PBF November 2024 Project Progress Report

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. 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 *

2024-11-15

2024-11-15

Name and Title of Person submitting the report *

Carina Simões, PBF Project Manager

E-mail of Person submitting the report *

carde@who.int

Name and Title of Person who approved the report *

Dr Chantal KAMBIRE, Officer in Charge WHO Office

Have all fund recipients for this project contributed to the report? *

- ⦿ Yes
- ◯ No

Did PBF Secretariat or RCO focal point review the report? *

You should normally ensure that the PBF Secretariat or the PBF focal point have an opportunity to review.

- ⦿ Yes
- ◯ No
- ◯ Not Applicable

» Project Information and Geographical Scope

Is this a cross-border project? *

- ◯ Yes   ⦿ No

Please select the geographical region in which the project is implemented

- ○ Asia and the Pacific
- ○ Central & Southern Africa
- ○ East Africa
- ○ Europe and Central Asia
- ○ Global
- ○ Latin America and the Caribean
- ○ Middle East and North Africa
- ⦿ West Africa

Country of project implementation *

- ○ Benin
- ○ Burkina Faso
- ○ Cote D'Ivoire
- ○ Gambia
- ○ Ghana
- ○ Guinea
- ⦿ Guinea-Bissau
- ○ Liberia
- ○ Mali
- ○ Mauritania
- ○ Niger
- ○ Nigeria
- ○ Senegal
- ○ Sierra Leone
- ○ Togo
- ○ Other, Specify

Other, please specify *

Project Title *

- ○ 00130107: Creating safe and empowering public spaces with women to mitigate climate-security risks and sustain peace in Guinea-Bissau
- ○ 00129698: Enhancing the human rights protection system in Guinea-Bissau
- ○ 00129743: Inclusive Peaceful Land Management in OIO, CACHEU and BIOMBO regions
- ○ 00119912: Political Stabilization and Reform through Confidence Building and Inclusive Dialogue
- ○ 00119443: Secretariat Project: Support to project coordination and monitoring of the United Nations Peacebuilding Fund (PBF) Projects in Guinea-Bissau
- ○ 00119444: Strengthening the justice and security sector response to drug trafficking and transnational organized crime to reduce insecurity in Guinea-Bissau
- ○ 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
- ○ 00140108: Inclusive policies and institutions for a peaceful society: strengthening the social fabric and fostering youth meaningful participation in decision-making in Guinea Bissau
- ○ 00140581: Peaceful Natural Resources Management in the Koliba-Corubal Basin
- ○ Other, Specify

Write the 8 digit MPTFO number and Project Title exactly as it appears in the Project Document *

EXAMPLE: 00118938: Community-based prevention of violence and social cohesion using innovation for young people in displaced and host communities

Please select the geographical region(s) in which the project is implemented *

If the project you are looking for does not appear in the following question, please make sure that you have selected the correct regions. A limited number of cross border projects span multiple geographic regions. For example, a cross border project between Niger and Chad spans both West Africa and Central & Southern Africa

- ☐ Asia and the Pacific
- ☐ Central & Southern Africa
- ☐ East Africa
- ☐ Europe and Central Asia
- ☐ Global
- ☐ Latin America and the Caribean
- ☐ Middle East and North Africa
- ☐ West Africa

Please select the title of the project for which you are submitting the report *

Write the 8 digit MPTFO numbers and Project Title exactly as it appears in the Project Document *

EXAMPLE: 00129699/700: Supporting Cross-Border Cooperation for Increased Community Resilience and Social Cohesion in The Gambia and Senegal

Please select the countries where this project is being implemented *

Other, Please specify *

Project Start Date (Date of first transfer) *

2023-01-12

2023-01-12

Project End Date *

2025-01-11

2025-01-11

Has this project received an extension? *

- ◯ 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 the current project end date within 6 months? *

(●) Yes

(○) No

Is funding disbursed either into a national or regional trust fund? *

(○) Yes

(●) No

If yes, please select which *

(○) National Trust Fund

(○) Regional Trust Fund

Recipients

Is the convening agency a UN agency or a non UN entity? *

(●) UN entity

(○) Non-UN Entity

Please select the convening agency recipient *

(○) 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

(○) UNDPO   (○) Other, Specify

Other, Please specify *

....

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

Other, Please specify *

Please select other non-UN recipients *

- [ ] ACTED
- [ ] Action Aid UK
- [ ] AAITG (ActionAid the Gambia)
- [ ] AEDE
- [ ] African Centre for the Constructive Resolution of Disputes (ACCORD)
- [ ] Agence de Coopération et de Recherche pour le Développement (ACORD)
- [ ] American Friends Service Committee (AFSC)
- [ ] Avocats Sans Frontières
- [ ] Avocats Sans Frontières Belgium
- [ ] Avocats sans frontières Canada
- [ ] Ayuda en Accion
- [ ] CARE International UK
- [ ] Centre d'étude et de coopération internationale (CECI) - BF
- [ ] Christian Aid Ireland
- [ ] COIPRODEN
- [ ] Concern Worldwide
- [ ] Conexion Guatemala
- [ ] COOPI - Cooperazione Internazionale
- [ ] CORD Burundi
- [ ] CORDAID
- [ ] Corporacion Sisma Mujer
- [ ] CRS - Catholic Relief Services
- [ ] DanChurchAid
- [ ] EQUITAS
- [ ] Fund for Congolese Women
- [ ] Fundacion Estudios Superior (FESU)
- [ ] Fundación Mi Sangre (FMS)
- [ ] Fundación Nacional para el Desarrollo de Honduras (FUNADEH)
- [ ] Fundación para la Libertad de Prensa (FLIP)
- [ ] HELVETAS Swiss Intercooperation
- [ ] Humanity & Inclusion (HI)
- [ ] ICTJ (International Center for Transitional Justice)
- [ ] Instituto Holandes para Democracia Multipartidaria (NIMD)
- [ ] Integrity Watch
- [ ] International Alert
- [ ] International Rescue Committee
- [ ] Interpeace
- [ ] Kvinna till Kvinna Foundation
- [ ] Life and Peace Institute (LPI)
- [ ] MDG-EISA - Institut Electoral pour une Démocratie Durable en Afrique (EISA), bureau de Madagascar
- [ ] Mercy Corps
- [ ] MLAL - ProgettoMondo
- [ ] MSIS-TATAO
- [ ] NIMD (Netherlands Institute for Multiparty Democracy)
- [ ] Norwegian Refugee Council (NRC)
- [ ] OIKOS
- [ ] ONG Adkoul - ONG Adkoul
- [ ] ONG AZHAR
- [ ] OXFAM
- [ ] Peace Direct
- [ ] Plan International
- [ ] PNG UN Country Fund
- [ ] Red de Instituciones por los Derechos de la Niñez
- [ ] ROI - Roza Otunbayeva Initiati
- [ ] Saferworld
- [ ] Sampan'Asa Momba ny Fampandrosoana (SAF/FJKM)
- [ ] Save the Children
- [ ] Search for Common Ground (SFCG)
- [ ] SIHA (Strategic Initiative for Women in the Horn of Africa)
- [ ] SismaMujer
- [ ] SOS Sahel Sudan
- [ ] Stichting Impunity Watch
- [ ] Tearfund
- [ ] The Carter Center, Inc.
- [ ] Trocaire
- [ ] War Child
- [ ] War Childhood Museum (WCM)
- [ ] World Vision International
- [ ] World Vision Myanmar
- [ ] ZOA
- [ ] blank_placeholder
- [ ] Other, Please specify

