

Endline Assessment Findings For Somali Cash Consortium (SCC) Shock-Based Cash Assistance to Vulnerable Communities in Somalia

November, 2024
Somalia



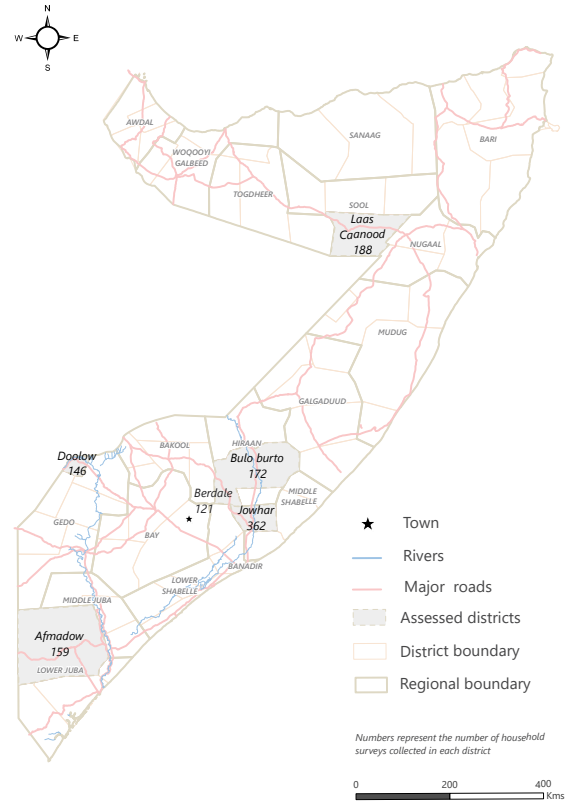
Funded by
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KEY MESSAGES

- **Food security improvements:** The proportion of households (HHs) with a poor Food Consumption Score (FCS) dropped significantly from 61% at baseline to 12% at the endline. Concurrently, households with an acceptable FCS increased, demonstrating improved food access.
- **Economic capacity growth:** The proportion of HHs spending above the Minimum Expenditure Basket (MEB) increased from 7% at baseline to 49% at the endline. Despite these gains, the majority of HH income continues to be allocated to food, limiting resources for other needs.
- **Reduced reliance on negative coping mechanisms:** HHs using emergency or crisis-level coping strategies declined, with the average Reduced Coping Strategy Index (rCSI) decreasing from 45% to 14%. However, 68% of HHs still reported relying on at least some negative coping mechanisms, underscoring persisting vulnerability.
- **Accountability and satisfaction:** Beneficiaries reported high satisfaction with the MPCA intervention, with 91% satisfied and 75% aware of NGO hotlines for complaints or feedback. Recommendations from households emphasized extending the duration of cash transfers and increasing the transfer amounts.
- **Persistent needs amid gains:** Despite improvements in food security and economic resilience, challenges remain. 23% of HHs continue to rely on emergency-level livelihood coping strategies, and 56% identified humanitarian assistance as their primary income source.

ASSESSMENT COVERAGE



CONTEXT & RATIONALE

In 2024, Somalia has faced unprecedented humanitarian challenges, with a majority of the HHs experiencing unmet needs across at least one sector.¹ The crisis was most pronounced among new Internally Displaced Persons (IDPs), with 16% classified as having extreme acute needs (Integrated Phase Classification (IPC) Phase 4+). Priority sectors included water, sanitation and hygiene (WASH), shelter, and education, while food security and healthcare were among the top self-reported needs.² Acute shelter needs were driven by makeshift living conditions, and 85% of households relied on unimproved water sources and sanitation facilities. Education challenges were stark, with 73% of children unable to access formal schooling, particularly in new IDP HHs.³

