Peacebuilding Fund Project Progress Report (Update May_2023)



PROJECT OVERVIEW

Thank you for taking the time to complete the PBF Progress report. For projects with more than one recipient, please consult among co-recipients prior to filling out the form to ensure collaboration on the responses. You can generate a print out of the blank form by clicking on the *print* icon on the top right corner of the page. If you have any questions or require technical assistance in filling out the form, please send an email to gabriel.velasteguimoya@un.org

Click Next below to start

» Report Submission

Type of report	*
Semi-annual	
Annual	
Final	
Other	
Date of submission of report	*
2023-11-14	
2023-11-14	
Name and Title of Person submitting the report	*
Carina Simões, PBF Project Manager	

Name and Title of Person who ap		*
Have all fund recipients for this p yes no	roject contributed to the report?	*
Did PBF Secretariat review the rep If there is no PBF secretariat in country, pla have an opportunity to review. yes no Not Applicable		* BF secretariat, you should normally ensure that they
» Project Information and Geo	graphical Scope	
Is this a cross-border project? yes no		*
Please select the geographical reg Asia and the Pacific Europe and Central Asia Middle East and North Africa	gion in which the project is imple Central & Southern Africa Global West Africa	East Africa Latin America and the Caribean
Country of project implementation Benin Gambia Liberia Niger Sierra Leone	Burkina Faso Guinea Mali Nigeria Togo	Cote D'Ivoire Guinea-Bissau Mauritania Senegal Other, Specify

Proje	ect Title *
\bigcirc	00130107: Creating safe and empowering public spaces with women to mitigate climate-security risks and sustain peace in Guinea-Bissau
\bigcirc	00129698: Enhancing the human rights protection system in Guinea-Bissau
\bigcirc	00129743: Inclusive Peaceful Land Management in OIO, CACHEU and BIOMBO regions
\bigcirc	00125914: No landa Djuntu- Drawing the pathway together: new leadership for meaningful participation, peace and stability in Guinea Bissau
\bigcirc	00119912: Political Stabilization and Reform through Confidence Building and Inclusive Dialogue
\bigcirc	00119443: Secretariat Project: Support to project coordination and monitoring of the United Nations Peacebuilding Fund (PBF) Projects in Guinea-Bissau
\bigcirc	00119444: Strengthening the justice and security sector response to drug trafficking and transnational organized crime to reduce insecurity in Guinea-Bissau
\bigcirc	00134097: Prevention of Natural Resources Conflicts related to Pastoralism and Transhumance in Bafata and Gabu Regions
	00140008: Strengthening social cohesion through promoting inclusive and effective public health sector governance, management, and administration
\bigcirc	00140108: Inclusive policies and institutions for a peaceful society: strengthening the social fabric and fostering youth meaningful participation in decision-making in Guinea Bissau
\bigcirc	Other, Specify
Proje	ect Start Date (Date of first transfer)
2023-	01-12
2023-	01-12
Proje	ect end Date
2024-	12-21
2024	12-21
Has	this project received an extension?
\bigcirc	YES, Cost Extension
	YES, No Cost Extension
	YES, Both Cost and No Cost extensions
	NO, No Extensions

Will	this project be requesting an extension?
	YES, Cost Extension
	YES, No Cost Extension
	YES, Both Cost and No Cost extensions
	NO, No Extensions
)	
Is fu	nding disbursed either into a national or regional trust fund?
	yes
	no
Red	cipients
Is th	e convening agency a UN agency or a non UN entity?
	UN entity
	Non-UN Entity
\bigcirc	Non-on Entity
Plea	se select the convening agency recipient
Plea	se select the convening agency recipient UNDP: United Nations Development Programme OIOM: International Organization for Migration
Plea	
Plea	UNDP: United Nations Development Programme OM: International Organization for Migration
Plea	UNDP: United Nations Development Programme OM: International Organization for Migration UNICEF: United Nations Children's Fund
Plea	UNDP: United Nations Development Programme IOM: International Organization for Migration UNICEF: United Nations Children's Fund OHCHR: Office of the United Nations High Commissioner for Human Rights
Plea	UNDP: United Nations Development Programme IOM: International Organization for Migration UNICEF: United Nations Children's Fund OHCHR: Office of the United Nations High Commissioner for Human Rights UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women
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Plea	UNDP: United Nations Development Programme IOM: International Organization for Migration UNICEF: United Nations Children's Fund OHCHR: Office of the United Nations High Commissioner for Human Rights UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women UNHCR: United Nations High Commissioner for Refugees UNFPA: United Nations Population Fund FAO: Food and Agriculture Organization WFP: World Food Programme
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Plea O O O O O O O O O O O O O O O O O O O	UNDP: United Nations Development Programme IOM: International Organization for Migration UNICEF: United Nations Children's Fund OHCHR: Office of the United Nations High Commissioner for Human Rights UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women UNHCR: United Nations High Commissioner for Refugees UNFPA: United Nations Population Fund FAO: Food and Agriculture Organization WFP: World Food Programme UNHABITAT: United Nations Human Settlements Programme UNESCO: United Nations Educational, Scientific and Cultural Organization
Plea O O O O O O O O O O O O O O O O O O O	UNDP: United Nations Development Programme IOM: International Organization for Migration UNICEF: United Nations Children's Fund OHCHR: Office of the United Nations High Commissioner for Human Rights UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women UNHCR: United Nations High Commissioner for Refugees UNFPA: United Nations Population Fund FAO: Food and Agriculture Organization WFP: World Food Programme UNHABITAT: United Nations Human Settlements Programme UNESCO: United Nations Educational, Scientific and Cultural Organization UNEP: United Nations Environment Programme ILO: International Labour Organization
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Plea O O O O O O O O O O O O O O O O O O O	UNDP: United Nations Development Programme IOM: International Organization for Migration UNICEF: United Nations Children's Fund OHCHR: Office of the United Nations High Commissioner for Human Rights UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women UNHCR: United Nations High Commissioner for Refugees UNFPA: United Nations Population Fund FAO: Food and Agriculture Organization WFP: World Food Programme UNHABITAT: United Nations Human Settlements Programme UNESCO: United Nations Educational, Scientific and Cultural Organization UNEP: United Nations Environment Programme ILO: International Labour Organization WHO: World Health Organization PAHO/WHO UNCDF: United Nations Capital Development Fund UNODC: United Nations Office on Drugs and Crime

