Synthesis Report

Evaluation of the ECHO Actions
in favour of the Burmese refugees in Thailand

Sectors: HEALTH, WATER AND SANITATION

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EXECUTIVE SUMMARY

1 DESCRIPTION OF EVALUATION

After many years of assisting the Burmese refugee population in the Thai-Burmese border area, the European Commission's office for humanitarian assistance – ECHO, in keeping with its mandate, commissioned an independent evaluation of its funded actions of its partners, Malteser Hilfsdienst Germany (MHD), Aide Medicale International France (AMI), and Interchurch Organization for Development/British Border Consortium (ICCO/BBC), in two specific areas, namely: Health, and Water and Sanitation. ICCO/BBC is not specifically targeted by the sector evaluations, as the organisation does not provide assistance in medical care or water sanitation. ICCO/BBC's actions nevertheless were studied and are part of the analysis of the overall situation.

Between February 21st and March 21st 2002 the consultants Thomas Bowyer, Team leader and Water and Sanitation expert – GFE Consulting Worldwide, and Dr. Pascal Crépin, Medical expert - Prolog Consult, undertook the field mission to Thailand.

The objective of this mission was to obtain the necessary information for improvement of actions and future strategy of ECHO in favour of the Burmese refugees in Thailand. The focus was four camps:

- Mae Ra La Luang
- Mae Kong Ka
- Umpiem Mai
- and Nu Po.

2 RELEVANCE

Objectives of the Operation

The objective of the ECHO financed part of AMI's and MHD's operation is to provide basic health care, and water and sanitation, to mainly Karen refugees located in campsites along the Thai-Burmese border. The implementation approach going some way to reduce aid-dependency, and at the same time help preserve the refugees' own culture and life-style, making eventual return to their own homes less problematic.

Identification of Needs

The needs of the target population and the current level of support provided is justified by the facts that:

- No status is given to the refugees/displaced people by the Thai authorities.
- The refugee communities in the camps are not given the possibility to generate income up to the self-sufficiency level.
- No important agricultural activities are permitted.
- No funds in the refugee communities are available to take care of basic medical care and the provision and the maintenance of sanitation facilities.
- Predictability of the future situation including the influx of new caseloads is very low and emergency measures have to be taken
- The ever-present severe security situation for the refugees is improved by the presence of international organisations and their staff in the camps, (passive security measure).

The mentioned justifications comply with the basic justification of humanitarian operations, as the objective is to save and preserve life in emergency and post-emergency situations. Since new arrivals and future

developments are unpredictable, the presence of ECHO-funded NGOs in the camps is useful to prevent further suffering of people.

Targeting Criteria

The ECHO-financed operations in Thailand focus on the ethnic populations, which fled Burma and are living in the refugee camps along the Thai-Burmese border. This situation is seen as temporary by the Thai authorities. The refugees are not given the possibility to generate income up to self-sufficiency level. These circumstances lead to the result that the entire refugee population is the target for food aid, health, and water and sanitation.

3 EFFECTIVENESS

The ECHO funding in the health and water and sanitation sectors remains effective in overall terms. With the passing of time, the programme of assistance has changed from what was in the early years, an emergency situation, to what is more like today, that of development.

In the emergency situation phase, the priority was to provide health care and safe water. Had there been no intervention, the refugee population would have used by necessity polluted river water for example, and in all likelihood, succumbed to sickness and death. At the present time the refugees benefit from a constant and potable supply of water, and have access to medical treatment at all times. As with any community however, changes occur, populations increase, hardware deteriorates, and environmental conditions change, making the need for continued input as vital now as in the emergency phase.

There are however a number of constraints that limit the effectiveness of the NGOs in their work. As stated in the reports the geographical locations of some of the camps gives rise to time consuming journeys, this becomes even more problematic in the wet season when at times it becomes impossible to access the camps. A further limiting factor stems in the case of AMI, from the institutional framework in which they operate, the concept of using predominately short-term expatriate staff in key positions has as the evaluation has shown, is far from ideal. This becomes particularly acute when such staff are also relatively inexperienced, mentoring, as an option as recommended in the main report, is one way of addressing this issue.

4 EFFICIENCY

The effective collection, and recording of data to measure efficiency, is at best in “normal” situations problematic. Given the restrictions on the movement of personnel, type of equipment available, etc, the notion becomes even more problematic. There are however performance indicators in the water sector, that can be used to gain at least an overall view. For example, does everyone have access to clean water, is it available for at least most parts of the day, have people enough water to be able to wash clothes on a regular basis?

With regard to the camps visited during the evaluation, it can be stated that all camps funded by ECHO were supplied with clean and safe water, piped close to each dwelling. The NGOs operating the systems have limited funds with which to work, but generally speaking provide value for money. One exception to this is the lack of co-ordination and overlapping that is currently taking place. In one camp Mae Ra Ma Luang, for example, where two NGOs were seen to be operating independently in the water and sanitation for the camp.

Another observation, which also impacted on the longer -term sustainability in the water and sanitation sector was the general lack of up to date training of the refugees involved in water sector activities, again Mae Ra Ma Luang camp was an example of this. An exception to this however was seen in the Mae La camp operated and funded by MSF. The local staff in this camp had an enthusiasm and commitment, fostered by the regular attendance in the camp of the expatriate engineer.

From the health perspective, given the constraints of geographical locations and the overlapping as described in the main text, the refugees do currently have access to medical facilities at all times, and as a result are in good physical condition.

5 IMPACT

The impact of ECHO funding in the health, water and sanitation sectors has over the years developed into a long-term, positive action in the sectors. The building in both theoretical and physical terms of a sound infrastructure is plain to see. It has lessened human suffering, and had a direct effect on the health of the community. This can clearly be seen in the low rates of disease both waterborne and otherwise throughout the camps.
An unplanned impact has been, the benefit gained by local villagers, The surrounding villages which for many years had unreliable sources of water, have been supplied with piped water, which has come about in some instances through the co-ordination of water schemes planned for the camps, to include nearby villages. A typical example is that of Nu Po, where a gravity supply was created some 4 to 5 kilometres away from the camp, by the NGO responsible for water and sanitation. (ARC). This project incurred fairly high capital costs in terms of materials etc, which the village could not meet. Co-operation however in the construction phase resulted in water also being piped to the village. Whilst this NGO does not fall under the remit of ECHO funding, it never the less serves to illustrate the potential of water and sanitation schemes having a direct impact on local populations.

Similarly local villagers have also benefited from the assistance being given to the refugees in terms of health care and provision, again, Nu Po was a good example of this. At the time of the evaluation, that 20% of the patients visiting the camp outpatient department were local villagers.

The impact of the NGOs in terms of visibility on the ground raises fundamental issues depending on the ethical stance of the organisations involved. ICCO/BBC is a case in point, and is the subject of a paragraph in the main report. Given the Thai authorities regulation of “no publicity” and ICCO/BBC’s own ethic of “invisibility“on the border, whilst undoubtedly the organisation makes a significant impact, the impact may be difficult to see.

