

PROJECT STATUS REPORT (PSR)

07/01/2022 - 12/31/2022 - PSR-09573

PROJECT SUMMARY

Operation number

GY-T1178

Suboperation number

ATN/ME-18920-GY

Project Name

Combatting Gender Based Violence in Migrant and Host Communities in Guyana

Team Leader

Vashtie Dookiesingh

Executing Agency

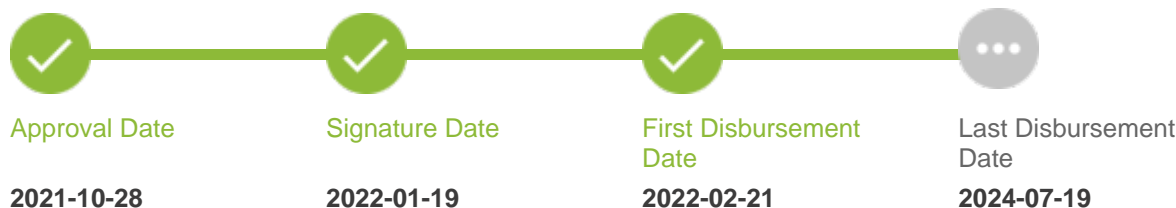
NGO National Coordinating Coalition Incorporated

Purpose

Implementation of a coordinated GBV support mechanism for Guyana



Project cycle



PSR SCORE



- 0 - 1 Red Flag
- 1 - 2 Yellow Flag
- 2 - 4 Green Flag

LEARNINGS

1. Risk and Lessons

1.1. Risk

1.1.1. What do you think is the biggest risk that threatens the achievement of the project objectives?

NCC's One-Stop Shop GBV services are offered free of cost to clients. As such, clients can take it for granted and fall short of their responsibility and the part that they play in keeping appointments for services. While a client/survivor-centered approach is key, once a client decides to take up services, NCC resources are deployed to ensure that the best care and service is offered to clients. Resources are best utilised where there is little to no default on appointments so that there is optimal achievement from the interventions provided and ensuring that the client has timely and successful outcomes from services provided by NCC. The potential risk of scope creep to reach clients in the mining districts of the hinterland regions with the complete package of service. The unique challenge of limited access to transportation to gain access to the main lands where a survivor can be supported by interventions provided by the NCC. To curb this risk, NCC has scaled up its access to services in hinterland communities and has employed the use of GBV Community Support Officers, who act as a direct interface between Venezuelan, Migrants in Regions 1, 7 and 8. A low uptake in GBV-specific services by Venezuelan migrants due to the transient nature of the migrant population. Clients tend to change location based on their ability to earn and feel safe, and when this happens, these clients do not access services and contact is lost.

1.2. Greatest Achievement or Failure

1.2.1. What has been the greatest achievement or failure in the last semester that affected the implementation of the project?

Achievements: GBV Sensitivity Training The NGO National Coordinating Coalition (NCC), in partnership with Help & Shelter (H&S), a local non-governmental organisation that addresses all areas of violence, completed ten (10) two-days Gender Based Violence Sensitivity Training for Health Care Workers and Law Enforcement Officers drawn from stations and health centres within Regions 2,3,4,6&7 which commenced from June 2022 and concluded in December 2022. The key objective was to provide law enforcement officers and healthcare workers with a training focused on the information needed to improve essential services for GBV survivors, especially women and girls from migrant and host communities. The methodology included plenary discussions, group work, role plays, audio-visual, PowerPoint presentations and brainstorming. Topics covered were in keeping with the knowledge, skills and approaches necessary for responding to survivors who report violence and focusing on general information, questioning, confidentiality issues, privacy, and referrals, understanding contributing factors and available services and helping agencies. Participants also benefitted from resource materials, including booklets, brochures and literature on the topics outlined. The areas presented on the first day of training included information on migration, sharing data with relevance to the status of GBV and its impact, and the factors which drive the prevalence of GBV in the Guyanese society extracted from the Health & Family Life Survey, examining personal experiences with violence, general information on Gender-based violence with a narrowed and specific focus on domestic violence, web of abuse, reasons women stay in abusive relationships, the cycle of violence, sexual and domestic violence acts all of which were essential for increasing the understanding of the issue for both police officers and health care workers. The second day of training focused more in-depth on the response to survivors of violence and addressed topics relevant to the service offered by the respective institutions. From the perspective of the police, the presentation centred around the police response to GBV survivors, how they handle survivors of Sexual Assault, guiding principles for handling cases of GBV, interviewing cases of GBV, risk assessment & safety planning, giving options to survivors and Referral GBV cases. The healthcare workers' presentation focused on the role of Health in Addressing SGBV, GBV

