

# NEWSLETTER



## Going South

In our first Newsletter, we started unraveling the concept of social exclusion. We had a closer look at key publications from the Social Exclusion Knowledge Network (SEKN), Amartya Sen and Ronald Labonte. A common feature of the three is their emphasis on process in understanding social exclusion. More than a decade ago, Amartya Sen described the concept of social exclusion as complementary to the capability approach and as relevant in the South, despite its clearly European origin.

As of today, the term social exclusion has indeed traveled the world. A simple Google search “India” and “social exclusion” gives an impressive 1,450,000 hits (523,000 if “health” is added). This comes to no surprise, as India already in 1949 explicitly recognized and addressed exclusion in its Constitution.

If number of quotations is an

indicator, the other Health Inc study countries do not lag far behind: “Ghana” and “social exclusion” gives 556,000 hits (only 16,500 if “health” is added); “Senegal” and “social exclusion” 470,000 (443,000 if “health” is added).

Health Inc researchers should not fear: adding “RSBY”, “NHIS” and “plan Sesame” brings the results down to 493, 895 and 5, respectively. Within 3 years, we will certainly have made a difference, and hopefully a substantial one.

In this Newsletter, we have a very first look at social exclusion as the concept traveled South and became more comprehensive on the way. In 2 of the 3 Health Inc research countries (India and Ghana), we observe how the application of the concept led to a context-specific identification of excluded groups.

In the next Newsletter, we will focus on the twinned concept of social inclusion.

## Unpacking the box

Nothing goes unnoticed to the Health Inc community: “I am particularly intrigued by the turtle” (one researcher); “Is it a turtle or a beetle? Where is the metaphor?” (another researcher).

We confirm, it is a turtle, though you might call it tortoise depending on the part of the world you live in. Not any turtle, but a real box turtle - genus *Terrapene*. As for the metaphor, we propose a double one.

According to Halliday & Adler’s *The new encyclopedia of reptiles and amphibians* (2002), no other turtle or tortoise can close upper and lower shell so tightly - which explains both the long life of the individual box turtle and the survival of the genus, ever since the miocene.

And according to Aesop’s *The Tortoise and the Hare* (around 600 BC), the humble creator’s slow but steady process pays off in the end.

One tiny turtle symbolizing effective protection and the newsletter’s approach, what more metaphor can we want? And by the way, her name is Carolina.

## SOCIAL EXCLUSION? YES, BUT...

Social exclusion was originally defined within the context of a European welfare state, and often expressed in numbers of people lacking social security or employment. Noting that the unprotected and the unemployed are many in developing economies, Saith questions the applicability of the concept in the South.

Given the lack of a well formed welfare state, applying the concept of ‘social exclusion’ as it was developed originally (...) does not appear practically feasible.

Arguably Saith - writing in 2001 - could not foresee that social exclusion would gradually adopt a much less restrictive definition. Today we see Saith’s apprehension of social exclusion being an impractical concept when dealing with

large groups - however understandable in political terms - as typical of a long transition period when the shift in focus from outcome to process was welcomed but rarely applied. Indeed it took researchers and policy actors quite some time to go beyond counting outcomes, analyzing processes. As late as 2005, DFID e.g. still regarded social exclusion as much as outcome as as process. Today - in line with the 2008 SEKN definition - process thinking prevails. And from a research perspective, there is of course nothing impractical in understanding a process in a large group.

**Saith R (2001) Social exclusion: the concept and application to developing countries.** QEH Working Paper Series N°72. Oxford, Queen Elizabeth House, 17pp. The paper can be downloaded at <http://www.qeh.ox.ac.uk/RePEc/qeh/qehwps/qehwps72.pdf>

**Beall J & Piron L-H (2005) DFID Social exclusion review.** London, LSE/ODI, 71pp. The review can be downloaded at <http://www.eldis.org/vfile/upload/t/document/0708/DOC18457.pdf>

For the SEKN report & definition: see last week’s Newsletter

## THE INDIAN CONTEXT & THE 'WHO' QUESTION

While shifting the focus from counting outcomes to analyzing processes has certainly enriched the understanding of social exclusion - and is needed to inform substantive inclusion policies - there is no reason to throw out the baby with the bathwater. It still makes sense to identify first 'Who' is excluded - in terms of groups and social strata - before inquiring into the 'How' and 'Why' of social exclusion\*, and adding depth to that knowledge at individual and household level.

In India, literature on group identity and discrimination has a long history. Of particular interest for Health Inc is a series of research carried out between 2003 and 2004 in preparation of the 2005 DFID review, by such Indian experts as Sukhdev Thorat, Virginius Xaxa, Zoya Hasan and Louis Prakash. The latter nicely resumed much of this knowledge in 2007 when addressing the conference 'What it takes to eradicate poverty'.

Social exclusion does not limit itself to segregation and deprivation. Social seclusion and isolation provide base for a sense of superiority and inferiority among the members of the same society.

