



COMMISSION OF THE EUROPEAN COMMUNITIES

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COMMISSION DECISION

of

**on the financing of a Global Plan for humanitarian Actions from the budget of the
European Communities in Burma/Myanmar and Thailand
(ECHO/-XA/BUD/2009/01000)**

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on the financing of a Global Plan for humanitarian Actions from the budget of the European Communities in Burma/Myanmar and Thailand (ECHO/-XA/BUD/2009/01000)

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Council Regulation (EC, Euratom) No.1257/96 of 20 June 1996 concerning humanitarian aid¹, and in particular Article 2 and Article 15(2) thereof,

Whereas:

- (1) Burma/Myanmar, ruled by a military regime, is facing a deepening humanitarian crisis, with an economic recession aggravated by the devastating impact of cyclone Nargis striking the country on 2-4 May 2008, rising rice and fuel prices that is leaving many vulnerable groups, notably ethnic minorities, in an extremely precarious situation.
- (2) The ongoing conflicts on the Eastern borders of the country and the regular reports of violations of human rights indicate a need to support the protection of civilians, in particular vulnerable population groups and security detainees, so that they are respected by the authorities and by armed opposition groups, in line with International Humanitarian Law.
- (3) 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 2,700,000 episodes of diarrhoea each year causing 30,000 child deaths. Safe drinking water supply coverage in border states is reported to be among the lowest in the country and water-borne disease incidence to be among the highest.
- (4) The health situation in Burma/Myanmar is extremely precarious, notably in the border areas. Rates of mortality and malnutrition amongst children under five are very high compared with those of regional neighbours. There are an estimated 2,500,000 cases of malaria each year.
- (5) Reported violations of human rights and on-going armed resistance have led to a flux of refugees into Bangladesh, Malaysia and Thailand and have resulted in internal displacement, estimated at over 503,000 in Eastern Burma/Myanmar alone. The number of refugees along the Thai/Burmese border has increased from around 10,000 in 1984 to over 150,000 in September 2007.

¹ OJ L 163, 2.7.1996, p. 1.

- (6) The Burmese refugees in the camps in Thailand are almost entirely dependent on international aid for the provision of food and basic services.
- (7) It is necessary to provide a coherent framework for Action as the scale and complexity of the humanitarian crisis is such that it seems likely to continue.
- (8) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid Actions should be financed by the Community for a period of 16 months.
- (9) It is estimated that an amount of EUR 18,500,000 of which EUR 11,500,000 from budget line 23 02 01 and EUR 7,000,000 from budget line 23 02 02 of the general budget of the European Communities is necessary to provide humanitarian assistance and food aid to vulnerable people inside Burma/Myanmar and to Burmese refugees in Thailand taking into account the available budget, other donors interventions and other factors.
- (10) To reach populations in need, aid should be channelled through Non-Governmental Organisations (NGOs), or International Organisations including United Nations (UN) agencies.
- (11) Due to the rapidly evolving situation in the field and the nature of the Actions to be funded under this Decision, it is necessary to establish a contingency reserve in order to meet unforeseen circumstances.
- (12) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002², Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002³, and Article 15 of the Internal Rules on the Implementation of the general budget of the European Communities⁴.
- (13) In order to ensure the efficient implementation of the present Decision at the beginning of the 2009 budgetary exercise, this Decision could, exceptionally, be adopted in 2008.
- (14) In accordance with **Article 17 (3)** of Council Regulation (EC) No. 1257/96 of 20 June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 14 November 2008.

² OJ L 248, 16.9.2002, p.1.

³ OJ L 357, 31.12.2002, p.1

⁴ Commission Decision of 5.3.2008, C/2008/773

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves an amount of EUR 18,500,000 for a Global Plan for humanitarian aid Actions "Humanitarian aid to vulnerable populations in Burma/Myanmar and to Burmese refugees in Thailand" from budget lines 23 02 01 (EUR 11,500,000) and 23.02.02 (EUR 7,000,000) of the 2009 general budget of the European Commission.
2. In accordance with **Article 2** of Council Regulation No. 1257/96, the humanitarian Actions shall be implemented in the pursuance of the following specific objectives:

– N° 1: To provide necessary assistance to the most vulnerable groups affected by the protracted crisis in Burma/Myanmar, including response to newly arising humanitarian needs.

An amount of EUR **7,250,000** from budget line 23.02.01 has been allocated to this specific objective.

– N° 2: To continue providing necessary health care to Burmese refugees in Thailand.

An amount of EUR **3,250,000** from budget line 23.02.01 has been allocated to this specific objective.

– N° 3: To continue providing food assistance for Burmese refugees in Thailand or conflict-affected populations in Burma/Myanmar.

An amount of EUR **7,000,000** from budget line 23.02.02 has been allocated to this specific objective.

Article 2

A contingency reserve of EUR 1,000,000 is foreseen for use exclusively with regards to specific objectives Nos. 1 and 2 set out in Article 1 (2) and financed from budget line 23.02.01. As regards these specific objectives and without prejudice to the use of the contingency reserve, the Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one specific objective to the other specific objective, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed EUR 2,000,000.

Article 3

1. The duration of the implementation of this Decision shall be for a period of 16 months, starting on 1 January 2009.
2. Expenditure under this Decision shall be eligible from 1 January 2009.
3. If the Actions envisaged in this Decision are suspended due to *force majeure* or comparable circumstances, the period of suspension will not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 4

1. The Commission shall implement the budget by direct centralized management or by joint management with international organisations.
2. Actions supported by this Decision will be implemented either by:
Non-profit-making organisations which fulfil the eligibility and suitability criteria established in Article 7 of Council Regulation (EC) No. 1257/96;
or International organisations.
3. Taking account of the specificities of humanitarian aid, the nature of the activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this Decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation.

Article 5

1. The amount of EUR 18,500,000 shall be conditional upon the necessary funds being available under the 2009 general budget of the European Communities.
2. This Decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

HUMANITARIAN AID
to
vulnerable populations in Burma/Myanmar and to Burmese
refugees in Thailand

GLOBAL PLAN 2009

ECHO/-XA/BUD/2009/01000

Humanitarian Aid Committee
November 2008

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1. EXECUTIVE SUMMARY

The political situation in Burma/Myanmar both in 2007 and 2008 has maintained the *status quo* in regard to finding durable solutions in the foreseeable future in regard to the protracted crisis generated by the low-intensity conflict in Burma/Myanmar.

