World Bank interventions to support Indigenous peoples often need to respond to four challenges in implementation: cultural differences, geographical constraints, affordability of services, and lack of accurate data.1

1. Ethnographic studies are useful in tailoring intervention design to the specific contexts of Indigenous peoples.

2. Employing members of communities of Indigenous peoples can be effective in connecting these communities with service delivery, but keeping them engaged requires sustained commitment.

3. Adapting the supply of services for remote settings can be effective in improving their accessibility for Indigenous peoples.

4. Providing financial assistance to Indigenous peoples can promote use of services by them.

5. The lack of disaggregated data and impact evaluation hinders the tracking of specific outcomes, limiting opportunities to adapt interventions.

We used a literature review and some text analytics with qualitative synthesis techniques.

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1 Indigenous peoples may be referred to in different contexts by different terms, for example, ethnic minorities, aboriginals, scheduled tribes, or tribal groups. This Evaluation Insight Note uses the term Indigenous peoples with an understanding that the term is based on “self-identification, historical continuity to pre-colonial and/or pre-settler societies, links to territories and resources, distinct social, economic and political systems and possession of distinct languages, cultures and beliefs” (Kanigel 2023).

Drawing from the Independent Evaluation Group’s rich knowledge repository, Evaluation Insight Notes respond to the need for more rapid and focused evaluative evidence. These notes systematically analyze data from a range of evaluations, validations, and other studies to generate insights in a timely manner around important strategic and operational issues.
What can we learn from the past operations of the World Bank for working with Indigenous peoples who live in poverty?

This Evaluation Insight Note builds on Independent Evaluation Group evidence to identify lessons for working with Indigenous peoples who live in poverty.

Tolulope Olarewaju and Temitayo Olarewaju (2020) identify a strong link between poverty and Indigenous peoples in their review of poverty of Indigenous peoples in developing and developed economies.2 Also, extreme poverty—measured as living on less than US$1.90 a day—is apparent among Indigenous peoples in developing countries (Churchill and Smyth 2017; ILO 2020).3 Further, Indigenous peoples have lower levels of employment, living standards, health, and housing (FRA 2017; Gradin 2016; OECD 2017; Sullivan and Ziegert 2008; UN 2009). Geographic isolation, linguistic barriers, and lack of political representation affect education and employment opportunities for Indigenous peoples. Yet, Indigenous communities are often highly resilient. A recent study surveying 15 Indigenous communities in six countries in Central America highlights three critical factors—natural capital, cultural capital, and social capital—that account for the resilience shown by these communities in the face of recent extreme climate events and the COVID-19 pandemic (Cord and Pizarro 2021).

To identify lessons from World Bank operational experience in addressing implementation challenges in reducing poverty among Indigenous peoples, the Independent Evaluation Group (IEG) synthesized findings in Project Performance Assessment Reports (PPARs). Additionally, we referenced select academic literature focused on Indigenous peoples and analytical reports by the World Bank and other international organizations. We also drew on Implementation Completion and Results Report Reviews (ICRRs) from Vietnam for an earlier, focused, analysis on Indigenous peoples. This Evaluation Insight Note provides a limited perspective that can be expanded by drawing from other evidence, such as data from community-level civil society organizations engaged with Indigenous peoples. The methodology is summarized at the end of this paper.

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2 See also Agostini, Brown, and Roman 2010; Churchill and Smyth 2017.

3 Caste, ethnicity, religious affiliation, and class heighten the risk of chronic poverty and of continuing the cycle of poverty for following generations (Dang and Lanjouw 2015, 2018; Reddy 2015; Sumner 2013).
Our analysis suggests five lessons that could help World Bank operations better address implementation challenges: (i) ethnographic studies are useful in tailoring intervention design to the specific contexts of Indigenous peoples; (ii) members of Indigenous peoples communities can be effective in connecting these communities with service delivery, but keeping them engaged requires sustained commitment; (iii) adapting the supply of services for remote settings can be effective in improving their reach to Indigenous peoples; (iv) providing financial assistance to Indigenous peoples can promote the use of services; and (v) the lack of disaggregated data and impact evaluation hinders the tracking of specific outcomes, limiting opportunities to adapt interventions. The broader literature is clear, however, that many of the challenges facing Indigenous communities are political in nature. Some of these challenges include coordination problems among different communities (Habyarimana et al. 2007) and political processes that favor majority groups in societies (Brown and Mobarak 2009; Hassler, Storesletten, and Zilibotti 2007).

