

Intersectoral collaboration

How to strengthen Intersectoral collaboration implementation?

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GNC annual meeting- side event, January 31st

A new acronym: ICSC

ICSC = Inter Cluster/Sector Collaboration
To encompass both sector and cluster mechanisms

"Inter-Cluster/Sector Collaboration (ICSC) refers to the joint actions carried out by relevant clusters/sectors to coordinate joint responses with their partners towards a common objective."

To
replace ISC:
Intersectoral
Collaboration

HOW TO IMPLEMENT ICSC? NEW DOCUMENTS



1) Introduction to ICSC

1) What is **inter-cluster / sector collaboration**?

2) **Why is ICSC important?**

3) **How is ICSC carried out?**

4) **ICSC along the Humanitarian Program Cycle:**

Step 1: Needs assessment and analysis

Step 2: Strategic planning

Step 3: Resource Mobilization

Step 4: Implementation and monitoring

Step 5: Operational peer review and evaluation

+ Some annexes:

Annex 1: How to define the convergence areas? Example from DRC

Annex 2: example of intersectoral package at HH, community and health facility level from Yemen

Annex 3: examples of indicators for the joint workplan, ex of South Sudan

Annex 4: Develop joint advocacy strategies and notes to donors to fund inter-sectoral programs .



What is “Inter-Cluster / Sector Collaboration (ICSC)”?

This document is to be used as a guidance to help cluster/ sector national coordination teams to initiate, implement and monitor Inter-cluster/sector collaboration at country level. The different steps follow the humanitarian program cycle to align intersectoral projects with other projects.

Please note, ICSC is replacing the previously used acronym, ISC.

1. What is inter-cluster / sector collaboration?

Inter-Cluster/Sector Collaboration (ICSC)¹ refers to the **joint actions** carried out by relevant clusters/sectors to **coordinate joint responses with their partners** towards a common objective. Joint programs are delivered at the same time, in the same place, for the same people based on prioritization of needs to achieve a jointly agreed outcome.

HOW TO IMPLEMENT ICSC? NEW DOCUMENTS

Why is ICSC important?

- **A people-centered approach:** a humanitarian response through a holistic lens for the people.
- **It pools knowledge and problem-solving capacity:** with different knowledge and means, we understand and solve multi-faceted and large-scale humanitarian issues.
- **Efficiency:** access barriers (cost of transportation, time spent, risk exposure, etc...) are reduced.
- **Reduced costs:** ICSC aims to lead to an effective and efficient response that will have a greater impact on the affected populations.

How to strengthen Intersectoral collaboration implementation?

Date: 31.01.2023



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HOW TO IMPLEMENT ICSC? NEW DOCUMENTS

Inter-cluster/sector collaboration: our common objective

2) A Framework towards a common objective



General context

Acute events or slow-onset conditions: conflict, displacement, natural disasters, climate shocks, epidemics, pandemic, economic stress, political environment, socio-economic inequalities and discrimination

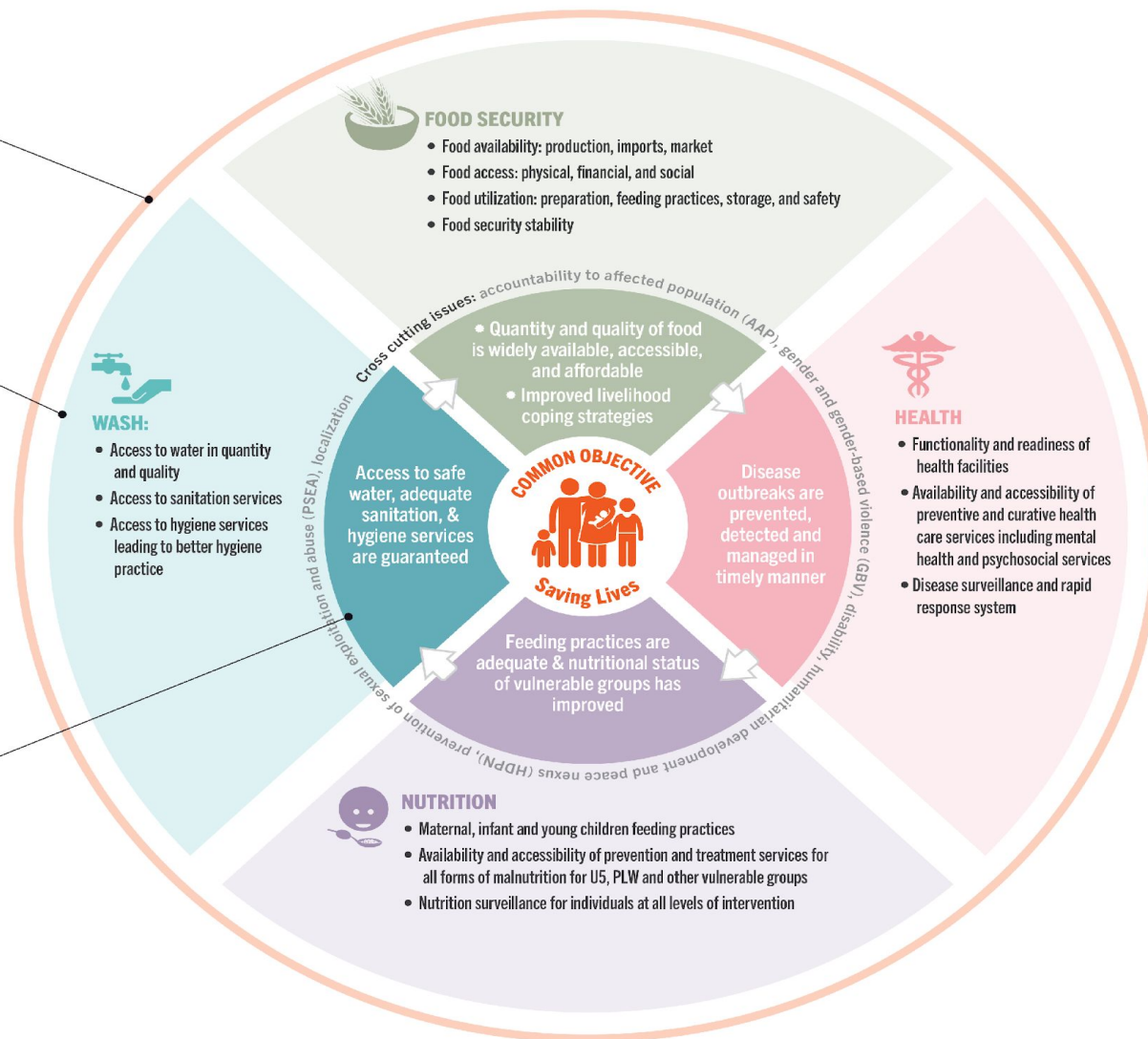
Intervention areas:



WASH:

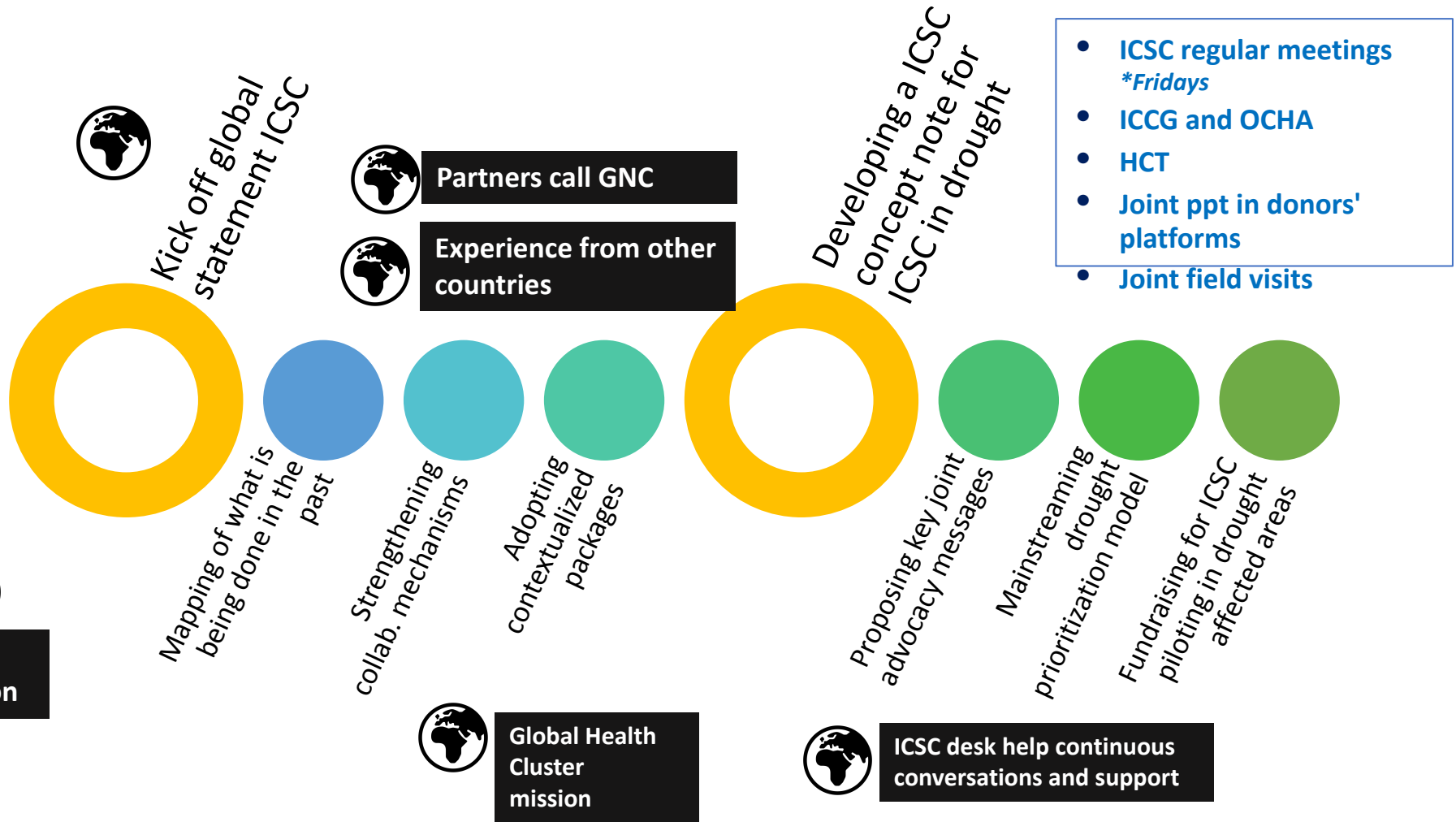
- Access to water in quantity and quality
- Access to sanitation services
- Access to hygiene services leading to better hygiene practice

Results:



EXAMPLE OF ETHIOPIA-

KEY STEPS, OPPORTUNITIES AND CHALLENGES



- ### Opportunities
- Pooled funds allocation for integrated response
 - Collective outcome in drought
 - Drought prioritization model
 - Integrated vision of EDRMC for humanitarian response
 - Strong commitment from CLA, CC, donors and OCHA
- ### Challenges
- Need of evidence and good M&E framework for implementation and expansion
 - ICSC coordination needs (time dedication and lead)
 - Cost of an integrated package concentrated in one geographical area can be considered expensive.

EXAMPLE OF ETHIOPIA-

NEXT STEPS



Subnational level



IDENTIFY A FORA TO CONTINUE WITH ICSC APPROACH BUILDING ON GOOD PRACTICES



MAPPING OF ICSC CAPACITY AND PRESENCE OF ALL SECTORS/ PARTNERS



REVIEW THE PACKAGE FOR BEING CONTEXT SPECIFIC



EVIDENCE BASED PRIORITIZATION AND TARGETING (LOCATIONS AND INDIVIDUALS)



LINK TO DURABLE SOLUTIONS AND OTHER SAFETY-NET ACTIVITIES (PSNP)



National level

- 1) Lessons learnt & findings from implementation phase of the ICSC package in drought affected areas
- 2) Adaptation and review of concept note (including coordination mechanisms)
- 3) Advocacy messages and fundraising for expansion
- 4) Expansion and scale up of ICSC to other affected areas

OTHER COUNTRIES EXAMPLES:

INTER-CLUSTER
FAMINE RESPONSE
STRATEGY IN
SOUTH SUDAN

A Case Study
September 2020





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SPECIAL CALL TO JOIN THE ICSC WORKING GROUP!

ICSC: rlozano@unicef.org



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Intersectoral Collaboration

Strengthening the Humanitarian Development Nexus through Consolidation of Humanitarian Platforms and Multi-sectoral Nutrition Response Planning in Myanmar

Mabasa Farawo – Myanmar Nutrition Cluster

GNC annual meeting- side event, January 31st

PRESENTATION OUTLINE

1. Presentation Outline
2. Objectives/ Justification
3. Background Information – Myanmar Nutrition Situation Pre-1 February 2021
4. Current Humanitarian Situation and Needs
5. Myanmar HNO 2022 versus 2023
6. Structure of the Myanmar Humanitarian Development Nexus (HDN) across platforms
7. Operational National and Sub-National Cluster Platforms
8. Multi-sectoral Response and Planning in Myanmar
9. Main Achievements for Nutrition HRP 2022
10. Shortcomings and Important Highlights
11. Recommendations

OBJECTIVES

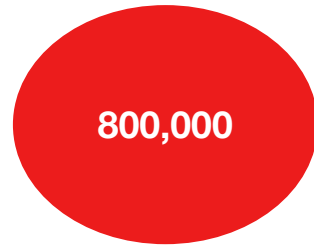
- To describe the Myanmar Nutrition Cluster's strengthening of the HDN following the conflict induced humanitarian situation in the country
- To demonstrate strengthening of HDN platforms' adaptation in responding to unfolding humanitarian crisis worsened by response impediments, conflict, low funding levels, etc.
- To make recommendations on the strengthening of the humanitarian development nexus in Myanmar

JUSTIFICATION

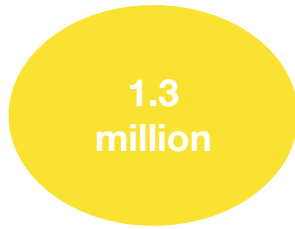
A strengthened HDN and a coordinated multi-sectoral nutrition response planning in Myanmar is critical to a sustainable development trajectory in a country blighted by a deepening humanitarian crisis. Therefore, deliberate efforts to strengthen HDN and multi-sectoral nutrition response planning fosters a quick recovery and sustainable development.

