



Humanitarian Aid Decision

23 02 01

Title: Humanitarian assistance to the victims of the earthquake of 8 October 2005 in Pakistan and India.

Location of operation: SOUTH ASIA

Amount of Decision: EUR 25,000,000

Decision reference number: ECHO/-SA/BUD/2005/07000

Explanatory Memorandum

1 – Rationale, needs and target population:

1.1. - Rationale:

On Saturday 8 October 2005, 10.46 GMT, an earthquake located 95 km north east of Islamabad in Pakistan, measuring 7.6 on the Richter scale (according to US Geological Survey/USGS) and qualified as one of the biggest in recent years in this region, hit Pakistan, North India and Afghanistan. The size of the affected area is 28,000 km².¹

Subsequently, more than 1,196 aftershocks² have rocked Pakistan and landslides have occurred as a direct consequence of the earthquake.

Pakistan's latest death toll as of 8 November 2005 had reached 73,276, with 69,260 injured³. More than two-thirds of the casualties have been reported from Pakistani Kashmir while about 18,000 died in North West Frontier Province. Although the earthquake hit India as well, the devastation in Pakistan appears much more severe.

Nearly 2.8 million people – but possibly more as full assessments have still not been possible – scattered throughout 15,000 villages have lost their houses, the majority of them now living in tents and makeshift shelters. Of the estimated 2.5 million affected, 84% are in rural areas,

¹ DG ECHO Islamabad Situation Report 10 (25-27 October 2005)

² DG ECHO Islamabad Situation Report 13 (5-11 November 2005)

³ OCHA Situation Report #21 (8 November 2005)

100,000 in semi-urban areas, and 200,000 in urban areas. The prospect of a secondary humanitarian disaster continues to loom as winter approaches and thousands of injured remain stranded in isolated mountainous areas, without food, shelter or sanitation.⁴

According to OCHA about 90% of the population in Muzaffarabad was affected, while in Balakot, Banna and Nagh this figure is 80%.⁵ Traditional construction materials such as concrete beams, steel bars and piles of bricks contributed to the huge death toll in the quake as heavy roofs broke away and covered the people. Helicopters, trucks, pick-ups, mules and other possible transport options are being used to reach the inaccessible damaged areas. The valley roads are now open, except for Neelum Valley, which will require a further three to four weeks.⁶

Access constraints continue. Access via primary roads has improved and an influx of helicopter assets has assisted this process.

The Governments of Pakistan (GoP) and India (GoI) have agreed to open five humanitarian corridors along the Line of Control (LoC) between India and Pakistan to provide help and assistance to the earthquake-affected people of Kashmir. Food, medical assistance and other relief will be channeled to the affected population residing in the area. Pakistan and India agreed on 30 October that because of non-availability of roads due to damage to infrastructure on these points, crossing the line would be permitted on foot. These five crossing points across the LoC will be Nauseri-Tithwal, Chakoti-Uri, Hajipur-Uri, Rawalkot-Poonch and Tattapani-Poonch.⁷

Population movement from the higher valleys to temporarily shelter in official or spontaneous camps in lower areas continues, and efforts are being undertaken to arrive at accurate figures. The debate is what the prognosis is for continued movement, and how the people leaving their homes will settle; whether they will stay with relatives, or whether they will move to the urban squatters camps. According to the UN there will be 200,000 people living in the high valleys above the snow line who will require immediate assistance during the remaining period of access until 1 December when winter really sets in and these communities will be cut off.⁸ Following the request of the GoP, UNHCR is planning to provide shelter accommodation in tent camps for 150,000 people.

In Indian-administered Kashmir, 1,309 people are confirmed dead, 32 missing and 6,622 injured⁹. About 150,000 people are homeless. Property damage reports number 37,607 buildings and houses damaged. While damage to houses is immense, damage to other rural infrastructure is less. The situation is clearly not as bad as Pakistan. The two main access roads into these areas are open, and the massive presence of the Indian army in Kashmir allowed them to have rapid access and response to villages across the affected area. District hospitals are functioning, as are local bazaars.

