layer', that gets advantages of affirmative action policies. While acknowledging the complexity that comes with considering multiple identities, especially in terms of defining/targeting groups, communicating with policymakers, and implementing affirmative actions for these groups, participants felt the need to move in this direction of considering the multitude of disadvantages.

INCLUSIVE POLICIES

This section briefly outlines various policies that are in place to enhance social inclusion of excluded groups, especially ethnic and religious minorities. It also discusses available evidence on effectiveness of these policies as well as any issues concerning these policies. We have limited our scope to the domains of education, health and governance. We hardly found any empirical studies around police services and so did not consider including in this section. We first discuss these domain-specific policies and later some of the crosscutting strategies used to enhance social inclusion.

Education

There is reservation for SC, ST and OBC for admissions into government funded higher educational institutions. For the central government funded higher education institutions, the reservation quota has been fixed as a percentage of available seats, constituting 7.5% for ST, 15% for SC, and 27% for OBC. These percentages vary across Indian states for the state-funded higher educational institutions. Here, ST include *adivasis* – ethnic minorities in India. Many segments of Muslim population would come under the OBC category.

Apart from these reservations in higher educational institutions, the constitution enables linguistic and religious minorities to establish and administer educational institutions of their choice without discrimination in government aid. These institutions can primarily recruit students from minority community with limited admissions of non-minority community (as specified by respective state governments) to an extent that it does not impact the minority character of the institution.

In the last decade, the Right to Education Act (Right of Children to Free and Compulsory Education Act), 2009, mandated the compulsory provision of free education to children between 6-14 years of age (for class 1 to 8) by governments. The act also mandates private sector schools to reserve 25% of seats in class-1 for children from weaker and disadvantaged sections of communities and teach them free till Class-8. This section includes many ethnic and religious minorities.

The reservations in higher educational institutions have been a subject of controversy and debates for many years. While we found a lot of writings reflecting commentaries and viewpoints, there is limited literature providing empirics on effectiveness of these policies. Studies have used different measures to assess this policy, especially assessing three aspects: (1) does it target right candidates? Who are benefiting from these reservations?; (2) once students get admissions through reserved seats, how well they do academically? Do they get additional support to catch up?; and (3) how do these students fare compared to general category students in terms of timely completion of courses, and getting jobs or wages in the market?

Studies, with a general bias of mainly looking at engineering institutions, show that the reservations have indeed enhanced access of students from intended social groups (SC, ST, OBC and minorities) to higher educational institutions. In fact, the students from SC and ST communities who get admissions on reserved seats were from poorer families and poorer districts compared to general category students.⁷⁻⁹ However, targeting is not as effective when it comes to OBC category.⁶ As mentioned earlier, while groups categorized as OBC do suffer disadvantages, there is lack of a clear rationale for defining OBC category as opposed to SC and ST. OBC category often include groups with varying level of disadvantage and there have been concerns about 'creamy' layer (those relatively wealthy and powerful) capturing much of the reservation benefits. There have been proposals to create sub-quota within OBC category to avoid such elite capture.¹⁰ Because of poor targeting within this category, there is also a high political cost as non-OBC (often rightly) feel more disadvantaged.⁶

The deficit in participation in higher education, defined as a negative difference in proportion of specific groups (e.g. SC, ST) in overall population and their proportion among population currently enrolled in higher education has reduced, especially for SC and is reducing at fast pace for ST.¹¹ While reservations, in general, seem to be helping in enhancing access to higher education for socially disadvantaged groups, a major challenge is to ensure their access to, and completion of school education so that they become eligible for higher education.¹¹ Suresh and Cheeran¹² show that over a period of 50 years, the literacy gap between the ST and the total population has reduced but has not closed. In 1961, the literacy rate among ST was 8.53%, as against the total literacy rate of 28.31%. In 2011, the ST literacy rate increased to 59%, as against the total literacy rate of 74.4%.¹² It is important to note that the gender gap in literacy rate between ST and the overall population, during the said period, reduced at a far lesser degree. The same is true for educational attainments among STs. Available literature clearly points to large gaps in implementation of the Right to Education Act, especially in private sector schools.

