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Delivering Assistance Amid Conflict

Kevin McCort President & CEO, Care Canada

This is a very timely subject, not just for Afghanistan and Pakistan. As I was preparing for this presentation, I received the most up to date list of countries where security risks have crossed our "travel approval threshold" where we signal that additional caution is required - the list includes Afghanistan and Pakistan, but also Cote D'Ivoire, Egypt, Haiti, Mali, Niger, Somalia, South Sudan and Yemen. That is not to imply that all the countries NOT listed are without risk - it is just that in places like Congo, Kenya, Chad, Sudan, Liberia, etc., we are still within our "normal" parameters.

Given that CARE is present in 87 countries around the world, and that for CARE Canada at least, humanitarian assistance accounts for often 50% of the \$100-150 million in assistance we deliver every year (out of \$800 million delivered by all CARE Members), no one should be surprised that our country presence list reads like the top end of the Failed States Index. In fact, the last time I compared our operations to the Index, we were present in over 60% of those deemed "failed and failing" and in 20 of 28 of the very worst.

We do however, draw hope from the fact that many of the places which were high on our list in years past have improved, I recall that Rwanda, Bosnia, Mozambique, Angola and others in past years as offering many similar challenges of delivering assistance amid conflict, but have moved on (largely) to post conflict and development paradigms.

It is in this context, of working in countries that have moved beyond conflict, while still working in many that have yet to emerge, or are seeing new violence, that it is critical that we do reflect on what we have learned, and that we do make the effort to share these lessons with whomever will take the time to listen - so thank you for your presence here today.

The central question I was asked to address is "how can an international humanitarian agency operate in this environment" with a specific focus on Afghanistan and Pakistan. While there are some specific modalities for this region, there are other fundamental, cross-cutting operational principles that underly all our humanitarian work. I will outline those first, and return to regional specific ideas in a moment.

First, we approach our work with the deep commitment to working with the poorest and most vulnerable populations we can reach. This often drives us into areas others are evacuating (we joke that a DFAIT travel advisory for Canadians to get out is

our signal to go somewhere), and keeps us in conflict areas for the long term. We are in our 65th year now, and have maintained a program presence in Afghanistan since the early 60s, and off and on in Pakistan for almost as long. But beyond a commitment to the poorest and most vulnerable, we strive to achieve, or at the very least contribute to, a "program approach" where we design our programs, and work with partners in such a way to ensure that we are addressing "Human Condition x Social Position x Enabling Environment." And we do this with a particular focus on the needs and opportunities faced by women and girls. We have not always had this approach nor this focus on women and girls, but what we have learned over the years is that this combination of looking at projects in the broader context, looking for projects that fill gaps in the equation (since a zero any variable will yield a null value), and prioritizing actions that empower and react to the needs of women and girls offers the most likely combination of actions to help poor and vulnerable communities (including men and boys).

Second, our ability to access poor and vulnerable populations is critical. Without access, we are useless, and access is not easy, and it seems to be getting more difficult, in more places. Our strategy here has also been refined over the years, and we are spending a surprising amount of time and money on ensuring we can access populations in need (estimate at least \$1m per year in direct costs across CI, excluding insurance, oversight and many project specific expenses). We have dedicated safety and security staff, staff training courses, physical costs associated with our operations that have been necessitated by the places we work and the often specific targeting of aid workers by insurgents and rogue actors. Our reaction has been a conscious choice of SOFT security over HARD security. By soft I mean developing a doctrine and practice of "Integration and Acceptance" as opposed to "Walls and Wires" (and almost never guns). It is not either or, we often make use of Hard Protection techniques, but as they are a direct and indirect barrier between us and the people we are trying to help, we try to minimize their use. We have accepted armed escorts at times, but normal only when the local authority makes it a condition for our work.

The critical aspects of an "integration and acceptance" strategy are that local communities know who we are, know our staff by name, face and reputation, and they accept our presence, and in turn, offer us their "protection". This protection take many forms, from warnings to us about danger, to vouching for us with strangers, newcomers, etc., to even brokering our release if we are ever detained.