According to the IPC (October to December 2024 period), 4.4 million people (23% of the population) were projected to experience food insecurity due to below-normal Deyr rains.⁴ Additionally, an estimated 1.6 million children aged 6 to 59 months are expected to suffer from acute malnutrition between August 2024 and July 2025, with around 403,000 likely to face severe acute malnutrition (SAM), marking a 14% increase in global acute malnutrition (GAM) and a 22% increase in SAM compared to the year 2023.⁵

In response to the HHs needs, Somali Cash Consortium (SCC)⁶ targeted vulnerable HHs in Afmadow, Berdale, Bulburo, Doolow, Jowhar, and Laascanood. The SCC, funded by the European Union Civil Protection and Humanitarian Aid (ECHO), provided three rounds of Multi-Purpose Cash Assistance (MPCA) to newly displaced populations and underserved individuals in the Operational Priority Area (OPA).

In addition, the SCC reached out to beneficiary HHs, using the vulnerability-based targeting, through the following approaches: the Nutrition-Based assessment, the IRF framework for both Hard-to-Reach and accessible areas, and the New Arrival Tracker (NAT) 2.5 Approach, a camp coordination and camp management-based assessment (CCCM) used to target Internally Displaced Persons (IDPs) upon arrival at the camps. The Nutrition approach prioritized HHs with children under the age of 5 who have Severe Acute Malnutrition and complications, admitted to stabilization centers (SC). This approach relies on the direct referrals from the Caafimaad Plus⁷ partners on a rolling basis, as well as integration with the health and nutrition sectors.

This factsheet presents key findings from the nutrition and IRF approach endline assessment, as well as indicative comparisons of key indicators from the [baseline assessment](#).

1. [REACH SOM MSNI Somalia 2024](#)

2. *ibid*

3. *Ibid*

4. [Integrated Food Security Phase Classification \(September - December 2024\) Somalia](#)

5. *Ibid*

6. 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).

7. A consortium of eight (3 national and 5 international) humanitarian organisations dedicated to providing emergency life-saving intervention to populations in the Hard-to-Reach areas of Somalia.

METHODOLOGY

A quantitative household survey was conducted remotely for both baseline and endline assessments, targeting beneficiaries of the MPCA. The baseline assessment was conducted between June 9th and July 22nd 2024, while the endline survey was conducted **after the third and final round of cash transfers**, between October 14–16 and November 25–27, 2024.

A probability simple random sampling approach was employed to achieve a 95% confidence level with a 7% margin of error and the data is representative at the district level. Of the 5,017 beneficiary HHs, **a total of 1,148 HHs were interviewed remotely via telephone during the endline assessment**. A 15% buffer was applied to account for potential non-responses and surveys that may need to be excluded during the data cleaning process.

The survey tool, including the translations from English to Somali, underwent testing by field officers before its deployment to prevent any issues or misunderstandings during data collection. Data collection was carried out using the Kobo platform. Subsequently, all data was anonymized and shared with the IMPACT field team for daily verification and cleaning procedures throughout the data collection process. Descriptive data analysis was conducted using R software.

LIMITATIONS

- Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. **Therefore, may not be generalizable and should be considered indicative only.**
- Respondent bias:** Certain indicators may be under-reported or over-reported due to subjectivity and perceptions of respondents (in particular "social desirability bias" - the tendency of people to provide what they perceive to be the "right" answers to certain questions). HHs may sometimes try to give answers they feel will increase their chances of getting more assistance.
- During the endline assessment, follow-up interviews were conducted with HHs from the baseline. However, some HHs, particularly in Berdale district, could not be reached, leading to an incomplete sample size.
- The ECMEN indicator was calculated based on February MEB 2023 costs.** However, it is important to note that this calculation may not accurately reflect the current economic situation.
- Alert-based activation and varying targeting criteria** led to different data collection periods Jowhar district, resulting in 420 baseline and 362 endline surveys.*

