



Trinidad & Tobago
Red Cross Society

Migration: Response to Recovery COVID19: Reducing Vulnerability, Enhancing Resilience.



Children look on in amazement as the water from the Rain Water Harvesting System installed by the TTRCS flows into water storage drums at their home in Icacos Village, Trinidad. November 29th 2021. Photo Credit: TTRCS.

FINAL NARRATIVE

REPORT

EIDHR/2020/417-378



TRINIDAD & TOBAGO RED CROSS SOCIETY

Migration: Response to Recovery COVID19: Reducing Vulnerability, Enhancing Resilience.

FINAL NARRATIVE REPORT

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List of acronyms used in the report

COVID19	Corona Virus Disease 2019
BCC	Behaviour Change Communication
CFS	Child Friendly Space
HAP	Humanitarian Access Point
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration
KAP	Knowledge, Attitudes and Practices Survey
MHPSS	Mental Health and Psychosocial Support
PSP/PSS	Psychosocial Support Services
TTRCS	Trinidad & Tobago Red Cross Society
VCA	Vulnerability and Capacity Assessment

1. Description

- 1.1.** Name of coordinator of the grant contract: **Trinidad & Tobago Red Cross Society**
- 1.2.** Name and title of the contact person: **Jill De Bourg, President**
- 1.3.** Name of beneficiary(ies) and affiliated entity(ies) in the action: **Trinidad & Tobago Red Cross Society**
- 1.4.** Title of the action: **Migration: Response to Recovery, COVID19: Reducing Vulnerability, Enhancing Resilience**
- 1.5.** Contract number: **EIDHR/2020/417-378**
- 1.6.** Start date and end date of the action: September 1st 2020 to August 31st 2022
- 1.7.** Target country(ies) or region(s): **Trinidad and Tobago**
- 1.8.** Final beneficiaries &/or target groups (if different) (including numbers of women and men):
726 Migrant Families (approximately 3630 individuals, 1161 Males and 2469 Females)
- 1.9.** Country(ies) in which the activities take place (if different from 1.7): **Same as 1.7**

2. Assessment of the implementation of action activities and its results

2.1. Executive summary of the action

Over the last 24 months the Trinidad & Tobago Red Cross Society through the *Migration: Response to Recovery, COVID19 Reducing Vulnerability, Enhancing Resilience* has provided invaluable support to migrant and host communities as the country battled the COVID19 pandemic. In 2022 as the reduction in government-imposed restrictions opened the door for economic recovery and growth, the predicament of the migrant community has remained constant and continued to include lack of jobs especially as a result of the contraction in the sectors migrants normally work such as in construction and entertainment, reduced social support mechanisms from the leading organizations on the R4V platform mainly due to financial constraints, xenophobia, restrictive health care and limited educational opportunities. This intervention was designed to be a bridge to ensure the immediate response was smoothly transitioned to recovery mode as the pandemic winded down. During the response phase the project served the immediate needs of 500 migrant families with cash vouchers for immediate food needs and health care services provided through the Henry Dunant Clinic and Health Outreach Initiatives and transitioning to longer-term recovery support through the sustainable livelihood component of the Garden to Kitchen Initiative which provided 100 households with home gardening implements to start growing their own food and the Participatory Hygiene and Sanitation Transformation (PHAST) training in the Icacos and Wallerfield communities which permanently improved the sanitation situation for over 200 migrants.

At the 2-year mark the TTRCS has completed all elements of the project and have surpassed its target by 145% reaching a total of 726 families. Due to the pandemic many activities were inevitably delayed as a direct result of government-imposed restrictions and the inability to have gatherings. The TTRCS continued to develop innovative strategies to engage communities while maintaining the safety of staff, volunteers, and beneficiaries. This project also allowed a great deal of partnership and utilization of the global Red Cross network to achieve targets. For the implementation of the virtual Psychosocial Support Services (PSS), TTRCS was supported by the IFRC Panama Office who facilitated the foundation training in Psychological First Aid for Spanish-speaking volunteers. Filling the need to meet the psychosocial needs of children, two Child Friendly Spaces were constructed to provide opportunities for Volunteers trained in Play Therapy to interact with children of beneficiaries who visit the Tobago Branch and the Headquarters in Port of Spain and address any challenges they may have. To meet the continued health needs of migrants and other vulnerable groups in Tobago, the TTRCS created a satellite health clinic at the Tobago Branch.

2.2. Results and activities

A. RESULTS

Results narrative by outcome and output:

Outcome 1 – Current hardships experienced by 500 families (2500 persons) as a result of COVID19 and compounding population movement challenges is reduced via immediate humanitarian response with provision of food and NFIs.

Output 1.1 – Humanitarian assistance provided via food and NFIs to 500 migrant families (2500 persons).

Results – Output Completed

From project funds the TTRCS has provided 400 migrant families with vouchers and from complimentary funds from IFRC and ICRC we supported 168 additional migrant families with food vouchers. The TTRCS used a vulnerability assessment to identify at least 800 families which were screened against the vulnerability criteria. The most vulnerable were selected based on criteria such as employment status, current health conditions/disabilities, pregnancy, and number of children.

Distributions were done during the period August 2021 to November 2021 with a beneficiary satisfaction survey being conducted in March 2022.



Figure 1: Distribution of food vouchers to migrant beneficiaries from the south area of Trinidad. 31/07/2021. Photo Credit: TTRCS.

Outcome 2 – Early recovery livelihood interventions provide the most vulnerable migrant families the opportunity to strengthen and enhance their overall food security via home gardens.

Output 2.1 – Establishment of small scaled kitchen garden demonstration sites in two communities (urban and rural) as a viable early recovery livelihood intervention for the most vulnerable migrant families to strengthen resilience and enhance their overall food security.

Results – Output Completed

Distribution of 100 home garden starter kits to migrant families. The families selected were identified based on the results of the KAP baseline survey where persons indicated their interest in growing their own food and home gardening. The following is a breakdown of communities and the number of beneficiary families in each community:

Curepe	3
Sangre Grande	4
Princes Town	18
Wallerfield	17
Penal/Debe	11

Chaguanas	7
Santa Cruz	4
Arima	5
Barataria	3
Tobago	28

Link to signature sheets:

https://drive.google.com/file/d/1a3QdW8PqnCHM7_h5mwxKljXq5eQ6Ibvn/view?usp=sharing



Figure 2: Home Gardening starter kits were a vital tool to ensure migrant households had some access to food resources during the height of the pandemic. The kits allowed households to grow short term essential crops like tomatoes, green leafy vegetables and much more. Photo Credit: TTRCS.

Output 2.2 – Supported self-organization of community entrepreneurship groups.

Results – Completed

The TTRCS recruited a consultant for the purpose of designing an entrepreneurship training programme that specifically targets vulnerable persons. While exploring training options, the TTRCS noted the inherent challenges our target beneficiaries may face while trying to develop their businesses and realized traditional entrepreneurship programmes do not factor in these issues such as education limitations, language barriers, prioritizing immediate basic needs over investments into a business. The consultant was tasked with developing a programme from the ground up, to be applicable to the very vulnerable groups in society that live on day-to-day means. The piloted entrepreneurship training programme was done with a group of 20 migrant women. The practical training was held over 4 weeks through a mix of hands-on workshops and offline development exercises with an entrepreneurship expert who was once in a similar vulnerable situation and built a business empire from out of his home. The programme was well received by the participants who really committed to working on developing themselves, to transform their mindsets to be able to positively commit to building their business by working through the challenges, making realistic sacrifices and by small increments, gradually build their business models. After four weeks of working together, we saw the development of 12 small business plans (some of the 20 coming together to form partnerships). Each of the 12 have already established some business presence through social media pages (supported by the consultant) and are testing their products on small scale with sales through their social media pages, within their networks

and at physical locations. Each also has a step-by-step development plan to improve their products with a goal of having booths at the major Christmas expos which was supported by the TTRCS.