Other, Please specify *

_____

Implementing Partners

To how many implementing partners has the project transferred money *during this reporting period* (for June reports: January-June; for November reports: January-November; for final reports: full project duration)?

4

Please list all of the project's implementing partners and the amounts (in USD) transferred to each *during this reporting period*

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

Other, Please specify

What is the name of the Implementing Partner *

Interpeace

What is the total amount (in USD) disbursed to the implementing partner during this reporting period? *

248760

Briefly describe the main activities carried out by the Implementing Partner *

Please limit your response to 1500 characters

Our implementing partner, Interpeace has actively continued participating in the development of project plans and internal/external coordination meetings, including the Steering Committee in March 2024. In collaboration with its national partner, Voz di Paz, they have proactively implemented the activities under outputs 1.1 and 2.3 according to the work plan. The IP has signed partnership agreements with International Labour Organization's International Training Center to conduct a Social Dialogue training and with Build Up, a peacebuilding organization specialized in digital peacebuilding tools to support with the creation of the sampling tools and rules, and the analysis of the data collected.

2

Please list all of the project's implementing partners and the amounts (in USD) transferred to each *during this reporting period*

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

Other, Please specify

What is the name of the Implementing Partner *

Ministry of Health (General Direction of Hospital Management/Social Service)

What is the total amount (in USD) disbursed to the implementing partner during this reporting period? *

12253.15

Briefly describe the main activities carried out by the Implementing Partner *

Please limit your response to 1500 characters

MINSAP's General Direction of Health Establishments and Care (Social Service Department), in partnership with the Institute for Women and Children (Ministry of woman Family and social Solidarity) carried out the second phase of capacity building for social workers in the health sector on incident reporting on cases of violence, abuse and exploitation of children. It took place in Bissau on October 4 and 5, 2024. Ten social workers from the health regions of Bafatá, Farim and SAB took part. A technical assistance on digital tools use (Kobo) child protection team assisted the training. The two Ministries have worked in partnership with the National Association of Social Workers (AGAS). Both Ministries will conduct conducted monitoring visits, in all the eight-country region, during the month of November 2024, to assess the implementation of the incident monitoring report process and their collaboration with other key child protection services in the referral and management of cases.

3

Please list all of the project's implementing partners and the amounts (in USD) transferred to each *during this reporting period*

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

Other, Please specify

National NGO

What is the name of the Implementing Partner *

NGO VIDA

What is the total amount (in USD) disbursed to the implementing partner during this reporting period? *

43685.4

Briefly describe the main activities carried out by the Implementing Partner *

Please limit your response to 1500 characters

Regarding the Accountability to Affected Populations (AAP) complaint and feedback mechanism, this green line has been operational since June 2024 and provides various services related to access to health information, signposting, and referral, including cases of sexual abuse and exploitation, and real-time data collection, systematization and sharing with relevant stakeholders, among many others.

4

Please list all of the project's implementing partners and the amounts (in USD) transferred to each *during this reporting period*

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

Other, Please specify

National NGO

What is the name of the Implementing Partner   *

AIFO

What is the total amount (in USD) disbursed to the implementing partner during this reporting period?   *

43793.6

Briefly describe the main activities carried out by the Implementing Partner   *
Please limit your response to 1500 characters

Partnership project between UNICEF and the NGO AIFO, the project aims to contribute to strengthening social cohesion by promoting inclusive and effective governance of the public health sector through activities including participatory action-research, participatory policymaking, capacity-building, dialogue between civil society groups and Health State institutions, advocacy, and stakeholder engagement. In addition, the project aims to create spaces for joint action to resolve grievances and social tensions in the health sector and aims to mobilize political will to support such action.
The project initiated in September and in October a large presentation of the project was conducted at the Ministry of Health. Implementation covers following regions: Gabú, Oio, Quinara and Tombali.

Financial Reporting

» Delivery by Recipient

Please enter the total amounts in full US dollars allocated to each recipient organization

Please enter the original budget amount, amount transferred to date and estimated expenditure by recipient.

*Please make sure you enter the correct amount. All values should be entered in **US Dollars***

For cross-border projects, group the amounts by agency, even if different country offices are involved. You will have the opportunity to share a more detailed budget in the next section.

Recipients	Total Project Budget (in full US $) *Please enter the total budget as is in the project document in US Dollars*	Transfers to date (in full US $) *Please enter the total amount transferred to each recipient to date in US Dollars*	Expenditure to date (in full US $) *Please enter the approximate amount spent to date in US dollars*	Implementation rate as a percentage of total budget *(calculated automatically)*
WHO: World Health Organization	*1018500	*611100	*363208	35.66%
	*	*	*	%
UNICEF: United Nations Children's Fund	*481500	*288900	*255040	52.97%
	*	*	*	%

	*	*	*	%
	*	*	*	%
	*	*	*	%
	*	*	*	%
	*	*	*	%
	*	*	*	%
	*	*	*	%
	*	*	*	%
	*	*	*	%
	*	*	*	%
	*	*	*	%
	*	*	*	%

TOTAL	1500000	900000	618248

41.2 2%

The approximate implementation rate as percentage of total project budget based on the values entered in the above matrix is **41.22%**. Can you confirm that this is correct? *

◉ Correct   ◯ Incorrect

If it is incorrect, please enter the approximate implementation rate as a % *

» Gender-responsive Budgeting

Indicate what **percentage (%)** of the budget contributes to gender equality or women's empowerment (GEWE) as per the project document? *

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 *budget amount* allocated to GEWE in US Dollars *

770165

Amount expended to date on efforts contributiong to gender equality or women's empowerment is **US $ 317408.52**. Is this correct? *