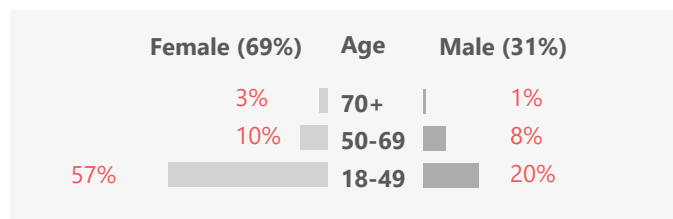
SAMPLE BREAKDOWN

Districts	Caseload	Baseline Sample Surveyed	Endline Sample Surveyed
Afmadow	500	163	159
Berdale	500	155	121
Bulo Burto	1000	202	172
Doolow	500	140	146
Jowhar	1,517	420	362
Laascaanood	1000	197	188
Total	5,017	1,277	1,148

*Due to alert-based activation and variations in targeting criteria, samples were drawn based on the caseloads assigned to each district. Consequently, Jowhar district underwent three separate activations assessed at different times. The baseline assessment was conducted on 23rd–25th June, 27th–30th June, and 6th July 2024, covering both IRF in accessible and Hard-to-Reach areas as well as the Nutrition approach.

DEMOGRAPHICS

% of HHs by head of the HH demographic characteristics:

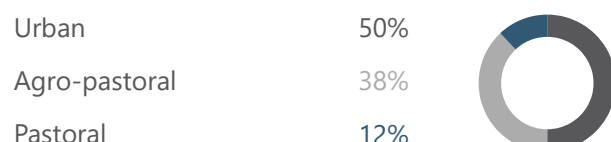


Average age of the head of HH **40**

Average HH size: **8**

LIVELIHOOD SYSTEMS

Proportion of HHs by livelihood systems:



IMPLEMENTING PARTNERS





LIVELIHOODS

HHS' INCOME SOURCES

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

	Baseline:	Endline:
Humanitarian assistance	16%	56%
Casual labour (wage labour)	49%	34%
Livestock sale	13%	22%
Casual labour (farm labour)	30%	22%
Cash crop farming	15%	21%

Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):⁸

Baseline:	Endline:
79.46 USD	161.74 USD

HHS' EXPENDITURES

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

Baseline:	Endline:
75.72 USD	146.22 USD

Reported average HHs expenditures in the 30 days prior to data collection:

Average amount spent in the 30 days prior to data collection by HHs reporting spending >0 USD in this category

	Baseline	Endline
Food	43.07 USD	66.34 USD
Repayment of debt taken for food	5.83 USD	19.25 USD
Medical expenses	5.98 USD	11.26 USD
Clothing	4.34 USD	9.86 USD
Repayment of debt taken for non-food items	2.25 USD	8.89 USD
Education	3.85 USD	7.78 USD
Water	4.03 USD	5.96 USD

SPENDING DECISIONS

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

	Baseline:	Endline:
Joint decision-making	52%	48%
Female members of the HH	30%	35%
Male members of the HH	18%	17%



HHS' SAVINGS & DEBT

73% Of HHs reported having debt at the time of endline data collection. The average amount of debt was **60.93 USD** per HH. The average debt during the baseline was **100.83 USD**.

20% Of the HHs reported having some savings at the time of endline data collection. The average amount of savings was **7.55 USD** per HH. This was a positive increase compared to the baseline where only **7%** had savings averaging to **1.72 USD**.

ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS⁹

% of HHs who reportedly spent above the minimum expenditure basket (MEB):

	Baseline:	Endline:
Yes	7%	49%
No	93%	51%



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

	Baseline:	Endline:
Market purchase with cash	30%	47%
Own production	10%	18%
Loan	18%	10%

The findings indicate that food remains the largest expenditure for HHs, with an average of **66.34 USD** allocated to food. This high spending on food may limit funds available for other essential needs and for building resilience against future shocks, particularly in light of increasing food prices, as observed during the endline data collection.

However, the average reported HH monthly income, including the cash assistance, considerably increased from 79.46 USD at the baseline assessment to 161.74 USD during the endline.

