

## Chapter VII

# Indigenous peoples and ethnic minorities: marginalization is the norm

### Key messages

- Given that indigenous persons and members of many ethnic minorities often work in informal employment, the reach of contributory schemes is limited. Access to universal, tax-financed social protection schemes needs to be extended in order to improve the well-being of members of both groups.
- Conditional cash transfers will not help to improve the well-being of beneficiaries or to close the ethnic gaps in health and education if services are of poor quality.
- Spatial segregation, discrimination and a lack of legal identification hamper access to social protection by indigenous peoples and ethnic minorities.
- Intercultural dialogue and participation in decision-making by indigenous peoples and ethnic minority communities on matters that affect them should serve as the foundation for the design and implementation of social protection programmes.
- Social protection alone cannot eliminate poverty and disadvantage among indigenous peoples and ethnic minorities. Addressing the structural causes of disadvantage and promoting social inclusion requires a broader set of economic and social policies, including efforts to address discrimination.

### Introduction

There is no internationally agreed definition of what constitute indigenous peoples or ethnic minorities. An ethnic group generally shares a common sense of identity and common characteristics such as language, religion, tribe, nationality, race or a combination thereof. The term “ethnic minority” generally refers to ethnic or racial groups in a given country in which they are in a non-dominant position vis-à-vis the dominant ethnic population.<sup>96</sup> In this report, the term refers to a group of people in a nation State that meets one or more of the following criteria: it is numerically smaller than the rest of the population; it is not in a dominant position; it has a culture, language, religion or race that is distinct from that of the majority; and its members have a will to preserve those characteristics (Foa, 2015).<sup>97</sup> Some minorities are made up of the descendants of migrants or of groups brought to a country by force. In other cases, indigenous peoples became minorities as a result of the settlement and colonization of their native territories by other peoples.

Indigenous peoples possess distinct social, economic and political systems, languages, cultures and beliefs and are determined to maintain and develop their identity. Indigenous peoples can claim minority rights under international law, but specific

<sup>96</sup> See also article 1 of the Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (General Assembly resolution 47/135) and OHCHR (2010).

<sup>97</sup> See United Nations (1979), para. 568.

international mandates and mechanisms also exist to protect the individual and collective rights of indigenous peoples. Those distinctions have important political and practical implications.

It is estimated that indigenous peoples number from 300 million to 400 million worldwide (Gracey and King, 2009; Hall and Patrinos, 2012). Estimating the number of people who belong to ethnic minorities is complex, partly because of differences in definitions and methods of data collection. In China, for instance, census data indicated in 2010 that 113 million people identified with ethnic minorities (China, National Bureau of Statistics, 2011). In India, 104 million persons are identified as belonging to Scheduled Tribes and 201 million to Scheduled Castes, according to the 2011 census.<sup>98</sup> In Latin America, census-based estimates put the number of persons of African descent at 130 million in 2015 (ECLAC, 2016a). In the United States, more than a third of the population identified as Black, Asian, American Indian or Native American, Native Hawaiian or other Pacific Islander, or Hispanic of any race in 2016. The remainder identified as non-Hispanic white.<sup>99</sup>

Notwithstanding the diversity of indigenous and ethnic minority groups around the world, they share common challenges. A shared history of exclusion and discrimination based on identity has led to higher levels of poverty among them than in the dominant ethnic groups, as this chapter shows. There are significant gaps in the social protection coverage of these groups and common explanations as to why. Although the situation of many indigenous people and members of ethnic minorities has improved in recent years, some are still being left behind.

## A. Risks and disadvantages faced by indigenous peoples and ethnic minorities

Indigenous persons and members of many ethnic minorities, on average, are much more likely to live in poverty than the ethnic majority in any given country (Hall and Patrinos, 2012). In Latin America, indigenous peoples make up 8 per cent of the population but 14 per cent of those living in poverty (ECLAC, 2016a). According to one study, the percentage of indigenous peoples living below the poverty line is higher than that of non-indigenous groups in 14 out of 16 countries (Anderson and others, 2016).<sup>100</sup>

Moreover, members of those groups experience deeper poverty than the rest of the population. In China, for instance, ethnic minorities would require twice the amount of income as the majority just to reach the poverty line and thereby escape poverty; in Gabon, indigenous peoples would require three times as much income, while in Viet Nam, it would take seven times as much income for ethnic minorities to escape poverty (Hall and Patrinos, 2012). In many cases, the rate of poverty reduction has been slower among those groups, and they suffer more often from chronic poverty—poverty that is passed on from generation to generation (*ibid.*).

