

**COMMISSION DECISION**  
**on the financing of humanitarian operations from the general budget of the European Communities 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>1</sup>, and in particular Article 14 thereof:

Whereas:

- (1) The state of Chhattisgarh, in particular the district of Dantewada, is the epicentre of the Naxalite (Maoist) insurgency, where continual clashes between insurgents and Indian Security forces have resulted in over 765 reported deaths since 2002 and the displacement of over 50 000 civilians;
- (2) The Naxalite conflict has come to be recognised as the “single biggest internal security challenge ever faced by India” (statement by the Indian Prime Minister in 2007);
- (3) Thousands have fled their villages and abandoned their fields, fearing retaliation for alleged non cooperation. There are 27 camps for internally displaced people (IDPs). In general these camps are very basic and sanitation does not exist; for those remaining in villages a similar situation pertains;
- (4) The State structure is fragile and the government has virtually no capacity to deliver to the people of Dantewada even some basic amenities. It is virtually impossible to get health professionals to work outside the district capital, due to the very harsh living conditions, exacerbated by the conflict;
- (5) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 12 months;
- (6) It is estimated that an amount of EUR 630,000 from budget line 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to over 10,000 victims of the Naxalite conflict in Chhattisgarh, taking into account the available budget, other donors' contributions and other factors;
- (7) The present Decision constitutes a financing Decision in the sense of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002<sup>2</sup>, Article 90 of the detailed rules for the implementation of the Financial Regulations determined by Regulation (EC, Euratom) No 2342/2002<sup>3</sup>, and Article 15 of the internal rules of the implementation of the general budget of the European Communities<sup>4</sup>.

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<sup>1</sup> OJ L 163, 2.7.1996, p. 1-6

<sup>2</sup> OJ L 248, 16.9.2002, p.1. Regulation as last amended by Regulation (EC, Euratom) No 1995/2006, OJ L 390, 30.12.2006, p.1

<sup>3</sup> -OJ L 357, 31.12.2002, , p.1 Regulation as last amended by Commission Regulation (EC Euratom) No. 478/2007, OJ L 111 of 28.4.2007, P. 13

<sup>4</sup> Commission Decision of 21.2.2007, C/2007/513

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 630,000 for humanitarian aid operations for humanitarian assistance for the victims of the Chhattisgarh conflict by using line 23 02 01 of the 2007 general budget of the European Communities.

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

To provide multi-sectoral humanitarian support to the internally displaced people and to the inhabitants of the villages in the conflict area, in particular Adivasis and Dalits and women and children.

The total amount of this Decision is allocated to this objective.

*Article 2*

1. The duration for the implementation of this Decision shall be for a maximum period of 12 months, starting on 15 October 2007.

2. Expenditure under this Decision shall be eligible from 15 October 2007.

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 3*

1. The Commission shall implement the budget by direct centralised management or by joint management with international organisations.

2. The actions supported by this Decision will be implemented by humanitarian aid organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA).

3. Taking account the specificities of humanitarian aid, the nature of the activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this Decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation. This means that in case of co-financing, the possible rate of co-financing can go up to 99% if needed.

*Article 4*

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

Done at Brussels,

For the Commission

Member of the Commission



**Humanitarian Aid Decision**  
**23 02 01**

Title: Humanitarian assistance for the victims of the conflict in Chhattisgarh

Location of operation: India

Amount of Decision: EUR 630,000

Decision reference number: ECHO/IND/BUD/2007/02000

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**Explanatory Memorandum**

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

1.1. - Rationale :

Although the Naxalite (Maoist) insurgency in India has been running for more than 30 years, it has gone virtually unnoticed by the outside world. The state of Chhattisgarh, in particular the district of Dantewada, is the epicentre of the insurgency, where continual clashes between Naxalite insurgents on the one hand, and Indian Security forces (mainly police and specialist counter insurgency battalions) assisted by anti Naxalite militias, known as the Salwa Judum, on the other, have resulted in over 765 reported dead since 2002<sup>5</sup> and the displacement of well over 50,000 civilians.