◉ Correct   ◯ Incorrect

If it is incorrect, please enter the *expenditure to date* on GEWE in US dollars *

ATTACH PROJECT EXCEL BUDGET SHOWING CURRENT APPROXIMATE EXPENDITURE. *
The templates for the budget are available here

Annex A_PBF Health GovernanceFinancial Report_VF-15_58_41.xlsx

Project Markers

Please select the Gender Marker Associated with this project   *

○ 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

○ 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)

Please select the Risk Marker Associated with this project   *

◉ Risk marker 0 = low risk to achieving outcomes

○ Risk marker 1 = medium risk to achieving outcomes

○ Risk marker 2 = high risk to achieving outcomes

Please select the PBF Focus Area associated with this project   *

○ (1.1) Security Sector Reform

○ (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 the project part of one or more PBF priority windows?   *

Select 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/ project board? *

- (●) Yes
- (○) No

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

Please limit your response to 3000 characters

1

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. *

Please limit your response to 3000 characters

The Steering Committee met once in March 2024 (10 participating members: 7 male and 3 female) to review and approve the questionnaire developed by Interpeace/Voz di Paz to collect data for the development of the Health Barometer and the baseline report. Their next meeting which should have been in September has been postponed to November so that the first results of the Health Barometer study can already be presented.

PART I: OVERALL PROJECT PROGRESS

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.

Please rate the implementation status of the following preliminary/preparatory activities

Contracting of partners *

- (○) Not Started
- (○) Initiated
- (○) Partially Completed
- (●) Completed
- (○) Not Applicable

Staff Recruitment *

- (○) Not Started
- (○) Initiated
- (○) Partially Completed
- (●) Completed
- (○) Not Applicable

Collection of baselines *

- ○ Not Started
- ○ Initiated
- ○ Partially Completed
- ● Completed
- ○ Not Applicable

Identification of beneficiaries *

- ○ Not Started
- ○ Initiated
- ○ Partially Completed
- ● 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.) *

Please limit your response to 3000 characters

All project recruitment staff was finalized by all partners in 2023. Due to the delays in implementation that occurred in 2023 an annual work plan was developed in January to adjust the activities in the new calendar year. In June, following certain delays in the recruitment process of the international consultant and outsourcing a local implementing partner to implement certain activities the workplan was re-adjusted to include the new dates of implementation. A risk and mitigation plan was also developed to ensure the project team had the necessary tools in place to adjust to any internal/external factors that could compromise implementation. The project baseline was elaborated followed by the revision of the M&E plan. Certain indicators suffered changes following approval from PBSO (as per progress report June 2023).

In February 2024 an agreement with Build Up, a peacebuilding organization specialized in digital peacebuilding tools, was signed to support Interpeace and Voz di Paz in the development of some key steps of the Health Barometer methodology (output 1.1). In May 2024, an agreement was signed with the International Training Center (ITC) of the International Labour Organization'(ILO) that organized a social dialogue capacity building training for representatives of the government, worker's unions, professional organizations and CSO's (output 2.3).

The process to recruit an international consultant to conduct the trainings for key health stakeholders (output 1.2 and 1.4) was finalized in July 2024.

For the implementation of activities under output 2.1 and 2.2 two partnerships were established locally between May and September with ONG VIDA and ONG AIFO.

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.

Is the project on track for the timely completion of outputs as indicated in the workplan? *

- ○ Yes
- ● No

If no, please provide an explanation　　　　　　　　　　　　　　　　　　　*

Please limit your response to 6000 characters

The project had an initial delay due to internal UN agencies' procedures and in the actual implementation of activities due to a) the political instability wave affecting the country following elections in June 2023; and b) the Assembly dissolution in December 2023, and c) the resignation of the Minister of Health in June 2024, with an interim replacement that stayed the months of July and August. By September, a new Minister was appointed. This high turnover within the Ministry of Health has negatively impacted the continuity and reinforcement of the government's commitment to the project. Indeed, this institutional instability has caused interruptions in government involvement, and over the past few months, we have had to wait for the appointment of a new Minister, along with undertaking advocacy efforts to represent the project, its objectives, and to request institutional support. Despite this, the project identified mitigation solutions to minimize the adverse effects on its smooth operation and maximize its impact.

These difficulties have been discussed with the PBF Secretariat in country and efforts have been done by the whole project team to advance on the implementation in 2024. The project team has kept constant communication with the different General-Directorates to continue to push for activities to be implemented as per workplan and by seeking more engagement from our technical counterparts. Direct contact was established with the Director of DGASS to advance internal procedures. Following the implementation of activities momentum was also built with beneficiaries (MINSPA's technical staff, syndicates, CSO's) to ensure they were kept engaged in the project and would participate in future activities (output 1.2 and 2.3). Despite these efforts, we believe additional time is needed to implement remaining activities and consolidate the project achievement at the output level and have significant peacebuilding results at the outcome level.

We will submit a 9-month non-cost extension request to ensure we can finalize all project activities, and the expected outcomes are achieved without compromising on quality.

*

Project progress summary

Please limit your response to 6000 characters

In February 2024, following the identification of health sector challenges across all regions by focus groups, a questionnaire was developed to gauge health perceptions and experiences. With Build UP's support, data collection was conducted by a nationwide team involving a statistically relevant sample. Between April and May, 3,420 individuals were surveyed, creating a unique quantitative database. From June to July, 275 health sector actors, including government representatives, health workers, and citizens, participated in a participatory analysis of this data, forming the basis for the Health Barometer report, scheduled for presentation in early 2025.

In August, the training cycle "Strengthening the capacity for political dialogue in the health sector in Guinea-Bissau" was conducted for key health stakeholders. It had two cycles: 1) focusing on universal health coverage, ethics and human rights, health promotion and well-being, health security, gender-sensitive budgeting, and health governance and 2) emphasizing public policy, particularly civil society's role in policymaking. A consultant developed and facilitated these trainings and created an analysis of Guinea-Bissau's health sector public policies, comparing them with other ECOWAS states.

Under output 2.1, following the presentation of Interpeace's focus groups' preliminary results, the regions needing more support were identified as Quinara, Tombali, Bolama, Cacheu, Oio, and Gabu. A mission to present the project to local authorities took place between March and July.

The project continued to support MoH's Department of Hospital Social Work in strengthening the social service workforce in hospitals and health centers. In April and October 2024, the project provided to the Health Social Work Department: 1 vehicle, 3 motorcycles, 32 tablets, and ICT materials, with additional ICT supplies expected in February 2025.

