



RECOMMENDATIONS

Central to this ADB project is the belief that development is both possible and desirable in a multiethnic society. This study has shown that although they are not a homogenous group, ethnic minorities—especially those living in poverty—have special needs stemming from their cultural and geographic differences from the majority culture. Governments, donors, NGOs, and communities are challenged to work together to develop strategies aimed at reducing poverty and raising the level of human capital for ethnic minority populations. A dichotomy that is often raised between cultural survival on one hand and globalization and development on the other hand is a false one. Ethnic minorities do not live in a bubble separated from the rest of the world and they deserve to benefit from development.

The health and education needs of ethnic minorities in the GMS countries have many dimensions, and there are numerous causes for the constraints that highland minority groups face. Appropriate responses require tailoring policy to individual countries and to the needs and circumstances of multiple minority groups. At the same time, there are crosscutting regional recommendations that may be furthered through the sharing of opinions, information, and approaches to better serve the needs of ethnic minorities.

This section presents two types of recommendations. First, we summarize “good practice” programs, named in the report *Programs of Good Practice* (ADB, 2000c), which offer examples of interventions that have shown strong benefit to ethnic minority populations. The overall recommendation inherent in this discussion is that the programs

noted are worthy of financial and political support, and in some cases further expansion or scale-up. More importantly, these programs are exemplary for their techniques and strategies for reaching ethnic minorities, and thus represent features to be modeled in future programs and projects. Appendix B proposes specific projects that the Asian Development Bank and other organizations may want to consider for funding.

By comparison, the *policy* recommendations presented here aim to bring the concerns of ethnic minorities into the project and policy design process. They provide the framework for developing steps that bring sustainable development and poverty reduction to highland ethnic minorities in the GMS.

4.1 Replicate Good Practices in the Social Sector

Across the countries of study, a number of important programs and projects have demonstrated some good practices in reaching minority populations.⁴ As noted above, the study team’s report on *Programs of Good Practice* (ADB, 2000c) provides a qualitative review of a range of health, education and integrated programs active in Cambodia, Lao PDR, Thailand, and Viet Nam (see Table 4.1).

4 Ethnic minorities in the GMS countries share many features and concerns. However, addressing the health and education needs requires grounding in the distinct features of a given country. The specifics of geography, economic systems, government and policy, institutions and structures, and programs shape the demand for and effective provision of services in each country. Appendix A summarizes the country research reports for Cambodia, Lao PDR, Thailand, and Viet Nam, giving an overview of data and policies on health and education conditions for ethnic minorities in each country.



















 Table 4.1: Programs of Good Practice <i>(Note: See legend for sponsor abbreviations)</i>			
Country	Program	Health	Education
Cambodia	Integrated Community Development Program (CIDSE, HU)		
	Primary Health Care Project (HU)		
	Support for Primary Health Care in Mondolkiri Province (MDM)		
	Community Development Projects for Ethnic Minorities in Ratanakiri Province (NTFP)		
Lao PDR	Network Teacher Upgrading Program (NTUP) and Basic Education for Rural/Minority Children (MOE, UNICEF, CWS, AusAID, JSRC)		
	Primary Health Care Project (SCA)		
	Clean Water Supply and Hygiene Education Project for Ethnic Minorities in Laos (ACF)		
Thailand	Hill Areas Education (HAE) Project (DNFE, DPW, DETC, and USAID)		
	Basic Education and Learning Promotion (IMPECT, Provincial Primary Education Department, UNICEF, National Education Commission)		
	Highland Health Development Center (HHDC) Program (Family Planning and Population Division, Department of Health)		
	Mae Chaem Hill Tribe Health and Family Planning Program (Provincial Health Office)		
Viet Nam	Primary Education Project (MOE, WB)		
	Program to Develop Education in Mountainous and Ethnic Minority Areas, Isolated Areas, Islands, and Other Disadvantaged Areas - Program VII (MOE)		
	Support for Disadvantaged Areas Project (Vietnam-Sweden Health Cooperation)		
	Primary Health Care (PHC) Program in Lao Cai and Dak Lak Provinces (Danish Red Cross and Vietnamese Red Cross)		

Table 4.1 sponsor abbreviations:

ACF	Action Contre le Faim	IMPECT	(Association of) Inter-Mountain Peoples for Education and Culture in Thailand
AusAID	Australian Aid Agency	JSRC	Japa Sotoshu Relief Committee (Japanese NGO)
CIDSE	Cooperation Internationale pour le Développement et Solidarité (Cambodia)	MDM	Médecin du Monde
CWS	Church World Service (international NGO)	MOE	Ministry of Education
DETC	Department of Economic and Technical Cooperation (Thailand)	NTFP	Non-Timber Forest Products (Program)
DNFE	Department of Nonformal Education (Thailand)	SCA	Save the Children Australia
DPW	Department of Public Welfare (Thailand)	UNICEF	United Nations Children's Fund
HU	Health Unlimited (UK NGO)	USAID	United States Agency for International Development
		WB	World Bank



