REVIEW OF AID TO REFUGEES AND INTERNALLY DISPLACED PEOPLE ON THE THAILAND-BURMA BORDER

Department for International Development

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1 INTRODUCTION

DFID undertook a review of assistance to refugees and internally displaced people (IDPs) on the Burma-Thailand Border between January and April 2008. It was carried out by two conflict and humanitarian advisers from DFID's Conflict, Humanitarian and Security Affairs Department with support from DFID Burma and the Director's Office for Europe, Middle East, Americas, Central and East Asia Division.

The review stems from a report issued by the International Development Committee (IDC) in July 2007 that recommended significant improvements to DFID's delivery of programme assistance to Burmese IDPs and refugees. In October 2007, the International Development Secretary announced that DFID's programme funding would double between 2007/8 and 2010/11, including increased funding to address the humanitarian needs of those living in border regions.

The review aimed to provide:

- An overview of the humanitarian needs of Burmese refugees in Thailand and IDPs along the Thailand-Burma border.
- An assessment of the effectiveness of the support being provided to these refugees and IDPs.
- Recommendations to guide DFID's future funding for the refugees and IDPs, and the development of a strategic approach towards meeting the long term interests of the refugees.

The review comprised a desk-top review of available documents followed by a two-week field visit to Thailand. For the work on IDP issues, it was not possible for the review team to enter Burma. The evidence collected for that is derived from interviews with a wide range of people on the Thai side of the border and in Bangkok, and from the work of UN OCHA.

The documents examined by the desk-top review included: the IDC's 2007 report on DFID's assistance to IDPs and refugees and DFID's response; DFID's programme documentation for support to the Thailand Burma Border Consortium (TBBC), including TBBC's funding proposal; previous DFID reviews of assistance to refugees and IDPs; the European Community Humanitarian Aid Department (ECHO) 2007 Field Audit of their support to TBBC; UN-OCHA's review of humanitarian assistance to vulnerable populations in south-east Thailand (November 2007); the UNHCR and Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT) 2007 comprehensive plan; CCSDPT's review of the impact of the resettlement of refugee camp populations; TBBC's 2007 survey of Internal Displacement in Eastern Burma ; and papers by other organisations including UNHCR, the International Rescue Committee and Church World Services.

The objective of the field visit was to assess the situation in the refugee camps with a specific emphasis on predominant needs and gaps in support and aimed to look at the situation through a “do no harm” perspective. The review team aimed to meet as many organisations and actors as possible in Thailand who could shed some light on the humanitarian situation and needs of those IDPs who can only be accessed by cross-border assistance. During the field visit the review team visited refugee camps at Ban Mae Surin, Mae La Oon, Mae Ra Ma Luang, Umpieng Mai, and Mae La. They met camp residents, representatives of camp committees, the Thailand Burma Border Consortium (TBBC), other NGOs working in the border areas, and the Committee for Internally Displaced Karen People (CIDKP). In Bangkok, the team met representatives of TBBC, UNHCR, ICRC, the European Commission and other bilateral donors (Norway, Switzerland and USA). They also met the Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT).

The review was conducted at the same time as the European Commission (EC) was undertaking its “Strategic Assessment and Evaluation of Assistance to Thai-Burma Refugee Camps”. The emerging findings of the EC review were discussed by the team with EC representatives in Bangkok, and the conclusions of the two reviews are broadly in line with each other.

The review did not enter into discussions with the Royal Thai Government (RTG). Its recommendations include a number of areas for proposed future consultation between donor governments, NGOs and the RTG.

2 SUMMARY OF RECOMMENDATIONS

Refugees in Thailand

- In the immediate term, DFID should strengthen its support to refugees by:
  - continuing its funding for TBBC;
  - exploring opportunities to strengthen support for protection services in the camps, for example through the network of Legal Assistance Centres; and
  - integrating a gender perspective into all future work in the camps.

- DFID should contribute to the development of an effective medium term strategic approach to refugee issues, in partnership with the Royal Thai Government and other stakeholders, focusing on:
  - registration of new arrivals;
  - greater protection against exploitation;
  - greater access to income earning activities in Thailand;
  - greater access to Thai health and education services; and
  - the possible supply of rice at below market prices.

- DFID should work with other donor governments to improve the efficiency and effectiveness of funding for the refugee camps, for example by:
  - exploring the prospects of establishing pooled funding arrangements;
  - pressing for refugee assistance to be allocated to families on the basis of an objective needs assessment and registration as genuine refugees;
  - undertaking joint reviews of specific elements of the refugee support programmes (for example in livelihoods, nutrition, health or education); and
  - pressing for solutions to skills loss through resettlement to be sought through greater engagement with local Thai populations and service providers.