symptoms, signs & behaviour – clinical conditions and barriers to reporting, tips for communicating with survivors, a checklist for physical examination of survivors of GBV and documenting cases of sexual abuse, risk assessment and safety planning and referrals. A total of 137 sexual offences booklets, 137 Domestic Violence Act brochures and 1250 handouts on GBV-related materials were distributed. Overall Achievement A total of fifty-four (54) Health Care Workers were trained. Of that total, fifty-one (51) were females & three (3) were males; A total of ninety-one (91) Law Enforcement Officers were trained, of which sixty (63) were females & twenty-eight (28) were males. GBV One-Stop-Shop Clinic NCCs' one-stop-shop clinic, established in June 2022, allows GBV survivors to access the services they need in one location without facing re-traumatisation. It gives access to GBV services under one roof, free of charge to clients, providing sustainable and integrated services to survivors. Clients accessing the service receive psychosocial and legal support, free transportation, navigation to access health and police services, referrals to other social institutions and safe shelter. The model allows NCC to address the multiple needs of vulnerable women and girls by bringing together various sectors and stakeholders, ensuring quality GBV response services are available and accessible while creating a safe and supportive environment for survivors. The one-stop-shop of services is being implemented in Regions 3 & 4 and was expanded to Regions 1, 7 & 8 in November 2022. The clinic is physically opened to the public twice per week in Regions 3 & 4, and 24-hour help is accessible in regions 1, 3, 4, 7 & 8. Services at the one-stop-shop clinic are facilitated by the GBV Specialist, Emergency Response Operators/Case Navigators, Psychologists, Lawyers and Community Support Officers. Overall Achievements A total of three hundred and ninety-four (394) persons reached out to NCC for services; of this amount, seventy-nine (79) persons requested support for GBV services, and three hundred and fifteen (315) persons requested assistance with non-GBV services ranging from financial assistance, food supplies, housing, employment, business start-up, renewal of stay permit and translation of legal documents. These individuals were either referred to NCCs' services by partners, sensitised about the service through outreach initiatives or learned about it through radio, television or social media. Seventy-nine (79) GBV survivors received service at the one-stop-shop clinic; of that number, there were twenty-four (24) migrants, twenty (21) females and three (3) males and fifty-five (55) Guyanese representing forty-eight (48) females, six (6) males and one non-binary. Of the seventy-nine (79) survivors who received services, thirty-five (35) received psychosocial support counselling, thirty-one (31) legal support, and thirteen (13) received both psychosocial support counselling and legal support. Additionally, one (1) client accessed emergency safe shelter in Region 8. Of the clients registered in the one-stop-shop clinic, fourteen (14) clients were from Region 3, sixty-two (62) were from Region 4, two (2) were from Region 6 and one (1) in Region 8. Three hundred and fifteen (315) persons received support through referrals or navigation to non-GBV services. Forty-five per cent (45%) of these individuals are migrants who requested help with services ranging from financial assistance, food supplies, housing, employment, business start-up, renewal of stay permit, and translation of legal documents were referred to partner organisations such as Hebrew Immigration Aid Society (HIAS), United Nations High Commission for Refugees (UNHCR), Catholic Charities Organisation Guyana, Ministry of Human Services and Social Security, Food for the Poor Guyana, Help & Shelter, Hope Foundation and Guyana Legal Aid. A client feedback survey is issued to clients to assess their satisfaction with the service provided and to help NCC improve the quality of care throughout the case management process. The survey results were very positive, with 100% of client responses favouring the quality and efficiency of the service provided at the one-stop-shop clinic. The areas of satisfaction covered were confidentiality, staff and service delivery performance. Rapid Gender-Based Violence Assessment With the technical support of Marketworks Global, NCC conducted a survey to replicate data gathering in March 2022 to understand the local baseline conditions and plan to expand GBV service delivery to Regions 1, 7 & 8. The process sought to identify the forms and drivers of GBV experienced by the migrant and local community; the current availability of services to prevent and respond to GBV; gaps in services; and barriers to access to GBV-related services for migrants and local communities located in Regions 1, 7 & 8. This assessment builds upon the evidence gathered in the March 2021 Rapid Gender-Based Violence Assessment conducted by

