EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

Humanitarian Aid Decision
23 02 01

Title: Humanitarian assistance to vulnerable population in Myanmar and to Burmese refugees along the Myanmar-Thai border

Location of operation: Myanmar & Thailand

Amount of decision: 11,650,000 euro

Decision reference number: ECHO/-AS/BUD/2004/02000

Explanatory Memorandum

1 - **Rationale, needs and target population**:

1.1. - Rationale:

Myanmar is being ruled by a military regime which is reported to have one of the world's poorest human rights records. Forced village relocations and on-going armed resistance have led in the past years to a flux of refugees (around 150,000 of which 120,000 in Thailand[1] and 20,000 in Bangladesh[2]) and internally displaced people (estimated at around 600,000 according to the Burmese Border Consortium, of which 365,000 live in 180 relocation sites under the control of State Peace & Democracy Council (SPDC) and 268,000 in hiding or temporary shelter), most of them located along the thai-burmese border. In addition to these between 1 and 2 million Burmese illegal immigrants are living in Thailand.

While most of the ethnic groups have signed cease fire agreements with the government in the past fifteen years, others like the Karen National Union (KNU) have not, and this group forms the biggest part of the refugees still living in camps in Thailand. At the end of 2003, the KNU entered into a dialogue with the Myanmar government on the terms of a ceasefire agreement; for the time being these discussions are suspended. If fruitful, they could lead to a return of refugees from Thailand in a short/medium term. In the meantime, assistance to these refugees remains vital to their survival.

The SPDC announced last year a road map to democracy and a National convention started last 17 May 2004 with the aim of drafting a constitution and leading to parliamentary elections. However, the main opposition party (the National League for Democracy-NLD) refused to participate. NLD leader and Nobel Prize Laureate Aung San Suu Kyi is still under house arrest and NLD has not been allowed to reopen offices throughout the country. The National Convention is in recess since July 2004.

---

[1] UNHCR reports that there are close to 120,000 officially registered refugees in nine camps along the Thai-Burma border and 22 000 unregistered refugees, the Thai authorities having ceased to officially register new arrivals since the end of 2001. 75% of them are of Karen origin.
[2] Remaining caseload

In this context, on 26 April 2004 the Council rolled over the EU Common Position and the Regulation renewing sanctions against Burma/Myanmar. These sanctions were further tightened on 25 October by expanding the visa ban list to include serving members of the military of the rank of Brigadier-General and above and members of their families. The revised Common Position also prohibits the financial participation of EU registered companies in Burmese state-owned enterprises. In addition to proscribing the extension of credit facilities and the acquisition by EU registered companies and EU citizens of debt instruments issued by Burmese state-owned enterprises, the Common Position also widely proscribes the acquisition of equity by EU registered companies and EU citizens in these enterprises. Under the EU Common Position, non-humanitarian or development programmes remain suspended with exceptions for programmes in support of

(a) human rights, democracy, good governance, conflict prevention and building the capacity of civil society,

(b) health and education, poverty alleviation and in particular the provision of basic needs and livelihoods for the poorest and most vulnerable populations,

(c) environmental protection, and in particular programmes addressing the problem of non-sustainable, excessive logging resulting in deforestation.

The programmes and projects should be implemented through UN agencies, non-governmental organisations, and through decentralised cooperation with local civilian administrations.

In this political environment Myanmar continues to be one of the poorest countries in Asia and ranks in the position 132 of the UN Human Development Index: 25% of the population is living under the poverty level (UNICEF) and 70% of household expenditure is on food (UN Survey, 1997). Only limited international assistance is granted. Total ODA for 2002 represented around 2€ per capita (compared with €30 for Cambodia and €42 for Laos). The situation in the health sector is particularly worrying, and WHO's World Health report 2004 shows that Myanmar's per capita government expenditure on health is (together with the Democratic Republic of Congo) the lowest in the world. Some humanitarian indicators like under five mortality rate -108 per 1,000 live births- triple the rates in neighboring Thailand.

This decision will aim at addressing some of the basic humanitarian needs of the most vulnerable populations, who do not have sufficient access to basic services mainly because they are being discriminated against by the central authorities on ethnic (Mon and Karen minorities opposed to the central governement) or religious grounds (the Muslim Rakhine in Northern Rakhine State). It will also target the humanitarian needs of Burmese refugees along the Myanmar-Thai border who are almost entirely dependent on international aid.

The proposed decision also fully responds to ECHO's annual strategy in 2004, which continues to focus on forgotten needs (Myanmar is, together with western Sahara, the most forgotten crisis in ECHO's Global Needs assessment for 2004). The decision will also have clear components covering two of the key cross cutting issues mentioned in that strategy: water and children.

1.2. - Identified needs:

- **Refugees in Thailand**

The dependence of the refugees on external assistance is considerable, and even continues to increase in some areas. The tensions imposed on the displaced people, the heavy psychological pressures they undergo such as the trauma caused by abandoning their homeland and having to live in camp sites require continuous monitoring and close assistance.