What Are the Five Main Insights from This Synthesis?

Cultural Differences

The failure to understand and consider cultural differences limits how the differing needs of Indigenous peoples could be effectively addressed (UN 2021). Often, state policy overlooks the needs of Indigenous peoples and discounts the significance of Indigenous peoples’ own cultures, beliefs, and value systems. For instance, in its 2013 paper on Indigenous peoples’ development in China and Southeast Asia, the United Nations Development Programme concludes that “throughout the [Southeast Asian] region, much can still be done in practice to promote the concept and acceptance of diversity in society” (UNDP 2013).
Ethnographic studies have been a useful mechanism in the Latin America and the Caribbean Region based on documents we reviewed. These studies have led to the development of culturally relevant training and communication materials that have improved participation in social protection projects. In Panama, an ethnographic study was undertaken to ensure that interventions were culturally appropriate to Indigenous peoples as part of a conditional cash transfer program (World Bank 2017b). Researchers observed traditional customs, such as cooking, sleeping, breastfeeding, and caring habits. Cash transfer recipients confirmed they related to the education materials and training contents developed based on the ethnographic studies that represented their clothes, houses, and customs adequately. In the Bolivia Health Sector Reform Project, the project team conducted two studies on the cultural patterns of users and providers of health care to better understand barriers that influence the use of services by Indigenous peoples (World Bank 2018a). Likewise, in the Colombia Social Safety Net Project, a social assessment plan was conducted and an Indigenous Peoples Development Plan was prepared to identify ways of reaching eligible members of those groups and provide assistance to them in a culturally appropriate way (World Bank 2011). In Mexico, the project team of Support to the Social Protection System in Health implemented specific strategies culturally adapted for Indigenous peoples, which contributed to the significant increase in enrollment among this population (World Bank 2018b).

Members of Indigenous communities can be effective in connecting communities with service delivery, but keeping them engaged requires sustained commitment.

Working with people from Indigenous communities helps connect those communities with government institutions and their services. The reports suggest that keeping those communities engaged requires ongoing effort, with the connection breaking when contributors are not retained due to operational and budget constraints.

Projects in Vietnam, Panama, and Peru connected to communities through working with the help of locally trained contributors who supported the adaptation of services to the context; the connections established between local communities and the country’s formal system were effective but hard to maintain. Some support and resources were allocated for training of staff, but these proved to be insufficient, and
projects sometimes did not identify institutional barriers to maintaining connections and retaining contributors. In Vietnam’s Northern Upland Health Support Project, training under the project included a high proportion of Indigenous peoples to increase the likelihood that trained staff would remain in their communities (World Bank 2017c). In Panama, leaders of Indigenous peoples selected community health workers to support service delivery related to the Social Protection Project (World Bank 2017b). The community health workers were supposed to receive US$25 per month as an allowance. However, by Panamanian law, this could not be given to them because they were not categorized as government staff, so the allowance was stopped. Consequently, the community health workers stopped working, and this part of the project came to a halt. In Peru, the Sierra Rural Development Project worked with Indigenous technical experts who were experienced and successful farmers and provided useful group-centered technical assistance (World Bank 2018c). The important contribution of these experts was recognized, yet once the loan closed there was no provision for the government to take on funding of these service providers.