The findings indicate a decrease in average HH debt from 100.83 USD at baseline to 60.93 USD at endline, **with 73% of households still carrying debt. In addition, 20% of HHs reported having savings at endline, up from 7% at baseline.** The average savings increased from 1.72 USD to 7.55 USD. While this represents progress, the low amount of savings highlights ongoing difficulties in building financial and economic resilience.

Humanitarian assistance had a significant impact on HH income, with 56% of surveyed HHs reporting it as their primary source of income. The three-cycles of cash transfers appeared to improve income composition, and many HHs (76%) suggested that increasing the duration of cash assistance and providing continuous support (56%) would be beneficial. **The proportion of HHs exceeding the MEB grew significantly from 7% at baseline to 49% at the endline**, highlighting an improvement in food access. However, many HHs continued to rely on market purchases for food (47%), supplemented by own production (18%), emphasizing the importance of sustained income sources to improve resilience.

* Respondents could select up to three options. Findings may therefore exceed 100%.

** Only 56% of HHs cite cash transfers as their primary income source, despite all receiving them, possibly because HHs may not solely depend on humanitarian assistance and the current transfer values may not fully cover household needs, leading to the pursuit of other income sources.

8. Following the three rounds of cash transfers, **only 27% of the HHs were found to have low income.** CMU classifies HHs with income below 130 USD as low income HHs.

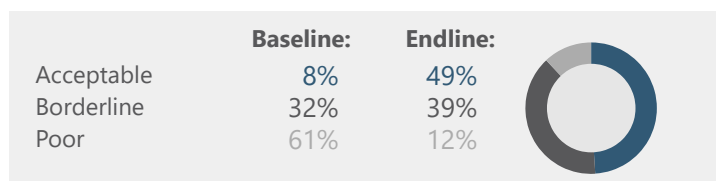
9. The distributed amounts varied from one region to another depending on the regional cost of the Minimum Expenditure Basket (MEB). No HH made spending equal to or above the MEB cost. February 2023 regional MEB cost was used to calculate the ECMEN value. The MEB costs are available upon request. ECMEN is a binary indicator showing whether a HH's total expenditures can be covered. It is calculated by establishing HH economic capacity (which involves aggregating expenditures) and comparing it against the Minimum Expenditure Basket to establish whether a HH is above this threshold.



FOOD SECURITY AND LIVELIHOODS (FSL)

FOOD CONSUMPTION SCORE (FCS)¹⁰

% of HHs by Food Consumptions Score category:

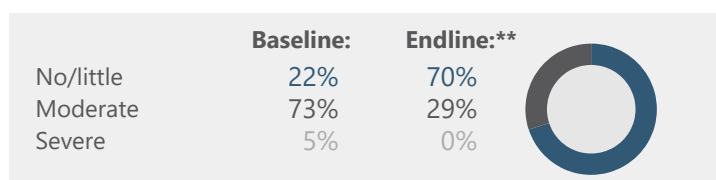


Average FCS per HH **Baseline:** 27.5 **Endline:** 43.2

The comparison between the baseline and endline surveys revealed a positive trend in HH FCS. There was a notable increase in the number of HHs with acceptable and borderline FCS, which contributed to **an overall improvement in the average FCS, rising from 27.5 at the baseline to 43.2 at the endline.** Bullo Burto, Berdale and Jowhar districts were found to have the **highest increase in the proportions of HHs with an acceptable FCS as shown in Annex 1.**

HOUSEHOLD HUNGER SCALE (HHS)¹¹

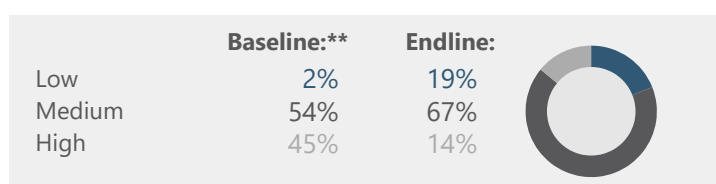
% of HHs by levels of hunger in the HH:



Following three cycles of MPCA, there were no HHs experiencing severe hunger at the time of endline assessment. This marked a notable improvement in the Afmadow and Doolow districts, where 22% and 11% of HHs respectively were reported to have severe hunger during the baseline assessment.

