



EUROPEAN COMMISSION

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**COMMISSION DECISION**

**of**

**on the approval and financing of a Global Plan for humanitarian Actions in  
Burma/Myanmar and Thailand from the general budget of the European Union**

(ECHO/-XA/BUD/2010/01000)

## COMMISSION DECISION

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### **on the approval and financing of a Global Plan for humanitarian Actions in Burma/Myanmar and Thailand from the general budget of the European Union**

(ECHO/-XA/BUD/2010/01000)

THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>1</sup>, and in particular Articles 2 and 4 and Article 15(3) thereof;

Whereas:

- (1) Burma/Myanmar, ruled by a military regime, is facing a protracted crisis due to the conflict between the Burmese army and ethnic armed groups with increasing political and military tensions in view of the national elections scheduled for 2010.
- (2) The increasing likelihood of localised military confrontations in 2010 may induce additional displacements in country and into neighbouring countries such as China and Thailand as witnessed in the summer of 2009.
- (3) Due to the increasing tensions and the approaching elections the human rights situation in Burma/Myanmar is worsening, increasing 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 by armed opposition groups, in line with International Humanitarian Law.
- (4) The water and sanitation and health situation of the most vulnerable groups in the country has remain precarious with nearly no progress in achieving the Millennium Development Goals. According to UNICEF, Burma/Myanmar is 36<sup>th</sup> highest in the world in terms of under-five mortality rate. Malaria and diarrhoea are the leading cause of reported morbidity and mortality in the country.
- (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 470,000 in Eastern Burma/Myanmar alone. Humanitarian access to the internally displaced population remains difficult.

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<sup>1</sup> OJ L 163, 2.7.1996, p. 1.

- (6) The number of refugees along the Thai/Burmese border has increased from around 10,000 in 1984 to over 150,000 in September 2007. The number of registered refugees has been decreasing to some 109,000 due to resettlement into a third country. Nevertheless the number of camp dwellers has remained almost unchanged due to new entries into the camps.
- (7) The Burmese refugees in the camps in Thailand are almost entirely dependent on international aid for the provision of food and basic services.
- (8) As the scale and complexity of the humanitarian crisis is such that it is likely to continue, it is necessary to adopt a Global Plan to provide a coherent framework for the implementation of humanitarian Actions;
- (9) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid Actions should be financed by the European Union for a period of 18 months;
- (10) It is estimated that an amount of EUR 17,250,000 of which EUR 11,250,000 from budget article 23 02 01 and EUR 6,000,000 from budget article 23 02 02 of the general budget of the European Union is necessary to provide humanitarian assistance and food aid to over 800,000 vulnerable people inside Burma/Myanmar and over 100,000 Burmese refugees in Thailand, taking into account the available budget, other donors' contributions and other factors. Although as a general rule Actions funded by this Global Plan should be co-financed, the Authorising Officer, in accordance with Article 253 of the Implementing Rules of the Financial Regulation, may agree to the full financing of Actions;
- (11) To reach populations in need, humanitarian aid should be channelled through Non-Governmental Organisations (NGOs) and International Organisations including United Nations (UN) agencies. Therefore the European Commission should implement the budget by direct centralized management or by joint management;
- (12) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002<sup>2</sup>, Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002<sup>3</sup>, and Article 15 of the internal rules on the implementation of the general budget of the European Union<sup>4</sup>;
- (13) In accordance with Article 17(2) of Council Regulation (EC) No.1257/96 of 20 June 1996, the Humanitarian Aid Committee gave a favourable opinion on 10 December 2009.

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<sup>2</sup> OJ L 248, 16.9.2002, p.1.

<sup>3</sup> OJ L 357, 31.12.2002, , p.1.

<sup>4</sup> Commission Decision of 5.3.2008, C/2008/773

HAS ADOPTED THIS DECISION:

*Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a 2010 Global Plan for the financing of humanitarian Actions in Burma/Myanmar and Thailand for a total amount of EUR 17,250,000 from budget articles 23 02 01 (EUR 11,250,000) and 23 02 02 (EUR 6,000,000) of the 2010 general budget of the European Union.

2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the principal objective of this Decision is "to provide humanitarian assistance to vulnerable populations affected by the Burma/Myanmar crisis in Burma/Myanmar and Thailand".

The humanitarian Actions shall be implemented in the pursuance of the following specific objectives:

– To provide necessary assistance to the most vulnerable groups affected by the protracted crisis in Burma/Myanmar.

A total of EUR 8,250,000 is allocated to this specific objective under budget article 23 02 01.

– To continue with the provision of necessary primary health care to Burmese refugees in Thailand, including the possibility to extend this to newly displaced people in temporary sites.

A total of EUR 3,000,000 is allocated to this specific objective under budget article 23 02 01.

– To continue with food assistance for Burmese refugees in Thailand or vulnerable populations affected by the Burma/Myanmar crisis.

A total of EUR 6,000,000 is allocated to this specific objective under budget article 23 02 02.

3. The Authorising Officer may decide on non-substantial changes in accordance with Article 90.4 of the Implementing Rules of the Financial Regulation. Accordingly, when required by the changing circumstances, resources may be reallocated between specific objectives 1 and 2 up to a maximum of 20% of the total amount of the Financing Decision or up to a total of EUR 3,000,000, whichever is reached first.

*Article 2*

1. The period for the implementation of the Actions financed under this Global Plan shall start on 1 January 2010 and shall run for 18 months. Eligible expenditure shall be committed during the implementing period of the Decision.

2. If the implementation of individual Actions is suspended owing to force majeure or other exceptional circumstances, the period of suspension shall not be taken into account in the implementing period of the Global Plan in respect of the Action suspended.

3. In accordance with the contractual provisions ruling the Agreements financed under this Global Plan, the Commission may consider eligible those costs arising and incurred after the end of the implementing period of the Action which are necessary for its winding-up.

#### *Article 3*

1. As a general rule, Actions funded by this Global Plan should be co-financed.  
The Authorising Officer, in accordance with Article 253 of the Implementing Rules, may agree to the full financing of Actions when this will be necessary to achieve the objectives of this Global Plan and with due consideration to the nature of the activities to be undertaken, the availability of other donors and other relevant operational circumstances.
2. Actions supported by this Global Plan 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. The commission shall implement the budget:
  - either by direct centralised management, with Non-governmental Organisations.
  - or by joint management with international organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA) and which were subject to the four pillar assessment in line with Article 53d of the Financial Regulation.

