

Integrated Programming

Framework and action planning

Session Objectives

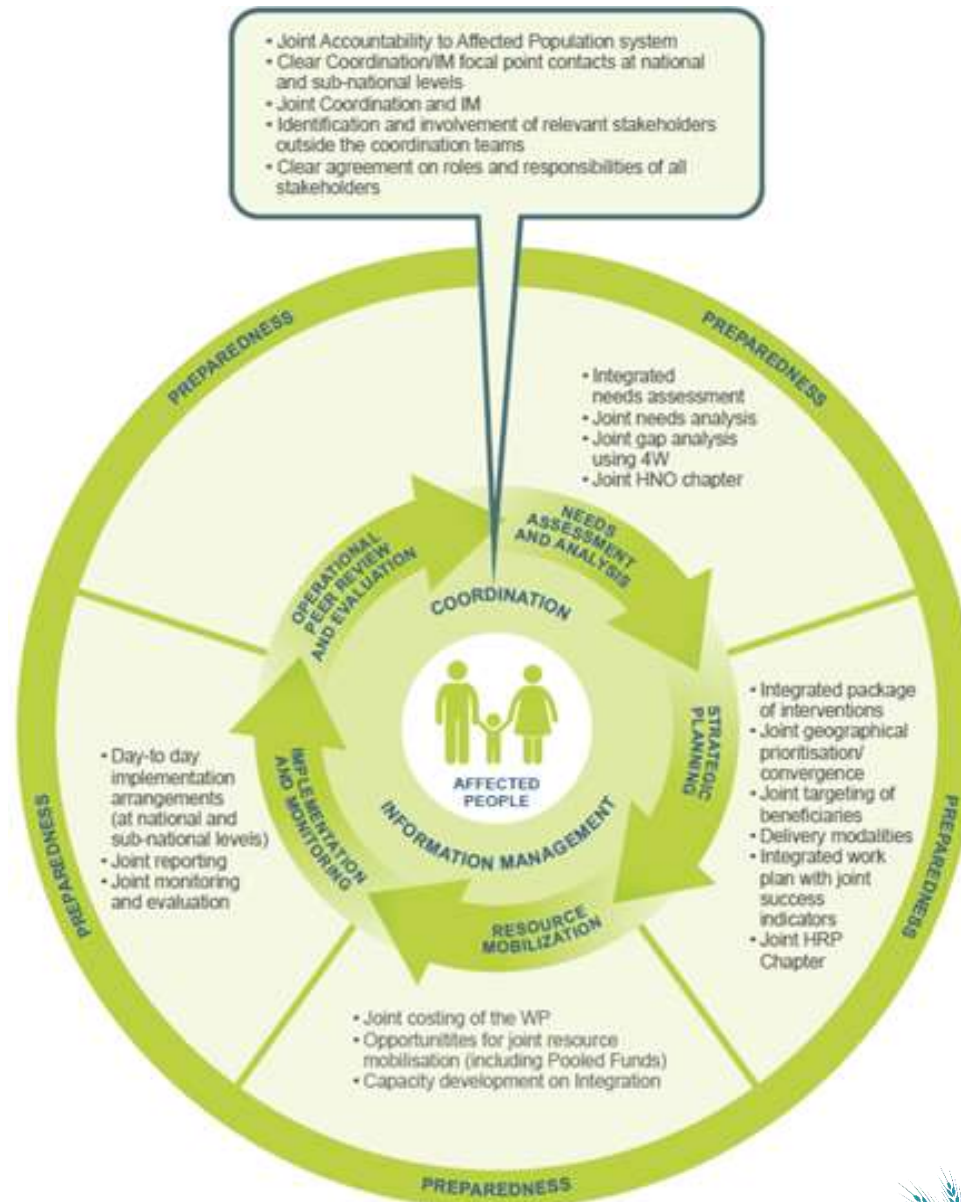
By the end of the session, participants will be able to:

- List the components of the framework for intersectoral integration
- Identify what currently works well in integration in the country
- Identify what the gaps in integration are
- Identify actions needed to mitigate challenges and move integration forward
- Develop an action plan for the integration for nutrition outcomes in the country

