PBF June 2025 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 *

2025-06-15

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 *

- (●) Guinea-Bissau
- ( ) Benin
- ( ) Burkina Faso
- ( ) Cote D'Ivoire
- ( ) Gambia
- ( ) Ghana
- ( ) Guinea
- ( ) 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

Project End Date *

2025-10-11

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

Will this project be submitting a Fund Transfer Request (FTR) in the next six months? *

- ( ) Yes
- (●) No

If so, around which month do you expect to submit the request? *

( ) January	( ) February	( ) March
( ) April	( ) May	( ) June
( ) July	( ) August	( ) September
( ) October	( ) November	( ) December

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
- [ ] BIRN - Balkan Investigative Reporting Network
- [ ] BIOM -Youth Ecological Movemen
- [ ] 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)
- [ ] Geneva Centre for Security Sector Governance (DCAF)
- [ ] 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)
- [ ] Nile Sustainable Development Organization - NSDO
- [ ] 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 **since the project's start** ?

4

To how many implementing partners has the project transferred money **during this calendar period** ?

(for June reports: January-June;
for November reports: January-December (anticipated);
for final reports: full project duration)

4

Please list all of the project's implementing partners and the amounts (in USD) transferred to each, both since the project's start, and specifically during this calendar 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
- ( ) National women's and youth CSO
- ( ) Subnational women's and youth CSO
- ( ) Other

Other, Please specify

....

What is the name of the Implementing Partner *

Interpeace

....

What is the planned total amount (in USD) for the **overall duration of the project** to be disbursed to this implementing partner? *

Please use a dot (.) as decimal separator, instead of a comma (,)

497520

....

What is the total amount (in USD) disbursed to the implementing partner **since the project's start**? *

Please use a dot (.) as decimal separator, instead of a comma (,)

447768

....

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

Please use a dot (.) as decimal separator, instead of a comma (,)

199008

Briefly describe the main activities carried out by the Implementing Partner during this calendar period *

Please limit your response to 1500 characters

The implementing partner experienced significant delays in activity implementation due to the late transfer of the second tranche of funds. Despite this and by using internal funds they successfully advance the finalization of the Health Barometer, and maintained engagement with key stakeholders, including Ministries, professional orders, and syndicates, to advance the establishment of the Dialogue Mechanism Team.

Please list all of the project's implementing partners and the amounts (in USD) transferred to each, both since the project's start, and specifically during this calendar 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
- ○ National women's and youth CSO
- ○ Subnational women's and youth CSO
- ○ Other

Other, Please specify

_____

What is the name of the Implementing Partner *

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

_____

What is the planned total amount (in USD) for the overall duration of the project to be disbursed to this implementing partner? *

Please use a dot (.) as decimal separator, instead of a comma (,)

40779

_____

What is the total amount (in USD) disbursed to the implementing partner since the project's start? *

Please use a dot (.) as decimal separator, instead of a comma (,)

26853

_____

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

Please use a dot (.) as decimal separator, instead of a comma (,)

13926

_____

Briefly describe the main activities carried out by the Implementing Partner during this calendar period *

Please limit your response to 1500 characters

The implementing partner held a workshop to draw up and validate its Terms of Reference (ToR of DSASH - MINSAP, ToR of the Service Director and TOR of the Social Workers of the Health Sector).

Please list all of the project's implementing partners and the amounts (in USD) transferred to each, both since the project's start, and specifically during this calendar 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

- ( ) National women's and youth CSO

- ( ) Subnational women's and youth CSO

- (●) Other

Other, Please specify

NGO

What is the name of the Implementing Partner *

VIDA

What is the planned total amount (in USD) for the **overall duration of the project** to be disbursed to this implementing partner? *

Please use a dot (.) as decimal separator, instead of a comma (,)

89617

What is the total amount (in USD) disbursed to the implementing partner **since the project's start**? *

Please use a dot (.) as decimal separator, instead of a comma (,)

72813

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

Please use a dot (.) as decimal separator, instead of a comma (,)

16806

Briefly describe the main activities carried out by the Implementing Partner during this calendar period *

Please limit your response to 1500 characters

The 1st Annual Meeting of the Linha de Saúde 24H was held in January 2025, with the aim of officially launching the helpline 'Linha de Saúde 24H - Strengthening the availability and proximity of Health Services to the population of Guinea-Bissau' project to the community.
The methodology used to create and operate the Linha de Saúde 24H was presented, as well as the data from the first 6 months of operation, namely the adaptation to the challenges that initiatives in Integrated Health Response face in the global context.

