

# **Standard Operating Procedures**

## **HUMANITARIAN SYSTEM-WIDE SCALE-UP ACTIVATION**

Protocol 1: Definition  
and Procedures

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November 2018

Endorsed by IASC Principals

INTER-AGENCY STANDING COMMITTEE  
REFERENCE DOCUMENT

**Protocol 1. Humanitarian System-Wide Scale-Up Activation:  
Definition and Procedures**

*This reference document serves as guidance on implementing the Scale-Up Activation and replaces the 13 April 2012 Transformative Agenda L-3 definition and procedures*

13 November 2018

## I. Definition

The IASC Principals have agreed that major sudden-onset crises and/or substantial deterioration of a humanitarian situation triggered by natural and human-induced hazards<sup>1</sup> or conflict, which require system-wide mobilization are to be subject to a *Humanitarian System-Wide Scale-Up Activation (henceforth referred to as 'Scale-Up activation')*. This exceptional measure shall only be applied for a time-bound period of up to six months where the gravity of the humanitarian situation justifies the mobilization of system-wide capacities and resources, beyond standard levels, to respond to critical humanitarian needs on the ground. Only in exceptional situations shall one additional three-month extension be considered.

Specifically, an IASC Scale-Up activation is a system-wide mobilization in response to a sudden-onset and/or rapidly deteriorating humanitarian situation in a given country, including at the subnational level, where capacity to lead, coordinate and deliver humanitarian assistance does not match the scale, complexity and urgency of the crisis.

The procedure activates mechanisms and tools to: (a) ensure that the IASC system delivers effectively in support of national authorities and *existing* capacities and monitors its own performance, (b) ensure that adequate capacities and tools for empowered leadership and coordination of the humanitarian system are in place, and (c) engage IASC member organisations and Global Cluster Lead Agencies to put in place the required systems and to mobilize the required resources to contribute to the response as per their respective mandates.

A Scale-Up activation indicates the scale at which the humanitarian system needs to step-up its efforts and to activate internal procedures to better respond to the crisis. A Scale-Up activation does not indicate a ranking of the severity of the crisis, or that the crisis should, at this stage, be prioritized for funding by the international community<sup>2</sup>. Through other mechanisms, humanitarian and development partners invest in preparedness, operational readiness, early warning and early action to limit the number of emergency situations in which Scale-Up activation would be required.<sup>3</sup>

During this period of activation, the required capacities to sustain the level of response should be put in place. The procedure mandates that the Humanitarian Country Team (HCT) develop context appropriate benchmarks from the outset, followed by a transition plan and post-activation accompanying measures.

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<sup>1</sup> In the event of an infectious disease outbreak, the IASC system-wide activation protocol for the Control of Infectious Disease applies.

<sup>2</sup> While not an indication of priority funding, it is understood that mobilizing operational capacity may require additional resources or the ability to replenish emergency resources.

<sup>3</sup> Preparedness, nevertheless, remains a priority, particularly in countries where there are significant risks that may result in an emergency situation and where it is unlikely that all required response capacities will be available locally.

The Scale-Up activation shall be issued by the Emergency Relief Coordinator (ERC), in consultation with the concerned RC/HC and IASC Principals, on the basis of an analysis of the following criteria: scale, complexity, urgency, capacity, and risk of failure to deliver at scale to affected populations.

These are defined as follows:

1. **Scale** (number of affected/potentially affected people, including in proportion to total country population; size of affected areas);
2. **Urgency** (number of people displaced; crude mortality rates; minimal or no access to life-saving support; critical protection risks);
3. **Complexity** (multi-layered emergency; presence of a multitude of actors; high risks of politicization; lack of humanitarian access; high security risks to humanitarian actors);
4. **Capacity** (low levels of local or international response capacities, including lack of required specialized or technical expertise; needs outweigh the capacity to respond; inadequate humanitarian leadership);
5. **Risk of failure to deliver effectively and at scale to affected populations** vis-à-vis assessed need and severity (violations of human rights and international humanitarian law; exacerbation of food insecurity; deterioration of civil unrest).

Details regarding the division of responsibilities, the activation and deactivation procedure, and steps for decision-making and monitoring, are outlined below.

