



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels
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COMMISSION DECISION

of

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

(ECHO/IND/BUD/2010/01000)

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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(3) thereof;

Whereas:

- (1) The state of Chhattisgarh is the epicentre of the Naxalite (Maoist) insurgency. Clashes between Naxal insurgents and Indian Security forces have resulted in about six to seven hundred deaths yearly since 2004, and in the displacement of over 100 000 civilians who have fled their villages and abandoned their fields, fearing retaliation for alleged non-cooperation. Basic humanitarian principles applicable to conflict situations are not respected.
- (2) There are at least 24 official camps for internally displaced people (IDPs), in general very basic with inadequate sanitation. For most of those remaining in villages there is no access to education or basic health care services;
- (3) The State structure is fragile and the government has virtually no capacity to deliver, to the people of the Southern districts most affected by the conflict, even basic amenities. It is virtually impossible to engage health professionals to work outside the district capitals, due to the very harsh living conditions, exacerbated by the conflict;
- (4) To reach populations in need, humanitarian aid should be channelled through Non-Governmental Organisations (NGOs) and International Organisations, including United Nations (UN) Agencies. Therefore the European Commission should implement the budget by direct centralized management or by joint management;
- (5) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid Actions should be financed by the Community for a period of 12 months;

¹ 1- OJ L 163, 2.7.1996, p. 1.

- (6) It is estimated that an amount of EUR 1,400,000 from budget article 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to up to 300,000 victims of the conflict, taking into account the available budget, other donors' contributions and other factors. 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) In order to ensure the effective implementation of the present Decision at the beginning of the 2010 budgetary exercise, the present Decision could exceptionally be adopted in 2009;
- (8) 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 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 1,400,000 for the financing of humanitarian Actions in India from budget article 23.02.01 of the 2010 general budget of the European Communities.
2. In accordance with Article 2 of Council Regulation No.1257/96, the principal objective of this Decision is to provide humanitarian assistance to the most vulnerable victims of the Naxalite conflict in Chhattisgarh.
The humanitarian Actions shall be implemented in the pursuance of the following specific objectives
 - To provide protection and assistance to internally displaced people and inhabitants of villages in conflict areas.
A total of EUR 500,000 is allocated to this specific objective.
 - To provide health assistance to the most vulnerable victims of the Naxalite conflict.
A total of EUR 900,000 is allocated to this specific objective.
3. The Authorising Officer may decide on non-substantial changes in accordance with Article 90.4 of the Implementing Rules of the Financial Regulation. Accordingly, when required by the changing circumstances, resources may be reallocated between the different specific objectives up to a maximum of 20% of the total amount of the Financing Decision.

² 2- OJ L 248, 16.9.2002, p.1.

³ 3- OJ L 357, 31.12.2002, , p.1.

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

Article 2

1. The period for the implementation of the Actions financed under this Decision shall start on 15 January 2010 and shall run for 12 months. Eligible expenditure shall be committed during the implementing period of the Decision.
2. If the implementation of individual actions is suspended owing to force majeure or other exceptional circumstances, the period of suspension shall not be taken into account in the implementing period of the Decision in respect of the Action suspended.
3. In accordance with the contractual provisions ruling the Agreements financed under this Decision, the Commission may consider eligible those costs arising and incurred after the end of the implementing period of the Action which are necessary for its winding-up.
4. The Authorising Officer may, where this is justified by the humanitarian situation, extend the duration of the Decision for a maximum of 6 months provided that the total duration of the Decision does not exceed 18 months, in accordance with Article 90.4 of the Implementing Rules of the Financial Regulation.

Article 3

1. In accordance with Article 253 of the Implementing Rules and having regard to the urgency of the Action, the availability of other donors and other relevant operational circumstances, funds under this Decision may finance humanitarian Actions in full.
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 by International organisations.
3. The Commission shall implement the budget:
 - either by direct centralised management, with Non-governmental Organisations;
 - or by joint management with international organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA) and which were subject to the four pillar assessment in line with Article 53d of the Financial Regulation.

Article 4

1. The amount of EUR 1,400,000 shall be conditional upon the necessary funds being available under the 2010 general budget of the European Communities.
2. This Decision will take effect either on the date of its adoption or on 1 January 2010, whichever ever occurs the latest.