A nationwide mission by the General-Direction from January to March supervised and assessed the socio-professional status of Social Workers, reconfirming that 52 are assigned to MoH, with four health regions (Oio, Bolama, Bijagós, and Quinara) lacking Social Workers. In response, the Social Service Health Department conducted internal advocacy with new Health Ministers to mobilize reintegration efforts for social worker interns not yet public servants. The number of social workers increased to 60 (46 in capital Bissau and 14 in the regions) as of November 2024.

In October 2024, an additional 10 health social workers from Bafatá and Farim received training (totaling 32) in Bissau. These focal points work with health facility peers to ensure data collection within their services, entered into the Kobo tool. During this period, 29 cases were reported (10 boys and 19 girls).

Challenges remain in ensuring collaboration among social workers for data collection. Programmatic visits showed improvements are needed in monitoring and coordination. From November to December 2024, the Ministry will conduct a national monitoring mission across all eight regions and inform the newly appointed Health Ministry.

The health social service workforce participated in validating the national case management guidance and training kit in June and October 2024 and joined the national multisectoral training of trainer's team. New Standard Operating Procedures (SOPs) and forms will be harmonized among protection services by February 2025.

The project strengthened the health feedback mechanism "Linha Saude 24," developed by the Ministry of Health and NGO VIDA and operational since June 2024, managing participation, feedback, complaints, information, and communication. Communication materials were created to inform the population and partners. "Linha Saude 24" allows health providers, including social workers, to access health information and manage referrals, including for sexual abuse. With a permanent team of four nurses, two doctors, two psychologists and six-line operators they facilitate health providers, including social workers, to access health information. The service received 2,621 calls about health information and complaints, mainly from SAB, Bafatá, and Cacheu, with callers aged 15 to 19, mostly female. Complaints include illicit charges, medicine sales at health facilities, and poor service. Most calls are health-related and referred to facilities, with four GBV cases reported, including a 19-year-old girl's death, being followed by relevant authorities.

Contributing to outcome 2, a national school drawing competition in June engaged primary students (1st and 2nd cycle) on the theme "My health, my right," aligned with World Health Day 2024. The competition received 779 entries, aiming to engage civil society, particularly youth, in raising awareness about health rights and encouraging early active contributions to health sector decision-making.

Additionally, in August, a 4-day training session was organized for 18 CSO's representatives specific to the health sector, focusing on promoting accountability through human rights mechanisms (Universal Periodic Review) to uphold the right to health. Two joint reports were produced and submitted to the Human Rights Council in Geneva in October 2024.

Under output 2.3, a Peace and Conflict Analysis (PCA) workshop was held in May with 28 participants from government, unions, and health professional orders to prepare for Social Dialogue training. This workshop encouraged participants to reflect on health sector challenges and potential solutions. These same participants then joined a 4-day training facilitated by the ILO's International Training Center from May 27-30, 2024, covering labor regulations and negotiation skills with practical exercises to enhance their capacity for peaceful, constructive negotiation.

A meeting in July further engaged participants, aiming to establish peaceful dialogue with the MoH amid institutional instability. To support this inclusive dialogue, a mixed working group with representatives from the Ministries of Health, Finance, and Public Service (Labor Department), unions, and health professionals' associations was proposed. An initial meeting defined the group's purpose and membership, strengthening stakeholders' commitment and identifying essential actors to engage in maximizing impact in future sessions.

Indicate any additional analysis on how Gender Equality and Women's Empowerment and/or Youth Inclusion and Responsiveness has been ensured by the project to date *

Please limit your response to 3000 characters

To ensure Gender Equality and Women's Empowerment and/or Youth Inclusion and Responsiveness is mainstreamed across all project activities WHO continues to ensure the collaboration of its Project Officer, Gender, Youth, and Human Rights in the project assuring that all developed activities (trainings, etc), reports are aligned with our approaches.

During the training of the baseline questionnaire, enquirers (5 men and 7 women) were also trained to ensure gender balance of the interviewed which resulted in around 59% of the individuals interviewed being men and the remaining 41% women.

Particular emphasis in achieving gender balance to accurately represent the perspective of all different societal groups at the community level during the focus groups activities that took place nationwide was also ensured. (A1.1.2). In the preparatory works Voz di Paz researcher worked closely with members of Voz di Paz Regional Spaces for Dialogue (regional focal points) to identify in each locality the participants in the focusing group thus resulting in a balanced attendance (50% men and 50% women). A special attention was also devoted in selecting women and youth members with effective communication skills and active engagement, ensuring a meaningful and inclusive participation. Finally, out of the 39 enumerators that participated in the data collection (A.1.1.3), 23 were women and 19 men.

During the participatory analysis phase, participants were carefully selected to ensure gender parity and balance. Consequently, 50% of the voices contributing to the Health Barometer's findings and the formulation of recommendations for improving health system governance were women. 48% were youth, ensuring the inclusion of the perspective of young people, and their contribution in propositions that are aimed at improving their access to healthcare, or fair working conditions.

The training of Social Workers highlighted the Gender component, and the Data Collection and Case Management training related to all forms of Violence, Abuse and Exploitation of Children had a special focus on GBV (Gender Based Violence), including sexual violence against girls. From November 2023 to October 2024: 29 cases of violence against children, including GBV cases were reported and assisted by Health Social Workers, the victims were: 10 boys and 19 girls.

Is the project 1+ year in implementation? *

◉ Yes

◯ No

FOR PROJECTS 1+ YEAR IN IMPLEMENTATION ONLY:

Is the project demonstrating outcome-level peacebuilding results? *

Outcome-level peacebuilding results entail results achieved at the societal or structural level, including changed attitudes, behaviours or institutions.

(●) Yes

(○) No

If yes, please provide concrete examples of such peacebuilding results *

Please limit your response to 6000 characters

The project is on the right path to demonstrating outcome-level peacebuilding results with the activities implemented thus far as they are establishing a robust foundation aimed at achieving these results, e.g. the collection of a baseline data, the development of the Health Barometer Report, capacity building of health care workers etc.

These activities will allow us to have a solid knowledge of the current health context in Guinea-Bissau with better equipped and prepared staff that will be able to contribute into the activities that will feed into change of behaviours/attitudes, e.g. contribute to policy reforms, the case management system implemented for women and children victims of gender based violence or using new negotiation techniques to negotiate with the government their grievances.

If yes, please provide sources or references (including links) as evidence of peacebuilding results, or submit them as additional attachments.

Evidence may be quantitative or qualitative but needs to demonstrate progress against outcome indicators in the project results framework. Sources may include project surveys (such as perception surveys), monitoring reports, government documents, or other knowledge products that have been developed by the project.