NCC and Ladysmith Collective and focused mainly on regions 3 and 4 and from the evidence of the earlier Regional Interagency Coordination Platform's March 2019 Assessment Report. It seeks to generate baseline evidence of the realities concerning GBV incidence, prevention, protection, and support of migrant women in regions 1, 7 and 8 and to provide actionable insights to inform program expansion into these regions and development of integrated partnerships, programme and policy action approaches to support GBV victims, survivors and those at risk within the Venezuelan migrant groups and their host communities. Data collection for this assessment took the form of fifteen (15) key informant interviews, three (3) focus group discussions with thirty (30) migrant women, an online survey answered by fifteen (15) participants, and a literature review. The findings were analysed, synthesised, triangulated and presented in a report. Please see the link to the final report: <https://docs.google.com/document/d/1GhstSgZ33TqXYhbDLneMKeMwuof2nCxRWhTw3ahK0eE/edit>

Communication Campaign NCC embarked on a communication campaign to heighten awareness of GBV services provided by the organisation. The campaign disseminates information widely and increases the awareness of services through public education by airing public service announcements on television and radio, ads and posts through social media and distributing Information, Education and Communication materials with a specific focus on migrant rights, xenophobia and alternative masculinities, to reduce toxic behaviours that are harmful to women, men and society, and can lead to violence against women and girls. The information publicised is promoted in Spanish and English to heighten awareness among migrants and host community members on migrant rights, challenges and NCCs' services. Additionally, information is shared by social media influencers contracted by NCC to promote the services and activities on their social media accounts, including Facebook, Whatsapp, Instagram, Twitter and Tik Tok. Owing to the low uptake of services by migrants during the previous reporting semester, NCC revisited its media campaign approach, and we incorporated community outreach activities. These outreaches commenced in October 2022 in Regions 3 and 4 and are conducted bi-monthly. Weekly outreaches were then rolled out in Regions 1, 7, and 8 in November 2022. The outreaches aim to increase awareness of GBV and to promote information sharing on how to access NCCs' services. During these outreaches, NCCs' legal and psychosocial support specialists are deployed to the communities to provide onsite support for persons engaged. Translation services are also offered during activities by NCCs' bi-lingual influencers and staff. Information and Education materials shared at these outreaches included migrant rights and migrant education brochures. Posters on xenophobia and alternative masculinities were placed at police stations, health centres and market areas. It was observed that service uptake increased by migrants since the services were advertised at community outreach. Below is the summary of persons reached at outreach activities. One hundred and forty-six (146) persons were reached, engaged and sensitised, of which one hundred and twenty-nine (129) were migrants, eighty-five (85) being females and forty-four (44) males and seventeen (17) Guyanese; fifteen (15) being females and two (2) males. GBV Digital Platform To strengthen coordination and improve the experiences and outcomes for GBV victims, NCC has engaged the services of BRIC Solutions B.V. This company provides modular Enterprise software solutions for the automation of processes within NCC. The output of this engagement is to develop a Gender Based Violence Digital Platform. The Digital Platform will be the interface between the users and the national systems to report, track, refer and inform GBV survivors. This platform is expected to increase access to digital technology for public agencies and NGOs engaged in delivering GBV support services, whose officers will receive training and support in system use. To ensure that best practices for the operationalising of an online digital platform of this nature are utilised by NCC, NCC has solicited the Technical Support of Ladysmith organisation, which is based in Columbia, to provide technical guidance to the design and set up of the digital platform, particularly in the areas of data capturing of GBV cases, GBV data protection, privacy and ethics, digital registration systems/process to provide access to users, and a system for including reporting, tracking, data generation and multi-agency support for an expanded referral support system. The core values of these engagements are to ensure that the functional requirements for coordination of service delivery, monitoring and client tracking that will be used to develop/adapt a digital solution and all