The Humanitarian Programme Cycle



Framework for Integrated Programming



Best practices, tips and examples from other countries

Framework for Integrated Programming – Needs Assessment



Integrated needs assessments

- Examples of joint needs assessments
 - SMART surveys that include Nutrition, WASH, Health and Food Security indicators (example from Afg)
 - Rapid assessments for the joint four clusters assessments (example from Yemen)
 - [MIRA assessments with IYCF-E]

Integrated SMART Survey Questionnaire Province 2018

Date (dd/mm/yy)		Cluster Area	
Cluster Number	Team Number	UIC Number	

Household Questionnaire

Start date/event of recall period: **xxxx**

No.	Name	Sex (M/F)	Age (years)	Joined on or after	Left on or after	Born on or after	Died on or after
List all current household members*							
1	Head of household						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

40 Operational Database - KAPSSD

Annex 3 - Recommended tool for the IFRR pre- and post-assessment

Yemen IFRR assessment Methodological Notes

Sample design and sampling techniques and procedures

Sample design and sample size determination

The survey is to assess the selected Health Facility catchment area, where the IFRR is being implemented. The results of the IFRR survey is deemed to be statistically representative of the catchment area and cannot be extrapolated to different areas.

A two-stage cluster sampling method will be used to calculate the sample size for each HH catchment area (the survey area) selected. The two-stage stratified cluster sampling technique uses the following formula to calculate the sample size for surveys with big ratios and response rates percentages:

$$n = (DU)^2 \cdot q \cdot \frac{1}{Df} \cdot P$$

where:

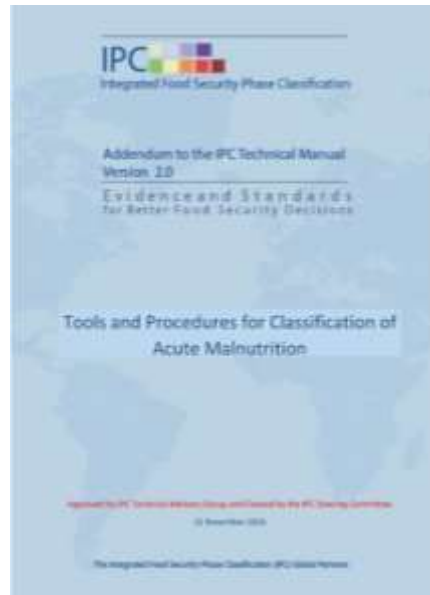
- n = the required minimum sample size
- D = design effect factor by type of sampling = 1.2 for two-stage cluster sampling
- U = the Z score corresponding to the degree of confidence (95% in data for the IFRR)
- q = estimated proportion of the indicator expressed as a decimal (e.g. 50% = 0.5) - this estimate is generated from the national average of the recently conducted CFMR survey whose design effect is the population is estimated to the best estimate
- P = 1 - q (i.e. = 0.5) based on the above estimate

If a minimum desired precision or maximum tolerable error expressed as a decimal from the above IFRR survey response (5% precision is deemed acceptable) and applied to other surveys, a 95 percentage survey is taken as maximum tolerable error = 0.05.

The results of the IFRR survey is deemed to be statistically representative of the catchment area only and cannot be extrapolated to different areas.

Joint needs analysis

- Using IPC: Acute Malnutrition for joint needs analysis
- Joint 5W gap analysis
 - At lowest administrative level possible
 - Mapping all partners in four sectors working in each administrative area
 - Defining gaps for each of the sectors
 - Discussion on who would be best placed to fill in the gaps from the four sectors
- Joint chapter in the HNO
 - Yemen 2018 and 2019 HNO



Framework for Integrated Programming – Strategic Planning



Joint strategic planning

- Development of the jintegrated minimum package of interventions
 - Yemen IFRR guidance, annex 2
 - SS – example of defining oportunities for integration
- Joint geographical prioritisation
 - Convergence of service (s) and interventions
 - Based on the IPC famine declaration indicators (Yemen)
 - Bvased on IPC acute malnutrition

26 Operational Guidance - ANNEX 2

Annex 2
Minimum IFRR package with cross-sectoral
collaboration and coordination objectives

OPPORTUNITIES FOR INTEGRATION ACROSS CLUSTERS

This table outlines opportunities for integrated programming that clusters could consider when developing operational plans – this is a summary of those that were discussed during group work sessions in day one and five of the workshop. The table does not include coordination or joint assessment – focus is on opportunities for integration at operational / implementation level

