EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

Humanitarian Aid Decision

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

Location of operation: BURMA/MYANMAR AND THAILAND

Amount of Decision: EUR 15,500,000

Decision reference number: ECHO/-XA/BUD/2006/01000

Explanatory Memorandum

1 - Rationale, needs and target population.

1.1. - Rationale:

Burma/Myanmar is one of the poorest countries in Asia, ranking 129th out of 177 countries in the 2005 Human Development Index, and receiving only very limited international assistance: total Official Development Assistance to Burma/Myanmar is one of the lowest in the world (EUR 2 per capita in 2004 compared with EUR 28 for Cambodia and EUR 40 for Laos). The situation in the health sector is particularly worrying, and WHO's World Health report 2005 shows that Burma/Myanmar per capita government expenditure on health is also the third lowest in the world (after the Democratic Republic of Congo and Burundi). Some humanitarian indicators like under-five mortality rate (108 per 1,000 live births) are triple the rates in neighbouring Thailand.

The political stalemate and lack of transition which has prevailed in Burma/Myanmar for decades and even preceding the military suppression of the pro-democracy movement in 1988 continues unabated. On-going armed resistance and forced village relocations have led in the past years to a flux of refugees (in September 2006 there were 151,639 refugees in the border between Thailand and Burma/Myanmar and 30,000 in Bangladesh[1]) and internally displaced people (over 500 000 in Eastern Burma/Myanmar alone).

In this context, and under the current EU Common Position, non-humanitarian and development programmes remain suspended with notable exceptions. All EC programmes and projects must be implemented through UN agencies, non-governmental organisations, and through decentralised cooperation with local civilian administrations.

[1] Remaining caseload and new arrivals.

The possibility of a cease-fire agreement between the Karen National Union (KNU) and the government and the repatriation of refugees in Thailand back to Burma/Myanmar is not in the cards for the foreseeable future. Most refugees have switched their hopes to resettlement in a third country. In 2006, about 5,000 people have the opportunity to leave the camps, mainly for the USA, but also for Canada and other countries like Australia, Sweden, the Netherlands or Finland. This resettlement process could continue for a few years. In the meantime, assistance to the refugee population remains vital for their survival.

This Decision fully responds to DG ECHO[2]'s annual strategy for 2006, which continues to focus on forgotten needs (Burma/Myanmar and the Burmese refugees in Thailand are both among the five most forgotten crises in DG ECHO's Global Needs assessment for 2006). The Decision also includes components covering two of the key cross-cutting issues for DG ECHO: water and children.

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

1.2. - Identified needs:

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 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 151,639 in September 2006. The offensive launched in December 2005 by the Burmese army against the KNU strongholds has led to a new influx of refugees in camps in Thailand (3,000) and new IDPs on the Eastern Border (20,000). Some refugees have been in the camps for 22 years but the conditions in the camps are still generally dismal. People live in shelters built from locally-available natural materials (bamboo) and have limited access to potable water and sanitary facilities. The dependence of the refugees on external assistance is almost total: food aid, education and healthcare services are provided by specialized international non-governmental organisations (INGOs). 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 so does not formally benefit from refugee rights. However, the Thai authorities do recognize their responsibility and improve the refugees' legal status, by issuing ID cards and allowing them – under certain conditions – to leave the camps in search for work. UNHCR has a limited mandate with no permanent presence in the camps. The issue is under the responsibility of the Ministry of the Interior (MoI), which is represented by a Camp Commander in each camp. For 2006, the MoI gave approval for NGOs to support skills training and education as well as income generation and employment opportunities.

a) Food, cooking fuel and nutrition

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

[2] Directorate General for Humanitarian Aid – ECHO.

The Thailand Burma Border Consortium (TBBC) is the body authorised by the Thai government to provide food aid and building materials for shelter to the refugees. A food basket ensures a minimum recommended daily allowance of 2,100 kcals/person/day as per WFP/UNHCR guidelines. However, a series of food consumption/nutrition surveys conducted in the past years showed a high level of chronic malnutrition and significant micronutrient deficiencies in the refugee diet[3]. This problem was addressed through the introduction of blended food in 2004/5 in all the camps.