6 CO-ORDINATION WITH OTHER ORGANISATIONS

The current situation regarding AMI and MHD, the principle agencies covered by the evaluation is complex. MHD presently have full control of all health and water and sanitation aspects of Mae Kong Ka camp, AMI have responsibility for 90% of health and water and sanitation at Mae Ra Ma Luang camp, the remaining 10% being under the control of MHD. At Umpiem and Nu Po camps, AMI has part responsibility for health, water and sanitation, the rest coming under the control of ARC International. It should be noted that at the present time ARC is not funded by ECHO, but plays an important role in the running of the camps visited.
In theory, a major platform for the co-ordination of the NGOs activities and the exchange of information with the local authorities in Thailand is the monthly CCSDPT (Committee for co-ordination of Services to displaced Persons in Thailand) meeting, which is held in Bangkok. The meeting is divided up into a general co-ordination meeting, and specific workshops.

The NGOs presently working on the Thai-Burmese border have a package of implementation procedures, covering such areas as, food, medical aid, water and sanitation, etc. Major guidelines of the NGOs activities are:

- Maintenance of similar levels of support in each camp for medical and food assistance.
- Co-ordination of all activities and regular exchange of information.
- Supplementary activities between the medical aid operators and the food operators.

Further, in each camp, one NGO has the leadership and management responsibility for all activities in the camp, in order to prevent overlapping of donations and concurrency situations amongst the implementing agencies.
The co-ordination approach when judged against the findings of the evaluation however differs from the theoretical framework described above. In the cases of both health and water and sanitation, there would appear to be wide spread discrepancies in the activities carried out, and in their overall management in some

instances. Examples of the different approaches to filtration, water storage, etc, as sited in the report, together with the frequency of office based staff in the field serve to illustrate such discrepancies.
In the health sector as has been noted, situations arise where two NGOs are working in comparatively small camps treating patients independently of each other.

7 VISIBILITY

The visibility of ECHO in the framework of ICCO/BBC, AMI, and MHD operations is low. Some ECHO stickers were seen at strategic positions, such as hospitals, health centres, and Water and Sanitation stores.
The regulations introduced by the Thai Authorities in May 1991, which stated "no publicity", is also a set back to effective Public Relations. Each NGO, as a result, is maintaining a low profile. Although previous reports state that due to the regulations, the Thai public is not aware of ECHO operations, it could also be argued that the populations in the camps are also not aware as the previous paragraphs illustrate.
It is recommended that the stamping of the ECHO logo on the sacks is re-assessed, and the funds currently being used, be spent on the education of young people in the camps. By funding the schools for example, and educating them about Europe, and the assistance that is being given to them by Europe both as individuals, and as a society.
It is understood from the BBC relief programme document for July to December 2001, that at the present time, that BBC is negotiating with ECHO appropriate visibility strategies either in the field or through non-field publicity.

8 RECOMMENDATIONS

It is recommended that a lead agency in the field of water and sanitation be established, to provide an overall view of the sector. This agency would provide a focal point for all other agencies active in the sector, enabling guidance and discussion to take place. A further recommendation, is the pursuance of a programme of rationalisation and standardisation, both in the health and water sectors. Such a programme would provide a forum to address such issues as, overlapping, cost- effectiveness, and the efficient use of both management and physical resources.

It is recommended that a series of seminars dealing with the subject of Water and Sanitation be held over a period of 7 to 10 days, at a suitable location in Thailand. The proposed seminars would be chaired by a senior expatriate water and sanitation engineer, and the attending participants drawn from the office level water and sanitation experts from the ECHO funded agencies and the staff of other NGOs working in the sector. In addition to the presence of senior staff, it is also recommended that selected personnel working in the sector within the camps also attend.

The seminars would be arranged such that the programme would include formal items such as programming, safety, construction, and standards. In addition the seminars would be designed to include interactive discussion. Delegates would be invited to prepare prior to the seminars, topics for discussion in an open forum. A key focus would be the finalising of a particular topic, and preparing a solution that would be, both practical an operationally attainable.

The issue of medical referrals has been raised a number of times in the evaluation documents, and presents something of a dichotomy. On the one hand, the philosophy of self-management in the camps is promoted, and on the other the intervention of expatriate staff in certain instances such as above. It is recommended that further training be given to the medics in the camps, firstly in diagnostic procedures, and secondly, consensus building. The model used by MHD for referral would appear to contain these elements, and could be used as a model.

In the health sector, rationalisation is considered a key issue in promoting cost effectiveness and sustainable patient health care. It is recommended that the two camps located in the north, be allocated to MHD for all

health care provision. Similarly, it is recommended that the two camps in the south be the responsibility of ARC for all health provision.

With regard to medical training, it is recommended that further training be given to the medics (local health assistants) in issues such as, diagnostic procedures, and consensus building. Finally, further thought should be given the training of new local generations who wish to work for there communities in health care, and as part of there own ethnic community.

9 LESSONS LEARNED

The current ECHO funded projects are justified in terms of humanitarian assistance and the needs structure of the target population. It is recommended that this support continue at the current level until the situation of the refugees changes, and a return to their hometowns is possible. The informed consensus is that donor support for the Thai Burmese border refugees will be needed for many years to come. If the trend of more and more people fleeing the oppression in Burma continues. Coupled with this, are the restrictive policies inflicted by the Thai government, making the refugees increasingly dependent on outside assistance.
Adding to the plight of the refugees is that, an increasing percentage of camp dwellers are actually born in the camps, and as such, have no memory of their homeland. The preservation of ethnic identity and cultural/historic values becomes of paramount importance, in terms of preparing for a future life in their homeland, and understanding that the current dependency on outside aid is a transitional one.

It must be remembered that the refugees in the camps are trapped in a situation that allows little or no contact with the outside world, in terms of social interaction and development. The international agencies play a major part in attempting to bridge the gap.

On-going training plays an important role in the efficient management of the camps, and in developing confidence and motivation of those refugees involved in operational duties within the camps. The proposed seminars outlined in the recommendations provide a tool from which to develop such issues. It is incumbent on the international agencies therefore to make all efforts to transfer knowledge and experience. Any lack of leadership, skills, or motivation present, or perceived to be present in the international agencies reflects directly, and is assimilated by the refugees with which they work.

Such a condition can lead to frustration, lack of direction, and at worst, unrest. The above recommendations go some way to ensuring that the refugees interests and needs, are served in a constructive and efficient manner. The simultaneous presence of medical agencies in what are basically small camps raises a number of questions, such as cost-effectiveness patient benefit etc. In the view of Prolog, such a situation given the disparity of the actors, is counter productive.

The prolonged use of insecticides to reduce the breeding of mosquitoes, and hence the potential risk of malaria in the camps, gives rise for concern. Both from the impact it may be having on human life and the potential environmental effects that may be taking place. It is recommended that further research be carried out to determine any long-term detrimental effects that could be occurring.