File attachment

Click here to upload file. (< 10MB)

PART II: PROJECT RESULTS FRAMEWORK

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 3: *

Outcome 4: *

Outcome 5: *

Outcome 6: *

Outcome 7: *

Outcome 8: *

Additional Outcomes *

If the project has more than 8 outcomes, please enumerate the remaining outcomes here

INDICATOR BASED PERFORMANCE ASSESSMENT

Using the Project Results Framework as per the approved project document or any amendments, provide an update on the achievement of key **outcome** and **output** indicators in the table below.

- If the outcome has more than 3 indicators, select the 3 most relevant ones with most relevant progress to highlight.
- If the outcome has more than 5 outputs, please select 5 of the most relevant outputs per outcome, and provide an update on the progress made against 3 most relevant output indicators.
- Where it has not been possible to collect data on indicators, state this and provide any explanation. Provide gender and age disaggregated data. (500 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	Performance Indicators	Indicator Baseline	End of Project Indicator Target	Current Indicator progress	Reasons for Variance/ Delay (if any)
1.1	**Number of recommendations made that are included in policies, procedures and budgets.**	0	**5 recommendations, including elements addressing gender and youth specific needs.**	0	**To be collected at the end of project.**
1.2	**Percentage of people who perceive that documents (policies, procedures and budgets) developed or modified in accordance with the project's recommendations are relevant to both the context and needs of the population, HCWs, and institutions disaggregated by sex, age, and occupation.**	0	**70% of the interviewed people.**	0	**To be collected at the end of project.**
1.3					

How many outputs does outcome 1 have?

1　　　2　　　3　　　4　　　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.

Output 1.3

Output 1.4

Output 1.5

Other Outputs

If Outcome 1 has more than 5 outputs, please enumerate the remaining outputs here

For each output, and using the, project results framework, provide an update on the progress made against 3 most relevant output indicators

» Output 1.1

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.	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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*

| 1.1.1 | Number of people disaggregated by institutions, gender, age, and region who are consulted and participate in the development of the study. | N/A | At least 3000 nationwide, among those at least 40% women and 40% youth under the age of 35, with at least 30% of HCWs | 360 people – 50% women, 48%youth and 29%HCWs consulted in the focus groups and 3420 people surveyed through a data collection 52% women 53% youth, 39% people from the Health Sector | 3780 people 51%women, 52% youth, 38%HCWs | We reached the initial target of "at least" 3,000 participants because we aimed to gather insights from as many relevant stakeholders as possible and actively involved them in the participatory analysis process. This approach ensured robust results and maximized the engagement of citizens, healthcare workers, and government members, reinforcing our commitment to inclusive and comprehensive results and recommendations. |

| 1.1.2 | Number of international and government decision-makers who are aware and recognize the importance of recommendations developed by citizens and HCWs. | 0 | At least 10 governmental actors, and 10 national and international organizations. | 0 | 0 | Delays in implementation but preparatory action are in place as soon as Health Barometer Report is finalized. |
| 1.1.3 | | | | | | |

» Output 1.2

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.	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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*

1.2.1	Number of stakeholders (disaggregated by type of actor, gender and age, and region) involved in policy, action plan and budget preparation processes and review exercises	0	At least 50 people from different key institutions of those 40% women and 20% youth	0	0	Delays in implementation but preparatory action are in place as soon as Health Barometer Report is finalized
1.2.2	Number of workshops organized, and stakeholders trained (disaggregated by institutions, gender, age and region) in policy cycle, medical ethics and protocols, advocacy, human rights and gender budgeting	0	3	2 workshops organized and 31 participants trained (27 male, 4 female) (14 staff Ministry of Health from Bissau, 10 regional staff Ministry of Health from, 1 staff Ministry of Finance, 5 CSOs and 1 syndicate)	2 workshops organized and 31 participants trained (27 male, 4 female) (14 staff Ministry of Health from Bissau, 10 regional staff Ministry of Health from, 1 staff Ministry of Finance, 5 CSOs and 1 syndicate)	
1.2.3						

» Output 1.3

Output 1.3:	Perform ance Indicator s *Describe the indicator*	Indicator Baseline *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* ....
1.3.1	....	....		....	....	....
1.3.2	....	....		....	....	....
1.3.3	....	....		....	....	....

» Output 1.4

Output 1.4:	Perform ance Indicator s *Describe the indicator*	Indicator Baseline *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* ....
1.4.1	....	....		....	....	....
1.4.2	....	....		....	....	....
1.4.3	....	....		....	....	....

» Output 1.5

Output 1.5:	Perform ance Indicator s *Describe the indicator*	Indicator Baseline *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*
1.5.1						
1.5.2						
1.5.3						

» 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	Performance 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.**	0	20%	0	**To be collected at the end of project.**
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)**	0	**At least 60% of participants (of which 40% are women, 40% youth)**	**20% (38% women, 11% youth)**	

2.3	Percentage of CSOs better able to refer citizens to report limitations, problems and irregularities with procedures and policies in the health sector using the monitoring mechanism	0	At least 60% of participants	0	To be collected at the end of project.

How many outputs does outcome 2 have?

1   2   3   4   5   more than 5.

Please list up to 5 of most relevant outputs for outcome 2

Output 2.1

Capacity of HCWs (including community health workers and social workers) to provide impartial and inclusive health care services identified as a priority under outcome 1 is strengthened, including Mental Health and Psychosocial Support (MHPSS).

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

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.

Output 2.4

Output 2.5

Other Outputs

If Outcome 2 has more than 5 outputs, please enumerate the remaining outputs here

---

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 2.1: Capacity of HCWs (including community health workers and social workers) to provide impartial and inclusive health care services identified as a priority under outcome 1 is strengthened, including Mental Health and Psychosocial Support (MHPSS).	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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*

2.1.1	Number of social workers (including other health professionals), (disaggregated by age, sex and region), in public health units with enhanced capacity to provide MHPSS services to children and women at risk and survivors of GBV	15 social assistants (7 men, 8 women)	65 (20 men and 25 women, including 20 health community agents, 8 men and 12 women)	32 (27 female and 5 male)	32 (27 female and 5 male)	
2.1.2	Number of cases of violence against children and GBV referred to and managed by health professionals	5	85	29 (10 boys and 19 girls)	29 (10 boys and 19 girls)	
2.1.3	Number of periodical dialogues organized at the regional level between the communities and HCW, including health authorities.	0	3 new dialogues at the regional level	0	0	Ongoing.

» Output 2.2

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	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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* ....

levels.

