



EVALUATION OF ECHO-FUNDED NUTRITION AND FOOD AID ACTIVITIES FOR BURMESE REFUGEES IN THAILAND

November 10 – December 11, 2003

FINAL REPORT



Claudio Schuftan
Albertien van der Veen
Vincent Baquet
Pattanee Winichagoon



For S.H.E.R. Ingénieurs-Conseils s.a. (www.sher.be)

**This Evaluation Report has been financed by and produced at the request of the European Commission (ECHO/EVA/210/2003/01007) at a cost of 145.126 Euro (= 0,02 % of the 2003 budget).
The comments contained herein reflect the opinions of the consultants only.**

April, 2004.

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ACRONYMS

AMI	Aide Medicale Internationale
ANC	Antenatal Care
BBC	Burmese Border Consortium
BMI	Body Mass Index
COERR	Catholic Organisation for Emergency Refugee Relief
CCSDPT	Committee for Coordination of Services to Displaced Persons in Thailand
CIDKP	Committee for Internally Displaced Karen People
CIDKnP	Committee for Internally Displaced Karenni People
GFB	General Food Basket
GMP	Good Manufacturing Practices
IDP	Internally Displaced Person
INMU	Institute of Nutrition of Mahidol University
IOM	International Organisation for Migration
IRC	International Rescue Committee
ITSH	Internal Transport, Storage and Handling
KAP	Knowledge, attitudes and Practices
KNU	Karen National Union
KORD	Karen Office for Relief and Development
KRC	Karen Refugee Committee
KWO	Karen Women's Organisation
KnRC	Karenni Refugee Committee
KnWO	Karenni Women's Organisation
MHD	Malteser Hilfsdienst
MSF France	Medecins sans Frontieres, France
MUAC	Mid-upper-arm Circumference
NLD	National League for Democracy
PEHD	Polyethylene high density
PNC	Postnatal Care
SMRU	Shoklo Malaria Research Unit
SPDC	State Peace and Development Council
WEAVE	Women's Education for Advancement and Empowerment
SFP	Supplementary Feeding Programme

EXECUTIVE SUMMARY



EVALUATION REPORT - EXECUTIVE SUMMARY (MARCH, 2004)

Project title: **FOOD AND RELIEF TO BURMESE REFUGEES IN TAK PROVINCE (THAILAND)**

Implementing agencies: **ICCO/BBC**

I. PROJECT DATA

<p>Project Location: Thai-Burma/Myanmar border</p> <p>Projects:</p> <p>ECHO/THA/210/2000/01004: Signed: 15/9/2000 Started: 1/3/2000 Ended: 31/12/2000</p> <p>ECHO/THA/210/2001/01002: Signed: 6/6/2001 Started: 1/3/2001 Ended: 31/12/2001</p> <p>ECHO/THA/210/2002/02001 + 05001: Signed: 17/6/2001 + 30/1/2003 Started: 1/5/2002 + 1/12/2002 Ended: 28/2/2003 + 28/2/2003</p> <p>ECHO/THA/210/2003/01001: Signed: 22/5/2003 Started: 1/3/2003 Ended: 31/12/2003</p>	<p>Sector: FOOD, NUTRITION</p> <p>Desk Manager: ODILE MINICHETTI-PERRIOT</p> <p>ECHO Technical Assistant: BERNARD DELPUECH</p> <p>Evaluators : CLAUDIO SCHUFTAN, ALBERTINE VAN DER VEEN , VINCENT BAQUET, PATTANEE WINICHAGOON</p> <p>Evaluation field visit dates: November 10 to December 10, 2003.</p>
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II. FINANCIAL DATA

Primary Commitments (BBC project budgets) in EUROS:	2000: 3 million; 2001: 3.205 million; 2002: 2 million + 0.5 million; 2003: 3.5 million*
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*: 21.474 million total since 1995.

III. THE CONTEXT

1. In the last eight years, the number of refugees along the Thai/Burmese border has increased from 92,000 to 152,000. During this time, the military regime in Burma has strengthened its control and has continued to crush ethnic groups' resistance (Karen, Karenni and Mon). For the last three years, the flow of new refugees has continued at a rate of 600-800 per month arriving at the remaining nine camps in this border.

2. The future of these refugees remains uncertain and their dependency in the nine remaining camps is almost total. The camps are still vulnerable to incursions by the Burmese army, but no incidents have been reported since 1998. Restrictions on the refugees and their quality of life in the camps have rather worsened than improved.

3. There are no signs of any let-up in the situation. Moreover, there are still hundreds of thousands of internally displaced people (IDPs) inside Burma all of whom are potential refugees as long as abuses continue. The most likely scenario remains one of continuing refugee arrivals with, for now, very remote chances of a return.

4. For its work in the Thai/Burmese border, ECHO has been funding the Dutch NGO Interchurch Organisation for Development Cooperation (ICCO) which, in turn subcontracts the Burmese Border Consortium (BBC), an organisation active in feeding refugees there since 1984 -with ECHO support since 1995..
5. For the period evaluated (2000-2003), ECHO has financed the basic food ration and cooking fuel needs of three camps in Tak province (Nu Po, Mae La and Umpiem)¹ for a total of €12.2 million. Since 1995, ECHO has spent around €21.5 million Euro in the border area on food aid and cooking fuel. Currently (year 2003), the European Union provides 37% of all BBC's funding (€3.5 million from ECHO and €2 million from Relex).
6. From 2000 to 2003, the feeding operation has seen average camp populations to be fed go up from 35,000 to 45,000 in Mae La, from 16,000 to 19,000 in Umpiem, and from 9,000 to 12,000 in Nu Po.
7. The last evaluation of ECHO's food aid to these refugees in Thailand was in 1997. A fresh evaluation of activities since 2000 was deemed necessary by ECHO to give direction to its future operations in the area. Although ECHO financed only 3 camps, evaluators visited eight of the nine existing camps in Thailand and had discussions about two resettlement areas inside Burma. ECHO thought that lessons from all camps would be more useful to make final recommendations.
8. The evaluation focused on the effectiveness and impact of procurement and logistical operations, as well as on the nutritional aspects of the ECHO-funded operations. Below are presented the key findings, main conclusions, lessons learned and recommendations related to those two fields of intervention, as well as on the other main evaluation criteria (relevance, efficiency, project management and sustainability) and cross-cutting issues.

IV. PROCUREMENT AND LOGISTICS OF THE FOOD AND FUEL PROVIDED

Beneficiary involvement

9. It is clear that the intended beneficiaries have received the project's foreseen and planned benefits. Refugees take primary responsibility of all distribution operations in the camp and BBC has capacitated them for this job; but there is room for much improvement here. Not so positively, it was found that households do not always keep the ration books; these are often kept by the elected team that runs the godown and keeps the records in forms standardized by BBC. Women are under represented in these teams and means are to be found to improve this situation. More training for godown teams are called for.

Population figures used

10. De-facto, and against many odds, the system BBC has set up incorporates new refugee arrivals quickly. After in depth inquiries, it can be said that, by and large, the population figures used to calculate deliveries of commodities to the camps are correct. They may be slightly overestimated, but fall well within the percentage of tolerable error called for by SPHERE standards. Student figures in Mae La, the biggest camp, seemed unreliable to evaluators, so a head count by BBC is recommended in the coming months. As this is not currently the case, deaths and births need to be reported to BBC on a monthly basis by the respective health NGO in each camp.

¹ In 2003, ECHO financed 2 camps out of the 3 mentioned: Mae La and Umpiem.

Tendering procedures

11. BBC's procurement and tendering processes were found to be well documented and transparent; factors other than price alone determine the award of contracts. Tenders comply with ECHO standards, but still need some fine-tuning. No international tenders have been called for mung beans, oil and charcoal since quantities are too small to interest bidders. The requirement of international tendering for all commodities should actually be waived.

Computation of data

12. The quantitative computation of logistical data in the camps and in BBC's Tak province field office was found in need of improvement. For example, the filing system for the storage and distribution operations is not kept on a per-camp basis; this makes all monitoring difficult. The office is not using proprietary software for this kind of work; arithmetic errors are thus possible and purchases orders are not automatically generated. BBC is to streamline the computation of its logistical data (see below).

Efficiency of the transport of commodities

13. The transport of commodities is judged to be efficient; it keeps overhead costs low and reasonable (as checked by evaluators). Tenders require delivering commodities at the camp site. Using this approach, BBC has managed an impeccable record of timely deliveries --even under tightening Thai authorities' regulations.

Global logistical monitoring

14. Most quality controls currently in place are well within the minimum ECHO requirements. Nevertheless, most often, BBC actually pays for what has been ordered, regardless of inspection results; this calls for corrective measures. Salt, a commodity not provided by ECHO, was found to be unevenly iodised (and not routinely tested for). BBC is committed to improve these aspects of its operations. A monitoring consultant would be welcome to help in the process.

Handling of goods in the camp's warehouses

15. Entrusting the refugees themselves to receive and handle goods in the camps has worked well. Godown teams remain committed, but still lack basic book-keeping skills. Written documentation of situations in which commodities received were in bad condition was not found in the camps visited.

16. Due to construction restrictions imposed by the Thai authorities, the warehouses are of rather poor quality; they are just acceptable to serve the basic storage needs of the camps. Warehouses visited were not kept clean and more efforts are needed to enforce this, as well as the system used to piling rice bags. Some problems with pests were reported (mainly rodents and white ants) and should be taken care of. BBC has developed a set of monitoring forms for godown inspection and household checks; they are regularly filled by BBC's field assistants, but follow-up on issues recoded is not systematic. Monitoring shortfalls on the side of BBC are mainly due to human resources shortfalls in the field. Agreement is being sought as to whether godown team members should receive a formal monthly emolument for their work (which evaluators are of the opinion they should get to be able to demand greater monitoring reliability).

Timeliness and appropriateness of the distribution process

17. By and large, the many refugees interviewed are happy with the quality of commodities they receive. Data are recorded in the ration books which evaluators recommend should be kept by the

individual households. The distribution of commodities is well advertised by loudspeakers and is done using volume measures rather than weighing scales and recipients feel this is an acceptable substitute. Nevertheless, BBC is now moving to better calibrate these measures. Beneficiaries' knowledge about their entitlements of the different commodities provided is good.

Camp distribution activities monitoring

18. BBC has problems making further (minor) management improvements in its distribution operations with the current lack of full reliability of the feedback it gets from godowns. (To put things in the right perspective though, the magnitude of the preceding problems is still below the SPHERE-set standards). Indicators to assess progress in cross-cutting issues do not exist and are not monitored. BBC is to hire one more field assistant for Mae Sot and to upgrade all its field staff to the level needed to optimise its monitoring operations. The monitoring consultant should work with BBC on indicators to be followed for cross-cutting issues, on improving recording books and on installing state-of-the art software for all logistical and monitoring operations.

V. NUTRITION

General Food Basket (GFB)

19. The provision of full rations for camp dwellers (covering close to 100% of needs) is justified since their capacity to contribute to their own food security remains extremely limited. But in the rations provided, both the proportion of protein and fat are lower than recommended; they are also deficient in micronutrients. This makes the ration particularly unsuitable for small children with clinically manifest micronutrient deficiencies still being found among them. Providing different rations to adults and children under five is judged appropriate. BBC has appropriately adjusted the food basket several times. However, adjustments have been made late and remain to be implemented as relates to key vitamins and minerals.

20. To achieve final impact, BBC depends on the activities and performance of partner health NGOs. Data clearly show the project's positive impact on mortality and on acute malnutrition: rates for both are well below maximum accepted rates. However, the overall nutrition situation is not entirely satisfactory: vitamin and mineral deficiencies persist and chronic malnutrition remains a considerable problem. Strategies to address chronic malnutrition and iron deficiency anaemia in women and children have not received enough attention by BBC and its health partners.

21. The basic ration now under review is to be more balanced; it adds a blended food (wheat-soy blend). This action is actually long overdue, but finally happening.

22. In view of the above findings for the GFB, evaluators recommend that BBC make every effort to incorporate blended food in the food basket of the camps in Tak province as soon as possible. The half ration that BBC is now giving to children <5 in all camps could be safely introduced at age 6 months (and not at birth).

Supplementary feeding programmes (SFPs)

23. The actual foods used by the different health NGOs in the SFPs are found not to be the appropriate ones. BBC's attempt to improve the quality of the respective partners' SFPs by providing them with written guidelines has not been successful. SFPs in place (distributing dry, take-home rations) target pregnant/lactating women and acutely malnourished children <5.

24. In the three Tak province camps evaluated, actual coverage of SFPs is low (average 32%); this comes as no surprise given the fact that growth monitoring activities for children 12 to 36 months old

are not consistent. Coverage of SFPs for pregnant and lactating women is nearly 100%, but no health NGO measures the baseline nutritional status of these women nor whether the respective SFP is having any impact: weight gain of pregnant women is not always recorded and thus not used to follow-up as a proxy of the growth of the foetus. Moreover, only a few agencies systematically collect and analyse vital newborn birth weight data.

25. Impact of the SFP on children < 5: The impact of the SFP for acutely malnourished children is judged to be substandard: the majority of the malnourished are simply not attending. Due to poor growth monitoring, the nutritionally most vulnerable group of children (9 to 36 months) is not being adequately captured. Moreover, individual children already in the programme are not being lifted out of malnutrition fast enough.

26. Impact of the SFP on pregnant and lactating women: SFPs for these women have positively impacted on vitamin B1 deficiency. Otherwise, malnourished women are not all identified and are currently not provided appropriate nutritional care. Furthermore, the impact of this SFP on the nutritional status of women and/or their (un)born children, i.e. birth weights, is not measured consistently.

27. It is thus recommended that the SFPs of health NGOs focus more on reporting actual (anthropometric) nutritional impact. Both SFPs (for women and children) also need to be revised and standardised regarding their food content, eligibility criteria, duration and time of start-up and termination. In fact, all health NGOs should fully adopt international recommendations for supplementary feeding rations.