The camps that straddle the border between Thailand and Myanmar are populated by successive waves of refugees from the ethnic states of Myanmar who have fled the fighting between these populations and the Burmese military. Some refugees have been in the camps for 20 years or more. The conditions in the camps are generally dismal. People live in shelters built from locally-available natural materials (bamboo), have limited access to potable water and sanitary facilities. Food aid, education and health care services are provided by specialized International non governmental organisations (INGOs). Since the inhabitants of the camps are not recognized by the Thai authorities as refugees but as displaced persons, they do not benefit from the privileges granted to refugees. This explains also why the UNHCR has a very limited mandate with no permanent presence in the camps.

a) Food, cooking fuel and nutrition

The Burmese Border Consortium (BBC) was established in 1984 and was originally intended to supplement what the refugees themselves could supply through planting on the other side of the border and foraging. Ongoing conflict in these areas coupled with increased restrictions imposed by the Thai authorities on the refugees have progressively diminished their self-capacity to sustain themselves and today the refugees are totally dependent on international aid for their basic food needs. Each year rations are negotiated with the refugee committees and gradually increased with approval of the Thai authorities. A food basket ensures a minimum recommended daily allowance of 2,100 kcals/person/day as per WFP/UNHCR guidelines. Since 2001, however, a series of food consumption/nutrition surveys were conducted which demonstrated a high level of chronic malnutrition and significant micronutrient deficiencies in the refugee diet as well as an imbalance in the proportion of carbohydrate/protein/fat. Three main strategies to address these problems are being implemented:

1. Add blended food to the ration: The Ministry of Interior agreed for a pilot trial in two sites for 2 months at the beginning of January 2004. After an evaluation, they approved the distribution of blended food in two other camps and the full introduction of blended food should be complete at the beginning of 2005.
2. Reduce some other Food Basket Items: The provision of blended food will enable some reduction in rice and mung beans. According to the BBC this reduction will have little or no effect on the proportion of carbohydrate/protein/fat in the ration, but the addition of blended foods will increase the amount of quality protein and micronutrients in the diet. For most camps, the total amounts of food provided will actually increase, together with the costs.
3. Continue to encourage provision of adequate and appropriate supplementary feeding (SF) foods in all camps and provide nutrition education: The 2003 ECHO evaluation of the BBC concluded that the SF provided by the health agencies was generally inappropriate for the camp logistics (e.g. providing highly perishable and fragile foods like eggs). The evaluators did however agree that appropriate foods should be provided in adequate quantities targeting pregnant women to ensure optimal nutrition and weight gain and prevent stunting *in utero*.

Since 1995 the Thai authorities have also been increasingly restricting refugee access to the forest for gathering firewood and the BBC has been supplying charcoal for cooking fuel. In July/August 2003 an evaluation of this activity was conducted. The principal conclusion was

that the same average rations should be provided to all camps and that the average ration should be increased to about 7.9 kg/person/month using a modified family size ration curve. This represents an 11% increase over the old ration and is considered sufficient for an average family of 5 to 6 members to cook their meals. This revised ration is now being distributed in all camps. Other recommendations include the provision of additional firewood to Umpiem Mai camp (population 18,000) for heating in the cold season, and for the increase in supplies in Tham Hin (population 9,500) in the form of charcoal, not firewood. Umpiem Mai is in an elevated, exposed and windy location, the coldest camp on the border.

b) Health and water sanitation

- Refugee camps:

Mortality, morbidity and other indicators also have remained stable at an acceptable level, according to general and international standards on refugee/displaced population, and host country standards. But this controlled situation is based on external assistance including public health and medical support, which needs to continue.

The number of consultations in the ECHO supported programmes is high (annual rate of consultation per refugee is 4.4 and annual inpatients admission rate is 0.14); that means that almost all the refugee population is going through the OPD four times a year. Main diseases are the usual ones in refugee camps (Respiratory tract infections, diarrhoea, malaria). Many refugees also face psycho-somatic diseases typical in the context of a long term displacement. It has been noticed that malaria burden is low in some camps despite the surrounding endemic epidemiological environment as a result of a policy control based on laboratory diagnosis and treatment with Artemisinine derivative Combination Therapy (ACT) implemented since 1994 and supported by ECHO. Malaria cases come mostly from outside the camps.
Public Health measures seem to have prevented big epidemics, according to the data collection system even though overcrowding conditions of the refugees are still obvious. Outbreaks of dengue are common during the rainy season; cholera, typhus, typhoid, salmonellas and shigellosis cases have also occurred during the past years despite public health measures. Most of the referrals are for obstetric reasons, complicated surgical cases and mine injuries. Landmines still provoke a high rate of casualties and amputations.

Main diseases annual incidence rate in the six camps with ECHO supported programmes / 1000 refugees (based on total morbidity):

Malaria	Diarroea	LRTI[3]	Skin Diseases	Psycho-somatic	TB	Leptopirosis	Meningitis	Measles	URTI[4]
61,04	260	625	596	243	0,59	1,69	0,44	0,11	780

The water and sanitation activities are an integral part of the health assistance as they contribute to the control of water borne diseases (diarrhoea, prevention of cholera epidemics –endemic in the region) and mosquito breeding sites for dengue and malaria as well as the maintenance of the health facilities.