Are there other recipients for this project?
No other recipients
Yes, other UN recipients only
Yes, other non-UN recipients only
Yes, both UN and non-UN recipients
Please select other UN recipients
Select all that apply
UNDP: United Nations Development Programme IOM: International Organization for Migration
UNICEF: United Nations Children's Fund
OHCHR: Office of the United Nations High Commissioner for Human Rights
UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women
UNHCR: United Nations High Commissioner for Refugees UNFPA: United Nations Population Fund
FAO: Food and Agriculture Organization WFP: World Food Programme
UNHABITAT: United Nations Human Settlements Programme
UNESCO: United Nations Educational, Scientific and Cultural Organization
UNEP: United Nations Environment Programme ILO: International Labour Organization
WHO: World Health Organization PAHO/WHO
UNCDF: United Nations Capital Development Fund UNODC: United Nations Office on Drugs and Crime
UNOPS: United Nations Office for Project Services
UNIDO: United Nations Industrial Development Organization ITC: International Trade Centre
UN Department of Peace Operations Other, Specify
Implementing Partners
To how many implementing partners has the project transferred money to date?
1

Please list all of the project's implementing partners and the amounts (in USD) transferred to each to date
*
Please select the type of organisation which best describes the type of implementing partner
National youth CSO
National women's CSO
Other National CSO
Subnational youth CSO
Subnational women's CSO
Other subnational CSO
Regional CSO
Regional Organisation
International NGO
Governmental entity
Other
What is the name of the Implementing Partner
Interpeace
* What is the total amount (in USD) disbursed to the implementing partner to date
248760
Briefly describe the main activities carried out by the Implementing Partner Please limit your response to 175 words Interpeace has actively participated in the development of project plans and coordination meetings. In collaboration with its national partner, they have proactively started to coordinate and organize activities for the development of a Health Barometer in all the regions of Guinea-Bissau (output 1.1). Interpeace held preparatory meetings with ILO Turin Training Centre to initiate implementation of activities related to output 2.3.

Financial Reporting

» Delivery by Recipient

Please enter the or recipient.	otal amounts in US do	amount transferred to	date and estimated	
Recipients	Total Project Budget (in US \$) Please enter the total budget as is in the project document in US Dollars	Transfers to date (in US \$) Please enter the total amount transferred to each recipient to date in US Dollars	Expenditure to date (in US \$) Please enter the approximate amount spent to date in US dollars	Implementati on rate as a percentage of total budget (calculated automatically)
WHO: World Health Organizatio n	*	* 611100	269221.62	* 26.43 %
UNICEF: United Nations Children's Fund	* 481500	288900	35586	7.39 %
TOTAL	1500000	900000	304807.62	20.3 2%

The approximate implementation rate as percentage of total project budget based on the values entered in the above matrix is 20.32% . Can you confirm that this is correct? Correct Incorrect	*
If it is incorrect, please enter the approximate implementation rate as a % 21.74	*
» Gender-responsive Budgeting	
Indicate what percentage (%) of the budget contributes to gender equality or women's empowerment (GEWE)? 51.34	*
The dollar amount of the budget contributing to Gender Equality and Women's Empowerment (GEWE) based on percentage entered above and total project budget is US \$ 770100 . Can you confirm that this is correct? Correct Incorrect	*
If it is incorrect, please enter the <i>budget amount</i> allocated to GEWE in US Dollars 770165	*
Amount expended to date on efforts contributiong to gender equality or women's empowerment is US \$ 156488.23. Is this correct? Correct Incorrect	*
If it is incorrect, please enter the <i>expenditure to date</i> on GEWE in US dollars 170196.81	*
ATTACH PROJECT EXCEL BUDGET SHOWING CURRENT APPROXIMATE EXPENDITURE. The templates for the budget are available here	*
Annex A_PBF Health GovernanceFinancial Progress NovemberFINAL-13_38_18.xlsx	±