There are only two main distinct pockets of major damage in India; the Uri sector of Baramulla and the Tangdar *tehsil* of Kupwara; there is also Rafiabad block of Baramulla district, where damage was less than in the first two pockets. The town of Kupwara close to

⁴ www.reliefweb.int

⁵ UNJLC – Pakistan Earthquake Schematic Map – Main Hub and Routes in Affected and Support Areas 28 October 2005

⁶ OCHA Situation Report #21 (8 November 2005)

⁷ Pakistan to set up Relief Camps at five points across LoC: PM (www.reliefweb.int) 31 October 2005

⁸ UN South Asia Earthquake – Pakistan Priority Humanitarian Actions in November 2005

⁹ Government of India, 26 October 2005.

the Line of Control (LoC) that separates divided Kashmir was worst hit, with 250 dead. The town of Uri was also badly hit with 140 dead. Frequent strong aftershocks means that people living in damaged buildings have to spend the night in the open air in deplorable conditions surrounded by death and destruction. Heavy rains and the cold (the first snow has been reported in Indian Kashmir as early as mid October) are adding to the suffering.

The Indian administration is working to restore communications and essential supplies like electricity and water disrupted by the earthquake, to provide emergency medical care, and initial emergency non-food items. Assistance from search and rescue teams has only slowly reached the remote upper areas of the mountains which cannot be reached easily, mostly on foot.

At the same time, with a Disaster preparedness component, this Decision will take into account the recent joint damage and needs assessment done by the Asian Development Bank and the World Bank that highlighted five pillars of intervention in the field of Disaster reduction i.e.: (1) risk identification, (2) emergency preparedness and response, (3) risk reduction, (4) capacity building and (5) risk transfer. It will also complement the planned DIPECHO Action Plan for South Asia projects¹⁰ in Pakistan to start on the 1 January 2006.

This Decision builds on previous Decisions adopted by the EC since the beginning of the humanitarian disaster. Operations financed under this Decision are urgently needed and shall complement the ongoing Primary Emergency¹¹ and two Emergency Decisions¹² while planning for spring 2006 at the same time with potential needs arising later.

At the donor conference in Geneva on 26 October, the EC announced a financial package of EUR 93,600,000 in response to the crisis, of which EUR 43,600,000 were for humanitarian relief and EUR 50,000,000 for rehabilitation.¹³

1.2. - Identified needs:

Due to its context this is a complex emergency -lack of accessibility and scale of destruction- which is expected to become more constraining as the weather deteriorates, forcing the humanitarian community to adopt a proactive approach in elaborating multi-scenarios. Therefore, there is a great necessity to enhance the coordination of relief operations in order to maintain a common front i.e. an integrated and complementary approach and response to the enormous challenges.

The most urgent needs as reported by various sources are:

- *Shelter* (including winterised tents with stoves, small-scale rehabilitation, emergency shelter kits);
- *Non-food items* (including blankets/sleeping bags, generators and diesel, tarpaulins, ground sheets, stoves, fuel and kitchen sets);

¹⁰ DIPECHO stands for Disaster preparedness in DG ECHO. The third DIPECHO Action Plan in South Asia to be adopted in December 2005 foresees for the first time projects in Pakistan starting on 1st January 2006, some of them to be implemented in the earthquake's affected areas of NWFP and J&K.

¹¹ ECHO/-SA/BUD/2005/05000

¹² ECHO/-SA/BUD/2005/06000 and ECHO/PAK/BUD/2005/01000

¹³ La Réponse de la Commission Européenne au Séisme en Asie du Sud – Réunion ministérielle sur l'assistance aux populations touchées par le séisme en Asie du Sud – Palais des Nations, Genève, le 26 octobre 2005

- *Water* (water supply, including rehabilitation of local water points and networks), *and sanitation* (latrines, hygiene kits, community hygiene sensitisation);
- *Health care* (primary health care, referral hospitals, psychosocial assistance, rehabilitation, immunization);
- *Logistics* (including airlift of humanitarian goods and personnel, land transport, storage);
- *Food/Nutrition* (including livestock, fodder, seeds and agricultural kits);
- *Disaster preparedness*.