Adapting the supply of services for remote settings can be effective in improving their reach to Indigenous peoples

Indigenous peoples often live in remote areas where services are hard to reach. The cost of providing services to these areas is high and the quality is often low (UNDP 2013). Furthermore, Indigenous peoples’ occupations are mostly in the informal sector, and these groups are, therefore, less likely to access formal sector benefits as remote locations and geographic isolation hinder access to public services (UN 2018).

Adapting supply-side interventions can effectively overcome barriers to bringing education, health, and social protection services to Indigenous peoples. Examples from Vietnam, China, and Lao People’s Democratic Republic demonstrate ways in which this can be done.

In the Central Highlands Poverty Reduction Project in Vietnam, the local authorities were unable to reach and support more-isolated Indigenous communities (World Bank 2021). The project adapted by launching specialized outreach activities in this remote setting using the local language, which contributed to the participation of Indigenous peoples in project activities.
The Third Basic Education Project in China included an intervention for minority groups in Qinghai province that shifted the location of schooling to better fit nomadic livelihoods (World Bank 2002). The intervention set up tent schools to serve the children of nomadic yak herders and shepherds. Prior social assessments had shown that boarding schools would be an inappropriate solution. Retention rates reportedly increased because of the tent schools.

In Lao PDR, the Second Education Development Project established capacity for community-based contracting to supply small education infrastructure in remote areas (World Bank 2017a). The contracting model was successful in developing infrastructure rapidly and efficiently, reaching out-of-school children at a low cost because of communities taking ownership of the infrastructure.

Providing financial assistance to Indigenous peoples can promote the use of services.

Issues such as low employment, low incomes, and high poverty make many services unaffordable to Indigenous peoples. In education, for example, Indigenous peoples in Vietnam often cannot afford secondary school tuition, even at reduced rates (World Bank 2020a). In health, Indigenous peoples in Southeast Asia and China often cannot access treatment at larger health facilities because of lack of affordable transportation services (UNDP 2013).

Interventions to provide focused financial resources to Indigenous peoples were often reported as supporting delivery in education, health, and social protection projects. Our research suggests that resource transfers to Indigenous peoples are effective mechanisms to increase the use of education and health services because they directly address key barriers to access.

Examples from Vietnam and Bolivia demonstrate how providing focused resources can increase the uptake of services. In Vietnam, for example, the School Education Quality Assurance and School Readiness Promotion Project provided school student grants and lunch subsidies for disadvantaged children between the ages of three and five, which contributed to eliminating the barrier and increased enrollment (World Bank 2017d, 2019b). In Vietnam, the Northern Upland Health Support Project had demand-side interventions that, for example, supported the travel and meals
of those seeking health care, and helped increase knowledge of the rights, entitlements, and benefits covered by health care funds (World Bank 2017c). In the Health Sector Reform Project in Bolivia, factors such as high user fees and the cost of medicines affected the use of health care services (World Bank 2018a). To overcome these, the project launched a health insurance program for mothers and children and provided free access to an essential package of health care services for people who were uninsured.

When affordability issues are not addressed, challenges remain. A social assessment conducted for the Juntos Results for Nutrition Project in Peru highlights areas where more attention to addressing and eliminating specific barriers is required before behaviors of Indigenous peoples can change (World Bank 2019a). The assumption was that uptake would increase if, for example, mothers understood the objectives of the project and user-friendly information on the benefits was made available. Materials were translated and made available for targeted populations. The uptake for nutrition services among Indigenous peoples in the districts did not increase, however. Data suggest that resources remained a constraint because the communication efforts did not remove other barriers to bringing children to health centers on time for the visits.

The lack of disaggregated data and impact evaluation hinders the tracking of outcomes for Indigenous peoples, limiting opportunities to adapt future interventions.

One of the challenges of supporting Indigenous peoples is that conditions vary, for example, in terms of communities’ relationships with political elites, geographies, histories, and belief systems. Adaptations that account for different conditions are often constrained by inadequate data. According to the Organisation for Economic Co-operation and Development (OECD 2018), it is difficult to address inequities among different groups within a society; thus, information disaggregated by various characteristics should be used to identify shortcomings.