Project Markers

Plea	se select the Gender Marker Associated with this project	*
\bigcirc	Score 1 for projects that contribute in some way to gender equality, but not significantly (less than 30% of the total budget for GEWE)	
	Score 2 for projects that have gender equality as a significant objective and allocate between 30 and 79% of the total project budget to GEWE	
\bigcirc	Score 3 for projects that have gender equality as a principal objective and allocate at least 80% of the total project budget to Gender Equality and Women's Empowerment (GEWE)	
Plea	se select the Risk Marker Associated with this project	*
	Risk marker 0 = low risk to achieving outcomes	
	Risk marker 1 = medium risk to achieving outcomes	
\bigcirc	Risk marker 2 = high risk to achieving outcomes	
Plea	se select the PBF Focus Area associated with this project	*
\bigcirc	(1.1) Security Sector Reform	
\bigcirc	(1.2) Rule of Law	
	(1.3) Demobilisation, Disarmament and Reintegration	
	(1.4) Political Dialogue	
	(2.1) National reconciliation	
	(2.2) Democratic Governance	
	(2.3) Conflict prevention/management	
	(3.1) Employment	
	(3.2) Equitable access to social services	
	(4.1) Strengthening of essential national state capacity	
	(4.2) Extension of state authority/Local Administration	
	(4.3) Governance of peacebuilding resources (including PBF Secretariats)	
Is th	e project part of one or more PBF priority windows?	*
Select	t all that apply	
	Gender promotion initiative	
	Youth promotion initiative	
	Transition from UN or regional peacekeeping or special political missions	
	Cross-border or regional project	
✓	None	

Steering Committee and Government engagement

Does the project have an active steering committee?	*
yes yes	
no	
	_

If yes, please indicate how many times the Project Steering Committee has met over the last 6 months?

A Terms of Reference for the creation of a Steering Committee has been developed jointly with all partners. Participating members from the Ministry of Public Health, governmental agencies, NGO's working with health sector, civil society organizations, health workers unions and professional councils have also been identified to be members of the Steering Committee. We have initiated all preparatory works to formalize the creation of the Steering Committee by sharing the Terms of Reference with all members for pre-approval and formalized the invitations. We are currently organizing the first Steering Committee meeting, which is scheduled for the 23rd of November 2023.

Please provide a brief description of any engagement that the project has had with the government over the last 6 months. Please indicate what level of government the project has been engaging with.

The government has been engaged in the project through the Ministry of Public Health (MINSAP). Introductory meetings took place in April 2023 between WHO and the different Directorates at MINSAP: General Directorate of Health System Administration and the Director of Planning (DGASS), Directorate-General for Prevention and Health Promotion (DGPPS) as well as the Chief of Cabinet.

In May 2023, an internal technical meeting with MINSAP and implementing partners was held to present the project, work plan, and budget for appropriation.

A Focal Point has been appointed by the Minister of Health to lead and coordinate project activities and we continue to work alongside the Directorate of Studies, Planning and Partnerships (DSEP) to coordinate efforts.

Individual and joint technical and coordination meetings took place between July and September 2023 to initiate all preparatory works for the start of the activities and revision of the M&E plan. Within the M&E revision the need to develop a project baseline was identified.

Consecutively we also engaged with Ministry of Finance to nominate a staff member to be part of the project Steering Committee and following the legislative elections we are establishing contact with the new members of the National Parliamentary Health Commission to engage them in the scheduled activities.

In October 2023 a working meeting was held with the new Secretary of State department responsible for the social service workforce in the health system. They shared the challenges faced in this area and reviewed project priorities and planned interventions to enhance the social service work on psychosocial and mental health support provided, specially to children and women victims of all forms of violence, including gender -based violence.

PART I: OVERALL PROJECT PROGRESS

NOT	NOTES FOR COMPLETING THE REPORT:			
•	 Avoid acronyms and UN jargon, use general /common language. Report on what has been achieved in the reporting period, not what the project aims to do. Be as concrete as possible. Avoid theoretical, vague or conceptual discourse. Ensure the analysis and project progress assessment is gender and age sensitive. 			
Pleas	se rate the implementation sta	atus of the following preliminary/p	preparatory activities	
Cont	racting of partners		*	
\bigcirc	Not Started	Initiated	Partially Completed	
	Completed	Not Applicable		
Staff	Recruitment		*	
\bigcirc	Not Started	Initiated	Partially Completed	
	Completed	Not Applicable		
Colle	ection of baselines		*	
\bigcirc	Not Started	Initiated	Partially Completed	
\bigcirc	Completed	Not Applicable		
Iden	Identification of beneficiaries			
\bigcirc	Not Started	Initiated	Partially Completed	
\bigcirc	Completed	Not Applicable		

*

Provide any additional descriptive information relating to the status of the project, including whether preliminary/preparatory activities have been completed (i.e. contracting of partners, staff recruitment, etc.)

WHO finalized the process of contracting Interpeace as a non-state actor and an agreement was signed in August 2023. The first instalment of funds has been transferred.

WHO recruited an international UNV Project Manager in April 2023 to manage and provide overall guidance in the implementation of the project. An international UNV Project Officer, Gender, Youth, and Human Rights is equally providing support to ensure Gender and Human Rights are mainstreamed in the project. UNICEF concluded the recruitment process of a UNV "Inclusive Health Care Officer", and the position will be filled in November 2023. Interpeace finalized the recruitment of a Programme Support Officer who is dedicating 50% of the time to the project.