Link to Entrepreneurship Training Package and Final Report on training activity:

https://drive.google.com/drive/folders/1YNvGAo3VVVol4c05nQh5js0UnMFLRw6vt?usp=share_link

Outcome 3 – Improved mental health for persons affected by the national quarantine and effects on socio-economic life within communities and families.

Output 3.1 – Created a MHPSS support mechanism to address migrants concerns and challenges as a result of the socio-economic impact of Covid -19 including national quarantine.

Results – Completed

In March 2022, the TTRCS with the support of its IFRC Americas Regional Office in Panama, successfully trained 15 volunteers and staff to be Psychological First Aid (PFA) providers (all Spanish-Speakers). These persons are now able to provide essential psychosocial care to migrants via voice calls or through WhatsApp messaging on our hotline number. Through this system, migrants have opportunities to talk to trained persons whose primary role is to provide a listening ear and determine whether additional or professional level support is needed. If the situation warrants, the PFA provider can make a referral for additional support to one of the partners from the national mental health network of which the TTRCS is a member, for free professional counselling services. To date 32 persons have accessed the services with all being referred for additional support.

Output 3.2 – Two child-friendly spaces established that can be accessed by migrant and host community families.

Results – Completed

The TTRCS constructed two child friendly spaces (CFS) which were completed in August 2022. The CFSs were opened to provide support to children who visit TTRCS facilities for services. An outdoor play area was constructed at the TTRCS' headquarters which will provide a safe space for children to supervised fun in the playpark setting when parents visit the clinic. Volunteers and staff trained in play therapy will also be available to provide structured activities for children who need it. The indoor child friendly space at the Tobago Branch will also provide a safe space for children to be engaged when parents visit the Branch for services such as the Clinic, this child friendly space will also serve to provide educational support and tutoring for children enrolled in online school programmes and need additional in-person support.



Figure 3: Child Friendly Space, Tobago Branch. Stephan Kishore, Crisis Management Coordinator explains the purpose of the CFS to the media during the launch event on 17th September 2022. Photo Credit: TTRCS



Figure 4: Outdoor Child Friendly Space at TTRCS Headquarters. This facility is run by volunteers trained in Play Therapy where children who accompany their parents to the TTRCS for services can enjoy themselves at the play area and have constructive play. Photo Credit: TTRCS

Output 3.3 – Host a bi-weekly live online health and wellness Q&A sessions that will be promoted via social media channels.

Results – Completed with modifications to live weekly sessions

The TTRCS initially had challenges implementing this activity due to lack of Spanish-speaking resource personnel who could speak to the topics of health and wellness and therefore this activity was delayed and projected to start in January 2022. At that time, COVID19 restrictions were being lifted and persons were going back out to work and online burnout was occurring with all community engagement that happened virtually during the height of the pandemic. The TTRCS decided to modify the activities related to this output to have them conducted in person at Clinic and outreach events to coincide with the activities related in Outcome 5. A health and wellness desk was created to routinely share information with patients about pursuing healthy lifestyles which included diabetes and hypertension management, stress management, and other types of illnesses. Over 600 persons benefitted from this service from February 2022 to August 2022.

Outcome 4 – Improved access for children of the most vulnerable situations for chronic and emergency health care needs and health issues.

Output 4.1 – Providing health support vouchers for children of the most vulnerable situations for chronic and emergency health care needs and health issues.

Results – Completed

The TTRCS Henry Dunant Clinic, Port of Spain has been serving the migrant community on a weekly basis since April 2021. In August 2022, the TTRCS completed construction of its Satellite Clinic at its Tobago Branch to provide primary health care services to migrants and vulnerable populations in Tobago. The Clinic operates once per week at both locations and an outreach activity is conducted once per month in a rural community to reach persons who may not be able to physically visit the clinic. Based on the demand for a wide range of clinic services by the migrant community, the TTRCS is currently limited by its Volunteer Doctor pool to offer more days. The COVID19 pandemic put a major strain on the medical community and the majority of our doctors are from the public service who have been fully involved in the national COVID19 response, yet they sacrifice the some of their valuable rest time to ensure our clinic is operational. Currently patients are afforded Blood Pressure, Blood Glucose, Cholesterol, and BMI tests, doctor's consultations, prescriptions, and referrals. Our Clinic is the only facility available that migrants can get medical reports to substantiate their application for medical support from UNHCR/Living Water Community. Many of these cases are for financial support to obtain expensive diagnostic tests such as ECGs and Ultrasounds, and TTRCS has identified the need to have

these equipment inhouse to provide these services with approximately 24% of patients who could have benefited either from an ECG or an Ultrasound to improve their diagnosis and treatment at the clinic.

Providing medical care to children has been an integral part of the clinic. Parents have been encouraged to bring their kids while they attend clinic to also benefit from the check-ups and get any referrals needed. Approximately 10% of patients (60) have been children under 18 years who have been seen through the clinic with most of them being seen at community outreach events. During the COVID19 pandemic, the Ministry of Health's policy to dealing with children at public health institutions was favourable to migrant children allowing them to have access to vaccines and emergency health care, other types of services which would require them to join clinics were still restricted.

Outcome 5 – Better health seeking behaviour and display of knowledge and attitudes among migrant and host communities via contextualised risk communication and protection messages.

Output 5.1 – Risk communication and protection messages developed and distributed among migrant and host communities.

Results – Completed

Risk communication messages have been continuously distributed to the migrant community via our Facebook Migrant Group space which has a following of over 700 persons and via WhatsApp where we have a reach of over 5000 persons directly. The messaging focused on COVID19 safety protocols, vaccine information and general health information.

Output 5.2 – Improved behaviour changes around health, hygiene and sanitation via Participatory Hygiene and Sanitation Transformation (PHAST) sessions with households of host and migrant community in the two selected locations.

Results – Completed

The first PHAST training took place on the 29th and 30th November with the indigenous Venezuelan Migrant community, the Waraos, from Icacos Village, Trinidad, a community of 28 families with 140 settled migrants and approximately 40 transient migrants (fishers who go back and forth to Venezuela). The four-day process started in September 2021 with an initial site visit and assessment of the community to learn about their challenges as well as develop a plan of action to improve some of their water and sanitation issues. The TTRCS as part of the training worked with the community to set up a rainwater harvesting system to collect rainwater to fill two 650-gallon water tanks, strategically placing ten 55-gallon water drums and Jerrycans around the community to ensure water was available at key points to promote handwashing especially in the kitchen and washroom areas. We also provided 6 metal drums for garbage collection to ensure the area was free of trash to limit vectors in the area. During the two-day training, hygiene promotion was the main topic where we taught the children the benefits of handwashing through the Participatory Hygiene and Sanitation Transformation (PHAST) training, hygiene supplies and mosquito nets were also provided. PHAST focuses on culture change, therefore, the TTRCS will be visiting the community periodically to check on the progress and improvement of hygiene practices. While the main home has a legal water connection, the entire community of Icacos suffers from little to no water supply, through advocacy the TTRCS has been engaging with the water authority to restore pipe-borne water to the community.