Living in crowded refugee camps that have a history of epidemic outbreaks has clear health and sanitation risks. In all the health programmes supported by ECHO last year (August 2003-August 2004) water borne and hygiene related diseases still had, after respiratory infections, the higher incidence rates among refugees: 596/1000 for skin diseases and 260/1000 for diarrhoea (based on total morbidity). An assessment conducted by Aide Medicale International in April 2004 showed that 4,6% of the population of Nupoe Camp

3 LRTI: Low respiratory track infections
4 URTI: Upper respiratory track infections

suffered from scabies. After an information and treatment campaign, the incidence rate diminished by 88% and evidenced the usefulness and the need to continue with adequate hygiene education programmes towards the refugees.

Despite the semi-permanent state of the border refugee camps, the level of assistance requires constant adaptation and perspective. Thailand experienced this year a significant decrease of water levels in some areas, particularly in Tak Province where Mae La, the most populated refugees' camp (48,000 refugees) is located. The overall population of this camp faced a severe shortage of water.

- Mon cease–fire area (MCFA)

In the area under the administration of the New Mon State Party (NMSP), the uncertain nature of the cease-fire agreement is a clear limitation to the development of the communities. The Mon people living there can be considered as internally displaced, as they cannot go back to their home villages which are now under the rule of the Myanmar government, a rule which they do not accept.
In this area, there is a pattern of deteriorating security and overall helplessness which has continued in 2003 and 2004. They still depend almost exclusively on MSF for medical assistance and training. In 2003 only two sites (Halokane and Palan Japan) were reachable and the surveillance system was only reliable in those 2 sites regularly visited by the MSF team. Since March 2004, access to other sites is possible and further deployment of medical activities is expected in the coming months.

c) Assistance to handicapped people and mine awareness

Persons with movement disabilities (PWMDs) are among the most disadvantaged refugee population. Mobility in the camps is restricted for them due to the location of the camps in mountainous areas which during the rainy season have very slippery slopes and mud-stairways. Handicap International estimates that there are between 10 to 20 victims of mines that arrive in Thailand from Burma every month and there is a continuous need to provide support to mine injured people and physically handicapped children.

In addition, in the context of the cease-fire talks between the Burmese military authorities and representatives of the Karen people, repatriation of refugees is seen as a possibility and must be prepared for. One of the main threats to the returning refugees is the presence of landmines. According to the International Campaign to Ban Landmines, mine warfare has been practiced by both the formal military of the country and counter-junta armed groups for more than 2 decades. Nine out of 14 States and Divisions in Burma/Myanmar have some level of anti-personnel mine pollution, most near border areas where armed opposition groups maintain their bases. In anticipation of a possible return of refugees, it is thus opportune to intensify Mine Risks Education programmes directed to the population in the camps.

➢ **Vulnerable population inside Myanmar**

The protracted crisis in Myanmar is clearly undermining the wellbeing of the population all over Burma/Myanmar. As a result the trend over the last fifteen years is one of economic stagnation and even deterioration in the humanitarian situation. The vulnerability is greater in the outlying parts of the country, particularly the border regions with China, Thailand, India and Bangladesh. According to UNICEF's Child Risk Index, which measures the relative status of children and women in the fourteen states and divisions based on official government data from 1997-2000, most border regions fall significantly below the national

average on twelve socio-economic indicators of household income, health status, and access to health care, education and safe water and sanitation[5].

Some socio economic and humanitarian indicators in Burma/Myanmar

Population (million)	49
Total EC development assistance (million €)	Nil
Human Development Index (ranking of 175) / UNDP 2004	132
Primary completion rate - 2001	60 %
Under-five moratlity rate (per 1000 live births)*	108
Prevalence of underweight children (< 5 years of age) *	36 %
Proportion of year children immunised against measles *	73 %
Proportion of birth attended by skilled health personnel *	56 %
Tuberculosis prevalence (per 100,000)*	255

* Source: World Health Report 2004, WHO.

a) Health

Basic health care is almost inexistent in many remote areas of the country. In these areas, the minimum services provided by the humanitarian organizations constitute a basic but often live saving presence for people who have often never seen a doctor in their lives. The main causes of premature death in Burma/Myanmar are malaria, HIV/AIDS, acute respiratory infections and diarrhoeal diseases.

In Shan State, particularly in the Wa Special Region Districts, 85% of the population has no access to a health service and the crude mortality rate is approaching 200/1000 (Source: Malteser/MHD). In Northern Rakhine where a minority of 800,000 Muslim people live, only one fourth of the population gets an access to primary health services (Source:UNHCR).

According to the WHO, malaria is regarded as the most pressing public health issue, along with HIV/AIDS and tuberculosis. It is the main cause of morbidity and mortality in Burma. The data communicated by the Ministry of Health shows 600,000 cases of malaria in 2001 for the whole country, 3000 of them fatal, with 80% of the population living in areas at risk of malaria transmission; these figures fall well short of the reality since they reflect only the cases treated by the public sector, which, for the reasons indicated above, provide very incomplete coverage. Projections by NGOs involved in ECHO-backed anti-malaria campaigns (MSF-F, MSF-CH, MSF-NL, MHD) put the annual figure for malaria cases at 2.5 million. In some States, malaria accounts for over 60% of consultations. 80% of the infections are caused by plasmodium falciparum malaria, against which the only medicines available in rural health centres (mainly chloroquine) are completely ineffective (82% treatment failure rate for chloroquine according to MSF-NL drug efficacy trial).