The Naxalite conflict has come to be recognised as the “single biggest internal security challenge ever faced by India” (statement by the Indian Prime Minister in 2007), and currently affects 172 of India's 602 districts.

While thousands of Adivasis<sup>6</sup>, Dalits and others have fled their villages and abandoned their paddy fields, fearing retaliation from the Naxalites for alleged non-cooperation, the government has also been forcing villagers to take shelter in around 27 camps run by the Salwa Judum, in order to isolate the Naxalites. The actual number of displaced persons is probably higher than the figure indicated above, as large numbers of people who have taken shelter in the Naxalite controlled areas are not counted and there is also no estimate of those

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<sup>5</sup> Source: Ministry of Home Affairs of India, data available between 2002 and 2006; the numbers show a clearly worsening pattern, with 388 deaths reported in 2006 compared to 55 in 2002. No data available for 2007.

<sup>6</sup> Tribal people

who fled to neighbouring states like Andhra Pradesh and Orissa. Moreover, the number of IDPs<sup>7</sup> is increasing further due to escalating violence.

In Chhattisgarh, the State structure remains weak and the government has virtually no capacity to deliver to the Dalits and tribals of Dantewada even the basic amenities. It is virtually impossible to get health professionals to work in Dantewada outside the district capital, due to the very harsh living conditions, exacerbated by the conflict.

On the positive side, the State of Chhattisgarh has earlier this year signed a cooperation agreement with the European Commission, for a Health Sector Programme. However, tangible benefits from this type of cooperation usually takes at least 2-3 years to materialize and its reach into the Dantewada district will be even more challenging, due to the conflict situation. DG ECHO expects to phase out the humanitarian assistance to these communities, as the improvements generated by the Health Sector Programme will start producing positive outcomes in the lives of the local population, in terms of better access and better service.

Security is also an important issue. In a situation of "vigilante justice", where people take law into their own hands, security for the civilians both within and outside the IDP camps cannot be guaranteed. Just like the Naxalites, the Salwa Judum activists are involved in illegal checking of all vehicles passing through their area and levying of illegal taxes. In addition the Salwa Judum has been given responsibility for controlling all IDP camps in Dantewada district, although their activists are reliably reported to be responsible for torture, rape and extrajudicial killings. Human rights groups say that the Police often fail to register First Information Reports (FIR) relating to such atrocities by the Salwa Judum activists.

Although the conflict is a long running one, only recently have the first DG ECHO<sup>8</sup> partners had access to the area. MSF-H<sup>9</sup> started a presence in 2006 and after that MSF-B<sup>10</sup> and UNICEF have also initiated activities in the district. Of these only MSF-H and UNICEF have expressed a request for DG ECHO funding at this stage.

#### 1.2. - Identified needs :

IDPs - conditions vary from camp to camp, the size of the camp population being a factor (some camps can have a population as small as a couple of hundred, whereas some like Dornapal have a population as large as 14,000, according to the camp administration). However, in general, the camps are very basic and IDPs complain that the shelters are useless in the rainy season<sup>11</sup>. Sanitation does not exist. Food rations are inadequate in quantity and quality and distribution is intermittent and erratic. Health provision consists only of Homeopathic doctors who, unqualified as they are, are treating serious illnesses and prescribing drugs for which they have no training. The IDPs remain extremely insecure with no access to their villages and little to no means of livelihood. In this context mental health is becoming an increasing problem<sup>12</sup>.

#### People in villages in the Naxalite zones

Civilians remaining in the Naxalite zones are cut off from just about all basic services, in particular health care (Dantewada has a very high incidence of falciparum malaria), and are continuously at risk of being caught between the two warring sides, or punished by one of the sides on suspicion of aiding the other faction. On taking a village, the Naxalites tend to seal

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<sup>7</sup> Internally Displaced People

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

<sup>9</sup> Médecins Sans Frontière – Holland

<sup>10</sup> Médecins Sans Frontière – Belgium

<sup>11</sup> As confirmed by the ECHO mission that visited the district in January 2007

<sup>12</sup> Source: MSF-H

the location by blocking all access, digging deep trenches across all access paths /roads, felling trees across access routes and laying land mines. For obvious reasons, government health services do not operate in Naxalite areas.