Please list all of the project's implementing partners and the amounts (in USD) transferred to each, both since the project's start, and specifically during this calendar 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
- ○ National women's and youth CSO
- ○ Subnational women's and youth CSO
- ● Other

Other, Please specify

NGO

What is the name of the Implementing Partner *

AIFO

What is the planned total amount (in USD) for the **overall duration of the project** to be disbursed to this implementing partner? *

Please use a dot (.) as decimal separator, instead of a comma (,)

103742

What is the total amount (in USD) disbursed to the implementing partner **since the project's start**? *

Please use a dot (.) as decimal separator, instead of a comma (,)

43793

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

Please use a dot (.) as decimal separator, instead of a comma (,)

59948

Briefly describe the main activities carried out by the Implementing Partner during this calendar period *

Please limit your response to 1500 characters

AIFO held the presentation of the project to MINSAP and the MMFSS and launched presented to stakeholders in the project's target regions, as well.

A survey to analyze the health care situation in target regions of Oio, Gabu, Quinara and Tombali, along with the functioning of existing health platforms and the situation of gender-based violence (GBV) and birth registration issues was also conducted during the covered period.

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 Organizatio n	1018500 *	1018500 *	718972 *	70.59%
	*	*	*	%
UNICEF: United Nations Children's Fund	481500 *	481500 *	395352 *	82.11%
	*	*	*	%
	*	*	*	%

	*	*	*	%
....	....	....	....	....
	*	*	*	%
....	....	....	....	....
	*	*	*	%
....	....	....	....	....
	*	*	*	%
....	....	....	....	....
	*	*	*	%
....	....	....	....	....
	*	*	*	%
....	....	....	....	....
	*	*	*	%
....	....	....	....	....
	*	*	*	%
....	....	....	....	....

	*	*	*	%
	*	*	*	%
	*	*	*	%
TOTAL	**1500000**	**1500000**	**1114324**	**74.29%**

The approximate implementation rate as percentage of total project budget based on the values entered in the above matrix is **74.29%**. 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 $ 572093.94**. Is this correct? *

○ Correct   ● Incorrect

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

572143

ATTACH PROJECT EXCEL BUDGET SHOWING CURRENT APPROXIMATE EXPENDITURE. *

The templates for the budget are available <u>here</u>

Annex A_Financial Progress Report_June2025_VF-19_23_52.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

The Steering Committee met for the last time in December 2024 to elect a new president since the previous one ceased function in the Ministry of Health (MINSAP). An update on project implementation and financial expenditure was shared with members and a presentation on the initial draft of the Health Barometer was done. The members had the opportunity to review, comment and make suggestions on the report. The next Steering Committee meeting is due to take place in July.

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 government remains engaged with the project through the Ministry of Public Health (MINSAP), specifically via the General Directorate of Health System Administration (DGASS), the Directorate of Studies, Planning, and Partnerships (DSEPP), the General Directorate of Hospital Management and Social Services (DSASH) as well as the Secretary General and the Minister of Health.

However, sustained government engagement has been challenging over the past six months due to the prevailing political context. The non-cost extension request faced significant delays, primarily due to the Minister's absence at the time of signature and the absence of delegation to sign the necessary documents. Upon the Minister's return, consistent communication with his Chief of Cabinet and support from MINSAP colleagues ultimately led to the approval and signing of the request. In facilitating the implementation of dialogue mechanism activities, the Secretary General played a key role, working closely with Interpeace/Voz di Paz to nominate MINSAP members and engage other ministries, including Finance, to secure participation and start of this activity. The project team continues to actively engage and involve MINSAP throughout project implementation to ensure sustainability of the action after project end.

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

Staff Recruitment *

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

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

At the beginning of the year, the project team collaborated to finalize a nine-month non-cost extension request. The document was shared with the Ministry of Health and PBSO, receiving approval in February, and was signed by all parties in March. Upon signature, previously held funds in the system were disbursed, allowing the delayed transfer of the second tranche of funds to Interpeace/Voz di Paz to be completed in May. The partnership with Interpeace/Voz di Paz was subsequently revised, with a non-cost extension signed until August 2025. Similarly, the agreement signed last year with NGO VIDA and AIFO is undergoing revision, with approval for a non-cost extension expected soon, extending until September 2025.

In December 2024, WHO's Gender, Human Rights, and Youth IUNV Project Officer ceased functions, prompting the initiation of a recruitment process for a replacement. A new IUNV Gender, Equity, and Human Rights Officer was recruited and began working in February 2025 to ensure continuation of work and support implementation of remaining activities and reporting.

Project partners collaborated to update and adjust the workplan for the final nine months of the project. Preparations for remaining activities continued to ensure timely implementation by the new project end date.