MAIN REPORT

1 BACKGROUND

The Burmese military junta, the SPDC, has ruled the country by force and repression since 1998, with no form of democracy and total disregard for human rights. Ethnic minorities are the most vulnerable and, particularly in the border areas, the Burmese junta sees them as a major problem. The junta considers them to be supporters of the rebel movements, giving shelter or backing to elements of resistance. They are therefore maltreated and suffer violent repression at the hands of the military. Local populations in these areas live in fear of their leaders.

Refugees arriving at the Thai border belong to these Burmese ethnic minorities (Karen, Karenni and Mon) and say that they have fled to escape oppression, forced labour, and financial extortion. They have had their homes destroyed, their crops burnt and other goods confiscated. Hunger and fear force them to flee to the Thai border.

New candidates to obtain refugee status cross the border in small groups in order not to attract the attention of the Thai authorities. Many of them don't obtain this status because they don't comply with the strict requirements imposed by the authorities and are, therefore, forced to live clandestinely around the camps to obtain aid from the humanitarian organisations. Officially refugees receive no aid from the Thai authorities. They are forbidden to work and only authorised NGOs may run humanitarian programmes to support them. Refugees are not permitted to leave the camps and if they are caught breaking the rules they risk being imprisoned. They have no economic independence; they cannot return to their place of origin and are therefore increasingly dependent on humanitarian aid for their survival.

In Thailand defining refugees is a delicate matter. The government is not a signatory to the 1951 UN Convention on Refugees or its companion 1967 Protocol. Under Thailand national law, asylum seekers are illegal immigrants. In practice, the Burmese are recognized as de facto refugees. The general policy approach from Bangkok has been to accept and assist the displaced persons on a rudimentary basis.[1]

The present evaluation includes the assessment of a performance of ECHO partners active in Thailand and included in the evaluation of the assistance network set up by the ECHO partners. As a result of the evaluation recommendations are given stating the future needs and regions for intervention and the introduction of possible measures and adaptation to increase the efficiency of the operation.

The companies GFE and PROLOG consult have been entrusted with the evaluation of four humanitarian operations in Thailand funded by the European Community Humanitarian Office (ECHO).

The organisation ICCO, were entrusted by ECHO with the implementation of humanitarian assistance operations for food supply; ECHO will financing covers 100% of the rice, yellow beans, cooking oil, and cooking fuel needs of Maela and Umpien Mai camps, for approximately 57,200 Karen refugees.

The organisation AMI – Aide Medical International, MHD – Malteser Hilfsdienst Germany, were entrusted by ECHO with the implementation of a humanitarian assistance operation for Health, Water Sanitation aspects for approximately 51,400 Karen refugees located in four camp sites along the Thai-Burmese border. The total value of the operational contract amounts to Euro 4,500,000 for the provision, purchase and distribution of food and relief items in the period 1 January 2001 to 31 December 2001.[2] Whilst ICCO/BBC

[1] UNHCR Country Report Thailand obtainable at www.unhcr.ch

[2] The projects financed by ECHO were covered by the following contracts:
ECHO/THAI/210/2001/01001 Aid Medicale International (AMI) € 800,000 - Humanitarian assistance for displaced persons on the Thai-Burmese border 1 January – 31 October 2001
ECHO/THAI/210/2001/01003 Malteser (MHD) € 495,000 - Medical emergency programme for Karen and Burmese refugees along the Thai-Burmese border

is not specifically targeted by this evaluation study, it was noted at site inspections, and meetings with camp leaders, that the agency was stable, professionally managed and run in an effective and efficient manner.[3]

2 METHODOLOGY OF THE EVALUATION

The evaluation mission was carried out by a GFE expert, and an expert from PROLOG consult, both experienced in humanitarian aid operations. The experts shared the tasks:

Team leader, Water & Sanitation: Mr. Thomas Bowyer, GFE Consulting Worldwide

Health Medical Relief: Dr. Pascal Crépin, PROLOG Consult.

In the period 27 February-19 March 2002, the experts conducted a mission in Thailand. During the evaluation, intense discussions, desk meetings and field missions to refugee camps took place.

The general organisation for the evaluation of the MHD/AMI operators consisted of several elements: Briefing with the ECHO desk, research of documents and reports, field missions, including briefing in EU delegation Bangkok and visits to the camps. The assessment of water sources, distribution points, waste disposal points, health centres and medical units within the camps. Over and above the field mission, the GFE and PROLOG consult experts visited ECHO headquarters in Brussels.

In the context of the entire evaluation, GFE and PROLOG consult took the following steps to evaluate the activities of the organisations

- Inception meetings with the Director of BBC Bangkok, the project managers of MHD, Germany and AMI (Thailand), and other operators active on the Thai-Burmese-Border.

- In addition to the camps supported by MHD & AMI, interviews were held with other agencies working in the health and water and sanitation sectors. Also, visits were made to Mae La camp (run by Médécins Sans Frontières - MSF), and local Thai villages, in order to gather information to facilitate comparisons in terms of well being and organisation, of the respective populations.

- Interviews with the representatives of the refugee communities such as the Karen Refugee Committee (KRC) at their headquarters in Mae Sot, the UNHCR representative in Mae Sot, the head of the Malaria Research Unit (SMRU), and representatives from the American Rescue Committee (ARC), and MSF.

- On site inspections of health and water and sanitation facilities in both the camps funded by ECHO, and otherwise, together with visits to adjacent Thai villages.

Additionally, final meetings were held with both the ECHO representative, and the EU representative, at their respective headquarters in Bangkok.[4]

3 RELEVANCE

Objectives of the Operation

The objective of the ECHO financed part of AMI's and MHD's operation is to provide basic health care, and water and sanitation, to mainly Karen refugees located in campsites along the Thai-Burmese border. The implementation approach going some way to reduce aid-dependency, and at the same time help preserve the refugees' own culture and life-style, making eventual return to their own homes less problematic.

[3] ECHO/THAI/210/2001/01002 ICCO/BBC € 3,205,000 – Food relief to Burmese population in Tak province, Thailand 1 March – 31 December 2001

[4] See detailed plan of visits in Annex 9 and 10.

Identification of Needs
The needs of the target population and the current level of support provided is justified by the facts that:

- No status is given to the refugees/displaced people by the Thai authorities.
- The refugee communities in the camps are not given the possibility to generate income up to the self-sufficiency level.
- No important agricultural activities are permitted.
- No funds in the refugee communities are available to take care of basic medical care and the provision and the maintenance of sanitation facilities.
- Predictability of the future situation including the influx of new caseloads is very low and emergency measures have to be taken
- The ever-present severe security situation for the refugees is improved by the presence of international organisations and their staff in the camps, (passive security measure)

The mentioned justifications comply with the basic justification of humanitarian operations, as the objective is to save and preserve life in emergency and post-emergency situations. Since new arrivals and future developments are unpredictable, the presence of ECHO-funded NGOs in the camps is useful to prevent further suffering of people.

Targeting Criteria
The ECHO-financed operations in Thailand focus on the ethnic populations, which fled Burma and are living in the refugee camps along the Thai-Burmese border. This situation is seen as temporary by the Thai authorities. The refugees are not given the possibility to generate income up to self-sufficiency level. These circumstances lead to the result that that the entire refugee population is the target for food aid, health, and water and sanitation.