Disparities in poverty and income are in large part due to disadvantages experienced by indigenous peoples and ethnic minorities in the labour market. That is espe-

<sup>98</sup> For data see the Office of the Registrar General and Census Commissioner, Population Enumeration Data (Final Population). Available from [www.censusindia.gov.in/2011census/population\\_enumeration.html](http://www.censusindia.gov.in/2011census/population_enumeration.html) (accessed 18 December 2017). The Indian census does not collect data on ethnicity but indicates whether a respondent belongs to a Scheduled Caste or Scheduled Tribe based on definitions contained in the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act of 1976.

<sup>99</sup> See United States Census Bureau for data. Available from [www.census.gov/quickfacts/fact/table/US/PST045216](http://www.census.gov/quickfacts/fact/table/US/PST045216) (accessed 18 December 2017).

<sup>100</sup> The most significant differences were found in China (22 per cent higher among Tibetans), Thailand (31 per cent higher among non-Thai speakers), Panama (36 per cent higher among the Kuna Yala, Emberá-Wounaan, and Ngäbe Buglé), Peru (52 per cent higher among indigenous Amazonians) and Venezuela (42 per cent higher among indigenous peoples).

cially true for indigenous and ethnic minority women. In Latin America, for instance, the unemployment rate was 8.3 per cent among women of African descent and 5.8 per cent among white, non-indigenous women in 2013 (ECLAC, 2016b). Among persons with similar levels of schooling, men who were not indigenous or of African descent earned, on average, the highest wages, while indigenous women and women of African descent earned significantly less than men and women who were not indigenous or of African descent (*ibid.*).

Indigenous persons in rural areas are more likely to work in the agricultural sector than their non-indigenous counterparts, and informality is significantly higher among urban indigenous than non-indigenous workers (Patrinos and Skoufias, 2007). After accounting for differences in age, education levels and place of residence, indigenous persons and people of African descent are significantly less likely than white, non-indigenous persons to work in high- or semi-skilled, non-manual occupations such as managers, professionals and office employees (United Nations, 2016a).

Indigenous peoples and ethnic minorities are generally also worse off in terms of education and health than the ethnic majority. Young people from indigenous and ethnic minority groups are less likely than their non-indigenous and ethnic majority peers to complete lower-secondary school and go on to higher levels of schooling (United Nations, 2016a). In the most comprehensive global assessment of indigenous health to date, life expectancy at birth for indigenous peoples was more than five years lower than for the non-indigenous population in Australia (Aboriginal and Torres Strait Islanders), Cameroon (Bakas), Canada (First Nations and Inuit), Kenya (Maasai), New Zealand (Maori) and Panama (Kuna Yala, Emberá-Wounaan and Ngäbe Buglé) (Anderson and others, 2016).

The higher likelihood of living in poverty is not the sole cause of worse health outcomes among indigenous peoples. In private health facilities in Mexico in 2003, for example, indigenous women received fewer prenatal procedures than non-indigenous women, irrespective of their level of wealth (Barber, Bertozzi and Gertler, 2007). Similarly, members of ethnic minorities in the United States received lower quality health care, regardless of income or insurance status (Smedley, Stith and Nelson, eds., 2003).

The legacy of colonization, slavery and dispossession of land, territories and resources is at the root of the disadvantage experienced by indigenous peoples and many ethnic minorities. The remainder of this section focuses on three factors that drive the risks and disadvantages faced by indigenous peoples and ethnic minorities: spatial disadvantage; culture and language; and prejudice and discrimination.

In many cases, spatial disadvantage has been instigated and perpetuated by State action through the dispossession of land, the creation of reservations, housing policy, zoning rules and laws regarding land use. This threatens indigenous peoples' way of life and identity, which depend on access and rights to their traditional lands, territories and natural resources.

Geographic concentration in rural and remote areas with poor infrastructure and few opportunities for non-agricultural employment partly explains lower levels of education, poorer health, higher rates of unemployment and informality and lower returns on productive activities among indigenous peoples and the ethnic minorities that live predominantly in such areas (Van de Walle and Gunewardena, 2001; United Nations, 2016a). Urban areas usually offer more infrastructure and better access to services, but residential segregation along ethnic lines often has negative consequences for minorities when it amounts to a geographic concentration of poverty. Residential segregation by race in the United States, for instance, has contributed to higher morbidity and mortality, and worse birth outcomes, among people of African descent, regardless of their socioeconomic status (Mehra, Boyd and Ickovics, 2017; Williams and Collins, 2001).