associated technical design work are conducted in compliance with best practices principles from existing frameworks, particularly in the areas of data privacy and ethics, ensuring that data on GBV victims remains protected. The digital platform is being developed in three (3) phases: Phase 1 - The Discovery Phase Phase 2 -Basic Bric Solutions Phase 3- Customization of the Workflow Phase 1 commenced in November 2022, and the team successfully navigated the discovery phase to map and prioritise the entire workflow process and structure as per workflow. On completion of the discovery phase, the team will advance to Phase 2, where we will commence the setup of the digitised system, which encompasses setting up customers and user profiles and roles, document management, digital forms and access controls.

1.3. Findings and Lessons

1.3.1. What are the most useful findings and lessons from this project that when taken into consideration could improve the execution and results of existing projects and the design of similar projects in the future? A finding describes an action, circumstance or decision that was critical in determining the positive or negative evolution of the project (for example, switching from the development of a blockchain platform to a web-based shared database reduced the cost and time devoted to implementing the traceability capabilities required by the project). A lesson is a concrete, actionable proposal based on a finding that, in similar circumstances, would facilitate problem solving, risk mitigation, and the achievement of results (for example, Develop guidelines and criteria to identify candidates that could benefit from the implementation of a blockchain platform, and assess during the design if the selected project satisfies the criteria before committing to develop one).

Financial challenges faced by Migrants in GBV situations negatively affects them accessing GBV services. Many migrant women in GBV situations face grave financial challenges, making them more vulnerable to violence. NCC recognises that financial independence is crucial for women and girls in GBV situations to reduce GBV. We have seen constant requests from clients for essential food items and hygiene/personal care packages, emphasising the need for NCC'S one-stop shop to facilitate a robust and coordinated response. The lack of finances often also results in clients defaulting on appointments and relegating on agreed interventions and approaches that seek to support the client's needs and ultimately improve the livelihood of survivors. To this end, NCC is on a trajectory to promote economic empowerment towards improving the livelihood of migrant women and girls, ensuring that they have access to opportunities for earning, including the enhancement of soft skills for increasing their employability level, developing business ideas and entrepreneurial skills training through programmes offered by our partners NGO's and the Board of Industrial Training. Through these empowerment opportunities, GBV survivors have the potential to create positive outcomes. Additionally, NCC is in the final stages of setting up its recycling plant, which will provide job opportunities and enable GBV survivors who need economic support to leave violent situations and support themselves and their dependents.

2. Scalability and replicability

2.1. Scalability Plan

2.1.1. Now that the Project is in the execution phase, have you developed any concrete plan or action that will allow it to reach a greater number of users/clients/beneficiaries (or broader environmental or resilience to climate change and natural disasters impacts) in the future?

Expansion of GBV service delivery to Regions 1,7&8 through the utilisation of Community Support Officers. Findings and trends of NCC's Rapid Gender Based Violence Assessment 2021, and the preliminary results of the Rapid Gender Based Violence Assessment in Regions 1,7 and 8, indicate a lack of adequate GBV service provision in the hinterland regions. Research has shown, and NCCs' assessments have confirmed that many victims of trafficking and sexual exploitation live in rural areas, including in mining communities and therefore, the need for services is paramount. Recognising the need for access to GBV services in these regions, NCC, in November 2022, expanded our GBV services to these hinterland locations, utilising the services of three (3) Community Support Officers stationed in Regions 1, 7, and 8. These CSOs provide quality GBV case management and psychosocial support for Venezuelan migrants in their Region, including coordinating with community groups, other organisations,