## II. Main Steps in the Procedure

### II.1 Assessing the situation

Within 24 hours of the event or upon consideration that there has been a dramatic deterioration of the humanitarian situation, the ERC shall receive an initial assessment of the situation including data on affected populations. This assessment should be shared by the IASC secretariat with the Emergency Directors Group (EDG) and Global Cluster Coordinators. The assessment shall be compiled by OCHA, based to the extent possible on the preliminary outcome of the first phase of the Multi-Cluster Initial Rapid Assessment (MIRA) or alternative rapid assessment<sup>4</sup>, providing an analysis of the context based on the 5 criteria mentioned above and drawing from the following sources:

- A review of secondary sources and pre-crisis data (media, web-based situational data, national statistics, etc.);
- An initial report from the Humanitarian Coordinator (HC) in consultation with the HCT. Where the HC function is not yet designated, the Resident Coordinator (RC) shall convene an HCT and submit a report in consultation with relevant operational in-country IASC partners;
- The above would consider humanitarian needs, where feasible, disaggregated by gender, people living with disabilities, and age, and key drivers of need including the general economic, political and security context, the capacities of national authorities and communities and of humanitarian actors already present to respond, protection challenges, population displacements, any access constraints, consultations with affected populations, and risks of consecutive hazards (such as aftershocks, insecurity);
- The RC/HC, in consultation with the HCT, should also submit recommendations as to the preferred coordination arrangements, including which clusters should be activated,

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<sup>4</sup> Noting that the “Situation Analysis” must be completed within 72 hours of the crisis onset.

recommended cluster lead agencies at the national level, and justification for alternate arrangements if necessary;

- As appropriate, OCHA and other humanitarian partners should undertake direct consultations with the National Disaster Management Agency (NDMA) and/or other national sources, including affected population;
- Consultations with IASC partners to obtain their assessment of the situation at headquarters level, including whether IASC member organisations are recommending activation of their respective corporate emergency procedures; and
- A review of pre-existing contingency plans and/or Response Plans, where available.<sup>5</sup>

During the period of assessment and decision-making at headquarters level regarding Scale-Up activation, humanitarian response at country level should already be underway. This analysis should not in any way cause delays to the provision of humanitarian assistance.

## ***II.2 Consultation and decision-making***

1. The IASC Emergency Directors shall convene within 24 hours, following the receipt of the initial assessment, to discuss the context, response, capacities, expected gap analysis, lessons learned from past emergencies, and advocacy priorities as well as agree on recommendations (including leadership and coordination arrangements, including cluster activation, as per paragraph 3 below) for the IASC Principals' consideration. This process shall be supported by the IASC secretariat. The Global Cluster Coordinators should be consulted on the proposed coordination arrangements, where relevant.
2. After receiving the Emergency Directors' recommendations, and no later than 48 hours after the onset of the crisis, the ERC shall convene the IASC Principals to jointly review the initial assessment<sup>6</sup> and present these recommendations on a 'no objections' basis. The Principals shall discuss whether the initial assessment warrants a Scale-Up activation. While every effort shall be made to reach consensus during the consultative process, the ERC, as Chair of the IASC, shall make the final decision.

At this meeting, the Principals shall also discuss:

- (a) the most appropriate leadership model<sup>7</sup> (*see details in section III below*), using a checklist to facilitate decision-making and deployment, and drawing from the Humanitarian Coordinators' Pool as appropriate;
- (b) the most appropriate coordination arrangements, including activation of clusters and support to national coordination structures as necessary;
- (c) the common advocacy priorities for the humanitarian system and common messages that shall be at the core of the ERC and IASC Principals' communication strategy with regards to the emergency situation; and
- (d) other context-specific arrangements, as applicable.

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<sup>5</sup> Where relevant, the overall analysis should take into account lessons learned and experiences from previous emergency response operations, as well as any changes in the context.

<sup>6</sup> Any of the IASC Principals may also request the ERC to convene such a meeting.