USE OF COPING MECHANISMS

% of HHs by average reduced Coping Strategy Index (rCSI) category:¹²



Average FCS per HH **Baseline:** 19.0 **Endline:** 11.0

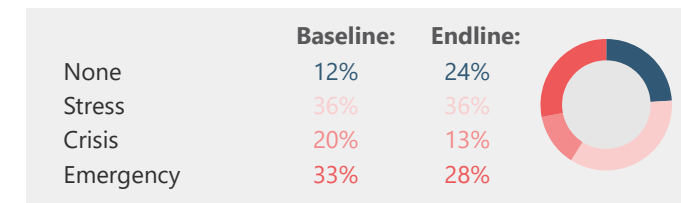
The most commonly adopted coping strategies were found to be:

% of HHs reporting coping strategies adopted	Average number of days per week per strategy	
	Baseline	Endline
Relied on less preferred, less expensive food	3.29	1.93
Reduced the number of meals eaten per day	2.78	1.40
Reduced portion size of meals	2.80	1.44
Borrowed food or relied on help from friends or relatives	2.28	1.54
Restricted adults consumption so children can eat	1.79	1.04

During the endline assessment, the proportion of HHs with a **high rCSI score decreased considerably from 45% at the baseline to 14%.** Concurrently, the proportion of households with low rCSI increased from 2% to 19%. Moreover, the average rCSI score declined from 19.0 to 11.0 **indicating a decrease in the use of negative coping strategies.**

LIVELIHOOD-BASED COPING STRATEGIES (LCS)¹³

% of HHs by LCS category in the 30 days prior to data collection:¹⁴



Average LCS per HH **Baseline:** 5.8 **Endline:** 5.4

The average LCS slightly decreased from 5.8 during the baseline to 5.4 at the endline. Even though the proportion of HHs not employing any coping strategies decreased during the endline, HHs continued to resort to negative coping mechanisms during the endline—as highlighted by the HHs reporting stress and emergency coping mechanisms. **The primary reasons for relying on these mechanisms were: food (93%), health (79%) shelter and WASH (both at 48%).** The continued use of emergency and crisis-level coping strategies, such as purchasing food on credit and borrowing food¹⁴, **highlights the urgent need to address both immediate and long-term needs, and to reduce reliance on negative coping mechanisms, integrating livelihood support and resilience-building initiatives is critical.**^{***}

10. Find more information on the food consumption score [here](#). The cutoff criteria utilized for Somalia were as follows: HHs 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 HHs 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 HHs. **High average FCS values are preferred since low average values indicate a worse food situation as shown by the FCS cut-off points.**

11. Household Hunger Scale (HHS)—a new, simple indicator to measure HH hunger in food insecure areas. Read more [here](#).

12. rCSI - The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by HHs due to a shortage of food. The index measures the frequency and severity of the food consumption behaviours the HHs 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 HH 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. Read more [here](#).

The three rCSI cut-offs indicate different phases of food security situations, and in this context, lower average values of rCSI are preferred.

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

** Due to rounding up, the findings do not amount exactly to 100%.

13. Livelihood Coping Strategies Index (LCSI) is an indicator used to understand the medium and longer-term coping capacity of HHs 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 HHs' experiences with livelihood stress and asset depletion to cope with food shortages. Read more [here](#). Low average LCSI values are desired, low values show a better food security situation within the assessed HHs.

14. Crisis and emergency coping strategies adopted in the 30 days prior to data collection for the Response group were: Purchased food on credit (60%), borrowing money (50%) and decreased expenditures on fodder, animal feed, veterinary care (23%).