and stakeholders on GBV. Our Community Support Officers promote NCC services, assist in the delivery of key services, including responding to phone calls and queries, referring and linking service beneficiaries to NCCs' Helpline staff for legal, psychosocial, and other support services, liaise with health, law enforcement and other social service providers in the region as needed to assist GBV survivors. Collaborating and networking with regional partners for knowledge exchange and sharing GBV service delivery experiences: In November 2022, NCC commenced engagements with two regional partner organisations - the Network of NGOs in Trinidad and Tobago and Centro de Orientación de Investigación Integral (COIN) in the Dominican Republic, to collaborate on a knowledge exchange and sharing of GBV service delivery experiences. To this end, a Regional Round-Table Discussion on GBV is slated to be held by March 2023. Through this forum, NCC will scale its GBV interventions by sharing trends and best practice tools for future project development and promote, encourage and support the replication of NCC's GBV One-Stop-Shop model to regional organisations providing GBV services. Additionally, these partners will be allowed to utilise the GBV online platform to share knowledge of practices, outcomes, and lessons learnt on GBV prevention services provided to Venezuelan migrants. These exchanges will build an understanding of trends and best practices to be used as tools for future project development.

2.2. Costs and Partners to Scale

2.2.1. Now that the project is in the execution phase, do you know how much it costs to offer your product / service per user / client / beneficiary? Is this a factor that could affect reaching a greater number of users / clients / beneficiaries in the future? Has any public or private institution requested this information from you, looking for scaling or replicating the model / product / service?

In the reporting semester, it cost NCC approximately twenty-nine thousand nine hundred and forty-six US dollars (\$29,946) to offer services at the GBV one-stop-shop clinic over six (6) months. This estimates approximately four thousand nine hundred and ninety-one US dollars (\$4991) for an average of twenty (20) clients monthly. To provide service to one beneficiary, NCC expends two hundred and fifty US dollars (\$250) monthly. From a programmatic perspective, the lower the per-client cost to provide services at the clinic, the higher the demand for resources to be made available to reach a greater number of clients. While NCC aspires to reach a greater number of clients, we are also cognisant that this aspiration must be balanced with providing a quality and comprehensive package of services at our one-stop shop clinic. To advance scaling and further promote its work, NCC will (i) continue to promote the work of the NCC and its partners locally, regionally, and internationally, (ii) build partnerships for future financing and (iii) develop a strategy and plan to secure additional funding proactively, implement resource sharing/shared services and explore revenue-generating activities such as legal, organisational systems strengthening, and NGO registration consultancy services, all of which can support continuous delivery and further scaling of accessible and inclusive GBV services in Guyana.

2.3. Facilitating or Hindering Factors

2.3.1. Has any of these factors affected the number of users/clients/beneficiaries (more/fewer) reached by the project compared to what was originally planned (or environmental or resilience to climate change and natural disasters impacts)?

[Behavioral changes required by users/clients/beneficiaries]

Others, Which?

Clients' attitudes towards the agreed intervention: NCC's GBV team has taken notice of irregular attendance to clinic appointments by some of its clients. For instance, a client and the specialist may agree on weekly sessions; however, the client may not attend the sessions consecutively as agreed on, and no communication is made by the client so that the specialist is aware of any challenges faced by the client in keeping their appointment(s). Also, the client is often not reachable when follow-up is done to ascertain the reason for the client defaulting on their clinic appointment. These behaviours can cause an ineffective service intervention, as therapy time is lost, and can affect positive outcomes for the survivor. Additionally, more human

and financial resources would have to be expended on that client's intervention since additional clinic sessions would have to be scheduled for the intervention to be successful as per the client's case plan. Expectations for financial support: The GBV team has observed that while some migrants may be exposed to a form of GBV, they discontinue accessing the service when they realise that there is no direct monetary benefit as part of the service delivery. They expect only to receive financial and food support. The Cycle of Abuse: Studies have proven that GBV survivors make several attempts before leaving an abusive relationship permanently. There have been some instances of this behaviour. NCC has cases where the survivor did not follow through with processes offered by legal litigation in courts to keep perpetrators away from their victims.

2.4. Scalability Scope

2.4.1. How feasible it is that the organization could reach a number of users/clients/beneficiaries 5, 10 or 100 times the number originally planned in the project design, five years after the project ends?

