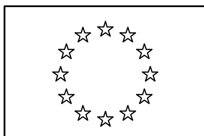

EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

**Humanitarian Aid Decision**

**23 02 01**

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

Location of operation: Myanmar & Thailand

Amount of Decision: EUR 15,000,000

Decision reference number: ECHO/-XA/BUD/2005/01000

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## Explanatory Memorandum

### 1 - Rationale needs and target population.

1.1. - Rationale:

The political stalemate which has prevailed in Myanmar since the military suppression of the pro-democracy movement in 1988 continues unabated. On-going armed resistance and forced village relocations have led in the past years to a flux of refugees (in August 2005 there were 145,834 refugees in the border between Thailand and Myanmar and 20,000 in Bangladesh[1]) and internally displaced people.

In this context, and under the current EU Common Position (renewed for one year on 25 April 2005), non-humanitarian and development programmes remain suspended with a few exceptions. All EC programmes and projects must be implemented through UN agencies, non-governmental organisations, and through decentralised cooperation with local civilian administrations.

While until recently most observers hoped that the possibility of a cease-fire agreement between the Karen National Union (KNU) and the government could consequently allow repatriation of the refugees in Thailand back to Myanmar, it now seems evident that this is unlikely to happen in the current context. The dream of repatriation to Myanmar is really postponed and most refugees have switched their hopes to resettlement in a third country. In 2006, more than 10,000 people could leave the camps for the USA, Canada and other countries like Australia, Sweden, or Finland. This resettlement process could continue for a

[1] Remaining caseload

few years. In the meantime, assistance to the refugee population remains vital for their survival.

Myanmar is to be one of the poorest countries in Asia, ranking 129th out of 175 countries in the 2005 Human Development Index, and receiving only very limited international assistance: total Official Development Assistance to Myanmar is one of the lowest in the world (EUR 2.1 per capita in 2003 compared with EUR 31 for Cambodia and EUR 43 for Laos). The situation in the health sector is particularly worrying, and WHO's World Health report 2005 shows that Myanmar's per capita government expenditure on health is also the third lowest in the world (after the Democratic Republic of Congo and Burundi). Some humanitarian indicators like under-five mortality rate (108 per 1,000 live births) are triple the rates in neighbouring Thailand.

This Decision fully responds to DG ECHO's annual strategy for 2006, which continues to focus on forgotten needs (Myanmar and the Burmese refugees in Thailand are both among the five most forgotten crises in DG ECHO's Global Needs assessment for 2006). The Decision also includes components covering two of the key cross-cutting issues for DG ECHO: water and children.

The 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 the displaced populations on the border with Thailand. It will also target the humanitarian needs of Burmese refugees along the Myanmar-Thai border.

1.2. - Identified needs:

- **Refugees in Thailand**

The camps that straddle the border between Thailand and Myanmar are populated by successive waves of refugees from the ethnic states of Myanmar who fled the fighting between the armed opposition groups and the Burmese military. The number of refugees in the camps in Thailand has grown from 10,000 in 1984 to 145,834 in August 2005. Some refugees have been in the camps for 20 years but the conditions in the camps are still generally dismal. People live in shelters built from locally-available natural materials (bamboo) and have limited access to potable water and sanitary facilities. The dependence of the refugees on external assistance is almost total: food aid, education and healthcare services are provided by specialised international non-governmental organisations (INGOs). Thailand has not signed the UN refugee convention, and the population of the camps is not officially recognised by the Thai authorities as refugees but as displaced persons, and therefore do not benefit from refugee rights and minimum standard norms. UNHCR has a very limited mandate with no permanent presence in the camps. The issue is under the responsibility of the Ministry of the Interior, which is represented by a Camp Commander at camp level.

In March 2005, 2,000 People of Concern (POC) for UNHCR were relocated to the camps waiting for their resettlement in a third country. The opportunity to be resettled may be subsequently extended to the general population of the camps fitting the criteria of the host countries (vulnerability, women at risk, further education, medical problem, etc), but the timing and details of this process are still uncertain and the basic needs in 2006 to be covered by this Decision are not likely to be significantly affected.

