



EUROPEAN COMMISSION

Brussels, xx.xx.xxxx  
C(2010) XXX final

**COMMISSION DECISION**

of [...]

**on the financing of humanitarian actions in India from the general budget of the  
European Union**

(ECHO/IND/BUD/2010/02000)

## COMMISSION DECISION

of [...]

### on the financing of humanitarian actions in India from the general budget of the European Union

(ECHO/IND/BUD/2010/02000)

THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>1</sup>, and in particular Article 2 and Article 15(3) thereof;

Whereas:

- (1) India is experiencing in Jammu and Kashmir the consequences of an ongoing violent internal conflict 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 psychological trauma;
- (4) To reach populations in need, humanitarian aid should be channelled through non-governmental organisations and international organisations. Therefore the European Commission should implement the budget by direct centralised 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 Union for a period of 15 months;
- (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 Union is necessary to provide humanitarian assistance to over 100,000 beneficiaries, 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;

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

- (7) The present Decision constitutes a financing Decision within the meaning 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 Regulation determined by Regulation (EC, Euratom) No 2342/2002<sup>3</sup>, and Article 15 of the internal rules on the implementation of the general budget of the European Union<sup>4</sup>.

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 the financing of humanitarian actions in India from budget article 23 02 01 of the 2010 general budget of the European Union.
2. In accordance with Article 2 of Council Regulation No.1257/96, the principal objective of this Decision is to provide humanitarian assistance to vulnerable populations most affected by the conflict in Jammu and Kashmir, in particular women, children and disabled people. The humanitarian actions shall be implemented in the pursuance of the following specific objectives:
  - To contribute to the protection of conflict-related detainees and civilians, including children.  
A total 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  
A total of EUR 675,000 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.

*Article 2*

1. The period for the implementation of the actions financed under this Decision shall start on 1 August 2010 and shall run for 15 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.

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<sup>2</sup> OJ L 248, 16.9.2002, p.1.

<sup>3</sup> OJ L 357, 31.12.2002, p.1.

<sup>4</sup> Commission Decision of 5.3.2008, C/2008/773

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) and which were subject to the four pillar assessment in line with Article 53d of the Financial Regulation.

#### *Article 4*

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

Done at Brussels,

*For the Commission*  
*Peter Zangl, Director-General*



## Humanitarian Aid Decision 23 02 01

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

Description: 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/2010/02000

### Supporting document

## 1 Humanitarian context, needs and risks

### 1.1 Situation and context

Since 1989 over a dozen rebel groups have been fighting for the independence of Jammu and Kashmir, or its merger with Pakistan. The conflict is concentrated in the Kashmir Valley, but also affects districts in Jammu and those along the Line of Control. Given its strategic implications this conflict 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.

Two of the three wars fought between India and Pakistan were over Jammu and Kashmir. A year after the serious cross-border events of Summer 2002 the two countries agreed on a ceasefire along the Line of Control 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. Since early 2007 the Hurryat conference has called for the further withdrawal, or at least substantial reduction in numbers, of Indian military forces, and the concomitant strengthening of the Jammu and Kashmir police. The military presence in the state is substantial and ubiquitous, its actions shielded by a special legal framework, the Disturbed Areas Act and the Armed Forces Special Powers Act – special laws allowing the military to arrest, interrogate and shoot any person suspected of being a threat, with impunity

from prosecution. Local and national press often report on human rights abuses and a particular risk lies in the fact that each soldier is paid a bonus<sup>1</sup> and given a promotion for each "militant" killed.

