

TA COMPLETION REPORT

Division: MKSS

TA No. and Name TA 5794 Study of Health and Education Needs of Ethnic Minorities in the Greater Mekong Subregion	TA Amount Approved \$800,000 (\$500,00 from DFID and \$300,000 from JSF)	
	Revised Amount \$800,000	
Executing Agency ADB	TA Amount Undisbursed US\$ 40,480.38	TA Amount Utilized US\$ 759,519.62
Date Approval 30-06-98 Signing N/R Field Jan 1999	Closing Date Original 30-09-01 Actual 30-04-02	

TA Description

Ethnic minorities in the Greater Mekong Subregion generally constitute the most vulnerable groups in the GMS in terms of socioeconomic, health, and education conditions. It is recognized that throughout the region, people of ethnic minorities face severe sociological, cultural, economic, and physical constraints in seeking access to social services. These constraints stem from both, their geographical locations and cultural and social factors. These groups have special needs in the areas of basic education and health.

A regional approach to assess the constraints of ethnic minorities was taken because most vulnerable ethnic minorities live along the borders of the GMS countries and some groups are common to two or more countries. Since some ethnic groups share the same culture and language across borders, a regional approach offered potential economies of scale and opportunities for comparative analysis and learning. The TA also provided an opportunity for GMS governments and other stakeholders (including minority groups themselves) to share new approaches, to learn from each others' experiences and to further develop regional networks.

TA Objectives and Scope

The objectives are to: (i) identify the major demand- and supply-side constraints that ethnic minorities face in seeking access to basic social services (health and basic education) in the GMS; (ii) document "good practice" examples including the preparation of case studies on approaches that appropriately address such constraints; (iii) identify culturally compatible strategies, approaches, tools, and specific interventions for improving the access of ethnic minorities to health and basic education services; and (iv) support learning and exchange based on the research findings and on case study material.

The TA was implemented in two phases: (i) the first phase consisted of studies and participatory research activities to identify strategies and approaches to improve the health and education status of ethnic minorities; and (ii) the second phase involved disseminating the findings of the first phase to key officials and trainers in the health and education departments, as well as representatives of non-government organizations (NGOs), and research institutions. The TA covered four countries: Cambodia, Lao PDR, Thailand and Viet Nam.

TA Inputs Evaluation

The TA design was adequate and the TORs clear and comprehensive, and did not require any modification during the implementation.

The TA was implemented by the Research Triangle Institute of the US. The TA team consisted of three international consultants and eight domestic consultants. The overall performance of the firm was satisfactory. One problem was the change of the team leader in the first two months of the TA implementation, which severely affected the momentum of implementation. The original Terms of Reference for this TA apportioned 56 person-months of technical staff time to coordinate and complete country studies, case studies, integrated reporting, and dissemination workshops across two development sectors in four focus countries. After analyzing the workload at the Inception Meeting with the consultants and the representatives of the participatory governments, the consulting inputs were revised to a total of 64.95 person-months.

A Steering Committee consisting of representatives from all participating countries guided the implementation of the TA. The Steering Committee members actively supported the TA both at the regional as well at the national levels and provided useful inputs. Participating countries were fully satisfied with the inputs. Inputs from technical UN agencies and bilateral agencies interested in the issue were actively sought. The TA was adequately supervised, through regular meetings and discussions with the consultants and several review missions.

TA Outputs Evaluation

As provided in the terms of reference, the TA team produced the following outputs: (i) four country reports; (ii) report on good practices; and (iii) integrated report.

Four country reports provided an overview of the situation, constraints, needs, and opportunities in each participating country (Cambodia, Lao PDR, Thailand and Viet Nam), a review of policies and programs in place to address the challenges faced by ethnic minorities living in highland and border areas in obtaining adequate health and education services, and a discussion of the effectiveness of these policies and programs. These reports were translated into local language and printed as government documents in Lao PDR and Viet Nam. These studies were the main output of the project's work, and responded to the core objectives of the TA.