In this context, ECHO supported interventions have a clear impact and save many human lives each year, especially among young children: it is estimated that 457,000 people directly benefited from the primary health care and malaria programmes carried out in 2003/04 by Medecins Sans Frontieres (NL,FR, and CH), Aide Medicale Internationale and Maltheser in

[5] The Child Risk Index uses a composite index consisting of twelve indicators of household income level (population above poverty line, above 2000 Kyats ($2) per month), child health status (normal weight, infant survival, under-five survival) and access to basic education (primary school enrolment and retention), basic health care (immunisation against measles, supplementary salt and vitamin A), and safe water and sanitation.

several of the most remote areas of the country. Among these, over 150,000 people were effectively treated for positive malaria.

The extent of the needs, the penury of government funds (The Global Fund mechanism on the three main public health threats - HIV/AIDS, TB and malaria - is under preparation and not yet operational for malaria) and the very positive results achieved by the operations implemented by ECHO partners (whose intervention protocols were recently adopted by WHO and the Ministry of Health) justify that this sector is given priority in 2005 as was the case in 2003 and 2004.

b) Nutrition

Near one million Muslim Rakhine people live in Northern Rakhine State and they constitute one of the most marginalised groups of Burma/Myanmar. They are not recognised as Burma/Myanmar citizens and do not enjoy any official protection. Their movements are drastically controlled and they are often subject to high taxations, forced contributions and compulsory labour. A majority of families (60%) live in very precarious conditions as they do not own their land and depend on job opportunities to ensure their day-to-day subsistence. All these factors explain why they are so easily exposed to critical food insecurity and malnutrition, the main problem being the access to food. Three nutritional surveys carried out by ACF at the beginning of 2003 showed alarming rates of severe, acute and chronic malnutrition among children from 6 to 59 months and chronic energy deficiency among their mothers. Severe malnutrition among children under five showed alarming rates between 3 and 4.7%, with high risk of mortality[6]. The high prevalence of chronic malnutrition (63.3% of children >6 <59 months are stunted) remains a serious problem since it is associated with a higher prevalence of disease and a poor mental and childhood development. The majority of mothers with children under five years are also facing a Chronic Energy Deficiency (CED).

c) Protection

The Human Rights situation in Burma/Myanmar remains critical. The reports coming from international Human Rights Organisations (Amnesty International, Human Rights Watch) or from the UN Special rapporteur on Human Rights indicate that "massive violations" are taking place in Burma/Myanmar. In the border areas where conflicts are on going between the army of the Union of Myanmar and the opposition groups, the civilian population is particularly exposed to these violations. Gaining access to them is crucial to establish protection measures. In such an environment, it is important to continue the support to ICRC in their regular assessment of the conditions of detention in prisons and labour camps and guarantee that International Humanitarian Law and prisoners' dignity is respected.

d) Water and sanitation:

The lack of clean water, desperately poor health environment and widespread lack of hygiene are the main causes of the water-borne illnesses which account for 50% of morbidity among young children. According to UNICEF, diarrhoea is the second cause of mortality among children under 5, after malaria. 57% of the population is without access to sanitation facilities (UNDP estimates) and 40% is without access to drinking water. The most widespread sources of water in the country are village wells and ponds which lack any proper protection and are thus often a source of contamination.

[6] ACF considers a severe malnutrition rate above 2% as an emergency situation

A state-related survey prepared for the United Nations country team reveals an important regional differentiation regarding the availability of improved drinking water. While the percentage of households using improved water sources reaches 90% in Yangon, most border regions show percentages below 75% and in certain ones like Chin State, the level can drop to 44%.

The lack of water is particularly acute in the Dry Zone which is situated in the lower Sagaing, Mandalay and Magway Division. Annual rainfall is limited to 500 mm, access to water points is difficult and often far away from the villages. Many have dried up and people rely mainly on rain water stored in semi natural ponds. Most of these ponds are badly maintained, not protected to prevent the access from animals, contaminated and not suitable for drinking. Diarrhoea is widespread, hepatitis and cholera outbreaks are also common.

In the Wa special region (Shan State) water is found throughout the zone either through springs or rivers. But sources are not protected and given the free ranging livestock (water buffalo, cattle, fowl, pigs, dogs,…), they are very often contaminated. The notions of sanitation are virtually unknown. The result is that 9% of the children seen as patients in the AMI health care facilities in southern Wa suffer from diarrhoea or dysentery and another 6% from digestive problems. Around 3% of the deaths noted by AMI in the southern Wa are attributed to diarrhoea or dysentery. All this happens in a zone where the UN Office for Drugs and Crime (UNODC) has worked for several years on water and sanitation programs. The situation in Northern Wa is very likely to be worse.