Ethnic minority students in primary school in the highlands, Ratanakiri Province, Cambodia. School facilities and instructional aids, as well as books and pencils, are extremely limited. Allowances for highland, low-income children will help many overcome the economic constraint of school fees. Credits and other support can help boost the quality of instruction, thereby providing greater incentives for school attendance. (Photo by Hean Sokhom)

Common “good practice” features were found to include:

- The program is or was successful in recognizing the uniqueness of ethnic minority populations and in meeting ethnic minorities’ needs for health and education access and service quality;
- The program was cost effective, sustainable, participatory, and flexible;
- The program had a high beneficiary impact, with evidence of beneficiary and implementing agency ownership;
- The program facilitated learning among users, providers, and/or funding agencies.

The programs included in the *Programs of Good Practice* review represent international and domestically supported programs. There is interesting diversity among the types of programs found to have positive characteristics. Many of the programs are small-scale activities coordinated by national or international nongovernmental organizations. At the same time, a number of

the programs are national in scale and are managed by government agencies. The presence of international financial assistance in the initial stages of these programs is universal, although several of the noteworthy interventions have operated without foreign assistance in later stages of implementation.

Case studies of selected programs were developed based on the programs’ good practices. Exemplary programs selected for case study development included the Cambodia Primary Health Care Program, Lao PDR Network Teacher Upgrading Program, Thailand Hill Areas Education, and Viet Nam Primary Care Program.

4.2 Strengthen Policies and Programs

From a regional perspective, this section outlines seven recommendations that emerge as pivotal for addressing the health and education needs of ethnic minorities. A program intervention aimed at improving the

living standards of ethnic minorities ideally would support one or more of these policy recommendations.

1 Introduce incentives to boost demand.

Development projects often focus entirely on the supply side, directing resources to improving the quality and availability of providers. This strategy ignores the important demand side; in many cases highlighted in the study, the problem is not just ensuring physical access, but also encouraging people to take advantage of services. With the private sector playing an increasingly important role in the allocation of goods and services, ethnic minority populations may simply not have enough money to pay for basic social services.

Governments and donors must work to enhance incentives and allowances to help ensure program access and service use. Payments to help offset the costs of transportation, supplies, school uniforms, and other items and services for minority groups seeking access to services, are recognized to be valuable. Such support mechanisms would work to overcome economic and geographic constraints to service use that are prevalent among minority populations across the GMS region. Credits, subsidies, or other incentives to support the use of health services, and to facilitate participation in secondary and higher education, would likely boost demand.

Examples of such initiatives are seen in the GMS. In Viet Nam, the health card system helps poor and minority populations overcome monetary constraints to health care use. Scholarships for secondary and higher education, like the programs in Thailand and Viet Nam, also boost demand for education and facilitate minority student advancement in the formal education system.

2 Recruit ethnic minority providers.

Recruiting ethnic minority teachers, nurses, and other service providers is vital to ensuring that programs serving ethnic minorities are culturally appropriate and that providers can

successfully communicate with clients. Local staffing also is a core strategy necessary to promote community participation and long-term support for programs. A program is much more likely to be sustained if it is staffed by people who know and are known by the community. A program with a succession of workers who only stay for a year or two is unlikely to offer the quality of service and commitment to the community that are necessary for success. Peers have the best opportunity to deliver well-designed and appropriately administered programs.

Recruiting local health and education workers will require both improving the education level among these groups and introducing specific training activities. Concerted efforts—through scholarships and other incentive mechanisms—to recruit and train ethnic minorities beyond the most basic levels will improve health and education efforts. Programs similar to Affirmative Action to ensure ethnic balance among cadres of teachers and health workers will be beneficial. Recruiting ethnic minorities will facilitate the development of community role models, as well as promoting language and cultural understanding. These efforts also will enhance the acceptance and effectiveness of programs. They will boost community involvement, both directly and indirectly, in program design and delivery, and strengthen the voice of minority groups and communities. The Thailand Hill Areas Education program and the Lao Network Teacher Upgrading Program are both noted as programs of good practice by the study. Each of these programs includes an important emphasis on targeted recruitment.

3 Target ethnic minorities.

Recognition of both the diversity and the uniqueness of ethnic populations is central to developing interventions that are better tailored to address the social service demands of minority groups. There is strong evidence that official, public recognition of vulnerable groups such as ethnic minorities is required in order to reach them and improve the living



This primary school in Ratanakiri Province, Cambodia, serves ethnic minority populations. Many students travel 1 to 4 hours by foot or bicycle to attend the school. The cost of uniforms and supplies as well as time and distance affect school attendance and participation for ethnic minority families. (Photo by Hean Sokhom)

standards of the poor. It is important to directly involve minority communities more in identifying what programs and policies are most appropriate, and what methods of program delivery are in demand and acceptable. Simply focusing on “the poor” will not effectively capture the diversity found in most countries.