4 EFFECTIVENESS

The ECHO funding in the water and sanitation sectors remains effective in overall terms. With the passing of time, the programme of assistance has changed from what was in the early years, an emergency situation, to what is more like today, that of development, though not in the true sense of the term. Equality, independence, and the escape from poverty remain distant goals for the refugees caught up in this particular struggle. In the emergency situation phase, the priority was to provide safe water. Had there been no intervention, the refugee population would have used by necessity polluted river water for example, and in all likelihood, succumbed to sickness and death.

At the present time the refugees benefit from a reliable and potable supply of water in all the camps visited. Both funded by ECHO and others, and have basic sanitation systems and solid waste collection and disposal systems equal to, or in some cases, of a higher standard to that of local villages. As with any community however, changes occur, populations increase, hardware deteriorates, and environmental conditions change, making the need for continued input as vital now as in the emergency phase. Health care despite the reservations stated in terms of management, organisation, quality of staff, is available to all the refugees considered in the evaluation. In addition local villagers have also access to the current medical facilities.

5 EFFICIENCY

The effective collection, and recording of data to measure, efficiency is at best in " normal" situations problematic. Given the restrictions on the movement of personnel, type of equipment available, etc, the notion becomes even more problematic. There are however performance indicators that can be used to gain at least an overall view. For example, does everyone have access to clean water, is it available for at least most parts of the day, have people enough water to be able to wash clothes on a regular basis? Such

indicators are standard tools used by agencies in the field of water and sanitation, and are elaborated in publications such as the " Sphere Project" Minimum Standards, and the RedR: " Engineering in Emergencies" handbook, which also gives practical guidance in the construction of tanks etc.
Similarly in the health sector, a basic indicator to efficiency is that of the sickness levels prevailing in a particular camp. Some care however has to be taken in adopting this approach when looking at the wider health care picture, particularly when taking into consideration local villages in close proximity to the camps. A situation could arise for example where sickness rates are high in the camps whilst the local village remained normal, and vice versa. Close proximity of the population in the camps could give rise to a situation where an epidemic could break out whereas in the village situation the local people could perhaps more readily isolate themselves by virtue of being able to move from one location to another. It must be stated however, judged on the criteria of sickness levels the camps all had low incidences of sickness and in terms of health care, efficient.

With regard to the camps visited during the evaluation, it can be stated that all camps funded by ECHO was supplied with clean and safe water, piped close to each dwelling. The NGOs operating the systems have limited funds with which to work, but generally speaking provide value for money One exception to this is the lack of co-ordination and overlapping that is currently taking place. In Mae Ra Ma Luang camp, for example, where two NGOs were seen to be operating independently in the water and sanitation for the camp. Another observation which also impacted on the longer -term sustainability in the water and sanitation sector was generally a lack of up to date training of the refugees involved in the water sector, an exception to this however was seen in the Mae La camp operated and funded by MSF. The local staff in this camp had an enthusiasm and commitment, fostered by the regular attendance in the camp of the expatriate engineer.

6 IMPACT

The impact of ECHO funding in the health and water and sanitation sectors, has over the years developed into a long-term, positive action in the sectors.
The building in both theoretical and physical terms of a sound infrastructure is plain to see. It has lessened human suffering, and had a direct effect on the health of the community. This can clearly be seen in the low rates of disease both waterborne and otherwise throughout the camps.
An unplanned impact has been, the benefit gained by local villagers, who use the health centres in the camps. A further impact, again on surrounding villages has been the supply of piped water, which has come about in some instances through the co-ordination of water schemes planned for the camps and including nearby villages.

The environmental impact on the area, as a whole in the border region is another important aspect in forming an overall view of interventions on behalf of the refugee population by such institutions as ECHO. Whilst the evaluation was limited to 4 camps out of a total of 16 in the region, a snapshot can be given on at least the limited sample of those camps visited. Environmental Impact Assessment (EIS) has in recent years become an essential tool in the consultant's armoury. Using basic indicators such as land degradation, land loss, river and ground water pollution, hazardous waste, economic degeneration, ethnic conflict etc, from the limited survey carried out by the evaluation team, no significant aberrations were seen. This may in part be due to the fact, that the Thai Authorities impose strict rules regarding land use, material selection etc, the camps visited being in or near protected national parks. From the social perspective, such rules are limiting for the refugees, not being able to cultivate ground, limited selection of natural building materials for example, stifles the natural need for at least some self –sufficiency.

7 CO-ORDINATION WITH OTHER ORGANISATIONS

The current situation regarding AMI and MHD, the principle agencies covered by the evaluation is complex. MHD presently have full control of all health and water and sanitation aspects of Mae Kong Ka camp, AMI

have responsibility for 90% of health and water and sanitation at Mae La Ra Luang camp, the remaining 10% being under the control of MHD
At Umpiem and Nu Po camps, AMI has part responsibility for health, water and sanitation, the rest coming under the control of ARC International. It should be noted that at the present time ARC is not funded by ECHO, but plays an important role in the running of the camps visited.

In theory, a major platform for the co-ordination of the NGOs activities and the exchange of information with the local authorities in Thailand is the monthly CCSDPT (Committee for co-ordination of Services to displaced Persons in Thailand) meeting, which is held in Bangkok. The meeting is divided up into a general co-ordination meeting, and specific workshops.

The NGOs presently working on the Thai-Burmese border have a package of implementation procedures, covering such areas as, food, medical aid, water and sanitation, etc. Major guidelines of the NGOs activities are:

- Maintenance of similar levels of support in each camp for medical and food assistance.
- Co-ordination of all activities and regular exchange of information.
- Supplementary activities between the medical aid operators and the food operators.

Further, in each camp, one NGO has the leadership and management responsibility for all activities in the camp, in order to prevent overlapping of donations and concurrency situations amongst the implementing agencies.

The co-ordination approach when judged against the findings of the evaluation however differs from the theoretical framework described above. In the cases of both health and water and sanitation, there would appear to be wide spread discrepancies in the activities carried out, and in their overall management in some instances, as outlined in the previous paragraphs.

8 OPERATIONAL CAPACITY OF THE AGENCIES

The assessment of the operational capacity of the agencies includes the infrastructure set-up in Thailand, the staff of AMI and MHD, the general approach and Organisation, and the aspect of communication and reporting. Both AMI and MHD have long-term experience in the provision of health care and water and sanitation to Burmese refugees. The general findings of both GFE and PROLOG consult, was that MHD were capable in all aspects of its operations in respect to the present needs situation in the camps.
AMI it was felt had at the present time shortcomings in its operational approach. The policy of short- term expatriate inputs and a lack of overall management combined to make the services provided, less than ideal. The following, outlines the findings of GFE and PROLOG consult during the evaluation mission.[5]

8.1 ORGANISATION: MHD

MHD runs well-equipped offices in the regions of intervention near to the camps. The infrastructure such as office space, communications, etc is sufficient for their activities. Adequate transport for the operation was made available for the staff. The MHD staff is highly motivated, and is capable of handling all aspects of the operation professionally, both in terms of administration, and in the field.
The approach of MHD is supported by a good understanding of humanitarian operations, and a high degree of co-ordination predominates the activities.
The purchase procedures and transport facilities are well run and effective. The reporting structure is clear, reports are well presented and concise, and communications internally between staff, and with other agencies, direct and timely.