MYANMAR NUTRITION PRE-1 FEB 2021

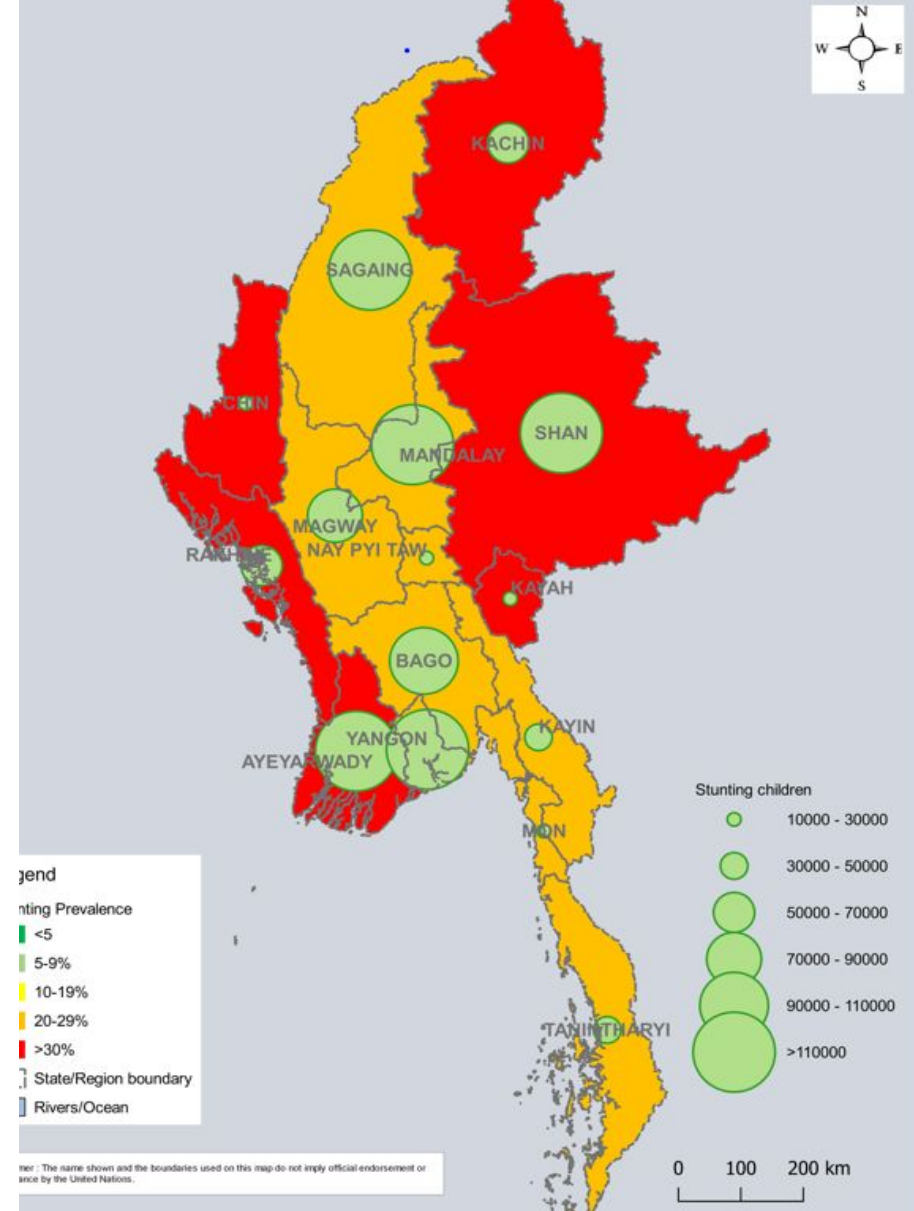
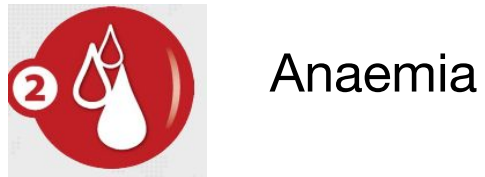
- High levels of undernutrition, worse in the conflict affected areas
 - **Over 60% of wasted and stunted children live mainly in 5 states out of 15 states/regions**



Needs screening and treatment with RUTF, RUSF



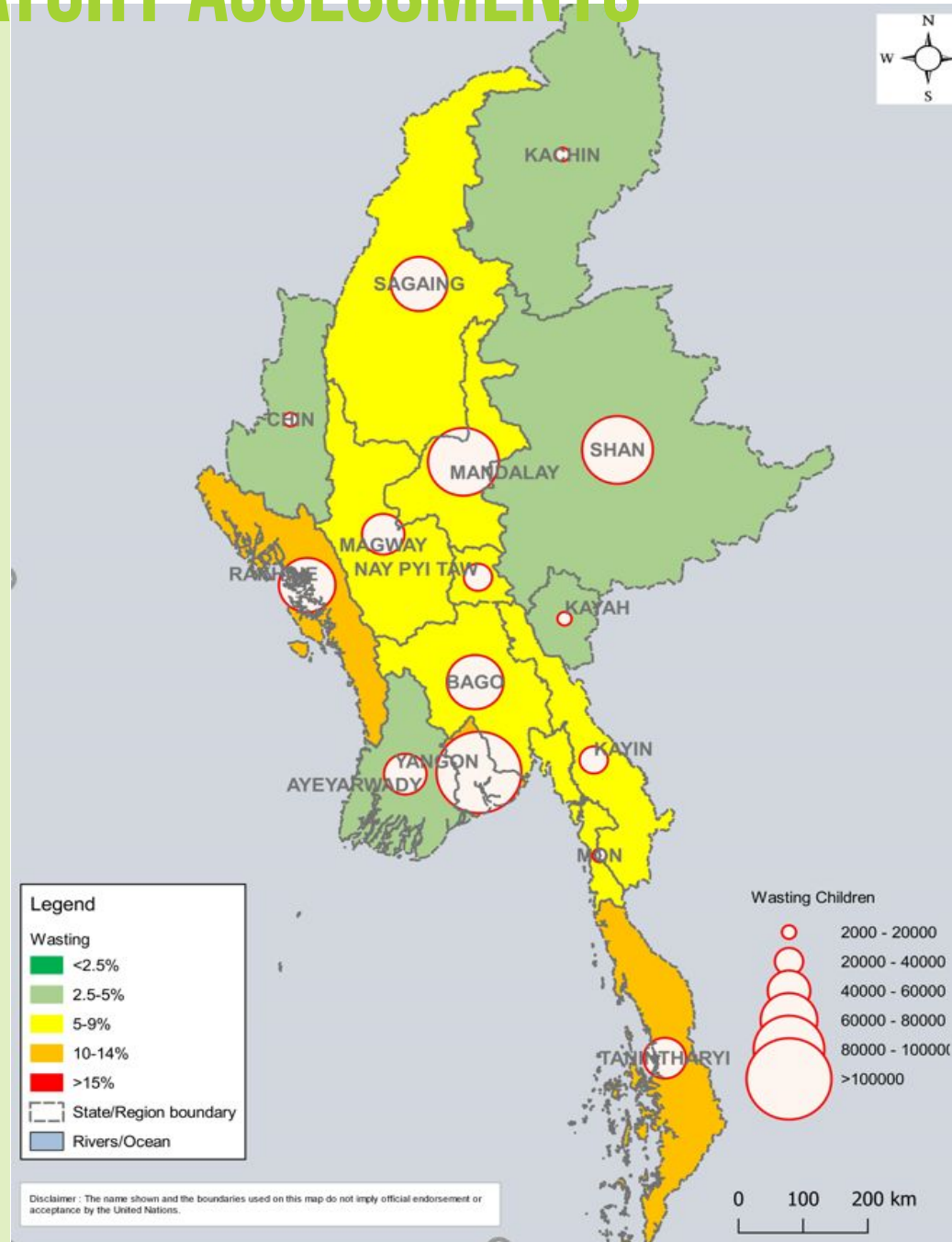
Possible to address by micronutrient supplementation and nutrition counselling



