# FIRST ASSESSMENT FINDINGS FOR THE SOMALI CASH CONSORTIUM (SCC) RESPONSE TO DROUGHT AND FAMINE PREVENTION

**JUNE, 2023**
**SOMALIA**

Funded by
European Union
Humanitarian Aid

## KEY MESSAGES

- In the 30 days prior to data collection, the most common method to access food was through **cash purchases at the market.**
- The most commonly adopted coping strategies for sustaining livelihoods were the stress coping strategies, which was adopted by **42% of households (HHs)**, followed by the emergency strategies, **adopted by 22% of the HHs. Food access and healthcare** were the top cited reasons for engaging in these coping strategies.
- **Cash transfer and casual labour** were the top reported sources of HH's income among HHs who received the first line response.
- **Nearly all (99%) HHs** reportedly perceived the selection process for the MPCA programme to be fair. In addition, almost all **(99%)** HHs reported that they were treated with respect by non-governmental organizations (NGOs) staff and they felt safe during the process of selection, registration and data collection at the endline.
- Approximately two-thirds (65%) of the HHs reported having "rarely" or "not at all " enough money to cover their basic needs.
- Although households reported favorable results in their food consumption score (FCS) with 63% receiving an acceptable FCS, it's noteworthy that **over a quarter (27%)** of them heavily depended on consumption-based coping strategies. Among all the households assessed, the most commonly employed strategy involved **relying on less preferred or more affordable food options.** This suggests that even though some households received cash transfers for purchasing food, they still resorted to extreme food consumption coping strategies.

## CONTEXT & RATIONALE

Somalia's protracted and dynamic humanitarian crisis coupled with ongoing conflict, has led to the displacement of around 3.8 million people with limited livelihood assets.[1] Commodity prices have been rising and this has been one of the key drivers of food insecurity.[2] In addition, climate-related shocks resulting from the Gu* season rainfall have led to flash floods, further leading to displacement and the need for humanitarian assistance in parts of Somalia.[3]

In response to the rising humanitarian needs, the Somali Cash Consortium (SCC)**, currently in its sixth year of activities is carrying out an emergency cash intervention for selected beneficiary households (HHs) across 11 districts: Baidoa, Banadir (Daynile and Khada), Berdale, Baardheere, Belet Weyne, Burco, Burtinle, Buur Hakaba, Gaalkacyo, Laas Canood and Wajid. This intervention is funded by the European Union Civil Protection and Humanitarian Aid (ECHO) and consists of three rounds of Multi-Purpose Cash Assistance (MPCA) planned between May and June 2023.

The SCC's MPCA programme provides monthly unconditional cash transfers (UCTs) to vulnerable drought-affected populations in disaster/conflict-affected Somali regions. Assessments that are done before any intervention (such as an MPCA programme) are referred to as baseline assessments and they aim to assess the situation of the beneficiaries before receiving the intervention. However, because the 7-day cash delivery timeline did not permit the collection of baseline data before the cash transfer, given the swift nature of the intervention, IMPACT conducted the assessment in an exceptional manner after the initial round of cash transfers had already occurred.*** **This factsheet presents key findings from the first assessment.****

## METHODOLOGY OVERVIEW

This assessment was conducted by IMPACT Initiatives in partnership with the SCC Consortium Management Unit (CMU). The tool covers vulnerability criteria, income and expenditure patterns, food consumption, hunger scale, and coping strategies. Quantitative data was collected through a household-level survey assessing SCC cash beneficiary HHs. The testing and piloting of the tool were completed before the actual data collection, which occurred between 23rd May and 12th June 2023.

A simple random sampling approach was used and findings are generalisable to the beneficiary HHs with a 95% confidence level and a 7% margin of error at the district level. A buffer of 15% was introduced to offset expected difficulties in reaching the sample size in the follow-up endline assessment.

*Gu is the main rainy season starting in mid-March and running to June.

**SCC is led by Concern Worldwide and further consists of ACTED, Cooperazione Internazionale (COOPI), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), and Save the Children (SCI).