In May 2023 a technical meeting was held between implementing partners and MINSAP's several Directorate Directors (DGASS, DGECS, Planning and Chief of Cabinet) to present the project.

Following this a Focal Point was nominated and has since been in close communication with all partners and coordinating efforts internally and externally for the start of activities. Preparatory works for the creation of a Steering Committee and Project Board have been initiated and ToRs approved, participating members have been identified and the first meetings are scheduled for November 2023.

An annual work plan has been developed as well as budgetary allocations for implementation of planned project activities and we are currently finalizing the revision of the M&E plan.

A project baseline was elaborated with all partners and a questionnaire will be implemented in November 2023 in all regions.

Summarize *the main structural, institutional or societal level change* the project has contributed to. This is not anecdotal evidence or a list of individual outputs, but a description of progress made toward the main purpose of the project where evidence of contribution to outcomes is available if requested

FOR PROJECTS WITHIN SIX MONTHS OF COMPLETION ONLY (550 word limit)

Not applicable.

PART II: RESULT PROGRESS BY PROJECT OUTCOME

Rate the current status of the outcome progress

2. On Track

1. Off Track

- Auto in Research in Research in Respect to result
Describe overall progress under each Outcome made during the reporting period (for June reports: January-June; for November reports: January-November; for final reports: full project duration). Do not list individual activities. If the project is starting to make/has made a difference at the outcome level, provide specific evidence for the progress (quantitative and qualitative) and explain how it impacts the broader political and peacebuilding context. • "On track" refers to the timely completion of outputs as indicated in the workplan. • "On track with peacebuilding results" refers to higher-level changes in the conflict or peace factors that the project is meant to contribute to. These effects are more likely in mature projects than in newer ones.
How many OUTCOMES doos this project have
How many OUTCOMES does this project have
1 2 3 4 5 more than 5.
Please write out the project outcomes as they are in the project results framework found in the project document
Outcome 1:
The government's capacity to understand and respond to citizens' and HCWs' demands is strengthened, and health institutions are better prepared to identify and develop inclusive and realistic policy solutions to challenges faced in health sector governance.
Outcome 2:
The Health workforce is better equipped to peacefully resolve conflicts; deliver impartial and inclusive health services; and improve accountability of health sector governance and service provision.
Outcome 1: The government's capacity to understand and respond to citizens' and HCWs' demands is strengthened, and health institutions are better prepared to identify and develop inclusive and realistic policy solutions to challenges faced in health sector governance.

3. On Track with evidence of peacebuilding results

Progress summary

Please limit your response to 3000 characters including spaces.

Voz di Paz and Interpeace worked jointly to set the basis for the implementation of output 1.1. Between July and September 2023, Interpeace and Voz di Paz developed the Health Barometer Strategy to backbone the development of a comprehensive participatory study on the population's perception and experience of health. The document delineates the study's objectives, scope, methodology, and the tools to be employed and will be used to guide the study development, ensuring the coherence of the implementation. The document will be presented and finalized by a Steering Committee dedicated to the study (A1.1.1) that will accompany the study implementation and dissemination ensuring the transparency throughout the study's planning and execution phases. A ToR will be developed by Interpeace and Voz di Paz between November and December 2023 and shared with partners.

Based on the decision taken in the Barometer Strategy, Interpeace and Voz di Paz focused on the development of the study tool (questionnaire) through a series of public consultation nationwide (A1.1.2). For this, in September and October 2023, Voz di Paz worked on the identification of participants for 9 focus groups in the regions of the country, with approximately 35 participants each involving people form local formal and traditional institutions, health care providers at different level CSOs, youth and women. Interpeace and Voz di Paz developed a facilitation guide to ensure that the consultation' questions were framed to explore people's perception and experience in the context of healthcare ("How do you perceive healthcare in Guinea-Bissau?" and "How do you feel about the healthcare situation in Guinea-Bissau?"). Consultations will start at the beginning of November 2023 allowing the collection of inputs which will be used to produce the questionnaire for the Health Barometer.

Preparatory works have also been initiated with MINSAP to define and prepare the content of planned workshops to capacitate Government stakeholders, MINSAP, health committees, and other project beneficiaries. (A1.2.1)

Indicate any additional analysis on how Gender Equality and Women's Empowerment and/or Youth Inclusion and Responsiveness has been ensured under this Outcome

Please limit your response to 3000 characters including spaces.

Through the preparation of meetings and preparatory actions to initiate the project an inception meeting was convened, and participants included both women and men from the Ministry of Public Health and implementing partners (7 women and 4 men).

In the preparation of activities under output 1.1, the project team included an explicit gender and age criteria to ensure having a strong participation along the focus group sessions. With the purpose of developing a questionnaire capable to capture the heterogeneity of Health perspective and experience, collecting inputs from these is, in fact, essential. Interpeace and Voz di Paz will assess women and youth participation across the session to ensure that participants from these groups are willing and feeling free to speak along the consultation sessions, so to be able to provide solutions to eventual blockages.

Outcome 2: The Health workforce is better equipped to peacefully resolve conflicts; deliver impartial and inclusive health services; and improve accountability of health sector governance and service provision.