The slums of Dawbon, near Yangoon, are also an urban area with highly vulnerable groups living in a desperately poor health environment. Many of the mostly Muslim population are internal migrants from Rakhine State. Access to save drinking water and sanitation facilities are very limited. If people can not afford to buy a drum (200 l) of potable water for 400-600 Kyatt they are depending on water from unprotected ponds. Only 20% of households have latrines with concrete pits. The environment is heavily packed with dirty muddy soil, human wastes and domestic garbage so the incidence of water borne diseases is high and the health and nutrition status especially of children is alarming[7].

1.3. - Target population and regions concerned:

- **Refugees along Thai-Myanmar border** (see map with locations and populations in annex 1):

SECTOR	Areas covered	Estimated N° beneficiaries
Food & cooking fuel	Mae La, Um Piem & Un Poe	75,500
Health & watsan	Mae La Oon, Mae Ra Ma Luang, Mae La, Umpiem Mai, Nu Pho and Tham Hin, Mon Settlement camps	96,000 refugees in camps + 12,000 IDPs (Mon settlements)
Mine victim assistance / mine awareness	All 9 refugee camps	500 mine victims / 142,000

[7] In a recent survey conducted by AMI in the neighbouring township of Dala, 2,17% of under-five children suffered from severe malnutrition and 40,6% from moderate malnutrition.

➢ **Vulnerable populations in Burma/Myanmar**:

This decision is expected to directly benefit over 470,000 people and to have over 1,600,000 indirect beneficiaries ("catchment population" of the areas covered by ECHO supported operations).

By sectors and geographical areas the estimated number of beneficiaries is as follows:

SECTOR	Regions Concerned	Estimated N° direct beneficiaries	Catchment population
Health	North Rakhine, Mon, Kayin & East Shan States	300,000	1,350,000
Nutrition	North Rakhine State	8,000	75,000
Water & Sanitation	Magway, Kachin & East Shan States; Yangon Division.	110,000	195,000
Protection	Shan, Mon and Kayin States, Thanintharyi Division	50,000 detainees + undetermined number of civilians	

The main beneficiaries are rural people living in the most remote regions who lack any access to basic social services. The only urban population to benefit are the people of Dawbon township on the outskirts of Yangon, migrants from the countryside. Most of the target states or divisions are on the country's borders with Bangladesh (Rakhine), India (Chin State), China (Kachin & East Shan States), or Thailand (Mon & Kayin States, Thanintaryi division).

Children are the major beneficiaries of the important malaria-control component of this decision, as *falciparum* malaria is one of the main causes of infant mortality for children under five. Young children will also primarily benefit from measures to improve access to drinking water, diminishing the risks of diarrhoea which in turn is one of the main causes of malnutrition amongst children. The projects also contain health and hygiene training activities intended mainly for mothers. Health projects do include a Mother and Child component.

1.4. - Risk assessment and possible constraints:

➢ **Refugees along Thai/Myanmar Border**

One of the main uncertainties is linked to the result of the cease fire talks between the Government of the Union of Myanmar and the KNU which, if successful, could lead to the rapatriation of refugees to their place of origin in Myanmar. For the time being, the degree of voluntary return is difficult to predict and operations may have to be reassessed if a significant level of rapatriation happens. The reverse can also be true if the situation deteriorates in Burma/Myanmar which can lead to an increased influx of new refugees. This could have an important effect on the nutritional /medical status of the refugee population. The policy of the Thai Royal Government is also a factor greatly influencing the work of the humanitarian organisations with a significant impact on the acceessibility and level of services that can be provided.

➢ **Vunerable populations in Burma/Myanmar**

In remote areas where most of the projects supported by ECHO are implemented, access is very difficult particularly during the rainy season and this may be a source of delay for the operations depending on the volume of rainfalls (Rakhine, Chin Sate, Shan State/Wa Region). Projects will also be implemented in difficult political environments where fighting can occur between the army and the opposition groups (Kayin, Mon States, Thanintaryi Division); access to these areas may be forbidden by the authorities (all humanitarian organisations working in Burma/Myanmar have to apply for a travel permit when they intend to visit a project area out of Yangon Division). Since 2004 however, some humanitarian organisations have obtained access to new areas; this is particularly the case for UNHCR assessment missions along the border with Thailand (Kayin, Kayah, Mon States and Thanintharyi Division), MSF in the Kayin State and the ICRC in the central Shan State and also along the border with Thailand.

2- Objectives and components of the humanitarian intervention proposed:

2.1. – Objectives:

Principal objective :
To provide humanitarian assistance to the population affected by the Myanmar crisis

Specific objectives :

- To provide food and nutrition, health, water and sanitation assistance to the Burmese refugees along the Myanmar-Thai border
- To provide health, nutritional, water and sanitation, and protection assistance to the most vulnerable groups inside Myanmar

2.2. - Components:

➢ Refugees along Thai/Myanmar Border

a) Food, cooking fuel and nutrition

This component will mainly consist of the supply of key food items in the basic food basket for refugees in certain camps and will also supply the necessary cooking fuel.

