

# ENDLINE FOR THE KENYA CASH CONSORTIUM RESPONSE TO THE DESERT LOCUST CRISIS AND FOOD INSECURITY IN ASAL COUNTIES OF KENYA

April 2021

## BACKGROUND

The arid and semi-arid lands (ASAL) counties have been affected by climatic shocks including dry spells in the last quarter of 2020 and floods in April 2020. This, coupled with the desert locust infestation has increased the populations' vulnerability to the negative effects of the COVID-19 pandemic, affected their livelihoods, and amplified the food insecurity in those counties.<sup>1</sup> As of April 2021 the locust upsurge in the 23 ASAL counties showed signs of decline and, due to the decrease of rains, the breeding of locusts swarms in April was expected to be limited. The locusts have in the past one year destroyed large areas of pasture and browse needed by pastoralists.<sup>2</sup>

In March 2021, the COVID-19 positivity test rate hit 22% in comparison to a 2% positivity rate in January 2021. To mitigate the spread of COVID-19, strict preventive measures were put in place that remained effective throughout the month of April 2021. The measures included a stricter dusk to dawn curfew in Nairobi, Kajiado, Kiambu, Machakos and Nakuru counties, and cessation of all movement in and out of the above five counties.<sup>3</sup> The closure of these counties likely affected all the ASAL counties as they are major economic hubs in the country. These measures have also negatively impacted markets, as some were temporarily closed, which caused a disruption in food prices, incomes and livelihoods across the country.<sup>4</sup>

In an urgent response to the humanitarian needs of the affected communities in Wajir, Mandera, Tana River, Garissa and Isiolo counties, the Kenya Cash Consortium (KCC) led by ACTED in partnership with Oxfam and their implementing partners, including The Pastoralists Girls Initiative (PGI), Arid Lands Development Focus (ALDEF), Merti Integrated Development Programme (MIDP), Wajir South Development Association (WASDA) and Rural Agency for Community Development and Assistance (RACIDA) are carrying out an emergency cash intervention programme for the affected populations.

To monitor the impact of Unconditional Cash Transfers (UCTs) provided by the KCC to additional new beneficiary households (HHs) in the targeted ASAL counties, IMPACT Initiatives conducted a [baseline assessment](#) from 18 to 26 November 2020 followed by the [first post distribution monitoring \(PDM\) assessment](#) from 14 to 18 December 2020 and the [second PDM assessment](#) from 1 to 4 February 2021.

This factsheet presents an overview of the findings of the endline assessment conducted from 8 to 11 April 2021, as well as a comparison of key indicators to the baseline, first PDM and second PDM assessment findings. These findings are representative of UCTs beneficiary HHs at a 95% confidence level and a 10% margin of error at county level. Findings relating to a subset of that population may have a lower confidence level and a wider margin of error.



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## METHODOLOGY

The endline assessment tool was designed by IMPACT Initiatives in partnership with the KCC members. The tool covers income and expenditure patterns, food consumption, dietary diversity, and coping strategies. A simple random sampling approach was used to ensure data was representative of the beneficiary population (HHs) with a 95% confidence level and a 10% margin of error at county level. Out of the 6,522 beneficiary HHs, a sample of 481 HHs were interviewed. To reduce the risks associated with the spread of COVID-19, all the interviews were conducted through mobile phones and beneficiary responses were entered into the Open Data Kit (ODK).

## LIMITATIONS

- Some questions required HHs to recall past behaviour, which might have somewhat affected the accuracy of the answers.
- Findings relating to a subset may have a lower confidence level and a wider margin of error.
- The endline assessment was conducted a week after the beneficiary HHs received their final cash transfer from the KCC. This was done in order to prevent the period of data collection from colliding with the Ramadan period, as HHs in the ASAL counties commonly participate in Ramadan.

## KEY FINDINGS

- Overall, 90%, 12% and 92% of HHs reported that their community **was affected by the desert locust infestation, floods and dry spells respectively**. HHs in ASAL counties are thus likely dealing with the negative effects of the multiple shocks affecting their livelihoods.
- Casual labour was the most commonly reported source of income for 52% of the HHs** during the endline, while the **sale of livestock and livestock products** was the most commonly reported source of income for 43%, 47% and 52% of HHs during the second PDM, first PDM and the baseline assessments respectively in the targeted counties.
- Findings suggest that **food constituted the primary expense** for HHs as 60% of the monthly expenditure during this second PDM assessment was found to be spent on food.
- Findings suggest that the food security, although still precarious, **has improved since the baseline assessment**, as indicated by a higher average Food Consumption Score (FCS) and Household Dietary Diversity Score (HDDS), while the Coping Strategies Index (CSI) decreased.