According to the weather forecast published by the Pakistan Meteorological Department, regional and global parameters indicate that another harsh winter is approaching the earthquake-stricken areas. Temperatures have already decreased drastically since the end of October, dropping below zero at night and already killing at least five children in the Balakot area.¹⁴ Snowfall is expected to considerably exceed the normal range both in terms of frequency of occurrence and amount. As such, the temperatures are likely to range well below normal. In December, January and February, even the day temperatures are likely to stay several degrees below freezing, especially in mountainous areas and during January, when lowest minimum temperatures usually drop as low as -20 degrees Celsius. The landslides and foggy weather in winter may be another factor affecting human survival in these areas.

Shelter, non-food items and camp management:

1. Quantified needs

According to a 1998 housing census in Pakistan, there were more than 807,000 houses or dwellings in the 12 earthquake-affected districts of Pakistan-controlled Kashmir and the affected parts of North West Frontier Province (NWFP). At least 50% of these are estimated to have collapsed. Others are too badly damaged to salvage. Reconstruction as such will be a truly immense undertaking.¹⁵

But as plans continue to be made, it is obvious that the preferences of communities will need to be fully taken into account.

2. Quantified response so far:

In Pakistan 334,000 tents have been distributed by the Government, UNCHR and international NGOs. 78,180 tents are awaiting collection; 302,000 in the pipeline (no estimate of delivery date).¹⁶

Some 3,265 families (10,000 individuals) are currently living in organised camps. 18 camps are established: seven around Manshera, Balakot and Batagram, eight around Muzaffarabad and three around Bagh. Their total capacity is 32,000 families (up to 225,000 individuals).¹⁷ This is supplemented by the number of spontaneous camps in hundreds of locations set up by the homeless population. The occupancy rate of the established 18 camps is only 10%.¹⁸

Nearly 21,000 tents have been provided so far in **India**. 11,957 tents have so far been airlifted, 2,588 have been sent by road and 680 sent by rail to Srinagar while an additional

¹⁴ IRIN 4 Novembre 2005

¹⁵ IRIN 31 Octobre 2005

¹⁶ DG ECHO Islamabad Situation Report 13 (5-11 Novembre 2005)

¹⁷ OCHA Situation Report #21 (8 Novembre 2005)

¹⁸ DG ECHO Islamabad Situation Report 13 (5-11 Novembre 2005)

procurement of 20,000 tents was ordered to date; this is in addition to 5,743 reported as already supplied by the Indian army¹⁹.

3. Approaches to outstanding needs:

The UN shelter cluster is increasingly focusing on "non-tent" options and urgently exploring all potential winter-resistant shelter alternatives. In addition to winterised tents the international humanitarian community is exploring partially repaired accommodation, staying with host families, in camps, or locally procured emergency shelter systems such as tunnel tents using plastic sheeting. The large majority of the tents erected on the mountainsides are not winterised and will need to be replaced or winterized in the coming weeks.

Agencies are examining the possibilities of distributing improvised semi-permanent shelter. In the highland areas these shelters may even be better than the provision of tents. With items rescued from their houses, combined with zinc sheeting or heavily-reinforced plastic, hammers, nails, saws, poles etc (all of which should be available in the country) families at risk can construct adequate shelter that may be able to take them through the winter without forcing them down the mountain. The majority of populations however are severely traumatised and unable to undertake the rebuilding of houses.

There are still many ambivalent reports about people's intentions. Some reports indicate that people do not want to move, and there is no enthusiasm for tent cities, which will make support in the form of simple reconstruction material for people to secure their houses (or parts of their houses) all the more urgent, in conjunction with tents to the extent that this is possible. DG ECHO's field teams have reported that in many places "...in the mountains, life is no longer bearable because insufficient aid is getting there. Winter is coming. Populations in the camps can be expected to double in the near future as more roads are opened and families descend before aid reaches the mountains"²⁰ On the other hand, many reports are highlighting the strong willingness of many local communities to remain in their villages or closer to their houses, most of them fearing that they will lose everything that remains - mostly livestock, - if they leave. This is a multi-scenario situation, and each of these scenarios is likely to evolve during the winter, with exhausted communities leaving for the lower valleys for assistance, while temporary sheltered groups could move back to their areas after a few weeks in the tent camps, finding them uncomfortable and culturally difficult to cope with.

When providing a solution for shelter, the agencies also have to keep in mind the distribution of stoves and heating fuel.