In April 2004, the BBC received the results of the ECHO "Evaluation of ECHO-Funded Nutrition and Food Aid Activities for Burmese Refugees in Thailand conducted during November/December 2003"[8]. In general terms, the evaluation endorsed the BBC's programme as relevant, effective and efficient, but made many detailed recommendations most of which related either to monitoring and financial controls/procedures, or nutritional aspects of the BBC's partner health agency programmes. The BBC has already implemented some recommendations and the rest will be applied through its current and planned activities.

b) Health and water sanitation (including mine victim assistance & awareness):

This component will be mainly carried out by four International NGOs (MSF-Fr, AMI, MHD and Handicap International). Basic activities will consist of appropriate and good quality curative health services delivered through outpatient department consultations and admissions in the in patient department of clinics established in the camps, while complicated cases are referred to neighbouring Thai Hospitals. Special attention will be given to high

[8] This is available at http://europa.eu.int/comm/echo/evaluation/reports _2003_en.htm (scroll to Thailand).

incidence diseases such as respiratory infections, diarrhoea, etc, with focus also on the provision of supplementary feeding for children and mothers. Reproductive and child health is also considered a priority (monthly weight monitoring for all pregnant women). Health promotion will be done through the immunization of all new born babies with hepatitis B vaccine and the organisation of an AIDS Day and an Anti-Tobacco Day. Local capacities of medical staff employed by the projects and traditional birth assistance will be reinforced through regular training sessions.

Demographic and epidemiological surveillance systems will be set up through daily data collection, morbidity and mortality report and epidemiological analysis. Since the second half of 2004, all ECHO partners are using common indicators to measure the impact of their activities.

Water quantity and quality will be regularly monitored, water treated with chlorine and aluminium sulfate, equipment for waste disposal installed and a monthly ration of soap distributed to each refugee.

- **Vunerable groups inside Burma/Myanmar**

a) Health:

The fight against malaria is one of the main sectors of humanitarian aid supported by ECHO in Burma/Myanmar. Programmes based on early detection followed by effective treatment, applying the protocol defined by the MoH /WHO (mefloquine/artenusate combination), with mobile clinics to reach remote villages serve those living in outlying regions, most of whom have no access to care. MSF puts the cost of effective malaria treatment at €5, which is beyond the reach of many families living on less than €1/day.

This component also comprises support to local health structures (training of local staff, supply of microscopes and efficient medecines) to treat malaria cases with a regular monitoring of the usage of supplies. Organisation of mobile clinics to reach those who cannot go to the local health structures. Provide health education to the population about signs and symptoms, transmission of malaria to the population. All ECHO partners now use common indicators to measure the impact of the activities to treat malaria in North Rakhine, Shan State, Kayin and Mon State.

In North Rakhine and Dawbon Township near Yangon, a decentralised community based health system is in place and connected to the official health structures. A network of Community Health Workers (CHW) and Traditional Birth Assistants (TBA) will be supported and trained. Basic Primary Health Care services will focus on mother and child health (completion of vaccination record and growth monitoring for children under the age of three, pregnant women will be able to attend ante natal care services), basic curative care and health education (education for women on basic health preventive procedures).

b) Nutrition

Four mobile Supplementary Feeding Centers (SFC) teams will provide treatment to around 4000 acute malnourished children and 4000 malnourished mothers, pregnant and lactating women in Northern Rakhine State. For children suffering from severe acute malnutrition, Therapeutic Feeding Centers (TFC) offer follow-up home treatment care. At each SFC and TFC, nutritional education will be given to beneficiaries. Local staff will be trained. Three nutritional surveys will assess the impact of the programme.

c) Water and sanitation

Following an assessment conducted by ACF-Fr in Northern Wa region, a water & sanitation programme will be developed following the model carried out in Rakhine State: begining by the rehabilitation/installation of basic infrastructures and working towards behaviour changes, and necessary knowledge transfer to reduce mortality and morbidity due to water-borne and water-related diseases.

In Northern Rakhine State, appropriate sanitation and drinking water facilities for children will be supported through the rehabilitation or construction of rain water collection tanks and fly proof latrines at selected schools. Similar activities will be developed by new partners operating in the Dry Zone (Magway Division) to support communities in the improvement of ponds and to address the problems of poor water quality through treatment measures at household level, while creating awareness among the population on health and hygiene issues, provision of rain collectors and latrines in schools and health centres.

d) Protection

This component will support ICRC actions to ensure that civilians, in particular vulnerable population groups and security detainees are respected and protected by the authorities and armed opposition groups in line with international humanitarian law (IHL).

Activities will focus on the border regions (Shan, Mon and Kayin States, as well as the Thanintharyi Division) and will include the protection of civilians, IDPs, detainees and the restoration of family links.

In order to maximise the impact of the humanitarian aid for the victims, the Commission intends to set up an ECHO antenna in Yangoon and the necessary steps vis-à-vis the Burma/Myanmar authorities are being conducted through the EC Delegation in Bangkok. This antenna will appraise project proposals and co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. The office will provide technical assistance capacity and necessary logistics for the achievement of its tasks. Its costs will be supported from the budget of ECHO's regional office in Bangkok.

3 - Duration foreseen for actions within the framework of the proposed decision:

The duration for the implementation of this decision will be 18 months**.**

Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 01/11/2004 in order to avoid funding gaps in some of the malaria treatment programmes in Myanmar as well as enabling a swift continuation in the food aid provided to the refugees in Thailand.