## LOCATIONS OF DATA COLLECTION

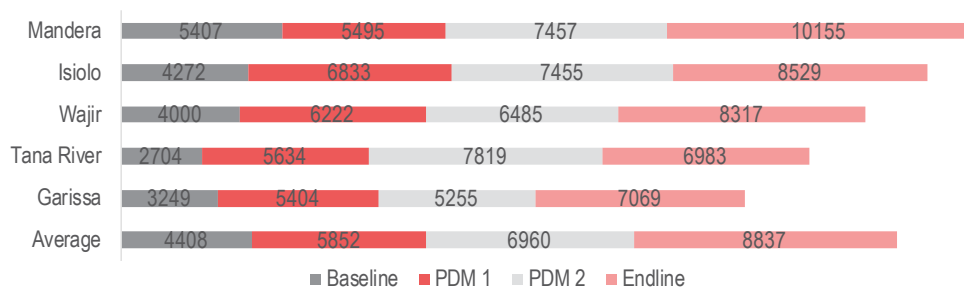


## INCOME AND EXPENDITURE

All HHs (100%) in the five counties reported having had at least some form of income in the 30 days prior to data collection. The average reported amount of money received from the KCC per HH was Kenya shillings (KES) 4,711.<sup>7</sup> HHs in the five counties were found to earn an average monthly income of KES 8,837 which included the KES 4,711 from the KCC with those in Mandera and Isiolo earning the highest average monthly income of KES 10,155 and KES 8,529 respectively.<sup>7</sup>

The average monthly HH income during the endline was found to have increased by 26% from the second PDM assessment amount (KES 6,960) and by 51% from the first PDM assessment amount (KES 5,852). It also increased by 100% from the baseline assessment amount (KES 4,408).<sup>7</sup> However on discounting the KES 4,711 HHs received through the UCT programme, the average monthly HH income during the endline assessment was found to have increased by 83% and 162% from the second PDM and first PDM amounts respectively and decreased by 6% from the baseline amount.<sup>5</sup>

### The average monthly income in KES per HH per county:<sup>5</sup>



Casual labour was the most commonly reported main source of income for targeted beneficiary HHs during the endline (52%) followed by sale of livestock and livestock products (23%) and farming (12%).

### Most commonly reported sources of HH income at the time of data collection during the endline assessment by % of HHs per county:

	Garissa	Isiolo	Tana river	Wajir	Mandera	Average
Casual labour	32%	55%	13%	58%	59%	52%
Sale of livestock and livestock products	39%	20%	24%	40%	12%	23%
Farming	0%	8%	6%	0%	19%	12%
Sale of firewood and charcoal	4%	13%	54%	0%	20%	6%
Cash transfers	0%	0%	1%	2%	0%	3%
Private business	11%	2%	1%	0%	1%	2%
Remittances	13%	2%	1%	0%	0%	2%

The proportion of HHs reporting that the sale of livestock and livestock products was their main source of income decreased from 43% during the second PDM to 23% during the endline. This likely suggests that more HHs were now depending on casual jobs as their main source of income instead of sale of livestock and livestock products as in the baseline, first PDM and second PDM assessments. The impact of the infestation on livelihoods change might be reflected in the high proportions of HHs reporting that the locust infestation has caused the loss of community pasture and private pasture (79% and 75% of the 90% of HHs who reported having faced a locust infestation in their community).

### The reported decision maker on how to spend HH money by % of HHs in assessed counties:

	Baseline	PDM 1:	PDM 2:	Endline:
Jointly male and female	54%	62%	45%	48%
Male	35%	24%	37%	32%
Female	12%	14%	18%	20%

The average monthly expenditure per HH was KES 8,660 in the 30 days prior to data collection.<sup>5</sup> Findings suggest that food constituted the primary expense for HHs, as 60% of the monthly expenditure was found to be spent on food, followed by expenditure on education (12%) and health/medicine (9%). HHs in Mandera were found to have the highest average expenditure of KES 20,664 with KES 12,822 of this being spent on food.<sup>5</sup>

The average monthly expenditure per HH increased by 21% between the second PDM and the endline, it also increased by 51% between the first PDM and the endline and by 100% between the baseline and the endline assessment.