In spring 2006 livelihood support (in the form of replacing livestock, fodder, seeds, etc.) will arise as an urgent need.

Health:

As more than 70% of the health facilities have been destroyed or badly damaged, there will be a need to re-establish primary health facilities alongside pre-existing setups for the whole population living in the impacted area (approximately 4,000,000 people). Furthermore, most of the former personnel of the health facilities are not operative anymore, either having been

¹⁹ In India, the following material was also dispatched: 36,153 tarpaulins, 197,051 blankets, 26,046 items of woolen clothing, as well as 51,200 liters of drinking water, food items, and medicines and medical teams.

²⁰ DG ECHO Islamabad Situation Report 10 (25-27 October 2005)
[ECHO-SA/BUD/2005/07000](#)

killed, injured or having returned to their area of origin. With weakened populations spread and sometimes stranded all over the impacted area, the accessibility to health care can become acute and will evolve into a crisis of major importance as the winter arrives and the living conditions become harsher. To guarantee the widest possible healthcare coverage, it is essential to bring health services as close as possible to the populations in need.

As winter approaches and, despite the combined efforts of the GoP and the humanitarian community, conditions for many of the affected populations remain poor, and concerns are growing at the impact this has on health. A particular attention must be paid to children and new-born babies (including the increased number of premature deliveries due to the shock) who could be the first victims of a lack of access to health structures. The main identified health threats derive from:

- Infection risks for the injured who lack access to regular medical treatment until full recovery;
- The fact that a significant number of people having lost their homes will have to spend the coming months in official and spontaneous camps;
- Increased risk of epidemics and diseases outbreaks;
- The impending winter with temperatures below zero with impacted populations living in poor shelter conditions, being thus under high risk of acute respiratory infections, hypothermia and other cold related diseases.

Identified needs²¹:

- *Revitalisation of primary health care services (together with immunisation and epidemiologic surveys, including the revitalisation of medical referral systems)*
- *Psychosocial support*
- *Rehabilitation programmes for people with disabilities*
- *Environmental health: water and sanitation, solid waste disposal*

Logistics:

In Pakistan the continued access difficulties are still affecting assessment, not to mention the provision of relief. Provision of appropriate logistical resources, including helicopters, is essential. Access to remote valleys and villages is likely to deteriorate as winter progresses. Remoteness and lack of accessibility are major obstacles to aid reaching all the victims. The most rapid and efficient way (sometimes the only way) to provide assistance all over the impacted area is by airlift, mostly helicopters that have been progressively mobilised by the international community. As of 30 October 2005, 89 operational helicopters from NATO Allies, UN, Pakistan, NGOs, ICRC and from all over the world are operating in Pakistan to help with earthquake relief efforts.²²

Nevertheless, the capacity to assist by air is and will remain limited. International relief assistance is continuously arriving into the country, mainly at Islamabad airport. In addition, humanitarian organisations are purchasing relief items locally in huge quantities to be distributed as quickly as possible in the impacted areas. The need is then huge to provide transportation and carriage of relief and medical assistance to the populations of the impacted area.

²¹ South Asia Earthquake Emergency: Initial Appraisal of the Health Situation and Needs (5 November 2005) prepared by the Regional Sector Expert for Health

²² UJLC – Rotary wing assets deployed (2 November 2005) NATO EADRCC Situation Report No. 14 Earthquake – Pakistan 30 October 2005

The need for regular transport/freight/storage is obvious in this specific context. It is a vital link to provide assistance as quickly as possible and to reach simultaneously the most isolated valleys. Road transport, through well structured dispatching hubs, would be the most reliable solution and soon the only one as the weather will shortly end the possibility of air transport to these mountainous areas.

Water and sanitation:

Sanitation is considered as a major risk factor – cholera cases have already been confirmed in Muzaffarabad - whether in remote villages or in displaced camps. Many reports are showing that sanitation is not being addressed adequately for various reasons (cultural, lack of actors, lack of financial support). As size and number of the camps increase, sanitation will become a major issue. To support impacted populations remaining in their villages, emergency rehabilitation of water distribution networks will be completed and latrines installed in order to avoid health risks related to poor hygiene habits and other water borne diseases. Hygiene sensitisation should thus be urgently considered as more people will be settled in tented camps and villages will be isolated in the winter time, and this matter will require particular attention because of cultural and gender sensitivity.