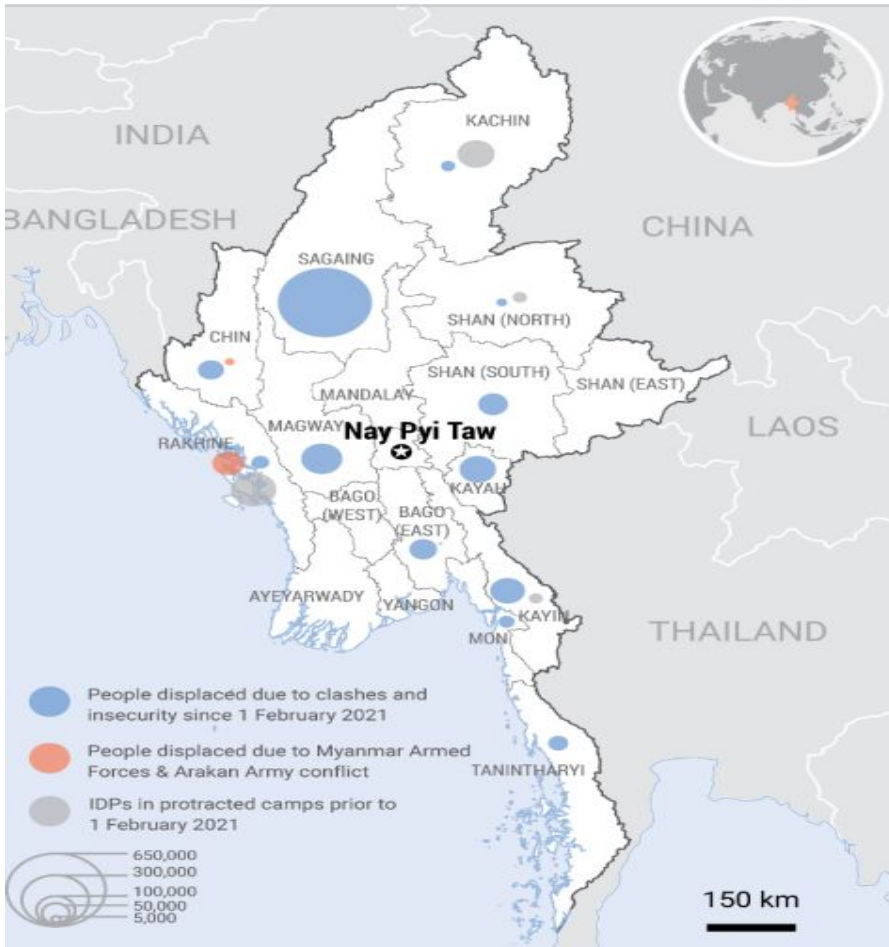
WORSENING HUMANITARIAN SITUATION, PATCHY ASSESSMENTS



- The Nutrition Situation in Myanmar, likely worsening in tandem with the expanding and deepening humanitarian situation
- Absence of representative surveys a big problem, since the 2015/ 2016 DHS