<sup>7</sup> Organisations with a specific mandate are accountable to ensure a robust, inclusive and effective response. In emergencies, which involve refugees, the UNHCR representative has the mandate to prepare for, lead and coordinate the refugee, and where applicable, returning refugee responses. For health emergencies due to an infectious disease event, the International Health Regulations (2005) will be the relevant reference framework with WHO as the guardian of the regime for the control of the international spread of disease. If system-wide IASC humanitarian response is required, the relevant IASC activation procedures for infectious disease events will apply.

3. Following the receipt of the EDG recommendations, the ERC shall contact national authorities at the highest level to inform them about measures being considered to bolster operational capacity.<sup>8</sup>
4. The ERC shall inform the UN Secretary-General (S-G) and the lead UN Secretariat Department (Department of Peace-Keeping Operations or Department of Political Affairs as applicable)<sup>9</sup>, as well as the chair of the UN Sustainable Development Group (UNSDG) and the UN Operations and Crisis Centre (UNOCC) that the Scale-Up activation is under consideration.

### ***II.3 Activation***

The ERC shall make a final decision on the Scale-Up activation upon consultations and considering the recommendations of the IASC Principals within 48 hours of the event.

To complement the activation, the HCT shall draw up context specific benchmarks and develop context specific collective key messages based upon the Frequently Asked Questions document. During the activation period, the HCT shall also draw up a transition plan and post-activation measures.

The ERC shall announce the activation via e-mail to all IASC Principals. The ERC shall also issue a note to the attention of the S-G (including the UNOCC Director<sup>10</sup>), and a note to the HCT via the RC/HC.<sup>11</sup>

The ERC shall contact the national authorities at the highest level to explain the decision and its implications, including support to national and in situ capacity<sup>12</sup>. This shall depend on context and should be discussed among the IASC Principals when they meet on the proposed activation<sup>13</sup>.

All messages from the ERC shall include information regarding the geographic coverage, duration of the activation (up to six months), as well as leadership and coordination arrangements (including, appointment of an HC, cluster activation and designated in-country cluster leads) of the Scale-Up activation. Whilst the activation may become widely known, communication should focus on the prioritized response and strengthened coordination mechanisms, as opposed to the activation itself. The exact messaging shall depend on context and shall be discussed among the EDG when they meet on the proposed activation. The ERC shall systematically update the IASC Principals on all ongoing advocacy initiatives relating to the Scale-Up activation and response. Within two weeks of the activation, IASC Principals shall meet to review the effective functioning of the coordination and leadership arrangements and ensure that they are fit for purpose. They shall also meet as required during the activation period to resolve any coordination, strategic and/or operational issues.

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<sup>8</sup> Scale-Up is an internal IASC designation to bolster IASC member capacity, and is not intended for public advocacy or publicity.

<sup>9</sup> If there is a Peace-Keeping or Special Political Mission in the country in question, responsibility for informing the SRSG that this is under consideration would rest both on the HC and/or RC/DSRSG as applicable, as well as with the Lead Department at Headquarters.

<sup>10</sup> In line with the UN Crisis Management Policy (2013), whenever individual UN entities or the IASC plans to activate their own crisis response arrangements, this should be communicated to the Secretary-General and UNOCC Director, and be closely coordinated, as appropriate, with any UN-wide crisis coordination mechanisms that may be established (para 19). Additionally, in humanitarian crisis situations, the ERC, through OCHA, shall ensure that relevant IASC decisions and actions are communicated and coordinated with any UN-wide crisis management arrangements (para 16).

<sup>11</sup> To ease communications in this regard, standard templates for such notes explaining the implications of Scale-Up activation and follow-up actions for the various stakeholders shall be developed in advance by the IASC secretariat.

<sup>12</sup> To ease communications in this regard, the IASC Secretariat will draft a background note explaining the implications of activation for the national emergency response structures, drawing upon the “Statement of Key Strategic Priorities”.

<sup>13</sup> Scale-up activation is solely based on criteria outlined and is not contingent upon a declaration of an emergency by the affected government.

The EDG shall meet, as and when necessary, throughout the activation period and shall consult appropriately with relevant Global Cluster Coordinators. The EDG shall convene towards the end of the activation period, after the Operational Peer Review has been completed, to review the status of the response, progress towards meeting the benchmarks, the-proposed transition strategy and will advise the ERC accordingly (including in the event of the need for an exceptional three-month extension to the Scale-Up activation). The EDG shall also meet subsequently to review the findings of the Inter-Agency Humanitarian Evaluation (IAHE), which should be conducted within twelve months of initial activation.