In addition, indigenous and ethnic minority cultures and languages have historically been suppressed and undermined, in large part through colonization. Few countries today actively suppress indigenous cultures or those of ethnic minorities, but the failure in many to take cultural differences into consideration means that marginalization persists. For instance, as much as 40 per cent of the world's population does not have access to education in a language they speak or understand (UNESCO, 2016c). In countries where bilingual education is available, the quality of instruction in minority languages has been called into question (UNESCO, 2015). Similarly, differences in languages spoken by patients and health-care providers, along with a lack of understanding of indigenous culture and traditional health care systems, lead to a lack of culturally appropriate health services (United Nations, 2015d).

Discrimination is a key driver of the social exclusion of indigenous persons and members of ethnic minorities. Many continue to face formal barriers to citizenship, voting and access to justice. As of 2006, 196 ethnic or religious minorities in 108 countries faced some type of formal legal discrimination (University of Maryland, 2015). Overtly discriminatory behaviour is also a major issue. For instance, 20 per cent of indigenous women in the Plurinational State of Bolivia report experiencing discrimination when seeking health care at hospitals or health centres (Coordinadora de la Mujer, 2014).

Social movements have advocated, sometimes successfully, measures to encourage the political representation of indigenous and ethnic minority groups, most frequently in the form of proportional representation in political bodies, reservations or quotas. In Nepal, for instance, minority groups were underrepresented until the introduction of a proportional representation and reservation system in 2007 (Gurung, Tamang and Turin, 2014). Nevertheless, such efforts have not always improved the responsiveness of Governments to the needs and views of indigenous or ethnic minority groups (Htun, 2016).

Against a backdrop of high rates of poverty, disadvantages faced in the labour market and in obtaining good-quality services, and spatial segregation and historical discrimination, social protection programmes can promote the inclusion of indigenous peoples and ethnic minorities by improving their income security and education and health outcomes.

## B. Gaps in social protection coverage for indigenous peoples and ethnic minorities

Because of the difficulties they face in the labour market, indigenous persons and members of many ethnic minorities are not as well covered by contributory social insurance schemes as members of the ethnic majority. Moreover, they receive less in benefits. Such schemes, however, constitute the predominant form of social protection in Northern America, Latin America, Asia and the Pacific—regions with numerous indigenous peoples and ethnic minorities (ECLAC, 2016b; Errico, 2017).

### 1. Contributory social protection coverage

In developed countries, indigenous peoples and members of ethnic minorities receive lower benefit amounts from contributory pensions, on average, than members of the ethnic majority, mostly as a result of higher unemployment and lower wages across the life cycle. In the United States, for instance, the expected social security retirement pension benefit for a typical white household head nearing retirement age was more than twice that of a black household head and 1.5 times higher than that of a Hispanic household head in 2013 (Veghte, Schreur and Waid, 2016). Moreover, private retirement savings of typical white household heads approaching retirement age are 10 times greater than

those of their black counterparts and serve to widen further the ethnic gap in income security in old age (*ibid.*). In Latin America, indigenous persons and people of African descent were less likely than members of the ethnic majority to be affiliated to a pension system in seven countries for which data were available around 2013 (Brazil, Chile, Ecuador, Paraguay, Peru, Plurinational State of Bolivia and Uruguay). In Brazil, while 70 per cent of the ethnic majority was affiliated to the pension system, only 43 per cent of indigenous people and 55 per cent of people of African descent were (ECLAC, 2016b).

Although indigenous persons and members of ethnic minorities are more likely to be unemployed than members of the ethnic majority, they are less likely to apply for or receive unemployment benefits (Gould-Werth and Shaefer, 2012). In Serbia, about 12 per cent of Roma received social insurance benefits in 2003, compared with 51 per cent of the non-Roma population, and only 6 per cent received old-age pensions, compared with one third of the total Serbian population (Bodewig and Sethi, 2005).

