



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels
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COMMISSION DECISION

of

**on the financing of humanitarian Actions from the general budget of the European
Communities in India**

(ECHO/IND/BUD/2009/02000)

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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 aid¹, and in particular Article 2 and Article 15(1) 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 over 40,000 people, including civilians, have been killed since 1989,
- (2) Despite media coverage of the conflict, little has been done by the international community to mitigate the effects of daily violence on a trapped civilian population whose basic social needs, particularly in protection and health, are not covered,
- (3) As a result of twenty 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) To reach populations in need, aid should be channelled through Non-Governmental Organisations (NGOs), and International Organisations including United Nations (UN) agencies. Therefore the European Commission should implement by budget by direct centralized management or by joint management.
- (6) It is estimated that an amount of EUR 2,000,000 from budget article 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to over approximately 100,000 beneficiaries, taking into account the available budget, other donors' contributions and other factors. Therefore the activities covered by this Decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation;
- (7) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002², Article 90 of the detailed rules for the implementation of the Financial Regulation determined by

¹ 1- OJ L 163, 2.7.1996, p. 1.

² 2- OJ L 248, 16.9.2002, p.1.

Regulation (EC, Euratom) No 2342/2002³, and Article 15 of the internal rules on the implementation of the general budget of the European Communities⁴;

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 Actions for vulnerable people most affected by the conflict in Jammu and Kashmir, in particular women, children and disabled people, by using article 23 02 01 of the 2009 general budget of the European Communities.
2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the humanitarian Actions under this Decision shall be implemented in the pursuance of the following specific objectives:

– To contribute to the protection of conflict-related detainees and civilians, including children

An amount of EUR 1,325,000 is allocated to this specific objective.

– To support the most vulnerable people overcoming their traumatic experiences and provide them with better health conditions and better care for people living with disabilities

An amount of EUR 675,000 is allocated to this specific objective.

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 15 months, starting on 01 July 2009.
2. Expenditure under this Decision shall be eligible from 01 July 2009.
3. If the Actions 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

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

³ 3- OJ L 357, 31.12.2002, , p.1.

⁴ 4- Commission Decision of 5.3.2008, C/2008/773

2. Actions supported by this Decision will be implemented either by:
 - Non-profit-making organisations which fulfil the eligibility and suitability criteria established in Article 7 of Council Regulation (EC) No. 1257/96;
 - or International organisations
3. Taking account of 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.

Article 5

This Decision will 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 aid for vulnerable people most affected by the conflict in Jammu and Kashmir, in particular women, children and disabled people

Location of Action: India

Amount of Decision: EUR 2,000,000

Decision reference number: ECHO/IND/BUD/2009/02000

Supporting Document

1 - Rationale, needs and target population.

1.1. - Rationale :

Since 1989 more than a dozen rebel groups have been fighting for Kashmir's independence, or for its merger with Pakistan. The conflict is concentrated in the Kashmir Valley, but affects also some districts in Jammu and those along the Line of Control (LoC).

Its international dimension makes Kashmir the best known of India's internal conflicts. Two of the three wars fought between India and Pakistan have been over Kashmir. Given its strategic implications it received international attention after the terrorist attacks of 11 September 2001 against the United States and after a number of terrorist attacks on Indian soil, including the bombing of the Indian Parliament in 2001 and more recently the December 2008 Mumbai attacks.

A year after the serious cross-border events of the Summer of 2002 the two countries agreed on a ceasefire along the LoC dividing Kashmir. Diplomatic ties were restored in May 2004. A restricted monthly bus service between Srinagar in India and Muzaffarabad in Pakistan resumed in April 2005 and since early 2007 the Hurryat conference has been calling for further withdrawal, or at least substantial reductions in numbers, of Indian military forces and the concomitant strengthening of the Jammu and Kashmir police. Although troop numbers have been reduced, the military presence in the state is substantial, its actions shielded by a special legal framework, the Disturbed Areas Act and the Armed Forces Special Powers Act.

Local and national press often report on human rights abuses and a particular risk lies in the fact that each soldier is paid a bonus¹ and given a promotion for each "militant" killed.

In 2007, for the first time since 1990, fatalities fell below the mark of a thousand deaths. In spite of a violent Summer, the year 2008 followed on the positive trend, with 541² deaths reported. However, most agree that this relative lull does not correspond to real progress in view of a political solution, but rather to external factors, and incidents such as cross-fires and bomb blasts in densely populated areas, extra-judicial killings and disappearances, still occur. "Fake encounters"³ are reported and in March 2008 reports of mass graves with approximately 1000 un-identified bodies were made public. It is estimated that over 40,000 people have died since the conflict began⁴. Victims include children and other civilians, political activists, para-military police, armed forces and alleged militants.