IDPs and cross-border assistance

- DFID should strengthen its support to IDPs in south-eastern Burma by:
  - continuing to enable TBBC to use DFID funding for cross-border assistance for highly vulnerable people who cannot be reached from inside the country;
  - increasing its support to groups which currently deliver assistance in cease-fire areas and to community-based organisations which have access to conflict-affected populations;
  - seeking to extend the coverage of other DFID-supported programmes in-country to conflict-affected populations;
  - exploring opportunities for support through other agencies, such as clinics working on the Thai side of the border, which do not have linkages to political and armed groups. Such support could particularly focus on fighting malaria;
  - considering possibilities for providing additional support to basic education in conflict affected areas.

- DFID should help strengthen donor efforts to reach conflict affected people by:
    - encouraging UN-OCHA to promote coordination between in-country and cross-border assistance and to facilitate the development of a coordinated strategic vision for delivering services in the best possible way to those who need them;
    - continuing to support efforts to improve the understanding and mapping of needs and humanitarian responses in south-east Burma.

3 CONTEXT

1. Burma has a population of about 52 million. It is ethnically diverse: approximately two-thirds belong to the 'Burman' ethnic group while the remaining third are from over 100 different ethnic groups, of which the largest are the Shan, Karen, Kachin, Karenni, Chin, Mon and Rakhine.

2. At the end of the Second World War, General Aung San first convinced the main ethnic minority groups to agree to join the Union of Burma (subject to certain conditions), and then negotiated with the British to grant independence to the new Union. When Aung San was assassinated shortly before independence, years of instability followed. Jealousies, mistrust, and power politics led to political (Burma Communist Party) and ethnic (Karen National Union) armed revolt. The south-east of Burma has since been the scene for the longest running civil war in modern history.

3. Following the military coup in 1962, as many as 30 armed resistance groups continued to fight the government. During this time, several ethnic groups formed their own armies, and for much of this period, the armed groups were able to control their territories The military regime responded with the 'Four Cuts' counter-insurgency strategy, cutting off food, funds, intelligence and recruits from the insurgents. This has led to significant human rights abuses including forced labour, rape, forced relocation, the planting of landmines and the destruction of villages, crops and food supplies.

4. The cost of maintaining a large army, together with isolationist economic policies, led to growing economic pressure. A new military regime, the State Law and Order Restoration Committee (SLORC), took power in 1988 amidst growing frustration and unrest. The massacre of protesters, and the exodus of some ten thousand students and other activists to the border areas to join the armed revolt, placed Burma on the international stage for the first time in three decades. In 1990, SLORC held a national election in which the National League for Democracy, led by Aung San Suu Kyi, scored an overwhelming victory. However, the military held onto power through repression and the denial of political and human rights, claiming later that the election was not meant to form a parliament. Aung San Suu Kyi was already under house arrest at the time of the election and has remained there for most of the time since 1989.

5. From the early 1990s onwards, the Government began to negotiate cease fires with many of the armed opposition groups, or with factions within them. As a result, the situation in south-eastern Burma today is complex. The armed opposition groups still fighting the government (primarily the Karen National Union (KNU), Karenni National Progressive Party and Shan State Army-South) are no longer able to control territory. Over the years they have fractured into smaller factions, some of which have signed ceasefires with the government. Former KNU ceasefire groups include the Democratic Karen Buddhist Army, the Padoh Aung San group and the Thandaung Peace Group. The remaining non-ceasefire groups now conduct 'low-intensity guerrilla warfare' against the Burmese army, and also clash with ceasefire groups over resources and territory.

4 REFUGEE CAMPS IN THAILAND

6. Thailand has provided refuge and economic opportunities for large numbers of Burmese people over recent decades. Refugee camps were established on the Burma-Thailand Border during the 1980s in order to accommodate people displaced as ethnic Karen, Karenni and Shan armed groups lost control over territory to the Burmese military. Continued low-level armed conflict in the border areas has maintained the need for the camps, with some people newly displaced and return to Burma unrealistic for most refugees. Many refugees have been living in the camps for as long as 22 years and are almost completely dependent on external assistance. Separate from the camps, it is estimated that up to 2 million Burmese may now be living in Thailand, the vast majority integrated into the Thai economy.

Numbers and status of refugees and registration

7. The number of refugees currently in need of support is uncertain because no official registration of refugees has taken place since 2005. At the end of 2007, the Thailand-Burma Border Consortium (TBBC) estimated that the total population being provided with food in the refugee camps was around 142,000. The number of registered refugees recognised by UNHCR is around 131,000.

8. The response of the Royal Thai Government (RTG) to the protracted refugee situation has been to pursue a 'policy of containment' of the refugees in the camps. Thailand is not a signatory to the 1951 Refugee Convention and therefore UNHCR has only a limited mandate in the country. UNHCR is not responsible for the management of the camps.

9. UNHCR became operational in the refugee camps in 1998. Its activities are mainly concentrated in areas of coordination, representation to the RTG, and protection. It maintains a dialogue with the RTG regarding the registration of refugees and supports and funds International Rescue Committee (IRC) Legal Assistance Centres in three camps. UNHCR also promotes self-reliance for refugees and is piloting a vocational training programme with the Council of Business Leaders of Thailand.

