

Exclusion from Public Service, Indian Style*

Jayati Ghosh

There's been a lot of talk among policy makers in India about ensuring inclusion. The UPA government talked about "inclusive growth" and made it the headline for its Five Year Plan documents. The NDA government has dispensed with planning but still wants to jump on the inclusion bandwagon, so its various policies and schemes, from "[smart cities](#)" to "[Make in India](#)", generally come with the tag of being "inclusive". Despite all this talk, however, the evidence generally points to intensification of inequalities and lack of inclusion in terms of most important social and economic outcomes.

This is not only because of lack of genuine political will (although that is certainly a factor). It is also because the nature of inclusion – or more importantly, its opposite, exclusion – is not adequately studied and understood, so that even policies that are superficially well-intentioned can completely miss the mark. There is of course the basic problem that economic policies and processes continue to operate in ways that both rely upon and increase inequality and lack of voice of major groups and social categories. But there is also genuine lack of understanding of the complex yet intertwined nature of exclusion in its various manifestations.

This gap is being sought to be filled by the India Exclusion Report. For the past two years, this [Report](#) has sought to highlight various aspects of exclusion and the plight of those in Indian society who continue to face multiple forms of exclusion, which are often even reinforced rather than mitigated by public policies. The recently released India Exclusion Report for 2015 specifically takes up the nature of exclusion from essential public services and amenities.

The Report defines "public goods" differently from how economists perceive it (which is in terms of whether the consumption of the good or service reduces aggregate availability or consumption by others). Instead, the Report's focus is on what could more accurately be called those goods and services that should be accessible to the public at large because of being essential for living a life with dignity. This is clearly a much looser definition, and also one that is socially and temporally specific, so that different societies at different moments in time would have their own notions of what would constitute such "public goods".

This Report focuses on three essential "public goods" as so defined: urban health; urban water and sanitation; and access to equal and dignified work for women. However, even this limited focus brings out the comprehensive and overlapping character of exclusion, as the Report finds that those who are excluded according to the indicators relevant for these issues generally tend to be those who are recognised as disadvantaged in other areas as well: women, Dalits, Adivasis, Muslims, persons with disabilities, and persons with age-related vulnerabilities (children and the elderly).

The association with class-based indicators is also strong. Most critically, the Report finds important areas of overlap between exclusion in these areas and the household indicators of occupation and housing. So, while urban areas in general have more

extensive health services than rural areas, access to adequate health care is significantly lower for the urban poor, while those in certain occupations with very poor conditions of work and those in particularly poor housing conditions (and particularly the homeless) may have hardly any access at all. They are also much more likely to have lower or no access to basic drinking water and sanitation.

The significant role played by the nature of housing and location of housing is highlighted across the various indicators of exclusion from “public goods”. Thus, there are strongly negative health consequences of the denial of decent housing, and of the associated exposure to atmospheric and other pollution. Those who live in highly congested slums that have poor infrastructure, lack space and amenities and have problematic or limited access to drinking water and sanitation, and especially those who are forced to occupy places such as open drains and the banks of effluent tanks, are much more exposed to health hazards.

The homeless obviously are not only the most destitute but also – because of the residence-based nature of all public service delivery – the most deprived of access to minimum “public goods”. They – and among them especially street children – are often completely excluded from any kind of health care. They are more likely to be trapped in low-end jobs with unsafe, unhealthy and debilitating working conditions. Their access to water and sanitation services is not only hugely inadequate to ensure good health, but they are typically forced to drink non-potable water, often fetched over long distances; to defecate in the open or use poorly maintained public toilets without running water and with little privacy or security.

The Report highlights how particularly adverse forms of exclusion are borne by working women, mostly those who face some of the multiple deprivations and exclusions already outlined. Within the broad category, some specific forms of work that are particularly oppressive are highlighted, such as the continued practice of manual scavenging (the dominant part of which is performed by women) and those in hazardous occupations like construction or mining where they are also paid significantly less than men.

Some attention is paid to especially vulnerable groups, that are often ignored in the wider discourse. The first is single women above the age of 35 years, a porous and heterogeneous category that is nonetheless profoundly unsettling for society and faces often quite dramatic expressions of patriarchy through neglect or open oppression. State action, including both the design and implementation of government policies, often reinforces and intensifies the social and economic exclusions that single women have to deal with.

A really pathetic and stressing story emerges from the account of the Devadasis still found in Karnataka, Andhra Pradesh, Tamil Nadu and Travancore region of Kerala. Despite being legally banned clandestine practice was found even in early 2015, and the practice has mutated in different ways, but still remains as oppressive and akin to a form of sexual slavery with little agency or autonomy for the children and women who are victims of the practice. There is intersection with caste oppression, as such victims typically come from certain Scheduled Castes, and there are massive exclusions in terms of lack of fundamental rights at work, risk to lives, health and security, denial of freedom and of human dignity. In addition to extreme poverty,

such women also face extreme exclusion from the “public goods” described in this Report.

Some other specific cases of exclusion defined in the larger sense are examined in this report, such as the victims of communal violence (with focus on survivors of mass communal violence in Muzaffarnagar and Shamli districts of Uttar Pradesh as well as recurring incidents of mass violence in the BTAD region of Assam). The case of the tiny group of Jarawa (or Ang) tribal people in the Andaman Islands raises more complex issues of how their very survival is threatened by active contact with the wider world, which is generally insensitive to their needs and conditions.

So there is a clear – if devastating – picture of various forms of exclusion that prevail in India, some of which are barely noticed while others appear in the public gaze without generating active intent to remedy the situation. Yet diagnosis of the problem is obviously only the first step, so it is a positive feature that the report also examines cases of how state policies can be (and in some cases have been) designed to ensure greater inclusion of vulnerable populations. There are various recommendations, including both fiscal and economic policies but also more aware and sensitive modes of implementation, that point to pathways in which some of the pervasive exclusion that characterises so much public intervention can be reduced or reversed.

Achieving such change at any scale, however, will require a very different political economy as well as much altered sensibilities not just of policy makers and implementers but of society at large. If this report can make even a small change in the attitudes and awareness that allow so much exclusion to persist, it will be more than worth the effort that has gone into producing it.

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