### **III. Implications of Scale-Up Activation**

The Scale-Up activation commits IASC members to the procedures as laid out below. It does not, however, prejudice or affect the ability of IASC member organisations to decide on activation of their respective emergency mechanisms and procedures, nor the manner in which those would be applied.

Under a Scale-Up activation, individual HCT Members and their respective organisations, make a commitment to contribute to the HCT as a collective, and to pursue collective results<sup>14</sup>. This contribution should be considered a key component of the responsibilities and performance of country-level operational leadership of each member agency<sup>15</sup>.

The activation commits IASC member organisations to prioritize the response, ensure speed and the timeliness of putting in place the required systems and capacities and mobilize the necessary resources to contribute to an effective response as per their mandated areas, Cluster Lead Agency responsibilities (for those Clusters officially activated as per (3) below), and commitments made in the “Statement of Key Strategic Priorities” (*see below*).

#### **Activation automatically triggers the following:**

1. Immediate, establishment of the HCT, with the current RC re-hatted as HC a.i. pending decision on the most appropriate leadership model<sup>16</sup>;
2. Designation and deployment of a Humanitarian Coordinator within 72 hours of the onset of the crisis for up to six months, to lead the coordination of the overall humanitarian response, exercising empowered leadership in line with the IASC protocol in this regard. Based on the IASC Principals’ decision this may be one of a number of options including: (a) senior to the RC or HC, (b) Deputy to the RC/HC, or (c) parallel to the RC in-country (as a separate HC<sup>17</sup>). Another alternative which may be considered include the deployment of a Special Envoy. Depending on the agreed leadership model, a Head of Agency *in situ* may be identified to serve as HC *ad interim*, pending the identification and deployment of a HC or Deputy from the Humanitarian Coordinators Pool. Agencies shall endeavor to propose and release colleagues suitable for the role, in particular colleagues identified in the Humanitarian Coordinators Pool.

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<sup>14</sup> Components of the International Red Cross and Red Crescent Movement attend HCT meetings in an observer capacity, except the IFRC when it is attending as representative of the country-level convener of the Shelter Cluster. They coordinate with other humanitarian actors to the extent necessary to achieve efficient operational complementarity and a strengthened response for people affected by armed conflict, situations of violence and other crises, as appropriate, according to their individual mandates.

<sup>15</sup> 2017 IASC HCT Terms of Reference.

<sup>16</sup> And notwithstanding any alternative leadership arrangements which may be agreed in the interim. See Protocol 2 on ‘Empowered Leadership’.

<sup>17</sup> All costs related to the 6-month deployment of the Emergency Humanitarian Coordinator shall be borne by OCHA. This shall include the salary costs (and related entitlements), travel costs to/from the location of the assignment as well as other support costs related to the deployment.