Camp Management

10. The Thai Ministry of Interior (MOI) is responsible for the governance of the camps in collaboration with the refugee camp committees. Refugees are represented by the camp committees who are elected for 2 year periods. Sub-committees focus on sectors such as education, health, food distribution, sexual and gender based violence (SGBV), judiciary, women's issues, security and youth. The camp committees report to the Karen Refugee Committee (KRC) in the seven Karen camps and the Karenni Refugee Committee (KNRC) in the Karenni camps. The refugee committees have administrative oversight of all the camps and are responsible for communicating with the Thai authorities, donors and NGOs.

11. The only NGOs officially authorised to operate within the refugee camps are those who are members of the Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT). The current members are: TBBC, Malteser International (MI), Planned Parenthood Association of Thailand (PPAT), Zuid Oost Azie Refugee Care for the Netherlands (ZOA Refugee Care), Karen Women's Organisation (KWO), World Education Consortium (WE/C), Handicap International (HI), Catholic Office for Emergency Relief and Refugees (COERR), Taipei Overseas Peace Services (TOPS), Shanti Volunteer Association (SVA), International Rescue Committee (IRC), Jesuit Refugee Services (JRS), American Refugee Committee (ARC), Women's Education for Advancement and Empowerment (WEAVE), International Child Support (ICS), and Aide Medicale Internationale (AMI).

12. NGO activities are coordinated at the national level through the CCSDPT. Not all NGOs present in the camps are members of CCSDPT, but the CCSDPT is the main NGO forum for discussion, information sharing and advocacy with the Thai authorities.

Resettlement programmes

13. A programme to resettle refugees in third countries, primarily the USA, enabled nearly 20,000 refugees to leave Thailand during 2006 and 2007. As many as 19,000 may be resettled during 2008. However, this has not reduced camp populations as quickly as anticipated. The flow of internally displaced people from within Burma has continued, as has natural increase with births exceeding deaths. Significant pull factors also exist for people to enter the camps for health, education, potential access to official resettlement programmes and, according to NGOs working in the camps, as part of illegal people-smuggling operations.

14. According to CCSDPT, the main impact on the camps of resettlement has been to reduce the pool of skilled refugees engaged in management and service provision activities, placing at risk the quality of the services provided. Only 2.4% of residents with no education have resettled whilst 11.5% of those with a post-10 education have departed.[1] In addition, those who have been working for NGOs have left in higher proportions than the rest of the population. NGOs are currently trying to address this problem by training new practitioners inside the camps, but are experiencing difficulties in finding replacements within the existing population. Seeking greater engagement of local Thai service providers in the camps may be more appropriate for those camp residents whose long term future may not include resettlement or return to Burma, although this would increase costs.

15. CCSDPT has observed that attitudes towards resettlement in the camps are mixed. Resettlement provides the promise of a better future for individual refugees, but also requires an acceptance of the possibility of never returning home and a break with traditional culture and values. It is unlikely be seen as an appropriate option for a significant proportion of the camp population.

[1] CCSDPT: Planning for the Future – The Impact of Resettlement on the remaining Camp Population, July 2007

Food and shelter

16. The conflict in Burma and restrictions on their movement in Thailand mean that the refugees do not have the capacity to sustain themselves. They rely on international aid for their livelihoods. International NGOs provide the refugees with food, materials for shelter and "non-food items". According to UNHCR and CCSDPT the food basket meets international standards. During 2007 each person received per month 1 kg yellow beans, 15kg rice, 1kg fortified flour, 750gm fish-paste, 1litre vegetable oil, 250gm sugar, 125gm dried chilli and 350gm iodised salt. [2] But this provides a monotonous diet which can be varied only if residents earn money to buy extra items from markets in the camps, maintain small vegetable plots in the limited space around their houses, or forage illegally outside the camps.

17. Some NGOs provide agricultural training in the camps. According to UNHCR and CCSDPT, these activities, whilst small-scale, provide refugees with skills and knowledge to take back to Burma as well as supplying vegetables and livestock to supplement their diets within the camps.

18. TBBC procures and arranges the delivery of food and shelter to the camps. It also supports the functioning of the camp administrative systems. Day to day management and the distribution of food and other items are undertaken by residents under the oversight of Camp Committees which are affiliated to the political organisations represented amongst the camp populations. Food and other items are distributed to residents approved by Committee leaders, whether they have been registered as refugees or not. TBBC does not undertake any assessment of individual or family needs. While this is a low cost means of delivering support to refugees, and it empowers refugees to manage their own affairs, it does not provide assurance to donors that assistance is given only to those who need it. The evident presence in camps of thriving cash-based trading activity (as observed by the review team and noted by the International Development Committee in its July 2007 report) suggests that the camps, and households within them, are able to generate surplus resources.