In 2008 the challenges the international humanitarian community faces in **Burma/Myanmar** have multiplied: rising rice and fuel prices have had a negative impact on the livelihoods of the most vulnerable populations in Northern Rakhine State and in remote areas in Eastern Burma/Myanmar, while the country fulfilled its rice export obligations to Bangladesh and Sri Lanka under favourable market conditions. The perspectives for 2009 are, however, not promising. Cyclone Nargis caused serious destruction in the Irrawaddy Delta, which is normally the "rice bowl" of the country. Therefore harvest is forecasted to be poorer in 2008 and a food deficit can be expected. While international attention focused on the areas devastated by the cyclone, other parts of the country were "encouraged" to contribute to the national solidarity initiatives with in-kind and in cash. Food security and food access of the most vulnerable groups will be a big concern, particularly in Northern Rakhine State, where the food security situation has already been deteriorating as indicated by worsening nutritional status.

Regarding humanitarian access to remote parts of the country, the situation remains difficult. Acquiring indicators on the evolution of the humanitarian situation there continues to be a challenge.

There is very little progress, if any, in Burma/Myanmar in achieving the Millennium Development Goals, while the country's human rights record has not improved either.

The resettlement of **Burmese refugees in Thailand** continues. Since the start of the resettlement process in 2006, 28,904 refugees have left the camps for third countries, mainly the USA. This situation has not led to the decrease of camp populations as the shelters left behind are occupied by new "entries" into the camps. Therefore it is urgent to obtain a comprehensive overview about these new "entries", determine their status and set up new eligibility criteria particularly for food distribution. Resettlement can, however, not be the only solution for ~139,000 refugees in the nine camps along the border with Burma/Myanmar. There is a need for enhanced strategic dialogue between donors, the humanitarian community in the camps and the Royal Thai Government to find durable solutions, also keeping in mind that there are about 2,000,000 illegal migrants already in Thailand.

Therefore it remains vital that DG ECHO¹ continues the provision of essential humanitarian assistance for Burmese refugees in Thailand and vulnerable communities (conflict-affected populations in the ethnic states at the border with India, Thailand and China as well as stateless Rohingya in Northern Rakhine State) inside Burma/Myanmar.

¹ Directorate-General for Humanitarian Aid – DG ECHO

2. CONTEXT AND SITUATION

2.1. General Context

Burma/Myanmar is one of the poorest countries in Asia, ranking 132nd out of 177 countries in the United Nations Development Programmes (UNDP) Human Development Index in 2007/2008 having fallen from 125th in 2000.² The country only precedes Timor Leste in the South East Asia region. Due to international sanctions the country receives only very limited Official Development Assistance (ODA): ~EUR 2.09 per capita in 2005, while this ration in Lao Peoples' Democratic Republic (Lao PDR) reached ~EUR 36, Cambodia ~EUR 27.5 and Timor Leste ~EUR 136.3³. Although since cyclone Nargis (2-3 May 2008) Burma/Myanmar has benefited from considerable amount of international relief assistance, this went exclusively for affected populations in the Irrawaddy Delta. It is important to mention that resources and reserves available in the country were also diverted towards the Delta by the authorities.

The situation in the health sector is particularly worrying. The World Health Organisation's (WHO) statistics show that Burma/Myanmar's per capita government expenditure on health is also the lowest in the world. General government expenditure on health as a percentage of total government expenditure reached 1.1% in 2005 down from 1.2% in 2000, while this indicator in the case of Burundi reached 2.3% and Lao PDR 4.1%. External resources for health as a percentage of total expenditure on health were 10.8% in 2005 while this ration is 23.6% in the Democratic Republic of Congo. At the same time, private expenditure on health as a percentage of total expenditure on health amounted to 89.4% whereas 80% of Burma/Myanmar's population have been spending 70% of income on food alone⁴. UNICEF placed Burma/Myanmar 40th highest in the world in terms of under-five mortality rate.⁵

2.2. Current Situation

The political developments since September 2007 – suppression of the “Saffron revolution”, implementation of the seven steps of the “road map to democracy” with the Referendum on the new Constitution in May 2008 amidst amounting international criticism on the handling of the catastrophe caused by cyclone Nargis, the modest progress reached during the consecutive visits of Mr. Gambari, UN Special Envoy to Burma, to the country and symbolic gestures to UN Special Rapporteur on Human Rights in Burma, Mr. Pinheiro with the release of detainees while Aung San Suu Kyi's house arrest has been extended – seem to have further consolidated the ruling military junta's position. Although the next step after the referendum on the Constitution will be the general elections in 2010, there is a little public confidence in a successful transition to democracy. Most of the opposition ethnic groups were left out of the process. Opposition to or campaigning against the National Convention and the referendum are regarded as treason and can result in several years of imprisonment.

In this context there is little hope of finding durable solutions inside the country for the ~139,000 Burmese refugees in nine refugee camps in Thailand, 30,000 in Bangladesh

² UNDP: Human Development Report 2007/2008

³ ODA received in 2005 was ~EUR 104 million. Source: UNDP: Human Development Report 2007/2008.

⁴ WHO, World Health Statistics, 2008

⁵ <http://www.unicef.org/infobycountry/myanmar.html>

and ~503,000 internally displaced people (IDPs) in Eastern Burma/Myanmar in the near future.⁶

Furthermore under the current EU Common Position, non-humanitarian and development programmes remain suspended with some notable exceptions.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

3.1 Vulnerable population inside Burma/Myanmar

Responding to the humanitarian needs arising from the long and protracted crisis in Burma/Myanmar, in 2008 DG ECHO's activities focused on Northern Rakhine State and the ethnic states along the border with China and Thailand (like Kayah, Shan and Mon states). In these target areas humanitarian needs rooted in huge human rights problems are coupled with the Government of the Union of Myanmar's (GoUM) lack of interest in developing health and education services. Populations face arbitrary taxation and extortion and abuses from the Burmese military (like provision of supplies for the Army, porter services, forced labour). Displacement is not only caused by the low-intensity armed conflict between the Army and non-ceasefire armed groups but is also due to land confiscation for natural resources, tea and bio-fuel plantations and livelihood vulnerability-induced displacement (migration).