***The objective of the assessment is to monitor the impact of the SCC MPCA 2023 programme on the expenditure patterns and food security status of the beneficiary HHs and to inform the multi-purpose cash-based humanitarian response in Somalia across first and endline assessments.

**** During the first assessment, 1,386 HHs had received the first cash distribution provided by the SCC partners out of 16,735 aid recipients. Therefore, findings presented in this factsheet include households who had either received the first line response or not.

Due to the rapid nature of the intervention, in-depth beneficiary verification was only conducted following the first round of cash transfer. This resulted in some households being removed from the programme for not meeting the vulnerability criteria. New households who fully met the requirements were added to the programme to replace the dropped households.

These requirements were set by the Consortium Management Unit (CMU). However, these newly added beneficiaries will only receive two rounds of cash transfers instead of three as they were only added to the programme following the first round. During the targeting, priority was given to female-headed HHs and HHs with low income, HHs with disabilities, older people, people with chronic illnesses, HHs with many children under the age of five, and HHs from minority groups, new IDPs, and HHs with poor shelter conditions.

Of the 16,735 beneficiary HHs, a sample of 2,220 HHs were interviewed remotely via telephone and 2,169 surveys were kept after the data cleaning process. Descriptive data analysis was conducted using R software. All results presented have been weighted by the proportion of SCC beneficiary households per targeted district.[*]
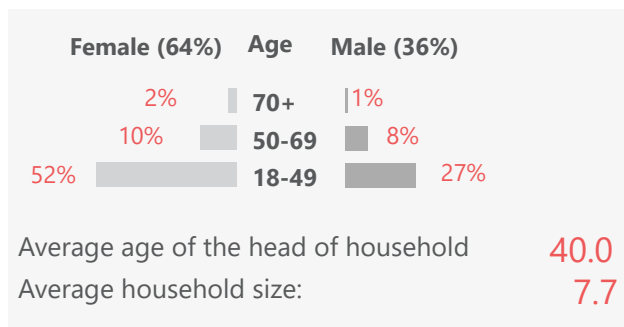
## LIMITATIONS:

- Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, results may not be generalizable with a known confidence level and margin of error, and should be considered indicative only.
- Meeting the sample targets posed a challenge due to the fact that certain beneficiary households were inaccessible. This was particularly evident in Berdale, a remote and difficult-to-reach area.
- Almost three-quarters (72%) of the households had received the first line response prior to the first assessment. This may have skewed some of the outcome indicators as some households already had more cash than they normally would, while others did not. Therefore, evaluating the full impact of the cash assistance on the beneficiary households became more challenging. The seven-day approach adopted during the first line response may not allow for a baseline assessment to be conducted before the first cycle of cash release. In addition, during the assessment, some HHs received cash during the data collection period.

### Sample Breakdown

| Districts | Caseload | Sample Surveyed |
|---|---|---|
| Baidoa | 1,992 | 213 |
| Banadir | 2,370 | 201 |
| Baardheere | 1,000 | 197 |
| Belet Weyne | 350 | 146 |
| Berdale | 673 | 95 |
| Burco | 850 | 248 |
| Burtinle | 1,240 | 210 |
| Buur Hakaba | 1,500 | 196 |
| Gaalkacyo | 1,695 | 204 |
| Laas Canood | 2,750 | 244 |
| Wajiid | 2,315 | 215 |
| Total | 16,735 | 2,169 |

## 👥 DEMOGRAPHICS

**% of HHs by Head of the Household demographic characteristics:**

| Female (64%) | Age | Male (36%) |
|---|---|---|
| 2% | 70+ | 1% |
| 10% | 50-69 | 8% |
| 52% | 18-49 | 27% |

Average age of the head of household ... 40.0
Average household size: ... 7.7

## COMMUNICATION

**37%** Of the households reported being aware of at least one of the selection criteria for receiving the cash assistance.

Among those households reporting being aware of any selection criteria (n=776), the most commonly known selection criteria were:[****]

**80%** Lack of income

**61%** Lack of assets

**38%** Disability of household member

**21%** Risk of malnutrition

**85%** Of the interviews were conducted with self-reported head of HHs.[8]

**72%** Of the interviews were conducted with members of the host community.

**66%** Of surveyed HHs included more than six HH members, thus classified as big HHs.
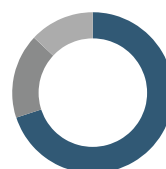
**65%** Of the households had suggestions on how to improve the cash assistance.