Rate the current status of the outcome progress	*
1. Off Track 2. On Track 3. On Track with evidence of peacebuilding results	

Progress summary

Please limit your response to 3000 characters including spaces.

Three working sessions took place with the social service department from the Ministry of Health and the National Association of Social Assistants (AGAS), to discuss the role of the health social service workforce in the delivery of the project, and on how it will strengthen the health sector response to MHPSS cases. Also, target geographical areas and detailed activities to enhance incident monitoring and case management to address violence against children and women, were discussed and agreed. An update on the human resources of the social service workforce was conducted and working materials and supplies to the social service department have been procured. Two monitoring field missions took place in Bafatá and Gabu, to assess the working conditions of social assistants at the regional hospitals.

As part of AAP (Accountability to Affected Populations) activities, ToR for a call-line toll free number were developed and advertised. UNICEF is currently receiving applications from institutions capable of operating the helpline, to manage and analyse beneficiaries' feedback. The main purpose of this line is to: I) ensure access to key information; II) provide a user-friendly and safe feedback mechanism to affected populations, III) facilitate trends analysis and IV) facilitate collective accountability to affected populations and consolidate efficiency of services, especially in the health sector.

A first meeting with representatives of ILO and the Turin Training Centre (TTC) was organized by Interpeace in March 2023 to explore the possibility of collaborating in the implementation of output 2.3. Another meeting was also organized in April 2023 with ILO's representative in Dakar and the vice-president of UNTG (National Union of Guinean Workers) to discuss the work foreseen by the project and identify possible synergies with other ongoing actions. Through these meetings, Interpeace and Voz di Paz organized an internal reflection and developed a term of reference to define the support the TTC could provide on capacity-building on negotiation (A2.3.2) and equally making subsequent follow ups to ensure effective negotiation efforts (A2.3.3). The term of reference has been shared with the Turin Training Centre which is now developing a proposal for this specific component.

Indicate any additional analysis on how Gender Equality and Women's Empowerment and/or Youth Inclusion and Responsiveness has been ensured under this Outcome

Please limit your response to 3000 characters including spaces.

On the preparatory meetings and work sessions that took place with governmental agencies participation of women was reflected ensuring gender balance on attendance by both men and woman.

INDICATOR BASED PERFORMANCE ASSESSMENT

Using the Project Results Framework as per the approved project document or any amendmentsprovide an update on the achievement of key indicators at the **outcome** level in the table below

- If an outcome has more than 3 indicators, select the 3 most relevant ones with most relevant progress to highlight.
- Where it has not been possible to collect data on indicators, state this and provide any explanation. Provide gender and age disaggregated data. (300 characters max per entry)

» Outcome 1: The government's capacity to understand and respond to citizens' and HCWs' demands is strengthened, and health institutions are better prepared to identify and develop inclusive and realistic policy solutions to challenges faced in health sector governance.

Outcome 1	Performanc	Indicator	End of	Current	Reasons for
	e Indicators	Baseline	Project	Indicator	Variance/
			Indicator	progress	Delay (if
			Target		any)
			larget		uriy)
				.	
1.1	Number of		3 documents all	0	Approval process
	strategic		including		of the
	documents (elements		implementing
	policies / or		addressing		partner
	budgets and		gender and		Interpeace
	procedures		youth specific		finalized in
	developed or		needs.		August 2023.
	revised based on				Although this
	the results of the			•	had an impact on
	study				their start date,
					they have
					already initiated
					activities.
1.2	D		700/ - 5 41		A
1.2	Percentage of		70% of the	0	Approval process
	people who		interviewed		of the
	perceive that		people.		implementing
	documents			•	partner
	(policies,				Interpeace finalized in
	procedures and				
	budgets) developed or				August 2023. Although this
	modified in				had an impact on
	accordance with				-
	the project's				their start date, they have
	recommendations				_
	are relevant to				already initiated activities.
	both the context				activities.
	and needs of the				
	population,				
	HCWs, and				
	institutions				
	disaggregated by				
	sex, age, and				
	occupation.				
1.3					
1.0					
	-				

How many outputs does outcome 1 have? 3 5 more than 5. Please list up to 5 of most relevant outputs for outcome 1 Output 1.1 Qualitative and quantitative data on citizens' and HCWs' perceptions are gathered and used to inform policies, programmes, and decision-making on health sector governance, management, and administration. Output 1.2 Based on the results of Output 1.1, public health sector policies, action plans, and budgets are better informed and developed in a participatory manner with relevant government entities, CSOs, and development partners and are age and gender sensitive. For each output, and using the, project results framework, provide an update on the progress made against 3 most relevant output indicators

ment, and administ ration.

i	» Output 1.1					
	Output	Perform	Indicator	End of	Indicator	Indicator
	1.1:	ance	Baseline	Project	progress	progress
	Qualitati	Indicator	<i>State the baseline value of</i>	Indicator	for	to date
	ve and	S	the indicator	Target	reportin	<i>State the current cummulative</i>
	quantitat	Describe the indicator		State the target value of the	g period	value of the indicator since
	ive data	marcator		indicator at the end of the	<i>State the current value of the</i>	the start of the project
	on			project	indicator for the reporting period	project
	citizens'		•		reporting period	
	and					
	HCWs'					
	percepti					
	ons are					
	gathered					
	and used					
	to					
	inform					
	policies,					
	program mes, and					
	decision-					
	making					
	on					
	health					
	sector					
	governa					
	nce,					
	manage					