Projects in Bolivia, Panama, Peru, and Vietnam did not have monitoring and evaluation arrangements that enabled the use of disaggregated data, hindering the ability to identify implementation failures with Indigenous peoples. In Healthcare Support to the Poor of the Northern Upland and Central Highlands in Vietnam, for example, despite the explicit focus on poor and Indigenous peoples, there were no performance
indicators or arrangements to collect disaggregated data to track outcomes among these groups (World Bank 2013). In addition, evidence from the Population and Family Health Project and Support for National Education-for-all Plan Implementation Program, also in Vietnam, did not include disaggregated data, so it was not clear whether observed improvements reached poor people and Indigenous peoples, as was intended (World Bank 2006, 2010). Similarly, in the Second Northern Mountains Poverty Reduction Project in Vietnam, benefits were anticipated through accessing services via improved infrastructure (World Bank 2018d). Data suggest that standards of living did improve; however, the lack of impact evaluation meant that the team could not assess whether the improvement was caused by the intervention or other factors. In the Social Protection Project in Panama, the delays and subsequent termination of the planned impact evaluation prevented assessment of growth promotion interventions delivered through the project (World Bank 2017b). In the Health Sector Reform Project in Bolivia, the project’s contribution to reduced mortality could not be confirmed because an impact evaluation was not performed (World Bank 2018a).

In other cases—in Vietnam and Peru—projects were unable to use available data or to collect data on Indigenous peoples, despite their inclusion in the monitoring and evaluation framework. For example, the PPAR on the School Readiness Promotion Project and Escuela Nueva in Vietnam reported that the results framework did not specify disaggregated indicators consistent with the focus on vulnerability, even though the government’s reporting systems regularly collect disaggregated data by province, gender, and Indigenous peoples (World Bank 2019b). In the Juntos Results for Nutrition Project in Peru, all indicators were designed to be disaggregated by Indigenous and non-Indigenous beneficiaries, using first language and rural location as identifiers (World Bank 2019a). However, neither these disaggregated data nor baseline data were collected.

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4 Although data were not disaggregated to capture outcomes specifically among the targeted groups, the project team suggests that given the high proportion of Indigenous peoples in the project provinces, the project as a whole can be considered as an almost exclusively Indigenous peoples project.
To synthesize lessons on supporting Indigenous peoples, we used a literature review and some text analytics with qualitative synthesis techniques.

In the literature review, we used main search terms—Indigenous peoples, ethnic minorities, and poverty reduction—with iterations including 19 other terms. We then reviewed bibliographies of key documents—those dealing with reducing poverty among Indigenous peoples—for further references. The time frame for the literature search begins in 2000.

To synthesize lessons from PPARs and ICRRs, we combined text analytics with qualitative synthesis techniques informed by meta-ethnographic approaches. The text analytics used eight keywords to search through PPARs and ICRRs for the period between 1996 and 2021. We searched 262 PPARs. Based on this sample, we identified the most pertinent documents by manually reviewing 76 PPARs from 15 countries that had PPARs with the highest frequency of the keywords. We reviewed these manually based on text extracts and coded them into three categories that address Indigenous peoples to prevent or redress harm only. The three categories were (i) substantive—interventions that directly focus on Indigenous peoples; (ii) inclusive—interventions that do not directly focus on Indigenous peoples but have considerations to increase their participation; and (iii) safeguard—interventions that focus on Indigenous peoples only in the context of safeguard. We selected a final sample of 21 PPARs from 10 countries for in-depth review that had substantive or inclusive interventions. Additionally, we reviewed 32 ICRRs from an earlier focused piece of analysis on Vietnam, selecting 8 that had substantive or inclusive content.

The review of the ICRRs and PPARs worked inductively, with lessons emerging from the text refined iteratively by two evaluators. These lessons are bounded by the evaluations and so may miss important contributions, especially from Indigenous communities themselves.
Bibliography


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