28. Reliable monthly growth monitoring for <3s (preferably community-based) and the monthly calculation of low birth weight rates need to be set up by health NGOs, as well as more closely monitoring weight gain during pregnancy. BBC is also to stop reimbursing the costs of SFP commodities that are deemed not to be appropriate. After the blended food has been introduced, BBC and the health NGOs are to phase out current commodities in the SFP (starting with eggs) and then consider progressively discontinuing the SFPs altogether.

Micronutrients

29. Disparities were found in the provision of micronutrients: Vitamin A supplementation seems to be going rather well; the impact of Vitamin B1 supplementation is difficult to assess without reliable laboratory data; iron supplementation is restricted to pregnant and lactating women and to malnourished children, despite evidence that anaemia is also a serious problem among other groups (e.g., teenage girls); iron deficiency remains at worrisome levels with not enough being systematically done about it. Problems with the iodine content of the salt supplied were also found during the evaluation; iodine fortification of salt may not be working as well as was assumed before this evaluation.

30. In general, little is known about the overall micronutrient status of the camp populations so it is difficult to estimate the impact of any activity aimed at reducing micronutrient deficiencies.

31. Health NGOs need to more closely monitor iron status of women throughout pregnancy and of children < 5. A baseline micronutrient survey is also strongly recommended. Micronutrient supplementation and case-definitions of deficiencies should be standardised, in particular for anaemia.

Growth monitoring and nutrition education

32. Growth monitoring of infants is discontinued after their mothers are discharged from the post-natal SFP (i.e., 6-9 months). This has negative implications for the detection of both chronic and acute

malnutrition. Regrettably, stunting has received less than the merited attention even when chronic malnutrition has stubbornly remained at high levels. Health NGOs have trained their field staff in nutrition education, but the impact of the same has not been critically evaluated. No agency has carried out a knowledge, attitudes and practices (KAP) survey to more specifically determine the key health and nutrition messages to reinforce. Nutrition education methods and materials in use are considered to be outdated. It thus comes as no surprise that nutrition education has had little impact on child feeding practices.

33. It is important here to recommend health NGOs strengthen their nutrition education in the camps, but now based on results of KAP surveys BBC should carry out with them during 2004.

VI. CROSS-CUTTING ISSUES

Gender

34. Efforts have indeed been made to give gender issues greater prominence, but effective results are yet to be seen. BBC has set a gender policy, but has not really enacted it yet; a more concerted and proactive effort is needed. Women's organisations of the minority ethnic groups are important strategic allies in this work and BBC should continue to work with them closely. It is recommended that BBC hire a gender specialist in the six months to come.

Children

35. Many of the specific children's needs are being deliberately addressed.

Elderly and handicapped

36. The specific problems of the elderly are not being addressed either while those of the handicapped are addressed by new funding of ECHO going to Handicap International (HI).

Personal human development / Psychosocial

37. Education, occupational skills training, literacy, as well as cultural, sports and many other activities identified in the main text have a positive bearing on the psychosocial well-being of camp dwellers and are thus considered very important. ECHO is not funding any of these. Working with Relex, ECHO should consider supporting, strengthening and expanding personal human development interventions -perhaps not through BBC, but another NGO; these interventions will have to be designed in a way that explicitly favours all vulnerable groups (women, children, the elderly and the handicapped).

Human rights

38. Human rights issues per-se are also not directly addressed by the project.

Environment

39. The provision of charcoal to refugee households has succeeded in protecting the environment surrounding the camps.

VII. RELEVANCE AND EFFICIENCY

Relevance

40. The respective project proposals' design is judged to have been relevant and adequate. A multi-sectoral approach was used in designing them. However, there is no evidence that their planning was done jointly with the respective health NGOs. The needs assessments and planning presented in the four proposals reviewed (2000-2003) were more focused on the food/fuel logistics component than on the actual nutrition component --the latter having received less urgent attention. As a result, giving higher priority to the micronutrient deficiencies identified years ago was missed. The logical frameworks used (the 2003 one actually used to base the comments in this evaluation) are quite inadequate as far as standard logical frameworks go and have not been used as a routine management tool.

41. All project activities evaluated fall within the ECHO mandate and have subsequently proven to be relevant. To the credit of BBC, the feeding operation it runs, enjoys a high level of appreciation by the beneficiaries in all camps.

42. It is clear that the immediate priorities here lie in a new logical framework (not only for the ECHO-funded project, but for all BBC projects), as well as in making sure future needs assessments look more specifically into the micronutrient situation; both activities are to be carried out in closer coordination with the respective health NGO partners.

Efficiency

43. Over the years, the efficiency of the project has been shown over the years with no breaks in the distribution of food and/or fuel having been reported. BBC has proven to be a reliable (quantitative) supplier of commodities to refugees. This, against the odds of recurring delays in the release of funds. Because of this, BBC has become very good at resolving cash-flow problems; it has also successfully weathered many of the ever-changing Thai bureaucratic obstacles every year. All BBC staff evaluators met are well qualified. The actual use of monitoring data to adjust ongoing operations has been weak.

44. BBC was a couple of years late in hiring a nutritionist it needed and is yet to hire a gender specialist (planned for early-mid 2004 though). Monitoring activities put in place have proven insufficient in terms of data accuracy, and monitoring results available are not sufficiently used to improve operations. Cross-cutting issues are currently not monitored at all.

45. It is recommended that BBC's already planned-for monitoring consultancy go ahead to look at and resolve these issues. Also, BBC is to strive to send-in their proposals no later than October every year, and ECHO and ICCO are called to work on ways to minimise delays in the release of funds.

VIII. POTENTIAL SUSTAINABILITY AND LRRD

46. Coordination with other NGOs, with UN agencies and with Relex activities has been proactive. BBC also coordinates work with the official organisations of the different ethnic groups both inside and outside the camps. As regards ECHO and Relex funding, the latter also covers food and fuel supplies (and their transport), as well as supplementary feeding and the rehabilitation of handicapped people. Although the approach is the same, Relex covers totally different populations and different camps than the ECHO funding does. In that sense, Relex funding is complementary to and not overlapping with ECHO's. Coordination ECHO-Relex in Bangkok is judged to be adequate.

47. BBC is a prime example of a recipient of pooled donor resources: it has 40 donors. Official Thai Government policy towards refugees is clearly getting tougher with more restrictions having been

imposed lately. All project activities have to be sanctioned by the authorities meaning that approval of the same is sometimes delayed. The project has indeed strengthened the capacity of beneficiaries; they have a good sense of ownership of the food/fuel distribution operations.

48. It is clear to the evaluators that feeding operations will, for the foreseeable future, remain an ECHO issue; there is currently no alternative.

49. Providing minimum rations and health services to Thai Ministry of Interior personnel in the camps and to selected villagers around the camps is unavoidable and should be accepted.

50. Out of sheer reality (and not as a fault), the ECHO project evaluated contributes little to long-term sustainability. So, given present conditions, LRRD is not possible.

IX. PROJECT MANAGEMENT

51. BBC is undergoing a management and governance review. By October of 2004, BBC expects to have a new home (place of registration), a new statute, a new Board, new job descriptions, two new middle-level managers on the job, and a new strategic plan. The quality and timeliness of BBC reports to ICCO/ECHO is judged to be good. The ICCO/BBC relationship is cordial and perceived as positive by both sides. EU visibility in the camps is good and judged to be sufficient for the time being.

52. Evaluators looked at general issues of financial management, especially the financial relationships and dealings between ICCO and BBC. The delays in project funds disbursements were documented and are presented in annex. Evaluators also looked into the ongoing management and governance restructuring that BBC is undergoing and found most changes being planned for, clearly contribute to improve BBC as a humanitarian organisation.

1. OVERALL SITUATION

1. In Burma, 40 % of the population is comprised by minorities; they live in two thirds of the land. Most of them live below the poverty line. Chronic malnutrition rates (stunting) for children under 5 years of age reach 35-40 %; under five mortality rate is 239 per 10,000 which is four times as high as the one in Thailand. Only 30 % of the Burmese children get primary schooling.

2. It is some of these minorities that are residents in the nine current refugee camps along the Thai border. (Due to consolidation, over 20 camps have been closed since 1995). After years of foreign aid, it can be safely said that -although highly dependent- they are better off than those who have stayed behind. It is estimated that, within Burma, there are one million displaced people receiving no aid whatsoever. Since 1996, 2,500 villages have been abandoned or destroyed by the Burmese army resulting in some 650,000 internally displaced people (IDPs) of which 364,000 live in relocation sites controlled by the army and 170,000 live in hiding and on-the-run from the army. Forced labour and forced drafting to the armed forces are common.

3. There are thousands of illegal Burmese working in Thailand as migrant workers; they receive lower wages and are subjected to more sub-standard working conditions than their Thai counterparts. Altogether, it is estimated that one and a half million Burmese reside in Thai territory: around 150,000 live in nine refugee camps, 50,000 are refugees who fail to make even a meagre living outside the camps, 200,000 are Shan minority refugees, and 1,000,000 are migrant workers.

4. A number of cease-fire agreements between minority armed groups and the State Peace and Development Council (SPDC) were attempted in the mid nineties. The one with Karen forces never succeeded; the one with the Mon People has held so far. The one with the Karenni broke down in 1995.

5. Thailand supported the ethnic armies until 1988; from 1988 to 1997 the Thais progressively benefited from logging and fishing concessions negotiated with Burmese army officers across the border. These business alliances brought about Thai tolerance of attacks by the Burmese army on minority armed groups. Then, from 1997 to 2001, the Thai government engaged more flexibly with the SPDC and, in this period, restrictions on refugees increased. From 2002 on, the Thai authorities have decided not to interfere with the SPDC's repressive policies towards opposition movements and with the gross violation of human rights being widely reported. This, at the same time when we are experiencing a period of even further official Thai restrictions on refugees in all border camps, e.g., no new arrivals are allowed (except if in hot pursuit from fighting), refugees do not receive any aid from the Thai authorities (they are told they are not welcome, but accepted on humanitarian grounds), refugees are not allowed to leave the camp, they do not officially get small land plots allocated to grow some vegetables, and the liberty with which NGOs have been working in the camps is being further restricted.

6. The full complexities of what can only be summarised here have resulted in a continuing low intensity conflict, a continuing slow refugee flow (estimated at from 600 to 800 per month), continuing environmental degradation in Burma, a continued dependence of refugees on foreign aid (more than 40 donors are involved), and a continued marginalisation of minorities both in Burma and in the Thai/Burmese border. The majority of refugees have now been resident in the camps for over 10 years.

[A final note of some optimism is called for: Shortly after this evaluation mission, a KNU delegation went to Rangoon to again negotiate a cease-fire; this is a bit of good news after years of immobility in this front].

2. JUSTIFICATION OF ECHO'S INTERVENTION

7. The situation of the Burmese refugees in the camps on the border remains one of total dependence. By October 2003, the total refugee population in the Thai border area was estimated to be 140,700 (of which an estimated 30,000 are not registered camp dwellers) plus 12,300 IDPs in Mon resettlements (for a total of 153,000). For Mae La and Umpiem Mai (the ECHO supported camps), the total estimated at the same date was 64,700 (45,700 and 19,000 respectively). The refugees' capacity to contribute to their own food security remains extremely limited. Despite ECHO's long involvement with these refugees, the prospects of them returning to Burma or being picked up by other more development-oriented donors remain grim. We are here facing a true situation of 'chronic emergency' and the evaluators can confidently vouch for this. Since ECHO remains committed to an improvement in nutrition and in its food aid activities, this evaluation provides the bases for some improvements for this humanitarian aid.

8. The Burmese Border Consortium (BBC) project was established in 1984. ECHO has been providing support in this part of the world since 1995 to a tenor of 4.45 million Euro this year [3.5 million for food and fuel aid for the refugees in two camps in Tak Province (plus its transport to the camps) with the rest going for health and sanitation services in four camps in the same province through contracts with MSF France, MHD and AMI]. In 2000, ECHO supported BBC actions for 62,000 refugees in three camps (3 million Euro) in the same province. In 2001, it was 57,000 refugees supported in two camps (3.205 million Euro), and in 2002 --partly because Relex allocated 1 million Euro for food and fuel in the same border area (and also through BBC)-- total ECHO funding was only 2.5 million Euro for three camps (500,000 Euro of this amount were only made available in early 2003). Since 1995, ECHO has spent 21.474 million € in the border area for food aid and cooking fuel.

9. For its food/fuel aid operation, ECHO works with the Interchurch Organisation for Development Cooperation (ICCO) a Dutch NGO who subcontracts the work to BBC in Thailand. ECHO is the largest donor of BBC (around 20% of its 2003 budget). BBC has received ECHO funding every year since 1995 and from other European Commission sources since 1990. Currently, the European Union provides 37% of all BBC's funding (3.5 million Euro from ECHO and 2 million from Relex; about 25 % of all Relex funds earmarked for Burma are spent on the Thai/Burmese border). The ECHO grant is implemented through BBC's Mae Sot field office. As becomes evident from findings in the report below, evaluators see a number of good reasons why BBC, for the time being, is best placed to execute the ECHO feeding and fuel provision project in the Thai/Burmese border.

10. Following an ECHO request, the evaluators met with Mon and Karen leaders in Sangklaburi to discuss the situation of the population in three Southern settlement camps over the border there. BBC is helping them with rice supplies during the 'hungry' months of the year. MSF France is providing health care in Halochanee. (See Annex 13 for details). ECHO and OCHA may be interested in looking into this situation in the future.