The Jammu and Kashmir conflict is one of the "forgotten crises" included in DG ECHO's⁵ overall strategy. DG ECHO has been supporting the victims of this conflict since 2002 (for a total of €11,000,000 excluding the present Decision), with a focus on protection, health and psycho-social and livelihoods support. The present proposal builds on the lessons learnt and on the positive outcomes reached during the previous interventions. These include the proactive response of communities to the approaches taken by ECHO partners in terms of protection and psycho-social support and the acknowledgement that flexibility is necessary, to allow partners to respond with the necessary swiftness to unforeseen crisis stemming from the conflict thus, for instance, one DG ECHO partner was able to provide immediate health care to the victims of the explosion of the Khundroo ammunition depot in August 2007.

1.2. - Identified needs :

Protection

Frequent clashes between separatist groups and the Indian security forces⁶ fuel an atmosphere of fear, tension and mistrust amongst the local civilian population, as civilians often face life threatening situations and are victims of exactions, resulting in serious psychological trauma / depression. In a context of exception, with the Disturbed Areas Act and the Armed Forces Special Powers Act – special laws allowing the military to shoot any person suspected of being a threat, with impunity from prosecution - clashes, bombing and protest strikes are common, with civilians as targets or victims of collateral damage. In the struggle between Indian security forces and the 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 occurrence⁷.

¹ INR 100,000 (equivalent to approximately €1,500)

² Source: the South Asia Terrorism Portal, www.satp.org

³ When security forces stage a fake encounter with alleged militants, in which these are killed.

⁴ Sources: The *South Asia Terrorism Portal* (www.satp.org) and the Indian army (www.armyinkashmir.org).

⁵ European Commission Directorate-General for Humanitarian Aid - ECHO

⁶ The Rastraiya Rifles, the Border Security Force, the Indo-Tibetan Border Force, the Central Reserve Police Force and the Jammu and Kashmir Police).

⁷ "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).

It is estimated that over 1,000 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.

Many of those killed and who "disappear" leave behind highly vulnerable families who are left economically and legally resourceless. Most women do not work outside their homes, for traditional reasons, and when the husband dies the wife is left with virtually no means to support the family. Often the children, or some of the siblings, end up being sent to orphanages. Estimates indicate that the number of orphans in Jammu and Kashmir lies somewhere between 12,500 and 120,000⁸ children – to be clarified in the coming months, as Save the Children is expected to finalise a comprehensive study on orphans by this summer -, many of whom are in institutions as there are no community-based alternatives in place.

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 in the middle to upper range for India as a whole. However these results mask sharp differences, as 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, or even non-existing in areas most affected by conflict. 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, low staff morale reflecting an unwillingness to work in isolated and insecure areas and frustration with the lack of financial, training and supervisory support, the difficulty to access often security sealed areas, but above all a prevailing insecurity, leading to the exodus of skilled health staff from the state. Violence also affects outreach services due to the fear factor. Therefore, primary health centres are chronically under-staffed and under-resourced. 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.

The conflict causes disabilities and further contributes to marginalising those living with disabilities, as it renders more difficult their access to health care and rehabilitation treatment, education and livelihoods. The number of persons with disabilities in Kashmir sharply increased over the past two decades of conflict, further overstressing the already-inadequate health facilities. According to the 2001 census 3% of the population has some form of disability; international agencies put the rate at 5 to 7%⁹. The main causes of disabilities are landmines, accidents and above all a lack of preventative care, in particular antenatal care, as well as the absence of early detection of disability within the infant population. Children with disability unattended at an early age will be disabled for life. The disabilities in children include cerebral palsy (often following long unattended delivery), polio, war injuries, hearing and speech impairments, sight loss, burns.

⁸ Child Rights Situation Analysis (CRSA) conducted in December 2006 by Save the Children

⁹ Source: Handicap International

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 Srinagar psychiatric hospital, there were only 1,700 cases of mental illness registered in 1989, but this had gone up to 60,000 by 2004¹⁰. Women and children are the most vulnerable¹¹. 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 daily. 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 abuse¹².

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 has only very basic conditions, has been attacked twice during the conflict. Therefore DG ECHO decided to support some water and sanitation improvements in the hospital, in 2002-2003.

Psychosocial activities implemented by DG ECHO partners, including a non-medication approach through counselling and radio shows in the Kashmir valley, are received with strong interest by 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 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 (an estimated 100.000 direct beneficiaries and an overall population of circa 1.850.000, if we count those listening to the radio shows) affected by the conflict in Jammu and Kashmir, with particular emphasis on the most vulnerable groups, i.e. women and children, disabled, detainees.

1.4. - Risk assessment and possible constraints :

¹⁰ Source: Actionaid.

¹¹ 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.

¹² A DG ECHO-funded survey, "State of Mental Health in Urban Kashmir" (January 2006) found that 59% of men and 40% of women were 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.

Security is a major constraint and it can seriously affect access. The experience gained from previous funding decisions shows that access to the field by partners is often restricted by frequent “hartaals” or “bandhs” (strikes), imposition of curfews and military crackdowns after militant attacks and cross-fire incidents. 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.

