

Australia's Assistance to Refugees on the Thai-Myanmar Border

Independent Evaluation Report

30 October 2012

This is an independent evaluation and the opinions contained within are the views of the consultant and do not necessarily represent the views of the Australian Government. The evaluation was completed in October 2012. AusAID has subsequently edited the document to bring it up to date and to reflect any factual errors identified by partners through a verification process.

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Executive Summary

Background

The situation of around 130,000¹ refugees from Myanmar living in camps in Thailand is one of the most protracted in the world. As refugees are confined to nine closed camps, and Thai law does not allow them to seek employment, their dependence on aid has created many social, psychological and protection concerns. AusAID has provided \$17m (to June 2012) of humanitarian assistance since 1999, mainly disbursed on a year-to-year basis. In 2010-11 annual support tripled to around \$3 million and increased again to \$3.5 million in 2011-12.

AusAID support is channelled through three Australian NGOs: Act for Peace; Union Aid Abroad-APHEDA; and Adventist Development and Relief Agency (ADRA) to four implementing partners in Thailand:

- The Border Consortium (TBC) known as the Thailand Burma Border Consortium at the time of the evaluation – core contribution to all camp activities
- International Rescue Committee (IRC) – health services in three camps
- ADRA Thailand – vocational training in three camps
- Mae Tao Clinic – health services and training for migrants

Purpose and Focus of the Evaluation

The purpose of the evaluation is to assess the appropriateness of Australia's assistance to refugees (and others) on the Thai-Myanmar border to inform Australia's future policies and programs. This is in the context of a significant increase in aid to Myanmar from Australia, and a rapidly changing situation. The focus of the evaluation is on support administered through the Myanmar Country Program over the last two years.

Key evaluation questions relate to what the program is currently achieving, how appropriate this is in the context of a rapidly changing political situation in Myanmar, and what implications this has for the future. The evaluation was undertaken by an independent consultant and an AusAID official from the Myanmar Desk and was focused on utilisation. It took place in July/Aug 2012 and included two weeks field research with visits to two camps. The main methodologies were document analysis and interviews.

Results of AusAID's program

Camp Management TBC support to camp management, food and non-food distribution, shelter, and advocacy has resulted in refugees being empowered to manage their affairs themselves for 28 years, in a way that has become increasingly accountable and oriented to international humanitarian standards. Considering the long standing restrictions on movement of refugees outside the camps, the absence of a formal registration process since 2005, and the constraints of the budget in recent years (due to reductions in donor funding, the value of Thai Baht, and increases in the prices of core commodities – mainly food), this is a remarkable achievement. Factors supporting success are mutual trust and shared vision, commitment to transparency, and persistent advocacy for durable

¹ At the time the evaluation was conducted the figure was 140,000

solutions. There have also been increased efforts to develop the capacity of camp committees and support to camp elections.

Health Services in Three Camps Refugees have had access to a comprehensive health service, provided by IRC, including curative health care, clinical services including laboratory and pharmacy, reproductive and child health care, supplemental feeding for malnourished children, emergency medical care and HIV/AIDS services. A healthy camp environment has been maintained through provision of water and sanitation services including water treatment, water quality testing, vector control, maintenance of wet refuse pits and a solid waste disposal system along with promotion of healthy behaviours. Factors supporting success are IRC's size and expertise, use of the community empowerment model and collaboration with Thai public health authorities.

Mae Tao Clinic Migrants and displaced people from Myanmar in Thailand and patients with no access to the services they need in Myanmar have been able to access a range of health services including child health; maternal and reproductive health; HIV prevention and care; prosthetics and rehabilitation of the disabled; primary eye care and surgery. Funds have also supported the training of several categories of male and female health worker who work on both sides of the border. The main factors supporting success is the centrality of the clinic and its director Dr Cynthia Maung within an extensive network of community based organisations (CBOs). She is also involved in dialogue with the Government of Myanmar and health organisations operating in Myanmar through a health coordination mechanism.

Vocational Training Refugees in three camps (Mae La, Umpiem Mai and Nu Po) are benefiting from several courses of vocational training, most of which are certified by the Thai Office of Vocational Education Commission. All are designed to promote durable livelihoods and oriented to immediate usefulness. To address school dropout, taster courses are extended to high school students. Factors supporting success are the quality of the team, careful design for durability, and involvement of the Refugee Committees.

The Changing Context

Coordination arrangements There are several, confusing, coordination mechanisms. NGO coordination is delegated by the Royal Thai Government to the Committee for the Coordination of Services to Displaced Persons in Thailand (CCSDPT) which, in the absence of dedicated resources, was supported and led by TBC until recently. Donor coordination has been problematic owing to the differing political agendas in Myanmar and different levels of donor engagement. Coordination through the Donor Humanitarian Agencies-Working Group (DHA-WG) improved with independent facilitation. UNHCR has taken on the role of chair of DHA-WG since early 2012. Coordination in relation to durable solutions has been good within the limitations of refugee confinement to the camps. Following a period with a limited mandate, UNHCR has now taken on coordination of preparedness for and any eventual conduct of voluntary repatriation under the Framework for Voluntary Repatriation. AusAID has played a limited role in coordination in Thailand because the program is managed from Canberra.

Protection needs in the camps were largely unchanged at the time of writing and largely stem from prolonged confinement which gives rise to child and gender based violence, drug and alcohol abuse, depression and some trafficking. The new protection issue stems from the anxiety experienced by

many refugees, especially the unregistered who have fewer rights, that they may be forcibly repatriated. Although the Royal Thai Government has consistently assured that the camps will not be closed until conditions for voluntary returns are right and durable solutions have been found for camp residents, and by some donors that support will not be withdrawn, camp residents feel anxious and uncertain about their future including because there is a lack of clear information available, resulting in misinformation and rumours. In terms of return to Myanmar the loss of land and the inseparable loss of livelihood is their main protection concern. There is also a concern about the continuation of human rights abuses including forced labour, relocation, torture and rape.

Understanding the Context The AusAID partner with the best understanding of the context is TBC. This stems from a very long history of support to those affected by conflict and a recognition from the outset that the context is one of displaced people from southeast Myanmar, regardless of whether they have been refugees in the Thai border camps or displaced on the Myanmar side. Other partners have good, but more concentrated or sector specific knowledge. Donors have varying degrees of political analysis but have not been able to develop the kind of shared context analysis that would be the foundation for more coordinated planning and greater aid effectiveness.

Peace Processes in Myanmar The ethnic political groups and CBOs are actively engaged in monitoring the early peace negotiations. In terms of donor support to peace initiatives there is concern among many CBOs, as well as the Refugee Committees, that support is being provided to the Myanmar Government and that they are being left out. Australian NGO partners may sometimes inadvertently feed this concern rather than allay it as they appear to have limited direct knowledge of events in Myanmar, especially related to the peace process and perhaps linked to their long association with the Thailand-based advocacy groups.

AusAID's Program in the Changing Context

Appropriateness AusAID's current program in the camps is appropriate. It provides essential humanitarian assistance which is based on good quality needs assessment. TBC, IRC and ADRA all have strong institutional capacity to deliver high quality programs and each organisation has broader capacity that enhances the results of the elements funded by AusAID. MTC, as a Myanmar CBO, has a different kind of capacity. It lags in strategic planning and management but excels in participation in networks that have delivered health services to many vulnerable people in Myanmar. The Australian NGOs have varying institutional capacities. Act for Peace support organisations that are much larger than they are. This has been valuable in terms of fund raising and meeting AusAID reporting requirements but, in the absence of obvious value add, it raises questions of aid efficiency. MTC needs greater strategic institutional support than Union Aid Abroad-APHEDA has the capacity to provide.

Connectedness The program has always taken account of long term problems but the scope to address them has been highly constrained. Addressing interconnected problems has been done exceptionally well by TBC in the camps and MTC in public health promotion and coordination on the border, based on longstanding and deep relationships of trust. The networks and capacities built by these partners have formed a solid base for other partners to utilise. Donor connectedness has been very weak, with several donors funding the same partners without coherence of approach. Local coordination arrangements have complicated this.

Local capacity building is by far the strongest and most impressive result of AusAID and all donor funding. The CBOs demonstrate a unity of concern for the welfare of the ethnic groups, and are well organised to protect their interests and unique cultures. This is a very strong platform from which refugees can engage in the various elements of the move towards durable peace.

Options for the future

Although there is now considerable hope that refugees will be able to return, the context in Myanmar is changing more rapidly than that on the border and all stakeholders agree unanimously that the time is not yet right. There are various options open to AusAID for the near future.

Continuing support to the Camps

AusAID can demonstrate Good Humanitarian Donorship by continuing support to refugees in camps. Options to develop the existing program are:

- **increasing flexibility of funding** - in terms of multiyear commitments and core funding, and to support the integration of partners' programs on the border with those in Myanmar.
- **supporting mechanisms for contingency planning** – strengthening capacities for response to a likely repatriation through funding support to TBC to intensify capacity building of refugees and CBOs for leadership and governance, and further develop the quality and dissemination of information to refugees and other stakeholders.
- **refocus the program to emphasise preparedness for return** –the outcome AusAID has sought to achieve has never been clearly defined and could be clarified. As peace and reconciliation is the overwhelming outcome that all stakeholders want to realise, AusAID could consider refining the purpose of assistance to the Thai-Myanmar border so that it explicitly addresses capacity development and the necessary additional support to promote greater community level engagement in the peace process and durable return. With additional capacity in the Embassy since mid-August 2012, AusAID can also engage more substantively and directly with partners in Thailand.

Integration with Myanmar Program

AusAID has long supported service delivery in the camps and service delivery in Myanmar. However, support to services in Myanmar has only been provided from within the country and not from the border. Other donors have supported, quietly, CBOs based in Myanmar that provide health and education services to their own communities. There are now several evidence-based studies that indicate some powerful results from this work and demonstrate high quality monitoring.

Increasing potential for integration of service delivery The systems in place for health and education especially, are very well developed considering the years of severe conflict. It is now timely to consider how they can be integrated with, rather than replaced by, Myanmar Government or INGO services. CBOs are already very active in this new 'convergence' agenda. Additional support for these initiatives, which will require considerable, often sensitive negotiations, could be very valuable and AusAID's partners IRC and MTC are very well positioned for this purpose.

Increasing opportunities for dialogue In addition to the sector specific issues of integration, there is a need for a broader dialogue about governance in the ethnic areas. At a certain point it is likely that local level planning processes will be instituted by the government which will only be effective if it involves communities. Based on its history of deep relationships of trust with refugee leaders and

facilitation of dialogue, TBC is exceptionally well positioned to support this in the future. AusAID, through its support to the Myanmar Peace Support Initiative (MPSI), is well positioned to influence the quality of the individual initiatives flowing from this mechanism.

Increasing capacity for monitoring and learning As interactions between partners are becoming more complex there is a need for more effective mechanisms to improve the quality and management of information and shared learning. In some cases the organisations are constrained only by funding as their existing efforts have been achieved by using already scarce program funds rather than dedicated M&E or research funds. There is also a need to continue efforts in donor coordination even though it is likely to continue to be challenging. With the new focus on peace and integration, AusAID may be able to interest a group of like-minded donors to improve aid effectiveness by engaging in joint evaluation of the border program. The timing of this would depend on the degree of change on the border. Donors could also support specific sectoral evaluations or perhaps more usefully, sectoral planning and scoping within the convergence agenda, education, health, livelihoods especially.

Main Report

1. Introduction

1.1 Background

The situation of refugees from Myanmar living in camps in Thailand is one of the most protracted in the world. They began arriving in the 1980s and have been confined to nine closed camps.² According to Thai law, refugees have no right to employment and those found outside the camps are subject to arrest and deportation. This prolonged confinement has eroded their coping mechanisms and increased their dependence on assistance, which has created many social, psychological and protection concerns.³

Thailand is not party to the 1951 Refugee Convention and UNHCR operates under a more limited mandate than might normally be seen in similar circumstances. The Royal Thai Government (RTG) stopped a formal registration process for refugees from Myanmar in 2005. Third-country resettlement has provided solutions for more than 82,000 individuals, including around 10,200 to Australia⁴. This was expected to reduce the numbers in the camps with a view to closing them but, as refugees departed, new arrivals took their place either from Myanmar or from within the large community in Thailand. Of the 130,000 refugees currently living in camps, around 82,000 are registered⁵. The absence of an official registration process creates a number of problems, not least determining entitlement to services.

Until 2011 Myanmar remained deeply affected by conflict and human rights abuses in the ethnic areas continued, creating continuing mass displacement within the ethnic areas and out-migration to the camps and to seek livelihoods. There are an estimated 2.5 million migrant workers in Thailand, of whom 80% are from Myanmar.⁶

AusAID has responded by providing over \$17 million in humanitarian assistance to refugees on the Thai-Myanmar border since 1999 (to June 2012), mainly disbursed on a year-to-year basis. In 2010/11 annual support tripled to around \$3 million and increased again to \$3.5 million in 2011/12⁷. The focus of this evaluation is on support administered through the Myanmar Country Program over the last two years (July 2010-June 2012). In addition AusAID provides support for refugees from Myanmar through other funding arrangements: UNHCR through non-earmarked core funding; grants to the International Women's Development Agency (IWDA), Act for Peace and Union Aid Abroad-APHEDA through the AusAID-NGO Cooperation Agreement (ANCP); and provision of volunteers through Australian Volunteers International (AVI). These other forms of support are not explicitly included in the evaluation as they are monitored and evaluated through other mechanisms.

² While there are currently nine camps this number has changed over time.

³ UNHCR Thailand Country Profile, 2012.

⁴ UNHCR by email 10 April 2013

⁵ UNHCR by email 10 April 2013

⁶ UNHCR, IOM and various informed sources.

⁷ At June 2013 the figure since 1999 will be \$21.5 million

Support from the Myanmar Country Program is channelled through three Australian NGOs (ANGOs) to four implementing partners in Thailand. The arrangements are in different timeframes with two grants being multi-year and two continuing as year-on-year. The three year agreements reflect a time of submission when there continued to be little prospect of return. As events in Myanmar began to change rapidly, the reversion to year on year funding reflected a desire to retain flexibility in a newly uncertain future which was unrelated to the quality of partners or proposals. These arrangements are shown in the table below.

Australian NGO	Implementing Partner in Thailand	Nature of Support	Funding
Act for Peace (National Council of Churches)	The Border Consortium (TBC)	Camp management, self-reliance, shelter, food and non-food items across all camps	\$2m (2011-12) Core contribution
	International Rescue Committee (IRC)	Health services in three camps	\$0.5m (Jan-Jun 2012)
Union Aid Abroad-APHEDA	Mae Tao Clinic (MTC)	Health services for Myanmar migrants and displaced people.	\$1.5m (2010-13)
ADRA (Adventist Development Relief Agency)	ADRA Thailand	Vocational Education in three camps	\$1.5m (2011-13)

Many other donors are involved in support to border refugees and, since around 2007, the desire for durable solutions gained momentum. However, donor's different policy positions on Myanmar have not supported the development of a common platform for coordination and advocacy to this end. For AusAID, a peer review of project funding proposals in 2011 drew attention to gaps in policy defining what Australia is aiming to achieve through its support to programs on the border.