[5] See in this context Annex 11-13: Human resource profiles, Job descriptions, and Organograms

8.2 ORGANISATION: AMI

AMI runs well-equipped offices in Bangkok and in the regions of intervention near the camps. The infrastructure such as office space, communications, etc is sufficient for their activities. Adequate transport for the operation was made available for the staff. The motivation of the AMI staff, was observed to be mixed, and although professionally sound in some areas, a lack of guidance would appear to prevail. Added to this, in some cases is a lack of experience in field operations, whilst it may be said that experience is best obtained in the field environment. It should not be gained at the expense of the recipient, mentoring and guidance also play a major part in gaining experience, and appeared lacking within this Organisation.
The approach of AMI and its understanding of humanitarian operations would appear to be sound, however co-ordination would seem to be lacking. The purchasing procedures, for example the purchase of drugs would seem problematic and long-winded. Transport facilities were well run and effective. The reporting structure is reasonably clear and well presented, communications between staff and other agencies however is weak

Along with other agencies working in the border region, the difficulties of cash flow have a marked effect on the day to day running of individual actors. In the case of MHD the problem is not so acute as their funds are derived from a number of reliable donors. AMI finds itself in considerable difficulties, as its donor base is severely restricted.

Overview ECHO Evaluation Criteria

CRITERIA	FINDINGS	RECOMMENDATIONS
Relevance	The assistance to Burmese refugees in the border region in health water & sanitation meets the needs of the target population.	Changes in the refugee situation are not very likely within the next years. Assistance should continue and be intensified.
Effectiveness	The assistance is effective, as all refugees have access to medical facilities and clean and safe water within the camps.	The present ad-hoc methods used should be rationalised and better co-ordinated. The responsibilities in the medical sector have to be clear and within one NGO in a camp.
Efficiency	The organisations provide value for money, with the exception of some organisational deficits in Mae Ra Ma Luang camp.	The organisational management of Mae Ra Ma Luang camp should be revised. Training of local staff and co-ordination in the sectors should be increased.
Impact	Due to the funding both, the health and the water & sanitation situation in the camps and in the surrounding villages is favourable.	Continuing support to refugees and local population is recommended.
Co-ordination	Shared responsibilities between AMI and MHD. Nevertheless discrepancies in performance level. CCSDPT is coordination committee.	Clear responsibilities in camps are needed. The establishment of a lead agency is recommended for each sector.
Operational Capacity	Good operational capacity by MHD. Lower performance by AMI due to short-term experts.	Long-term expertise in the field is recommended. Training and upgrading of local staff capacity is necessary.

9 SECTORS OF INTERVENTION

The evaluation focused on two main sectors, Water & Sanitation, and Health. Comparisons were made with organisations working in the same sectors, but not funded by ECHO.

9.1 WATER AND SANITATION

9.1.1 Water Supply

In all the camps visited, with the exception of Umpiem, water was derived from spring sources. The quality and quantity of the water supplied was both wholesome and adequate.
An average figure of 40 litres per person per day for all of the camps visited was observed to be the norm, with very little fluctuation between wet and dry seasons.

9.1.2 Storage of Water

The bulk storage of water was seen as problematic, and an illustration of the lack of co-ordination within the water sector. Only in the camps where MSF had originally installed the systems was storage seen as appropriate for the particular conditions. A fragmented approach to the problem has seen differing types of containers being used, varying in both sizes and materials. It is recommended that a common approach be made to this particular problem. One solution would be to use sectional tanks. It is however acknowledged that the purchase of such equipment may incur surcharges by the Thai authorities.

9.1.3 Distribution

Water in the main, flows by gravity from the holding tanks or direct from the springs to the consumer via plastic pipes of varies sizes to suit the particular hydraulic conditions. In something like 70% of the situations observed, water was available at a distance of no more than 5 metres from the consumer's premises, often the consumers had installed flexible pipes direct to the premises. A significant problem with the use of exposed plastic piping is its degradation due to prolonged exposure to sunlight. In only one of the camps visited, Mae La, run by MSF, was the condition recognised, and steps taken to alleviate the problem. The problem was solved by a low- tech solution that of fixing split bamboo around the pipe. It is recommended that this technique be used as appropriate, in the other camps.

9.1.4 Water Usage

At the present time the majority of the refugees collect water in a variety of containers, this may have come about because water is reasonably plentiful and not rationed as in other refugee situations. The purpose of standard containers is however twofold, firstly as described and secondly, and perhaps more important the use of screw topped containers reduce the risk of contamination of the water whilst being stored in the household. It is recommended that the introduction of standardised containers be introduced in the camps, for the reasons outlined.

9.1.5 Water Quality

The exception to the camps having spring water is Umpiem Mai (formerly built by MSF), where the source is derived from a mixture of spring and river water, here, water is pumped to an elevation from where it can flow by gravity. In order to obviate the risk of the water being unpotable, the water is fed through slow sand filters, and then disinfected before going into supply. At the other camps visited during the evaluation, it was observed that various attempts were being made at constructing sand filters, without regard to standardisation of design, or indeed experience gained in other camps. This would appear to be yet another example of the lack of co-ordination and the lack of knowledge sharing between the various actors.

Water quality testing and recording was observed, to a greater or lesser degree in all the camps visited.[6] Some discussion took place regarding the practice of boiling all water before use, this was a wise precaution when the camps were first built. Now, with the ability to regularly test both the raw water and the water when it reaches the consumers premises, the need for boiling becomes less critical. This in turn could have a dramatic effect on the use of charcoal currently used for cooking, but also in the sterilisation process.

A word of caution should be made however regarding the disinfecting of the bulk water supply. To be effective, the contact time of the disinfecting agent and the raw water should be in the region of twenty minutes, the design of some of the holding tanks already discussed would fall short of this important criteria.

9.1.6 Latrines

[6] An example of a typical test results sheet is shown in ANNEX 20.

Well over 80% of the dwellings in the camps visited had water seal toilets, an on going programme to provide each household with this facility was actively being pursued. The installations inspected during the evaluation were seen to be clean odour free, and free from flies. The squatting plates were manufactured by the refugees, using materials supplied by the agencies.

9.1.7 Sullage

The refugees were responsible for the effective disposal of water used for washing, preparation of food etc. This usually meant a channel dug tolead water away from the immediate vicinity of the household. The result of such action meant that the problem only grew. It is recommended that a strategic plan be drawn up by the agencies, and discussed with the camp leaders with a view to alleviating what could be a possible health hazard.