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

b) Health and water sanitation

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

	2003	**2004**	**2005**
Crude mortality rate (CMR) /1,000 / year	4.2	4,1	3.9
<5 Mortality Rate (U5MR) / 1,000 <5 / year	7.2	6.5	5.3
Percentage of children <5 with wasting malnutrition	3.3	3.6	3.1

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.

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

LRTI[4]	URTI[5]	Diarroea	Skin Diseases	Malaria	Psycho-somatic	TB	Leptopirosis	Meningitis	Measles
625	780	260	596	61,04	243	0,59	1,69	0,44	0,11

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

Public health measures have prevented major epidemics, according to the data collection system, in spite of the overcrowding conditions in which the refugees live. Some outbreaks of dengue are nevertheless common during the rainy season as this year in Tham Hin and Mae La camps; typhoid, salmonella and shigellosis cases have also appeared during the past years. Cholera outbreaks are of regular occurrence. Most of the referrals to Thai hospitals are for obstetric reasons, complicated surgical cases and mine injuries.

[3] TBBC conducts a nutrition survey every year for children under five year old and MSF conducted a global nutrition survey in Mae La Camp in July 2006.

4 LRTI: Low respiratory tract infections.

5 URTI: Upper respiratory tract infections.

Water and sanitation activities are an integral part of health assistance as they contribute to the control of water-borne diseases and to control mosquito breeding sites for dengue and malaria. In some locations like Mae La, the most populated refugee camp (48,500 refugees), the water supply network has reached the limit of its capacity. The quality and quantity of water available is limited and not sufficient for a population which keeps increasing. Scarcity of space as in Tham Hin or difficult topography as in Mae La Oon, are also factors that negatively affect the living conditions of the refugees. Surrounding Thai villages are benefiting from health services in camps.

- **Vulnerable population inside Burma/Myanmar**

The long and protracted crisis in Burma/Myanmar is having a clear impact on the well-being of the population. The trend over the last fifteen years is one of declining socio economic conditions with, as a consequence, a deterioration in the humanitarian situation. Vulnerability is greater in the outlying parts of the country, particularly the border regions with China, Thailand, India and Bangladesh[6].

a) Health

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

In Shan State, particularly in the Wa Special Region Districts, 85% of the population has no access to a health service according to the NGO Malteser, while in Northern Rakhine only 25% of the Rohingha population has access to primary health services and the overall population of Buttidong township (184,000 people) only benefits from the services of two doctors, two midwives and six nurses[7] .

According to the WHO, malaria is the most pressing public health issue, along with HIV/AIDS and tuberculosis. Malaria is 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 INGOs involved in supported anti-malaria campaigns in 2005 put the annual figure for malaria cases at 2.5 million. 80% of the infections are caused by plasmodium falciparum (PF) malaria, against which the only medicines available in rural health centres (mainly chloroquine) are completely ineffective (82% treatment failure rate for chloroquine according to MSF-NL drug efficacy trial).

In this context, DG ECHO supported interventions have a clear impact and contribute to saving many human lives each year, especially among young children: in 2005/6 the projects funded provided direct health services to over 840,000 people in some of the most remote areas of the country, including 150,000 malaria cases treated.

In August 2005 The Global Fund to fight AIDS, tuberculosis and malaria was withdrawn. It will be replaced by the “Three Disease Funds” which was set up in September 2006 but certainly not fully operational before the second half of 2007. This, along with the extent of

6 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

7 Sources: UNHCR and AMI field reports 2005 and 2006.

needs, the penury of government funds (public health expenditure represents only 0.4% of GDP), and the very positive results achieved by the operations implemented in the past three years, fully justify DG ECHO's support to the health sector.

