Sustainable Solutions to the Displaced Person Situation
On the Thai-Myanmar Border

A HUMAN SECURITY ASSESSMENT OF THE
SOCIAL WELFARE AND LEGAL PROTECTION
SITUATION OF DISPLACED PERSONS ALONG
THE THAI-MYANMAR BORDER

A SI AN R ESEARCH C ENTER F OR M IGRATION
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Last but not least, this research would not have been possible without the kind cooperation of the displaced persons who welcomed us into their communities, schools, hospitals, and warehouses. They eagerly shared their sincere thoughts and experiences in hopes that this study will bring positive improvements to their lives in Thailand.

This research project was undertaken based on a bottom-up approach that focused on giving voice to the needs and concerns of displaced persons and local stakeholders. We truly hope the findings will lead to long-term and sustainable solutions for the displaced persons along the Thai-Myanmar border who have been courageously living in limbo for so long.

Finally, the research team wishes to emphasize that the lack of legal and political rights of displaced persons should not hinder them from possessing social rights and equal access to social welfare and protection. We draw inspiration for this research from the following:

“Not the loss of specific rights, then but the loss of a community willing and able to guarantee any rights whatsoever, has been the calamity which has befallen ever-increasing numbers of people...Only the loss of a polity itself expels him from humanity.” - Hannah Arendt

“There is no such thing as love of the human race, only the love of this person or that, in this time and not in any other...The problem is not to defend universality, but to give these abstract individuals the chance to become real, historical individuals again, with the social relations and the power to protect themselves... The people who have no homeland must be given ones: they cannot depend on the uncertain and fitful protection of a world conscience defending them as examples of the universal abstract Man.” - Michael Ignatieff

The views expressed within this report are those of the authors only and do not necessarily reflect the views of the Asian Research Center for Migration, the United Nations Development Program, or other organizations.

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July 2011
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<th>Description</th>
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<tbody>
<tr>
<td>ADRA</td>
<td>Adventist Development and Relief Agency</td>
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<td>AMI</td>
<td>Aide Medicale Internationale</td>
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<td>ARC</td>
<td>American Refugee Committee</td>
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<td>CAN</td>
<td>Community Agriculture and Nutrition</td>
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<td>CBO</td>
<td>Community-Based Organization</td>
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<td>CCEE</td>
<td>Camp Committee Education Entity</td>
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<td>CCSDPT</td>
<td>Committee for Coordination of Services to Displaced Persons in Thailand</td>
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<td>CEAB</td>
<td>Community Elder’s Advisory Board</td>
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<td>COERR</td>
<td>Catholic Organization for Emergency Relief and Refugees</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DKBA</td>
<td>Democratic Karen Buddhist Army</td>
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<td>ECHO</td>
<td>European Commission Humanitarian Aid &amp; Civil Protection</td>
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<td>EFA</td>
<td>Education For All</td>
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<td>EU</td>
<td>European Union</td>
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<td>EVI</td>
<td>Extremely Vulnerable Individuals</td>
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<td>HIS</td>
<td>Health Information System</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IHE</td>
<td>Institute of Higher Education</td>
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<td>INEE</td>
<td>Inter-Agency Network for Education in Emergencies</td>
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<td>IPD</td>
<td>In-Patient Department</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>JRS</td>
<td>Jesuit Refugee Service</td>
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<td>KG</td>
<td>Kindergarten</td>
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<td>KYO</td>
<td>Karen Youth Organization</td>
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<td>KED</td>
<td>Karen Education Department</td>
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<td>KEP</td>
<td>Karen Education Project</td>
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<td>KnED</td>
<td>Karenni Education Department</td>
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<td>KNLA</td>
<td>Karen National Liberation Army</td>
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<td>KNRC</td>
<td>Karenni Refugee Committee</td>
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<td>KNU</td>
<td>Karen National Union</td>
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<td>KNWO</td>
<td>Karenni Women’s Organization</td>
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<td>KRC</td>
<td>Karen Refugee Committee</td>
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<td>KRCEE</td>
<td>Karen Refugee Committee-Education Entity</td>
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<td>KSNG</td>
<td>Karen Student Network Group</td>
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<td>KWO</td>
<td>Karen Women’s Organization</td>
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<td>LAC</td>
<td>Legal Assistance Center</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOI</td>
<td>Ministry of Interior</td>
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<td>MOJ</td>
<td>Ministry of Justice</td>
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<td>MOPH</td>
<td>Ministry of Public Health</td>
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<td>MSF</td>
<td>Medicine Sans Frontiers</td>
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<td>NFE</td>
<td>Non-formal Education</td>
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<td>NGO</td>
<td>Non-governmental Organization</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>NSC</td>
<td>National Security Council</td>
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<td>OBEC</td>
<td>Office of Basic Education, Thai Ministry of Education</td>
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<td>OCEE</td>
<td>Office of Camp Education Entity</td>
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<td>ONIE</td>
<td>Office of Non-formal and Informal Education, Thai Ministry of Education</td>
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<td>OPD</td>
<td>Out-Patient Department</td>
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<td>ORS</td>
<td>Oral Rehydration Salt</td>
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<td>PAB</td>
<td>Provincial Admissions Board</td>
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<td>PPAT</td>
<td>Planned Parenthood Association of Thailand</td>
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<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
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<td>RTG</td>
<td>Royal Thai Government</td>
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<td>SDC</td>
<td>Skill Development Center</td>
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<td>SFP/TFP</td>
<td>Supplementary and Therapeutic Feeding Programs</td>
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<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
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<td>SSS</td>
<td>Sugar Salt Solution</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TBBC</td>
<td>Thailand Burma Border Consortium</td>
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<td>UKDF</td>
<td>U-sa Kanae Development Foundation</td>
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<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNOCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>VSO</td>
<td>Voluntary Service Organization</td>
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<td>VT</td>
<td>Vocational Training</td>
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<td>WE</td>
<td>World Education</td>
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<td>WEAVE</td>
<td>Women’s Education for Advancement &amp; Empowerment</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>ZOA</td>
<td>ZOA Refugee Care</td>
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EXECUTIVE SUMMARY

I. Background of the Study

The study investigates the social welfare and social security situation of displaced persons (DP) living in the temporary shelters along the Thai-Myanmar border. The Thailand Burma Border Consortium (TBBC) estimates that 142,653 people were living in these temporary shelters as of February 2011. Displaced persons are essentially dependent on external assistance for the funding of basic needs and services through provision of food and non-food items as well as support for education, healthcare and justice administration services.

In order to find alternative and sustainable solutions to the current situation, the study first assesses the availability of existing welfare services (food/shelter, education, healthcare) and legal protection for displaced persons, and evaluates the extent to which these services are meeting the needs of displaced persons. It then examines the potential implications and sustainability of access to local Thai education, health, and judicial services. In addition, the study identifies possible social tension and conflict between displaced persons and local communities in relation to access to social welfare services.

The research uses a triangulation method which utilizes more than one research technique to verify information and cross-check different sources. Research methods employed include documentary analysis and both quantitative and qualitative fieldwork. Field data was collected between March 2010 and February 2011 focusing on three temporary shelters and surrounding local communities: Tham Hin/Ratchaburi Province; Mae La/Tak Province; and Ban Mai Nai Soi/Mae Hong Son Province. The study applies the Human Security framework and the Right to Education framework to analyze findings from both the documentary and field research.

II. Research Findings

Food/Shelter

Displaced persons are not permitted to leave the shelters, which limits their livelihood opportunities. As a result, the majority of displaced persons are entirely dependent on food rations for their basic physical survival. The Thailand Burma Border Consortium, a consortium of eleven non-governmental organizations (NGO) from nine countries, provides food, shelter materials, and non-food items in the nine temporary shelters along the Thai-Myanmar border. However, as a result of large cuts to TBBC’s budget, the level of food rations and the availability of food provided to displaced persons has decreased. The removal of yellow beans from the food basket has also decreased the average kilocalorie level to slightly below the World Health Organization/United Nations High Commissioner for Refugees (UNHCR) caloric planning figure of 2,100 kcal/person/day. Recently, New Arrivals have faced particular difficulty in accessing food assistance, especially due to a recent Thai government policy prohibiting this group from receiving food rations.
Education

The study uses the ‘4A’s’ framework of the Right to Education to analyze the current education situation in the selected temporary shelters. The ‘4A’s’ framework is comprised of four indicators: 1) Availability; 2) Accessibility; 3) Acceptability; and 4) Adaptability.

Since 1996, international non-governmental organizations (NGOs) have supported community-based organizations (CBO) to deliver educational services in the temporary shelters. There is a wide array of education services and programs available in the shelters, including basic education, post-secondary education, vocational training, adult education/non-formal education, and special education. However, there is no access to higher education or distance learning. The study found a strong need for increasing the availability of the following educational programs: 1) English classes; 2) Thai language classes, especially non-formal programs in Tham Hin and Ban Mai Nai Soi shelters; 3) and vocational training in skills demanded by the job market as well as agricultural skills.

Teacher turnover in all temporary shelters is high and retention of qualified teachers in the temporary shelters is incredibly problematic. There is a shortage of funds to support school infrastructure, supplies, and equipment. In the seven predominantly-Karen temporary shelters, education is generally accessible for the Karen majority ethnic group, but there may be ethnic, cultural, religious and language barriers to access for minority groups such as Muslims.

Presently, there is no clear consensus on displaced persons’ interest in access to Thai formal and non-formal schooling. An in-depth needs assessment should be undertaken to determine the educational needs, preferences and concerns of DPs regarding access to Thai schools at the non-tertiary level. Meanwhile, there is rather strong DP consensus on interest in access to Thai higher education.

If, as a result of Thai government policy change, DPs have the ability to access Thai schools, the following favorable conditions need to be in place: Thai language and cultural preparation of students prior to entrance to Thai schools; a curriculum partially adapted to the local and cultural background of DPs; minimal school fees and associated costs; a day school option; access to schools located close to the temporary shelter or at least within the same province of the shelter; and the issuing of an official educational certificate upon a student’s completion of studies.

Allowing DPs to access Thai schools, including formal, non-formal, vocational, and higher education, would significantly broaden the educational opportunities of DPs and contribute to fulfilling the ‘4A’s’ framework of the Right to Education, thereby strengthening the overall human security of DPs. Key informants emphasized the need for a gradual and sensitive approach toward future DP access to Thai schools. Initially, pilot projects and further collaboration among all stakeholders (DPs, NGOs, the Thai government) should be pursued, including a more active role for the Thai Ministry of Education. Local Thai education officials are aware and supportive of the Thai government’s Education for All policy but need adequate resources, clear guidelines, and policy clarity to properly implement this policy.
Healthcare

The study uses five selected indicators under the health security component of the Human Security framework to analyze the current healthcare situation. These indicators include: 1) Availability of healthcare; 2) Access to healthcare; 3) Quality of healthcare; 4) Prevention and treatment of disease; and 5) Basic awareness and knowledge of hygiene.

The present healthcare services in the temporary shelters function similar to a local Thai clinic with an In-Patient Department. Primary health services, training, information campaigns, educational programs, and rehabilitation programs are provided by NGOs in partnership with CBOs. Current available health services can be divided into two main types: preventive and curative. Available health care programs cover all epidemics which may occur in the temporary shelters, such as malaria, tuberculosis, H1N1, and HIV/AIDS.

In regards to access to healthcare, New Arrivals who lack official documents do not have adequate access to referral services to Thai hospitals. Some ethnic minority groups also have more limited access to healthcare.

The resettlement of highly trained health staff has severely affected the capacity of health services to provide quality healthcare for displaced persons, resulting in a higher risk of public health crises in the temporary shelters. Lack of knowledge about disease prevention and treatment, in addition to hygiene, are the most significant challenges for healthcare provision.

In order to ensure sustainable healthcare provision for displaced persons, more formal and strategic collaboration among healthcare stakeholders, as well as the strengthening of existing collaboration initiatives, is needed. The study found a high level of interest among displaced persons to have the ability to access healthcare services in local hospitals and clinics independently without an NGO referral. Findings also show a high level of DP interest in purchasing a health card to cover basic healthcare treatment in Thai hospitals and clinics. If, as a result of Thai government policy change, DPs were allowed independent access to the Thai healthcare system, the following DP concerns would need to be appropriately addressed: how to pay for transportation costs from the shelter to the healthcare center; language barriers between DPs and Thai healthcare staff; and the possibility of arrest due to leaving the temporary shelter to access Thai healthcare services.

The study proposes the following recommendations regarding increased access to Thai healthcare services for displaced persons: 1) a health card option for displaced persons; 2) strengthening formal collaboration between the Thai government and civil society organizations; and 3) collaboration with health stations in local communities. These recommendations will lead to more sustainable healthcare provision for displaced persons.

Security and Legal Protection

The study uses the concepts of personal security, political security, and community security under the Human Security framework to examine the current security and legal protection situation in the shelters. The indicators used include: 1) level of crimes and civil disputes; 2) efficiency of the traditional community-based justice system and access to the Thai justice system; and 3) mechanisms to prevent sexual and gender-based violence and domestic violence.
Several forms of threats and physical violence such as physical torture, ethnic tension, crime, street violence, rape and domestic violence still exist in the shelters. Among such cases, women were particularly vulnerable to Sexual and Gender-based Violence (SGBV) incidents, specifically if they were disabled, divorced, separated or unmarried. Access to the Thai justice system is facilitated by the Legal Assistance Centers administered by the International Rescue Committee, which exist in three out of nine shelters. However, in general, it is still difficult for displaced persons to access the Thai national judicial system due to reasons such as language barriers, lack of transportation, fear of reprisal, concern about police reaction, and ignorance of the system. With regards to SGBV cases, some procedural and regulatory limitations -- such as the three-month statutory limitation on reporting sexual crimes -- are seen as barriers to accessing the Thai judicial system.

Most significantly, there are reservations about access to the Thai justice system on the part of various stakeholders. Officials in the traditional community-based justice system prefer to deal with cases in the shelter first before referring cases to the Thai justice system, as they wish to resolve conflicts and problems which occurred inside the shelters. DPs themselves also prefer to use the traditional community-based justice system rather than the Thai justice system. Lastly, Thai authorities hesitate to handle a higher caseload or have limited knowledge about the displaced persons.

To improve access to justice for DPs under the Thai justice system, it is necessary to build the capacity of Thai justice authorities, increase resources available, and integrate displaced persons into Thai justice administration structures. The study recommends the following: increasing training for DPs on Thai law and the Thai judicial process; making interpretation and transportation services available for DPs; guarantee of no reprisal from the perpetrator; guarantee of no deportation of DPs by the Thai police; knowledge-building and training of Thai authorities to sensitize them and raise awareness about the DP context; and reform of SGBV procedural regulations under Thai law. For SGBV cases, in particular, more service providers such as social workers and psychologists and legal defenders who can provide support for DPs in Thai court is needed.

**Consequences of Maintaining the Current Situation**

The study found that the current situation of provision of social services is not sustainable in the medium to long term. Maintenance of the current situation, without the exploration of any alternative policy or programmatic options, will place the human security of displaced persons under serious threat.

As the majority of displaced persons are entirely dependent on food rations, the current trend of reduced funding for food assistance poses a significant risk to the food security of displaced persons. The food security of New Arrivals is particularly at risk due to a recent Thai government policy prohibiting this group from receiving food rations. A continued reduction in the availability and accessibility of food rations also poses challenges to meeting the nutritional needs of displaced persons. Major policy and programmatic adjustments aimed at increasing livelihood opportunities for DPs is needed to ensure both the food security and human security of DPs.

The educational opportunities of displaced persons are presently limited to programs and services offered in the shelters. Without freedom of movement to leave the shelters,
displaced persons have no opportunity to access to higher education, which is available only outside the shelters. Displaced persons also have no official access to Thai schools or certified legal education. If the current situation is maintained, the ongoing resettlement of skilled educational staff and the high teacher turnover will continue to negatively affect the availability of experienced teachers as well as the quality and continuity of education services. Allowing access to Thai schools, including formal, non-formal, vocational, and higher education, will significantly broaden the educational opportunities of displaced persons and contribute to fulfilling the 4A’s of the Right to Education framework and the overall human security of DPs.

Healthcare provision based on the idea of ‘emergency–oriented response’ faces several challenges due to the protracted nature of the current situation. In temporary emergency situations, the funding of healthcare services is akin to ‘pouring water into a leaking pot’. Maintenance of the current situation will lead to negative impacts on displaced persons, NGOs, and local health organizations alike. Healthcare providers will continue to encounter financial challenges. While NGOs will face a funding decrease from donors, local hospitals will need to take on increasing expenses from referral cases. The health security and human security of displaced persons will suffer the most unless alternative solutions are pursued.

Finally, with regards to security and legal protection of displaced persons, there are several challenges which pose a serious threat to the personal security, community security, and political security of displaced persons. The largest overall challenge to legal protection for displaced persons is their legal status. For example, DPs cannot directly access the Thai justice system by themselves. Another limitation is the isolation of DPs, especially vulnerable groups, from resources. It is difficult for DPs to access justice in an enclosed environment. This is particularly true for complicated cases that need close supervision and support for access to justice. Further challenges include lack of institutional capacity of the community-based justice system; lack of capacity of temporary shelter justice officials; prosecution and punishment methods; and administration of justice in SGBV cases, especially for children, women and youth. There is also an urgent need for legal reform in the community-based justice system, as laws are confusing and inappropriate.

Social Tension

Local community members living in surrounding Thai communities have misperceptions about displaced persons and many blame displaced persons for problems in their community. Tensions between displaced persons and local communities have occurred occasionally, depending upon each shelter’s location and activities that might affect the resources of local communities. Local communities are particularly concerned about deforestation, substance abuse, communicable diseases, crimes and social disorder related to the presence of a temporary shelter in their community. Local community members may feel resentment over the international humanitarian assistance and attention given to displaced persons in comparison to the local community. Language and cultural barriers further lead to misunderstandings and misperceptions, thereby creating the notion of displaced persons as ‘the other’ in relation to the Thai people.

It is necessary for stakeholders such as the Thai government and NGOs to increase opportunities for interaction and to strengthen the relationship between local Thai communities and displaced persons, such as through expansion of resources and services for
both groups and promotion of cultural exchange. Stakeholders should consider implementing public awareness campaigns or other activities that will allow displaced persons and local community members to dialogue and work together to combat crimes and address other common concerns. Informants further suggested that international NGOs provide assistance to local communities and schools in order to alleviate social tension between displaced persons and local communities.

III. Conclusion and Recommendations

The aforementioned research findings are in line with the Five-Year Strategic Plan of the Committee for Coordination of Services to Displaced Persons in Thailand/United Nations High Commissioner for Refugees (CCSDPT/UNHCR, 2009). This strategic plan emphasizes the development of significant new frameworks and policies for displaced persons, including greater ability for DPs to move outside the shelters, particularly for educational and livelihood-related purposes, as well as increased access to the Thai judicial system and other essential government services. Documentary and field data findings both point to the necessity of exploring gradual and partial access of displaced persons to key social services in local Thai communities, including education, healthcare, and justice administration services.

Opening up both dialogue and opportunities for alternative solutions to the current situation will contribute to strengthening the human security of displaced persons. Under the Human Security framework, finding sustainable solutions to the current protracted situation may need to go beyond the host country’s traditional responsibility. However, placing full responsibility on the host country to provide social services not only creates an increased burden for the host country, but may also lead to forced repatriation of displaced persons. Therefore, responsibility for the sustainable social welfare and protection of displaced persons should be equally shared among international agencies, the host country, and civil society.

To ensure the human security of displaced persons, the study proposes the following recommendations based on the research findings: 1) moving from humanitarian assistance to development; 2) formalized, strategic, and systematic collaboration between the Thai government and relevant service providers; 3) in light of continual donor funding decreases, development of the roles and capacity of both CBOs and the Thai government to provide food/shelter, education, healthcare, and legal protection services for displaced persons; 4) establishment of a pilot project in one initial temporary shelter, allowing displaced persons to work outside the shelter and access local services; and 5) flexible policy frameworks which balance national security and human security to meet the needs of DPs and allow DP access to local social services.
CHAPTER 1: INTRODUCTION

1.1 Statement of the research problem

The situation of displaced persons from Myanmar living in the temporary shelters in Thailand, which began around 1984 and continues until today, has been described as the largest protracted refugee situation in East Asia (Banki & Lang, 2008b). Currently, displaced persons live in nine temporary shelters set up by the Royal Thai Government (RTG) along the Thailand-Myanmar border. The Thailand Burma Border Consortium (TBBC) estimates that 146,396 people were living in these temporary shelters as of June 2011 (TBBC, 2011).¹

The RTG does not allow displaced persons living in the temporary shelters to leave or work outside the temporary shelters. Consequently, residents are essentially dependent on external assistance for the funding of basic needs and services. Non-governmental organizations (NGO) meet the basic needs of residents through provision of essential food and non-food items as well as support for education and healthcare services.

With regards to rule of law and security, it has been reported that the current protracted situation has contributed to crime, human trafficking, drug abuse, sexual harassment, and gender-based violence in the shelters. Protection programs and community-based justice systems exist but face challenges in addressing these issues. The establishment of the International Rescue Committee”s Legal Assistance Centers (LAC) in three out of nine temporary shelters has improved access to justice for displaced persons, but resources are limited and significant gaps remain (United Kingdom Department for International Development, 2008).

It is unlikely that displaced persons will be able to repatriate in the near future due to the ongoing political conflict in Myanmar. In addition, the resettlement of a high proportion of skilled workers (especially in the education and healthcare sectors) has led to a shortage of human resources and consequently a reduction in the quality of services in the shelters (CCSDPT/UNHCR, 2007). Hence there is a significant need to find alternative and sustainable solutions to the current situation, particularly for displaced persons who are not eligible or willing to be resettled to a third country. Certain immediate improvements and intermediate solutions to the situation have been raised as a strategy to benefit both the displaced persons from Myanmar and their host communities in Thailand. One possible scenario which will be explored by this research includes allowing displaced persons to leave the shelters, find employment to improve their livelihoods, and access local services, including education, healthcare, and justice administration systems in communities surrounding the shelters.

Research in the field of refugee studies has concentrated on repatriation and resettlement as durable solutions, both in general and in the case of displaced persons from Myanmar in Thailand. Meanwhile, the possibility of local integration has not been adequately studied (Jacobsen, 2001). This study will therefore be particularly useful in contributing to the research in the area of local integration.

¹This figure includes all people verified by TBBC as living in the shelters and qualifying for food rations, including registered and unregistered persons.
1.2 Research Objectives

The study will address the following Research Objectives, taking into account a gender-sensitive perspective:

1. To assess the availability of existing welfare services (food/shelter, education, healthcare) for displaced persons and to evaluate the extent to which these services are meeting the needs of displaced persons

2. To assess the availability of existing legal protection for displaced persons

3. To determine how and to what extent displaced persons living in the temporary shelters can access education, healthcare, and legal justice services in local Thai communities

4. To evaluate the implications and sustainability of maintaining existing education, health and judicial services for displaced persons

5. To evaluate the potential implications and sustainability of access to local Thai education, health, and legal justice services for displaced persons

6. To identify possible social tension and conflict between displaced persons and local communities in relation to access to social services

1.3 Research Questions

1. What are the implications of maintaining the current system of food/shelter assistance, education, healthcare, and legal protection services for displaced persons?

2. How and to what extent can displaced persons living in the temporary shelters access the education, healthcare, and justice systems in local Thai communities?

3. What are the implications of access to education, healthcare, and justice systems in local Thai communities for displaced persons?

1.4 Research Scope

Due to limited access to budgetary information of NGO service providers, this study only attempts to provide an estimate of the current cost of education and healthcare services in the shelters rather than an exact cost projection. Likewise, due to limited access to government budgetary information such as staff and operational costs, this study can only provide information and analysis related to standard Thai government per-head costs for education and health services.

The study attempts to use certain indicators under the „Human Security” framework to organize and analyze data. However, the study faces certain technical limitations in analyzing indicators such as „quality of nutrition” under food security and „quality of healthcare” under health security. In discussing the „quality of nutrition” indicator, the study will present only basic data on calorie levels. Likewise, in examining the „quality of healthcare” indicator, the
study will present only basic data on morbidity and mortality rates as well as quality and capacity of healthcare staff. To fully analyze the quality of nutrition and quality of healthcare, a technical nutritional and healthcare assessment would need to be carried out which is not in the scope of this research.

1.5. Methodology and Research Tools

This study uses a triangulation method which utilises more than one research technique to verify information, as well as cross-check different sources and clarify conflicting information (Denzin, 1989). Documentary analysis examines both primary and secondary data in the English and Thai languages. Primary data draws upon published and unpublished documents by governmental and non-governmental organizations on social welfare services in the temporary shelters and Thai social welfare policies. Secondary data includes books, academic journal articles and papers, reports by donors and international organizations, newspapers articles, and websites.

The fieldwork employed a variety of quantitative and qualitative research methods such as a baseline survey; in-depth interviews; and participant and non-participant observation of schools, hospitals, detention centers, and food distribution processes. Empirical data was collected between March 2010 and February 2011 focusing on three temporary shelters and surrounding local communities: Tham Hin/Ratchaburi Province, Mae La/Tak Province, and Ban Mai Nai Soi/Mae Hong Son Province. Fieldwork was conducted three times in Tak in March, September, and December 2010; three times in Ratchaburi in April 2010, June/July 2010, and February 2011; and once in Mae Hong Son in August 2010. Ongoing fieldwork was also conducted in Bangkok.

The total sample size of the baseline survey was 400, with sample size of 200 for Mae La and 100 each for Ban Mai Nai Soi and Tham Hin. Respondents were randomly selected and the sample covered all demographic variables including gender, age, ethnicity, religion and registration status.

Key informants include: 1) Displaced persons in the selected temporary shelters: community leaders, community members, and service providers in the food distribution, education, health and security sectors; 2) Local stakeholders in communities surrounding the selected temporary shelters: local government officials, service providers in the local education, health, and justice systems, and community members; and 3) Staff of international organizations, non-governmental organizations, and community-based organizations which provide social welfare and legal protection services to displaced persons in the temporary shelters. (See Annex A for a list of key informants.)

1.6. Research Limitations

The research team faced several limitations in data collection due to the sensitive nature of the research topic and research sites. Per MOI policy, access to the temporary shelters required advance approval of a temporary shelter pass, so data collection needed to be conducted very efficiently within certain timeframes. In addition, as the research team was unable to stay overnight in the shelters due to MOI policy restrictions, it was difficult to build the trust of displaced persons. It was also not possible to locate the same informant for a follow-up interview to cross-check or obtain more in-depth information.
It was necessary to rely upon facilitation by MOI, community leaders in the temporary shelters, and/or NGO for the selection of interpreters and DP informants. Access to ethnic and religious minority groups which lack a strong connection to the aforementioned facilitators was therefore particularly limited. Interviews with displaced persons required local interpreters who speak Karen, Karenni, and Burmese, thus data accuracy depended heavily on interpreters. Sometimes an interpreter was a community leader or NGO staff member, which may have affected the openness of the informants in their responses.

The research team was unable to conduct any interviews with legal cases due to security and confidentiality concerns. It was also difficult to obtain access to current Thai hospital referral cases, with the exception of Mae La, where interviews with referral cases were facilitated by the AMI Patient House in Mae Sot. Additionally, the research team was unable to obtain statistics on legal and hospital referral cases and related expenses due to security and confidentiality concerns. Finally, due to time and location constraints, the research team visited a limited number of Thai schools in local communities.

1.7. Confidentiality of Informants

The identity and names of all informants will remain anonymous due to the sensitive nature of the research topic. In addition, the study is unable to provide details about the key informants who provided information on cases of DP access to Thai schools.
CHAPTER 2: CONCEPTUAL FRAMEWORK

The displaced person situation along the Thai-Myanmar border has lasted around twenty six years and is no longer an emergency situation. Such a “protracted refugee situation” is best addressed from a human security perspective which goes beyond humanitarian assistance and moves toward development. Adopting a greater development-oriented approach can provide mutual benefits for displaced persons and the host country, as “development-related projects targeting refugee populated areas can foster an environment of greater security and protection for refugees and the local population, while also contributing to broader national development objectives,” (Loescher & Milner, 2007b).

2.1. Human Security concept

In the realm of security studies in the field of international relations, the concept of “security” has traditionally been limited to individuals’ physical security, the national security of each state, inter-state relations, and military relations. In “protracted refugee situations”, the host country views displaced persons as a threat to national security. Displaced persons are seen as impeding on national sovereignty as well as contributing to crime, human trafficking, drug trafficking, and straining of jobs, public resources, and social services including healthcare, education, and housing (Loescher & Milner, 2007a).

It is increasingly necessary to refocus the concept of “security” from the “nation” towards the “individual” and the “community”, as emphasized by the Human Security paradigm. When people are insecure, they become a burden on society (United Nations Development Program, 1994). Regardless of whether displaced persons will return to Myanmar, resettle to a third country, or continue to reside in Thailand, promoting the human security of displaced persons will benefit both displaced persons and Thailand as the host country. Lack of human security for the DP population can lead to threats to Thai national security such as crime, violence, conflict, and trafficking. Human security and national security are interconnected and mutually reinforcing concepts where lack of one threatens the other.

2.2. Main components of the Human Security framework

The concept of “human security” expands upon both territorial security and national security to encompass “freedom from fear” with regards to security, and “freedom from want” on the economic and social front (United Nations Development Program (UNDP), 1994). The main components of the Human Security framework are economic security, food security, health security, environmental security, personal security, community security and political security (United Nations Development Program (UNDP), 1994; United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), 2009). The definitions and main threats for each type of security are outlined below.
Table 2.1. Main components of Human Security and examples of main threats

<table>
<thead>
<tr>
<th>Type of Security</th>
<th>Definition</th>
<th>Examples of Main Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic security</td>
<td>Job security, full-time employment, income security</td>
<td>Persistent poverty, unemployment</td>
</tr>
<tr>
<td>Food security</td>
<td>Physical and economic access to basic food; linked to economic security</td>
<td>Hunger, famine</td>
</tr>
<tr>
<td>Health security</td>
<td>Prevention and treatment of disease, access to health care</td>
<td>Infectious diseases, unsafe food, malnutrition, lack of access to basic healthcare</td>
</tr>
<tr>
<td>Environmental security</td>
<td>Healthy physical environment, adequate water supply and sanitation, forest conservation, prevention of pollution, coping with human-caused natural disasters</td>
<td>Environmental degradation, resource depletion, natural disasters, pollution</td>
</tr>
<tr>
<td>Personal security</td>
<td>Security from physical violence including physical torture, war, ethnic tension, crime, street violence, rape, domestic violence, child abuse, suicide, drug use</td>
<td>Physical violence, crime, terrorism, domestic violence, child labor</td>
</tr>
<tr>
<td>Community security</td>
<td>Security from membership in a group such as a family, community organization, racial or ethnic group, which provides practical support</td>
<td>Inter-ethnic, religious and other identity based tensions</td>
</tr>
<tr>
<td>Political security</td>
<td>Respect for basic human rights</td>
<td>Political repression, human rights abuses</td>
</tr>
</tbody>
</table>

Source: UNDP, 1994 and UNOCHA, 2009

2.3. Human Security indicators used in this study

Although academics and governments have yet to agree upon or fully endorse a standard definition of the human security concept and indicators, efforts should still be made to apply the human security concept in practice. The Human Security framework broadens the scope of assessment from traditional security to a more holistic perspective. As such, this study will use the Human Security framework to analyze the current situation of social services and potential access to social services for displaced persons in Thailand. Specifically, the study will examine four main components of the Human Security framework which relate to the topics of food, education, healthcare and legal protection: food security, health security, personal security and community security.

