



Humanitarian Aid Decision

23 02 01

Title: Humanitarian assistance to vulnerable populations in Myanmar

Location of operation: MYANMAR

Amount of decision: EUR 1,500,000

Decision reference number: ECHO/MMR/BUD/2005/01000

Explanatory Memorandum

1 - Rationale, needs and target population:

1.1. - Rationale:

The political stalemate which has prevailed since the military suppression of the pro-democracy movement in 1988 continues unabated and the ousting of the Prime Minister in October 2004 increased the climate of uncertainty in the country. The Burmese army commenced operations to remove northeast Indian rebels from western frontier regions in November; trials began in January 2005 of more than 300 former members or associates of ex-prime minister Gen. Khin Nyunt's powerful military intelligence apparatus and tensions between some ethnic groups and Yangon have been mounting. The National convention which started in 2004 with the aim of drafting a constitution and leading to parliamentary elections was reconvened last 17 February but had notable absentees: the main opposition party (the National League for Democracy-NLD) has refused to participate and NLD leader and Nobel Prize Laureate Aung San Suu Kyi remains under house arrest.

On-going armed resistance and forced village relocations have led in the past years to a flux of refugees (around 160,000 of which 140,000 in Thailand and 20,000 in Bangladesh¹) and internally displaced people (estimated at around 525,000 according to the Thailand Burmese Border Consortium) mostly living in relocation sites or in hiding and temporary shelters in the border States and Divisions opposite Thailand. On the west side of the country, over 236,000 Muslim returnees who were repatriated from camps in Bangladesh are experiencing difficulties reintegrating in Northern Rakhine State.

On 26 April 2004 the Council renewed sanctions against Burma/Myanmar, which were further tightened on 25 October. Under the EU Common Position, non-humanitarian or development programmes remain suspended with the exception for programmes in support of:

¹ Remaining caseload

- (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 132nd in 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 EUR 2 per capita (compared with EUR 30 for Cambodia and EUR 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- are triple the rates in neighboring Thailand.

This decision will aim at addressing some of the basic humanitarian needs of the most vulnerable populations, notably in the border areas. It includes an important protection component towards Muslim minorities in North Rakhine State and towards children placed in special detention centres.

The proposed decision fully responds to ECHO's annual strategy for 2005, which continues to focus on forgotten needs (Myanmar is, together with Western Sahara, the most forgotten crisis in ECHO's Global Needs assessment for 2005). The decision also has clear components covering two of the key cross-cutting issues mentioned in that strategy: water and children.

1.2. - Identified needs:

The protracted crisis in Myanmar is clearly undermining the well-being of the population throughout Burma/Myanmar. The past years have seen a pattern 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 sanitation².

² 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.

Some socio economic and humanitarian indicators in Burma/Myanmar:

Population (million)	49
Human Development Index (ranking of 175) / UNDP 2004	132
Under-five mortality rate (per 1000 live births)*	108
Prevalence of underweight children (< 5 years of age) *	36 %
% of children immunised against measles *	73 %
% of births attended by skilled health personnel *	56 %
Tuberculosis prevalence (per 100,000)*	255
% of people without access to drinking water (UNDP)	40%
% of people without access to sanitation facilities (UNDP)	57%

* Source: World Health Report 2004, WHO.

a) Health and water and sanitation

Basic health care is almost non-existent in many remote areas of the country. In these areas, the minimum services provided by the humanitarian organisations constitute a basic but often life-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 in some areas approaches 200/1000 (Source: Malteser/MHD). In Northern Rakhine, where a minority of 800,000 Muslim people live, only one fourth of the population has access to primary health services (i.e: there is only one public doctor working in Buttidong township which has a population of 300,000). Mortality rate for children < 1 year is 141/1000 and 89/1000 for those < 5 years (Source: AMI). Food insecurity and malnutrition are also affecting these populations; 61% of children < 5 suffer from chronic malnutrition and 31% are acutely malnourished.

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. The most common sources of water in the country are village wells and ponds which lack proper protection and are thus often a source of contamination. 57% of the population is without access to sanitation facilities (UNDP estimates) and 40% is without access to drinking water

In Twantay township (Yangon division), with a population of around 250,000, it is estimated that only one third of the population is covered by the existing health structures. Moreover, the extremely vulnerable situation of its population (over 50% live below the poverty line) does not allow them to benefit from the existing services and the attendance rate at these is only around 10%. In a recent survey conducted by AMI, over 65% of the people interviewed did not have access to any water distribution system and obtained water from collective contaminated ponds.

b) Protection

Reports coming from international Human Rights Organisations and from the UN Special rapporteur on Human Rights indicate that massive violations of human rights occur in the country. The situation is particularly worrying in Northern Rakhine where over 800,000 Muslim Rakhine people are deprived of Burmese citizenship. This Muslim population faces discriminatory practices and serious protection concerns such as application of compulsory labour and contribution practices, uncertain legal status, restrictions on their freedom of movement and on their religious practices, and periodic land reallocations.