Cluster	Opportunities for integrated programming with other clusters
Education cluster	• Opportunities for integrated programming with other clusters
FSL	Platform for agriculture and agroforestry clubs and demonstration gardens to focus on production and preparation of local nutritious foods School feeding programmes
Health	Platform for health campaigns on relevant issues – eg deworming and immunisation Sharing harmonised health behaviour change messages Referral of sick children
Nutrition	Provide ECD support for infants at health facilities, both in patient and out-patient Sharing nutrition education messages to pupils at all levels Pre-school – MUAC screening and referral to nutrition services Provide ECD support for infants at nutrition facilities – including those attending EC, OTP and in MYCP sessions School feeding programmes
WASH	Work with each cluster to develop and provide minimum WASH package at schools (Latrine, handwashing facilities & soap, safe water source – water treatment and storage and harmonised behaviour change messages) Platform for Training on Child Hygiene and sanitation transformation (CHAST) and of menstrual hygiene management (MHM) Provision of hygiene kits for adolescent girls Hygiene promotion in school clubs
Protection	Platform for protection cluster to provide psycho – social support for children & teachers Orientation and awareness raising on protection through PTA and TT on code of conduct and PSEA Campaigns on child protection issues including child marriage Formation of child rights groups Establishment of gender segregated restrooms Establishment of mechanism for referral between Education and Protection cluster

Joint strategic planning (cont)

- Delivery modalities at community, household and health facility levels should be discussed
 - Resource sharing (community health workers salaries, community health volunteers incentives)
 - Optimization of contact points of beneficiaries (support groups, counselling, distributions, sessions, etc)
- Joint work plan with joint success indicators
- Joint chapter in the HRP
 - Yemen 2018-2019 HRP integrated response chapter



Framework for Integrated Programming – Resource Mobilisation



Joint Resource Mobilization

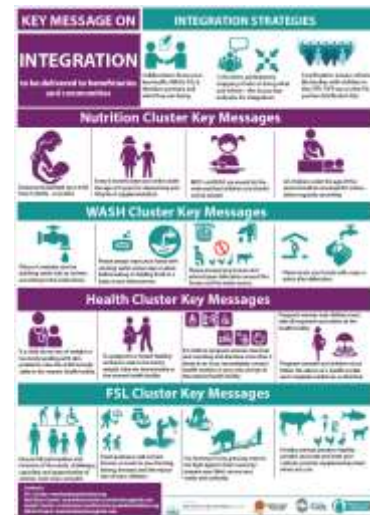
- Joint costing of the WP
- Opportunities for joint resource mobilization and advocacy
 - A dedicated country-based pooled fund envelope for integrated projects for famine prevention in Yemen
 - Joint advocacy meetings/briefs/letters/presentations
 - Joint presentations to the decision makers (donors, HCT, HC)
 - Rapid Response mission jointly with UN and NGOs from different sectors
- Joint trainings on integration at different levels