## a) Food, cooking fuel and nutrition

Ongoing conflict in the areas surrounding the camps coupled with increased restrictions imposed by the Thai authorities on the refugees have progressively diminished their capacity to sustain themselves and today the refugees are totally dependent on international aid for their basic food needs.

The Thailand Burma Border Consortium (TBBC), is the body authorised by the Thai government to provide food aid and building materials for shelter to the refugees. A food basket ensures a minimum recommended daily allowance of 2,100 kcals/person/day as per WFP/UNHCR guidelines. However, a series of food consumption/nutrition surveys conducted in the past years showed a high level of chronic malnutrition and significant micronutrient deficiencies in the refugee diet. This problem is now being addressed through the introduction of blended food in 2004/5 in all the camps.

Since 1995 the Thai authorities have been increasingly restricting refugee access to the forest to gather firewood and the TBBC needs to supply charcoal for cooking fuel.

## b) Health and water sanitation

Mortality, morbidity and other indicators in the refugee camps have remained stable at an acceptable level according to general and international standards on refugee/displaced population, and host country standards.

| | **2003** | **2004** |
|---|---|---|
| Crude mortality rate (CMR) /1,000 / year | 4,2 | 4,1 |
| <5 Mortality Rate (U5MR) / 1,000 <5 / year | 7,2 | 6,5 |
| Percentage of children <5 with wasting malnutrition | 3,34 | 3,62 |

This controlled situation is however based on external assistance, including public health and medical support, and these figures would undoubtedly increase to unacceptable levels without such assistance. DG ECHO is supporting the provision of basic health assistance in six of the camps along the border. The main diseases there are the usual ones in refugee camps: notably respiratory tract infections and water and hygiene related problems like diarrhoea and skin diseases.

Annual incidence rates / 1000 refugees (based on total morbidity):

| LRTI[2] | URTI[3] | Diarroea | Skin Diseases | Malaria | Psycho-somatic | TB | Leptopirosis | Meningitis | Measles |
|---|---|---|---|---|---|---|---|---|---|
| 625 | 780 | 260 | 596 | 61,04 | 243 | 0,59 | 1,69 | 0,44 | 0,11 |

Malaria incidence is low in some camps despite the surrounding endemic epidemiological environment as a result of a control policy based on laboratory diagnosis and treatment with Artemisinine derivative Combination Therapy (ACT) implemented since 1994 and supported by DG ECHO. The average number of consultations in the supported programmes is however high. Many refugees face psychosomatic diseases typical of the context of a long term displacement.

Public health measures have prevented major epidemics, according to the data collection system, in spite of the overcrowding conditions in which the refugees live. Some outbreaks of dengue are nevertheless common during the rainy season and typhoid, salmonella and shigellosis cases have also appeared during the past years. Between April and September

2 LRTI: Low respiratory track infections

3 URTI: Upper respiratory track infections

2005, there was a cholera outbreak with 997 suspected cases and 232 positive cases in Nu Poe, Um Piem and Mae La Camps (Source: AMI). Most of the referrals to Thai hospitals are for obstetric reasons, complicated surgical cases and mine injuries.

Water and sanitation activities are an integral part of health assistance as they contribute to the control of water-borne diseases and to control mosquito breeding sites for dengue and malaria. In some locations like Mae La, the most populated refugee camp (48,000 refugees), the water supply network has reached the limit of its capacity. The quality and quantity of water available is limited and not sufficient for a population which keeps increasing. Scarcity of space as in Tham Hin or difficult typography as in Mae la Oon are also factors that negatively affect the living conditions of the refugees.

- **Vulnerable population inside Myanmar**

The long and protracted crisis in Myanmar is having a clear impact on the well-being of the population. The trend over the last fifteen years is one of economic stagnation and even deterioration in the humanitarian situation. Vulnerability is greater in the outlying parts of the country, particularly the border regions with China, Thailand, India and Bangladesh[4].