As a result of positive political developments in Myanmar the context has been rapidly changing and there is now cautious optimism that refugees may be able to return. This has reinvigorated debate about the conditions necessary for voluntary return and how to support it. AusAID has only been able to engage in this in a limited way because the Thai Myanmar border is managed from Canberra and human resources in Bangkok have been oriented to regional programs.

1.2 Purpose of the Evaluation

The purpose of the evaluation is to assess the appropriateness of Australia's assistance to refugees (and others) on the Thai Myanmar border to inform Australia's future policies and programs. This is in the context of a significant increase in aid to Myanmar.

The scope of the evaluation is limited to support managed by the Myanmar Country Program in the last two years. Other funding channels are excluded from the scope because they have their own evaluation processes. The focus of the evaluation is on utilisation, guiding the collection of information and the close involvement of partners to ensure that the findings are immediately useful and relevant.

The primary user of the evaluation is the AusAID Myanmar teams in Canberra, Bangkok and Yangon. Secondary user groups in the Australian Government are the Departments of Foreign Affairs and Trade (DFAT) and Immigration and Citizenship (DIAC). Other important user groups are the Thai

Government (RTG), donors and implementing partners. Refugees are a potential user group. More broadly, the evaluation will be published and available to anyone with internet access.

Key Evaluation Questions

The Terms of Reference for the evaluation (Annex 2) are based on the evaluation criteria of appropriateness, connectedness and coordination⁸. As part of the evaluation planning process these criteria were developed into three key questions to guide the process of the evaluation.⁹

1. What is the program currently achieving? (WHAT?)

- a. What are the results of AusAID support?
- b. How is the program promoting durable solutions?
- c. How effective are coordination arrangements?

2. What does this mean in the present context? (SO WHAT?)

- a. What are the key protection issues?
- b. How adequate is the context analysis?
- c. Is the program addressing key issues?

3. What are the implications for the future? (NOW WHAT?)

- a. What do donors need to do collectively?
- b. How do implementing partners need to adapt?
- c. How can AusAID contribute most effectively?

1.3 Methodology

The evaluation was conducted using a developmental approach as the framework. The team comprised an independent consultant¹⁰ supported by an AusAID Senior Program Officer on the Myanmar Desk. As the focus is on utilisation, a developmental approach places the evaluator as a member of the team responsible for program adaptation rather than as an independent judge. It allowed for greater engagement with partners and for a two way process in which AusAID shared information about policy and funding with stakeholders as well as gathering information from them. This approach, acknowledges the complexity of a context in which things are changing rapidly changing within Myanmar but not necessarily for refugees and displaced people on the border. In the face of considerable uncertainty about future need, the developmental approach focuses on the immediate context and utilisation of findings rather than aiming to project into the future.

Prior to the field mission, the consultant undertook an extensive review of documentary evidence which included directly relevant project proposals and reports within the 2010-12 timeframe as well as broader evaluations and historic documents¹¹. A review of relevant research on Myanmar was also undertaken, especially relating to protection issues in southeast Myanmar and the peace process, in order to understand how the camp refugee populations are situated within the wider context.

⁸ Based on ALNAP (2006) *Evaluating Humanitarian Action using OECD/DAC Criteria*

⁹ The Evaluation Plan is available as a separate document and shared with partners in the preparation phase

¹⁰ Sue Emmott

¹¹ This was particularly important for TBC because it is a large organisation with a wide ranging program and AusAID provides core funding for camp-based programs rather than a discrete project allocation

The methodology sought to provide maximum opportunities for consultation with the range of stakeholders. Partners were involved in both Australia and Thailand in preparation of the Evaluation Plan and this resulted in them going to great effort to arrange a schedule of meetings with direct and indirect beneficiaries of assistance. This added considerable value to the team's understanding of the context and the various perspectives.¹²

During the field mission the main methodology was interviews, which were conducted with individuals as well as common-interest groups. In the two camps visited – Mae La and Tham Hin – the team conducted informal, semi-structured interviews with the Thai Camp Commanders, Refugee Camp Committees, and project staff. Observation of a food distribution, a health clinic and a vocational training program in action provided a greater depth of evidence than had been anticipated and offered spontaneous opportunities to engage with refugees to triangulate findings.¹³

Dissemination of the preliminary findings was used as a methodology by providing feedback separately to groups of donors and partners in Thailand and in Australia in order to consider issues of particular interest in greater depth before writing the report.

1.4 Structure of the Report

The report provides evidence for each of the evaluation criteria and key evaluation questions. It covers what the current program is achieving, what this means in the face of a rapidly changing context, and what adaptation is needed to respond. However, the structure of the report aims to tell a coherent story in an accessible way and therefore diverges from the question format.

2. Results of AusAID's program

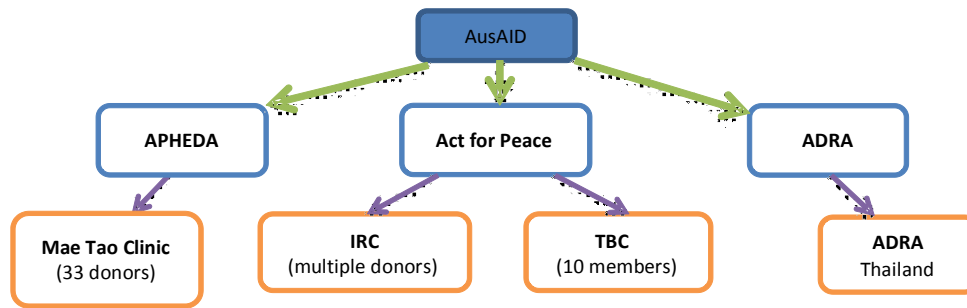
2.1 Structure of the Program

Before discussing the results of AusAID's program it is necessary to understand the structure. As shown in the previous diagram, AusAID provides funds to three ANGOs: Act for Peace, Union Aid Abroad-APHEDA and ADRA. Each NGO passes funds on to implementing partners in Thailand.

¹² TBC convened a 3 hour meeting with a group of Myanmar CSOs and a KNU representative which, in addition to the valuable information gathered, offered the opportunity to observe capacity and cohesion. Union Aid Abroad-APHEDA enabled us to observe a historic health convergence meeting of CSOs and NGOs from both sides of the border.

¹³ For example, the unprompted reflection of an elderly refugee about how computerisation of distribution had reduced mistakes in the manual system where numeracy was compromised by the speed required in recording

Diagram 1: AusAID's funding relationships



The four implementing partners in Thailand are different types of organisation¹⁴ and AusAID provides funds with varying degrees of earmarking as shown below:

	Type of Organisation	Scope	AusAID contribution
TBC	Thailand-based NGO established for refugees from Myanmar in Thailand. Consortium of 10 members from 8 countries. Registered in UK	Supports refugee self-management in all camps in Thailand. Significant program with displaced in several states in Myanmar.	<u>Core contribution</u> to all nine refugee camps (camp management, food and non-food distribution, shelter, advocacy)
IRC	Large Non-government international relief and development organization	Sizeable program in Thailand including migrant workers. Registered and operational in Myanmar	<u>Earmarked contribution</u> to health services in one camp only. Provided through Act for Peace
ADRA	Faith-based humanitarian relief and development INGO.	Program in Thailand. Registered and operational in Myanmar	<u>Earmarked contribution</u> to vocational training in 3 camps. Same program in 4 other camps funded by ECHO
Mae Tao Clinic	Community Based Organisation (CBO) founded by prominent female Doctor from Myanmar, Thailand based	Health service provider for displaced people and migrants from Myanmar in Thailand as well as those who cannot access health services in Myanmar. Unregistered but integral to border public health. Partners with many health CBOs in Myanmar and Thailand and involved closely in health coordination	<u>Earmarked contribution</u> to six elements of a broader health and social service program.

The differences between partners, and the fact that AusAID funding variably supports whole or part of the partners overall program, complicates evaluation and means that only broad comparisons can be made. Direct comparisons cannot, and should not be made. Because of the differences, the following section, which assesses results, is of different length and detail.

2.2 The Border Consortium (TBC)

TBC was formed in 1984 at the request of the Ministry of Interior, working from the outset with the Karen Refugee Committee (KRC) to support the refugee populations to manage the camps themselves. From 1989, when more refugees fled Myanmar, it has worked with the Karenni Refugee Committee and the Mon National Relief Committee. This is a unique model of camp management which has been highly regarded as maintaining full participation of refugees in their own affairs. The

¹⁴ Drawn from publicly available information.

spirit of TBC's Strategic Plan 2009-13 is to continue to support accountable community-based management, pursue durable solutions and increase self-reliance.

AusAID has provided funds through Act for Peace for more than 15 years, contributing an average of 4% of the budget as core contributions and 6.8% of the total \$31 million in 2011. The largest component of TBC's budget is humanitarian relief, mainly in the form of food, charcoal and shelter materials for a camp population of 142,000, comprises 88% of the budget. Other components are: camp management including training and stipends for 2,500 people (7.4%); livelihood support in the form of carpentry skills for shelter and support for small enterprises such as community gardens (3.5%); extensive advocacy and research (0.8%); and administration (5%).

It is particularly difficult to present the results of TBC's support succinctly because they are so wide ranging and reporting is very detailed. Fundamentally, the most important result of TBBC's work is that, for 28 years, the camps have been well managed by the refugees themselves, in a way that has become increasingly accountable and oriented to international humanitarian standards. Considering the long standing RTG restrictions on movement of refugees outside the camps, the absence of a registration process since 2005, and the constraints of the budget in recent years, this is a remarkable achievement.

The following sections discuss results obtained in the two key areas of camp management and nutrition. These were selected because they reflect the importance of the issues and have benefitted from external assessment and evaluation.

2.2.1 Camp Management

In late 2011 the Canadian International Development Agency (CIDA), in association with AusAID and Act for Peace, commissioned and jointly funded an evaluation of camp management in all nine camps.¹⁵ The overall conclusion from the rigorous study was that camp management has generally worked well with structures that are widely regarded as legitimate and effective by the various groups within the refugee population.

Some of the specific findings were:

- **Refugees were clear about the qualities they wanted in their leaders and positive about the roles they played.** They have a good understanding of what their leaders are able to do and what is beyond their capacity to change, in particular their main concern about confinement in the camps.
- **Management has become increasingly transparent and accountable.** There are clear management and governance structures and processes in place and standardized across the camps. Codes of Conduct have been adopted and all positions have clear job descriptions. Management understand and are guided by international standards and norms. The value of the extensive training and capacity building provided by TBBC is evident
- **Accountability and transparency has increased since 2003.** Some less desirable practices are difficult to address when the same degree of transparency and accountability is not expected and enforced by all power holders involved in camp management
- **Election processes are generally appropriate and the 2010 elections were recollected favourably by refugees.** Unregistered refugees (more than 50% in some camps) are under-represented because of

¹⁵ *Adaptation, Resilience and Transition: Report of the Formative Evaluation of Camp Management in the Burmese Refugee Camps in Thailand.* EJ Jackson and Associates for CIDA, AusAID and Act for Peace. September 2012.

RTG policy limiting their rights in the camps. Further improvements can be made in women's representation, and mechanisms to give voice to minorities and youth

- **Other stakeholders also view camp management positively**, especially in areas where they have direct responsibility, such as keeping track of population figures, warehousing and distribution of rations, maintaining basic infrastructure, and maintaining peace and order within the camps. There are capacity challenges in monitoring specialised sectors such as health and education due to the loss of many leaders and educated refugees through resettlement

2.2.2 Nutrition

TBC has provided food rations and supplemental safety net programming for 26 years without disruption. Over the years, the ration expanded in the number of foods and calories in line with the preferences of refugees as well as improving the nutritional value, which was one of TBBC's strengths. Since 2006, when food prices trebled, ration reductions have become necessary and the accommodation of refugee preferences has need to be balanced with closer attention to maintaining adequate nutrition.

TBC has undertaken regular nutrition surveys - in collaboration with the Refugee Committees and health agencies working in the camps - since 1997 when the fall of the border areas to the Myanmar Army led to a significant increase in refugee numbers and growing aid dependency because more refugees were confined to camps. Studies have shown low rates of acute malnutrition but increasing levels of stunting, especially in children under 5. Stunting correlates closely with poverty, contributing to poorer survival and learning capacity in children as well as increased risk of chronic disease in adults. Micronutrient malnutrition is also a worsening problem in the camps.

A key contributing factor to poverty and poor nutrition is the lack of access to livelihoods as a result of confinement to camps. In 2009, an ECHO-commissioned Livelihood Vulnerability Assessment confirmed refugees' dependence on the ration and the danger of significant reductions in it. Opportunities to change that would improve the nutritional value with minimal calorie loss were few but TBC was able to implement those at only a slight increase in cost.

In 2010 a team from the US Centers for Disease Control and Prevention (CDC) reviewed past nutrition studies and concluded that, if reducing the ration was unavoidable, only small reductions should be considered and should be intensively monitored. Later in 2010 an external review of nutrition in the camps¹⁶ endorsed TBC's overall approach and made recommendations to reduce or eliminate some foods, substitute foods of better nutritional value in the ration, and improve procurement practices. TBC began to implement these in 2011 and is realising major cost savings. Not all recommendations could be implemented due to rejection by the refugees and cost considerations.

With no additional funding and continuing rising prices, TBC has been forced to reduce the ration further and it falls well below the Sphere standards.¹⁷ It commenced a process of Community

¹⁶ *Nutrition and Food Security Review: Protecting Nutritional Status and Saving Food Costs*. Alison Gardner for TBBC. Nov 2010.

¹⁷ Shelter also falls below Sphere standards owing to funding constraints and lack of local material. The Sphere Project's *Humanitarian Charter and Minimum Standards in Humanitarian Response* is an internationally recognized set of common principles and universal minimum standards for the delivery of quality humanitarian response.

Managed Targeting (CMT) of food assistance in 2012. This will reduce rations for those who are considered to be self-reliant due to alternative sources of income and livelihood while protecting the rations for more vulnerable individuals. This is unusual in refugee contexts but, introduced carefully, is likely to be successful because of the social cohesion in the camps. Especially in the smaller ones, camp committees and CBOs are aware of which families are vulnerable and understand their particular financial and other stresses. The food distribution mechanisms are also robust enough to manage this transparently.