For the execution of the remaining A.1.2 activities, WHO initiated the recruitment of a consultant to support the implementation. However, due to recent internal procedure changes, the process was not approved. To mitigate this, we worked closely with MINSAP to implement the activity, utilizing support from in-country WHO staff alongside additional technical staff from MINSAP.

Describe overall progress under each Outcome made during the reporting period (*for June reports: January-June; for November reports: January-December (anticipated); 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

Project progress summary

Please limit your response to 6000 characters

The implementation of the remaining activities from outputs 1.1 and 2.3 were highly affected by the delay in the fund disbursement from WHO to Interpeace/Voz di Paz. Despite this situation, advances were made both in the finalization of the Health Barometer report and in the establishment of an institutional dialogue mechanism involving institutions, unions and professional associations. The Health Barometer report is almost completed, currently undergoing peer review, with final edits and layout to follow. Its public launch in the coming month is expected to provide qualitative and quantitative data to inform the governance of the health sector with the population's perspective (output 1.1).

Preparations are on good track with the Ministry of Health to launch technical sessions for the analysis of the Health Barometer. Between June and July 4 to 6 sessions will convene approximately 50 key health stakeholders to formulate actionable recommendations on policies, budgets, and procedures based on the Barometer's findings. These recommendations will be presented to the Ministry of Health, accompanied by a targeted advocacy strategy to facilitate their implementation, ensuring measurable impact and accountability (output 1.2).

The preparation of materials for the training of the 50 social workers that will take place in July on GBV and MHPSS as well as the new referral and case management system for violence against children, is being finalized. The monitoring and training of social workers through national missions is ongoing (output 2.1). Regarding output 2.2 the project team, in collaboration with NGO AIFO, is working on the development and production of visibility materials and radio spots to support ongoing activities in Oio, Gabu, Quinara, and Tombali. Additionally, tailored training materials are being prepared for upcoming sessions aimed at equipping key health care workers with essential knowledge on gender-based violence, mental health, and psychosocial support.

Progress was also made in facilitate constructive dialogue between health workers and governmental institutions (output 2.3). Following sustained efforts, the Ministries of Health, Finance, and Public Administration have each appointed focal points to join the Dialogue Mechanism Team together with representatives from unions and professional associations. These key people with experience in the negotiation processes have the capacity within their ministries to advocate for the group's objectives bridging the gap between the working group and the political actors. The group has convened three times, developed, and approved a Term of Reference, and is now pursuing formal recognition through a ministerial dispatch to legitimize its efforts and strengthen ministerial ownership of its work and outcomes. Additionally, the group plans to engage with the Frente Social, a group formed by worker's

unions in the education and health sector, to foster coordination and dialogue regarding recently threatened strikes.

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

The project has continued its collaboration with the General Directorate of Hospital Management and Social Services of the Ministry of Health in drafting and validating their Terms of Reference (ToR of DSASH - MINSAP, ToR the Director of Service and ToR of Social Workers in the Health Sector).
The Directorate also had the support of additional WHO staff from a separate project, which enabled joint participation in sessions dedicated to drafting the document. A thorough analysis was carried out to ensure that gender and equity considerations were effectively integrated into the new Terms of Reference.

In April 2025 the operational team of the Linha de Saúde 24H formed by nine women and five men took part in a training provided by UNICEF experts to strengthen their capacities in offering qualified and safe care and promote knowledge about preventing and responding to situations of abuse and violence. The training covered the following topics:
- Prevention of sexual exploitation and abuse;
- Civil registration and interoperability with health systems;
- Gender-based violence and survivor protection systems;
- The introduction to social and behavioural change approaches such as Social Listening.
Furthermore, it was proposed to integrate referrals to specialized services within the health response system, including psychosocial, legal, and community support - while strengthening coordination among public services, civil society organizations, and other key protection networks.
A gender-sensitive review was also carried out on the monthly reports produced by ONG VIDA regarding the Linha de Saúde 24H calling service. The analysis examined equity in access, quality of care, and gender-responsive service delivery, with attention to intersectionality (e.g. age, disability, language, region) and confidentiality. It resulted in actionable recommendations to improve disaggregated data collection and to strengthen rights-based approaches throughout the Linha de Saúde 24H system. In addition, a specialized training session is being planned for June-July to equip them with the necessary skills to effectively handle calls from survivors of gender-based violence.

NGO AIFO survey tools were reviewed with a gender, equity and human rights lens. The objective was to enhance data interpretation and inform more inclusive and sensitive approaches in upcoming fieldwork. Key recommendations were provided to improve the tools' responsiveness to diverse population needs, including

gender-based violence and disability.

