



TERMOS DE REFERÊNCIA

Capitalisation of the SafeSpace Project Experience

General Information

Item	Information
Funding	L'Initiative / Expertise France
Contracting entity	ADPP-GB
Expertise sought	Experience capitalisation / project knowledge management
Type of contract	Consultancy / provision of services
Estimated duration	25 working days
Implementation period	November 2026 to January 2027
Expected launch date	October 2026
Application deadline	30 October 2026
Submission of applications	13 October 2026

1. Background

The SafeSpace project is funded by L'Initiative/Expertise France and implemented in Guinea-Bissau by ADPP-GB, in partnership with RENAP+GB, AGUIBEF, ENDA Santé and Associação Céu e Terras (ACT). It also receives technical support from the Treatment Activists Group (GAT), the National Institute of Health Doutor Ricardo Jorge (INSA) and the Institute of Public Health of the University of Porto (ISPUP).

The implementing partners contribute complementary areas of expertise:

- ADPP-GB (lead organisation) — a Guinean non-profit organisation with experience in community health since 2013, specifically in sexual and reproductive health, prevention of female genital mutilation and child marriage;
- RENAP+GB — prevention, peer support and navigation of healthcare services for people living with HIV, viral hepatitis and tuberculosis, including work to eliminate mother-to-child transmission of HIV;
- AGUIBEF — antenatal and postnatal health, family planning, HIV/STIs, gender-based violence and reproductive health;
- ENDA Santé — support for highly vulnerable groups/key populations in advocating for access to information, prevention, diagnosis and appropriate healthcare.

The project runs from 1 April 2024 to 31 March 2027 (36 months), working in the health regions of the Autonomous Sector of Bissau, Gabú, Bafatá, Tombali, Oio and Farim, through a network of 108 community hubs (20 fixed points and 88 mobile points).

The project aims to strengthen access to quality community health services for people in vulnerable situations and key populations, and to contribute to an evidence-based community response.

As part of the project, a capitalisation activity is planned to systematise the main experiences, lessons learned and practices developed during implementation.

Capitalisation should not constitute a new project evaluation, but rather a learning exercise to understand what worked, under what conditions and why; what difficulties and adaptations shaped implementation; and which elements could be maintained, improved, adapted or replicated.

2. Objective

The objective is to systematise, analyse and highlight the main experiences and lessons learned from the implementation of SafeSpace, turning accumulated experience into useful and transferable knowledge for project partners, national authorities, community-based organisations and future interventions in Guinea-Bissau or similar contexts.

3. Specific Objectives

- Identify the main practices and experiences developed by the project;
- Analyse success factors, difficulties and adaptations made;
- Document the main lessons learned by the different partners;
- Identify practices, approaches or models with potential for continuation, adaptation, replication or expansion;
- Analyse the contribution and complementarity of the different partners;
- Identify lessons related to skills transfer and the sustainability of the approaches developed;
- Formulate recommendations for future interventions;
- Produce capitalisation materials to disseminate and enable reuse of the lessons learned from the SafeSpace project.

4. Priority Themes

- Community-based model for the delivery of integrated health services;
- Integrated community screening and referral to formal healthcare services;
- Peer support;
- Participation of communities and key populations;
- Quality assurance for services and screening in community settings;
- Collection, management and use of generated data;
- Coordination between community organisations and public health structures;
- Cooperation and complementarity between ADPP-GB, RENAP+GB, AGUIBEF, ENDA Santé, Associação Céu e Terras, GAT, INSA and ISPUP;
- Skills transfer and sustainability of the approaches developed;

- Production and use of evidence for policy dialogue and advocacy with decision-makers.

The final themes may be adjusted during the initial phase, in consultation with the project coordination team and partners.

5. Guiding Questions

The capitalisation exercise should seek to answer, among others, the following questions:

- What were the most relevant experiences developed by SafeSpace?
- What worked particularly well, under what conditions and why?
- What were the main difficulties encountered and how were they overcome?
- What adaptations were necessary for the context of Guinea-Bissau?
- What lessons were learned from collaboration between the different partners?
- What specific and complementary contributions did the different partners make?
- Which approaches, tools or models could be maintained, adapted or replicated?
- What conditions are needed to ensure the sustainability of the project's main achievements?
- What elements should be considered in similar future interventions?

6. Methodology

The methodology should be participatory and combine, at a minimum:

- Review of project documentation;
- Interviews and/or focus group discussions with key partners, professionals, activists/peers and other stakeholders involved;
- Visits to implementation sites, where relevant;
- A capitalisation session or workshop with partners;
- Analysis and systematisation of the main experiences and lessons learned;
- Validation of the main conclusions and recommendations.

Whenever the assignment involves direct contact with key populations or other groups in vulnerable situations, informed consent, confidentiality and the protection of personal data must be ensured.

The final methodology should be presented in a methodological note and agreed with the project coordination team at the start of the assignment.

7. Expected Deliverables

The following deliverables are expected:

7.1. Methodological Note

An initial document that should include:

- Understanding of the capitalisation exercise;
- Methodological approach;
- Capitalisation questions;
- Key stakeholders;
- Work plan;
- Indicative timetable;

- Proposed experiences and/or case studies for further exploration.