The indicators of the Human Security framework that will be used and adapted for this study are laid out in the table below.
Table 2.2. Human Security indicators related to social welfare and legal protection of DPs

<table>
<thead>
<tr>
<th>Type of security</th>
<th>Human Security indicators</th>
<th>Topic</th>
</tr>
</thead>
</table>
| Food security    | • Availability of food  
• Access to food  
• Quality of nutrition                                                                                                                                                                                                          | Food and Shelter       |
| Health security  | • Availability of healthcare  
• Access to healthcare  
• Quality of healthcare  
• Prevention and treatment of disease  
• Basic awareness and knowledge of hygiene                                                                                                                                                                                      | Healthcare             |
| Personal security| • Fear of violence  
• Level of crime  
• Efficiency of legal and judicial institutions  
• Prevention of harassment and sexual and gender-based violence  
• Prevention of domestic violence and child abuse                                                                                                                                                                               | Legal Protection       |
| Community security| • Fear of multiregional conflicts  
• Fear of internal conflicts  
• Protection from unfavorable traditional practices  
• Abolishment of ethnic discrimination                                                                                                                                                                                          |                        |
| Political security| • Respect for basic human rights                                                                                                                                                                                                 |                        |

Although the topic of education does not correlate directly with the types of security under the Human Security framework, education is a key tool for achieving several types of security. According to the Commission on Human Security, “education can give people freedom to promote their human security and that of others” (2003). For example, basic education usually increases job skills and the prospects of productive employment, thereby contributing to economic security. Basic education also contributes to food security by providing access to school feeding programs, and contributes to health security by promoting good health and HIV/AIDS prevention. Finally, education fosters political security, human rights and democracy. Through access to information and knowledge, people are empowered to express their needs and assert their voices (Commission on Human Security, 2003). Particularly in the case of displacement, “refugee children can benefit greatly from the stable social environment that school can provide. They need schooling to address the economic, health and social insecurities that press in on their lives” (Sommers, 2002 cited in Commission for Human Security, 2003).

As education is a tool for human security, the framework of “the Right to Education” and the “4A’s” of “Availability, Accessibility, Acceptability, and Adaptability” will be used as an analytical framework for the topic of education examined in this study. The “4A’s” framework was originally developed by Katarina Tomasevks, the first United Nations Special Rapporteur on the right to education, but will be adapted to the education situation in the temporary shelters in Thailand based on interpretations by the Inter-Agency Network for
Education in Emergencies (INEE) and the Right to Education Project. The definitions of the 4A’s as interpreted by INEE and the Right to Education Project are listed in Table 2.3 below. Based on these two 4A interpretations, the study will look at indicators as outlined in Table 2.4.

**Table 2.3. The 4A’s underlining the Right to Education framework**

<table>
<thead>
<tr>
<th></th>
<th>INEE’s Definition</th>
<th>Right to Education Project’s Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Availability</strong></td>
<td>Duty-bearers must ensure free and compulsory good quality education available for all children up to a defined age minimum, with safe schools and appropriate infrastructure and facilities, especially trained teachers.</td>
<td>Education is free and government-funded; there is adequate infrastructure and trained teachers able to support education delivery.</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>Duty-bearers must eliminate any discrimination on the basis of internationally prohibited grounds: ethnicity, economic status, disability, gender etc; education must be free and physically accessible, protected from attacks.</td>
<td>The system is non-discriminatory and accessible to all; positive steps are taken to include the most marginalized.</td>
</tr>
<tr>
<td><strong>Acceptability</strong></td>
<td>Duty-bearers must ensure that education is acceptable to children, parents and teachers, with relevant content and methods, respecting everyone’s rights; utmost attention must be paid to the needs of minority and indigenous groups.</td>
<td>The content of education is relevant, non-discriminatory and culturally appropriate, and of quality; the school itself is safe and teachers are professional.</td>
</tr>
<tr>
<td><strong>Adaptability</strong></td>
<td>Duty-bearers must ensure that education is adaptable to the child’s specific situation and ability; emergencies create enhanced vulnerability to disability and maiming, and the reality of displacement, for month and years.</td>
<td>Education can evolve with the changing needs of society and contribute to challenging inequalities, such as gender discrimination; it can be adapted locally to suit specific contexts.</td>
</tr>
</tbody>
</table>

Source: INEE, 2008; Right to Education Project, 2008
| Availability | • Availability of education services and programs (e.g. basic education, post-secondary education, vocational training, adult education/non-formal education, higher education, distance learning, special education, etc.)  
|              | • Teacher retention and recruitment  
|              | • Adequacy of school infrastructure, supplies and equipment |
| Accessibility | Accessibility to education services based on:  
|              | • Economic status  
|              | • Gender  
|              | • Ethnicity, religion, language |
| Acceptability | • Teacher quality  
|              | • Learning standards  
|              | • Accreditation |
| Adaptability | • Flexibility of education to evolve depending on context and changing needs of community  
|              | • Relevance of education to the reality of DP lives |
CHAPTER 3: CURRENT SITUATION OF SOCIAL WELFARE AND SOCIAL SECURITY

This chapter provides a comprehensive overview of the current situation of social welfare and social security in the selected temporary shelters of Tham Hin, Mae La, and Ban Mai Nai Soi. Documentary data and field data will be combined and triangulated in order to validate data. Furthermore, key indicators under the Human Security framework and the rights-based approach will be used to analyze this data. For the topics of Food and Shelter, Healthcare, and Security and Legal Protection, the relevant indicators of the Human Security framework as laid out in Chapter 2, Table 2.2 will be applied and analyzed. For the topic of Education, the relevant indicators of the Right to Education framework of the 4A’s (Availability, Accessibility, Acceptability, and Adaptability) as outlined in Chapter 2, Table 2.4 will be applied and analyzed.

The current situation of each topic will be discussed individually and in the following order: Food and Shelter, Education, Healthcare, and Security and Legal Protection. This will be followed by a discussion of social tension between DPs and local Thai communities. Finally, an analysis of the consequences of maintaining the current situation will be presented.

3.1 Food and Shelter

This section will discuss the provision of food, shelter and non-food items as well as livelihood programs available in the temporary shelters. For the topic of food assistance, it will discuss the following indicators for food security under the Human Security framework: 1) Availability of food; 2) Access to food; and 3) Quality of nutrition.

3.1.1. Structure of food assistance

TBBC, a consortium of eleven NGOs from nine countries, provides food, shelter materials, and non-food items in the nine temporary shelters along the Thailand-Myanmar border. In terms of the commodity distribution system, TBBC procures food and non-food items, while commercial suppliers transport the items to the temporary shelters (Bodermar et al., 2008). The Camp Committees, composed of residents in the temporary shelter, are in charge of reception, storage and distribution of the items in the temporary shelters (Bodermar et al., 2008). Section Leaders then control and manage the final distribution of food. However, according to a DFID report, there have been concerns that food is not distributed to only those who need it (United Kingdom Department for International Development, 2008). According to the most updated data from TBBC, the Feeding Figure in all the shelters totaled 140,341 as of June 2011 (TBBC, 2011).

3.1.2. Food assistance

Availability of food

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2 This TBBC Feeding Figure reflects the actual number of persons recorded as having collected food rations during June 2011, which is slightly lower than the TBBC Verified Caseload number of 146,396 persons. This is because food rations are provided only to those personally attending distributions, whereas the Verified Caseload includes all persons verified as living in the camps and eligible for rations, including registered or not registered.
In 2010, TBBC has faced serious budget cuts totaling 273 million baht (21%). As a result, TBBC has had to reduce its food assistance and target its feeding to the most vulnerable. Table 3.1 shows the current food rations as outlined in TBBC’s most recent July-December 2010 report.

Table 3.1. TBBC food rations as of December 2010

<table>
<thead>
<tr>
<th>Food Items</th>
<th>Young Child Ration (6 months to &lt;5 years)</th>
<th>Older Child Ration (6&lt;18 years and Board House Students)</th>
<th>Adult Ration (&gt;18 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Rice</td>
<td>7 kg</td>
<td>13.5 kg</td>
<td>13.5 kg</td>
</tr>
<tr>
<td>Yellow split peas</td>
<td>0.5 kg</td>
<td>1 kg</td>
<td>1 kg</td>
</tr>
<tr>
<td>Sugar</td>
<td>250 grams</td>
<td>250 grams</td>
<td>125 grams</td>
</tr>
<tr>
<td>AsiaMIX (fortified blended food)</td>
<td>1 kg</td>
<td>1 kg</td>
<td>0.25 kg</td>
</tr>
<tr>
<td>Fish Paste</td>
<td>0.5 kg</td>
<td>0.75 kg</td>
<td>0.75 kg</td>
</tr>
<tr>
<td>Soybean oil (non-fortified) (distribution on sliding scale per household size)</td>
<td>0.8 litre</td>
<td>0.8 litre</td>
<td>0.8 litre</td>
</tr>
<tr>
<td>Salt</td>
<td>75 grams</td>
<td>150 grams</td>
<td>150 grams</td>
</tr>
<tr>
<td>Total Calories</td>
<td>1,264</td>
<td>2,100</td>
<td>1,986</td>
</tr>
</tbody>
</table>

Source: TBBC, 2010a

TBBC has adjusted its food rations as follows:

- Rice decreased to 7kg/month for young children and 13.5 kg/month for older children and adults
- Yellow split peas will be introduced into the ration to replace mung beans, at 1 kg for adults and older children and 0.5 kg for young children
- Fish paste will remain at 750 grams per adult and per older child and reduced to 500 grams per young child
- Oil will be provided as a household ration (similar to charcoal distribution) based on the number of people included
- Dried chilies are no longer distributed
- Salt rations decreased to 150 grams/month per adult and older child and 75 grams/month per young child

Although TBBC provides food rations to the general shelter population, some rations such as fishpaste cannot be consumed by Muslim residents due to their religious beliefs (TBBC, 2010b). This means that there are less food rations readily available for Muslims as compared to the rest of the shelter population. As such, more attention needs to be paid to the particular food needs of the Muslim population.

The reduction of food rations – especially rice and other main rations such as cooking oil which can be considered “basic food” – has of course reduced the availability of food for displaced persons. The impact is felt especially by certain households which need to share rations among some household members who do not receive rations. Moreover, displaced persons stated that the removal of dried chilies from the food rations means that they can hardly cook their own traditional dishes anymore, since dried chilies are a main ingredient in these dishes (Interviews, Tham Hin).

Generally, a reduction in the availability of food for can be offset by alternative means of obtaining food, such as through increasing livelihood opportunities for displaced persons.
Livelihood programs organized by NGOs such as TBBC and Catholic Organization for Emergency Relief and Refugees (COERR) are available in the shelters. TBBC is also in the process of increasing such programs (see Section 3.1.4.) However, only a limited number of displaced persons can participate in these programs. To maintain a sufficient level of food availability, food rations should not be reduced further, while livelihood programs and opportunities should be increased on a large scale in order to supplement food rations.

Access to food

TBBC currently categorizes its criteria for ration eligibility based on registration status. The five categories of eligibility are: “1) Registered Refugee with UNHCR Household Registration or UNHCR ID Card & Ration Book; 2) Unregistered Asylum Seeker with Ration Book; 3) New Unregistered Asylum Seeker without Ration Book; 4) Persons holding Request for Exemption form; and 5) Special Categories” (TBBC, 2010a). See Table 3.2 for details on TBBC eligibility criteria for food rations.

Table 3.2. TBBC eligibility criteria for food rations (2010)

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria for eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Refugee with UNHCR Household</td>
<td>TBBC provides the full ration to refugee/ asylum seekers acknowledged and approved by</td>
</tr>
<tr>
<td>Registration or UNHCR ID Card &amp; Ration Book</td>
<td>the camp committee as continuously residing in the camp. In order to be able to receive</td>
</tr>
<tr>
<td></td>
<td>the food ration, each adult refugee must come in person to the food distribution point</td>
</tr>
<tr>
<td></td>
<td>with his/her UN Identification Card and Ration Book.</td>
</tr>
<tr>
<td>Unregistered Asylum Seeker With Ration Book</td>
<td>An asylum seeker who is acknowledged and approved by the camp committee as continuously</td>
</tr>
<tr>
<td></td>
<td>residing in the camp is eligible to receive food ration after being issued a Ration Book</td>
</tr>
<tr>
<td></td>
<td>by TBBC. In order to be able to receive the food ration, each adult must come in person</td>
</tr>
<tr>
<td></td>
<td>to the food distribution point with his/her Ration Book.</td>
</tr>
<tr>
<td>New Unregistered Asylum Seeker Without Ration</td>
<td>An asylum seeker who has just arrived to the camp and is acknowledged and approved by</td>
</tr>
<tr>
<td>Book</td>
<td>the camp committee will be added to the Monthly Update of Populations Figures (MUPF) after</td>
</tr>
<tr>
<td></td>
<td>continuously residing in the camp for a period of at least one month. After receiving</td>
</tr>
<tr>
<td></td>
<td>notification by camp committee of being recorded in the MUPF, each new arrival will be</td>
</tr>
<tr>
<td></td>
<td>issued a Ration Book by TBBC. From the following month, a new arrival will be able to</td>
</tr>
<tr>
<td></td>
<td>receive the food ration by coming in person to the food distribution point with his/her</td>
</tr>
<tr>
<td></td>
<td>Ration Book.</td>
</tr>
<tr>
<td>Persons holding Request for Exemption form</td>
<td>People unable to attend distribution, but with valid reason (e.g. camp committee member,</td>
</tr>
<tr>
<td></td>
<td>teacher, medic) must provide verification either from their organisation and complete a</td>
</tr>
<tr>
<td></td>
<td>Request for Exemption Form verified by TBBC staff, camp management and CBO</td>
</tr>
</tbody>
</table>

Special Categories: The full Eligibility Criteria also address the special categories of population such as new born babies <6 months, child-headed households, permanent transfers between the camps and students from boarding houses.

Source: TBBC, 2010a

TBBC has established its own population database and ration book system which aims to provide accurate information on the number of displaced persons living in the shelters, including both registered and unregistered persons. This database allows TBBC to determine actual feeding figures and have tighter control of ration distributions. The current ration book system was introduced in 2009. Ration books are allocated based on registration status as below:

- Blue ration books: registered displaced persons i.e. those with UNHCR/Ministry of Interior (MOI) registration documents
- Pink ration books: persons who are “screened in” during the pre-screening process or have been identified/approved for interviewing by Provincial Admission Boards (PABs)
- Orange ration books: persons who have been verified as eligible for assistance but are yet to undergo any official process (Pre-screening, PABs) (TBBC, 2010a)
The Refugee Camp Committees receive and distribute supplies with guidance and monitoring by TBBC. All adult ration card holders must personally present themselves and produce photo identification at the distribution point in order to collect their rations. However, exemptions are made for persons who have a valid reason for not being present for ration distribution, such as Camp Committee members, teachers, medics, the elderly and the disabled (TBBC, 2010a).

TBBC tries to ensure that eligible households have received their rations by conducting monthly post-distribution monitoring exercises (TBBC, 2010a; Key Informant Interview, Tham Hin). However, there may still be barriers to access to food for some groups such as New Arrivals, minority ethnic groups, and the disabled.

New Arrivals must be approved by their Section Leader first before they can receive any food rations, but they may still have difficulty accessing food in the case that there are limited food rations available (Key Informant Interview, Tham Hin). Beginning in February 2011, a new Thai MOI policy prohibits New Arrivals from receiving any food rations (Interview, Tham Hin Camp Commander). According to the Tham Hin Camp Commander, the purpose of this new policy is to prevent New Arrivals from entering the shelters to receive food assistance. From a food security and human security perspective, however, this new regulation hinders access to food assistance for New Arrivals, making them food insecure as they do not have alternative means of access to food.

According to aforementioned TBBC eligibility criteria, displaced persons who cannot pick up their rations on the distribution date will not receive any rations. However, exceptions can be made for displaced persons who are ill, disabled or have other physical problems preventing them from going to the warehouse. In these cases, ration deliveries to homes can be arranged by temporary shelter distribution staff or community leaders (Interview, Tham Hin).

Quality of nutrition

In June 2010, a budget deficit due to exchange rate deterioration forced TBBC to suspend yellow bean distribution for the period of July through December 2010. TBBC chose to suspend yellow beans due to their significant increase in market price. TBBC has previously aimed at providing a nutritionally balanced food ration which fully meets the World Health Organization (WHO)/UNHCR planning figure for emergencies of 2,100 kcal/person/day. However, the removal of yellow beans from the food basket has decreased the average kilocalorie level to 1,995 kilocalories per person a day, which is below the World Health Organization (WHO)/United Nations High Commissioner for Refugees (UNHCR) caloric planning figure. Additionally, the percentage of protein needs met by the food basket has dropped to 82% (although not in the form of complete protein). In order to protect the most vulnerable DPs, yellow beans will still be distributed as part of the supplementary feeding program (TBBC, 2010a).

3.1.3. Shelter and non-food item assistance

The temporary shelters are generally overcrowded, and only three temporary shelters meet the UNHCR minimum space standards (CCSDPT/UNHCR, 2007). Displaced persons are able to design, construct, and repair houses by themselves using the customary and local
materials provided. However, due to the temporary nature of the shelter materials, during the rainy season, houses are prone to being washed away by floods and roads are not usable (Boderman et al., 2008).

TBBC tries to provide sufficient materials to meet Humanitarian Charter & Minimum Standards in Disaster Relief (Sphere Project), which recommends at least 3.5 square meters of floor area per person. TBBC distributes shelter materials such as bamboo, thatch for roofing, eucalyptus poles and nails (see Table 3.3). According to interviews with DPs in the three selected shelters, house and building repairs are required every year since shelter items are easily worn out; however, TBBC is unable to provide enough materials necessary for these repairs. Recent TBBC budget restraints have caused TBBC to introduce needs-based shelter provision aimed at improving construction standards and the efficiency of building material distributions (TBBC, 2010a).

Table 3.3. TBBC building supply rations (2010)

<table>
<thead>
<tr>
<th>Item</th>
<th>Size</th>
<th>Specification</th>
<th>New House</th>
<th>Replacement House</th>
<th>Annual Repairs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard</td>
<td>3’ x &gt;6m</td>
<td>Standard</td>
<td>Large (&gt;5 Pers)</td>
<td>Standard (&gt;5 Pers)</td>
</tr>
<tr>
<td>Bamboo</td>
<td></td>
<td></td>
<td>250</td>
<td>350</td>
<td>125 175</td>
</tr>
<tr>
<td></td>
<td>Large</td>
<td></td>
<td>8</td>
<td>12</td>
<td>4 6</td>
</tr>
<tr>
<td>Eucalyptus</td>
<td>Small</td>
<td>4’ x 6m</td>
<td>4</td>
<td>6</td>
<td>4 6</td>
</tr>
<tr>
<td></td>
<td>Large</td>
<td>5’ x 6m</td>
<td>8</td>
<td>12</td>
<td>*3 *3</td>
</tr>
<tr>
<td>Roofing</td>
<td>Leaf Thatch</td>
<td>Grass Thatch</td>
<td>350</td>
<td>450</td>
<td>175 225</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>250</td>
<td>350</td>
<td>125 175</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1kg</td>
<td>2kg</td>
<td>2kg</td>
<td>2kg 2kg</td>
</tr>
</tbody>
</table>

Source: TBBC, 2010a

Non-food items provided by TBBC include blankets, bed nets, sleeping mats, charcoal and clothing. According to a key informant, the charcoal provided by TBBC is not appropriate for the method of cooking used by DPs, as the charcoal creates a cooking flame that is too strong for cooking purposes. Instead, DPs need wood for cooking since wood has the ability to control the temperature of the cooking flame. Some DPs decide to sell their charcoal rations in order to generate income.

3.1.4. Livelihood programs

As food rations provided by TBBC may not adequately fulfill DPs’ food needs, it is necessary for DPs to supplement their food rations by other means. The results of the baseline survey show that in each of the three shelters, more than 80% of respondents stated that they buy food with income, while approximately 20% grow food in the shelter for household consumption.

NGOs such as TBBC and COERR promote agricultural training as well as livelihood and self-employment programs to encourage DP self-reliance and food security. TBBC’s Community Agriculture and Nutrition (CAN) program which provides agricultural training is currently available in shelters such as Ban Mai Nai Soi and Mae La, although not available in Tham Hin, as COERR is running a similar program. Thai villagers also have the chance to participate in the TBBC CAN program, which helps to reduce social tensions between DPs and local communities. TBBC is now introducing new approaches to community agriculture.
with the aim of increasing income saving. New activities to help DPs develop livelihood activities are also being carried out under the shelter program (TBBC, 2010a).

In an effort to promote the self-reliance of DPs, TBBC is making the promotion of livelihood and self-employment opportunities a key component of its programming. Activities focus on income generation, savings and increased economic activities. TBBC has set up a pilot project in Tham Hin and Mae Ra Ma Luang shelters called the Entrepreneurship Development, Grant and Savings (EDGS) project. This project develops the capacity of DPs in small enterprise creation and management through training, small grants and mentoring support. The short term goal of the project is to establish small businesses or expand existing businesses, while the long term goal is self-reliance and sustainable self-employment for DPs. The project adopts a step-by-step approach to involve DPs in economic activities and gives priority to women and other vulnerable groups (TBBC, 2010a).

Table 3.4. Number of people who completed training and received a grant in the EDGS project

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>Mae Ra Ma Luang</th>
<th>Tham Hin</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Poor</td>
<td>15</td>
<td>20 42 62</td>
<td>12 28 40</td>
<td>32 70 102</td>
</tr>
<tr>
<td>2 Single Mother / Single Women / Separated Women</td>
<td>20</td>
<td>3 31 34</td>
<td>0 17 17</td>
<td>3 48 51</td>
</tr>
<tr>
<td>3 GBV Survivors</td>
<td>10</td>
<td>- - -</td>
<td>- - -</td>
<td>- - -</td>
</tr>
<tr>
<td>4 With Disabled Spouse</td>
<td>15</td>
<td>3 8 11</td>
<td>2 3 5</td>
<td>5 11 16</td>
</tr>
<tr>
<td>5 Youth</td>
<td>10</td>
<td>7 13 20</td>
<td>5 4 9</td>
<td>12 17 29</td>
</tr>
<tr>
<td>6 Person with Disability</td>
<td>5</td>
<td>7 - 7</td>
<td>3 1 4</td>
<td>10 1 11</td>
</tr>
<tr>
<td>7 Trained on Specific Skills</td>
<td>8</td>
<td>5 4 9</td>
<td>8 7 15</td>
<td>13 11 24</td>
</tr>
<tr>
<td>8 Existing Entrepreneurs</td>
<td>7</td>
<td>1 2 3</td>
<td>4 8 12</td>
<td>5 10 15</td>
</tr>
<tr>
<td>9 New Arrivals</td>
<td>10</td>
<td>6 15 21</td>
<td>3 14 17</td>
<td>9 29 38</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>52 115 167</td>
<td>37 82 119</td>
<td>89 197 286</td>
</tr>
</tbody>
</table>

Source: TBBC, 2010a

COERR also provides livelihood opportunities through agricultural training courses, including in Mae La and Tham Hin. COERR’s agricultural courses provide training on vegetable gardening, mushroom production, distribution of seeds, seedlings and agricultural tools, and support for community-run gardening plots (TBBC, 2010a; CCSDPT, 2010).

3.1.5. Summary and recommendations

This section has analyzed the current situation of food assistance based on the 3 main indicators of food security under the Human Security framework: 1) Availability of food, 2) Access to food, and 3) Quality of nutrition. As a result of large cuts to TBBC”s budget, the level of food rations has decreased. Generally, a reduction in the availability of food for displaced persons can be offset by alternative means of obtaining food, such as through increasing the livelihood opportunities of displaced persons. However, there are a limited amount of livelihood programs available in the shelters, so only a limited number of displaced persons can participate. In order to increase food availability, food rations should not be further decreased, while at the same time, livelihood programs and opportunities should be increased on a large scale in order to supplement the food rations.

With regards to accessibility of food, TBBC tries to ensure that eligible households have received their rations by conducting monthly post-distribution monitoring exercises. However, there may still be barriers to access to food for some DPs such as New Arrivals,
minority ethnic groups, and the disabled. As for nutrition, the removal of yellow beans from the food basket has decreased the average kilocalorie level to 1,995 kilocalories per person a day, which is below the WHO/UNHCR caloric planning figure of 2,100 kcal/person/day.

Reduced funding for food assistance has resulted in a decrease in all three food security indicators of availability of food, accessibility of food, and quality of nutrition. It will be increasingly difficult to meet the food needs of displaced persons. As the current situation is not sustainable, it is critical to promote more livelihood and income-generating opportunities in order to ensure the food security of displaced persons.

### 3.2. Education

This section begins with an explanation of the structure of education services in the temporary shelters along the Thailand-Myanmar border. It then analyzes data on education services according to the “4A”s” indicators of the Right to Education framework. For the first indicator of Availability, the study will assess the availability of various education services and programs available in the shelters, including basic education, post-secondary education, vocational training, adult education/non-formal education, higher education, distance learning, special education, etc. Teacher retention and recruitment as well as adequacy of school infrastructure, supplies, and equipment will also be discussed under the indicator of Availability. For the second indicator of Accessibility, the study will examine barriers to and disparities in access to education services based on economic status, gender, ethnicity, religion, and language. Teacher quality, learning standards and accreditation will be addressed under the third indicator of Acceptability. Finally, for the fourth indicator of Adaptability, the study will analyze the flexibility of the current education situation to evolve depending on the context and changing needs of the community, in addition to the relevance of education to the reality of DP lives.

#### 3.2.1. Structure of education services

Since 1996, international NGO have supported community-based organizations (CBO) in the delivery of educational services in the temporary shelters. Services originally focused on formal education but they have since expanded to nursery schools, special education, libraries, vocational training, non-formal education, sports and recreation activities, adult literacy and other aspects of education (CCSDPT, 2010).³

*Predominantly-Karen temporary shelters*

In April 2009, the community-based Karen Education Department (KED) under the Karen National Union (KNU) was restructured as the Karen Refugee Committee-Education Entity (KRCEE) under the Karen Refugee Committee (KRC) (Oh et al., 2010; KRCEE, Interview). KRCEE oversees education in the seven predominantly-Karen temporary shelters⁴. The vision of KRCEE is to “build up a true, lasting peace and justice by producing graduates who are critical and creative thinkers, competent leaders, and good citizens who are proud of their identity.” Its mission is to “serve and represent the Karen refugees temporarily

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³ For a detailed list of CCSDPT organizations working on education activities, please refer to: CCSDPT (2010). *CCSDPT Directory for 2010*. Bangkok: CCSDPT.

⁴ Ban Don Yang, Mae La, Mae La Oon, Mae Ra Ma Luang, Nupo, Tham Hin, Umpiem
sheltered along the Thai-Burma border by providing basic education and tertiary education to refugee students and children” (KRCEE, 2010a).

KRCEE establishes educational policies at the central level while a Committee for Camp Education Entity⁵ (CCEE) and an Office of Camp Education Entity (OCEE) oversee education affairs at the temporary shelter level. The CCEE manages and promotes education quality, conducts monitoring and evaluation, and advises the respective OCEE in each temporary shelter (CCEE of Mae La, Interview). KRCEE/CCEE policies are interpreted and implemented through the OCEE and schools in each temporary shelter, which may interpret the policies in accordance with their specific situation (Oh et al., 2010).

KRCEE currently focuses on basic and further education and does not specifically focus on vocational training and adult education (Oh et al., 2010; KRCEE, Interview). However, KRCEE plans to restructure and standardize the non-formal education programs in the temporary shelters (KRCEE, Interview). KRCEE partners with NGOs such as ZOA Refugee Care (ZOA) and World Education in educational service provision, coordination, and improvement of education (Oh et al., 2010; KRCEE, Interview). KRCEE also aims to strengthen coordination with NGOs and CBOs along the border by facilitating monthly consultation meetings (Oh et al., 2010).

Since 1997, ZOA, a Dutch NGO, has provided the majority of educational support in the predominantly-Karen temporary shelters. Support is provided in the areas of basic education, non-formal education, vocational training, higher education, livelihoods, educational material development, and capacity building (ZOA, 2009). Specific activities include teacher training and support, development of teacher training materials, curriculum and textbook development, institutional capacity building, and community development. ZOA educational support also involves the provision of operational services, such as school construction, payment of teacher subsidies, and provision of educational materials and school supplies (ZOA, 2009). ZOA works closely with KRCEE on educational services. Other NGOs and CBOs such as COERR, Karen Women’s Organization (KWO), TBBC, Thaybay-Curriculum Project, TOPS, and World Education also provide various education services (See Table 3.5.).

⁵ The KRCEE charter states that the CCEE is chaired by the Education Coordinator. The CCEE must also have at least 7 members representing diverse interests such as youth who are not members of the KYO, women who are not members of the KWO, parents, teachers, religions, disabled persons, etc. (Oh et al., 2010).
<table>
<thead>
<tr>
<th>Type</th>
<th>Target group</th>
<th>Content</th>
<th>Institutions</th>
<th>Organisations providing services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery</td>
<td>Children aged 3 years</td>
<td>Introduction to basic education and preparation for kindergarten: Karen Burmese, English Maths</td>
<td>Nursery schools</td>
<td>TOPS</td>
</tr>
<tr>
<td>Kindergarten</td>
<td>Children aged 5 years</td>
<td>The KRCEE proposes that the kindergarten curriculum includes Karen, English, Mathematics, Social Studies, Health and Physical Education.</td>
<td>Schools</td>
<td>ZOA</td>
</tr>
<tr>
<td>Primary and secondary</td>
<td>Children and young people of school-going age</td>
<td>General education using KED/KRCEE-approved curriculum</td>
<td>Schools</td>
<td>ZOA</td>
</tr>
<tr>
<td>Post-secondary</td>
<td>Young people who have completed secondary education</td>
<td>General education; specialized courses: English, leadership, medic courses; KED/KRCEE approved curriculum</td>
<td>Schools</td>
<td>World Education, ZOA, Thabyay - Curriculum Project (CP)</td>
</tr>
<tr>
<td>Religious learning</td>
<td>Children and young people</td>
<td>Religion</td>
<td>Religious schools</td>
<td>Religious institutions outside the camp</td>
</tr>
<tr>
<td>Special education</td>
<td>Deaf, blind and mute children</td>
<td>Sign language, Braille</td>
<td>Special education centres</td>
<td>KWO, World Education</td>
</tr>
<tr>
<td>Vocational and craft learning</td>
<td>Adults and school leavers</td>
<td>Auto-mechanics, radio mechanics, sewing, agriculture, cooking, weaving, basket weaving and other courses</td>
<td>Vocational training centres</td>
<td>ZOA, KWO, TBBC, COERR</td>
</tr>
<tr>
<td>Adult learning</td>
<td>Adults and school leavers</td>
<td>English, Thai, literacy, music, computers</td>
<td>Learning centres</td>
<td>ZOA, KWO, Thabyay – Curriculum Project</td>
</tr>
<tr>
<td>Night school</td>
<td>Adults and school leavers</td>
<td>General education using KED/KRCEE-approved curriculum</td>
<td>Schools</td>
<td>ZOA</td>
</tr>
</tbody>
</table>

Source: Oh et al., 2010
The enrollment rate for primary school students in the predominantly-Karen temporary shelters ranged from 56% to 65% between 2007 and 2010. The total number of students for both primary and secondary school was at around 36,000 for 2007-2008 and 2008-2009 but dropped to around 34,000 in 2009-2001 (See Table 3.7.). After the primary school cycle, however, the number of students enrolled in school drops significantly but the reason for this is still unclear (Oh et al., 2010).