2.2.3 Factors supporting success

Mutual Trust and Shared Vision

Interviews with almost all stakeholders and documentary evidence such as the camp management evaluation indicate that the overwhelming success of TBC has been due to its historic and mature partnership relationship with the refugees. From its inception the model has been one based on mutual trust and a common vision of empowering refugees to manage their own affairs. Since 2007, in the face of reduced funding and concerns about efficiency, TBC has guided the Refugee Committees to put in place more rigorous controls and checks and balances even though this reduced the amount of direct control refugees had over distribution of supplies. Equally impressive is that, since most of the highly educated and experienced leaders have been resettled in third countries, TBC has managed to build enough new capacity to maintain standards.¹⁸

Commitment to Transparency

Since 1994 TBC has had more than 40 independent reviews and evaluations, about half of which it commissioned itself for the purpose of program improvement. The findings of all of these have been taken seriously and TBC has a strong track record of addressing all implementable recommendations. Certain evaluations, notably the European Commission's Humanitarian Office (ECHO) evaluation of 2008,¹⁹ have been critical and controversial but have had some beneficial outcomes in terms of increasing efficiency and transparency of procurement and distribution. These have placed the organisation in a better position to deal with the continuing effect of increases in food prices in the face of static budget. The January 2012 ECHO Audit Report²⁰ commented that procedures had been progressively adapted in response to recommendations of the frequent audits of TBC's activities by the Director- General of ECHO and other donors and had resulted in noticeable improvement in camp administrative processes.

Advocacy and Research

TBC has consistently advocated for durable solutions to the crisis in southeast Myanmar that has led to massive and chronic displacement on both sides of the border (discussed in more detail in the section on coordination). The Executive Director and Deputy Director have been regularly welcomed by politicians and advocacy groups around the world and both awarded MBEs and other awards for services to refugees from Myanmar. Under this leadership TBC has painstakingly produced a wealth of documentation chronicling 27 years of history of the border situation and related issues. This includes detailed bi-annual reports (available online going back to 1984), a 2004 history of 20 years

¹⁸ More than 82,000 refugees have been resettled since 2006 - the majority to the US and 10,220 to Australia.

¹⁹ *Strategic Assessment & Evaluation of Assistance to Thai-Burma Refugee Camps*. May 2008.

²⁰ Cited verbally during interview.

on the Border - *Between Worlds*, and annual studies of *Displacement and Poverty in South East Burma* since 2002. The Bangkok office has a dedicated resource centre where people can access a vast array of archive materials including photographs and documentaries, of which 11,000 can now be easily accessed electronically. Many maps are produced which are used by all agencies including by the Myanmar Information Management Unit (MIMU). With a view to potential repatriation TBC have produced a preliminary map of refugees' previous townships of residence. In early 2012 TBBC was invited to meet Aung Min, the key peace negotiator of the Myanmar Government, who praised the work of TBC and its documentary contribution.

2.2.4 Complicating Factors

The structure of TBC is a membership consortium, comprising, in 2012, ten members from eight countries. This is shown in Diagrams 1 and 3, and elaborated in section 3 on coordination. This leads to certain misperceptions and creates confusion for some observers. During this evaluation, for example, the team heard a number of comments critical of TBC which did not seem to fit with the evidence. After extensive document review, and discussion of the particular issues with TBC and other stakeholders, our conclusion is that criticism largely stems from four sources:

- *the complexity of the structure of TBC* - this tends to confuse the entity of TBC with the member organisations which is particularly confusing in relation to coordination and where members have their own independent programs (e.g. IRC). Some observers believe the structure makes TBC 'too powerful'. There are also questions about how much the board can really influence the direction and program of TBC given the varying levels of engagement and representation by its member organisations and the distance between TBC and its institutional donors created by the structure.
- *refugee self-management* – TBC has been much criticised by a minority of donors for not moving more quickly to a targeted ration. However, under the model of refugee self-management, which has been much praised, the decision does not rest with TBBC but is taken jointly with the Refugee Committees
- *the limitations of the context* – TBC is blamed for the lack of improvement in livelihood options even though the policy of confinement is the main barrier
- *recycled historic perceptions* – these tend to relate to politicisation of TBC. Payment for security arrangements using rice was interpreted in the EC Evaluation as political support to the resistance. This is unfortunate because, in other countries, payment for security protection is routine, necessary and far more costly than the TBC system

The evaluation team did not find any objective evidence to justify these criticisms which do not, and should not, undermine the significant results obtained by TBC in partnership with the Refugee Committees. Not only has TBBC demonstrated commitment to implementing recommendations of evaluations but it has also proved highly responsive to the changing climate in Myanmar. Having continued the strategy of developing capacity in refugees for self-management it is particularly well placed to realise the return on this investment in changing focus to preparedness, which it has managed to do very quickly.

2.3 Health Services in Tham Hin camp (IRC)

AusAID funding of \$500,000 provided curative and primary health care services for 7,692 refugees in Tham Hin camp in the first half of 2012.²¹

Tham Hin was established in 1997 following the Myanmar military offensives in Tanintharyi Division. It is an isolated camp, off the mains electricity grid, and extremely overcrowded, with only 8m² surface area per person (compared with the 45m² Sphere standard). Only plastic sheeting is permitted as a roofing material because of the fire hazard.

Health services in Tham Hin consist of primary health care, water and sanitation, and health promotion. The primary health care service includes curative health care, clinical services including laboratory and pharmacy, reproductive and child health care, supplemental feeding for malnourished children, emergency medical care and HIV/AIDS services. Services are supported by a comprehensive health information system. Water and sanitation services include water treatment, water quality testing, vector control, maintenance of wet refuse pits and a solid waste disposal system. Health Promotion services aim to raise awareness about preventable diseases, reduce risk of contracting disease, and promote healthy lifestyle habits.

The following results were achieved during the short period of funding from AusAID:

Primary health care services

- 10,341 consultations for acute respiratory tract infection, skin disease, gastritis, diarrhoea, urinary tract infection, malaria and dengue fever
- Management of two disease outbreaks – Hepatitis A, Hand, Foot and Mouth Disease
- Midwifery services for 125 new pregnant women
- Immunisation for 115 children
- Training provided to three groups of medical and midwifery camp based staff
- Rehabilitation services provided to 48 people with physical disabilities
- Pharmacy and laboratory services
- Health Information and Data Collection
- Therapeutic and supplementary feeding for 21 malnourished children

Water and sanitation services

- Water distributed three times per day to 295 taps around the camp. Testing conducted daily for free residual chlorine, and monthly faecal coliform.
- Distribution of jerry cans to 91 new families
- Vector Control Activities carried out weekly by Community Health Workers including spraying and thermal fogging in all houses in the camp in conjunction with the PHO, rat control and fly spraying
- Maintenance of Latrines and distribution of 97 latrine bowls and other building materials
- Rubbish Collection and Disposal twice weekly and voluntary clean ups across the camp
- Site Maintenance and Rehabilitation of medical facilities, water tanks, shelters, latrines, pipe network, and main roads in the camp
- Ongoing training for refugee staff in environmental health

²¹ AusAID's funding also supports IRC's health services in the two Mae Hong Son camps (Site 1 and Site 2), though this was a late addition to the AusAID project in 2012. Tham Hin was the focus of this evaluation as AusAID provided funding to Tham Hin for the whole time period covered by the evaluation and the team was not able to visit the Mae Hong Son camps due to the difficulty of access in the rainy season.

Health Promotion

- Home visits by CHWs to promote hygiene and disease prevention to 2,018 residents
- follow up of 445 clinic patients admitted with communicable diseases such as diarrhoea, dengue and malaria
- 1,539 monthly nutrition screenings for under-five age children.
- organization of awareness raising days such as World Health Day, World TB Day, World No Smoking Day and World Refugee Day. Around 1,500 people participated
- Production and Distribution of Hygiene and Health Promotion materials
- 142,638 bars soap and 5,943kg soap powder distributed for all camp residents
- 121 sleeping mats and mosquito nets distributed to new arrivals on completion screening

2.3.1 Factors supporting Success

Size and Expertise

IRC is a large NGO working in 40 countries with a 2011 global budget of US\$195m. The US\$37m program in Thailand is one of its biggest, working in eight provinces and all nine border camps providing health services for 600,000, legal counselling for 100,000, protection services for women, youth and children as well as resettlement of 8,000 refugees to the United States. AusAID's contribution of \$500,000 for health services in Tham Hin forms around 1.5% of the total country budget but is efficient in leveraging from IRC's broader program. Its strong professional reputation and track record means that IRC can be trusted to be effective and to deliver a program that meets or works towards international standards. The bi-annual quality of care assessment, for example, uses UNHCR Public Health Facility Toolkit and generally meets the minimum standard of care appropriate to the refugee setting.

Community Empowerment

IRC, in line with the overall model for the camps established by TBC, prioritises community engagement. The majority of services are provided by IRC-trained camp residents who work closely with the camp committee and with the Karen and Karenni Health Departments. This enables connections to be made between health services and protection concerns. It also means that the ongoing challenge of managing health services when trained staff are continually being lost through the resettlement program or to economic opportunities outside the camp can be addressed jointly with camp leaders rather than full responsibility falling on IRC. Even though the resettlement of most camp-based health staff has been ongoing and is highly disruptive in terms of providing services, IRC has largely been able to largely maintain quality of services through intensive ongoing recruitment and training.

Gender and disability are also addressed in conjunction with the camp committee through the identification of refugees for training and the implementation of protection against gender-based violence. IRC camp-based staff are roughly half men and women and all data collected is disaggregated by gender to ensure equal access to and participation in services. During the evaluation team's meeting with the Camp Committee, members involved in the health and protection sub-committees were able to give convincing examples of how they were involved in decision making processes and follow up action.

Collaboration with Thai Authorities

IRC collaborates closely with the Ratchaburi Provincial Health Office (PHO). The RTG Camp Commander expressed appreciation of IRC, as did two Senior Public Health officials who were present in the camp during the evaluation field visit. The health information collected by IRC, and the treatment provided, is crucial in maintaining public health along the border. PHO external quality control on laboratory test matches shows 100% match in results between IRC and Ministry of Public Health laboratories. IRC meets quarterly with the PHO and coordinates monthly for the National Tuberculosis Management Program and HIV/AIDS control. Recently MOUs have been signed with the two hospitals providing tertiary level care so that the cost of referrals is capped. This has eased slightly the most expensive component of the health service. IRC also works hard to form a constructive relationship with the Camp Commander and other relevant Thai authorities to overcome the ban on constructing any permanent structure. This resulted in permission to rehabilitate many of the clinic facilities, including a concrete floor, which will have a big impact on hygiene and improved privacy which addresses patient concerns identified in surveys of patient satisfaction.

2.4 Mae Tao Clinic

Mae Tao Clinic (MTC) was founded by Dr Cynthia Maung in 1989 after she fled Myanmar during the pro-democracy uprising. From one room in a dilapidated building, MTC has grown into a comprehensive health facility in Mae Sot town offering a wide range of services and supporting the training of various categories of health worker. It meets the needs, approximately equally, of two categories of migrants from Myanmar: those working in Thailand; and those travelling from Myanmar for health services they cannot access there.²²

MTC has a large number of private and institutional donors, including 33 organisational donors for its health and protection services. AusAID funds contribute to six defined areas: health worker training; child health; maternal and reproductive health; HIV prevention and care; prosthetics and rehabilitation of the disabled; primary eye care and surgery. In 2011 AusAID funds constituted approximately 18% of the total for all MTC services. MTC has also hosted several Australian volunteers over the past ten years.

Reporting from Union Aid Abroad-APHEDA, which draws on MTC's own reports, is predominantly descriptive with unconsolidated statistical data. This makes it impossible for the evaluator to determine the quality of the services or track improvements over time. The following was achieved during 2011:²³

- *Health Worker Training* - 64 Community Health Workers; 89 Interns; 49 Level 3 health workers and 44 emergency obstetric carers. Approximately equal numbers of men and women
- *School Health* - advanced first aid training and social services to 50 students at 7 migrant schools. 48 School health assessments completed with 21 schools meeting the standard. Deworming and Vitamin A treatment provided for 14,594 children

²² Referrals from camps are dealt with in the Thai health system.

²³ Reporting does not generally present achievements according to donor objectives or funding sources so attribution is problematic.

- *Reproductive Health* –comprehensive women's health services for 80 patients, including family planning, ante-natal care, normal and complicated delivery services, neonatal care, gynaecological services and emergency obstetric referral service. Average of seven babies per day delivered.
- *Adolescent Reproductive Health* – 4 workshops for 88 male and female students from migrant schools and living in boarding houses
- *HIV/AIDS Services* - home-based care services including provision of hygiene packs, supplementary nutrition, supplementary nursing care, and medicines for opportunistic infections to 300 HIV patients and their families. Social gatherings of self-help groups for 80-100 people living with HIV every two months in a public park or temple. Maternity kits to prevent against mother to child transmission
- *Children's Department* providing care for 60 children a day with acute and chronic conditions. Expansion of immunisation activities to 5 days per week to reduce absenteeism and increase the numbers of children completing immunization
- *Food program* - provides two meals a day to 750-800 patients and accompanying family members
- *Child Recreation Centre* – new centre established providing all-day care for 20-30 children. Staff trained to provide psychosocial and therapeutic play, positive discipline, hygiene routines and nutritious snacks in a safe environment
- *Eye Care* – increased provision of surgical services from 700 to 996 as result of AusAID funding. However, most patients from Myanmar which places burden on shelter and food provision

An external evaluation²⁴ commissioned by MTC undertaken during 2011 found many positive aspects and commended Dr Cynthia on developing MTC to its current capacity. At the same time a number of challenges were identified relating to data collection, management structure, infection control and the supply chain. Whilst data is collected by department it is not reported in an aggregated manner across the entire facility and there is no mechanism to oversee the quality of data, review it for significance, and make detailed reports for donors and stakeholders. There are a very large number of staff for the size of healthcare facility and the centralised management structure does not support adequate supervision of staff or coordination between departments. Weaknesses were also identified in the internal supply chain, which meant that equipment could not easily be found when needed, compromising patient care.

More fundamentally, the evaluation drew attention to the question of what exactly MTC is. It has multiple identities as a healthcare centre, advocacy organisation and welfare provider, all of which meet needs of Myanmar people that are not met by other institutions. However, the way MTC has grown, and the way growth has been managed, has left it offering medical services that may not be reaching an acceptable standard.²⁵

At a donor meeting in July, which this evaluation team were able to attend, MTC described how it has taken recommendations on board and is working on improving the structure and systems. This has become particularly important as the clinic is under-funded in 2012 against its budget. Where MTC started as a primary care facility treating mainly communicable diseases, it has become a clinic of last resort for increasingly complex cases coming from Myanmar. With greater freedom of movement in Myanmar, including across the Friendship Bridge, people can now travel to Mae Sot more easily. This raises sustainability concerns in that the demand for MTC's services is continuing to

²⁴ Conducted by Dr W Housworth, with Thai team from Mae Sot Hospital.

²⁵ Another recent evaluation, cited during a donor interview, identified some concerns about the capacity of the Mae Tao Clinic to meet international standards of health and safety. The Housworth evaluation also drew attention to weaknesses in infectious disease control.