The top mentioned suggestions on how to improve the cash assistance[****]

**80%** Increase duration of cash transfers

**64%** Increase amount of cash transfer

**46%** Provide continuous cash transfers

**32%** Transfer should be received more quickly

### Livelihood Zone breakdown:

Of the Somali Cash Consortium (SCC) beneficiary households surveyed, **70% were categorized as urban households, 17% as pastoral and 13% as agro-pastoral.**

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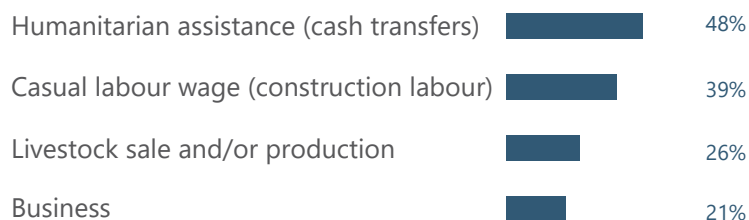
*More information on the methodology can obtained from the terms of reference. (Available upon request)
***The gender and age of the reported head of household were collected for disaggregation purposes, regardless of whether the respondent was the head of household or not.
****Respondents could select multiple options. Findings may therefore exceed 100%.
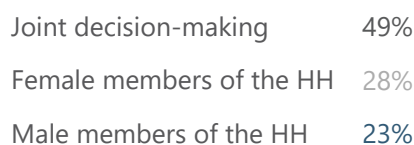
# HHS' INCOME SOURCES

**Top reported primary sources of HH income in the 30 days prior to data collection:***

| | |
|---|---|
| Humanitarian assistance (cash transfers) | 48% |
| Casual labour wage (construction labour) | 39% |
| Livestock sale and/or production | 26% |
| Business | 21% |

**Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):**      **161.07 USD**

# HHS' EXPENDITURES

**Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection (100%):**      **144.27 USD**

**Reported average HHs expenditures, by top most expenditure type in the 30 days prior to data collection:**

| HHs reporting expenditure category used | Average amount spent in the 30 days prior to data collection by HHs reporting spending >0 USD in this category | Proportion to total spending across all HHs*** |
|---|---|---|
| Food **(99%)** | 66.60 USD | 47% |
| Rent **(24%)** | 22.42 USD | 3% |
| Repayment of debt taken for food **(77%)** | 21.45 USD | 12% |
| Medical expenses **(69%)** | 15.06 USD | 8% |
| Repayment of debt taken for non-food items **(58%)** | 14.33 USD | 6% |
| Clothing **(61%)** | 13.45 USD | 6% |

# SPENDING DECISIONS

**Proportion of HHs by the primary decision maker on how to spend:**

| | |
|---|---|
| Joint decision-making | 49% |
| Female members of the HH | 28% |
| Male members of the HH | 23% |

# ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS4*****

% of HHs who reportedly spent above the minimum expenditure basket (MEB):
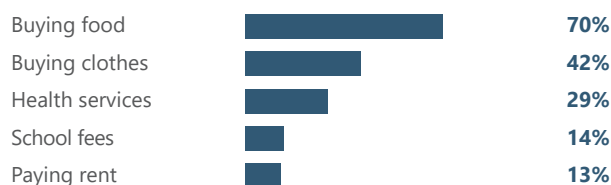
| | |
|---|---|
| Yes | 48% |
| No | 52% |

# HHS' SAVINGS & DEBT

**13%** of HHs reported having made savings at the time of data collection. The average amount of savings found for households who reportedly had savings was **30.71 USD** per HH.

**15%** of HHs reported having debt at the time of data collection. The average amount of debt found for households who reportedly had debts was **103.19 USD** per HH.