Food/Nutrition:

As at 8 November WFP had delivered food to approximately 775,000 people in the affected areas, although food is not a major priority need in comparison to other life-saving ones.²³ However a joint WFP/UNICEF emergency food security and nutrition assessment reveals that the levels of acute malnutrition in the affected districts were already high before the earthquake. Furthermore six out of the nine affected districts are considered to belong to the most food-insecure parts of Pakistan.²⁴

On the issue of migration, the survey noted that less than 10% of the affected population have left their communities for safer areas, preferring to stay close to their lands and livestock. While larger numbers of people are expected to move into camps with the approach of winter, the survey noted that this is seen as a last resort.²⁵

In some villages visited by DG ECHO's experts in Indian-administered Kashmir, the harvest was not yet in. In those villages where the harvest was in, but houses were destroyed, all food stocks have been lost. In the remote villages of Kashmir, agriculture does not allow self-sufficiency of livelihood, generally contributing a maximum of four months' food supply. For the rest of the year food is procured using income from daily wages generated from road projects, army, and casual labour in Srinagar or beyond. The harvest generally covers the winter months, which is in any case the dead season as far as casual labour goes. Thus the food stocks have been destroyed just at the very time when there is less alternative income available. Furthermore, savings are in many cases being used for renting or re-constructing emergency shelter. Proposals containing a short-term food component thus remain valid. Longer-term food security issues will emerge following the spring thaw – irrigation channels and mills have also been destroyed, and will need repairing to allow even minimum supplies of food to be grown and utilised²⁶.

²³ OCHA Situation Report #21 (8 November 2005)

²⁴ South Asia Earthquake Emergency: Initial Appraisal of the Health Situation and Needs (5 November 2005) prepared by the Regional Sector Expert for Health

²⁵ WFP Emergency Report No. 44 of 28 October 2005

²⁶ DG ECHO India situation report n° 12 of 26 October 2005.

Disaster preparedness:

As identified by the joint damage and needs assessment of the Asian Development Bank and the World Bank in Pakistan, some critical issues linked to disaster reduction strategies need to be reflected in the design and implementation of recovery strategies as existing vulnerabilities should be mitigated as much as possible rather than repeated. The large number of deaths caused by the earthquake was the result of the collapse of approximately 200,000 buildings, which also left millions of people homeless in difficult-to-access terrain at the onset of a harsh winter. These buildings collapsed in mass due to their very poor quality and the absence of any seismic consideration in their design. The new buildings should be seismically designed and built to an acceptable standard. The same concern should be taken into account while rehabilitating buildings that should be retrofitted. There is therefore a need to inform and train all relevant stakeholders who will be involved in the rehabilitation and reconstruction phase; this includes decision-makers (authorities) and professionals in the sector (architects, engineers, contractors and builders) especially in the rural areas. Furthermore, it is known that the public is more receptive to awareness messages on disaster risks just after a disaster. This is why a specific effort should be made in that field while the memory of the earthquake is fresh. The multi-hazard approach should be adopted in a country which is subject to recurring natural hazards, of which flooding, earthquakes, cyclones and drought/heat waves are the most significant.

Partners will also be encouraged to integrate (“mainstream”) disaster preparedness components into their relief operations wherever possible. Regular promotion of addressing disaster preparedness, for example earthquake resistant technologies and standards, can be incorporated at the time of shelter construction, and also during the reconstruction phase.

1.3. - Target population and regions concerned:

The overall target population is the four million affected – including 500,000 in India - living in the impacted areas in Kashmir and North West Frontier (NWFP). In Pakistan, more than 2.8 million people are considered homeless²⁷, of them more than 225,000 are to seek temporary shelter in tented camps. In India 150,000 people are estimated to be homeless.²⁸

The main impacted areas in Pakistan are Manshera, Balakot and Shangla districts in NWFP and Muzaffarabad, Bagh and Rawalakot in Pakistan-administered Kashmir, as well as Uri sector and Rafiabad block of Baramulla and the Tangdar *tehsil* of Kupwara in Indian-administered Kashmir.