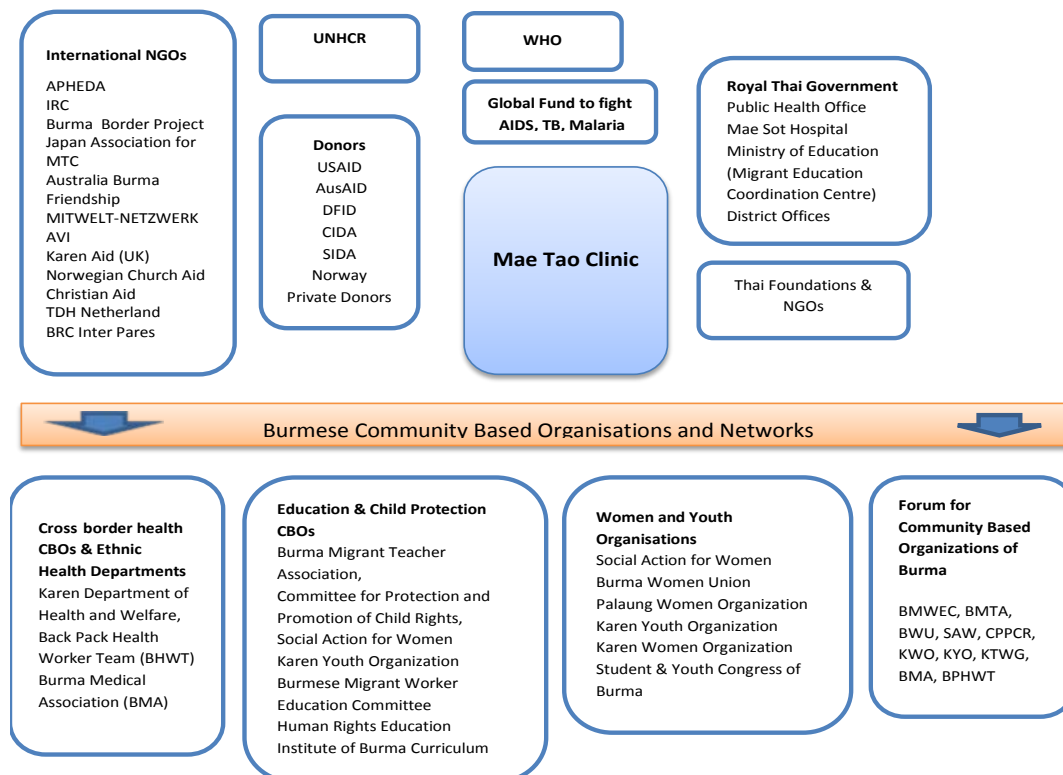
grow at a time when some donor funding is reducing. Unlike services in the camps, which may reduce if there is voluntary repatriation, large numbers of Myanmar migrant workers are likely to stay.

2.4.1 Factors supporting Success

Network of Community Based Organisations

Although the health services of Mae Tao Clinic may not themselves be sustainable over time and do not directly contribute to durable solutions, the strength of MTC in networking with and supporting the development of Myanmar CBOs is possibly one of the most durable contributions to developing capacity during the decades of conflict. The diagram below shows how MTC works at the formal professional level and as a lead member of the network of Myanmar CBOs.

Diagram 2: Mae Tao Clinic - Donor, Professional and CBO networks



At the formal professional level MTC has been collaborating with the Thai Ministry of Public Health and World Health Organisation on a disease surveillance system to track the prevalence of various diseases. Not recognised in the formal system, but crucial in providing health services in Myanmar and maintaining training programs, are impressive networks of health and other CBOs. In particular, MTC has worked with this network on the training of large numbers of health workers. It has also consistently advocated for their accreditation. In 2011, the curricula of MTC, Back Pack Health Worker Team (BPHWT), Burma Medical Association (BMA) and the Karen Department of Health and Welfare (KDHW) were reviewed and standardised at each level. On education, MTC works with partners and the Thai Ministry of Education to identify ways of integrating the education of migrant

children into the Thai system. The MTC is also a founding member of the Health Convergence Core Group (HCCG).²⁶

Although the large numbers of staff at MTC create a management challenge, they reflect the value placed on enabling displaced individuals from Myanmar to maintain their dignity and respect by earning a living wage. The compensation structure is devised to produce a growing cadre of professionals, selected on the basis of skill and knowledge, who will be the leaders of the future. Inevitably, as workers develop their skills, they are able to seek alternative employment so there is an ongoing need to build capacity. Professional training programs are available to health CBOs based along the Thai-Myanmar border as well as those employed in MTC itself.

MTC has developed a policy paper and four initial key advocacy positions related to the health sector on the Thai-Myanmar border and the convergence agenda. The MTC is being sought out by officials from Myanmar and is well respected in Thailand for the services it provides to the migrant community from Myanmar specifically.

2.5 Vocational Training for Refugees (ADRA)

The Vocational Training for Refugees from Myanmar (VTRM) project is now half way through its three year funding. The project exists in all but the two predominantly Karenni camps near Mae Hong Son with funding divided between AusAID (48%), EU (37%), UNHCR (10%) and ADRA (5%). It builds on the program developed by ZOA, a Dutch NGO, that is slowly withdrawing its activities.

Courses are provided in sewing, tailoring, cooking and baking, hairdressing, barbering, basic mechanics, basic electric (all Thai certified) as well as child and elderly care, massage, knitting and welding. Introductory courses are also offered to Year 10 high school students as a means of addressing dropout and encouraging alternative pathways. Achieving Thai certification was an important criterion so that the students have a recognisable and transferable qualification which will help them find employment. Other courses were designed based on demand and are important so that graduates have some potential for generating income in the camps as long as their opportunities outside are restricted.

ADRA has a Memorandum of Understanding with the Thai Office of Vocational Education Commission (OVEC) and a Partnership Framework with Thai Vocational Colleges (VTC) in the four provinces for certification and monitoring of training quality. In the camps the Karen Refugee Committee (KRC) is the partner for implementation which has a dedicated subcommittee for VT. Four NGOs working in the camps are also partners for basic business training and providers of internship opportunities to improve practical relevance.

Results achieved to end of 2011:

- *Infrastructure* - repair, upgrading and reconstruction of VT buildings in all camps

²⁶ The stated aim of the HCCG is “to prepare existing community-based health networks inside Burma/Myanmar for future possibilities to work together with State and National government health agencies, ethnic authorities, international donors, INGOs, local NGOs and CBO/CSOs” – Statement by the HCCG March 11th 2013.

- *Baseline* - survey and Training Needs Analysis conducted in all camps to ensure courses are relevant and monitor outcomes
- *Graduation* - 1391 refugees engaged in or graduated from 150-hour courses (60% women and 40% men). 1001 graduates received Thai certification in sewing, hairdressing, cooking and auto mechanics
- *Trainers* - 6 Training of Trainer courses certified by Thai VTCs
- *Governance* - training provided to the newly established KRC Subcommittee for VT resulting in improved capacity to monitor quality
- *New Courses* - Small Enterprise Development module introduced in all courses to enable graduates to feel more confident in starting their own business. Basic Electric and massage courses introduced in 2012 to provide skills with immediate relevance in the Thai labour market and camp environment
- *Awareness raising* - 605 camp residents visited the VT workshops 'open door' after outreach activity to attract broader camp population
- *Taster courses* - 402 Grade 10 students undertaking 60 hours experience in 5 courses

During the visit to Mae La camp the evaluation team were able to observe the high school students engaged in several courses. Although the opportunity for each of them to practice the skill was limited, because of space and equipment limitations, they were attentive to their learning and were able to give convincing examples of what they were learning and how they would use it. The trainers, who had previously been learners themselves, had expected to find high school students difficult to manage but had in fact found them attentive and keen to learn. The team also had the opportunity to eat lunch in the small restaurant where graduates work to maintain their skills. The food was of excellent quality and very attractively presented. Massage skills were also experienced practically, creating entertainment for practitioners and observers as well as enjoyment for the team.

A full evaluation of the program, required by the EU, was planned for the end of August 2012. This will provide much greater detail than was possible in this evaluation.

2.5.1 Factors supporting Success

Quality of the Team

It was evident in meeting the team – both in the office in Mae Sot and in Mae La camp – that they were highly skilled and deeply committed to providing the best possible vocational learning experience. Preparations undertaken during the first year had been difficult and frustrating at times but the team continued to strive for the best outcome even when easier routes were available. For example, gaining approval from Thai authorities was time consuming and ADRA could have pursued more non-certified courses but they even went to the extent of translating all curricula into Thai, at some cost, to persuade the authorities that they were sincere about delivering courses of quality and not only wanting the end point of the certificates.

Emphasis on Durability

ADRA uses a developmental model in which extensive consultations were undertaken with beneficiaries in all seven camps to ensure that the courses offered were not only what refugees requested but which had practical applicability. As repatriation is far from certain, care has been

taken to focus on courses which have immediate utility in the Thai labour market so that the skills learned are not lost but can be put to practical use.²⁷ For those refugees confined to the camps there is increasing provision of workshop mentoring so graduates can continue to practice their skills under supervision after their courses are complete. If and when conditions change in Myanmar, ADRA is well placed to undertake labour market analysis (drawing on its operations in Karen State) to adapt courses in preparation for repatriation.

Community Empowerment

Like IRC, ADRA also promotes empowerment of the Camp Committee in the model established by TBC. The evaluation team met the subcommittee for VT who explained their involvement in the establishment of the courses and selection of participants. They are seeking to ensure that every family has at least one member with skills and also to ensure that those selected as trainers are interested in the job rather than viewing it as another educational opportunity to enhance their resettlement or prospects outside the camp.

3. The Changing Context

The previous section outlined the results achieved with AusAID funding. Until 2011 the situation in Myanmar remained unchanged with continuing well-documented human rights abuses and land seizures by the army which meant that refugees in Thailand, and those displaced internally, had little chance of returning to their homes. Over the last year the situation in Myanmar has changed in an unexpected and rapid way, although there remain ongoing reports of forced labour, armed clashes, land seizure and human rights abuses. The signing of ceasefire agreements with most of the ethnic parties has raised hopes of a peace process and genuine political dialogue which will promote the eventual return of refugees.

This section of the report reviews the context as it is in August 2012. It begins by describing the coordination arrangements currently in place and the work in progress towards durable solutions. It then reviews the current issues in refugee protection and the changing context.

3.1 Coordination Arrangements

There are several mechanisms for coordination between the various development partners. These have their own unique history and are complicated to understand. An attempt to portray the various relationships AusAID is engaged in, shown diagrammatically at Annex 4.

3.1.1 Mechanisms and Agency Roles

CCSDPT The Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT) was formed by the RTG Ministry of Interior in 1975 with the mandate to coordinate, on its behalf, all NGOs working with refugees in camps²⁸ in Thailand. Membership by NGOs wanting to work in the camps is compulsory and CCSDPT is required to vet new entrants to make sure there is no duplication of efforts. It reached peak membership in 1981 with 52 agencies serving refugees from

²⁷ Although it is illegal for refugees to work outside the camps, increasing numbers are doing so and there is tacit acknowledgement that such labourers are essential to the Thai economy

²⁸ The official term for camps in Thailand is temporary shelters.

Laos, Vietnam and Cambodia, and currently has 18 members, mainly working on the Myanmar border with three new applications pending. It has a Code of Conduct and is structured into sectoral working groups. As many of the members are small NGOs with small programs, often only in one camp, the dominant members are TBC and IRC.

DHA-WG There is also a Donor Humanitarian Agencies-Working Group (DHA-WG), of which CCSDPT is a member. Because membership is diverse, governmental donors created a sub-group where they could discuss their own particular issues in confidence. In 2011 an independent facilitator was brought in by the Swiss Development Cooperation (SDC) in response to a general agreement that coordination arrangements were not working as effectively as they could. This has had a degree of success and was greatly appreciated by some donors. The role ended in April 2012 when UNHCR assumed the chair of the DHA-WG, with the support of most development partners, in recognition UNHCR's role in coordinating voluntary repatriation. Though DHA-WG is useful, the absence of the RTG in this forum, means that DHA-WG cannot act as the institutional channel to resolve important issues which may involve the RTG. This continues to be done through bilateral mechanisms.

UNHCR has not been able to play its usual lead role in coordination because the RTG is not a signatory to the Refugee Convention. While UNHCR has operated in Thailand in various forms since the 1970s when they established an official agreement with the RTG, their presence was mainly through roving missions. UNHCR only established field offices along the border in 1998 when the RTG agreed to UNHCR establishing a more permanent presence. This more formal establishment was made after the primary coordination mechanism for displaced persons in Thailand (CCSDPT) was already established. UNHCR's role has also been circumscribed by the volatility of the social and political climate in Thailand. Refugee policy is influenced by security concerns and bilateral considerations and refugee issues are not usually a priority item on the agenda of the RTG. UNHCR has therefore focused on its protection mandate and overseeing the resettlement program to third countries.

TBC The consortium structure of TBC, combined with the fact that its Executive Director chaired CCSDPT for many years,²⁹ has added to the complexity of coordination. TBC is supported by various organisations including 12 governmental donors who channel funds through the 10 NGO members.³⁰ Representatives of most members form the Board (as well as two independent board members not affiliated with any donor or member agencies) which means that there is no organisational separation between the role of members in accountability for donor funds and governance of their own consortium. IRC is unusual in that, as well as being a member of TBC, it also implements its own programs in the refugee camps which are separate from TBC, including the AusAID grant for health services.

This arrangement is complicating for a number of reasons but, in terms of strategic coordination, governmental donors are one step removed from TBC and dependent on the Board to influence direction. As TBC has grown, some of its members are smaller than the consortium itself and accustomed to supporting smaller CBO partners. This means they do not necessarily have the capacity to add value in the accountability or information requirements of donors over and above what donors could get from TBC itself. For this reason, the largest donors (US BPRM and ECHO) as well as DFID, which is comparable to AusAID, have direct relationships with TBC as well as funding relationships with the member channelling funds.

Among most stakeholders interviewed there was a degree of frustration with the performance of TBC members, with whom the donors have grant agreements, which sometimes appears to be projected onto TBC. It also adds confusion because some bilateral donors communicate directly with TBC, undertake field visits, and sometimes have more detailed knowledge of the field programs than the members through which they channel funds. At times there has been pressure on TBC to enter into grant agreements directly with donors, bypassing the TBC member organisation, which they have so far been unwilling to do in order to protect the consortium model. Recently, with the changing circumstances, TBC have indicated a willingness to change this policy.

²⁹ In the absence of its own resources the role fell to TBC because it was the largest agency with capacity and resources other agencies could not provide. This arrangement gave rise to some perceptions that TBC, rather than CCSDPT, determined entry to the camps. Even with a new Executive Coordinator, in the absence of legal status and independent resources, TBC has to issue the contract for the EC and provide working space. CCSDPT is currently looking into registering itself as an NGO in the UK to be able to receive and manage grants directly.