According to the Thailand-Burma Border Consortium (TBBC)⁷ in 2007 there were ~503,000 IDPs in Southern Shan State, Karenni state, Eastern Pegu Division, Karen/Kayah State, Mon State and Tenasserim Division. Of these, 99,000 were hiding, 109,000 in relocation sites and 295,000 in ceasefire areas. Access to these groups is very difficult for the international humanitarian community, while many IDPs have already integrated into their new villages. (TBBC is a consortium of eleven international non-governmental organisations working to provide food, shelter, non-food items and capacity-building support to Burmese refugees and displaced persons).

These vulnerable groups live in extreme poverty, where basic services such as health and education are absent. Infectious diseases, like malaria and tuberculosis, make them even more vulnerable. Soaring fuel and rice prices early 2008 had a negative impact on the general humanitarian situation in Burma/Myanmar. Inflation is reported to have reached 33%.

Vulnerability is greater in the outlying parts of the country, particularly the border regions with China, Thailand, India and Bangladesh⁸. The deterioration of the humanitarian situation in Northern Rakhine State is particularly of concern (see details below under food security/nutrition). There are also reports of food scarcity in Chin state which could, however, not be confirmed by the World Food Programme (WFP) yet⁹. A country-wide crop and food security assessment is likely to take place in October-November 2008.

⁶ Thailand-Burma Border Consortium (TBBC) Programme report 2008 (January-June)

⁷ Thailand-Burma Border Consortium (TBBC) Programme report 2008 (January-June)

⁸ 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

⁹ Critical Point: Food Scarcity and Hunger in Burma's Chin State by Chin Human Rights Organization, July 2008

a) Protection

The Human Rights situation in Burma/Myanmar is critical. Reports from the UN Special reporter on Human Rights and international human rights organisations all mention the “massive violations” of human rights in the Eastern ethnic areas as well as in Northern Rakhine State. Human Rights Watch reports increased repression: although 9,002 prisoners were announced to be released on 23 September 2008, imprisonment of political activists continues.

Burma/Myanmar is reported to have the highest number of child soldiers in the world. They are recruited not only into the Burmese army, the Tatmadaw, but also, although in a smaller number, to 30 or more non-state armed groups.¹⁰ It is estimated that 70,000 or more of the Army's estimated 350,000 soldiers may be children.

In this environment, it is important to highlight the extreme difficulties the International Committee of the Red Cross (ICRC) has been facing to perform their protection mandate, notably to visit the more than 1,200 political prisoners in Burma/Myanmar. In 2007, ICRC closed three of their five sub-offices. Moreover on 29 June 2007, the ICRC publicly denounced the GoUM for violations of international humanitarian law affecting civilians and detainees and for imposing increasingly severe restrictions on ICRC's work. The United Nations High Commissioner for Refugees (UNHCR) continues to face difficulties to fulfil its protection mandate in Northern Rakhine State and open up humanitarian space in the Eastern parts of the country.

b) 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.

In 2007, DG ECHO Regional Support Office in Bangkok established a water and sanitation country profile for Burma/Myanmar. The general problem in the country is not the availability of water (with the exception of the Dry Zone) but its quality, i.e. inadequate water points, deficient water handling and hygiene practices leading to contamination by microbes. According to the UNICEF's Multiple Indicator Cluster Survey (MIC) conducted in 2003, the 77% of the rural population has access to water but there are geographical differences and DG ECHO partners working in these areas have reported a much lower coverage of the needs. Water and sanitation needs are particularly acute in border areas affected by ethnic conflict or discrimination. Safe drinking water supply coverage in border states is reported to be among the lowest in the country (according to the MIC 2003, less than 50%), and water borne disease incidence to be among the highest. Thus, it seems pertinent for DG ECHO to fund water and sanitation as an entrance gate for “protection activities” while facilitating future medium to long-term projects in these zones. Although access remains difficult to these areas for expatriates in Eastern Burma/Myanmar, the geographic characteristics are suitable for the

¹⁰ Human Rights Watch: Sold to be Soldiers: The Recruitment and Use of Child Soldiers in Burma, October 2007.

implementation of gravity-flow systems which also fit well with the duration of a DG ECHO-funded project.

The poor quality and insufficient quantity of water has a clear impact on the population's health and nutritional status. These vulnerable groups generally lack sanitation/defecation systems and suffer from inadequate health and hygiene practices.

c) Health

Access to basic healthcare is almost non-existent in many remote areas of the country. In these areas, the minimum services provided by humanitarian organisations constitute a basic but often life-saving presence for people who have never seen a doctor in their lives.

The closer a village is to the Thai border, the weaker its security situation is and the less access to any type of services it has. Three zones are defined by the military authorities to map the area: Green zone, which is fully under the control of the government and where no fighting occurs, Brown zone, where Burmese military presence is high and where the local population is often requested to move to prevent them having any links with the insurgency, and Black zone, where the army can shoot at sight as it is considered purely a fighting zone under control of the insurgency. In these zones, data collected by Médecins Sans Frontières (MSF-CH) in 2006 show that that the area has a high incidence of malaria caused by *plasmodium falciparum*.

In Northern Rakhine State, only 25% of the Rohingya population has access to primary health services and the overall population of Buthidaung township (184,000 people) only benefits from the services of two doctors, two midwives and six nurses¹¹.

According to the WHO, malaria is among the most pressing public health issues and contributes together with diarrhoea and pneumonia to the high under-five mortality mentioned above. Overall, malaria is estimated to be the main cause of morbidity and mortality in Burma/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 international non-governmental organisations (INGOs) involved in supporting anti-malaria campaigns in 2005 put the annual figure for malaria cases at 2,500,000. 80% of the infections are caused by *plasmodium falciparum* (PF) malaria. Cheaper medicines such as *chloroquine*, often the only ones available in rural health centres, are completely ineffective (82% treatment failure rate for *chloroquine* according to MSF-NL drug efficacy trial).