#### *Article 4*

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

#### *Article 5*

This decision is addressed to the delegated authorising officer.

Done at Brussels,

*For the Commission  
Member of the Commission*



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

**Supporting document to the Commission Decision on the  
approval and financing of a  
GLOBAL PLAN  
for humanitarian Actions in Burma/Myanmar and Thailand  
from the general budget of the European Union**

ECHO/-XA/BUD/2010/01000

**Submitted to the Humanitarian Aid Committee in  
December 2009**

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## 1. EXECUTIVE SUMMARY

While in general terms the political situation in Burma/Myanmar has maintained the *status quo* in regard to finding durable solutions in the foreseeable future to the protracted crisis generated by the low-intensity conflict, 2009 can be characterised as a preparatory year for the elections in 2010. Immediate relief needs after the devastating cyclone Nargis, which hit the Irrawaddy delta in May 2008 have been satisfactorily addressed, paving the way for long-term recovery. Despite the large number of new humanitarian partners in the Irrawaddy delta, these agencies have not received permission to extend their activities to remote areas inhabited by ethnic minorities.

Tensions between the Government of the Union of Myanmar (GoUM) and the various ethnic ceasefire groups living along the country's Eastern borders have increased with armed clashes on ethnic Karen and Kokang groups. The escalation of traditional conflicts can be expected with the possibility of armed confrontations inducing new displacements within the country and/or forcing ethnic populations to cross the borders into neighbouring Thailand and China as already witnessed this year.

This context will further increase protection needs due to newly laid landmines and an overall deteriorating human rights situation with more forced labour and recruitments and more child soldiers. Within Burma/Myanmar, humanitarian access to these vulnerable populations will remain very difficult.

Despite the large media coverage the "Rohingya boat people" received at the beginning of the year, the situation in Northern Rakhine state has been slowly worsening due to increased border tensions with Bangladesh.

There is very little progress in Burma/Myanmar in achieving the Millennium Development Goals. The global financial crisis has had a negative impact on the economy due to decreasing demand on the country's natural resources and unskilled labour whereas remittances of migrant workers who have had to return from rich countries such as Saudi Arabia and Singapore have decreased.

The resettlement of Burmese refugees in Thailand continues. Since the start of the process in 2004, more than 54,000 refugees have left the camps for third countries. This situation has, however, not led to the decrease of camp dwellers. In early 2009 the UN High Commissioner for Refugees (UNHCR) started a pilot screening exercise looking at the unregistered populations of four refugee camps. If deemed successful, this exercise will be extended to the remaining camps and result in more registered refugees. The July offensive by the Burmese army and its ally on some posts of the Karen National Liberation Army forced some 4,000 ethnic Karen to enter Thailand. Currently they have found refuge in two temporary sites outside the existing camps. Aid agencies and district authorities provide assistance to them.

A draft "*Five year Strategic Plan*" has been elaborated by UNHCR and the Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT). This plan aims to provide a strategic framework on how to provide refugees with opportunities to become more self-reliant by decreasing their aid dependency.

Therefore it remains vital that DG ECHO<sup>1</sup> 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.

## **2. CONTEXT AND SITUATION**

### **2.1. General Context**

Since its independence in 1948, Burma/Myanmar's history has been characterised by civil wars with government forces fighting against militant ethnic groups out of which not all have signed a ceasefire agreement. This protracted low-intensity conflict coupled recently with the drive to exploit the country's natural resources, has displaced hundreds of thousands of people internally or into neighbouring countries, particularly into Bangladesh and Thailand.

In 2009 the European Union strengthened and extended its sanctions against the country. Consequently bilateral co-operation remains basically limited to humanitarian assistance whereas the country's development needs are immense. Burma/Myanmar is one of the poorest countries in Asia, ranking 138<sup>th</sup> out of 182 countries in the United Nations Development Programme's (UNDP) Human Development Index in 2009 continuing its fall from last year's 132<sup>nd</sup> rank.<sup>2</sup> According to the same report, "*someone born in Thailand can expect to live seven more years, to have almost three times as many years of education, and to spend and save eight times as much as someone born in neighbouring Myanmar*". In 2007 Official Development Assistance (ODA) totalled only USD 129,300,000 or USD 4 per capita. This amount is less than any of the poorest fifty countries in the world.<sup>3</sup>

### **2.2. Current Situation**

The political situation has remained rather static in 2009. Despite several visits of Mr. Gambari, UN Special Envoy to Burma, Mr. Pinheiro, UN Special Rapporteur on Human Rights in Burma as well as UN Secretary General Ban Ki Moon little progress have been made in key political domains such as transition to democracy, human rights, and governance. Although some concessions were promised to the UNHCR visiting Burma/Myanmar in March, only modest steps forward can be seen in extending the organisation's presence in Northern Rakhine State (NRS) and in the South Eastern part.

In August Daw Aung San Suu Kyi was sentenced to a 18-month house arrest, definitively excluding her from participating in the 2010 elections. Civilians providing assistance to victims immediately after cyclone Nargis hit the Irrawaddy delta were also imprisoned.

The framework of the national elections scheduled for 2010 has yet to be finalised. Law on political parties, the electoral laws and ballot dates are still not known. The participation of ethnic minority groups in the political process is not clear either.

Most of the opposition ethnic groups that were left out of the process have not reacted positively to the latest government calls to surrender their arms and integrate as border guards into the Burmese army (Tatmadaw) in compliance with the country's new

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<sup>1</sup> Directorate-General for Humanitarian Aid – DG ECHO

<sup>2</sup> UNDP: Human Development Report 2009

<sup>3</sup> OECD Development Co-operation statistics

Constitution. This has resulted in increased tensions, with military confrontations along Burma/Myanmar's Eastern borders. In early June, the Democratic Karen Buddhist Army (DKBA), a pro-government movement, launched attacks on the posts of the Karen National Liberation Army (KNLA) in Pa-an district. This forced some 4,000 Karen, mainly women and children, into Tak province, Thailand.