### Average monthly expenditure per HH in the 30 days prior to data collection<sup>7</sup>:

	Garissa	Isiolo	Tana River	Wajir	Mandera	Average
Food	2381	2326	1887	6587	12822	5200
Education	132	680	36	1747	2553	1030
Health / medicine	313	247	147	834	2464	801
Debt repayment	481	995	362	1229	233	660
WASH items	160	350	123	596	1822	610
Other expenses	216	40	141	396	282	215
Investment	0	30	8	0	406	89
Savings	0	0	0	190	0	54

The UCT received from the KCC made up around half (53%) of the average monthly expenditure ( KES 4,627/8,660). This likely suggests that the cash HHs receive from the KCC is instrumental in helping HHs meet their basic needs, as on average, 74% of this cash was used to purchase food items during the endline assessment.<sup>5</sup>

**Average monthly amounts and proportions of the UCT spent per expenditure category in the 30 days prior to data collection<sup>5</sup>:**

	PDM 1:		PDM 2:		Endline:		
Food	3388	74%	3225	70%	3406	74%	<div></div>
Health / medicine	339	7%	296	6%	313	7%	<div></div>
Education	17	0%	330	7%	291	6%	<div></div>
WASH items	395	9%	228	5%	281	6%	<div></div>
Debt repayment	299	7%	372	8%	274	6%	<div></div>
Other expenses	126	3%	147	3%	42	1%	<div></div>
Savings	9	0%	3	0%	9	0%	<div></div>
Sharing	10	0%	18	0%	8	0%	<div></div>
Investment	2	0%	12	0%	2	0%	<div></div>

**FOOD SECURITY**

Findings suggest that food continued to represent the most common priority need among beneficiary HHs in the 30 days prior to data collection. The proportion of HHs that listed education as their priority need increased from 20% during the second PDM to 27% during the endline while the proportion of HHs that reported shelter as a priority need increased from 10% during the second PDM to 36% during the endline assessment.

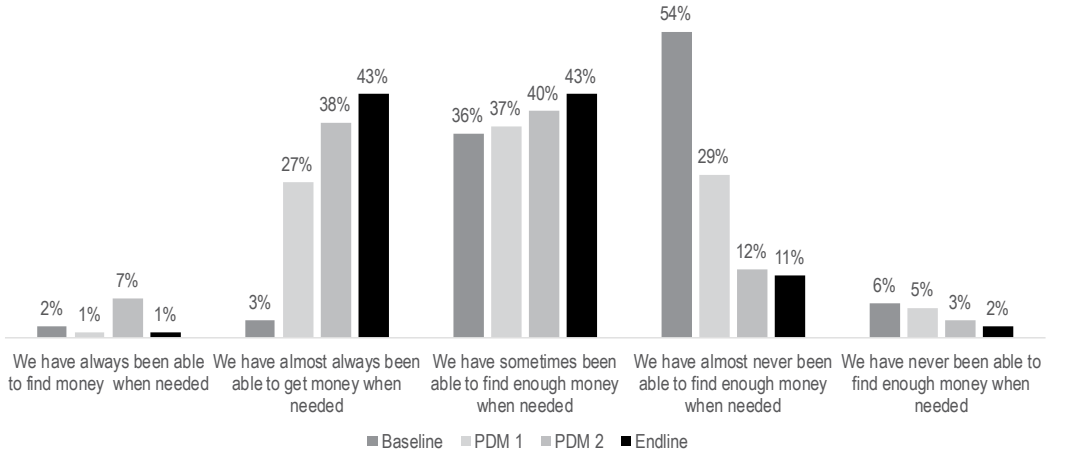
Market purchases remained the main source of food for HHs in the 30 days prior to the day of data collection across the four assessments. Ninety-three percent (93%) of the HHs reported that market purchases were their main source of food while 7% of HHs cited that they mainly rely on their own production for food during the endline assessment. This likely suggests that the cash received by HHs from the KCC aids beneficiary HHs in purchasing food from the market.

**Most commonly reported top 5 priority needs in the 30 days prior to data collection by % of HHs<sup>6</sup>:**

	Baseline	PDM 1:	PDM 2:	Endline:	
Food	87%	96%	98%	99%	<div></div>
Water	87%	94%	94%	93%	<div></div>
Shelter	28%	28%	10%	36%	<div></div>
Healthcare	47%	56%	56%	30%	<div></div>
Education	6%	2%	20%	27%	<div></div>

The proportion of HHs that reported they could always find money when they needed it decreased from 7% during the second PDM to 1% during the endline. The proportion of HHs reporting almost always having been able to do so increased from 38% during the second PDM to 43% during the endline. Findings suggest that the 26% increase in income between the second PDM and the endline has aided HHs in meeting their basic needs; the proportion of HHs reporting almost never or never having been able to find enough money to cover basic needs decreased throughout the PDM assessment cycle, while the proportion of HHs who had sometimes or almost always been able to find enough money increased.