The Global Fund to fight AIDS, tuberculosis and malaria was replaced by the "Three Diseases Fund" in September 2006 but became fully operational only in 2007. However, funds provided are still rather limited compared to the needs. The extent of needs and the penury of government funds and the very positive results achieved by the operations funded and implemented in the past three years fully justify DG ECHO's continued support to the health sector.

¹¹ Sources: UNHCR and AMI field reports 2007.

d) Food security and Nutrition

Over 800,000 Muslim Rakhine people live in **Northern Rakhine State**. They constitute one of the most marginalised groups of Burma/Myanmar as they are not recognised as Burmese citizens and do not enjoy any official protection. Their movements are severely 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.

In 2007-2008 this already precarious and fragile situation in Northern Rakhine State has been further deteriorating because of a number of other external factors: Cyclone Sidr affecting neighbouring Bangladesh in November 2007 also caused significant losses (30-50%) in the harvest at this side of the border. The price of rice has increased over 75% as compared to the same time in 2007¹². Excessive exports of rice to Bangladesh in February led to the scarcity of rice supplies and consequently to a flash-increase of prices on local markets. Households started to borrow already against this year's harvest and promised seasonal work, as well as future WFP monthly Protracted Relief distributions.

The rat infestation caused by the bamboo flowering exhausted seeds and stored grains in early 2008. After cyclone Nargis authorities collected money and paddy seeds for the farmers in the Irrawaddy delta, while there were not enough seeds left in Northern Rakhine State.

In early July 2008 torrential rains destroyed paddy fields and infrastructure. To repair the main road, hundreds of people were called in the middle of the planting season.

All these factors resulted in a worsening and alarming economic situation in Northern Rakhine State. WFP Household Food Basket Bulletin July 2008 reports that in the current situation of wages and rice prices the average 1.4 earners per household must work six days per week to earn the minimum necessary income for purchasing food, which often cannot be achieved. Consequently, WFP had to increase the beneficiaries of its protracted relief operation from 60,000 to ~120,000. DG ECHO is the largest contributor to this extended operation. Action Contre la Faim (ACF) reported a 35% increase in enrolment in their Supplementary Feeding Programme (moderately malnourished) in May and 70% in the Therapeutic Feeding Programme (severely malnourished). This also resulted in DG ECHO's extended support to this activity (ECHO/-XA/BUD/2007/01014). UNHCR and TBBC reported the continuing departures from this area into Bangladesh, Thailand or Malaysia.

ACF plans to undertake a study on the impact of cyclone Nargis on the livelihoods in Kayah and Northern Rakhine States.

Nutritional surveys carried out by ACF in January 2006 and in October 2007 showed alarming rates of global acute malnutrition (GAM) among children aged from 6 to 59 months.

The global acute malnutrition prevalence in October 2007, 25.6%, is interpreted as critical according to WHO Expert Committee classification for wasting.

¹² Source: Comprehensive Food and Vulnerability Assessment in Northern Rakhine State: Maungdaw-Buthidaung-Rathedaung Townships, June 2008

Observations made during the 2006 survey showed very poor personal hygiene, a lack of appropriate care practices, and a lack of any kind of psycho-motor stimulation of the children¹³. Other causes such as low access to free health services, high birth-rates, poor care practices and limited access to clean drinking water and appropriate sanitation structures have had a further negative impact on the malnutrition situation.

The further extension of ACF's nutritional programme and the continuation of WFP's protracted relief assistance are expected in 2009. DG ECHO will continue raising the awareness of other donors about the deteriorating humanitarian situation in Northern Rakhine State.

3.2 Burmese refugees in Thailand

The nine camps that straddle the border between Thailand and Burma/Myanmar are populated by successive waves of refugees from the ethnic states of Burma/Myanmar (Karen, Karenni and Mon) who fled the fighting between armed opposition groups and the Burmese military. The number of refugees in the camps in Thailand has grown from 10,000 in 1984 to 150,000 in September 2007. Thailand has not signed the UN refugee convention, therefore the population of the camps is not officially recognized by the Thai authorities as refugees but as displaced persons, and they do not formally benefit from refugee rights. However, the Thai authorities do recognize their responsibility to improve the refugees' legal status by issuing ID cards since April 2007. UNHCR has a limited mandate with no permanent presence in the camps but launched a protection programme in 2006 in view of the problems (sexual violence, psycho-social problems) experienced by households living in camps for more than 20 years. 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 since the Thai authorities do not authorise the refugees to work outside the camps, although it appears that the reality is somewhat different in some of the camps. Food aid, education and healthcare services are provided by specialized INGOs. The camps are under the responsibility of the Ministry of Interior (MoI), which is represented by a Camp Commander in each camp.

In 2006, the MoI gave approval for NGOs to support skills training and education as well as income generation and employment opportunities, but no progress in this regard is noticed since the coup of September 2006 in Thailand.

Maintaining the current situation in the camps does not reduce dependency. Normally there are three options for **durable solutions** for these refugees:

1. Return and reintegration into Burma/Myanmar;
2. Integration into local Thai society;
3. Resettlement into third countries.

Option 1 and 2 cannot be considered for the time-being, although there are about 2,000,000 immigrants from Burma/Myanmar in Thailand. The international community has a double task: provision of humanitarian assistance for the Burmese refugees in the camps in Thailand, while through a reinforced donor coordination and enhanced strategic dialogue it needs to continue advocating to the Royal Thai Government (RTG) for durable solutions, opening up the camps and facilitating the integration of refugees into

¹³ Source: Action Contre la Faim (ACF), October 2006 and October 2007

Thai society. The European Commission plays an active role in this task force. Involving the RTG is not only the task of the donor community but also the UN and the INGOs providing services there. The current political situation in Thailand does, however, not favour this process.

Although the resettlement is fully in process, the population in the camps did not decrease accordingly. The place of people leaving is taken over by "new entries" for whom the main push/pull factor to enter the camps is the services provided there. This means that genuine asylum seekers mix with illegal migrants thus complicating camp management, status determination and resettlement efforts. Another challenge is that there is no universally accepted figure for camp populations: UNHCR works with the number of those registered but does not take into account these new entries, while TBBC works with feeding figures including all eligible residents, both registered and unregistered. Service-provider INGOs normally have another figure. Therefore it remains imperative to determine the status of and carry out the head-count of the camp population. On 30 June 2008 TBBC's feeding figure in the nine camps totalled 138,970, UNHCR's figure was 122,142 and of the health NGOs 150,260.

