Short synthesis of ‘post-Rome’
country experiences

Marie McGrath & Jeremy Shoham, ENN
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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 vs 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


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.............