



Short synthesis of 'post-Rome' country experiences

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Similarities & differences

- Countries **on integration pathway** pre-Rome
 - triggered developments in integration/sectors
 - high level **advocacy** & buy-in, urgency
 - technical progress underway (WFP/UNICEF, NN; IERT, S), enriched by new impetus
- **Range of sectors** involved:
 - Pre: FS (NN, Y, SS), Wash and Health- IERT (S);
 - Post: WASH and Heath (NN, Y, SS, S), FS (S), Education (S, SS)
- **Government engagement** - role, leadership, mechanism varied (e.g. NN v Y)



Similarities & differences

- Nutrition cluster **active lead** on integration, with FSC
- **Securing buy-in**
 - Similar approaches, S, NN
 - Post Rome country plan with all clusters - Y
 - SS – seen as ‘top down’
- **Various integration approaches**
 - Geographical convergence (Y, SS)
 - Collegiate working (data planning, sharing, fundraising, all)
 - Joint assessment, prioritisation (all)
 - Capacity development other sectors (SS)
 - Joint programming (existing - S/planned - all)
- **CHF** critical (S), external donor funding success (Y)



Common challenges & observations

- **Practical challenges** in design and implementation
 - **not integration specific:** lack of data, health system collapse, inconsistent naming of wards
 - **integration specific:** HRP tools - NN
- **Access** a key constraint
 - **Innovation**, e.g. humanitarian hubs coordination meetings, military-civil negotiations - NN
- **Institutional challenges** – siloed thinking & mandates, apply to **non-emergency settings**
- **Capacity of partners** to plan & implement integrated programming a key **constraint** – specialists.
 - Consortia in Somalia to address this.
- Emergencies spotlight / worsen **existing gaps**



Common challenges & observations

- **Multi-purpose cash** = integrated programming (demand).
 - Scaled up in NN. In kind to conditional cash in SS.
- Challenges to accommodate **inter-sectoral coordination** – pressing acute priorities, full workload, short (unrealistic?) timelines
- Significant **shortfalls** in overall **humanitarian funding**
 - S (54% HRP, 2017)
 - SS – sectoral shortfalls limit integration, donor fatigue, difficult to ‘do development’ on emergency funds



Key questions

1. Is there enough **clarity** around what is **integrated approach**? Continuum in different contexts?
2. Should we proceed without **strong evidence base**? How **build** evidence base (research/monitoring)? **Learn** from other sectors (WASH, Health)?
3. Does **underfunding** of clusters limit engagement/delivery of inter-sectoral initiatives? Does integrated programming stimulate/compromise sector-specific funds?



Key questions

4. How to ensure integrated approach **builds government** multi-sector thinking, processes & structure? Do we **compromise effectiveness** by prioritising system strengthening? How/who undertakes **balance of risk appraisal**?

5. How to develop **multi-dimensional capacity** of partners to deliver programmes or unrealistic aim? How to capacitate sectoral leads to be across all sectors?



Key questions

6. What are the **opportunity costs** of Nutrition Cluster leadership on integrated programming – skillsets (higher level advocacy, negotiation), technical skills (other sectors), time & resources?
7. Is Nutrition Cluster **accepted** lead/catalyst/coordinator? May be seen as self-interest? How to ensure equality between sectors in the collective?



Key questions

8. What is the **role of multi-purpose cash** to enable integrated programming? How to **identify contexts** where demand-driven integrated cash programming is appropriate?
9. How to ensure **continued global engagement** and support to countries (technical questions, drive process, capture and exchange learning)?





Over to you.....