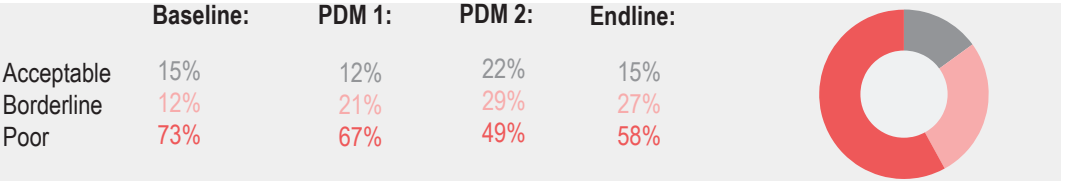
**Reported levels of access to sufficient money to cover basic needs in the 30 days prior to data collection by % of HHs:**



**FOOD CONSUMPTION SCORE (FCS)**

The FCS sums household level data on the diversity and frequency of the different food groups consumed over the previous seven days. This data is then weighted according to the relative nutritional value of the consumed food groups. Based on the FCS, a HH's food consumption can be classified as either poor, borderline or acceptable. Only HHs with acceptable FCS are considered to have consumed foods from different food groups, while those with borderline and poor FCS are considered to have been mainly consuming staples seven days prior to data collection, which is an indication of experiences of food insecurity.<sup>7</sup>

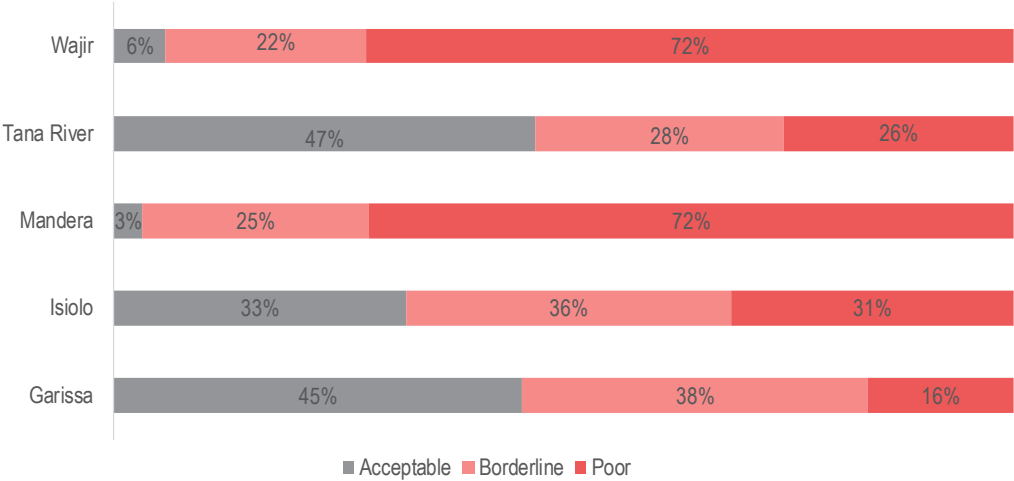
**Proportion of HHs with the following FCS<sup>7</sup>:**



The proportion of HHs that were found to have an acceptable FCS decreased from 22% during the second PDM to 15% during the endline. This suggest, that despite the increase in amount of money spent on food the HHs in the area are likely struggling with food insecurity and are not consuming foods from different food groups. The findings suggest that a higher proportion of HHs in Garissa and Tana River were consuming foods from different food groups with 47% and 45% of households in Tana River were found to have an acceptable FCS during the endline assessment.

The overall proportion of HHs that were found to have a poor FCS increased during the endline by 9% from the second PDM but decreased by 9% and 15% during the first PDM and baseline assessments respectively. This decrease in the proportion of HHs that were found to have a poor FCS between the baseline and endline is likely due to the beneficiary HHs having received cash from the KCC to supplement their income and help them in the purchase of food.

Proportion of HHs with the following FCS during the endline assessment, per county<sup>7</sup>:

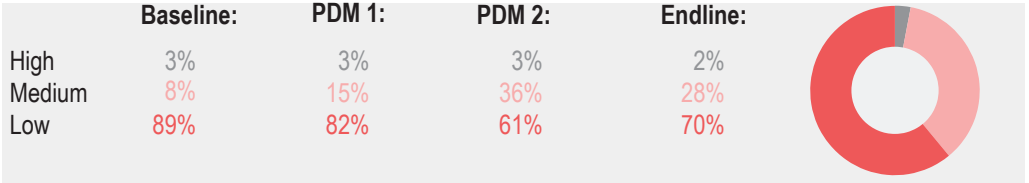


HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)

The household dietary diversity score (HDDS) is used as a composite measure and proxy for a HH's average access to different food groups. HHs can be classified as food insecure if their diet is unbalanced, non-diversified and unhealthy. The HDDS in these counties was calculated based on whether anyone in the HH consumed any food from seven designated food groups in the 24 hours preceding the survey.<sup>9</sup>

The HDDS is used to classify HHs into three groups: high, medium or low dietary diversity. HHs with high HDDS are considered to have a high dietary diversity, while those with medium or low HDDS are considered as having moderately or severely low dietary diversity.<sup>7</sup>