**a) Health**

Access to basic healthcare 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.

In Shan State, particularly in the Wa Special Region Districts, 85% of the population has no access to a health service according to the NGO Malteser, while in Northern Rakhine only one fourth of the Rohingha population has access to primary health services and the overall population of Buttidong township (184,000 people) only benefits from the services of two doctors, two midwives and six nurses[5] .

According to the WHO, malaria is the most pressing public health issue, along with HIV/AIDS and tuberculosis. It is the main cause of morbidity and mortality in Myanmar. The data communicated by the Ministry of Health indicates 600,000 cases of malaria in 2001 for the whole country, 3,000 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, provides very incomplete coverage. Projections by INGOs involved in supported anti-malaria campaigns in 2005 put the annual figure for malaria cases at 2.5 million. 80% of the infections are caused by plasmodium falciparum (PF) 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, DG ECHO supported interventions have a clear impact and contribute to saving many human lives each year, especially among young children: in 2004/5 the projects funded provided direct health services to over 840,000 people in some of the most remote areas of the country. Among these, over 330,000 people with fever symptoms were diagnosed for malaria and over 140,000 effectively treated for confirmed malaria.

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4 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 Sources: UNHCR and AMI.

The extent of the needs, the penury of government funds (public health expenditure represents only 0,4% of the GDP) coupled with the recent withdrawal from the country of the Global Fund to fight AIDS, tuberculosis and malaria (August 2005) and the very positive results achieved by the operations implemented in the past two years fully justify the health sector to receive DG ECHO's support in 2006.

Some health and nutrition indicators in Myanmar

| | |
|---|---|
| Under-five mortality rate (per 1000 live births) | 106 |
| Prevalence of underweight children (< 5 years of age) | 36 % |
| % of children <2 vaccinated against measles | 75% |
| Proportion of births attended by skilled health personnel | 56 % |
| Tuberculosis prevalence (per 100,000) | 183 |

Source: WHO World Health Report 2005

**b) Nutrition**

Over 800,000 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 taxation 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 access to food.

Three nutritional surveys carried out by ACF in 2003 showed alarming rates of severe, global acute and chronic malnutrition among children aged from 6 to 59 months:

| Vulnerability level | Global acute malnutrition | Severe malnutrition | Chronic malnutrition |
|---|---|---|---|
| Average | 16.4% | 3% | 63.6% |
| High | 19.7% | 4.7% | 62.4% |

Severe malnutrition among children under five was very high (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 poor mental and childhood development. The majority of mothers with children under five are also facing Chronic Energy Deficiency (CED).

**c) 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 biggest cause of mortality among children under five, 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.

A survey prepared by the United Nations country team reveals a significant 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 regions like Chin State, the level can drop to 44%.

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

The lack of water is also particularly acute in the Dry Zone of Myanmar. The Yenanchaung Township is one of the driest in the country and access to water from January to June is very limited; yearly precipitation in the area is less than 500 mm while evaporation is more than 1500 mm. During the monsoon (July to October) much of the water is immediately absorbed by the sandy ground and sinks to the underground water layer which is 300 metres below ground. Access to water points is difficult and often far away from the villages. Many have dried up and people rely mainly on rainwater stored in semi natural ponds. Most of these ponds are badly maintained, not protected to prevent access from animals, contaminated and not suitable for drinking. Diarrhoea is widespread, hepatitis and cholera outbreaks are also common. Lack of water also contributes to significant migration during the dry season.

In North Rakhine State, referral reports in the nutrition programme conducted by ACF in this region showed that the two main diseases (diarrhoea and skin diseases) were clearly associated to lack of quality and of sufficient quantity of water. Water-borne diseases are often diagnosed in malnourished children, and are closely related as they decrease food absorption.

