

BACKGROUND

- 1. The IASC System-Wide Level 3 Response ('L3 Response') for South Sudan was activated on 11 February 2014 for an initial three-month period and has since been extended four times, bringing its total duration to 21 months.**¹ On 26 August 2015, the IASC Principals agreed to "Extend the L3 designation for South Sudan for an additional three months and request the HCT to implement the L3 transition plan and benchmarks."
- 2. Since the L3 Response for South Sudan was extended in August 2015, the humanitarian situation has continued to deteriorate.**² Despite the signing of the Agreement on the Resolution of the Conflict in late August 2015, fighting has continued in the Greater Upper Nile and, in October and November, spread to new areas, including the Equatorias. More than 2.3 million people have now been displaced (including more than 1.69 million IDPs and more than 633,800 refugees) and food insecurity in September 2015 was 80 per cent worse than at the same time in 2014. As of October 2015, there were an estimated 40,000 people facing catastrophic food insecurity (IPC Level 5) in Unity State. Without urgent humanitarian assistance reaching the worst-affected areas, the food insecurity situation could deteriorate to famine.
- 3. At the end of the three month L3 Response extension, the South Sudan HCT agreed that the L3 surge had enabled the scale-up and expansion of the humanitarian operation in South Sudan.** The HCT has made progress in implementing the L3 Transition Plan and has met benchmarks within its control, including increasing the number of locations where humanitarian partners have static presence and the number of locations reached with mobile response.
- 4. Yet, the humanitarian operation is facing substantial challenges.** Continued fighting has hindered civilians' ability to access direly needed humanitarian assistance, while violence and crime against humanitarian organisations and staff, including in Juba, has caused substantial loss of assets and undermined aid organisations' ability to operate. There continues to be high staff turnover in both coordination and operational functions and it remains difficult to recruit staff for deep field locations due to the tough living and working conditions. While humanitarian donors have been generous, contributing more than US\$1 billion for the implementation of the 2015 Humanitarian Response Plan, funding levels have dropped significantly compared to 2014.
- 5. It is critical that the de-activation of the IASC L3 Response does not negatively impact the humanitarian community's capacity to respond to the worsening humanitarian crisis.** Over the past two years, systems have been put in place to respond to scale to emergency needs in the complex operating environment of South Sudan, allowing 4.4 million people to be reached from January to November 2015. It is therefore imperative that the IASC work proactively to prevent any

¹ On 23 May 2014, the IASC Principals extended the L3 Response activation for six months; in November 2014, the IASC Principals extended the L3 Response for a further 6 months; on 13 May 2015, the IASC Principals extended the L3 Response for an additional three months; and in August 2015, the IASC Principals extended the L3 for a further three months.

² Per the paper endorsed by the IASC Principals (2015) *'What Does the IASC Humanitarian System-Wide Level 3 Emergency Response mean in practice? Agreeing a common understanding of the L3 Response.'* a L3 Response should be implemented when a humanitarian situation suddenly and significantly changes and, following an analysis of five criteria - scale, complexity, urgency, capacity, and reputational risk - it is clear that the capacity to lead, coordinate and deliver humanitarian assistance and protection on the ground does not match the scale, complexity and urgency of the crisis.

REVIEW OF THE IASC LEVEL 3 RESPONSE BY THE SOUTH SUDAN HCT
RECOMMENDATION & ANALYSIS

possible loss of funding and/or human resources as a result of the deactivation of the IASC L3 Response. Otherwise, progress made in reaching people with life-saving assistance and protection - including food, treatment for acutely malnourished children and pregnant and lactating women, water and sanitation, shelter and vital non-food items, emergency livelihoods support, vaccination campaigns, treatment and prevention of communicable diseases, including malaria and measles, getting children back into school and protecting civilians from rights violations - will be very challenging to sustain, especially if development donors do not step in to fill the gap. A failure to deliver results in 2016 would directly result in loss of lives and livelihoods and any loss of global visibility and awareness could impact on-going negotiations with parties to the conflict around protection concerns, including for the demobilization of children associated with armed conflict and the end of grave rights violations, including sexual and gender-based violence.

HCT RECOMMENDATIONS

While the L3 Response designation has accomplished its intended purpose, the HCT notes that the humanitarian situation in South Sudan continues to deteriorate and that proactive efforts, attention and support from the highest levels of the IASC will be required to ensure that the deactivation of the L3 Response does not negatively impact on the humanitarian operation in South Sudan.