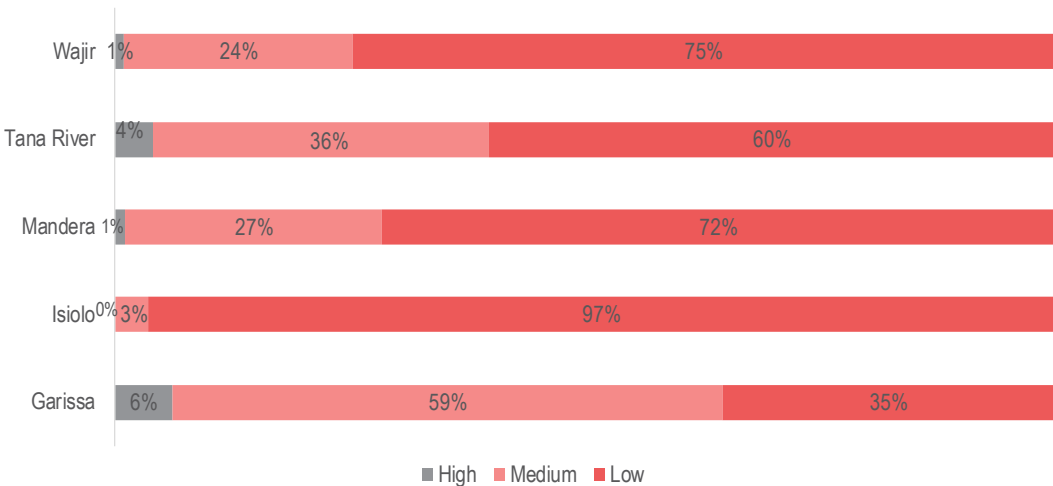
Proportion of HHs with the following HDDS<sup>7</sup>:



While the proportion of HHs with an acceptable FCS has not changed considerably throughout the PDM assessment cycle, the proportion of HHs with a low HDDS decreased and the proportion of HHs with a medium HDDS increased, indicative of an improved but still relatively low dietary intake among beneficiary HHs.

A relatively high proportion of HHs in Garissa county (59%) recorded a medium HDDS in comparison to other counties.<sup>8</sup> This findings suggests HHs in this county are consuming more diverse diets in comparison to the other targeted four counties. On the other hand HHs in Isiolo recorded the highest proportion of HHs with low HDDS (97%) while none of the HHs (0%) recorded a high HDDS.

Proportion of HHs with the following HDDS during the endline assessment, per county<sup>7</sup>:

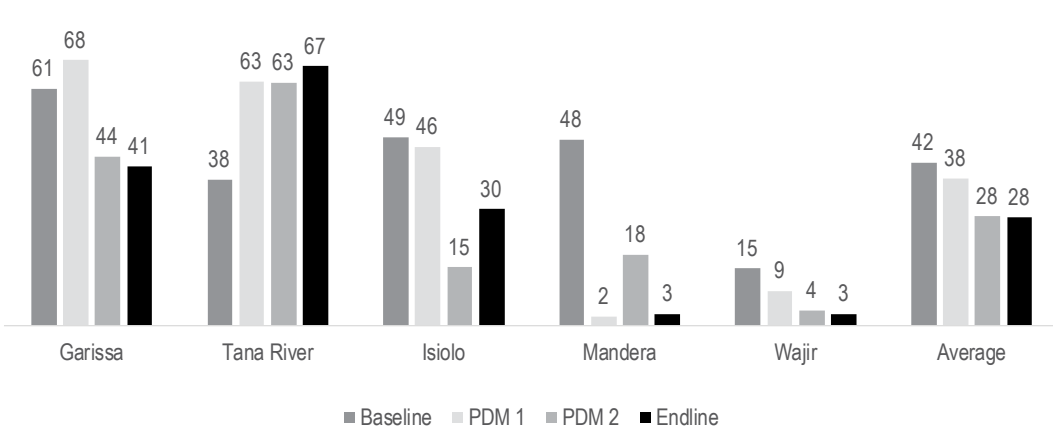


COPING STRATEGIES INDEX (CSI)

The coping strategy index (CSI) is an indicator of a HH's food increasing behaviour, thus indirectly of food security and a good predictor of vulnerability to future food insecurity. It measures the frequency and severity of changes in food consumption behaviours in the seven days prior to data collection when HHs are faced with a shortage of food. A high CSI value suggests that a HHs has been engaging in erosive, negative behaviours to meet food needs in the past seven days and is indicative of experienced food insecurity.<sup>8</sup>