[It could reach between 5 times and 10 times the number of users/clients/beneficiaries originally planned in the project design five years after its closure]

2.4.2. How likely is the organization to reach that number five years after the project ends?

[Probable (more than 50% but less than 90% chance)]

2.5. IDB Group business relation

2.5.1. Has a business relation been created with another part of the IDB Group different from IDB Lab?

No business relation has been created with another part of IDB Group different from IDB Lab.

2.6. Replicability Partners

2.6.1. Are you aware of any other entity at a national or international level that has copied / replicated completely or partially the business model of the project? Did you collaborate in the process with that entity?

[No]

2.7. Replicability Scope

2.7.1. Number of users / clients / beneficiaries reached by entities that have fully or partially replicated / copied the business model / products / services implemented with the support of the project?

[N/A]

2.7.2. Have you experienced, in the last year, significant expansion (50% or more) of the reach of the business model of the project beyond what was expected in the original project design (due to increasing of the organizational size, operational scope or geographic spread)?

[No]

2.7.3. Number of users / clients / beneficiaries reached as of the end of the year?

[Less than 2 times the number of users / clients / beneficiaries planned in the original project design]

2.8. Sustainability

2.8.1. How do you think the project will continue once the IDB Lab financing ends? Examples: it has identified external financing sources to continue operating, it has reached the breakeven point through the sale of services and products, it has obtained the support of public institutions or the private sector, it will adjust the business model to remain viable (via franchises, etc.)

NCC is focused on establishing new partnerships to support the sustainability of our GBV services. Through the promotion of an integrated approach being used against GBV, NCC is focused on building stronger alliances at the regional, national and community levels and partnerships among key stakeholders involved in the fight against GBV so that our services continue to be offered after IDB Lab financing ends. The intent is to fill the gaps, create synergies, and drive collaboration. NCC will facilitate networking and resource mobilisation to

continue the project activities after completion through continued advocacy, coordination and establishment of key partnerships. This will be done as part of a transitional plan towards the sustainability of the project activities. Through our resource mobilisation plan, NCC aims to mobilise resources for the continuity of the project activities by developing a social contracting model for GBV services, exploring avenues for government subventions and programmatic inclusion of relevant Government Ministries' annual budget. NCC will also leverage its relations with businesses and organisations under the Corporate Social Responsibility banner. Under a social contract arrangement, NCC can be socially contracted to continue these services on behalf of the government, whereby Government will provide fees for our services, which would reduce or remove the cost burden of accessing GBV services from clients. The NCC has existing relationships with these Ministries and will capitalise on the opportunity to engage them further to garner support for the continuity of the sub-project after the close of the programme. NCCs view on integrated services being a step towards sustainability resonate with the definition of sustainable GBV service provision. Working towards proper coordination and collaboration between key stakeholders providing GBV services could provide the impetus for sustainability. Additionally, as part of the sustainability strategy of this project, Community Support Officers are recruited directly from regions and communities with a high prevalence of GBV and an influx of migrants. By establishing a GBV Advocacy Group and Migrant Support Groups in communities, local knowledge about GBV issues and culture is preserved while providing survivors with a trusted point of contact. As such, NCC emphasises building these individuals' capacity by working with leadership in civil society and community leaders to increase education, empower people to take positive actions regarding their social well-being, and create an enabling environment for sustainability. Consequently, the impact of the project interventions will be the thrust of its sustainability beyond the life of the funding. The utilisation of local knowledge, community groups and individuals will provide for sustained approaches to structured support and effective GBV interventions for survivors.