³⁰ The language used by TBC and members is unusual in that the member organisations are referred to as the 'donors' and the governments providing funds to them known as 'back donors'. This sometimes causes confusion, for example in IRC's Annual Report where Act for Peace are named as the donor rather than AusAID.

Mae Tao Clinic MTC sits outside the coordination structure because, being a Myanmar CBO, it is not a member of CCSDPT. It organises its own coordination with donors, which includes AusAID, USAID, DFID, EU, CIDA and Norway.³¹ It is also a founding and leading member of the HCCG.

3.1.2 AusAID's role

AusAID has played an important but limited role in formal coordination in DHA-WG and with UNHCR. This has been done primarily by the AusAID officer at the Australian Embassy in Bangkok who has been involved on an occasional rather than regular basis because the role is focussed on regional programs and does not focus on the border. An officer from the Department of Foreign Affairs and Trade has also supported AusAID in this regard, attending some meetings and maintaining networks. The border program is managed from Canberra which was satisfactory when the program was maintenance of a longstanding situation but disadvantageous at a time of change. Coordination with ANGO partners has been mainly administration rather than issue oriented and has been inconsistent because of high turnover on the Myanmar Desk. With no direct relationship with the four implementing partners, the coordination relationships have not been easy to understand. In part it is complicated because IRC is a member of TBC, equal to Act for Peace but also funded by it. At the same time IRC participates in CCSDPT alongside TBC and ADRA. The deployment of an Australian Civilian Corps officer as Australia's Humanitarian Coordinator to the Thai-Myanmar border is expected to improve AusAID's capacity in formal coordination.

3.1.3 Coordination Politics

Overall, although donors have experienced improved coordination in DHA-WG, notably under the skilled facilitation of SDC, they are generally dissatisfied with coordination arrangements. In the donor-only sub group most of the representatives are Embassy diplomatic rather than development personnel. This has facilitated good bilateral relationships but has been ineffective as a coordination mechanism because diplomatic personnel tend not to have in depth knowledge of humanitarian issues and therefore cannot engage in substantive discussions on challenging issues. There has also been a relatively high degree of conflict between the agendas of donors which arise from the different political priorities for Myanmar and Thailand, unwillingness to be transparent about funding, and historic grievances about particular agencies or individuals. Attempts to map donor activities, though desirable, have never succeeded.

At an operational level, especially in the camps, coordination appears to work well and the various Working Groups of CCSDPT, such as protection, education, health, and livelihoods have been active. At the same time one stakeholder commented that, in a context where some camps are small and the number of actors in a sector is small, division of coordination into sectors can be artificial and may detract from attempts to establish more strategic coordination.

3.2 Working towards durable solutions

Durable solutions first came onto the donor agenda in 2007. Before then, donors had been consistent in their funding and had not questioned their ongoing humanitarian commitment to the refugees. As the crisis appeared increasingly protracted, a degree of donor fatigue set in. ECHO, one

³¹ It is noteworthy that the MTC 2011 Annual Report credits USAID, CIDA and DFID as donors whilst crediting Union Aid Abroad-APHEDA rather than AusAID for Australian funds. Similarly IRC's 2011 Annual Report credits Act for Peace as the donor not AusAID.

of the largest donors, indicated that it planned to reduce funding on protracted crises in order to focus resources on acute humanitarian situations. With no movement in Royal Thai Government policy, donors were faced with open-ended commitments so increased attention was focused on the need to seek durable solutions.

Since 2005 UNHCR and CCSDPT had been in dialogue with RTG to promote more solutions-oriented humanitarian policy for refugees. A series of planning initiatives to shift to a more developmental approach which would promote self-reliance and reduce dependency resulted in Comprehensive Plans for 2005/6/7, a Draft Strategic Plan in 2009 and the Strategic Framework for Durable Solutions in 2010. Although these were intended to represent a shared vision by all stakeholders, they were not endorsed by RTG. Fundamentally different views therefore remain between key stakeholders such as the RTG, donors, UNHCR and others on the policy of confinement, perceptions of refugees as a security threat, and the integration of the parallel health and education systems in the camps into the Thai system.

To date the Strategic Framework has been a useful planning tool. It is a requirement for all CCSDPT members to work within the framework and all programme proposals submitted to MOI for 2011 and 2012 were compliant with it. During 2011 a tool was developed to monitor progress in each sector against short term targets. This showed that, whilst modest progress was being made in all sectors, the lack of freedom of movement for refugees combined with inadequate funding to expand activities was highly limiting. In the meantime, the only durable solution for refugees was large scale resettlement to third countries of around 72,000 individuals.³² Although there are still quotas available for the US, resettlement programs including Australia's are constrained by a number of factors. The main constraint is that RTG will only issue exit visas for registered refugees and most of those who wished to resettle have already done so. Unregistered refugees, who comprise a significant portion of residents in the camps cannot get exit visas and are not eligible for resettlement. This presents a key challenge for the Australian Department of Immigration and Citizenship (DIAC) in the light of the Houston report's recommendation that the humanitarian intake be increased.

In 2012, as it had become clear that the situation in Myanmar was evolving rapidly, UNHCR and CCSDPT developed a Framework for Voluntary Repatriation.³³ This noted the speed of political transition since the formation of the civilian government in March 2011, the diplomatic re-engagement, and progress within the emerging peace negotiations, and indicated that it was prudent to initiate measures in preparation for an eventual voluntary repatriation of refugees.

3.3 Protection Needs and Issues

3.3.1 Protection in the Camps

The issues affecting refugees largely stem from their prolonged confinement in the camps. According to Thai law, refugees have no right to employment and those found outside the camps are subject to arrest and deportation. Whilst many refugees do work outside the camps, the majority remain dependent on assistance. This has created many social, psychological and protection concerns such as child and gender based violence, drug and alcohol abuse, and depression. Trafficking is also

³² As at June 2012

³³ *Framework for Voluntary Repatriation: Refugees from Myanmar in Thailand*. UNHCR Discussion Paper. 1 Jun 2012.

known to take place from camps but is difficult to address because, for many families, it is viewed as a livelihood option rather than a concern.

Protection related issues are addressed through CCSDPT Protection Working Group meetings which are held monthly at the provincial level for UNHCR, NGOs and CBOs and bimonthly in Bangkok for NGOs. TBBC represents this group in the UN Working Group on Children Affected by Armed Conflict. Other mechanisms include the UNHCR-led Protection Working Groups (PWG) along the border and the bi-monthly Protection Coordination on the Border (PCB). Other mechanisms are the Prevention of Sexual Abuse and Exploitation (PSAE) Steering Committee and a Child Protection Network (CPN). Within the camps there is a child protection referral system for serious incidents of abuse, neglect and exploitation. However, overall psycho social provision within the camps is limited and some of the providers, whilst working sincerely, lack the experience and capacity to provide services to international standards. For example, some of the institutional care provided, such as dormitories for unaccompanied children, can exacerbate rather than solve protection problems.

Resettlement as a durable solution was intended to reduce the numbers of people in the camps. In reality the actual population in the nine camps has remained relatively stable because departure numbers have been matched by births and new arrivals to the camps. There is official or agreed data on the make-up of the camps and data is more limited on the unregistered population

Reductions in the rations and cuts to shelter since 2011 mean that support now falls far short of Sphere Standards. Most observers believe that the ration cuts are pushing refugees out of the camps to seek work. During the field mission the evaluation team heard anecdotal evidence about the increasing loss of camp staff once they had completed training because wages outside the camp were considerably better. However, gathering hard evidence on cause and effect is difficult because there is also more demand in the labour market in Thailand.

Alongside the chronic issues, the new protection concern arises from high levels of anxiety about the future, especially about the prospect of repatriation from the camps before people feel ready. Although the Royal Thai Government has consistently assured that the camps will not be closed until conditions for voluntary returns are right and durable solutions have been found for camp residents, and some donors have stated that support will not be withdrawn, camp residents feel anxious and uncertain about their future. In the absence of clear and reliable information, misinformation and rumours abound. In all interviews with camp leaders and program staff this concern was raised.

Unregistered refugees are even more vulnerable and have higher levels of anxiety. In January 2012, the Thai Army prevented TBC from distributing food to 1,000 unregistered refugees who were on the distribution list. After a series of discussions they allowed distribution to 700 vulnerable new arrivals in February. At the same time the Ministry of Interior (MOI) stopped the New Arrivals Committee in Tham Hin from convening to register new entrants. The issue of how the status of refugees is determined has been a longstanding problem since registration was stopped in 2005. The burden of accepting new arrivals into the camps lies with the camp committees but it is not their responsibility to determine whether or not people are genuine refugees. TBC have always provided rations to all refugees, on the grounds that there is no RTG or UNHCR determination of eligibility to

guide responsible exclusions. They have sometimes been criticised for this, for example when rations have been cut across the board, even though it is not their responsibility.³⁴

Unregistered refugees already have unequal rights in the camps such as being unable to vote in elections of camp committees or stand for office. They may also have unequal access to services in the camps, often because they fear the consequences of seeking them. In the case of failure to take advantage of the medical screening program which is provided for all new arrivals, this can have public health implications. Unregistered refugees also face resentment from some camp residents. This appears to be increasing in the face of ration reductions with some believing that this is a direct result of having to share resources with more unregistered people. There is also anecdotal evidence that conflict and petty crime are increasing and that misinformation is deliberately spread about opportunities to legalise status as workers outside the camps. In response to rumours and fear, the IRC Bangkok Advocacy Team held information sessions to explain the current processes of eligibility and nationality verification relating to Myanmar refugees.

3.3.2 Protection in Myanmar

During consultations for this evaluation there was unanimous agreement – from refugees, agencies working in the camps, donors, and the Thai Ministry of Foreign Affairs – that the time is not yet right for refugees to return to Myanmar. UNHCR observed that although the situation is evolving rapidly in Myanmar – the country of origin of refugees – there is no evidence yet that this is affecting conditions on the border. The border is also not monolithic and political progress is being felt differently in different areas.

Although the ceasefires are widely supported, they have not yet been in place long enough for people to trust them, given that previous ceasefires have been broken. Some groups, such as the Karen National Union (KNU), also believe there can be no durable ceasefires until the situation in Kachin State is resolved. All talks and agreements are at an early and fragile stage.

In an invaluable three hour meeting with representatives of the KNU and Karen CBOs, convened for the evaluation by TBC in Mae Sot, participants were absolutely clear that sustainable development issues had to be addressed before any return could take place. Refugees in Thailand and displaced people in camps in Myanmar have lost large amounts of land to business and Army interests and fear that, without the return of land, they will not be able to sustain livelihoods.

Human rights abuses against the civilian population in southeast Myanmar, from where the vast majority of refugees originate, are well documented.³⁵ These include murder, rape, torture, looting, forced labour, arbitrary taxation, land confiscation and the destruction of entire villages. Whilst the most serious are perpetrated by state agents and their proxies, the armed non-state actors are also implicated. This means that, if refugees do return, they will need protection from all sides. A major concern for humanitarian agencies is that, with access to southeast Myanmar still limited, monitoring of the effects of any refugee and displaced return, and ability to respond to protection needs, would be highly compromised.

³⁴ One reason why targeting of refugees needs to be undertaken cautiously is that the ECHO Vulnerability Studies in camps identified high levels of vulnerability and the criteria for developing targeted strategies require detailed understanding of household food economy, food consumption and eating habits, dietary adequacy, and coping strategies.

³⁵ UN General Assembly Resolutions, ILO, Human Rights Watch, Amnesty International and many others including Burmese human rights organisations.

3.4 Understanding the context

3.4.1 Partner Knowledge

The partner with the best understanding of the context as it affects refugee return is TBC. This stems from the very long history of support to those affected by conflict and, most importantly, it is an understanding of the issues affecting all displaced people from southeast Myanmar, whether they have been refugees in the Thai border camps or displaced on the Myanmar side. The issues and concerns have been well documented and communicated through a range of advocacy strategies to concerned stakeholders locally and across the world, both by TBC personnel and by member agencies through their own networks. Most of this is easily accessible on the internet.

In addition there is a wealth of knowledge and understanding of the context in SE Myanmar which has only been shared in a 'below the radar' way with those donors who have provided funding for support to the internally displaced. As a result of positive approaches from the Myanmar Government, TBC, for the first time, presented the Jan-Jun 2012 report in a way which demonstrated the interdependence of humanitarian support to those affected by conflict regardless of which side of the border they are on.

What became very clear during this evaluation was the extent and capacity of the CBO self-help network based in Thailand. In terms of health, as shown in Diagram 2, MTC is part of and central to a wide network of CBOs that work directly or indirectly on health issues. These include the KDHW,³⁶ the BPHW), the Burma Medical Association (BMA) as well as women's CBOs, child protection CBOs and education CBOs. All these have been working steadily over the years to maintain services in southeast Myanmar. TBC also works with many CBO partners in all ethnic groups both in the camps and in several states in Myanmar, not only the southeast. Union Aid Abroad-APHEDA works with 16 CBOs along the border.

Other partners also have good contextual knowledge and specialist knowledge. IRC is a well-regarded specialist agency for protection issues with programs in Thailand and in Myanmar, though not in the southeast in any substantive way as yet. ADRA have deep knowledge of the issues affecting refugees built up by senior management personnel who have been in Thailand for many years. They also have a presence in parts of Karen State.

The partners with the least contextual understanding, by virtue of being based in Australia and not having a presence in Thailand or Myanmar, are Act for Peace and Union Aid Abroad-APHEDA. Whilst they have good understanding of the partners they support, and good enough understanding of the issues addressed by them, they could not be expected to bring the depth of understanding and insight that the implementing partners themselves have, particularly in this complex and rapidly evolving context.

³⁶ One of several ethnic health and other welfare agencies of the non-state armed groups that have helped channel humanitarian assistance and reinforce coping strategies.

3.4.2 Donor Knowledge

The first principle of working in fragile states is to understand the context.³⁷ International actors are encouraged to develop a shared analysis and a shared view of the strategic response that is required. Australia's strategy supports this, stating that "Australia will continue to look for ways to coordinate and encourage joint information collection and analysis among donors and implementing partners."³⁸

Among donors supporting refugees on the border a shared analysis has not been achievable so far. As discussed in the section on coordination, the difference in political agendas, the capacity in Embassies, and the turnover of personnel has not provided a favourable environment. Prior to independent facilitation of the donor working group there was no strong leadership capacity among donors to move beyond basic information sharing. Now that UNHCR is chairing this group it is likely that coordination for practical preparations for voluntary repatriation will be moved forward and as part of this it is within UNHCR's mandate to guide a broader contextual analysis.

Even where donors have had practical issues to engage their attention, shared approaches have not been taken. In responding to the ECHO strategic evaluation in 2008, AusAID stated that "the most urgent requirement now is to detail a specific advocacy strategy, on which all donors can agree, to take forward the key recommendations. Unanimity of views among the donor community on next steps will be critical". That did not happen and the concern that the 2008 evaluation raised about the politicisation of food aid appears to have lingered over the last four years. As the evidence base for the assertions was somewhat questionable, a more rigorous and less emotive study of the distribution of power and resources in the camps might have been enlightening and less damaging to TBC's reputation.

