Achieving SDG 10: A Global Review of Public Service Inclusion Strategies for Ethnic and Religious Minorities

Ghazala Mir (University of Leeds, UK);
Saffron Karlsen (University of Bristol, UK)
Winnie Mitullah (University of Nairobi, Kenya)
Upendra Bhojani (Institute of Public Health, India)
Benjamin Uzochukwu, Chinyere Okeke (University of Nigeria, Nigeria)
Tolib Mirzoev, Bassey Ebenso, Naila Dracup and Gary Dymski (University of Leeds, UK)
Doan Thi Thuy Duong, Bui Thi Thu Ha (Hanoi University of Public Health, Vietnam)
Steve Ouma (Pamoja Trust, Kenya)
Felicia Onibon (Change Managers International, Nigeria)
Joyce Ogwezi (Delta State University, Nigeria, Nigeria)
Shahab Adris (Muslim Engagement and Development, UK)

Occasional Paper 5

**Overcoming Inequalities in a Fractured World:
Between Elite Power and Social Mobilization**

January 2020

The United Nations Research Institute for Social Development (UNRISD) is an autonomous research institute within the UN system that undertakes interdisciplinary research and policy analysis on the social dimensions of contemporary development issues. Through our work we aim to ensure that social equity, inclusion and justice are central to development thinking, policy and practice.

UNRISD, Palais des Nations
1211 Geneva 10, Switzerland
Tel: +41 (0)22 9173020
info.unrisd@un.org
www.unrisd.org

Contents

Table of Figures

Abstract

Social inequalities are intensifying globally and widening divisions are linked to civil unrest. Disadvantaged ethnic and religious groups experience poor access to, representation in and outcomes from public services such as healthcare and education. As mechanisms for social participation and citizenship, public services are key to inclusive and sustainable societies.

In this paper we present results of a systematic review on strategies for the inclusion of minority ethnic and religious communities, often neglected populations in term of sustainable development activity. We focus on four public service areas: education, health, local government and police services and identify evidence gaps. Our overall aim is to raise awareness and provoke debate, reflection and subsequently action towards the inclusion of disadvantaged ethnic and religious minorities within public services.

Public service inclusion strategies were identified through a global evidence review and four country specific reviews conducted by the Socially Inclusive Cities Network – academics, NGOs, policy – makers and practitioners from India, Kenya, Nigeria, Vietnam and the UK. Published evidence was supplemented by country-based and international workshops involving over 230 relevant stakeholders. We specifically explored intersectional experience relating to gender, age and migration status.

56 publications were identified for the global review, mostly in health and education. Macro (social and political), meso (institutional) and micro (individual) arena were identified as three distinct but interconnected levels through which exclusion is operationalized. Three overarching frameworks appeared key to successful ethnic and religious inclusion initiatives: accounting for social context; multiple strategies for system reform; and collaboration with disadvantaged communities. Inclusion strategies that address macro, meso and micro level drivers of exclusion are needed to achieve the aspirations of SDG 10. Involving affected communities is key to their success.

Keywords

SDG 10; ethnicity; religion; inclusion; public services

Bio of lead author

Ghazala Mir is Associate Professor of Health Equity and Inclusion at Nuffield Centre for International Health and Development, University of Leeds and Director of the Inequalities Research Network at Leeds Social Sciences Institute. Ghazala leads the Socially Inclusive Cities Network,[1] which conducted the research activity on which this paper is based and which has developed a future research agenda to inform the direction of RCUK research funding.

---

[1] Further details of the Socially Inclusive Cities Network can be found at https://medicinehealth.leeds.ac.uk/directory_record/979/socially_inclusive_cities.

Introduction

Social exclusion is a global challenge which cuts across the 17 Sustainable Development Goals (SDGs) that have guided the global development agenda since January 2016 and that promote an agenda for more inclusive societies. Goals 1, 4, 5 and 10 focus on eradicating poverty, equitable quality education, gender equality and reduced inequalities respectively. Furthermore, aspirations for universal access to essential services (for example, health and education) and the alleviation of poverty and hunger (Goal 1) all underline the importance of equity as a key aspect of this agenda for sustainable development.