Once students secure admissions into higher education institutions on reserved seats, there is generally a slower progression of these students, more so for the students admitted in selective majors (subjects fetching high competition for admissions) in their studies compared to general category students.^{7,8} They find it difficult to ‘catch-up’ as they often do not receive additional support that these institutions are supposed to provide.^{8,13} However, one particular study by Bagde et al⁹, also focusing on engineering institutions, revealed no adverse impact on graduation rates of reserved-category students, even when students opted for selective majors. The University Grants Commission has introduced two schemes to help these students: (1) coaching classes for competitive exams (in 1984); and (2) remedial coaching at undergraduate and postgraduate levels (in 1994). However, the implementation of these schemes remains suboptimal and not all the higher education institutions are implementing these schemes. There is mixed evidence on timely completion of courses and wages earned in their jobs. Robles and Krishna⁷, in their specific study of an elite engineering institution, found that while there was no wage discrimination as such between reserved and non-reserved category students, those among reserved category students getting admitted into more of selective majors end up earning less compared to those preferring less of selective majors. So, while reservations helped students to secure admissions into selective majors, these students earned lesser compared if they had preferred less of selective majors.

Workshop participants pointed out that one of the four main objectives of the Prime Minister’s new 15-point program for minorities, implemented by the national and state minority commissions, is about enhancing opportunities for education of minorities.¹⁴ This includes enhancing equitable access to formal schooling and government schemes (like, Integrated Child Development Services), improving education infrastructure and techniques, and providing scholarships for meritorious students from minority communities. We could not find much empirical literature on functioning and effectiveness of this program. Participants echoed that one of the major issues is lack of adequate efforts in spreading awareness among minority communities about these opportunities/measures available to them.

Health

Indian constitution does not explicitly mention right to health as a fundamental right. However, Indian courts have interpreted right to health as part of the article 21 of the constitution that guarantees right to life and personal liberty.¹⁵ Consequently, there is no legislation that makes right to health a justiciable right. There was a proposal to do so as part of the DRAFT national health policy 2017. However, it was dropped in the final adopted policy. In India, while governments fund and provide (almost) free healthcare services, several barriers exist that do not make these services universally accessible. There exists a huge private sector that provides care on fee-for-service basis.

We could not find policies in health sector that are specifically meant to enhance access of ethnic and religious minorities to healthcare services. However, several programs exist that broadly target people living below the poverty line as well as people living in rural and difficult-to-reach locations. It is well known that these groups also represent much of the ethnic and religious minorities.

The government-funded health insurance and the strategic purchase of services of private care providers for poor are most prominent initiatives in recent times. Central government offers Rashtriya Swasthya Bima Yojana (national health insurance scheme) targeting people living below the poverty line. Several state governments have come up with their own schemes of government-funded health insurance mainly targeting poor and occasionally including other vulnerable communities. These schemes have substantially enhanced insurance coverage among poorer section of society. The Rashtriya Swasthya Bima Yojana now covers over 36.3 million households of the total 59.1 million households living below the poverty line in 15 Indian states.¹⁶ However, there is a long way to go. The National Sample Survey reveals that among the lowest quintile of population (based on average monthly consumption expenditure), the government funded insurance schemes (being the only major source of insurance) covered only 10.1% of rural and 7.7% of urban Indians.¹⁷ Moreover, recent studies point out that the scheme has not made any significant reduction in the incidence and the extent of out-of-pocket payments.^{18–20} These government-funded insurance schemes offer financial protection against hospitalizations but do not cover outpatient services. Studies also reveal that the target (intended) households face social exclusion at various stages (from enrollment to making insurance claims) of availing benefits of the insurance schemes.²¹

There is some evidence that broad reforms aimed at strengthening state health systems could reduce health inequities. Case study of an eastern Indian state (Odisha) shows how a range of health systems strengthening strategies (see BOX-1) helped reduce inequities in maternal and nutritional health outcomes in the state.²²

BOX-1: Health system strengthening strategies in Odisha reduced health inequities²²

- Political commitment (based on evidence and media focus) translating in institutional response (e.g. equity policy, gender cell, intersectional cell)
- Geographic focus on specific districts with high SC, ST population and poor health indicators
- Health service delivery innovations (e.g. incentives for institutional deliveries, use of malaria rapid diagnostic tests)
- Vulnerability mapping and context-based planning at sub-district (block) level
- Incentives to retain clinicians and expand cadre of paramedics
- Government initiated measures for financial protection for health (e.g. Janani Suraksha Yojana; Rashtriya Swasthya Bima Yojana)