....

2.2.1	Number of institutional stakeholders and CSOs (NGOs, Media, and Professional associations) advocating for citizen participation in decision-making and monitoring health governance at the regional level, disaggregated by category.	0	5	18 health sector CSOs (from Bissau, Bafata, Bijagos)	18 health sector CSOs (from Bissau, Bafata, Bijagos) ....
....					
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.	0	3	0	0	Ongoing. ....
2.2.3	Percentage of people who say are satisfied with the monitoring mechanism created by the project.	N/A	50	0	0	Ongoing. ....

» 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.	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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*

2.3.1	Number of health professionals and government representatives (disaggregated by age, gender and region) with increased skills and knowledge to carry out dialogues and negotiation processes with the government.	0	40 (50% women)	33 representatives of key institutions of those 45% women	33 representatives of key institutions of those 45% women	The project focus on key people within the identified institutions.
2.3.2	Number of HCWs unregulated strikes and their duration before and after the project.	0	Reduction of 70% after the project end	0	0	This will be measured in the upcoming months.
2.3.3	Number of key stakeholders (Ministry of Health, health professionals' unions, government representatives and professional council disaggregated by age, gender and region) who actively participate in the negotiation rounds organized by the project.	0	4 key stakeholders being the MoH the government, HCWs union and the professional board.	0	0	This will be measured in the upcoming months.

» Output 2.4

Output 2.4:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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* ....
2.4.1	....	....	....	....	....	....
2.4.2	....	....	....	....	....	....
2.4.3	....	....	....	....	....	....

» Output 2.5

Output 2.5:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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* ....
2.5.1	....	....	....	....	....	....
2.5.2	....	....	....	....	....	....
2.5.3	....	....	....	....	....	....

» Outcome 3:

Outcome 3	Performance Indicators	Indicator Baseline	End of Project Indicator Target	Current Indicator progress	Reasons for Variance/ Delay (if any) ....
3.1	....	....	....	....	....
3.2	....	....	....	....	....
3.3	....	....	....	....	....

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
....
Output 3.1 ....
Output 3.2 ....
Output 3.3 ....
Output 3.4 ....

Output 3.5

....

Other Outputs

If Outcome 3 has more than 5 outputs, please enumerate the remaining outputs here

....

For each output, and using the, project results framework, provide an update on the progress made against 3 most relevant output indicators

....

» Output 3.1

Output 3.1:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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*
3.1.1						
3.1.2						
3.1.3						

» Output 3.2

Output 3.2:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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* ....
3.2.1		....				....
3.2.2		....				....
3.2.3		....				....

» Output 3.3

Output 3.3:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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* ....
3.3.1		....				....
3.3.2		....				....
3.3.3		....				....

» Output 3.4

Output 3.4:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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* ....
3.4.1	....	....		....	....	....
3.4.2	....	....		....	....	....
3.4.3	....	....		....	....	....

» Output 3.5

Output 3.5:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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* ....
3.5.1	....	....		....	....	....
3.5.2	....	....		....	....	....
3.5.3	....	....		....	....	....

» Outcome 4:

Outcome 4	Performance Indicators	Indicator Baseline	End of Project Indicator Target	Current Indicator progress	Reasons for Variance/ Delay (if any)
4.1					
4.2					
4.3					

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

Output 4.1

Output 4.2

Output 4.3

Output 4.4

Output 4.5

....

Other Outputs

If Outcome 4 has more than 5 outputs, please enumerate the remaining outputs here

....

For each output, and using the, project results framework, provide an update on the progress made against 3 most relevant output indicators

....

» Output 4.1

Output 4.1:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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*
4.1.1						
4.1.2						
4.1.3						

» Output 4.2

Output 4.2:	Perform ance Indicator s *Describe the indicator*	Indicator Baseline *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* ....
4.2.1	....	....	....	....	....	....
4.2.2	....	....	....	....	....	....
4.2.3	....	....	....	....	....	....

» Output 4.3

Output 4.3:	Perform ance Indicator s *Describe the indicator*	Indicator Baseline *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* ....
4.3.1	....	....	....	....	....	....
4.3.2	....	....	....	....	....	....
4.3.3	....	....	....	....	....	....

» Output 4.4

Output 4.4:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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* ....
4.4.1	....	....	....	....	....	....
4.4.2	....	....	....	....	....	....
4.4.3	....	....	....	....	....	....

» Output 4.5

Output 4.5:	Performance Indicators *Describe the indicator*	Indicator Baseline *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 reporting 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* ....
4.5.1	....	....	....	....	....	....
4.5.2	....	....	....	....	....	....
4.5.3	....	....	....	....	....	....

If the project has more than 4 outcomes, use this space to describe progress on progress on indicators for the remaining outcomes *

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, please state how many, and for each, provide the approximate date of the event and a brief description, including its key objectives, target audience and location (if known)	Event Description	Tentative Date	Location	Target Audience	Event Objectives (900 characters)
Event 1	Steering Committee Meeting	November 2024	Bissau	Steering Committee Members	Appoint a new Steering Committee President; present project progress and NCE request and present Health Barometer Report Results (draft).

Event 2	National presentation of the Health Barometer Report	December 2024	Bissau	The Ministry of Health, Parliamentary Health Commission health workers union, CSOs, NGOs and International Organizations working in the health sectors.	Present the final results to key stakeholders and start engaging them for the policy work.
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 implemantation
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	Type of stakeholder	What has been the impact of the project on their lives?	Provide, where possible, a quote or testimonial from the stakeholder

| 1 | Health system Social Workers | The project recognizes that social workers in health services are essential to promote access to impartial and inclusive quality health services. As so, it has invested in capacity-building activities, including in mental health and psychosocial support to children's victims of violence and abuse and GBV, and system strengthening of the health sector. The Institute for Women and Children aims to produce quality, reliable data on violence trends to influence national policies, inform decision-makers, and stimulate public debate. For that, the input of social workers in the health system is invaluable, as they often become aware of cases of violence against children that might otherwise go unreported. With the support of the PBF project and thanks to the training, the number of social workers reporting and referring cases of violence against children increased from 6 to 32 (27 woman and 5 men) to date. The objective is to reach a higher number of incident reporting and case management by the end of 2024. | "I like being a social worker and I do it with love. I chose this profession because I'm a natural helper", says Madi Gassi, 38, a social worker at the Regional Hospital of Gabu, in the eastern part of the country. "We receive several cases of violence against children, and the most frequent are cases of sexual abuse", he comments. "It's quite frequent here, and the victims are always girls", he adds. When spotting a case of violence, health social workers can provide "support to cover the cost of medical services and even assistance to cover food costs", if the family can't afford the costs, Sana explains. The essential aspect is the "psychosocial support for the victim and the advice for the family on how to support the victim", he continues. Even after leaving the hospital, "we try to make home visits to monitor the child's situation", says Madi, explaining that "a child who suffers violence is emotionally affected and the family is also in shock". "Now, I have a different perspective on violence", says Inacia Ventura, 37, who recently started working at the Regional Hospital of Tombali, the southern area of the country. She is participating in a training for social workers in health services on how to identify and refer violence against children and how to report it on Kobo Collect, a digital platform managed by the Ministry of Woman Family |

