

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

INDIA

1. CONTEXT

DG ECHO's foreseen activities in India in 2012 will focus on alleviating the emergency needs arising from two protracted crises: Jammu and Kashmir (J+K), and the Naxalite conflict.

Jammu and Kashmir – the roots of the conflict stem back to independence and partition; the 1990s saw an intensification of the crisis, with various militant groups fighting either for independence, or for joining Pakistan. The increased presence of militant groups, several of whom received support from outside India, together with the imposition of special emergency laws, compounds the humanitarian impact on civilians. Although the conflict is not as intense as during the bloodiest years of the 1990s, militant incursions continue to take place, killings and other abuses of International Humanitarian Law (IHL) still occur on a daily basis, and the economy and basic social services continue to be disrupted. 2010 saw an upsurge of civilian protest, and a heavy-handed response by the State security services, leading to over 110 civilian deaths. The underlying cause of the conflict remains unchanged, and directly linked to India-Pakistan relations – as such, the outlook is not optimistic, and there remains no end-in-sight to the conflict.

The Naxalite crisis – the conflict now affects over 180 of India's 602 districts, but its intensity remains heaviest in the South of Chhattisgarh state, where the European Commission's Directorate General for Humanitarian Aid and Civil Protection (DG ECHO) is concentrating its activities. Official estimates speak of 600-700 deaths yearly but the unofficial count is well over 1,000, with over 100,000 civilians displaced, often in neighbouring states. 2009 marked an increase in hostilities and high-profile attacks, including the bombing of railways and tele-communications infrastructure; while the first half of 2011 has seen a relative decrease in the number of violent incidents, the civilian population continues to face direct attacks as well as other effect of the conflict. The population most affected are rural tribals, living in remote villages without access to basic government services. Special emergency laws apply to the security forces in Chhattisgarh and "vigilante" groups take part in the hostilities. IHL is ignored and frequent human rights abuses are reported. Future prospects are pessimistic, as the conflict stems directly from a situation of chronic under-development, compounded by serious land rights issues.

Natural disasters – India is highly vulnerable to natural disasters, in particular floods, cyclones, earthquakes and drought.

Country status in GNA: Vulnerability Index = 2; Crisis Index = 3.

Ranking in HDI (Human Development Index) = 121

Country population: 1.21 billion; affected people: cf. following section.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries:

J+K – over 700,000 directly affected people, mostly inhabitants of the Kashmir valley and border areas, while the whole State population (10 million) is indirectly affected.

Naxalite conflict in Chhattisgarh and Andhra Pradesh – over 50,000 directly affected people in Chhattisgarh, mostly rural tribals of Bijapur, Dantewada and Narayanpur districts, and an estimated 100,000 internally displaced persons (IDPs), part of whom have moved to Andhra Pradesh

2) Description of most acute humanitarian needs.

Protection - the Disturbed Areas Act and the Armed Forces Special Powers Act, special laws which among other things allow the military to shoot any person suspected of being a threat, with impunity from prosecution, are in force in both Kashmir (which also has the J+K Public Safety Act) and Chhattisgarh. Local and national press often report on human rights abuses. In a situation 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 intimidation and torture, gender-based violence (GBV), forced displacement, or killings.

Health – access to quality health services in remote and conflict-affected areas is poor or even non-existent – yet these are the areas where people are at increased risk of being wounded, becoming disabled or having serious psychological trauma. Primary health centres are chronically under-staffed and under-resourced, and there is an unwillingness to work in isolated and insecure areas, leading to an exodus of skilled health. 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. Conflict-affected populations need outreach health care that is perceived to be neutral.

Nutrition – in both contexts, the ongoing conflicts act as a shock to exacerbate high pre-existing levels of acute malnutrition, for which the national average rate is 20% of under-5s, already above the internationally-accepted emergency threshold of 15%. Over 40% of the world's severe acute malnourished children (over 8 million cases) live in India. Furthermore, 44% of India's under-5s are underweight, 48% stunted.

Large scale natural disasters destroy livelihoods and thus have a severe humanitarian impact on populations who are, at the best of times, already food insecure. They often limit the affected communities' access to drinking water and cause widespread destruction of shelters.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

The State is a party to the conflict and, in both cases, the blurring of lines between civilians and combatants on both sides of the conflict is constant. The State is unable

to respond because its professionals would be regarded as legitimate targets (medical staff and teachers, for instance).

2) International Humanitarian Response

Although confronted with a series of conflicts, some officially acknowledged as serious threats to internal security, India considers them internal matters not requiring the involvement of the international community. India remains particularly sensitive on these issues and external stakeholders are not allowed any significant involvement. UN agencies, when present in the country, have a limited capacity to implement their mandate; for example, there are no UN humanitarian agencies in J+K, and only UNICEF¹ is active in Chhattisgarh (and UNHCR² is not allowed to work with the Sri Lankan refugees in Tamil Nadu). ICRC³ is also subject to restrictions, though there is a gradually growing presence of international NGOs, and a robust national civil society. Most EU and other countries are not involved except in what concerns J+K, which holds some interest for political reasons. Therefore there is very limited international funding for organisations providing humanitarian assistance to the victims of either conflict.

3) Constraints and DG ECHO response capacity

Access is usually possible, although with periods of interruption for security reasons. Some remote areas remain off-limits (international border areas of Kashmir, as well as rather large areas in Chhattisgarh). The presence of partners is limited, partly due to government restrictions (e.g. ICRC have only recently been allowed to operate in Chhattisgarh) rendering absorptive capacity limited; however, those who are present are in general very experienced and the quality and efficiency of operations is positive. With the exception of UNMOGIP⁴, UN agencies are not allowed to operate in Kashmir.