## 2. Tax-financed social protection coverage

Tax-financed social protection can play an important role in providing income support for indigenous peoples and ethnic minorities facing poverty and disadvantage in the labour market. Recognizing those disadvantages, some countries have relaxed prerequisites for social pensions among older indigenous persons. In Paraguay, they are exempted from the means test for its *Pensión Alimentaria para Adultos Mayores en Situación de Pobreza*, given that studies have found near universal poverty among older indigenous adults in the country (Lavigne, 2012; Paraguay, Ministry of Finance, 2013). In Colombia, older indigenous people living in extreme poverty can access the *Subsidio Económico del Programa de Protección Social al Adulto Mayor* from the age of 50, as opposed to 52 for all other women and 57 for all other men. In Nepal, the pension-tested Old Age Allowance is generally available to everyone aged 70 years and older, but to members of recognized marginalized groups from the age of 60 (Holmes and Uphadya, 2009).

In Latin America, indigenous persons and members of ethnic minorities are usually overrepresented among beneficiaries of conditional cash-transfer programmes. In Mexico and Peru, the percentage of indigenous persons participating in them is as high as that of non-indigenous people and, in some regions, higher (Ham, 2014; Quinones and Roy, 2016; Hall and others, forthcoming). In Brazil, 10 per cent of white families participate in that country's programme, compared with almost a quarter of families of African descent, who represent two thirds of all beneficiaries.<sup>101</sup> In Panama, the greatest number of *Red de Oportunidades* programme beneficiaries in 2012 were in the indigenous territory of Ngäbe-Buglé. Indigenous households comprised the majority (58 per cent) of beneficiaries nationwide (Juárez de Díaz and Alvarado, 2013). In Colombia, in contrast, while noteworthy efforts have been made to increase the enrolment of indigenous households in the *Familias en Acción* programme, indigenous persons made up 3 per cent of all beneficiaries in 2011. That mirrored the size of the total indigenous population as a percentage of the country's population according to the 2005 census (Gutiérrez, Hernández and Rubio, 2012).

However, none of the above-mentioned studies reveals whether greater coverage of indigenous peoples and ethnic minorities points to the effectiveness of programmes in reaching them or, rather, to the fact that they tend more often than other population groups to live in poverty. In Serbia, for instance, although almost 80 per cent of Roma received some form of tax-financed social protection in 2003, 16 per cent of Roma living in poverty were not covered by any social protection scheme, compared with 7 per cent of the total population living in poverty (Bodewig and Sethi, 2005).

<sup>101</sup> Based on research conducted by Marcelo Paixão, see: [www.americasquarterly.org/morrison](http://www.americasquarterly.org/morrison).

### 3. Barriers to accessing social protection

Geographic isolation presents an obstacle to social protection coverage for indigenous peoples and some ethnic minorities. Although a high percentage of indigenous persons are covered by conditional cash-transfer programmes in some Latin American countries, many such programmes use the presence of education and health facilities to determine where programmes are introduced. In Mexico, some indigenous peoples have been consistently excluded from that country's Oportunidades scheme (formerly known as Progresa) because they live in extremely remote areas for which the household survey data needed for the targeting process is lacking (Ulrichs and Roelen, 2012). Indigenous peoples living in areas beyond the reach of the Government's social services network are not covered (Servan-Mori and others, 2014). Internal displacement adds an additional barrier to access. In Serbia, almost 80 per cent of Roma who were internally displaced did not apply for family material support benefits in 2003, nearly double the proportion of non-displaced Roma (Bodewig and Sethi, 2005).

Lack of information about programmes and eligibility requirements also constitutes an important barrier to the enrolment of indigenous persons and members of ethnic minorities (Hossain, 2011; South African Social Security Agency and UNICEF, 2013). Lower rates of birth registration and a lack of legal identification documents among them also hinder access to social protection by indigenous persons and members of ethnic minorities, as well as to education, health services and justice (Abouzahr and others, 2014; Errico, 2017). In some cases, they are even denied citizenship (see box VII.1).

#### Box VII.1

##### **When definitions of "universal" are restrictive: citizenship and Rohingya Muslims in Myanmar**

Many countries with sizeable ethnic or racial minority populations have made noteworthy advances in establishing universal social protection programmes. Botswana, Brazil, Costa Rica, Lesotho, Myanmar, Namibia, Nepal, the Plurinational State of Bolivia, South Africa, Thailand and Viet Nam, among many others, have established pensions systems offering income security to all older citizens. Being universal, their programmes include, in principle, ethnic minorities on an equal basis with other national groups.