Done at Brussels,

*For the Commission
Member of the Commission*



Humanitarian Aid Decision
23 02 01

Title: Commission Decision on the financing of humanitarian Actions in India from the general budget of the European Communities.

Description: Humanitarian assistance for the victims of the conflict in Chhattisgarh.

Location of Action: India

Amount of Decision: EUR 1,400,000

Decision reference number: ECHO/IND/BUD/2010/01000

Supporting Document

1 - Rationale, needs and target population:

1.1. - Rationale:

Although the Naxalite (Maoist) insurgency in India has been active for over 30 years, it has gone largely unnoticed by the outside world¹. The state of Chhattisgarh, and in particular the districts of Dantewada and Bijapur, is the epicentre of the insurgency with continual clashes between Naxalite insurgents and Indian Security forces, assisted by militias. The Home Ministry estimates about six to seven hundred deaths yearly due to the Naxal conflict, since 2004², with many of the victims belonging to the ranks of police and security personnel; the unofficial count is well over 1,000, with over 100 000 civilians displaced³. The Naxalite conflict has come to be recognised as the “single biggest internal security challenge ever faced by India” (statements by the Indian Prime Minister in 2007 and September 2009⁴) and affects 182 of India's 602 districts. The year 2009 saw an increase in hostilities, with more security forces' personnel and Naxalite cadres killed between January and June 2009 than in the whole of 2008. There was also an increase in the number of attacks against civilians – including women and minors, killed because they were believed to be police informers – and a number of high-profile attacks, including the bombing of railways and tele-communications infrastructure.

¹ Consequently data on victims of the conflict is not systematically available and is often contradictory. This explains why some of the data quoted in this document is not as recent as one would desire.

² Source: Home Minister Ram Vichar Netam in a written reply to the Federal Parliament of India, July 2008

³ Source: IDMC (Internal Displacement Monitoring Centre), August 2008

⁴ In Sept 2009 Prime Minister SINGH said Naxal violence is the "gravest internal security threat" to the country and regretted that "despite our efforts we have not achieved as much success as we would have liked to in containing this menace"

Both sides of the conflict have forced tens of thousands of Scheduled Casts (SCs), Scheduled Tribes (STs) and other exposed populations to flee their villages and abandon their fields, fearing retaliation from either side for alleged non-cooperation. There are at least 24 pro-government official camps for displaced populations; other IDPs⁵ have crossed the border to Andhra Pradesh, Maharashtra or Orissa and are staying with host families. Both sides have been criticised for the use of children⁶ in armed operations.

The State structure remains weak and the government has virtually no capacity to deliver even the basic amenities to the people of Dantewada and Bijapur districts (tribals represent up to 79% of the two districts' population⁷). It is virtually impossible to engage health professionals to work outside these districts' capitals, due to the very harsh living conditions, exacerbated by the conflict.

On the positive side the State of Chhattisgarh signed in 2007 a cooperation agreement with the European Commission for a comprehensive support programme, including health. However, tangible benefits from this type of cooperation usually take over 3 years to materialize and its reach into the Dantewada district will be even more challenging due to the conflict. DG ECHO⁸ expects to phase out humanitarian assistance to these communities as the improvements generated by the support programme will start producing positive outcomes in the lives of the local population, in terms of better access to social services.

Protection is often an important element in this context. In a situation of "vigilante justice", where people take law into their own hands, IHL⁹ is often ignored and security for civilians both within and outside the IDP camps cannot be guaranteed. Just like the Naxalites, pro-government militias are involved in illegal checking of all vehicles passing through their area and levying of illegal taxes. Human rights groups state that the Police often fail to register First Information Reports (FIR) relating to atrocities by pro-government militias.

1.2. - Identified needs:

Protection

Civilians are subject to constant pressure, including indoctrination and intimidation by both sides of the conflict and there is credible evidence of the use of children in armed operations and increasing sexual violence and rape. In a situation of "vigilante justice" and widespread use of militias, in which the boundaries between parties to the conflict and civilians are not clear or respected, villagers live in constant risk of being suspected by either side, leading to instances of torture or killings. There is an urgent need to advocate for the respect of IHL by both sides.

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). In 2007 the authorities started upgrading some camps and declared several to be permanent settlements, increasing concerns about forced displacements.