3.4.3 Peace Processes in Myanmar

With change taking place so rapidly in Myanmar it is difficult for any stakeholder to remain fully informed. What was clear in meeting CBOs and partners was that some of the beliefs about how donors are supporting the peace process are misconceived. For example, several stakeholders criticised the Norwegian-led Myanmar Peace Support Initiative (MPSI) for providing funds to the Government of Myanmar and for taking decisions without consulting the ethnic groups in Thailand who are affected by such decisions. In fact, no funds are being provided through the government and progress in the initiative is much slower than anticipated so few decisions are currently being taken.

Positively, all partners and CBOs are working hard to try to stay informed and to respond to changes. In the meeting with KNU and CBO representatives, each presented a well thought-out and rationally articulated statement of priorities and demands. The evaluation team also had the opportunity to observe part of a historic two day Convergence Meeting of Health CBOs. This was self-convened and participants from INGOs working in Myanmar, and some CBO partners, were present. There were at least 100 people, all with carefully prepared presentations which they were actively discussing. At sectoral level, therefore, the spirit of self-help is providing a very natural and open environment within which to understand and respond to the contextual changes.

³⁷ OECD DAC *Principles of Good International Engagement in Fragile States and Situations*, 2007.

³⁸ *Australia's Strategic Approach to Aid in Burma – Interim Statement*. Dec 2010.

4. AusAID's Program in a Changing Context

Previous sections of the report have presented the results of AusAID's funding and described the changing context. This section draws together findings about the current AusAID program using the DAC criteria for evaluating humanitarian assistance as specified in the TOR. Coordination has already been covered in detail so the focus is on appropriateness and connectedness.

4.1 Appropriateness

4.1.2 Is support tailored to need?

At present all the assistance funded by AusAID is appropriate to need. Support provided in the camps consists of essential humanitarian services for refugees who are entirely dependent on them because their livelihood options are highly constrained by policies of confinement. The need for this is likely to continue because the Royal Thai Government, for a range of reasons, is not in a position to integrate refugee services into the broader Thai system and consistently requests that donors do not reduce support. Outside the camps, support provided by Mae Tao Clinic meets the needs of Myanmar migrant workers, displaced people and patients travelling from Myanmar, none of whom are able to access the services they need in Thailand or Myanmar.

All partners working in the camps are already focused on how they need to adapt to changing circumstances in Myanmar. TBC is best placed as a result of the foundation of self-reliance it has supported and also because of the relationships built with CBOs working with displaced people on the Myanmar side of the border. The welcome extended from the Government of Myanmar is a good proxy indicator of TBC's relevance for border populations. ADRA is also well placed to adapt to a potential change in the skills required for repatriation although whether this can be realised will depend on the timeframe, the speed of repatriation and ADRA willingness and ability to engage in strategic sectoral and convergence discussions. IRC's health program is appropriate for refugees in the camps and in preparation for repatriation without significant change but with greater focus on issues such as certification of refugee health workers trained in Thailand so that their skills and training is recognised in Myanmar.

4.1.3 What is the quality of need assessment?

The quality of the needs assessment undertaken by partners in the camps is excellent. The model of community empowerment promoted by TBC is widely admired and has supported the refugees to manage their own affairs. The system in place ensures that camp and section leaders are familiar with the needs of refugees and, though it is impossible to understand or meet all types of need, the refugees are generally satisfied. IRC is highly experienced in health provision and able to assess and meet need according to international standards. For vocational training ADRA has undertaken extensive needs assessment and demonstrated the capacity to design a program clearly focused on durable solutions.

The quality of need assessment undertaken by MTC is more difficult to assess. It is not formalised in the way that TBC, IRC and ADRA needs assessments are, in part because staff are themselves

immersed in the challenges of life for Myanmar in Thailand and in part because the approach used by MTC is to respond to whatever need presents itself.

4.1.4 Do partners have institutional capacity?

TBC, IRC and ADRA all have strong institutional capacity to deliver programs of high quality that are accountable to refugees and donors. IRC and ADRA are part of larger international organisations or confederations that contribute broader institutional capacity that enhances the effectiveness and efficiency of AusAID funding.

MTC has a different kind of institutional capacity because it is a CBO. It is still developing its own capacity for strategic planning and its management systems have become strained with continuing growth. This year is one of the first years that funds have not come easily so MTC has yet to experience the effect of its dependence on donors and may struggle to become sustainable.

The Australian NGOs have different institutional capacities. Act for Peace is providing on-funding for TBC and IRC, both of which are much larger NGOs with significantly larger budgets.³⁹ As Act for Peace generally supports partners that are much smaller than itself, its capacity is stretched in managing grants to TBC and IRC. In both cases, for different reasons, Act for Peace has attracted resources for partners. When the ECHO funding to IRC in Tham Hin camp was withdrawn suddenly, Act for Peace was able to access AusAID funding in a timely way where IRC could not have, due to a previously-built relationship with IRC. With TBC, the nature of the membership consortium has meant that they have not wanted to receive funds directly. As a member of ACT Alliance, Act for Peace is able to draw on wider networks for advocacy.

ADRA has the necessary institutional capacity overall in its global organisation. ADRA Australia is on-funding ADRA Thailand which is also being co-funded in vocational training by ADRA Germany with EU funding. Overall ADRA has demonstrated capacity to manage different donor funds and to ensure high quality programming.

Union Aid Abroad-APHEDA is an autonomous international humanitarian development agency chartered by the Australian Council of Trade Unions. It is a relatively small organisation which is Union and labour-focussed but has some wider alliances beyond the Union domain. Its understanding of international development issues, including sustainability, appears somewhat limited. There has been good continuity of staff which has benefitted relationship development over time. However, Union Aid Abroad-APHEDA appears stronger at advocacy than at building the capacity of its partners. At a time when MTC is struggling to maintain funding and in need of solid professional support for strategic management and guidance on how to broaden its funding base, it is not evident that Union Aid Abroad-APHEDA has the capacity to support this in a substantive way.

4.2 Connectedness

4.2.1 Do activities take account of long term problems?

Support for refugees has predominantly been for delivery of services in camps in a context where there has been no other option. In this context, partners have worked consistently to develop and

³⁹ In 2011, Act for Peace's global budget was \$10.3m compared with around \$32m for TBBC and US\$37m for IRC in Thailand (\$195m globally).

support capacities which are of immediate and long term benefit to the individuals and the communities. This is true even for those refugees who have chosen resettlement as many currently provide support in the form of remittances, which improves the livelihoods of their families in the camps. Many are also likely to contribute to Myanmar's development when conditions are appropriate.

MTC has focused on delivering services in the present. From humble beginnings it has become a large centre offering health and protection services in line with demand. The needs it meets are potentially limitless but MTC has faced budget shortfalls and more recently sustainability questions. This is exacerbated in the absence of a governance arrangement or an effective coordination mechanism to manage its relations with all of its donors. By not having a common view on how to provide institutional support to it in an accountable and sustainable way, the largest donors may have collectively done MTC a disservice.

4.2.2 Do activities take account of interconnected problems?

TBC has excelled in its understanding of, and response to, the situation of the people of southeast Myanmar by viewing them as one people from one area, regardless of where they have been displaced to. The result of approaching the problem in this way, for more than two decades, is that the relationships and trust built between TBC and CBOs is unparalleled. In its pivotal role of supporting camp management, other agencies working in the camps have benefited from this.

The value of this network of relationships has become clear now that the peace process is gathering momentum. TBC joined the International Peace Support Group (IPSG) in January 2012 and began facilitating consultations between leaders of the ethnic nationalities and the international community, including with Ambassadors. It also facilitated an introductory meeting between ILO, the KNU, the Chin National Front and the Kachin Independence Organisation to explore how the mechanism for complaints about forced labour can be expanded to strengthen protection against human rights abuses.

The network of health organisations and MTC have also addressed interconnected problems in two significant ways. One is MTC's role in promoting public health on the border which is recognised and appreciated by RTG health authorities. The other is in persistently advocating for accreditation of the health workers from Myanmar who have been trained and deliver services in areas of Myanmar where there are no alternative services. As these workers are trusted by communities, their continued support and integration into the Myanmar health system will be important. Without accreditation, and until the point when the health system is able to provide services for all, these programs may not be eligible for future donor funding. As the governments of both Thailand and Myanmar are preparing for key roles in ASEAN, the issue of accreditation is gaining traction. MTC and IRC's role in the HCCG are also important to note.

There are now several evidence-based studies that indicate some powerful results and which are useful to acknowledge with a view to issues of connectedness and integration.

Quality of assistance

One of the major health CBOs underwent a credible evaluation in 2011.⁴⁰ It found that the 81 teams of medics and health workers delivered essential and comprehensive primary health services to their own communities in ceasefire, mixed administration and non-ceasefire zones where they were the only service provider. They exhibited extremely high levels of commitment for minimal remuneration and were credited with contributing to decline of malaria, respiratory infections, diarrhoea and worm infestations. They use basic epidemiological tools and the system of M&E tools used was largely appropriate for quality control. Several areas for improvement were identified, the majority of which related to being spread too thinly in a context of immense need and which could be addressed relatively easily with adequate and appropriate resources.

Quality of monitoring in Eastern Myanmar

Monitoring systems and practices have also been recently evaluated.⁴¹ This assessed the monitoring systems as remarkably solid and strong. Unlike the often-cited remote monitoring situations in other conflict affected countries where poor access is a serious limiting factor, staff operating in eastern Myanmar spend substantial time collecting a large quantity of data, of adequate quality, using traditional and very effective means. In health the quality of monitoring has been supported by IRC and Johns Hopkins School of Public Health.⁴² Increasingly, impact level surveys are being carried out which allow situational changes to improve program design. Partners have also made significant progress in coordination, information sharing, and downward accountability to beneficiaries.

Do No Harm

A study of the effect of decreasing funding for cross-border activities in the light of positive change in Myanmar assessed the effect on access to services in border areas.⁴³ This confirmed that refugees and IDPs are best considered as one, fluid, population facing continuing uncertainties on both sides of the border. It noted the trust built between CBOs and communities and their role as local capacities for peace and peace connectors through the broad networks created over many years. It drew attention to the need for donors to support solutions that enable peace and reconciliation at local and community levels as well as national and to recognise that access to the southeast is not something that can be achieved rapidly by new partners working from Yangon.

4.2.3 Do partnerships support connectedness?

If viewed as a system, partnerships have not supported connectedness. RTG policy has partially supported durable solutions through resettlement but has created a barrier through the absence of systematic and predictable registration processes. Although the RTG supports planning for future voluntary returns, the protracted confinement to camps means that refugees are practically less able to prepare for returns. UNHCR's role has been constrained because Thailand is not a signatory to the Refugee Convention and because the agency has had limited capacity in-country. Donors have been unable to coordinate in a way which would promote shared analysis and shared solutions. In some cases, political imperatives are unavoidable barriers but in others, such as joint approaches to

⁴⁰ *Backpack Health Worker Team Program Evaluation Report*. Stan Zankel. Commissioned by IRC, Norwegian Church Aid, Burma Refugee Committee, Inter Pares for US, UK, Norway and Canada

⁴¹ The Evaluation Report, by a reputable international company, is confidential at the time of writing

⁴² The Global Health Access Program has supported the innovative Mobile Obstetric Maternal Health Workers (MOM) Project, establishing a three-tiered collaborative network of community-based reproductive health workers in conjunction with MTC, BMA and other CBOs

⁴³ *Do No Harm: cross border and Thailand based assistance to refugees, IDPs and migrants*. Norwegian Church Aid. 2012

working with TBC and MTC, there has been unrealised potential. AusAID has been unable to support connectedness because of limited capacity in both Thailand and Canberra. The ANGOs have not necessarily supported their implementing partners as well as they might have by presenting proposals for funding that do not demonstrate interconnections.⁴⁴

4.2.4 Is local capacity supported and developed?

The capacity of refugees from Myanmar and CBOs in Thailand is extremely impressive. They demonstrate a unity of concern for the welfare of the ethnic groups, and their organisation to protect their interests and unique cultures is a very strong platform from which to engage in the various elements of the move towards durable peace.

All partners are engaged in capacity development. TBC's efforts over the years have recognised the existing capacities and carefully nurtured them, from the outset, with a view to a future when they would return home. Drawing on an analytical framework⁴⁵ of five core collective capabilities that are critical to thinking about capacity as a system, examples as observed during the course of the evaluation are summarised in the box below:

Capabilities of Myanmar Refugees and CBOs
<i>Capability to commit and engage in development activities</i> <ul style="list-style-type: none">• Ownership – controlling their own agenda and being supported in this by TBBC• Maintaining motivation and persevering when the future has appeared hopeless• Aspiration – for a durable peace process• Determination – protection of ethnic rights
<i>Capability to carry out technical, service delivery and logistical tasks</i> <ul style="list-style-type: none">• Camp management, food distribution, service delivery
<i>Capability to relate and attract resources and support</i> <ul style="list-style-type: none">• Creative survival within confinement• Improvement of systems of accountability to maintain donor confidence• Elections to promote legitimate camp leadership
<i>Capability to adapt and self-renew</i> <ul style="list-style-type: none">• Individual and collective learning for leadership, replacement after resettlement• Repositioning for peace process and repatriation
<i>Capability to balance diversity and coherence</i> <ul style="list-style-type: none">• Communication and networks of CBOs across interests and ethnicities• Management of tensions with Thai authorities• Improving representation on camp committees

⁴⁴ AusAID has supported ADRA in three camps, but was not informed in the proposal that ECHO was funding the same program in four other camps. ADRA therefore has unnecessarily complicated reporting responsibilities. Funding to IRC has also been confined to a small role in health which has not been contextualised with other important programs such as protection.

⁴⁵ *Capacity, Change and Performance* Synthesis Report of Case Studies. Discussion Paper no 59B, ECDPM. 2008. Co-funded by AusAID.

5. Options for the future

AusAID's current program of funding for the border has realised good results in terms of supporting practical maintenance of services in camps and, more strategically, in developing capacity in CBOs and individuals which will be invaluable in the future. This section offers some broad options for the future. In a context which is so rapidly changing it is inappropriate to offer specific recommendations and the TOR does not request these. Rather, the approach to the evaluation has been developmental, recognising that the program needs to evolve with complex circumstances.

It should also be noted that *the scope of the evaluation is support to the border* so it is beyond its scope to offer options for programming within Myanmar. Nevertheless, as has been presented in the previous section, the situation of both migrants and refugees from Myanmar in Thailand is deeply interconnected with that of displaced people in southeast Myanmar and with prospects of peace for the future.

This section is framed by Australia's 2011 Humanitarian Action Policy and its desire to be a Good Humanitarian Donor.⁴⁶ It also takes account of increased human resource capacity in Thailand since August 2012 and the potential to integrate the border program with the Myanmar program.