In August the Burmese army opened a second front by attacking the Myanmar National Democratic Alliance Army, a Kokang ethnic ceasefire group in Shan state. This incident forced about 37,000 people into China. Tensions have also built up in Wa region and Kachin state. The likelihood of armed clashes inducing the displacement of thousands of people is particularly high in the first case. The United Wa State Army (UWSA) has notably the largest military potential among the ethnic groups.

In this context there is little hope of finding durable solutions inside the country for the ~109,000 registered Burmese refugees in nine refugee camps in Thailand<sup>4</sup>, 30,000 in Bangladesh and ~470,000 internally displaced people (IDPs) in Eastern Burma/Myanmar in the near future.<sup>5</sup> In addition to these groups, there are still an estimated 60,000-80,000 Chin people in Mizoram, India and nearly 70,000 refugees in Malaysia<sup>6</sup>. Most of them are, however, economic migrants.

### **3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS**

#### **3.1 Vulnerable population inside Burma/Myanmar**

Responding to the humanitarian needs arising from the protracted crisis in Burma/Myanmar, in 2010 DG ECHO's activities will continue to focus on Northern Rakhine State and the ethnic areas along the border with China and Thailand (such as Shan, Kayah, Mon, Kayin states and Tanintharyi division). In these target areas humanitarian needs rooted in huge human rights problems are coupled with the GoUM's lack of interest in developing health and education services. Populations face arbitrary taxation, extortion and abuses from the Burmese military (such as being obliged to provide supplies for them, porter services, forced labour) as well as from ethnic armed groups. With the growing military confrontations along the country's Eastern borders, populations have been confronted with the risk of newly laid landmines and increased violence against women and girls. Displacement is not only caused by the low-intensity armed conflict between the Tatmadaw and non-ceasefire armed groups but it is also due to land confiscation for natural resources, tea, rubber and bio-fuel plantations.

There are no reliable figures for the number of IDPs as this type of information is considered highly sensitive by the authorities. According to the Thailand-Burma Border Consortium (TBBC)<sup>7</sup> in 2009 there were ~470,000 IDPs in Southern Shan, Kayah, Kayin and Mon states as well as in Eastern Pegu and Tanintharyi Divisions. Of these, 111,000 were hiding, 128,000 in relocation sites and 231,000 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.

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<sup>4</sup> The feeding figures of the Thailand Burma Border Consortium were 132,448 on 30 September 2009.

<sup>5</sup> Thailand Burma Border Consortium (TBBC) Programme report 2008 (January-June) TBBC is a consortium of twelve international non-governmental organisations working to provide food, shelter, non-food items and capacity-building support to Burmese refugees and displaced persons).

<sup>6</sup> According to Watchlist on Children and armed conflict there are at least 70,000 Rohingya alone in Malaysia.

<sup>7</sup> Preliminary information provided by TBBC on their upcoming publication on internal displacement in Eastern Burma/Myanmar.

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. Although not well documented, the global economic downturn has also severely impacted the country's economic situation with repercussions felt at the household level. Vulnerability is greater in remote and difficult to access areas of the country, particularly in the border regions with China, Thailand, India and Bangladesh<sup>8</sup>. The humanitarian situation in Northern Rakhine State remains particularly of concern. With no development policy or direct involvement of authorities to mitigate and address the root causes of the appalling living conditions of the Muslim communities, this population relies on extreme coping mechanisms just to survive. Humanitarian assistance can, at best only, prevent that the situation from deteriorating so dramatically as to force the massive exodus of the Rohingya population. Long term food security projects could only accumulate modest gains so far.

#### **a) Protection**

The human rights situation in Burma/Myanmar has not improved. Specialised UN agencies and human rights organizations continue to document the general denial of the severity of the situation, particularly in regard to ethnic areas. The foreseeable politically charged context of 2010 will likely further deteriorate the situation.

In such a context the work of the International Committee of the Red Cross (ICRC) is particularly important to address some of the most specific protection needs. Nevertheless the organisation's operational space remains constrained, despite some progress since cyclone Nargis. A renewed dialogue with authorities during 2009 could improve the working conditions of ICRC throughout the country.

Burma/Myanmar is reported to have the highest number of child soldiers in the world. They are recruited not only into the Tatmadaw, but also, although in a smaller number, to 30 or more non-state armed groups. It is estimated that 70,000 or more of the army's estimated 350,000 soldiers may be children.<sup>9</sup> Although the government took some steps to address the issue, a formal disarmament, demobilization and reintegration (DDR) programme is not in place. The international community has been unable to verify the outcomes of these initiatives.

UNHCR has finally had its Memorandum of Understanding (MoU) renewed in 2009 which authorises its operational presence in Northern Rakhine State. This also permits the organisation to continue and geographically expand its operations, also opening up to Rathedaung district. International staff are authorised to be permanently based in Northern Rakhine State.

Although the GoUM agreed on strengthening UNHCR's activities in the South East of the country (in Mon and Kayin states as well as Tanintharyi division), permanent international staff presence has not yet been allowed.

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<sup>8</sup> 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

<sup>9</sup> Human Rights Watch: Sold to be Soldiers: The Recruitment and Use of Child Soldiers in Burma, October 2007.

## **b) Water and sanitation**

Due to the absence of a comprehensive national development plan, the water and sanitation situation in Burma/Myanmar is extremely poor. Currently around 79% of the population in Burma/Myanmar has access to improved water supply while 83% has access to sanitary means of disposal of excreta. However, there are wide disparities in levels of access to improved water supply between different states or divisions and also between urban and rural areas. On average, only 53% of rural schools have adequate water supply. In some townships, this figure may be as low as 10%. Improved water supply does however not necessarily imply safe supply.<sup>10</sup> Arsenic contamination is a major concern.<sup>11</sup> The lack of clean water, desperately poor health environment and widespread lack of hygiene and health knowledge are the main causes of the water-borne illnesses. According to World Health Organisation (WHO) statistics, in 2000 diarrhoea was the cause of 21.1% of deaths among children under five years of age. The most widespread sources of water in the country are village wells, inadequate water points and ponds which lack any proper protection and are thus often a source of contamination by microbes.

