



## Humanitarian Aid Decision

23 02 01

Title: Humanitarian aid for vulnerable people most affected by the conflict in Jammu and Kashmir

Location of operation: INDIA

Amount of Decision: EUR 2,000,000

Decision reference number: ECHO/IND/BUD/2006/01000

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### Explanatory Memorandum

#### **1 - Rationale, needs and target population.**

##### 1.1. - Rationale :

In the Indian controlled part of Kashmir (101,387 sq. km), Muslims account for the largest of the three ethnic groups, making up a population of some 7 million out of 10.1 million. Since 1989, more than a dozen rebel groups have been fighting for Kashmir's independence from India or its merger with Pakistan.

The conflict is concentrated in the Muslim north of Jammu and Kashmir State, in the Kashmir Valley, but affects also some of the districts in Jammu, notably those along the Line of Control (LoC).

Its international dimension makes Kashmir the most explosive of India's internal conflicts. Two of the three wars between India and Pakistan have been over Kashmir. The conflict in Jammu and Kashmir, given its strategic implications for Asia and even for the world, received international community attention after the terrorist attacks of 11 September 2001 against the United States, the bombing of the Indian Parliament at the end of 2001, and the bomb blasts in New Delhi in October 2005. In May 2002, about 30 people were killed in a raid against an Indian army camp in Kashmir and India blamed Pakistani-based rebels for the attack. Both countries declared that they were ready for all out war and the conflict reached a peak during the summer of 2002. Indo-Pakistani tensions have decreased since then and the two countries agreed on a ceasefire along the LoC dividing Kashmir in November 2003. Diplomatic ties were restored in May 2004 and both governments have decided that senior officials would meet regularly to discuss the dispute on Kashmir and nuclear security. A restricted monthly bus service between Srinagar in India and Muzaffarabad in Pakistan resumed

in April 2005. After the earthquake of 8 October 2005, Pakistan and India opened five temporary foot crossing points across the LoC in the affected areas. Moreover, an alliance of political, social and religious separatist groups, known as the All Parties Hurriyat Conference, have engaged in a dialogue with the Government since January 2004. Locally the coalition government set up after the local elections of October 2002<sup>1</sup> promotes a “healing touch policy” aimed at winning the “hearts and minds” of the Kashmiris.

However, despite these positive but fragile political developments, the harsh effects of the conflict on the population living in Jammu and Kashmir receive virtually no coverage while violence remains a daily reality. Although troop numbers have been reduced, the military presence in the state remains substantial.

It is estimated that nearly 40,000 people have died since the conflict began<sup>2</sup>. Up to fifteen people die in daily incidents related to the armed conflict. Victims include civilians, political activists, para-military police, armed forces and militants. Most recently, the February 2006 killing of four boys in Kupwara district, allegedly by the security forces, led to a regular pattern of widespread strikes, demonstrations and further violence and killings. The number of casualties due to the violence amounted to 3,022 in 2002, 2,542 in 2003, 1,812 in 2004 and 1,739 in 2005. This decreasing trend is confirmed for the first two months of 2006<sup>3</sup>. The infiltration of activists and the attack on the Parliament in December 2001 have also led to the mining of 740 kilometres of land along the LoC until July 2002<sup>4</sup>.

## 1.2. - Identified needs :

### **Protection**

Frequent clashes between separatist groups on the one hand and the Indian army and the Indian security forces<sup>5</sup> on the other hand have created an atmosphere of fear, tension and mistrust amongst the local civilian population as civilians often face life threatening situations. The “healing touch policy” has not yet produced any significant changes. The coalition government's action plan includes a commitment to investigate allegations of human rights violations by the Indian Army and its various security forces.

Clashes, bombing and protest strikes have continued, with civilians as targets or victims of collateral damage. In the struggle between Indian security forces and the

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<sup>1</sup> The turn-out reached 15%.

<sup>2</sup> The *South Asia Terrorism Portal* ([www.satp.org](http://www.satp.org)) puts the figure at 39,944 victims between 1988 and 16/02/2006. The Indian army estimates that the number of civilians killed by militants and in cross firing reached 15,611 between 1990 and 24/02/2006 (Source: [www.armyinkashmir.org](http://www.armyinkashmir.org)).

<sup>3</sup> Since the beginning of the year, 104 persons have been killed or injured, as of 16/02/2006 (Source: *South Asia Terrorism Portal*).

<sup>4</sup> The whole border with Pakistan (2,897 km in total) was mined but the army started mine clearance activities in Gujarat, Rajasthan and Punjab states. In October 2004 India reported that “large-scale demining operations... conducted by the Army... are presently nearing completion.” Completion of clearance was reported in local media. As villagers resumed use of their fields, there were reports of mines being discovered and of casualties occurring (Source: Landmine Monitor, 2005 report).