5.1 Options for continuing support to the camps

Although there is now considerable hope for a future voluntary return to Myanmar, all stakeholders recognise that this will be a long and difficult road. After decades of conflict the lack of trust between the refugees and the government is profound. For refugees in the camps, an important protection concern relates to anxiety about forcible return.⁴⁷ The Royal Thai Government has requested that donors continue to support the camps and some donors, including AusAID, have given assurances that they will not withdraw support.

In addition to supporting refugees in the camps, much of the effort undertaken from Thailand has been in support of a wide network of CBOs working in Myanmar, especially in the southeast. The evaluation team were able to meet several CBOs delivering valuable services such as the BPHWT, Karen Women's Organisation, Karen Teachers Education Group, Committee for Internally Displaced Karen People, Karen Environment and Social Action Network, Karen Human Rights Group and Karen Office of Relief and Development.⁴⁸

These organisations have been funded, quietly, by several donors to deliver services in Myanmar. They are often established by displaced people themselves and serve their own communities in contexts where there is often no other provision of assistance. In the past there has been concern among some stakeholders that such CBOs could not be monitored or that aid was politicised but there is increasing, reliable, information about their efficacy.

⁴⁶ The Good Humanitarian Donorship (GHD) initiative, to which Australia is a signatory, is an informal donor forum and network which facilitates collective advancement of GHD principles and good practices. It recognises that, by working together, donors can more effectively encourage and stimulate principled donor behaviour and, by extension, improved humanitarian action.

⁴⁷ There are also issues about the degree of freedom refugees will have to make their own decisions compared with decisions potentially being made for them by their leaders but this is small in comparison with fears relating to forced return by RTG and UNHCR is addressing it

⁴⁸ The team were deeply grateful to Duncan McArthur of TBBC and Zoe Bedford of Union Aid Abroad-APHEDA for facilitating these meetings which were critical for understanding the broad context of CBOs

AusAID has always supported service delivery in Thailand in the camps and for migrants. To date it has funded service delivery in Myanmar from within the country but not from the border.⁴⁹ As the peace process evolves, and in recognition of the results obtained through this modality, there is a strong argument for considering how the impact of AusAID's program in Myanmar can be enhanced through closer integration with the border program.

Ways in which AusAID can continue to be a good humanitarian donor include:

1. increasing flexibility of funding
2. intensifying capacity building for leadership and governance
3. developing the quality and dissemination of information
4. focusing the program on preparedness for return
5. increasing potential for integration
6. increasing opportunities for dialogue
7. increasing capacity for monitoring and learning

Increasing flexibility of funding

ADRA and MTC already have three year funding agreements to the end of 2013 which provide adequate flexibility for the timeframe. TBC and IRC have year on year funding agreements and different degrees of flexibility to adapt to changes in the camps. TBBC already receive core funding support, which has been and continues to be the most flexible and helpful. Moving to a multi-year funding arrangement would be highly beneficial along with support to integrate activities in southeast Myanmar. AusAID could also explore funding TBC directly. IRC would have greater flexibility if funding was direct from AusAID and as a core contribution to support a programmatic rather than a single sector approach within camps.

Intensify capacity building for leadership and governance

The Camp Management evaluation concluded that capacity building in governance has provided leadership and citizenship experience equivalent to a public administration school. Increasing the number and skills of leaders who can promote nation-building in the repatriation effort is likely to be invaluable. This can be done in close coordination with UNHCR and can potentially be expanded beyond camp leadership so that a broader base of community members have experience in civic participation. This is particularly important for young people, whose particular challenges were raised during the evaluation

Further develop the quality and dissemination of information

UNHCR has the overall lead in information management in the context of repatriation. UNHCR handles the common service for agencies on information management and the messaging, because of their particular importance to international protection standards. TBC currently produces a wide range of useful material but from an already constrained budget. Now that such information can be made more openly available, more community-based research will be possible⁵⁰. Providing resources that enable improvements to be made in quality of information will serve three important purposes:

⁴⁹ Funding to TBBC has excluded support to displaced people in Myanmar.

⁵⁰ CCSDPT (with TBC) is working on developing information centres in camps to relay information.

1. TBC would be able to work more closely with organisations such as the Myanmar Information Management Unit to improve confidence in the impartiality and reliability of data.
2. Refugees will have access to additional information beyond that they can gather through their own networks which will help address their protection concerns.
3. Greater links can be made between all stakeholders to broaden the base of access to information which will help reduce the level of uncertainty among refugee communities.

Focusing the program to emphasise preparedness for return

Although the funding provided by AusAID has produced valuable results through the individual partners, the outcome AusAID has aimed to achieve has never been stated. It started in the 1990s as straightforward humanitarian response to an increasing number of refugees and, although the stated recent focus has been on durable solutions, the types of programs funded have not necessarily reflected this. The three programs in the camps already build capacity and can easily be re-oriented to increase the emphasis on the capacities that will be most valuable for a durable return. With MTC, which addresses chronic and ongoing problems, the durable solutions element is the training of health workers for both sides of the border.

Although the current positive political progress in Myanmar is, and will continue to be fragile, ***peace and reconciliation is the overwhelming outcome that all stakeholders want to realise***. AusAID could consider refining the purpose of the camp program so that it explicitly addressed capacity development and process support that contributes directly to the peace process and durable return. This would include all activities currently funded but also open up space for them to be more coherently linked and oriented to durable peace as the most important durable solution.

AusAID now has the human resources to engage substantively and directly with partners implementing in Thailand. This is important to improve AusAID's contextual understanding and, as a consequence, improve the focus of programs so that they are more demonstrably oriented to durable return. With TBC, IRC and ADRA this is easily achievable and partners all indicated that they would welcome the kind of strategic engagement that has not been possible in the past. For MTC there is a need to engage further, preferably with other key donors, to identify those elements that contribute to durable return and support them in a more coherent way.

Increasing potential for integration

During interviews with the CBOs and their partner NGOs it was clear that the systems in place, in health and education especially, are very well developed considering the years of severe conflict and that the ethnic departments and CBOs have coordinated very closely. Mapping of services uses the latest technology and is easily accessible. If the peace negotiations progress it will be timely to consider how the services supported from the border can be integrated with, rather than replaced by, Myanmar Government or INGO services.

Doing so will require considerable, often sensitive negotiations. In the case of education, for example, although the Mon curriculum has maintained Myanmar language, the Karen curriculum has not, so children in the camps will experience language challenges when they return. Beyond language, the curriculum is also a highly political arena in most post-conflict contexts in terms of whose version of history and culture is enshrined.

The CBOs are already very active in the new 'convergence' agenda. In December 2011, Karen CBOs convened an externally facilitated three day workshop on repatriation, the findings of which were presented to UNHCR in Bangkok and Geneva.⁵¹

Health CBOs and their partners from both sides met in August 2012 for in-depth discussions about how this can be achieved and education groups are likely to follow. Additional support for these initiatives could be very valuable and AusAID and its partners IRC and MTC are very well positioned for this purpose.

Increasing opportunities for dialogue

In addition to the sector specific issues of integration, there is a need for a broader dialogue about governance in the ethnic areas. Some of this is political and can only be undertaken between the Myanmar Government and the ethnic Parties but other aspects relate to broader issues about how communities are involved in the process of reconciliation and reconstruction. These start from a point of deep mistrust and are likely to raise various protection concerns as particular vulnerable groups seek to make their voices heard.

At a certain point it is likely that local level planning processes will be instituted by the Myanmar Government, which will be most effective if they utilise the capacities developed in refugee and displaced leadership. Based on its history of facilitating dialogue between inside and outside groups, and its increasing recognition by leaders of the peace process, TBBC is exceptionally well positioned to support this in the future because of its deep relationships of trust. As one UN stakeholder put it *"TBBC have the trust of refugees. Lack of trust is the key problem in the peace process and the potential stumbling block. Donors would be crazy to walk away from it now"*.

At the same time, many people in southeast Myanmar have been in areas subject to more than one authority - under the influence of both insurgent and ceasefire groups and/or government forces - where they have had to resort to a range of coping strategies. Religious leaders and institutions such as monasteries have played a crucial protection role in these circumstances.⁵² Best practice suggests that international agencies should do more to understand local protection priorities and strategies and elicit beneficiary participation in program design.⁵³ AusAID, through its support to the Myanmar Peace Support Initiative, is well positioned to influence the quality of the individual initiatives flowing from this mechanism and to support dialogue and capacity for dialogue amongst the various groups.

Increasing capacity for monitoring and learning

One of the principles of Good Humanitarian Donorship is support for learning and accountability initiatives. Supporting integration and dialogue, as described above, requires information. Although a great deal is already produced, there is room to strengthen existing mechanisms or introduce new ones to improve data quality and to promote more shared learning. In some cases the organisations are constrained only by funding as their existing efforts have been achieved by using already scarce program funds rather than dedicated M&E or research funds. With convergence on the agenda, the interactions between partners are becoming more complex, requiring more effective mechanisms

⁵¹ Led by the Centre for Refugee Research, University of New South Wales

⁵² *The Politics of Protection in Burma: beyond the humanitarian mainstream* Ashley South. Critical Asian Studies 44:2 2012

⁵³ *Local to Global Protection in Myanmar, Sudan, South Sudan and Zimbabwe* ODI Network Paper No 72. Feb 2012

for information exchange and stronger analytical capacity. More support to undertake joint monitoring and triangulation and to strengthen reporting on protection issues will be valuable.

Joint monitoring, and the coordination of donors, is particularly important for the larger CBOs who have several donors.⁵⁴ This creates a significant burden in terms of different reporting mechanisms and, for some organisations, challenges in responding to new priorities because of restrictive earmarked funding. Improved identification and communication of results may promote improved coordination of donors to support organisations to develop sustainable strategies. This would be particularly important for MTC in distinguishing between impact achieved in Thailand and that in Myanmar through training programs.

As this report has shown, coordination between donors has been challenging in the past and is likely to continue to be in the future. Nevertheless, with the new focus on peace and integration, AusAID may be able to interest a group of like-minded donors to improve aid effectiveness by engaging in joint evaluation of the border program. With the context changing rapidly, the timing of this needs to remain flexible. If repatriation commences and significant numbers return, one year from now (mid 2013) would be an appropriate time. If there is no significant movement in the next few years it would still be useful because the issue of durable solutions will have resurfaced.

⁵⁴ For example MTC has 33, KWO 25 and KTWG 12

Annexes⁵⁵

Annex 1: Acronyms

Acronym	Full title
ADRA	Adventist Development and Relief Agency
ANCP	Australian NGO Cooperation Program
ANGO	Australian NGO
APHEDA	Union Aid Abroad, Australian NGO
AusAID	Australian Agency for International Development
AVI	Australian Volunteers International
BPHWT	Back Pack Health Worker Team
CBO	Community Based Organisation
CCSDPT	Committee for the Coordination of Services to Displaced People in Thailand
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
DHA-WG	Donor Humanitarian Agencies Working Group
DFAT	Department of Foreign Affairs and Trade
DIAC	Department of Immigration and Citizenship
ECHO	European Commission Humanitarian Office
EU	European Union
IRC	International Rescue Committee
IWDA	International Women's Development Agency
KNU	Karen National Union
KRC	Karen Refugee Committee
MIMU	Myanmar Information Management Unit
MOI	Ministry of Interior
MTC	Mae Tao Clinic
OVEC	Office of Vocational Education Commission
PHO	Provincial Health Office
PWG	Protection Working Group

⁵⁵ The evaluation report has referred to 'Myanmar' rather than 'Burma'. This is a recent change. Documents in the Annex, such as the TOR, are presented in the original version.

Acronym	Full title
ADRA	Adventist Development and Relief Agency
PCB	Protection Coordination on the Border
RC	Refugee Committee
RTG	Royal Thai Government
SDC	Swiss Development Cooperation
TBBC	Thailand Burma Border Consortium
TBC	The Border Consortium
UNHCR	United Nations High Commissioner for Refugees
VTC	Vocational Training Centre
VTRM	Vocational Training for Refugees from Myanmar

Annex 2: Terms of Reference

Terms of reference: Evaluation of Australia's assistance to refugees on the Thai-Burma border

Purpose:

- To assess the appropriateness of Australia's assistance to refugees (and others) on the Thai-Burma border to inform Australia's future policies and programs.

Scope:

- Review programs from 2010-2011 onwards. This covers three key Australian NGO (ANGO) partners: Act for Peace (implementing through the Thailand Burma Border Consortium and the International Rescue Committee); APHEDA-Union Aid Abroad (implementing through Mae Tao Clinic); and the Adventist Development Relief Agency [ADRA] Australia (implementing through ADRA Thailand).
- Expect to review to include field visits to 2 camps (Mae La [in Mae Sot, Tak province] and Tham Hin [in Ratchaburi province]). Both these camps are easy to access from Bangkok.
- Expect to independent evaluator to be contracted for 25 working days.

Team:

- Led by independent evaluator (with M&E expertise, experience in assistance to refugees)
- Burma Desk representative (providing policy and program context)
- ACC deployee (providing expertise on humanitarian/refugee issues) – if available
- Interpreter (Karen/Burmese/English) – preference for independent interpreter if available

Method:

- Mix of qualitative and quantitative data collection, including review of existing data from partners, to address evaluation criteria.

Services:

- Lead team (including AusAID personnel) to conduct an evaluation of the appropriateness of Australia's assistance on the Thai-Burma border (since 2010-2011) to inform Australia's future policies and programs.
- Conduct a desk review of key documents and develop a research plan for in-country mission to be shared with evaluation team.
- Participate in an in-country mission (10-14 days) to Thailand to meet with key stakeholders, visit project sites in two camps, and inform evaluation findings.
- Produce a report based on the findings of the evaluation, including assessment according to the key evaluation criteria outlined below and recommendations for AusAID, ANGOS, IPs and any other relevant stakeholders.

Key evaluation criteria:

- **Appropriateness** – is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly. This could include:
 - What are the quality of the needs assessments that underpin programs of support?
 - Do partners demonstrate an understanding of the capacities and livelihoods of affected populations through their programs?

- Are partners are delivering the most appropriate type of activity given the context (this would include some discussion of alternative options)?
- Is AusAID's program of support appropriate to promote durable solutions for refugees? If not, how could it be improved?
- **Connectedness** – refers to the need to ensure that activities of a short-term emergency are carried out in a context that takes longer-term and interconnected problems into account. This could include:
 - Have key linkages between the relief and recovery phases been successfully established (e.g. have sound exit strategies been developed with appropriate timelines, are plans on handover to government departments and/or development agencies available)?
 - Do partnerships between ANGOs and implementing partners (IPs) support connectedness?
 - How successful has the program been in building the capacity or self-sufficiency of refugees (or others in need)?
 - Has AusAID's program of assistance adequately taken account of the need to move out of the relief phase? If not, what are the possible negative impacts of this and how could it be improved?
- **Coordination** – refers to the systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner. This could include:
 - How engaged are IPs and ANGOs in the coordination between assistance organisations taking place
 - through the Committee for the Coordination of Services to Displaced People in Thailand [CCSDPT])?
 - at the camp level?
 - With UNHCR and the Thai Government on potential repatriation?
 - Have partners engaged with the Thai Government in implementing programs, and how successful have they been?
 - How has broader Australian Government policy impacted on AusAID's approach to providing assistance to refugees?