Table 3.6. Total number of students by cycle in the seven predominantly-Karen shelters, 2008-2010$^a$

<table>
<thead>
<tr>
<th>Academic year</th>
<th>Primary</th>
<th>Secondary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-8</td>
<td>23,482</td>
<td>12,861</td>
<td>36,343</td>
</tr>
<tr>
<td>2008-9</td>
<td>20,129</td>
<td>16,346</td>
<td>36,475</td>
</tr>
<tr>
<td>2009-10</td>
<td>20,235</td>
<td>13,813</td>
<td>34,048</td>
</tr>
</tbody>
</table>

$^a$ Figures are taken from ZOA statistics from December of that academic year
Source: Oh et al., 2010

Predominantly-Karenni temporary shelters

As for the two predominantly-Karenni temporary shelters$^6$, the NGO Jesuit Refugee Service (JRS) has been working with the community-based Karenni Education Department (KnED) since 1997. JRS supports the KnED at all levels of management in the following areas: teacher training, primary and secondary education, Special Education, Life Skills Education, Home School Liaison Program, vocational training, and management and capacity development (Jesuit Refugee Service, 2009; JRS, Interview).

3.2.2. Availability

“Availability” is the first out of four components of the Right to Education framework that will be used to analyze the current situation of education services in the temporary shelters. This section will provide an extensive overview and explanation of the various education services and programs available in Tham Hin, Mae La, and Ban Mai Nai Soi shelters, including curricula and enrollment figures. The types of education services discussed include: basic education, post-secondary education, other educational programs, vocational training, non-formal education, higher education and distance learning, and special education. It will then assess teacher retention and recruitment, and lastly the adequacy of school infrastructure, supplies and equipment.

Basic Education

Tham Hin and Mae La

Basic education consists of primary and secondary education from Kindergarten through high school (KG – Grade 12). Basic education schools are sufficiently available in Tham Hin and Mae La. Tham Hin has one school which covers Kindergarten (KG) – Grade

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$^6$ Ban Mai Nai Soi and Ban Mae Surin
12. Mae La has 13 primary schools, 7 middle schools, and 8 high schools. Enrollment figures for basic education are presented in the below tables.

Table 3.7. Basic education enrollment: Tham Hin

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>ETHNICITY</th>
<th>RELIGION</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Karen</td>
<td>Burman</td>
<td>Muslim</td>
</tr>
<tr>
<td>Tham Hin</td>
<td>1364</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>1614</td>
<td>30</td>
<td>4</td>
</tr>
<tr>
<td>Percent</td>
<td>94%</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Unpublished statistics from ZOA, obtained in January 2011

Table 3.8. Basic education enrollment: Mae La

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>ETHNICITY</th>
<th>RELIGION</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Karen</td>
<td>Burman</td>
<td>Muslim</td>
</tr>
<tr>
<td>Primary 1</td>
<td>532</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary 2</td>
<td>167</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary 3</td>
<td>324</td>
<td>10</td>
<td>71</td>
</tr>
<tr>
<td>Primary 4</td>
<td>332</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary 5</td>
<td>209</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Primary 6</td>
<td>312</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Primary 7</td>
<td>182</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Primary 8</td>
<td>350</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary 9</td>
<td>299</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary 10</td>
<td>159</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary 11</td>
<td>245</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Primary 12</td>
<td>172</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Primary 13</td>
<td>0</td>
<td>0</td>
<td>501</td>
</tr>
<tr>
<td>Middle 1</td>
<td>739</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Middle 2</td>
<td>914</td>
<td>40</td>
<td>23</td>
</tr>
<tr>
<td>Middle 3</td>
<td>325</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Middle 4</td>
<td>295</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Middle 5</td>
<td>338</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Middle 6</td>
<td>262</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Middle 7</td>
<td>420</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>High 1</td>
<td>770</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>High 2</td>
<td>1089</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>High 3</td>
<td>929</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>High 4</td>
<td>362</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>High 5</td>
<td>772</td>
<td>5</td>
<td>32</td>
</tr>
<tr>
<td>High 6</td>
<td>378</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>High 7</td>
<td>603</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>High 8</td>
<td>236</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>11705</td>
<td>96</td>
<td>691</td>
</tr>
<tr>
<td>Percent</td>
<td>93%</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Unpublished statistics from ZOA, obtained in January 2011
The switch to a new grade system began in the 2008-2009 school year and has now been completed in all 7 predominantly-Karen shelters (KRCEE, Interview). The basic education grade system previously consisted of three Kindergarten grades (KGA, KGB, KGC) followed by Grades 1-10. This old grade system has now been restructured into only one Kindergarten grade (KG) followed by Grades 1-12. It is anticipated that the standardization of the grade system will make it easier for schools in resettlement countries to understand student transcripts (KRCEE, Interview). Standardization of the grade system also makes the education system in the temporary shelters more aligned with the Thai system, which is one step in the direction toward accreditation (Key informant Interviews, Mae La).

The new grade system is divided into 4 levels, with Level 1 corresponding to Kindergarten – Grade 3; Level 2 corresponding to Grade 4-6; Level 3 corresponding to Grade 4-6; and Level 4 corresponding to Grade 10-12. Post-secondary schools, which were commonly known as “Post-10” schools in the old grade system, are now referred to as “Post-12” schools. The only change to the content of the curriculum has been the addition of Thai language instruction.

Table 3.9  New KRCEE grade system by age, level and grades

<table>
<thead>
<tr>
<th>Age</th>
<th>Level</th>
<th>Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9 years</td>
<td>1</td>
<td>Kindergarten – Grade 3 (Lower Primary School)</td>
</tr>
<tr>
<td>10-12 years</td>
<td>2</td>
<td>Grade 4-6 (Upper Primary School)</td>
</tr>
<tr>
<td>13-15 years</td>
<td>3</td>
<td>Grade 7-9 (Lower Secondary School/Middle School)</td>
</tr>
<tr>
<td>16-18 years</td>
<td>4</td>
<td>Grade 10-12 (Upper Secondary School/High School)</td>
</tr>
</tbody>
</table>

Source: KRCEE, 2010a

Table 3.10. Grades and corresponding ages in the seven predominantly-Karen temporary shelters

<table>
<thead>
<tr>
<th>Stage</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td></td>
<td>Primary</td>
<td>Primary</td>
</tr>
<tr>
<td>KG</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: Oh et al., 2010

Originally, the KED/KRCEE curriculum in the basic education schools was mostly Karen-focused, but there has since been an emphasis on inclusive education to meet the needs of other groups (ZOA, Interview). At the primary level (KG-Grade 6), the core curricula

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7 A “Grade” is commonly referred to as a “Standard” and the two terms can be used interchangeably.
includes Math, Geography, Hygiene, Karen Language, Burmese Language, English Language, and Thai Language, with Social Studies offered on a supplementary basis. At the secondary level (Grade 7-12), Hygiene is removed from the core curricula, while History and Science are added. Physical education and Art are extra-curricula subjects offered at the primary level, while secondary level extra-curricula subjects include Art, Music, Sewing, Knitting and Embroidery, and Cooking and Baking (ZOA, Email Communication). There are some local variations to the standard curriculum, such as computer courses offered in Grades 7-12 in Tham Hin (Oh et al., 2010; Education Official, Interview, Tham Hin). However, there are currently no arts classes offered due to lack of funding for materials for arts classes (ZOA, Interview). See Table 3.11 and Table 3.12 for the KRCEE curriculum.

The curriculum has been criticized as lacking in coherence among grades and subjects, lacking relevance to the local context, and lacking quality (Van der Stouwe & Oh et al., 2008). Furthermore, it has been pointed out that many subjects are too difficult; the language of the curriculum and textbooks does not suit a large proportion of students and teachers; the social studies textbooks are too difficult; there is a lack of instructional material, teachers’ manuals, and practical resources (teaching aides); there is not enough emphasis on art, music, dance, drama and physical education, along with personal/emotional curriculum; and the curriculum lacks practical and non-academic components (Haikin, 2009).

The schools in the largely Karen temporary shelters have been teaching three languages as subjects – Karen, Burmese, and English (Van der Stouwe & Oh, 2008). In recent years, the Thai Ministry of Education has set out a policy of introducing Thai language instruction into the curriculum at all levels, which means that students are now also studying Thai language (Oh et al., 2006; CCSDPT/UNHCR, 2009). Karen, Burmese, and some English is taught beginning in Kindergarten, while Thai language is taught beginning in grade 4. There are concerns that there are too many languages studied and the level of instruction is too high, which is causing confusion for students (Oh et al., 2006; Haikin, 2009). This has led to an ongoing debate within KRCEE about when to introduce the instruction of second languages such as Burmese, English, and Thai (KRCEE, Interview).
Table 3.11. **KRCEE Curriculum: Primary Level (KG to Grade 6)**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Details</th>
<th>Grades taught</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Curricula</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mathematics</td>
<td>Arithmetic (consumer math), Algebra, Geometry</td>
<td>KG – 6</td>
</tr>
<tr>
<td>2. Social studies (supplementary)</td>
<td>Environment, religion, civics and governance, economics, culture and social relations</td>
<td>Grade 5 – 6</td>
</tr>
<tr>
<td>3. Geography</td>
<td></td>
<td>Grade 1 – 6</td>
</tr>
<tr>
<td>4. Hygiene</td>
<td></td>
<td>Grade 1 – 6</td>
</tr>
<tr>
<td>5. Karen Language</td>
<td></td>
<td>KG – 6</td>
</tr>
<tr>
<td>6. Burmese Language</td>
<td></td>
<td>KG – 6</td>
</tr>
<tr>
<td>7. English Language</td>
<td></td>
<td>KG – 6</td>
</tr>
<tr>
<td>8. Thai Language</td>
<td></td>
<td>Grade 4 – 6</td>
</tr>
<tr>
<td><strong>Co-curricula (Extra curricula)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Physical education</td>
<td></td>
<td>Grade 1 – 6</td>
</tr>
<tr>
<td>2. Art</td>
<td></td>
<td>Grade 1 – 6</td>
</tr>
</tbody>
</table>

*Source: ZOA, obtained in January 2011*

Table 3.12 **KRCEE Curriculum: Secondary Level (Grade 7 – 12)**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Details</th>
<th>Grades taught</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Curricula</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mathematics</td>
<td>Arithmetic (consumer math), Algebra, Geometry and Trigonometry</td>
<td>Grade 7 - 12</td>
</tr>
<tr>
<td>2. Social studies (supplementary)</td>
<td>Environment, religion, civic and governance, economics, culture and social relations</td>
<td>Grade 7 - 9</td>
</tr>
<tr>
<td>3. History</td>
<td>Karen History, Myanmar and world history</td>
<td>Grade 7 - 12</td>
</tr>
<tr>
<td>4. Geography</td>
<td></td>
<td>Grade 7 - 12</td>
</tr>
<tr>
<td>5. Science</td>
<td>Physics, Chemistry, Botany and Zoology</td>
<td>Grade 7 - 12</td>
</tr>
<tr>
<td>6. Karen Language</td>
<td></td>
<td>Grade 7 - 12</td>
</tr>
<tr>
<td>7. Burmese Language</td>
<td></td>
<td>Grade 7 - 12</td>
</tr>
<tr>
<td>8. English Language</td>
<td></td>
<td>Grade 7 – 12</td>
</tr>
<tr>
<td>9. Thai Language</td>
<td></td>
<td>Grade 7 - 12</td>
</tr>
<tr>
<td><strong>Co-curricula (Extra curricula)</strong></td>
<td>Some schools have 3 subjects while some have 5 depending on the size and level of schools.</td>
<td></td>
</tr>
<tr>
<td>1. Art (Drawing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Music</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sewing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Knitting and Embroidery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cooking and Baking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Carpentry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: ZOA, obtained in January 2011*
In the baseline survey of displaced persons in Mae La, respondents were asked which type of basic education class they most prefer to be increased. The strongest demand was for English classes, followed by Thai classes. Around half (52%) out of 223 respondents chose English language classes, while around one quarter (27%) chose Thai language classes. Approximately 14% of respondents chose “practical and non-academic classes, such as mechanics, carpentry, sewing”, while only 2% chose “art, music, dance, drama and physical education classes”. Four percent chose the answer choice, “Nothing. I am satisfied with the basic education curriculum in the camp.”

**Ban Mai Nai Soi**

Basic education schools (KG-Grade 12) are sufficiently available in Ban Mai Nai Soi shelter. Ban Mai Nai Soi has 8 primary schools, 4 middle schools and one high school. Enrollment figures for basic education are presented in Table 3.13 and Table 3.14.

Table 3.13. Basic education enrollment (Primary School): Ban Mai Nai Soi

<table>
<thead>
<tr>
<th>School Name</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>218</td>
<td>150</td>
<td>368</td>
</tr>
<tr>
<td>P2</td>
<td>121</td>
<td>135</td>
<td>256</td>
</tr>
<tr>
<td>P3</td>
<td>265</td>
<td>244</td>
<td>509</td>
</tr>
<tr>
<td>P4</td>
<td>198</td>
<td>194</td>
<td>392</td>
</tr>
<tr>
<td>P5</td>
<td>53</td>
<td>26</td>
<td>79</td>
</tr>
<tr>
<td>P6</td>
<td>132</td>
<td>122</td>
<td>254</td>
</tr>
<tr>
<td>S M</td>
<td>199</td>
<td>177</td>
<td>376</td>
</tr>
<tr>
<td>S P</td>
<td>171</td>
<td>124</td>
<td>295</td>
</tr>
<tr>
<td>KYTY</td>
<td>11</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1368</td>
<td>1183</td>
<td>2551</td>
</tr>
</tbody>
</table>

Source: Unpublished statistics from JRS, obtained in August 2010

Table 3.14. Basic education enrollment (Middle and High School): Ban Mai Nai Soi

<table>
<thead>
<tr>
<th>School Name</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle School – 1</td>
<td>212</td>
<td>230</td>
<td>442</td>
</tr>
<tr>
<td>Middle School – 2</td>
<td>195</td>
<td>224</td>
<td>419</td>
</tr>
<tr>
<td>Middle School – 3</td>
<td>181</td>
<td>172</td>
<td>353</td>
</tr>
<tr>
<td>Middle School – 4</td>
<td>164</td>
<td>174</td>
<td>338</td>
</tr>
<tr>
<td>High School</td>
<td>274</td>
<td>282</td>
<td>556</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,026</td>
<td>1,082</td>
<td>2108</td>
</tr>
</tbody>
</table>

Source: Unpublished statistics from JRS, obtained in August 2010
Currently, the KnED basic education curriculum in Ban Mai Nai Soi teaches Math, History, Social Studies, Science, Burmese Language, Karenni Language, and English Language. Arts, music, and sports classes are also available at the primary level. Thai language is taught in Grades 10-12. The curriculum is currently undergoing adaptation and modernization (Education Official, Interview, Ban Mai Nai Soi; JRS, Interview).

The results of the Ban Mai Nai Soi baseline survey question about availability of basic education classes show the strongest demand for an increase in Thai language classes, followed by English classes. Out of 102 survey respondents in Ban Mai Nai Soi, the greatest number (42%) chose Thai language classes, while English classes came in second at around 29%, compared with 18% for practical and non-academic classes and 1% for arts classes. Around 11% chose the answer choice, “Nothing. I am satisfied with the basic education curriculum in the camp.” These results contrast with the results in Mae La, where there is a higher demand for more English language classes compared to Thai language classes. This could be because Thai language is not offered in the KnED basic education curriculum until Grade 10, while the KRCEE curriculum introduces Thai language in Grade 4. Based on the survey results, there is a clear need for the availability of more Thai language classes in Ban Mai Nai Soi.

**Post-Secondary Education**

After students finish secondary school, they have limited access to further educational opportunities at the post-secondary level. The Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT) draws attention to the fact that more post-secondary courses are needed (CCSDPT/UNHCR, 2007). In fact, students “face diminishing opportunities as they progress in their studies” as there is more student demand for these courses than there are slots available (Oh et al., 2006 cited in Women’s Commission, 2008). Those who do not succeed in entering post-secondary school might teach primary school or enroll in vocational training courses (Oh et al., 2006 cited in Women’s Commission for Refugee Women and Children, 2008). Distance learning has also been discussed to address the needs of these students (Oh et al., 2006).

Generally, students must pass secondary school and entrance examinations in order to attend post-secondary courses. Post-secondary education programs fall into three categories: 1) programs offering a general course of studies; 2) programs that prepare students for a specific vocation; and 3) programs that teach specific skills (Oh et al., 2006). Courses are taught in the English language, but students are not proficient enough in English to access course material unless it is written in simplified English (Purnell & Kengkunchorn, 2008). Post-secondary schools have played an important role in guiding students towards working for their community, for instance as teachers or as staff of community-based organizations. However, there are concerns that graduates of post-secondary programs are not highly skilled enough for teaching positions (Purnell & Kengkunchorn, 2008).

In 2008, KRCEE established the “Institute of Higher Education” (IHE), which is an institutional structure of post-secondary schools administered by KRCEE. There are 6 Junior Colleges under the IHE; Ban Don Yang is the only temporary shelter without a Junior

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8 Post-secondary schools are also referred to as “Post-10” schools, or “Post-12” schools in the temporary shelters that are now using a 12-grade system
9 Formerly known as the “Further Studies Program” or FSP
College at the moment. KRCEE is currently in the process of developing the Junior College curriculum, which will be based on a credit system. The “Junior College” program aims to standardize the post-secondary curriculum and avoid repetition among post-secondary programs. KRCEE is also attempting to promote the extension of existing post-secondary programs as well as improve coordination among them (KRCEE, Interview; KRCEE, 2010b).

Post-secondary programs are available in all three selected temporary shelters, however, a greater variety are available in Mae La than the other shelters due to its larger population size. Tham Hin has one post-secondary school named Tanawthari Junior College¹⁰ which is run by KRCEE. Languages, science, math, psychology and sports are taught. The junior college had an enrollment of 59 students as of June 2010 (Education Official, Interview, Tham Hin).

In Mae La, there are five post-secondary programs which offer courses such as liberal arts, leadership, management, engineering, and computers (see below Table 3.15). KRCEE manages the Pu Taw Memorial Junior College. As of December 2010, a total of 422 students were enrolled in the five post-secondary programs (Mae La OCEE, Interview).

Table 3.15. Post-secondary education programs and enrollment in Mae La

<table>
<thead>
<tr>
<th>Post-Secondary Program</th>
<th>Total Student Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership &amp; Management Training College (LMTC)</td>
<td>158</td>
</tr>
<tr>
<td>Leadership Management Course (LMC)</td>
<td>112</td>
</tr>
<tr>
<td>Engineering Studies Program (ESP)</td>
<td>70</td>
</tr>
<tr>
<td>Anglican Literacy and Computer Centre (ALCC)</td>
<td>78</td>
</tr>
<tr>
<td>Pu Taw Memorial Junior College</td>
<td>162</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>422</strong></td>
</tr>
</tbody>
</table>

Source: Mae La OCEE, obtained in December 2010

In Ban Mai Nai Soi, there are two post-secondary schools: Karenni Post Ten Arts and Science School (KNPT) and Karenni Leadership and Management Course (KLMC). KNPT teaches arts and sciences including environment, gender, history and agriculture. KLMC teaches leadership, management and social studies. Instruction is in English. Post-secondary schools also teach a Thai language course which is organized by the Office of Non-formal and Informal Education (ONIE) of the Thai Ministry of Education (Education Official, Interview, Ban Mai Nai Soi).

Other educational programs

Religious schools such as Bible schools, Buddhist schools („thirisanda”) and Koranic schools are also available in the predominantly-Karen temporary shelters. They differ from the basic education schools in that they teach only religion, or combine religious teaching with other content (Oh et al., 2006).

¹⁰ Formerly known as “Future Preparatory Class” or FPC
Night schools are available only in Tham Hin and Ban Don Yang temporary shelters. Night schools provide classes for adults who wish to continue their studies. The KED/KRCEE-approved curriculum is used by the night schools. In Tham Hin, a night school teaches the same Grade 10-12 curriculum taught during the regular day at the high school level (Education Official, Interview, Tham Hin). A study on life during the nighttime in temporary shelters suggests that it might be useful to offer more evening classes since youth and adults often interrupt their education because they are busy with income generation activities during the day (Vogler, 2006). In order to increase the availability of educational services for the out-of-school population, other temporary shelters should also consider offering night schools.

Aside from religious schools and night schools, other educational programs offered in the predominantly-Karen temporary shelters include awareness-raising programs on a variety of social and health issues such as HIV, domestic violence, politics, sanitation, and substance abuse (Oh, et al., 2006). These programs are provided by NGOs and CBOs. In Ban Mai Nai Soi, there are two special programs offered: Women’s Studies (peace education) and classes by the Social Development Center (environment, government, human rights, law) (Education Official, Interview, Ban Mai Nai Soi).

**Vocational Training (VT)**

Vocational training programs are offered by various organizations including CBOs and NGOs, and they target dropout students, disabled students, adult learners, young learners, women, teachers, persons of concern and general residents. Courses last between one week and three years (Oh, et al., 2006). NGOs which provide vocational training courses include the following: ZOA, JRS, TBBC, COERR, American Refugee Committee (ARC) and International Rescue Committee (IRC). Some trainings are also offered by CBOs such as the Karen Women’s Organization (KWO), the Karen Youth Organization (KYO), and the Karen Student Network Group (KSNG) (Brees, 2008). Some vocational training programs lead toward income generation, while others aim to supplementing the food basket or teach new skills to displaced persons (Brees, 2008).

There is a concern that it is difficult for some temporary shelters to obtain approval from the RTG to bring raw materials into the shelters for vocational trainings. It has also become more difficult to obtain approval for displaced persons (students, trainers, and program managers) to participate in trainings at other temporary shelters (Women Commission, 2008).

In the predominantly-Karen temporary shelters, ZOA is the largest provider of vocational training (Brees, 2008). Weaving and sewing courses are offered by the KWO, TBBC and Women’s Education For Advancement & Empowerment (WEAVE). TBBC provides agricultural training through its Community Agriculture and Nutrition project in six shelters, including Mae La and Ban Mai Nai Soi (TBBC, 2010a). TBBC has also recently started a pilot and income generation training project called the Entrepreneurship Development, Grant and Savings project (TBBC, 2010a). COERR provides agricultural training to “Extremely Vulnerable Individuals” (EVI), in addition to training EVIs and widows in soap and candle-making. ARC has micro-enterprise development projects in three temporary shelters (Brees, 2008).
In the predominantly-Karenni temporary shelters, IRC and JRS are the main facilitators of vocational training (Brees, 2008). JRS established the “Vocational Training Non-Formal Education Program” in 2006 in response to the need for livelihood skills training. Courses are taught by displaced persons who receive regular training from experts in Mae Hong Son or elsewhere in Thailand (Jesuit Refugee Service, 2009; Education Official, Interview, Ban Mai Nai Soi).

As vocational training is clearly linked to livelihoods and employment, the Women’s Commission for Refugee Women and Children (2008) recommends that young people should be trained in skills that are in demand by the market and that training programs should be more geared toward income generation and preparation for employment in the temporary shelter, in Thailand, or in a resettlement country. Emphasis should be placed on vocations and skills that are transferable to the job market such as financial literacy, computer training and language skills. Sectors to be focused on include healthcare, hotel management and catering, alternative energy (solar and hydropower), technology, animal husbandry and agriculture.

The Women’s Commission (2008) also suggests that vocational training programs incorporate an apprenticeship that allows skill practice and learning on the job, provide assistance with job placement after training, and offer a longer training course cycle. In addition, Brees recommends extending the production of items for the relief program as well as combining group-based training with enterprise-based trainings so that trainees can practice their new skills (2008). In line with the above recommendations, the CCSDPT Strategic Five-Year Plan envisions carrying out non-formal education and vocational and skills training programs (based on value chain analysis), as well as income generation activities, apprenticeships, micro-credit schemes, self-employment, and job placement programs (CCSDPT/UNHCR, 2009).

Baseline survey results confirm documentary evidence recommending an increase in vocational training that teaches skills demanded by the job market, as well as training that focuses on agricultural training to support livelihood development. When asked about which types of VT courses displaced persons would prefer to increase the most, the majority of respondents in all three temporary shelters (50-60%) chose “More vocational training that increases skills demanded by the job market such as financial literacy, computer training and language skills”, followed consistently by “agricultural training and livestock raising” at around 20-30%. A small minority chose “More vocational training opportunities leading to income generation, such as micro-credit and micro-enterprise schemes” and “Nothing. I am satisfied with the vocational training curriculum in the camp.”

**Tham Hin**

In 2010, VT courses supported by ZOA in Tham Hin included sewing, cooking and baking, child and elderly care, hair cutting, and hair dressing. Small engine repair used to be offered but has been discontinued (Education Official, Interview, Tham Hin). COERR also offers agricultural training, but there is more demand for these courses than there are trainings and land available (COERR, Interview).
Table 3.16.  ZOA vocational education enrollment: Tham Hin

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>1. Sewing (Man)</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Sewing (Woman)</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Cooking/Bakery</td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Child/Elderly Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Hair Cutting</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>6. Hair Dressing</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>45</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Unpublished statistics from ZOA, obtained in January 2011

Mae La

In Mae La, VT courses offered by ZOA in 2010 included sewing, hair dressing, hair cutting, knitting, child and elderly care, welding, auto mechanic, and cooking and bakery. Additional VT courses requested by displaced persons in Mae La who participated in focus group discussions include handicrafts and flower arrangement.

Table 3.17.  ZOA vocational education enrollment: Mae La

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>1. Sewing (Man)</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>2. Sewing (Woman)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>3. Hair Dressing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>4. Hair Cutting</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Knitting</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>6. Child/Elderly Care</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>7. Welding</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. Auto Mechanic</td>
<td>0</td>
<td>0</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Cooking/Bakery</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>61</td>
<td>65</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Unpublished statistics from ZOA, obtained in January 2011

ZOA, in partnership with UNHCR and with approval from the RTG, has developed a special pilot project outside of Mae La temporary shelter. Land is being leased from the local community in order to train displaced persons in agriculture and poultry raising. Participants receive a salary from donors. The participants include 80 displaced persons and 40 Thai villagers. The project targets displaced persons who do not have an income, women, and those who have some agricultural background. Products are sold in Mae La or in a market.
outside the shelter, and the profit is placed in a bank and may be used to buy more tools or animals. Training is delivered by a Thai vocational college (ZOA, Interview).

According to Brees, this pilot agricultural training project is particularly useful as it builds upon agricultural skills already present in the displaced person population. Furthermore, agricultural skills demanded by Thai employers and are useful to displaced persons upon repatriation. Brees therefore recommends that additional skills in agricultural, animal husbandry, and fish breeding be prioritized for vocational training courses, but points out that there is insufficient land available in the temporary shelters for these types of training (Brees, 2008).

**Ban Mai Nai Soi**

In Ban Mai Nai Soi, vocational training and non-formal education classes are combined under the same program, called NFE-VT. The number of NFE-VT trainings has been reduced from 26 types to the 12 most popular types, thus decreasing the overall availability of NFE-VT courses. Courses offered in 2009 included English literacy, Burmese literacy, computers, computer software, shoemaking, music, hair cutting, weaving, knitting, and livelihood project.\(^{11}\)

**Non-formal Education**

Non-formal Education (NFE) programs and centers provide education outside the formal school system for target groups who do not have access to education, such as adults and children and young people who stopped going to school. Thai language classes are conducted by the Thai Ministry of Education’s Office of Non Formal and Informal Education (ONIE) programming or “Kor Sor Nor”. The content of these Thai language classes focuses on learning the alphabet and basic conversation. English language learning centers were established by ZOA in the seven predominantly-Karen temporary shelters in 2006. In 2009, 3,898 students in these 7 shelters enrolled in the English language program supported by ZOA (ZOA, 2009). In addition, 900 displaced persons received computer training supported by ZOA in 2009 (ZOA, 2009). Other literacy and language courses (such as Sgaw Karen, Pwo Karen, and Burmese) are also offered by various CBOs and supported by different organizations. Teaching modes range from class-based to home-based teaching (Oh, et al., 2006).

KRCEE does not currently offer any NFE programs. However, KRCEE is planning to develop a new NFE system and curriculum that is an intensive version of the day school curriculum. KRCEE also plans to standardize NFE programs, synthesize textbooks, and issue certificates for certain courses (KRCEE, Interview).

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\(^{11}\) Based on statistics provided by JRS for VT programs in 2009.
**Tham Hin**

One ZOA-sponsored NFE Center is available which teaches English and computer classes. An education official in Tham Hin mentioned that there are not enough computer courses to meet demand (Interview, Tham Hin). Tham Hin is the only temporary shelter that does not have a Thai language program sponsored by the Thai MOE’s Office of Non-formal and Informal Education. Due to the lack of available Thai language classes, displaced persons in Tham Hin try to informally teach each other Thai. Displaced persons expressed the need for increased availability of Thai language classes through the establishment of a Thai NFE center by the Thai ONIE (Focus group discussion, Tham Hin).

KYO offers extracurricular classes for teens such as music and language. KYO also organizes some Thai language short courses but these are limited to teens as there are not enough spaces in the courses to meet the demand of the general population. KWO offers weaving courses, while IRC offers healthcare training for medics and nurses when healthcare staff need to be recruited (Focus Group Discussion, Tham Hin). One displaced person mentioned that radio mechanic and electronics classes should be offered (Focus Group Discussion, Tham Hin). As there are no literacy classes available (such as Karen language), more literacy classes need to be made available in order to meet the needs of displaced persons in Tham Hin.

**Mae La**

Mae La has two ZOA-sponsored NFE Centers which teach English and computer classes. One education official in Mae La expressed the need for more NFE computer classes (Interview). There are 7 NFE centers sponsored by the Thai ONIE and funded by UNHCR which teach Thai language in Mae La. The Thai NFE Centers teach Thai language at three levels: Basic, Intermediate, and Advanced. Teaching of Thai culture and traditions is also incorporated into the curriculum. Students receive a certificate upon completion of each course level. Unfortunately, UNHCR funding for Thai ONIE NFE centers is continually decreasing (Director, ONIE Tak, Interview), which may have a negative impact on the availability of Thai ONIE courses in Mae La as well as other shelters.

**Ban Mai Nai Soi**

According to an education official in Ban Mai Nai Soi, computer and English classes are the most popular non-formal education courses (Interview). Currently, there are no Thai language non-formal education opportunities in Ban Mai Nai Soi. The Thai ONIE used to offer NFE Thai language courses but these have been discontinued. The Thai ONIE now teaches its Thai language programs at the post-secondary level in this shelter.