The HCT therefore recommends that:

- 1) The IASC adopt the following measures with respect to the South Sudan operation, for an initial 12-month period post-L3 Response:**
 - protection against "poaching" of staff for other emergency responses;
 - retention of "fast track" human resource, travel and procurement processes;
 - a Fundraising and Advocacy Strategy is in place, detailing key roles and milestones for specific actors going forward;
 - prioritisation within the CERF Rapid Response window;
 - regularly updates by the Emergency Relief Coordinator to Member States to ensure continued attention to the crisis.
- 2) The ERC circulates a letter to all Member States, highlighting the: a) continued deterioration of the humanitarian situation in South Sudan; b) success of the IASC L3 Response in South Sudan in enabling the IASC response to be fit for purpose; c) urgent need for Member States to fully fund the 2016 Humanitarian Response Plan for South Sudan, which is robust, strictly prioritized and designed to be fully funded.**
- 3) IASC Principals promote and/or undertake high-level visits to South Sudan in 2016, and support regular media attention to the humanitarian situation and response, in order to retain global attention on the crisis.**
- 4) The IASC Emergency Directors review the situation and response in South Sudan at six-month intervals in 2016 to ensure that the response remains commensurate with the situation.**

ANNEX I. ANALYSIS OF THE SOUTH SUDAN CRISIS AND RESPONSE AGAINST THE IASC L3 RESPONSE
CRITERIA

Scale

6. **Since the L3 Response was extended in August 2015, the humanitarian crisis in South Sudan has continued to grow:**

- **The number of people forcibly displaced by the crisis has continued to increase, with more than 2.3 million people – one in every five people in South Sudan - forced to flee their homes since the conflict began**, including 1.69 million internally displaced people (with 50 per cent estimated to be children³) and nearly 633,800 refugees in neighbouring countries. Many of these people have been displaced multiple times.
- **By September 2015, some 3.9 million people were severely food insecure - an 80 per cent increase over the same period in 2014** – and more than 686,200 children under age 5 are estimated to be acutely malnourished, including more than 231,300 severely malnourished. By October 2015, the Integrated Phase Classification projected that some 40,000 people were facing catastrophic food insecurity (IPC Level 5) in Unity State, leading to starvation, death, and destitution during the same period.
- **Civilians continue to be subjected to horrendous atrocities, including killing, rape and abduction.** In Leer, Mayendit and Koch counties of Unity State an estimated 1,300 women and girls were raped and 1,600 women and children abducted from April to September 2015. Over 16,000 children have been recruited by armed actors. Services for these survivors has not been possible due to insecurity and the inability to provide long-term survivors assistance.

7. **After two years of conflict, South Sudan's baseline indicators – which were already well below average prior to December 2013 – have continued to deteriorate:**

- **Mortality has been exacerbated by acute malnutrition and disease**, with more than one in five Counties surveyed (10 out of 46) having Crude Death Rates (CDR) above the threshold of 1 death per 10,000 people per day.
- **Diseases endemic to South Sudan continue to cause death and illness.** Even with the national disease surveillance system functioning at barely 50 per cent of expected levels, from January to October 2015, more than 2.1 million cases of malaria were reported in health facilities, including more than 1,100 deaths. There have been five confirmed outbreaks of measles and a cholera outbreak in 2015. Only six out of South Sudan's 79 counties have the requisite minimum 80 per cent measles vaccination coverage and 55 counties have less than 60 per cent coverage, including 26 with less than 20 per cent coverage, mostly in the Greater Upper Nile.
- **Some 55 per cent of health facilities in the Greater Upper Nile region were not functioning as at September 2015 due to the conflict.** Even prior to the conflict,

³ Throughout this document, the term "children" is used to describe those under 18 years of age, in accordance with international legal standards.

REVIEW OF THE IASC LEVEL 3 RESPONSE BY THE SOUTH SUDAN HCT
RECOMMENDATION & ANALYSIS

healthcare was extremely difficult to access in South Sudan, with an estimated 0.15 doctors per 10,000 patients and 0.2 midwives/nurses per 10,000 people.