Our WASH intervention that took place in Icacos was replicated in the community of Wallerfield. In March 2022, the TTRCS supported this migrant community with the installation of water storage tanks, improved their solid waste collection system and provided materials to construct additional toilet and shower facilities. The community of approximately 30 migrant families (54 persons) all shared one toilet and one shower and had access to pipe-borne water only twice per week, when water came in the pipes, they had to fill up many containers as they had little water storage capabilities. The TTRCS supported with the installation a 1000-gallon water tank and provided hygiene items and training in Participatory Hygiene and Sanitation Transformation (PHAST) to improve their hygiene practices especially among the youth in the community who showed little to no knowledge of safe hygiene practices. Solid waste management was also an issue as the community lived beyond the access to

municipal waste collection which resulted in them burning their garbage. The TTRCS provided metal drums for them to collect waste and wheelbarrows for them to move it to the burn-site more efficiently.

Since the intervention both communities have shown significant improvements in their hygiene practices. The TTRCS visited each community at two and six months later to reassess the situation and determine if any additional support was required. Our rainwater harvesting system installed in Icacos have ensured the community had water for essential hygiene like flushing the toilet which they were not able to do adequately before the intervention. The active rainy season also ensured their tanks were filled and they could boil water for drinking and cooking. In Wallerfield, the community was most grateful for the additional toilet and water tank that was installed as it ensured they could flush toilets, bathe and wash clothing throughout the week without any challenges. Their solid waste management was also improved as they utilized the drums to collect garbage around their properties.

Link to highlights video from WASH intervention in Icacos:

https://drive.google.com/file/d/1ovHLwWFNU58YUaae3mIB-bhchJRih8b_/view?usp=share_link



Figure 5: Our Humanitarian Access Point provides a wide range of services to migrants in communities including health screenings and check-ups, distribution of hygiene supplies and other urgently needed relief for the community. In Icacos, the HAP complimented the WASH activity. Photo Credit: TTRCS.

Outcome 6 – Improved strategic and operational capacity to deliver services to the most vulnerable migrant families.

Output 6.1 - Improved Volunteer capacity to deliver services to the most vulnerable migrant families via trainings.

Results – Completed

During the project TTRCS successfully oriented 42 new Spanish-speaking volunteers mainly from the migrant community who have been trained to support the work of the TTRCS. These volunteers have supported in many activities mainly in the areas of health with the operations of the clinic and humanitarian access points. They have also served as focal points in their communities to share information about TTRCS work and encourage more participation in activities.

Output 6.2 – Develop and strengthen the humanitarian diplomacy efforts of the TTRCS.

Results – Completed

The TTRCS has been building relationships with other organizations working with migrants since the start of our intervention in the emergency population movement from Venezuela in 2017. During the reporting period, we have engaged with 30 organizations and partners to support our migration intervention. These partnerships have allowed us to expand our reach and access more vulnerable migrants who we were not able to reach before. We have also become known for the work we do in health as a unique provider of health services to the migrant community and a trusted referral organization for migrants who require additional support from organizations such as Living Water Community or UNHRC.

B. ACTIVITIES

Activity	Status
1.1.1 – Conduct rapid needs assessment survey, market assessment and feasibility study	Completed. An initial market assessment was conducted to determine the viability of running a cash and voucher programme during the COVID19 pandemic. Markets were not directly affected by the pandemic, as supermarkets were deemed essential services, it was possible to utilize a commodity voucher as an appropriate modality to provide food support.
1.1.1a – Host humanitarian access points to integrate with the needs assessment surveys	Humanitarian Access Points (HAPs) are an integral part of the TTRCS community outreach activities. HAPs are conducted monthly in more remote communities that are generally out of reach for persons to access services. HAPs offer primary health care, information, restoring family links, connectivity, internet access, phone calls, integration activities and the ability to register for additional services.
1.1.1b – Conduct a pre and post evaluation of participating households to measure current and evolving economic status	Complete. An initial assessment to understand the demographics, economic situation, health conditions, family planning needs, interest in developing agricultural capacity, interest in developing/strengthening entrepreneurship skills, incidents of GBV was conducted among 800 migrant families during the months of April to August 2021.
1.1.2 – Distribution of vouchers to beneficiaries	Completed. Distributions took place in the following areas: San Fernando (which included families living in its surroundings), Chaguanas, Charleville, Arima, Sangre Grande, Princes Town, Iacos, Tobago, Port of Spain (which included families living in its surroundings), Curepe, St Augustine, Debe/Penal/Siparia and Tobago.
2.1.1 Develop community selection criteria to identify two locations for garden demonstration sites.	Completed – demonstration sites established at TTRCS HQ in Port of Spain and at the TTRCS Tobago Branch. These sites were

	selected at TTRCS location to ensure security and ease of use to maintain during the pandemic especially when non-essential movement was restricted.
2.1.1a Conduct a rapid Vulnerability and Capacity Assessment (VCA) for special interest groups	Completed. The eVCA was used to identify the communities selected for the PHAST and WASH interventions, Wallerfield and Icacos.
2.1.1b Setup demonstration sites and provide start-up kits to selected beneficiaries.	Completed – Home Garden start-up kits distributed to 100 migrant families.
2.2.1 Support self-organisation of community entrepreneurship groups.	Completed. A Curriculum to train women in entrepreneurship was developed to strengthen capacities on the following areas: business start-up, customer service, marketing and brand presence, self-organising in a community setting, budgeting, and essentials of financial management.
2.2.1a Conduct training on basic entrepreneurship tips, basic bookkeeping, the power of community self-organising via a mix of in-person and online seminars.	Completed. The entrepreneurship training was delivered during the period July 23 rd to August 06 th 2022. The sessions took place on Saturdays from 9-3. An average of 12 women attended the sessions. 84% of participants already had business ideas and small-scale operations, from which about 70% needed support with their social media more specifically: expanding their reach, developing content, photography, and logos.
2.2.1b Explore access to local markets and develop branding scheme (to include basic support costs).	Completed. Strategies were discussed individually during the workshop.
2.2.1c Provide 1-off cash assistance for registration fees to local pop-up and green markets.	This could not have been supported during the project timeline due to the inability of the women to have items ready for market. As no funds were budgeted for this activity under the project, TTRCS committed to ensuring their ability to take their product to market would be supported from other funding.
3.1.1 Strengthen PSS support capacity via training for bilingual volunteers.	Completed – 15 volunteers and staff trained.
3.1.1a Establish a call/ messaging platform that can be managed by multiple persons in a virtual manner.	Completed.
3.2.1 Procurement and setup of child-friendly spaces.	Completed. One outdoor playpark created at the TTRCS HQ and one indoor play area created at the Tobago Branch.
3.2.1a Provide TTRCS child and adult coping kits.	Adult coping kits were created and supported under the IFRC COVID19 response project. Child Coping Kits were to be printed and distributed but was delayed due to changing priority needs. The content was developed and approved with the support of the IFRC Regional Office in Panama. However,