Health

19. The camps are overcrowded and residents have limited access to potable water and sanitation. UNHCR and CCSDPT report that as the refugee numbers have increased, three of the camps have fallen below the UNHCR standard; two are borderline; and only three meet the minimum space standards. However, according to international and host country standards on refugee and displaced populations, mortality, morbidity and other indicators have remained stable and at an acceptable level. UNHCR and CCSDPT support the view of the European Commission (EC) that

[2] TBBC Programme Report: July to December 2007

"health outcomes (mortality and morbidity) in the camps are much better than in Myanmar and are similar to those within Thailand."[3]

20. The EC cites respiratory tract infections and water and hygiene related problems such as diarrhoea and skin diseases as the main diseases in the camps. These are typically refugee related diseases. The EC also states that malaria incidence is low in some of the camps despite its surrounding prevalence. There is a high prevalence of presentation, but this could be associated with the fact that many of the refugees are facing psychosomatic diseases as a result of long-term displacement.[4]

21. Data collected from the camps indicates that the public health measures in place have prevented major epidemics despite the overcrowding within the camps. However, in the rainy season there are instances of dengue and there have been some incidences of typhoid, salmonella and shigellosis. Cholera is a regular occurrence. Most hospital admissions are apparently due to obstetric reasons, complicated surgical cases and mine injuries.[5]

22. UNHCR and CCSDPT indicate that although available data indicates a lower prevalence of HIV in the camps than in the surrounding host communities, there is a need to strengthen prevention through a comprehensive approach, especially for high risk groups such as men who leave the camps for extended periods of time. UNHCR and CCSDPT also believe more effort should be put into programmes for youth and adolescents who have different health needs, particularly in the areas of HIV/AIDS and reproductive health.

23. A number of health NGOs operate in the camps including Aide Medicale Internationale, International Rescue Committee, American Refugee Committee, Planned Parenthood Association of Thailand (PPAT) and Malteser International. Both preventive and curative health care are implemented. Handicap International operates a prosthesis programme in Mae La camp, community based rehabilitation programmes that target disabled populations in the camps and mine risk education programmes. PPAT provides family planning services in some of the camps.

24. Growing problems include gaps in the staff of health NGOs caused by resettlement to third countries. Many of the NGOs consider training for new staff within the camps to be the preferred and most cost-effective solution because recruitment of Thai and expatriate staff to work in the camps, and increased reliance on referrals to Thai hospitals, are seen as too expensive. However, increasing the linkages with local Thai systems would be a more sustainable long term solution.

25. UNHCR and CCSDPT cite another priority issue as the significant negative psychological state of camp residents shown by an increase in the incidence of mental illness. They have described how confinement can lead to alcohol and drug abuse, violence and crime. They cite a lack of resources and capacity amongst NGOs to address such issues and support the creation of initiatives that will avoid the medicalisation of mental health within the camps.

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[3] CCSDPT: Planning for the Future – The Impact of Resettlement on the remaining Camp Population, July 2007
[4] EC Humanitarian Aid Decision 23 02 01, 2006
[5] ibid

Education

26. Numerous NGOs manage education programmes, from nursery level to 'post-10'. The Karen Education Department and the Karenni Education Department are responsible for education in their respective camps. All NGOs delivering education services are supposed to report through them. Standards are high. As a result, the camps have become attractive places to receive a good education and therefore a pull factor for students. About 4,400 students live in the camps only during term times, receiving food and other assistance from TBBC. [6]

27. Education within the camps is provided through high schools, middle schools, primary schools and nurseries. ZOA Refugee Care, World Education and Jesuit Refugee Services provide services and training of teachers. The Shanti Volunteer Association has library projects that provide refugees with books in both Burmese and Karen languages.

28. According to UNHCR and CCSDPT, the greatest problem for education is the retention of qualified teachers since they are paid far less than refugees working in other sectors. UNHCR and CCSDPT also highlight the potential negative effects on the camps due to resettlement of large numbers of people with experience in the education sector. According to a UNHCR survey, 65.9% of adult refugees with such experience have expressed an interest in resettling and 11.2% of skilled education workers have already left.

29. Some NGOs such as ZOA Refugee Care also provide vocational training opportunities such as sewing, bakery, music and computer courses in conjunction with the Thai Institute of Training. Such courses are open for anyone without formal education. But despite this activity, according to UNHCR and CCSDPT, much of the camp population has "no meaningful occupation or skill". Opportunities for further education are minimal while most students are unable to leave the camps legally.

Protection

30. Basic levels of law and order are maintained in the camps through the work of the Thai security forces, NGO programmes and camp-based justice systems. But UNHCR and CCSDPT have described how prolonged encampment has created a broad range of protection and security problems for the refugees. In participatory assessments, the refugees cite violence (particularly against women and children) as being a key problem. Existing protection programmes and camp-based justice systems are inadequate. According to UNHCR and CCSDPT, despite efforts by CCSDPT's sub-committee on protection to work with the RTG on a range of issues, there are still gaps in the protection service. The International Rescue Committee Legal Advice Centres have reported serious concerns about people trafficking through the camps and other protection issues.