Thus, it seems pertinent for DG ECHO to fund water and sanitation as an entry point for “protection activities” while facilitating future medium to long-term projects in these zones. Although access remains difficult for expatriates in Eastern Burma/Myanmar, the geographic characteristics are suitable for the implementation of gravity-flow systems which also fit well with the duration of a DG ECHO-funded project and are more cost-efficient and easier to maintain.

## **c) Health**

The situation in the health sector is continuously worrying with no prospect of amelioration. WHO statistics show that Burma/Myanmar’s per capita government expenditure on health, at 1.5%, is also the lowest in the world. At the same time external resources for health as a percentage of total expenditure on health was 11.2% in 2006. In the same year private expenditure on health as a percentage of total expenditure on health amounted to 6.9%.<sup>12</sup> UNICEF placed Burma/Myanmar 36<sup>th</sup> highest in the world in terms of under-five mortality rate.<sup>13</sup>

Access to basic government healthcare is almost non-existent in many remote areas of the country. The national health care system does not reach those areas predominantly inhabited by ethnic minorities. Basic health care is provided by humanitarian organisations and their community health workers. Patients in need of more complex treatment rarely reach the referral level. Sick people in some areas often face travel restrictions on leaving their villages whereas sometimes it is easier for them to seek health care in neighbouring Bangladesh or Thailand. The capacity building needs in the health sector are also enormous.

For instance, in Northern Rakhine State, with only three medical doctors for a population of 480,000 in Maungdaw township and two medical doctors for 280,000 inhabitants in Buthedaung township, the situation could be characterised as dramatic.<sup>14</sup>

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<sup>10</sup> WHO Country Cooperation Strategy Myanmar 2008-2011

<sup>11</sup> At a glance: Myanmar on [http://www.unicef.org/infobycountry/myanmar\\_2062.html](http://www.unicef.org/infobycountry/myanmar_2062.html)

<sup>12</sup> WHO Health Statistics 2009

<sup>13</sup> <http://www.unicef.org/infobycountry/myanmar.html>

<sup>14</sup> WHO norms recommend one medical doctor for 10,000 persons in rural areas.

According to the WHO, malaria is the leading cause of reported morbidity and mortality in the country with 538,110 cases and 1,647 deaths due to the disease, both probable and confirmed, reported in 2006. The majority of malaria infections are now highly resistant to commonly used anti-malaria drugs. About 70% of the population in 284 out of 325 townships live in malaria endemic areas<sup>15</sup>.

The Global Fund to fight AIDS, tuberculosis (TB) 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 and projects supported do not enable structural problems to be addressed. There is also the risk that attention is diverted from addressing basic health problems. Therefore it is justified that DG ECHO continues support to the health sector although a gradual phase-out from this activity is recommended with the potential continuation of the "Three Diseases Fund" in 2011-2013 or in case of the Global Fund's return.

A number of national strategic plans also exist for particular domains such as reproductive health, child health, adolescent health, HIV/AIDS, TB and malaria, and for water supply, sanitation and hygiene.

#### **d) Food security and nutrition**

Although Burma/Myanmar is a food-surplus country with significant agricultural potential, unfavourable economic policies, high vulnerability to weather anomalies and natural disasters and the total lack of development have conserved a largely self-subsistence agriculture and limited livelihood opportunities. Food insecurity is particularly pronounced in border areas where ethnic minorities face a variety of restrictions including impediments to trade and movement. These areas are also characterised by limited access to land.

Northern Rakhine State and Chin states can be considered as the most food insecure parts of the country<sup>16</sup>. The causes in Northern Rakhine State are rooted in the general discriminatory environment against Muslim Rohingya who are not recognised as Myanmar citizens and do not enjoy any official protection. Their movements are severely controlled and they are often subject to high taxation and compulsory labour and land confiscation. Job opportunities are scarce and mainly seasonal linked to agriculture. This context annually forces thousands of Muslim Rohingya men to illegally cross the borders into Bangladesh and/or take a boat, mainly in the dry season<sup>17</sup>, to seek illegal jobs in Malaysia further exposing themselves to traffickers. Households are trapped in a borrowing downward spiral with little to no escape as livelihoods options and opportunities are extremely limited. Most households rely on food aid. Access to food rather than availability is the main issue in regard to household food security in Northern Rakhine State.

The global acute malnutrition (GAM) prevalence in November 2008 based on a nutrition survey conducted by Action Contre la Faim (ACF), gives a GAM rate of 20.1% in Maungdaw township and 22.7% in Buthedaung township. The severe acute malnutrition rate (SAM) is 2.3% and 2.9%. These GAM rates are interpreted as critical by WHO Expert Committee Classification. Other causes such as low access to free health services, high birth-rates, poor health care practices and limited access to clean drinking water and

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<sup>15</sup> WHO Country Cooperation Strategy Myanmar 2008-2011

<sup>16</sup> Food and Agriculture Organisation and World Food Programme Crop and Food Security Assessment Mission to Myanmar, 22 January 2009

<sup>17</sup> The period between November and April can normally be considered as the dry season.

appropriate sanitation structures have had a further negative impact on the malnutrition situation.

The further extension of ongoing nutritional programmes and the continuation of WFP's protracted relief assistance are expected in 2010.

In 2009 DG ECHO supported the World Food Programme to mitigate the impact of the rat infestation in Chin state. There the root causes of food insecurity lie in the decline of food availability, lack of employment opportunities and remoteness.

Since September 2009 there have been reports about an increasing food insecurity situation in the Dry zone due to limited rains during the rainy season resulting in a drought situation. At the moment of drafting this funding decision, no assessments and data could verify the humanitarian consequences of the erratic rainfalls and no activities have been considered for that area. Should there be new humanitarian needs substantiated, DG ECHO will respond accordingly.

#### **e) Information and data management**

In the complex operational context of Burma/Myanmar, lack of data and consolidated information has been a challenge for the international community in terms of programming and coordination. In 2009, the Myanmar Information Management Unit (MIMU) has succeeded in expanding its geographical coverage beyond the cyclone-affected areas and it is now providing information and humanitarian mapping for other parts of the country. Support to this coordination tool will be a new element under this Global Plan.