3. JUSTIFICATION OF THIS EVALUATION

11. The last evaluation of ECHO's food aid in Thailand was in 1997. A fresh outside look at these operations was, therefore, due. The nutritional adequacy of the basic food basket being provided needed to be reassessed; the same is true for a need to look at the nutritional impact of the rations being distributed. BBC's procurement and distribution practices needed to be re-appraised as well. ECHO also needed an independent opinion of the direction its future operations in the area should take. An overview of activities since 2000 was deemed needed to get a more comprehensive overview.

[After completing their field work, evaluators strongly feel that, in the future, the ECHO-funded food and nutrition and health and sanitation projects in this part of the world should be evaluated together by the same team of consultants].

12. ECHO was of the opinion that not only the camps where it has been providing direct aid were to be visited; lessons from other camps would also be useful to make final recommendations. That is why evaluators visited eight of the nine camps in Thailand. ECHO was also seeking advice from evaluators as regards funding needs in the personal human development area, i.e., education, literacy, psychosocial and gender awareness activities.

4. PROCUREMENT AND LOGISTICS OF THE FOOD AND FUEL PROVIDED

4.1. Background

13. Over the years, needs assessments have indeed preceded the respective proposals, but these have been mostly focused on the number of beneficiaries and not on characterising their actual specific nutrient needs in kind; ergo, the accurate assessment of the number of children and adults to be fed has taken precedence. BBC has all along shown a real willingness to improve and adapt its procedures to match ECHO's and other international organisations' standards and has indeed mostly achieved this objective. In order to improve its operations, in the last four years, it has recruited two evaluators on procurement and logistics and two on the more specific problem of the logistics of charcoal distribution. The last consultancy was in July 2003; it made a comprehensive review and offered recommendations that the evaluators fully endorse.

14. Logistical constraints are almost an everyday stress in a project like this. Among other, constraints are related to providers' delivery schedules, the quality of commodities, vehicles and road conditions, and -last but not least- dealing with difficult Thai authorities'-imposed additional constraints. BBC has become very good at resolving or working around these constraints. Evaluators found numerous examples of this in their own endeavour, including the resolving of last minute hitches to their authorisation to enter two of the camps visited. More specifically, during the evaluators' visit, the district commissioner in charge of Nu Po camp disallowed food rations for the unregistered refugees and added additional clearance requirements on lorry drivers before proceeding to the camp. Fortunately, some remaining quantities in the stockpile were available and made up for the temporary shortfall. With worsening conditions, the population is more and more relying on the aid provided by BBC and other NGOs, making the timely distribution a key element of the logistic effort.

15. The evaluators want also to stress the fact that improvements coming from logistic ECHO requirements, like insistence on tendering, are indeed lowering prices paid for procurement in all refugee camps. So, even if ECHO funds are now only used for the two main camps in Tak province, benefits of the improvements there are extended to all the nine camps. Those benefits also come from the volume bought by BBC and the specialisation BBC has taken in basic food procurement and deliveries. Looking at the entire border, BBC position looks rather monopolistic, but this term applies normally to profit company and looks inappropriate in this context. The evaluators feel that unnecessary and expensive duplication of logistic is then avoided, which may be the case if several NGOs were working in that peculiar field. Specialisation of agencies is always called for in emergency situation.

16. Moreover, all BBC staff evaluators met with (expatriate and local), both in Bangkok and in the field offices, is well qualified technically and is clearly dedicated. BBC is very careful in its hiring of expatriate and local staff and this has paid off well. Questions remain with the number of field staff BBC has hired which is felt to be too low to perform all the tasks required.

17. Based on all the background historical information collected, evaluators are of the opinion that BBC is a reliable (quantitative) supplier of commodities to refugees. BBC has shown to be skilled in working in the Thai bureaucratic system when it comes to get things done. Quantitatively, the outputs of the project so far denote a great achievement, i.e., camp residents have been fed in a way that has averted acute malnutrition (wasting) from becoming a public health problem, and no environmental degradation has occurred in forests surrounding the camps due to foraging for fuel. Nevertheless, as presented below, qualitative refinements are still needed in several areas.

4.2. Beneficiary involvement

18. Refugees don't just participate in all BBC programmes, but also participate in the design and assume the primary responsibility in the implementation stage. BBC aims at providing assistance through representative refugee relief committees to ensure coordination, to avoid duplications and to enhance the capacity of community leadership structures (BBC Policy and Guiding Philosophy). In each camp, there is a Refugee Camp Committees (RCC). All members of the RCC are elected by the refugees. In addition, there are Refugee Committees external to the camps for each ethnic group (Mon, Karen, Karenni), which are made up of refugees who are allowed to live outside the camps and operate these committees. Both camp committees and refugee committees have formal management structures with members holding portfolios for woman's affairs, development, security, supplies, health, education and so on. BBC works in close coordination with the camp committees. BBC communication with the refugees is largely through the committees and the portfolio holders in these committees.

19. All the commodities' distribution activities are carried out by the refugees themselves under camp committee supervision. Distribution systems have been designed by the refugees themselves, and are basically the same in all camps. All refugees have ration books, which outline the components and the quantity of the food ration. In some of the camps, the refugees do not keep these books themselves as intended by BBC. Instead, ration books are kept by the camp committees' section leaders or at the godown.

20. Each camp has one or two members of this committee who are in charge of the logistics and distribution aspects and each godown is run by a team under the supervision of a godown manager who is the one in charge of the book keeping. Women are clearly under-represented in the running of godowns. Based mainly on trust, BBC has introduced some standardised forms, agreed upon with camp committees, for the reporting of both population and distribution data.

21. This is perfectly in line with the SPHERE standards which specify that: "All affected people should be treated as dignified, capable human beings, rather than as helpless objects. The way aid is provided may be as important as the aid itself. Affected populations, including local indirectly affected populations, can and should participate in the making of decisions that affect their lives. Participation is both a universal right and good management practice." However, no women are involved in godown management, except for Umpiem where recently a man and a woman of the camp committee were appointed as responsible for food distribution and control.

22. There is thus still a need for more women to be in charge of the food reception and distribution at godowns. Women's organisations, camp committees and BBC should find the appropriate formula to achieve this goal.

23. Despite the close involvement of the refugees themselves, in most camps, there were suggestions for further improvements in communications with and involvement of volunteers. For instance, women's organisations, as well as individual households, complained about the lack of action taken by refugee committees in the case of problems with the quality of food commodities and/or suggestions for changes. Consumer advisory groups, which BBC initially planned to establish in 2003 (but did not), would facilitate more hands-on involvement of the grassroots level.

Main conclusions, lessons learned and recommendations

24. On the positive side, in all its programmes, BBC has always aimed at maximising refugee inputs. Beneficiaries' knowledge about their entitlements and their perception of the quantity and quality of commodities provided is found to be good. It can be safely concluded here that BBC uses a genuine

participatory approach in the implementation of all its activities with refugees. BBC also pays adequate attention to capacity building of its own staff, but needs to strengthen capacity building of camp volunteers and facilitate/stimulate involvement of women as volunteers in all types of tasks.

25. Not so positively, the individual households not keeping the ration books hampers effective post-distribution monitoring and direct household control over entitlements; BBC should work with camp authorities to rectify and uniform this.

26. The Consumer Advisory Groups (CAP) idea for camps to better monitor distribution activities is to be revived and applied by BBC; once set up, these groups should be trained in issues like monitoring of food quality and gender sensitivity.

27. The main lesson learned here is that full involvement of beneficiaries also means their timely and adequate training.

4.3. Population figures used for logistic calculations

28. Since all the quantities ordered and paid for are based on population figures, the main question remains with the accuracy of the figures used. They are actually based on the sum of different populations, i.e., the registered population accepted by the Provincial Board plus the many non-registered, or rejected refugees who also live and are 'tolerated' in the camps. (Since June 2003, new arrivals have not been allowed to register by the Thai authorities except in case of reported open fighting and hot pursuit); there also are students that come from Burma to study in the camps (and stay on a temporary basis only). It was further understood by the evaluators that some new arrival are not accounted for, but reside either in camp or at the outskirts of the camps; they still receive rations.

29. The total BBC caseload continues to increase at a rate of an average 600 to 800 new arrivals per month. The current caseload (October 2003) is 140,700 plus some 12,000 people in the Mon settlements in Burma. From 2000 to 2003, the approximate average annual refugee caseload benefiting from BBC/ECHO assistance (broken-down by camps in Tak province) is presented in the table below.

30. Number of people receiving ECHO-funded rations.

Camps	2000 # people	2001 # people	2002 # people	2003 # people
Mae La	35,300	37,500	41,000	44,400
Umpiem Mai	14,500	15,650	17,800	18,900
Nu Po	7,200	non	11,000	non
Subtotal	57,000	53,150	69,800	63,300
All camps	120,000	128,000	132,000	140,000

Source: ECHO decisions/BBC.

31. Registration of refugees is done by the Refugee Committees. Official registration of new arrivals was discontinued over two years ago and some discrepancies have arisen regarding the exact number of refugees, in particular in Mae La, by far the biggest camp. (See below).

32. It should be noted that exact head counts have always been difficult for BBC. Semi-annually, it works with camp committees and camp commanders to arrive at the most accurate possible numbers for the next tendering cycle and the figures presented by all camp commanders matched the ones

presented by camp committees and KRC while UNHCR figures do not take into account the students temporarily living in the camp.

33. Some recent (MSF France)² figures showed a sizeable difference with the official figures for Mae La (of around 6,200 persons by November 2003; =13%) and the evaluators were asked to look at this controversy. A meeting was held with MSF France's field coordinator in Mae Sot; he admitted that some underreporting was possible in their figures since their home visitors in camp may not necessarily record persons not present at the time of their visit; he also said they may not be recording all the outside students studying in camp (+/- 2,500?) and the rice given to Thai-Karen villages or families outside camp who receive rice only (+/- 1,600 persons) from KRC. While not strictly refugees themselves, they too face hard living conditions, without official help from government, BBC or other NGO, and this falls in line with global recommendations on local population acceptance of refugees' camps. Moreover, every family member who is absent for more than six months is removed from the recipients list, but MSF France removes them after five months; this may add a bit to the difference. Official and MSF France estimates for the <5 population do match closely.

34. Taking into account these facts and related figures, the difference in MSF France and official statistics dwindles to about 2,300 persons, i.e. around 5% -a difference considered acceptable in other camps. (It is not known whether the rations for the outside students are discounted when they are out of the camp during vacations)³.

35. Mae La is probably the camp where most people are actually going out for work, even if not officially allowed (and thus risking deportation). They do this in order to earn some money to take care of their basic needs not satisfied by NGOs, like clothing and soap (for which SPHERE standards do recommend basic rations)⁴. The average figure given to evaluators in meetings was around 3 to 4,000 people being out (some of them seem to be missed by the MSF France data).

36. For Nu Po and Umpiem, the camp committee October figures, compared with UNHCR data, are within less than 1% difference, the latter even giving lower figures for Nu Po where the camp committee recorded 12,163 persons against 12,211 for UNHCR. (Umpiem was 18,869 versus 18,436 respectively plus 263 students). Also see Annex 3.

Main conclusions, lessons learned and recommendations

37. In concluding, the evaluators remained unhappy with the student figures in Mae La; some are said to be living in boarding houses and others living with a family in camp. But no good records could be found. A 2004 census of them should not be that difficult. Nevertheless, with the aim not to miss a single refugee rather than depriving some of them in the name of insisting on "100% reliable" data -and accepting the fact that population figures and quantities delivered may be slightly overestimated- BBC, to its credit, still easily falls within the 20% of tolerable difference as called for by the SPHERE standards,. BBC itself has set its own limit at 10% with an actual 5% difference.

38. Operational recommendations regarding population figures are as follows :

² MSF France with its system of home-visitors is the only agency in Mae La (apart from BBC) which has an infrastructure that allows collection of population figures.

³ It is noted that MSF France had recommended to the Thai authorities that Epicentre of France carry out a 2004 census in Mae La. The proposal was rejected

⁴ As pointed out in a previous evaluation and confirmed by BBC and other NGOs during the evaluation. Although BBC and other NGOs periodically distribute clothes, lack of sufficient clothing and toiletries including soap were most frequently found wanting.

~~✎~~ The health NGOs are to regularly send copies of their monthly reports on deaths and births in the camps (plus family members gone out of the camp for longer than 3 months) to the respective camp committee, the camp commander and to BBC.

~~✎~~ A head count of students should be undertaken in Mae La camp in early 2004. (BBC).

4.4. Tendering procedures

39. Ever since the introduction of regulations on international tendering, BBC has complied with article 14 requirements. After reviewing all tender documents for the last four years, evaluators found that BBC fulfils the ECHO requirements and that the process is well documented and transparent. Tenders are advertised on both national newspapers (English and Thai) and on ad-hoc web sites; the average time for the submission of offers is one month. Terms, conditions and standards are explicitly provided. For each rice tender, the web advertisements have attracted numerous, but often unsuccessful, contacts from all over the world. This is due to Thailand's import regulations which impose a 33 % tax, at least up to 2006, on all rice imports. Since Thailand is not a signatory of the 1951 UN convention on Human Rights, chances of the tax being exempted are minimal. So far, no international tenders have been called for beans, oil or charcoal; monthly quantities are too small to interest bidders. The evaluators note the extra load this international tendering gives BBC staff and would recommend BBC gets a waiver for this international tendering requirement for the years to come.

40. Tenders also give due consideration to timely deliveries to the camp and this means that the price is not the only determinant for awarding contracts. This fact is clearly mentioned in the tender documents and every new potential supplier has to undergo special pre-qualification procedures including a visit to the camps. For a newcomer, this is not an easy entry to the suppliers list, but this procedure is considered correct in view of tight schedules and MOI constraints. There is no advantage working with a new, inexperienced supplier who may fail to supply when confronted with harsh realities. It is noted that new suppliers first get a smaller contract as a kind of test. The unfortunate experience with two of the last new suppliers should nevertheless not prevent BBC from awarding contracts to new suppliers.