**d) Protection**

The Human Rights situation in Burma/Myanmar remains critical. The 2005 reports coming from international human rights organisations (Amnesty International, Human Rights Watch) and 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. The same applies to the situation of the Rohingha population in Rakhine State. In such an environment, it is also important to continue the support to ICRC for their regular assessment of the conditions of detention in prisons and labour camps and their work on ensuring that International Humanitarian Law and prisoners’ dignity is respected.

**e) Food aid**

Myanmar has been one of the world’s largest producers of opium for decades. Shan State in particular, accounted for 80% of the opium produced in Myanmar. The full ban on opium cultivation in the Wa region in force since 1 June 2005 may put many groups on the borders with China/Thailand in an even more vulnerable position. The long history of poppy cultivation in that region, combined with the area’s mountainous remote character, has resulted in a situation where the population has become dependent on the cash generated from poppy cultivation. After the Government of Myanmar secured cease-fires with the ethnic minority groups it embarked on a poppy eradication programme. Without the opium income, many poor farmer households have fallen into chronic poverty and this is severely affecting their food security.

A survey conducted by UNODC in 2004 indicated that the average annual income of poppy farming households was only US$ 214, of which US$ 133 (62%) was derived from the sale of opium. This meagre income, which is now being lost, helped many farmer households mitigate their chronic food deficiency.

In Kokang, where poppy eradication has taken place already, about a third of the entire population has migrated to find alternative livelihoods, often leaving behind the vulnerable groups unable to move. This has also had a negative impact on basic services such as education: schools, clinics and pharmacies have closed. It is estimated that only 50% of the Kokang population can secure food for their families for only six months of the year. Similar consequences are expected in much larger numbers in the Wa region after the ban imposed in June. WFP estimates that up to 100,000 people will be affected and that the impact will be

more acutely felt in early 2006 (opium harvest is in February/March hence the first lost income will be then). A 2005 WFP nutrition survey in highly vulnerable areas indicated a high prevalence severe stunting among children (16% in Lashio, 26% in the Wa and 25% in Kokang). The recommendations from a joint UN assessment mission called for coordinated effort to support food interventions (both rice availability as well as supplementary feeding).

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 number of beneficiaries |
|---|---|---|
| Food, cooking fuel and nutrition | Mae La, Um Piem | 65,000 |
| Health & watsan | Mae La Oon, Mae Ra Ma Luang, Mae La, Umpiem Mai, Nu Poe & Tham Hin camps | 133,176 |

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

This Decision is expected to directly benefit around 770,000 people and to indirectly affect an estimated 1,500,000 beneficiaries ("catchment population" of the areas covered by DG ECHO-supported operations).

A breakdown by sector and geographical area of the estimated number of beneficiaries is as follows:

| Sector | Regions concerned | Estimated number of direct beneficiaries | Catchment population |
|---|---|---|---|
| Health | North Rakhine, Chin & East Shan State (Wa special region 2) | 513,000 | 920,000 |
| Nutrition | North Rakhine State | 10,200 | 168,000 |
| Water and Sanitation | Chin, Mon & Rakhine States; Magway | 45 000 | 60,000 |
| Protection | Shan, Mon, Kayin & North Rakhine States, Thanintharyi Division for IDPs and Returness (UNHCR) and all the country for detainees (ICRC) | 50,000 detainees + 80,000-200,000 returnees & IDPs | |
| Food Aid | East Shan State: North Lashio (Special Regions 5 & 7 and neighbouring areas); Kokang (Special region 1); Wa (Special Region 2) and South Taunggyi area (Special Region 6). | 70,900 | 325,000 |

The main beneficiaries are rural people living in the most remote regions who lack any access to basic social services. Most of the target states or divisions are on the country's borders with Bangladesh (Rakhine), India (Chin State), China (East Shan States), or Thailand (Mon and Kayin States, Thanintaryi division).

Children will be the major beneficiaries of the malaria-control operations supported by 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 the targeted nutrition programme as well as from the measures to improve access to drinking water, diminishing the risks of diarrhoea (one of the main causes of malnutrition amongst children). The projects also contain health and hygiene training activities intended mainly for mothers. Health projects include a Mother and Child component.