Besides specifying the concept of social exclusion within the Indian context, Prakash provides a comprehensive list of the groups suffering social exclusion: Dalits (outcastes), Adivasis (indigenous), Muslims, and - among all of them - women. Noteworthy, Dalits and Adivasis keep being excluded

six decades after the Indian Constitution 'included' them as scheduled castes and scheduled tribes (SC/ST).

The extensive 2011 World Bank report 'Poverty and social exclusion in India' adopts the findings of the Indian scholars by recognizing "the established existence of three axes of exclusion in India: caste, tribe, and gender". This report skips the Muslims as excluded group, while admitting that "exclusion by religion is significant, the issues affecting Muslims merit an entire analysis".

**Prakash L (2007) Social exclusion: a conceptual and theoretical framework.** Prepared for the PACS (Poorest Areas Civil Society) programme, New Delhi. Bihar, Bihar Social Institute, 13pp

The paper can be downloaded at [http://www.empowerpoor.org/downloads/Social\\_Exclusion\\_PACS\\_final.pdf](http://www.empowerpoor.org/downloads/Social_Exclusion_PACS_final.pdf)

**The World Bank (2010) Poverty and social exclusion in India.** Washington, the World Bank.

The report can be downloaded at [http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2011/04/25/00033037\\_20110425011808/Rendered/PDF/613140PUBBopover158344B09780821386903.pdf](http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2011/04/25/00033037_20110425011808/Rendered/PDF/613140PUBBopover158344B09780821386903.pdf)

\*In analyzing social exclusion in and through social strata, it might be useful to apply Max Weber's concept of *life chances* (not unrelated to Martha

Nussbaum and Amartya Sen's concept of *capabilities*), including his three proposed components of stratification: class, status and politics.

**Max Weber (2002) Economy and society: an outline of interpretive sociology.** In: Readings in economic sociology [Nicole Woolsey Biggart, editor], Malden & Oxford, Blackwell Publishers, pp24-37

## THE GHANAIAAN CONTEXT & THE 'WHO' QUESTION

In Ghana, the extensive literature on the National Health Insurance Scheme gives a number of mentions of exclusion of social strata\*. The most comprehensive identification of excluded groups however is provided by the 2007 Ghana Human Development Report, dedicated entirely to social exclusion and inclusion.

The report identifies as most suffering from social exclusion in Ghana: small-scale farmers, urban informal sector workers, people living in the historically disadvantaged northern part of the country, and - again - women. The report also specifies how each of them tend to have low access to public and private services - including healthcare. Besides,

when they eventually access, the quality of the services available to them is generally low.

**UNDP (2007) Ghana Human Development Report 2007: towards a more inclusive society.** Accra, United Nations Development Programme, Ghana Office, 222pp

The full report can be downloaded at <http://www.undp-gha.org/docs/Human%20Development%20Report.pdf> / Individual chapters can be downloaded at <http://www.undp-gha.org/mainpages.php?page=NHDR>

\* For an overview, see the Ghana section in **Soors W, Devadasan N, Durairaj, Devadasan N & Criel B (2010) Community health insurance and universal coverage: multiple paths, many rivers to cross.** World Health Report background paper N°48, pp35-40.

The paper can be downloaded at <http://dl.dropbox.com/u/10081366/CHI%20%2026%20universal%20coverage%202010%20Soors%20et%20al.pdf>

## AND WHAT ABOUT SENEGAL?

In the literature on social exclusion and Senegal, we were unable to identify an investigation into the 'Who' question. The absence of a systematic examination however doesn't mean that no groups of special interest are mentioned. Several authors draw attention to the context-specific social exclusion of the *Fula* people (also known as *Fulani*, *Fulbe*-, *Peul* and *Tukolor*). Less specific is the mention of the most excluded group in the world: women.

## COMMENTS ON LAST WEEK'S NEWSLETTER

Our Newsletter received praises from all 4 corners of the world, very encouraging indeed. Offers received were a possible linkage with IPH [www.iphindia.org](http://www.iphindia.org) and with the ITM-led

[www.strengtheninghealthsystems.be](http://www.strengtheninghealthsystems.be) ; one esteemed PI expressed his concern for the feasibility of a *weekly* Newsletter. Well, we'll see... And please don't forget that we all can contribute. Your inputs



are highly appreciated: [wsoors@itg.be](mailto:wsoors@itg.be), no later than Wednesday night, weekly.

The views expressed in this newsletter are meant as food for thought and do not necessarily represent those of the Health Inc consortium or of its funder, the EC.



## QUOTE OF THE WEEK

*Unlike a drop of water which submerges its existence with the ocean in which it is dropped, man does not lose his identity in the society in which he lives.*

B.R. Ambedkar: *Speech to the Bombay Presidency Mahar Conference*, 31 May 1936