41. Tenders are based on the estimated quantities needed for a six months period based on the quantities delivered the last six months period plus an allowance for population increase, actually set at 6% a year. When the contract is awarded, the monthly quantities are then calculated by BBC's Mae Sot office based on population figures of the preceding month plus a contingency rate for new arrivals (for details see Annex 3) It was further noted that the proportion above varies from month to month so that taking an average 13% is not really the best practice plus the fact that the actual monthly contingency rate can vary quite a bit as well. This variation makes it evident that the system in use still needs further improvements.

Main conclusions, lessons learned and recommendations

42. As a positive finding here, it can safely be concluded that BBC's procurement system does fall within the minimum ECHO standards and only needs some fine-tuning to maximise it. Tendering procedures were found to be comprehensive, well documented, open and transparent.

4.5. Detailed quantitative computation of data

43. BBC's Mae Sot office does have an MS Excel spreadsheet that allows for automatic computing of quantities based on the population figures received. But, for some personal reasons, the administrative person in charge does not utilise this software at present. Formulas used in the Excel spreadsheet were checked and found to be in line with the coefficient used by BBC. Additionally, no automatic purchase order generation system is used (like an Excel-linked spreadsheet or an Access database). These systems avoid arithmetical errors and ultimately lead to less work for the small team in charge of all matters relating to Tak province; they should be adopted

Main conclusions, lessons learned and recommendations

44. The reference to "Thai" white rice 35% should be removed immediately from the title of tenders while all other standards should be kept. (BBC)

45. The requirement for international tendering for all commodities should be waived. (To be followed -up as a formal request from ICCO/BBC to ECHO).

46. Accuracy in logistic calculations and recording procedures still need improvements. Many calculations are currently still done by hand with too many possibilities for mistakes.

47. Operationally, the current BBC use of 'multipliers' to calculate the quantities should be abandoned and replaced by a formula using the population figures and the standardised ration plus a maximum 2% contingency rate should be introduced in 2004 (see Annex 3).

4.6. Efficiency of transport of commodities

48. BBC has always chosen not to get directly involved in the transport of the commodities it procures in line with their aim to keep overhead costs low; this seems rather reasonable given transport availability in Thailand. The evaluators should add that, in view of the human resources available, dealing with separate transport companies would be impossible for BBC. For that reason, tenders are called for items delivered at the camp site. While this saves costs and storage and handling headaches, one could question the overall efficiency of the system compared with one in which commodities and transport are tendered for separately. The most recent situation was checked; the actual rice and transportation prices were checked in Mae Sot and compared with the prices paid by BBC for rice delivered at camp site.

49. Title Prices paid for rice (for 50 Kg bags).

Site	Paid by BBC	Mae Sot price*	Transport**	Total cost	Service cost
Umpiem	450	378	25	403	11,6%
Nu Po	418	378	15	393	6,4%
Mae La	420	378	10	388	8,2%

*Quality of rice bought by BBC (35% broken) is not available in the Mae Sot market so the closest one was taken (price fixed in Bath for six month, i.e., from July to November 2003).

**Computed for ten wheel trucks with a standard load of 400/420 bags (estimated for Mae La, Umpiem and Nu Po which have good road access).

50. The service costs represent the cost charged by the supplier for organising the transport, for dealing with camp authorities, for the handling and the storage of commodities and for the costs linked

with the 30 days, or even longer, payment delays when BBC has not received ICCO/ECHO funds. The evaluators found those costs normal; they compare well with costs incurred in other operations of this kind. It is noted that, in the past, this differential between the market price and the price paid by BBC has been higher, particularly in the period of rice prices falling in the late nineties. This, never done before, very rough analysis nevertheless calls for BBC to undertake this kind of analysis also for the other commodities in order to be able to check ITSH costs and eventually to adapt its tendering accordingly in the future.

Main conclusions, lessons learned and recommendations

51. Evaluators can vouch that BBC does give due consideration to the timely delivery of goods, and this has not always been easy when faced with worsening implementation conditions and tightening Thai Government regulations.

4.7. Quality and quantity controls

52. All along, BBC camp dwellers have been responsible of all post-delivery operations. The way things are set up is that section leaders are responsible to the camp committee and the latter to BBC; BBC only monitors these operations and has the final responsibility for it. In such a setting, the community does feel a fair amount of ownership of the ongoing food and fuel distribution operations; they are also proud of this fact.

53. For the last two years, BBC has introduced external control procedures both on quantities and standards. This is done at the suppliers' site and at the camps' site. They use the service of SGS, a well known international company, and of MISG a Thai company which provides the same type and quality of services. During the mission, the evaluators were able to watch both companies at work. On standards, the quality of work appeared good, but the refugees themselves did not understand what the inspectors were doing while still interested. Explaining the standards used by BBC to them would strengthen the relationship. For quantitative checks, SGS did not calibrate the weighing scale of the supplier which was overweighing by three kg per bag. This was unacceptable and BBC will have to tackle this problem with the inspection companies. Furthermore, inspections take place using a schedule often made available to the suppliers for planning purposes. This should also be avoided in order to guarantee the independence of the inspector.

54. No or few biological or chemical analyses are regularly performed on food samples, and the latest one done on fish paste, using general GMP standards showed poor results. Two out of three samples taken did not conform to norms. Particularly worrisome was the presence of clostridium perfringens (that produces the toxin responsible for botulism). While not to be done on a monthly basis, checks at tendering time (on samples provided by potential supplier) and once later at a random time in the course of the contract would be advisable.

55. The iodine content of salt (not an ECHO-funded commodity) was tested by evaluators in samples in all camps visited. More than half the samples tested had below standard or no iodine content. This is worrisome if combined with the clinical evidence that there are still goitre cases detected.

56. The ultimate goal of quality controls is to ensure that the buyer receives what he is paying for both in terms of quality and quantities. While all the controls done have not found serious problems and do not represent a high added cost, they do keep suppliers under pressure, i.e., so far no actions have been taken when controls have shown quantities or quality not to match. In Umpiem, the evaluators witnessed the full rejection of a mung beans shipment found to be mouldy. It is clear that,

for small problems, refugees do not take action (or even mention it) as they need the commodities on time. In Umpiem, the above problem was solved immediately after contacting the supplier.

57. BBC actually pays for what has been ordered, irrespectively of inspection results, and no fine or penalty system has yet been agreed to or implemented. This should be done as soon as possible, and laid down in all contracts. The evaluators fully understand the cautious approach taken by BBC on this, as a tough position may jeopardise the supplies chain with suppliers becoming more cautious about agreeing to stricter contracts. But if no action is taken on the evidence, the whole inspection scheme becomes meaningless and not worth to pay for. This is particularly true with charcoal supplies when its heating value does not reach minimum standards, or when its humidity content reaches levels as high as 30% which results in 3 to 5 Kg of weight loss compared with dry supplies. (Another example is the March 2003 and September 2002 occurrence of more than 50% of rice shipments being substandard). In the case of charcoal, evaluators would recommend to pay for the caloric amount of the charcoal received expressed as a fraction of what was actually ordered.

58. As regards beneficiaries' perceived quality, in all three camps, the refugees are usually happy with the quality of what is delivered; they do often complain about charcoal (broken up, too much in the form of dust, low heating capacity) and sometimes about rice (too many broken grains, too hard). As opposed to the findings in a survey in 2002 (Camp #2), evaluators found that the vast majority of households interviewed was satisfied about the quantities of food received. The number of people feeling that quantities were not enough, as assessed by the evaluators and by two previous surveys, was as follows:

59. Percentage people not satisfied with the quantity of food received.

Items	2001 survey Mae La	2002 survey Camp # 2	Present 2003 evaluation Snapshot in 8 camps
	% People not satisfied	% People not satisfied	% People not satisfied
Rice	19%	64%	5%
Mung beans	21%	74%	8%
Oil	9%	25%	13%

60. As everywhere else, beneficiaries' most frequent complaint was about the quality of the main staple, i.e., about rice. A little over one out of every five households had complaints about (large amounts of) broken rice, hard grains, and dirt. In view of the fact that, for cost-efficiency reasons, BBC can't afford to buy high quality rice, this number is acceptable.. Beneficiaries were not asked about the composition of the food basket.

Main conclusions, lessons learned and recommendations

61. On the positive side, it is concluded that most controls currently in place are well within the minimum ECHO requirements.

62. Not so positively, it needs to be emphasised that the results of quanti- and qualitative testing are not yet used to get compensations from the suppliers when problems arise and that the iodine content of the salt delivered to the camps has not been routinely tested and was found to lack the iodine it purports to contain.

63. On the operational front, here, it is recommended that :

- ✍ ~~A~~ system of fines or compensations be introduced as soon as possible for shortfalls or bad quality in the delivery of commodities; this can either be in terms of the amount finally paid (paying only for what is received both in weight and quality) or as a compensation/replacement (in weight). (BBC)
- ✍ ~~I~~nsp~~e~~ction companies be warned to use calibration of their measurement tools and to change their practice of announcing their visits; the use of bio-chemical tests of samples be introduced as needed. (BBC)
- ✍ ~~B~~BC standards should be explained to people for the refugees to better put their own perceived/expected standards in perspective.
- ✍ ~~B~~BC or SGS urgently set up a monitoring system to randomly check iodine content of salt at its source and receiving end; godown in-charges be given iodine testing kits and asked to test samples during each delivery. (BBC)

4.8. Global logistical monitoring system

64. It was not easy for the evaluators to find all purchase orders in the Mae Sot office. While all of them were there, the filing system is not on a per-camp basis and this makes monitoring difficult. No single monitoring file on quantities exists allowing to compare population to be served with quantities needed, nor with the quantities ordered, delivered and distributed. Only such a file would allow for an easy identification of gaps or problems at any stage of the chain. The document currently used by BBC (Monthly Report on Rice Supply Distribution) only shows quantities required and distributed and computes a percentage accuracy rating (quantity distributed/quantity needed). This rate shows some discrepancies with data collected by the evaluators in camp reports; it further computes quantity distributed on a basis of 49 Kg per rice bag when camps report quantities in number of bags whose weight has not been corroborated by SGS or MISG controls. This obviously makes data not comparable. The consultants already recommended that either Kg or number of bags be used in both ends to allow for easy cross-checking. (See tables in Annex 3)

Main conclusions, lessons learned and recommendations

65. On the positive side, evaluators found that BBC shows a strong commitment to improve its operations and should be praised for always responding to recommendations made by previous evaluators (e.g. the SPHERE, cooking fuel and health and sanitation evaluations), and more recently, the ECHO auditor.

66. One operational recommendation is called for here, namely that a new monitoring form to be designed and put to use for the overall control of the logistic chain; a consultant may be needed. (BBC)

4.9. Handling of goods in the camps' warehouses

67. During the visits, the evaluators were able to repeatedly observe the reception of different commodities at the godown. In all camps, the handling of these commodities is done by some family members designated by the section leaders under the supervision of the godown team. The organisation of the refugees is found to be quite satisfactory, with variations from godown to godown, e.g., some of them impose fines to families who do not show up to help unload trucks; this does not

apply to widows, orphans and the elderly who are exempted. The handling of the commodities is usually correct; stockpiling is done in single piles only, going from wall to wall and with no crossed layers. Since in Umpiem and Mae La, the items do not stay for a long period in the warehouse, this is not considered a bad practice. In Nu Po, where the piles have to last for up to eight months, this kind of practice is not particularly good for both pest and mould control. It should thus be changed.

68. As was pointed out by the ECHO auditor last October, when items are received in bad condition (wet or broken), the managers normally inform the camp committee who, in turn, informs the camp commander who contacts BBC. This is the theory while, in practice, and for small quantities to be rejected, the manager or camp committee member in charge of logistics usually deals directly with the driver and returns the bad bags to get them replaced later on. The camp committee only informs BBC when the problem becomes much more serious. In no camp is there a written documentation of such a situation, i.e., on the Good for Delivery Receipt forms provided by BBC. There is thus no evidence available for an external auditor to check the accuracy of the actual recording of this during unloading. Therefore, total quantities delivered always match in the records since all bad bags are replaced by the supplier. After discussion with the managers, it is clear that no or not enough training has been given to godown workers on how to correctly fill the form for accurate recording purposes. No questioning would be raised if managers would fill the goods receipt notice (GRN) correctly and would have the driver sign it in case of problems, even if small. This would satisfy the basic monitoring and accounting requirement of such events. Additional training is needed for the better filling of the GRN.

69. When considering the warehouses physical condition, one has to keep in mind all the limitations imposed by the MOI for overall building in the camps. Except for hospitals, no concrete construction, including flooring, is permitted. Therefore, the warehouses, even if they look to be of rather poor quality, seem to the evaluators to be just acceptable to serve the basic storage needs of the camps (a summary on the condition of warehouses can be found in Annex 4). It should be noted that Mae La and Umpiem camps are an exception among the nine camps. Both locations do not work with stockpiles for the rainy season and receive rice on a twice-a-month basis. It was also noted that rice sack piling practices do not contribute to good management of the stocks .

70. With some periodicity, and stocks permitting, godown volunteers receive extra food rations (as decided by the respective camp committee). This practice, particularly in view of the length of time these volunteers have been involved in godown work (some for more than six years), as well as in view of stipends paid by other NGOs to camp dwellers who work for them, should now be discontinued.

Main conclusions, lessons learned and recommendations

71. On the positive side, evaluators conclude that BBC has entrusted the end part of the logistical chain in the camps to the refugees themselves with the respective camp committee being in charge of its operation. This set-up is working well and, from discussions held with the godown managers, it appears that all of the godown teams remain committed even if they lack basic book keeping skills and have not been provided with proper training and recording forms to fully match the ECHO accountability requirements.