[6] Christian Aid TBBC funding request to DFID, March 2008

31. Following the suspension of registration of new arrivals since 2005, a growing proportion of people in the camps is unregistered and not protected by refugee status. This increases their vulnerability to abuse and exploitation both inside and outside the camps. The lack of lawful livelihoods opportunities is a major contributing factor to the vulnerability of residents when they leave the camps.

32. A variety of programmes are attempting to improve the protection afforded to refugees, but significant gaps remain. The NGOs working in the camps have limited resources to address protection. The International Rescue Committee does not yet have Legal Assistance Centres in all the camps.

33. UNHCR and CCSDPT have set out the following priorities for improving the overall protection environment:

- improved training, accountability and monitoring of RTG security forces within the camps;
- basic protection training and capacity-building for NGOs, CBOs and camp communities;
- addressing possible smuggling or trafficking of refugees;
- advocating for the civilian nature of camps; and
- increased mine risk education.

Gender

34. Gender issues are critical. Women's representation on camp decision making bodies is limited, but gradually improving. At the family level, NGOs believe that most decisions around women's health are being made by men, although they have reported some improvements over recent years. An absence of effective jurisdiction, along with high levels of alcohol abuse due to encampment, contributes to the prevalence of domestic violence.

35. Several NGOs are addressing gender issues, but many of those interviewed during the field visit felt they were still largely neglected in the camps. Nonetheless, NGOs have made some limited progress: improving the representation of women on the camp committees and in working to change the behaviour of men towards women, including through seminars on subjects such as 'what is a good husband'.

36. A number of NGOs implement gender programmes, many with the goal of reducing the threats to women from gender-based violence, including running safe-houses. The Catholic Office for Emergency Relief and Refugees (COERR) implements a programme for Extremely Vulnerable Individuals and for unaccompanied children. They also carry out some child protection programmes within the camps. The Karen Women's Organisation assists vulnerable groups including widows, orphans, the elderly and the mentally ill in the Karen camps. They also work with COERR to provide counselling services. Some NGOs run programmes to provide skills to women refugees to help improve their current situation and prepare them for the future (although concern

remains that in some cases at least these are highly gender-stereotyped). "WEAVE" is a Thai national NGO that seeks to empower women through handicraft programmes.

37. UNHCR and CCSDPT recommend measures to strengthen sexual and gender based violence (SGBV) prevention and response by:

- expansion of projects to respond to SGBV;
- leadership training for women to build their capacity to participate more actively in camp management and justice systems;
- improving complaints mechanisms and fostering more systematic coordination to ensure CCSDPT agencies and other stakeholders have the capacity to respond to cases of sexual exploitation and abuse;
- strengthening child protection mechanisms;
- improving conditions in and monitoring of camp boarding houses;
- further enhancing the Best Interest Determination procedure with regard to separated children and unaccompanied minors;
- continuing to cooperate with UN agencies towards adoption of an official birth registration;
- strengthening camp juvenile justice mechanisms through training and cooperation with the Thai Ministry of Justice; and
- facilitating fair and efficient access to national judicial remedies as well as refugee traditional justice mechanisms, including support to and possible expansion of the Legal Assistance Centres.

Aid delivery and coordination mechanisms

38. TBBC's total income for 2007 was approximately US$33 million, 95 percent of which was provided by 14 donor governments (including the European Commission, the largest contributor). DFID's share was just under 5 percent (£762,000). Governments fund TBBC indirectly through its member NGOs, many of which make up its Board. This modality is seen by TBBC as efficient as it enables them to avoid dealing with a wide range of differing government accounting procedures. However, it has also had the effect of distancing donors from TBBC and inhibiting their engagement in its decision-making processes.

39. Other NGOs are funded individually by donors. Recent efforts to improve donor coordination have had some success in influencing CCSDPT and UNHCR to coordinate and develop a comprehensive plan and start a process of defining a mid-term strategy. However, this work is still at an early stage and does not yet have complete buy-in from the relevant stakeholders.

40. Coordination of the NGOs operating in the camps is carried out through CCSDPT. However, until recently little coordination has taken place between donor governments. This has weakened their capacity to guide the strategic direction of TBBC, review the quality of the work of other NGOs in the camps, and maintain an effective dialogue with the Royal Thai Government. Coordination is now improving, largely under European Commission leadership, but is still at an early stage.

Longer term perspectives

41. Maintenance of the status quo – encampment and the provision of basic services – will not reduce dependency, hopelessness and exploitation. The long term objective must be to pursue a course which could lead to the eventual closure of the camps. The three options for a sustainable future for the refugees outside the camps are:

- reintegration into Burma;
- local integration within Thailand; and
- resettlement to third countries.

42. At present, resettlement is the only solution being pursued, but the numbers achieved are not sufficient to lead to eventual camp closures given the large numbers of new arrivals who are replacing resettled refugees. The non-functioning of the registration process means that there is no effective way to determine the status of these new arrivals. Reintegration to Burma is not an option currently available for the majority of people in the camps, although there were a small number of departures following the ceasefire between the Burmese army and a Karen group which split from the main Karen armed political group in 2006. The integration of refugees into Thai society is not Thai government policy and any solution based on this would need the Thai government's agreement. As in many countries, refugee issues are politically sensitive in Thailand.