Findings suggest that the HHs that reportedly had the highest average debt were in Laas Caanood (210.90 USD), Belet Weyne (175.38 USD), Banadir (139.29 USD) and Burtinle (134.13 USD).****

**Among the HHs having debt (n=316), the top reported reasons were:****

| | |
|---|---|
| Buying food | **70%** |
| Buying clothes | **42%** |
| Health services | **29%** |
| School fees | **14%** |
| Paying rent | **13%** |

# PERCEIVED WELL-BEING

**% of HHs reporting having had enough money to cover basic needs in the 30 days prior to data collection:**

| | |
|---|---|
| Not at all | 17% |
| Rarely | 48% |
| Mostly | 30% |
| Always | 5% |
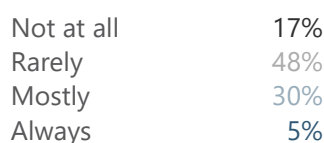
**% of HHs reporting their overall ability to meet basic needs at the time of data collection:**

| | |
|---|---|
| Not at all | 8% |
| Rarely | 47% |
| Mostly | 41% |
| Always | 4% |
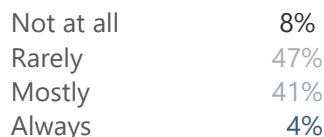
* Respondents could select up to three options. Findings may therefore exceed 100%.
** 72% of the respondents had received the first cycle of cash transfers with an average amount of 130.1 USD across all the districts.
***For each category, the proportion was calculated based on all HHs including those HHs that had not made any spending on each expenditure category. All HHs had made some spending 30 days prior to data collection. In addition, the average income was inclusive of the cash transfers received by the surveyed HHs.
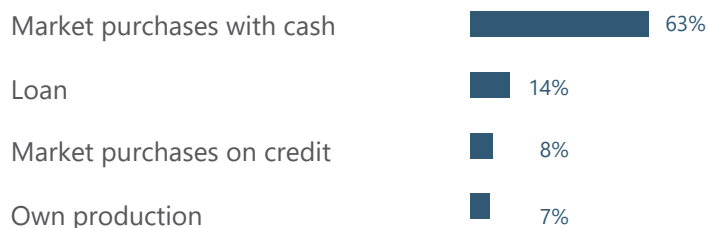****The subsets reporting debts per district: 24%, 9%, 7% and 29% in Laas Caanood, Belet Weyne, Banadir and Burtinle districts respectively.
*****The distributed amounts varied from one region to another depending on the regional cost of the Minimum Expenditure Basket (MEB). 48% of the assessed HHs had made spending equal to or above the MEB cost. February regional MEB cost was used to calculate the ECMEN value. The MEB costs are available upon request.

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# FOOD SECURITY AND LIVELIHOODS

Based on the consolidated approach to report indicators (CARI), used to aggregate different food security indicators into food security index to report on the overall food security status of the HHs, findings indicate that only 2% of the SCC beneficiary HHs were food secure and 56% were marginally food secure. Further, 8% of the assessed HHs were unable to afford some essential food and non-food expenditures.[5]

**% of HHs by most commonly reported primary source of food in the 7 days prior to data collection:**

| | |
|---|---|
| Market purchases with cash | 63% |
| Loan | 14% |
| Market purchases on credit | 8% |
| Own production | 7% |

**% of HHs reporting having had a sufficient quantity of food to eat in the 30 days prior to data collection:**

| | |
|---|---|
| Not at all | 3% |
| Rarely | 48% |
| Mostly | 44% |
| Always | 5% |
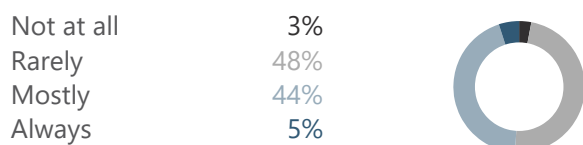
**% of HHs reporting having had a sufficient variety of food to eat in the 30 days prior to data collection:**

| | |
|---|---|
| Not at all | 7% |
| Rarely | 55% |
| Mostly | 35% |
| Always | 3% |
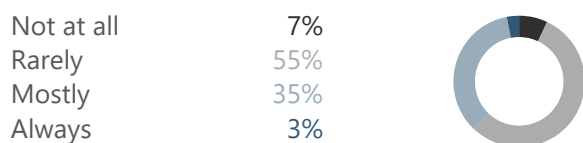
**Market purchases were the main source of food for HHs in the 30 days prior to data collection.** HHs reported that market purchases with cash (63%) and with credit (8%) were the main sources of food. This likely suggests that the cash received by HHs from the SCC aided beneficiary HHs in purchasing food from the market.