1.4. - Risk assessment and possible constraints:

➢ **Refugees along Thai-Myanmar Border**

The policy of the Thai Royal Government is a factor greatly influencing the work of the humanitarian organisations and has a significant impact on the accessibility and the level of services that can be provided. One of the main uncertainties is also linked to the possibilities of repatriation and/or resettlement of the refugees in third countries. For the time being, the ceasefire dialogue between KNU and the Myanmar government is frozen and this situation is putting very much into question the feasibility of a voluntary return. A dialogue is instead underway between the Thai authorities, UNHCR and some third countries which could lead to the resettlement of up to 50% of the refugees in the coming years, although the timing and numbers of possible affected refugees is still uncertain. This could have a significant impact on the services to be provided to the refugee population and will have to be closely followed. For 2006, the possibility of an increased influx of new refugees should however not be discounted, linked to the deterioration of the situation inside Myanmar.

➢ **Vulnerable populations in Burma/Myanmar**

In remote areas where most of the projects supported by DG 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 rainfall (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, etc.); 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 outside Yangon Division). New regulations in force since July 2005 are imposing increased restrictions on the humanitarian organisations and making access more difficult to project sites for the international staff. If the restrictions increase further this could lead to the suspension of some of the operations.

## 2 - Objectives and components of the humanitarian intervention proposed:[7]

2.1. - Objectives:

(7) 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 (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002).Rate of financing: In accordance with Article169 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 DG 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

Principal objective:

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

Specific objectives:

- To continue providing the necessary assistance to the Burmese refugees along the Thai-Myanmar border
- To provide the necessary assistance to the most vulnerable groups affected by the long lasting crisis in Myanmar and to protect the victims of fighting in accordance with current international agreements

2.2. - Components:

**2.2.1: Assistance to Burmese refugees along the Thai-Myanmar border**

**a) Food, cooking fuel and nutrition**

This is the biggest component of the assistance in the camps and through it, this Decision will support the supply of seven key food items in the basic food basket of the refugees: rice, fortified flour (blended food), fish paste, iodized salt, mug beans, cooking oil and dry chillies. It will also supply the necessary cooking fuel for the refugees.

**b) Health, water and sanitation**

This component will be mainly carried out by international NGOs. Basic activities will consist of appropriate and good quality curative health services delivered through outpatient consultations and admissions in the inpatient department of clinics established in the camps, while complicated cases are referred to neighbouring Thai hospitals. Special attention will be given to high 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.

The resettlement process is likely to affect the local medical staff working for the humanitarian organisations, who are among the most educated, skilled and trained people in the camps, and therefore training of new staff will be have to be reinforced.

Water quantity availability is an issue, notably in some camps like Maela, and will be addressed through pond digging, increasing storage capacity and improving water collection and distribution systems. Quality will be regularly monitored and improved through well and borehole filtration, as well as through treatment of the water. Essential sanitation and waste disposal activities will also be carried out to help prevent epidemics. All this will be coupled with hygiene education and soap distribution to the refugees.

**2.2.2: Assistance to the most vulnerable groups inside Myanmar**

**a) Health**

The fight against malaria is one of the main sectors of humanitarian aid supported by DG ECHO in Burma/Myanmar. Programmes are based on early detection followed by effective treatment, applying the protocol defined by the MoH/WHO (mefloquine/artenusate combination). Mobile clinics reach remote villages and serve those living in outlying regions,

most of whom have no access to care. MSF puts the cost of effective malaria treatment at 5 EUR, which is beyond the reach of many families living on less than 1 EUR /day.

This component also comprises support to local health structures (training of local staff, supply of microscopes and efficient drugs) to treat malaria cases with a regular monitoring of the usage of supplies. It also includes health education for the population about common symptoms and the mechanism of transmission of malaria. All DG ECHO partners now use common indicators to measure the impact of the activities to treat malaria.