	printing and distribution could not be completed within the project timeline.
3.2.1b Host community events for families to promote community integration.	Completed as part of community outreach activities known as Humanitarian Access Points. These were strategically facilitated throughout the project and targeted both urban and rural communities including Penal, Point Fortin, Chaguanas, Wallerfield, Icacos, Arima, Rio Claro, Princes Town, and San Fernando.
3.2.2 Provide a professional counsellor/ psychologist the space to host a bi-monthly live online health and wellness Q&A sessions which will be promoted via social media channels.	Completed, however converted to live sessions at Clinic and HAPs.
3.2.2a Develop session topic outlines.	Completed as part of preparation for 3.2.2 and the topics included COVID19 information, non-communicable diseases, and psychosocial support.
4.1.1 Establish assessment criteria and mechanism to access the health support vouchers for the most vulnerable children.	Completed. The assessment criteria was based partly on the TTRCS' vulnerability index in addition to a medical referral from a Clinic doctor.
4.1.1a Establish monthly health clinic screening for children for the most vulnerable families/ situations.	Completed. This was facilitated by the Clinic during weekly clinic days.
4.1.1b Distribute health support vouchers for the most vulnerable children.	There was no budget assigned to this activity and due to no demand for this service there was no need to reassign budget to this line item.
4.2.1 Establish a referral mechanism to treat with emergency cases.	Completed. A referral mechanism exists between TTRCS and Living Water Community. For urgent medical cases, we are the only facility that provides medical referrals for migrants who can make a case for additional funds from Living Water Community to access advanced medical care for urgent and emergency cases.
4.2.1a Coordinate a stakeholder working group session.	The stakeholder working group was established as a means of referring beneficiaries between organizations namely between the TTRCS, and the UNHCR supported organizations such as Living Water Community. This was crucial to establish a working relationship with these other organizations to 1. Reduce duplicating support to any one household and 2. To establish referral pathways for support.
5.1.1 Design and conduct a KAP survey using ODK and online tools at the start and end of the project cycle.	Completed. The KAP survey baseline study yielded 777 respondents which formed the basis for the intervention.
5.1.1a Use Behavioural Change Communication approach to understand the tipping points and create materials and story briefs.	Completed. The focus of this intervention was on health as it was identified as the most needed especially for persons who suffered from NCDs such as diabetes and hypertension. The approach was to create

	messaging to complement the work of the Clinic and provide one on one education over time to ensure persons were changing their behaviours to improve their health situation.
5.1.1b Conduct a basic training for key NS staff and volunteers on development of materials using BCC approach.	Completed. A one-day training in Community Engagement and Accountability was conducted for all staff on the programme team.
5.1.1c Use social media and Facebook boosting ads to ensure the materials reach critical mass.	Completed. Social media including WhatsApp remains the fastest method to disseminate information to the migrant population.
5.1.1d Host monthly web seminars to promote social inclusion and address issues of anti-xenophobia, discrimination and protection issues.	Completed as part of in-person, in-community outreach sessions.
5.2.1 Roll out selected Participatory Hygiene and Sanitation Transformation (PHAST) sessions with households of host and migrant community in the two selected locations.	Completed. The community of Icacos was completed in November 2021 and Wallerfield in March 2022.
5.2.1a Conduct 1 national PHAST training with bilingual volunteers (including community volunteers from the target communities). (Focus on hygiene and sanitation modules)	Completed. This training was facilitated for volunteers who supported the implementation of the PHAST training in Icacos and Wallerfield.
5.2.1b Conduct quarterly monitoring to ensure community volunteers have the relevant support.	Completed as part of regular monthly check-ins with volunteers to determine any gaps and areas needing support.
6.1.1 Recruitment and training of additional community volunteers and staff from the migrant community.	Completed. 42 new volunteers oriented, trained, and added to TTRCS' database.
6.1.1a Development of M&E implementation plan and development of tools. Conduct baseline and end line surveys and a final outcome monitoring study.	Completed. Surveys conducted in line with activity 5.1.1.
6.1.1b Host 1 migration bootcamp for core staff and leadership.	The migration bootcamp was help in November 2020, as an orientation workshop for the programme to ensure the organization staff and leadership understood the priorities and objectives of the programme.
6.2.1 Conduct 1 humanitarian diplomacy workshop for the key NS Board and Branch leadership around the issue of migration and other vulnerable populations. 6.2.1a Update the draft TTRCS policy on migration.	Completed. Draft policy to align to new IFRC and global strategies on migration that will be updated in 2023.
6.2.1b Define the humanitarian diplomacy action plan with roles, tasks and deadlines. Develop indicators appropriate to the national context.	Completed. The Humanitarian Diplomacy Action plan aligned with the regional action plan for migration for which the TTRCS is represented as Vice-Chair of the Implementation Committee.
6.2.1c Conduct targeted closed-door partner meetings to discuss the NS humanitarian diplomacy initiative and raise the issues of vulnerable migrants.	Completed. Facilitated through strategic partnerships with our Movement counterparts, IFRC and ICRC.

2.3. What has your organisation or any actor involved in the Action learned from the Action and how has this learning (including evidence from monitoring and evaluations) -been utilised and disseminated? What has and has not worked?

Describe if the action will continue after the support from the European Union has ended. Are there any follow up activities envisaged? What will ensure the sustainability of the action?

Key Learnings:

The TTRCS designed this programme to address the needs of the migrant population in Trinidad and Tobago because of the compounding effects the COVID19 pandemic created within the population. The economic burdens placed a great need for immediate support however the length of the pandemic could not be forecasted and as it prolonged for more than the duration of the project, the TTRCS took strategic steps to ensure that sustainable actions could be implemented to support identified prolonged needs beyond the project closure. During the lifetime of the project, the TTRCS utilized its Community Engagement and Accountability (CEA) Approach to engage with the community on a level that ensured we learned through every step of implementation and that the beneficiary was at the centre of the intervention. This allowed a great deal of learnings which are outlined here:

- Community visits offered the best opportunity to understand the layers of vulnerability affecting the migrant population during the pandemic. The TTRCS was better able to assess the environment in which they lived, and the personal interaction allowed us to draw out more information that would generally not be obtained over the phone. Based on the needs identified from seeing the vulnerabilities, a more personalized intervention occurred. The TTRCS made it a core part of its operation *'to meet people where they were'* which was a unique privilege the TTRCS maintained as an essential organization during the pandemic. This was highlighted by several beneficiaries as one of the most positive aspects of the TTRCS response since all other organizations transitioned to a virtual-only operation. Having the ability and freedom to move during the pandemic ensured we also provided that social connection beneficiaries appreciated from supporting organizations while still maintaining COVID19 safety protocols.
- As the pandemic prolonged the TTRCS envisaged a robust livelihoods component of the programme which would have naturally evolved from our Garden to Kitchen Initiative and promoted home gardening. The TTRCS anticipated migrant families would come together to support each other especially with those who lived in more rural areas that had space to expand farming as a food security initiative. However, this did not come to fruition, what was observed was that male dominated households were very self-serving and tried to hoard whatever resources they could without concern for their neighbours. Women in these areas were willing to work together to accomplish common goals especially when encouraged by the TTRCS to form groups to further or diversify their livelihoods options but were often discouraged by the men in their household. These challenges resulted in the TTRCS evaluating its targeting criteria to ensure women were engaged independently to ensure ego and pride was not affecting the decisions of families to improve their situation.
- An unforeseen factor during the program planning was that a significant number of the migrant homes, which are generally apartments, did not have open yard spaces for traditional home gardening, yet 70% of the 500 families interviewed expressed enthusiasm for growing their own food. We provided solutions for smarter gardening such as recycling containers to make improvised "grow boxes" and showing persons how to temporarily convert concrete space for gardening using materials they had around their home. Our Garden to Kitchen video series provided the technical knowledge for families to implement. These videos were shared widely on social media and with partners and can be viewed here: <https://drive.google.com/drive/folders/1d7SDwIX5hSUoroBDc8y7QHkjPY01F6tu?usp=sharing>
- Demand for health services at the TTRCS Clinic has been the most demanded. Noting this the TTRCS established a satellite Clinic at our Branch in Tobago to ensure Clinic services are within reach of those who need on the sister isle. Community outreach activities were also scaled up in 2022 as the COVID19 restrictions eased.
- Family Planning and Sexual and Reproductive Health access are one of the more urgent needs among women in the community. Referral pathways had to be developed to address the urgent cases. In

the future, TTRCS plans to further the relationship with Family Planning Association to ensure SRH services are offered at the Clinic at least once per week at both locations.