## FOOD CONSUMPTION SCORE (FCS)[6]

The FCS is a measure of the food intake frequency, dietary diversity, and nutritional intake. It is calculated using the frequency of a HH's consumption of different food groups weighted according to nutritional importance during the 7 days prior to data collection.

From this survey, nearly two-thirds (63%) of HHs were found to have acceptable FCS. HHs in Burtinle (85%) and Belet Weyne (72%) were found to have the highest values of acceptable FCS. However, Berdale (36%) and Burco (46%) districts were found to have the lowest values of acceptable FCS.

**% of HHs by FCS category:**

**63% Acceptable**   **21% Borderline**   **16% Poor**
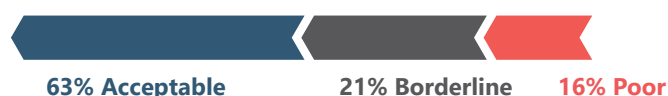
Average FCS per HH   48.07

# HOUSEHOLD HUNGER SCALE (HHS)[7]

The HHS measures the prevalence of hunger over time to assess food security. It is used to measure extreme manifestations of insufficiency of food in the 30 days prior to data collection.

Based on the HHs' responses, 60% were found to be experiencing no hunger in the 30 days prior to data collection. The cash distributions likely played a role in the low levels of hunger experienced by these households in the 30 days prior to data collection.

**% of HHs by HHS category:**

**60% No hunger**   **40% Moderate**

# REDUCED CONSUMPTION-BASED COPING STRATEGIES[8*]

The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when HHs are faced with a shortage of food.

**% of HHs by rCSI category:**

**8% Low**   **65% Medium**   **27% High**

More than a quarter (27%) of HHs were highly relying on consumption-based coping strategies. A particularly high proportion of households were reported to have a high rCSI in Belet Weyne (43%), Buur Hakaba (40%), Baidoa (38%) and Burtinle (36%) districts. HHs in Belet Weyne faced significant flood-related risks that could have negatively impacted their livelihoods. These floods may have caused erosion of their resources, making these vulnerable households even more exposed to food insecurity.[**]

This suggests that even though some households received cash transfers for purchasing food, they still resorted to extreme food consumption coping strategies. This is evident from the fact that all households (100%) reported relying on less preferred and cheaper food options for an average of 2.7 days per week. The average rCSI was 14.8.

**The most commonly adopted coping strategies were found to be:[***]**

| % of HHs reporting coping strategies adopted | Average number of days per week per strategy |
|---|---|
| Relied on less preferred, less expensive food **(100%)** | 2.7 |
| Reduced the number of meals eaten per day **(84%)** | 1.8 |
| Reduced portion size of meals **(84%)** | 1.8 |
| Borrowed food or relied on help from friends or relatives **(87%)** | 2.0 |
| Restricted adults consumption so children can eat **(78%)** | 1.4 |

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\* The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by households due to a shortage of food. The index measures the frequency and severity of the food consumption behaviours the households had to engage in due to food shortage in the 7 days prior to the survey. The rCSI was calculated to better understand the frequency and severity of changes in food consumption behaviours in the household when faced with a shortage of food. The rCSI scale was adjusted for Somalia, with a low index attributed to rCSI <=3, medium: rCSI between 4 and 18, and high rCSI higher than 18.

**Flood Advisory for Beletweyne along Shabelle River, Somalia

***Respondents could select multiple options. Findings may therefore exceed 100%.

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## LIVELIHOOD-BASED COPING STRATEGIES (LCS)[9]

This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

A majority (83%) of the HHs were found to engage in emergency, crisis or stress level coping strategies.