(taken from ALNAP (2006) 'Evaluating Humanitarian Action using OECD/DAC Criteria')

Key references:

- Program documents (including proposals, annual plans and annual reports) for all three key partners.
- European Commission: Strategic Assessment and Evaluation of Assistance to Thai-Burma Refugee Camps (May 2008)
- CIDA-AusAID-Act for Peace: Draft Formative Evaluation of Camp Management in the Burmese Refugee Camps in Thailand (May 2012) – *likely to be finalised in late July.*
- DFID review of partners on the Thai-Burma border – *currently unavailable, but expected to be released shortly.*

Annex 1: Background

Australia's aid program to Burma focuses on education, health and livelihoods. Through AusAID's Burma program, Australia also provides support to vulnerable people living on Burma's borders including refugees in camps in Thailand. Australia will increase its aid to Burma from \$48.8 million in 2011-12 to an estimated \$63.8 million in 2012-13.

In Thailand, the refugee situation is protracted with many of the current population of 140,000 Burmese refugees living in camps along the Thai-Burma border for more than 20 years. Australia has a strong commitment to supporting these refugees. In 2010-11, Australia tripled its support to organisations working on the Thai-Burma border to around \$3 million and broadened the number of INGO partners that we support. In 2011-12, we increased our funding again to provide \$3.5 million in assistance to the Thai-Burma border.

Since 1999 Australia has provided over \$17 million to the Thailand Burma Border Consortium (TBBC, through Act for Peace), Australian NGOs and Australian volunteers to assist refugees on the Thai-Burma border. Australian funding to the Thai-Burma border has generally been humanitarian and disbursed on a year-to-year basis (apart from two multi-year programs established in 2010 – see table below). For this reason, there has been limited mandatory quality processes associated with our support. Australia has not conducted a formal evaluation of our support to the Thai-Burma border to date.

In line with broader strategic plans aimed at promoting durable solutions for refugees, it would be expected that projects would have started moving to balancing humanitarian relief with capacity-building and self-reliance that will support a longer-term solution to displacement. Donors have been pushing for some time for assistance providers to do more to promote longer-term and eventually durable solutions for refugees.

However, the responsiveness of assistance providers to this issue is inconsistent. A comprehensive appraisal peer review of our recent tranche of assistance to TBBC (the largest recipient of AusAID funding) in August 2011 found that TBBC is providing necessary assistance to refugees and that ongoing support is justified. However, a significant concern for all reviewers was that TBBC had not adequately shifted from a humanitarian assistance model, given the protracted refugee situation. This also highlighted policy gaps in terms of defining what Australia was aiming to achieve through its support to programs on the border.

Donors also lack a common platform to advocate for improvements to assistance, which creates further challenges to advocacy and coordination. The EU is the largest donor to the border, however it is currently scaling-back with the aim of encouraging assistance providers to work more effectively with the Royal Thai Government (RTG) for a more sustainable situation for refugees. The position of individual donors on assistance to refugees in Thailand is also influenced by broader policy on engagement with, and aid to, Burma.

Recent positive political developments in Burma had reinvigorated the debate on conditions of return for Burmese refugees in Thailand. In its Operational Strategy for Asia and the Pacific (March 2012), UNHCR stated they are "cautiously optimistic" that voluntary returns may become a plausible

option for refugees residing in camps in Thailand and Bangladesh (though the latter seems most unlikely).

This raises issues around coordination or any repatriation program. Humanitarian programs in the refugee camps in Thailand are NGO-led, and in general the relationship between UNHCR and NGOs has been fractious. UNHCR is the only UN agency with a presence on the Thailand side of the Thai-Burma (and they have no permanent offices inside the camps due to Royal Thai Government restrictions). UNHCR would lead any refugee repatriation program from the Burma side, however there is a risk of poor coordination given models differ on each side of the border.

AusAID's assistance to the Thai-Burma border attracts media, public and political interest in Australia. The Australian Government is subject to ongoing advocacy to do more along the border (including cross-border assistance), and to date has received more Ministerial correspondence and unsolicited proposals regarding support to the border than for programs operating inside the country.

Advocacy groups on the Thai-Burma border have recently asserted that donor interest is now moving inside Burma at the expense of support to refugees in Thailand. This is not entirely accurate, as support to the Thai-Burma border was reducing prior to the reforms inside Burma. However, it is true that the situation on the border is becoming difficult and food and shelter rations to refugees have now dropped to below international standards. While we remain concerned about this issue, Australia is one of few donors to increase support to refugees in recent years. We also see merit in continuing our efforts to push for access to conflict-affected areas inside the country in preparation for any returns programs.

AusAID has had limited engagement in the policy dialogue and debate among donors and partners in Bangkok in recent years due to lack of resources. All programs of assistance to the Thai-Burma border are managed from Canberra. We are currently looking at ways to address this gap, and hope to have someone located in Bangkok to conduct M&E of our programs, participate in meetings, and contribute to developing policy and programming in the future.

Evaluation of Australia's Assistance to Refugees on the Thai-Myanmar Border

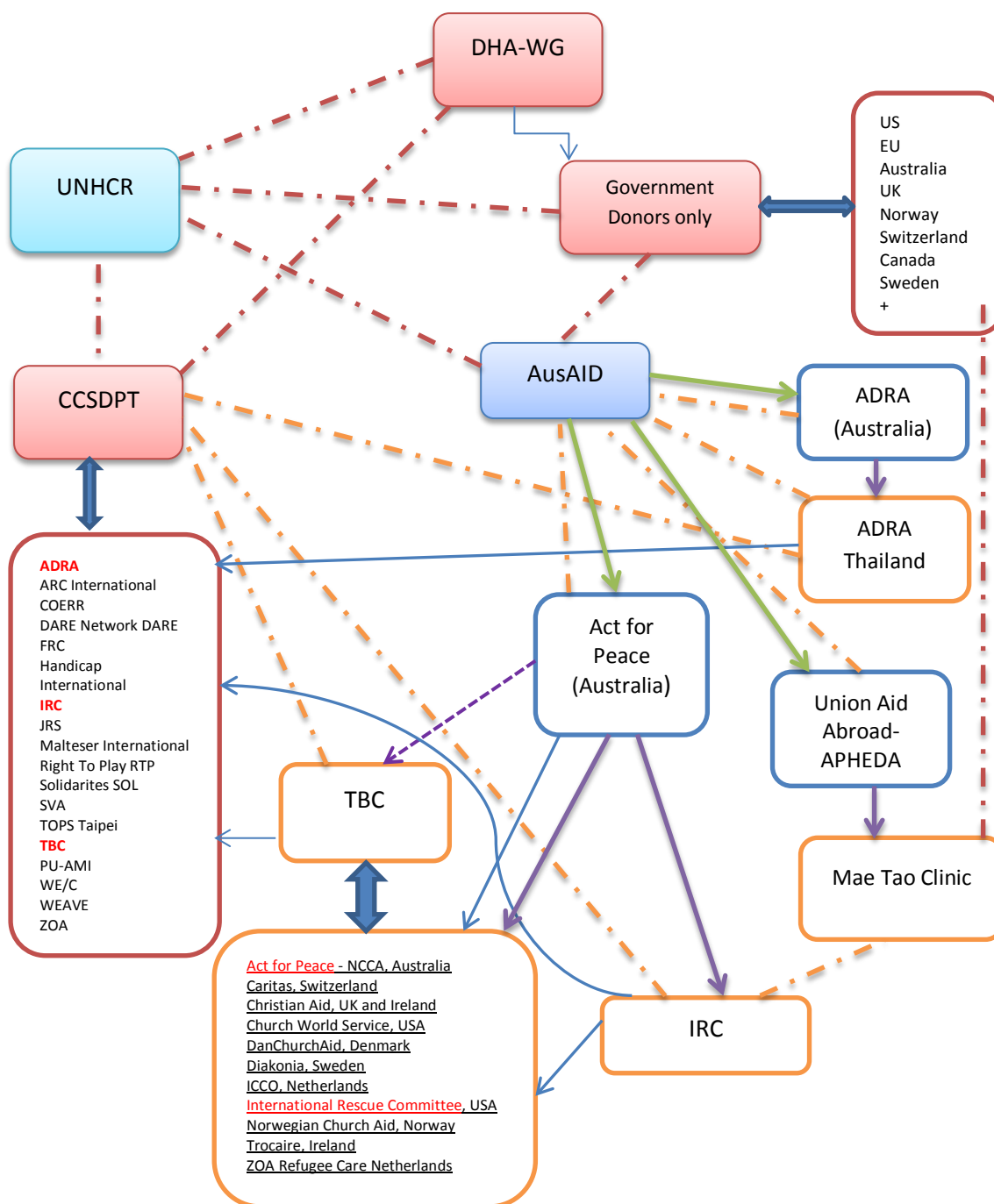
Australian Support to the Thai-Burma border (2011-2012)

Program name	Implementing organisation	Australian funding	Sectoral focus	Location	Target Group	Activities
BURMA COUNTRY PROGRAM FUNDING						
Burmese Refugee Relief program	Thailand-Burma Border Consortium (funded through Act for Peace)	\$2m (2011-2012)	Food, shelter and non-food items	All nine refugee camps	Refugees	<ul style="list-style-type: none"> Provision of basic food supplies (rice, oil, beans, fish, fortified flour), shelter and non-food items (cooking fuel, clothes, mosquito nets, blankets).
Mae Tao Clinic Health Services Project	Union Aid Abroad – APHEDA	\$1.5m (2010-2013)	Health	Clinic based near Mae Sot town very close to the border	Refugees, IDPs, Children	<ul style="list-style-type: none"> Provision of free health care for around 100,000 refugees, migrant workers, and other individuals who cross the border from Burma to Thailand. Activities include training for health care workers, maternal and child health, reproductive health and HIV, prosthetics and rehabilitation of people with disability, and primary eye care and surgery.
Vocational Training for Refugees from Burma	Adventist Development Relief Agency	\$1.5m (2011-2013)	Education	Three camps (Mae La, Umpiem Mai and Nu Po)	Refugees	<ul style="list-style-type: none"> Provision of vocational training to 3550 refugees that aims to enhance self-reliance, including in: sewing; cooking; hairdressing; child care; elderly care; auto-mechanics; and clay stove making. Training courses have been designed to meet Thai and international standards.
Promoting the Health and Well-Being of Burmese Refugees	International Rescue Committee (funded through Act for Peace)	\$0.5m (Jan-June 2012)	Health	Tham Hin, Ban Mai Nai Soi and Ban Mae Surin camps	Refugees	<ul style="list-style-type: none"> Health services to refugees through patient care, isolation wards, maternal health and education. Access to quality water and sanitation services including: provision of safe water; maintenance of household, clinic and school latrines; vector control activities; waste collection and safe disposal (Tham Hin only).
ANCP FUNDING						
AusAID-NGO Cooperation Agreement	IWDA (Karen Women's Organisation (KWO), Shan Women's Action Network & Palaung Women's Organisation) APHEDA (Shan Health Committee; Burma Children's Fund, & KWO)	\$0.2m	Women's empowerment and rights Health	Various camps on the border	Refugees and other Burmese people in Thailand	Various activities including: <ul style="list-style-type: none"> Leadership programs and capacity building for women refugees; Awareness-raising on women's rights; and Health services for refugees and migrants, including seriously ill children.
VOLUNTEERS PROGRAM FUNDING						
Support to volunteers	Australian Volunteers International	\$0.1m	Various	Various camps on the border	Refugees and other Burmese people in Thailand	Various activities including: <ul style="list-style-type: none"> Program management support (KWO); Community health and capacity-building (TBBC); and Health specialists (Mae Tao Clinic).

Annex 3: List of People Interviewed

Name	Organisation
Michelle Sullivan	AusAID, Australian Embassy
Sarah Storey, Yvonne Carroll	DFAT, Australian Embassy
Corinne Day	CCSDPT Executive Officer
Jack Dunford	TBC Executive Director
Kyoko Yonezu	Sr Program Officer UNHCR
Karen Pillay	DFID
Christine Petrie, Cathy Ayer, Arthur Carlson, Chakkrid Chansang	IRC
Thomas White, Gade Phanayanggoor	USAID
Hans Beckers, Susanne Walter	IOM
Amy Galligan, Pattama Vongratanavichit	Canadian Embassy, CIDA
Andrea Doyle, Lillian Dowe	US Embassy Bureau for Refugee and Migrant Affairs
Vitor Serrana, Sasinapa Asavaphanlert	ECHO
Claudine Haenni Dale	Swiss Development Cooperation
Karen Rasmussen, Alastair Gee	Act for Peace
Zoe Bedford, Ken Davis	Union Aid Abroad-APHEDA
Pia Reiersen, Chris Jensen, Mark Webster	ADRA Australia
Yoko Akasaka	UNHCR Mae Sot
Pippa Curwen, Constanza Ruprecht	Burma Relief Centre
Duncan McArthur	TBBC
Dr Cynthia Maung and colleagues	Mae Tao Clinic
Mahn Mahn, Win Kyaw	Backpack Health Worker Team
Tom Benton, Brendon Irvine, Brydon	ADRA Bangkok
Khun Preeda Funtrakulchai	Camp Commander Mae La Camp
Camp Committee	Mae La Camp
Saw Dot Lay Mu	KNU
Saw Steve	Committee for Internally Displaced Karen People
Saw Paul Sein Twa	Environment and Social Action Network
Saw Htoo Klei	Karen Office of Relief and Development
Naw Ler Htoo	Karen Teachers Working Group
Naw Ku Ku Ju	Karen Human Rights Group
Saw Albert	Children Affected by Armed Conflict
Matthias Rimarzik, Andrea Syrota and team	ADRA, Mae Sot
Naw Ta Mla Saw	Karen Women's Organisation
Migrant Action Program	
IRC Staff	
Khun Wittamon Chai Mongkol	Tham Hin Camp
Camp Committee	Camp Commander Tham Hin Camp
Ms Prapenpim Prachonpachanuk	Tham Hin Camp
Mr Surat Suwannikkha,	Counsellor and Second Secretary Social Division, Dept of International Organisation Ministry of Foreign Affairs,
James Wise	Australian Ambassador
Marcus Lumb	DFAT, Canberra

Annex 4: AusAID and Development Partner Coordination Relationships⁵⁶



⁵⁶ This diagram was constructed from documentary evidence and used as a tool to discuss coordination with most stakeholders. Whilst being representative of the complexity, it may not be entirely accurate in classifying individual relationships, especially concerning a strategic compared with an operational relationship