**Higher Education and Distance Learning**

Currently there is no official DP access to higher education in the temporary shelters or in Thailand, as Thai policy prohibits DPs from leaving the temporary shelters. In the words of one education official in Ban Mai Nai Soi, “There is not much hope for education after Post-10…if students have the opportunity, they want to further their education at the higher education level,” (Interview). A few years ago, ZOA proposed for a pilot group of students to study in Thai universities, but according to key informants, this initiative has yet to be
approved by the RTG. There is also currently no access to distance learning or online learning, as internet communication in the temporary shelters is not allowed. Key informants report that distance and online learning have been proposed to the RTG but there has been no response on this initiative.

Purnell & Kengkunchorn of ZOA have set out three main options for higher education access. The first is access to Thai-language programs at universities in Thailand. This option is more long-term and requires increasing the Thai language proficiency of displaced persons in addition to using the Thai curriculum in the temporary shelter schools (Purnell & Kengkunchorn, 2008).

The second option is studying in English language programs at universities in Thailand. This option is seen by displaced persons as the most suitable option because the English language is already prominently taught in the education system in the shelters. Currently, the number and variety of English language higher education courses offered is limited. Among the subjects available at international programs of Thai higher education institutions are business, politics, philosophy & economics, civil engineering, computer science, psychology and education, communication arts, South-East Asian studies and nursing. Post-graduate studies are available at some institutions, such as Assumption University, which provides post-graduate courses in teacher education as well as curriculum and instruction (Purnell & Kengkunchorn, 2008).

Distance education is the third option, although approval for internet access would be required for such an option to be viable. Distance education is perceived by many as a way to increase student access to accredited educational opportunities. Displaced persons prefer to pursue management and community management as subjects of study. However, some drawbacks to distance education in the temporary shelter exist, such as lack of practical opportunities and the need for online and independent study, which are methods of study unfamiliar to students. It has been suggested that a pilot program online learning facility could be implemented at Mae La temporary shelter (Purnell & Kengkunchorn, 2008).

In terms of implementation strategy, Purnell & Kengkunchorn (2008) recommend that the three aforementioned options for higher education be developed simultaneously. This would help to ensure that there are enough people in the target group to increase the possibility that people will return to the temporary shelter to support its development.

Special Education

In the predominantly-Karen temporary shelters, special education programs for DPs who are blind, deaf, or have learning disabilities are currently available at KWO special education learning centers. Technical support and inclusion training is provided to the KWO by World Education on request. Previous to 2008, World Education supported early intervention and inclusive education programs (Oh et al., 2010).

In the predominantly-Karenni temporary shelters, JRS provides special education through inclusive education within schools. There are also eight Special Education Centers (Haikin, 2009) which provide parents and children with educational activities and support (Jesuit Refugee Service, 2009). Additionally, special education assistants can regularly visit children who are home-bound (Jesuit Refugee Service, 2009).
Special Education Center staff in the predominantly-Karen temporary shelters report that they have difficulty communicating with education authorities and personnel and that there is a lack of awareness of the needs and rights of children with special education needs. In the predominantly-Karenni temporary shelters, however, the KnED is more aware and involved in special education issues (Haikin, 2009).

In a key education survey conducted by Voluntary Service Organization (VSO), all respondents answered that there was no problem in access to school or center facilities for students with special education needs. However, none of the schools had special access facilities for students with mobility equipment (Haikin, 2009).

**Teacher retention and recruitment**

Teacher availability is one of the major indicators for availability of education. Teacher turnover in all temporary shelters is high and retention of qualified teachers in the temporary shelters is incredibly problematic. Some teachers have resigned in the middle of a course and have been replaced by new teachers with little or no pre-service training. Even after they finish training, some teachers resign and apply for other jobs (CCEE Mae La, Interview). The loss of skilled teachers negatively affects teaching ability, quality, and continuity (Oh et al., 2010; CCEE Mae La, Interview).

Much of the high teacher turnover rate is attributed to resettlement, pursuing further studies, and low salaries (CCSDPT/UNHCR, 2007; CCEE Mae La, Interview; Oh et al., 2010). In ZOA”s Education Survey 2009, 10.9% of the 302 teachers interviewed reported that they were considering resigning. Resettlement was the most frequently cited reason for resigning, with 56.3% choosing this reason. Pursuing further studies was the second-most cited reason for resigning (Oh et al., 2010).

Teachers are leaving in high numbers for resettlement to third countries. Around 50-60 teachers have been resettled from Mae La since 2007 (OCEE Mae La, Interview). In Ban Mai Nai Soi, many post-secondary teachers have left for resettlement, resulting in a teacher shortage particularly at this level (Education Official, Ban Mai Nai Soi, Interview).

Teachers are also paid far less than in other sectors. In ZOA”s Education Survey 2009, teachers, principals and teacher educators reported earning 500 to 1000 Baht per month (Oh et al., 2010). In Ban Mai Nai Soi, teachers are paid the least out of NGO workers (Karenni National Education and Health Committee, Interview). As such, increasing teacher stipend rates should be a distinct priority in improving teacher retention and quality.

New teachers and staff need to be recruited and trained on a more frequent basis in order to replace old teachers and education staff who have resigned. This means that many experienced teachers are replaced by less experienced ones, and CBOS and NGOs must cope with a heavier teacher training load (Purnell & Kengkunchorn, 2008). In 2009, 396 new basic education teachers were trained by ZOA (ZOA, 2009).

It is difficult to recruit new teachers, especially Thai language teachers, since few teachers can speak both Thai and Karen (CCEE Mae La, Interview). It is also a challenge to replace skilled English language teachers because many of the residents with English-
speaking ability have already resettled (Oh et al., 2010). Students in Ban Mai Nai Soi suggested recruiting foreign teachers to teach English (Focus group discussion).

Recommendations to motivate teachers to continue teaching include: increasing teacher subsidies, raising the social status of teachers by presenting awards and providing recognition for their work, and arranging regular visits from leaders and ZOA staff to speak with teachers and provide positive reinforcement and encouragement (Oh et al, 2010). Nonetheless, as teachers will continue to show interest in resettlement, a more permanent solution to teacher skills loss would be to increase access to Thai education services for displaced persons and to engage with local Thai populations and service providers (United Kingdom Department for International Development, 2008).

The Thai ONIE’s Thai language program also faces problems of teacher retention and recruitment. Teachers resign for reasons such as lack of job security due to temporary yearly employment contracts and difficult working conditions in the temporary shelters. The Thai ONIE also reports difficulty in recruiting Thai teachers willing to teach in the temporary shelters, especially since teachers are now required to have a bachelor’s degree whereas previously required to have only a high school diploma (Director, ONIE Tak, Interview).

**School infrastructure, supplies, and equipment**

There is a shortage of funds for education services and activities in the temporary shelters. In the predominantly-Karen temporary shelters, funding shortages have been cited for school libraries, school supplies, and construction and renovation of school buildings. (CCSDPT/UNHCR, 2007).

In the past, the RTG did not allow permanent materials to be used in the construction of schools. All schools are therefore temporary, open-air and constructed from bamboo and dried leaves. Classrooms are divided by bamboo screens which are unable to block out noise from other classes. In turn, this noisy and crowded school environment has a negative impact on the learning experience of students (Oh et al., 2006). However, ZOA has received approval from the RTG to use more permanent building materials such as iron-frames rather than eucalyptus wood for classrooms (ZOA, 2008). During field data collection in Mae La, it was observed that schools using these more permanent building materials was more sturdy and required less repair than typical schools constructed with eucalyptus wood and bamboo poles.

Funding shortages for educational facilities and materials was commonly cited by key informants in Tham Hin and Mae La. Beginning in 2009, ICS-Asia discontinued direct support for educational facilities and teaching and learning materials, including in Tham Hin and Mae La. In order to alleviate the challenge of crowded classrooms, the Mae La CCEE and OCEE both suggested construction of additional or multiple-story buildings, although both space and funding are limited (Interviews, Mae La). Roof repair of school facilities is also needed, but again, there are funding constraints. VT students and teachers also expressed that VT equipment such as machines, sewing materials, and hairdressing materials should be updated and modernized (Focus Group Discussions, Mae La).

There is a lack of electricity and internet access in the temporary shelters. Improved lighting, preferably electric lighting, is needed (CCSDPT/UNHCR, 2007). The RTG does not
allow internet access in the temporary shelters; however internet access would increase opportunities for young people in the shelters and local Thai communities through access to information, resources, and distance learning opportunities (Women’s Commission for Refugee Women and Children, 2008; Key Informant Interviews).

3.2.3. Accessibility

This section discusses “Accessibility”, the second “A” in the Right to Education framework. Access to education in the shelters based on economic status, gender, and ethnicity, religion and language will be examined.

Economic status

In the predominantly-Karen temporary shelters, including Tham Hin and Mae La, education is accessible and affordable. However, some children still have difficulty paying school fees or the opportunity cost of going to school. Some students also drop out of school to work and support their families (Oh et al., 2010). In ZOA’s Education Survey 2009, yearly school fees ranged between 5 and 300 Baht, with one third paying 60 Baht. For secondary students, the range of school fees was 5 to 700 Baht. Among those interviewed for ZOA’s Education Survey 2009, 15.6% of secondary students and 13.8% of primary students reported that they had siblings who were not enrolled in school because their parents could not afford to pay (Oh et al., 2010). Local education authorities should be supported to find alternative possibilities for families unable to send children to school for economic reasons (Haikin, 2009). Special initiatives or programs should be undertaken in order to offset the school fees for students unable to pay them.

Gender

According to ZOA’s Educational Survey 2009, primary school enrollment is more or less equal among male and female students in the predominantly-Karen temporary shelters, with slightly more females than males enrolled. However, statistics show that at the secondary level, a disproportionate amount of female students compared to male students is enrolled (Oh et al., 2010). A key informant in Tham Hin stated that more males than females leave school early possibly because males are less interested in formal education than females, since males tend to enroll in VT or NFE programs (Interview, Tham Hin). However, more research is needed to explain why males enroll at a less frequent rate than girls at the secondary education level (Oh et al., 2010).

In Ban Mai Nai Soi, 53% of primary students are male, while 47% are female. The KnED makes an effort to ensure equal gender access through the „Home School Liaison Program”, which monitors school absences and dropouts. If a school drop-out is gender related, then the KnED follows up to specifically address the issue (JRS, Interview).

The Women’s Commission for Refugee Women and Children reports that vocational training programs are often gender segregated. Women are disproportionately represented in traditionally lower-paying sectors, such as sewing and weaving. Meanwhile, men are disproportionately represented in mechanics, electronics and carpentry. Computer courses, on

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12 Based on statistics for projected November 2010 student enrollment provided by JRS.
the other hand, appear to be popular and have a greater gender balance (Women’s Commission for Refugee Women and Children, 2008).

This observation is confirmed by current data on VT course enrollment in Tham Hin and Mae La. VT courses remain segregated according to traditional gender roles. Females dominate sewing, child & elderly care, knitting, and hair dressing courses while males dominate welding and auto mechanic courses. The cooking & bakery course was the only VT course with an equal gender distribution, while the hair cutting courses were sometimes dominated by males and other times by females (see Table 3.16 and 3.17). However, to ensure equal gender participation, the ZOA Mae La pilot agricultural training project requires 50% of participants to be women (ZOA, Interview).

Course enrollment for VT and NFE is similarly segregated among gender lines in Ban Mai Nai Soi. According to 2009 VT-NFE statistics provided by JRS, females dominated sewing, knitting, and flower making courses while males dominated electrical repair, motorbike repair, watch repair, computer software, and shoe making classes. For music and arts classes which are not traditionally associated with a particular gender, males were disproportionately enrolled compared to females. However, a much higher percentage of females as opposed to males were enrolled in the English courses.

**Ethnicity, religion and language**

In the seven predominantly-Karen temporary shelters, the Karen education system is aimed toward the Karen ethnic group which constitutes a majority of the population. Educational institutions are Karen- and Christian-dominated and do not meet the needs of non-Karen students (Key Informant Interview). Muslims make up around 11% of the Mae La temporary shelter population but only 8.9% of primary school students, 1% of secondary school students and 1.3% of school staff (TBBC, 2010b). There are no Muslims who are Resident Teacher Trainers, VT staff, or OCEE staff (TBBC, 2010b)\(^\text{13}\).

As Skaw Karen is used as the main language of instruction in classrooms, language is the main barrier to education access for ethnic and religious minorities such as the Muslim Burmese-speaking population. Muslim students and New Arrivals are sometimes deterred from attending schools because they expect they will have difficulty understanding (Haikin, 2009; TBBC, 2010b).

A substantial percentage of students may be facing language-related difficulties in the classroom. Around 16% of primary students and slightly over 20% of secondary students interviewed for ZOA’s Education Survey 2009 stated that they did not understand the language of instruction (Oh et al., 2010). Children who do not speak Sgaw Karen experience significant challenges in schools that teach using the Karen language (Haikin, 2009). They tend to fail exams at a higher rate, making them more likely to withdraw from school (TBBC, 2010b).

In addition, Karen-language textbooks are not accessible for Burmese-speaking students (Haikin, 2009). Textbooks are written in the Karen language up to Grade 9, while Grades 10-12 use English language textbooks (KRCEE, Interview). There are a limited

\(^{13}\) For an in-depth analysis of inclusion of Muslim students in education, see TBBC’s report, *3 Sides to Every Story – Muslim Communities Profile* (2010).
Meeting the needs of non-Karen students may require substantial changes, beginning with emphasizing inclusion and values in education (Key Informant Interview). To make education more inclusive for ethnic and religious minorities, VSO recommends improving minority representation in the temporary shelter leadership; targeting outreach to the isolated communities within the temporary shelters including the Muslim and Hindu communities; and striving for linguistic, religious, and ethnic diversity among CBOs and NGOs (Haikin, 2009).

In the two predominantly-Karenni temporary shelters, Burmese is already the main language of instruction and textbooks. The usage of Burmese as a common language in the predominantly-Karenni temporary shelters enables equal accessibility for all ethnic groups and does not favor one ethnic group over another. Nonetheless, as some students do not understand Burmese, the language of instruction depends on the language ability of the teacher as well as the students. Nursery and Kindergarten levels teach in the Karenni language with a little bit of English. Burmese language is introduced at the primary school level. As students progress in the education system, English is increasingly used as the language of instruction and textbooks, especially in secondary school (Education Official, Ban Mai Nai Soi, Aug 2010; JRS, Interview).

3.2.4. Acceptability

The third “A” in the Right to Education framework is “Acceptability”. The indicators that will be discussed in this section include teacher quality, learning standards, and accreditation of education in the temporary shelters.

Teacher quality

The need for teacher quality improvement was commonly cited by informants, including NGO staff and displaced persons. The resettlement of skilled teachers has resulted in the necessary recruitment of young and inexperienced teachers, many of whom are recent high school or post-secondary school graduates, or in some cases still attending post-secondary school while carrying out teaching duties. In Tham Hin, one key informant estimated that 75-80% of the teachers are 18-30 years old, and in some cases, 17-year old teachers are teaching primary and middle school (Key Informant Interview, Tham Hin). In Ban Mai Nai Soi, post-secondary school graduates are required to teach high school for one year upon graduation in order to alleviate the teacher shortage. Almost all the current high school teachers graduated from post-secondary school in Ban Mai Nai Soi (Education Official, Interview, Ban Mai Nai Soi).

Teacher trainings also need improvement. In the predominantly-Karen temporary shelters, there is currently a one-month „Teacher Training In Emergency” pre-service course followed by on-the-job in-service teacher training. The teacher training system is struggling...
to keep up with frequent teacher turnover. Additionally, teachers have expressed the need for opportunities to increase their subject matter knowledge (Oh et al, 2010).

In Ban Mai Nai Soi, a teacher training program was implemented in anticipation of the resettlement of teachers. However, the 2-year training program was reduced to a 1-year program due to the high rate of trainer resettlement. The KnED also offers a one-week teacher training course for post-secondary school students who are required to teach one year of high school (Education Official, Interview, Ban Mai Nai Soi).

Many displaced persons in various shelters expressed the need for experienced and knowledgeable teachers who have a higher education degree or who have studied outside the shelters, including foreigners. As skilled teachers will continue to resettle and be replaced by new, inexperienced teachers, it will be a challenge to achieve and maintain teacher quality.

**Learning standards**

In the words of an education official in Tham Hin, “the education [in the temporary shelter] can „exist‟ but the quality is not good” (Interview, Tham Hin). The CCSDPT/UNHCR Five-Year Strategic plan envisions working toward providing quality education at all levels in line with international standards and recognized by the Thai MOE (CCSDPT/UNHCR, 2009). With encouragement from ZOA, KRCEE has decided to use the INEE standards\(^\text{14}\) in its administration of education. It is anticipated that the adoption of universal educational standards will lead to educational improvement. NGOs, working with education leaders from Mae La, are beginning to develop standards and indicators for education. Other temporary shelters should also consider adopting universal standards and indicators.

**Accreditation**

The educational certificates in the temporary shelters are issued by KRCEE and KnED but these certificates are not recognized by any government outside the temporary shelter. Lack of accreditation of education inside the temporary shelter means that any educational certificates or degrees conferred within the temporary shelter have no value outside the temporary shelter, thus making it problematic for students to further their education or obtain employment outside the temporary shelter (Sawade, 2008).

There have been discussions about the possibility of accreditation by the Thai Ministry of Education. The National Security Council has invited the Ministry of Education to be involved in the administration and curriculum of schools in the temporary shelters, thus paving the way for discussions about the RTG’s involvement in accreditation. One of the solutions being discussed between the RTG and international NGOs is for 70 percent of the curriculum in schools to consist of subjects and content in the Thai curriculum, particularly mathematics, science, Thai and English. The remaining 30 percent of content would be local content so that displaced persons can teach their own history, language, and culture (Sawade, 2008). However, there are concerns that if the curriculum in the temporary shelters is aligned with the Thai government education curriculum, there will be a loss of cultural identity for

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\(^{14}\)There are 19 INEE standards organized into five domains: Foundational Standards, Access and Learning Environment, Teaching and Learning, Teachers and Other Education Personnel, and Education Policy. For details see www.ineesite.org.
displaced persons. The language of instruction is also a challenge, as few displaced persons can speak or teach the Thai language (Women’s Commission for Refugee Women and Children, 2008).

When asked about their opinion on accreditation of education inside the temporary shelter, displaced persons who were interviewed welcomed the idea of accreditation, as they believe that legal recognition of the educational curriculum in the temporary shelter will be to their benefit. One displaced person in Tham Hin said, “Since we do not have legal status, we at least want our education to be legal” (Focus group discussion, Tham Hin). ZOA and KRCEE are taking steps toward accreditation by improving the overall quality of education such as standardizing the grade system, adapting the curriculum to be aligned with the Thai curriculum, and implementing educational standards and indicators.

In Ban Mai Nai Soi, education leaders in the temporary shelters support the idea of accreditation and its associated benefits such as access to further educational and livelihood opportunities. However, according to key informants, education organizations do not have the capacity to undertake the process of certification at this time due to the resettlement of education staff.

3.2.5. Adaptability

“Adaptability” is the fourth and last indicator under the Right to Education framework. Assessment of the adaptability of the current education situation will focus on the flexibility of education to evolve depending on the context and changing needs of the community and the relevance of education. The education in the temporary shelters has evolved from a focus on repatriation to one that also prepares DPs for resettlement. The basic education system is gradually evolving to prepare displaced persons to remain in Thailand in the near-to-medium future. This is especially the case for the predominantly-Karen shelters. When it comes to vocational training, however, displaced persons feel that vocational training programs are not relevant to their current situation.

Education programs in the temporary shelters have traditionally been geared toward repatriation. The basic education curricula includes the teaching of ethnic languages and histories. In the ZOA Education Survey 2009, 70% of surveyed secondary students and 73.4% of surveyed primary students found that the education they receive is helpful for when they return to Myanmar (Oh et al., 2010). The curriculum now also emphasizes some English language (such as in classroom instruction and textbooks, especially in the later grades), thereby preparing students for resettlement. According to the same ZOA education survey, 86.4% of secondary school students and 90.8% of primary school students who were surveyed found that the education they receive is helpful for when they resettle (Oh et al., 2010).

Some changes are being made to the basic education curriculum to prepare displaced persons to remain in Thailand in the near and intermediate future. KRCEE, ZOA, and the Thai MOE are developing a new curriculum framework, syllabi, and learning standards for basic education. This curriculum adjustment is being undertaken in an effort to increase alignment with the curriculum in Thai schools, work toward accreditation and emphasize Thai language instruction. The contents and standards for curricula from the Thai MOE will be translated and adapted from Thai into Karen and Burmese for instruction in the seven
predominantly-Karen temporary shelters. The subjects to be adapted include Math, Science, English Language, Thai Language, Social Studies, Career Technology, Physical Education, and Art. The new curriculum is still under development and is planned to be introduced in 2012. However, since May 2009, some parts of the new curriculum have been piloted in two schools in Mae La at the KG and Grade 1 levels (ZOA, Interview; ZOA, Email Communication). The KnED has also been working with ZOA to adapt parts of the Thai curriculum (JRS, Interview).

The Thai ONIE program currently teaches Thai language for communication purposes and incorporates Thai culture into the curriculum. This is useful and relevant for students who will remain in Thailand in the near and intermediate future. The Thai ONIE program should be supported to continue its educational programs and to establish a ONIE center in Tham Hin.

Vocational training is not relevant to the reality of DPs” daily lives in Thailand. First of all, DPs are unable to use the skills they learn, either because they are unable to leave the shelter to find work, or there is no market in the shelter where they can sell the goods they produce using their VT skills. In addition, there are not enough opportunities to learn skills demanded by the job market. In order to make vocational training more relevant to the current context and needs of DPs, a clear effort should be made to increase vocational trainings that teach skills demanded by the job market as well as those that teach agriculture and livestock raising.

3.2.6. Summary and recommendations

Since 1996, international non-governmental organizations have supported community-based organizations to deliver educational services in the temporary shelters. Services originally focused on formal education but they have since expanded to nursery schools, special education, libraries, vocational training, non-formal education, sports and recreation activities, adult literacy and other aspects of education. The Karen Refugee Committee-Education Entity under the Karen Refugee Committee is a community-based organization which oversees education in the seven predominantly-Karen temporary shelters. KRCEE partners with non-governmental organizations such as ZOA Refugee Care and World Education in educational service provision, coordination, and improvement of education. As for the two predominantly-Karenni temporary shelters, the Karenni Education Department is the community-based organization which oversees education affairs with the support of the NGO, Jesuit Refugee Service. This section has analyzed data on education services according to the Right to Education framework using the following four indicators: 1) Availability, 2) Accessibility, 3) Acceptability, and 4) Adaptability.

1) In regards to the availability of education, the Thai ONIE should consider establishing non-formal education centers in Tham Hin and Ban Mai Nai Soi, and the Thai Ministry of Education should continue to support curriculum development and technical assistance for Thai language instruction in the temporary shelters. NGOs should consider offering a higher number of English and computer courses in both formal and non-formal education settings.

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15 Ban Don Yang, Mae La, Mae La Oon, Mae Ra Ma Luang, Nupo, Tham Hin, Umpiem
16 Ban Mai Nai Soi and Ban Mae Surin
Currently there is no access to higher education or distance learning in the temporary shelters. Efforts to initiate such opportunities have not yet been successful. The RTG should revisit both aforementioned issues and consider opening up the opportunity for certain highly motivated students to study in Thai colleges and universities or through distance learning on a case-by-case basis. Scholarship opportunities should also be made available for these students.

Teacher turnover rates will remain high and the DP community will continue to face challenges with teacher recruitment and retention if the current situation is maintained. As suggested by the ZOA Education Survey 2009, teachers should be motivated through the following methods: increasing teacher subsidies, raising the social status of teachers by presenting awards and providing recognition for their work, and arranging regular visits from leaders and ZOA staff to speak with teachers and provide positive reinforcement and encouragement.

Finally, funding shortages for educational facilities and materials is common. Some school buildings need repair and VT equipment needs to be updated and modernized. There is a need to secure additional funds for educational facilities and materials.

2) As for accessibility of education, special initiatives or programs should be undertaken in order to offset the school fees for students unable to pay them. More research is needed to explain why males enroll at a less frequent rate than girls in secondary school. In addition, more attention needs to be paid to meeting the needs of non-Karen speakers, such as using Burmese as the main language of instruction.

3) In terms of acceptability of education, skilled teachers will continue to resettle and be replaced by new, inexperienced teachers. It will be a challenge to achieve and maintain teacher quality. Skilled teachers from outside the shelter should be recruited to teach and/or provide technical support.

It is anticipated that KRCEE’s adoption and adaptation of universal educational standards will lead to educational improvement. This application of standards is a key step toward improving education quality and acceptability in the temporary shelters and should be encouraged in all programs and shelters.

In Ban Mai Nai Soi, education leaders in the temporary shelters support the idea of accreditation and its associated benefits; however they do not have the capacity to undertake the process of certification at this time due to the resettlement of education staff. Efforts should be taken to increase the capacity and resources of education staff in Ban Mai Nai Soi to take steps toward standardization of the grade system, adapt the curriculum to be aligned with the Thai curriculum, and implement educational standards and indicators.

4) Finally, with regards to adaptability of education, NGOs and CBOs should continue their efforts to align the curriculum in the temporary shelters with the Thai curriculum so as to prepare students for remaining in Thailand in the near to immediate future. In addition, VT programs should emphasize relevant, applicable skills training so displaced persons can utilize their vocational skills and knowledge. VT programs that support market-oriented skills and agricultural training requires a supportive policy framework on the part of the RTG regarding work and land usage opportunities.
3.3. Healthcare

Displaced people all over the world suffer from health issues during emergencies. Temporary humanitarian assistance can reduce such suffering, with the assumption that one day displaced persons will return to their homeland, resettle in third countries or access settlement in the host country. However, the situation of displaced persons along the Thai-Myanmar border has remained unsolved for more than twenty years. Humanitarian actors and the host country are confronted with many challenges related to healthcare, such as lack of financial and human resources in maintaining the current situation, availability and accessibility to healthcare services, and hygiene issues.

The ability to receive appropriate healthcare services is fundamental to strengthening human capability needed to function in life. According to Nussbaum, “bodily health” is one of the basic principles of the human capability approach (2007). “Bodily health” refers to being able to have good health, including reproductive health, and the ability to be adequately nourished and have adequate shelter. Lack of adequate healthcare services may reduce the capability of displaced persons and increase their vulnerability.

This section will analyze current healthcare services for displaced persons according to the five health security criteria outlined in Chapter 2, Table 2.2: 1) Availability of healthcare, 2) Access to healthcare, 3) Quality of healthcare, 4) Prevention and treatment of disease, and 5) Basic awareness and knowledge of hygiene. However, it should be noted that there is a limited amount of documentary evidence available on healthcare services, and the literature covers only issues such as reproductive health, HIV/AIDS, SGBV, adolescent health, and mental health.

3.3.1. Structure of healthcare services

CCSDPT, the main coordinating body, takes the role of healthcare policymaking and coordination with the RTG. The CCSDPT Health Sub-Committee is composed of all community health leaders from the nine temporary shelters. Under this Sub-Committee, the Health Information System Program coordinates disease surveillance in the temporary shelters, collects data on health, and provides regular epidemiological reports.

Primary health services, training, information campaigns, educational programs and rehabilitation programs are provided by NGOs in partnership with CBOs. Some of the main NGOs working in the area of health are Aide Medicale Internationale (AMI), American Refugee Committee International (ARC), Handicap International (HI), International Rescue Committee (IRC), Malteser International and Planned Parenthood Association of Thailand (PPAT).17 NGOs such as AMI, ARC, COERR, HI and IRC provide basic healthcare including both preventive and curative services. They also train displaced persons to be medics, midwives, nurses and other healthcare providers. These capacity building activities are necessary to sustain the healthcare system since NGO health staff are not allowed to stay overnight in the temporary shelters.

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17 For a detailed list of CCSDPT organizations working on health activities, please refer to: CCSDPT (2010). CCSDPT Directory for 2010. Bangkok: CCSDPT.
The present healthcare services in the temporary shelters function similar to a local Thai clinic with an In-Patient Department. However, as the healthcare system in the temporary shelters cannot handle secondary and tertiary medical cases, these cases must be referred to local government health facilities under the Provincial and District Health Offices, such as district and provincial hospitals (D’Souza, 2007 cited in Sciortino & Punpuing, 2009; Key Informant Interviews).

The present health system in the temporary shelters is often referred to as a “parallel” health system funded by international donors, which CCSDPT/UNHCR see as being unsustainable in the long term. Therefore, in its Five-Year Strategic Plan, CCSDPT/UNHCR envisions working toward a border-wide health strategy and strengthening coordination between NGOs and the Thai Ministry of Public Health in an effort to increase access of displaced persons to Thai health care services. This would allow for a health care approach that encompasses prevention, health education, and access to direct medical care for displaced persons, while minimizing disease outbreak and transmission and thus contributing toward the overall public health of local Thai communities (CCSDPT/UNCHR, 2009).

43
3.3.2. Availability of healthcare services

Current available health services can be divided into two main types: preventive and curative. However, services differ according to specific health conditions in each temporary shelter, donor mandates, and healthcare service providers and their responsibilities. The International Rescue Committee plays an important role in healthcare provision in Tham Hin and Ban Mai Nai Soi temporary shelters. Meanwhile in Mae La, Aide Medicale Internationale has been the main organization responsible for healthcare provision since 2000, when it replaced Medicine Sans Frontiers (MSF).