In some countries, however, members of ethnic minorities have been deprived of citizenship, purportedly in the context of crackdowns on irregularities and undocumented migration, even though they may have resided in those countries for generations. In Myanmar, for example, the Citizenship Law of 1982 states that citizens must belong to one of 135 recognized national ethnic groups or that their ancestors must have settled in the country before 1823 (Minority Rights Group International, n.d.). Members of the Rohingya minority and other Muslim groups were not included in the list of recognized ethnic groups and could not document the length of their families' settlement in the country. As a result, most Rohingya and many other Muslims have been denied citizenship in Myanmar and are effectively stateless.

Since 1982, the primary documents held by stateless persons, including the Rohingya, to confirm their legal residence in Myanmar had been so-called temporary identity certificates. Those certificates expired in 2015 and the "identity card for nationality verification" that replaced them has widely been viewed with suspicion. Take-up has thus been low and, as a result, most Rohingya and other stateless persons have no valid identity document (United Nations, Human Rights Council, 2016). In 2014, in the first census conducted

by the Government in 30 years, a directive prohibited Rohingya from identifying as such, which led to their de facto exclusion from official statistics as well.

Such discriminatory treatment and the lack of identity documents results in a denial of other rights, including the right to social security and basic social services. The establishment of universal social protection floors is laudable, but steps to ensure legal identity for all—and proof thereof—are needed in many countries to ensure that social protection is truly universal.

Historically, formal discrimination has also played an important role in maintaining exclusion of indigenous peoples and ethnic minorities from social protection schemes. In Australia, for example, Aborigines were not eligible for social security benefits, even as public sector employees, until the Social Services Act was amended in 1959. Notwithstanding the reform, the system remained out of reach for most older Aborigines owing to the lack of birth certificates, poor literacy, which impeded the completion of application forms, and misinformation about eligibility (National Museum of Australia, n.d.). Similarly, in New Zealand, Maoris were excluded from the national old-age pension, which was introduced in 1898. Deputy registrars impeded access to the pension by Maoris until at least the 1930s. Those who did obtain a pension frequently saw benefits reduced to two thirds of those paid to pensioners of European descent (Consedine and Consedine, 2012).

While many discriminatory laws and policies have been repealed, prejudice and discriminatory practices continue to affect access to social protection. In Mexico, indigenous Huichol persons cite the lack of legal documents and unhelpful, arrogant and disrespectful staff, among other factors, as reasons for their not gaining access to social protection (Gamlin, 2013). In Bangladesh, discrimination faced by Adivasis is manifested by the failure to provide them with proper information on social protection schemes, their exclusion from committees responsible for selecting beneficiaries and the lack of the political connections needed to gain access to the schemes (Hossain, 2011, see also box VII.2).

#### Box VII.2

##### **“Who told you to come? It was not meant for you.”**

This is the response Adivasi people receive when they approach government offices providing safety net services in the rural areas of the High Barind region in Bangladesh. Some 27 safety net programmes in the country provide support for the extremely poor, in particular widows, older persons and other vulnerable groups. A profile of Adivasi households in the Barind region shows that more than 97 per cent are technically eligible for support through one or more of those programmes, but that less than 3 per cent receive benefits. It appears that not only a lack of information, but also overt discrimination and corruption, lie behind their exclusion. Government commissioners do not visit Adivasi communities and, although programme information is disseminated in mosques, it is not available in the religious sites of the Adivasis. Public officials deliberately withhold information from the Adivasis, whom they view as unworthy of public support. Lastly, receiving the card necessary for obtaining benefits often requires payment of a bribe, which many Adivasis cannot afford (Hossain, 2011). Although some of the safety net programmes have a positive, albeit limited, impact on livelihood opportunities, food security and social participation, they fail to tackle deeper structural causes of Adivasi exclusion and poverty (Siddiki and others, 2014).

## C. Expanding access to social protection for indigenous peoples and ethnic minorities

### 1. Improving coverage

Given the limited reach of contributory social insurance, the coverage provided by tax-financed social protection schemes needs to be extended in order to improve the well-being of indigenous peoples and ethnic minorities. Many countries have made progress in improving overall access to tax-financed schemes, although benefits are sometimes insufficient to guarantee income security. Only some countries, however, have acted to improve access for indigenous peoples and ethnic minorities.