**% of HHs by LCS category*:**

**17% None**   **42% Stress**   **19% Crisis**   **22% Emergency**
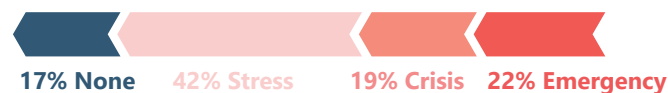
Average LCSI per HH          5.6**

**Most commonly reported reasons for adopting negative coping strategies in the 30 days prior to data collection:***

| | |
|---|---|
| Accessing food | **88%** |
| Healthcare services | **59%** |
| Education | **52%** |
| Shelter | **40%** |
| WASH**** items | **32%** |

# Protection and Accountability Indicators:[10]

**Nearly all (99%) HHs** reportedly perceived the selection process for the MPCA programme to be fair. In addition, almost all **(99%)** HHs reported that they were treated with respect by non-governmental organizations (NGOs) staff and they felt safe during the process of selection, registration and data collection at the endline.

**About 39%** of the HHs reported that they were aware of options to contact the NGOs to register complaints or problems in receiving assistance. Of these, more than three-quarters (77%) of the HHs reported that they were aware of the existence of a dedicated NGO hotline while another 36% reported that they knew they could directly talk to NGO staff during field visits or at their offices.

**A minority (22%)** of the assessed HHs reported themself or someone in the community having been consulted by the NGO about their needs.

**Nearly all (99%) assessed HHs** reported not having paid, or knowing someone who paid, to get on the beneficiary list.

**Nearly all (99%) assessed HHs** reported that they did not experience negative consequences as a result of their beneficiary status.

Nearly all HHs (96%), reported feeling well represented by the Village Relief Committee (VRCs). Among the HHs who felt they were represented poorly (n=96), the primary reasons reported were that the council leaders were perceived to be inactive (n=23), corrupt and worked for personal interests (n=50), or were new and inexperienced (n=9).

**Nearly all (99%) assessed HHs** reported that they were not aware of someone in the community being pressured or coerced to exchange non-monetary favours to get on the beneficiary list.

**ENDNOTES**

1 Integrated Food Security Phase Classification (March-June, 2023) Somalia.

2 ibid.

3 Somalia 2023 Gu Rainfall Perfomance. UNICEF WASH Cluster.

4 Economic Capacity to Meet Essential Needs (ECMEN) is a binary indicator showing whether a household's total expenditures can be covered. It is calculated by establishing household economic capacity (which involves aggregating expenditures) and comparing it against the Minimum Expenditure Basket to establish whether a household is above this threshold.

5. Technical Guidance for WFP on Consolidated Approach for reporting Indicators of Food Security (December, 2021).

6. Find more information on food consumption score here. The cut-off criteria utilized for Somalia were as follows: Households with a score between 0 and 28 were categorized as "poor," those with a score above 28 but less than 42 were considered "borderline," and households with a score exceeding 42 were classified as "acceptable." These categorizations were determined based on the high consumption of sugar and oil among the beneficiary households.

7. Household Hunger Scale (HHS)—a new, simple indicator to measure household hunger in food insecure areas. Read more here.

8. Find more information on rCSI here. The rCSI was calculated to better understand the frequency and severity of changes in food consumption behaviours in the household when faced with a shortage of food. The rCSI scale was adjusted for Lebanon, with a low index attributed to rCSI <=3, medium: rCSI between 4 and 18, and high rCSI higher than 18.

9. Livelihood Coping Strategies Index (LCS) is an indicator used to understand the medium and longer-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The indicator is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages. Read more here.

10. The Protection Index score is a composite indicator developed by the Directorate-General for European Civil Protection and Humanitarian Aid Operations that calculates a score of the sampled beneficiaries who report that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner. The calculations take into account a.) whether the beneficiary or anyone in their community was consulted by the NGO on their needs and how the NGO can best help, b.) whether the assistance was appropriate to the beneficiary's needs, c.) whether the beneficiary felt safe while receiving the assistance, c.) whether the beneficiary felt they were treated with respect by the NGO during the intervention, d.) whether the beneficiary felt some households were unfairly selected over others who were in dire need of the cash transfer, e.) whether the beneficiary had raised concerns about the assistance they had received using any of the complaint response mechanisms, and f.) if any complaints were raised, whether the beneficiary was satisfied with the response given or not.