72. Less positively, the current lack of a formal agreement on a stipend for godown workers stands in the way of both greater transparency and the ability to impose a standardised recording system in all camps. If camp committees and BBC expect to demand more accountability from the people in charge of godowns -especially in term of work quality and minimum standards in book keeping- a stipend (emolument) system should now be considered. This stipend could be in the form of an agreed regular amount of commodities as decided by BBC together with the different camp committees.

73. Further recommendations here include :

- ✍ The godowns are to be cleaned frequently and regularly of all debris; the piling of rice bags system is to be changed as needed as are smaller piles with alleys in between for easier ventilation and inspection. (Godown managers and teams)
- ✍ A serious rodent extermination campaign using commercial baits should be planned in Umpiem and -Nu Po to lower the level of infestation. Different types of baits will be necessary (see WFP manuals) giving special attention to preventing children from ingesting them. Baits beneath the floor should perhaps be used; expert advice should be sought. (BBC and godown teams)
- ✍ Considering that Umpien and Mae La godowns are nevertheless adequate in view of what there are used for, only Nu Po storage may need improvement. Given the Thai Authorities restrictions on permanent building, we would recommend additional ventilation through open and covered ridge as well as metal sheets for flooring. Alternatively, but at a price, “temporary” storage structures not needing concrete flooring, may be acquired on the market (walls and ceiling in corrugated metal sheets fixed on structure providing better protection). (BBC and godown teams)
- ✍ The problem of rice losses of close to 1% to white ants in camps in Mae Hong Son Province should also be resolved using the most appropriate and safe solution. (BBC, section committees)

4.10. Timeliness and appropriateness of the distribution process

74. The distribution is carried out on a per section basis and is under the supervision of the section leader who collects the household ration books and calls each family in, one at a time. Some members of the section then weigh the ration components and give them to the beneficiaries. Evaluators watched such distributions in each of the Tak province camps. For rice, distributions take place twice a month in Umpiem and Mae La; they take place only once a month for all other commodities and for all commodities in Nu Po. The distribution is spread over a period of two to five days. The time of distribution is well advertised and broadcast on the loudspeaker system of the camp.

75. The distribution is based on the fixed rations for adults and children and data are registered on the ration books. In each distribution site, near the godown, a posting board displays a Karen language notice that clearly shows the correct rations people are entitled to. In Nu Po and Umpiem, records of the rations distributed are registered in a Section Summary Sheet; this practice is not followed in Mae La. The summary sheet is prepared prior to the distribution thus allowing each section to know the total quantity they are entitled to and showing the godown managers what quantity to prepare for the distribution.

76. Rations are weighed using locally made measures of 16Kg, 8Kg and 4Kg, actually made of old tin cans; they have not been accurately calibrated and allow for probably minor differences with the standard ration ranging from -5 to +10% (see Annex 5). It is acknowledged that the measure is easier to use and control than a scale. As corroborated by the evaluators, the beneficiaries themselves seem confident that the measures used in the distribution of commodities are a good substitute for a weighing scale.

Main conclusions, lessons learned and recommendations

77. Each godown be given calibrated (plywood?) 16 and 8 kg measures and eventually PEHD pipes for smaller measures; this notwithstanding, all weighing scales in use be calibrated periodically. (BBC)

78. When weight checks of rice sacks at the time of arrival in camp godowns consistently are between 49 and 49.5kg -and seldom a fraction above 50kg- the supplier be asked to provide additional sacks to make up for the shortfall (Section committees, BBC)

79. A renewed effort be made in all camps to have the actual households keep their ration books all the time. (BBC)

4.11. Camp distribution activities monitoring

80. From the observations made at each godown, and after discussions with the godown managers, it is clear to evaluators that a standardised system for recording neither exists, nor has one been provided to date by BBC. The managers are working on a voluntary basis with no clear skills on how to keep records. Even if all of them keep rather good in records, not all of them keep good out records; only one manager of the eight working in Mae La and Umpiem systematically calculates balance stocks. The situation is slightly different in Nu Po since, for long, the managers are already used to calculate balances. No checking of the accuracy of the system in Nu Po was possible since, at the time of the mission, all the warehouses were empty. At the Mae La godown No.1, the check performed showed a difference in the number of oil drums received in November. It turned out that some of them had been given to students' boarding houses with no records kept. It also seems that sometimes deficit or excess quantities are received from or returned to godown No.2, the main Mae La godown, for transfer to another godown. At no time did it seem obvious to the manager that those transfers should be recorded as well.

81. This means that 'out' records are never consolidated at godown level, but rather at camp committee level. It is then not surprising that quantities distributed always match quantities received in Mae La and Umpiem, since the system is not summing up the quantities really distributed but sum up the section entitlements. Quantities distributed to godown volunteers are also never reported as they are taken from section allotments. Recording of other commodities distributed for traditional celebrations, for boarding houses or for security forces is, conversely, always well documented. The official agreement on a stipend for the godown team would clarify this situation and make the whole system more accountable.

82. At present, monitoring of quantities and quality of commodities delivered to and distributed in the camp is the responsibility of both the camp committee and BBC. Standardisation of books and proper recording on the Goods Receipt Notice of all events related to deliveries is now needed. Shortcomings mostly come from a lack of knowledge and training. Evaluators took note of the only marginal involvement of the KRC in these issues; they could well act as a moral authority before and when problems arise.

83. For its part, BBC has developed a set of monitoring forms for godown inspection and household checks; they are regularly filled by their field assistants and are consolidated on a monthly basis at the field offices. From meetings with the person in charge at BBC, it became clear that follow up on any problem encountered (i.e., entailing a difference bigger than 10% of the planned delivery amount) is at

present hard to follow-up properly, mainly because of the high workload of the few human resources BBC has; only one person is in charge of these matters on top of other duties.

84. Overall, the monitoring being done has served to adjust activities, but with some weaknesses. Over time, BBC has made efforts to improve the monitoring function, both by the field staff in Mae Sot, as well as by hiring a quality control company to do spot checks. As of the end of 2003, all BBC field staff has been trained in quality control by said company; it is planned to also train go-down volunteers in the camps. The 2002 effort to set performance indicators concentrated mostly on food indicators (such as the checking of ration books, of standardised distribution norms and stock records), and failed to set indicators for some of the major cross-cutting issues.

85. The biggest weakness is seen in the actual use of these analyses and other data in the adjusting of ongoing operations, as well as in more zealously making sure that the instruments to record these indicators are filled-in accurately. For example, evaluators found deficiencies in record keeping in over half the go-downs visited in all nine camps. BBC plans to have a consultant come-in in early 2004 to revamp all its monitoring functions and has just recruited a new programme manager; it is hoped these weaknesses will be addressed.

Main conclusions, lessons learned and recommendations

86. The conclusion is inescapable that a lack of reliable feedback on problems at the delivery point hinders BBC to improve the management of the logistic chain when dealing with suppliers. Putting things in perspective though, the magnitude of the problems just characterised remains low and well under SPHERE standards set up at 20%.

87. On its side, BBC contends that their monitoring package and activities are comprehensive enough, but suffer mainly from a shortage of human resources. BBC is committed to keep a low overhead cost (and has achieved it). Its monitoring activities do currently cost less than what evaluators see in other operations with the same outcomes and problems. BBC should nevertheless consider upgrading its staff to the level of monitoring operations needed. It is further noted that the monitoring function has remained incomplete since achievements in cross-cutting issues are not monitored.

88. Recommendation pertinent at this level include :

- ✍ ~~S~~ Standardised recording books (in/out and physical balance) are to be introduced in godowns and proper training given to the store managers. (BBC, Camp Committee)
- ✍ ~~M~~ Members of KRC are to be more actively and regularly involved in all the logistics monitoring process. (BBC, KRC)
- ✍ ~~A~~ A system for the automation of office tasks (one that computes quantities needed and produces corresponding purchase orders) is to be introduced/used in BBC's Mae Sot office. The system could use Excel-linked spreadsheets, coming from the population camp committees' database; an Access database system would be even more flexible and effective as it would also allow the production of monitoring reports. (BBC)
- ✍ ~~E~~ ECHO may consider contractually requiring BBC to use standard software developed by either CARE, MSF or WFP. (ECHO)

- ✍ One more field assistant needs to be engaged in the Mae Sot BBC field office so as to have one monitor per camp. (One more is also needed for the field office in Mae Sa Rieng) (BBC)
- ✍ Training on quality control issues, as those performed by the superintendent companies (MISG and SGS) should be given to all godown managers. (BBC)

89. The main lesson which may be drawn from all the observations done here is that both the lack of human resources, not well determined at the planning stage, and the delay in training them at a proper level is responsible for the weaknesses seen in the monitoring function. The use of inappropriate non-standardised tools, both in paper or software forms, has hindered monitoring operations.

5. NUTRITION

5.1. Background

90. Until 1997, BBC provided rice, fish paste and (iodised) salt only. The rationale of this ration - which provided approximately 1,880 kcal per adult per day - was to provide the staple food but also to stimulate refugees to complement the ration with foods rich in vitamins and minerals -mainly vegetables and fruits, fish, meat and eggs- in order to avoid aid dependency. Refugees were expected to acquire complementary foods through their own production, foraging in the forests and purchasing goods with money from any kind of income-generating activity in- or outside the camp. In response to a recommendation of the Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT) to combat beriberi --by that time identified as the lead cause of (high) infant mortality- in 1995, BBC decided to gradually include beans in the general food basket (GFB), starting with new arrivals and refugees moving to new camp locations.

91. An evaluation of the nutritional value of the ration conducted in 1997 revealed that the ration provided did not meet recommended daily allowances for many major nutrients and provided suggestions for improvements⁵. Among other, the evaluation recommended to consider including mung bean and cooking oil.

92. Consequently, in 1998, yellow beans and cooking oil were included in the GFB in all camps in order to increase and improve the ration in view of increasing restrictions on refugee movement outside the camps. According to the nutritionist⁶ who evaluated the programme in 1998 this ration was adequate in terms of quantity, but not quality, particularly because of its low content in several micronutrients. The evaluator also reviewed the supplementary feeding programmes (SFP) and concluded that targeting vulnerable groups was justified for more direct nutritional impact, as well as to encouraging greater clinic attendance and that the food stuffs in the basket were appropriate for this. The evaluator stressed however that SFPs were a temporary solution and that, where possible, family's access to complementary food from other sources than SFPs should be explored and fostered. Recommendations for the rationalisation of rations, as well as indicators of programme performance were provided.

93. In 2000, another evaluator⁷ compared the nutritional value of the GFB provided by BBC with the SHPERE minimum standards for food and nutrition. In this evaluation, several problems with the quality of the GFB were identified. First, protein and fat contents of the ration were found to be below recommendations⁸. Second, the evaluator noted that the BBC general ration did little to enhance micronutrients intake and that the possibility of high rates of micronutrient deficiencies existed from the sole consumption of the BBC ration. The evaluator emphasised though that the general ration provided by BBC was not intended to fulfill all nutritional requirements and that BBC and the health NGOs assumed that camp populations (continued to) supplement(ed) their diet by other means. In view of the lack of evidence to support this assumption plus persistent reports on micronutrient deficiencies, the evaluator concluded that BBC and the health NGOs had to jointly consider how to solve the micronutrient deficiencies of the camps' population.

⁵ Riedel A. E. and Menefee A. Assessment of Nutrient Adequacy of Rations for Displaced Persons from Burma on the Western Border of Thailand, BBC, Bangkok, September 1997.

⁶ Klaver W. Towards a rationalisation of the BBC supported supplementary feeding programmes among refugees along the Thai-Burma border, Wageningen, August 1998.

⁷ Hazleton R, An evaluation of the BBC programme in relation to the SPHERE Humanitarian Charter and Minimum Standards in Disaster Response (Food Aid and Nutrition components), April 2000

⁸ Protein content was 28% and fat content 12% less than recommended.

94. The evaluator recommended to support surveys of household consumption patterns to be carried out by BBC and the Institute of Nutrition of Mahidol University (INMU).

95. These surveys were conducted in 2001-2002 in Mae La and Camp No.2; they revealed that the daily diet of the refugees -consisting of the GFB complemented with other foods- contained a disproportionate high amount of carbohydrates, too little fat and insufficient quantities of quality protein. Also, micronutrients intake did not meet the minimum level of 70% of the recommended daily allowances (RDA) for vitamin A, B1, B2, C and calcium, with actual intakes ranging from 18–51% of the RDA in Camp No. 2 and 24-53% in Mae La. The surveys also looked at nutrition deficiencies among children. Clinical signs and symptoms were found for iodine deficiency (goitre grade 1), vitamin B2 deficiency (angular stomatitis), iron deficiency (anaemia) and -possibly- vitamin A deficiency (night blindness). Refugees were found to overwhelmingly depend on the BBC ration and to be unable to supplement this ration adequately with vitamins and minerals from other sources. Among other, the study proposed to adjust the ration to include a fortified blended food (reducing rice and mung beans rations accordingly).

96. The BBC/Mahidol studies confirmed findings from other assessments (refer to Annex 6 for details) regarding micro-nutrient deficiencies. In addition to the well-known and widely published vitamin B1 deficiency⁹, these include vitamin A and iron deficiency. Rapid screenings prior to mass vitamin A distribution in 1996, found rates of vitamin A deficiency in children exceeding WHO standards making this a public health problem. In 2002, clinical vitamin A deficiency was still noted in eye clinics, outpatient departments and elsewhere¹⁰. A nutrition assessment carried out in five camps in 2001 revealed that anaemia and iron deficiency were a major public health issue in refugee children aged 6-59 months. The study recommended that the very high prevalence rates of anaemia (72%) and iron deficiency (85%) be addressed through various approaches, including adjustments in the GFB¹¹.