Reasons

Variance / Delay

(if any)

Explain why the indicator is off track or has changed, where relevant

for

1.1.1	Number of		At least 3000	0	0	Approval
	people	<u> </u>	nationwide,			process of the
	disaggregated		among those			implementing
	by		at least 40%			partner
	institutions,		women and			Interpeace
	gender, age,		40% youth			finalized in
	and region		under the age			August 2023.
	who are		of 35, with at			Although this
	consulted and		least 30% of			had an impact
	participate in		HCWs			on their start
	the		***************************************	<u>-</u>		date, they
	development					have already
	of the study.					initiated
						activities.
		Г		1	 	•••••••
1.1.2	Number of		At least 10	0	0	Approval
	international		governmental			process of the
	and		actors, and 10		•	implementing
	government		national and			partner
	decision-		international			Interpeace
	makers who		organizations.			finalized in
	are aware and			-		August 2023.
	recognize the					Although this
	importance of					had an impact
	recommendatio	ns				on their start
	developed by					date, they
	citizens and					have already
	HCWs					initiated
						activities.
				1	T	
1.1.3						

Output 1.2: ance Baseline Baseline Project progress for Undicator progress for to date Variance Target State the temporary for the indicator of the indicator at the end of the project of the indicator since the start of the indicator is of track or has changed, where relevant of the project of the indicator is of the indicator of the indicator of the indicator since the start of the project of track or has changed, where relevant of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off track or has changed, where relevant of the project of the indicator is off th	» Output	1.2					
better informe d and develope d in a participa tory manner with relevant governm ent entities, CSOs, and develop ment	Output 1.2: Based on the results of Output 1.1, public health sector policies, action plans, and budgets are better informe d and develope d in a participa tory manner with relevant governm ent entities, CSOs, and develop	Perform ance Indicator S Describe the indicator	Baseline State the baseline value of	Project Indicator Target State the target value of the indicator at the end of the	progress for reportin g period State the current value of the indicator for the	progress to date State the current cummulative value of the indicator since the start of the	for Variance / Delay (if any) Explain why the indicator is off track or has changed, where

partners and are age and gender sensitive.

1.2.1	Number of stakeholders (disaggregated by type of actor, gender, and age) engaged in policy, action plan and budget drafting processes and revision exercises	At least 50 people from different key institutions of those 40% women and 20% youth	0	0	Output 1.1 hasn't yet started however preparatory actions for output 1.2 have already started.
1.2.2		 			
1.2.3					

» Outcome 2: The Health workforce is better equipped to peacefully resolve conflicts; deliver impartial and inclusive health services; and improve accountability of health sector governance and service provision.

Outcome 2	Performanc e Indicators	Indicator Baseline	End of Project Indicator Target	Current Indicator progress	Reasons for Variance/ Delay (if any)
2.1	Percentage of institutional stakeholders who think mediation channels/skills created with the project contribute to the relationship between HCWs and the government.		20%	0	Preparatory actions are ongoing.

2.2	% of participants who use monitoring mechanisms to flag limitations, issues and irregularities with procedures and policies in the health sector (disaggregated by gender and age)		At least 60% of participants (of which 40% are women, 40% youth)	0	Preparatory actions are ongoing.		
2.3							
How many outpu	its does outcome 2	2 have?					
1 2		more than 5.					
Please list up to 5	of most relevant o	outputs for outcon	ne 2				
	es identified as a pri	•	=	provide impartial a including Mental He			
Output 2.2 CSOs and relevant institutions have the mechanisms and capacities needed to monitor decision-making and the provision of health services at the level of local authorities and health centers, advocate for effective healthcare provision, and improve accountability of healthcare governance and service provision at the local and regional levels.							
Output 2.3							
Output 2.3 The health workforce is equipped with the skills and structures needed to facilitate constructive and peaceful dialogue with governmental institutions to address grievances and resolve conflicts peacefully.							
For each output, and using the, project results framework, provide an update on the progress made against 3 most relevant output indicators							

» Output 2.1	
Output Perform ance Baseline Project progress progress for State the baseline value of the indicator s commun Indicator End of Indicator progress progress for to date Variance for Target state the target value of the indicator at the end of the project project progress for State the target value of the indicator at the end of the project project progress for to date Variance Variance for the start of the indicator is of the project project value of the indicator for the value of the indicator is of track or has	progress progress for to date Variance get reportin g period state the target we of the icitator at the field of the indicator for the reporting period progress to date Variance State the current cummulative value of the indicator since the start of the indicator is off track or has changed, where

and Psychos ocial Support (MHPSS).

2.1.1	% Of the health sector's workforce with strengthened capacity on GBV and MHPSS.	50% of social workers in the health sector	0	0	Preparatory actions are ongoing.
2.1.2	Number of HCW and social service providers trained to provide MHPSS to children and women at risk and survivors of GBV within the public health sector, including community health workers.	100 (60 females and 40 males)	0	0	Preparatory actions are ongoing.
2.1.3	Number of periodical dialogues organized at the regional level between the communities and HCW, including health authorities.	3 new dialogues at the regional level	0	0	Preparatory actions are ongoing.