*** [REACH SOM MSNI Somalia 2024](#)



ACCOUNTABILITY TO AFFECTED POPULATION

Proportion of beneficiary HHs reporting on key performance indicators (KPI):¹⁵

Indicator	Baseline	Endline
Programming was safe	100%	100%
Programming was respectful	100%	100%
Community was consulted	34%	23%
The assistance was appropriate	82%	69%**
No unfair selection	98%	98%
Raised concerns using CRM	25%	21%
Satisfied with the response (21%)	90%	91%
Overall KPI score	86%	82%

30% Of the assessed HHs reported being aware of at least one option to contact the agency during the Endline.

Of HHs reporting being aware of any option to contact the agency (46%), most frequently known ways to report complaints, problems receiving the assistance, or ask questions*

	Baseline	Endline
Use the dedicated NGO hotline	68%	75%
Talk directly to NGO staff	43%	30%
Use the dedicated NGO desk	32%	20%

30% Of the HHs had suggestions on how to improve the cash assistance during the Endline.

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

	Endline
Increase duration of cash transfers	76%
Provide continuous cash transfers	56%
Increase amount of cash transfers	51%
Increase number of beneficiaries	17%

The top mentioned comments and feedback by about 26% of the assessed HHs who provided comments were*

	Baseline	Endline
Food assistance	68%	59%
Shelter support	54%	53%
Educational support	42%	46%
Increase field visits	25%	42%
Build hospital	33%	37%
Livelihood support	28%	37%

During the endline, 30% (a 4% point increase from the baseline) of the respondents reported being aware of any options to contact the NGOs. Of these respondents, a majority (75%) of HHs reported being aware of the existence of a dedicated NGO hotline, while another 30% reported that they knew they could directly talk to NGO staff during field visits or at their offices. The findings also indicate that approximately 42% of the assessed HHs provided suggestions for enhancing cash assistance to better align with their needs and the main suggestions were to increase the duration and the amount of the cash transfers. Moreover, approximately 26% of HHs had mentioned food assistance (56%), shelter support (45%) and educational support (31%) as their primary needs during the endline assessment.

**The proportion of HHs who felt that the assistance was appropriate in meeting their basic needs differed between districts. Bullo Burto (59%) and Jowhar (61%), were found to have low proportion of HH reporting that the cash assistance was appropriate during the endline assessment.

CONCLUSION

Following three cycles of unconditional cash transfers, the endline assessment highlighted positive improvements in food consumption and diversity among Somali HHs. **The percentage of HHs classified with poor FCS dropped significantly, and the proportion of those spending above the MEB increased from 7% at baseline to 49% at endline. These changes suggest enhanced economic capacity to meet essential needs.** Despite these gains, **HHs remained reliant on humanitarian aid, reflecting their persistent vulnerability.**

Despite these gains, HHs remained reliant on humanitarian aid, underscoring their persistent vulnerability. The improvements achieved through cash assistance are at risk of reversal once the assistance ends. According to the Humanitarian Needs and Response Plan (HNRP), the recurring impacts of cyclical droughts and floods continue to strain coping mechanisms and resilience, particularly in agricultural and pastoral communities. Below-average Deyr rains (October–December), critical for the harvest period, compound food security risks. These seasonal challenges could exacerbate humanitarian needs after the conclusion of cash transfer programs, leaving beneficiaries vulnerable during periods of disrupted livelihoods.

The accountability indicators show that interactions between beneficiaries and Cash Consortium partners were largely positive, with most HHs expressing satisfaction with the programme. The utilisation of complaints and response mechanisms (CRM) platforms increased only slightly, from 26% to 30% from the baseline to the endline assessment. Most households were aware of dedicated NGO hotlines, and some knew they could communicate directly with NGO staff during visits or at offices. **These efforts have likely enhanced organisational accountability, strengthened trust between communities and staff, and positively impacted humanitarian responses.**

Suggestions from HHs for improving assistance focused on increasing the duration and amount of cash transfers, emphasizing the need for continuous support to build resilience and ensure sustained improvements in food security and livelihoods.