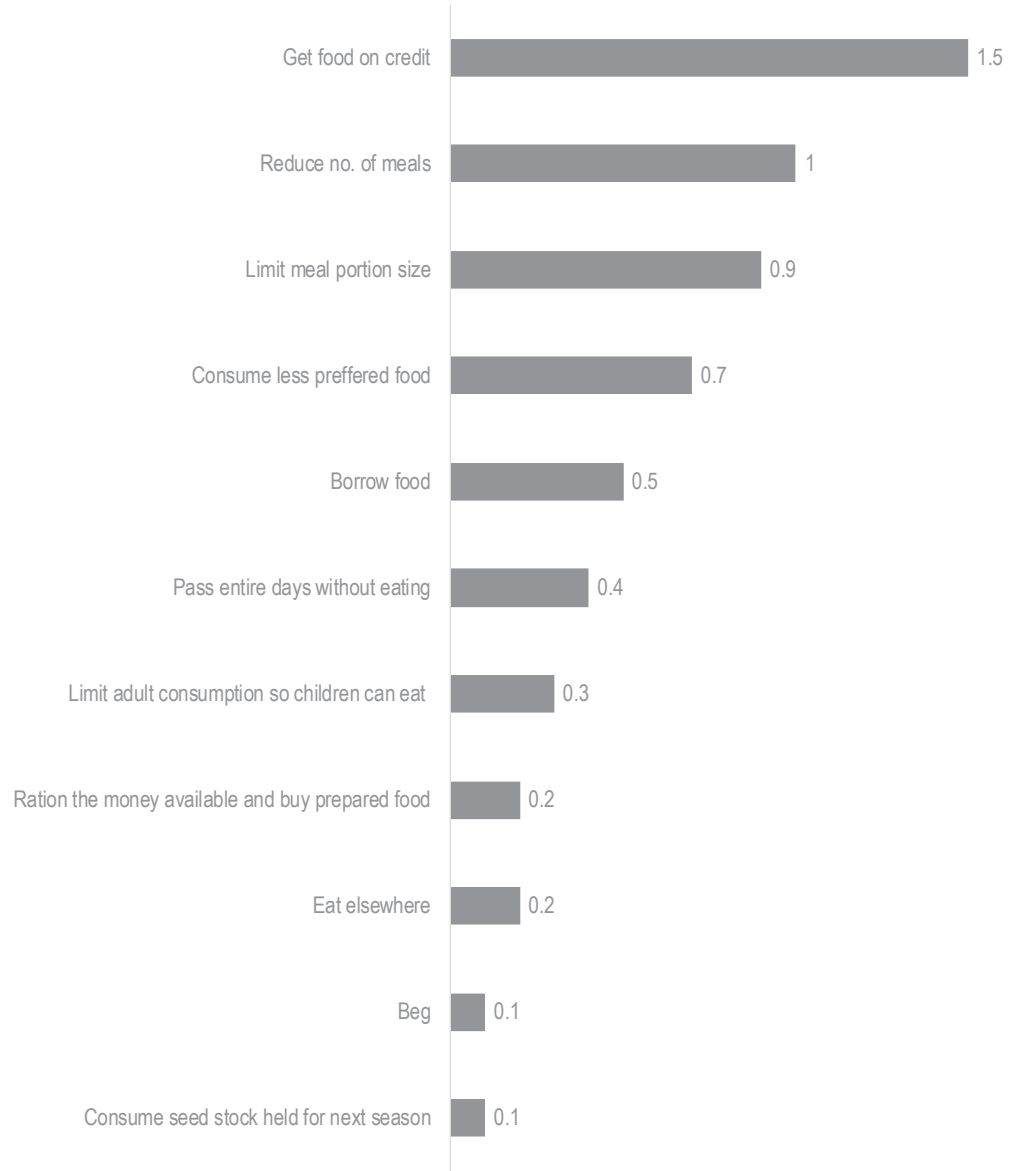
The average CSI score for all the targeted counties remained the same between the second PDM and the endline assessment (28). HHs in all the five counties recorded a lower average CSI score during the endline assessment (28) compared to the CSI score during the first PDM (38) and the baseline (42). This is likely because HHs received cash from the KCC and thus had money to spend on food, thereby reducing the need to engage in negative coping strategies to access food.

Average CSI score per county<sup>8</sup>:



The findings suggest that buying food on credit is the most commonly used coping strategy by HHs within the five counties, as assessed HHs used it on 1.5 days out of the seven days in a week. It is likely that the 6% of the cash given by the KCC (KES 274/ KES 4,627) that was used by beneficiary HHs in debt repayment went towards payment for food items that had been purchased on credit.

**Average number of days each of the following coping strategies was reportedly used within the HH to cope with a shortage of food in the seven days prior to data collection<sup>8</sup>:**



**CHALLENGES DUE TO DESERT LOCUST, FLOODS, DRY SPELLS AND COVID-19**

Overall, 90% of the HHs reported that there was a desert locust infestation in their community during the endline assessment, compared to 94% of HHs during the second PDM. Of the 90%, 16% of HHs reported that the infestation had caused conflict amongst community members. Likely related to the decline in the desert locust swarms in April 2021.