It is appropriate to see ethnic minority populations as heterogeneous. The number of groups is large and there are significant differences in cultural practices, fundamental values, beliefs, behaviors, and views of the world. Thus, interventions require tailoring to better fit with the cultural uniqueness of highland ethnic minorities. To be most effective, outreach and program interventions need to be designed by highland minorities themselves, adapted to the unique culture of each ethnic group served, available in the language of each ethnic minority group served, and led by ethnic minority people.

Both quantitative and qualitative studies play a role in improving the cultural appropriateness of specific interventions. Concretely, donors such as the Asian Development Bank are challenged to consider including ethnic minority specialists in the process of designing projects that affect ethnic minority populations. Expanding consultations with local communities in order to understand the local sensitivities and opinions will enhance project and program success.

Successful programs, such as those noted in this project’s report on *Programs of Good Practice*, may be found. Lessons from these experiences across countries illustrate the advantages of targeting ethnic minorities, and highlight program success when services are adapted to meet unique cultural and geographic constraints.

4 Expand access to services.

Negative indicators related to core human development are associated with ethnic minority communities across the GMS. Basic availability of high-quality facilities and access to them remain key constraints. Investment in constructing facilities and expanding service networks is essential for improving basic social indicators and quality of life.

Schools, hospitals, and clinics are not now in adequate supply. Schools and health facilities either do not exist or are too distant for many ethnic minority communities to use them. Distance, and the cost of travel, are constraints seen across all four countries, with conditions particularly acute in Cambodia, Lao PDR, and parts of Viet Nam.

Governments and donors should continue to focus on constructing and rehabilitating social sector infrastructure in remote areas. The social sector also should work with the transportation sector to ensure that transportation projects are designed so as to improve the access of ethnic minorities to vital social services.

5 Develop institutional support.

Building awareness, strengthening capacity, and developing advocates will lead to better awareness of ethnic differences and improved service targeting and reach. Specifically, groups that target geographic areas and their minority populations are recognized to be effective at drawing attention to these groups and at building informed advocates. Examples include the Inter-Ministerial Committee in Cambodia, the Lao Front for National Construction (LFNC), and the Committee for Ethnic Minorities and Mountainous Areas (CEMMA) in Viet Nam. These types of

committees and interagency groups are valuable over both the short and the medium term for encouraging attention to the unique challenges of minorities. Donors should focus on improving the capacities of groups such as these so that they are better able to communicate the needs of ethnic minorities to mainline ministries.

In the longer term, it is important to spotlight vulnerable groups such as ethnic minorities through sector programs. This will require investment in the human capacity of the policymakers (ministries, local governments, and NGOs) to build wide awareness and advocacy for issues involving highland and indigenous peoples.

6 Clarify and relax language policies. Language is a difficult issue for most countries. The adoption of one national language is seen as important for maintaining unity, but at the same time, the national language may be “foreign” to a significant percentage of the population. Accepting the country’s ethnic and linguistic diversity will lead to a more unified country in the long run.

Multilanguage programming expands acceptance. That is, services and education materials delivered in local languages are far more effective at reaching the desired population groups. The converse is also true: Minority groups in Thailand, for example, have had difficulty understanding HIV/AIDS educational materials in Central Thai language. Local language learning is observed to be an important feature of success and advancement in primary education among minorities across the region. Pilot programs experimenting with local language curriculum are present in selected provinces in Lao PDR and Viet Nam. These programs have focused on teaching students in their local language while simultaneously also teaching them the national language.

Majority language learning is also critical to improving conditions and expanding

opportunities. As evidenced in the study’s field work, Thai language skills are important for advancement to upper secondary and higher education, and Khmer language skills are recognized by minority groups in the northeastern provinces of Cambodia as important to participation in local markets.

7 Educate the majority on diversity. Diversity can be a strength in a society, and need not be seen as a threat to national unity. To reduce the perceived threat, however, members of the majority (those outside the targeted regions and groups) require further learning to better understand ethnic minority life and customs. Many of the programs and policies that are *ineffective* are based on an incorrect understanding of highland ethnic minority lifestyles and customs. Stereotypes held by planners are not a sound foundation for the development of effective policies and programs.

Training of teachers, health workers, and provincial and district-level planners to share information about ethnic minority conditions and culture may help. More expansive, nationwide programs to reach both schoolchildren and the general public are also avenues to develop deeper societal appreciation for minority peoples.

Participation by ethnic minorities in the development of policies and programs will help educate planners and others about the life and customs of the different highland ethnic minority groups. Publication of materials and curriculum components for the majority of society will help broaden the understanding of cultural diversity, traditions, beliefs, and practices. In Chiang Mai Province, Thailand, the NGO IMPECT has led a highly successful initiative to share information on highland beliefs and customs with Thai education officials at the district, provincial, and national levels. This work has supported the development of a flexible curriculum for children and adult learners.