9.1.8 Solid Waste Collection and Disposal

A considerable amount of waste is generated in the camps. Various schemes for its collection and disposal are in operation. By and large the objective to separate plastics and glass would appear to be successful. Resourceful ideas such as modifying used cooking oil containers and colour coding them, was seen to have been used.
A major issue was observed at the Umpiem and Nu Po camps, where solid waste collection and disposal was undertaken by COERR. The system used for organic waste disposal at these sites was observed to be pits, often up to 7 metres deep that over a period of time were filled with the rubbish that was collected. This method of disposal would appear to have had the effect of encouraging a large population of rats to infest the camps. The potential for the spread of disease through this medium is high and should be addressed as a matter of urgency.
It is worth noting that organic waste collection and disposal at the Mae La camp follows a different method. At this camp rubbish is deposited in concrete ring chambers with seal-able covers. The material then decomposes and turns into usable compost. A system of one chamber working, the other resting completes the cycle.

9.2 HEALTH

9.2.1 General

In general terms, the health of the refugees in the camps visited by the evaluation team, was seen to be of a reasonable standard. The main diseases being: Acute Respiratory Infection, Diarrhoea, Malaria, and Tuberculosis, in roughly that order of incidence.

9.2.2 Future Medical Trends

The population of the camps has changed with the passing of time. Some of the refugees have now been resident in the camps for over ten years. This has brought with it, changes in the health patterns amongst some of the population. New pathologies such as Chronic Disease, and elderly patients are presently facing inadequate treatment due to the fact that the medical staff have at the present time, have not been trained to face the growing tendency in the care of long term patients. Whilst these facts were noticed during the evaluation, they are not included in the statistical report which focused on main diseases only.

The majority of medical staff in the camps covered by the evaluation was initially trained between 1992, and 1994. The training was seen to be in compliance with the Burmese Border Guide Lines (BBGL), which are updated at regular intervals.

9.2.3 Medical Support

Whilst the local medical staff based in the camps are presently treating the majority of medical cases in a satisfactory manner using the first line of treatment principles which calls for the basic use of simple drugs, there is on occasion the need for further support.
This, at the present time is achieved in a number of ways. For example, AMI in such an instance may call for the services of an expatriate Doctor. Should the Doctor be present in the particular camp at the time, such a system provides no problem. However when the practitioner is not present or perhaps not even in the country such a system is obviously impracticable.

MSF working in the Mae La camp take a somewhat different view when presented with this type of problem. The camp medical staff, when left to make their own decisions regarding referrals tend to refer all cases which may be outside their scope of expertise to local hospitals. This would appear to be an option which MSF are prepared to live with, bearing in mind that the location of the camp allows easy road access to the nearby town.

MHD, have evolved yet another option on the subject of referral. In their case they have developed a system based on consensus amongst the medical staff working within the camp. The particular case is discussed and joint agreement is reached as to the final decision to refer or not refer. This option would appear to be the most practical solution to a difficult problem, the need for experienced and well- trained staff is a pre-requisite for such a system to work in the best interests of the patient. Adopting such a system has two major effects, firstly it is good medical practise, and secondly and perhaps more important, it provides motivation and recognition for the local staff.

9.2.4 Co-ordination and Geographical Location

As has been emphasised in the health sector report, co-ordination presents a growing problem in terms of organisation of health care in the camps. In only one camp of those visited during the evaluation was there a sole agency with total health care for all of the camp. This was Mae Kong Ka camp where MHD were in control of all health services, and water and sanitation.
In the remaining three camps, at Mae Ra La Luang camp AMI shared medical inputs with MHD. In Umpiem Mai and Nu Po camps, AMI share medical inputs with ARC International.

Inevitably, overlapping of duties and inputs takes place, in what are basically, small tight-knit communities. This at times was seen to have a demoralising effect on both staff, and patients. An example of such overlapping was observed in the differing approaches to the treatment of TB, or AIDS, where different medications were used.

There could be several reasons for this lack of shared knowledge, differing human resources, and lack of financial resources, all of which could play a part in a scenario, ultimately affecting the best interests and health care of the patient.

AMI are at the present time geographically stretched, working in two opposite areas of the border, access to the Mae Ra La Luang camp is both time consuming and difficult. To be able to have expatriate medical staff on call for both areas is limiting and less than ideal.

9.2.5 Vector Implications

A recent outbreak of Dengue Fever at the Mae La camp necessitated the isolation of infected patients. As a result, an isolation ward was set up. In addition, fumigating and spraying equipment was purchased, and used in the camp, to safeguard the population against the spread of the disease. The equipment is of comparatively high capital cost, and whilst it is the property of MSF, it would be useful, if by consultation with other agencies in the medical sector, the equipment could be made generally available in case of need.

An area of some concern arose in the meetings with the SMRU director. In the discussions held on the topic of malaria, and its treatment and prevention, it was noted that all the camp buildings inside and out, are sprayed on a regular basis by the Thai Authorities with an insecticide to control the breeding of mosquitoes.

It is believed that the substance used may be DDT, although no definitive proof was presented to the evaluation team at the time. However, should this be the case, the possible long-term build up of the toxin in the refugees as a result of the spraying could have harmful effects.

9.2.6 Maintenance of Buildings and Equipment

A combination of time, and the restrictive use of building materials imposed by the Thai Authorities, has in recent years led to the deterioration of many of the medical buildings in the camps. Most noticeable, is the in-patient department at the Nu Po camp, where only bamboo is allowed to be used in construction. To maintain an effective environment from where health care can be dispensed, urgent attention to the infrastructure will need to be addressed. A dialogue between all concerned parties should be the first step in resolving a growing problem

The condition and quality of instruments used by the local medical staff also needs to be addressed. Items such as stethoscopes and other monitoring equipment was observed to be of poor quality, and in frequent need of replacement

9.2.7 Effects of Short-term Inputs

One of the most pressing issues for many NGOs, is the provision of adequately trained and experienced staff able to commit to medium to long-term inputs in the field. Often staff are recruited from newly qualified personnel at the launch of their careers. This was particularly evident in the case of medical staff working for AMI. The majority of the staff interviewed were on short- term contracts of up to 6 months.

The nature of the working conditions, the problems of language, and the environment, all combine to make the work demanding, and often stressful. Added to these factors, the jobholder often finds that the terms of reference are at best unclear, and often of minimal content. A further factor, which limits professional input, is the considerable distance between camps, and difficult access, points, which are raised, in previous paragraphs These issues, together with the fact that in some cases, less than adequate change over times between staff takes place, can lead to de- motivation of the practitioner, and more importantly the possibility of poor patient care as a result.

10 VILLAGE ASSESSMENTS

As part of the evaluation study, although not strictly in the terms of reference, visits were made to local villages to assess the living conditions. This was at the request of the AIDCO representative in Brussels, as both AMI, and MHD are involved with the Thai Village Health Project under AIDCO funding. The reports are contained in the individual documents on health, water and sanitation, and in the confidential annex.

Pawoohta village, Mae Sariang Province

The village consisted of 240 people, 30 being children, of which 10 were under the age of 5, and included 5 pregnant women. The principal method of agriculture was slash and burn, a technique practised by the village over many generations. Recent tightening of control by the forestry department, however, makes this form of land cultivation more and more fragile. The Thai authorities installed water supply to the village, using gravity systems with tap stands being used adjacent to dwellings. Interestingly the pipe material was galvanised iron, used mainly for permanency and durability. Whilst in the camps, piping is plastic and temporary in nature.