This case study indicates importance of developing a specific focus on addressing inequities using a range of strategies. Else, a plethora of schemes and programs might improve the overall health status of population while actually worsening health inequities among sub groups. For example, an assessment of the Integrated Child Welfare Services,

a flagship program of the ministry of women and child development, suggests that while the program led to significant improvements in child immunization rates, the degree of improvement was least in tribal areas (42% to 48%) compared to rural (62% to 73%) and urban areas (74% to 81%).²³ In fact, at times an excessive programmatic focus at cost of ignoring social, cultural and economic dynamics that creates unequal power, fundamental to creating inequities, could indeed lead to inclusion of minorities in public services but on a highly adverse terms – something referred to as adverse incorporation.²⁴ Ethnographic work on the use of ‘underserved’ strategy of polio immunization program targeted at (largely Muslim) communities in last remaining pockets of polio infested rural north India, reveals that these intensive immunization measures were often coercive, and did not address communities’ beliefs about immunization and/or demands of general healthcare services.²⁵ Hence, a limited achievement in terms of better immunization rate was fraught with incidents of vaccine-related polio cases and community mistrust.

The workshop participants deliberated on poor implementation of well-intentioned schemes as an important limitation. For example, an assessment of the Janani Express Yojana (scheme to provide emergency transport for maternity) in a central Indian state (Madhya Pradesh) shows that while the overall utilization of the scheme was limited, its main users included *adivasi* women.²⁶ The scheme reduced the overall money spent by these women on medical transport. However, 30% of women who used the scheme experienced significant transport delays, with an average transportation time (to medical facility) becoming similar to those using public transport.²⁶

Governance

We use the word governance here in a narrow sense. We explored two specific aspects of governance. The first is related to government, one who governs. In a federal democracy of India, the constitution provided for reservation of constituencies (election seats) for SC and ST candidates for local (rural-panchayat/urban-municipality), state, and national level elections. Since, 1994, constitutional amendments provided for reserving 33% of the constituencies in local government elections for women candidates. The second aspect is about the employee of government, who discharge government functions including public service provision. The workshop participants emphasized how social exclusion is also a result of social norms that marginalize certain groups. The public service providers are also part of the same society and they are crucial in realizing implementation of inclusive policies. For this, it is important that members of the excluded communities get representation among this class. The constitution provides for reservations for SC and ST in government jobs in India.

Available evidence suggests that the political reservations for SC, ST and women have positive redistributive impacts. It is associated with reduction in incidence, and to some extent intensity of poverty among these groups (SC, ST, women) as well as among non-targeted poorer (low-income) communities.^{27,28} This positive impact on poverty reduction is more realized in rural compared to urban constituencies.²⁸ Such impact is more pronounced in case of SC and ST reservations compared to reservation for women.²⁷ A study of ST reservations in state assembly reveals similar findings. It also increased

targeted spending on tribal welfare programs.²⁹ Hence, these reservations are not just benefiting SC and ST communities but are in general pro-poor measures.

In contrast to the story of political reservations, there has been much more resistance in implementing reservation in government jobs. Several institutions delayed implementation of reservations. Delhi University specifically resisted reservations in teaching jobs till late 1990s.¹³ Even when eventually implemented, it adopted a different method of implementing reservations than prescribed. It adopted post-based and promotion-based selection unlike going for overall quota across posts. This would mean that it would take years to open up posts for selection/recruitment of ST candidates.¹³ Literature suggests that indirect discrimination against SC and ST candidates continues in higher education institutions. Formation of SC/ST teachers associations has been crucial in bringing these issues to light and pushing for actualizing reservations in jobs.¹³ There have been suggestions to use social and/or discrimination audits as a tool in educational institutions.³⁰