Primary healthcare provision is adequately available for displaced persons in each of the three selected temporary shelters. The services available meet both Thai and international standards. There are around 22 health programs and services which cover the needs of displaced persons (See Table 3.20 below).
### Table 3.18. NGO health programs as compiled by CCSDPT in January 2009

<table>
<thead>
<tr>
<th>Shelter</th>
<th>Agency</th>
<th>Health and sanitation services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ban Mai Nai Soi</td>
<td>AMI</td>
<td>Health Messenger Magazine</td>
</tr>
<tr>
<td></td>
<td>COERR</td>
<td>Social Services for Extremely Vulnerable Individuals, Environmental Management</td>
</tr>
<tr>
<td></td>
<td>IRC</td>
<td>Capacity Building, Community Based Rehabilitation, Community Eye Care, Environmental Management, Social Services for Extremely Vulnerable Individuals, Health Education, HIV/AIDS Treatment, OPD, Lab, Maternal Child Health, Medical Referral, Medic Training, Primary Healthcare Training, Supplementary/Therapeutic Feeding, Tuberculosis treatment, Water and Sanitation</td>
</tr>
<tr>
<td>Tham Hin</td>
<td>AMI</td>
<td>Health Messenger Magazine</td>
</tr>
<tr>
<td></td>
<td>COERR</td>
<td>Social Services for Extremely Vulnerable Individuals, Environmental Management</td>
</tr>
<tr>
<td></td>
<td>IRC</td>
<td>Capacity Building, Community-based Rehabilitation, Community Eye Care, Environmental Management, Social Services for Extremely Vulnerable Individuals, Health Education, HIV/AIDS Treatment, OPD, Lab, Maternal Child Health, Medical Referral, Medic Training, Primary Healthcare Training, Supplementary/Therapeutic Feeding, Tuberculosis, Water and Sanitation</td>
</tr>
<tr>
<td>Mae La</td>
<td>AMI</td>
<td>OPD, IPD, Tuberculosis Treatment, Medical Referral, Supplementary/Therapeutic Feeding, Primary Healthcare Training, Lab, Health Messenger Magazine</td>
</tr>
<tr>
<td></td>
<td>COERR</td>
<td>Social Services for Extremely Vulnerable Individuals, Environmental Management</td>
</tr>
<tr>
<td></td>
<td>HI</td>
<td>Rehabilitation for people with disabilities, Physiotherapy, Community-based Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>IRC</td>
<td>Community Eye Care</td>
</tr>
<tr>
<td></td>
<td>TOPS</td>
<td>Supplementary/Therapeutic Feeding, Social Services for Extremely Vulnerable Individuals</td>
</tr>
</tbody>
</table>

Source: CCSDPT, 2010

**Ban Mai Nai Soi & Tham Hin**

In Ban Mai Nai Soi and Tham Hin, the IRC is the major healthcare provider in terms of preventative and curative healthcare, as well as water and sanitation services. Services provided through the clinics include reproductive and child healthcare, primary health care, and eye-care, in addition to training for health workers. The IRC also manages prevention programs against diseases such as HIV/AIDS, Tuberculosis and malaria (International Rescue Committee, 2010).
Mae La

AMI, which operates in the temporary shelters in Tak (Umpiem, Nupo, and Mae La), draws funding from such sources as ECHO of the European Commission and EuropeAid. AMI is responsible for both preventative and curative health care in Mae La, while it is responsible for only curative care in Umpiem and Nupo. Among the services provided by AMI include an In Patient Department (IPD) and an Out Patient Department (OPD), which encompasses laboratory services, mental health services, Voluntary Counseling and Training (VCT) services, health education, and emergency and non-emergency referral to Thai hospitals (CCSDPT, 2010).

Recently, AMI has added other programs such as outbreak prevention, immunization, reproductive healthcare, mental healthcare and SGBV services. Currently, AMI also provides health services for ophthalmology, chronic diseases, Avian Influenza surveillance, and preventive health campaigns. However, the number of Health Messenger Magazine issues has been reduced due to funding issues (AMI, Interview; Aide Medicale Internationale, n.d.).

Other temporary shelters

Other organizations provide healthcare services in other temporary shelters. ARC mainly works in Umpiem and Nupo temporary shelters in Tak Province, and Ban Don Yang temporary shelter in Kanchanaburi Province, with some programs in Mae Ra Ma Luang temporary shelter, Mae La Oon temporary shelter, surrounding local villages. Among the health-related activities conducted by ARC include: mental health, child health, community health, clinical services, laboratory services, water sanitation, gender-based violence prevention and response, and health education. Malteser has run a Primary Health Care Program for displaced persons in Mae Ra Ma Luang and Mae La Oon temporary shelters. Services provided include reproductive health, HIV/AIDS, communicable disease control, immunization, essential drugs, laboratory services, Medevacs to referral hospitals, capacity building for example on gender, and water and sanitation and vector control (CCSDPT, 2010).

Overview of health services

There are a variety of health services provided in the temporary shelters; however, there is a limited amount of documentary information available about these services. Therefore, this section will focus on the following five areas of healthcare services: 1) reproductive healthcare & maternal and child healthcare; 2) HIV programs; 3) SGBV programs; 4) adolescent health; and 5) mental health.

1) Reproductive healthcare & maternal and child healthcare

According to a study on reproductive health in the predominantly-Karenni temporary shelters, reproductive healthcare was offered as a part of the Maternal and Child Health (MCH) services. These health services were usually provided by female staff. MCH services included family planning, antenatal care, clean delivery with emergency obstetrical referral, post partum follow-up, supplementary food for lactating mothers, health education, and
immunization for mother and child. Married couples were able to access family planning methods such as the progestin pill, Depo-Provera, and condoms the most. Surgical sterilization, however, needed approval by clinic managers for referral to Mae Hong Son Hospital. Reproductive tract infections could sometimes be diagnosed and treated in the temporary shelters, but difficult cases could be referred to Mae Hong Son (Khin, 2002).

The Women’s Commission for Refugee Women and Children has published a comprehensive assessment of reproductive health on the Thai-Myanmar border. Among the topics covered are safe motherhood/abortion, emergency obstetric care, family planning, sexually transmitted infections, and HIV/AIDS (Women’s Commission for Refugee Women and Children, 2006b). With regards to safe motherhood, in Mae La temporary shelter, 11.8% of 5,000 pregnancies between August 1997 and May 2002 ended in an abortion. As for emergency obstetric care, it has been reported that local health staff in the temporary shelters have limited capacity to perform emergency obstetric care.

Family planning is offered in clinics in the temporary shelters and most local area clinics, although supplies are not always available. In the predominantly-Karenni temporary shelters, there is some debate over the use of family planning, and the Karenni leadership does not allow family planning and condom use for unmarried persons. Depo-Provera, oral contraceptives and condoms are the most commonly accepted contraception methods. Female sterilization is also requested quite often, although written consent is not always obtained and there are concerns that women and men do not truly understand that this family planning method is permanent. Planned Parenthood Association of Thailand staff report that unmarried persons usually choose to use condoms and pills, as there are frequent complaints about Depo-Provera. Use of intrauterine devices and Norplant is rare, and there is increased demand for vasectomies and a long waiting list for sterilization procedures for men and women (Women’s Commission for Refugee Women and Children, 2006b).

Health agencies in all the camps implement the Supplementary and Therapeutic Feeding Programs (SFP/TFP), which are supported by TBBC. The feeding programs target malnourished children and adults; pregnant and lactating women; TB, HIV and chronically ill patients; infants unable to breastfeed; and patients with chewing or swallowing problems. Malnourished children are mainly identified through growth monitoring and promotion activities (TBBC, 2010a).

1. HIV/AIDS services

Availability of healthcare programs is lacking in the area of reproductive health and HIV/AIDS. Comprehensive programming concerning HIV/AIDS, including prevention, behavior change communication, reduction of stigma, and care, support, and treatment, is needed. However, with regards to HIV/AIDS treatment, displaced persons currently have access to antiretroviral therapy through NGOs working on healthcare services, such as AMI and IRC. The RTG receives funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria and distributes antiretroviral drugs to these NGOs (AMI, Interview).

A study by the International Rescue Committee and Burmese Border Program on “Knowledge of HIV/AIDS among Karenni Refugees in Thailand: Results of the 1996 Knowledge, Attitude and Practice Survey” in the predominantly-Karenni temporary shelters in Mae Hong Son Province found that 66 percent of respondents had never heard of HIV or
AIDS, and a small minority of those who had heard of AIDS actually had accurate information about AIDS. The study made the following conclusions: newly arrived displaced persons were much less likely to have knowledge about HIV/AIDS; educational materials were needed for those who were illiterate and semiliterate; and accurate information about HIV/AIDS was needed, especially emphasizing transmission via unprotected sexual intercourse. The study also noted that there appears to be a zero-to-low prevalence of HIV among the temporary shelter population, but the population is still at risk due to its location (International Rescue Committee and Burmese Border Program, 1997 cited in Women’s Commission for Refugee Women and Children, 2004).

Documentary evidence shows that stigmatization of HIV/AIDS among the Muslim population is the largest challenge for NGOs working on this issue, however NGOs are operating programs to reduce stigma among Muslims. Embarrassment related to HIV/AIDS is another challenge. Because HIV-infected persons try to keep their HIV status a secret they do not receive appropriate treatment from the doctor.

2) Sexual and Gender Based Violence (SGBV) programs

In terms of the health and psychosocial dimensions of SGBV, health agencies are actively involved in various SGBV-related services and activities, such as the development of SGBV Standard Operating Procedures (SOPs). Health programs in all nine temporary shelters offer medical care to SGBV survivors, however sometimes rape survivors do not receive medical support within 3 days as set out in the SGBV SOPs. For instance, only 8 out of 21 cases of rape of minors reported to UNHCR in 2006 had visited the health center within 3 days of the incident. Meanwhile, only 3 out of 10 adult rape cases visited the health center within 3 days. This could be because many rape cases are reported long after the incidents took place. Aside from medical care, SGBV survivors usually receive various forms of counseling and emotional support from different groups and individuals, such as SGBV committee members, Karen Women’s Organization/Karenni Women’s Organization, SGBV program staff of NGOs, and others. Despite the psychosocial programs that are already available, it is widely acknowledged that mental health services in the camps, including for SGBV, need to be improved (UNHCR, 2006).

3) Adolescent health services

Adolescent health has clearly been identified as an area in need of health services and education, especially for HIV/AIDS, reproductive health and incorporating life skills (UNHCR, 2007).

The study, “Assessing Adolescent Reproductive Health in the Karenni Refugee Community, Mae Hong Son, Thailand,” assesses the knowledge, attitude, beliefs and behaviors of the Karenni in relation to adolescent reproductive health. The study found that shyness, the perception that reproductive health was only for married couples, and the desire for same sex providers, were barriers to accessing reproductive health care. The study recommended age-appropriate reproductive health services be made available to adolescents in a non-threatening environment using same-sex providers, as well as developing information, education, and communication messages targeting adolescents, which are a high-risk age group (Khin, 2002).
The ARC study, “Adolescent Health Needs Assessment in Umpiem Mai, Nupo, and Ban Don Yang Camps,” identified health, education and community needs of adolescents aged 10-19. The study found that adolescents go to the hospital for general health problems but do not seek hospital care for reproductive health concerns. Young women report going to the herbal clinics for menstrual-related concerns but do not go to the health clinics run by NGOs. It was also found that reproductive health services in the camps are available only for married couples. The study made the following recommendations in order to promote adolescent health: conduct further research on knowledge, attitudes, and practices regarding adolescent reproductive health; health services need to create an “adolescent-friendly” environment with staff trained to deal with adolescent concerns specifically; young workers may be identified as “adolescent health workers”; and hours of operation should coincide with adolescent schedules. Moreover, the study recommended the incorporation of comprehensive adolescent health education into secondary schools using a standardized curriculum that is both culturally and religiously sensitive, as well as developing an adolescent peer education program through existing CBOs that provide services for adolescents. Finally, a border-wide adolescent health policy should promote adolescent health, particularly adolescent reproductive health (Walsh & Hendy, 2006).

In another ARC study, “Adolescent Health Survey: A KAP survey among 13-19 year olds in Nu Po and Umpiem refugee camps,” the researchers concluded that “adolescent health is not being addressed in the camps due to its cultural taboo and a lack of information and evidence from adolescents themselves to support the belief that they are an important segment of the population whose health should be of concern to everyone in the camp community.” It is recommended that findings from the survey be used to: inform a school curriculum on adolescent health; promote the idea of youth/adolescent-friendly health service facilities in the temporary shelter; pursue targeted information and campaigns addressing adolescent concerns; and inform advocacy and education for camp leaders and community members on adolescent health needs and wants (Galati & Hendy, 2007).

4) Mental health

Few attempts have been made to examine mental health issues in the predominantly-Karenni temporary shelters in Mae Hong Son. In 2001, researchers from the United States Centers for Disease Control and Prevention and IRC conducted a study to assess mental health problems among this population. The study aimed to determine the prevalence of mental illness, identify risk factors, and develop a culturally appropriate intervention program. The study looked at major mental health problems such as Post Traumatic Stress Disorder (PTSD), depression, anxiety and functioning. The findings of the study showed high prevalence rates of depression, anxiety, and psychosomatic complaints, suggesting that a mental health or psychosocial intervention might be of benefit to the Karenni DP community. Groups which might be at higher risk for poor mental health outcomes included displaced persons who had suffered from previous mental illness and those who had experienced a high number of traumatic events. The study also found that women had a higher risk than men for anxiety and depression. Based on the findings, the study recommended a training program on diagnosis and treatment of basic mental illness (especially depression, anxiety, psychosomatic symptoms, and PTSD) be provided for medics and other health professionals working in the clinics in the temporary shelters. This sort of program could also lessen the burden on regular clinical services. However, the study recommended more community-
based rather than health facility-based interventions, such as the establishment of multipurpose community centers offering community services (Cardozo, et al. 2004).

In order to identify specific gaps in the area of mental health, in 2004 ARC conducted a psychosocial needs assessment in Ban Don Yang, Umpiem, and Nupo temporary shelters. This study found significant levels of situational depression, anxiety and psychosomatic disorders, and alcohol abuse. A few cases of major psychosis conditions which were observed needed improved clinical management. The study also found that the lack of employment opportunity was the largest barrier to the overall improved emotional well-being of the displaced persons. Furthermore, crowdedness, limitations of movement, restrictions, and the tendency to create increased dependency over time were main factors that contributed to general emotional difficulties (ARC, 2004 cited in UNHCR, 2007).

According to UNHCR’s Strengthening Protection Capacity Project: Thailand, mental health treatment in the temporary shelters is insufficient. Moreover, the lack of psychiatric care and facilities in the temporary shelters is an ongoing problem border-wide. Individuals in need of psychiatric treatment are often viewed by the community as security risks and many have been detained instead of referred to medical care. The little care that is available is inadequate in appropriately addressing psychiatric problems. Furthermore, health agencies usually do not have the capacity or resources to deal with mental health problems (UNHCR, 2007).

3.3.3. Accessibility of healthcare services

Accessibility of healthcare provision can ensure that all displaced persons are not excluded and receive the best healthcare based on their needs. According to the Thai Human Rights Sub-committee on Ethnic Minorities, Stateless, Migrant Workers and Displaced Persons, the right to public healthcare services is a human right: “Everyone is able to access to healthcare provision regardless of the place of origin and immigration status” (2007).

All displaced persons in the temporary shelters, regardless of their registration status, gender, ethnicity, age, disability, and other vulnerable conditions, are able to adequately access healthcare services in the temporary shelters. In fact, due to such access, mortality and morbidity rates in the shelters are better than those in Myanmar and similar to those in Thailand (United Kingdom Department for International Development, 2008). Data from the baseline survey confirms that more than 90 percent of displaced persons surveyed have access to and receive adequate healthcare services in the temporary shelters. However, access to healthcare at Thai hospitals is more problematic, as only certain cases are referred to Thai hospitals. The most commonly referred hospital cases are due to obstetric reasons, complicated surgeries, mine injuries, broken limbs, leprosy, and tuberculosis (EC Humanitarian Aid Decision, 2006 cited in United Kingdom Department for International Development, 2008; Key Informant Interviews). However, emergency obstetric care cases that need hospital referral have often been referred very late or not at all (Women’s Commission for Refugee Women and Children, 2006b).

Despite the fact that health agencies have the ability to refer cases for treatment in local hospitals and facilities, they are actually reluctant to do so in some cases due to funding constraints (UNHCR, 2007; Key Informant Interviews). Referrals for chronic illnesses such
as hypertension, diabetes, cancer, and heart disease are particularly expensive (CCSDPT/UNHCR, 2007; Key Informant Interviews).

**Barriers to access to healthcare services**

Access to healthcare is often bound up with principles of equity. Equal access is about maximizing fair access to healthcare and minimizing disparities in health. Equal access is attained when the needs of patients determines the allocation of resources, regardless of other factors such as ethnicity, culture, religion, gender, language, and age. For displaced persons, barriers to access to healthcare is a complex issue. Special health risks and access problems affect different groups, including New Arrivals and undocumented groups; minority ethnic groups; and youth and adolescents. Cultural attitudes and language differences can also serve as barriers to access. These barriers to healthcare access for various groups are further compounded by the fact that DPs lack knowledge about available healthcare services.

New Arrivals face particular difficulty in being referred to Thai hospitals. Some New Arrivals cannot access referral services to Thai hospitals due to their unclear registration status as well as limited NGO budgets for referrals (Key Informant Interview).

According to TBBC (2010b), some minority ethnic groups face greater barriers in access to healthcare. Muslims, for example, lack outreach of healthcare services due to their traditional beliefs, lack of access and suitable services. In Mae La shelter, the Muslim community is located far from the clinic and the community usually uses traditional healing methods. Muslim women, in addition, felt uncomfortable to be inspected by a male gynecologist (TBBC, 2010b).

Cultural beliefs are also a factor in healthcare access. Karen culture considers sexual relations to occur only in marriage and prohibits sexual relations between non-married adolescents, resulting in a lack of adolescent access to reproductive health services. If adolescents do not have appropriate knowledge about sex education and reproductive rights, this may result in premature pregnancy, abortion, sexual assault, or rape (Key Informant Interview).

Language and communication is oftentimes a barrier in access to healthcare for DPs referred to local Thai hospitals. Referral cases experience language barriers with hospital staff (Women’s Commission for Refugee Women and Children, 2006b). In one particular case, a displaced person could not understand or communicate with the Thai doctor, despite the fact that an interpreter was present (Interview).

### 3.3.4. Quality of healthcare services

In evaluating the quality of healthcare services, two main areas will be examined: 1) Morbidity and mortality rates and 2) Quality of healthcare staff.

**Morbidity and mortality**

The quality of healthcare services can be reflected in a number of ways, such as levels of morbidity and mortality. This section will thus describe the quality of healthcare based on health statistics available from published reports. It should be noted, however, that data on birth rates, mortality rates and mobility rates is still not fully complete or reliable. It is
especially difficult to document mobility rates since there is a high level of movement into and out of the temporary shelters between New Arrivals and those leaving for resettlement. Such lack of basic demographic data is a major challenge for long-term health policy planning.

As mentioned earlier, displaced persons have adequate access to primary healthcare, as mortality and morbidity rates are better than those in Myanmar and similar to those in Thailand (United Kingdom Department for International Development, 2008). Although primary health care is provided in the temporary shelters with adequate access to basic healthcare, there is still a relatively high incidence rate of infectious diseases, despite the fact that the rate has decreased over the past ten years. Insufficient waste disposal sites further adds to disease spread. Infectious and chronic diseases are still prevalent, with cancer and cardio-vascular diseases among the top causes of death in 2007. Respiratory diseases, skin diseases, diarrhea, fever from unknown causes, and malaria were the most common illnesses (CCSDPT cited in Sciortino & Punpuing, 2009). Chronic malnutrition among children has decreased but is still higher than the Thai average (D’Souza, 2007 cited in Sciortino & Punpuing, 2009). In order to systematically prevent disease outbreaks in the shelters, UNHCR has recommended “enhanced response mechanisms and preparedness against an outbreak of infectious disease, jointly planned by NGOs and the RTG” (UNHCR, 2007).

A 2002 IRC report on health statistics in the predominantly-Karenni temporary shelters cited a maternal mortality rate of 130 per 100,000 live births. Three quarters of deliveries were assisted by Maternal and Child Health workers, while one quarter of deliveries were referred to hospitals (International Rescue Committee, 2002 cited in Women’s Commission for Refugee Women and Children, 2004).

Healthcare staff

The resettlement of highly trained health staff has severely affected the capacity of health services to provide quality healthcare for displaced persons, resulting in a higher risk of public health crises in the temporary shelters (Banki & Lang, 2008a). This is an ongoing situation as health staff continue to depart every year.

Health NGOs have had to train new medical staff at all levels, including medics, nurses, midwives, laboratory technicians and community health workers. However, there is a limited supply of skilled workers in the temporary shelters, making it difficult to find replacements (Banki & Lang, 2008a). Training new staff also means that there is a waiting period before new health staff are able to practice.

NGOs have tried to find alternative solutions, such as recruitment of additional Thai and expatriate staff to work in the camp, but this can be costly (CCSDPT/UNHCR, 2007; United Kingdom Department for International Development, 2008). It has been suggested that the most sustainable long-term solution for the loss of skilled health staff in the temporary shelter is to increase links with the local health system (United Kingdom Department for International Development, 2008).

3.3.5. Prevention and treatment of disease
This section examines methods to prevent and treat disease, with a focus on DP knowledge about disease prevention and DP treatment-seeking behavior. It also discusses DPs’ experiences and perceptions regarding healthcare treatment.

A 2001 study by the Faculty of Medicine, Chiang Mai University commissioned by IRC looked at knowledge, attitudes, and practices about health treatment-seeking behavior in the predominantly-Karenni temporary shelters. With regards to health knowledge, respondents were surveyed about malaria prevention, diarrhea prevention, knowledge about Oral Rehydration Salt (ORS) and Sugar Salt Solution (SSS), hygienic practices, diet for healthy eyes, reproductive health (including HIV/AIDS, MCH Services, and child immunization), and family planning. In comparison to results of the previous year’s survey, there were improvements in knowledge on the topics of malaria prevention, diarrhea prevention, reasons for using a latrine, reasons for drinking boiled water, and hygienic practices. With regards to HIV/AIDS, respondents seemed to have less opportunity to have access to health education resources in comparison to the previous survey, although knowledge about HIV/AIDS transmission and methods of prevention seemed to have increased. As for knowledge about MCH, respondents had greater knowledge about services available at the MCH clinic, reasons that pregnant women should attend the MCH clinic and have a regular blood test, and reasons for child immunization. Nonetheless, less than half of respondents were aware of the availability of family planning services, and around half of those who were aware of family planning never used any family planning method, demonstrating that there were some obstacles to accepting contraception (Faculty of Medicine, Chiang Mai University, 2001).

In terms of treatment-seeking behavior, the majority of sick individuals went to the clinic and nearly half reported taking medication. A very small minority of respondents chose self-treatment, traditional treatment, “other”, and “doing nothing”. About half of respondents reported they usually provided homecare, such as checking for a fever, providing close observation, drinking a large amount of water, eating healthy foods, and other methods of self-treatment. When it comes to medicine-taking behavior, less than one percent reported taking medicine by themselves. While the majority of respondents received medicine from the clinic, a small minority obtained medicine from other places such as shops or markets in the temporary shelters, medicine from Thai hospitals/clinics, shops outside the temporary shelter, and from Myanmar/Karenni State (Faculty of Medicine, Chiang Mai University, 2001).

The Chiang Mai University study stated that increasing capacity building programs for health personnel training was important and should be continued. The following recommendations were also put forward in order to mitigate health problems in the temporary shelters: increase adult literacy, especially for females, in order to increase access to health education materials; increase knowledge in the area of respiratory tract infections; increase knowledge on environmental control in order to reduce vectors of malaria and other mosquito-borne diseases; focus on hygienic practices related to diarrhea prevention and ORS preparation in health education; emphasize awareness of available MCH services available and reasons pregnant women should attend the MCH clinic; increase promotion of family planning methods; encourage men to play a larger role in MCH and reproductive health; and create more jobs in the temporary shelters to strengthen displaced persons’ ability to supplement their health needs, as well as decrease mental health problems (Faculty of Medicine, Chiang Mai University, 2001).
Displaced persons feel that they do not receive adequate treatment for their illnesses. Some informants mentioned that they were not treated well by clinics in the temporary shelter. They stated that the clinic usually gave them the same medicine without considering the causes of their symptoms. Moreover, some displaced persons stated that NGOs were not concerned with the lives of their relatives but instead the cost of medical treatment. While NGOs must deal with budget deficits, displaced persons who were interviewed felt that they do not receive adequate health support.

“Every time we visit the doctor, we only receive paracetamol.” (Displaced person, Interview)

“I have been living here for more than ten years. The longer I have stayed the less proper health treatment I have gotten.” (Displaced person, Interview)

“We cannot complain although we felt that our relative did not get proper treatment. She had breast cancer, but she did not get proper treatment from the doctor. The clinic doctor cut her breasts. NGOs did not refer her to get treatment in the provincial hospital...finally, she died.” (Displaced person, Interview)

“My mother’s leg was cut off. She had diabetes, so one day her leg was wounded while she went to the forest nearby the camp. She often went to see the clinic doctor but the wound still expanded. In the end, it seemed that the clinic couldn’t deal with it. It was chronic. She was sent to the district hospital and the doctor decided to cut her leg.” (Displaced person, Interview)

3.3.6. Basic awareness and knowledge of hygiene

Hygiene is the most significant challenge for healthcare provision. The poor living conditions of displaced persons can lead to disease outbreaks. For example, respiratory and skin diseases can both be caused by dusty conditions and lack of clean water. Outbreaks of diarrhea in Mae La and Tham Hin have occurred as a result of poor hygienic knowledge about clean food as well as sanitary garbage and waste management. Community health workers mentioned that displaced persons lack awareness about hygiene, including its relationship to illness. This can be addressed through improvement of displaced persons’ standard of living and knowledge about hygiene (Key Informant Interviews).

3.3.7. Summary and recommendations

The present healthcare services in the temporary shelters function similar to a local Thai clinic with an In-Patient Department. Primary health services, training, information campaigns, educational programs, and rehabilitation programs are provided by non-governmental organizations in partnership with community based organizations. Current available health services can be divided into two main types: preventive and curative. Available health care programs cover all epidemics which may occur in the temporary shelters, such as malaria, tuberculosis, H1N1, and HIV/AIDS. This section has analyzed data on healthcare services according to the following five indicators under the health security component of the Human Security framework: 1) Availability of healthcare, 2) Access to
healthcare, 3) Quality of healthcare, 4) Prevention and treatment of disease; and 5) Basic awareness and knowledge of hygiene.

Generally, displaced persons are able to access and receive adequate healthcare both through the primary healthcare services available in the shelters as well as through the secondary and tertiary healthcare services available through referrals to Thai hospitals. However, New Arrivals who lack official documents do not have adequate access to referral services to Thai hospitals. Some minority ethnic groups also have more limited access to healthcare. Statistics show that mortality and morbidity rates are better than those in Myanmar and similar to those in Thailand. The resettlement of highly trained health staff has severely reduced the capacity of health services to provide quality healthcare for displaced persons, resulting in a higher risk of public health crises in the shelters. Lack of knowledge about disease prevention and treatment, in addition to hygiene, are the most significant challenges for healthcare provision.

Recommendations for strengthening healthcare services in the shelters include: 1) promoting sexual education and reproductive health for adolescents; 2) ensuring that healthcare services take into account local languages, literacy levels and religious and cultural differences; and 3) increasing health education on disease prevention and hygiene.

3.4. Security and Legal Protection

This section will apply the Human Security framework to examine the existing security situation and the current mechanisms for the protection of displaced persons. The concept of personal security will primarily be employed to analyze data. Relevant indicators under personal security include: Fear of violence; Level of crime; Efficiency of legal and judicial institutions; Prevention of harassment and sexual and gender-based violence; and Prevention of domestic violence and child abuse. The concepts of community security (fear of multiregional conflicts and fear of internal conflicts) and political security (respect for basic human rights) under the Human Security framework will be secondarily applied.

The structures and mechanisms for security and protection both inside and outside the shelters will first be described. Based on the aforementioned indicators related to the topic of Security and Legal Protection, the section will then discuss: 1) Level of crimes and civil disputes in and around the shelters; 2) Efficiency of the traditional community-based justice system and access to the Thai justice system; and 3) Mechanisms to prevent sexual and gender-based violence and domestic violence. Finally, challenges that affect the compliance of such rights will be identified.

3.4.1 Structures and mechanisms for security and legal protection

The Royal Thai Government considers displaced persons from Myanmar to have „prima facie“ legal status, or in other words, not full refugee status. The RTG refers to displaced persons as „displaced people fleeing conflict“. Under the RTG’s definition, displaced persons will be repatriated back to Myanmar or will be resettled in a third country after the conflict in Myanmar ends. In theory, the RTG is in charge of administering and

18 Although UNHCR has three main "durable solutions" for refugees – voluntary repatriation to the country of origin, local integration in the country of asylum, and resettlement in a third country – the RTG still prefers the two durable solutions of repatriation and resettlement, rather than local integration in Thailand.
providing security both inside and outside the shelters, with support from UNHCR and international NGOs to ensure that displaced persons’ rights are respected and that DPs are well-informed about Thai laws and policies. The security of displaced persons is a key concern as shelters are typically located close to the Thai-Myanmar border. Although shelters are located in rural areas, displaced persons do not have access to land, and their housing structures must be constructed using temporary materials only (Thai official, Key Informant Interview).

The Thai National Security Council, on behalf of the RTG, sets out policies for DPs which are implemented by the Ministry of Interior through provincial and district authorities. The Royal Thai Army Paramilitary Rangers and the Border Patrol Police provide external security outside the shelters. The RTG cooperates with the Karen or Karenni Refugee Committee and the respective Camp Committee in each shelter. For security inside the shelters, the MOI District Officer on security (“Palat”) is assigned as the Camp Commander while the Territorial Defense Volunteer Corps (“Or Sors”) provide security under the jurisdiction of the Camp Commander (Key informant interviews).

Three main bodies form the security structure administered by displaced persons in the shelters: the Community Elders Advisory Board (CEAB), the Karen/Karenni Refugee Committee (KRC/KNRC) and the Camp Committee. While the CEAB provides guidance, assists in resolving conflicts, and plays the role of judicial persons and advisors, the KRC/KNRC is similar to an executive branch which acts as the governing body of the temporary shelter system (Key Informant Interview).

Documentary and field data reveal that the Camp Committee of each shelter plays an important role in the security and protection of displaced persons in terms of handling day-to-day operations and general services inside the shelters. Each Camp Committee is composed of five executive members, administrative staff, and heads of sub-committees, including Security and Judiciary Committees. The Security Committee maintains security inside the shelter and coordinates with Thai authorities outside the shelter. The Justice Committee, elected from the displaced person community, is responsible for intervening in, reconciling, and arbitrating over conflicts.

The Camp Justice Committee works with IRC LAC, UNHCR and Thai authorities on serious cases that require referral to the Thai justice system. Normally, the Thai justice system focuses on serious crimes, while the community-based justice system focuses on civil disputes. Examples of serious crimes that must be adjudicated by the Thai justice system include seven types of cases: murder, rape, weapons violations, deforestation, drugs, torture and human trafficking (Key Informant Interviews). The Justice Committee is composed of two members of the CEAB, two members of the Security Committee, and one representative of the Camp Committee, who is normally the leader or deputy leader of the Camp Committee. For SGBV cases, two members of the Karen Women’s Organization (KWO) or Karenni Women’s Organization (KNWO) are added as members of the Justice Committee.
Profile of Tham Hin Shelter

Tham Hin was established in 1997 by combining 3 temporary shelters (Huay Sot and Bor Wii in Ratchaburi and Phu Muang in Kanchanaburi) into one temporary shelter. Tham Hin is located approximately 10 kilometers away from the Thailand-Myanmar border. Displaced persons living in Tham Hin fled conflict in Tenasserim State, Myanmar. Tham Hin was used as a shelter for political refugees and UNHCR Persons of Concern before they were resettled to the United States. The UNHCR Maneeloy Shelter for political refugees was closed in 2001, resulting in the creation of a new zone (Zone 4) for sheltering remaining residents from Maneeloy Center. UNHCR is solely responsible for legal protection of displaced persons in Tham Hin since there is no IRC Legal Assistance Center (LAC) available.