- **Nearly one in every three schools in South Sudan has been destroyed, damaged, occupied or closed**, impacting on the education of more than 900,000 children, including some 400,000 who have been forced out of school by the conflict. With more than half (51 per cent) of primary and lower secondary age children not accessing an education, South Sudan is home to the highest proportion of out of school children in the world.
- **Only 13 per cent of South Sudanese people have access to improved sanitation**, while 85 per cent of the population practice open defecation and only 41 per cent have access to safe water. Due to the economic crisis, families in urban areas have had to spend an increasing portion of their income on water, where economically possible, while water trucking has decreased due to the rising cost of fuel.
- **Since December 2013, an additional one million people have been pushed below the poverty line.**

Complexity

8. **Despite the signing of the Agreement on the Reconciliation of the Conflict in August 2015, fighting continues and there has been a proliferation of armed actors, making the humanitarian operation highly complex.** In each of Leer, Koch and Mayendit counties in Unity State, there are an estimated 20 to 30 armed groups with multiple and shifting allegiances. In Upper Nile State, a new armed group – the Tiger Faction New Forces – has formed. In the Equatorias, fighting has intensified between various armed actors and the government’s armed forces. In Western Equatoria, more than 20,000 people have been internally displaced since December 2015 and thousands have fled across the border to neighbouring countries in search of safety and assistance, including refugees who had sought protection in South Sudan and South Sudanese fleeing the fighting. In Western Bahr el Ghazl, fighting intensified in early December, leading to displacement.

9. **While the return of the iO advance party in late December has been welcomed, it was followed by the President’s naming of the Governors of the proposed 28 new states.** The peace agreement was predicated on the continued existence of the 10 states and associated power-sharing arrangements. The list of Governors of the 28 states proposed by the President does not include a single iO-aligned figure and is already reportedly causing dissension in several areas, particularly in the Greater Pibor Administrative Area of Jonglei and the areas surrounding Wau Shilluk in Upper Nile State.

Urgency

10. **The conflict and humanitarian crisis in South Sudan are causing loss of life on a daily basis.** Civilians continue to be killed, raped and abducted, and there are growing reports of people dying due to dire living conditions. Conflict in southern and central Unity State has blocked humanitarian access to people feared to be facing catastrophic (IPC Level 5) food insecurity. At the same time, the economic crisis has continued to escalate, causing regular fuel and cash shortages. These shocks are

driving an increase in needs amongst the urban poor, as well as outbreaks of disease, with the increased price of water forcing people to resort to untreated water sources.

Capacity to Respond

11. **Delays in the formation of the Transitional Government of National Unity (TGoNU) have meant that there has been no progress in restoring South Sudan's public services infrastructure.** As a result, there continues to be heavy reliance on humanitarian partners to meet basic needs. A meeting is being planned between the humanitarian wings of the parties to the conflict in late-January 2016. However, substantial improvement in capacity will require time and investment.

12. **According to 5W data, the L3 Response enabled a marked increase in humanitarian capacity in South Sudan,** from 128 humanitarian partners delivering projects under the Humanitarian Response Plan in South Sudan in February 2014 to 197 at the end of November 2015 (excluding the Abyei zone). The 5W data indicates that the number of INGOs implementing projects under the Humanitarian Response Plan increased from 72 in February 2015 to 92 at the end of 2015, and the number of NNGOs increased from 42 in February 2015 to 84.

13. **However, although humanitarian capacity has increased, South Sudan remains a dangerous and difficult operating environment and partners continues to face difficulties in recruiting and retaining high caliber staff.** The highest number of partners in any given state is 65 (Jonglei), and the number of partners operational in any county is usually no higher than 20. Recruiting staff for South Sudan – particularly for deep field locations – remains challenging and turnover and burnout rates are high. The programmatic and operational capacity of NGOs – especially national NGOs – will continue to require support to ensure the continued scale and quality of the response.

14. **Any reduction in funding for the South Sudan operation will have immediate and negative impacts on the ability of humanitarian partners to deliver life-saving assistance and protection and coordinate the response.** One cluster lead agency has indicated that its funding for cluster coordination will be exhausted by April 2016 and several partners have noted that funds expected to be in place by January 2016 have not yet been confirmed. It is critical that South Sudan continue to be prioritized to ensure that gains made in 2014 and 2015 that have put in place the requisite capacity to respond are not eroded following the deactivation of the IASC L3 Response and associated surge.

Reputational Risk

15. **With implementation of the peace deal at a critical juncture, and humanitarian needs continuing to grow, international media attention on South Sudan is expected to continue in the months ahead.** Even if the peace agreement does hold, humanitarian needs will continue to rise as a result of the multiple and interlocking threats facing people in need. Access is expected to remain challenging due to the fragmentation of command and control and fighting along key road routes in Western Equatoria is negatively impacting efforts to preposition supplies during the dry season. Given the large international presence in South Sudan, any failure to avert a further deterioration of the humanitarian situation, particularly following the scale-up of humanitarian presence and capacity during the IASC L3 Response, will likely garner high profile media attention.