3. Activation of clusters for priority sectors by the ERC after consultation with the IASC Principals, no later than 72 hours after activation of the Scale-up, based upon request from the RC/HC in consultation with the HCT<sup>18</sup>.
4. Immediate deployment of appropriate coordination capacity, including qualified Cluster Coordinators and Information Managers as necessary, within 72 hours of the activation, upon decision by the IASC Principals and in consultation with the Global Cluster Lead Agencies;
5. Within the first 72 hours, the issuance of a ‘Statement of Key Strategic Priorities’ by the RC/HC for purposes of common messaging and advocacy from headquarters level and for press releases;
6. Immediate implementation of the Multi Cluster/Sector Initial Rapid Assessment (or alternative rapid assessment) based upon coordinated assessments, which consists of a Situation Analysis within the first 72 hours followed by a multisector assessment and report within the first two weeks;
7. Development of a Flash Appeal (by day 5) that is supported by the Situation Analysis and consisting of a top-line analysis of the scope and severity of the crisis and setting out the priority actions and their financial requirements<sup>19</sup>; Within 4 weeks, the Flash Appeal shall be revised. If a longer response is required (beyond the initial activation period of six months), the HCT should develop or update the Humanitarian Needs Overview (HNO) which consolidates and analyses information on the needs, vulnerabilities and capacities of the affected population, and develop or update a Humanitarian Response Plan (HRP) which communicates the strategy to respond to the assessed needs, and serves as the basis for implementing and monitoring the collective response;
8. Immediate announcement of Central Emergency Response Fund (CERF) and Country-Based Pooled Fund (CBPF) (if available in country) funds. Allocations to be issued by the ERC (by the HC for CBPFs) within 72 hours of the crisis onset<sup>20</sup>, on a “no regrets” basis, in support of priorities identified in the strategic statement;
9. Activation of the “empowered leadership” model<sup>21</sup>;
10. An Operational Peer Review (OPR) no later than five months after the initial activation. The OPR provides the HC and HCT an opportunity to reflect on the direction and performance of the response, its recommendations should inform the Emergency Directors, the RC/HC and HCT at the end of the activation period. The agreed context specific benchmarks should be used as the basis for the review.
11. An Inter-Agency Humanitarian Evaluation (IAHE)<sup>22</sup> conducted according to the Terms of Reference of IAHE and within 9-12 months of a Scale-Up activation. The IAHE should take into consideration the findings of the OPR.

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<sup>18</sup> In accordance with Cluster Coordination Reference Module (July 2015).

<sup>19</sup> For further details on the Humanitarian Programme Cycle, see the HPC reference Module found here: [https://interagencystandingcommittee.org/system/files/hpc\\_reference\\_module\\_2015\\_final\\_.pdf](https://interagencystandingcommittee.org/system/files/hpc_reference_module_2015_final_.pdf)

<sup>20</sup> This does not apply if CERF allocation was provided prior to Scale-Up activation; instead additional CERF funding may be provided upon request of the ERC once key priorities are identified and proposed for further CERF funding.

<sup>21</sup> See IASC concept paper on empowered leadership for further details.

<sup>22</sup> The IAHE is an independent assessment of whether collective results achieved in response to an emergency meet the objectives in the Strategic Response Plan and the needs of affected people.

#### **IV. End of Scale-Up Designation**

The Scale-Up activation automatically expires after its period of activation (a maximum of six months). The IASC Emergency Directors (EDG) shall meet towards the end of the activation-period to review the situation. The EDG may, in exceptional circumstances and prior to the expiration of the Scale-Up activation, make a recommendation to the ERC to extend the Scale-Up activation for an additional three months (to a total maximum duration of nine months). Exceptional circumstances may include a further deterioration of the situation based on an OPR recommendation. If there are factors affecting the response that the Scale-Up activation cannot address, transition from Scale-Up may commence. The IASC Principals and leadership on the ground should provide clear messaging regarding the expiry of the Scale-Up activation and a transition strategy as soon as possible.

#### **V. Definition of Accompanying Measures**

##### **Benchmarks:**

- i) Identify what an IASC Scale-Up activation intends to achieve and focus HQ engagement around collective priorities (including by IASC Emergency Directors and Principals). These benchmarks can be part of a more detailed operational matrix;
- ii) Provide a basis for monitoring and measuring progress of time-bound system-wide mobilization of efforts at field level. This shall support planning for a transition out of Scale-Up and underpin the deactivation of a Scale-Up activation into a regular operational response framework;
- iii) Facilitate collective messaging and communication with stakeholders on intended results of the Scale-Up activation, progress achieved and post-activation measures;
- iv) Guide the transition strategy and post-activation accompanying measures.

**A transition plan** should include at minimum:

- i) A statement of how the chosen leadership model shall affect arrangements at the end of the period (e.g., if the specific leadership arrangement remain in effect, come to an end or be replaced) and how the transition would be managed.
- ii) A strategy to ensure the continuation of core coordination functions (at a minimum those functions that shall be required post the initial period of Scale-Up activation), in support of national and local coordination efforts, as applicable and relevant.
- iii) A common view of how reporting lines, roles and responsibilities shall be defined at the end of the period of application.
- iv) An outline of measures contributing to work towards solutions, including on how to bridge humanitarian response and link it with longer term recovery and with national development priorities.

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