In North Rakhine, 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**

Five mobile Supplementary Feeding Centres (SFC) will provide treatment to around 5,000 children and 4,000 mothers, pregnant and lactating women with moderate acute malnutrition in Northern Rakhine State. Children and women suffering from severe acute malnutrition will be admitted in two day-care Therapeutic Feeding Centres (TFC), followed up by home treatment care. Systematic nutritional education will be given to beneficiaries at each SFC and TFC, coupled with specialised education through home visiting. Local staff will also be trained. A referral system has been arranged with other INGOs working in the area to refer beneficiaries with other diseases to the medical centres.

**c) Water and sanitation**

This component will aim at the rehabilitation/installation of basic water and sanitation infrastructures and work towards behavioural changes and necessary knowledge transfer to reduce mortality and morbidity due to water-borne and water-related diseases.

To this end, projects will support communities in the improvement of water collection and distribution systems and will help them 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.

In South Chin State, one project will promote improved access to safe water and sanitary latrines, and improved knowledge of water hygiene, diarrhoea prevention and treatment and environmental sanitation, for up to 6,300 persons in 1,050 households of 35 villages of marginalized upland areas.

In Northern Rakhine State, 9,000 people will benefit from the rehabilitation and/or maintenance of water points and appropriate sanitation facilities for 1,000 children will be supported through the rehabilitation or construction of latrines in selected schools and 400 vulnerable households. In the Dry Zone (Magway Division) a project will extend the successful operation of a previous intervention to improve access to water, sanitation and health services for over 29,000 people in 32 villages of the Yenanchaung Township. Basic water and sanitation facilities in public structures like health centres and schools will also be supported.

## d) Protection

With the support of this component, the ICRC will continue to visit detainees in both prisons and labour camps under the jurisdiction of the Ministry of Home Affairs to ensure that their treatment and conditions of detention comply with domestic law and internationally recognised standards. It will also continue to support the improvement of water, sanitation and healthcare facilities in detention centres. Detainees will continue to restore and maintain links with their families through the exchange of Red Cross messages. This component will also enable relatives of particularly vulnerable detainees to visit them on a regular basis.

UNHCR will continue its Protection Monitoring and Reintegration Activities on the Myanmar-Bangladesh border, Northern Rakhine State. On the border regions with Thailand vulnerable local villagers and IDP (Internally Displaced Persons) populations will also benefit from UNHCR's protection monitoring and assistance interventions.

## e) Food aid

This component will consist of emergency food assistance to vulnerable families and livelihood support in Shan State. It will benefit 6,000 families who are unable to provide adequate food for themselves and unable to find employment and who will participate in food for work / food for training schemes. 8,800 primary students from poor families who have difficulties in sending their children to school regularly due to poverty will also be supported through a take-home ration under a food for education programme. An additional 2,500 will benefit from improved educational facilities through the implementation of activities with non-food items, such as rehabilitation of educational facilities and provision of safe water and sanitation at schools. Finally, extremely vulnerable families who are unable to work or who have chronically ill members as breadwinners, will receive relief rations which will be time-limited to a maximum of six months. An estimated 3,000 malnourished mothers and children under three will be targeted to receive blended food support coupled with nutrition education.

## f) DG ECHO office in Myanmar

In order to maximise the impact of the humanitarian aid for the victims, the Commission has just opened a DG ECHO office in Yangon. This office 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 DG ECHO's regional office in Bangkok.

# 3 - Duration expected for actions in the proposed Decision:

The duration for the implementation of this decision shall be 18 months to take into account the different starting dates of the operations. This 18 month duration will also provide flexibility in case the access restrictions imposed on the humanitarian organisations delay their implementation.

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

Expenditure under this Decision shall be eligible from 1 November 2005 in order to avoid funding gaps in some of the malaria treatment programmes in Myanmar.

Start Date: 1 November 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 humanitarian aid operations.