Tham Hin is divided into 3 main zones with 5 sections in each zone. There are a total of 30 security staff members in the shelter. These security staff are elected by shelter residents and are responsible for the safety and protection of displaced persons in each section. Camp Judges adjudicate disputes between displaced persons that occur inside the shelter. Since Tham Hin does not have a Legal Assistance Center, UNHCR acts as an intermediate coordination office for legal justice. Around 20 UNHCR staff oversee Tham Hin and Ban Don Yang temporary shelters. In Tham Hin, there is a UNHCR SGBV office which is separate from the main UNHCR office.
Profile of Mae La Shelter

Mae La is the most populated shelter along the Thailand-Myanmar border due to the Thai government’s policy of consolidating five shelters (Mae Ta Waw, Mae Salit, Mae Plu So, Kler Kho and Kamaw Lay Kho) into one shelter in this area. Mae La is located approximately 8 kilometers away from the Thailand-Myanmar border, opposite Karen State and close to the Karen National Liberation Army (KNLA) 7th Brigade Headquarters and a Democratic Karen Buddhist Army (DKBA) outpost. Although there have been no reports of casualties, displaced persons still fear armed attack on Mae La since the shelter was mortar-attacked by DKBA and Burmese troops in 1997 and 1998, while some sections were also burned down by the DKBA in 1995. UNHCR and IRC LAC are jointly responsible for protection of displaced persons in Mae La. Mae La was the first shelter in which IRC, UNHCR and relevant Thai authorities worked together to improve the administration of justice, resulting in the opening of the Mae La LAC after extensive negotiations (Key Informant Interviews).

Mae La is divided into three zones. Zone A is composed of five villages, Zone B of eight villages and Zone C of nine villages. In terms of internal security, 259 security personnel drawn from the shelter community are responsible for the safety and protection of displaced persons in each zone. Out of the 259 security officers, 30 security officers are female (10 per zone). Security and judicial staff are responsible for arresting the accused, after which staff may consult with the IRC LAC about referring serious cases to the Thai justice system (Key Informant Interviews).

In Mae La, there are three levels of mediation: section level (Section Leader), zone level (Zone Leader) and shelter level (Camp Judge). Mae La has its own court and traditional justice system to deal with family disputes and minor crimes. Under the traditional community-based justice system, Camp Judges use Karen Refugee Committee Law, which is a mix of civil and criminal law. Customary Karen law applies to civil disputes and criminal cases related to family affairs. The most common dispute cases arbitrated by the traditional community-based justice system include domestic violence, debt and loan, family disputes, custody, and divorce cases (Key Informant Interview).

Punishment under KRC law involves putting the defendants into one of five “detention centers” in Mae La. The length of detention ranges from three to six months. According to a justice officer, most cases are related to alcohol, physical fighting, youth gangs and robberies. Camp Judges coordinate with the IRC LAC on SGBV cases and serious crimes that need to be transferred to the Thai justice system.

Profile of Ban Mai Nai Soi Shelter

Ban Mai Nai Soi Shelter is located approximately two kilometers away from the Thailand-Myanmar border. Due to its location close to the border, this shelter was attacked by Burmese Army troops in December 1996, January 1997 and September 1998. A small number of casualties from gunfire and landmines during these attacks was reported. UNHCR and IRC LAC are jointly responsible for the protection of displaced persons in Ban Mai Nai Soi.
Ban Mai Nai Soi is divided into two zones, Ban Tractor and Ban Kwai, with 20 sections. For internal security, Ban Mai Nai Soi has 82 security personnel with four rotating duties: guarding at the checkpoint, foot patrol (divided into two teams for Ban Tractor and Ban Kwai zones), staying on duty at the main office, and looking after the warden at the detention center. Security and judicial personnel are responsible for arresting the accused, after which they may consult with IRC LAC to refer the case either to the judiciary in the community justice system or to the Thai justice system depending upon the seriousness of the case (Camp Security, Interview, Ban Mai Nai Soi).

Ban Mai Nai Soi has its own court with 3 judges who use the traditional community-based justice system to deal with civil disputes and petty crimes. According to a Camp Justice officer, the community court has been set up for more than 10 years. It arbitrates family affairs, divorce, capital compensation and teenager quarreling cases. Any case with a punishment of more than 7 days in prison is sent to the IRC LAC which then coordinates the transfer of the case to the Thai justice system (Key Informant Interview).

According to interviews with security officers, Ban Mai Nai Soi has 11 regulations for all displaced persons. Displaced persons will face punishment if they disobey the following rules:

1. No drinking of alcohol in public areas.
2. Teenagers below 18 years old are not allowed to buy and sell alcohol beverages.
3. No destroying of other people’s property.
4. No lighting of fires.
5. No physical fighting in public.
6. No physical threats.
7. No threats with weapons.
8. No stealing.
9. No money defrauding.
10. No verbal insults.
11. No naked or sexual obscenity.

3.4.2 Level of crimes and civil disputes in and around the shelters

Overall caseload in the shelters

Under the component of „personal security”, several forms of threats and physical violence such as physical torture, ethnic tension, crime, street violence, rape and domestic violence exist in the DP community. An IRC assessment survey regarding access to justice in the temporary shelters revealed the following significant DP protection concerns: alcohol and substance abuse; fear of the Burmese military; inability to access food entitlements; physical violence in the community in general and specifically rape; lack of proper documentation; deportation; inability to access justice; and incidents involving Thai security volunteers (“Or Sor”). Women are more prone to threats of violence, especially with regards to gender-based violence. Furthermore those women who were divorced, separated, or unmarried felt more vulnerable to risks such as exploitation for goods and services and physical abuse. Those who were widowed also reported they are more concerned about access to food rations than those who were married (Harding et al., 2008).
In the baseline survey, displaced persons expressed concerns similar to IRC’s assessment in that they are most worried about alcohol and related abuse and physical violence in the community, specifically rape. Some displaced persons living in temporary shelters near the border are still afraid of possible attacks by the Burmese military or DKBA military. Due to ethnic conflicts along the border, there is ongoing dialogue between UNHCR/NGOs and Camp Committees on the civilian nature of the shelters and the protection implications of the presence of military elements in the shelters. Meanwhile, those living in temporary shelters near cities are more concerned with lack of proper documentation and deportation. Many displaced persons also voiced concerns over their ability to access justice in cases and incidents that involve Thai “Or Sor” security volunteers (Key Informant Interview).

The overall caseload in the temporary shelters can be divided into two categories: criminal disputes and civil disputes. According to key informants, the caseload typically handled by the community-based justice system in the shelters involves various cases such as family disputes, alcohol abuse, juvenile offenses, guardianship of children, domestic violence, debt/loan, quarreling and abuse of power. The most serious cases in 2010 occurred in Tham Hin; one case was a murder case (outside the shelter) whereas another case involved the counterfeiting of money.

**Domestic violence and SGBV cases**

In the category of criminal cases, women are particularly vulnerable to SGBV incidents, specifically if they are disabled, divorced, separated or unmarried. A 2006 UNHCR document on SGBV reports that most SGBV cases were related to domestic violence and rape or attempted rape. According to key informants in all three shelters, dispute cases related to SGBV are still common despite the fact that the community-based justice system issues a harsh verdict for SGBV offenses. For example, those who commit domestic violence - including physical beating or abuse or sexual adultery - will be put in jail. In 2010 alone, around ten cases from among the three shelters were related to SGBV or domestic violence, of which most of the cases were also related to alcohol abuse (Key Informant Interviews).

**Adolescent cases**

Adolescent cases in the shelters are also of high concern. In such cases, adolescents are drawn to alcohol and substance abuse, which can “create protection risks for the general community as well as the adolescents themselves” (UNHCR, 2007). UNHCR recommends that additional activities for children and youth be organized as a preventative measure (2007). According to a key informant, adolescents are not criminals, but their behavior is influenced by the conditions and situation of their lives in the shelters. Children and young teenagers lack opportunities for development, especially in the areas of education, family, activities and leisure. They cannot see a future beyond living in the closed temporary shelter. Many of them have been judged by the community as being “bad” and in need of punishment without the chance for rehabilitation. The Ministry of Justice is being approached to improve existing mechanisms for juvenile justice (Key Informant Interview).

**Trafficking**
It is generally acknowledged that trafficking of displaced persons has taken place in and around the temporary shelters. Many displaced persons leave the temporary shelters to seek economic opportunities, making them vulnerable to trafficking. Although there is low reporting of trafficking incidents, it is clear that trafficking can occur at any point in the process of migration from the temporary shelters to urban or semi-urban areas. As displaced persons are not officially allowed to leave the temporary shelters, there are risks regarding the reporting of people who leave or return to the shelters. The shame and stigma attached to being trafficked may also account for the low reporting of trafficking incidents. There is conflicting information regarding which groups are most vulnerable to trafficking, whether it is women in their mid-teens, or men who tend to seek employment outside the temporary shelters more than women (Women’s Commission for Refugee Women and Children, 2006a).

Incidents involving local authorities

In regards to security incidents involving local authorities, key informants stated that there are some concerns related to “Or Sors” from time to time. This is confirmed by documentary evidence. Vogler’s anthropological research in one predominantly-Karenni temporary shelter revealed “feelings of contempt” of displaced persons toward Thai “Or Sor” security staff. The research also suggested that domestic and sexual violence aggressions were sometimes committed by Thai security personnel. Research participants repeatedly expressed their fear of Thai security personnel assaulting, molesting, or seducing displaced persons, and this was confirmed by observations made by humanitarian aid agencies. Accounts were made of Thai soldiers who harassed individuals who walk around after curfew hours in the camp, as well as cases of Karenni girls having romantic relations with Thai soldiers. UNHCR confirms that incidents of verbal and physical abuse by Thai security staff occur quite often. For example, there have been accounts of a drunken security guard allegedly firing gunshots in the air and Thai security staff using excessive force against a displaced person who did not respect the night-time curfew in the temporary shelter (Vogler, 2006).

Tham Hin Shelter

Most dispute cases in Tham Hin are related to drunken behavior, teenager quarrels or SGBV incidents. However, displaced persons are hesitant to report SGBV cases. According to one key informant, since 1997, three serious cases have been adjudicated by the Thai justice system, of which two cases were SGBV cases while the third was an attempted murder case resulting from “assault on a fight” with serious injuries. If a victim wishes to report a case, the victim normally informs shelter security officers or the Section Leader first. For SGBV cases, victims discuss with KWO and the SGBV committee, which then typically refer the SGBV cases to the Thai justice system. SGBV victims first undergo a medical examination in the shelter, after which their case enters the Thai justice system. Next they undergo another medical examination at a Thai hospital where they are accompanied by female interpreters (Key Informant Interviews, Tham Hin).

Dispute cases in Tham Hin involving children are normally handled by the Thai justice system. For any criminal case that must go through the Thai justice system, the police will go to the shelter to document evidence. According to one Thai authority, Thai authorities do not discriminate against displaced person cases because the cases are accompanied by female interpreters (Key Informant Interviews, Tham Hin).
UNHCR. If the Camp Justice Committee is unable to resolve a case, the case will also be referred to UNHCR and then to the Thai court (Key Informant Interviews, Tham Hin).

**Mae La Shelter**

In Mae La, the most common dispute cases that are arbitrated by the traditional community-based justice system include domestic violence, debt and loan, family disputes, custody, and divorce cases. According to a judicial officer, many cases are also related to alcohol, physical fighting, youth gangs and robberies. As for punishment, the length of detention in the shelter ranges from three to six months. Camp Judges coordinate with IRC LAC on SGBV cases and serious crimes that need to be transferred to the Thai justice system (Key Informant Interviews, Mae La).

**Ban Mai Nai Soi**

According to security officers in Ban Mai Nai Soi, common dispute cases in Ban Mai Nai Soi include drunken behavior, physical fighting and stealing goods from grocery shops. In 2009, there were 257 complaints dealing with civil disputes and family conflicts. Out of all complaints, 33 were petty crimes, of which one case was sent to the Thai court. In 2009, there were less than 10 cases that were considered serious cases that were transferred to the Thai justice system (Security Officers, Interviews, Ban Mai Nai Soi).

**3.4.3. Efficiency of the traditional community-based justice system and access to the Thai justice system**

As mentioned earlier, displaced persons living in the temporary shelters have access to parallel legal protection systems: the traditional community-based justice system and the Thai justice system. The community-based justice system focuses on petty crimes and civil disputes while the Thai justice system focuses on serious crimes such as murder, rape, weapons violations, deforestation, drugs, torture and human trafficking. However, ambiguity still exists regarding the categorization of crimes as serious versus non-serious. Despite this general division of crimes, displaced persons still overwhelmingly prefer to use the community-based justice system, including for serious crimes such as murder, even though the appropriate punishment for murder (ten years or more in prison or the death penalty) cannot be delivered by the community-based justice system (Harding et al., 2008).

**The traditional community-based justice system**

IRC reports that overall, “refugee leaders have, generally speaking, tried to administer camp affairs fairly and, considering the scale of the challenge, have done a great deal with limited resources” (Harding, et al., 2008). Nonetheless, there are various challenges associated with the traditional community-based justice system in the temporary shelters that are barriers to access to justice. These challenges include institutional capacity, the capacity of camp justice officials, effective prosecution and punishment, and administration of justice in SGBV cases.

With regards to institutional capacity, the IRC assessment revealed that the traditional community-based justice system lacks the capacity to deliver appropriate judicial processes and outcomes, especially for more serious crimes. Furthermore, community governance
structures are unable to deal with children in conflict with the law, despite the fact that children are more vulnerable to violence, particularly rape and attempted rape incidents (Harding et al., 2008).

Camp Justice officials in particular often lack training. They also believe there is an urgent need for legal reform since laws are confusing and inappropriate. Meanwhile there are several problems related to methods of punishment. First of all, perpetrators are not prosecuted for crimes they commit or are sometimes released without considerable punishment. Secondly, detention facilities in the temporary shelters are more similar to holding cells than facilities appropriate for long-term detention. Lastly, punishment in terms of heavy fines or compensation is not realistic since few people have the capacity to pay (Harding, et al., 2008; Key Informant Interview).

The majority of SGBV survivors prefer to use the traditional community-based justice system in the temporary shelter (UNHCR, 2006). However, Camp Justice officials lack sensitivity and capacity when it comes to SGBV cases. The traditional community-based justice system emphasizes reconciliation and compromise, which pressures women to accept judicial decisions that are inadequate (Harding et al., 2008). Penalties for SGBV incidents are not in line with either national law or international human rights standards. Such inadequate penalties include “settling” rape cases through financial compensation or marriage, or for domestic violence survivors, denying requests for divorce and instead proposing alternative solutions (such as having the perpetrator sign an agreement not to commit domestic violence again) which often do not protect the survivor from repeat violence. When the perpetrator of an SGBV crime is an influential person, it has been particularly difficult for the community to intervene on behalf of the survivor (UNHCR, 2006).

Access to the Thai justice system

According to the IRC assessment on access to justice, it is difficult for displaced persons to access the Thai national judicial system due to reasons such as language, lack of transportation, fear of reprisal, concern about police reaction, and ignorance of the system. Displaced persons may also be afraid of rejection by the community if they report a crime outside the temporary shelter. Furthermore, community-based officials in the temporary shelters are sometimes reluctant to allow cases to go outside the temporary shelters to access the Thai justice administration system, while Thai officials hesitate to deal with cases from the temporary shelters due to lack of resources or concerns about workload increases (Harding et al., 2008).

With regards to SGBV cases, some procedural and regulatory limitations - such as the three-month statutory limitation on reporting sexual crimes - have served as barriers to accessing the Thai judicial system. Overall, Thai authorities have been more willing to pursue SGBV cases but some are occasionally reluctant to do so. In 2006, more than 15 SGBV cases were reported and investigated by the police, including some which were successfully prosecuted (UNHCR, 2006).

The role of the IRC Legal Assistance Center
This section will discuss the role of the IRC Legal Assistance Center (LAC) in improving the efficiency of legal and judicial institutions. It draws upon publications by IRC, as well as interviews with key informants from Mae La and Ban Mai Nai Soi.

Under the collaboration of UNHCR, IRC and CCSDPT in 2006, the LAC project was established to promote the rule of law, help displaced persons bring their complaints to the Thai justice system, and support information and counseling for displaced persons who wish to use the traditional community-based system for their civil disputes. LAC also supports the implementation of international standard practices in the shelters. Examples include no torture, no shackles and other international standard practices for community detention centers (Key Informant Interviews).

The major pillars of LAC’s work includes: 1) technical assistance in compliance with Thai law and international standards and 2) referral of cases to the Thai justice system. Technical assistance involves projects on capacity building and legal awareness, access to justice, and training for DP leaders and the general DP population on the law and their rights (such as through community drama or legal workshops). Technical assistance is also provided via LAC Legal Advisors and Rule of Law Officers whose role is to assist in referring cases to the Thai justice system, monitor hearings in the shelters, follow-up with cases, and monitor the conditions of detention centers. Additionally, LAC works to strengthen child protection networks, improve reporting and referral mechanisms to be on an issue basis (such as SGBV and repatriation) and supports ongoing collaboration on legal training (Key Informant Interview).

LAC program’s major costs are for capacity building activities, materials, assistance with detention center construction, and costs for staff payment, transportation, and gas. Lawyers representing cases in the Thai court are paid by UNHCR. Alternatively, volunteer lawyers can be recruited from the Law Society of Thailand.

Due to LAC’s legal awareness-raising activities, the legal awareness of DP leaders has significantly increased. The trust of DPs has been built over the years of working on access to justice. However, DPs who have been trained on legal knowledge and awareness are sometimes resettled, so legal awareness that has previously been built may not be sustainable. Other concerns are related to community outreach. Although awareness of legal rights of DPs has increased, there is still concern about whether such awareness can reach everyone in the shelter, especially minority ethnic groups (non-Karen/Karenni persons) in each shelter.

In Mae La, LAC’s services and projects include providing legal advice, rule of law and legal reform, training on basic Thai law, and interpretation services and facilitation for DPs. LAC has raised awareness on basic rights and provided legal training for local police and other law enforcers to respect the rights of civilians. LAC has also provided information for displaced or returning populations to allow them to make informed decisions and seek remedies to injustice. Ten paralegals observe and accompany clients to go to the court. On SGBV cases in particular, LAC mainly works with KWO. Furthermore, LAC targets children and ethnic minorities who face difficulty in accessing justice and security institutions in the shelters (Key Informant Interviews).
Although there have been tensions between the Mae La Camp Justice Committee and LAC in the past, the Camp Justice Committee is beginning to trust and work more with LAC (Key Informant Interviews). Since 2009, trust has been increasingly built and there is increased reporting of cases to LAC and interest in bringing cases to the Thai justice system. There have even been some Camp Justice Committee requests for IRC to help refer cases to the Thai justice system. The Camp Justice Committee and KRC have also welcomed LAC’s assistance on redesigning the community-based justice process and on community referendums of legal code amendments (Key Informant Interview).

In Ban Mai Nai Soi, IRC LAC provides technical support and training for SGBV committees to respond to and prevent sexual and domestic violence, set up a referral system for rape and violence survivors with the regional hospital, and establish safe shelters for women and children. LAC has also established rape crisis teams and developed the first rape and domestic violence response protocols. Since the start of these programs, an increasing number of rape and domestic violence cases have been reported to health and social service staff, which indicates that women facing violence are now seeking assistance (Key Informant Interview).

3.4.4. Mechanisms to prevent sexual and gender-based violence and domestic violence

Caseload

UNHCR (2006) reports that domestic violence and rape were the most widespread type of protection incident between 2003 and 2006. In 2006 alone, UNHCR received reports of 186 SGBV incidents against displaced persons in the nine temporary shelters. Displaced persons who were at higher risk of SGBV incidents included New Arrivals, physically and mentally disabled persons, children separated from parents or who suffer from abuse by their parents or caretakers, and survivors of multiple SGBV incidents (UNHCR, 2006). In the 97 cases that were formally reported to UNHCR, displaced persons formed the majority of the perpetrators of both child and adult rape, while a minority of the cases was perpetrated by Thai nationals including authorities and villagers. Meanwhile, almost all domestic violence cases were committed by husbands against wives, including one incident where a wife was murdered.

Table 3.19. Statistics of SGBV cases by location for 2006, based on reports received by UNHCR, IRC, and ARC

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>BKK</th>
<th>THI</th>
<th>BDY</th>
<th>ML</th>
<th>NP</th>
<th>UMP</th>
<th>MLO</th>
<th>MRML</th>
<th>BMN</th>
<th>BMS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>10</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>35</td>
</tr>
<tr>
<td>Attempted rape</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Domestic Violence</td>
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<td>5</td>
<td>122</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other sexual assault</td>
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<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Trafficking</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Pre-asylum SGBV</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13</td>
<td>7</td>
<td>4</td>
<td>42</td>
<td>26</td>
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<td>3</td>
<td>8</td>
<td>60</td>
<td>15</td>
<td>199</td>
</tr>
</tbody>
</table>

*Pre asylum SGBV is all rape incidents except 1 case and taking place in country of origin.
*Others include: forced marriage, attempted forced marriage, threat of execution based on gender status and trespass.

Source: UNHCR, 2006
Reporting of cases

Sexual exploitation and abuse appears to be underreported and needs to be addressed, for example, through relevant training for all stakeholders. Reports of SGBV incidents increased each year from 2003 to 2006, showing that SGBV cases are being more actively and systematically reported through NGOs, CBOs, and SGBV committees to UNHCR. This increased reporting could be attributed to awareness-raising and capacity and confidence building in the temporary shelters, such as through: SGBV training for various stakeholders; activities organized by CBOS and NGOs; an improved reporting and referral mechanism through temporary shelter SGBV committees, CBOS, NGOs and temporary shelter committees; and the implementation of SGBV Standard Operating Procedures in 8 out of 9 shelters during 2006 (UNHCR, 2006).

IRC LAC works on capacity building and awareness raising activities specific to SGBV, such as SGBV training for stakeholders; support for activities organized by CBOs and NGOs; an improved reporting and referral mechanism through SGBV committees; and the implementation of SGBV Standard Operating Procedures in 8 temporary shelters. The reporting of SGBV incidents (i.e. domestic violence, rape/attempted rape, sexual exploitation) have increased as a result of the success of these activities. In addition, LAC aims to develop an effective inter-agency mechanism to coordinate prevention and response to sexual abuse and exploitation and trafficking in persons (IRC, Interviews, 2010).

Despite the increased reporting of incidents, however, the statistics reported should not be considered to be conclusive since many SGBV cases go reported for reasons such as shame and social stigma (UNHCR, 2006). Underreporting of cases could be due to the fact that it is taboo for displaced persons to discuss domestic violence (Vogler, 2006). Vogler’s research also found that residents in the predominantly-Karenni temporary shelters hesitate to go to the Women Community Center, which is a shelter house for women who have been abused (2006). SGBV incidents are sometimes not dealt with appropriately because they are not viewed as crimes by national authorities or even displaced persons themselves. This is especially true in the case of domestic violence, which is generally seen as a private issue that should be dealt with by families.

Access to justice for SGBV cases

When SGBV incidents are dealt with, displaced persons prefer to use traditional justice mechanisms as opposed to the Thai justice system, despite the fact that the traditional justice system inadequately deals with penalizing perpetrators. Indeed, of the SGBV cases formally reported to UNHCR in 2006, only 15% of the cases preferred to access the Thai justice system, while 63% preferred to access the community-based justice system or a combination of both. When only looking at rape/attempted rape incidents and excluding domestic violence cases, 35% of the cases preferred to access the Thai judicial system. It is therefore necessary to ensure a balance between using traditional justice mechanisms and national legal/judicial mechanisms (UNHCR, 2006).

Although there are strong penalties for domestic violence and adultery under the traditional justice system, many cases have been settled through financial compensation or an alternative solution such as asking the perpetrator to sign an agreement not to commit domestic violence again, which often does not protect the survivors. Due to lack of legal
remedies for SGBV cases, many survivors remain vulnerable to repeat incidents (UNHCR, 2006). In some but not all of the temporary shelters, safe houses run by CBOs such as the KWO are available to SGBV survivors, although these emergency shelters are not considered to be up to standard. In some serious cases, UNHCR has arranged for survivors to move to other shelters or resettle in a third country for their own protection (UNHCR, 2006).

3.4.5. Summary and recommendations

The Thai government does not consider displaced persons from Myanmar to have full refugee status but instead considers them to be „displaced people fleeing conflict”. The Royal Thai Army Paramilitary Rangers and the Border Patrol Police provide external security outside the shelters while the Ministry of Interior (MOI) cooperates with the Karen/Karenni Refugee Committee and the respective Camp Committee in each shelter. Inside each shelter, three main bodies form the security structure and protection administered by displaced persons: the Community Elders Advisory Board (CEAB), the Karen/Karenni Refugee Committee (KRC/KNRC) and the Camp Committee. To administer justice and legal protection, the Justice Committee, elected from the DP community, is responsible for intervening in, reconciling and arbitrating over conflicts as well as working with IRC-LAC, UNHCR and Thai authorities on serious cases that require referral to the Thai justice system. Examples of serious crimes that must be adjudicated by the Thai justice system include seven types of cases: murder, rape, weapons violations, deforestation, drugs, torture and human trafficking.

This section on security and legal protection has analyzed the existing security situation and the current mechanisms for security and protection of displaced persons by applying the Human Security framework, with particular emphasis on the component of personal security. It examined the following indicators: 1) Level of crimes and civil dispute cases in and around the shelters, 2) Efficiency of the traditional community-based justice system and access to the Thai justice system, and 3) Mechanisms to prevent sexual and gender-based violence and domestic violence. Based on the concepts of community and political security, challenges that affect the compliance of basic rights of displaced persons were also discussed.

The overall caseload in the shelters can be divided into two categories: criminal disputes and civil disputes. The caseload typically handled by the community-based justice system in the shelters involves various cases such as family disputes, alcohol abuse, juvenile offenses, guardianship of children, domestic violence, debt/loan, quarreling and abuse of power. Under an assessment of „personal security”, several forms of threats and physical violence such as physical torture, ethnic tension, crime, street violence, rape and domestic violence still exist in the shelters. An IRC assessment survey revealed that significant concerns included alcohol and substance abuse; fear of the Burmese military; inability to access food entitlements; physical violence in the community in general and specifically rape; lack of proper documentation; deportation; inability to access justice; and incidents involving Thai security volunteers (“Or Sor”). In the baseline survey, displaced persons expressed concerns similar to IRC’s assessment survey in that they are most worried about alcohol and related abuse and physical violence in the community, specifically rape.

With regards to the efficiency of the traditional community-based justice system and access to the Thai justice system, the categorization of crimes as serious versus non-serious
remains ambiguous. Displaced persons have overwhelmingly preferred to use community-based justice system even though the appropriate punishment for serious crimes such as murder cannot be delivered by the community-based justice system. Overall challenges associated with the traditional community-based justice system include institutional capacity, the capacity of camp justice officials, effective prosecution and punishment, and administration of justice in SGBV cases. The community-based justice system has a limited ability to deliver appropriate judicial processes and outcomes; to deal with children in conflict with the law; and to deliver appropriate methods of punishment. Furthermore, although there are strong penalties for domestic violence and adultery under the community-based justice system, many of these cases have been settled through financial compensation or a substitute solution, which did not protect the survivors.

In terms of access to the Thai justice system, the collaboration of UNHCR, IRC and CCSDPT in 2006 resulted in establishing the Legal Assistant Center (LAC) in order to promote the rule of law, help displaced persons bring their complaints to the Thai justice system, and support information and counseling for displaced persons who wish to use the traditional community-based system for their civil disputes. The IRC assessment survey shows that it is difficult for displaced persons to access the Thai national judicial system due to reasons such as language, lack of transportation, fear of reprisal, concern about police reaction, and ignorance of the system. With regards to SGBV cases, some procedural and regulatory limitations - such as the three-month statutory limitation on reporting sexual crimes - have been seen as barriers to accessing the Thai judicial system.

Finally, UNHCR, NGOs, and CBOs are continually improving the mechanisms to prevent sexual and gender-based violence and domestic violence. According to UNHCR (2006), the increased reporting of SGBV incidents could be attributed to awareness-raising and capacity and confidence building in the temporary shelters, such as through: SGBV training for various stakeholders; activities organized by CBOS and NGOs; an improved reporting and referral mechanism through temporary shelter SGBV committees, CBOS, NGOs and temporary shelter committees; and the implementation of SGBV Standard Operating Procedures in 8 out of 9 shelters during 2006. Despite the increased reporting of incidents, however, statistics reported should not be considered as conclusive since many SGBV cases go unreported for reasons such as shame and social stigma. When SGBV incidents are dealt with, displaced persons prefer to use traditional justice mechanisms as opposed to the Thai justice system despite the fact that the traditional justice system inadequately deals with penalizing perpetrators. UNHCR (2006) therefore recommends ensuring a balance between using traditional justice mechanisms and national legal/judicial mechanisms for SGBV cases.

3.5. Social tension between DPs and local communities

Local people living in surrounding Thai communities still have misperceptions about DPs, and many blame displaced persons for problems, even though some local Thais may be of the same ethnicity as DPs living in the shelters. Since most shelters are comprised of several small shelters which have been consolidated into one large site, they have become permanent or semi-permanent shelters and have had a large impact on the surrounding communities, especially in terms of access to and utilization of natural resources. Tensions

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19 All three selected shelters of Tham Hin, Mae La, and Ban Mai Nai Soi were established by combining at least two shelters into one shelter. Tham Hin is a consolidation of Huay Sot, Bor Wii and Phu Muang temporary
between displaced persons and local communities have occurred occasionally, depending
upon each shelter’s location and activities that might affect the resources of local
communities.

According to interviews with local community members, there are several concerns
related to the presence of a temporary shelter in the local community, although these
concerns have not been verified: deforestation, substance abuse, communicable diseases,
crimes and social disorder. Key informant interviews further revealed that local community
members may feel resentment toward DPs over the international humanitarian assistance and
attention given to displaced persons in comparison to the local community. Long-term
encampment of displaced persons in isolation from local communities, in addition to negative
media portrayals, only exacerbates social tensions. Language and cultural barriers further
lead to misunderstandings and misperceptions, thereby creating the notion of displaced
persons as „the other” in relation to the Thai people.

As local communities are often poor and lack resources, many instances of social
tension have occurred due to misperception, misinformation and conflict over limited
healthcare resources between local people and DPs. As mentioned earlier, clinics in the
temporary shelters only provide primary healthcare (preventive and curative) services, while
secondary and tertiary health services such as operations or specialist cases are referred to
district and provincial hospitals in local Thai communities. Information gathered from
interviews show that local Thai people perceive displaced persons as a privileged group that
is an extra burden, carries new diseases, and drains resources.

