

Standard Operating Procedures

HUMANITARIAN SYSTEM-WIDE SCALE- UP ACTIVATION

Protocol 2: Empowered Leadership

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INTER-AGENCY STANDING COMMITTEE
REFERENCE DOCUMENT

**Protocol 2. 'Empowered Leadership' in a Humanitarian
System-Wide Scale-Up Activation**

This reference document serves as guidance on implementing the Scale-Up Activation and replaces the March 2014 Concept Paper on 'Empowered Leadership'

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Following an IASC Scale-Up activation¹, Humanitarian Coordinators (HC)² shall be empowered to lead the response for up to six months³. As speed in decision-making is essential during this phase of the response, the HC shall be empowered to make timely decisions in the absence of consensus within the Humanitarian Country Team (HCT)⁴ in the following key areas: setting overall priorities, allocating pooled resources, monitoring performance and addressing underperformance.

The HC, with the backing of the HCT, shall lead the international humanitarian response⁵ in support of ongoing national efforts. While the HC leadership of the response must be consultative, during the Scale-Up activation, the HC will be empowered to exercise considerable judgment to ensure swift decision-making. This decision-making ability shall be supported through enhanced accountability to the Emergency Relief Coordinator (ERC), who will require regular briefings from the HC during this period.

This paper clarifies what is meant by the concept of 'empowered leadership' following the declaration of a Scale-Up activation.

I. What empowered leadership means:

As per GA Resolution 46/182, the IASC recognizes that the affected State holds the primary responsibility to care for victims of disasters and other emergencies, including the coordination

¹ 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.

² This applies to the official responsible for carrying out HC functions during the six-month period of a Scale-Up activation, whether it is an existing Resident Coordinator who has been assigned HC responsibilities, or to a new HC deployed to lead the response.

³ The IASC Principals may decide to extend the period of 'empowered leadership' beyond the maximum initial six months on a case-by-case basis.

⁴ Roles and responsibilities should be defined in a context-specific HCT Terms of Reference as per the IASC Standard (April 2017).

⁵ 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. The *Joint UNHCR-OCHA Note on Mixed Situations: Coordination in Practice* clarifies leadership and coordination arrangements in the situation where a Humanitarian Coordinator has been appointed, and a UNHCR-led refugee operation is also underway. 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.

and implementation of humanitarian assistance to meet their needs. The IASC members are committed to supporting these efforts and ensuring that adequate and empowered leadership is in place to coordinate the international community as a contribution to this response. In large-scale, system-wide emergencies, empowered leadership within the international system is needed for the immediate response to ensure that:

- as a first priority, lives are saved and affected people receive the assistance and the protection they need; and
- as a second priority, the effects of the crisis on human development and achievement of Sustainable Development Goals are contained.

This paper is focused on empowered leadership by the Humanitarian Coordinator (HC)⁶. However, it is important to note that the HC can only be effective in this role during a Scale-Up activation based on the collaboration of the Humanitarian Country Team (HCT)⁷ members, their recognition and support of this leadership role, the extent to which they meet their own responsibilities, including their already defined commitments, roles and responsibilities. Contribution to collective results should be considered a key component of the responsibilities and performance of country-level operational leadership of each HCT member agency⁸.

While the existing tools available to the HC may be adequate for many situations, especially if used by a skilled HC working together with an effective HCT and strong national partners, for Scale-Up activation, the tools must be strengthened to permit:

1. The HC to *take decisions* on behalf of the HCT in circumstances where there is no consensus, and where a delay in making a decision could have serious implications on the wellbeing of affected communities for whom humanitarian operations are undertaken.
2. The HC to have *quick access to all key information* on the nature of the crisis, the humanitarian needs and the response, in order to lead the HCT in the development of a common analysis of the situation and the priority needs, as well as to better coordinate the use of that information for advocacy and for a strengthened response.
3. The HC to *better support the accountability* of all partners for the overall response, developing a compact with HCT Members, including for results and performance. Together with the HCT, the HC upholds accountability to affected populations.