All these factors seriously jeopardise their self-reliance and have an adverse impact on their reintegration. The vulnerability of returnees in the host Muslim community is aggravated by their overall situation: 90% of the returnee population and 50% of the host population is landless and survives by seasonal labour work. 63.6% of children under 5 suffer from chronic malnutrition, and 16.4% suffer from acute malnutrition³. A lack of adequate health care has led to an infant mortality rate which is four times the Myanmar national average. The Muslim population speaks a dialect of Bengali of which there is no written form and 80% of the Muslim population as a whole is illiterate. This further reinforces the isolation of the residents, their ability to communicate with the local authorities and their interaction with Myanmar speaking communities.

The “silent emergency” which has been building up in Burma/Myanmar for many years is particularly damaging children’s lives. An illustration of this is the fact that 5 million out of 9 million children between 5 and 13 years old are not attending any school (UNICEF). Economic poverty, high rates of unemployment and HIV/AIDS have weakened the family structure. This has generated an increase in the number of children left alone and having to work in the streets to support their family. If arrested, these children are placed in special detention centres – eight overall in the country - called “training schools” (Myanmar has signed the 1991 Convention on Children Rights which prohibits placing children in jails). The Ministry of Social Affairs allocates 10 kyats/per day/per child (1 EUR = 1100 Kyats) to pay for food and medical expenses. The living conditions of the children in these centres are extremely precarious: the centres are often overcrowded, 40% of the children are illiterate (Enfants du monde-Droits de l’Homme), they have no access to permanent health services, hygiene is lacking due to the non-maintenance of the buildings (disruptions of the water supply, no collection of garbage) and there are no recreational activities.

1.3. - Target population and regions concerned:

This decision is expected to directly benefit over 246,000 people and to have over 1,188,000 indirect beneficiaries (“catchment population” of the areas covered by ECHO supported operations).

The estimated number of beneficiaries by sectors and geographical areas is as follows:

SECTOR	Regions Concerned	Estimated N° direct	Catchment
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³ Source: Action Contre la Faim.

		beneficiaries	population
Health & Water and sanitation	North Rakhine & East Shan States; Yangon Division	163,440	388 000
Protection	Shan, Mon and Northern Rakhine States, Yangon and Mandalay Division	82 700	800 000

The main beneficiaries are rural people living in the most remote regions (Northern Rakhine State is on the border with Bangladesh and the Wa Special Region is on the border with China in the Eastern Shan State) who lack any access to basic social services. The only urban population to benefit are the residents of Twantee township on the outskirts of Yangon, migrants from the countryside and the children living in the specialised institutions.

Children are among the main beneficiaries of the supported operations: young children will 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 (AMI). Children will also benefit from the rehabilitation of the special institutions (EDM-DH) and from the support to enter State schools (UNHCR). Health projects also include a Mother and Child component.

1.4. - Risk assessment and possible constraints:

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, Shan State/Wa Region). Access to these areas may be restricted by the authorities as was the case for the Wa Special Region during the first quarter of 2005 (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). Conditions to obtain travel permits and visas for expatriate staff have changed in the past few months and delays in processing the files have increased.

ECHO intends to set up an antenna office in Yangon in order to better appraise project proposals and co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. The necessary steps vis-à-vis the Burma/Myanmar authorities are being conducted through the EC Delegation in Bangkok but the opening is pending the authorisation from the new Myanmar government. In the meantime, the supervision of ECHO funded operations continues to be done through regular visits from ECHO's regional office in Bangkok.

2- Objectives and components of the proposed humanitarian intervention:

2.1. – Objectives:

Principal objective:

To provide humanitarian assistance to the populations affected by the Myanmar crisis

Specific objectives:

- To provide health, and water and sanitation assistance to the most vulnerable groups inside Myanmar
- To provide support for the protection of displaced people and vulnerable groups inside Myanmar

2.2. - Components:

a) **Health & Water and sanitation**

In North Rakhine and in Eastern Shan State a decentralised community-based health system is in place and connected to the official health structures. Several mobile clinics are providing access to basic health care for those living in the most remote areas. A network of Community Health Workers (CHW) and Traditional Birth Assistants (TBA) will be supported and trained. In both these areas and in Twantay township (Yangon division) 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). Local health structures where patients are referred will be supported with basic equipment and drugs and will have their staff trained.

School water systems will also be improved in Twantay township and clean water will be provided through the installation of rain collectors and manual pumps. Sanitation will also be improved with the construction and the rehabilitation of latrines. Health and hygiene education will be regularly carried out in each of the classrooms and water committees will be set up for the management and maintenance of the new water systems to ensure sustainability of the actions.

c) **Protection**

New returnees will be registered, given identity documents, followed up within the first ten days and then regularly visited. Daily protection monitoring will be performed at field level and interventions on issues identified will be initiated with the relevant authorities at local and central levels as required. Adolescents and adults will be trained in Myanmar literacy, school enrolment will be facilitated for vulnerable children and early childhood development activities organised.

Livelihood of children living in 6 special institutions and 4 orphanages will be improved through the rehabilitation of the main structures (dormitory, toilets, kitchen, classrooms, playgrounds), the distribution of essential kits (clothes, hygiene products, school items). Health and hygiene trainings will be organised for all children and special sessions on HIV/AIDS will benefit those between 12-18 years old.