A good example of this comes from Afghanistan. Journalists in armour, community reaction, potential loss of access.

The third important part of how we operate in conflict environments relates to a conscious decision and program stance to strengthen civil society in conflict settings. Much international press and comment is focused on the abilities and inabilities of states in these contexts, and in Afghanistan in particular, we all heard for years that the international community was in Afghanistan to "strengthen and build the legitimacy of the Karzai Government". In those exact words. CARE would never say that is our

purpose, and that is one way we ensure we are able to operate throughout coo tries in conflict. We will likely outlast the government of the day (we've been doing it for 65 years) so partisan approaches have absolutely no place in our work. This doesn't mean we don't work with Governments, far from it, some of our most successful work has been when we have enabled local communities and their governments to work effectively together, but our approach starts with civil society, and engages other actors as needed to achieve our program goals. Imagine a 2x2 grid, where we seek to work in the "magic quadrant" where both state and civil society capacities are strengthened, but know that our default position is to focus on CSO capacity first.

		Magic Quadrant
Strengthening capacity of civil society		
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	Strengthening capacity of the state>	

The Second Question I was asked to address was "how do you work with, or stay distant from - military forces". This is a perennial question, and I personally have been "dogmatic in my pragmatism" on this question, and CARE has been (at times) very active in its engagement or criticism of military forces, often depending on the context.

For example, in Afghanistan, Pakistan and other places where either Western or National forces are present, we have accepted the presence of military actors, but have also gone to great lengths to try to instill some role clarity, to encourage military forces to let us build the schools, as they are often only building targets, to dissuade military forces from acting like NGOs (civvies and LandCruisers) and do all they can to avoid blurring the lines that must exist between military and civilian actors. If you recall my earlier remarks on "integration and acceptance" the presence of military actors, doing what we do but for very different reasons, is a direct threat to the viability of our safety and security strategies.

There are a number of challenges though, the constant rotation of military staff taxes our ability to provide constant briefings...., but the ability to provide the briefing in the first place depends on the military being ready and willing to accept it from people they normally stereotype as naive, sandal-wearing peaceniks. The fact that CARE maintains more staff, and keeps them safe, in more hot spots than the Canadian military hasn't always translated in to a willingness to listen. When it has, we have taken the opportunity with relish and will continue to do so.

Finally, a few words on what - exactly - we are doing on the ground in Afghanistan and Pakistan. In Afghanistan, CARE has made building local capacity to respond to emergencies one of our priority interventions - maybe we can work ourselves out of at least part of our job! We have a long-standing focus on building sustainable livelihoods, particularly among vulnerable women/widows in and around Kabul. This involves many local NGO partners who deliver training, employment, market links etc. Education has always been high on our list, with CARE supported girls education Programs going back to the Taliban days (integration and acceptance made this possible, but it was limited compared to the scope of girls education today). Finally, we are active on the policy front, as we work to ensure that our Afghan program includes HC, SP, EE elements at all times. Our "looking for leadership" report was effectively adopted by the Senate Committee on Human Rights in their report on Afghanistan, and was endorsed by the Globe and Mail as the right strategy for Canada post troop withdrawal next year.

In Pakistan, CARE reestablished operations in June 2005, anticipating building a development program, but October 2005 earthquake changed that. As we emerged from that experience, we refocused the program to work entirely through local partners, but the floods of August 2010 changed that, as we opened some direct relief Programs as partner capacity was exceeded. Seems to be a trend, what we expect in Pakistan seems to change fairly rapidly - but we persevere with our flood relief, reconstruction, local capacity building, and hopefully, some day we seek to undertake cross-border capacity building among CSO and CBO organizations on both sides of the Afghanistan / Pakistan border.

Thanks for your attention, and I welcome your questions.

Kevin McCort President and CEO CARE Canada March 22nd, 2011