It is worthy to note that, it is desirable to have low average values for LSCI and rCSI, but for FCS, higher averages are preferred. A higher average indicates better food situation, as evidenced by the FCS cut-offs. For instance, in this assessment, approximately 63% of the households evaluated had an acceptable FCS, with an average value of 48.07. However, these findings should be interpreted in the scope that approximately 72% of the HHs had received the first line response.
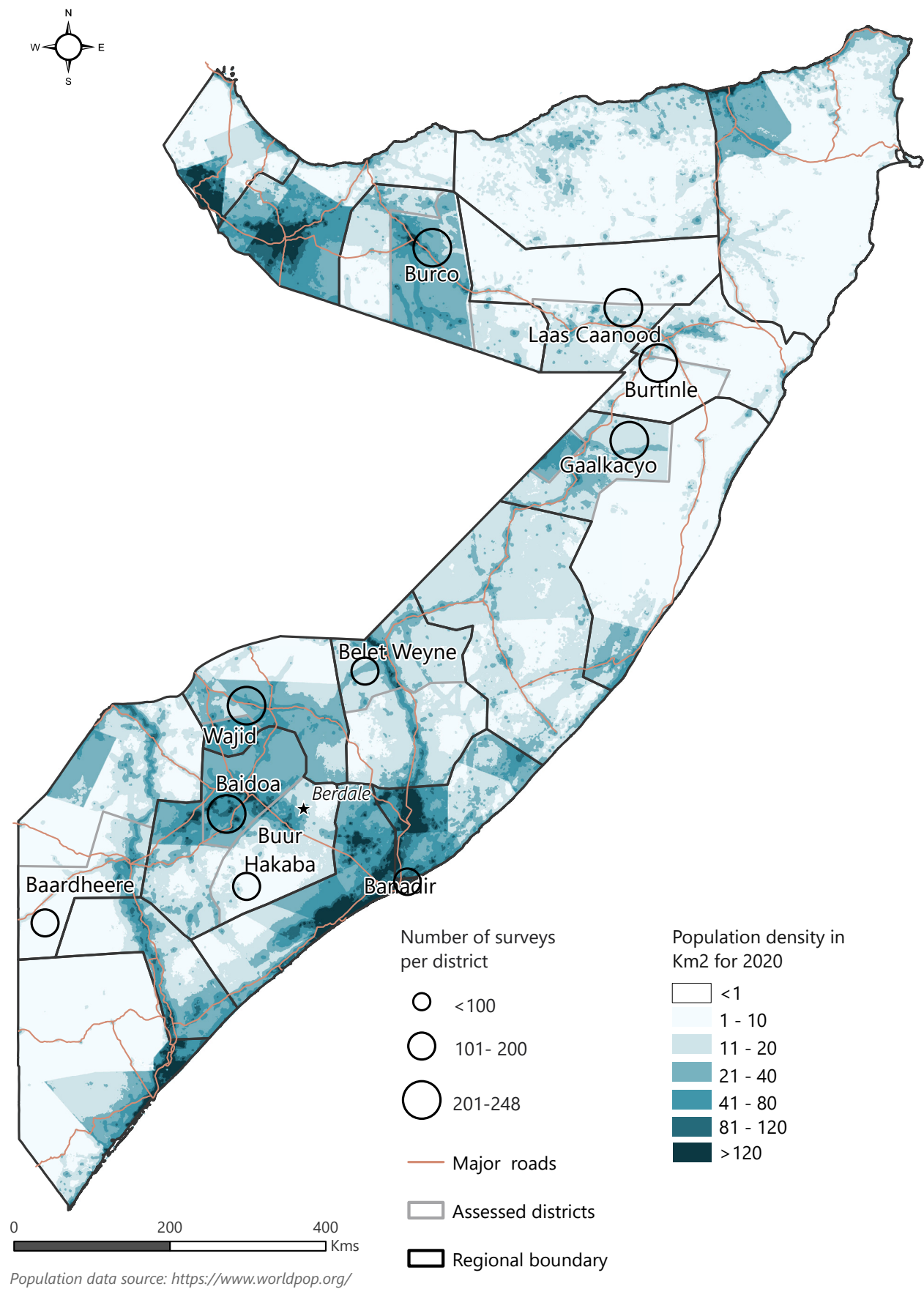
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*Crisis and emergency coping strategies adopted in the 30 days prior to data collection were: Entire household has migrated (14%), Begged (7%), sold last female animals (6%), decreased expenditure on fodder (24%) and consumed seed stocks that were held for the next season (14%).