Some countries in Latin America have adapted the design and implementation of their conditional cash-transfer programmes to the needs of indigenous peoples, primarily by expanding them to cover areas where indigenous people live in significant numbers (Robles, 2009). Between 2000 and 2008, coverage in Mexico almost doubled in indigenous localities (localities where at least 40 per cent of the population identifies as indigenous). By 2008, close to 95 per cent of the indigenous population living in such localities was covered (World Bank, 2009). In Panama, the Red de Oportunidades scheme was initially rolled out in predominantly indigenous regions and subsequently extended to indigenous persons living in urban areas and non-indigenous people living in poverty (Cecchini and Martínez, 2011; Robles, 2009). The proportion of indigenous beneficiaries rose from 36 per cent in 2007 to 58 per cent of all beneficiaries in 2012 (Robles, 2009; Juárez de Díaz and Alvarado, 2013).

There is a limit to that approach, however, given that not all indigenous peoples or ethnic minorities may be concentrated in specific areas of a country. Latin American censuses reveal that nearly as many indigenous persons live outside officially designated indigenous territories as in them (Márquez, Plana and Villarroel, 2017, table 1). Moreover, potential beneficiaries in rural or remote locations may not be able to meet the requirements of conditional cash-transfer schemes owing to a lack of education or health services (Ulrichs and Roelen, 2012).

An alternative to the geographical approach is to target indigenous peoples or ethnic minorities categorically based on their identity. Categorical targeting has worked in Brazil, for instance, where health-care targeting of indigenous children has had a significant impact (Coates, Del Pino Marchito and Vitoy, 2016). Vaccination coverage of indigenous children increased from just over 40 per cent in 2000 to more than 90 per cent in 2014 (*ibid.*). In Viet Nam, a tax-financed programme targeting ethnic minorities contributed to a decline from 2006 to 2008 in the level of poverty among those groups of between 6 per cent and 8 per cent and led to improved access by them to services (Jones and Stavropoulou, 2013).

Categorical targeting, however, also has drawbacks, including the possible rise in stigma experienced by members of minority groups. One way of avoiding that problem is to broaden access to universal social protection schemes (see also chapters I and VIII). Coverage of indigenous peoples and ethnic minorities tends to improve when total coverage expands. In India, for instance, the spread in coverage under the Mahatma Gandhi National Rural Employment Guarantee Scheme has seen enrolment among members of the Scheduled Tribes, Scheduled Castes and Other Backward Classes rise faster than that of the general population (Dutta and others, 2014). Similarly, the proportion of persons of African descent covered by the Bolsa Família programme in Brazil has increased faster than that of the total population as the programme has expanded.

Increases in coverage, however, do not ensure the appropriateness of social protection measures for indigenous peoples and ethnic minorities. In addition, social protection benefits may not be sufficient to reduce inequalities between ethnic groups in terms of poverty or well-being. The historical roots and unique forms of disadvantage and discrimination faced by indigenous peoples and members of many ethnic minorities are not easily erased through the provision of one-size-fits-all social protection schemes (Ulrichs and Roelen, 2012).

Intercultural dialogue and participation in decision-making by representatives of indigenous peoples and ethnic minorities on matters that affect them are the foundation of normative legal frameworks on the rights of members of those groups, such as the ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169), and the United Nations Declaration on the Rights of Indigenous Peoples. In Colombia, the active role played by indigenous autonomous governance structures in the Familias en Acción programme was key to better meeting the needs of indigenous communities (Robles, 2009). To reach consensus on the implementation of the Red de Oportunidades programme in Panama, including on the conditions the programme imposes on beneficiaries, beneficiary families have been consulted on a range of issues, including land ownership and barriers to education and health services (Robles, 2009). Conditions and services are tailored to the identified needs of beneficiary families. Given the social, cultural and historical contexts that influence the well-being of indigenous peoples and ethnic minorities, their involvement in the design and implementation of social protection schemes is paramount for surmounting barriers to access and ensuring that the schemes reflect their priorities and needs.

## 2. Impact on poverty and education

Evidence on the extent to which social protection promotes the inclusion of indigenous peoples and ethnic minorities and helps to close gaps between them and the majority is scarce. An important exception is the work of the Commitment to Equity Institute,<sup>102</sup> particularly its tax and social protection benefit incidence analysis, disaggregated by ethnicity, for several countries in Latin America.