- Constant communication with the migrant population is key to understanding the humanitarian landscape. The TTRCS was able to identify and partner with several small organizations working with migrants in niche community through our massive WhatsApp presence which is in contact with over 40% of the migrant population in Trinidad and about 25% of the population in Tobago. The TTRCS' goal is not to duplicate effort but to complement where needed. We linked with these small groups to support and fill gaps with services in many communities especially in very rural areas of south Trinidad that we may not have identified as migrant hot spots such as in Fyzabad, Fishing Pond, Siparia and South Oropuche.

2.4. The Logical framework (logframe) matrix should evolve during the Action project (i.e. the projects) lifetime: new lines can be added for listing new activities as well as new columns for intermediary targets (milestones) when it is relevant and values will be regularly updated in the column foreseen for reporting purpose (see “Current value”). The term "results" refers to the outputs, outcome(s) and impact of the Action.

The logframe can be revised as necessary (in line with the provisions defined in Article 9.4 of the General Conditions).

	<i>Results chain</i>	<i>Indicator</i>	<i>Baseline (value & reference year)</i>	<i>Target (value & reference year)</i>	<i>Current value* (reference year) (* to be included in interim and final reports)</i>	<i>Source and mean of verification</i>	<i>Assumptions</i>
Impact (Overall objective)	<u>Reduce the socio-economic impacts and burdens of covid-19 for 500 most vulnerable migrant families via humanitarian assistance and recovery livelihoods opportunities</u>	#/ % families feel that interventions were relevant, effective and efficient in meeting their immediate humanitarian needs.	Based on NS survey and partner reports, the level of unemployment and under-employment pre and post covid-19 is significantly higher among migrant population, placing the estimated 7K undocumented persons at increased risk to the current emergency situation.	To directly serve 500 most vulnerable migrant families and indirectly reach 80% of the population.	From 1 st September 2020 to 31 st August 2022 Reach – 726 migrant families.	<i>Baseline and end line surveys and outcome monitoring report.</i>	<i>Not applicable</i>

Out come (s) (Specific objective(s))	1. <u>Current hardships experienced by 500 families (2500 persons) as a result of covid-19 and compounding population movement challenges is reduced via immediate humanitarian response with provision of food and NFIs.</u>	<i>Beneficiaries indicate that the humanitarian assistance delivered via food voucher mechanism directly meeting needs of their families.</i>	<i>Estimated 7K undocumented Venezuelan migrants (2020)</i>	10 % sample of 500 families targeted (2020)	50 Beneficiaries completed satisfaction survey	<i>10% sample for beneficiary satisfaction surveys implemented 2 weeks following the activity.</i>	Migrant community participates
	2. <u>Early recovery livelihood interventions provide the most vulnerable migrant families the opportunity to strengthen resilience and enhance their overall food security via a home-gardens.</u>	<i>Number of livelihood initiatives accessed by the most vulnerable heads of households that reduces food insecurity.</i> <i>Number of trainings accessed by most vulnerable heads of households relating to food security.</i>	<i>The number of self-employed persons in the 500 most vulnerable family TBD</i>	750 persons (150 families) (2020) 500 basic home-garden start-up kit and equipment. Supported formation of at least 2 women's groups (20 women maximum).	100 Garden Starter Kits distributed (100 families, 422 individuals). As of 31/08/2022 20 persons benefitted.	<i>Focus groups conducted quarterly as part of on-going monitoring and a mid-term evaluation followed by an outcome monitoring exercise at the end of the project.</i> <i>Conduct a survey to determine the number of self-employed persons in the community.</i>	Support from key partners.
*Other Out comes (*w here relevant	3. <u>Improved mental health for persons affected by the national quarantine and effects on socio-economic life within communities and families.</u>	<i>% Experienced satisfaction with MHPSS services provided.</i>	TBD TBD	500 persons	As of 31/08/2022 221 persons accessed MPHSS either directly for information, PSS support or for referrals.	<i>Records log for MHPSS services provided for monthly reports.</i> <i>Beneficiary satisfaction survey completed before and after accessing services.</i>	Migrant population willing to participate. Support from Ministry of Social Development or equivalent. Support from other entities.

4.	<u>Improved access for children of the most vulnerable situations for chronic and emergency health care needs and health issues.</u>	# Children benefitting from the health assistance # Of health assistance vouchers distributed.	The population has a high smart phone usage and well connected to social media networks.	500 children (Adjust to 150 Children based on target of Output 4.1)	As of 31/08/2022, number of Children benefitting from clinic services 188 (176 Trinidad, 12 Tobago)	Health record summaries for monthly reports. Beneficiary selection survey and report.	Migrant community participates. Approvals received
5.	<u>Better health seeking behaviour and display of knowledge and attitudes among migrant and host communities via contextualised risk communication and protection messages.</u>	% Of persons reporting positive changes in knowledge attitudes and practices	TBD with a baseline Knowledge Attitude and Perception (KAP) survey.	To reach approximately 80% of the population residing in Trinidad and Tobago 20% population sample of two known areas where migrants live.	777 persons completed KAP survey for the baseline.	Public polling done every two months. KAP survey baseline and end line.	Migrant population motivated to participate
6.	<u>Improved strategic and operational capacity to deliver services to the most vulnerable migrant families.</u>	# Of Training Sessions for staff and volunteers of TTRCS # Of training sessions for key partners	To be determined after Partners forum and needs assessments	TBD	As of 31/08/2022 1 training session completed for partners.	List of Training sessions List of participants Joint Collaborative Framework with work plan of TTRCS and Key partners	

Out puts	1.1 Humanitarian assistance provided via food and NFIs to 500 migrant families (2500 persons).	<i>Number of food vouchers delivered to the most vulnerable families.</i>	<i>Approximately 7K persons undocumented (2020)</i>	2500 persons (500 families) (2020)	As of 31/08/2022 400 families received food vouchers. (+168 additional vouchers provided by TTRCS through IFRC/ICRC support)	<i>Beneficiary selection list and survey report.</i>	<i>Hurricane or other tropical disturbance</i> COVID 19 second wave that causes Government restrictions Change in policy related to Venezuelan and other migrants <i>The budget allowed for the purchase of 400</i>
	2.1 Establishment of small scaled kitchen garden demonstration sites in two communities (urban and rural) as a viable early recovery livelihood intervention for the most vulnerable migrant families to strengthen resilience and enhance their overall food security.	<i>Two communities with # participating families in the livelihood intervention.</i>	<i>Approximately 7K persons undocumented (2020)</i>	500 participating households. <i>(Adjust target to 100 Households Directly based on budget, 500 Households indirectly through education)</i>	100 households	<i>Pre and post evaluation of participating households to measure current and evolving economic status.</i> <i>2 rapid eVCAs for participating communities- including market assessment and feasibility study to understand the potential for entrepreneurial mentorship.</i> <i>Approved basic by-laws/ protocols for the group.</i>	Partnership with UWI/Ministry of Agriculture or other relevant entity secured <i>The budget allowed for the purchase of 100 kits.</i>
	2.2 Supported self-organisation of community entrepreneurship groups	<i># Functioning women's groups participating in the local market economy as viable small businesses.</i>		<i>At least two functioning groups.</i>	As of 31/08/2022 20		Motivation to participate