Output 2.2: **CSOs** and relevant institutio ns have the mechani sms and capacitie s needed to monitor decisionmaking and the provision of health services at the level of local authoriti es and health centers, advocate for effective healthca re provision , and improve accounta bility of healthca re governa nce and service provision at the

local and

Perform Indicator ance Baseline Indicator State the

Describe the

indicator

State the baseline value of the indicator

End of Project Indicator Target

State the target value of the indicator at the end of the project

Indicator progress for reportin g period

State the current value of the indicator for the reporting period Indicator progress to date

State the current cummulative value of the indicator since the start of the project Reasons for Variance / Delay (if any)

Explain why the indicator is off track or has changed, where relevant

regional levels.					
2.2.1	Number of institutional stakeholders CSOs (NGOs, Media, and Professional associations) advocating for citizen participation decision-mak and monitoric health governance athe regional level, disaggregated category.	r in ing ng t	0		Preparatory actions are already ongoing.
2.2.2	Number of platforms and mechanisms that are developed and used by CSOs and relevant institutions at the regional level to monitor decision-making processes.	3		0	Preparatory actions are already ongoing.
2.2.3	Percentage of people who say are satisfied with the monitoring mechanism created by the project.	70%		0	Preparatory actions are already ongoing.

» Output 2.3

conflicts peacefull

y.

» Output 2.	3				
Output	Perform	Indicator	End of	Indicator	Indicator
2.3: The	ance	Baseline	Project	progress	progress
health	Indicator	State the	Indicator	for	to date
workforc	s	<i>baseline value of the indicator</i>	Target	reportin	State the current
e is	Describe the indicator		State the target value of the	g period	cummulative value of the
equippe	muicator		<i>indicator at the</i>	<i>State the current value of the</i>	<i>indicator since the start of the</i>
d with			end of the project	indicator for the	project
:he skills		_		reporting period	
and					
structure					•
s needed					
to					
facilitate					
construc					
tive and					
peaceful					
dialogue					
with					
governm					
ental					
institutio					
ns to					
address					
grievanc					
es and					
resolve					

Reasons

Variance / Delay

(if any)

Explain why the indicator is off track or has changed, where relevant

for

2.3.1	Number of HCWs and government representatives (disaggregated by age and sex) with increased capacity to carry out dialogues and negotiation processes with the government.		40 key actors from the MoH and from HCWs professional association and workers union have strengthened capacity by the end of the project.	0	0	Preparatory actions are already ongoing.
2.3.2	Number of HCWs unregulated strikes and their duration before and after the		Reduction of 70% after the project end	0	0	Preparatory actions are already ongoing.
2.3.3	Number of key stakeholders (MoH, the HCW union, government representatives and professional board) who actively participate in the negotiation rounds organized by the project		4 key stakeholders being the MoH the government, HCWs union and the professional board		0	Preparatory actions are already ongoing.
How many outputs does outcome 3 have? 1 2 3 4 5 more than 5.						
Please list up to 5 of most relevant outputs for outcome 3						

How many outputs does outcome 4 have?					
1	2	3	4	5	more than 5.
Please list up to 5 of most relevant outputs for outcome 4					

PART III: Cross-Cutting Issues

Is the project planning any significant events in the next six months? (eg. national dialogues, youth congresses, film screenings, etc.)

If yes, Target **Event Tentative** Location Event please Descriptio Objectives Date Audience state how many, and for each, provide the approxima te date of the event and a brief descriptio n, including its key objectives, target audience and location (if known)

Event 1	Workshop on policy cycle	February 2024	Bissau	Key departments in the Ministry of Health, health committees, workers union, CSOs, and the professional council	Capacitate key stakeholders to be more involved and participate in the development of health policies.
Event 2	Workshop on Health Security and Advocacy	March 2024	Bissau	Parliamentary Health Commission	Strengthen the capacity of the members of the commission on health security and advocacy to promote reform efforts on health budget allocations.
Event 3					
Event 4					

Human Impact

This section is about the human impact of the project. Please state the number of key stakeholders (including but not limited to: Civil Society Organziations, Beneficiaries, etc.) of the project, and for each, please briefly describe:

- i. The challenges/problem they faced prior to the project implementation
- ii. The impact of the project in their lives
- iii. Provide, where possible, a quote or testimonial from a representative of each stakeholder group *This is an optional question. You may leave it unanswered if not relevant*

Human Impact	Key Stakeholder	What were the challenges they faced prior to project implementati on? (350 words)	What has been the impact of the project on their lives? (350 words)	Provide, where possible, a quote or testimonial from a representativ e of each stakeholder group (350 words)	
1	N/A				
2					
3					
4					
In addition to the stakeholder specific impact described above, please use this space to describe any additional human impact that the project has had (650 words) At the current stage of implementation, we cannot measure the impact yet.					
You can also upload upto 3 files in various formats (picture files, powerpoint, pdf, video, etc.) to illustrate the human impact of the project OPTIONAL					
File 1 OPTIONAL Click here to upload file. (< 5MB)					