4) Envisaged DG ECHO response and expected results of humanitarian aid interventions

DG ECHO envisages continued engagement in the two conflicts, which remain very active, and whose impact on the populations has serious humanitarian consequences. As in previous years, protection (including child protection) and health (focus on outreach primary health care, psychosocial support for trauma victims and assistance to people living with disabilities) will be the top priorities. Where possible and appropriate, measures to promote improved nutrition, as well as DRR, will be integrated into the response. Bearing in mind evolving needs and increased absorptive capacity, the budget level should remain at EUR 2 million for Kashmir and be increased to EUR 2 million for Chhattisgarh. DG ECHO will remain in close contact

¹ UN Children's Fund

² UN High Commissioner for Refugees

³ International Committee of the Red Cross

⁴ UN Military Observer Group in India and Pakistan

with the EU Delegation in New Delhi and the European External Action Service (EEAS) to explore possibilities for advocacy and communication.

In J+K and Chhattisgarh DG ECHO's intervention will contribute to the protection of conflict-affected civilians and increased respect of IHL, as well as improving access of affected civilians to primary health care, including mental health and care for people living with disabilities, and better nutrition.

DG ECHO will closely monitor the humanitarian effects of natural disasters and will respond when the situation is considered to be one of emergency; DG ECHO will pay particular attention to excluded communities (scheduled castes, tribes and other minorities) in the response.

4. LRRD, COORDINATION AND TRANSITION

1) Other DG ECHO interventions

During 2011, in addition to humanitarian support to the victims of conflicts in Kashmir and Chhattisgarh, DG ECHO intervened in the following crises in India: (a) Floods in West Bengal, Uttar Pradesh and Uttarakhand = EUR 600,000; (b) Ethnic conflict in Assam = EUR 200,000. Additionally, EUR 1.1 million was allocated through the 2011 DIPECHO Action plan for South Asia.

2) Other services/donors availability

There is limited scope for wider international development programmes because India accepts only a restricted number of development donors in general, and more so in contexts seen as a purely internal "prevailing situation".

3) Other concomitant EU interventions

EEAS and DEVCO are currently supporting four development projects in J+K: i) improving the quality of elementary education (2009-2012); ii) improving the winter livelihood of rural populations and setting up sustainable networks to disseminate energy efficiency in the cold desert of the western Indian Himalayas, including Kargil and Leh districts (2008-2012); iii) poverty reduction through self-help structures (2011-2013); iv) promotion of social dialogue for peace (2010-2013). The J+K 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". The State of Chhattisgarh signed in 2007 a cooperation agreement with the European Commission for a comprehensive support programme, including health, but even if health services improve in general, the conflict affected areas remain inaccessible to government services.

4) Exit scenarios

There are no realistic short-to-mid-term exit scenarios. Peace in Kashmir is closely linked to India-Pakistan relations and it will take long years of development and social inclusion to address the root-causes of the Naxalite movement. Although it is

reported that every year hundreds of thousands of Indians step out of poverty, a social dynamic advocating for inclusiveness (on the basis of caste/ethnic/religious) and basic human and social rights still has some way to go.

5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2012/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

5.1 Contacts⁵

Operational Unit in charge: ECHO/B/5

Contact persons at HQ: Giuseppe Angelini - email: giuseppe.angelini@ec.europa.eu

in the field: Samuel Marie-Fanon- email: samuel.marie-fanon@echofield.eu

5.2 Financial info

Indicative Allocation: EUR 4,000,000.

Man-made crises:	Hum. Aid: EUR 4,000,000
Total:	Hum. Aid: EUR 4,000,000

5.3 Proposal Assessment

Assessment round 1

- a) Description of the humanitarian aid interventions relating to this assessment round: Humanitarian assistance for the victims of the Naxalite conflict in Chhattisgarh.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 2,000,000 from the Humanitarian Aid budget-line
- c) Costs will be eligible from 01/01/2012 ⁶
- d) The expected initial duration for the Action is up to 12 months
- e) Potential partners: All DG ECHO Partners
- f) Information to be provided: Single Form
- g) Indicative date for receipt of the above requested information: by 10/12/2011 ⁷

⁵ Single Forms will be submitted to DG ECHO using APPEL (e-SingleForm)

⁶ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, what ever occurs latest.

- h) Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, relevance of intervention sectors, and knowledge of the country and specific region (the South of Chhattisgarh and neighbouring areas).

Assessment round 2

- a) Description of the humanitarian aid interventions relating to this assessment round: humanitarian assistance for the victims of the conflict in Jammu and Kashmir.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 2,000,000 from the Humanitarian Aid budget Line.
- c) Costs will be eligible from 01/08/2012⁸.
- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: all DG ECHO Partners.
- f) Information to be provided: Single Form.
- g) Indicative date for receipt of the above requested information: by 03/08/2012⁹.
- h) Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, relevance of intervention sectors, and knowledge of the country and specific region (conflict affected areas in Jammu and Kashmir).

6. IMPLEMENTATION STATUS

Already contracted: EUR 1,500,000 (all for the conflict in Chhattisgarh)

⁷ The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/ priorities are not covered by the received Single Forms.

⁸ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single Form or the eligibility date of the HIP, whatever occurs latest.

⁹ The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/priorities are not covered by the received Single Forms.