Attempts to assess the effects of social protection in the region on gaps relating to ethnicity in income as part of all direct transfers (cash and in-kind transfers) and taxes produce a varied picture. The sum of direct taxes paid and transfers received from tax-financed social protection programmes leads to a near-negligible reduction of income inequalities between ethnic groups in Brazil, and has no effect on income inequality between ethnic groups in Guatemala or the Plurinational State of Bolivia (Lustig, 2017b, table 2). In those two countries, transfers and taxes have a negligible impact on poverty gaps between indigenous and non-indigenous groups, especially once the effect of consumption taxes is taken into account (ibid.).

Although indigenous persons and members of ethnic minorities make up a higher percentage of cash-transfer programme beneficiaries in those countries, the benefits they receive are too low to significantly alter the ethnic poverty gap (ibid.). In Guatemala, for instance, the scale of the conditional cash-transfer scheme Mi Familia Progresiva is too small to make a meaningful difference, although it does appear to reduce income disparities between the indigenous and the non-indigenous populations somewhat (Cabrera, Lustig and Morán, 2015). In Brazil, in contrast, persons of African descent receive half as much in public transfers, on average, as whites, primarily because the latter benefit more from the country's special circumstances pension (Lustig, 2017b).

<sup>102</sup> See [www.commitmentoequity.org](http://www.commitmentoequity.org).

Evidence suggests that conditional cash-transfer programmes have had an impact on ethnic disparities in terms of school enrolment and educational attainment. In Brazil, the Bolsa Família scheme spurred an increase in enrolment among ethnic minority children more so than among white children from 1998 to 2005, but improvements in student retention rates among indigenous and ethnic minority students have not kept pace with enrolment (Glewwe and Kassouf, 2012). In Mexico, for children who began participating in the former Progresa programme at the age of 8 or 9 years, the gap in educational attainment between indigenous and mestizo males 10 years later narrowed significantly (González de la Rocha, 2010). Moreover, the educational attainment of young indigenous women was higher than that of young mestizo women approximately 10 years after they first joined the programme (see table VII.1). Improvements in the rates of grade completion, primary school completion and secondary school enrolment were greater for indigenous children than for non-indigenous children participating in the scheme (Quinones and Roy, 2016).

Table VII.1

**Average years of completed schooling among young adults in four Mexican states, by sex and indigenous status, 2008**

	Long-term beneficiaries		Non-beneficiaries (control group)	
	Indigenous	Mestizo	Indigenous	Mestizo
Men	9.6	10.0	6.5	8.7
Women	9.7	8.9	6.8	8.5

Source: González de la Rocha (2010).

### 3. Impact on health

The Progresa scheme had limited success in reducing disadvantages in terms of health care in indigenous communities in Mexico. Although it led to an increase in growth monitoring for children and deworming treatments, it did not translate into a significant improvement in their health (Quinones and Roy, 2016). That is probably because of the relatively low quality of health and sanitation services in those communities and suggests that conditional cash-transfer programmes cannot help to achieve health goals without improvements in the quality of basic services. In Peru, the Juntos programme has had a measurable positive impact on education but not on health (Hall and others, forthcoming).

Ethnic minorities are less well covered by health insurance than the ethnic majority in many countries. In the European Union, for instance, about 20 per cent of Roma surveyed in 11 countries in 2011 were not covered by health insurance, or did not know if they were covered (European Union Agency for Fundamental Rights and UNDP, 2012). The ethnic gap in some countries was considerable: in Bulgaria, Greece and Romania, about 45 per cent of Roma indicated that they had health insurance, compared with 85 per cent of non-Roma respondents (*ibid.*). In the United States, 37 per cent of the indigenous population and nearly one third of Hispanic people aged 64 and younger are uninsured, compared with 13 per cent of the white population (Artiga, 2013). A lack of clarity in and understanding of health-care insurance rules, unawareness of eligibility, and language and literacy barriers contribute to those gaps.

National tax-financed schemes have narrowed the ethnic gap in health insurance in many countries. In Mexico, coverage by the Seguro Popular scheme among indigenous peoples increased from 14 per cent to 62 per cent in the six years to 2012 and from 10 per cent to 36 per cent among the non-indigenous population (Leyva-

Flores and others, 2013). In India, the National Health Insurance Programme has led to a reduction in out-of-pocket health expenditure for members of Scheduled Castes and Muslims living in poverty in two states, but has been ineffective among the rest of the population (Karan, Yip and Mahal, 2017; Sabharwal and others, 2014). However, districts with a higher proportion of people from Scheduled Castes, Scheduled Tribes and Other Backward Classes are less likely to participate in the programme (Nandi, Ashok and Laxminarayan, 2013). In Viet Nam, ethnic minorities are covered by health insurance at a much higher rate than the ethnic majority (80 per cent compared with 49 per cent in 2012), probably as a result of efforts by the Government to provide health insurance for people living in poverty, of which ethnic minorities make up a disproportionate share (Dang, 2017).