File 2 OPTIONAL
Click here to upload file. (< 5MB)
File 3 OPTIONAL
Click here to upload file. (< 5MB)
You can also add upto 3 links to online resources which illustrate the human impact of the project OPTIONAL
Link 1 OPTIONAL
Link 2 OPTIONAL
Link 3 OPTIONAL
Please tick the applicable change based on above narrative.
How we worked: Please select up to 3. Enhanced digitization
 Innovative ways of working Mobilized additional resources Improved or initiated policy frameworks Strengthened capacities Partnered with Civil Society Organizations ✓ Expanding coalitions & galvanizing political will Strengthened partnerships with IFIs

Please explain Please limit your response to 350 words.
Please explain Please limit your response to 350 words.
Please explain Please limit your response to 350 words.
Who are we working with (in addition to the implementing partners)
Strengthened partnerships with IFIs
Strengthened partnerships within UN Agencies
Partnered with local civil society organizations
Partnered with local academia
Partnered with sub-national entities
Partnered with national entities
Partnered with local volunteers
Please explain (If IFIs) Please limit your response to 350 words.
Please explain (If UN Agencies) Please limit your response to 350 words.

Select all beneficiaries targeted with the PBF resources as evidenced by the narrative *
Select all beneficiaries targeted with the PRE resources as evidenced by the parrative
Mandatory Unemployed persons Minorities (e.g. race, ethnicity, linguistic, religion, etc.) Indigenous communities Persons with Disabilities Persons affected by violence (e.g. GBV) Women Youth Minorities related to sexual orientation and/or gender identity and expression People living in and around border areas Persons affected by natural disasters Persons affected by armed conflicts Internally displaced persons, refugees or migrants PART IV: Monitoring, Evaluation and Compliance
» Monitoring
Please list monitoring activities undertaken in the reporting period Please limit your response to 350 words. UNICEF has undertaken two monitoring field missions in Bafatá and Gabu to assess the working conditions of social assistants at the regional hospitals.
Do outcome indicators have baselines? If only some of the outcome indicators have baselines, select 'yes' yes no
Please provide a brief description Please limit your response to 350 words. Although it was not initially considered to undertake a baseline during coordination meetings with all partners, we discussed the need to have a project baseline. In that line a questionnaire was prepared with the collaboration of all partners and a list of stakeholders to be interviewed in all regions was prepared. We intend to implement the questionnaire at the beginning of November 2023. This has been approved by the PBF Coordinator in Guinea Bissau.

Elaborate on what sources of evidence have been used to report on indicators (and are available upon request) Please limit your response to 350 words. Not yet applicable.
Has the project launched outcome level data collection initiatives? e.g. perception surveys yes no
Please provide a brief description Please limit your response to 350 words. Preparatory actions are ongoing to initiate data collection in a participatory way at the country level.
Has the project used or established community feedback mechanisms? yes no
» Evaluation
Is the project on track to conduct its evaluation? yes no Not Applicable
* Response required 55000
If project will end in next six months, and the overall project budget is above 1.5 million, is your upcoming evaluation on track? (Preparations) Please limit your response to 350 words.
Please mention the focal person accountable for sharing the final evaluation report with the PBF, name and email. Dr. Chantal Kambire - kambirec@who.int

atalytic Effect (financial): Indicate funding agent and amount of additional non-PBF funding support at has been leveraged by the project since it started. (y/n)
yes
no no
atalytic Effect (non-financial): Has the project enabled or created a larger or longer-term eacebuilding change to occur?
No catalytic effect
Some catalytic effect
Significant catalytic effect
Very Significant catalytic effect
Don't Know
Too early to tell
ustainability
pes the project have an explicit exit strategy?
ease describe any steps that have been taken to ensure sustainability of peacebuilding gains beyond e duration of the project. Pease limit your response to 350 words.
e duration of the project.
e duration of the project. ease limit your response to 350 words.
the duration of the project. Sease limit your response to 350 words. The applicable yet but an exit strategy will be elaborated alongside partners and MoH in the upcoming months. The there any other issues concerning project implementation that you want to share, including any upacity needs of the recipient organizations? The ease limit your response to 350 words.
the duration of the project. Sease limit your response to 350 words. The tapplicable yet but an exit strategy will be elaborated alongside partners and MoH in the upcoming months. The there any other issues concerning project implementation that you want to share, including any apacity needs of the recipient organizations? The ease limit your response to 350 words.

Monitoring and oversight activities	Name of the Event	Summary	Key Findings
Event 1			
Event 2			
Event 3			
Event 4			
Event 5			
Event 6			
Event 7			
Event 8			

Final Steps

- Please save a pdf copy of the form by clicking on the *Printer* icon on the top right corner of the page.
- A dialogue box will appear: Please select the A4 size and portrait orientation.
- Click "prepare" and save the document as a PDF (if on first attempt, the generated page is not readable, close the pop up page and try again. If the problem persists, you can contact technical support at the email address below)
- Please upload the pdf version of the report as well as your financial report in excel format on the MPTF-O gateway.

If you encounter any difficulty in filling the form or generating the print-out for MPTFO gateway, please contact Gabriel Velastegui gabriel.velasteguimoya@un.org

Thank You. You have finished the report. Please Click on the SUBMIT button below. When the report is submitted, a confirmation note will appear on a yellow banner on top of the page. This can take a few seconds.