The report titled ***Programs of Good Practice*** highlighted elements of sound field program practices, and presented a series of case studies on the more outstanding examples. The document described practices that had succeeded in providing health and education services that effectively recognized the unique needs of ethnic minorities and reach their demand for services. This report responded to the study objectives to identify and document good practices of responsive health and education services and to identify strategies, approaches, tools, and interventions that respect minorities' chosen ways of living. For example, the TA identified the Cambodia Primary Health Care Project supported by the NGO Health Unlimited an excellent example of how to specifically target ethnic minorities both geographically and culturally. The Project recruited ethnic minority providers and targeted ethnic minority population and its lessons are being incorporated in the proposed "Health Sector Support Project," which will include a component in ethnic minority areas in Cambodia.

Finally, the team produced an ***Integrated Report*** presenting regional analyses plus recommendations for future policies and approaches leading to improved health and increased education opportunities for ethnic minority people. The regional summary and analysis emphasized constraints to service access and effectiveness. The report drew upon the four country studies, followed by a discussion of cross-cutting themes that explain the constraints to access to social services by ethnic minorities. The report responded to the TA key objectives to document constraints to access, and to identify opportunities to address needs and to lower barriers. This report was printed by ADB and distributed widely.

Country level workshops were held in the four countries to disseminate the study's findings and provide a forum for discussion of strategies and recommendations. The facilitated meetings engaged participants to examine the study's findings and recommendations with the goal of reaching some strategic decisions toward improving human development of ethnic minorities in their country. Each of these events was well attended, with the number of participants ranging from 27 to 52. Positive newspaper, radio, and TV coverage followed from the major national workshop events in the four countries. Particular success in Lao PDR and Viet Nam led to the request by the project Steering Committees in each country for additional dissemination support. In Viet Nam, more than 650 copies of the Vietnamese language version of the country report were printed and distributed to provincial and commune leaders in the Central and Northern Highlands during late 2000 and early 2001. In Lao PDR, due to recognition within the Department of Ethnic Affairs of the importance of the study, plus the high demand for the results of the research, additional sub-national events were held. A series of provincial and district meetings was held to share the study findings and discuss program implications. Events were held in six provinces, which attracted more than 340 participants.

A **regional workshop** was held in conjunction with the GMS Human Resource Development Working Group. This meeting provided a regional forum that included representatives from donor and civil society organizations, as well as delegates from the four focus countries plus Myanmar and Yunnan Province, PRC.

TA Overall Assessment and Rating

The TA was *successful*. The TA has succeeded in achieving the objectives of improving the understanding of the constraints faced in provision of health and education services. To disseminate various outputs and facilitate internal communication, the TA team established a website, which was very effective. We still get 1-3 emails a month from interested persons complimenting the work and informing that they are using it for their research or advocacy work.

The TA was successful in bringing new and well-analyzed information to the discussion table. The TA reports were used in designing of projects in the region by ADB and other donors (e.g., Viet Nam: Rural Health Project; Lao PDR: Education Quality Improvement Project; and Cambodia: Health Sector Support Project). The TA process handled sensitive topics in a constructive and non-threatening way, which was appreciated by the counterparts. This information was successful in generating a dialogue among policy-makers that was dynamic and informed. The TA also led to considerable capacity building since the Steering Committee not only contributed to study design and process, but also internalized the outputs. The training and dissemination activities were also successful, particularly in Lao PDR and Viet Nam.

Major Lessons Learned

Process of participatory approach takes time and should be built-in in the TA design. The TA period had to be extended to allow for more inclusive process.

Multi-sectoral TAs, involving more than one sector, are complex to implement and time-intensive. Sufficient staff resources should be allocated for administering such TAs.

Follow-Up Action and Recommendations

There is a great need, and significant demand for, translating the recommendations of the TA into action by supporting specific projects addressing the health and education needs of ethnic minorities living in border areas. This TA should be followed up with a project preparation TA to develop project proposal integrating the good practices identified in the TA.

On the analytical side, similar work could be extended to Yunnan Province of PRC and Myanmar.

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Designation

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