A health centre was located in the centre of the village and gave the appearance of being unused. When questioned about health care, we where informed that Thai government health workers visited the village once a month. Asked about immunisation of children etc., despite various searches, the village headman was unable to produce any documentation supporting such a programme. One item that was produced was documentation for a woman, for family planning, it was noted that the medication had not been followed up in the appropriate time scale.

Conclusion

The villagers concerned lived what can only be described as a hand to mouth existence, possibly at a lower level than that of the refugees. Interestingly, although the basic infrastructure in terms of material components, such as a health centre etc., were in place, training of local people to run the system did not appear to have taken place, leaving the village very little better off.

Mu Lue Chai village, Tak province

The village consisted of approximately 1500 people of which 500 people had permanent ID cards, the remainder having temporary ID cards. The survey revealed a figure of 200 children aged under 5 and approximately100 children under the age of 15. The village had no hospital or health centre, any cases requiring hospitalisation needed to be sent to the nearest hospital some 6 km away. Malaria was seen as the most prevalent disease within the village particularly in the rainy season. The SMRU teams are active in the village making daily visits and focusing on pregnant women. Two traditional birth attendants lived within the village, a few deliveries are made within the home but the majority of cases use the service of local Thai hospital. Family planning is also encouraged by the health authority, and is free of charge.

The village was not connected to any mains water supply, a mixture of hand dug wells, river water, and collected rainwater being the prime sources. It was understood that the Thai authorities had been approached by the village, to seek provision of a piped water supply. At the time of the visit negotiations were still continuing. The householders understood that a payment of 100 Bath per month would be required from each household to cover the cost. The majority of dwellings had pour flush toilets, which appeared to be operating satisfactorily.

Conclusion

The survey highlighted the problem encountered by certain members of the community who, due to their ethnic background, were unable to gain full ID status. Water was seen to be a major area of concern but dependant on the future negotiations between the village committee and the Thai authorities. Training of the health workers was also seen as a priority to enable the village to care for its population in a sound and safe manner.

Pouper village, Tak province

The village consisted of 812 people, 315 being children, of whom 135 were under the age of 5 and 180 were under the age of 15. The people of this particular village held two types of ID card. No hospital facility was present in the village. However, there was a health centre, two health care workers had been trained by the Thai authorities and lived within the village.

As usual the major health concern was that of malaria particularly in the rainy season. Urgent medical cases are firstly refereed to the health centre within the village and secondly, where it is not within the experience of the health workers, patients are transferred to the hospital at Maesot.

Three TBA are located within the village, some home deliveries are made, but the majority of births take place in the Thai local hospital. EPI are made once a month and SMRU visits are made every week. Basic medicine is available within the village for minor illnesses. In accordance with Thai regulation, the village is sprayed every year with insecticides. Electrical power is available throughout the village. Piped water is utilised from nearby springs and was constructed by the Thai government. A charge for the system is levied by the government, at the rate of 60 Bath per family. Maintenance is carried out locally and paid for by the village population. It was observed that some 3 kilometres from the village a large open mining site was in operation. It is believed that the product was a lead derivative. Comments from the villagers indicated that at times of prevailing winds strong, possibly noxious, fumes pervaded the area.

Conclusion

The village had an established society with a stable population and a sound agricultural base established over time. Although at the present time the village has a degree of skills within its local health workers living in the village the high prevalence of malaria that affects the village is noticeable. Further training would be beneficial in reducing, firstly, the need for referral of patients to the hospital and, secondly, early diagnosis would reduce the severity of cases and their consequences, particularly amongst children.

11 MEETINGS

11.1 UNHCR

The following meetings were held in order to gather information, and to gain insights into the supporting structures presently used within the framework of aid implementation in the Thai-Burmese border area.
As part of the evaluation study a visit was made to the UNHCR office in Maesot. The purpose of the visit was to gain a further impression of the overall view of refugees from a different perspective. UNHCR were established in the Thai-Burmese border area in 1995, and one of the main concerns of the organisation is registering the refugee population. It was estimated, for example, that at the present time some 5,535 people were rejected by the current process employed by Thai Authorities in establishing the status. A number of cases refereed to may have returned across the border, whilst a number may have remained in the areas and in fact taken up residence in the camps. Another problem, which was expressed by UNHCR, was that of discrimination, not only by the authorities but also by the refugees themselves within the camps.
An example of this was that of the Muslin population which, according to UNHCR, numbered 10,000 in three of the camps investigated. Further evidence of this was related to schools, where Muslin children were obliged to attend Christian school. Whilst the KRC are the body representing the refugee community little regard would appear to be paid to these groups by them.
A matter for concern, and one which has been highlighted in other sections of the report, is that of the abuse of the human rights of the refugees. This subject, from UNHCR perspective, raises serious issues. In recent times UNHCR, together with COERR, has instituted a project to bring together the various agencies within the camps with a view to setting basic guide lines to ensure that cases such as rape be reported using an agreed format, as a basis from which to progress a reported incident.
UNHCR, for its part, has both the framework and guidelines to progress such cases with the respective authorities. A major issue in this situation is that of the refugees themselves. Often a victim of abuse may not wish to talk to the camp leaders, the agencies' representative, or UNHCR themselves, for fear of reprisal or intimidation. A further example of the complex political situation within the camps, given by UNHCR, was that of the power of KNU over the refugee population. Instances of people being moved from one camp to another, against there will, would seem to be not uncommon. Without a clear and agreed framework to ensure both co-ordination and common guidelines the job of UNHCR in the Thai border area is at best problematic.

11.2 SHOKLO MALARIAL RESEARCH UNIT (SMRU)

A meeting was held with Dr François Nosten, Director at the SMRU offices located in Maesot, from where mobile teams visit both the local villages and the border refugee camps. The organisation, which was founded by (amongst others) the Bill Gates foundation, is also active in this Thai Health Village programme through Thai Health Authority, focusing on malaria treatment, and particularly malaria in pregnant women.
Mosquitoes present an ever-increasing threat to the health and well being of the population, both within the refugee camps and the surrounding villages. Between 1986 and 2002 the SMRU published figure indicates a drop from 25% to less than 1% in cases attending OPD for malaria. Evidence of malaria, particularly in the rainy season, was observed to be endemic.
In order to control the vectors, the Thai health authority has instituted a national program of control, in the shape of preventative spraying of all dwellings, on a regular basis, with insecticides. Bearing this in mind, and given the time over which the refugee camps have been established, some concern must be expressed at the possible long-term effects on the health of the refugees of the insecticide itself.
It is recommended, that the prolonged use of insecticides be investigated and the results disseminated amongst all the parties concerned, with a view to action in the future. With both active and proposed programmes of village aid care possibly coming under the funding of AIDCO it would be prudent for a co-ordinated dialogue to take place between SMRU and other interested parties.