### **3.2 Burmese refugees in Thailand**

The nine camps along the Thai-Myanmar border are populated by successive waves of predominantly Karen and Karenni refugees from Burma/Myanmar. Due to the resettlement process into a third country which started in 2004, their number of 150,000 has decreased. On 30 September 2009 there were 109,041 registered refugees<sup>18</sup> whereas TBBC reported about 132,448 camp dwellers benefiting from the organisation's food assistance despite the fact that more than 54,000 have been resettled (out of which 14,039 left in the first nine months of this year). The modest decline of camp dwellers cannot only be explained by demographic trends. According to a UNHCR survey in Maela camp in March 2008, free access to services, particularly food, has been the main push/pull factor for "new entries". Discussions with camp dwellers also confirmed that the hope for resettlement into a third country, mainly to the United States, was another popular reason among young people to enter these camps. 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. The number of unregistered camp dwellers was estimated to be over 40,000, making it extremely difficult for TBBC to determine feeding figures.

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<sup>18</sup> The screening and registration of refugees by UNHCR stopped in 2005.

In February 2009 UNHCR started with the pilot screening of unregistered camp dwellers in four out of nine camps. It is estimated that the majority of the screened people will be granted refugee status. Should this exercise be considered successful, its extension to the remaining camps can be envisaged. No official preliminary data was available on the pilot exercise at the drafting of this Global Plan.

In view of future trends it is important to mention the following aspects:

- Third country resettlement programmes are likely to scale down after 2010. It is not clear whether the recently registered refugees would become eligible for resettlement;
- Increasing tensions and further military confrontations in Eastern Burma/Myanmar may force more people to seek temporary refuge in Thailand. As the current experience in Tha Song Yang district, Tak province has shown, these newly displaced people may only be allowed to stay in temporary sites due to security reasons.

After decades of existence of the Burmese refugee camps a different type of response and assistance is required, compared to the first years after the establishment of the camps. Donors agree that it is imperative to move from hand-outs towards more long-term and sustainable solutions which include livelihood alternatives. This transition is particularly important because refugees have become totally aid dependent after such a long period of encampment.

In this process, the recently finalised draft Five-year Strategic Plan by the CCSDPT<sup>19</sup> and UNHCR represents an important step forward. The Plan will provide a good basis for dialogue with the Royal Thai Government (RTG) on finding durable solutions for these refugees by providing them with an alternative to expand their self-reliance and contribute to the Thai economy.

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

TBBC is the only body authorised by the RTG to provide food aid to the refugees. DG ECHO is the major donor of TBBC's food assistance activities. In late 2008 the organisation initiated the verification of camp residents, both registered and unregistered. This new database is being used for a new ration book system, identifying beneficiaries eligible for food assistance.

Taking into account the dynamics of the resettlement and the decreasing number of eligible camp populations, in 2010 DG ECHO will continue with the gradual decrease of its funding for this activity. In September 2009 a "*Livelihoods Vulnerability Analysis in the Burmese Refugee Camps in Thailand*" started. The global objectives of this study is to obtain a good understanding of the different livelihood and existing self-reliance strategies of the refugee communities as a precursor to shifting to more evidence-based programming and to a system of targeted food assistance from the currently existing quasi-blanket food distributions.

In 2009 donors sent a request to the Thai Ministry of Commerce to seek the host country's contribution with roughly 3,300 tons of rice (15% of needs) to feed these refugees. The RTG is still examining this request.

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<sup>19</sup> Committee for the Coordination of Services to Displaced Persons in Thailand

## **b) Health and water sanitation**

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

In 2007, 34.3% of under-fives were stunted<sup>20</sup>, 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.

DG ECHO is supporting the provision of basic health assistance in six of the nine camps along the border. Health care provided by external actors has, however, created a "parallel" system with the existing Thai services. Therefore it is vital to integrate them as much as possible with the Thai Ministry of Public Health (MoPH) services and allow a bigger role for Thai medical actors.

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.

Despite the surrounding endemic environment the incidence of malaria is low in most camps as a result of a control policy. The average number of consultations in the supported programmes is however high with about four annual visits per refugee. Many refugees face psychosomatic diseases typical of the context of a long term displacement.

A well-established surveillance system in cooperation with the Thai MoPH, WHO and INGOs has resulted in the early detection of major epidemics, also enabling a more rapid response. The recent H1N1 pandemic has also reached the camps while pandemic preparedness and mitigation is still a challenge. The early warning system still requires further strengthening. 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 while it will enter into a new dialogue with health partners about a more cost-efficient system.

Water and sanitation as well as vector control activities are an integral part of health assistance.

## **4. PROPOSED DG ECHO STRATEGY**

### **4.1. Coherence with DG ECHO's overall strategic priorities**

The humanitarian situation of conflict-affected vulnerable populations in Burma/Myanmar and of Burmese refugees along the Thai-Burmese border has remained a "forgotten crisis" 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 China as well as stateless Rohingya in Northern Rakhine State) inside Burma/Myanmar.

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<sup>20</sup> TBBC Report 2008

With the approaching elections in Burma/Myanmar in 2010, the situation may turn more volatile.

## **4.2. Impact of previous humanitarian response**

### ***4.2.1 Vulnerable populations inside Burma/Myanmar***

DG ECHO-supported health and water and sanitation 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 water-borne disease outbreaks. In the very special operational context, access to impact indicators remains challenging. Despite the efforts of recent years, there are still huge needs for improving the hygiene and health practices of households. Significant behavioural change can only be attained by longer-term projects.

Water and sanitation 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.

Ongoing nutritional projects in Northern Rakhine State play a vital role in preventing a relapse of the humanitarian situation and the life-saving function of the therapeutic feeding centres is undeniable. The continuation of food aid to complement these efforts remains, however, essential.

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 disease 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 link between relief, rehabilitation and development (LRRD), but joint inter-service advocacy towards other stakeholders such as EU Member States, USAID<sup>21</sup> or RTG also contributes to putting relevant issues on the international agenda and promoting durable solutions.