Fatalities occur on almost a daily basis (377 casualties in 2009<sup>2</sup>) and international armed groups have recently<sup>3</sup> vowed to "step up the jihad to liberate Jammu and Kashmir from India". Recent events<sup>4</sup> and media reports<sup>5</sup> confirm this and quote residents referring to "large numbers" of foreign<sup>6</sup> armed men camped in the Neelum Valley, near the Line of Control. Consequently, since Spring 2010 there has been an increase in violence<sup>7</sup>, with areas often not accessible to the Commission's Directorate-General Humanitarian Aid and Civil Protection (DG ECHO) partners due to on-going battles. The local population is at constant risk of being caught in cross-fires and bomb blasts. These frequent clashes fuel an atmosphere of fear, tension and mistrust amongst civilians, resulting in serious psychological trauma / depression. Civilians suffer from harassment, reprisals, property destruction, indiscriminate attacks, "fake encounters"<sup>8</sup>, 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>9</sup>. The State Human Rights Commission (SHRC) instituted 404 cases of human rights violations including 6 rapes, 43 disappearances and 9 custodial deaths during the financial year 2008-2009 in Jammu & Kashmir. In March 2008 reports of mass graves with approximately 1,000 unidentified bodies were made public. Official figures indicate that over 40,000 people have died since the conflict began<sup>10</sup>. Victims include children and other civilians, political activists, paramilitary police, armed forces and alleged militants.

## 1.2 Identified humanitarian needs

### *Protection*

It is estimated that close to 1,000 official detainees are held in jails, in connection with the conflict. Many are held initially in unofficial temporary centres of detention (run by the forces that arrest them) where they are interrogated before they are considered for transfer to official 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.

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<sup>1</sup> INR 100,000 (equivalent to approximately €1,500)

<sup>2</sup> Source: the South Asia Terrorism Portal, [www.satp.org](http://www.satp.org)

<sup>3</sup> including Lashkar-e-Tayyaba and Hizb-ul-Mujahideen, March 2010

<sup>4</sup> A "spurt of terrorist attacks at the fag end of 2009 and the beginning of the New Year (...) a flurry of attacks in just over a fortnight – the killing of four Central Reserve Police Force (CRPF) personnel in Sopore on December 30, 2009; the *fidayeen* (suicide squad) attack at Lal Chowk in the heart of Srinagar on January 6, 2010; the encounter in Pulwama on January 8, in Thanola on January 10, in Kulgam on January 13; and the attack on the Sopore Police Station on January 15" - Source: the South Asia Terrorism Portal, [www.satp.org](http://www.satp.org)

<sup>5</sup> BBC News, 17/05/2010

<sup>6</sup> "The men are not locals (...) most do not speak the local language", "we are scared" - source BBC news "Kashmir fighters are 'regrouping'", May 2010.

<sup>7</sup> The Government of Jammu and Kashmir announced a pause in the withdrawal of soldiers from the area. Last year, 35000 troops are said to have been repositioned in other locations in the country. With the noticeable improvement of the security situation in the last years, it was though opportune for the militaries to be progressively reduced in Jammu and Kashmir. However, the fear to have more insurgents' infiltration from the other side of the line of control are said to have seriously hampered these plans.

<sup>8</sup> The India National Human Rights Commission reported in March 2010 that half the 2,560 police 'encounters' reported throughout the country between 1993 and 2009 were fake. 'Encounters' is a term used in India to describe a shootout between the police and criminal suspects before the latter has been brought to trial. If 'encounters' are not in fact spontaneous they constitute an extrajudicial killing

<sup>9</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).

<sup>10</sup> Sources: The *South Asia Terrorism Portal* ([www.satp.org](http://www.satp.org)) and the Indian army ([www.armyinkashmir.org](http://www.armyinkashmir.org)).

Many of those killed or who "disappear" leave behind highly vulnerable families who are left economically and legally resource-less. These families are often stigmatised and do not have access to government welfare schemes. 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 to ease the burden on households. Estimates vary widely but indicate that the number of orphans in Jammu and Kashmir lies somewhere between 12,500 and 120,000<sup>11</sup> children, many of whom are in institutions, as there are very little community-based alternatives in place.

The persistence of tensions and recurrent insecurity for civilians induces a disbanding of community ties, with the traditionally strong community support to its members disappearing progressively over the years. The situation prevailing in villages is such that there is very limited support one can expect from other members of the community, who fear being associated with families or persons perceived as close to the different parties in the conflict. The 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 lack 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 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's 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, frequently harassed at the numerous check-points, prefer to stay in the main cities, where they often run private structures, rather than working at district level or in remote areas. Access to these main cities is virtually impossible for many of the rural communities because of security constraints, fears and above all limited resources.