“Displaced persons are receiving better services than Thai people since all displaced
persons have car transportation from the shelter to the hospital. Meanwhile for Thai people,
if we want to see a doctor we need to find our own transportation and wait in a long queue
since there are many patients. Thai people usually go to a private clinic, as we prefer to pay
for private services instead of waiting in a long queue.” (Local Thai community member,
Interview)

“Like Burmese migrant workers, displaced persons carried diseases with them while
crossing the border from Myanmar to Thailand, such as meningococcal fever, elephantitis,
measles, and polio. These kinds of diseases have already disappeared from Thai society. But
I understand that healthcare in Myanmar is worse compared to Thailand.” (Nurse at Thai
hospital, Interview)

“I received many complaints from local people that displaced persons were treated better
than Thai people. For example, one patient asked me why he was placed outside the recovery
room while displaced persons were inside the room receiving close supervision from nurses.
As health practitioners, we need to treat everyone equally. But because our hospital has a
small capacity and limited resources, our rule is „first come first serve”. Furthermore, almost
all [patients referred from the temporary shelter] are considered severe cases that need close
supervision. It is not about preference.” (Health practitioner at Thai hospital, Interview)

shelters. Mae La is a consolidation of five shelters (Mae Ta Waw, Mae Salit, Mae Plu So, Kler Kho and Kamaw Lay Kho) into one large shelter. Even the remote shelter of Ban Mai Nai Soi is a consolidation of two shelters, Ban Tractor and Ban Kwai, into one shelter.
It is necessary for stakeholders such as the RTG and NGOs to increase opportunities for interaction, and to strengthen the relationship between local Thai communities and displaced persons in the temporary shelters. This could be achieved through expansion of resources and services for both groups and promotion of cultural exchange. Stakeholders should consider implementing public awareness campaigns or other activities that will allow displaced persons and local community members to dialogue and work together to combat crimes and address other common concerns. Some key informants suggested expanding the Thai Ministry of Justice’s community justice project to displaced persons in the shelter to improve the relationship between DPs and local Thai communities.

In order to alleviate social tension, informants further suggested that international NGOs provide assistance to local communities and schools. Some education NGOs are already providing assistance to local schools through financial support for school infrastructure, materials, and salaries, as well as support for teacher training.

TBBC has also been proactive in contributing to local Thai communities. TBBC recognizes that Thai communities neighboring the temporary shelters are often under-resourced and do not have access to other assistance. As a result, these villages may feel neglected when support is provided to displaced persons in the temporary shelters. TBBC therefore provides support to local Thai communities and Thai authorities.

From July to December 2010, TBBC provided a total of 4,846,688 baht in support to Thai communities and Thai authorities (TBBC, 2010a). Specifically, 1,605,360 Baht was provided for educational support, non-food items and school lunches to schools, and food and charcoal for village communities, temples, boarding houses and Thai NGOs. TBBC also provided 127,102 baht for food to support emergencies in Thai villages and road repairs after the rainy season. Aside from support to Thai communities, TBBC also provides support to Thai authorities in an amount that is proportional to each province’s share of the DP population. From July to December 2010, TBBC provided 3,114,226 baht for local Thai authorities, mainly through rice, other food items and building materials to border personnel (TBBC, 2010a.)

3.6. Consequences of maintaining the current situation

3.6.1. Food and Shelter

The majority of displaced persons are entirely dependent on food rations as they are not allowed to leave the shelters to earn a living to buy food. The current trend of reduced funding for food assistance therefore poses a significant threat to the food security of displaced persons. The food security of New Arrivals is particularly at risk due to the recent MOI policy prohibiting them from receiving food rations. As food rations become less available and less accessible, it becomes more difficult to meet the nutritional needs of DPs. If the availability of food assistance continues to decrease, and no major policy and programmatic adjustments are made to increase livelihood opportunities, both the food security and human security of displaced persons will be under serious threat.

3.6.2. Education
The Thai government does not currently allow displaced persons to leave the temporary shelters, limiting the educational, training, and livelihood opportunities of displaced persons. Due to this policy, displaced persons have no official access to higher education. However, the Thai government is “gradually accepting that the refugee situation is likely to continue for the foreseeable future and the Ministry of Education (MOE), in particular, appears open to improving the educational opportunities of displaced persons as part of its commitment to achieving Education for All (EFA) goals” (Van der Stouwe & Oh, 2008).

If the current situation of education services were maintained, the ongoing resettlement of skilled educational staff and the high teacher turnover will continue to negatively affect the availability of experienced teachers as well as the quality and continuity of education services. In addition, the present trend of donor and NGO funding reductions will continue to negatively impact the availability of educational programs, infrastructure and materials.

NGOs are now transitioning from a traditional basic delivery approach to a longer-term approach focusing on enhanced quality of education and sustainability. The focus will be on multi-level long-term capacity-building initiatives in the temporary shelters (Van der Stouwe & Oh, 2008). ZOA, the primary NGO supporting education programs in 7 out of the 9 shelters, has announced that it is phasing over its programming to the newly created U-sa Khanæ Development Foundation (UKDF). ZOA plans to phase over its operations in Thailand within the next few years. ZOA’s strategy is to shift from humanitarian assistance to development by building the self-reliance of local organizations, increasing cooperation with the Thai government, increasing involvement with CCSDPT, and building an NGO network.

ZOA’s vocational training programs will be taken over by Adventist Development and Relief Agency (ADRA). Other educational programs such as non-formal education and post-secondary programs may be transferred to organizations such as World Education, Child’s Dream, Curriculum Project/Thabyay Network, and KRCEE, although plans are not yet finalized. It is anticipated that core ZOA staff will transfer over to the UKDF, so there will be minimal impact on the working relationship with UKDF and KRCEE. However, there are concerns over visibility, track records, and donor agreements as a result of ZOA’s future withdrawal (ZOA, Interview).

Due to NGO funding uncertainties, efforts should be geared toward developing the roles of both CBOs and the RTG. Especially in light of ZOA’s future phase-over, it is necessary to build the capacity and self-reliance of local organizations and CBOs such as KRCEE and the UKDF to implement quality education programs. ZOA already has a process in place to train and build the capacity of local partners such as KRCEE. Increased cooperation of the RTG is also crucial.

3.6.3. Healthcare

Healthcare provision in an emergency situation is a common component of humanitarian assistance, however the situation of displaced persons along the Thailand-
Myanmar border can be described as „protracted displacement” (Loesher, 2006 and UNHCR, 2009). Therefore, healthcare provision based on the idea of „emergency–oriented response” faces several challenges due to the protracted nature of the current situation. For instance, local Thai hospitals along the border and NGOs providing healthcare services face financial challenges and resource shortage.

In temporary emergency situations, the funding of healthcare services is akin to „pouring water into a leaking pot”. According to CCSDPT and UNHCR, the healthcare system in the temporary shelters along the Thailand-Myanmar border is a „parallel system” to the local healthcare system (2009). If this current situation is maintained, local Thai hospitals located near the Thailand-Myanmar border will continue to confront financial challenges. Furthermore, as NGO funding has decreased, so has funding for referral cases. In the end, it is displaced persons who will be most negatively impacted by maintain the current situation.

District and provincial hospitals receive referral cases from NGOs for secondary and tertiary treatment. All medical bills for referral cases from the temporary shelters are reimbursed by NGOs so these cases do not pose a financial burden for hospitals. However, hospitals located near border areas face financial challenges from treatment of patients living along the border who have crossed into Thailand to seek better medical treatment. Treatment of this group of patients has at times led to conflicts between NGOs and local hospitals over responsibility of payment for medical charges.

NGOs such as IRC and AMI are also facing budget decreases since some donors have reduced support for what they see as a chronic situation. This budget shortfall mainly affects curative programs and referral cases. Moreover, the high rate of people moving into and out of the shelters presents an additional challenge for healthcare providers. According to universal healthcare principles, healthcare services must be provided to everyone regardless of their registration status in the shelters. Hence, NGOs provide health checks, immunization services, and curative services for New Arrivals. However, as it is difficult to estimate the number of New Arrivals each year, there is potential for a shortage of resources and funding. This constraint directly affects the quality of health provision for displaced persons.

If the current situation continues, there will be negative impacts on displaced persons and NGOs and local health organizations. Health care providers will continue to encounter financial challenges. While NGOs will face a funding decrease from donors, local hospitals will need to take on increasing expenses both from referral cases and cross-border patients who seek health care in Thailand.

3.6.4. Security and Legal Protection

If the current situation is maintained, several challenges will need to be addressed. The largest overall challenge to legal protection for displaced persons is their legal status. For example, DPs cannot directly access the Thai justice system themselves. Another limitation is the isolation of DPs, especially vulnerable groups, from resources. It is difficult for DPs to
access justice in an enclosed environment. This is particularly true for complicated cases that need close supervision and support for access to justice.

Some challenges related to the traditional community-based justice system are barriers to access to justice for DPs. These challenges include lack of institutional capacity; lack of capacity of temporary shelter justice officials; prosecution and punishment; and administration of justice in SGBV cases, especially for children, women and youth. There is also an urgent need for legal reform in the community-based justice system, as laws are confusing and inappropriate.

According to field interviews, Camp Justice officials still lack training and many of them are easily pressured by influential DPs or those who have power in the shelters. Since the community-based justice system involves a range of dispute resolution processes that take place within the shelters, many cases remain unresolved and escalate from level to level. For example, some perpetrators are not prosecuted for crimes they commit or are sometimes released without considerable punishment.

With regards to punishment methods and penalties, the improvement of detention facilities in the shelter is also critical as many are more similar to holding cells rather than facilities appropriate for long-term detention. Penalties for SGBV incidents are not in line with either national law or international human rights standards. Examples include “settling” rape cases through financial compensation or marriage; denying requests for divorce and instead proposing alternative solutions which often do not protect survivors from repeat violence.

Further challenges lie within the DP community. Displaced persons have limited knowledge about access to justice and legal protection and furthermore lack motivation to learn more about these issues. Underreporting of SGBV cases or other legal disputes demonstrates that DPs cannot use the law in many cases because they may feel threats to their safety and security. In addition, displaced persons still prefer to use the community-based justice system, including for serious crimes such as SGBV or murder, even though the appropriate punishment for murder (ten years or more in prison or the death penalty) cannot be delivered by the community-based justice system. Power relations and conflict-of-interest issues also impact access to justice, especially in relation to camp politics, ethnic/religions divisions, and family relations in a closed community.

3.6.5. Current cost of education and healthcare in the shelters

The majority of agencies working in the education and healthcare sectors in the shelters are members of the Committee for Coordination of Services to Displaced Persons in Thailand (CCSDPT). UNHCR also provides some funding for social services.

The total expenditures of UNHCR/CCSDPT for the education sector averaged around 119,000,000 baht per year over the period of 2008-2010 (TBBC, 2010a; See Table 3.20). Nearly half of the total expenditures in the education sector are for basic education in 7 out of the 9 shelters where ZOA works. ZOA’s annual basic education expenditures total 58,448,600 baht. These expenditures cover the cost of education for approximately 36,000 basic education students, which puts the annual cost of basic education at around 1,624 baht per student. The majority of these expenditures are for materials and resources, construction
and renovation of schools, and subsidies to teachers and education staff (budget figures provided by ZOA, Jul 2011).

This basic education annual cost of 1,624 baht per student is at least less than half of the Thai Ministry of Education’s rates for supporting annual expenses per student under the policy of „Free Quality Education for 15 Years“. MOE has 3 different annual expense rates for basic education: primary level is 365.3 baht, lower secondary level is 565.5 baht, and upper secondary level is 666 baht (Office of the Higher Education Commission, Thailand, 2010; See Table 4.2 for details).

For the healthcare sector, expenditures in 2008, 2009, and 2010 totaled 193,000,000 baht, 251,000,000 baht and 222,000,000 baht respectively. This puts the annual average of healthcare expenditures for the period of 2008-2010 at approximately 222,000,000 baht (TBBC 2010a; See Table 3.20). The average annual healthcare expenditure is nearly double the amount for the average annual education expenditure during 2008-2010.

The data on healthcare expenditures cannot be disaggregated by type of healthcare services (e.g. primary healthcare, secondary healthcare, and referrals to Thai hospitals, etc.) due to limited access to budgetary data from health agencies. However, a rough estimate of the average annual healthcare cost per person can be made by dividing the total annual healthcare expenditure (222 million baht) by the total annual population number. As the average annual population during 2008-2010 was 137,923, the average cost of healthcare per person is around 1700 baht (See Tables 3.20-3.21). This number is similar to the annual cost of individual insurance paid by documented migrant workers in Thailand, which is 1900 baht per person. However, it is less than the Thai government’s annual healthcare budget for Thai citizens, which is approximately 2,400 baht per person.

<table>
<thead>
<tr>
<th>Year</th>
<th>Education Sector</th>
<th>Health Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 (THB)</td>
<td>115,000,000</td>
<td>193,000,000</td>
</tr>
<tr>
<td>2009 (THB)</td>
<td>135,000,000</td>
<td>251,000,000</td>
</tr>
<tr>
<td>2010 (THB)</td>
<td>106,000,000</td>
<td>222,000,000</td>
</tr>
<tr>
<td>Average annual expenditures (2008-2010) (THB)</td>
<td>119,000,000</td>
<td>222,000,000</td>
</tr>
</tbody>
</table>

Source: Adapted from TBBC, 2010a (See Annex B for details)
### Table 3.21. Annual DP population, 2008-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>Average annual population (2008-2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displaced person population</td>
<td>134,957</td>
<td>138,360</td>
<td>140,452</td>
<td>137,923</td>
</tr>
</tbody>
</table>

Source: Adapted from TBBC, 2008; TBBC, 2009; TBBC, 2010a
CHAPTER 4: POTENTIAL ACCESS TO THAI SERVICES

As the current situation of social service provision in the temporary shelters is not sustainable, considerable attention needs to be placed on alternatives to the current situation, such as access to local Thai services for displaced persons. This chapter discusses how and to what extent displaced persons living in the temporary shelters can access education, healthcare, and legal justice services in local Thai communities. Specific attention will be paid to current and future RTG collaboration on these services. The potential implications of DP access to local Thai education, health, and legal justice services will also be evaluated.

4.1. Education

This section will first describe the current situation of displaced person access to Thai schools; displaced person interest in access to Thai schools; displaced person readiness to attend Thai schools; and favorable conditions of displaced person access to Thai schools. This will be followed by discussion on current RTG collaboration on education and future access to Thai schools for displaced persons.

4.1.1. Current displaced person access to Thai schools

Due to RTG restrictions on movement outside the temporary shelters, there is no official or formal access to Thai schools for students from the shelters. However, a few students from the three selected shelters have been able to access Thai schools, mostly at the primary school level and on a case-by-case basis\(^\text{21}\) (Key Informant Interviews).

In most instances, local Thai school officials do not distinguish between non-Thai students who live inside or outside the temporary shelters. They allow access to education for all students under the MOE policy of Education for All. However, without a Thai ID, students from the temporary shelters are sometimes unable to continue studying in Thai school at the secondary level. They also do not receive any official Thai education certificates for their studies (Key Informant Interviews).

The local school community generally views students from the temporary shelters as members of ethnic minority groups rather than displaced persons from the temporary shelters. Fellow local students and teachers of the same ethnic background as the students from the shelters can sometimes help facilitate the students’ social, cultural, and linguistic adaptation (Key Informant Interviews).

4.1.2. Displaced persons’ interest in access to Thai schools

Based on the baseline survey, interviews, and focus group discussions, there is no overall consensus on displaced persons’ interest in access to Thai formal and non-formal education schools. Nonetheless, the broadening of any educational opportunities would be supported by most DPs (KRCEE, Interview). Interest in access to Thai schools depends on the circumstances of each individual and the conditions of access. Specific conditions and policies related to potential access to Thai schools are not yet decided or laid out, so some individuals feel they do not have enough information to make an accurate judgment of their

\(^{21}\) There are no official documentation of DP students studying in Thai schools.
interest. An in-depth needs assessment should be undertaken to determine the educational needs, preferences and concerns of DPs regarding access to Thai schools at the non-tertiary level.

An education official in Tham Hin estimated that around 50-60% of students would be interested in studying in Thai schools (Interview). In Ban Mai Nai Soi, an education official stated that some students would be very interested in studying in Thai schools, whereas others may not be as interested if they wish to go back to Myanmar and/or are used to the Burmese education system (Interview). An individual’s Thai language ability may also be a factor in interest to access Thai schools. In a focus group discussion with students in Mae La, those students with a higher level of Thai language competency felt more comfortable and confident to study in Thai schools.

Compared with DP interest in access to Thai formal and non-formal education, there is greater consensus on DP interest in access to Thai colleges and universities, especially since there are currently no educational opportunities past the post-secondary level in the shelters. One member of the Mae La CCEE stated, “If we have the opportunity, we will support [access to Thai schools], especially higher education” (Interview). An education official in Tham Hin also stated that there is a high level of support for access to Thai higher education among the DP population in Tham Hin (Interview). Meanwhile, in Ban Mai Nai Soi, an education official estimated that 60-70% of post-secondary students wish to further their education in Thai colleges and universities (Interview).

In the baseline survey, displaced persons were asked about the educational option they prefer most among: 1) RTG certification of basic education in the temporary shelter; 2) distance learning at the higher education level; 3) access to Thai formal and non-formal education schools; and 4) access to Thai higher education. At least half of survey respondents in all temporary shelters chose option 2 or 4 relating to higher education access, with the majority of survey respondents in Tham Hin and Mae La choosing option 2 or 4. In Tham Hin, choice 2 regarding distance learning was most frequently selected, followed by choice 4 on access to Thai higher education. In Mae La, choice 4 on access to higher education was the most popular at 33%, with 22% choosing distance learning. In Ban Mai Nai Soi, choice 2 and 4 combined was more popular than the options not related to higher education. These survey results show that there is greater desire for access to higher education when compared to other options such as RTG certification of basic education or access to schooling in Thailand at the non-tertiary level.

### 4.1.3. Displaced persons’ readiness to access Thai schools

If DPs are able to access Thai schools in the future, they will need considerable preparation in the form of additional Thai language instruction and cultural orientation such as cultural trainings or exchanges. Currently, a limited number of students are proficient enough in the Thai language to study in Thai schools. Most students studying Thai language through formal or non-formal education programs in the shelters are doing so at the basic or intermediate level. Furthermore, as Thai language instruction focuses on basic speaking and communication skills, students may not have adequate reading and writing skills to study in Thai schools. The quality of Thai language instruction also varies. The quality depends on the Thai language ability of the instructor as well as the instructor’s ability to engage students with various methods and materials. Outside of the formal education system, some DPs can
speak Thai as a result of informal self-learning, but they may not have the opportunity to learn reading and writing (Key Informant Interviews).

The baseline survey showed that at least 89% of respondents in all three temporary shelters are interested in learning more Thai language to be more prepared for Thai school, should they have the opportunity to access Thai schools in the future. The interest was highest in Tham Hin at 99%, followed by Mae La at 93% and Ban Mai Nai Soi at around 89%.

According to education leaders in the temporary shelters, students are interested to learn Thai and are receptive to Thai language instruction in the basic education schools. An education official in Mae La commented that if students have the opportunity to access Thai schools, their motivation to learn Thai will increase, while another informant suggested introducing Thai language earlier in school so that young students can learn and adjust to the Thai language more quickly.

4.1.4. Favorable conditions of displaced person access to Thai schools

Displaced persons have various concerns regarding access to Thai schools. Concerns related to language and culture include lack of Thai language skills, difficulty adjusting to Thai culture, discrimination and social tension in local Thai communities, and loss of culture and traditional values. Financial concerns include inability to pay for school fees and related expenses such as supplies and uniforms, as well as inability to pay for housing and food expenses, if applicable. Other concerns were also voiced such as inability to receive a Thai education certificate, distance of the school from the temporary shelter (displaced persons prefer a location close to the shelter and within the same province as the shelter), and separation of students from their families should they be unable to return to the shelter every day (Focus group discussions with DPs, Tham Hin, Mae La and Ban Mai Nai Soi).

As such, favorable conditions of access to Thai schools for DPs would involve the following:
- Thai language and cultural preparation of students prior to entrance to Thai schools
- A curriculum partially adapted to the local and cultural background of DPs
- Minimal school fees and associated costs
- Day school option
- The school has a high level of ethnic and cultural sensitivity so as to ensure inclusiveness and decrease the potential for discrimination (e.g. school which already enrolls students of the same ethnic background as DP students or a school with a high level of ethnic diversity)
- The school is a close distance to the temporary shelter or at the very least within the same province of the shelter
- Receipt of an official educational certificate upon completion of studies

4.1.5. Current RTG collaboration

The RTG, mainly via the MOE, has collaborated on several education initiatives for displaced persons. The MOE has been a strong collaborative partner on non-formal Thai language instruction, vocational training and trainer-of-trainers courses, curriculum development, and special education for DPs (in the case of Mae Hong Son).
Table 4.1. Current Thai Ministry of Education collaboration on educational programs

<table>
<thead>
<tr>
<th>Temporary Shelter</th>
<th>Ministry of Education Office</th>
<th>Collaboration</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| Mae La            | Office of Nonformal and Informal Education<sup>22</sup> | Provision of Thai language instruction | *Funded by UNHCR  
*Tham Hin: No presence  
*Mae La: 7 Thai NFE Centers  
*Ban Mai Nai Soi: Provides Thai language instruction at the high school and post-secondary levels, but no Thai NFE centers |
| Ban Mai Nai Soi   |                             |               |         |
| All               | Office of Basic Education, Mae Hong Son | Development of Thai language curriculum materials and Training of Trainers courses | Working with education NGOs and CBOs such as ZOA, KRCEE, KnED |
| Tham Hin          | Office of Vocational Education | Technical support to ZOA-sponsored VT courses, including Training-of-Trainers courses | *Some funding by UNHCR  
*ZOA signed a Framework of Cooperation with Mae Sot Industrial & Community College and Ratchaburi Polytechnic College<sup>23</sup>  
*Trainers who are trained directly by the Thai VT colleges receive certificates from the VT colleges |
| Mae La            |                             |               |         |
| Ban Mai Nai Soi   | Skill Development Center (SDC), Office of Nonformal and Informal Education, Mae Hong Son | Training-of-Trainers courses for VT courses | Trainers trained directly by the SDC receive certificates signed by SDC/JRS/KnED |
| Ban Mai Nai Soi   | Special Education Department, Mae Hong Son | Cooperation on Special Education programs |         |

4.1.6. Future access to Thai schools for displaced persons

The educational opportunities of DPs are presently limited to only those programs and services offered in the shelters since DPs do not have official access to Thai schools. Allowing access to Thai schools, including formal, non-formal, vocational, and higher education, will significantly broaden the educational opportunities of DPs and contribute to fulfilling the „4A’s” framework of the right to education, thereby contributing to the overall human security of DPs.

<sup>22</sup>Also commonly known as “Kor Sor Nor” in Thai.

<sup>23</sup>A Framework of Cooperation was also signed with Kanchanaburi Polytechnic College and Mae Sariang Industrial and Community College for VT cooperation in other temporary shelters in which ZOA works.
At the policy level, education policies which support access to Thai schools for DP children are already in place, but due to restrictions on DP movement outside the shelters, DPs are unable to access Thai schools. According to the National Education Act B.E. 2542 (1999) and Amendments (Second National Education Act B.E. 2545 (2002)), “All individuals shall have equal rights and opportunities to receive basic education provided by the State for the duration of at least 12 years. Such education, provided on a nationwide basis, shall be of quality and free of charge” (Chapter 2, Section 10). The 2005 “Education for All Act” further aims to provide access to equal educational opportunities for all children in Thailand, including children of migrants.

Key informants highlighted the need for a gradual and sensitive approach toward future DP access to Thai schools. As a starting point, further collaboration among all stakeholders (DPs, NGOs, RTG) should be pursued, including a more active role for MOE. Both the DP community and local Thai communities can benefit from collaborative programs. Various stakeholders suggested the following areas for collaboration: building of social/personal connections and partnerships, sharing of resources, teacher training and exchanges between DP teachers and Thai teachers (e.g. Thai/English language), and regular meetings and seminars for all stakeholders.

Collaboration by MOE was also requested by key informants in the following areas: standardization of training courses, strengthening of technical support, monitoring of the new curriculum that is currently being adapted from the Thai curriculum (once it is implemented), and certification of teacher training. MOE collaboration could perhaps be improved through greater coordination and replication of best practices among MOE offices in different districts. Increased collaboration on the part of MOE would require greater ease of access to the temporary shelters than exists currently. These recommendations by key informants are in line with the CCSDPT/UNHCR Five-Year Strategic Plan, which envisages expanded support and involvement by MOE, access to the internet for students and improved access to appropriate educational opportunities outside the camps (CCSDPT/UNHCR, 2009).

Key informants suggest incremental collaboration with the RTG such as through pilot programs that would allow DP access to local Thai schools. Although many pilot programs have been proposed, it has been difficult to obtain RTG approval. Nonetheless, eventual DP access to Thai schools would be the most sustainable approach to education of DPs (Oh et al., 2010). Funding for local Thai schools would also contribute to improving the overall quality of education in Thai schools (Oh et al., 2010).

Allowing access to Thai schools for DPs would have direct implications for local Thai schools as well as various MOE offices which may need to provide indirect support to DP students. Local officials in Thai schools, OBEC, and ONIE who were interviewed were aware of and willing to implement the government’s Education for All policy as long as they are provided with adequate support and clear guidelines. They stated that they would be willing to increase their role in education provision for DPs if they were provided with sufficient financial, infrastructural, and human resources to support additional students. Local Thai education officials also stressed the need for policy clarity and coherence among different government ministries on education provision for DPs.

It is difficult to estimate the cost of future DP access to Thai schools without knowing how many students would access Thai schools. There would surely be additional human
resource and infrastructural costs that are difficult to account for. However, it may be possible to estimate school-related expenses per student based on the Thai MOE’s current annual rates for supporting expenses per student under the government policy of ‘Free Quality Education for 15 Years’ (See Table 4.2 for details).

Table 4.2. Thai Ministry of Education Rates for Supporting Expenses Per Head/Per Year According to the Policy of ‘Free Quality Education for 15 Years’ (2010)

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Total (Baht)</th>
<th>Tuition (Baht)</th>
<th>Textbook Expenses (Baht)</th>
<th>School Supply Expenses (Baht)</th>
<th>Uniforms (Baht)</th>
<th>Activity Fee (Baht)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formal Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Nursery</td>
<td>058, 2</td>
<td>, 66,</td>
<td>0,</td>
<td>0,</td>
<td>36,</td>
<td>03,</td>
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<tr>
<td>2. Primary</td>
<td>, 36,</td>
<td>, 66,</td>
<td>003,</td>
<td>35,</td>
<td>36,</td>
<td>08,</td>
</tr>
<tr>
<td>3. Lower Secondary</td>
<td>558, 5</td>
<td>366,</td>
<td>500,</td>
<td>05,</td>
<td>88,</td>
<td></td>
</tr>
<tr>
<td><strong>4. Upper Secondary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.1 General Education</td>
<td>326</td>
<td>366,</td>
<td>856,</td>
<td>50,</td>
<td>55,</td>
<td></td>
</tr>
<tr>
<td>4.2 Vocational Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.2.1 Industrial</td>
<td>238, 2</td>
<td>66,</td>
<td>06,</td>
<td>50,</td>
<td>55,</td>
<td></td>
</tr>
<tr>
<td>4.2.2 Commerce</td>
<td>558, 2</td>
<td>066,</td>
<td>06,</td>
<td>50,</td>
<td>55,</td>
<td></td>
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<tr>
<td>4.2.3 Home Economics</td>
<td>558, 2</td>
<td>566,</td>
<td>06,</td>
<td>50,</td>
<td>55,</td>
<td></td>
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<tr>
<td>4.2.4 Arts</td>
<td>258, 2</td>
<td>60,</td>
<td>06,</td>
<td>50,</td>
<td>55,</td>
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<tr>
<td>4.2.5 Agriculture</td>
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<tr>
<td>1) General</td>
<td>238, 2</td>
<td>566,</td>
<td>06,</td>
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<tr>
<td>2) Reformed</td>
<td>, 30, 2</td>
<td>, 66,</td>
<td>06,</td>
<td>50,</td>
<td>55,</td>
<td></td>
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<tr>
<td><strong>Non-Formal Education</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>1. Primary</td>
<td>, 36,</td>
<td>, 6,</td>
<td>58,</td>
<td>-</td>
<td>-</td>
<td>08,</td>
</tr>
<tr>
<td>2. Lower Secondary</td>
<td>322</td>
<td>066,</td>
<td>60,</td>
<td>-</td>
<td>-</td>
<td>58,</td>
</tr>
<tr>
<td>3. Upper Secondary</td>
<td>382</td>
<td>066,</td>
<td>8,</td>
<td>-</td>
<td>-</td>
<td>58,</td>
</tr>
<tr>
<td>3.1 General Education</td>
<td>322</td>
<td>066,</td>
<td>8,</td>
<td>-</td>
<td>-</td>
<td>58,</td>
</tr>
<tr>
<td>3.2 Vocational Training</td>
<td>322</td>
<td>066,</td>
<td>, 6,</td>
<td>-</td>
<td>-</td>
<td>6,</td>
</tr>
</tbody>
</table>

Source: Office of the Higher Education Commission, Thailand, 2010 (In Thai)
Finally, key informants from all involved parties (DPs, IOs, NGOs, and the RTG) cited benefits for both DPs and Thai communities as a result of DP access to Thai schools. Such access would involve greater interaction between the DP and local Thai communities, thereby increasing cultural exchange, reducing social tensions and dispelling rumors.

4.1.7. Summary and recommendations

As DPs do not have official access to Thai schools, their educational opportunities are limited to only those programs and services offered in the shelters. Allowing access to Thai schools, including formal, non-formal, vocational, and higher education, will significantly broaden the educational opportunities of DPs and contribute to fulfilling the Right to Education framework, thereby strengthening the overall human security of DPs.

There is presently no clear consensus on displaced persons’ interest in access to Thai formal and non-formal schooling. An in-depth needs assessment should be undertaken to determine the educational needs, preferences and concerns of DPs regarding access to Thai schools at the non-tertiary level. Meanwhile, there is rather strong DP consensus on interest in access to Thai higher education. As no higher education opportunities are currently available in the shelters, DPs see access to Thai higher education as a clear enlargement of their educational opportunities.

To ameliorate certain DP concerns over access to Thai schools, several conditions need to be in place. These conditions include: Thai language and cultural preparation of students prior to entrance to Thai schools; a curriculum partially adapted to the local and cultural background of DPs; minimal school fees and associated costs; a day school option; access to schools located close to the temporary shelter or at the very least within the same province of the shelter; and receipt of an official educational certificate upon completion of studies.

The MOE has been a strong collaborative partner on non-formal Thai language instruction, vocational training and trainer-of-trainers, curriculum development, and special education for DPs (in the case of Mae Hong Son). MOE and other stakeholders should continue their collaboration on the aforementioned initiatives. MOE-ONIE should consider expanding its NFE centers to Tham Hin and Ban Mai Nai Soi, while MOE-OVEC should consider expanding its technical support and training-of-trainers programs to more shelters and more VT courses.

RTG, NGO, and CBO collaboration should be encouraged for activities such as: building of social/personal connections and partnerships, sharing of resources, teacher training and exchanges between DP teachers and Thai teachers (e.g. Thai/English language), and regular meetings and seminars for all stakeholders. MOE should also provide support in the following areas: standardization of training courses, strengthening of technical support, monitoring of the new curriculum that is currently being adapted from the Thai curriculum (once it is implemented), and certification of teacher training. Increased collaboration on the part of MOE would require greater ease of access to the temporary shelters than exists currently. Key informants also suggested incremental collaboration with the RTG such as through pilot programs that would allow DP access to local Thai schools.
4.2. Healthcare

This section first describes current access to Thai healthcare services for displaced persons. It then discusses displaced persons’ interest in access to Thai healthcare services and favorable conditions of access to Thai healthcare services for displaced persons. Finally, it examines current RTG collaboration on healthcare for displaced persons and future access to Thai healthcare services for displaced persons.