43. Strengthened donor coordination is needed to enhance dialogue between donors and the Royal Thai Government. The aim of the dialogue should be to build a joint understanding between the Royal Thai Government, the donors funding the camps, and the UN and NGOs providing services on possible medium and long term options, and to reach agreement on what can be done to move towards a more sustainable situation which offers the refugees more independence, opportunity and dignity. The initial priorities for such dialogue could include:

- registration of new arrivals;
- greater protection against exploitation;
- greater access to income earning activities in Thailand;
- greater access to Thai health and education services; and
- considering supplying rice to TBBC at below market prices.

Recommendations for DFID

44. A new strategy needs to encourage durable solutions for all refugees, but also allow for asylum and humanitarian assistance for those who really need it. The strategy should not create pull factors for those who do not need assistance or asylum. A balance needs to be found between handing out assistance (creating dependency) and promoting self-reliance (which may encourage illegal activity or create pull factors).

45. Within the refugee camps it is clear that the risks of pulling out altogether are high enough to warrant DFID's continued involvement. The refugees are now so dependent on external assistance that any sudden decision to reduce aid or stop it altogether would only exacerbate their situation. Present overall levels of funding for the camps allow for the provision of adequate levels of food, shelter, health and education, barring shocks such as the recent sharp rise in rice prices. In the medium term, requirements may reduce as resettlement programmes reduce camp populations, although this may to some extent be offset by new arrivals and increased costs of service provision as skilled camp residents are resettled. Increased resources are however urgently required to address critical protection needs.

46. In the short term DFID should strengthen its own programme of support to the refugees by:

- continuing its funding for TBBC's programme of support to refugees, taking into account additional pressures on TBBC's budget resulting from increased rice prices (and also the decision in 2007 to allow TBBC to use DFID funding for cross-border work);
- exploring opportunities to strengthen support for protection services in the camps, for example through expanding the network of Legal Assistance Centres; and
- integrating a gender perspective into all future work in the camps.

47. DFID should also contribute to the development of an effective medium term strategic approach to the refugee issues, working in partnership with FCO, other donor governments, UNHCR, NGOs and the Royal Thai Government to seek sustainable solutions to the refugee situation and reduce refugees' dependency and hopelessness. This dialogue should cover the issues listed in paragraph 43 above. The level of DFID support for refugees in the medium term should be determined in the context of the funding required to implement this strategy.

48. DFID should work in partnership with other donor governments to improve the efficiency and effectiveness of the donor funding for the refugee camps. In particular DFID should:

- explore the prospects of establishing pooled funding arrangements which would offer a more effective and coordinated donor approach towards assistance to the camps, while maintaining low transaction costs for TBBC and other NGOs;
- press for refugee assistance to be allocated to families on the basis of an objective needs assessment and registration as genuine refugees (once registration has been re-established);

- consider undertaking joint reviews of specific elements of the refugee support programmes (for example in livelihoods, nutrition, health or education); and
- press for solutions to skills loss through resettlement to be sought through greater engagement with local Thai populations and service providers, as part of a process of integrating those refugees who cannot be resettled.

5 INTERNALLY DISPLACED PEOPLE (IDPS) – CROSS BORDER MECHANISMS

Context

49. Civilian populations living in south-eastern Burma suffer vulnerability as a direct result of the conflict. They face arbitrary taxation and extortion, displacement and abuses from the Burmese military (which seeks to prevent the armed groups from being able to make contact with the civilian population). They may also face arbitrary extortion and demands for labour from ceasefire and non-ceasefire armed groups. The general under-development (including very limited health and service delivery) and isolation of the area contributes to high disease prevalence and vulnerability.

Numbers of IDPs and causes of displacement

50. According to UN-OCHA, the exact number of people displaced by the conflicts in Burma remains unclear. TBBC's annual survey of those displaced by the conflict in south-eastern Burma indicates that in 2007 there were around half a million internally displaced people: 99,000 in conflict areas, 109,000 in areas controlled by the Burmese authorities, and 295,000 in ceasefire areas. Of these 503,000 IDPs, the most vulnerable are likely to be the 76,000 people who were displaced in the last year and the 99,000 estimated to be in hiding in the conflict areas near the Thai border; there is some overlap between these two population groups. IDPs in the conflict areas can often only be reached by cross-border assistance. There are some areas and populations that cannot currently be reached either from inside the country or from Thailand.

51. The challenge facing the humanitarian community is how to provide assistance to vulnerable populations in the south-east, given the complexities of the situation. According to UN-OCHA, the main causes of vulnerability for these populations are conflict and displacement and the associated abuses. Existing high rates of poverty and the burden of infectious disease means that the people in the area are already at increased risk. Malaria is the leading cause of morbidity and mortality in south-eastern Burma and displacement increases the risk of contracting the disease. However, the surrounding non-IDP communities are also vulnerable to malaria, other diseases and poverty.