Regarding the facilitation of a peaceful and inclusive dialogue, the main criteria for selection in these activities, which involve only a small number of key actors, were their level of leadership, knowledge of the context, and influence within their organizations and institutions. Influential women are involved in this process, but they currently represent a minority, particularly within the mixed working group. Their opinions, voices, interests, and concerns are carefully considered, and the facilitation of activities focuses on strengthening women's decision-making power, ensuring meaningful and active participation.

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 has contributed to peacebuilding results by strengthening governance, inclusive decision-making, and stakeholder engagement in Guinea-Bissau's health sector.

Under Outcome 1, the project enhanced government capacity to understand public and healthcare worker concerns through the Health Barometer, which captured key stakeholder perceptions of the health sector. The participatory approach, which was included in all stages of the elaboration of the report - engaged government, technical staff, and civil society – fostering meaningful dialogues during the discussions held nationwide during the focus groups or the analysis of the questionnaire data, leading to jointly developed conclusions and recommendations. This strengthened collaboration, transparency, and informed decision-making in health governance.

Under Outcome 2, the project reinforced inclusive service delivery, notably supporting MINSAP's Hospital Social Work Department in strengthening the social service workforce through capacity building of 32 healthcare professionals. 4 Hospitals at regional level are contributing to the management and follow-up of GBV cases. During the reporting period, the operationalization of the Linha de Saúde 24H feedback mechanism enabled 3630 citizens (2391 men and 1239 women, from 10 to 24 years old: 2599 and 1031: from 25 years old, from the regions of SAB (2034), Bafatá (467), Cacheu (308) Gabu (251) and 570 from other health regions) to access timely information, lodge complaints, and receive appropriate referrals. Out of the total complaints received, 3027 were resolved, and 29 cases of VBG- including those relating to child abuse - were referred to appropriate services. This use of the mechanism reflects increased public trust in the health system and demonstrates enhanced institutional accountability and responsiveness to community needs.

During this period the project also provided the MINSAP's Hospital Social Work Department with technical support to facilitate contact with other structures in African Countries with Portuguese as official Language (PALOP), with whom they could exchange best practices on how to treat and refer cases related to GBV and violence against children. Following discussions, the Association of Social Workers of Cape Verde agreed to support this visit, which is due to take place in June.

At the governance level, the peace and conflict analysis the project conducted in May 2024 catalysed the establishment of a Dialogue Mechanism—a structured framework for continuous engagement between health

sector unions and key ministries (Health, Finance, and Public Administration). Despite the difficult political context, the project successfully managed to put this mechanism in place, which reflects a shift towards more proactive and institutionalized conflict prevention. The willingness of union and public institution representatives to participate demonstrates their genuine interest, increased ownership, and collaboration, positioning the mechanism as a sustainable platform for addressing labor-related tensions and strengthening accountability in sector governance.

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: *

*

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 all **outcome** and **output** indicators in the table below.

- 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.

OC1	Outcome Indicators	Indicator Baseline	End of Project Indicator Target	Indicator progress for reporting period	Indicator progress since project's start	Reasons for Variance/ Delay (if any)
1.1	Number of recommendations made that are included in policies, procedures and budgets.	0	5 recommendations	0	0	To be collected at the end of the 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	0	To be collected at the end of the project.
1.3						

1.4						
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1.5						
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How many outputs does outcome 1 have?

1   2   3   4   5   more than 5.

Please list all 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 all output indicators

» 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.

1.1	Output 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 since project's start *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 | 0 | At least 3000 nationwide, among those at least 40% women and 40% youth under the age of 35, with at least 30% of HCWs | |
| 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 | To be collected at the end of project, after the public presentation. |

1.1.3						
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1.1.4						
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1.1.5						
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» 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.

1. 2	Output 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 since project's start *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	To be collected at the end of project.

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	0	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)	To achieve maximum attendance of participants including those from the regions the workshops were design into a cycle of trainings, where its content was divided into 2 workshops.
1. 2. 3						
1. 2. 4						

1. 2. 5						
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» Output 1.3:

1.3	Output 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 since project's start *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						
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1.3.4						
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1.3.5						
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» Output 1.4:

1.4	Output 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 since project's start *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						
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1.4.4						
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1.4.5						
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» Output 1.5:

1.5	Output 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 since project's start *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	....	....	....	....	....	....
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1.5.4	....	....	....	....	....	....
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1.5.5	....	....	....	....	....	....
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» 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.