Start Date: 01/11/2004

If the implementation of the actions envisaged in this decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the decision.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of

the action. In this respect, the procedures established in the general conditions of the specific agreement will be applied.

4 –Previous interventions/decisions of the Commission within the context of the crisis concerned herewith

List of previous ECHO operations in MYANMAR/THAILAND

Decision number	Decision type	2002 EUR	2003 EUR	2004 EUR
ECHO/MMR/210/2002/01000	Non Emergency	2,000,000		
ECHO/MMR/210/2002/02000	Non Emergency	1,500,000		
ECHO/MMR/210/2003/01000	Non Emergency		3,320,000	
ECHO/MMR/210/2003/02000	Non Emergency		2,000,000	
ECHO/MMR/BUD/2004/01000	Non Emergency			3,420,000
ECHO/THA/210/2002/01000	Non Emergency	1,200,000		
ECHO/THA/210/2002/02000	Non Emergency	2,000,000		
ECHO/THA/210/2002/03000	Emergency	200,000		
ECHO/THA/210/2002/04000	Non Emergency	1,565,000		
ECHO/THA/210/2002/05000	Non Emergency	500,000		
ECHO/THA/210/2003/01000	Non Emergency		4,450,000	
ECHO/THA/210/2003/02000	Non Emergency		1,790,000	
ECHO/THA/BUD/2004/01000	Non Emergency			4,650,000
	Subtotal	8,965,000	11,560,000	8,070,000
	Total (2002-2004)	8,965,000	11,560,000	8,070,000

Dated : 21/09/2004
Source : HOPE

The above mentioned funding has been entirely committed, except for €505,000 remaining in decision ECHO/MMR/BUD/2004/1000, which are pending for the necessary Memorandum of Understanding (MoU) by the Myanmar authorities to a new NGO (MERLIN) to be committed.
The Commission has also funded a number of projects in favour of returnees in Burma/Myanmar and in favour of Burmese refugees in Thailand under the Aid to Uprooted People budget line. Between 2001 and 2003, funding for these projects has amounted to € 8.2 million in Burma/Myanmar and € 10.7 million in Thailand.

5 - Other donors and donor co-ordination mechanisms

Donors in MYANMAR/THAILAND the last 12 months

1. EU Members States (*)	EUR
Austria	0
Belgium	0
Denmark	1,518,818
Finland	200,000
France	0
Germany	1,800,000
Greece	0
Ireland	0
Italy	0
Luxembourg	0
Netherlands	1,153,800
Portugal	0
Spain	0
Sweden	0
United Kingdom	0
Subtotal	4,672,618

2. European Commission	EUR
ECHO	11,860,000
Other services	4,286,000
Subtotal	16,146,000
Grand total	20,818,618

3. Others	EUR
Subtotal	0

Dated : 21/09/2004
(*) Source : ECHO 14 Points reporting for Members States. https://hac.cec.eu.int
Empty cells means either no information is available or no contribution.

6 –Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: 11,650,000 euro

6.2. - Budget breakdown by specific objectives

Principal objective: *To provide humanitarian assistance to the population affected by the Myanmar crisis*				
Specific objectives	**Allocated amount by specific objective (Euro)**	**Possible geographical area of operation**	**Activities**	**Potential partners**[9]
Specific objective 1: To provide food and nutrition, health, water and sanitation assistance to the Burmese refugees along the Myanmar-Thai border	6,800,000	- Mae La, Ban Don Yang, Tham Him, Nupoe, Umpiem Mae Ra Ma Luang, Mae La-Oon, Bae Mae Surin, Ban Kwai/Nai Soi, Weng Heng Camps - Halochanee, Bee Ree & Tavoy Mon Settlement sites	-Provision of food and cooking fuel to the refugees. - Preventive and curative activities by delivering basic health service, hygiene, water and sanitation activities to the refugees - Mine victim assistance and mine awareness.	- AMI - FRA - HANDICAP (FR) - ICCO - MALTESER HILFSDIENST - MSF - FRA

[9] ACTION CONTRE LA FAIM, (FR), AIDE MEDICALE INTERNATIONALE, (FR), ARTSEN ZONDER GRENZEN (NLD), CESVI cooperazione e sviluppo onlus, COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), DEUTSCHE WELTHUNGERHILFE / GERMAN AGRO ACTION, (DEU), FONDAZIONE TERRE DES HOMMES ITALIA ONLUS, HANDICAP INTERNATIONAL (FR), Interkerkelijke Organisatie voor Ontwikkelingssamenwerking, MALTESER HILFSDIENST e.V., (DEU), MEDECINS SANS FRONTIERES (F), MOVIMONDO (ITA)

Specific objective 2: To provide health, nutritional, water and sanitation, and protection assistance to the most vulnerable groups inside Myanmar	4,750,000	Rakhine, Mon, Kayin, Kachin and Shan States (including Wa special Region), Yangon, Thanintharyi and Magwe Divisions	- Health: Provision of basic health services, with special attention to malaria, tuberculosis and water borne diseases; mother and child care, including provision of essential drugs; health, hygiene and nutrition education; training to health staff. - Water and sanitation: Rehabilitation / installation of basic collection, treatment and distribution water systems & sanitation structures; training, hygiene education. - Nutrition: Supplementary feeding and therapeutic treatment of malnourished people - Protection activities.	- ACF - FRA - CESVI - CROIX-ROUGE - CICR- ICRC - CH - GERMAN AGRO ACTION - MALTESER HILFSDIENST - MOVIMONDO - MSF - FRA - MSF - NLD - TERRE DES HOMMES (TDH) - ITA
Reserve	100,000			
TOTAL	11,650,000			

7 –Evaluation

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

http://europa.eu.int/comm/echo/evaluation/index_en.htm.