5.2. Composition and Quality of the General Food Basket (GFB)

97. In addition to the three food items provided under ECHO funding, beneficiaries in the three camps also receive fish paste, salt and dried chillies. The current (full) ration in the Tak camps consists of 16 kg of rice, 1 kg mung beans, 1 litre of soybean oil, 1 kg of fish-paste and 125 gram of dried chillies. Rations are not the same in all camps --partly due to cultural preferences, partly for historical reasons (please refer to Annex 7 for details). The introduction of fortified blended food (wheat soy blend) in the GFB that was planned to take place in 2003, has been postponed to early 2004¹² due to a number of reasons, including difficulties in finding a supplier and gaining permission from the Thai authorities.

98. BBC provides half rations for children under five and a full ration thereafter¹³. The contribution of the full ration to the recommended daily allowances (RDA) in the three camps in Tak Province is as shown in the table below.

⁹ McGready R. e.a. Postpartum thiamine deficiency in Karen displaced population, Am J Clin Nutr 2001; 74:808-813

¹⁰ Vincent, J. Rational for the Burma Border Vitamin A Guidelines, A Report to the CCSDPT Health Sub Committee, BBC consultancy, October 2002.

¹¹ Kemmer, T. Collaborative Assessment Study, Thailand Red Cross Society and University of Washington, Washington, November 2001

¹² Neither a blended food nor the technology to produce it is available in Thailand, while wheat is a limited commodity. It is unlikely that a locally blended product will be available at competitive prices any time soon.

¹³ International recommendations call for one 'average ration' for everybody. Such an average ration is recommended for practical reasons, considering that in many (refugee) situations the precise number of people let alone a reliable break-down by age and gender is not available.

99. Percentage of RDA provided by the rations.

Total and %	Kcal	Protein (g)	Fat (g)	calcium (mg)	iron (mg)	vitamin A (mcg)	thiamine (mg) ¹⁴	riboflavin (mg)	niacin (mg)	vitamin C (mg)
Total	2,191	44	32	335	9	63	0.53	0.33	9.8	0.5
% kcal		8	13							
% RDA	104	78	76	42	41	13	58	24	81	1.6

Calculations based on nutrition values in BBC Ration Data Base. (Thai and ASEAN Food Composition Tables).

100. As observed in previous evaluations, both the proportion of protein and fat are lower than recommended. Protein and fat density are both approximately 25% lower than recommended and the protein provided is nearly completely derived from plant sources (and thus of substandard quality). The ration is also deficient in micronutrients. Where a ration of 1.5 kg of beans has been maintained, the ration scores are better in terms of protein (85% of the RDA), B vitamins (thiamine 65%, riboflavin 31% and niacin 83%) and iron (46%).

101. According to internationally accepted standards (e.g., the SHPERE standards) the GFB for refugees should be sufficient to bridge the gap between the recipient population's requirements and their own food supply. Results from the BBC/Mahidol surveys indicate that refugees are only marginally able to complement the BBC ration. Therefore, the provision of a full general ration is appropriate.

102. A major cause of the difficulties in meeting the recommended daily allowances of nutrients is the (very) high proportion of white rice in the ration. Highly polished white rice compares unfavourably with other (cereal) staples in terms of protein and micronutrients¹⁵. The addition of mung beans to the ration in 1997, improved the nutrition value of the ration considerably as did the addition of oil to the ration in 1998, when refugees could no longer access their own agricultural plots. Both additions were appropriate even if late.

103. Given the restrictions on outside movement posed on the refugees and their limited food production possibilities in the camps due to lack of space, results of the BBC/INMU (?) surveys were hardly a surprise. It is unfortunate that these surveys were carried out only in 2001/2002. BBC, members of CCSDPT and previous evaluators/consultants appear to have been unaware of lessons learned in other refugee situations in which micronutrient deficiencies were recognised, documented and dealt with since the mid 1980's. Among other, these lessons show that the existence of clinically manifest micronutrient deficiencies indicates a serious inadequacy in the daily diet that should be addressed by improving the GFB. International recommendations suggest the following methods for adaptation of the GFB (i) adding commodities; (ii) (partly) substituting some commodities by other; (iii) changing quantities provided; (iv) substituting certain food commodities by fortified equivalents; and/or (v) a combination of these four.

¹⁴ According to Klaver SGS found 5 times as much thiamine in the yellow beans provided in the ration as in various food composition tables. As far as the mission could establish, this issue has not been followed up. If the content is this high, the current ration provides 130% of the RDA instead of 58%!

¹⁵ Nutrition deficiencies associated with the consumption of white rice (in particular beri-beri) were first documented nearly 80 years ago.

Main conclusions, lessons learned and recommendations

104. The ration being used is appropriate in quantity. BBC has adjusted the food basket several times and adjustments have been appropriate in view of changing circumstances.

105. BBC's policy to provide different rations to adults and children under five is appropriate as well. However, in view of current breast-feeding practices, there is no need to provide a child ration before the child is 6 months. In addition the current ration is unsuitable for small children because they are unable to consume sufficient quantities to meet their needs. A more suitable ration would contain less rice, more oil and beans, and a commodity with a high nutrient density that can be used as a complementary or weaning food.

106. Despite persisting alarm bells (i.e., clinical signs of micro-nutrient deficiencies), BBC assumed for too long that beneficiaries were able to effectively complement the GFB by themselves. Health NGOs and members of CCSDPT with experience in other refugee situations, as well as previous evaluators, also failed to make the case for timely changes in the general ration. As a result, adjustments made were late and remain to be implemented for micronutrients as of this evaluation. The addition of a blended food to the GFB is long overdue.

107. It is therefore recommended that BBC will make every effort to incorporate blended food in the general food basket as soon as possible in the Tak province camps ensuring that it is well accepted; this introduction is therefore to include beneficiaries' sensitisation activities. BBC's current approach to pave the way for a successful introduction of a blended food by involving refugee women in recipe development similar to the approach used elsewhere by WFP with good results, should be continued. During the initial period, the needed blended food should be imported. BBC is to provide children under five with a full ration of blended food on top of the half ration of rice, beans and oil; this, in view of the necessity to further improve the suitability of the GFB for the actual needs of small children (this has already been planned for). Moreover, the half ration that BBC is now giving to children < 5 in all camps should be introduced at age 6 months (and not at birth).

5.3. Impact of the General Food Basket on Nutrition

108. BBC's aim is to alleviate malnutrition and food insecurity problems and to meet the primary physical needs for survival of women, men and children¹⁶, in partnership with their community. Although BBC's main activity¹⁷ consists of providing food and cooking fuel, both its aim and activities reveal a real commitment to also address needs in the area of nutrition. This calls for concerted work with the health providers in the camps so as to associate this operation with expected nutritional outcomes.

109. The collaborative aspect is covered in the programme design showing that BBC has used a multi-sectoral approach. BBC's logical framework lists performance indicators that reflect the sum of various activities rather than the output of separate activities. For the overall results, BBC evidently depends on the activities and performance of other agencies, in particular the health NGOs. Pertinent indicators from the three Tak camps and overall indicators are as follows (June 2003).

¹⁶ Goals and Objectives agreed at the BBC Donors Meeting in September 2000.

¹⁷ Activities undertaken in the sectors covered by the evaluation. Activities in other sector such as the shelter sector are not taken into account in this report.

110. Some indicators of public health importance in the three ECHO-funded camps.

Indicators	Mae La	Umpiem	Nu Po	All camps	Thailand	Burma
% of <5 ys wasted	2.9	3.9	4.1	3.3	5.9	9.7
Crude mortality rate ¹⁸	5.9	2.9	4.5	4.4	6.0	12.0
<5 ys mortality rate	8.3	5.2	9.6 ¹⁹	6.9	5.7	23.9
% of <5 ys receiving vitamin A supplements	Data not reported	62.1	100%	Data not reported	Data not available	67.0
% of population with vitamin B1 deficiency	Data not available			0.39	Data not available	Data not available

Source: CCSDPT Annual Health Statistic Report Thai/Burmese Border 2002/BBC reports.

111. These data clearly demonstrate a positive impact on mortality and acute malnutrition. Acute malnutrition and mortality rates are well below maximum rates specified in the SPHERE standards, and are similar to rates in Thailand. Rates compare favourably with those in Burma. However, data also suggest that the impact on the overall nutrition situation is not entirely satisfactory. Vitamin B1 deficiency persists²⁰ and vitamin A coverage is insufficient given the lack of vitamin A in the GFB and the ample availability of health services (target: 95%)²¹.

112. In terms of wider and/or long-term effects, the prevalence of chronic malnutrition is a useful indicator. Results from surveys show that chronic malnutrition is a considerable problem. In the three Tak camps rates of chronic malnutrition vary from 43 to 48%, as compared to an overall rate of 16% in Thailand and 37% reported for Burma (refer to Annex 6). The reason for the high prevalence of chronic malnutrition is most likely a combination of inadequate food intake and care practices, the latter partly related to food habits. The availability and utilisation of health facilities and the absence of any major health problem among the refugees makes it unlikely that health problems are a (major) contributing underlying factor. As indicated in the previous section, SFPs are implemented by the health NGOs. In addition, these agencies provide other services that impact on nutrition.

Main conclusions, lessons learned and recommendations

113. BBC is applying an appropriate multi-sectoral approach deemed essential to maximise impact. However, BBC's coordination with partner health NGOs was judged not to have been close enough at design time; they could have jointly looked at and resolved the nutritional gaps in the feeding programme being implemented; they should certainly do so in the future.

114. Data clearly demonstrate a positive impact of interventions by BBC and other humanitarian agencies in the border regarding mortality and acute malnutrition; acute malnutrition and mortality rates are well below maximum tolerable rates specified in the SPHERE standards, and are similar to rates in Thailand. However, data suggest that the impact on the overall nutritional situation is not entirely satisfactory. Chronic malnutrition rates among children under five are high and there are indications that vitamin deficiencies persists both in women and children.

¹⁸ Annual number of deaths per 1000

¹⁹ Both infant and <5 mortality increased dramatically from 17.4 to 43 and 5.7 to 9.6 in the period 2001-2002.

Whether this is a real change or is due to differences/inaccuracies in data collection is uncertain.

²⁰ As reported by the health agencies. Following a more concise case definition and training of medics, rates have dropped dramatically. Because beri-beri is difficult to diagnose, data might not be correct.

²¹ CCSDPT recommendation.

115. It is recommended that BBC and partner health NGOs more proactively collaborate in efforts to increase the nutritional impact of current interventions. (BBC, health NGOs)

116. An important lesson learned here is that the trade-off between keeping low overheads and hiring needed professional expertise has worked against BBC's effectiveness, especially in the case of hiring a nutritionist.

5.4. Supplementary Feeding Programme (SFP) for pregnant and lactating women

117. SFPs for pregnant and lactating women were initiated in the period 1994-1998 in all camps following the discovery of high levels of thiamine (vitamin B1) deficiency (beri-beri) in mothers that led to subsequent high mortality among their infants. Consequently, the main objective of the current SFPs for pregnant and lactating women is to decrease mortality and morbidity related to beriberi. Existing programmes essentially entail the provision of food commodities complementing the GFB, in particular commodities that provide vitamin B1. The target group includes all pregnant (from three months or earlier onwards) and lactating women. The latter are included in the programme for 6 months (IRC), 9 months (MSF France, ARC) or 12 months (MHD)²².

118. All SFPs are implemented by health NGOs, but BBC provides the food commodities or, more precisely, reimburses the health NGOs the costs of the purchase of food items distributed in these programmes. All rations are dry take-home rations consisting of eggs plus other commodities. The nutritional value of the rations differs very substantially. Rations provide between 160 to 540 kcal per day, while protein density ranges from 12% to 60%.

119. The energy content of most of these rations is insufficient to cover the needs; moreover, the proportion of carbohydrates/fat/protein does not follow international standards and rations do not provide micronutrients in recommended amounts (for details see Annex 7). Although most SFP programmes were started before the GFB changed to include mung beans and oil, rations were not adjusted to take this (substantial) change into consideration. Only IRC provides rations with an appropriate overall nutrition value for pregnant and lactating women. The other health NGOs are not following BBC guidelines regarding the composition of rations (adapted from WHO, USAID, the UN and MSF guidelines) and appear unaware of recommendations provided by the SFPs evaluator in 1998.

120. Coverage of SFPs for pregnant and lactating is not measured routinely and agencies conveniently assume that, in view of the benefits offered, coverage is probably universal. A rough estimate of the coverage based on the total number of beneficiaries in all camps, as reported to BBC indicates that the number of women attending SFPs in the period 1998-2003 has increased from 2,4% in 1998 to 3,8% in 2003.

121. Assuming that pregnant women attend the supplementary feeding programme on average nine months, full coverage would entail that approximately 3,76 % of all women are attending a SFP at any given time²³. Data thus support the assumption that coverage of pregnant and lactating women is nearly 100%.

122. An additional objective of the supplementary feeding programmes along the Thai/Burmese border is to treat and/or prevent acute malnutrition. Normally, this is the main objective of SFPs,

²² Nine months is recommended by WHO because the extra dietary needs of lactating women decrease around that time as the child becomes less dependent on breast-milk and consumes more complementary food. Agencies that provide SFP for 6 or 12 months do not have a clear justification for these durations.

²³ Based on an average of 2.4% of pregnant women (WHO reference population).

whereas the prevention (or cure) of one or more micronutrient deficiencies is usually addressed through supplementation (supplementation with vitamin A and ferrous sulphate/folic acid is recommended in many situations). Despite a prevalence of adult acute malnutrition of an estimated 8-10%²⁴ health NGOs not routinely measure the nutritional status of pregnant and lactating women. Upon entering the programme, pregnant women are screened for malaria and anaemia, but not for malnutrition. Weight gain is usually (but not always!) recorded, but protocols entailing minimum and maximum monthly weight gain, and measures to undertake in case of non-compliance, are not in place.