The direct beneficiaries of disaster preparedness, through support given to the UN and mainstreaming, will be the general population, local governments, households at village level and schools for the awareness component and the decision-makers (authorities) and those involved in building construction for the information and training component on anti-seismic norms and standards. The regions concerned in Pakistan will be: Manshera, Balakot, Gadi Habibullah and Abbotabad in the NWFP and Bagh and the rural areas around Muzaffarabad in Kashmir.

In the first months of the current Decision little distinction will be made among the victims in terms of the type of aid provided as this would slow down the distribution process to an

²⁷ USAID/DCHA Fact Sheet #23 10 November 2005

²⁸ USAID/DCHA Fact Sheet #23 10 November 2005

unacceptable level. Following this phase, the beneficiaries will be targeted according to the priorities defined by the ongoing needs assessments.

1.4. - Risk assessment and possible constraints:

The main constraints are:

- The difficult mountainous terrain and the consequences of the earthquake on the infrastructure which is destroyed (roads, bridges);
- The weather can rapidly become the major constraint in delivering aid;
- The ongoing seismic activities; this could not only result in additional needs, but could also disrupt the implementation of relief operations funded under this Decision;
- Lack of security due to the chaotic context at the moment has also to be considered;
- Radicalisation of the attitudes of the population if aid is not forthcoming;
- Access for political-military reasons in Kashmir and in the NWFP, Pakistan where authorities were active in the “war against terrorism”;
- The violence due to the conflict in the Indian state of Jammu and Kashmir since 1989 poses a threat in terms of security for the international organisations working there²⁹.

2 - Objectives and components of the humanitarian intervention proposed: ³⁰

Funding for the current Decision includes EUR 20 million from the EUR 30 million DG ECHO mobilised from the EC’s reserve. EUR 10 million was allocated earlier through a second Emergency Decision.³¹

2.1. - Objectives:

Principal objective: To preserve the life of the population affected by the earthquake of 8 October 2005.

Specific objectives:

- To assist the victims of the earthquake with integrated relief assistance, small-scale rehabilitation and livelihood support.

²⁹ On 17 October 2005, militants attacked a government workers’ housing block in Srinagar, killing the State Education Minister. On 26 October 2005, a car bomb on the outskirts of Srinagar, the summer capital of the state, targeted an Indian Army convoy travelling to Baramulla, killing one soldier and injuring twenty five.

³⁰ Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002). Rate of financing: In accordance with Article 169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action. Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in DG ECHO’s standard Framework Partnership Agreement to which NGO’s and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at http://europa.eu.int/comm/echo/partners/index_en.htm

³¹ ECHO/PAK/BUD/2005/01000

- To support the provision of life-saving health services, psycho-social assistance and rehabilitation programmes.
- To contribute to the logistic activities of the international humanitarian community to enable relief items to reach the beneficiaries in a timely manner.
- To reduce the impact of future earthquakes and natural disasters through increasing the awareness, knowledge and capacity of implementing authorities, local governments and local communities in disaster preparedness and reduction measures.

2.2. - Components:

The activities funded under this Decision include the following, by sector:

Shelter and NFIs:

- Provision of winterised tents as well as basic non-food items (stoves, blankets, heating oil, plastic sheeting etc)
- Provision of shelter kits and support of small-scale rehabilitation
- Disaster preparedness

Site planning and camp management:

- Identification of areas, planning, construction and management of tented camps
- Supervision and coordination of food, health and water and sanitation activities
- Addressing protection and gender issues and paying special attention to children's needs

Livelihood:

- Provision of basic livelihood needs (fodder, emergency seeds and tools etc)

Health:

- Support to primary health care
- Mobile clinics to enhance outreach to scattered populations
- Psychosocial support
- Post-traumatic psychical rehabilitation

Water and environmental sanitation:

- Provision of clean water in different situations (camp, field hospital, rural areas etc)
- Improvement of sanitary conditions in different situations (urban, rural areas, camps)
- Improvement of solid waste disposal

Food and nutrition

- Provision of food rations and nutritional assistance when required
- Monitoring the nutritional situation in areas with potential high malnutrition rates and react if necessary

Logistics:

- Support to the timely dispatch of relief items
- Storage

Disaster preparedness:

- To undertake an assessment inventory of the existing building codes and current building practices
- To undertake public awareness on risks with a multi-hazard approach
- To develop school safety programmes, school disasters contingency plans and drills
- To develop training materials and conduct workshops among local governments, community leaders and local teachers on disaster reduction
- To produce visual building codes for safe buildings for illiterate house owners, constructions workers and tenants
- To collect, document and disseminate best practices and experiences through workshops, websites and relevant platforms
- Capacity building of local communities through first aid and search and rescue training and necessary provision of equipment.