52. Conflict is not the only factor in displacement in Burma. As highlighted in the IDC report, state-sponsored natural resource extraction and major infrastructure construction have displaced, and continue to displace, communities. Forced labour policies, lack of food due to limited productive land and access to markets, and little access to schools or clinics are also contributing factors.

53. DFID has identified three inter-linking types of forced migration in Burma:

- Armed Conflict-Induced Displacement, either as a result of fighting and counter-insurgency operations such as the Four Cuts campaign or because food security has been weakened because of the armed conflict.

- State-Society Conflict Induced Displacement, which normally takes the form of post-armed conflict caused by military occupation and/or development activities following land confiscation. These migrations are not directly caused by armed conflict but are related to the use of force.

- Livelihoods Vulnerability-Induced Displacement, which is the primary reason for internal and external migration in and from Burma. It is caused predominantly by Government policies that limit the availability of productive land and reduce access to markets. Such displacement occurs across the country – especially in and from remote townships.

54. Key humanitarian needs include protection, livelihoods and food security, health and education. The detailed determination and mapping of needs amongst IDP populations in south-eastern Burma is limited, although efforts by the United Nations, with DFID financial support, are ongoing to improve the mapping of needs. The main areas in which cross-border support is being provided are food security and health care.

Food Security

55. Food cannot be easily transported in conflict areas because of distance and insecurity so a significant part of cross-border assistance is provided in the form of cash handouts. The main cross border programme is TBBC's Emergency Relief Assistance programme which distributed around $2.1 million to more than 100,000 people in 20 townships in 2006. Through five local organisations with connections to armed groups, TBBC distributes mainly cash to beneficiaries with the aim of enhancing food security and reinforcing the community's capacity for coping with shocks. Local organisations deliver cash (to cover 3 months' supply of rice) directly to households under the protection of armed escorts provided by opposition armed groups. This is potentially very dangerous both for them and for the beneficiaries.

56. Cross border assistance is not officially acknowledged by either the Thai or Burmese authorities and raises a number of difficulties for donors including accountability, capacity, access and monitoring. Delivery agencies vary in the rigour of their internal monitoring mechanisms and their conflict sensitivity. A number of donors have decided that their contributions to TBBC should not be used for cross-border assistance. However, consistent with a previous DFID review carried out in 2006 and the preliminary findings of a review by UN-OCHA in late 2007, this review concludes that cross-border assistance can be an effective means of providing emergency assistance to IDPs in south-east Burma who cannot be reached in any other way.

Health

57. NGOs on the Thai side of the border have painted a stark picture regarding some of the new arrivals into Thailand. Although baseline data is difficult to gather in such an environment, clinics and NGOs point to concerning levels of malnutrition among those seeking assistance. TBBC have reported a global acute malnutrition rate of 9.5% amongst IDP children. This was based on a sample of 663 children aged between 12

and 59 months in 2007. The results are compatible with a survey of newly arrived refugees in 2007. These figures compare poorly to the most recent national baseline figures that indicate a 7.4% acute malnutrition rate.

58. For IDPs in hiding, health is a major problem. Illnesses are exacerbated by the absence of adequate shelter and food. Malnutrition, diarrhoea, malaria, minor injuries and easily preventable illnesses are cited as being causes of morbidity and mortality. In conflict areas it is also virtually impossible to control major killer diseases (malaria, TB and HIV/AIDS), to contain potential outbreaks of communicable diseases or to provide sustained care for chronic medical cases. [7]

59. No functioning health care facilities exist in conflict areas. People currently have only two options available: to walk to clinics or private sector practitioners in non-conflict areas (in Burma or Thailand), or to depend on assistance by mobile health teams. These teams face a significant challenge given the inaccessibility of many of the IDPs and the fact that they are not able to receive prolonged medical attention for ongoing conditions. Organisations which take medicine across the border may not be able to provide continuing and sustainable treatment. [8]

60. As a reaction to this ad hoc health care provision, a number of clinics established by NGOs along the border provide care for those who are able to access them.[9] These clinics maintain impartiality and neutrality of care and decline to engage in advocacy or lobbying efforts. As a result, they are able to send staff into Burma to train people in the villages and provide the required levels of treatment. They do not target their assistance to particular ethnic or political groups, and offer a viable and more sustainable alternative to much of the risky cross border assistance.

61. It may be possible expand the work of such clinics to provide increased levels of good quality health care inside Burma. They may also be able to collect more reliable health data for conflict areas of eastern Burma than is presently available.

Education

62. Some makeshift schools are operational in conflict areas, run by volunteer teachers. However, they lack supplies and have to move from place to place because of conflict. In the last few years the increased frequency of Burmese army activity has significantly reduced the numbers of schools.[10] The review team was not able to identify evidence of the effectiveness of those schools that remain.