Some health and nutrition indicators in Burma/Myanmar

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

Source: WHO World Health Report 2005

b) Nutrition

Over 800,000 Muslim Rakhine people live in Northern Rakhine State and they constitute one of the most marginalised groups of Burma/Myanmar. They are not recognised as 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.

A nutritional survey carried out in January 2006 showed alarming rates of severe, global acute and chronic malnutrition among children aged from 6 to 59 months:

	November 2000	**January 2003**	**January 2006**
Global acute malnutrition	22.3%	16.4%	18.9%
Severe malnutrition	2%	3%	1.4%

Comparing the above malnutrition rates with those from the previous two surveys, there is no significant improvement since November 2000. Regarding the severe malnutrition prevalence, this has declined compared to January 2003. It is likely that the inception of the supplementary feeding programme contributed to this reduction, since it prevents moderately malnourished children from reaching the severely malnourished stage.

Observations made during the 2006 survey showed a very poor personal hygiene, a lack of appropriate care practices, and a lack of any kind of psycho-motor stimulation of the children[8].

c) Water and sanitation:

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

[8] Source: Action Contre la Faim (ACF), October 2006.

A survey prepared by the United Nations country team reveals significant regional differences regarding the availability of improved drinking water. While the percentage of households using improved water sources reaches 90% in Yangon, most border regions show percentages below 75% as in Shan State (63%).

The lack of water is also particularly acute in the Dry Zone of Burma/Myanmar. The Yenanchaung Township is one of the driest in the country and access to water from January to June is very limited; yearly precipitation in the area is less than 800 mm while evaporation is more than 1500 mm. During the monsoon (July to October) much of the water is immediately absorbed by the sandy ground and sinks to the underground water layer which is 300 metres below ground. Access to water points is difficult and often far away from the villages. Many have dried up and people rely mainly on rainwater stored in semi natural ponds. Most of these ponds are badly maintained, not protected to prevent access from animals, contaminated and not suitable for drinking. Diarrhoea is widespread, hepatitis and cholera outbreaks are also common. Lack of water also contributes to significant migration during the dry season (40% of the adult population[9]).

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

d) Protection

The Human Rights situation in Burma/Myanmar remains critical with "grave human rights violations on an ongoing basis" as reported by the UN Special rapporteur on Human Rights in February 2006. This report mentions that "intimidation, harassment, arbitrary arrest and imprisonment of civilians for peacefully exercising their civil and political rights and freedoms continue". Reports from international human rights organisations (Amnesty International, Human Rights Watch) all mention that “massive violations” such as forced labour, forced relocation and arbitrary taxation are taking place in Burma/Myanmar. In the border areas where conflicts are on-going between the army of the Union of Burma/Myanmar and the opposition groups, the civilian population is particularly exposed to these violations. Gaining access to them is crucial to establish protection measures. The same applies to the situation of the Rohingha population in Northern Rakhine State. In such an environment, it is also important to continue support to ICRC for their regular assessments of the conditions of detention in prisons and labour camps to ensure that International Humanitarian Law and prisoners’ dignity is respected, even though their delegates’ visits to detainees have been suspended since December 2005. To date, the total number of political prisoners in Burma/Myanmar is estimated to stand at 1,144[10].

e) Food aid

Burma/Myanmar has been one of the world’s largest producers of opium for decades. Shan State in particular, accounted for 80% of the opium produced in Burma/Myanmar. The full ban on opium cultivation in the Wa region in force since 1 June 2005 may put many groups on the borders with China/Thailand in an even more vulnerable position. The long history of poppy cultivation in that region, combined with the area’s mountainous remote character, has resulted in a situation where the population has become dependent on the cash generated

[9] Terre des hommes – Italy (October 2006).

[10] UN Special Rapporteur on Human Rights, February 2006.

from poppy cultivation. After the Government of Burma/Myanmar secured cease-fires with the ethnic minority groups it embarked on a poppy eradication programme. Without the opium income, many poor farming households have fallen into chronic poverty and this is severely affecting their food security.