The conflict causes disabilities and further contributes to marginalising those living with disabilities, as it renders more difficult, if not impossible, 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, but international agencies put the rate at 5 to 7%<sup>12</sup>. 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 or adequate early treatments. Children with disabilities unattended at an early age

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<sup>11</sup> Child Rights Situation Analysis (CRSA) conducted in December 2006 by Save the Children

<sup>12</sup> Source: Handicap International

will be disabled for life. Disabilities in children include cerebral palsy (often following long unattended delivery), polio, war injuries, hearing and speech impairments, sight loss, burns.

The violence that the local communities have 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 2004<sup>13</sup>. Women and children are the most vulnerable<sup>14</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 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<sup>15</sup>. Studies undertaken by psychiatrists in the Kashmir Valley illustrate a high level of psychiatric/psychological disorders such as anxiety, depression, post-traumatic stress disorder, suicide, and substance abuse<sup>16</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 Jammu and Kashmir, located in Srinagar, which is supposed to provide 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 and subsequently the European Union financed some water and sanitation improvements to its facilities, in 2002-2003. Psychosocial activities implemented by DG ECHO partners, including a non-medication approach through counselling, are received with strong interest by the local population and bring about increased awareness of 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/manifestations of stress.

### **1.3 Risk assessment and possible constraints**

Security is the major constraint and can seriously affect access. Previous interventions show that access to the field by partners is often restricted by “hartaals” or “bandhs” (strikes), imposition of curfews and military crackdowns after militant attacks and cross-fire incidents. This situation has led to delayed start-up of operations, lower rate of disbursement and the need to proceed with no-cost extensions.

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<sup>13</sup> Source: Actionaid.

<sup>14</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>15</sup> Source: Actionaid

<sup>16</sup> 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.

The provision of humanitarian aid in Jammu and Kashmir may also be affected by the Indian authorities' position towards a situation perceived as a purely internal crisis, which may lead the authorities to deny permission to operate.

In November 2005 the European Union placed Hizb'ul Mujahideen, a local organisation advocating the integration of Jammu and Kashmir into Pakistan, and with a significant presence in some of the districts where EU 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 in the past should be maintained, left to the discretion of the partners. It should be added that DG ECHO insists that the partners obtain the agreement of the local authorities before implementing their activities.

## **2 Proposed DG ECHO response**

### **2.1 Rationale**

The Jammu and Kashmir conflict is one of the "forgotten crises" included in DG ECHO's operational strategy. DG ECHO has been supporting the victims of this conflict since 2002 (for a total of EUR 13,000,000 excluding the present Decision), with a focus on Protection and Health, including care for people living with disabilities and psychosocial support, which in turn includes livelihood support. The present exercise builds on the lessons learnt and on the positive outcomes reached during previous interventions. These include the proactive response of communities to the approaches taken by DG ECHO partners in terms of protection, psycho-social support and assistance to people living with disabilities, the clear improvements noticeable among project beneficiaries, and the acknowledgement that flexibility is necessary, to allow partners to respond with the necessary swiftness to sudden crisis stemming from the conflict.

The geographical areas covered by this funding Decision will correspond to those most affected by fighting and unrest. These may change during the course of the operations, but tend to concentrate on the Kashmir valley and the districts closer to the Line of Control. DG ECHO partners strive to cover conflict-affected communities that have not benefitted from humanitarian assistance and where the needs are most acute. As referred above, this fact entails specific risks, such as delayed start-up of operations, lower rates of disbursement, or the need to proceed with no-cost extensions.

### **2.2 Objectives**

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

## **2.3 Components**

Protection activities implemented by the ICRC and consistent with their core mandate, for conflict-related detainees and 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 related orphans, focusing on the strengthening of grassroots level child protection committees and public awareness on child protection issues. Activities will promote community-based solutions for supporting 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 Jammu and Kashmir will be continued through services in Srinagar, Ganderbal, Baramula, Shopian and Pulwama and outreach activities in remote and conflict-affected districts, including activities specifically targeting people living with disabilities. Counsellors and potential care providers such as teachers, social workers and paramedics, will be trained. Psychosocial support will include a livelihood component for the most vulnerable, mainly disabled people and widows, conceived as an engagement for psychosocial care and occupational therapy. Health camps, including health promotion and care for people living with disabilities in remote and conflict-affected districts will be conducted.