OC2	Outcome Indicators	Indicator Baseline	End of Project Indicator Target	Indicator progress for reporting period	Indicator progress since project's start	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	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) | 0 | 20% (38% women, 11% youth) | Data collection ongoing. To be finalized at the end of project. |

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	0	To be collected at the end of project.
2.4	Number of health services contributing to the management and follow-up of GBV cases	0	7 hospitals (2 national and 5 regional)	4 hospitals (0 national and 4 regional)	4 hospitals (0 national and 4 regional)	Data collection ongoing. To be finalized at the end of project.
2.5						

How many outputs does outcome 2 have?

1   2   3   4   5   more than 5.

Please list all 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 all output indicators

....

» 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).

2.1	Output 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 since project's start *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)	15 social assistants (7 men, 8 women)	0	32 (27 female and 5 male)	Data collection ongoing. To be finalized at the end of project.
2.1.2	Number of cases of violence against children and GBV referred to and managed by health professionals	5	85	21 (5 boys and 16 girls)	50 (15 boys and 35 girls)	Data collection ongoing. To be finalized at the end of project.

2.1.3	Number of periodical dialogues organized at the regional level between the communities and HCW, including health authorities.	0	3	0	0	Ongoing activity.
2.1.4						
2.1.5						

» 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.

2.2	Output 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 since project's start *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*
....	....	....	....	....	....	....

2.2.1	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	0	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 activity.
2.2.3	Percentage of people who say are satisfied with the monitoring mechanism created by the project.	0	70	0	0	Ongoing activity.

2.2.4	Number of participants (community leaders, community health workers, and CSO representatives) disaggregated by age and sex trained to use, and access information related to health rights (by leveraging learnings from partners), and lodge complaints about malpractices.	0	At least 50	0	0	Ongoing activity.
2.2.5						

» 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.

2.3	Output 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 since project's start *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)	0	33 representatives of key institutions of those 45% women	The project focused 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	Ongoing activity.

| 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. | 19 (5 women, 14 men) | 19 (5 women, 14 men) | Ongoing activity. |
| 2.3.4 | | | | | | |

2.						
3.	....	....	....	....	....	....
5						

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» Output 2.4:

2.4	Output 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 since project's start *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	....	....	....	....	....	....
2.4.4	....	....	....	....	....	....
2.4.5	....	....	....	....	....	....

» Output 2.5:

2.5	Output 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 since project's start *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	....	....	....	....	....	....
2. 5. 4	....	....	....	....	....	....
2. 5. 5	....	....	....	....	....	....

» Outcome 3:

OC3	Outcome Indicators	Indicator Baseline	End of Project Indicator Target	Indicator progress for reporting period	Indicator progress since project's start	Reasons for Variance/ Delay (if any) ....
3. 1	....	....	....	....	....	....
3. 2	....	....	....	....	....	....
3. 3	....	....	....	....	....	....
3. 4	....	....	....	....	....	....

3.5						
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How many outputs does outcome 3 have?

      1   2   3   4   5   more than 5.

Please list all outputs for outcome 3

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Output 3.1

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Output 3.2

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Output 3.3

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Output 3.4

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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 all output indicators

....

» Output 3.1:

3.1	Output 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 since project's start *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	....	....	....	....	....	....
3. 1. 4	....	....	....	....	....	....
3. 1. 5	....	....	....	....	....	....

» Output 3.2:

3.2	Output 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 since project's start *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	....	....	....	....	....	....
3.2.4	....	....	....	....	....	....
3.2.5	....	....	....	....	....	....

» Output 3.3:

3.3	Output 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 since project's start *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	....	....	....	....	....	....
3. 3. 4	....	....	....	....	....	....
3. 3. 5	....	....	....	....	....	....

» Output 3.4:

3.4	Output 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 since project's start *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	....	....	....	....	....	....
3. 4. 4	....	....	....	....	....	....
3. 4. 5	....	....	....	....	....	....

» Output 3.5:

3.5	Output 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 since project's start *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	....	....	....	....	....	....
3.5.4	....	....	....	....	....	....
3.5.5	....	....	....	....	....	....

» Outcome 4:

OC 4	Outcome Indicators	Indicator Baseline	End of Project Indicator Target	Indicator progress for reporting period	Indicator progress since project's start	Reasons for Variance/ Delay (if any) ....
4. 1	....	....	....	....	....	....
4. 2	....	....	....	....	....	....
4. 3	....	....	....	....	....	....
4. 4	....	....	....	....	....	....

4.5						
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How many outputs does outcome 4 have?

      1   2   3   4   5   more than 5.

Please list all 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 all output indicators

....