			and Social Solidarity (Woman and Child Institute). "I'm going to change the way I work and practice what I've learned"", continues Inacia.
2	**Health Care Workers from workers union and professional orders lacked the tools and capacities to bring foreword effective negotiation processes with Government institutions**	**Through the training organized in partnership with ITC-ILO the project contributed to build negotiation skills among healthcare workers and government representatives providing concrete tools to prepare and carry out fruitful negotiation processes which are capable to contribute to the social dialogue among workers and institutions.**	**"It was four days of a lot of learning (...) we had the opportunity to improve our knowledge and I believe that improving our knowledge will give us a new tool in our working sector and the experience that in a negotiation we can never enter and leave with the same points, we must have the spirit of compromise, seek consensus and put ourselves in the position of whoever is on the other side to look for solutions (...) with the sole aim of guaranteeing labour peace" - Representative of the Doctor Professional Association**
3	**Civil society organisations (CSOs) hold Guinea-Bissau accountable for its human rights obligations connected to the Universal Periodic Review and advocate for the right to health**	**Under the PBF project local health grassroots organizations were engaged and had their capacity strengthened on health and human rights processes to promote their participation in monitoring health rights at regional and local levels and the Universal Periodic Review mechanism, so they have the knowledge and tools to contribute with their own recommendations.**	..."It was very pertinent, very opportune to do this training and to draft the report together with my colleagues, I think that ...if the recommendations we made are fulfilled, we (the country) will be able to respect what is the right to health in Guinea-Bissau." – Iona Silva, AIFO
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.

Please limit your response to 4000 characters.

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

Annex C_Health Sector CSOs Training on UPR-16_42_42.pdf

File 2

OPTIONAL

Annex B_Visibility Report-17_9_52.pdf

File 3

OPTIONAL

Annex D_ Linha de Saúde 24 Monthly Report September 2024-17_10_5.pdf

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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 with local/grassroots Civil Society Organizations
- ☐ Expanding coalitions & galvanizing political will
- ☐ Strengthened partnerships with IFIs
- ☐ Strengthened partnerships with UN Agencies

Please explain one of the selected options

Please limit your response to 3000 characters.

A meeting between the WHO's Project Manager and the Project Officer, Gender, Youth, and Human Rights took place with representatives of Casa dos Direitos da Guiné-Bissau, a cohort of local organizations that seek to promote dialogue between different sectors of Guinean society, around the realization and promotion of Human Rights to look for synergies and possibility of working together in the future. From this engagement Casa dos Direitos has been supporting us in the identification of regional CSOs working in the health sector to be part of our activities. They also attended as observers in the School Drawing Competition panel of juries.

Please explain one of the selected options

Please limit your response to 3000 characters.

Please explain one of the selected options

Please limit your response to 3000 characters.

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

Please limit your response to 3000 characters

In March 2024 a meeting with OHCHR Human Right's Officer took place with all project partners to present the project and get acquainted with their PBF project: Enhancing the human rights protection system in Guinea-Bissau. Our aim is to join forces under project output 1.2: Strengthened national capacities to develop and implement a National Human Rights Action Plan and the work UNICEF is currently implementing under our output 2.1: Capacity of HCWs (including community health workers and social workers) to provide impartial and inclusive health care services identified as a priority under outcome 1 is strengthened, including Mental Health and Psychosocial Support (MHPSS). Following this, dialogue with OHCHR continued and in order to take advantage of Universal Periodic Review trainings that were being organized by them similar sessions for CSO's working in the health sector took place in August 2024.

Through the project we have managed to strengthen the existing relationship with MoH, particularly within the DGASS department and their staff are engaged and responsive to project activities MoH is also strongly interested in receiving the project support regarding output 2.3 and the impact these activities can have in improving their relations and dialogue with the healthcare workforce and minimize the impact of strikes.

Leave No one Behind

Select all beneficiaries targeted with the PBF resources as evidenced by the narrative *

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
- ☑ Children
- ☐ 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 key monitoring activities undertaken in the reporting period   *

Please limit your response to 3000 characters.

Two monitoring field missions were undertaken in Bafatá and Gabu to assess the working conditions of social workers at the regional hospitals during MINSAP's supervision missions. The project also followed up the capacity building training to social workers in health facilities (Cacheu, Bafata and Bissau regions). In July while in Gabu to present the project to the local authorities the project team also attended one of the participatory analysis sessions implemented by Interpeace/Voz di Paz.

A monitoring mission was also undertaken in September to the offices of Linha de Saúde 24 to meet the team, review their visibility materials, identify potential synergies with other health sector partners for dissemination of information and linkages with the Network of Integrated Ambulances (RIA). This visit was also important to understand how the calling line operates from the moment the call is received until it is referred to appropriate services for support.

The M&E plan, followed by a project team revision and the baseline report results, underwent changes in several indicators. The updated M&E plan was submitted to the PBF for review and approval. For the mid-year report, the approved indicators were already reported against, while the remaining indicators remained unchanged.
The annual work plan for 2024, developed in January, also faced delays and was readjusted in June and submitted to PBF. Activities experienced an approximate 2-3 month delay due to internal process delays and difficulties in securing local implementing partners. However, it was possible to implement those activities between June and September.

Do outcome indicators have baselines?   *

If only some of the outcome indicators have baselines, select 'yes'

◉ Yes

◯ No

If yes, please provide a brief description. If not, explain why not and when they will be available.   *

Please limit your response to 3000 characters.

A baseline survey was developed and submitted to the PBF Secretariat for approval. Based on this, enumerators were trained, and the baseline collected in November 2023 interviewing a total of 307 key health stakeholders (MoH staff, healthcare workers, civil society organizations, syndicates, workers unions, etc). The baseline report was consolidated in February 2024 and presented to all partners and Steering Committee for approval in March 2024. The initial revision of outcome/output indicators that took place at the end of 2023 was then finalised following the baseline report results. Submission of approval of indicators was submitted to PBF in April and currently we are discussing the proposed changes with the Secretariat. Approved indicators are already included in this report.