The provision of humanitarian aid in Jammu and Kashmir may also be affected by the Indian authorities’ position towards the situation, which is perceived as purely internal. For the same reasons, there seems to be virtually no scope for these activities to be taken over by international development programmes and thus the sustainability of this humanitarian intervention depends on the availability of ECHO funding, in absence of other humanitarian donors in the area.

In November 2005, the European Union placed Hizbul Mujahideen, a local organisation which advocates the integration of Jammu and Kashmir into Pakistan, and which has a significant presence in some of the districts where DG ECHO funded-operations are concentrated, on its list of banned terrorist organisations. For this reason, a high level of visibility cannot be sought 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:

2.1. - Objectives :

Principal objective: to provide humanitarian assistance to vulnerable populations most affected by the conflict in Jammu and Kashmir, in particular women, children and disabled people.

Specific objectives:

- to contribute to the protection of conflict-related detainees and civilians, including children.
- to support the most vulnerable people overcoming their traumatic experiences and provide them with better health conditions and better care for people living with disabilities.

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.

Protection activities for conflict affected children and conflict orphans, including the implementation of standards for establishing and managing orphanages, training of teachers and children in orphanages, strengthening of grassroots level child protection committees and public awareness on child protection issues. Activities will also promote community-based solutions for these children, as an alternative for orphanages/institutional care, which are far from covering all the needs and from being the best solution for the children, who are thus cut off from their families and communities.

Health and psychosocial support to the population of Kashmir will be continued through services in Srinagar and outreach activities in remote and conflict-affected districts, including activities specifically targeting people living with disabilities. Counselors 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 that aims to raise awareness about mental health issues and how to address these, this radio programme has been running for years and has proven to be a very efficient awareness raising method, as it reaches many remote communities. This psychosocial support will include a livelihood component for the most vulnerable, i.e. mainly disabled and widows. Health camps, including health promotion and training on care for people living with disabilities, 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 Actions funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 01 July 2009.

Start Date : 01 July 2009

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 Actions.

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.

4 - Previous interventions/Decisions of the Commission within the context of the current crisis

List of previous DG ECHO operations in INDIA

Decision Number	Decision Type	2007 EUR	2008 EUR	2009 EUR
ECHO/-SA/BUD/2007/01000 (*)	Global Plan	500,000		
ECHO/-SA/BUD/2007/02000 (*)	Emergency	5,000,000		
ECHO/-SA/BUD/2007/03000 (*)	Non Emergency	6,000,000		
ECHO/DIP/BUD/2007/04000 (*)	Non Emergency	0		
ECHO/IND/BUD/2007/01000	Non Emergency	2,000,000		
ECHO/IND/BUD/2007/02000	Non Emergency	630,000		
ECHO/-FA/BUD/2008/01000 (*)	Non Emergency		3,140,000	
ECHO/-SA/BUD/2008/01000 (*)	Global Plan		500,000	
ECHO/-SA/BUD/2008/02000 (*)	Emergency		3,500,000	
ECHO/IND/BUD/2008/01000	Non Emergency		2,000,000	
ECHO/IND/BUD/2008/02000	Non Emergency		850,000	
ECHO/DIP/BUD/2009/02000 (*)	Non Emergency			2,600,000
ECHO/IND/BUD/2009/01000	Non Emergency			2,000,000
	Subtotal	14,130,000	9,990,000	4,600,000
	Grand Total	28,720,000		

Dated : 28 April 2009

Source : HOPE

(*) decisions with more than one country

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	11,450,000		
Belgium	521,449	Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland					
France	100,000				
Germany	639,000				
Greece					
Hungary					
Ireland	285,097				
Italy	100,000				
Latvia					
Lithuania					
Luxemburg	100,000				
Malta					
Netherlands					
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	745,658				
United kingdom					
Subtotal	2,491,204	Subtotal	11,450,000	Subtotal	0
		Grand total	13,941,204		

Dated : 28 April 2009

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

Principal objective: <i>to provide humanitarian assistance to vulnerable populations most affected by the conflict in Jammu and Kashmir, in particular women, children and disabled people</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners¹³
Specific objective 1: to contribute to the protection of conflict-related detainees and civilians, including children	1,325,000	Jammu and Kashmir	Protection of the civilian population, including children.	- ICRC-CICR - SAVE THE CHILDREN - UK
Specific objective 2: to support the most vulnerable people overcoming their traumatic experiences and provide them with better health conditions and better care for people living with disabilities	675,000	Jammu and Kashmir	Provision of health and psychosocial support; training for counsellors and care givers; media programme and supplementary livelihood activities.	- ACTIONAID - HANDICAP (FR)
TOTAL:	2,000,000			

¹³ ACTIONAID, COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), HANDICAP INTERNATIONAL (FR), THE SAVE THE CHILDREN FUND (GBR)

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 Actions financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent Actions." 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/policies/evaluation/introduction_en.htm.

8. 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/about/actors/partners_en.htm.

For International Organisations identified as potential partners for implementing the Decision, actions will be managed under joint management.

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.