REVIEW OF THE IASC LEVEL 3 RESPONSE BY THE SOUTH SUDAN HCT
RECOMMENDATION & ANALYSIS

IASC L3 RESPONSE TRANSITION STRATEGY AND BENCHMARKS FOR SOUTH SUDAN – UPDATE NOVEMBER 2015

This table provides an update on the for the transition out of the L3 Response for South Sudan and action required after the L3 Response to ensure that capacity to respond continues to match the scale, complexity and urgency of the crisis. The ability to achieve several of the benchmarks (particularly those related to operational presence) was contingent upon several external factors beyond the control of the HCT and which were regrettably not always in place during the last three month period, including:

- a) assurances from all parties to the conflict of safe passage for humanitarian staff to deliver assistance in areas to be accessed;
- b) sufficient security to enable staff to deliver assistance and facilitate mobility of staff in operational areas; and
- c) availability of sufficient financial resources to sustain the response, particularly direct funding for front-line humanitarian actors.

ISSUE	L3 BENCHMARK	STATUS	ACTION(S) REQUIRED POST-L3 RESPONSE
Leadership	All UN humanitarian Country Representatives and INGO Country Representatives, of the required calibre and expertise, in place	<ul style="list-style-type: none"> ▪ Full-time agency/organization leadership is in place at capital-level. 	<ul style="list-style-type: none"> ▪ IASC partners to retain emergency-experienced leadership in South Sudan for at least one year beyond the end of the L3 Response. ▪ IASC Emergency Directors to review the South Sudan response at six-month intervals to ensure that the needed capacity remains in place.
Delivery of protection and assistance	Operational hubs established and maintained in key field locations	<ul style="list-style-type: none"> ▪ As of October 2015, there are 11 logistical hubs in South Sudan (Melut and Malakal in Upper Nile, Bentiu in Unity, Aweil in Northern Bahr El Gazal, Akobo, Bor and Pibor in Jonglei, Rumbek and Mingkamen in Lakes, Wau in Warrap and Jubal in Central Equatoria) and humanitarian hubs are operational in Bentiu, Malakal, Bor and Mingkaman. ▪ However, while living and working conditions have improved 	<ul style="list-style-type: none"> ▪ Logistics Cluster to remain active and HCT and IASC Headquarters to call for the Cluster to be fully funded in 2016. ▪ Headquarters of IASC partners to prioritize expedited administrative, procurement and logistical support to ensure adequate living conditions are in place for their staff in deep

REVIEW OF THE IASC LEVEL 3 RESPONSE BY THE SOUTH SUDAN HCT
RECOMMENDATION & ANALYSIS

		<p>in state capitals, they remain sub-standard in other locations and insecurity persists. Most of the over 100 locations where humanitarians are operating have no (or very limited) amenities, internet, power and running water. Projects have been incorporated in the 2016 HRP to support deep field hubs and service centres for national NGOs.</p>	<p>field locations, including (where relevant) through the continuation of internal L3 Response procedures.</p> <ul style="list-style-type: none"> Donors to fund projects in 2016 that support improved conditions in deep field locations.
<p>At least 50 partners operational in each of the most conflict-affected States (Unity, Upper Nile and Jonglei), security permitting</p>	<ul style="list-style-type: none"> There are currently 65 partners operational in Jonglei (up from 35 when the L3 Response was activated), 51 operational in Upper Nile (up from 31 when the L3 Response was activated) and 43 operational in Unity (down from 46 when the L3 Response was activated). Humanitarian presence was re-established in Leer County of Unity in December 2015. However, access to conflict-affected areas remains difficult and dangerous and operations are costly due to logistical constraints, particularly beyond major towns. 	<ul style="list-style-type: none"> IASC partners operational in South Sudan to commit to continued presence and deployment of long-term staff to deep field locations. HC/HCT to engage with Parties to the Conflict to negotiate humanitarian access to people most in need. HC/HCT to engage with the Government and development partners regarding the urgent need to improve road and air transportation in South Sudan. 	
<p>Sufficient staff deployed to support delivery of assistance and protection</p>	<ul style="list-style-type: none"> Sufficient staff have been deployed for the South Sudan response. However, there continues to be high staff turnover. Continuity is critical and renewed efforts are required to recruit and retain high calibre staff. Efforts are underway to build the capacity of national NGOs to implement humanitarian responses. The number of NNGO partners implementing projects under the Humanitarian Response Plan increased from 30 when the L3 Response was activated to 63 in the 2016 HRP. 	<ul style="list-style-type: none"> Headquarters of IASC partners to ensure that staffing for the South Sudan response is prioritized and turnover reduced. Headquarters of IASC partners to ensure there is no “poaching” of South Sudan staff for other high profile emergencies. Headquarters of IASC partners to be prepared to surge additional staff into South Sudan in the event of a further deterioration of the situation in the coming months. 	
<p>Centrality of Protection to be prioritized</p>	<ul style="list-style-type: none"> Building on the HCT Protection Strategy adopted in January 2015, the 2016 Humanitarian Response Plan has Centrality of Protection as one of its key Response Strategy Elements. ProCap capacity was deployed to support implementation of 	<ul style="list-style-type: none"> HCT and ICWG to regularly review progress in protection mainstreaming and efforts to ensure the Centrality of Protection in 2016. 	