Resettlement takes place on a camp by camp basis. In 2006 4,525 and in 2007 14,335 Burmese refugees left Thailand for resettlement into third countries¹⁴ with about 70% to the USA. In 2008 this figure was 10,044 on 30 June 2008. It can be assumed that around 17,000 refugees will leave for resettlement by the end of the year.¹⁵ The RTG has announced plans to introduce a new pre-screening process by the end of 2008.

The most significant negative impact of the resettlement process is that the most skilled refugees, many of them working for the INGOs, such as health staff and teachers are the ones leaving the camps. DG ECHO partners keep training new people who by the end of their training will, most likely, leave the camps for a third country. This challenge, undeniably, has an impact on the quality of services as well.

In 2008 the European Commission commissioned the "*Strategic Assessment and Evaluation of Assistance to the Thai-Burma Refugee Camps*" to take stock of the current situation as an input to short and medium term joint planning for future assistance to the RTG. Taking the above detailed developments into consideration, it is vital to determine the status of camp populations, have a comprehensive overview about the inhabitants and set up new eligibility criteria particularly for food distribution and identify the really vulnerable people. Screening of new arrivals should continue, while UNHCR's field presence should be strengthened so that they will be able to assume key coordination functions such as registration and camp management in the areas.

a) Food, cooking fuel and nutrition

In the given operational context, the refugees are dependent on international aid for their basic food needs. 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.

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.

¹⁴ Finland, Denmark, Ireland, Netherlands, Sweden, UK, Norway, Australia, New Zealand, the US and Canada.

¹⁵ Source: Thailand-Burma Border Consortium (TBBC) Programme report 2008 (January-June)

DG ECHO is the major donor of TBBC's food assistance activities. Taking into account the dynamics of the resettlement and the decreasing number of eligible camp populations, in 2009 DG ECHO will start gradually decreasing the scale of its funding for this activity and will also continue advocating for reviewing the beneficiaries of TBBC's food assistance.

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 populations, and host country standards.

The stunting levels, however, remain higher than in Thailand (16%, 2002 data) and Burma/Myanmar (32%, 2003 data) and have increased slightly over the last few years, despite the general acceptance that daily food rations are adequate. In 2007, 34.3% of under-fives were stunted, which is thought to be related to the influx of refugees from Burma/Myanmar, new entries into the camps, the identified lack of micro-nutrients and appropriate food items for children, possible inaccuracies in measurements and the inadequacy of prevention strategies. To address the relatively high levels of stunting, fortified blended foods have been added to the daily food rations.

This controlled situation is however based on external assistance, including public health and medical support, and these figures would undoubtedly increase rapidly 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. It is also important to highlight that this delicate "health balance" in the camps is particularly vulnerable to external factors such as new entries as witnessed during project implementation in 2007.

Despite the surrounding endemic environment the incidence of malaria is low in most camps as a result of a control policy based on laboratory diagnosis and treatment with Artemisinin 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 overcrowded conditions in which the refugees live. Some outbreaks of dengue are nevertheless common during the rainy season. Typhoid, salmonella and shigellosis cases have also appeared during the past years. Cholera outbreaks occur regularly. Most of the referrals to Thai hospitals are for obstetric reasons, complicated surgical cases and mine injuries. DG ECHO contributes through paying only a ceiling for referral costs.

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.

4. PROPOSED DG ECHO STRATEGY

4.1. Coherence with DG ECHO's overall strategic priorities

Although the demonstrations in August and September 2007 triggered by the massive increase of fuel and gas prices and the destruction caused by cyclone Nargis, coupled with the GoUM's attitude towards international humanitarian assistance for populations in the cyclone-affected Irrawaddy delta, put Burma/Myanmar back on the radar screen of international media and attention, this did not last long. The humanitarian situation of conflict-affected vulnerable populations in Burma/Myanmar and of Burmese refugees along the Thai-Burmese border has remained forgotten crises as also identified by DG ECHO.

As the likelihood of finding durable solutions for this very particular context is rather low in the short-term, it remains vital that DG ECHO continues the provision of essential humanitarian assistance for Burmese refugees in Thailand and vulnerable communities (conflict-affected populations in the ethnic states at the border with India, Thailand and China¹⁶ as well as stateless Rohingya in Northern Rakhine State) inside Burma/Myanmar as identified in the previous Humanitarian Aid Decision (ECHO/-XA/BUD/2007/01000).

DG ECHO has been providing humanitarian assistance for ~ EUR 101,000,000 for vulnerable populations due to the protracted crisis in Burma/Myanmar since 1992. A field office was opened in Yangon in 2005. Activities in the Burmese refugee camps along the border are followed from DG ECHO's Regional Support Office for South and East Asia in Bangkok.

4.2. Impact of previous humanitarian response

4.2.1 Vulnerable populations inside Burma/Myanmar

DG ECHO-supported health and water and sanitation activities in Burma/Myanmar have largely contributed to the stabilisation of the humanitarian situation of the target communities. In the very special operational context, access to impact indicators remains challenging. Activities aiming at providing access to adequate quality and quantity of water have significantly contributed to improving the health situation of the beneficiaries by decreasing of water-borne disease outbreaks. Despite past and present hygiene promotion activities households are generally not using soap, except for laundry, and are also unaware of minimum hygiene requirements. Significant behavioural change can only be attained by longer-term projects.

Through entering new areas, like Kayah state in 2008, such activities are also valuable attempts to open up humanitarian space in remote ethnic areas and raise the awareness of the international community on the specific concerns. Mainstreaming of protection could, however, be further enhanced.

After an initial drop in the levels of GAM, a rebound can be observed in the surveys of 2007. Regarding the severe malnutrition prevalence, this has declined compared to January 2003. It is likely that the inception of the supplementary feeding programme

¹⁶ 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

contributed to this reduction since it prevents moderately malnourished children from reaching the severely malnourished stage.