In Kokang, where poppy eradication took place in 2003, about a third of the entire population has migrated to find alternative livelihoods, often leaving behind the vulnerable groups unable to move. This has also had a negative impact on basic services such as education, schools have closed as well as many clinics and pharmacies. It is estimated that only 50% of the Kokang population can secure food for their families for six months of the year. WFP nutrition surveys indicate that the more vulnerable populations suffer from high rates of malnutrition with high rates of stunting (from 40,6% in Lashio area to 61,8% in Kokand Region).

1.3. - Target population and regions concerned:

- **Refugees along Thai-Burma/Myanmar border**

Sector	Areas covered	Estimated number of beneficiaries
Food, cooking fuel and nutrition	Mae La, Um Piem Mai	70,000
Health & watsan	Mae La Oon, Mae Ra Ma Luang, Mae La, Um Piem Mai, Nu Poe and Tham Hin camps	120,000

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

This Decision is expected to directly benefit around 1,000,000 people.

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

Sector	Regions concerned	Estimated number of direct beneficiaries
Health	Northern Rakhine, Chin & East Shan State (Wa special region 2)	500,000
Nutrition	Northern Rakhine State, Shan State	17,000
Water and Sanitation	Shan, Mon and Kayin States; Magway, Thanintharyi and Yangon Divisions.	217,000
Protection	Shan, Mon, Kayin & Northern Rakhine States, Thanintharyi Division for IDPs and Returnees (UNHCR) and all the country for detainees (ICRC)	50,000 detainees + 192,000 returnees & IDPs
Food Aid	Eastern Shan State: North Lashio (Special Regions 5 & 7 and neighbouring areas); Kokang (Special region 1); Wa (Special Region 2) and South Taunggyi area (Special Region 6).	33,000

The main beneficiaries are rural people living in the most remote regions who lack any access to basic social services. Most of the target states or divisions are on the country's borders with

Bangladesh (Rakhine), China (East Shan States), or Thailand (Mon and Kayin States, Thanintaryi division).

Children will be the major beneficiaries of the malaria-control operations supported by this Decision, as *falciparum* malaria is one of the main causes of infant mortality for children under five. Young children will also primarily benefit from the targeted nutrition programme as well as from the measures to improve access to drinking water, diminishing the risks of diarrhoea (one of the main causes of malnutrition amongst children). The projects also contain health and hygiene training activities intended mainly for mothers. Health projects include a mother and child component.

1.4. - Risk assessment and possible constraints:

- **Refugees along Thai-Burma/Myanmar Border**

The policy of the Thai Royal Government is a factor greatly influencing the work of the humanitarian organisations and has a significant impact on the accessibility and the level of services that can be provided. Access to camps has not been a difficulty for humanitarian organisations during the previous years. One of the main uncertainties is linked to the possibilities of repatriation and/or resettlement of the refugees in third countries. For the time being, the ceasefire dialogue between KNU and the Burma/Myanmar government is frozen and this situation is putting very much into question the feasibility of a voluntary return. A dialogue is instead underway between the Thai authorities, UNHCR and some third countries which could lead to the resettlement of up to 50% of the refugees in the coming years, although the timing and numbers of possible affected refugees is still uncertain. This could have a significant impact on the services to be provided to the refugee population and will have to be closely followed. For 2007, the possibility of an increased influx of new refugees should however be taken into account, linked to the deterioration of the situation inside Burma/Myanmar, particularly in the States bordering Thailand (Kayah and Kayin States).