7.2. Capitalisation Report

A concise analytical report covering:

- Main experiences developed;
- Relevant or promising practices;
- Success factors;
- Difficulties and solutions identified;
- Adaptations made;
- Lessons learned by partners;
- Aspects related to skills transfer and sustainability;
- Recommendations for future interventions;
- Possibilities for adapting, replicating or scaling up the approaches identified.

The report should prioritise analysis and lessons learned and avoid an excessively detailed description of project activities.

7.3. Capitalisation Briefs and/or Case Studies

Preparation of 3 to 5 concise briefs on experiences considered particularly relevant, to be selected during the methodological phase.

Where relevant, each brief should identify:

- Experience or practice;
- Problem or need addressed;
- Approach adopted;
- Main results;
- Success factors;
- Difficulties and adaptations;
- Key lessons learned;
- Conditions for possible continuation, adaptation or replication.

7.4. Presentation of Main Results

Preparation of a concise presentation of the main conclusions, lessons learned and recommendations from the capitalisation exercise, for project partners and other relevant public health stakeholders.

7.5. Final Feedback and Validation Session

A final session with SafeSpace partners to present and discuss the main conclusions and recommendations, enabling the validation and ownership of the capitalisation results.

8. Profile of the Person or Team Responsible

The individual and/or team should have relevant experience in:

- Capitalisation, knowledge management, project evaluation or learning;
- Public health and community health;
- Qualitative and participatory methodologies;
- Working with civil society organisations;
- Analysis and systematisation of experiences;
- Facilitation of participatory processes;

- Writing technical documents.

Experience in HIV, viral hepatitis (B and C), STIs and tuberculosis, as well as working with key populations and in Guinea-Bissau or West African contexts, will be an advantage.

Experience in projects funded by international organisations and/or within the framework of development cooperation will also be an advantage.

Proficiency in Portuguese is required for the final version of the report. Knowledge of French and/or English will be an advantage for translating the final report, which must be submitted on the same date.

9. Support and Coordination

The partners will provide support, within their means, with:

- Access to project documentation;
- Identification of key stakeholders;
- Organisation of interviews and focus group discussions;
- Access to implementation sites;
- Organisation of capitalisation and validation sessions.

The main deliverables will be shared with the project coordination team for comments and validation.

10. Duration and Schedule

The work is expected to last 25 working days, distributed between October 2026 and January 2027.

The detailed schedule will be agreed with the project coordination team at the start of the work. All final deliverables must be completed and validated by 31 January 2027.

The indicative distribution is as follows:

- October 2026 (5 days): kick-off meeting, document review, preliminary interviews and preparation of the methodological note;
- November 2026 (8 days): interviews, focus group discussions, information gathering and, where applicable, visits to implementation sites;
- December 2026 (7 days): analysis and systematisation of information, capitalisation session, and preparation of the first draft of the report and briefs;
- January 2027 (5 days): incorporation of comments, feedback and validation session, and finalisation of deliverables.

• Indicative Deliverables Schedule

• Deliverable	Indicative deadline
• Methodological note	within two weeks of the start of the contract
• Completion of information gathering	By 30 November 2026
• First draft of the capitalisation report	By 18 December 2026
• Capitalisation briefs – first draft	By 18 December 2026
• Feedback and validation session	First half of January 2027

- Final report and remaining deliverables By 31 January 2027
- Deadlines may be adjusted by agreement between the contracted individual and/or team and the SafeSpace coordination team, provided that all final deliverables are submitted by 31 January 2027.

11. Submission Requirements

All deliverables must be submitted in Portuguese, English or French, in editable electronic format and PDF.

Documents should use clear, concise and accessible language, presenting the main experiences, lessons learned and recommendations arising from the capitalisation process in a practical way.

Deliverables will be considered final once the comments agreed during the validation process have been incorporated.

12. Application

Interested individuals and/or teams must submit:

- A technical proposal, including understanding of the assignment, proposed methodology and indicative timetable;
- A total financial proposal, specifying fees and any expenses associated with carrying out the assignment;
- An up-to-date CV for the consultant and/or each team member, demonstrating the relevant experience described in Section 8;
- Examples or references of previous work in capitalisation, evaluation, knowledge management or systematisation of experiences, where available.

Applications should be sent by email to the address (es) below by the deadline.

Selection Criteria

Applications will be assessed on the basis of:

- Experience and suitability of the profile for the objectives of the assignment: 40%;
- Quality and suitability of the technical and methodological proposal: 40%;
- Suitability of the financial proposal: 20%.

The contracting entity may request further clarification or conduct a brief interview with shortlisted individuals or teams.

List of Acronyms

- ACT – Associação Céu e Terras
- ADPP-GB – Ajuda de Desenvolvimento de Povo para Povo Guiné-Bissau

- AGUIBEF – Associação Guineense para o Bem-Estar Familiar
- ENDA Santé – ENDA Santé / ENDA Tiers Monde
- GAT – Grupo de Ativistas em Tratamentos
- INSA – Instituto Nacional de Saúde Doutor Ricardo Jorge
- ISPUP – Instituto de Saúde Pública da Universidade do Porto
- RENAP+GB – Rede Nacional das Associações de Pessoas Vivendo com VIH/SIDA na Guiné-Bissau

Proposals should be sent to the following email addresses:

helmer.c.le@adpp-gb.org, gerente.eco.adm@adpp-gb.org,

For further information, contact: 955973090

FORMAÇÃO DADA POR



PROMOTOR



PARCEIROS



DOADOR