<sup>5</sup> The Rastraiya Rifles, the Border Security Force, the Indo-Tibetan Border Force, the Central Reserve Police Force and the Jammu and Kashmir Police).

network of armed opposition movements in Kashmir, civilians suffer from harassment, reprisals, property destruction, indiscriminate attacks, disappearances and extrajudicial killings, as well as from the effects of strikes and military crackdowns. Violations of International Humanitarian Law, rules and principles are a regular occurrence<sup>6</sup>.

In addition it is estimated that about 800 official detainees are held in jails in connection with the Kashmir conflict. Many are held initially in unofficial temporary places of detention (run by the forces that arrest them) before they are considered for transfer to the jails. The number held in these unofficial locations is unknown. On release, many detainees are re-arrested. Links between the prisoners and their families are often disrupted.

This high level of violence is a powerful deterrent for humanitarian aid organisations and any kind of foreign presence, thus reinforcing the feeling of isolation and absence of protection experienced by the local population.

### **Health and psychosocial assistance**

Health indicators for Jammu and Kashmir are considered to be in the middle to upper range for India as a whole. However, these results can mask sharp differences within each state, particularly in Jammu and Kashmir, where the most conflict-affected districts are not included in the national surveys due to high insecurity. While urban centres were found to have adequate health care facilities, it is acknowledged that access to health and the quality of health services in remote areas are poor. The reasons for this situation include a lack of resources to undertake training or support primary health workers in the periphery, exacerbated by the diversion of funds away from the State social services budget to the security budget, a low staff morale reflecting an unwillingness to work in isolated and insecure areas and frustration with the lack of financial, training and supervisory support, but above all a prevailing insecurity, leading to the exodus of skilled health staff outside the state. Violence also affects the outreach of the extension services of the government due to the fear factor. Therefore, the primary health centres are chronically under-staffed. Medical doctors do not want to work in Kashmir and female doctors, being harassed at the numerous check-points, prefer to stay in the main cities, mainly Srinagar, rather than working at district level or in remote areas.

Despite the absence of significant health data for rural areas, a survey in one of the most conflict-affected districts highlighted, in particular, a female illiteracy rate of over 80 percent, and immunization coverage of below 16 percent. In addition, the percentage of births attended by skilled personnel was discovered to be far lower than the officially reported 47 percent. According to local statistics, trained birth attendants were only able to attend less than 12 percent of births. There was no record on the outcomes of three-quarters of the estimated births in the district<sup>7</sup>. A DG ECHO<sup>8</sup> partner already working in Kashmir observed also a lack of dressings, sterilization and sanitation techniques/materials as well as a potential lack of TB and HIV treatment in the health facilities of other remote and conflict-affected districts<sup>9</sup>.

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<sup>6</sup> “In Jammu and Kashmir, members of opposition groups were responsible for targeted killings of civilians. Victims included relatives of state officials and people suspected of working for the government”. (Source: Amnesty International, Annual Report 2005).

<sup>7</sup>Source: Merlin, needs assessment, 11/2003 and 02/2004.

<sup>8</sup> Directorate-General for Humanitarian Aid – ECHO.

<sup>9</sup> Source: MSF-NL, 11/06/2004.

The violence that the population living in the state has been experiencing since 1989 will have an impact on generations to come and the profound psychological effects cannot be easily mitigated. As per the records of the psychiatric hospital in Srinagar, there were only 1,700 cases of mental illness registered in 1989, but this has gone up to 60,000 by 2004<sup>10</sup>. Women and children are the most vulnerable<sup>11</sup>. The ongoing violence, daily intimidation and fear for missing relatives have a severe impact on their mental health. Their rights to education, health and employment are severely curtailed as a result of the ongoing violence. Large-scale unemployment coupled with the absence of social life has led to an intense feeling of frustration and despair among young people. In the Kashmir valley in 1990, there were on average 6-patients per day attending the Out Patient Department (OPD) of the psychiatric hospital. By 1994 this number had gone up to 59 patients per day and by 1999, there were more than 100-patients per day. In 2002, on average 200 patients attended the OPD. Studies undertaken by psychiatrists in the Kashmir Valley illustrate a high level of psychiatric/psychological disorders such as anxiety disorders, depression, post-traumatic stress disorder (PTSD), suicide, and substance abuse<sup>12</sup>.

However there are only seven psychiatrists and one clinical psychologist for a population of 4 million in the Kashmir valley. The quality of the care they can provide is limited and their role is reduced to that of physicians handing out prescriptions.