- **Vulnerable populations in Burma/Myanmar**

In remote areas where most of the projects supported by DG ECHO are implemented, access is very difficult particularly during the rainy season and this may be a source of delay for the operations depending on the volume of rainfall (Rakhine, Shan State/Wa Region). Projects are implemented in difficult political environments where fighting can occur between the army and the opposition groups (Kayin, Mon States, Thanintaryi Division); access to these areas may be forbidden by the authorities (all humanitarian organisations working in Burma/Myanmar have to apply for a travel permit when they intend to visit a project area outside Yangon Division). New regulations in force since July 2005, with New Guidelines for humanitarian organisations since February 2006, are imposing increased restrictions on humanitarian organisations and making access more difficult particularly for international staff. This situation resulted in the suspension of two operations in 2006. DG ECHO will maintain in 2007 its policy of having an expatriate staff presence in the supported projects for monitoring purposes.
As identified by a Landmine Impact Survey completed in 2001, the Thailand-Burma/Myanmar border is heavily contaminated by landmines and Explosive Remnants of War (ERW), both abandoned explosive ordnance and unexploded ordnance (UXO). This can seriously hamper the delivery of assistance in this area.

2 - Objectives and components of the humanitarian intervention proposed: [11]

2.1. - Objectives:

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

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

2.2. - Components:

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

a) Food, cooking fuel and nutrition

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

b) Health, water and sanitation

Basic activities will consist of appropriate and good quality curative health services delivered through outpatient consultations and admissions to the inpatient department of clinics established in the camps, while complicated cases are referred to neighbouring Thai hospitals. Special attention will be given to high incidence diseases such as respiratory infections, diarrhoea, etc, with focus also on the provision of supplementary feeding for children and mothers. Reproductive and child health is also considered a priority (monthly weight monitoring for all pregnant women). Health promotion will be done through the immunization of all new-born babies with hepatitis B vaccine and the organisation of an AIDS Day.

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

Water quantity availability is an issue, notably in some camps like Mae La, and will be addressed through increasing storage capacity and improving water collection and distribution systems. Quality will be regularly monitored and improved through well and borehole filtration, as well as through treatment of the water. Essential sanitation and waste

11 Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002).

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

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

disposal activities will also be carried out to help prevent epidemics. All this will be coupled with hygiene education and soap distribution to the refugees.

2.2.2: Assistance to the most vulnerable groups inside Burma/Myanmar

a) Health

DG ECHO will continue to support the fight against malaria in areas complementary to those which may be covered by the Three-Disease Fund in 2007. Programmes are based on early detection followed by effective treatment, applying the protocol defined by the MoH/WHO (mefloquine/artenusate combination). Mobile clinics reach remote villages and serve those living in outlying regions, most of whom have no access to care. MSF puts the cost of effective malaria treatment at EUR 5, which is beyond the reach of many families living on less than EUR 1 /day.

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

b) Nutrition

Five mobile Supplementary Feeding Centres (SFC) will provide treatment to around 5,400 children and 5,600 mothers, pregnant and lactating women with moderate acute malnutrition in Northern Rakhine State. Children and women suffering from severe acute malnutrition will be admitted to two day-care Therapeutic Feeding Centres (TFC), followed up by home treatment care. Systematic nutritional education will be given to beneficiaries at each SFC and TFC, coupled with specialised education through home visiting. Local staff will also be trained. A referral system has been arranged with other INGOs working in the area to refer beneficiaries with other diseases to the medical centres.

c) Water and sanitation

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

To this end, projects will support communities in the improvement of water collection and distribution systems and will help them to address the problems of poor water quality through treatment measures at household level, while creating awareness among the population on health and hygiene issues.

d) Protection

With the support of this component, the ICRC will visit detainees in both prisons and labour camps under the jurisdiction of the Ministry of Home Affairs to ensure that their treatment and conditions of detention comply with domestic law and internationally recognised standards, provided that free access to places of detention is granted by the authorities, which has not been the case since December 2005. It will also continue to support the improvement of water, sanitation and healthcare facilities in detention centres. Detainees will continue to restore and maintain links with their families through the exchange of Red Cross messages. This component will also enable relatives of particularly vulnerable detainees to visit them on a regular basis.