63. In view of the high risks associated with cross-border assistance, and the apparently limited potential impact and sustainability of the schools, the review team suggest that cross-border education programmes should not be targeted for DFID support. DFID is however providing support for a teacher training programme for Burmese teachers run from Chiang Mai in Thailand, and should keep under review the possibilities for providing additional support to basic education in conflict affected areas.

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[7] Field survey interviews
[8] ibid
[9] ibid
[10] ibid

This will include options to extend provision from within country through our programmes with UNICEF and Save the Children.

Means of delivering assistance

64. The preliminary analysis presented in the UN-OCHA review does not imply that cross-border assistance should be expanded as much as possible. While it is an effective way of meeting emergency needs – for example cash transfers can supplement community coping mechanisms following displacement – the delivery of cross-border assistance may increase risks to recipients, particularly in contested areas. UN-OCHA concludes that the long term needs of people in south-east Burma will be addressed effectively only through large scale assistance programmes which address severe poverty, reduce the burden of infectious diseases and provide access to primary education. The preliminary conclusion of the UN-OCHA review was that donors and service providers should develop a coordinated strategic approach, including both in-country and cross-border assistance, in order to deliver the assistance which is needed as effectively, efficiently and equitably as possible.

65. The effectiveness of the coordination and information sharing between cross-border groups and groups working within Burma remains problematic. Most agencies are willing to engage further, but putting this into effect requires leadership and a process for consolidated data gathering and analysis to inform donors and agencies of the realities on the ground. UN-OCHA is willing to take on this role and is best placed to do so given their mandate. They are currently expanding their operations.

Recommendations for DFID

66. The ultimate goal of DFID's support to conflict-affected populations should be to respond to need whilst at the same time minimising risks related to legality, transparency, accountability, impartiality and the security of beneficiaries and service providers. Cross-border assistance is a valid part of DFID's overall humanitarian response for those who cannot be reached from within Burma.

67. Although it is difficult to obtain reliable data on needs, caseloads and response, the review team's discussions in the camps suggested that some cross-border assistance is being delivered to areas which could in fact be reached from within Burma. In addition, the bulk of cross-border assistance is delivered through organisations affiliated to particular armed groups,[11] which may limit its ability to ensure equity of access for all ethnic, religious and political groups.

68. DFID should support programmes within Burma that aim to increase access to high quality services for conflict-affected people in the south-east of Burma. DFID should therefore increase its support to groups which currently deliver assistance in cease-fire areas and to community-based organisations which have access to conflict-affected populations, including recent IDPs in areas which international organisations cannot

[11] ibid

access. It should seek to extend the coverage of other DFID-supported programmes in-country (eg the Three Diseases Fund, UNICEF, SCF and others) to conflict-affected populations. It is recognised that this will take time and that there will still remain pockets of need which can only be reached by cross-border assistance, such as the estimated 99,000 people hiding in conflict areas.

69. To strengthen its own programme of support to IDPs in south-eastern Burma, DFID should:

- continue to enable TBBC to use DFID funding for its cross-border assistance for highly vulnerable people who cannot be reached from inside the country;
- explore opportunities for support through other agencies, such as clinics working on the Thai side of the border, which do not have linkages to political and armed groups. Such support could particularly focus on fighting malaria; and
- keep under review the possibilities for providing additional support to basic education in conflict affected areas.

70. To contribute to the strengthening of the broader donor effort to reach conflict affected populations, DFID should:

- encourage OCHA to lead international efforts to promote coordination between in-country and cross-border assistance and to facilitate the development of a coordinated strategic vision for delivering services in the best possible way to those who need them; and

- continue to support information and knowledge management efforts that aim to improve understanding and mapping of needs and responses in south-east Burma.

Department for International Development
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LIST OF ACRONYMS

AMI	Aide Medicale Internationale
ARC	American Refugee Committee
CBO	community based organisation
CCSDPT	Committee for Coordination of Services to Displaced Persons in Thailand
CIDKP	Committee for Internally Displaced Karen People
COERR	Catholic Office for Emergency Relief and Refugees
EC	European Commission
ECHO	European Community Humanitarian Aid Department
FCO	Foreign and Commonwealth Office
ICRC	International Committee of the Red Cross
HI	Handicap International
ICS	International Child Support
IDC	House of Commons International Development Committee
IDPs	Internally Displaced People
IRC	International Rescue Committee
KNRC	Karenni Refugee Committee
KNU	Karen National Union
KRC	Karen Refugee Committee
KWO	Karen Women's Organisation
MOI	Royal Thai Government Ministry of Interior
NGO	non-governmental organisation
PPAT	Planned Parenthood Association of Thailand
RTG	Royal Thai Government
SCF	Save the Children
SGBV	sexual and gender based violence
SLORC	State Law and Order Restoration Committee
SVA	Shanti Volunteer Association
TBBC	Thailand Burma Border Consortium
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN-OCHA	United Nations Office for the Coordination of Humanitarian Affairs
WEAVE	Women's Education for Advancement and Empowerment
ZOA	Zuid Oost Azie Refugee Care for the Netherlands