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 current crisis

**List of previous DG ECHO operations in MYANMAR/THAILAND**

| 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/MMR/BUD/2005/01000 | Non Emergency | | | 1,500,000 |
| 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 | |
| ECHO/-AS/BUD/2004/02000 | Non Emergency | | 11,650,000 | |
| | | | | |
| | Subtotal | 11,560,000 | 19,720,000 | 1,500,000 |
| | Grand Total | 32,780,000 | | |

Dated : 09/10/2005
Source : HOPE

The above mentioned funding has been entirely committed. Projects from all Decisions (except ECHO/-AS/BUD/2004/02000 and ECHO/MMR/BUD/2005/01000, which are ongoing) have already been liquidated.

The Commission has also funded a number of projects in favour of returnees and displaced persons in Burma/Myanmar and in favour of Burmese refugees in Thailand under the Aid to Uprooted People (AUP) budget line. Between 2003 and 2005, funding for these projects has amounted to EUR 16 million in Burma/Myanmar and EUR 9 million in Thailand. The preparation of this Decision has been coordinated with RELEX/AIDCO, taking into account the 2006 AUP work programme to avoid any overlapping.

## 5 - Other donors and donor co-ordination mechanisms.

**Donors in MYANMAR/THAILAND the last 12 months**

| 1. EU Members States (*) | EUR | 2. European Commission | EUR | 3. Others | EUR |
|---|---|---|---|---|---|
| Austria | | DG ECHO | 32,683,810 | | |
| Belgium | | Other services | 8,000,000 | | |
| Cyprus | 15,440 | | | | |
| Czech Republic | | | | | |
| Denmark | 1,878,475 | | | | |
| Estonia | 45,635 | | | | |
| Finland | 1,300,000 | | | | |
| France | | | | | |
| Germany | 1,564,438 | | | | |
| Greece | 456,700 | | | | |
| Hungary | | | | | |
| Ireland | 2,200,750 | | | | |
| Italy | 1,200,000 | | | | |
| Latvia | | | | | |
| Lithuania | | | | | |
| Luxemburg | | | | | |
| Malta | | | | | |
| Netherlands | 2,128,120 | | | | |
| Poland | | | | | |
| Portugal | 24,277 | | | | |
| Slovakia | | | | | |
| Slovenie | | | | | |
| Spain | | | | | |
| Sweden | 40,000 | | | | |
| United kingdom | | | | | |
| Subtotal | 10,853,835 | Subtotal | 40,683,810 | Subtotal | 0 |
| | | Grand total | 51,537,645 | | |

Dated : 09/10/2005
(*) 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 15,000,000

### 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 (EUR)** | **Possible geographical area of operation** | **Activities** | **Potential partners**[8] |
| Specific objective 1:<br>To continue providing the necessary assistance to the Burmese refugees along the Thai-Myanmar border | 8,600,000 | - 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 | -Provision of food and cooking fuel to the refugees.<br>- Preventive and curative activities by delivering basic health service, hygiene, water and sanitation activities to the refugees | - AMI - FRA<br>- ICCO<br>- IRC - UK<br>- MALTESER HILFSDIENST |

[8] ACTION CONTRE LA FAIM, (FR), AIDE MEDICALE INTERNATIONALE, (FR), ARTSEN ZONDER GRENZEN (NLD), CARE INTERNATIONAL DEUTSCHLAND E.V. (DEU), COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), FONDAZIONE TERRE DES HOMMES ITALIA ONLUS, Interkerkelijke Organisatie voor Ontwikkelingssamenwerking, International Rescue Committee UK, MALTESER HILFSDIENST e.V., (DEU), UN - WORLD FOOD PROGRAM - LIAISON OFFICE, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM

| Specific objective 2:<br>To provide the necessary assistance to the most vulnerable groups affected by the long lasting crisis in Myanmar and to protect the victims of fighting in accordance with current international agreements | 6,300,000 | Rakhine, Mon, Kayin, Chin and Shan States (including Wa special Region), Thanintharyi and Magway Divisions; all Myanmar for the protection activities. | - 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.<br>- Water and sanitation: Rehabilitation / installation of basic collection, treatment and distribution water systems and sanitation structures; training, hygiene education.<br>- Nutrition: Supplementary feeding and therapeutic treatment of malnourished people<br>- Protection activities. | - ACF - FRA<br>- AMI - FRA<br>- CARE - DEU<br>- CROIX-ROUGE - CICR-ICRC - CH<br>- MALTESER HILFSDIENST<br>- MSF - NLD<br>- TERRE DES HOMMES (TDH) - ITA<br>- UN - UNHCR - BEL<br>- UN - WFP-B |
|---|---|---|---|---|
| Reserve, max. 10% of the total amount | 100,000 | | | |
| TOTAL: | 15,000,000 | | | |

**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 DG 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 (EUR) |
|---|---|
| Initial Available Appropriations for 2005 | 476,500,000 |
| Supplementary Budgets | |
| Reinforcement from Emergency Aid reserve | 100,000,000 |
| Transfers Commission | -3,500 |
| **Total Available appropriations** | 573,000 |
| Total executed to date (as at 18/10/2005) | 511,613,870 |
| Available remaining | 61,386,130 |
| **Total amount of the Decision** | 15,000,000 |

Payment schedule

| Year | 2006 | 2007 | 2008 |
|---|---|---|---|
| EUR | 10,000,000 | 4,000,000 | 1,000,000 |

**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 [9] , and in particular Article 15(2) thereof,

Whereas:

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

(2) Reported violations of human rights and on-going armed resistance have led to a flux of refugees and internally displaced people (estimated around 525,000). The number of refugees along the Thai/Burmese border has increased from around 10,000 in 1984 to over 145,000 in August 2005.

(3) The Burmese refugees in the camps in Thailand are almost entirely dependent on international aid for the provision of food and basic services.

(4) The health situation in Burma/Myanmar is extremely precarious. Rates of under-five mortality and malnutrition amongst children under five are very high compared with those of regional neighbours. There are an estimated 2.5 million cases of malaria each year.

(5) The water and sanitation problems are also very acute: water-borne illnesses account for 50% of morbidity among young children, and diarrhoea is the second cause of mortality among children under five. There are 2.7 million episodes of diarrhoea each year causing 30,000 child deaths**.** It is estimated that 57% of the population has no access to sanitation facilities and 40% has no access to drinking water.

(6) The ongoing conflict in parts of the country and the 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 by the authorities and armed opposition groups in line with International Humanitarian Law.

(7) The poppy eradication in Shan State is having an impact on many vulnerable farmers. A 2005 nutrition survey in highly vulnerable areas indicated a high prevalence of severe stunting among children. Food diversity is not satisfactory and rice shortages at household level exist at different times of the year.

(9) OJ L 163, 2.7.1996, p. 1-6

(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 from 1st November 2005.

(9) It is estimated that an amount of EUR 15,000,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 145,000 refugees along the Myanmar-Thai border and over 770,000 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 24 November 2005.

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 15,000,000 for humanitarian aid operations Humanitarian assistance to vulnerable population in Myanmar and to Burmese refugees along the Myanmar-Thai border. by using line 23 02 01 of the 2005 general budget of the European Union.

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

- To continue providing the necessary assistance to the Burmese refugees along the Thai-Myanmar border
- To provide the necessary assistance to the most vulnerable groups affected by the long lasting crisis in Myanmar and to protect the victims of fighting in accordance with current international agreements

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

*Article 2*

Without prejudice to the use of the reserve, the Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific 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 EUR 2 million.

*Article 3*

1. The duration for the implementation of this Decision shall be for a maximum period of 18 months, starting on 1 November 2005.

2. Expenditure under this Decision shall be eligible from 1 November 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 continue providing the necessary assistance to the Burmese refugees along the Thai-Myanmar border | 8,600,000 |
| To provide the necessary assistance to the most vulnerable groups affected by the long lasting crisis in Myanmar and to protect the victims of fighting in accordance with current international agreements | 6,300,000 |
| Reserve | 100,000 |
| TOTAL | 15,000,000 |