** For LCSI and rCSI, lower values are preferred as they represent less reported use of negative coping strategies to cope with a shortfall in food or to meet household basic needs. A decrease in the average LCSI and rCSI is an indication of improvement in these indicators.

***Respondents could select multiple options. Findings may therefore exceed 100%.

**** WASH implies Water, Sanitation and Hygiene.

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## Annex 1 - Assessment Coverage



Population data source: https://www.worldpop.org/

Number of surveys per district
- < 100
- 101 - 200
- 201 - 248

Major roads

Assessed districts

Regional boundary

Population density in Km2 for 2020
- < 1
- 1 - 10
- 11 - 20
- 21 - 40
- 41 - 80
- 81 - 120
- > 120

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## Annex 2 - Key Indicators Summary

| Key Indicator | Target Value* | First assessment |
|---|---|---|
| Average meals consumed per household in the last 24 hours prior to data collection | | 2.2 |
| % of households with an acceptable FCS | 40% | 63% |
| Average LCSI | 5.4 | 5.6 |
| % of HHs whose spending was reportedly equal to or above MEB | 50% | 43% |
| Average Reduced Coping Strategies Index (rCSI) | | 14.5 |
| % of total household expenditure spent on food | | 48% |
| ECHO Protection Indicator (KPI) | 79% | 75% |

## Annex 3 - Completed consolidated Approach to reporting indicators of food security (CARI) console**

| | Domain | Indicator | Food Secure (1) | Marginally Food Secure (2) | Moderately Food Insecure (3) | Severely Food Insecure (4) |
|---|---|---|---|---|---|---|
| Current Status | Food Consumption | Food Consumption Group and rCSI | Acceptable and rCSI<4 7% | Acceptable and rCSI>=4 56% | Borderline 22% | Poor 16% |
| Coping Capacity | Economic Vulnerability | Economic Capacity to Meet Essential Needs (ECMEN) | 52% | | 28% | 20% |
| Coping Capacity | Asset Depletion | Livelihood Coping Strategies | None 18% | Stress 43% | Crisis 19% | Emergency 20% |
| **CARI Food Security Index** | | | **2%** | **56%** | **34%** | **8%** |

*The target values are set based on the 2021 cash consortium baseline data and are in line with the proposal for the Cash programme delivered in 2022.
**HHs are classified as **food secure** if they are able to meet essential food and non-food needs without depletion of assets or **marginally food secure** if they have a minimally adequate food consumption, but are unable to afford some essential non-food expenditures without depletion of assets or **moderately food insecure** if they have food consumption gaps, or, marginally able to meet minimum food needs only with accelerated depletion of livelihood assets and **severely food insecure** if they have huge food consumption gaps, or extreme loss of livelihood assets that will lead to large food consumption gaps. More information can be obtained here.

## FUNDED BY:

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## ABOUT IMPACT

IMPACT Initiatives is a Geneva based think-and-do-tank, created in 2010. IMPACT is a member of the ACTED Group. IMPACT's teams implement assessment, monitoring & evaluation and organisational capacity-building programmes in direct partnership with aid actors or through its inter-agency initiatives, REACH and Agora. Headquartered in Geneva, IMPACT has an established field presence in over 15 countries. IMPACT's team is composed of over 300 staff, including 60 full-time international experts, as well as a roster of consultants, who are currently implementing over 50 programmes across Africa, Middle East and North Africa, Central and South-East Asia, and Eastern Europe

IMPACT Shaping practices Influencing policies Impacting lives