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

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<sup>21</sup> United States Agency for International Development

#### **4.4. Risk assessment and assumptions**

##### ***4.4.1 Vulnerable populations inside Burma/Myanmar***

Access will still remain a problem when operating in Burma/Myanmar. Although access to areas affected by cyclone Nargis has been largely satisfactory in 2008 and 2009, with the approaching national elections increasing reluctance by the authorities to grant travel authorisations to the international community can be expected. Despite the large number of INGOs operating in the Irrawaddy delta, it is unlikely that they will receive approval to extend the geographic coverage of their activities beyond the Delta in 2010.

With increasing tensions in Eastern Burma/Myanmar and the potential for armed clashes, the international humanitarian community will face rising security risks which may force them to evacuate from areas of fighting and reduce or suspend their projects. Activities which involve gathering communities will likely not be authorised either.

During the period leading to the general elections in 2010, 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 still unsettled internal political environment 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 in order to find durable solutions for all refugees.

A potential escalation of the conflict in Eastern Burma/Myanmar with the influx of significant new arrivals into Thailand, may require the allocation of additional emergency funding, should new humanitarian needs arise. The profile of an important number of these new arrivals, more directly involved in the ethnic fight, may not allow them to enter any of the already existing refugee camps. This may lead to the creation of further temporary sites. The international community in close cooperation with the RTG should work on contingency planning and adjust its strategy accordingly.

#### **4.5. DG ECHO Strategy**

This Decision is the continuation of DG ECHO's strategy in 2009 in response to the protracted crisis in Burma/Myanmar, whereas certain flexibility may be required due to the evolving political context in Eastern Burma/Myanmar as explained above. This may result in new displacements generating new humanitarian needs. Should these occur and humanitarian access be granted, DG ECHO stands ready to respond according to its mandate.

The Decision includes information/data management as a new component. Further attention will be given to the mainstreaming of disaster risk reduction, particularly through water and sanitation projects, as well as 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 and displaced populations at the border with Thailand. It will also target the humanitarian needs of Burmese refugees along the Burma/Myanmar -Thai border.

In 2010, DG ECHO will continue with the gradual down-scaling of its funding to Burmese refugees in Thailand as the humanitarian situation has been consolidated. After decades of existence of these camps a different type of response and assistance with more long term livelihood options is required, compared to the first years after the establishment of the camps. DG ECHO's strategy has been coordinated with DG RELEX and DG AIDCO as well as other donors. As highlighted above a paradigm change has become necessary to better target the needs of the most vulnerable refugee groups. At the same time the European Commission is currently looking at the most effective way to accompany the early implementation of the 5-year Strategic Plan of the CCSDPT and UNHCR. In 2010 the Commission will continue with its pro-active commitment in this dialogue and enhanced donor coordination.

**Principal objective:** To provide humanitarian assistance to vulnerable populations affected by the Burma/Myanmar crisis in Burma/Myanmar and Thailand.

**Specific objectives:**

**Specific objective 1: To provide necessary assistance to the most vulnerable groups affected by the protracted crisis in Burma/Myanmar.**

**Component: Protection**

Support to ICRC's and UNHCR's protection activities in Northern Rakhine State as well as in the ethnic states along the eastern border of Burma/Myanmar. ICRC visits to prisons will receive an increased importance in 2010.

**Component: Water and sanitation**

- Rehabilitation/installation of basic water and sanitation infrastructure;
- Improvement of water collection and distribution systems and water treatment at household level;
- Organisation of health and hygiene education activities;
- 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 primary health care services in the fight against malaria and dengue fever 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 and Tanintharyi division;
- 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

**Component: Information and data management**

**Specific objective 2: To continue with the provision of necessary primary health care to Burmese refugees in Thailand, including the possibility to extend this to newly displaced people in temporary sites.**

- Provision of good quality curative health services delivered through outpatient consultations and admissions to the inpatient departments of clinics established in the camps;
- Health promotion;
- 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 with food assistance for Burmese refugees in Thailand or vulnerable populations affected by the Burma/Myanmar crisis.**

- Supply of three key food items in the basic food basket of the Burmese refugees in Thailand: rice, 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.

#### **4.6. Duration**

The duration for the implementation of this Decision will be 18 months. Humanitarian Actions funded by this Decision must be implemented within this period.

The proposed duration also takes into account the different start dates of actions and the increasingly volatile operational environment as explained above. Humanitarian Actions funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1 January 2010.

Start Date: 1 January 2010.

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 17,250,000**

#### 4.7.2. Strategic Programming Matrix

Principal objective	<i>To provide humanitarian assistance to vulnerable populations affected by the Burma/Myanmar crisis in Burma/Myanmar and Thailand. .</i>				
Specific objectives	Allocated amount (EUR)	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners
<b>Specific objective 1:</b> To provide necessary assistance to the most vulnerable groups affected by the protracted crisis in Burma/Myanmar.	8,250,000	Ethic areas along the Burma/Myanmar's borders with Bangladesh, India, China and Thailand	<b>Protection:</b> <b>Water and sanitation:</b> rehabilitation/installation of basic water and sanitation infrastructures, improved water collection and distribution systems, preference will be given to gravity-fed water systems <b>Health:</b> preventive and curative health care, health and hygiene promotion, trainings for health staff <b>Nutrition:</b> Prevention and treatment of malnutrition in therapeutic feeding centres, nutritional education <b>Information and data management</b>	UNHCR and ICRC can carry out their protection activities without restrictions Increased awareness and knowledge about the humanitarian needs of conflict-affected people Reduced mortality and morbidity Goods and services regularly delivered to beneficiaries Better mapping of humanitarian needs and gap identification	<u>Direct centralised management</u> - ACF - FRA - ADRA - DEU - GERMAN AGRO ACTION - MSF - CHE - MSF - NLD - TERRE DES HOMMES (TDH) - ITA <u>Joint management</u> - ICRC-CICR - UNDP-PNUD - UNHCR
<b>Specific objective 2:</b> To continue with the provision of necessary primary health care to Burmese refugees in Thailand, including the possibility to extend this to newly displaced people in temporary sites.	3,000,000	Mae La, Umpiem, Nu Po, Tham Hin, Ban Mae la-Oon and Ban Mae Ra Ma Luang and new temporary sites	Provision of quality health care services and sufficient quantity of water, adequate sanitation facilities and health education	Maintain or reduce levels of mortality and morbidity	<u>Direct centralised management</u> - AMI - FRA - IRC - UK - MALTESER HILFSDIENST
<b>Specific objective 3:</b> To continue with food assistance for Burmese refugees in Thailand or vulnerable populations affected by the Burma/Myanmar crisis.	6,000,000	<b>In Thailand:</b> Mae la, Nu Po and Umpiem camps in Tak province; <b>In Burma/Myanmar:</b> like Northern Rakhine state and Wa region	Provision of three food items and cooking fuel for Burmese refugees  Distribution of food aid and other means of food-related support in Burma/Myanmar	Food regularly delivered and distributed to eligible beneficiaries Access to the list of non-eligible beneficiaries Food commodities comply with quality standards Adequate food consumption at household level	<u>Direct centralised management</u> - ICCO <u>Joint management</u> - WFP-PAM
<b>Risk assessment</b>	<b>Burma/Myanmar:</b> Difficult access for expatriate staff to project sites, increasing tensions in Eastern Burma/Myanmar with interruptions in project implementation, with the approaching general elections in 2010, restrictions on mass gatherings Medium/large-scale natural disaster <b>Thailand:</b> The draft " <i>Five year Strategic Plan</i> " by UNHCR and CCSDPT is not endorsed by the RTG, no dialogue on finding durable solutions for the Burmese refugees, influx of significant number of displaced people from Burma/Myanmar due to political/military tensions				
<b>Assumptions</b>	<b>Burma/Myanmar:</b> Access to remote project sites remains "business as usual".				
<b>Total cost</b>	17,250,000				