Activities successfully implemented with DG ECHO support have good potential to be taken over by the Aid to uprooted people actions under the Development Co-operation instrument (DCI) managed by DG External Relations (DG RELEX) and DG EuropeAid (DG AIDCO). These actions together with the Food Security Thematic Programme of the DCI are more appropriate to tackle Burma/Myanmar's problems and would allow DG ECHO to disengage from structural support, notably in the fields of malaria, primary health care and food security.

4.2.2 Burmese refugees in Thailand

Burmese refugees in nine camps continue to depend on external assistance. Provision of food and ensuring health services have stabilised the nutritional situation in the camps and prevented major outbreaks. This equilibrium has, however, remained vulnerable to external shocks.

4.3. Coordination with activities of other donors and institutions

To increase the efficiency and sustainability of DG ECHO supported activities, the most important aspect of coordination is close collaboration with DG RELEX and DG AIDCO. This not only enhances the better link between relief, rehabilitation and development (LRRD), but joint inter-service advocacy towards other stakeholders such as EU Member States, USAID¹⁷ or RTG also contributes to putting relevant issues on the international agenda and promoting durable solutions.

DG ECHO staff regularly participate in inter-agency coordination meetings and are actively engaged in donor task force meetings.

4.4. Risk assessment and assumptions

4.4.1 Vulnerable populations inside Burma/Myanmar

While access to the cyclone-affected Irrawaddy delta can be considered as granted by the Myanmar authorities although travel authorisations are still needed, access to other parts of the country remains challenging.

Expatriate access to Northern Rakhine State and the ethnic states in Eastern Burma/Myanmar remains subject to the approval of national (e.g. line ministries) and local authorities (such as regional commandant). Expatriates can leave Yangon only after obtaining travel authorisation which may be delayed to the very last moment. In some cases requests need to be introduced repeatedly. In 2007 and 2008, access to Shan and Mon state has been challenging. The absence of a Memorandum of Understanding (MoU) makes it impossible for partners to start their activities as happened in 2008 to Aide Medicale Internationale (AMI) in Tanintharyi division or Merlin in Sagaing division.

After the "Saffron revolution" in 2007 the authorities banned gatherings involving more than five people. This had a negative impact on the efficiency and durability of health

¹⁷ United States Agency for International Development

and hygiene education activities. In the weeks preceding the referendum on the new Constitution in May 2008, DG ECHO partners faced difficulties to obtain travel authorisations to send expatriate staff to the field both for implementation and monitoring. Further restrictions can be expected in the months leading to the general elections in 2010. During that period the security situation in the country may deteriorate.

Burma/Myanmar is a disaster prone country with the main hazards of cyclone, floods and landslides. A larger scale natural disaster such as cyclone Nargis in May 2008 may require the suspension of relief activities implemented under this Decision.

4.4.2 Burmese refugees in Thailand

The current political standoff in Thailand can further delay the dialogue on moving towards durable solutions for camp populations. The international donor community needs to keep the refugee issue on the agenda with the RTG and insist on a regular high-level dialogue with the RTG in order to find durable solutions for all refugees.

Continuous new entries re-occupying the place of refugees departed for third countries, maintains the *status quo* in the camps with permanent dependency on external aid. Partners involved in the delivery of assistance should re-assess their eligibility criteria and only target the most vulnerable asylum seekers.

4.5. DG ECHO Strategy

This Decision is the continuation of DG ECHO's strategy in 2007-2008 in response to the protracted crisis in Burma/Myanmar, while also addressing newly arising humanitarian needs particularly in Northern Rakhine State.

The Decision also includes components covering two of the key cross-cutting issues for DG ECHO: water and children, while more attention will be given to the mainstreaming of disaster risk reduction¹⁸, particularly through water and sanitation projects, as well as of protection.

The Decision will aim at addressing some of the basic humanitarian needs of the most vulnerable populations, particularly in the border areas. It includes an important protection component towards Muslim minorities in Northern Rakhine State, displaced populations at the border with Thailand and child soldiers. It will also target the humanitarian needs of Burmese refugees along the Burma/Myanmar -Thai border.

In 2009 DG ECHO will start the gradual phase-down of its financial support to Burmese refugees in Thailand in close coordination with DG RELEX and DG AIDCO as well as other donors. As highlighted above a paradigm change will be requested from DG ECHO partners active in the camps to better target the most vulnerable refugee groups.

¹⁸ Given the very complex operational context, the 6th DIPECHO Action Plan for South East Asia (ECHO/DIP/BUD/2008/02000) does not have any county-specific projects in Burma/Myanmar.

Principal objective: To provide humanitarian assistance to vulnerable populations affected by the Burma/Myanmar crisis

Specific objective 1: *To provide necessary assistance to the most vulnerable groups affected by the protracted crisis in Burma/Myanmar, including response to newly arising humanitarian needs*

Component: Protection

- Support to UNHCR's protection activities in Northern Rakhine State as well as in the ethnic states Eastern Burma/Myanmar;
- Continuous support to ICRC's protection and orthopaedic activities. It is imperative to maintain ICRC's presence in Yangon and to continue to improve the dialogue they have with the regime.

Component: Water and sanitation

- Rehabilitation/installation of basic water and sanitation infrastructures;
- Improvement of water collection and distribution systems and water treatment at household level;
- Organisation of health and hygiene education activities to generate behavioural changes in order to reduce mortality and morbidity due to water-borne and water-related diseases;
- Partners will be encouraged to integrate DRR aspects into their water and sanitation activities and/or better address protection needs through them.

Component: Health

- Support to the fight against malaria in areas complementary to those which may be covered by the Three-Disease Fund;
- Training of essential health staff in the decentralised community-based health system in Northern Rakhine State. 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).
- Provision of community-based integrated outreach and fixed clinics providing first-line health care, and an increase in community awareness and capacity to prevent disease.

Component: Nutrition

- Support to Supplementary Feeding Centres (SFC) day-care Therapeutic Feeding Centres (TFC);
- Nutritional education

Specific objective 2: *To continue providing necessary health care to Burmese refugees in Thailand*

- Provision of good quality curative health services delivered through outpatient consultations and admissions to the inpatient department of clinics established in the camps;
- Special attention will be given to high incidence diseases such as respiratory infections, diarrhoea, etc, with a focus also on the provision of supplementary feeding for children and mothers;
- Reproductive and child health;

- Health promotion will be done through the immunization of all new-born babies with hepatitis B vaccine and the organisation of an AIDS Day;
- Ongoing training to newly recruited health staff;
- Increase of storage capacity and improving water collection and distribution systems;
- Essential sanitation and waste disposal activities;
- Hygiene education and soap distribution.