4.2.1. Current DP access to Thai healthcare services

Since clinics in the temporary shelters provide only primary healthcare services, patients who need secondary and tertiary treatment from specialists are referred to district and provincial hospitals in local Thai communities. NGOs provide transportation, interpretation services and payment for treatment for referred patients. Provincial hospitals which treat referral cases are located near the temporary shelter, are fully equipped, and have specialist doctors available. IRC cooperates with Srisangwan Hospital in Mae Hong Son District, Mae Hong Son Province, for referral cases from Ban Mai Nai Soi Temporary Shelter, and with Suan Pueng Hospital in Suan Pueng District, Ratchaburi Province, for referral cases from Tham Hin Temporary Shelter. As for Mae La, AMI refers cases from Mae La Temporary Shelter to Tha Song Yang Hospital in Tha Song Yang District and Mae Sot Hospital in Mae Sot District, Tak Province.

4.2.2. Displaced persons’ interest in access to Thai healthcare services

According to the baseline survey in the three temporary shelters, 78 percent of respondents desire the ability to access healthcare services in local hospitals and clinics on their own, not just through referral cases as is currently the situation. This group also wishes to purchase a health card to cover basic healthcare treatment in Thai hospitals and clinics. Reasons cited for desire for access to Thai healthcare services include: local Thai hospitals are fully equipped with medical equipment; there are specialists available; and there is a large number of health staff available.

4.2.3. Favorable conditions of access to Thai healthcare services for displaced persons

Displaced persons have some concerns related to access to Thai healthcare services, should they one day be able to access Thai clinics or hospitals on their own without a referral from the shelter clinic. Sixty percent of survey respondents are afraid to be arrested due to having to leave the temporary shelter to access Thai healthcare services. In addition, thirty percent of survey respondents are concerned about payment for medical treatment and transportation costs since they are unable to work. Lastly, ten percent of respondents are afraid of facing discrimination and language barriers when being treated at a Thai hospital or clinic.

Based on these concerns, mechanisms and policies should be put in place to guarantee that displaced persons are not arrested should they have the ability to access Thai hospitals or clinics on their own in the future. A funding scheme that ensures affordable treatment and reimbursement for transportation costs would also need to be implemented. The ability to
work and generate income would increase the ability of displaced persons to pay for medical treatment and associated costs. Finally, Thai hospital and clinic staff would need to be culturally sensitive, ensure equal treatment for all, and provide interpreters for displaced persons.

### 4.2.4. Current RTG collaboration on healthcare

CCSDPT, NGOs and MOPH, including local and provincial hospitals, currently work together on healthcare and sanitation services for displaced persons. These stakeholders collaborate on referral cases to Thai hospitals, medic training and standardization of the medic training curriculum, disease outbreak prevention, immunization programs, periodic vectors in the shelter, and family planning programs. The aim of MOPH collaboration is twofold: to help displaced persons access adequate health services and to prevent disease outbreaks from affecting not only the population inside the temporary shelters but also nearby communities.

In addition, local and provincial hospitals have assisted with initiating health and birth records for DPs since 2006. Health records aim to collect all patient physical health conditions such as disease and sanitation while birth records serve the purpose of collecting demographic information on birthrates. These birth records can also function as documents similar to birth certificates (Key Informant Interviews).

Although the RTG collaborates in many areas of healthcare and sanitation, current collaboration is carried out at a local and informal level. NGOs may therefore face difficulties planning a long-term health policy. In order to ensure sustainable healthcare provision for displaced persons, exchange trainings between health staff in the shelters and in local communities should be promoted. In addition, formal and strategic collaboration among healthcare stakeholders and strengthening of existing collaboration initiatives is needed.

### 4.2.5. Future access to Thai healthcare services

**Thai human rights laws on provision of healthcare services**

According to the Thai Human Rights Sub-committee on Ethnic Minorities, Stateless, Migrant Workers and Displaced Persons (2007), the right to public healthcare service is a human right: “Everyone is able to access healthcare provision regardless of their place of origin and immigration status.” This universal principle is also stated in the Constitution of the Kingdom of Thailand (B.E. 2550) regarding the right to receive public health services.

"**Section 52.** A person shall enjoy an equal right to receive standard public health service, and the indigent shall have the right to receive free medical treatment from public health centers of the State, as provided by law.

The public health service by the State shall be provided thoroughly and efficiently and, for this purpose, participation by local government organizations and the private sector shall also be promoted insofar as it is possible.

The State shall prevent and eradicate harmful contagious diseases for the public without
Based on the aforementioned Thai laws, in theory, everyone has equal access to government public health services. However, in practice, the Thai government only takes responsibility for its own citizens and excludes non-citizens. The Thai government should be encouraged to apply these human rights laws to provide access to public healthcare for all migrants, displaced persons, and non-citizens.

**Health card option for displaced persons**

A health card option which would allow displaced persons to pay for their own medical treatment fees and to access basic healthcare in local Thai hospitals and clinics would not only alleviate funding shortages but also mitigate social tensions arising from competition over limited resources. The health card is an existing RTG universal health scheme that was expanded to migrant workers from Laos, Cambodia and Myanmar. The card costs 1,900 baht per person per year; 600 baht is for health check-ups and 1,300 baht is for health insurance. The health card – which covers both preventative and curative treatment – has similar coverage to the health insurance scheme for Thai citizens. There is support by key informants in the Thai healthcare sector for expansion of coverage under this migrant health scheme.

“...the Thai government should make a strong decision on this issue; it used to swing between national security and economic security. The policy on the healthcare scheme for migrants is mostly influenced by politics. It is difficult for those of us who implement the policy in real situations. Expanding the services and providing access to the Thai healthcare system not only brings profit to our domestic economy but also reduces the risk of disease outbreaks.” (Director of Thai National Health Scheme Organization, Interview)

“I think NGOs and related actors should promote the ability of displaced persons to buy a health card. It would be more sustainable than the current situation. Moreover, they would be able to access local services and take responsibility for their own health.” (Thai health practitioner, Interview)

**Strengthening formal collaboration between the RTG and civil society organizations**

Besides the RTG, civil society and NGOs have played a key role in provision of healthcare services for displaced persons, stateless persons and undocumented migrant workers in temporary shelter areas. In Mae Sot District, Tak, the Mae Tao Clinic provides free healthcare services for all patients who seek medical treatment. The Mae Tao Clinic was founded and is currently directed by Dr. Cynthia Maung. The medical services offered by the Mae Tao Clinic are very similar to a public hospital. Such services include: 1) Health services – IPD, OPD, health education, primary eye care and eye surgery, laboratory and blood bank, HIV/AIDS program; 2) Social services; 3) Training; 4) Outreach; and 5) Child protection and education. Formal collaboration between the RTG and the Mae Tao Clinic may be a possible option for sustaining healthcare provision for displaced persons.
“If displaced persons can access local services, this would definitely be good. But the RTG should promote formal collaboration with NGOs. All we need now is to find sustainable healthcare services for displaced people.”” (NGO health staff member, interview)

Collaboration with health stations in local communities

Health stations, or public health centers, are administered by the MOPH and are located in local communities near the temporary shelters. Health stations provide primary healthcare services, health check-ups, a pre-natal clinic, immunization and vaccination services, outbreak prevention, and child nutrition programs. Public health administrators, public health technicians, nurses, and dental and pharmaceutical staff work in the health stations. However, the number of staff available depends on local population numbers in each particular district. Some health stations are fully staffed and offer complete services, but most have a small number of staff available who provide less services than are offered by NGO-run clinics and hospitals in the temporary shelters. Mutual collaboration, cooperation, and sharing of resources between local health stations and health NGOs serving displaced persons would not only increase the sustainability of healthcare services for displaced persons but also benefit local communities and reduce social tension.

4.2.6. Summary and recommendations

Since clinics in the temporary shelters provide only primary healthcare services, patients who need secondary and tertiary treatment from specialists are referred to district and provincial hospitals in local Thai communities. Displaced persons desire the ability to access healthcare services in local hospitals and clinics on their own. They also wish to purchase a health card to cover basic healthcare treatment in Thai hospitals and clinics. However, they worry about paying for transportation, language barriers with Thai health staff, and the possibility of arrest due to having to leave the temporary shelter to access Thai healthcare services. In order to ensure sustainable healthcare provision for displaced persons, formal and strategic collaboration among healthcare stakeholders and strengthening of existing collaboration initiatives is needed. Suggestions to increase future access to Thai healthcare services for displaced persons include: 1) health card option for displaced persons; 2) strengthening formal collaboration between the RTG and civil society organizations; and 3) collaboration with health stations in local communities. These recommendations will lead to more sustainable healthcare provision for displaced persons.

4.3. Security and Legal Protection

This section will first assess the current access of displaced persons to the Thai justice system. Secondly, challenges and limitations in access to the Thai justice system for displaced persons will be examined. Finally, the possibility for future access to the Thai justice system for displaced persons and increased collaboration among stakeholders working on justice and legal protection will be discussed, with particular attention paid to RTG collaboration at both local and national levels.
4.3.1 Current access to the Thai justice system

Under the current parallel system of justice administration, the traditional community-based justice system is used for civil disputes and non-serious crimes, while the Thai justice system focuses on serious crimes. Examples of serious crimes that must be adjudicated by the Thai justice system include seven types of cases: murder, rape, weapons violations, deforestation, drugs, torture and human trafficking. The Thai legal process normally starts upon the jurisdiction of a crime that is considered a serious offense and/or criminal dispute. However, the categorization of crimes as serious versus non-serious remains a topic of debate, especially when such incidents involve customary values. Despite this general division of crimes, displaced persons still prefer to use the community-based justice system, even though this system cannot deliver appropriate punishment for serious crimes such as murder. Nonetheless, displaced persons can use the Thai justice system, even for a civil dispute or a non-serious criminal case, if they feel that the community-based justice system will hinder their access to justice.

Under the community-based justice system, security officers in consultation with LAC and the Karen Women’s Organization or Karenni Women’s Organization, will decide the jurisdiction of a crime based on the incident. Then they will process the case either to 1) Camp Security to use the traditional community-based justice system or 2) the Thai police (and social workers if it is a juvenile case) to use the Thai justice system. An exception is SGBV cases which are all directly transferred to the Thai justice system (See Figure 4.1).

According to interviews with key informants, the process of accessing the Thai justice system can be divided into 4 stages. During the first stage, the DP and an accompanying person obtain a camp pass to go outside the shelter. Next, the case is referred to the police station located in the area, such as Tha Song Yang Police Station for Mae La Shelter, Suan Pueng Police Station for Tham Hin Shelter, and Mae Hong Son Police Station (Muang District) for Ban Mai Nai Soi Shelter. For Mae La, cases related to juvenile offenders are referred to Tak Police Station as there is a Juvenile Court only in Muang District, Tak. The third stage involves the public prosecutor and the last stage is the Court of Justice (See Figure 4.1).
In theory, as mentioned above, the Thai justice system focuses on serious crimes while the community-based justice system focuses on civil disputes. However, the community-based justice system sometimes works with IRC LAC, UNHCR, and Thai authorities on serious cases. For example, for Ban Mai Nai Soi, an agreement was made between the Camp Commander and Camp Committees to establish a protocol to deal with serious cases taking place in the shelter, including the types of cases involved and the action that each stakeholder should take (Key Informant Interview).

One key informant reported that in Mae La, less than five serious cases a month have been processed in the Thai justice system. Most serious crimes that were referred to the Thai court were murder and rape cases with some accidental death cases. According to the key informant, there are around two to five cases of murder a year. Meanwhile, approximately ten to twenty percent of the overall caseload allegedly involves Thai authorities or Thai people. Cases of trafficking and smuggling have also occurred at Mae La. Although these cases were difficult to distinguish, most trafficking cases were related to domestic work, factory work and fishing work far away; cases of trafficking for sex work have also been alleged. In addition, cases of labor abuse have been reported including child labor and wage exploitation in contract farming.

4.3.2 Challenges in access to the Thai justice system for displaced persons

Several challenges still exist in access to the Thai justice system for displaced persons. Most significantly, there are reservations to such access on the part of various stakeholders for different reasons. First of all, officials in the traditional community-based justice system prefer to deal with cases in the shelter first before referring cases to the Thai justice system, as they wish to resolve conflicts and problems which occurred inside the shelters.
Secondly, as mentioned earlier, DPs themselves also prefer to use the traditional community-based justice system rather than the Thai justice system. Field data confirms that a number of displaced persons are still worried about being rejected by community members because of reporting a crime that occurred outside the shelter (Harding et al., 2008; Key Informant Interview). Furthermore, displaced persons have several specific concerns about access to the Thai justice system, such as language barriers, lack of transportation to go to the court, police reaction, fear of revenge from perpetrators, and skepticism of due process (Harding et al., 2008; Key Informant Interviews).

Lastly, resistance to adjudicating cases from the temporary shelter also exists on the part of Thai authorities. Thai officials hesitate to deal with more cases due to lack of resources or concerns about workload increases (Harding et al., 2008). Key informant interviews with local Thai justice authorities reveal that Thai justice officials have limited knowledge about DPs. Many are reluctant to take cases from the temporary shelter because of concerns about language and cultural differences with displaced persons. Further efforts to increase the knowledge and sensitivity of Thai authorities toward DPs should be encouraged.

Meanwhile, with regards to SGBV, some procedural limitations under Thai law (e.g. undergoing medical exams only from Thai hospitals for cases being pursued in the Thai justice system) and regulatory limitations (e.g. 3-month statutory limitation on reporting sexual abuse) are seen as barriers to DP access to the Thai justice system (UNHCR, 2006).

4.3.3. Current RTG collaboration on security and legal protection

The Legal Assistance Center project can be considered as a successful example of collaboration between NGOs/CBOs and local Thai authorities working to promote DP access to justice in the Thai justice system. The LAC project was set up under the collaboration of UNHCR, IRC and CCSDPT in 2006 with the cooperation of the Thai government. On the Thai side, a LAC Working Group/LAC Committee is led by MOI and composed of many ministries including MOJ, Ministry of Social Development, the army, the police and other Thai authorities. LAC works with Thai authorities to provide legal and rights training for Thai security volunteers.

4.3.4. Future access to the Thai justice system for displaced persons

MOI officials and Camp Commanders expressed that jurisdiction of crimes should be based on Thai law because the temporary shelters are situated on Thai territory (Interviews). Furthermore, they believe that Thai law should apply to DPs because DPs are living in Thailand. A UNHCR representative agrees that Thai law should be applied, although based on the perspective that the traditional community-based justice system does not represent a democratically-governed institution with adequate checks and balances of judicial power (Interview). Although the existing model of community-based shelter management enables the DP community to participate in decision-making and implementation, the community-based justice system remains under discussion, especially in relation to governance and democratic processes.

Documentary and field data show that in order to improve access to justice and legal protection, it is necessary to build the capacity of the Thai justice system including increasing
the resources available. It is also necessary to integrate the DP community into Thai justice administration structures. CCDDPT/UNHCR have drafted a „five-year strategic plan” that aims to provide durable solutions to long-term encampment of displaced persons along the Thailand-Myanmar border (2009). One main strategy is to move from humanitarian methods to a development model. Under such a model, the strategy on legal protection is to increase access to Thailand’s judicial system and other essential state services. Emphasis is also placed on strengthening efforts and policy development relating to Thai administration of justice for displaced persons and facilitating full access to civil registration for displaced persons in accordance with Thai law.

Taking into consideration the aforementioned challenges in current DP access to the Thai justice system, improvement of future access to the Thai justice system will require the following:

- increased training for DPs on Thai law and the Thai judicial process;
- availability of interpretation services for DPs;
- availability of transportation for DPs;
- guarantee of no reprisal from the perpetrator;
- guarantee of no deportation of DPs by the Thai police;
- knowledge-building and training of Thai authorities to sensitize them and raise awareness about the DP context; and
- reform of SGBV procedural regulations under Thai law.

To further facilitate access to the Thai justice system for DPs, all stakeholders need to discuss and create additional cooperative arrangements. At the moment, there is no clear understanding among DPs about which justice system to use, whether it is the traditional community-based justice system or the Thai justice system. It is therefore necessary to establish clear guidelines for all stakeholders. More collaboration between partners to encourage DPs to use the Thai justice system is needed since many community-based officials are sometimes reluctant to allow cases to go outside the shelter while Thai officials hesitate to deal with DP cases due to lack of resources or concerns about workload increases.

In terms of human resources, there is a shortage of service providers such as social workers and psychologists (for SGBV cases) and legal defenders who can provide support for DPs in Thai court. Thai service providers as well as justice authorities need adequate financial and human resource support if they are to manage an increased caseload from the temporary shelters.

4.3.5. Summary and recommendations

Displaced persons can use the Thai justice system, even for a civil dispute or a non-serious criminal case, if they feel that the community-based justice system will hinder their access to justice. However, several challenges still exist in access to the Thai justice system for displaced persons. Most significantly, there are reservations to such access on the part of various stakeholders for different reasons. First of all, officials in the traditional community-based justice system prefer to deal with cases in the shelter first before referring cases to the Thai justice system, as they wish to resolve conflicts and problems which occurred inside the shelters. Secondly, DPs themselves also prefer to use the traditional community-based justice system rather than the Thai justice system. They may be worried about being rejected by community members because of reporting a crime that occurred outside the shelter.
Furthermore, they are concerned about language barriers, lack of transportation to go to the Thai court, police reaction, fear of revenge from perpetrators, and skepticism of due process. Lastly, resistance to adjudicating cases from the temporary shelter exists on the part of Thai authorities who hesitate to deal with more cases or have limited knowledge about DPs.

In order to improve access to justice for DPs under the Thai justice system, it is necessary to build the capacity of Thai justice authorities, increase resources available, and integrate displaced persons into Thai justice administration structures. Recommendations include increasing training for DPs on Thai law and the Thai judicial process; making interpretation and transportation services available for DPs; guarantee of no reprisal from the perpetrator; guarantee of no deportation of DPs by the Thai police; knowledge-building and training of Thai authorities to sensitize them and raise awareness about the DP context; and reform of SGBV procedural regulations under Thai law. For SGBV cases, in particular, more service providers such as social workers and psychologists and legal defenders who can provide support for DPs in Thai court is needed.
CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The situation of displaced persons from Myanmar living in the temporary shelters in Thailand has been described as the largest protracted refugee situation in East Asia. Consequently, residents are basically dependent on external assistance for the funding of basic needs and services since they are not allowed to leave or work outside the shelters. Basic needs are provided by non-governmental organizations for essential food and non-food items as well as support for education and healthcare services. Security and legal protection is addressed by the community-based justice systems in the shelters. Legal Assistance Centers in three out of nine temporary shelters also provide legal protection services for displaced persons.

In order to find alternative and sustainable solutions to the current situation, the study assessed the availability of existing welfare services (food/shelter, education, healthcare) and legal protection for displaced persons and evaluated the extent to which these services are meeting the needs of displaced persons. It also examined the potential implications and sustainability of access to local Thai education, health, and judicial services as well as identified possible social tension and conflict between displaced persons and local communities in relation to access to social welfare services. The Human Security Framework and Right to Education framework were used to analyze empirical data.

The study found that the current situation of provision of social services is not sustainable in the medium to long term. If the current situation is maintained and no alternative policy or programmatic options are explored, the human security of displaced persons will be under serious threat.

The majority of displaced persons are entirely dependent on food rations because they are not allowed to leave the shelters to earn a living to buy food. The current trend of reduced funding for food assistance therefore poses a significant threat to the food security of displaced persons. The food security of New Arrivals is particularly at risk due to the recent Thai government policy prohibiting them from receiving food rations. As food rations become less available and less accessible, it becomes more difficult to meet the nutritional needs of displaced persons. If the availability of food assistance continues to decrease, and no major policy and programmatic adjustments are made to increase livelihood opportunities, both the food security and human security of displaced persons will be under serious threat.

The educational opportunities of displaced persons are presently limited only to those programs and services offered in the shelters. Without freedom of movement to leave the shelters, displaced persons have no access to higher education, which is only available outside the shelters. Displaced persons also have no official access to Thai schools and certified legal education. If the current situation is maintained, the ongoing resettlement of skilled educational staff and the high teacher turnover will continue to negatively affect the availability of experienced teachers as well as the quality and continuity of education services. Allowing access to Thai schools, including formal, non-formal, vocational, and higher education, will significantly broaden the educational opportunities of displaced persons and contribute to fulfilling the „4A”s” indicators under the Right to Education framework, thereby contributing to the overall human security of DPs.
Healthcare provision based on the idea of “emergency–oriented response” faces several challenges due to the protracted nature of the current situation. In temporary emergency situations, the funding of healthcare services is akin to “pouring water into a leaking pot”. If the current situation continues, there will be negative impacts on displaced persons, NGOs, and local health organizations. Health care providers will continue to encounter financial challenges. While NGOs will face a funding decrease from donors, local hospitals will need to take on increasing expenses from referral cases. In the end, it is the health security and human security of displaced persons which will suffer the most unless alternative solutions are pursued.

Finally, with regards to security and legal protection of displaced persons, there are several existing challenges which pose a serious threat to the personal security, community security, and political security of displaced persons. The largest overall challenge to legal protection for displaced persons is their legal status. For example, DPs cannot directly access the Thai justice system themselves. Another limitation is the isolation of DPs, especially vulnerable groups, from resources. It is difficult for DPs to access justice in an enclosed environment. This is particularly true for complicated cases that need close supervision and support for access to justice. Further challenges include lack of institutional capacity of the community-based justice system; lack of capacity of temporary shelter justice officials; proper prosecution and punishment methods; and administration of justice in SGBV cases, especially for women and children. There is also an urgent need for legal reform in the community-based justice system, as laws are confusing and inappropriate.

The aforementioned research findings are in line with the CCSDPT/UNHCR Five-Year Strategic Plan (2009), which emphasizes the development of significant new frameworks and policies for displaced persons, including greater ability for DPs to move outside the shelters, particularly for educational and livelihood-related purposes, as well as increased access to the Thai judicial system and other essential state services. Documentary and field data findings both point to the necessity of exploring gradual and partial access of displaced persons to key social services in local Thai communities, including education, healthcare, and administration of justice.

As an approach to a critical connection between human development, human security and human rights for the benefit of displaced persons, it is necessary to ensure basic human needs are met in order to build the capability of displaced persons. The ability to access public services in one’s locality and to participate in society, theoretically, depends on capability of movement (Earnest, 2006 cited in Gasper & Truong, 2010). Opening up both dialogue and opportunities for alternative solutions to the current situation will contribute to strengthening the human security of displaced persons. Under the Human Security framework, finding sustainable solutions to the current protracted situation may need to go beyond the state’s traditional responsibility. However, placing full responsibility on the host country to provide social services not only creates an increased burden for the host country, but it may also lead to forced repatriation of displaced persons. Therefore, responsibility for the sustainable social welfare and protection of displaced persons should be equally shared among international agencies, the host country, and civil society. Concrete recommendations for sustainable alternatives to the current situation are outlined in the next section.
5.2 Recommendations

The research findings demonstrate that under the current protracted situation, displaced persons have neither “freedom from fear” nor “freedom from want”, which are the defining concepts of the Human Security framework. Stakeholders should aim to attain human security for displaced persons, as this will lead to less social problems both inside and outside the shelters, as well as increased stability for Thailand’s national security. Moreover, improving the human security of refugees from Myanmar can only increase the potential for positive relations between Thailand and Myanmar should displaced persons repatriate in the future.

Attainment of the human security of displaced persons requires adequate access to social services, both inside and outside the shelters, to meet their basic needs. Although displaced persons do not have any legal rights in Thailand, they should at least have the ability to access social services in local Thai communities. To achieve the human security of displaced persons, the study proposes the following recommendations based on the empirical research findings.

Moving from humanitarian assistance to development

As the current situation is no longer a humanitarian emergency, the model of humanitarian assistance needs to gradually move towards that of development. For example, the promotion of income generating activities for displaced persons both inside and outside the shelter will allow them to be more self-reliant. Such livelihood opportunities will also enable them to pay for their own social welfare expenses in the future. In addition, it is necessary to ensure that displaced persons have a meaningful voice and participation in any future policy or programmatic adjustments which move toward a development model.

Collaboration between stakeholders

The overall collaboration of all stakeholders, including displaced persons, CBOs, NGOs, international organizations, and the RTG, is crucial for meeting the needs and attaining the human security of displaced persons. Currently, collaboration between displaced persons, service providers, and the RTG is informal and done on a case-by-case basis. Such collaboration among stakeholders needs to be more formalized, strategic, and systematic. Institutionalizing collaboration between stakeholders will increase communication, avoid duplication of work, and reduce overall funding required to provide social services.

Capacity building of stakeholders

In light of continual donor funding decreases, particular efforts should be geared toward developing the roles and capacity of both CBOs and the RTG to provide food/shelter, education, healthcare, and legal protection services for displaced persons. Capacity building activities between displaced persons and local Thai community members was frequently suggested by all stakeholders as a new avenue for collaboration. For example, efforts should be taken to organize health and teacher staff exchanges between the temporary shelters and local Thai communities.
Pilot project

A pilot project allowing displaced persons to work outside the temporary shelters and access local services could be established as an initial step towards a more sustainable solution to the current situation. The selection of the pilot shelter by stakeholders could be based on criteria such as natural resource availability, economic conditions and the justice system.

Flexible policy frameworks

The current government policy based on the model of national security remains problematic. Government policy needs to balance national security and human security to meet the needs of DPs. Such a flexible government policy is especially necessary for the attainment of human security for displaced persons and allowing DP access to local social services.
REFERENCES


KRCEE (2010a). Brochure. Mae Sot: KRCEE.


TBBC (2010b). *3 Sides to Every Story – Muslim Communities Profile*. Bangkok: TBBC.


ANNEX A: LIST OF KEY INFORMANTS

Staff of Non-Governmental Organizations (including Bangkok and shelter level)
- Aide Medicale Internationale (AMI)
- Catholic Organization for Emergency Relief and Refugees (COERR)
- International Rescue Committee (IRC)
- Jesuit Refugee Service (JRS)
- World Education
- ZOA Refugee Care (ZOA)

Representatives of Community-Based Organizations (cross-shelter organizations)
- Karen Refugee Committee-Education Entity (KRCEE)
- Karenni National Education and Health Committee

Tham Hin Temporary Shelter, Suan Pueng District, Ratchaburi Province

Interviews: Displaced Persons
- Camp Committee Members
- Security Committee Members
- Justice Committee Members
- Camp Elders Advisory Board Representatives
- Karen Women’s Organization (KWO) Representative
- Karen Youth Organization (KYO) Representative
- Education officials (3 p)
- Displaced persons (3 informants on the topic of healthcare)

Interviews: Local Thai Temporary Shelter Officials
- Former Camp Commander, Tham Hin Temporary Shelter, Thai Ministry of Interior
- Current Camp Commander, Tham Hin Temporary Shelter, Thai Ministry of Interior

Focus Group Discussions: Displaced Persons
- Topic of Food and Shelter: New Arrivals (5 informants)
- Topic of Food and Shelter: DPs who have received food assistance (5 informants)
- Topic of Education: 1 Basic Education Teacher Trainer and 4 former students (5 informants)
- Topic of Healthcare: Past referral cases to Thai hospitals (3 informants)
- Topic of Security and Justice: Justice Committee, Security Committee, KWO representative, KYO representative (5 informants total)

Ratchaburi Province

Interviews
Mae La Temporary Shelter, Tha Song Yang District, Tak Province

Interviews: Displaced Persons
- Camp Committee Members
- Camp Justice Committee Members
- Camp Security Official
- Camp Judge
- Karen Women’s Organization Representative
- Camp Committee Education Entity Representatives
- Office of Camp Education Entity Representatives
- Basic Education Teacher
- Medics (3 informants)
- Community Health Workers (2 informants)
- Current referral cases to Mae Sot Hospital (2 informants)
- Displaced persons (4 informants of the topic of Food and Shelter)

Interviews: Local Thai Temporary Shelter Officials
- Camp Commander, Mae La Temporary Shelter, Thai Ministry of Interior
- Thai “Or Sor” security volunteers (2 informants)
- Thai language teacher in Mae La Temporary Shelter, Office of Non-Formal and Informal Education, Ministry of Education

Focus Group Discussions: Displaced Persons
- Topic of Education: Current secondary school students (20 informants)
- Topic of Education: Current secondary school and vocational training students (5 informants)
- Topic of Education: Basic education teachers (4 informants)
- Topic of Education: 2 Basic Education teachers, 1 Basic Education principal, 1 vocational training teacher (4 informants total)
- Topic of Security and Justice: Security officials (4 informants)

Tak Province

Interviews
- Chief, Tambon Administrative Organization, Mae La Sub-district, Tha Song Yang District
- Director and Deputy Director, Office of Basic Education Tak District 2, Ministry of Education
Ban Mai Nai Soi Temporary Shelter, Mae Hong Son District, Mae Hong Son

Interviews: Displaced Persons
- Camp Committee Members
- Justice Committee Members
- Security Committee Members
- Section Leaders
- Karenni Women Organization Representative
- Karenni Youth Organization Representative
- Thai “Or Sor” security volunteer
- Karenni Education Department Representative
- Education officials (2 informants)
- Medics (3 informants)

Interviews: Local Thai Temporary Shelter Officials
- Camp Commander, Ban Mai Nai Soi Temporary Shelter, Thai Ministry of Interior

Focus Group Discussions: Displaced Persons
- Topic of Education: 2 basic education teachers, 2 students, 1 parent (5 informants total)
- Topic of Healthcare: Community Health Workers (12 informants)
- Topic of Healthcare: Displaced persons (4 informants)
- Topic of Security and justice: Security officials (4 informants)

Mae Hong Son Province
- Principal, Ban Nai Soi School
- Director, Ban Nai Soi Health Clinic
- Official, Office of Basic Education Mae Hong Son District, Ministry of Education
- Official, Ministry of Justice
- Director, Srisangwan Hospital
- Representative, Ministry of Justice
- Local community members

Other Key Informants
- Representative, United Nations High Commissioner for Refugees (UNHCR), Bangkok
- Lecturer, Thammasat University
- Director, Thai National Health Scheme Organization
- Representative, Thai Ministry of Interior
- Representative, International Organization for Migration, Bangkok
ANNEX B

CCSDPT/UNHCR Expenditures and Funding 2008, 2009 & 2010 (millions)

Table B2: CCSDPT/UNHCR Expenditures and Funding 2008, 2009 & 2010 (millions)

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Subtotal: 1,892 1,942 1,785 100 100 100
Resettlement processing: 236 314 307 7 9 10
Total including resettlement: 2,128 2,256 2,092 64 66 66

Notes:
1. Average Exchange rates used, 2009 USD 33, EUR 48, 2009 USD 34, EUR 48, and 2010 USD 31.67, EUR 41.86
2. Some agencies did not separately identify administration costs and these are included in service sectors.
3. In addition to services provided direct to host communities, many local Thai villagers use health & education facilities in the camps.
4. Allocations to community services, camp management, administration and Thai support are not consistent for some agencies between years.

CCSDPT / UNHCR Expenditures by Sector 2010
(Excluding resettlement processing)

2010 Government Funding (NGOs only)
(USA includes 88th $277 Million for resettlement processing)

Source: TBBC, 2010a