The SDGs were developed in the context of growing acknowledgement that social inequalities are intensifying within countries and globally (Sachs 2012) and that sustainable development, particularly within low- and middle-income countries (LMICs) can only be ensured through equity (Das et al. 2013). Failure to reverse inequities during periods of rapid economic growth has led to widening divisions between rich and poor and between diverse ethnic and religious populations, often leading to civil unrest.[2] Social sustainability is therefore a key national and international policy priority, which shapes economic sustainability through the inclusion of all population groups in development initiatives and in access to public services, regardless of gender, age, religion or ethnicity.[3]

Progressive universalism is a key principle of the SDGs, encapsulated in the words: "no one will be left behind…and we will endeavor to reach the furthest behind first." The need for rigorous evidence disaggregated by "race, ethnicity, migration status…and geographic location" among other relevant characteristics has been highlighted as essential in achieving this principle (United Nations 2015a). In practice, the focus in this respect has, for the most part, centred on poverty, women and young people, however, and discussions of SDG 1 and 10 have paid little in-depth attention to ethnic and religious exclusion despite the overrepresentation of ethnic and religious minorities among the poorest communities (Ostry et al. 2014; Roser and Ortiz-Ospina 2018). Intersectionality, that is, the experience of exclusion at multiple levels, as experienced by women, young people and migrants from minority ethnic and religious groups, has received little attention in studies on gender, age and migration (World Bank 2012; Shah et al. 2015) and within the SDG monitoring framework (Sustainable Development Solutions Network 2015). Yet, it could be argued that intersectionality is a key concept for interpretations of SDG 10, given that poverty, youth and gender are specifically addressed in Goals 1, 4 and 5.

---

[2] Sachs 2012; World Bank 2012; UN-Habitat 2010; World Bank 2005

[3] World Bank 2013; Uzochukwu 2012; Steinberg and Lindfield 2011; Serageldin, M. 2016; United Nations Department of Economic and Social Affairs 2014

Religious and ethnic minority groups are particularly vulnerable to discrimination in many contexts. Both ethnic and religious minorities typically have poorer access to services, employment and institutions relating to healthcare[4], education[5], finance[6] and systems for justice and government (United Nations 2015b; Galab et al. 2008). Ethnic inequalities are often linked with religious discrimination[7] particularly in the rhetoric of nationalist groups and ruling political parties in various global contexts (Pew Research Centre 2018; Obadare 2005). This, along with indirect discrimination - such as a mismatch between work opportunities, skills and locations of people from these minority groups - results in most having low-paid, informal jobs and precarious working conditions (World Bank 2009). These widening inequities also reflect poor professional training that compounds vulnerability (Mir and Sheikh 2010, Karlsen et al. 2011).

Social relations as embedded in the formal institutions of society are thus a mechanism through which social exclusion, that is, the prevention of social participation, or exercise of full citizenship, operates (Gerometta et al. 2005; Nambiar et al. 2015). Restricted access to job opportunities and the resources of public service institutions enables "insiders" employed within these institutions to maintain privileges for some groups by systematically denying such opportunities to stigmatized ethnic and religious groups, thus maintaining their exclusion (Kabeer 2000; Kline 2014). The Nubian population of Nairobi, for example, faces both ethnic and religious discrimination in accessing identity documents such as the Kenya National Identity Card and passport. This results in their classification as "stateless" with consequent barriers to accessing government services, including health and education, and to acquiring property (Murbe and Kamudhayi 2011). Government policies can both trigger and reinforce social hostilities, as in the case of the UK PREVENT counter-terrorism policy, which has been criticized for targeting Muslim minority populations and for stereotyping and alienating Muslim communities (Awan 2012). Similar policies operate in many other parts of the world, where minority religious groups often face restrictions on their civic rights, ability to practice their religion or access to services and employment opportunities (Pew Research Centre 2018).