CURRENT HUMANITARIAN SITUATION AND NEEDS

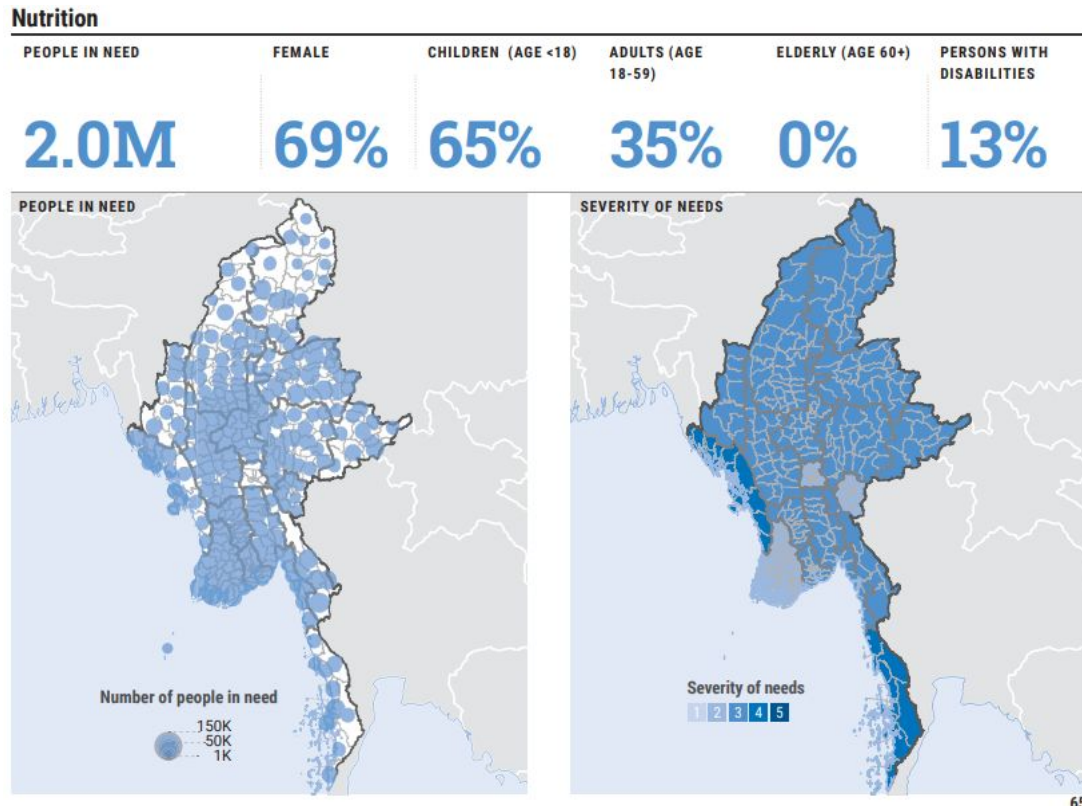


Source: Myanmar Humanitarian Needs Overview (HNO) January 2023

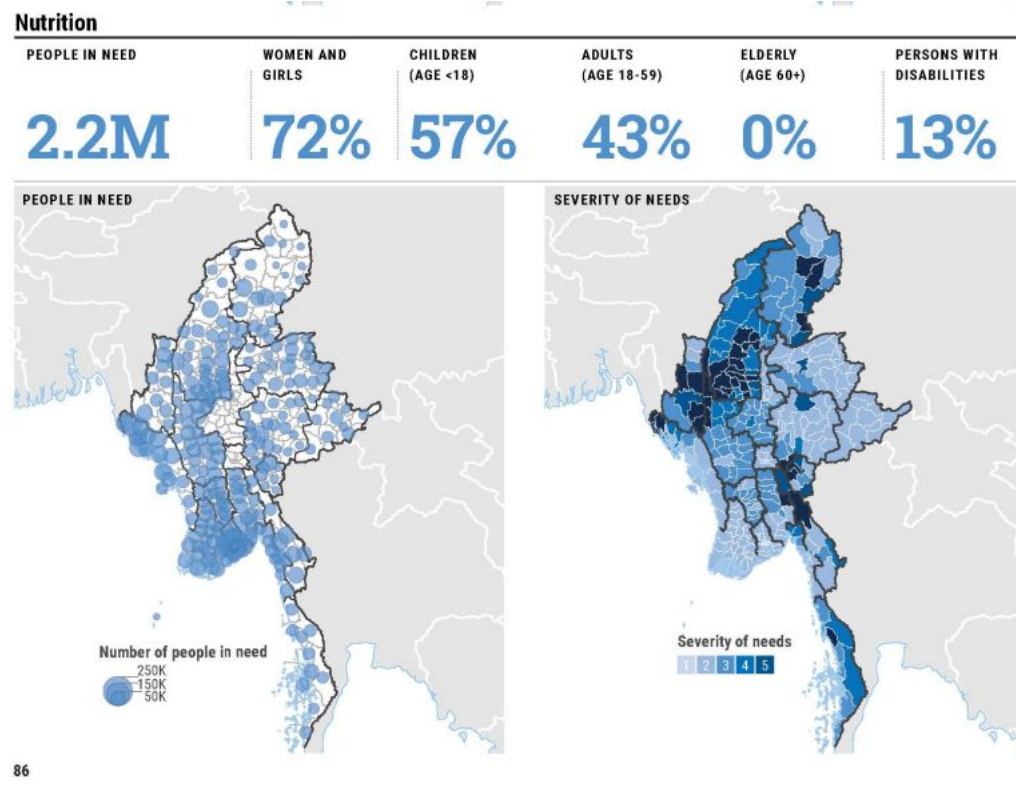
- 1.4 million persons displaced in Myanmar due to conflict
- 1.1 million were displaced after 1st February 2021 coup and 330,000 IDPs prior to February 2021
- Situation worsened COVID 19 pandemic, unstable macro-economic environment, high inflation and effects of global events
- Decreasing livelihood options, conflict induced disruptions of food markets, unemployment etc.
- Myanmar faces increasing malnutrition, >25% of a million wasted children living in states/ regions with the highest displacement
- 911,500 (441,500 IDPs + 470,000 stateless) mainly in states previously with high burden of malnutrition

