**Paper 2**

**What generative mechanisms can explain exclusion of indigenous people from social health protection in rural India?**

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**Introduction**

Despite over six decades of affirmative policies, India's Scheduled Tribes (ST) still experience deprivations in basic human necessities, including health. Rashtriya Swasthya Bima Yojana (RSBY), the Indian government's national health insurance scheme, extends 30,000 rupees (around 500 US$) of free hospital treatment in empaneled hospitals to below the poverty line (BPL) households, each year. We aim to examine if rural ST communities are excluded from RSBY and if so, to understand the mechanisms of their exclusion.

**Method**

We applied a sequential explanatory mixed-methods approach with a baseline household survey (n=6040) in four districts of the Indian state of Karnataka in 2012 followed by in-depth interviews (n=25) and focus group discussions (n=8) with tribal people and other stakeholders.

**Results**

Our results show that tribal communities have lower rates of awareness and enrolment in RSBY when compared with non-tribal households. We identified that the process of exclusion includes a combination of generative mechanisms: lack of political networks, lack of a political voice and political neglect given the context of social-spatial isolation and lower literacy/education, that together we call 'denied citizenship'.

**Discussion**

The discussion interprets the causes through the lenses of positivist, critical realist and social constructivist theories. Each lens produces different policy implications. Positivist explanations imply changing financial incentives, while critical realist interpretations point to the need for changes in ethics and power structures in and beyond the health system. Social constructivist interpretations require health systems actors to openly debate the divergent meanings attributed to complex and context specific phenomena.

**Conclusion**

This study is the first of its kind to document the experience of tribal households in accessing a health-financing scheme in India and possible mechanisms of their exclusion. Our study has relevance for policymakers and implementers of RSBY and similar social financing schemes, who need to recognise that social inequities deny some groups access to schemes that they are meant to be entitled to. To avoid such unwanted implementation gaps, special attention to the unequal power relations that generate and maintain social exclusion in the first place is required.