3. Implementation

3.1. Facilitating or Hindering Factors

3.1.1. What specific aspects have (positively or negatively) affected the implementation of the project the most?

[Coordination with third parties, Contracting consultants / suppliers]

3.1.2. Explain in detail how these factors that you identified have made the implementation of the project easier or more difficult

Contracting consultants/suppliers Through its qualified and committed pool of consultants, NCC utilised the expertise needed to implement the project activities at the programme level, which has proven to be a success in ensuring quality GBV service delivery aligned with positive project outcomes. During the assessment, delays were incurred due to the impact of COVID-19 within NCC, the consultant and potential interviews at different points during the assessment period. The rapid assessment was undertaken over seven weeks under constrained conditions that took into account the need for COVID-19 prevention and virtual meeting protocols, the safety of the women, as well as the sensitive nature of the questions being asked. Therefore, research for this R-GBV-A-Phase 2 required victims to be interviewed in safe settings and coordinated by trusted service providers in complete anonymity. Coordination with third parties The signing of the Memorandum of Understanding (MOU) between NCC and the Ministry of Human Services and Social Protection has yet to materialise to date despite several positive interactions and conversations with the Ministry of Human Services and Social Protection on the benefits of the MOU. However, this has not hindered the collaboration and support NCC received from the Ministry or the National Working Group on GBV. This MOU would provide the framework for collaboration between the Guyana Ministry of Human Service and Social Security (MHSSS) and NCC to support the implementation of the Gender-Based Violence Prevention and Service Programme.

3.2. Novel Technologies Factors

3.2.1. If the project makes use of novel technologies or methodologies, what factors have facilitated or hindered the implementation of the technological solution initially proposed by the project?

[Access to subject matter experts by executing agency/client]

Others, Which?

NCC, through the support of BRIC Solutions B.V, is currently in the process of developing a digital platform aimed at improving data collection, navigating access, enhancing coordinating and improving the experience of GBV survivors. This technology will enable service providers to utilise the information for project planning and response.

4. Development Outcomes (Quantitative)

4.0 Has your project contributed to any of the following indicators in the last 12 months (last year)?

[4.3. Households/People with improved living conditions]

4.3. Number of Households/People with improved living conditions

[People]

4.3.1. Total

35

Men

7

Women

28

4.3.3. Indicate which indicator in the results matrix is related to your answer, or how did you calculate this number?

This number was calculated using the data of clients who received service when referred by NCC and clients who successfully completed their case plan intervention of legal and/or psychosocial support service at the one-stop-shop clinic during the semester.

4.3.4. Please select the type of benefit

[Improved access to housing solutions, Improved access to education, Improved access to financial services, Improved employability (access to new skills that may lead to higher quality job opportunities or new work modalities), Improved conditions related to migration issues, Improved access to transportation/mobility]

4.5. Data Source

4.5.1. What kind of verification sources have you used to report the data you provided in this section? (Please select all that apply)

[Administrative information]

5. Development Outcomes (Qualitative)

5.1. Target population identified in the design

Is the target population that was identified in the design being reached by the project? Select the target population actually reached by the project that was originally identified in the project design.

[Afro-descendants, Poor/vulnerable/low income population, LGBTQ+, Migrants and displaced persons, Child and young, Entrepreneurs, Women]

5.2. Population served NOT identified in the project design

5.2.1. Select if there are Groups that were NOT originally identified in the project design but are being reached in the execution phase?

[People with disabilities, Indigenous population, Rural population]

5.3. Facilitating or Hindering Factors

5.3.1. Factors that have affected (facilitated or hindered) reaching these groups, or the resilience/environmental impacts, in the numbers/dimensions that the project had originally planned.

[Demand for the product/service (market needs), Quality of the product/service offered, Interest of clients/users/beneficiaries, Communicating to customers/users/beneficiaries the advantages of the products offered]

5.3.2. Explain in detail how these factors that you have identified have affected the ability of the project to reach the groups (achieve resilience/environmental impacts) in the numbers/dimensions originally expected




Demand for service/ interest of the beneficiary While there is a general interest in accessing GBV services, NCC's scope beyond this is limited to providing financial assistance to migrants. While several migrants may reach out for the services, they expect to receive some financial aid to get them to a place of financial independence. Although NCC has been working with partner agencies with resources to assist in this regard, there are still some limitations; the partners' programs themselves are underfunded, and the demand from these supporting agencies is greater than the resources available. Quality of the product/service offered The positive feedback from clients evidences the quality of service. Due to clients receiving quality, effective and confidential services, they spread the word and recommend others to the service. This is a positive for NCCs' image as an organisation providing satisfactory and quality GBV services. Communicating to customers/users/beneficiaries the advantages of the products offered There has been positive traction since the community outreach activities were implemented. This programme adjustment utilises the service of Community Champions to share information through IEC material and interact with persons within various communities. It was observed that client service uptake has increased since this adjustment more persons have been contacting NCC.