15. 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 HHs 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.

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

** [Somalia-2025-humanitarian-needs-and-response-plan-hnrrp-summary](#).

ANNEX 1 - KEY INDICATORS SUMMARY PER ASSESSED DISTRICT

Districts	Food Security indicators																			
	Food Consumption Score (FCS)						Households Hunger Scale (HHS)						Livelihood Coping Strategy (LCS)							
	Acceptable		Borderline		Poor		No/little hunger		Moderate hunger		Severe hunger		None		Stress		Crisis		Emergency	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Afmadow	0%	28%	9%	64%	91%	8%	9%	82%	69%	18%	22%	0%	6%	29%	38%	35%	15%	6%	41%	30%
Berdale	7%	59%	41%	31%	52%	10%	21%	68%	79%	32%	0%	0%	14%	42%	28%	17%	26%	18%	32%	23%
Bulo Burto	5%	70%	33%	28%	61%	2%	31%	80%	61%	20%	7%	0%	19%	9%	27%	45%	15%	13%	39%	33%
Doolow	0%	26%	4%	55%	96%	18%	7%	72%	82%	27%	11%	1%	2%	25%	21%	34%	8%	4%	69%	36%
Jowhar	6%	53%	35%	37%	59%	10%	15%	69%	83%	30%	1%	0%	6%	24%	46%	36%	20%	10%	28%	30%
Laascaanood	21%	40%	45%	32%	34%	27%	39%	58%	60%	42%	1%	1%	19%	26%	31%	36%	28%	21%	22%	17%
Overall	8%	49%	32%	38%	61%	12%	22%	70%	73%	29%*	5%	0%	12%	24%	36%	36%	20%	13%	33%	28%

ANNEX 2: COMPLETED CONSOLIDATED APPROACH TO REPORTING INDICATORS OF FOOD SECURITY (CARI) CONSOLE*

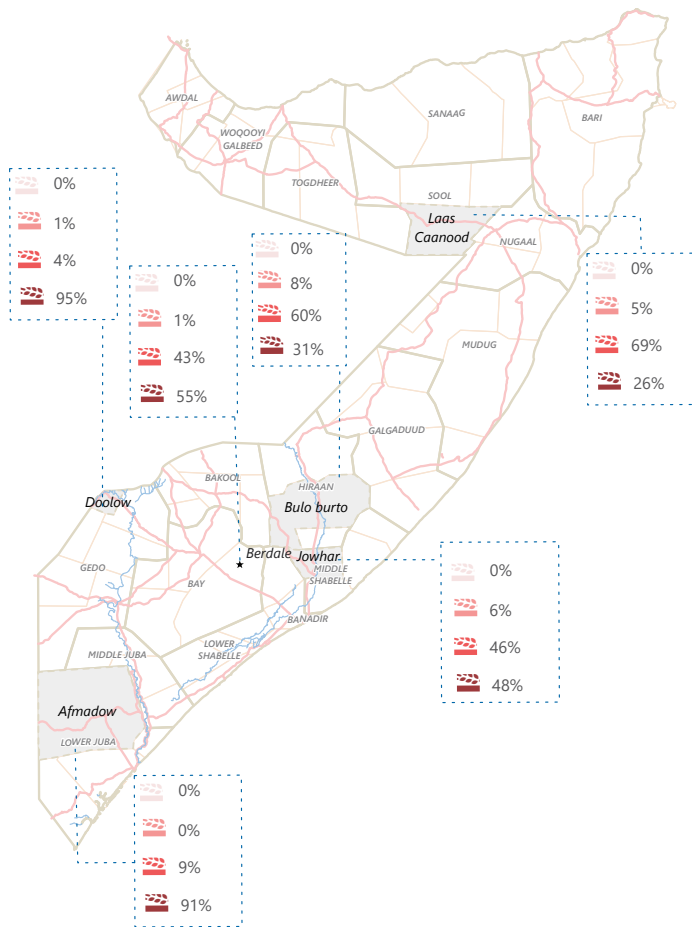
Domain		Indicator	Food Secure		Marginally Food Secure		Moderately Food Insecure		Severely Food Insecure	
			(1)		(2)		(3)		(4)	
			Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Current Status	Food	Food Consumption Group and rCSI	Acceptable and rCSI<4 0%	Acceptable and rCSI<4 10%	Acceptable and rCSI>=4 17%	Acceptable and rCSI>=4 39%	Borderline 30%	Borderline 38%	Poor 63%	Poor 12%
Coping Capacity	Economic Vulnerability	Economic Capacity to Meet Essential Needs (ECMEN)	7%	48%	N/A		25%	41%	68%	10%
	Asset Depletion	Livelihood Coping Strategies	None 11%	None 34%	Stress 36%	Stress 13%	Crisis 19%	Crisis 6%	Emergency 34%	Emergency 46%
CARI Food Security Index*			0%	4%	4%	49%	42%	35%	53%	12%