REVIEW OF THE IASC LEVEL 3 RESPONSE BY THE SOUTH SUDAN HCT
RECOMMENDATION & ANALYSIS

		the strategy for six months following adoption and a protection mainstreaming toolkit has been developed to take the strategy forward. All Clusters were required to identify their contribution to protection during the 2016 HRP process, resulting in increased synergies.	
	Systematic participation of, and accountability to, affected people across all elements of the response	<ul style="list-style-type: none"> ▪ CwC and AAP have been strengthened at project-level and a Communications with Communities (CwC) Working Group has been re-established to take forward several CwC initiatives. Efforts were made to better engage affected communities in the 2016 Humanitarian Programme Cycle and will continue throughout 2016. ▪ The HRP includes engaging with communities as a key strategy element, and HRP Cluster Response Strategies have included AAP as central to response strategy and included as criteria for assessing applications for pooled funds. 	<ul style="list-style-type: none"> ▪ ICWG to promote sharing of best practices in AAP (including CwC) across clusters.
Coordination	Dedicated cluster coordinator and dedicated IM staff for each cluster, as well as designated NGO co-leads	<ul style="list-style-type: none"> ▪ All clusters have full-time coordinators/co-coordinators. All clusters (including sub-clusters) have information management officers. However, turnover rates for cluster coordinators, co-coordinators and focal points remains high. ▪ The Government’s Relief and Rehabilitation Commission and the opposition’s ROSS both have limited capacity to coordinate humanitarian response. However, efforts are ongoing to reunite the two bodies with a view to improving national capacity in 2016. 	<ul style="list-style-type: none"> ▪ Cluster Lead Agencies to ensure that South Sudan remains a top priority for deployment of dedicated cluster capacity and to reduce turnover wherever possible.
	Effective deep field coordination system in place	<ul style="list-style-type: none"> ▪ Deep field coordination centres have been activated and are operational in nine areas with NGO Focal points (Koch, Mayendit, Leer and Ganyiel in Unity; Pagak in Upper Nile; Lankien, Akobo, Pibor in Jonglei). However, at sub-national level there are almost no dedicated cluster coordinators. Where it does exist, cluster capacity is mostly focused on state capitals and/or PoC sites. There continues to be heavy reliance 	<ul style="list-style-type: none"> ▪ ICWG to explore the most efficient and effective options to enhance sub-national coordination and provide options to the HCT in Q1 2016.

REVIEW OF THE IASC LEVEL 3 RESPONSE BY THE SOUTH SUDAN HCT
RECOMMENDATION & ANALYSIS

		<p>on national cluster coordinators to cover remote areas.</p>	
	<p>Effective humanitarian coordination with UNMISS in place, especially regarding protection</p>	<ul style="list-style-type: none"> ▪ Operational coordination between humanitarian partners and UNMISS, has improved over the past 6 months with several fora providing space for structured dialogue, including the “mini-HCT-UNMISS” forum which is chaired by the SRSG with participation from humanitarian constituencies (NGOs, UN agencies, and donors). In close coordination with humanitarian partners, UNMISS has made some progress in physical protection outside PoC sites, especially through UNMISS patrolling, as evidenced in UNMISS Operation Unity II. However, this is not yet carried out reliably, systematically or at large scale, and UNMISS’ resources are strained. There are ongoing operational coordination challenges with UNMISS. ▪ Guidelines for engagement with UNMISS have been updated by the Civil-Military Advisory Group (CMAG) and discussions are ongoing to improve protection of civilians, including in the context of the offensive in Unity State. 	<ul style="list-style-type: none"> ▪ HC/HCT to continue to engage with UNMISS on an ongoing basis. ▪ Headquarters of IASC partners to engage with DPKO, as needed, to ensure ongoing agreement in relation to the status and future of PoC sites.