Crosscutting strategies & concerns

Community-led and NGO-led actions

There are several examples of community groups advocating for their rights and/or demands with some success. Often Non Government Organizations (NGOs) play important role in mobilizing community groups and offering guidance in their struggle. The workshop participants deliberated on the role of NGOs in such process. It was acknowledged that NGOs should limit their role to being a facilitator agency and shall remain vigilant that the ‘demands’ to be asked for originate from community groups and community leaders/members should be made the ‘face’ of the movement or struggle. NGOs could, in process, provide support that can range from offering coordination to training inputs. NGOs need to be careful in not letting ‘projects’ and ‘donors’ drive these struggles/movements but keep communities in the center. There have been examples of struggles largely fought by community members organizing themselves without necessarily NGO/s being core part of these initiatives. We will now discuss a few examples of such initiatives that were identified and shared as part of the workshops.

Case Study 1: Securing land rights and rights to collect forest produce by adivasis

Mr. Made Gowda of the Zilla Badakattu Abhivruddhi Sangha (district *adivasi* development group – self organized group of *adivasis*) of Chamaraj Nagar district in Karnataka, shared about their struggle of securing land rights as well as their right to collect forest produce. This *adivasi* community (called, *soligas*) is a forest dwelling community. They inhabit the forests that were declared as ‘reserves’ and ‘protected areas’ governed by the Wildlife Act that puts various restrictions on human activities and human inhabitation within these forests. It was a wildlife sanctuary and a part of it was proposed by government to be declared as a tiger reserve. The later designation would mean that people living within that area would need to be displaced and resettled outside of the tiger reserve. That would also mean that people who have been living for ages in these forests and depend on forest products, would not be allowed to collect those forest products from reserved areas. Considering rights of the *adivasis* who have been living in and depending on forests, the Forests Rights Act was enacted to ensure certain rights to

adivasi communities. However, in practice, often the conflicting spirits of these two legislations rather played out against *adivasis* who faced exclusion from forests that they called their home for ages.

The self-help groups started advocating with district authorities for securing land rights. They got trained about the provisions of the Forests Rights Act and in line with prescribed norms under this legislation, they ensured that their representatives got membership into Forest Rights Act committees at village, sub-district and district levels. They mobilized community members to make applications for land rights and the group representatives lobbied with government officers and elected representatives from their areas. As a result, theirs became a first district to get land rights for many households. The declaration of part of their forests as tiger reserve meant that the people residing in those areas were to be displaced and the collection of non-timber forest produce (like, fruits, plant leaves, resins etc.) by them was to be prohibited. Apart from advocating with officers and elected leaders, community groups held protests against this government proposal. While, they could not stop government declaring it a tiger reserve, the group succeeded in securing community rights for collection of non-timber forest produce. In fact, this tiger reserve became the first in the country where some of the communities secured such right to collection of non-timber products.

Case study 2: Making civic agency accountable to deliver public services

Ms. Kathyayini Chamraj of the CIVIC (community advocacy organization) shared about their experience of demanding accountability from Bruhat Bengaluru Mahanagar Palike (Greater Bengaluru Municipal Corporation) for a range of services related to health, food, education and social security.

(Insert the detailed case study here)

A review of the social accountability initiatives in Asia by the Public Affairs Foundation, specifically focusing on socially marginalized communities, reveals use of specific tools by communities and civil societies including budget analysis, expenditure monitoring, citizen charters, citizen report cards and public advocacy.³¹ The review brings out some of the common lessons across such initiatives (see BOX-2).

BOX-2: Lessons from social accountability initiatives³¹

- State and citizens need not be always on adversarial grounds; citizens' voices and governments' responsiveness could be through partnerships;
- Information (whether through voluntary disclosures by state or contested/generated through NGOs) is crucial and powerful;
- Need for having local champion/s to generate support and participation by community and other stakeholders;
- Need for involving political leaders;
- Need for building capacity of local citizens/organizations in use of social accountability tools

Public interest litigations

In India, courts allowed relaxation in the right to sue, allowing public-spirited individuals or organizations to go to court for the cause of marginalized. These public interest litigations have played key role in enhancing social inclusion of minorities. The judicial actions (at times referred as judicial activism), often resulting from public interest litigations in several areas including access to health, education, food and employment have preceded enabling legislations by government on these issues in the country.