**Most commonly reported problems caused by the desert locust infestation, according to 90% of HHs reporting being affected (90% for baseline, 84% for PDM 1, 94% for PDM 2)<sup>9</sup>:**

	Baseline:	PDM 1:	PDM 2:	Endline:	
Loss of community pasture	77%	73%	84%	79%	
Loss of pasture	61%	46%	78%	75%	
Loss of crops	44%	36%	83%	61%	
Loss of vegetation	46%	33%	75%	39%	
Livestock diseases	56%	27%	40%	35%	

Twelve percent (12%) of the HHs cited that their community had been negatively impacted by the floods within the period of twelve months prior to the endline data collection. This was a 5%, 16% and 30% decrease in HHs that reported the same during the second PDM, first PDM and baseline assessments respectively.

**Most commonly reported problems caused by the floods to the community according to the 12% of HHs reporting being affected (42% for baseline, 28% for PDM 1 and 17% for PDM 2)<sup>6</sup>:**

	Baseline:	PDM 1:	PDM 2:	Endline:	
Loss of property	83%	89%	84%	63%	
Loss of livelihoods	52%	40%	27%	57%	
Destruction of infrastructure	34%	17%	18%	40%	
Mass migration	21%	10%	18%	31%	
Loss of lives	7%	7%	6%	2%	

Overall, 92% of the HHs reported that they had been impacted by dry spells during 6 months prior to data collection. Of these, 61% reported the dry spells had lasted for more than 6 months. The majority of HHs who had reportedly been impacted (92%), reported that the dry spells had caused crops losses for farmers and livestock keepers (reported by 83%).

Among the 92% of HHs who reported having been impacted by dry spells, 70% reported expecting the harvest of their most important crop to be below average as a result, and 82% reported rangeland losses, which reportedly left livestock in poor conditions.

**Most commonly reported problems caused by the dry spells to the community according to the 92% of HHs reporting being affected by dry spells (95% for both the baseline and PDM 1, 96% for PDM 2)<sup>6</sup>:**

	Baseline:	PDM 1:	PDM 2:	Endline:	
Loss of crops	55%	58%	87%	83%	
Rangeland losses	47%	47%	81%	82%	
Conflict between communities due to the dry spell	42%	22%	40%	57%	



Most commonly reported resources over which conflict arose due to the dry spells according to the 57% of the 92% of HHs reporting being affected ( 42% of 95% of HHs for baseline, 21% of 95% of HHs for PDM 1 and 40% of the 96% of HHs for PDM 2 )<sup>6</sup>:

	Baseline:	PDM 1:	PDM 2:	Endline:	
Water	49%	85%	93%	99%	<div></div>
Pasture	97%	73%	84%	93%	<div></div>
Land	1%	40%	8%	35%	<div></div>

Finding suggest that the COVID-19 pandemic caused an increase in the proportion of HHs struggling to meet their basic needs. During the baseline, 14% of HHs reported having found it really difficult, or having been unable, to meet their basic needs prior to the pandemic, while the proportion of HHs reporting experiencing this level of inability or struggle at the time of PDM data collection had increased to 23% during the endline assessment. However, compared to the baseline assessment (71%), findings suggest an improvement in HH wellbeing over the course of the cash programme.

HHs’ reported wellbeing (before the onset of COVID-19 in March 2020)<sup>9</sup>:

We are always fine and always get enoug food and money for our needs	3%
We are mostly fine, and almost always have enough food and money for our needs	18%
	45%
Sometimes we struggle to have enough but we mostly get through	20%
It is difficult to find enough food and money for our needs	9%
It is really difficult to find enough food and money for our needs	5%

HHs’ reported current wellbeing (after the onset of COVID-19 in March 2020):

	Baseline:	PDM 1:	PDM 2:	Endline:
We are always fine and always get enoug food and money for our needs	0%	1%	1%	0%
We are mostly fine, and almost always have enough food and money for our needs	0%	10%	6%	24%
Sometimes we struggle to have enough but we mostly get through	2%	19%	16%	13%
It is difficult to find enough food and money for our needs	27%	39%	43%	39%
It is really difficult to find enough food and money for our needs	43%	23%	22%	20%
We are unable to meet even our basic needs	28%	8%	12%	3%

The COVID-19 pandemic has adversely affected most sectors of the economy with HHs being forced to spend more due to the negative effects the pandemic has likely had on markets. HHs in the targeted areas, who commonly reported casual labour to be their primary source of income, have likely been negatively impacted by the measures to mitigate the spread of COVID-19, such as the dusk-to-dawn curfew and the subsequent reduced working hours.