123. Birth weight of babies, an important indicator of maternal nutritional status, is recorded on individual cards, but only a few agencies systematically collect and analyse birth weight data. In surveys carried out in 2002, low birth weight (LBW) rates varied from 15 to 26%. According to the evaluators' rough estimate, LBW at present varies from about 3 to 16%. Health agencies do not monitor the relationship LBW and maternal nutritional status.

Main conclusions, lessons learned and recommendations

124. Maintaining supplementary feeding to compensate an inadequate GFB is inappropriate and ineffective, because it addresses the problem only for part of the population (and only temporarily) and diverts from preferred more structural solutions.

125. Most rations of the supplementary feeding programmes for pregnant and lactating women are found not to be in line with international recommendations. Only one health NGO is following BBC guidelines regarding the composition of rations.

126. However, on the positive side, the SFP for pregnant and lactating women seems to have indeed resolved the serious vitamin B1 deficiency problem; whether this is due to the medicinal vitamin B1 supplementation given to women or to the food provided to them is impossible to tell.

127. But, not so positively, further expected impact of the SFP for women is now unlikely due to the fact that malnourished women are not properly identified and are currently not provided with optimal nutritional care. Therefore, the impact of the SFPs on the nutritional status of women and their (un)born children (measured as birth weights), is not fully realised.

128. It is recommended that :

✍ ~~A~~ The high number of Ante Natal Care (ANC) visits now be lowered to the norm of once a month. (Health NGOs)

✍ ~~A~~ The length of supplementary feeding of mothers in all camps be standardised to six months (this in view of the fact that infants are incorporated in the general food distribution system from 6 months on). (BBC, health NGOs)

✍ ~~S~~ SFPs for pregnant and lactating women to be adjusted to incorporate nutrition follow-up and care only for those that are found to be malnourished. (Health NGOs)

²⁴ BBC/INMU surveys in Mae La and Camp # 2.

- ✍ Malnourished women be provided with a double ration of supplementary food and have them attend ANC clinic weekly so as to systematically assess if they are gaining weight adequately. (BBC, health NGOs)
- ✍ The nutritional status of pregnant women upon entering the ANC programme be determined by using mid-upper-arm circumference (MUAC) and all women to be systematically weighed in ANC clinic on a monthly basis; each time, it should be assessed whether their weight gain for that period is adequate ($\pm 400\text{g/week}$ after the 3rd month of pregnancy); if such gains are not realised, their nutritional status and possible health problems should be checked and these women should be referred to the home visitors (or the health clinic if so needed) for follow-up; checks should be carried out at home if they are using the supplementary foods adequately. (Health NGOs).

129. An important lesson learned here is that SFPs for pregnant and lactating women have not been adjusted in line with changed circumstances to optimise impact. This indicates that lack of nutrition expertise in the health sector limits longer term positive effects on nutrition.

5.5. Supplementary feeding programme (SFP) for acutely malnourished children

130. Supplementary feeding for acutely malnourished children is provided in all camps, despite rates of acute malnutrition that are too low to justify such programmes (if rates are below 5% individual follow-up through regular community services is the preferred strategy). In the border camps, wet supplementary feeding on-the-spot has been replaced by dry feeding consisting of take-home rations. Rations for malnourished children provide between 160 and 2,635 kcal per day, with fat density varying from 8% to 40%. Components vary widely as well and may include sugar, milk-powder or commodities already provided in the general ration such as rice or beans.

131. Although it is common practice that data on the coverage of SFPs be collected as part of nutrition surveys, this information is not gathered during the nutrition surveys in the border areas and reliable data on coverage are not available²⁵. In only one nutritional survey coverage was measured and found to be 9%²⁶. Rough estimates of the coverage, based on the (reported) number of children under five in SFPs and on the number of acutely malnourished in the camps (as calculated from the prevalence of acute malnutrition) reveals an overall SFPs' coverage of an estimated 32% in all camps, with rates per camp ranging from 12% to more than 400%.

132. In the three Tak camps, coverage is low, in particular in Mae La (12%). This is no surprise given the lack of growth monitoring (see below) of children between 12 and 36 months, i.e., the group most likely to become malnourished. Another factor contributing to low coverage could be the persistent use of Weight/Height (W/H) as percentage of median as an admission criterion instead of W/H as Z scores (as per international recommendations). Where this out-dated criterion is used, more than 50% of the malnourished might not even be identified²⁷.

133. In contrast, coverage is well above 100% in some other camps. Whereas a coverage of approximately 120% could be explained by discharge practices (keeping recovered children up to one month to prevent relapse) a higher coverage suggests that either a substantial number of malnourished

²⁵ Nutrition Survey Guidelines and Rapid Vaccine coverage Survey Guidelines, BBC/CCSDPT, 2002.

²⁶ Kemmer, T. Collaborative Assessment Study, Thailand Red Cross Society and University of Washington, Washington, November 2001

²⁷ Average acute malnutrition in the camps using W/H as percentage of the median is currently 1.35%, which amounts to 40% of the rate of 3.3% acute malnutrition as expressed in Z score.

children from outside the camps attend or that admission and/or discharge criteria are not applied correctly. This evaluation did not analyse SFPs in detail, but information from the SFPs evaluation in 1998 suggests that incorrect application of criteria is definitely a possibility²⁸.

134. Performance indicators such as average duration of stay, average weight gain and percentage of relapses are not routinely collected. Without such information it is not possible to assess programme efficiency or the impact on the individual malnourished child. Anecdotal information of staff of SFPs suggests that a substantial number of children fail to recover within the recommended 60 days. Children that fail to gain weight appear not to be routinely referred to the outpatient clinic to rule out an underlying medical problem²⁹. Other possible causes of weight gain failure are not systematically investigated either. Such causes could include an inappropriate ration and/or failure of the child to actually consume the supplement, as is common when food is provided as a dry take-home ration. MSF France is piloting wet supplementary feeding in Mae La after noticing that their SFP had very little impact. MSF France plans to combine its annual nutrition survey with questions regarding possible underlying causes of acute malnutrition (e.g., recent morbidity), intra-household ration distribution, consumption of supplementary feeding rations and so on. Although a more logical sequence would have been to investigate first and then alter the strategy in line with findings, the initiative to combine a nutrition survey with the collection of other relevant data is good. BBC should promote such data collection in all camps.

Main conclusions, lessons learned and recommendations

135. The components of the supplementary feeding programmes for acutely malnourished children are found not to be appropriate. The continuation of the provision of milk powder in the dry take-home ration of a couple of health NGOs, in violation of international guidelines, is unacceptable.

136. In general, evaluators were surprised by the fact that performance and impact indicators were not readily available from health NGOs. In contrast, quite a bit of efforts are made to collect morbidity statistics. In general, staff of health NGOs was found to be more clinically than public-health oriented. This points to the fact that the use of good emergency intervention outcome indicators does not foreclose the need to use longer-term monitoring and impact indicators.

137. The impact of the SFP for malnourished children is found to be meagre, because the majority of the malnourished are not attending it in turn due to the poor performance of growth monitoring activities; this leads to an inadequate detection of the malnourished by clinics and community health workers; the nutritionally most vulnerable group (children aged 9 to 36 months) is least likely to be captured. SFPs for acutely malnourished children were long continued without a critical analysis of their impact.

138. Evaluators also have some doubts regarding the impact of SFPs on individual children: the programme seems not to be lifting them out of acute malnutrition fast enough; because performance

²⁸ According to Klaver, ARC was using less than 85% as admission criteria as compared to the recommended 80%, which is also the cut-off level to define malnutrition. In 1998, the number of children admitted in the SFP was thus higher than expected based on the prevalence of malnutrition due to the fact that children who were not eligible were included.

²⁹ If after 2 weeks of supplementation there is no catch-up weight gain, the child is to be referred to the doctor to rule out underlying pathology; if no such pathology is found and the child is still not growing consistently after 6 weeks of follow up, the child should be either enrolled in a daily therapeutic wet feeding program at the hospital or hospitalised for 2-3 weeks to feed him/her under supervision.

indicators for this are not available and/or are not collected, the magnitude of this problem is difficult to ascertain though.

139. Therefore, it is recommended that :

- ✍ ~~B~~BBC immediately stop reimbursing the costs of commodities that are deemed not to be appropriate. In fact, BBC and partner health NGOs should fully adopt international (UNHCR/WFP) recommendations for energy content and nutrient composition of supplementary feeding rations.
- ✍ ~~C~~Current feeding programmes (also those for pregnant and lactating) use and regularly report on objectively verifiable indicators that measure actual nutritional impact; such OVI's are to be included in the next logical framework. Health NGOs report their data as per BBC (updated) guidelines; this should become a prerequisite for continued food support. (BBC, health NGOs)
- ✍ ~~T~~The impact on individual children of SFPs for malnourished under fives be critically analysed by also looking at the underlying causes of malnutrition for each child and by taking appropriate medical and/or nutritional action as needed. (Health NGOs)
- ✍ ~~A~~The coverage of SFPs for acutely malnourished under fives be improved by setting up a monthly growth-monitoring-cum-systematic-follow-up system of 6-36 month olds in each camp --the latter preferably community-based. Growth monitoring of 3-5 year olds is to be carried out 2 times per year with closer follow-up only of those whose growth is faltering. (BBC, health NGOs).
- ✍ ~~A~~s recommendations directed at the SFPs both for pregnant and lactating and for acutely malnourished are in place, BBC is to consider providing the food for the current rations being handed out rather than reimbursing health NGOs for the foods they purchase. After blended food has been introduced in the GFB, BBC and health NGOs are to phase out current commodities in the SFP --starting with eggs and gradually replacing them with a premix (mixed before distribution) consisting of blended food and oil.

140. An important lesson learned here is that BBC's attempt to improve the quality of the respective partner NGOs' supplementary feeding programmes through the provision of written guidelines has not been successful. As UNHCR and WFP have learned elsewhere, in such circumstances, withholding resources is a quicker and more effective way to ensure partners' adherence/compliance.

5.6. Micronutrient Supplementation

141. Micronutrients are routinely supplied in ante-natal, post-natal care and under-five clinics. Supplementation includes the provision of vitamin A to children up to 12 years of age and lactating women, as well as the provision of vitamin B1, ferrous sulphate/folic acid and -in some cases- multivitamins to pregnant and lactating women. In addition, malnourished children are provided with micronutrients.

142. BBC oversees the procurement (via UNICEF) and the distribution of vitamin A capsules. In 2002, BBC commissioned the services of a consultant to clarify existing vitamin A guidelines and to describe the rationale behind it to the CCSDPT Health Subcommittee. The occasion was also used to reconfirm guidelines on vitamin A supplementation. Although reporting on coverage shows gaps,

and coverage has not been measured in EPI coverage or nutrition surveys (as is routine), recent surveys of clinical nutrient deficiencies suggest a clear positive impact of vitamin A supplementation with only one case of possible vitamin A deficiency identified in 2002.

143. Vitamin B1 doses for pregnant and lactating women vary between agencies and even within camps. Given the difficulties to reliably diagnose vitamin B1 deficiency without a laboratory confirmation, it is unclear what the vitamin B1 status of the population as a whole is. However, infantile beriberi and related mortality seem to have virtually disappeared and it is very likely that this can be (largely) attributed to the provision of vitamin B1 and vitamin B1 rich food (eggs).

144. The provision of ferrous sulphate/folic acid is restricted to pregnant and lactating women and malnourished children, despite evidence that anaemia is (also) a serious problem among other groups (e.g., teenage girls). The prevalence of anaemia among pregnant women is reported in the CSSDPT monthly common data forms. Because no distinction is made between old and new cases, this prevalence figure has little meaning. A distinction between new and old cases would give at least regular information on the prevalence among newly entering (and not recently supplemented) women. In addition, the impact of the provision of ferrous sulphate/folic acid could be estimated by comparing the prevalence among new and old cases³⁰. Although somewhat outside the scope of this evaluation, evaluators also noted that the definition of anaemia is not consistent. Both haematocrit and haemoglobin values are used, the latter with cut off levels of 10, 10,5 and 11 gm/dl.

Main conclusions, lessons learned and recommendations

145. On the positive side, at present, the provision of vitamin A is standardised, is in line with international recommendations and is having a good impact.

146. Nevertheless, in the provision of other micronutrients, disparities continue; for example, multivitamins are routinely provided by some agencies, not at all by others and haphazardly by yet others. Given available data, it is thus difficult to estimate the impact of any activity aimed at reducing micronutrient deficiencies.

147. Therefore, it is recommended that :

✎ Guidelines for future nutrition surveys be reviewed to routinely include the collection of data that measure impact, e.g., participation in feeding programmes, receiving of supplements (vitamin A, ferrous sulphate) and the presence of clinical signs of nutrient deficiencies. (BBC)

✎ BBC carries on with its intention to conduct a micronutrient status survey as soon as possible. The survey should include iron, vitamin B1, vitamin B2 and possibly zinc and vitamin C status among both adults and children. If stomatitis is also assessed, the reliability of stomatitis as an easy to determine proxy for vitamin B2 deficiency should be determined. Moreover, if results confirm serious iron deficiency problems, an intervention programme for the treatment and monitoring of iron deficiency anaemia in children <5 and for teenage girls should be set up, in close collaboration with Mahidol University (possibly with CDC funding under consideration); a consultant will be needed. (Actually, establishing a long-term collaborative agreement with (a) national academic institution(s) to provide ongoing technical support would be desirable). (BBC, health NGOs)

³⁰ Evaluators asked one agency to make this distinction. Anaemia prevalence in new cases in one camp during October was 80% as compared to a reported 12% anaemia in pregnancy in general.

- ✍ ~~M~~icronutrient supplementation and case-definitions of deficiencies be standardised, in particular for anaemia. (Health NGOs)
- ✍ ~~I~~ron status of women between their first and their last ANC visit be systematically compared to see if iron supplementation during pregnancy reduced levels of initial anaemia or not; regular reporting of these results to CCSDPT to be introduced. (Health NGOs)
- ✍ ~~I~~n the near future only one, and not two, health NGOs should operate both curative and preventive services in the same camp.