» Output 4.1:

4.1	Output 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 since project's start *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	....	....	....	....	....	....
....						
4.1.4	....	....	....	....	....	....
....						
4.1.5	....	....	....	....	....	....
....						

» Output 4.2:

4.2	Output 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 since project's start *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	....	....	....	....	....	....
4. 2. 4	....	....	....	....	....	....
4. 2. 5	....	....	....	....	....	....

» Output 4.3:

4.3	Output 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 since project's start *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	....	....	....	....	....	....
4.3.4	....	....	....	....	....	....
4.3.5	....	....	....	....	....	....

» Output 4.4:

4.4	Output 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 since project's start *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	....	....	....	....	....	....
4. 4. 4	....	....	....	....	....	....
4. 4. 5	....	....	....	....	....	....

» Output 4.5:

4.5	Output 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 since project's start *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						
....	....	....	....	....	....	....
4.5.4						
....	....	....	....	....	....	....
4.5.5						
....	....	....	....	....	....	....

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)

....

Events	Event Description	Tentative Date	Location	Target Audience	Event Objectives (900 characters)
Event 1	National presentation of the Health Barometer Report	Mid-July	Bissau	The Ministry of Health, health workers union, CSOs, NGOs and International Organizations working in the health sectors.	

Event 2	....	....	....	....	....
....					
Event 3	....	....	....	....	....
....					
Event 4	....	....	....	....	....
....					

Human Impact

This section is about the human impact of the project. Please state 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	....	....	....
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.

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

Click here to upload file. (< 10MB)

File 2

OPTIONAL

Click here to upload file. (< 10MB)

File 3

OPTIONAL

Click here to upload file. (< 10MB)

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.

The project continued strengthening the capacities of the Linha de Saúde 24H operational team, through a UNICEF-led training aimed at enhancing their ability to provide safe and qualified care. The training focused on key topics, including preventing sexual exploitation and abuse, improving civil registration and its integration with health systems, protecting survivors of gender-based violence, and introducing social and behavioral change approaches like Social Listening.

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 *

- [ ] Strengthened partnerships with IFIs
- [x] Strengthened partnerships between 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

The project team and MINSAP's Hospital Social Work Department have joined efforts with another WHO project: "Ensuring universal access to sexual and reproductive health and rights through integrated people-centred health systems approach" funded by the Susan Thompson Foundation and worked together in supporting the drafting and validation of their Terms of Reference: ToR of DSASH - MINSAP, ToR for the Director of Service and ToR of Social Workers in the Health Sector).

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 (including 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.

Please refer to monitoring and oversight activities table.

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 focus groups, trainings and meetings attendance lists and activity reports.

Has the project launched outcome level data collection initiatives? e.g. perception surveys *

Perception survey is a formal collection of information from a randomly selected sample of respondents through their responses to standardized questions. See PBF Guidance Note for more information link

- (●) Yes
- ( ) No

Please provide a brief description *

Please limit your response to 3000 characters.

In February 2025 NGO VIDA from the Linha de Saúde 24H carried out a survey in Bissau, with the aim of assessing the effectiveness of the service, identifying the challenges faced by users and operators, and proposing improvements to its operationalisation. It surveyed 11,203 people, of whom 46.9% were female and 53.1% male. 71.4%of those surveyed had never heard of the calling line, 28.6% had heard of it and 12.3% said they had already used the line's services. NGO AIFO undertook a survey to analyse the health care situation, the functioning of existing health platforms and the situation of gender-based violence (GBV) and birth registration issues, in the regions of Oio, Gabú, Quinara and Tombali. This survey was attended by: Gabu Region- 48.8% women and 51.2% men Oio region - 43.8% women and 56.2% men Quinara region - 5.4% women and 94.6% men Tombali region - 3.6% women and 96.4% men According to the data, in the Tombali region, 16.7% of those interviewed say that there are programmes or policies that guarantee prenatal care and childbirth for adolescents and pregnant women, while 83.3% are unaware of the existence of such a programme, while in the Quinara region 55.6% of those interviewed confirm the existence of programmes and 44.4% are unaware of the existence of such a programme at regional level. In the Gabu region, 100% of interviewees confirm that there are programmes that support pregnant women and children in this regard. Only 57.1% of those interviewed in Oio confirmed that there are programmes that guarantee prenatal care and safe delivery for pregnant women and children in health centres or hospitals. This means that for maternal and child health, policies should be updated and advocated at a national level so that everyone can get maximum support, and births should take place in the health centres or hospitals closest to the community.