In order to challenge these dynamics of social exclusion, the role of public services and systems in, for example, recognising citizenship status and reducing discriminatory social practices is vital. Engaging minority ethnic and religious groups in institutional governance is considered an essential element of inclusive activity within cities (World Bank 2015), where most decision making about public services takes place, affecting the lives of both urban and rural populations. The challenge of developing inclusive public services involves negotiation of political and social contexts, particularly as competition for work and resources is a key driver of ethnic and religious conflict (Olzak 1994). This negotiation is complicated by competing institutional priorities and a lack of data on

---

[4] Mir and Sheikh 2010: Priest et al. 2013; Subramaniam 2018
[5] Xaxa 2001; Jahan 2016; Suresh and Cheeran 2015
[6] Dymski and Bagchi 2007; Dymski 2009; Meer 2013
[7] Meer 2013; Mir and Sheikh 2010; Mir et al. 2015

socially excluded groups, which can make their exclusion invisible (Stuart. and Woodroffe 2016; Makoloo 2005). In Vietnam, for example, 53 ethnic minority populations are classified as one group which is then compared with the Kinh majority (Doan et al. 2018). The lack of data on specific ethnic minorities is very likely to mask diverse experiences.

The evidence base on underlying causes of exclusion affecting ethnic and religious groups is further limited and fragmented by a focus on specific services such as maternal healthcare (Doan et al. 2016; 2018) or aspects of education, with limited attempts to generalize across different public services or even diverse services within these sectors. This fragmentation also applies to research on effective interventions to address the exclusion of these populations from public services. There is thus an urgent need to synthesize existing evidence on the complex and intersectional nature of discrimination faced by minority ethnic and religious groups and on strategies that have been developed to support more inclusive practice. This approach would help identify any evidence gaps and systematically identify interventions with multiagency and multidisciplinary relevance in line with best practices (Mir et al. 2013).

In this paper we attempt to synthesize current evidence and identify evidence gaps, drawing on results of a systematic review on strategies for the inclusion of minority ethnic and religious communities in four public service areas: education, health, local government and police services. Building on the work of Kabeer (2000), we conceptualize social inclusion as: equitable representation in, access to and outcomes from public services between diverse ethnic and religious groups. Our overall aim is to raise awareness and provoke debate, reflection and subsequently action towards the inclusion of disadvantaged ethnic and religious minorities within public services. Given that research and practice responses to the SDG goals have so far not sufficiently focused on the exclusion of minority ethnic and religious groups, the specific objectives of this paper are three-fold. First, we synthesize current evidence on drivers of social exclusion affecting these populations across four such services. Secondly, we identify effective strategies for addressing social exclusion within public institutions as potentially key mechanisms for stimulating social change. Finally, we summarize the outstanding gaps that should inform a future research agenda on this topic.

Methods

Between March and November 2017, we systematically searched for and reviewed global evidence from literature reviews about strategies for the social inclusion of minority ethnic or religious populations in four public service areas: education, health, police and local government. Alongside this, four country-level reviews, without limitations on type of study, were conducted for India, Kenya, Nigeria and Vietnam. Our selection of contexts allowed comparisons within and between West and East African contexts, South and East Asian contexts and also from a global perspective. The impact of colonialism was an important feature of the countries involved in the review, with development

affected by ethnic and religious divisions that were historically exploited by colonisers to maintain power.

In all, 29 databases were searched in relevant areas including: social sciences, economics, education, gender and child rights, healthcare and police and criminal justice databases. Country-specific reviews drew on additional databases and also included policy documents, specific journals and websites to support the inclusion of relevant evidence and, in Vietnam, non-English language publications. The full list of databases and detailed Medline search strategy, indicating the specific focus and limits of the review, is provided in Appendix 1.

The searches were developed and carried out by ND, an Information Specialist. Database-specific indexing terms and free text terms were agreed between all partners to identify published evidence relevant to the review questions. Supplementary evidence drawn from the personal libraries of research team members was also used to fill gaps in the evidence drawn from publications, particularly in relation to: inclusion strategies on gender, age and migration; local government, where research evidence was extremely sparse for all the reviews; and police services, for which only one paper was identified by searches. Some papers on gender, age and migration that were initially excluded from the global review were drawn on to identify drivers of exclusion and policy, practice or research recommendations.

Titles and abstracts of records were screened for eligibility, with at least 25 percent of results examined by two researchers. Eligible publications described strategies (for example, interventions, policies, legislation) for the social inclusion of minority ethnic or religious populations in either health, education, local authority or police services. The global review focused on review studies and the country-specific reviews included empirical research or policy papers relating to the relevant country (Nigeria, Kenya, Vietnam or India). Studies were excluded if they did not include a focus on strategies to improve the inclusion of ethnic or religious minority groups in health, education, local government or police services.