Ms. Kruthika R of the Centre for Law and Policy Research shared their experience of working with specific community groups and/or civil society organizations, supporting their public interest litigation for the cause of minorities. One such example shared was about access to school education. The Right to Education Act mandates that private schools reserves 25% of seats for students from weaker and disadvantaged communities and provide them with free education. A survey had revealed that less than 30% of these reserved seats were actually being used for free education of children from marginalized communities. Now, as a result of litigations, the Supreme Court had exempted schools established as minority educational institutions from such reservations, on the basis that it was a minority educational institution. As mentioned earlier, Indian constitution allows for minority community members to establish and run minority educational institutions without any discrimination in government aid to such institution. However, it was noticed that many other private schools started opting for minority status, and hence also the exemption from the requirement to reserve 25% seats for free education to children from marginalized communities. Meanwhile, the state government in Karnataka passed an order reducing the requirement for minority educational institutions to reserve at least 75% of seats for minority students to maintain minority status down to 25%. This order was challenged through public interest litigation and the court upheld the petitioner demand to reverse the order and maintain high reservation of seats for minority students as a requirement to maintain minority institution status. Minority education institutions later challenged it.

Ms. Kathyayini Chamaraj of the CIVIC shared another example of use of the public interest litigation that challenged the then prevalent definition of school drop-out (out of school for 60 days in academic year) and demanded accountability of state for child education. The court set up a high-powered committee and in turn enhanced accountability of education officers, made school drop-out definition tighter (out of school for 7 days), and set up a protocol to ensure that schools works to ensure zero drop-outs.

Special development plans

Various states use a mechanism to make Scheduled Caste and Scheduled Tribes sub-plans as part of the planning exercise. The Joint Director, department of social welfare, from Karnataka shared about this administrative mechanism in the state to earmark state finances to address regional imbalances and development of SC and ST. In 2013, Karnataka enacted 'Karnataka Scheduled Castes Sub Plan and Tribal Sub Plan (planning, allocation and utilization of financial resources) Act. This legislation provides for earmarking of state plan financial outlays for the SC (17.15% of total budgets) and ST (6.95% of total budgets) in proportion to the population of these groups in the state

population. It also envisages an institutional mechanism for preparation, implementation and monitoring of these sub-plans. These budgets can be operationalized through various departments including education and health specifically to benefit SC and ST communities. However, the officer mentioned that while the funding allocations are being done, there is suboptimal monitoring of how finances are being used and the implementation of the projects with limited or no impact assessments.

Intersectionality: caste, class and gender

One of the criticisms of the reservation policy has been that it focuses on a single identity (being SC or ST or OBC) while people belonging to these groups are not equal in terms of disadvantages they suffer. These disadvantages come from not just a group-level attributes but also some individual-level attributes. As a result, these policies do not benefit them equally. For example, several studies show a gender differential, in that men benefits far more from reservation policies compared to women. Those better off within these groups benefits more than the poorest. In fact, these various axes of disadvantage intersect and create complex and unique forms of exclusion for people within these groups. As argued by Deshpande and Yadav⁶, the caste (socio-religious identity), class (economic) and gender closely intersect in defining outcomes of the reservation in higher education in India. Within each caste/socio-religious group, those in higher economic class do better compared to those in lower economic class. Within each economic class (except for the lowest economic class), those belonging to higher caste do better than those in lower castes. Gender gap (in reservation benefits) is worst, with women lagging behind, in both low economic class and lower caste groups. They makes a proposal for an alternative model of administering reservation policies that considers both, the group-level (class, caste, religion) and individual-level (family background, type of school attended) disadvantages to ensure that affirmative action is more effectively targeted and addresses more than just a singular caste (socio-religious) identity.

Several studies point out that ST have not benefited as much as SC from reservation policies in education, employment and elections. ST have not benefited adequately in their own rights (with ST quota often remaining underutilized) as well as in comparison with SC.² As mentioned earlier in the report, this has likely to do with the relative lack of political identity, geographic fragmentation, and the worldview and value system of *adivasis*. Hence, reservations as policy intervention in isolation can only have a limited impact.

RESEARCH STRATEGY

This section, based on the review of the literature as well as workshop deliberations, proposes some of the major thematic areas where more research is needed. These are rather crosscutting themes across sectors (public services) concerning social exclusion/inclusion of ethnic and religious minorities. There are certain research gaps within areas of specific public services that have been highlighted within earlier section.