<p>3.1 Created a MHPSS support mechanism to address migrants concerns and challenges as a result of the socio-economic impact of Covid -19 including national quarantine.</p>	<p><i># persons accessed MHPSS services</i></p>	<p><i>500 persons (50% male/female).</i></p>	<p><i>At least 50% equal gender participation</i></p> <p><i>1 functioning PSP support system</i></p>	<p>As of 31/08/2022 221</p> <p>Functional PSP system via Whatsapp, Phone Calls and Teleconferencing.</p>	<p><i>Records log for PSP services provided for monthly reports.</i></p>	<p>Persons are aware of services and use them as needed</p>
<p>3.2 Two child-friendly spaces (one at Tobago Branch and one at South Branch) established that can be accessed by migrant and host community families.</p>	<p><i># of child-friendly spaces created.</i></p> <p><i># children accessed the child-friendly spaces.</i></p>	<p><i>At least 150 families benefiting</i></p>	<p><i>Two functioning child-friendly spaces</i></p> <p><i>At least 150 families benefiting</i></p>	<p>As of 31/08/2022 2 Spaces Created.</p>	<p>SOPs developed for the child-friendly spaces.</p> <p>Visitor log book.</p> <p>Focus group and/or satisfaction survey.</p>	<p>Migrant community willingly participates.</p>
<p>3.3 Host a bi-weekly live online health and wellness Q&A sessions that will be promoted via social media channels.</p>	<p><i># persons participated in the sessions</i></p>	<p><i>At least 500 persons</i></p>	<p><i>At least 500 persons</i></p>	<p>As of 30/08/2022 600 via community outreach from 01/02/2022 to 31/08/2022</p>	<p>Session plans.</p> <p>Session reports.</p>	<p>Target community participates</p>
<p>4.1 Providing health support vouchers for children of the most vulnerable situations for chronic and emergency health care needs and health issues.</p>	<p><i># children benefitting from the health assistance</i></p> <p><i># of health assistance vouchers distributed.</i></p>	<p><i>TBD</i></p>	<p><i>150 children (limited to at least 1 per family)</i></p>	<p>As of 31/08/2022 there has not been a need to provide this type of support.</p>	<p><i>Health record summaries for monthly reports.</i></p> <p><i>Beneficiary selection survey and report.</i></p>	<p>Timely distribution of vouchers to the most affected and needed.</p>
<p>4.2 Ensure a responsible efficient inter-agency referral system is established.</p>	<p><i>Referral system created.</i></p>	<p><i>No official referral system created yet.</i></p>	<p><i>Referral system created.</i></p>	<p>Completed</p>	<p>Updated mapping of services report.</p> <p>Stakeholder coordination session.</p>	<p>Key Partners participate and agree</p>

<p>5.1 Risk communication and protection messages developed and distributed among migrant and host communities.</p>	<p><i># of risk communication and protection messaging developed</i> <i># of persons reached with risk communication and protection messages via targeted ads.</i></p>	<p><i>TBD with a baseline KAP survey.</i></p>	<p><i>To reach approximately 80% of the population residing in Trinidad and Tobago</i> <i>20% population sample of two known areas where migrants live.</i></p>	<p>Completed</p>	<p><i>FB boosting reports.</i> <i>Activity reports.</i> <i>Public polling done every two months.</i></p> <p><i>KAP survey baseline and end line.</i></p>	<p>Targeted population receive the messages</p>
<p>5.2 Improved behaviour changes around health, hygiene and sanitation via Participatory Hygiene and Sanitation Transformation (PHAST) sessions with households of host and migrant community in the two selected locations.</p>	<p><i># of persons participated in sessions.</i> <i># sessions conducted</i></p>	<p><i>TBD with a baseline KAP survey.</i></p>	<p><i>To reach approximately 80% of the population within two known areas where migrants live.</i></p>	<p>As of 31/18/2022</p> <p>58 families</p> <p>28 – Icacos</p> <p>30 – Wallerfield</p>	<p><i>Activity reports.</i></p> <p><i>KAP survey baseline and end line.</i></p>	
<p>6.1 Improved Volunteer capacity to deliver services to the most vulnerable migrant families via trainings.</p>	<p><i># trainings conducted</i> <i># persons participated in trainings.</i></p>	<p><i>TBD</i></p>	<p><i>At least 30 volunteers (10 per Branch).</i> <i>include minimum training/ orientation around PGI, Migration, Child Protection, Code of Conduct etc.</i></p>	<p>As of 31/08/2022</p> <p>42</p>	<p><i>Assessment reports.</i></p>	<p>Volunteers recruited and trained in a timely manner and continue to support</p>
<p>6.2 Develop and strengthen the humanitarian diplomacy efforts of the NS.</p>	<p><i># of agencies and persons attended the meeting.</i></p>	<p><i>TBD</i></p>	<p><i># of agencies and persons attended the meeting.</i></p>	<p>As of 31/08/2022</p> <p>30</p>	<p>Meeting reports/ notes.</p> <p>Work Plan/agreements</p>	<p>Key agencies participate and collaborate</p>

2.5. Activity matrix

Output 1.1 Humanitarian assistance provided via food and NFIs to 500 migrant families (2500 persons).

<p>Activity 1.1.1 <i>Conduct a rapid needs assessment survey, market assessment and feasibility study.</i></p> <p><i>1.1.1a</i> <i>Host humanitarian access points to integrate with the needs assessment survey.</i></p> <p><i>1.1.1b</i> <i>Conduct a pre and post evaluation of participating households to measure current and evolving economic status.</i></p> <p>Activity 1.1.2 <i>Distribution of vouchers to beneficiaries.</i></p>	<p>Means <i>Facilitate coordination meetings with partners and key agencies on the ground to verify and share beneficiary information under agreed data protection and use agreements/ protocols. Utilise the IFRC Cash Transfer Programming tool kit to ensure we meet basic requirements for accountability. The TTRCS will use trained volunteer pool to maximise the efficiency of tools and online software available (ODK + Google forms etc) and conduct sessions via its the Branches.</i></p> <p>Costs <i>Associated costs are mostly operational. TTRCS already has access to vehicles and survey tools.</i></p>	<p>Assumptions <i>Factors outside project management's control that may impact on the activities-outputs linkage.</i></p>
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Output 2.1 Establishment of small scaled kitchen garden demonstration sites in two communities (urban and rural) as a viable early recovery livelihood intervention for the most vulnerable migrant families to strengthen resilience and enhance their overall food security.

Output 2.2 Supported self-organisation of community entrepreneurship groups

<p>Activity 2.1.1 <i>Develop community selection criteria to identify two locations.</i></p> <p><i>2.1.1a</i> <i>Conduct a rapid Vulnerability and Capacity Assessment (VCA) for special interest groups.</i></p> <p><i>2.1.1b</i> <i>Setup demonstration sites and provide start-up kits to selected beneficiaries.</i></p> <p>Activity 2.2.1 <i>Support self-organisation of community entrepreneurship groups.</i></p> <p><i>2.2.1a</i> <i>Conduct trainings on basic entrepreneurship tips, basic book keeping, the power of community self-organising via a mix of in-person and online seminars.</i></p> <p><i>2.2.1b</i> <i>Explore access to local markets and develop branding scheme (to include basic support costs).</i></p> <p><i>2.2.1c</i> <i>Provide 1-off cash assistance for registration fees to local pop-up and green markets for up to two markets to at least 20 women.</i></p>	<p>Means <i>Facilitate coordination meetings with partners and key agencies. Utilise the IFRC VCA tool. The TTRCS will use trained volunteer pool to maximise the efficiency of tools and online software available (ODK + Google forms etc) and conduct sessions via its the Branches. Technical Staffing will be required to design and conduct relevant support and livelihoods trainings.</i></p> <p>Costs <i>Operational costs for surveys and trainings and purchase of equipment and supplies.</i></p>
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Output 3.1 Created a MHPSS support mechanism to reduce the stress as a result of the national quarantine and effects on socio-economic life within communities and families.

Output 3.2 Two child-friendly spaces (one at Tobago Branch and one at South Branch) established that can be accessed by migrant and host community families.

Output 3.3 Host a bi-weekly live online health and wellness Q&A sessions that will be promoted via social media channels.