Has the project used or established community feedback mechanisms? *

Community feedback mechanism, or community-based monitoring, is an organized system for communities of participants to monitor the local effects and impact of an intervention. Ideally, this system empowers the community to express whether their expectations are being met and to provide suggestions to decision-makers for possible (re)focusing. See PBF Guidance Note for more information. link

◉ 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 24H. 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).
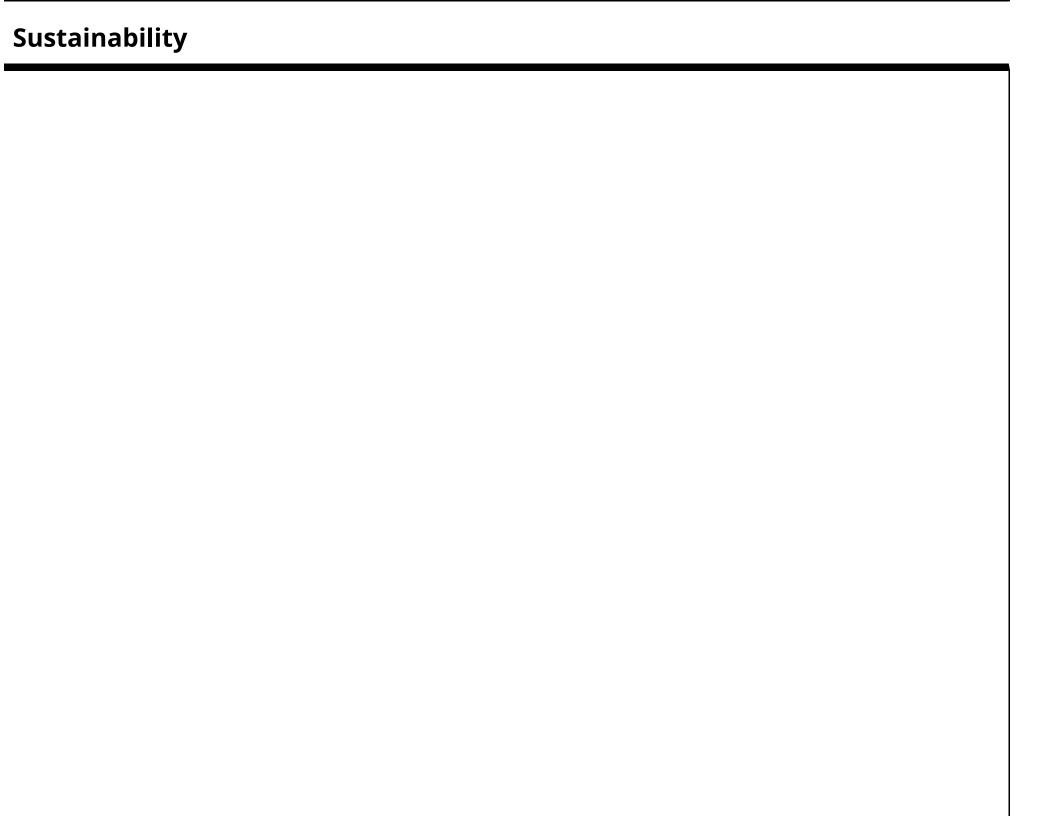
» Evaluation

Is the project on track to conduct its evaluation? *

- ● Yes
- ○ No
- ○ Not Applicable

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

Response required

-2

If project will end in next six months, is your upcoming evaluation on track?

- ● Yes
- ○ No
- ○ Not Applicable

Please describe the preparations

Please limit your response to 3000 characters.

This is being done through the consultancy company contracted by PBSO to assess PBF portfolio in country. WHO Focal Point is part of the Reference Group for this activity.

Contact information	Name	Organization	Job title	Email
Please mention the focal person responsible for sharing the final evaluation report with the PBF:	**Gedeon Behiguim**	**PBF Secretariat Guinea Bissau**	**PBF Coordinator**	**gedeon.behiguim@undp.org**

» Catalytic Effect

Catalytic Effect (financial): Has the project mobilized additional non-PBF financial resources since the project's start? *

- ( ) Yes
- (●) No

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

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? Please refer to PBF Catalytic Effect Guidelines for more information. *

- ( ) 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.

Sustainability

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.

Sustainability: 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 (3000 characters):

The project team remains committed to ensure continuous engagement from the Ministry of Health (MoH) and other stakeholders, fostering ownership and active participation throughout implementation and follow-up phases. With the project's non-cost extension now extending its duration until October, we are focused on a seamless transition of activities to our implementing partner, the MoH, to ensure sustainability beyond project completion. We encourage MINSAP to take advantage of the Health Barometer, recognizing it as a vital governance tool reflecting the perspectives of both the population and healthcare professionals. In alignment with recommendations from Steering Committee members, Interpeace/Voz di Paz will remain available to provide deeper technical insights into the report (per region for example), supporting MINSAP in leveraging its findings to enhance evidence-based policymaking and sector governance. Given the current political landscape, we believe that some recommendations from the Health Barometer analysis sessions may face delays in government approval. However, we continue to collaborate closely with the Ministry to ensure sustained follow-up and institutional readiness. Once the National People's Assembly is in place, efforts should be made by the staff to have these recommendations approved.