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

The duration for the implementation of this decision will be 15 months.

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

Expenditure under this decision shall be eligible from 01/05/2005 in order to avoid a funding gap in some of the ongoing humanitarian programmes.

Start Date: 01/05/2005

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 procedure 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				
Decision number	Decision type	2003 EUR	2004 EUR	2005 EUR
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/AS/BUD/2004/02000 *	Non Emergency		4,750,000	
	Subtotal	5,320,000	8,170,000	0
	Total 2003+2004+2005			13,490,000

Dated : 16/04/2005

Source : HOPE

* This decision covers also needs for the Burmese refugees in Thailand. Total decision amount is therefore: 11,650,000

Most of the above-mentioned funds have already been committed. There only remains EUR 1,535,000 to be allocated from decision ECHO/AS/BUD/2004/2000. Of this amount, EUR 955,000 is foreseen for projects inside Myanmar. The corresponding agreements are being negotiated now and they are expected to be signed in the coming weeks.

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 2004, funding for these projects has amounted to EUR 11.3 million in Burma/Myanmar and EUR 11.7 million in Thailand.

5 - Other donors and donor co-ordination mechanisms

Donors in MYANMAR the last 12 months

1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	0	ECHO	8,170,000		
Belgium	0	Other services	3,100,000		
Denmark	0				
Finland	300,000				
France	0				
Germany	2,264,438				
Greece	0				
Ireland	500,000				
Italy	0				
Luxembourg	0				
Netherlands	2,128,120				
Portugal	0				
Spain	0				
Sweden	0				
United Kingdom	0				
Subtotal	5,192,558	Subtotal	11,270,000	Subtotal	0
		Grand total	16,462,558		

Dated : 16/04/2005

(*) 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: EUR 1,500,000

6.2. - Budget breakdown by specific objectives

Principal objective: <i>To provide humanitarian assistance to the population affected by the Myanmar crisis</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Possible geographical area of operation	Activities	Potential partners⁴
Specific objective 1: To provide health, and water and sanitation assistance to the most vulnerable groups inside Myanmar	650,000	North Rakhine State, Special Wa region (Shan State), and Yangon Division.	- 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.	- AMI - FRA
Specific objective 2: To provide support for the protection of displaced people and vulnerable groups inside Myanmar	850,000	Yangon, Mandalay Divisions; Shan, Mon and Rakhine States.	- Protection activities. - Rehabilitation of special centres for children	- EMDH - UN - UNHCR - BEL
TOTAL	1,500,000			

⁴ AIDE MEDICALE INTERNATIONALE, (FR), ENFANTS DU MONDE - DROITS DE L'HOMME, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM

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 EUR)
Initial Available Appropriations for 2005	476,500,000
Supplementary Budgets	
Transfers	
Reinforcement from emergency aid reserve	100,000,000
Total Available Credits	576,500,000
Total executed to date (as of 18/04/05)	396,386,370
Available remaining	180,113,630
Total amount of the Decision	1,500,000

COMMISSION DECISION

of

on the financing of humanitarian operations from the general budget of the European Union in MYANMAR

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 aid⁵, and in particular Article 14 thereof,

Whereas:

- (1) The political stalemate which has prevailed in Burma/Myanmar since the military suppression of the pro-democracy movement in 1988 continues unabated and the country 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) On-going armed resistance and reported human rights violations have led to a flux of refugees (around 140,000 in Thailand and 20,000 remaining in Bangladesh) and internally displaced people (estimated around 525,000), mostly living in relocation sites or in hiding and temporary shelter in the border States and Divisions opposite Thailand. On the west side of the country, over 236,000 Muslim returnees who were repatriated from camps in Bangladesh face a difficult reintegration in Northern Rakhine State.
- (3) The health situation 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.
- (4) 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 that 57% of the population is without access to sanitation facilities and 40% is without access to drinking water.
- (5) The ongoing conflict in different parts of the country indicates 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).

⁵ OJ L 163, 2.7.1996, p. 1-6

- (6) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months.
- (7) It is estimated that an amount of EUR 1,500,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 246,000 vulnerable people inside Burma/Myanmar, taking into account the available budget, other donors' interventions and other factors.

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 EUR 1,500,000 for humanitarian aid operations Humanitarian assistance to vulnerable population in Myanmar by using line 23 02 01 of the 2005 general 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 health, and water and sanitation assistance to the most vulnerable groups inside Myanmar
 - To provide support for the protection of displaced people and 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.

Article 3

1. The duration for the implementation of this decision shall be for a maximum period of 15 months, starting on 1 May 2005.
2. Expenditure under this Decision shall be eligible from 1 May 2005.

3. 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 (EUR)
To provide health, and water and sanitation assistance to the most vulnerable groups inside Myanmar	650,000
To provide support for the protection of displaced people and vulnerable groups inside Myanmar	850,000
TOTAL	1,500,000

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 Article 110 thereof, and its Implementing Rules in particular Article 168 thereof.⁶

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

⁶ Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16/09/2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31/12/2002.