<p>Activity 3.1.1 Strengthen MHPSS support capacity via training for bilingual volunteers. 3.1.1a Establish a call/ messaging platform that can be managed by multiple persons in a virtual manner.</p> <p>Activity 3.2.1 Procurement and setup of child-friendly spaces. 3.2.1a Provide TTRCS child and adult coping kits. 3.2.1b Host community events for families to promote community integration.</p> <p>Activity 3.2.2 Provide a professional counsellor/ psychologist the space to host a bi-monthly live online health and wellness Q&A sessions which will be promoted via social media channels. 3.2.2a Develop session topic outlines.</p>	<p>Means Establish referral mechanism. Engage community volunteers from the migrant population.</p> <p>Costs Professional support, PSP training, equipment and supplies,</p>	<p>Assumptions Targeted population willingly participates.</p>
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Output 4.1 Providing health support vouchers for children of the most vulnerable situations for chronic and emergency health care needs and health issues.

Output 4.2 Ensure a responsible efficient inter-agency referral system is established.

<p>Activity 4.1.1 Establish assessment criteria and mechanism to access the health support vouchers for the most vulnerable children. 4.1.1a Establish monthly health clinic screening for children for the most vulnerable families/ situations. 4.1.1b Distribute health support vouchers for the most vulnerable children.</p> <p>Activity 4.2.1 Establish a referral mechanism to treat with emergency cases. 4.2.1a Coordinate a stakeholder working group session.</p>	<p>Means Establish referral mechanism. Engage professional community volunteers from the migrant population. The NS already has a health clinic which it will use to promote its humanitarian access point activities.</p> <p>Costs Professional support, operational and admin support.</p>	<p>Assumptions Targeted population willingly participates. Correct information is available</p>
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Output 5.1 Risk communication and protection messages developed and distributed among migrant and host communities.

<p>Activity 5.1.1 Design and conduct a KAP survey using ODK and online tools at the start and end of the project cycle.</p> <p>5.1.1a Use Behavioural Change Communication approach to understand the tipping points and create materials and story briefs.</p> <p>5.1.1b Conduct a basic training for key NS staff and volunteers on development of materials using BCC approach.</p> <p>5.1.1c Use social media and Facebook boosting ads to ensure the materials reach critical mass.</p> <p>5.1.1d Host monthly web seminars to promote social inclusion and address issues of anti-xenophobia, discrimination and protection issues.</p> <p>Activity 5.2.1 Roll out selected Participatory Hygiene and Sanitation Transformation (PHAST) sessions with households of host and migrant community in the two selected locations.</p> <p>5.2.1a Conduct 1 national PHAST training with bilingual volunteers (including community volunteers from the target communities).</p> <p>5.2.1b Conduct quarterly monitoring to ensure community volunteers have the relevant support.</p>	<p>Means Engage professional community volunteers from the migrant population. Leverage TTRCS/ IFRC KAP and ODK experience to develop localised content.</p> <p>Costs Professional support, training and materials, content development, operational and admin support,</p>	<p>Assumptions Targeted population is reached and participates in these activities.</p>
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Output 6.1: Improved Volunteer capacity to deliver services to the most vulnerable migrant families via orientation trainings.

Output 6.2: Develop and strengthen the humanitarian diplomacy efforts of the NS.

Activity	Means	Assumptions
<p>Activity 6.1.1 <i>Recruitment and training of additional community volunteers and staff from the migrant community.</i></p> <p><i>6.1.1a Development of M&E implementation plan and development of tools. Conduct baseline and end line surveys and a final outcome monitoring study.</i></p> <p><i>6.1.1b Host 1 migration bootcamp for core staff and leadership.</i></p> <p><i>6.1.1c: Capacity Building for key partners including training in Red Cross tools</i></p> <p>Activity 6.2.1 <i>Conduct 1 humanitarian diplomacy workshop for the key NS Board and Branch leadership around the issue of migration and other vulnerable populations.</i></p> <p><i>6.2.1a Update the draft NS policy on migration.</i></p> <p><i>6.2.1b Define the humanitarian diplomacy action plan with roles, tasks and deadlines. Develop indicators appropriate to the national context.</i></p> <p><i>6.2.1c Conduct targeted closed-door partner meetings to discuss the NS humanitarian diplomacy initiative and raise the issues of vulnerable migrants.</i></p>	<p>Means Develop a RACI for all actions. Share updates of TTRCS progress at partner meetings in order to better leverage resources. IFRC technical support on Humanitarian Diplomacy.</p> <p>Costs <i>Professional support, training, content development, operational and admin support,</i></p>	

2.6. Explain how the action has mainstreamed cross-cutting issues such as promotion of human rights,¹ gender equality,² democracy, good governance, children’s rights and indigenous peoples, environmental sustainability³ and combating HIV/AIDS (if there is a strong prevalence in the target country/region)⁴.

The project focused primarily on providing emergency assistance as a result of the COVID19 pandemic, however as a sustainable project, it addressed the following cross cutting areas in particular:

Gender Equality – the Red Cross approach with any intervention is to foster inclusion and provide opportunities to create a gender balance in society. Through this project, most beneficiaries have been women specifically as a result of their availability to participate in capacity building and within the migrant population in Trinidad, they play a major role in managing the affairs of the household, a role traditionally reserved for men. Our entrepreneurship training programme also targeted women to ensure that women had the potential to earn and support their families.

Support to Indigenous People – the intervention in the community of Icacos addressed a large indigenous population, the Waraos. This community had been identified as a priority population for support as a result of their poor living conditions and exposure to several hazards.

Environmental Sustainability – one of the unique aspects of this project focused on building livelihood opportunities and providing sustainable approaches to food security. The Garden to Kitchen Initiative which allowed families to develop home gardens had several elements of environmental sustainability including upcycling where families in urban areas were encouraged to recycle used plastic containers for planting, and through our education video series, the project provided natural agricultural tips, with a focus on avoiding the use of chemicals and pesticides in planting.

2.7. How and by whom have the activities been monitored/evaluated? Please summarise the results of the feedback received from the beneficiaries and others.

The TTRCS implemented a stringent monitoring plan in keeping with our Community Engagement and Accountability principles, to ensure the beneficiary was at the centre of the intervention. After each activity the TTRCS would take the opportunity to collect feedback to determine if real impact was being made.

Initial Assessment: The general feel among the community independently of gender, age or level of education was gratitude, not because they perceived that they may receive assistance of some kind at some point, but gratitude for having somebody taking the time to look for them regardless of the location, while trying to survive the COVID-19 pandemic to ask them how were they doing, what were their needs, they felt cared for and they felt that they matter.

Initiative: Cash Transfer Programme – Food Vouchers

“I have been in Trinidad and Tobago for three years; my family is overwhelmed with joy to receive this help when we were most in need. It is a great thing. God bless you!”

Elderly female beneficiary

Some families in my community have been blessed with food vouchers. At present, we have fourteen families living here, so we decided to get together and make a communal grocery shopping, so everybody can share the blessings!

Female beneficiary

¹ Including those of people with disabilities. For more information, see ‘Guidance note on disability and development’ at https://ec.europa.eu/europeaid/disability-inclusive-development-cooperation-guidance-note-eu-staff_en

² https://ec.europa.eu/europeaid/toolkit-mainstreaming-gender-equality-ec-development-cooperation_en

³ Guidelines for environmental integration are available at: https://ec.europa.eu/europeaid/sectors/economic-growth/environment-and-green-economy/climate-change-and-environment_en

⁴ Please refer to EC Guidelines on gender equality, disabilities, etc.

The voucher distribution took place during the COVID-19 lockdown when an alarming majority of the migrant population, almost 90% had lost their livelihoods. The initiative was welcome and needed. The distributions were delivered by region to minimize transport cost which was greatly appreciated by beneficiaries.