8 –Budget Impact article 23 02 01

	CE (in Euro)
Initial Available Appropriations for 2004	472,000,000
Supplementary Budgets	
Transfers	
Total Available Credits	**472,000,000**
Total executed to date (as 7/10/2004)	431,010,368
Available remaining	40,989,632
Total amount of the Decision	**11,650,000**

COMMISSION DECISION

of

on the financing of humanitarian operations from the general budget of the European Union in Myanmar and Thailand

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid[10], and in particular Article 15(2) thereof,

Whereas:

(1) Burma/Myanmar, ruled by a military regime since 1962, has become a silent humanitarian crisis, with an economic stagnation that is leaving many vulnerable groups, notably ethnic minorities in the border areas, in an extremely vulnerable situation.

(2) Reported violations of human rights and on-going armed resistance have led to a flux of refugees (around 150,000) and internally displaced people (estimated around 600,000). The number of refugees along the Thai/Burmese border has increased from around 92,000 in 1995 to about 142,000 in August 2004, to which can be added over 12,000 Mon refugees in resettlement camps.

(3) The refugees in the remaining camps are almost entirely dependent on international aid for the provision of food and basic services, including primary health care and water and sanitation and their future remains uncertain.

(4) Nine out of fourteen states and divisions in Burma/Myanmar are heavily mined, notably in the eastern border with Thailand. Mine Risk education is thus necessary to avoid mine dangers, notably in view of a possible future return of refugees.

(5) The health situation in Burma/Myanmar is extremely precarious. Rates of under-five mortality (109/1,000), maternal mortality (360/100,000) and malnutrition amongst children (35% of under fives are underweight) are very high compared with those of regional neighbours. The main causes of premature death in Burma/Myanmar are malaria, HIV/AIDS, acute respiratory infections and diarrhoeal diseases affecting notably children. Projections by NGOs involved in ECHO-backed anti-malaria campaigns put the annual figure for malaria cases at 2.5 million, accounting in some States for over 60% of medical consultations.

(6) The water and sanitation problems are also very acute: water-borne illnesses account for 50% of morbidity among young children, and according to UNICEF, diarrhoea is the second cause of mortality among children under 5, after malaria. There are 2.7 million episodes of diarrhoea each year causing 30,000 child deaths**.** UNDP estimates

[10] OJ L 163, 2.7.1996, p. 1-6

that 57% of the population is without access to sanitation facilities and 40% is without access to drinking water.

(7) The ongoing conflict in different parts of the country and regular reports on violations of human rights indicate the need to support the protection of civilians, in particular vulnerable population groups and security detainees so that they are respected and protected by the authorities and armed opposition groups in line with international humanitarian law (IHL).

(8) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 18 months.

(9) It is estimated that an amount of 11,650,000 euro from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 150,000 refugees along the Myanmar-Thai border and over 470,000 vulnerable people inside Burma/Myanmar, taking into account the available budget, other donors' interventions and other factors.

(10) In accordance with Article 17 (3) of Regulation (EC) No.1257/96 the Humanitarian Aid Committee gave a favourable opinion on 18 November 2004.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of 11,650,000 euro for humanitarian aid to vulnerable population in Myanmar and to Burmese refugees along the Myanmar-Thai border by using line 23 02 01 of the 2004 budget of the European Union.

2. In accordance with Article 2 of Regulation (EC) No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

   - To provide food and nutrition, health, water and sanitation assistance to the Burmese refugees along the Myanmar-Thai border
   - To provide health, nutritional, water and sanitation, and protection assistance to the most vulnerable groups inside Myanmar

The amounts allocated to each of these objectives are listed in the annex to this decision.

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed 2 million euro.

Article 3

1. The duration for the implementation of this decision shall be for a maximum period of 18 months, starting on 01/11/2004. Expenditure under this Decision shall be eligible from that date.

2. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 4

This Decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Principal objective : To provide humanitarian assistance to the population affected by the Myanmar crisis	
Specific objectives	**Amount per specific objective (Euro)**
To provide food and nutrition, health, water and sanitation assistance to the Burmese refugees along the Myanmar-Thai border	6,800,000
To provide health, nutritional, water and sanitation, and protection assistance to the most vulnerable groups inside Myanmar	4,750,000
Reserve	100,000
TOTAL	11,650,000

Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article110 thereof, and its Implementing Rules in particular Article168 thereof. [11]

Rate of financing: In accordance with Article 169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in Echo's standard Framework Partnership Agreement to which NGO's and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at

http://europa.eu.int/comm/echo/partners/index_en.htm

[11] Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, , OJ L248, 16/09/2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31/12/2002.