II. How empowered leadership is reflected in the HC's actions:

1. In setting priorities and planning, a HC with empowered leadership shall:
 - a) Lead the HCT in the preparation of a strategic statement/Flash Appeal to be produced within 5 days of the crisis and take responsibility for delivering on the initial strategy. Within 30 days of a Scale-Up activation, revise or develop a Humanitarian Response Plan (HRP), if a response beyond the maximum initial period of six months is required. Engage

⁶ Note that in a UN mission context, the ERC shall confirm with the UN Secretary-General the relationship between the 'empowered' HC and the Special Representative of the Secretary-General (SRSG).

⁷ 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.

⁸ One of the priority responsibilities of the HC is the convening of the HCT in the immediate aftermath of the onset of a crisis. Where a HCT does not already exist, the HC is responsible for the immediate establishment of a representative HCT as per agreed procedures and guidance (*2017 IASC HCT Terms of Reference*).

with the national authorities to ensure they are involved to the extent possible in the development of these plans, where possible.

- b) Ensure that a common approach to Accountability to Affected Populations including community-based feedback mechanism for Protection from Sexual Exploitation and Abuse, is established, which will inform response decision-making and course correction.
- c) Approve cluster strategies and objectives in line with the agreed humanitarian priorities, with input from the HCT. Subsequently approve the projects to be included in the Flash Appeal.
- d) Approve indicators for the cluster plans, based on the strategic response plan, and cluster strategies.
- e) Approve the projects that are to be included in the initial allocation of funds from the Central Emergency Response Fund (CERF) and Country-Based Pooled Fund (CBPF), if available, based on the strategic statement, needs assessments, and HCT recommendations, and, where possible, in consultation with national authorities. Ensure the concrete operationalization of the “centrality of protection” in the response and planning phases of the humanitarian response.
- f) Be accountable to the ERC for the above.

2. In leading overall cluster coordination, a HC with empowered leadership shall:

- a) Recommend to the ERC, within 24 hours of the crisis, which existing coordination mechanisms need to be strengthened and which clusters should be activated, suggesting Cluster Lead Agencies, and explaining why particular clusters need to be activated.⁹ Where non-cluster-coordination solutions have been agreed, these should also be described.¹⁰ The recommendation should be based on the analysis for the Situation Analysis and linked to the priorities considered for the '*Statement of Key Strategic Priorities*', and is done in consultation with the HCT. The ERC transmits the proposal to IASC Principals for approval within 24 hours, before endorsing the HC's recommendations.
- b) Advise activated Cluster Lead Agencies on cluster performance issues, with the concerned Cluster Lead Agency taking the necessary action to ensure an effective response¹¹ and addressing multi-sectoral needs of affected populations. If there are issues with the performance of the Cluster Lead Agency in fulfilling its functions as per the agreed Terms of Reference (ToRs), the HC shall advise the ERC on the situation, who shall then take action with the Global Cluster Lead Agency.
- c) Constitute a smaller group of agencies, where necessary, for more regular consultations on strategic issues (ideally those with cluster lead or co-lead responsibilities within the HCT). NGO representatives, including from local NGOs, are to be included in this consultation.

⁹ The activation of clusters should only be recommended when there is an identified gap in the enabling environment warranting their activation and when justified around an identified need. Support of pre-existing national mechanisms for sectoral coordination should be a priority.

¹⁰ See the IASC Reference Module for Cluster Coordination at country level (July 2015).

¹¹ Noting that the RC/HC has selected Cluster Lead Agencies in consultation with the HCT based on the agencies' mandate, coordination and response capacity as well as the location and extent of their operational presence and/or ability to increase this, and that these have clearly-defined responsibilities as per the agreed ToRs.