Also there is only one government psychiatric hospital in Kashmir, located in Srinagar, which provides services to the entire Kashmir Valley and also to the adjoining areas of Jammu and Ladakh. The hospital, which was more a prison in which patients simply deteriorated, has been attacked twice during the conflict. Therefore DG ECHO decided to support health and psychosocial activities in the Kashmir valley in 2002 and a water distribution system was put in place, toilets for the wards were constructed, two large burnt out rooms were roofed and renovated. The works done until the end of 2003 allowed also for the installation of a new septic tank for the female ward, the installation of water tanks, and the improvement of the drainage and pipe system. The counselling centre adjacent to the hospital is now fully operational with five trained local counsellors who received an average of 10 new cases and 20 follow up visits per month for the first quarter of 2004, i.e. 362 persons.

Initial results of the psychosocial activities led by DG ECHO partners, including a non-medication approach through counselling and radio shows in the Kashmir valley, are generating a growing interest of the local population and bring about increased awareness of the significant mental health, stress or anxiety needs in the area. The strategy, which needs to be continued, is to decentralise and integrate

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<sup>10</sup> Source: Actionaid, 11/2005.

<sup>11</sup> According to the records of the psychiatric hospital in Srinagar, at any given time at least 15% of the women are suffering from prolonged trauma and stress resulting in physical symptoms such as frequent palpitations, deep and overwhelming sorrow, lack of interest and concentration, sleep disorders and loss of appetite. Out of 100 cases of acute depression, 70 to 80 are women but only a few of them will go to the hospital for treatment.

<sup>12</sup> An ECHO-funded survey, "State of Mental Health in Urban Kashmir" (January 2006) found that 59% of men and 40% of women were found to be suffering from hypertension and depression (of these, 85% and 89% of cases are due to the conflict). Over 22% take anti-depressants, while 7.7% men / 8.4% women take tranquilizers and 6% men / 5/4% women take sedatives.

mental/counselling services into the community and provide education about the conditions/manifestation of stress.

1.3. - Target population and regions concerned :

The present decision will benefit the resident population affected by the conflict in Jammu and Kashmir, with particular emphasis on the most vulnerable groups, i.e. women and children. The earthquake-affected regions of Tanghdar and Uri will be integrated in the psychosocial component.

1.4. - Risk assessment and possible constraints :

The proposed humanitarian assistance is a continuation of the support initiated by ECHO in 2002 and will be necessary to relieve human suffering for as long as the crisis persists and until rehabilitation and development programmes can be set up.

As indicated above, security is a major constraint, in the case of the ICRC even impeding activities in 2003. The experience gained from the first two funding decisions has showed that access to the field by partners was restricted by frequent “hartals” or “bandhs” (strikes), imposition of curfews and military crackdowns after militant attacks. This situation has sometimes led to a delayed start-up of operations, a lower rate of disbursement and the necessity to proceed with no-cost extensions. However these difficulties were also related to the fact that the activities were new in the region and the continuation of these actions under the last funding decision did not experience the same difficulties.

The provision of humanitarian aid in Jammu and Kashmir may be affected by the Indian authorities’ position towards the situation which is perceived as purely internal. In November 2005, the European Union placed Hizbul Mujahideen, a local organisation who advocates the integration of Jammu and Kashmir into Pakistan, and who has a significant presence in some of the districts where DG ECHO funded-operations are concentrated, on its list of banned terrorist organisations. For these reasons, a high level of visibility cannot be sought at this stage in Jammu and Kashmir, and the low-profile approach adopted for the assistance provided since 2002 should be maintained. It should be added that DG ECHO insists that the partners obtain the agreement of the local authorities before implementing their activities.

## **2 - Objectives and components of the humanitarian intervention proposed:<sup>13</sup>**

### **2.1. - Objectives :**

Principal objective: To assist the vulnerable populations most affected by the conflict in Jammu and Kashmir, particularly women and children.

Specific objectives:

- To contribute to the protection of conflict-related detainees and civilians and to increase the dissemination of International Humanitarian Law in Jammu and Kashmir.
- To support the most vulnerable people to overcome their traumatic experiences and to provide them with better health conditions.

### **2.2. - Components :**

Protection activities for the conflict-related detainees and for the civilian population will be continued and reinforced. Information to civilians of the whereabouts of relatives who have disappeared will be provided. International Humanitarian Law dissemination sessions will be conducted for the benefit of the security forces present in the region.

Health and psychosocial support to the population of Kashmir will be continued with the counselling service in Srinagar. Outreach activities in remote and conflict-affected districts will be developed if security allows it and counsellors and potential care providers like teachers, social workers and paramedics, will continue to be trained. The support will allow for a popular psychosocial radio programme. This psychosocial support will include a livelihood component for the most vulnerable, i.e. mainly disabled and widows.

Health camps, including health promotion, in remote and conflict-affected districts will be conducted.