NUTRITION SECTOR'S HNO 2022 VS 2023

Myanmar HNO 2022



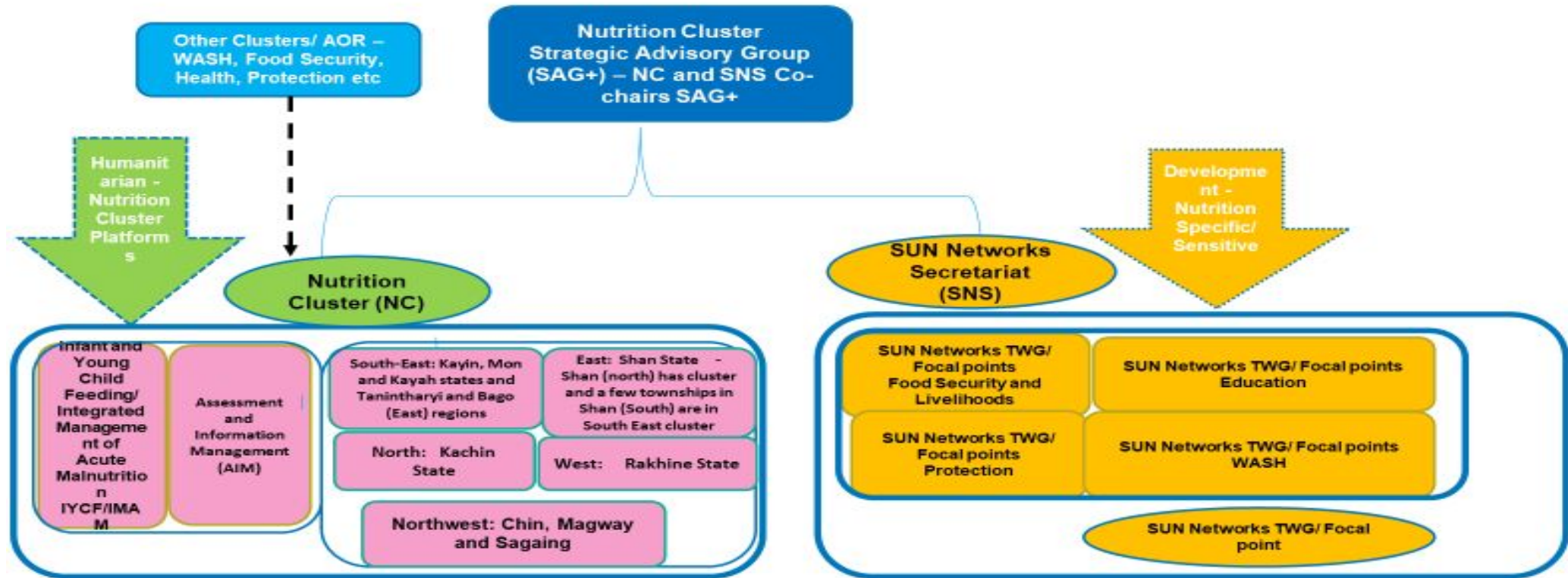
Myanmar HNO 2023



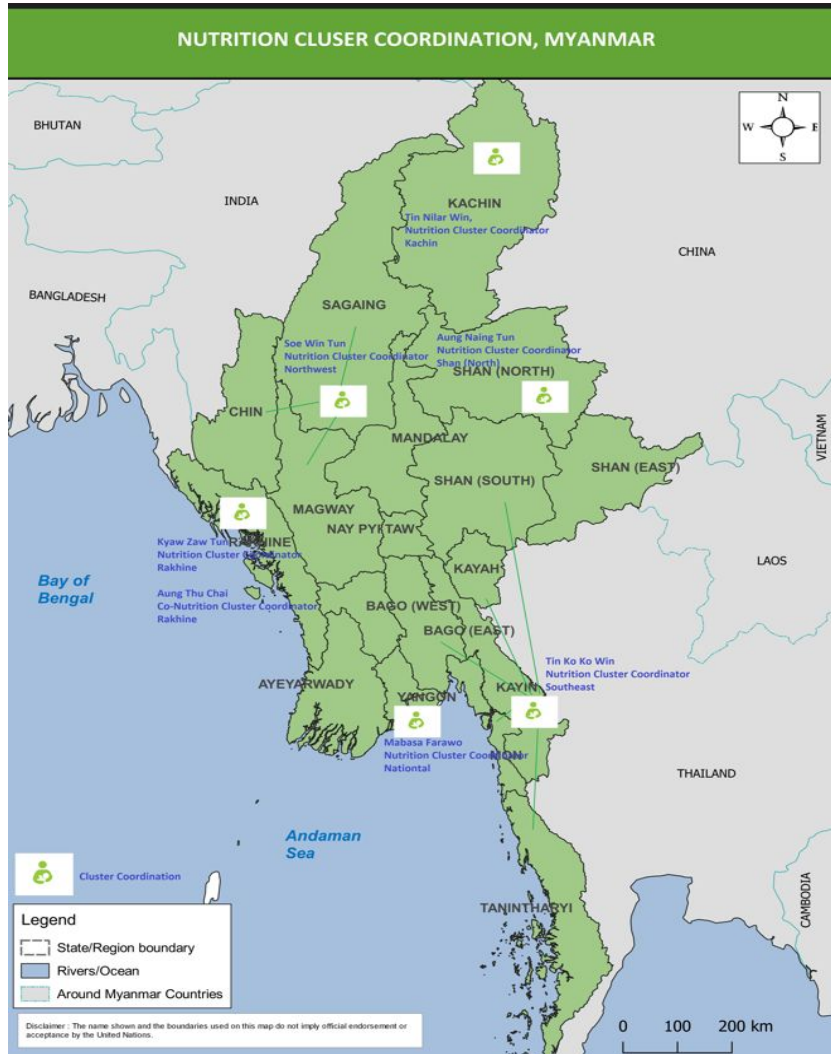
Source: UNOCHA HNO 2022 and 2023

IN RESPONSE - STRUCTURE OF HDN STRENGTHENING ACROSS PLATFORMS

- Myanmar – Demonstrating strengthening of the humanitarian development nexus through consolidation of humanitarian platforms and multi-sectoral Nutrition Platforms in



COORDINATION - NATIONAL AND SUB-NATIONAL CLUSTERS - MYANMAR



Operational Level	Areas Covered by Cluster	Operational Status
National	National	Operational
South-East:	Kayin, Mon, Kayah States, Tanintharyi & Bago (east) regions	Operational
East	Shan state - Shan (north) and few townships in Shan (South)	Operational
North:	Kachin state only	Operational
West	Rakhine state only	Operational
North-West/Central	Sagaing, Magway and Chin state - operational	Operational
Central/Urban	Yangon, Mandalay and Ayeyarwady regions	Non-operational

MULTI-SECTORAL NUTRITION RESPONSE PLANNING IN MYANMAR

	Multi-sectoral Nutrition Response Planning in Myanmar	Comment/ Status
1	Inter-cluster coordination group (ICCG) platform to support inter-cluster activities – supporting with advocacy etc. to HC/ HCT	Monthly or ad hoc meetings cross-sectoral
2	Multi-sector Needs Assessment (MSNA) – Nutrition Cluster questionnaires contributed to the inaugural MSNA in Myanmar	Results obtained fell short/ not useful for HRP
3	HNO/ HRP – PIN and target estimation for the nutrition cluster – based on MSNA and other proxy indicators from Food security Cluster	Baseline FS population used to estimate Nutrition Cluster PIN/ Target using NHNAC**
4	Nutrition Cluster budget included 7% protection mainstreaming, demonstrating multi-sectoral response planning	Multi-sectoral response planning demonstrated
4	Accountability to affected populations (AAP) – Nutrition Cluster seconded partner as member of AAP Technical Working Group	Joint discussions with GBV entered as well
5	Joint Nutrition Cluster and Food Security Cluster programming and training in areas of common interest	Planning meetings held between the clusters

NHNAC – Nutrition Humanitarian Needs Analysis Calculator, HNO – Humanitarian Needs Overview, HRP – Humanitarian Response Plan

SUMMARY OF ACHIEVEMENTS FOR HRP 2022

Activity	PIN	Target	Achieved	%
Overall	2,050,709	1,025,354	239,023	23%
SAM	49,346	39,477	4,734	12%
MAM	242,201	121,100	14,772	12%
Preventive	2,050,709	1,025,354	219,877	21%

NB: Preventive programs include micronutrient supplementation, Targeted/ Blanket supplementary feeding for under five children and Pregnant and Lactating Women (PLW)

Funding for 2022 HRP	Total Budget – \$60.7m	Total Amount mobilized – \$8.9m	Funding gap \$51.8m	Percentage funded – 13.9%
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- Underfunding experienced by the Nutrition Cluster 14% funded by December 2022
- Other challenges include access constraints, the looming NGO registration bill with punitive measures for non-compliance
- The total reach for the entire cluster was about 23%
- SAM and MAM treatment were at 12% and 12% respectively
- Preventive programs response was 21% achieved

SHORTCOMINGS AND IMPORTANT HIGHLIGHTS



- A gap in recent and representative assessments in Myanmar
- Support has been provided by the GNC TST, however, more needs to be done locally
- Forecasting needs for the HRP entirely depended on proxy assessment results from food security and other clusters
- Funding needs to be increased for assessments/ coordination
- De facto authorities' buy-in is critical for meaningful assessments to be authorized and done

RECOMMENDATIONS



- Continued HDN activities strengthening across platforms e.g. Food Based Dietary Guidelines training, livelihoods options including cash transfers for all partners, co-locating interventions
- Joint planning activities to initiated and linkages established between humanitarian actors and development partners in Nutrition
- Advocacy for support to assessments/ representative surveys for nutrition (last DHS was 2015/16)