⁵Internally Displaced People

⁶ Source: Human Rights Watch – Sept 2008

⁷ Source: Government of India – Dantewada Data Sheet – Census 2001

⁸ Directorate-General for Humanitarian Aid - ECHO

⁹International Humanitarian Law

The IDPs remain extremely insecure with no access to their villages and little or no means of livelihood. In this context mental health is becoming an increasing problem¹⁰.

People have also fled to neighbouring states (Orissa, Andhra Pradesh, Maharashtra) and some of these remain stranded with insufficient livelihood opportunities and virtually no access to health or education.

People in villages affected by the conflict

Civilians remaining in these villages 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 wounded if caught between the two warring sides, or punished by one of the sides on suspicion of aiding the other. On taking a village, the Naxalites tend to seal 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 and education services do not operate in Naxalite areas, but DG ECHO partners have increasingly been gaining some access.

1.3. - Target population and regions concerned:

The target population are the 719,487 inhabitants of Dantewada and Bijapur districts, in the State of Chhattisgarh, in particular the estimated 100,000 displaced people and those in villages directly affected by the conflict, including in areas from where the Naxalites are operating, for as long as access to them is possible.

These two districts are amongst the worst in India in term of access to education and basic health services, with 1,161 out of 1,220 villages without access to health care and only 214¹¹ villages with a school. The conflict has worsened the situation, by destroying infrastructure, and civil servants are unable to operate in these dangerous areas.

Projects financed under this Decision may also benefit conflict-related IDPs who fled to border areas of neighbouring states (Orissa, Andhra Pradesh, and Maharashtra). No reliable sources exist which can indicate how many these people may be.

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.

¹⁰ Source: MSF-NL

¹¹ Source: Government of India – Dantewada Data Sheet – Census 2001

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:

- 1 – To provide protection and assistance to internally displaced people and inhabitants of villages in conflict areas.
- 2 – To provide health assistance to the most vulnerable victims of the Naxalite conflict.

2.2. - Components:

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

Protection

Mediation between both sides of the conflict in view of respect of humanitarian principles and IHL, and facilitating access by the population affected by the hostilities to basic humanitarian services.

Health

- Support to primary health care centres and operation of mobile clinics for villagers and displaced people directly affected by the conflict and where there is a high prevalence of malaria and malnutrition.
- Assistance to established health posts in terms of technical staff, equipment and medication.
- 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 education and awareness raising campaigns for displaced people and villagers. Water quality in targeted areas will be assessed and remedial actions taken, when necessary.

3 - Duration expected for Actions in the proposed Decision:

The duration for the implementation of this Decision shall be 12 months.

Humanitarian Actions funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 15 January 2010.

Start Date: 15 January 2010.

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.

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	10,950,000		
Belgium	521,449	Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland					
France					
Germany	125,000				
Greece					
Hungary					
Ireland	185,097				
Italy					
Latvia					
Lithuania					
Luxemburg	28,332				
Malta					
Netherlands					
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	177,739				
United kingdom					
Subtotal	1,037,617	Subtotal	10,950,000	Subtotal	0
		Grand total	11,987,617		

Dated : 25 September 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 1,400,000

6.2. - Budget breakdown by specific objectives:

Principal objective: <i>to provide humanitarian assistance to the most vulnerable victims of the Naxalite conflict in Chhattisgarh</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners¹²
Specific objective 1: to provide protection and assistance to internally displaced people and inhabitants of villages in conflict areas	500,000	Chhattisgarh	Mediation for respect of humanitarian principles	<u>Joint management</u> - ICRC-CICR
Specific objective 2: to provide health assistance to the most vulnerable victims of the Naxalite conflict	900,000	Chhattisgarh and border areas of Andhra Pradesh, Maharashtra and Orissa	- primary health care - mobile clinics - preventative health care	<u>Direct centralised management</u> - MSF - BEL - MSF - NLD
TOTAL:	1,400,000			

¹² ARTSEN ZONDER GRENZEN (NLD), COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN BELGIE(BEL)

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 and the Red Cross National Societies on the basis of Framework Partnership Agreements (FPA), by Specialised Agencies of the Member States 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 NGOs, Specialised Agencies of the Member States, Red Cross National Societies and International Organisations not complying with the requirements set up in the Financial Regulation applicable to the general budget of the European Communities for joint management, actions will be managed by direct centralised management.

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.