148. An important lesson learned here is that, in general, and despite many surveys, studies and the inclusion of data on some micronutrient deficiencies in the monthly CCSDPT statistics, little is known about the micronutrient status of the camp populations. Without reliable base-line data it is not possible to measure impact.

5.7. Growth monitoring and nutrition education

149. All agencies monitor the growth of infants during post-natal care (PNC), but there is no standardisation. MSF France stops growth monitoring after 9 months altogether; in Tham Hin camp growth of children less than 9 months was not being monitored either; ARC and MHD continue to monitor growth in combination with other under five activities like immunisation. Only IRC continues to monitor growth of children monthly up to 36 months. Except for MSF, health agencies also measure growth of children attending nurseries 2-4 times per year (in the nursery³¹). Agencies use either weight for age, weight for height or height for age to monitor growth. IRC uses weight for age (as in Thailand) and measures height in case weight gain falters to determine whether the child is stunted or wasted. Wasted children are referred to the SFP for acutely malnourished children. Data indicate that growth monitoring does contribute to improved coverage of SFPs and thus to the ultimate impact of SFPs.

150. In all camps, community health workers/educators (CHW/CHE) visit families at home and mobilise individual households, as well as communities for clinic visits. The system is such that families should be visited once a month, and more in case of problems. Nearly all households interviewed by evaluators reported that CHW/E visited regularly, although newcomers and houses far from the centre were less likely to have been visited. One task of the home-visitors is to detect and follow-up on malnourished children and refer them to the clinic. To this effect, CHWs employed by MSF screen children using the mid-upper-arm circumference (MUAC) method first, while health workers of other agencies directly refer the suspected malnourished. Both systems are ineffective, because moderate acute malnutrition is not easy to detect without measurements of weight and height and will most likely go unnoticed. Consequently, the low coverage of MSF France's SFP in Mae La camp is probably explained by the fact that they use MUAC.

151. The main aim of growth monitoring is to detect and address both chronic and acute malnutrition at an early stage. Strategies to address acute malnutrition cannot be applied ignoring those that address chronic malnutrition. While there is still some uncertainty regarding the role of individual nutrients, research does show that chronic malnutrition is in part associated with the lack of sufficient food of appropriate quality. Besides access to and availability of food, food, health and care habits are known

³¹ It is unknown to what extent attempts are made to also measure children who are not attending on the day of measurement because they are sick (and possibly malnourished).

factors that influence chronic malnutrition. Nutrition education is thus an important means to reduce/prevent chronic malnutrition; it should be pursued more vigorously.

152. All health NGOs provide nutrition education, usually both at ANC/PNC and during home visits; contents and intensity vary. Only a few nutrition surveys conducted by BBC did specifically look at child feeding practices –a must to fine-tune nutrition education messages. Results from these surveys indicate that prevalent food habits may negatively impact on chronic and acute malnutrition. Only 30% of infants were breastfed exclusively until age six months as recommended by WHO, and 34% already received solid foods before they were 4 months old. In addition, two out of three children ate fewer than three meals a day, whereas a mere 4% consumed four meals as recommended. These figures suggest little impact of nutrition education on child feeding practices and/or, possibly, ineffective education; evaluators found methods and materials being used to be outdated. New and effective methods such as the FADU concept, i.e., Frequency, Amount, Density and Utilisation of food for children under three years appeared to be unknown.

Main conclusions, lessons learned and recommendations

153. On the positive side, all health NGOs have made an effort to train and deploy CHW/CHE that provide some nutrition education.

154. On the not so positive side, it is noted that, after the supplementary feeding of lactating women stops, growth monitoring --indispensable to detect acutely and chronically malnourished infants--sharply decreases after age 6-9 months in most camps. On top of this, it is noted that strategies to address chronic malnutrition have received far less attention by BBC and its health partners than those that address acute malnutrition.

155. It also worries evaluators that not one agency has carried out a knowledge, attitudes and practices (KAP) survey to use as a baseline against which to measure progress and for re-tailoring of existing nutrition education materials.

156. Therefore, it is recommended that :

- ✍ ~~The~~ recommendations made in this evaluation be emphasised through continuing education of maternal and child health (MCH) and community health/community education staff in camps. (Health NGOs). Recommendations should also be discussed in a special CCSDPT meeting.
- ✍ ~~KAP~~ surveys be carried out in all camps particularly focused on feeding behaviours of mothers and infants. KAP surveys should be complemented with in-depth research to find out more about the reasons behind those behaviours. Results of both surveys should be used to fine-tune and strengthen nutrition education interventions and to redesign educational materials and obsolete posters the evaluators saw hanging on the walls, as well as incorporating information about the use of the new blended food. (BBC, health NGOs).
- ✍ ~~A~~ vigorous nutrition education campaign be launched covering monthly nutrition education sessions for all women attending ANC and for mothers attending growth monitoring of their children. (BBC, health NGOs).

³² Such a campaign should address the main known measures mothers can and should take to improve child nutrition; these include exclusive breastfeeding up to six months, timely introduction of and appropriate choice of complimentary food and adequate frequency of feeding.

- ✍ Low birth weight rates be systematically calculated every month in each camp; if possible, rates should exclude the true pre-term newborns; reporting of those figures to CCSDPT should become routine. (Health NGOs)

6. CROSS-CUTTING ISSUES

6.1. Gender issues

157. The picture here is mixed. Efforts have indeed been made to give gender issues greater prominence, but effective results are yet to be seen.

158. BBC began gender awareness training in 2000, but it was not until 2002 that it hired a local consultant to draft a gender policy for the organisation that would more proactively encourage women's empowerment and equal participation. All NGOs were polled in February 2003 pertaining their actions on gender issues. Since September 2002, training on these issues is being carried out (for men and women) in eight camps with ECHO funding, but this is done through MHD, not BBC. Gender-based violence and women's rights are at the centre of this training.

159. Staff training at BBC has incorporated a gender perspective in specific aspects of its programme. Whenever pertinent, in the future, statistics will be gender desegregated (e.g., for nutritional status, mortality, birth weights, supplementary feeding recipients). Moreover, BBC is already planning how to strengthen the election and subsequent membership of women in camp committees so they can become more influential in general and in the food distribution process in particular. (Evaluators were told that a few women do stand as candidates for section and camp committees, but are not elected: women in the camps most often vote for male candidates).

160. Hiring policies at BBC have been gender balanced; two female field coordinators were recently appointed (Mae Sot and Mae Hong Son) so that now half the coordinators are female. Overall, more women than men work at BBC (including professional cadres).

161. Evaluators met with the Karen Women's Organisation (KWO) leadership in Mae Sa Rieng and discussed gender issues. Twelve of their cadres have been trained as trainers on gender and leadership issues. The focus is on gender-based violence and women's rights, and KWO aims at also training men on these issues; KWO also runs safe houses for battered women. It further has a two-year course for selected young women cadres; it has its own committee in each camp section. A meeting with the Karenni Women's Organisation (KnWO) leaders was also held in K1 camp. The role of the respective women's organisation is strongly recognised by all camp dwellers.

162. Moreover. Both KRC and KnRC encourage greater women's participation; last year the KnRC chairperson was a woman. In each camp, the women's organisation leader is a member of the respective camp committee. The number of women in the camp committees varies widely. In Tak province evaluators found on the one hand a gender balanced committee in Nu Po, with five female members (out of 15) among which the vice-chairman. On the other hand in Mae La the number of women was reduced to only two (out of 15) during recent elections.

163. The UNHCR also funds gender-related activities; it funds a sexual violence against women project in two Karenni camps and also takes care of needed protection issues affecting vulnerable individuals, the latter often women.

Main conclusions, lessons learned and recommendations

164. It is concluded that addressing gender issues in work in the camps requires a more concerted and proactive effort, one that goes beyond BBC just having set a policy on these issues. BBC is thus to proceed to hire the gender specialist as soon as possible so as to start implementing the main aspects of its existing gender policy. Particular efforts are needed to strengthen women's involvement in camp committees.

165. It should be kept prominently in mind that women's organisations of the minority ethnic groups are important strategic allies in this work, because they already are playing an important role in promoting gender issues; BBC should work closely with them.

6.2. Children's issues

166. Although not with direct ECHO funding, student boarding houses, orphanages and nurseries are in operation in the camps. The food rations for these children do come from project funding. In the case of nurseries, private donors fund the daily purchase of fresh food and fuel to prepare a lunch for these children. Evaluators found that nurseries are constrained by scant budgets to carry out their important feeding contribution to the <5 group. It would thus be good to consider allowing the use of project-procured charcoal for camp nurseries to cook their daily meal; the ECHO TA could discuss this with BBC.

167. BBC reimburses health NGOs for their food expenses in children's (and pregnant/lactating women) supplementary feeding; as said earlier, evaluators do have concrete recommendations on how to streamline these supplementary feeding programs to make them more nutritionally sound and cost-effective. Evaluators are further worried that many 1-3 year olds are currently being left out of growth monitoring activities and have made specific recommendations for this too (see above).

6.3. Elderly and the handicapped issues

168. Most activities directly serving the needs of the elderly are managed by COERR (see 3.8.3 above for details). ECHO does not fund this NGO nor any other activity directly aimed at the elderly.

169. As regards the handicapped, ECHO has started funding HI for mine-related activities [including mine risk education, victims' assistance (including psychosocial support) and general rehabilitation]. Risk education is indeed needed since the border is a mined territory and people do wander out of camp; the mine victims assisted are mostly IDPs from inside Burma that cross the border for help which is nowhere else available than in the camps' HI facilities; the provision of psychosocial support to victims cannot be over-emphasised and this includes the support given to many actual long-term camp dwellers who were mine victims in the past. Evaluators did visit HI facilities in both camps and interviewed the staff. The support to HI is deemed useful.

170. As relates to the distribution of food rations, no special provisions are made for the elderly or the handicapped; they get the normal rations everybody else gets. Anecdotally, in the evaluators' interviews in the camps, several times the request was made for the elderly to become eligible for egg rations and/or for other foods not in the normal rations, as a means to "break the monotony they complain about in their diets".

171. By design, then, the personal human development interventions described in 3.8.3 above should not miss favouring the elderly and the handicapped.

6.4. Psychosocial issues

172. Already in 1994, an evaluation report of BBC (Transconsult) recommended including basic skills training to improve personal human development and the quality of life in the camps; in some cases, refugees themselves started such training including literacy classes. They deserve support in this endeavour. Ultimately empowering participants is at the base of such an effort.

173. Psychosocial problems of the refugee population probably explain the few suicides reported every year, as well as the high percentage of patients consulting in the clinics presenting with

psychosomatic symptoms (as reported to evaluators by MSF France). No mental health services are available to refugees in and outside camps.

174. In meeting with the official organisations of the different ethnic groups, evaluators were told of the importance of intervening in the psychosocial area; they spoke of many “people with scars and frustrations” in need of help.

175. KWO is also active in this field. They provide counselling training for persons with trauma and depression. They also run safe houses for battered women and organise foster homes for orphans, as well as giving micro-grants to widows and poor women.

Main conclusions, lessons learned and recommendations

176. The Catholic Office for Emergency Relief and Refugees (COERR), with funding from Caritas, Misereor and UNHCR, and with a string budget, runs the Extremely Vulnerable Individuals programme (EVI) in four camps where they have social services centres; the programme has 7,000 beneficiaries, a significant proportion of them elderly camp dwellers. COERR also works with the disabled, orphans, widows, the mentally ill, single parents, the chronically ill and children separated from their parents. This programme carries out a number of activities which impinge on psychosocial issues : they work with the vulnerable to produce soap and candles, grow mushrooms, build fishponds and camp gardens; they also teach food preservation, tool repair, basket making and weaving; further, they do home visits of the sick, give soybean milk handouts, give monetary support for funerals, and teach traditional music and Karen culture (including story telling). They also give hygiene packs and warm clothing, blankets, umbrellas and thongs for orphans and the elderly. The objective of the programme is to keep these individuals busy and to help them generate a small income. Evaluators think these efforts are a good first step towards addressing some of the psychosocial needs of camp residents; they should thus be strengthened and expanded.

177. Evaluators also think that education, occupational skills training, literacy, as well as cultural and sports activities are vital personal human development programme components to be funded to address many worrisome psychosocial problems in the camps.

178. It is thus recommended that, working with Relex, ECHO considers supporting, strengthening and expanding personal human development interventions, perhaps not through BBC, but through (an)other NGO(s).

6.5. Human rights issues

179. Human rights issues per-se are not directly addressed by the project. BBC is involved in various lobbying activities that do include human rights issues particularly in Burma. Women’s rights are part of the new gender policy and action plan of BBC and ongoing training covers this issue.

6.6. Environmental issues

180. The indeed expensive project component that provides charcoal to refugee households receiving food commodities is intended to protect the environment surrounding the camps. This measure has succeeded, i.e., the periodic and long-standing cooking fuel distribution by the project has definitely been a positive factor in protecting the environment.

181. Although household heads interviewed by the evaluators often complained about short supply of charcoal, they somehow manage to get the fuel they need without foraging for it in the surroundings. It

is to be noted that the recent consultancy on energy supply (August 2003) recommended an 8% increase in the charcoal ration to be given to households; BBC has just started implementing this recommendation.

182. Within the camps, water and sanitation needs are taken care of by the respective health NGO operating in the camp. Evaluators did not find any problems with these in the two camps being evaluated, other than being told that there may be water shortages this current dry season.

[As a closing thought, the evaluators want to express their pleasant surprise as relates to the number and quality of overall services refugees in the Thai/Burmese border are getting compared with other refugees elsewhere in the world. ECHO and BBC certainly contribute their share to this successful operation].

March 20, 2004.