Policy Implementation

There have been several policies including legislations, programs, schemes, and administrative measures aimed at enhancing inclusion of ethnic and religious minorities in different public services. However, workshop participants noticed that one of the major weaknesses across sectors is that these policies on paper do not get adequately translated into practice. The reviewed literature also points to the fact that despite persistence of disadvantage among ST and some of the religious minority groups, the affirmative action policies either do not reach intended communities and/or remain poorly utilized (e.g. reservation quota for ST). It is crucial to better understand implementation issues with these policies at different levels that reflect on reach and utilization of these policies. Limited research available on implementation dynamics is largely use quantitative measures (for example, coverage rates of instance schemes). While it is useful, there is need to also understand who (even if smaller proportion) fall through cracks and why, using more of qualitative inquiry (narratives, lived experiences etc.).

Data and information systems

Empirics on nature and extent of various forms of disadvantage suffered by population groups are very limited. Even for the groups that have been target of prevailing affirmative action policies (based on socio-religious and ethnic identities), there is absence of periodic information that can explain dynamics of change in the disadvantage they suffer. So, there has been generally addition of community groups into these rigid categories (for reservation benefits) with rare exits. Such scenario also leaves a room for politics of appeasement (often referred as vote-bank politics) rather than factual and need-based considerations. Furthermore, availability of such information can also help understand inter-group as well as intra-group inequities and hence, help refine design/target of inclusive policies. There is need for research that helps evolve and refine the existing information systems to generate periodic and reliable information on social disadvantage.

Evaluation of inclusive policies

One of the major gaps in literature is the paucity of adequate evaluative research on several policies that claim social inclusion as their primary or secondary outcomes. Even for the very long-standing reservation policies (in education, employment, elections), for which there is no dearth of public discourse, the scholarly literature is dominated by viewpoints and perspectives with a very few studies evaluating these policies for their intended impacts. Despite challenges in studying complex public policies, there have been many advances on methodological front in evaluating policy interventions. There is need for much more research that evaluates prevailing policies aimed at enhancing social inclusion. What is specifically needed is kind of research approaches/methods that not only says what works, but explains what works for whom, how and in what context.

Research about private sector

At present, the affirmative action policies by state are largely limited to public sector. Private sector has become a major service provider, especially in areas like, health and education, including for poor. Both, for-profit and not-for-profit private sectors play key role in service provision to many disadvantaged groups. While the limited research highlights some of the problematic issues of commercial private sector, there is need for

further research to better understand the role played by heterogeneous non-state actors and how social inclusion could be promoted within private sector.

Inclusive research

Workshop participants deliberated how research to study social exclusion, could readily reproduce the exclusion if researchers are not conscious and reflexive enough of the forces/processes of social exclusion. The exclusion could result from ‘othering’ due to unequal power positions of researcher and researched, as well as, dominance of certain forms of knowledge generation among others (e.g. researchers’ knowledge vs. respondents’ beliefs). Hence, there are implications of the role of researchers and research questions, design, and methods on how inclusive research becomes. Workshop participants stressed the need to reflect on positionality of researcher/s: researchers’ worldview, experience of social exclusion, conception of and approach to social exclusion, and their understanding of the issues and the context to be studied. Knowledge is coproduced and hence, methods that allow for deeper engagement with stakeholders (including ‘researched’) – especially members from excluded groups are particularly useful. While methods need to be chosen based on the research questions, qualitative methods including ethnography, oral histories, interviews, (non) participant observations and reflective discussions were seen particularly useful. The unequal power dynamics between researchers and ‘researched’ (especially from excluded groups) implies better communication and coordination with the gatekeepers and community members, and careful consideration of group dynamics (e.g. body language, degree of participation etc.) during consent and data collection processes. This often implies inter and cross-disciplinary inequities. There is need to engage with stakeholders, including members from excluded communities, from early stages of framing the question and designing the research through out the research cycle. Research findings need to be shared appropriately with communities to get their inputs and validation. This step also has potential of the use of the findings by communities and local institutions to guide local action for social inclusion.