INDICATORS

 Overachieved  Achieved  Pending  In process  Overdue

C1: COMPONENT 1: Sensitization and Communication on GBV and Xenophobia




Weight: 20% **Qualification:** Satisfactory

0%				
Indicators	Planned	Achieved	Status	
I1 Number of Law enforcement officers participating in GBV sensitivity training and training on elements of GBV complainant police reports (gender-disaggregated)	120 (2024-07-19)	50 (2022-08-24)		
I2 # Report/s (Stories) of GBV survivors that document evidence of the impact of GBV	5 (2024-07-19)			
I3 Public outreach campaign on GBV and xenophobia launched	0 (2023-01-19)			

C2: COMPONENT II : Strengthening and Expanding GBV Support Services

Weight: 20% **Qualification:** Satisfactory

0%				
Indicators	Planned	Achieved	Status	



I1	Number of clients accessing GBV services via the NCC coordinated system per year disaggregated to identify gender, migrant/local and by service area	300 (2024-07-19)	
I2	% Clients from migrant community accessing services via the NCC coordinated system	50 (2024-07-19)	
I3	% Of clients from migrant communities using bilingual/ translation services	75 (2024-07-19)	

C3: COMPONENT III : Advocacy for policy change in GBV and Migration

Weight: 20%

Qualification: Satisfactory





Indicators	Planned	Achieved	Status
I1 Advocacy agenda with recommendations on policy and programmatic responses to reduce incidence of GBV and reduce vulnerability of migrants via provision of status allowing for engagement in formal employment	0 (2025-07-19)		
I2 Establish system for ongoing Monitoring Evaluation and Learning	0 (2023-01-19)		

C4: COMPONENT IV: Scaling and Sustainability

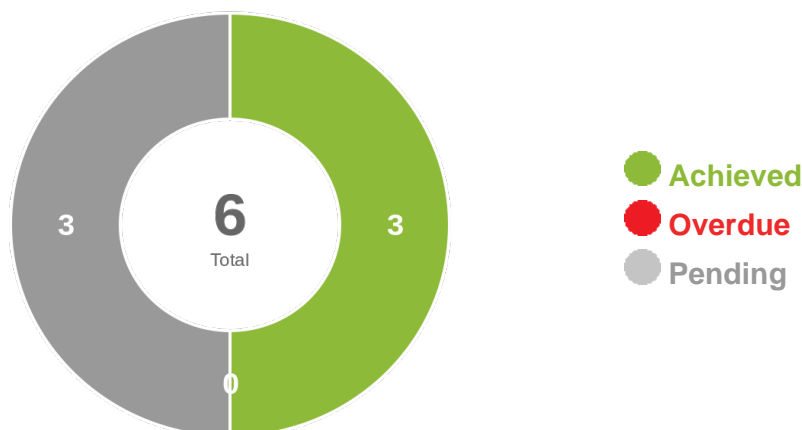
Weight: 20%


Qualification: Satisfactory



Indicators	Planned	Achieved	Status
I1	2 (2024-07-19)		
I2 Sustainability plan developed by NCC to secure funding and support continuity and scaling of operations	0 (2024-07-19)		

MILESTONES



Milestones	Achieved Value	Due Date	Achieved Date	Status
*Condiciones Previas / Prior Conditions	1	2022-07-19	2022-02-19	

*1st training of public sector health or law enforcement officers completed	1	2022-07-19	2022-06-24	
*GBV service organizations (public and private) trained in use of the platform	1	2023-07-19		
*Contract signed for digital platform design	1	2023-01-19	2022-12-12	
*Draft plan for sustainability of the project completed	1	2024-07-19		
*Frequency of “one stop shop” GBV clinics increased	1	2024-01-19		