3 - Duration expected for actions in the proposed Decision:

The duration for the implementation of this Decision shall be 18 months. Humanitarian operations funded by this decision must be implemented within this period.

The timeframe is necessary considering the mountainous terrain, the access difficulties, approaching winter and ongoing seismic activities. This duration will allow funding of the required humanitarian actions for a sufficient transition period before reconstruction takes place.

Expenditures under this Decision shall be eligible from 1 November 2005. This date is justified by the necessity to avoid any rupture in the ongoing operations which have proved vital for their beneficiaries. It also aims to fund a number of proposals received by DG ECHO which could not be supported under the previous decisions.

Start Date: 1 November 2005.

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

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

On 24 October the Commission announced that DG RELEX would contribute to the reconstruction with EUR 50,000,000.³²

6 - Amount of Decision and distribution by specific objectives:

6.1. - Total amount of the Decision: EUR 25,000,000

³² Pakistan earthquake: Commission proposes EUR 93,600,000 million aid package IP/05/1332

6.2. - Budget breakdown by specific objectives

Principal objective: <i>To preserve the life of the population affected by the earthquake of 8 October 2005.</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners³³
Specific objective 1: To assist the victims of the earthquake with integrated relief assistance, small-scale rehabilitation and livelihood support	14,000,000	Pakistan India	Shelter Camp management Water and Sanitation Livelihood support Food Nutrition Non Food Items Protection Coordination Disaster preparedness	- ACH- ESP - ACTIONAID - AGA KHAN - CARE - UK - GERMAN AGRO ACTION - HILFSWERK AUSTRIA - IOM - IRC - UK - MEDAIR UK - MERCY CORPS SCOTLAND - NORWEGIAN REFUGEE COUNCIL - OXFAM - UK - PLAN INTERNATIONAL UK - SAVE THE CHILDREN - UK - TEARFUND – UK - UN – UNHCR - BEL

³³ ACCION CONTRA EL HAMBRE, (ESP), ACTIONAID (GBR), AGA KHAN FOUNDATION (United Kingdom), ATLAS LOGISTIQUE, (FR), CARE INTERNATIONAL UK, COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), DEUTSCHE WELTHUNGERHILFE / GERMAN AGRO ACTION, (DEU), HANDICAP INTERNATIONAL (FR), HEALTH NET INTERNATIONAL, (NLD), HILFSWERK AUSTRIA, INTERNATIONAL ORGANIZATION FOR MIGRATION (INT), International Rescue Committee UK, MEDAIR UK (GBR), MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), MERCY CORPS SCOTLAND (GBR), NORWEGIAN REFUGEE COUNCIL (NOR), OXFAM (GB), PLAN INTERNATIONAL (UK), TEARFUND (GBR), THE SAVE THE CHILDREN FUND (GBR), UNITED NATIONS - WORLD FOOD PROGRAMME, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM, UNITED NATIONS POPULATION FUND, UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE

Specific objective 2: To support the provision of life-saving health services, psychosocial assistance and rehabilitation programmes	5,000,000	Pakistan India	Health Rehabilitation Coordination Disaster preparedness	- CROIX-ROUGE - CICR- ICRC - CH - HANDICAP (FR) - HEALTH NET INT. - MERLIN - UNFPA - WHO - OMS
Specific objective3 To contribute to the logistic activities of the international humanitarian community to enable relief items to reach the beneficiaries in a timely manner.	5,000,000	Pakistan India	Logistics Coordination Disaster preparedness	- ATLAS - UN - WFP-PAM
Specific objective 4: To reduce the impact of future earthquakes and natural disasters through increasing the awareness, knowledge and capacity of implementing authorities, local governments and local communities in disaster preparedness and reduction measures.	1,000,000	Pakistan	Disaster preparedness	- UN - UNOCHA
TOTAL:	25,000,000			