### Protection

Civilians are subject to constant indoctrination and intimidation by both the Naxalites and the Salwa Judum and there is credible evidence of increasing sexual violence and rape.

#### 1.3. - Target population and regions concerned :

The target population are the 719,000 inhabitants of Dantewada district, in the State of Chhattisgarh, in particular the estimated 50,000 people in the IDP camps and those in villages directly affected by the conflict, including in areas controlled by the Naxalites, for as long as access to them is possible.

#### 1.4. - Risk assessment and possible constraints :

The most important risks are related to the conflict and the various types of violence associated with it. Consequently there is also the risk that some of the most vulnerable populations will not be accessible to DG ECHO partners, either permanently or occasionally. Other risks refer to natural disasters, in relation to which the area is vulnerable, in particular flooding and droughts.

## **2 - Objectives and components of the humanitarian intervention proposed:**

### 2.1. - Objectives :

Principal objective: To provide humanitarian assistance to the most vulnerable victims of the Naxalite conflict in Chhattisgarh

Specific objectives:

To provide multi-sectoral humanitarian support to the IDPs and to the inhabitants of the villages in the conflict area, in particular Adivasis and Dalits and women and children

### 2.2. - Components :

Due to difficulties in accessing the region, only a very limited number of DG ECHO partners are present and hence only part of the needs can be addressed.

### Health

Provision of support to primary health care centres and to the operation of mobile clinics for villagers directly affected by the conflict and where there is a high prevalence of malaria. Assistance to established health posts within IDP camps in terms of technical staff, equipment and medication. Provision of coverage of other IDP camps without access to an existing health post through mobile clinics. Promotion of increased knowledge and awareness of preventative health care and health enhancing behaviour (grass-roots education for health).

### Water and sanitation

Water and sanitation facilities for IDPs residing in camps and villages, including for the camps' schools and health posts. The availability of drinking water storage and distribution facilities will be increased, ensuring regularity of supply and less waiting time. Water quality will be surveyed and remedial actions taken, when necessary. The provision of adequate water and sanitation structures will be accompanied by appropriate hygiene education.



## 5 - Overview of donors' contributions

Donors in India the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	6,871,429		
Belgium		Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland					
France					
Germany					
Greece					
Hungary					
Ireland					
Italy					
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands					
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	638,015				
United kingdom					
Subtotal	638,015	Subtotal	6,871,429	Subtotal	0
		Grand total	7,509,444		

Dated : 14 August 2007

(\*) Source : DG ECHO 14 Points reporting for Members States. <https://hac.ec.europa.eu>

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 630,000

## 6.2. - Budget breakdown by specific objectives

<b>Principal objective:</b> <i>To provide humanitarian assistance to the most vulnerable victims of the Naxalite conflict in Chhattisgarh</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>13</sup></b>
Specific objective 1: To provide multi-sectoral humanitarian support to the IDPs and to the inhabitants of the villages in the conflict area, in particular Adivasis and Dalits and women and children	630,000	district of Dantewada in the state of Chhattisgarh	Access to health  Provision of water and sanitation  Provision of grass-roots hygiene and health education	- MSF-H - UNICEF
<b>TOTAL:</b>	630,000			

<sup>13</sup> ARTSEN ZONDER GRENZEN (NLD), UNICEF

## 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 DG 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://ec.europa.eu/echo/evaluation/index\\_en.htm](http://ec.europa.eu/echo/evaluation/index_en.htm).

## 8 - Budget Impact article 23 02 01

-	CE (EUR)
Initial Available Appropriations for 2007	485,000,000.00
Supplementary Budgets	-
Transfers	-
<b>Total Available Credits</b>	<b>485,000,000.00</b>
Total executed to date (by 21.08.2007)	406,645,694.95
Available remaining	78,354,305.05
<b>Total amount of the Decision</b>	<b>630,000.00</b>

## 9. MANAGEMENT ISSUES

Humanitarian aid actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at [http://ec.europa.eu/echo/partners/index\\_en.htm](http://ec.europa.eu/echo/partners/index_en.htm).

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.