Elaborate on what sources of evidence have been used to report on indicators (and are available upon request)   *

Please limit your response to 3000 characters.

Indicators have been reported based on data gathered from the focus groups, trainings and meetings attendance lists and activity reports.

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 3000 characters.

The project has undertaken a questionnaire at national level interviewing key departments of the Ministry of Public Health, the National Parliamentary Specialized Health Commission, Health Committees, Workers' Unions, Civil Society Organizations, women's groups and health development organizations (NGOs) to collect data on project outcome/output indicators. The data was then analysed and informed the revision of the project M&E plan. One questionnaire to collect data on citizens' perception and experience of health was developed, which will then inform the Health Barometer Report.

Has the project used or established community feedback mechanisms? *

(●) Yes

(○) No

Please provide a brief description *

Please limit your response to 3000 characters.

Through the partnership with ONG Vida for the establishment of the free calling line accessible to all Linha de Saúde 24. The line is preparing a customer service survey in 2025 so that issues related to children and vulnerable groups are well captured (including Sexual Exploitation and Abuse).

» Evaluation

Is the project on track to conduct its evaluation? *

(○) Yes

(●) No

(○) Not Applicable

Evaluation budget (in USD) included in the project budget: *

Response required

55000

If project will end in next six months, and the overall project budget is above USD 1.5 million, is your upcoming evaluation on track?

○ Yes

○ No

◉ Not Applicable

Please describe the preparations

Please limit your response to 3000 characters.

Contact information	Name	Organization	Job title	Email

Please mention the focal person responsible for sharing the final evaluation report with the PBF:	**Dr. Chantal KAMBIRE**	**WHO**	**Officer in Charge WHO Office**	**kambirec@who.int**

» Catalytic Effect

Catalytic Effect (financial): Has the project mobilized additional non-PBF financial resources to date?   *

○ Yes

◉ No

How many funders has the project received additional non-PBF funding from?   *

Catalytic Effect (non-financial): Has the project enabled or created a larger or longer-term peacebuilding change to occur, in addition to the direct project changes? *

(●) Yes

(○) No

If yes, please select the relevant option below: *

(●) Some catalytic effect

(○) Significant catalytic effect

If relevant, please describe how the project has had a (non-financial) catalytic effect, i.e. removed barriers to unblock stalled political, institutional or other peacebuilding processes at different levels in a country, and/or created the conditions to establish new processes to do so *

Please limit your response to 3000 characters.

The project hasn't yet resulted in larger or longer-term peacebuilding changes. However, the publication of the Health Barometer Report has the potential to catalyse significant shifts in policies and procedures. This impact could extend beyond the Ministry of Health, influencing the Ministry of Finance and the Civil Service Ministry as well, given their interdependence on funding, healthcare workforce, and HR policies and procedures.
This can serve as a valuable tool for policymakers to make informed decisions, align their strategies, and collaborate more effectively across different sectors. This kind of cross-ministerial coordination is essential for addressing complex issues and fostering sustainable development and peace.

Sustainability

Does the project have an explicit exit strategy?

Please describe any steps that have been taken to ensure the sustainability of peacebuilding gains, including any mechanisms, platforms, networks and socio-economic initiatives supported, beyond the duration of the project *

Please limit your response to 3000 characters.

The project team is working to ensure continuous engagement from MoH and other stakeholders. This engagement will foster ownership of the actions by ensuring active participation throughout project implementation and follow-up phases. We have conducted workshops and capacity building sessions for all project beneficiaries. These include selected technical staff at Ministry of Health, Ministry of Finance, social assistants, health sector civil society organizations, syndicates, and professional orders. These sessions are crucial for strengthening their capacity and equip them with the necessary knowledge and tools to perform their tasks effectively beyond project end.
Our goal is to support the government and healthcare workers in improving communication and negotiation. The initial training sessions served as a foundation, enabling us to now support them in developing new communication methods. This includes establishing new mechanisms for dialogue or revitalizing existing forums, which can be sustained after the project end. We are collaborating with both parties to identify the best solutions, aiming to create sustainable mechanisms that will contribute to improved dialogue, peaceful negotiations, and a reduction in health strikes.
These initiatives will not only endure but will also continue to foster a culture of effective communication and collaboration, ultimately leading to sustained peacebuilding gains.

Are there any other issues concerning project implementation that you want to share, including any capacity needs of the recipient organizations?

Please limit your response to 3000 characters.

There are no other issues concerning project implementation aside from the ones that have been stated above. We are however awaiting the transfer of the second tranche of funds in order to be able to transfer the second tranche of funds to our IP (Interpeace/Voz di Paz). This delay could also have an impact in activities.

Monitoring and Oversight Activities

Please describe any key event related to monitoring and oversight. Please click next if no activities have yet taken place.

Events include Steering Committee meetings, Monitoring visits, Third party monitoring, Community based monitoring, any data collection, Perception or other survey findings, evaluation reports, audit or investigations.

Monitoring and oversight activities	Name of the Event	Summary	Key Findings
Event 1	**Project Baseline November 2023 – to February 2024**	**Elaboration of a project baseline, which included the development of a questionnaire that was implemented nationwide. 307 people were interviewed (41% female/59% male)**	**The baseline report contributed to the revision of the indicators that the team had already initiated. Outcome/output indicators and target numbers have been revised and submitted to PFB Secretariat for approval.**
Event 2	**Steering Committee Meeting March 19th, 2024**	**Second meeting of the Steering Committee group**	**Presentation and approval of Interpeace/Voz di Paz' focus groups preliminary results and questionnaire developed for the collection of data for the health barometer. Presentation and approval of the baseline report.**

Event 3	**Monitoring project activities July and September 2024**	**Mission to Gabu in early July to monitor Interpeace/Voz di Paz participatory analysis session. Monitoriong visit to NGO Vida facilities to meet the free calling line Linha de Saúde 24 team and see its functioning.**	**The team implemented well the activity, despite the severe rains that day the session was full, and they managed to run the session according to the schedule. Participants were very engaged in the works and the presence of the Project Focal Point was also important to clarify questions related to the MoH and Inspection Department. Monitoring visit went according to plan, while visiting the facilities and meeting the team of staff. It was also an opportunity to revise visibility materials and built a stronger communication.**
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 go back to the first page of the online form using the "Return to Beginning" option and try to print the PDF version from there)
- After printing the PDF version, please submit the report in the last page of the form. You can use the "Go to End" button in the bottom right corner.
- In compliance with our reporting requirements, **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.