7 – Evaluation:

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

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

8 - Budget Impact article 23 02 01:

-	CE (EUR)
Initial Available Appropriations for 2005	476,500,000
Supplementary Budgets	-
Reinforcement from Emergency aid reserve	130,000,000
Transfers	- 5,000,000
Total Available Appropriations	601,500,000
Total executed to date (as at 23/11/2005)	575,207,337
Available remaining	26,292,663
Total amount of the Decision	25,000,000

COMMISSION DECISION
of
on the financing of humanitarian operations from the general budget of the European Union in SOUTH ASIA

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid³⁵, and in particular Article 15(2) thereof,

Whereas:

- (1) An earthquake located 95 km north east of Islamabad measuring 7.6 on the Richter scale occurred on 8 October 2005, 10.46 GMT, causing massive destruction that has seriously affected Pakistan and North India.
- (2) As of 10 November 2005, the earthquake has caused over 74,000 deaths and many thousands injured in Pakistan and India, mainly in the North West Frontier Province of Pakistan and Pakistan-administered Kashmir. More than 2.8 million people in Pakistan and 150,000 in India are homeless as a consequence of the disaster.
- (3) The earthquake also caused widespread destruction of houses and public infrastructure such as roads, bridges, schools, hospitals and telecommunications, breakdown of health sector and water and sanitation infrastructure.
- (4) There is a need to increase the preparedness of the population with regard to risks of natural disasters and to increase the knowledge on preparedness measures to be taken during the reconstruction phase, especially in terms of anti-seismic norms and standards.
- (5) The European Commission has already approved one primary emergency Decision for South Asia on 10 October 2005 (ECHO/-AS/BUD/2005/05000, EUR 3,000,000,), one emergency Decision for South Asia on 14 October 2005 (ECHO/-SA/BUD/2005/06000, EUR 10,000,000) and a second emergency Decision for Pakistan on 18 November 2005 (ECHO/PAK/BUD/2005/01000, EUR 10,000,000).
- (6) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 18 months from 1 November 2005.
- (7) It is estimated that an amount of EUR 25,000,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 1,000,000 victims of the earthquake in South Asia, taking into account the available budget, other donors-contributions and other factors.

³⁴ OJ L 163, 2.7.1996, p. 1-6
[ECHO/-SA/BUD/2005/07000](#)

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

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 25,000,000 for humanitarian aid operations providing humanitarian assistance to the victims of the earthquake of 8 October 2005 in Pakistan and India by using line 23 02 01 of the 2005 general budget of the European Union.
2. In accordance with Articles 2 (a), 2 (c), 2 (d) and 2(f) of Council Regulation No 1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

To assist the victims of the earthquake with integrated relief assistance, small-scale rehabilitation and livelihood support

To support the provision of life-saving health services, psycho-social assistance and rehabilitation programmes

To contribute to the logistic activities of the international humanitarian community to enable relief items to reach the beneficiaries in a timely manner.

To reduce the impact of future earthquakes and natural disasters through increasing the awareness, knowledge and capacity of implementing authorities, local governments and local communities in disaster preparedness and reduction measures.

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

Article 2

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

Article 3

1. The duration for the implementation of this decision shall be for a maximum period of 18 months, starting on 01 November 2005.
2. Expenditure under this Decision shall be eligible from 01 November 2005.

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

Article 4

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

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Principal objective: To preserve the life of the population affected by the earthquake of 8 October 2005.	
Specific objectives	Amount per specific objective (EUR)
To assist the victims of the earthquake with integrated relief assistance, small-scale rehabilitation and livelihood support	14,000,000
To support the provision of life-saving health services, psycho-social assistance and rehabilitation programmes	5,000,000
To contribute to the logistic activities of the international humanitarian community to enable relief items to reach the beneficiaries in a timely manner.	5,000,000
To reduce the impact of future earthquakes and natural disasters through increasing the awareness, knowledge and capacity of implementing authorities, local governments and local communities in disaster preparedness and reduction measures.	1,000,000
TOTAL	25,000,000