ACCOUNTABILITY TO AFFECTED POPULATIONS

The accountability to affected populations is measured through the use of key perfomance indicators (KPIs) which have been put in place by the European Civil Protection and Humanitarian Aid Operations (ECHO) to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations when carrying out humanitarian response.

During the endline assessment, all HHs (100%) reported having received cash assistance from the KCC in the 30 days prior to data collection with 82% of the HHs reporting they travelled on foot to withdraw this cash while 14% of HHs used vehicles. The KPI scores show that all HHs (100%) reportedly perceived the selection process for the UCT programme to be fair.

Proportion of beneficiary HHs reporting on KPIs, by county:

	Garissa	Isiolo	Tana River	Wajir	Mandera	Average
Programming was safe	100%	100%	100%	100%	100%	100%
Programming was respectful	100%	100%	100%	100%	100%	100%
Community was consulted	74%	80%	76%	79%	96%	83%
No payments to register	100%	100%	100%	100%	100%	100%
No coercion during registration	100%	100%	98%	100%	100%	100%
Selection process was fair	100%	100%	100%	100%	100%	100%
KPI Score	96%	100%	96%	96%	100%	100%

The KPI scores show that all HHs reportedly perceived the selection process of the UCT programme to be fair. In addition, all HHs (100%) reported that they were treated with respect by the staff in the non-governmental organizations (NGOs) and they felt safe during the process of selection, registration and the data collection during the endline assessment.

The overall proportion of HHs reporting they had been consulted by the NGOs on what their needs were and how the NGOs could come in and assist the community increased by 14% between the second PDM and the endline assessment. Mandera had the highest proportion of HHs reporting they had been consulted (96%) during the endline.

All HHs (100%) reported being comfortable using any of the mechanisms available to contact the NGOs. The proportion of HHs that reported that they were aware they could talk directly to NGO staff in cases where they had a question or problem with the assistance increased from 18%, 15% and 26% during the baseline, first PDM and the second PDM assessments respectively to 48% during the endline assessment. The proportion of HHs that reported being aware of the existence of the NGO hotline decreased to 65% during the endline from 69% during the second PDM.




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However, only 8% of the HHs reported that they were aware of the existence of a dedicated NGO help desk where beneficiaries could give programme feedback to NGO staff. This was a 1% decrease from HHs that reported the same during the second PDM and a 6% and 7% increase from the first PDM and baseline assessments respectively.

Sixty-six percent (66%) of HHs reported foreseeing that they would encounter challenges in meeting their basic needs after the end of this cash intervention programme. Of those HHs, 99% reported that lack of food would be a major challenge to them once this UCTs programme ended.

**Most commonly reported challenges according to 66% of HHs reporting foreseeing challenges as a result of the cash assistance ending during the endline (62% of HHs for PDM 1 and 61% of HHs for PDM 2) <sup>6</sup>:**

	PDM 1:	PDM 2:	Endline:	
Lack of food	99%	99%	99%	
Lack of medication	36%	61%	70%	
Lack of hygiene items	77%	51%	66%	

## End notes

1. The Food Security Cluster, The Triple threat for East Africa, retrieved from [here](#)
2. The Food and Agriculture Organisation of the United Nations (FAO), Locusts watch, retrieved from [here](#)
3. Africa News, Kenya imposes new lockdown-What are the restrictions?, retrieved from [here](#)
4. The Kenya Food Security Steering Group (KFSSG), The 2020 Short Rains Season Assessment Report retrieved from [here](#)
5. 1 USD = KES 108.03485 in [November 2020](#), 1 USD = KES 109.58535 in [December 2020](#), 1 USD = KES 110.71872 in [February 2021](#), 1 USD = KES 110.51069 in [April 2021](#)
6. The HHs selected multiple answers and thus findings might exceed 100%
7. Find more information on food security indicators (FCS and HDDS) [here](#)
8. Find more information on the coping strategy index (CSI) [here](#)
9. HHs were asked to recall their wellbeing prior to the start of the pandemic. To limit potential recall bias due to the prolonged situation, the table includes only baseline findings.



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**IMPACT** Shaping practices  
Influencing policies  
Impacting lives

## About IMPACT Initiatives' COVID-19 response

As an initiative deployed in many vulnerable and crisis-affected countries, *IMPACT initiatives* is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. IMPACT works with Cash Working Groups and partners to provide up-to-date evidence to inform the humanitarian responses in the countries where we operate. COVID-19-relevant market monitoring and market assessments are a key area where IMPACT initiatives aims to leverage its existing expertise to help humanitarian actors understand the impact of changing restrictions on markets and trade. Updates regarding IMPACT Initiatives' response to COVID-19 can be found in [a devoted thread](#) on the REACH website. Contact [geneva@impact-initiatives.org](mailto:geneva@impact-initiatives.org) for further information.