Specific objective 3: *To continue providing food assistance for Burmese refugees in Thailand or conflict-affected populations in Burma/Myanmar*

- Supply of four key food items in the basic food basket of the Burmese refugees in Thailand: rice, fortified flour (blended food), mung beans and cooking oil. It will also supply the necessary cooking fuel for the refugees;
- Distribute full or partial free food rations, on a blanket or targeted basis, to individuals or households affected by the conflict. Attention will be paid to the appropriateness, quality and acceptability of food, as well as its micro-nutrient composition. Non-food transfers that improve beneficiaries' access to food will be considered as an alternative or complement to food-aid, where appropriate.
- If the food security situation continues to deteriorate in Northern Rakhine State, support will be provided to vulnerable households;

4.6. Duration

The duration for the implementation of this Decision will be 16 months. The proposed duration also takes into account the different closure dates under the currently ongoing Decision (ECHO/-XA/BUD/2007/01000). Humanitarian Actions funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1 January 2009.

Start Date: 1 January 2009.

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 Actions.

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.

4.7. Amount of Decision and strategic programming matrix

4.7.1 Total amount of the Decision: EUR 18,500,000

4.7.2. Strategic Programming Matrix

Principal objective	<i>To provide humanitarian assistance to vulnerable populations affected by the Burma/Myanmar crisis</i>				
Specific objectives	Allocated amount (EUR)	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners
Specific objective 1: To provide necessary assistance to the most vulnerable groups affected by the protracted crisis in Burma/Myanmar, including response to newly arising humanitarian needs	7,250,000	Northern Rakhine State and ethnic areas along the Indian, Chinese and Thai border	Protection Water and sanitation: rehabilitation/installation of basic water and sanitation infrastructures, improvement of water collection and distribution systems, water treatment Health: preventive and curative health care, health and hygiene promotion Training of health staff Nutritional recovery, prevention and treatment of malnutrition	UNHCR and ICRC can carry out their protection activities without restrictions Good and services delivered regularly to beneficiaries	- ACF - FRA - ADRA - DEU - AMI - FRA - GERMAN AGRO ACTION - ICRC-CICR - MALTESER HILFSDIENST - MERLIN - MSF - NLD - TERRE DES HOMMES (TDH) - ITA - UNHCR
Specific objective 2: To continue providing necessary health care to Burmese refugees in Thailand	3,250,000	Mae La, Umpiem and Nu Po, Tham Hin, Ban Mae La-Oon and Ban Mae Ra Ma Luang camps	Provision of quality health care services, sufficient quantity of safe water, adequate sanitation facilities and health education and promotion services	Maintain or reduce present levels of morbidity and mortality	- AMI - FRA - IRC - UK - MALTESER HILFSDIENST
Specific objective 3: To continue providing food assistance for Burmese refugees in Thailand or conflict-affected populations in Burma/Myanmar	7,000,000	In Thailand: Mae La, Umpiem and Nu Po camps in Tak province; In Burma/Myanmar Northern Rakhine State and ethnic areas along the Indian, Chinese and Thai border	Provision of food assistance and cooking fuel Food assistance, food-for-work, nutritional surveillance Distribution of food aid and other means of food-related support to vulnerable groups	Food regularly delivered to eligible beneficiaries Access to the list of non-eligible beneficiaries Food commodities comply with quality standards Adequate food consumption at household level	- ICCO - WFP-PAM

Risk assessment	<i>Burma/Myanmar: Difficult access for expatriate staff to project sites, particularly in Eastern Burma/Myanmar and lengthy travel authorisation procedure, approaching to the 2010 general elections further travel restrictions with the potential worsening of the security situation and restriction on gatherings New large-scale natural disaster Thailand: The ongoing political standoff hampers dialogue with the RTG on finding durable solutions for Burmese refugees in the nine camps.</i>
Assumptions	<i>Burma/Myanmar: Access to project sites: "Business as usual".</i>
Contingency reserve	1,000,000
Total cost	18,500,000

5. 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 Actions financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent Actions." 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://ec.europa.eu/echo/evaluation/index_en.htm.

6. MANAGEMENT ISSUES

Humanitarian aid Actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at:

http://ec.europa.eu/echo/partners/index_en.htm.

For International Organisations identified as potential partners for implementing the Decision, actions will be managed under joint management.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.

7. ANNEXES

- Annex 1: Statistics on the humanitarian situation.
- Annex 2: Map of country and location of DG ECHO Actions.
- Annex 3: List of previous DG ECHO Actions.
- Annex 4: Overview of donors' contributions.
- Annex 5: List of abbreviations.

Annex 1: Statistics on the humanitarian situation

Some health and nutrition indicators in Burma/Myanmar

Under-five mortality rate (per 1000 live births)	103
Prevalence of underweight children (< 5 years of age)	36 %
% of children <2 vaccinated against measles	75%
Proportion of births attended by skilled health personnel	57 %
Tuberculosis prevalence (per 100,000)	171

Source: WHO World Health Report 2007

Distribution of death among children under five:

total death	
diarrhoea	
dysentery	

Source: State of World Children 2008, UNICEF

Nutritional situation in Northern Rakhine State:

	November 2000	January 2003	January 2006	October 2007
Global acute malnutrition	22.3%	16.4%	18.9%	25.6%
Severe malnutrition	2%	3%	1.4%	1.8%