Social movements, community-engagement

Workshop participants acknowledged that many of the social inclusion policies and, more importantly their implementation, are the results of the strong social movements. Also, while some of the groups (e.g. differently abled people) have been able to raise strong voices and garner support from other stakeholders in society to bring into public discourse their demands, others struggle to get heard and remain at fringes of policy discourse. Similarly, self-organization of members of specific communities, and their engagement into policy processes (at different levels, including forming/engaging with community-based institutions) have been crucial in demanding and achieving social justice. There is meager research about formation and role of social movements, of social networks of migrant and other vulnerable communities, and about politics of community organization/engagement.

Inequities (with intersectionality lens and beyond known groups/settings)

There is growing focus on researching inequities across sectors, even if equity is often not the primary focus of the inequity. Studies and (workshop) deliberations around social

exclusion pointed towards the need to use intersectionality lens in researching inequities – so that such research helps develop comprehensive picture of inequities experienced by individuals and communities instead of reducing inequities to analysis of single variables. It was also pointed out that some of the groups and/or settings (e.g. slums, state recognized categories of exclusion) remain major focus of such studies while there is little work, if at all, about many other groups (e.g. vulnerable migrant families living on private lands, stateless population).

Intersectoral and interagency coordination

There are several actors and institutions engaged in governing and delivering basic services, welfare benefits and affirmative action. Tackling multitudes of intersecting disadvantage (resulting in social exclusion) imply need for integration across agencies prompting social inclusion in different spheres of life. There is growing body of research, mainly in high-income countries, on integrating health and social care. This is an area that requires further research in India to bring out feasible models for intersectoral and interagency coordination that promotes social inclusion of minorities.

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Annex-1 Details of the search strategy for review of literature

This annexure provides database-wise search strategy and outcomes.

1.

Database: IDEAS (<https://ideas.repec.org/>)

Database host: RePEc (Research Papers in Economics)

Date last searched: March 7, 2017

Search strategy details:

First search: (ethnic | religion | tribal | cast | adivasi) + (health | education | police | government | municipa | panchayat) + India + (intervention | initiative | policy | program | strategy | scheme | campaign | training | incentive)

Records found/screened=102

Records selected=10

Second search (more specific): (ethnic | religion) + (health | education | police | government | municipal) + (india) + (reservation | affirmative | descrimination | policy | scheme | program)

Records found/screened=45

Records selected (in addition to the earlier search after removing duplicates)=4

2.

Database: JSTOR (<https://www.jstor.org/>)

Date last searched: March 12, 2017

Search strategy details:

Search: (((ca:((muslim OR christia* OR dalit OR trib*)) AND (India)) AND ((health OR education OR police OR municipal))) AND ((intervention OR scheme OR policy OR reservation OR affirmative OR program*))) AND la:(eng OR en)

Records found=822

Records screened=32

Records selected=4

3.

Journal: Economic and Political Weekly (<http://www.epw.in/>)

Date last searched: March 29, 2017

Search strategy details:

Search: (inclusion | exclusion | discrimination | justice | right | equity) + (dalit | muslim | christian | tribal | scheduled caste | scheduled tribe) site:epw.in (Through Goggle search)

Records found=582 (plus traced articles by the same author whose paper seem relevant in the search)

Records screened=74

Records selected=10

4.

Database: World Bank Open Knowledge Repository

(<https://openknowledge.worldbank.org/>)

Date last searched:

First search: (religion OR ethnic OR muslim OR christian OR tribal OR adivasi) AND (India)

Records found=58

Records screened=27

Records selected=1

Second search: (cit* OR urban) AND (India) AND (inclusion OR exclusion OR muslim OR christian OR trib)

Records found/screened =77

Records selected (in addition to the earlier search after removing duplicates)=1

5. Collaborators at the Leeds University conducted and supplied the following search results:

Database searched:

- Applied Social Sciences Index and Abstracts (ASSIA) (ProQuest) 1987- present
- Cochrane Central Register of Controlled Trials : Issue 11 of 12, November 2016
- Cochrane Database of Systematic Reviews : Issue 1 of 12, January 2017
- Criminal Justice Abstracts (EBSCO) 1830 - present
- EconLit (EBSCO) 1886 - present
- Education Resource Information Center - ERIC (EBSCO) 1966- present
- Global Health (Ovid) 1910 to 2017 Week 01
- HMC Health Management Information Consortium (Ovid) 1983 - present
- International Bibliography of the Social Sciences (IBSS) (ProQuest) 1951 - present
- Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
- PsycINFO (Ovid) 1806 - January Week 2 2017
- Sociological Abstracts (ProQuest) 1952 - present
- Web of Science - Thomson Reuters:
 - Arts & Humanities Citation Index (Thomson Reuters Web of Science) 1975-present
 - Conference Proceedings Citation Index- Science (Thomson Reuters Web of Science) 1990-present
 - Conference Proceedings Citation Index- Social Science & Humanities (Thomson Reuters Web of Science) 1990-present
 - Sciences Citation Index (Thomson Reuters Web of Science) 1900-present
 - Social Sciences Citation Index (Thomson Reuters Web of Science) 1900-present

Records found=512

Records screened=30

Records selected=12

5. Others

Targeted search on Google (with location set as India; records sorted by relevance) and
Websites of minority commissions and social welfare departments
Records selected=10

Total records selected=52

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Annex-2 Cumulative list of workshop participants

This annexure provides a cumulative list of people who participated in one or more of the three workshops conducted as part of this project.

Name (in alphabetical order)	Name of Organisation	Designation
Abdul Aziz	Centre for the Study of Social Exclusion and Inclusive Policy, National Law School of India University	Chair Professor, Chair on Religious Minorities
Abha Rao	School of Social Sciences, National Institute of Advanced Studies	Assistant Professor
Adithya Pradyumna	Society for Community Health Awareness Research and Action	Co-Convenor
Aditi Surie	Indian Institute for Human Settlements	Senior Associate (Academics and Research)
Alfred Raju	Society for Community Health Awareness Research and Action	Research and Training Associate
Antara Rai Chowdhuri	Indian Institute for Human Settlements	Assistant (Academics and Research)
Anushree Deb	Indian Institute for Human Settlements	Senior Associate (Academics and Research)
Arima Mishra	Azim Premaji University	Associate Professor
Augustine Kaunds	Society for Peoples' Action and Development	President
C Made Gowda	Zilla Budakattu Soligara Abhivruddhi Sangha	President
Chandrika P	Selco Foundation	Consultant
Chandrika Shetty	Grassroots Research and Advocacy Movement	Senior Research Associate
Geetha B Patil	Department of Women and Child Development, Government of Karnataka	Women and Child Development Officer, Bangalore (U) district
Karthik Kumar Rathod	Institute of Public Health	
Kathyayini Chamaraj	CIVIC	Executive Trustee
Kruthika R	Centre for Law and Policy Research	Associate
Manoj Kumar Pati	Karnataka Health Promotion Trust	Manager Quality Improvement and Quality of Life

		(MNCH & NCD)
Mathew Idiculla	Centre for Law and Policy Research	Associate
Maya Annie Elias	Selco Foundation	Consultant
Mohan R	Institute of Public Health	Accounts Officer
Neethi Rao	Imperial College London	Health Policy Consultant
Nilanjan Bhor	Azim Premaji University	Project Coordinator
Pragati Hebbar	Institute of Public Health	Faculty
Prashanth NS	Institute of Public Health	Assistant Director
Praveen Aivalli	Institute of Public Health	Research Officer
Rachita Misra	Selco Foundation	Program Manager (urban communities)
Rajeev BR	Society for Community Health Awareness Research and Action	Research Assistant
Rashmi Ramesh	Institute of Public Health	Administrator
Sham Kashyap	Grassroots Research and Advocacy Movement	Head (Research)
SJ Chander	MAYA Health	Consultant
Sudha Chandrashekar	Suvarna Arogya Suraksha Trust	Director (Medical Management)
Sudha N	Independent Consultant	Independent Consultant
Thriveni BS	Sarvagna Health Care Institute	Director
Tirumala Rao CV	Dept. of Education; Verve Foundation	Ex. Director, Department of Education
Upendra Bhojani	Institute of Public Health	Assistant Director
V. Sounder Raj	Department of Social Welfare, Government of Karnataka	Joint Director (SCSP)
Vijayashree Yellappa	Institute of Public Health	Faculty