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

e) Food aid

This component will consist of food assistance to vulnerable families in Shan State. 33,000 primary students from poor families in Special Regions No. 1 & 2, who have difficulties in sending their children to school regularly due to poverty, will be supported through a take home ration under a Food For Education Programme.

f) DG ECHO office in Burma/Myanmar/Myanmar

In order to maximise the impact of humanitarian aid for the victims, the Commission opened a DG ECHO office in Yangon in October 2005. This office will appraise project proposals and co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. The office will provide technical assistance capacity and necessary logistics for the achievement of its tasks. Its costs will be supported from the budget of DG ECHO's regional office in Bangkok.

3 - Duration expected for actions in the proposed Decision:

The duration for the implementation of this Decision shall be 16 months, to take into account the different starting dates of the operations. This 16 months duration will also provide flexibility in case the access restrictions imposed on the humanitarian organisations delay their implementation.

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

Expenditure under this Decision shall be eligible from 1 December 2006 in order to avoid funding gaps in the malaria treatment programme in Burma/Myanmar.

Start Date: 1 December 2006.

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

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

4 - Previous interventions/Decisions of the Commission within the context of the current crisis

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

Decision Number	Decision Type	2004 EUR	2005 EUR	2006 EUR
ECHO/MMR/BUD/2004/01000	Non Emergency	3,420,000		
ECHO/THA/BUD/2004/01000	Non Emergency	4,650,000		
ECHO/MMR/BUD/2005/01000	Non Emergency		1,500,000	
ECHO/-XA/BUD/2005/01000	Non Emergency		15,000,000	
	Subtotal	8,070,000	16,500,000	0
	Grand Total	24,570,000		

Dated : 16/10/2006
Source : HOPE

The Commission has also funded a number of projects in favour of returnees and displaced persons in Burma/Myanmar and in favour of Burmese refugees in Thailand under the Aid to Uprooted People (AUP) budget line for Asia. Between 2003 and 2005, funding for these projects has amounted to EUR 16 million in Burma/Myanmar and EUR 9 million in Thailand. The amount foreseen for the 2006 AUP work programme (EUR 6 million) for Burma/Myanmar has not yet been allocated and the 2007 AUP work programme has not yet been finalised. In 2007, RELEX/AIDCO should produce the first Country Strategy Paper for Burma/Myanmar for the period 2007-2013 but the amount foreseen is not yet determined. Primary education, primary health care and support to livelihood activities should be the main sectors of intervention.

Because of the lack of development programmes in the country, DG ECHO funded operations are sometimes filling structural gaps. The increasing presence of RELEX/AIDCO support, notably in Northern Rakhine State, will enable ECHO to disengage itself progressively from this structural support, notably in the fields of primary health care and food security.

5 - Overview of donors' contributions

Donors in BURMA/MYANMAR/THAILAND the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	16,500,000		
Belgium		Other services			
Cyprus					
Czech republic	104,895				
Denmark	536,193				
Estonia					
Finland	300,000				
France					
Germany	2,630,000				
Greece					
Hungary					
Ireland	200,000				
Italy					
Latvia					
Lithuania					
Luxemburg	500,000				
Malta					
Netherlands	400,000				
Poland					
Portugal					
Slovakia					
Slovenia					
Spain					
Sweden	6,950,147				
United kingdom	9,473,287				
Subtotal	21,094,522	Subtotal	16,500,000	Subtotal	0
		Grand total	37,594,522		

Dated : 16/10/2006
(*) Source : DG ECHO 14 Points reporting for Members States. https://hac.ec.europa.eu
Empty cells means either no information is available or no contribution.