3. In leading advocacy and relationships with national authorities and with donor and other partners, an HC with empowered leadership shall be supported by a strategic communication team to:
- a) Coordinate and lead the elaboration and implementation of a common strategy to secure context specific humanitarian access to enable the delivery of timely humanitarian assistance. In most instances, the HC should lead the advocacy activities on behalf of the HCT, or s/he may engage other agencies if they are better placed to do so.¹²
 - b) Raise, directly or indirectly, protection issues that have a major impact on the affected population. Ensure protection is central to humanitarian action, by implementing a common HCT strategy and collective approach and emphasizing that no one should be left behind¹³.
 - c) Act as the primary focal point for the operation as a whole¹⁴ in dealing with senior government officials (such as a President, a Prime Minister, the Minister of Finance, and the National Disaster Management Authority) and in leading the HCT in donor coordination meetings. HCT members should join the HC in such meetings according to the topic, while maintaining and building on their own relationships with their respective counter-parts in government, civil society partners and donors.¹⁵
4. In ensuring adequate information and monitoring of the response, a HC with empowered leadership shall:
- (a) Agree with HCT members at an early stage in the response on the mechanisms and frequency with which information on agency and cluster activities shall be made available to the HC (and/or OCHA). Activated Cluster Lead agencies shall remain responsible for the content of the information provided.
 - (b) Ensure that OCHA and cluster staff engaged in information management collaborate effectively to process and analyse the large volume of information generated in a Scale-Up activation to systematically ensure that the HC can engage in informed decision-making.
 - (c) Ensure that this information is assembled on a continuous basis by OCHA, in its support function to the HC, in a brief for members of the HCT.
 - (d) Ensure to the extent possible that messages are commonly agreed by the HCT to give a collective view of the scale of the crisis and strategy to address it. Confirm with HCT agencies that they shall use agreed messages in public statements/press releases they

¹² This does not preclude HCT members from carrying out their own advocacy and communications/public messaging (or doing so on behalf of clusters they lead or co-lead and agencies involved), consistent with the agreed upon inter-agency advocacy and communication strategy.

¹³ In line with [IASC Protection Policy \(2017\)](#).

¹⁴ Noting that in refugee emergencies, the UNHCR representative has the mandate to prepare for, lead and coordinate the refugee, and where applicable, returning refugee response. 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.

¹⁵ This would not prevent Heads of Agency meeting with senior Government officials, but ideally should be done in consultation with the HC.

make in support of their work and that these shall be shared with the HC for his/her information, shortly ahead of their release. This applies to information provided either by an Agency as Cluster Lead or by an Agency in its own capacities.

- (e) Agree with all operational humanitarian partners the mechanisms through which they shall provide monitoring information to the HC and the relevant Cluster Lead Agency. This information would include needs assessment results, progress towards agreed indicators in the strategic statement, and information on the use of humanitarian funds.¹⁶

5. In leading humanitarian funding strategies, a HC with empowered leadership shall:

- a) Lead the process of developing the Flash Appeal within 5 days of the event (Refer to pt. 1 (a) above).
- b) Determine CERF funding priorities for the ERC's approval based on the strategic statement, including approving projects to be included in the immediate Scale-Up CERF allocation.
- c) Lead the development or revision of the Flash Appeal or Humanitarian Response Plan (HRP) within 30 days.

6. In aiming for strengthened accountability, a HC with empowered leadership shall:

- a) Be supported by Cluster Lead Agencies who shall be accountable to the HC for activated clusters, and through the HC to the ERC, for ensuring the key tasks outlined above are implemented to ensure the overall response is effective and timely. In particular, Cluster Lead Agencies shall regularly report on progress and achievements made towards activated cluster objectives and their commitments as per the Flash Appeal/ 'Statement of Key Strategic Priorities'¹⁷.
- b) Be supported by OCHA, who shall be held accountable for its support to the HC function, and shall strengthen the direct reporting line between the OCHA Head of Office and the HC, with OCHA systematically sharing all relevant communications with HQ with the HC.
- c) Report on functions and responsibilities for the duration of the 'empowered leadership' period. In addition, the HC's and HCT's performance would be regularly monitored by the Emergency Directors Group (EDG) and the ERC.
- d) Lead on the development, with the HCT, of a transition plan and post-activation measures. If there are factors affecting the response that the Scale-Up activation cannot address, transition from Scale-Up may commence.

In all the above cases, where decisions have to be made during the 'empowered leadership' period, it is preferable that decisions are made by consensus within the HCT. However, the HC would be the final arbiter when no consensus can be reached.

¹⁶ In line with the agreed monitoring framework developed in consultation with the HCT for the overall response.

¹⁷ Please refer to [2017 IASC HCT Terms of Reference](#), which includes guidance on how to agree on a compact between the HC and the HCT.