11.3 KAREN REFUGEE COMMITTEE (KRC)

A meeting was held between the staff of KRC and the evaluation team to discuss the interface between refugees, aid agencies, and the Thai authorities. Serious concern was expressed by KRC relating to the human rights issues affecting the refugees within the camps. Issues such as the rape of young Karen women by others outside the community were raised. However, no specific cases were discussed. It was implied by the KRC representatives that cases have taken place, and that no framework for addressing such issues seems to be in place, or at least operable from their perspective. Other issues such as the location of new arrival barracks within the camps were also discussed, and the feedback was both informative and constructive.

12 VISIBILITY OF ECHO

The visibility of ECHO in the framework of BBC, AMI, and MHD operations is low. Some ECHO stickers were seen at strategic positions, such as hospitals, health centres, and Water and Sanitation stores. The recent change in the type of rice sacks used by BBC to comply with Echo's visibility requirements from hessian to artificial fibre, and the printing of the ECHO logo on the sacks used, would appear to have had little impact on the refugees questioned on the matter, in the camps visited.
In discussions with the refugees, the refugees made one negative comment. It would appear that the original sacks had some commercial value, this does not seem to apply to the new sacks. However, there were also positive outcomes noted, the new sacks were being used in some instances to make ropes, and at the Nu Po camp, where a water containment barrage was being constructed, the sacks were being filled with sand in order to create the dam.
The compliance of BBC with the request by ECHO to use the EC logo broke a 17-year tradition of the consortium, of maintaining "invisibility" on the border. The rationale for such a stance stems from the philosophy, that having in the region of 40 donors, BBC considers it inequitable to display publicity for one donor, and equally impractical to publicise all.
The regulations introduced by the Thai Authorities in May 1991, which stated "no publicity", is also a set back to effective Public Relations. Each NGO, as a result, is maintaining a low profile.
Although previous reports state that due to the regulations, the Thai public is not aware of ECHO operations, it could also be argued that the populations in the camps are also not aware as the previous paragraphs illustrate.
It is recommended that the stamping of the ECHO logo on the sacks is re-assessed, and the funds currently being used, be spent on the education of young people in the camps. By funding the schools for example, and educating them about Europe, and the assistance that is being given to them by Europe both as individuals, and as a society.
It is understood from the BBC relief programme document for July to December 2001, that at the present time, that BBC is negotiating with ECHO appropriate visibility strategies either in the field or through non-field publicity.

13 RESULTS OF THE ASSESSMENT

The AMI, and MHD approaches to their respective tasks in the camps vary significantly. Both agencies have been active in the border region over a significant period of time, and have gained credibility both within the international and local NGO framework.
There have however been significant changes in both geographical and operational inputs of the actors. This in turn has had an effect on the overall efficiency in both the health and water and sanitation sectors.

MHD, who have full responsibility for both health, and water and sanitation at the Mae Kong Ka camp, and partial responsibility for the same sectors at Mae La Ra Luang, have a well designed management structure, both at the office level, and the camp level. The staff are generally long-term, able to speak the local language, and are well trained and motivated.

AMI at the present time, manages the majority of Mae Ra Ma Luang in terms of health, and water and sanitation, and is responsible for specific health inputs in Umpiem Mae and Nu Po camps. At the office level the staff are generally short-term, and as such are not necessarily able to offer the same level of guidance and motivation to the local staff that is generally required in the ongoing situation.
The local Karen staff working in the health sector and an integral part of the refugee community were seen to need back up in order to fulfil their roles. It would also serve to demonstrate to there families and kinsmen that despite the situation they find themselves in, they can with training play a major role in the functioning of the camps.
Expertise and supervisory skills in the water and sanitation sector under the guidance of AMI at the time of the evaluation gave rise for concern. The building of water containing structures by the local labour force, largely unguided raised the potential for serious accident.

The need for co-ordination and standardisation, both in the health and water sectors, within particular camps, and between agencies, does not appear to have a strong commitment from the NGOs despite the fact that forums exist for such exchanges.

14 LESSONS LEARNED

In GFE's opinion the present ECHO funding in the water and sanitation sectors is well justified. However, there does need to be a rationalisation of common goals and practises.
Unless the present situation of the refugees in Thailand does not change significantly, continuing support at broadly the same level is recommended. With the passing of time the infrastructure in the water and sanitation sector is showing signs of deterioration. The need for replacements in terms of pipes, tanks, etc. should be discussed with the proposed lead agency – with a view to preparing detailed estimates for submission to ECHO, thus ensuring a smooth and effective upgrading of vulnerable water systems.
In Prolog consultant's opinion, there is clearly a need to provide both curative and preventative medical facilities. At the present time, as described in the report, in a number of the camps considered in the evaluation, more than one medical agency was present. For this situation to continue, a number of facts have to be borne in mind, firstly, is there a need for more than one medical agency to be present in the same camp? Is it cost -effective? Does it benefit the patient? Based on the findings of the evaluation, the answer would appear to indicate that a negative response to the questions must be made. Rationalisation of the health sector should therefore be considered a priority, equally so is the motivation and recognition of local staff.

LIST OF ABBREVIATIONS

AMI	**AID MEDICAL INTERNATIONAL**
ARC	**AMERICAN RESCUE COMMITTEE**
BBC	**BURMA BORDER CONSORTIUM**
CCSDPT	**COMMITTEE FOR COORDINATION OF SERVICES TO DISPLACED PERSONS IN THAILAND**
COERR	**CATHOLIC ORGANISATION FOR RELIEF AND REFUGEES**
ECHO	**EUROPEAN COMMISSION HUMANITARIAN AID OFFICE**
EU	**EUROPEAN UNION**
KRC	**KAREN REFUGEE COMMITTEE**
LRRD	**LINK RELIEF REHABILITATION AND DEVELOPMENT**
MHD	**MALTESER HILFSDIENST GERMANY**
MSF	**MÉDÉCINS SANS FRONTIÈRS**
SMRU	**SHOKLO MARLARIAL RESEARCH UNIT**
NGO	**NON GOVERNMENTAL ORGANISATION**
UNHCR	**UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES**

ANNEXES

1) **Briefing note.**
2) **ECHO TOR (Health, Water, and Sanitation).**
3) **Authorisation Pass.**
4) **BBC refugees sites population figures.**
5) **Mae Ra Ma Luang camp layout**
6) **Mae Kong Ka camp layout.**
7) **Umpien Mai camp layout.**
8) **Nupo camp layout.**
9) **Schedule of visits.**
10) **Schedule of appointments.**
11) **Human resource profiles.**
12) **Job description AMI & MHD.**
13) **Organograms (MHD,AMI,ARC)**
14) **KRC monthly report.**
15) **Burmese Border Medical Guide lines.**
16) **Examples of medical record documents.**
17) **Profile of proposed database for common use, Border area.**
18) **Thai village health project Mae Sariang district, (Grant application MHD).**
19) **Thai Karen villages project, outline document AMI.**
20) **Photos of camps visited during evaluation.**
21) **Sample water analysis report.**