## **3 - Duration expected for actions in the proposed Decision:**

The duration for the implementation of this Decision shall be 15 months.

Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 01 February 2006 in order to avoid an unnecessary disruption of the activities foreseen under specific objective 1, which are continuing previous DG ECHO support.

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13 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](http://europa.eu.int/comm/echo/partners/index_en.htm)



## 5 - Other donors and donor co-ordination mechanisms.

Donors in INDIA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		ECHO	12,000,000		
Belgium		Other services			
Cyprus					
Czech republic					
Denmark	134,228				
Estonia					
Finland	150,000				
France					
Germany	65,000				
Greece					
Hungary					
Ireland	300,000				
Italy					
Latvia					
Lithuania					
Luxemburg	652,500				
Malta					
Netherlands					
Poland					
Portugal					
Slovakia					
Slovenie					
Spain					
Sweden	399,673				
United kingdom	1,865,874				
Subtotal	3,567,275	Subtotal	12,000,000	Subtotal	0
		Grand total	15,567,275		

Dated : 24/02/2006

(\*) Source : DG ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>  
Empty cells means either no information is available or no contribution.

## 6 - Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 2,000,000

## 6.2. - Budget breakdown by specific objectives

<b>Principal objective:</b> <i>To assist the vulnerable populations most affected by the conflict in Jammu and Kashmir, particularly women and children.</i>				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>14</sup></b>
Specific objective 1: To contribute to the protection of conflict-related detainees and civilians and to increase the dissemination of International Humanitarian Law in Jammu and Kashmir.	1,360,000	Jammu and Kashmir	Protection of the civilian population and dissemination of International Humanitarian Law	- CROIX-ROUGE - CICR- ICRC - CH
Specific objective 2: To support the most vulnerable people to overcome their traumatic experiences and to provide them with better health conditions.	640,000	Jammu and Kashmir	Provision of psychosocial support; training for counsellors; media programme and supplementary livelihood activities.	- ACTIONAID - MSF - NLD
<b>TOTAL:</b>	<b>2,000,000</b>			

<sup>14</sup> ACTIONAID (GBR), ARTSEN ZONDER GRENZEN (NLD), COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR)

## 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](http://europa.eu.int/comm/echo/evaluation/index_en.htm).

## 8 - Budget Impact article 23 02 01

-	CE (EUR)
Initial Available Appropriations for 2006	470,429,000
Supplementary Budgets	
Transfers	
<b>Total Available Credits</b>	<b>470,429,000</b>
Total executed to date (by 03/03/2006)	252,550,000
Available remaining	217,879,000
<b>Total amount of the Decision</b>	<b>2,000,000</b>

**COMMISSION DECISION**  
**of**  
**on the financing of humanitarian operations from the general budget of the European**  
**Union in**  
**INDIA**

**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 aid <sup>15</sup>, and in particular Article 14 thereof,

Whereas:

- (1) India is experiencing in Jammu and Kashmir the consequences of an ongoing violent internal conflict on its territory and it is estimated that nearly 40,000 people, including civilians, have been killed since 1989,
- (2) Despite the media coverage of the conflict, little has been done by the international community to mitigate the effects of the threats and reality of daily violence on a trapped civilian population whose basic social needs, particularly in health, are not covered,
- (3) As a result of seventeen years of extreme tension and violence the majority of the population, most notably women and children, suffer from severe stress,
- (4) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months,
- (5) It is estimated that an amount of EUR 2,000,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 1,850,000 beneficiaries taking into account the available budget, other donors-contributions and other factors.

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 2,000,000 for humanitarian aid operations Humanitarian aid for vulnerable people most affected by the conflict in Jammu and Kashmir by using line 23 02 01 of the 2006 general budget of the European Union.

2. In accordance with Article 2 (a) of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

- To contribute to the protection of conflict-related detainees and civilians and to increase the dissemination of International Humanitarian Law in Jammu and Kashmir,
- To support the most vulnerable people to overcome their traumatic experiences and to provide them with better health conditions.

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.

#### *Article 3*

1. The duration for the implementation of this decision shall be for a maximum period of 15 months, starting on 01 February 2006.
2. Expenditure under this Decision shall be eligible from 01 February 2006.
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

<b>Principal objective:</b> To assist the vulnerable populations most affected by the conflict in Jammu and Kashmir, particularly women and children.	
<b>Specific objectives</b>	<b>Amount per specific objective (EUR)</b>
To contribute to the protection of conflict-related detainees and civilians and to increase the dissemination of International Humanitarian Law in Jammu and Kashmir,	1,360,000
To support the most vulnerable people to overcome their traumatic experiences and to provide them with better health conditions.	640,000
<b>TOTAL</b>	<b>2,000,000</b>