## **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 Union 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/policies/evaluation/introduction\\_en.htm](http://ec.europa.eu/echo/policies/evaluation/introduction_en.htm).

## **6. MANAGEMENT ISSUES**

Humanitarian aid Actions funded by the Commission are implemented by NGOs and the Red Cross National Societies on the basis of Framework Partnership Agreements (FPA), by Specialised Agencies of the Member States 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/about/actors/partners\\_en.htm](http://ec.europa.eu/echo/about/actors/partners_en.htm).

For NGOs, Specialised Agencies of the Member States, Red Cross National Societies and International Organisations not complying with the requirements set up in the Financial Regulation applicable to the general budget of the European Union for joint management, actions will be managed by direct centralised management.

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

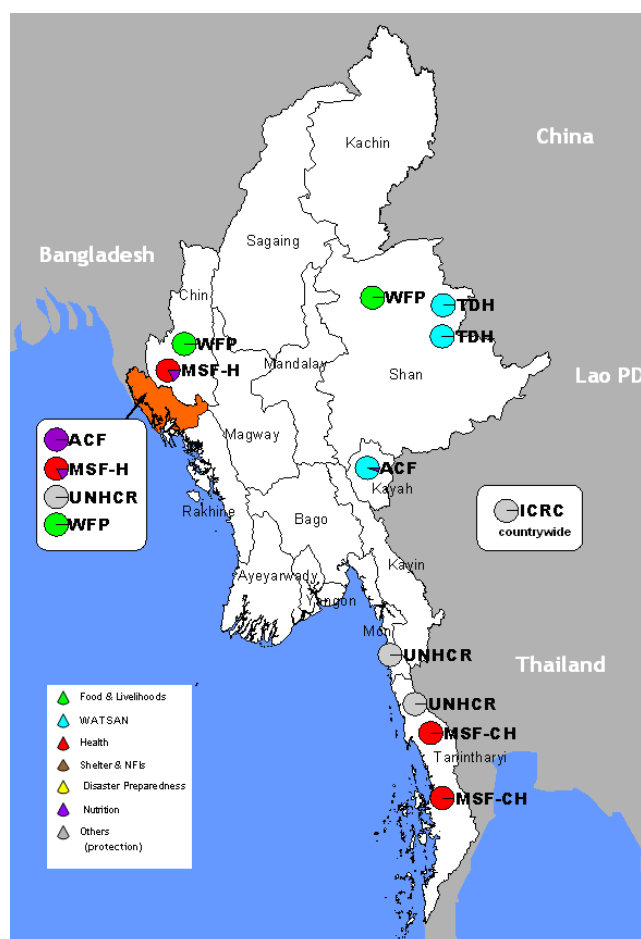
### Annex 4: Overview of donors' contributions