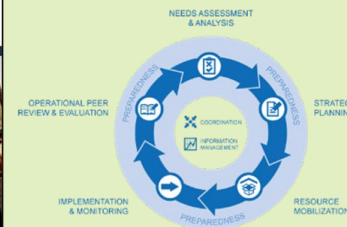
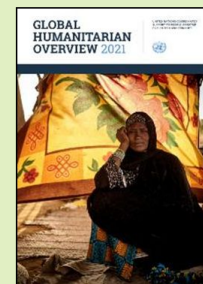
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Update on the development of the Joint Intersectoral Analysis Framework(JIAF) 2.0



**Anteneh Gebremichael Dobamo,
GNC NIS Helpdesk**

Background

- **Methodology for analysing multiple needs** : JIAF is a methodologically new approach to analysing the multiple needs of populations in crisis.
- **Inherently intersectoral** : It is intended to shift needs analysis from siloed and sector-centric perspective to intersectoral one.
- **JIAF is not just a technical initiative: It is the direct result of the Grand Bargain commitments** which sought to change the sector-centric nature of how needs analysis has been conducted.
- **Governance wise**, OCHA and the clusters lead the JIAF analysis in each crisis context to inform response plans.
- **Mixed results in the application of JIAF 1.0** : Since 2020 most HPC countries were using the JIAF Methodology. Various challenges in the process promoted the need for revisiting the methodology.

The rationale for revision of JIAF: Findings of independent review and validation by Global Clusters and OCHA

- **Ownership and buy-in : JIAF1.0 was rolled out without sufficient field testing and awareness raising.**
- **Lacked conceptual clarity and resulted in inconsistent application: Almost every country implemented JIAF differently in the 2021 HPC.**
- **The JIAF 1.0 process was heavy.**
- **Practicality: Complex to apply in data-poor countries.**
- **Outputs of the JIAF process were questionable :**
- **Severity scales and thresholds massively differ in their application and outcome from country to country.**
- **The intersectoral PiN estimation resulted in over or under-estimation of needs.**

JIAF 2.0 M-TWGG Proposed changes

I. Defined Analysis Outputs & Information Use :

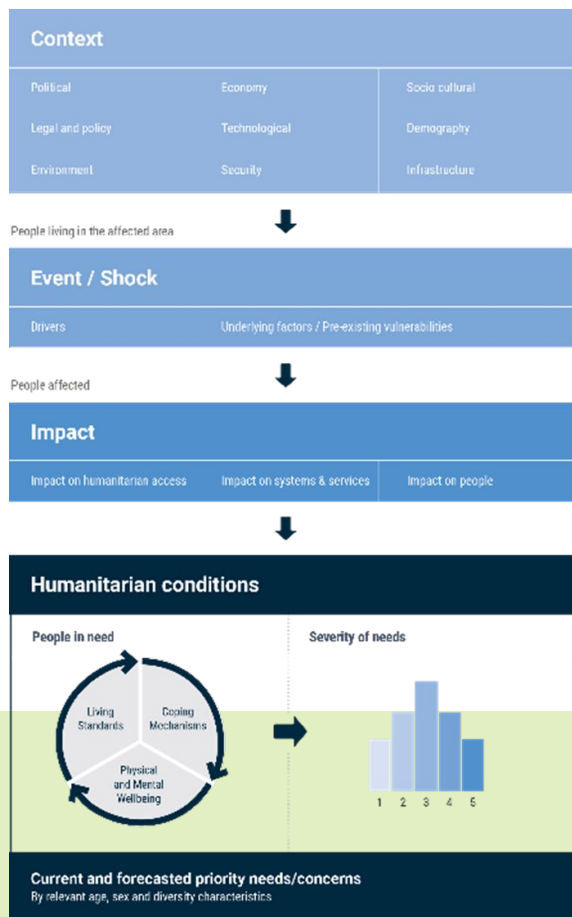
- Formulation of analysis questions.
- Analysis Outputs
- Justification for the importance /application of analysis outputs

#	QUESTION	USE	Topic of Analysis	Analysis Outputs
1	How many people are in need?	Estimates the number of people facing a specific need. Informs decisions on the scale of the sectoral response.	Population in Need	Sectoral Population in Need
		Estimates the number of people facing needs irrespective of the type of need. Informs decisions on the scale of the overall response.		Overall Total Population in Need
2	Where are people in need?	Location of those in need. Supports decisions on geographic prioritization.		Mapping of Population in Need (by sector and overall)
3	How severe are people's needs?	Identify where sectoral response and resources are most urgently required and sectoral priority response objectives. Supports decisions on locations of sectoral response.	Severity	Sectoral Severities
		Identify where humanitarian interventions and resources are most urgently required for coordinated response by priority response objectives of saving lives, saving livelihoods and saving dignity.		Intersectoral Severity
4	How do needs overlap?	Shows how the severities of different needs overlap and determine linkages across sectors, including analysis of co-occurrence of needs. This is done to inform more strategic and better coordinated response.	Intersectoral Analyses	Overlap of needs
5	Who are the people in need?	Identifies key characteristics of those who are in need as to inform response targeting.		Profile of those in need
6	What are the key characteristics of the crisis?	Identifies key characteristics of the crises to inform focus and modality of interventions.		Characteristics of needs
7	Why is this occurring?	Identifies drivers of needs to inform focus of interventions.		Drivers of needs Shocks and vulnerability