Initiative: Garden to Kitchen – Home Garden Start-up Kits

The garden to kitchen initiative generated lots of excitement, family members of all ages got involved in gardening. Some beneficiaries got together to plant communal gardens, many joined TTRCS garden to kitchen Facebook and WhatsApp group and shared their experience, tips, videos, etc. However, not all the feedback was merry, when the program was designed the high mobility of the community was not considered so many families had to leave their garden behind when they moved, as expressed in the testimonies below:

“We moved and had no other choice but to leave our garden behind...after all that work”.

Female beneficiary

“The landlord changed his mind; he did no longer allowed us to continue planting on his property, so we had to end the garden”.

Female beneficiary

Initiative: Women Entrepreneurship Programme

This program received high ratings in the evaluation averaging 75% across various markers such as: Registration process, Content of the curriculum, Interaction with staff, Knowledge, and ability of communication of the facilitator.

“The overall experience was very satisfactory; I think that my expectations were fulfilled”.

“Send information via Email or WhatsApp groups to make sure the messages reach in a timely and efficient manner, 100%”

2.8. What has your organisation or any actor involved in the action learned from the action and how has this learning been utilised and disseminated?

The main learning through this action has been to encourage and promote sustainable long-term support even during an emergency response. Many times, emergency assistance programmes create a dependency syndrome where beneficiaries constantly rely on hand-outs from all actors supporting the response. One of the main challenges is bridging from what must be immediate assistance usually in the form of one-off grants to immediately transitioning to sustainable approaches such as strengthening livelihoods and capacity building. During the pandemic meeting food needs was the most outstanding need, however most actors filled the gap with providing food through food hampers or food vouchers. Because the pandemic became a prolonged emergency, the TTRCS from the start provided emergency food support through vouchers, but also immediately encouraged home gardening with the distribution of home garden starter kits. This encouraged beneficiaries to get into the mind-set that the temporary assistance of a food voucher would not be a permanent fix to their problem, but that they needed to invest their own time and effort to ensuring their family's food security was maintained.

2.9. Please list all materials (and number of copies) produced during the action on whatever format (please enclose a copy of each item, except if you have already done so in the past).

Entrepreneurship Training Package in digital format

https://drive.google.com/file/d/11Q_Ou6813079AtgJNqjGimEwUN_x0ld1/view?usp=sharing

2.10. Please list all contracts (works, supplies, services) above EUR 60 000 awarded for the implementation of the action for the whole implementation period since the last interim report if any or during the reporting period, giving for each contract the amount, the name of the contractor and a brief description on how the contractor was selected, including compliance with EU restrictive measures.

Section 2.10 does not apply as there were not contracts awarded above EUR60 000.

3. Beneficiaries/affiliated entities, trainees and relations with Government/other cooperation

3.1. How do you assess the relationship between the beneficiaries/affiliated entities of this grant contract (i.e. those having signed the mandate for the coordinator or an affiliated entity statement)? Please provide specific information for each beneficiary/affiliated entity.

Section 3.1 does not apply as the Trinidad & Tobago Red Cross Society was the sole implementing entity and there were no subsidiaries, or beneficiary/affiliated entities.

3.2. Is the above agreement between the signatories to the grant contract to continue? If so, how? If not, why?

Section 3.2 does not apply

3.3. How would you assess the relationship between your organisation and State authorities in the action countries? How has this relationship affected the action?

The TTRCS as an auxiliary to the State, has maintained an effective relationship as we exist to support the state in its humanitarian goals. While the migration policies of the State do not explicitly create any permanent pathways for migrants, the employment registration process established temporary protection for at least 15,000 persons. None of the official government policies has ever limited the TTRCS in engaging with the migrant population and providing support to them.

3.4. Where applicable, describe your relationship with any other organisations involved in implementing the action:

- Associate(s) (if any) – Not Applicable
- Contractor(s) (if any) – Not Applicable
- Final beneficiaries and target groups

The TTRCS has been celebrated by the migrant community as one of the only organizations that has been able to meet them where they are in their time of need as we were able to fully mobilize during the pandemic and government-imposed restrictions as an essential organization. The TTRCS approach is always inclusive and evidenced based – we engage communities to ensure that their voices are reflected in the design of our intervention. We have stood out as a trusted organization who vulnerable persons inclusive of migrants now seek out for support especially in their areas of health care.

- Other third parties involved (including other donors, other government agencies or local government units, NGOs, etc.)

We strive to build partnerships where possible in the sectors we work. We have built referral pathways with the major organizations such as Living Water Community, UNHCR, IOM and Family Planning Association who provide most of the support to migrants in Trinidad and Tobago. Through these partnerships we have provided support to urgent cases when needed as well as provided reciprocal support by referring beneficiaries when we were not able to address a specific need. We have also developed strong relationships with smaller NGOs working in the migration sector providing an opportunity to engage with new migrants who have recently entered the country and who may not know the landscape of organizations who provide services.

3.5. Where applicable, outline any links and synergies you have developed with other actions.

The Trinidad and Tobago Red Cross Society's migration intervention is strategically placed as part of the national response guided by the Response for Venezuela (R4V) platform headed by UNHCR and IOM. The Venezuelan Crisis provided the rationale for the TTRCS continued response and intervention in the migration conversation and due to the special status of the TTRCS as an auxiliary, we were able to leverage our strengths during the pandemic to ensure services were still provided to migrants even during strict lockdowns. Additionally, we continued to levy our relationships with existing partners such as Living Water Community and Family Planning Association who played key roles in providing additional support to migrants who needed additional services as well as advanced support for more complex medical conditions that were refereed from our health clinic.

3.6. If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this action been able to build upon/complement the previous one(s)? (List all previous relevant EU grants).

No previous EU grants were received.

3.7. How do you evaluate cooperation with the services of the contracting authority?

The TTRCS has been extremely well supported by the EU Port of Spain Office for the duration of the project. There has been a good working relationship based on sound communication and coordination between the TTRCS Team and the EU Programme Manager who established clear reporting requirements for ongoing reporting and have ensured that the TTRCS understood the requirements for official reporting. The ongoing monitoring from the EU Office also ensured the project was proceeding according to the timeline and budgets.

3.8 Where applicable, include a traineeship report on each traineeship which ended in the reporting period to be prepared by the trainee including the result of the traineeship and assessment of the qualifications obtained by the trainee with a view to his/her future employment.

There have been no traineeships under this project.

4. Visibility

How is the visibility of the EU contribution being ensured in the action?

At all public events the TTRCS ensures EU branding is prominent. Tangible items that were distributed also bear the EU brand and beneficiaries were made aware that the EU is the donor of the action. From the start of the project, the TTRCS promoted public events such as the Humanitarian Access Points via social media.

The European Commission may wish to publicise the results of actions. Do you have any objection to this report being published on the EuropeAid website? If so, please state your objections here.
– NO OBJECTION.

5. Location of records, accounting and supporting documents

Please indicate in a table the location of records, accounting and supporting documents for each beneficiary and affiliated entity entitled to incur costs.

Beneficiary	Location of Records
Trinidad & Tobago Red Cross Society	Trinidad & Tobago Red Cross Society Headquarters 7a Fitzblackman Drive Wrightson Road Extension Port of Spain

The European Commission may wish to publicise the results of actions. Do you have any objection to this report being published on the website of DG International Cooperation and Development? If so, please state your objections here. **NO OBJECTION**

Name of the contact person for the action: JILL DE BOURG

Signature: 

Location: PORT OF SPAIN

Date report due: 30th NOVEMBER 2022

Date report sent: 1st March 2023

6.0 Appendix – Financial Reports and Expenditure Verification