#### 4. Promoting inclusion of indigenous peoples and ethnic minorities

Most evidence regarding the differential impact of social protection programmes comes from the evaluation of conditional cash-transfer programmes in Latin America. The cultural appropriateness of such programmes for some indigenous peoples, particularly those living in settings removed from markets and modern lifestyles, has been called into question. For traditional, subsistence-oriented indigenous groups, the quick introduction of cash may disrupt traditional community coping strategies and cause negative dietary changes. Programmes may thus need to be adjusted if they are to achieve maximum impact in those communities. Ideally, that means involving representatives of indigenous peoples and ethnic minorities in their design and implementation.

There are also questions regarding the quality of services received by beneficiaries of conditional cash transfers, and whether they are sufficient to close the ethnic gap in education, health and labour force participation. The education and health of indigenous and ethnic minority children will not improve in the absence of good-quality services. In traditionally underserved areas in Peru, such as remote indigenous communities, the rapid spike in demand for health and education services resulting from the conditions regarding school attendance and health care attached to participation in the *Juntos* programme has not been matched by commensurate improvements in those services. As a result, children attend school to stay in the programme, but with few tangible results (Jones, Vargas and Villar, 2008). In Mexico, the quality of services available to beneficiaries of the *Oportunidades* scheme is one of its administrators' main concerns. Assessments indicate that low-quality instruction and poor academic performance abound in rural and indigenous schools and among distance learners (Robles, 2009). A recent study shows that the positive impact of conditional cash-transfer programmes on schooling is amplified when transfers are accompanied by investment in the school system, such as through school grants or cash transfers to teachers or parent-teacher associations (García and Saavedra, 2017).

The potentially positive impact of social protection on the well-being of indigenous peoples and ethnic minorities is also curbed by differential returns on education and skills in the labour market according to ethnicity and gender (United Nations, 2016; Ulrichs and Roelen, 2012; ECLAC, 2016a). Ethnicity and gender continue to affect employment opportunities and wages, regardless of levels of education. Increasing the uptake of services alone—even when accompanied by cash transfers that help to meet immediate needs—does not automatically produce better long-term results (UNDP, 2016a). Social protection programmes alone are not the solution to the structural causes of chronic poverty and disadvantage among indigenous peoples and ethnic minorities. Promoting social inclusion for these groups requires a broader set of economic and social policies and government action to combat prejudice and discrimination.

## Conclusions

Social protection programmes have a role to play in reducing inequalities between ethnic minorities and the ethnic majority and in improving the well-being of indigenous persons and members of ethnic minorities. Universal, tax-financed social protection measures are needed to boost coverage for those groups, but other barriers must also be addressed, including spatial disadvantage, the lack of legal identification and discrimination. Countries have employed several strategies to improve coverage, including geographic and categorical targeting. A large proportion of indigenous peoples and ethnic minorities receive social assistance, but a rigorous assessment of the extent to which that reflects improvements in coverage, or simply the fact that those groups more often live in poverty, remains to be done.

Evaluations of conditional cash-transfer schemes in Latin America suggest that there have been modest advances in addressing the ethnic poverty gap and ethnic disparities in education through tax-financed social protection programmes. Questions remain as to whether they are sufficient and how effective they are, as well as with regard to the quality and content of services linked to them. Demands arising from conditionality are not matched by sufficient access to good-quality services, particularly in remote and underserved areas where many indigenous peoples and ethnic minorities live. Criticism is therefore levelled at such programmes for the enforcement of conditions that make no difference to the lives of beneficiaries in the long term, such as compulsory attendance at schools where learning is compromised by factors such as overcrowding and the lack of qualified teachers. The suitability of requiring indigenous children to attend schools that fail to offer learning in their native languages and acknowledge and promote their cultural heritage has also been called into question.

The extent to which social protection programmes benefit indigenous peoples and ethnic minorities depends on whether they address the needs of and challenges faced by these groups. Involving their representatives in the design and implementation of programmes is one way of ensuring that they better address the needs of indigenous peoples and ethnic minorities and reflect the reality in which they live.