Framework for Integrated Programming – Implementation and Monitoring

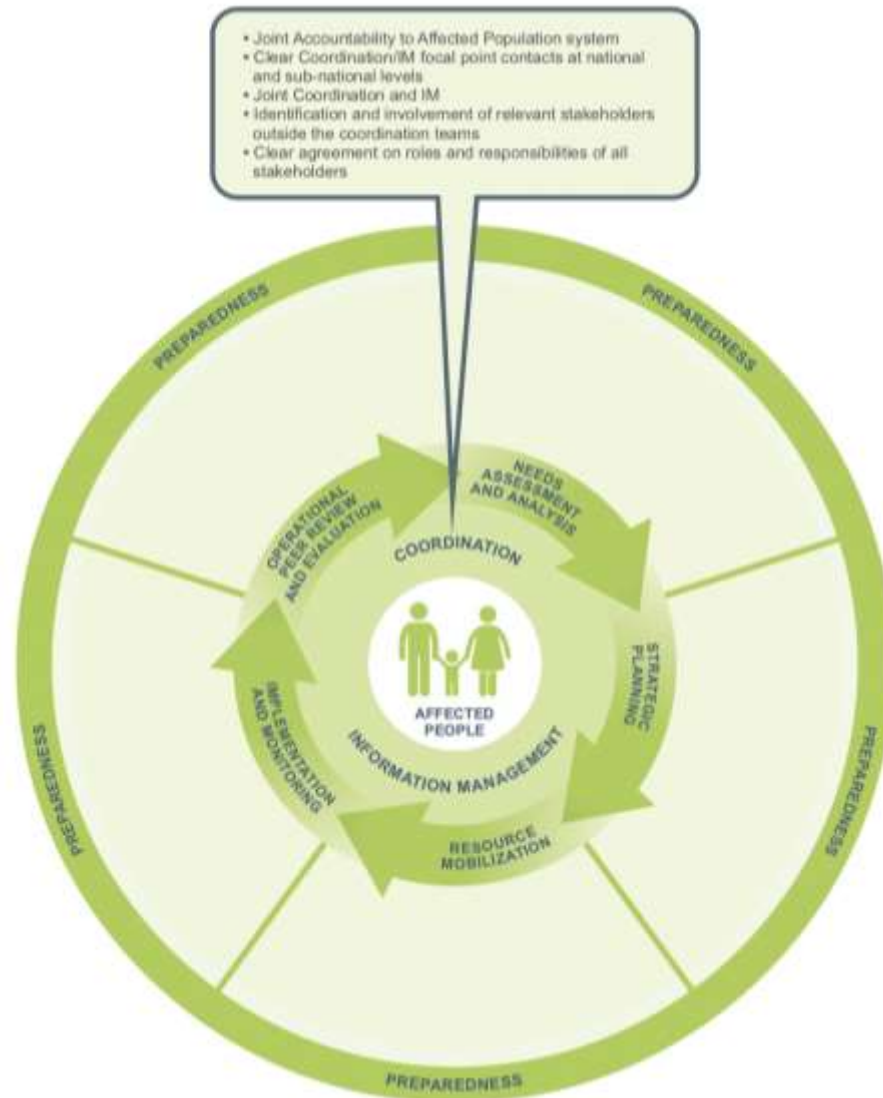


Joint implementation and monitoring

- Agree day-to-day implementation arrangements (at national and sub-national levels)
- Joint reporting vs each cluster reporting
- Joint monitoring & evaluation through:
 - field visits
 - monitoring visits
 - evaluation of integration
- Joint IEC materials on referral, access to services, other info (see key messages from SS)
- Joint programming among the UN agencies (UNICEF/WFP/FAO/UNHCR/WHO)
- Include indicators to measure integrated services, supportive supervision, reporting tools and possible HMIS changes



Framework for Integrated Programming – Coordination, IM and AAP



Joint Coordination, IM and AAP

- Agree composition of a Working Group at the intercluster level
- Agree who is leading in each cluster (SAG, TF, etc.)
- One coordinator/IMO leading on rotational basis or permanent
- Regular (monthly) meetings of four coordinators / Working Group?
- Agree coordination with OCHA and identify support needed
- Quarterly inter-cluster/SAG meetings on integration
- Get a buy in and support from the HCT

Joint Coordination, IM and AAP

- Identify how data will be collected and analysed
 - One 4W, or
 - Cluster 4Ws with additional information, or
 - No changes to 4W, but joint analysis
- Joint AAP guidance and implementation

Joint Coordination, IM and AAP

- Involve government, technical line ministries and SUN as early as possible
 - Identify government ownership for nutrition and other sectors and establish governance structure for coordination for integrated response
 - Identify a champion and a task force for integration at the central level with representation from the levels where integration is proposed (facility, community, household)
 - Ensure buy-in from and engagement of stakeholders at all levels (institutionalization)

Group Work

Separate into five groups:

- Joint needs assessment and analysis
- Joint strategic response planning
- Joint resource mobilization
- Joint implementation and monitoring
- Coordination, IM and AAP

Group Work

In your group, discuss and agree on the following in relation to your phase:

- Current situation and challenges with regards to your assigned topics
- Actions needed to improve intersectoral coordination in this area
- Who will be responsible for each action
- What the timelines for each action are
- Protection mainstreaming considerations for each action

Prepare a presentation using the provided Excel/Google sheets template

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Strengthening Humanitarian Response

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unicef 
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