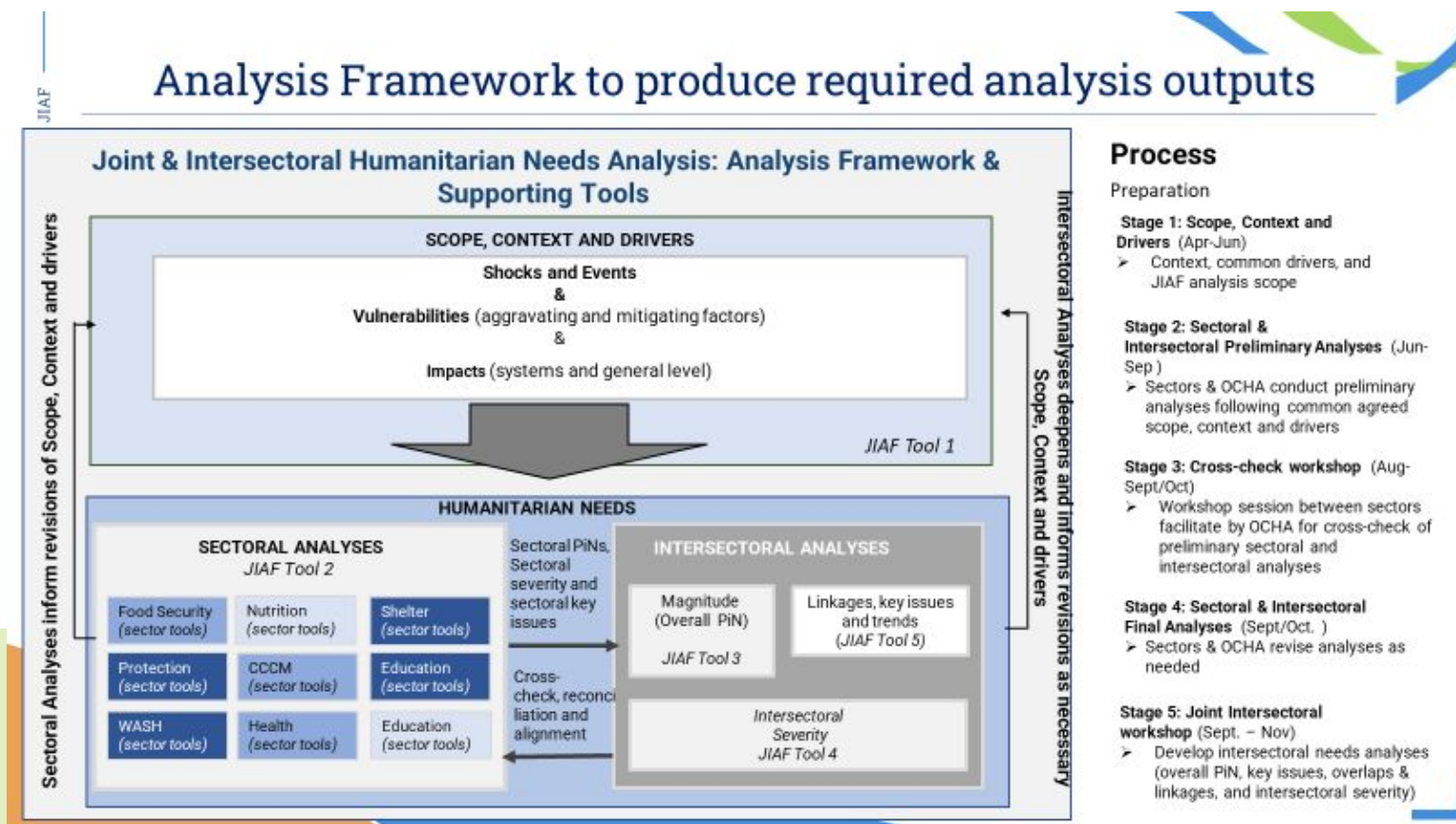
JIAF 2.0 M-TWG Proposed changes

II. Revised Analysis Framework and new tools to produce required analysis outputs.

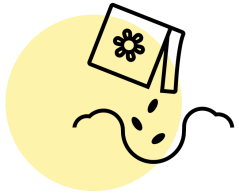
JIAF 1.0



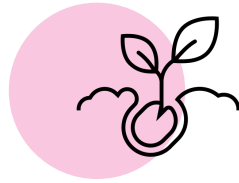
JIAF 2.0



Next steps-2023



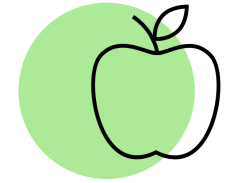
February:
Field Test of proposed tools
and revised framework



March :
Finalize Guidance



April :
Final endorsement of JIAF
2.0 guidance



April and 2024 HPC :
Capacity Building
Helpdesk support
Dissemination and
Advocacy
Use in 2024 HPC

Next Steps and Implications for GNC


The GNC strongly advocated (systematically) for nutrition sensitivity of the intersectoral analysis process. One key milestone is the Inclusion of Global Acute Malnutrition rate and U5 Mortality as major and common humanitarian outcome indicators for JIAF intersectoral severity analysis.

Reference Indicators for Intersectoral severity analysis

		1 - Minimal	2 - Stressed	3 - Severe	4 - Extreme	5 - Catastrophic
HUMANITARIAN CONDITIONS	Life-threatening conditions (actual or risk of death)	Death Rate: CDR <0.5/10,000/day OR Under-five Death Rate (U5DR): <1/10,000/day Acute Malnutrition Weight for height z-score (WHZ) <5% OR Middle Upper Arm Circumference (MUAC): <5% OR typical range Number of civilians killed Deaths by conflict, violence or natural disasters> TBD Epidemics Incidence of disease > TBD	CDR: <0.5/10,000/day OR U5DR: <1/10,000/day Acute Malnutrition WHZ: 5-9.9% OR MUAC: <5% OR slight elevation Number of civilians killed Deaths by conflict, violence or natural disasters> TBD Epidemics Incidence of disease > TBD	CDR: 0.5-0.99/10,000/day OR U5DR: 1-2/10,000/day OR > than usual Acute Malnutrition OR WHZ: 10-14.9% OR MUAC: 5-15% OR > than usual Number of civilians killed Deaths by conflict, violence or natural disasters> TBD Epidemics Incidence of disease > TBD	CDR: 1-1.99/10,000/day OR U5DR: 2-3.99/10,000/day OR >2x reference Risk of death - TBD Acute Malnutrition OR WHZ: 15-29.9% OR MUAC: >10% OR much greater than usual OR >2x reference Number of civilians killed Deaths by conflict, violence or natural disasters> TBD Epidemics Incidence of disease > TBD	Death Rates CDR: ≥2/10,000/day OR U5DR: ≥4/10,000/day OR much greater than doubling of baseline Acute Malnutrition OR WHZ: 30% or higher OR MUAC: >15% OR much greater than doubling of baseline Number of civilians killed by conflict, violence or natural disasters Epidemics/Incidence of disease for selected diseases relevant to the local context
	Irreversible Harm (physical, mental dignity and livelihoods)	Over 80% households/population Are able to live without fear of harm to physical or mental wellbeing. AND Are able to invest in sustainable livelihoods.	20% households/population have Increased vulnerability to physical, or dignity harm . OR Have Reduced ability to invest in livelihoods, reversible depletion of livelihood assets, and engage in stress negative coping strategies.	20% households/population experience, or are at imminent threat of experiencing, high or above normal levels of physical, mental or dignity harm OR Have Accelerated depletion or erosion of livelihood assets and strategies and engage in crises negative coping strategies.	20% of households/population experience or are at imminent threat of experiencing, critical physical, mental or dignity harm. OR Engage in extreme depletion of livelihood strategies/assets and engage in emergency coping strategies.	20% of households/population experience, or are at imminent threat of experiencing, extreme physical mental, or dignity harm. OR Experience near or complete collapse of livelihood strategies/assets, & exhausted ability to cope.
SECTORAL DEPRIVATIONS Overlap & Depth		Less than three sectors in category 2 or worse	Four or more sectors in category 2 or worse	Four or more (50%) in category 3 or worse	Four or more sectors (50%) in category 4 or worse	At least one sector in category 5 plus at least 3 (approx. > 40%) sectors in category 4

- The GNC will calibrate (align) severity thresholds and scale to the JIAF 2.0 intersectoral severity reference scale.

Revision of the GNC Needs analysis guidelines and training packages.

In collaboration with JIAF PMU  conduct training (orientation webinars)

JIAF resources

[2023 JIAF Guidance | Assessment & Analysis Knowledge Management Platform \(hpc.tools\)](#)

[JIAF - Joint Intersectoral Analysis Framework](#)

[Nutrition Humanitarian Needs Analysis Guidance - ENG/FR/ES | Global Nutrition Cluster](#)



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