### Annex 5: List of abbreviations

### Annex 1: Statistics on the humanitarian situation

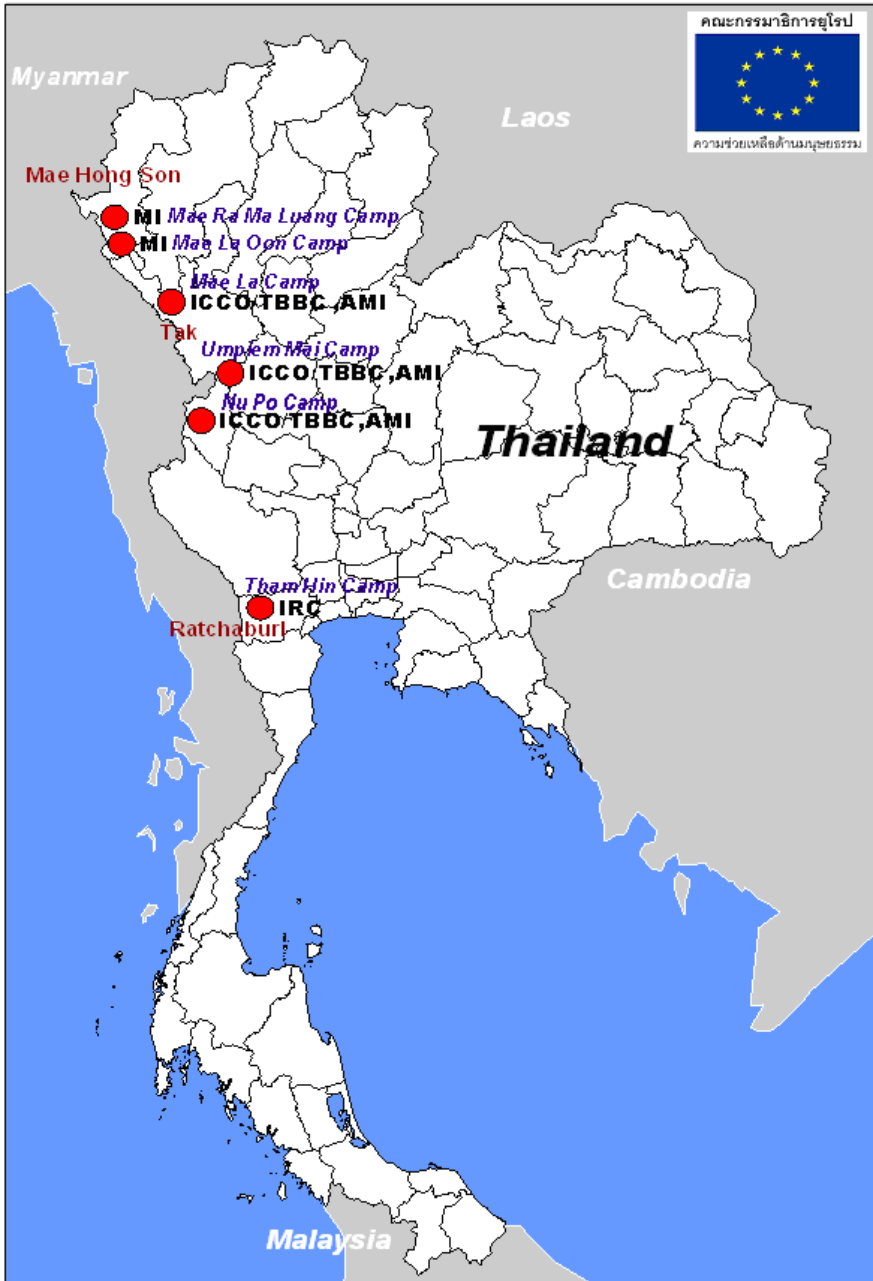
It needs to be mentioned that according to DG ECHO's Global Needs Assessment (GNA)<sup>22</sup> and the degree of vulnerability of the country's population (national indicators), in 2009/2010 Burma/Myanmar has a Vulnerability index 2 and a Crisis index 3. The Forgotten Crisis Assessment (FCA)<sup>23</sup> has also identified the inter-ethnic conflict in Burma/Myanmar and the related Burmese refugee situation in Thailand as a forgotten crisis.

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



<sup>22</sup> This methodology categorises 139 developing countries on the basis of existence of a recent crisis (caused by conflict, natural disaster, or presence of a large number of refugees or IDPs).

<sup>23</sup> The FCA attempts to identify crises that have been overlooked or neglected by the international humanitarian community and/ or the global media.



### Annex 3: List of previous DG ECHO Actions

List of previous DG ECHO operations in MYANMAR/THAILAND				
Decision Number	Decision Type	2007 EUR	2008 EUR	2009 EUR
ECHO/-FA/BUD/2007/02000	Non Emergency	1,000,000		
ECHO/-XA/BUD/2007/01000	Non Emergency	18,000,000	0	
ECHO/-FA/BUD/2008/01000 (*)	Non Emergency		5,000,000	
ECHO/DIP/BUD/2008/02000 (*)	Non Emergency			
ECHO/MMR/BUD/2008/01000	Prim. Emergency		2,000,000	
ECHO/MMR/BUD/2008/02000	Emergency		10,000,000	
ECHO/MMR/BUD/2008/03000	Non Emergency		22,000,000	
ECHO/-XA/BUD/2009/01000 (*)	Global Plan			18,500,000
	Subtotal	19,000,000	39,000,000	18,500,000
	Grand Total	76,500,000		

Dated : 19 October 2009  
Source : HOPE

(\*) decisions with more than one country

In 2010 for the first time, Burma/Myanmar will also be included into the 6<sup>th</sup> DIPECHO Action Plan for South East Asia to benefit from country-specific disaster preparedness activities.

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 (EUR 18,000,000) and the primary education programme (EUR 14,000,000). In 2008 DG RELEX also started a dialogue on the Millennium Development Goals with Burma/Myanmar's line ministries.

Furthermore in 2009, DG RELEX has allocated EUR 2,150,000 to "support civil society in Myanmar" under the Instrument for Stability.

In 2009/2010, EUR 9,000,000 was allocated from the DCI for aid to uprooted people actions. Nearly EUR 35,000,000 have been provided for the Livelihood and Food security Trust Fund (LIFT) from the Food Security Thematic Programme and Food facility. The Trust fund is to support livelihood recovery projects primarily in the cyclone-affected Irrawaddy delta. There are ongoing discussions with the Ministry of Agriculture of Myanmar to extend its geographic coverage to other regions of the country.

Longer term activities in the **Burmese refugee camps in Thailand** are supported from the aid to uprooted people actions (EUR 9,000,000) 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	300,000	DG ECHO	18,500,00		
Belgium		Other services			
Bulgaria					
Cyprus					
Czech republic	220,000				
Denmark	4,120,849				
Estonia					
Finland	1,300,000				
France	636,000				
Germany	1,857,761				
Greece					
Hungary					
Ireland					
Italy					
Latvia					
Lithuania					
Luxemburg	372,125				
Malta					
Netherlands	3,000,000				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	302,688				
United kingdom	1,836,750				
Subtotal	13,946,173	Subtotal	18,500,000	Subtotal	0
		Grand total	32,446,173		

Dated : 19 October 2009

(\*) 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 – FRA	Action Contre la Faim, (FR)
ADRA - DEU	Adventische Entwicklungs- und Katastrophenhilfe e.V
AMI – FRAU	Aide Medicale Internationale, (FR)
GERMAN AGRO ACTION	Deutsche Welthungerhilfe e.V.
ICCO	Interkerkelijke Organisatie voor Ontwikkelingssamenwerking
ICRC-CICR	International Committee of the Red Cross
IRC – UK	International Rescue Committee UK
MALTESER HILFSDIENST	Malteser Hilfsdienst e.V., (DEU)
MSF - CHE	Médecins Sans Frontières Switzerland (CH)
MSF-NLD	Médecins Sans Frontières Holland (Artsen Zonder Grenzen)
TBBC	Thailand-Burma Border Consortium
TDH – IT	Fondazione Terre Des Hommes Italia Onlus
UNDP-PNUD	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP-PAM	World Food Programme