In parallel, WHO has contributed to the long-term institutional sustainability of the health and social protection sectors by providing technical inputs grounded in international human rights frameworks. Through the review of the draft National Social Protection Strategy 2025–2034, WHO offered concrete recommendations to integrate gender, equity and human rights principles into national planning instruments. These contributions aim to strengthen interministerial coordination, ensure inclusive budgeting practices, and embed rights-based approaches into future policy cycles—creating structural conditions for sustainability that transcend the timeline of the project.

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.

Political instability in Guinea-Bissau has had serious implication on the engagement with the Ministry of Health (MoH) and other governmental bodies. The lack of political representation within the MoH and the Ministry of Finance's determined a general lack of engagement which resulted in a consistent delay in the implementation of the activities. The project team has however worked together to identify and implement mitigation strategies to address the lack of engagement from the MoH and other governmental bodies.

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 | UNICEF- monitoring AIFO mission to Gabú region (10 to 14 February 2025) | The objective of this mission was to monitor the implementation of project activities of IP AIFO, including supervision during questionnaire implementation in the region and meet with Regional Health Directorate and Regional administration to discuss the activities and any potential challenges. The mission also served to ensure donor and agencies visibility are according to guidelines and to suggest possible recommendations to the partner. | The project has been well received and understood by the various stakeholders involved. However, further efforts are needed to strengthen communications between the health region managers and the health centres under their responsibility in order to facilitate information on the project results and ensure their engagement in implementing ongoing interventions, including to raise community awareness on the importance of modern healthcare in order to ensure the sustainability of the project's results in the long term. Despite the absence of some Community Health Assistants (CHA) due to the distance from the villages to the health centre, the questionnaire for the Humanization of Care, Human Rights and Peace |

			Building in the Health Services in Guinea Bissau was successfully implemented and suggestions were given to the project's team to improve coordination and visibility.
Event 2	**Joint UNICEF-WHO monitoring mission to Quinara region (24 to 28 February 2025).**	**The objective of this mission was to monitor the implementation of project activities of IP AIFO, including supervision during questionnaire implementation in the region and meet with Regional Health Directorate and Regional Government to discuss the activities and any potential challenges. The mission also served to ensure donor and agencies visibility are according to guidelines and to suggest possible recommendations to the partner.**	**Despite initial coordination challenges in their first visit to the region, the AIFO team quickly resolved issues and adjusted scheduled activities. The questionnaire for the Humanization of Care, Human Rights and Peace Building in the Health Services in Guinea Bissau was successfully implemented and suggestions were given by the project's team to improve coordination and visibility. Project visibility materials were also distributed to local authorities and interviewees.**

| Event 3 | Joint UNICEF-WHO-MINSAP oversight visit to NGO Vida Linha de Saúde 24H | The visit aimed to observe the Linha de Saúde 24H in action, assess challenges, identify service gaps, and determine additional support needs. It served also to establish a link between the Linha de Saúde 24H and the Directorate of Inspection. | The service is fully operational, with call volumes rising due to recent visibility campaigns, including radio messages and outdoor ads. Recommendations were made to enhance monthly reporting, and additional training was proposed to improve the handling of gender-based violence calls of their staff. |

Event 4

Joint mission Ministry of Justice and Human Rights - UNICEF
Overseeing the training of social workers on the importance of birth registration through the interoperability with the health sector with a view to integrate birth registration into immunization and maternal services.

Under the PBF project work on strengthen the capacities of social workers and health care providers on child and women's rights, legal identity is one key child right to access basic social services.
The training's objective was to strengthen the skills and abilities of health managers and supervisors, as well as community health workers. This was done by equipping them with the necessary tools to ensure the proper registration and identification of children without legal identity. Additionally, the training focused on the effective communication of clear and concise information, ensuring that their rights were respected and protected.

In order to boost the Bafatá Regional Hospital's initiative to reinforce information and refer families to registration services, the Ministry of Justice and Human Rights organized a training, for social workers, midwives and vaccination technicians on the importance and benefits of birth registration, so that they could pass on correct information about the registration services operating in the facilities, as well as mobile services, to parents, families and communities.

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.