* [Technical Guidance for WFP on Consolidated Approach for reporting Indicators of Food Security \(December, 2021\)](#). 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.

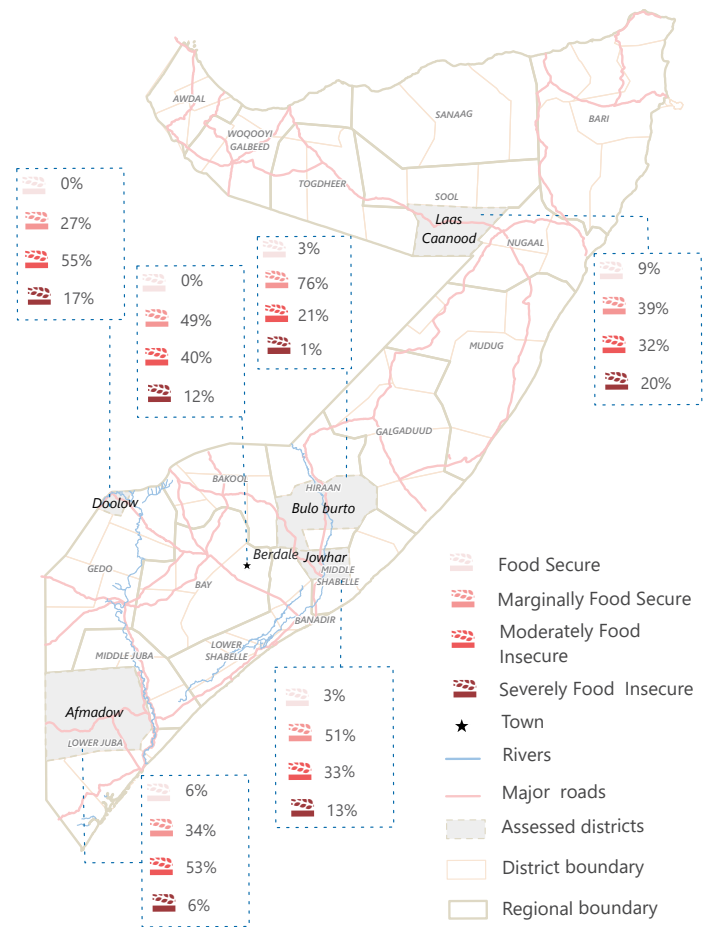
* Due to rounding up, the findings do not amount exactly to 100%.

ANNEX 3: CARI FOOD SECURITY INDEX- BASELINE AND ENDLINE DISTRICT-WISE DISTRIBUTION

BASELINE



ENDLINE



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IMPLEMENTING PARTNERS

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 30 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.