## **2.4 Complementarity and coordination with other EU services, donors and institutions**

There is limited scope for international development programmes in Jammu and Kashmir because India accepts only a restricted number of development donors, in general, and more so in Jammu and Kashmir, in a context seen as a purely internal "prevailing situation". Nevertheless, the European Union is currently funding three demand-driven development projects in Jammu and Kashmir one of which is for improving the quality of elementary education (2009-2012), another for poverty reduction through self-help structures (2008-2010) and the third one to promote social dialogue for peace (2010-2013). The Jammu and Kashmir State also benefits from EU funding for sector budget support in Health, under the "Sector Policy support Programme/National Rural Health Mission/Reproductive Health Programme II (SPSP/NRHM/RCHII)", and in Education, under the "Sarva Shiksha Abhiyan (SSA)".

(See also table 3 in annex)

## **2.5 Duration**

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 1 August 2010.

Start Date: 1 August 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.

### **3 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 Union 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](http://ec.europa.eu/echo/policies/evaluation/introduction_en.htm).

### **4 Management Issues**

Humanitarian aid actions funded by the European Union 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 Financial Administrative Framework Agreement with the UN (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](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 Union 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.

### **5 Annexes**

*Annex 1 - Summary decision matrix (table)*

<b>Principal objective</b> to provide humanitarian assistance to vulnerable populations most affected by the conflict in Jammu and Kashmir, in particular women, children and disabled people				
<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>17</sup></b>
to contribute to the protection of conflict-related detainees and civilians, including children	1,325,000	Jammu and Kashmir	Protection of detainees and the civilian population, including children	<u>Direct centralised management</u> - SAVE THE CHILDREN - UK <u>Joint management</u> - ICRC-CICR
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 care; training for counsellors and care givers; media programme and supplementary livelihood activities	<u>Direct centralised management</u> - ACTIONAID - HANDICAP (FR)
<b>TOTAL</b>	2,000,000			

<sup>17</sup> ACTIONAID, COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), HANDICAP INTERNATIONAL (FR), THE SAVE THE CHILDREN FUND (GBR)

## Annex 2 - List of previous DG ECHO Decisions

List of previous DG ECHO operations in INDIA				
Decision Number	Decision Type	2008 EUR	2009 EUR	2010 EUR
ECHO/-FA/BUD/2008/01000 (*)	Ad hoc	3,125,000		
ECHO/-SA/BUD/2008/01000 (*)	Global Plan	800,000		
ECHO/-SA/BUD/2008/02000 (*)	Emergency	3,110,641		
ECHO/DRF/BUD/2008/01000 (*)	Ad hoc	34,969		
ECHO/IND/BUD/2008/01000	Ad hoc	2,000,000		
ECHO/IND/BUD/2008/02000	Ad hoc	850,000		
ECHO/DIP/BUD/2009/02000 (*)	Ad hoc		2,248,795	
ECHO/IND/BUD/2009/01000	Ad hoc		2,000,000	
ECHO/IND/BUD/2009/02000	Ad hoc		2,000,000	
ECHO/IND/BUD/2010/01000	Ad hoc			1,400,000
	<b>Subtotal</b>	9,920,610	6,248,795	1,400,000
	<b>TOTAL</b>	17,569,405		

Date : 26/05/2010

Source : HOPE

(\*) decisions with more than one country

The Jammu and Kashmir 2009 and 2010 Financing Decisions overlap by two months (from 01/08/2010 to 30/09/2010). For partners benefitting from funding under both Decisions, contracts financed under the 2010 Decision will only start after the previous contract has expired.

## Annex 3 - Overview table of the humanitarian donor contributions

Donors in INDIA over the last 12 months			
1. EU Member States (*)		2. European Commission	
	EUR		EUR
Germany	25,000	DG ECHO	3,400,000
Ireland	100,000		
Luxembourg	78,332		
Sweden	375,753		
<b>Subtotal</b>	579,085	<b>Subtotal</b>	3,400,000
<b>TOTAL</b>	3,979,085		

Date : 26/05/2010

(\*) Source : DG ECHO 14 Points reports. <https://webgate.ec.europa.eu/hac>

Empty cells : no information or no contribution.

Annex 4 - Maps