6 - Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 15,500,000

6.2. - Budget breakdown by specific objectives

Principal objective: *To provide humanitarian assistance to the population affected by the Burma/Myanmar crisis.*				
Specific objectives	**Allocated amount by specific objective (EUR)**	**Geographical area of operation**	**Activities**	**Potential partners**[12]
Specific objective 1: To continue providing necessary assistance to Burmese refugees along the Thai-Burma/Myanmar border.	9,400,000	- Mae La, Tham Him, Nupoe, Um Piem Mai Mae Ra Ma Luang, Mae La-Oon camps	-Provision of food and cooking fuel to the refugees. - Preventive and curative activities by delivering basic health service, hygiene, water and sanitation activities to the refugees	- A.M.I. - ICCO - IRC-UK - MALTESER HILFSDIENST
Specific objective 2: To provide necessary assistance to the most vulnerable groups affected by the long lasting crisis in Burma/Myanmar and to protect victims of fighting in accordance with current international agreements.	6,100,000	Rakhine, Mon, Kayin, Shan State (including Wa special Region), Thanintharyi and Magway Divisions; all Burma/Myanmar for the protection activities.	- Health: Provision of basic health services, with special attention to malaria, tuberculosis and water-borne diseases; mother and child care, including provision of essential drugs; health, hygiene and nutrition education; training to health staff. - Water and sanitation: Rehabilitation / installation of basic collection, treatment and distribution water systems and sanitation structures; training, hygiene education. - Nutrition: Supplementary feeding and therapeutic treatment of malnourished people - Protection activities.	- ACF - A.M.I. - CROIX-ROUGE - CICR-ICRC - CH - GERMAN AGRO ACTION - MALTESER HILFSDIENST - MSF-H - TDH IT - UN - UNHCR - BEL - UN - WFP-B
TOTAL:	15,500,000			

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

7 – Evaluation:

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

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

8 - Budget Impact article 23 02 01

-	CE (EUR)
Initial Available Appropriations for 2006	470.429.000
Reinforcement from emergency aid reserve	140.000.000
Transfers Commission	-
Total available appropriations	**610.429.000**
Total executed to date (17 October 2006)	577.317.000
Available remaining	33.112.000
Total amount of the Decision	**15.500.000**

COMMISSION DECISION
of
on the financing of humanitarian operations from the general budget of the European Union in
Burma/Myanmar and Thailand

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid [13] , and in particular Article 15(2) thereof:

Whereas:

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

(2) Reported violations of human rights and on-going armed resistance have led to a flux of refugees and internally displaced people, estimated at over 500,000 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 2006.

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

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

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

(6) The ongoing conflict in parts of the country and the regular reports on violations of human rights indicate the need to support the protection of civilians, in particular vulnerable population groups and security detainees so that they are respected by the authorities and armed opposition groups in line with International Humanitarian Law.

(7) The poppy eradication in Shan State is considerably weakening the livelihood of many vulnerable farmers. Food diversity is not satisfactory and rice shortages at household level exist at different times of the year.

13 OJ L 163, 2.7.1996, p. 1-6

(8) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 16 months from 1 December 2006.

(9) It is estimated that an amount of EUR 15,500,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 150,000 refugees along the Burma/Myanmar -Thai border and over 1,000,000 vulnerable people inside Burma/Myanmar, taking into account the available budget, other donors' contributions and other factors.

(10) In accordance with Article 17 (3) of Regulation (EC) No.1257/96, the Humanitarian Aid Committee gave a favourable opinion on 9 November 2006.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 15,500,000 for humanitarian aid operations Humanitarian assistance to the vulnerable populations in Burma/Myanmar and to Burmese refugees along the Thai-Burma/Myanmar border by using line 23 02 01 of the 2006 general budget of the European Union.

2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

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

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

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed EUR 2,000,000.

Article 3

1. The duration for the implementation of this decision shall be for a maximum period of 16 months, starting on 1 December 2006.

2. Expenditure under this Decision shall be eligible from 1 December 2006.

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

Article 4

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

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Principal objective: To provide humanitarian assistance to the population affected by the Burma/Myanmar crisis.	
Specific objectives	**Amount per specific objective (EUR)**
To continue providing necessary assistance to Burmese refugees along the Thai-Burma/Myanmar border.	9,400,000
To provide necessary assistance to the most vulnerable groups affected by the long lasting crisis in Burma/Myanmar and to protect victims of fighting in accordance with current international agreements.	6,100,000
TOTAL	15,500,000