Source: Action contre la Faim

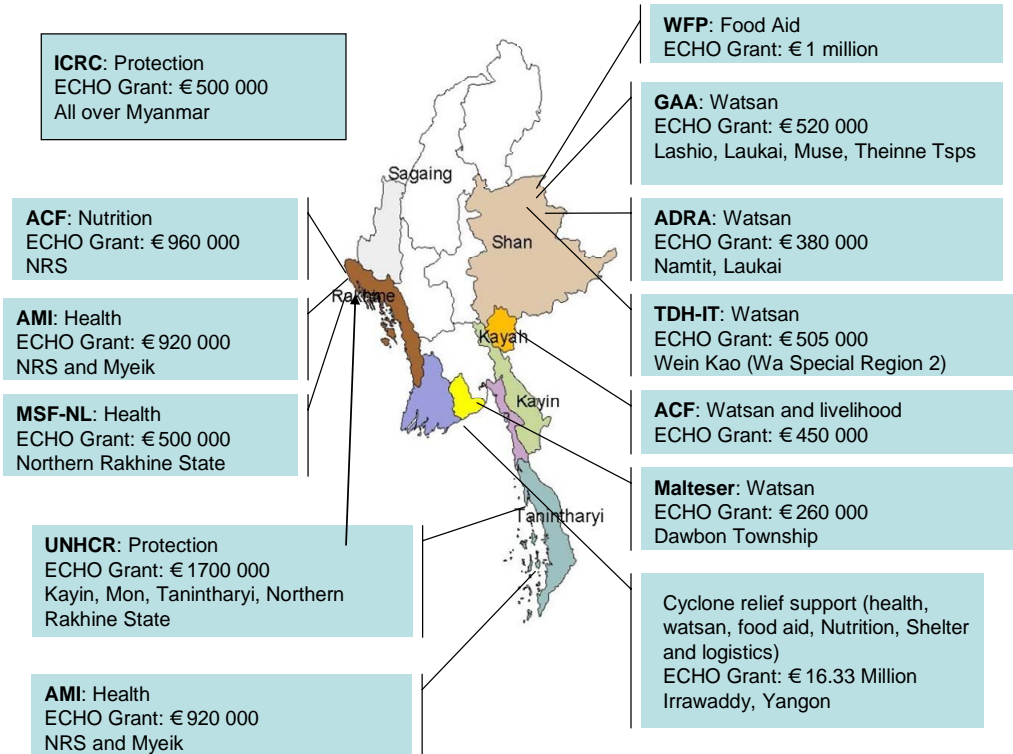
Health situation in the Burmese refugee camps in Thailand:

	2003	2004	2005	2006	2007
Crude mortality rate (CMR) /1,000 / year	4.2	4.1	3.9	3.6	3.5
<5 Mortality Rate (U5MR) / 1,000 <5 / year	7.2	6.5	5.3	6.0	4.7
Percentage of children <5 with global acute malnutrition	3.3	3.6	4.2	2.8	3.5

Source: Thailand-Burma Border Consortium (TBBC) Programme report 2008 (January-June)

Annex 2: Map of country and location of DG ECHO Actions

Project locations 2008



Annex 3: List of previous DG ECHO Actions

List of previous DG ECHO operations in MYANMAR/THAILAND				
Decision Number	Decision Type	2006	2007 EUR	2008 EUR
ECHO/-FA/BUD/2007/02000 (*)	Non Emergency		1,000,000	
ECHO/-XA/BUD/2007/01000 (*)	Non Emergency		18,000,000	
ECHO/-FA/BUD/2008/01000 (*)	Non Emergency			5,000,000
ECHO/MMR/BUD/2008/01000	Prim. Emergency			2,000,000
ECHO/MMR/BUD/2008/02000	Emergency			10,000,000
ECHO/MMR/BUD/2006/01000	Non Emergency	200,000		
ECHO/-XA/BUD/2006/01000	Non emergency	15,500,000		
	Subtotal	15,700,000	19,000,000	17,000,000
	Grand Total			51,700,000

Dated : 06 October 2008
Source : HOPE

(*) decisions with more than one country

In addition to the above indicated amounts in 2008, DG ECHO is in the process of launching a Humanitarian Aid Decision (EUR 17,000,000 for Humanitarian Aid and EUR 7,000,000 for food aid) for cyclone-affected vulnerable populations in the Irrawaddy Delta.

In 2007, DG RELEX/AIDCO produced the first Multi-Annual Indicative Programme (MIP) for **Burma/Myanmar** for the period 2007-2010. The amount is EUR 32,000,000 for the period (EUR 8,000,000/year) and will go the Three Disease fund for TB, malaria and HIV-Aids (EUR18,000,000) and the primary education programme (EUR 14,000,000).

In 2007/2008, EUR 8,000,000 was allocated from the DCI for aid to uprooted people actions. Under the thematic Food Security Thematic Programme of the DCI, the country receives EUR 8,000,000 for food security activities.

Longer term activities in the **Burmese refugee camps in Thailand** are supported from the aid to uprooted people actions (EUR 8,000,000) under the DCI.

Annex 4: Other donors' contributions

Donors in MYANMAR/THAILAND the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	420,000	DG ECHO	17,000,000		
Belgium	920,000	Other services			
Bulgaria	50,000				
Cyprus					
Czech republic	476,690				
Denmark	9,752,860				
Estonia	31,957				
Finland	2,200,000				
France	2,031,886				
Germany	5,614,001				
Greece	160,000				
Hungary					
Ireland	1,326,000				
Italy	1,688,000				
Latvia	20,001				
Lithuania					
Luxemburg	450,000				
Malta					
Netherlands	3,500,460				
Poland	147,000				
Portugal					
Romania	100,000				
Slovakia	60,585				
Slovenie					
Spain	500,000				
Sweden	8,812,573				
United kingdom	45,173,705				
Subtotal	83,435,718	Subtotal	17,000,000	Subtotal	0
		Grand total	100,435,718		

Dated : 06 October 2008

(*) Source : DG ECHO 14 Points reporting for Members States. <https://webgate.ec.europa.eu/hac>

Empty cells means either no information is available or no contribution.

Annex 5: List of Abbreviations

ACF	Action Contre la Faim
ADRA	Adventische Entwicklungs- und Katastrophenhilfe e.V
AMI	Aide Medicale Internationale
ICCO	Interkerkelijke Organisatie voor Ontwikkelingssamenwerking
ICRC	International Committee of the Red Cross
IRC	International Relief Committee
MERLIN	Medical Emergency Relief International
MSF-NDL	Medecins Sans Frontieres Holland (Arsten Zonder Grenzen)
TDH IT	Terre Des Hommes Italia Onlus
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme