MID-TERM REVIEW OF BRIDGE PROJECT

NOVEMBER 2022

SIERRA LEONE RED CROSS SOCIETY

Cover photo: Volunteer Coaches in Kenema – Veronica T Tengbeh (left) and Salamatu Vandi (right) supervise community volunteers in selected communities in the BRIDGE Project. The women are well known by the communities they serve and often support training and other health actions in their district.

Foreword

The mid-term review of the Building Resilience, Inclusive Development and Gender Equity (BRIDGE) has been prepared by a team from Finnish Red Cross, Malawi Red Cross, and Icelandic Red Cross. The mid-term review terms of reference guided the team in their work with an overarching goal of providing specific and actionable recommendations relevant to BRIDGE's remaining implementation period and for future partner engagement in resilience programmes.

Successes, achievements, key findings and recommendations were supported by data collection using a suite of new and previously used methods and tools. Tools the team and the National Society were familiar with included key informant interviews and focus group discussions with a range of internal and external stakeholders. The mid-term also used an adapted version of the Most Significant Change process, previously utilised only with project staff, to gather key stories of impact and compare various internal actors perception of them so that we may understand the impact of a project and interplay of its various activities beyond its indicators. Detailed, and where necessary de-identified, findings from these primary sources were triangulated and substantiate the recommendations and findings.

To complete the mid-term review the team relied on the support of the Sierra Leone Red Cross Society and Finnish Red Cross in Sierra Leone. In particular, for the support they provided to logistics, data collection and late evening clarifications the mid-term review team would like to thank Mr Magnus Lahai, Ms Rubiatu Nicholls and Mr Abdul Conteh. The district staff, branch executive members and especially the dedicated volunteers in the communities we visited provided rich information that allowed the team to develop its findings and recommendations and we are very grateful to them.

We present this report in the hopes that it will provide fertile ground for Sierra Leone Red Cross Society and consortium partners to build on the valuable work being done, focus on impact through building community resilience and support a stronger Sierra Leone Red Cross Society.

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List of Abbreviations and Acronyms

BOCA	Branch Organisational and Capacity Assessment
CEA	Community Engagement and Accountability
CEFM	Child, Early and Forced Marriage
CHW	Community Health Worker
CLTS	Community Led Total Sanitation
COVID-19	Corona Virus Disease - 2019
CP3	Community Pandemic Preparedness Project
CSE	Comprehensive Sexuality Education
DDI	Digital Divide Initiative
DM	Disaster Management
eCBHFA	Community-Based Health and First Aid
ECHO	European Civil Protection and Humanitarian Aid Operations
eVCA	Vulnerability and Capacity Assessment
EWS	Early Warning System
FGD	Focus Group Discussion
FHO	Field Health Officer
HH	Household
HQ	Headquarters
ICT	Information and Communications Technology
IFRC	International Federation of Red Cross and Red Crescent Societies
KII	Key Informant Interview
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
LSE	Life Skills Education
MHM	Menstrual Hygiene Management
MNCH	Maternal Neonatal and Child Health
MTR	Mid-term Review
NDA	National Development Authority
NGO	Non-governmental Organisation
NSD	National Society Development
ORT/ORS	Oral Rehydration Therapy/Oral Rehydration Solution
OVC	Orphans and Vulnerable Children
PGI	Protection, Gender, and Inclusion
PMER	Planning, Monitoring, Evaluation and Reporting
PSEA	Prevention of Sexual Exploitation and Abuse
RCRC	Red Cross Red Crescent
SGBV	Sexual and Gender Based Violence
SLRCS	Sierra Leone Red Cross Society
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

WASH	Water, Sanitation and Hygiene
YFHS	Youth Friendly Health Services

Executive Summary

The Building Resilience, Inclusive Development and Gender Equity (BRIDGE) project marks the next phase of long-term support for the Sierra Leone Red Cross Society led by Finnish Red Cross and in partnership with Icelandic Red Cross. The project was envisaged as a continuation of the 2016-2019 Community Based Health Programme (CBHP) which ran in all 13 branches of SLRCS until the end of 2018 . The BRIDGE project support branches and their selected target communities in 6 branches – Bo, Bonthe, Kenema, Kono, Moyamba, and Pujehun.

The mid-term review was guided by questions in seven areas of focus: relevance, coherence, effectiveness, efficiency, impact, sustainability, and learning. The review used a mix-methods approach including desk analysis of key project documents, XX focus group discussions, over XX key informant interviews and collection, selection and discussion of XX most significant change stories. The analysis and triangulation of data obtained from these approaches led to the following main findings and recommendations.

Main findings

The main findings from the BRIDGE mid-term review are presented below based on key achievements and areas of focus for mid-term review questions.

Key Achievements

- The selection of communities truly reflected “hard to reach” status. SLRCS selected communities that had been either ignored by other organisations because they were the last mile or where others had failed to deliver due to challenges (which SLRCS overcame).
- SLRCS has taken a “whole of community” approach. People within communities were often reached by multiple aspects of the BRIDGE project and were able to cite multiple ways in which their capacity and strength was built.
- Community involvement, participation and trust was strong - all communities appreciated the work of SLRCS.
- The BRIDGE Team utilises an accessible and transparent style of project management encouraging frequent support from HQ to branch level and experience sharing between branches.
- The project was seen to be aligned with government policies and implementing its strategies.
- In two districts there was good coordination of activities with government, in the one where there were concerns with coordination the government requested joint monitoring (though these requests were coupled with more frequency and higher allowances).
- Government actors expressed ownership of the work of BRIDGE, and were ready and in some cases already were taking over roles in supporting structures, particularly water.
- Government structures felt well consulted and involved in all decision making about the project, many government actors cited SLRCS as a key actor in achieving their district level development goals. This was especially so in the area of WASH.
- Needs assessment informed the activities selected by communities – placing community priorities at the forefront, and demonstrated by community action plans.
- This contributed to the increased relevance and coherence of BRIDGE to communities and groups within those communities (men, women, girls, boys and persons with disabilities) and government stakeholders.
- The BRIDGE project has made efforts to address poverty, through supporting communities to set up Village Savings and Loans Associations (VSLA). Though analysis was not possible in this MTR this may have positive effects on social issues including gender-based violence
- Project staff give special thought to balancing presence and trust in communities and working towards the change of social and cultural norms.

- Within the elements of a resilient community SLRCS delivered most strongly on supporting communities to be healthy and have social cohesion.
- Village Savings and Loans Associations have an affect across multiple resilience domains – health, meeting their basic needs, social cohesion, and economic opportunities.
- Red Cross actions in these communities, and the way they work with them fosters a sense of community pride and self-reliance.
- SLRCS has managed to mainstream gender and inclusion (though we may consider additional quality and focus).
- Transparent and open lines of communication between headquarters and branch teams - this loose but supportive structure was consistently reported as being good by all staff.
- Branch staff has appropriately revised their plans and focus based on recommendations from the April workshop.
- Red Cross volunteers were well known, volunteer coaches and branch staff were well known owing to their frequent presence in the communities.
- Enthusiastic and dedicated volunteers! The backbone of the NS

Recommendations

Recommendations based on findings within each area of focus for mid-term review questions are summarized below (not ranked in order):

Introduction and Context

The Building Resilience, Inclusive Development and Gender Equity (BRIDGE) project marks the next phase of long-term support for the Sierra Leone Red Cross Society led by Finnish Red Cross and in partnership with Icelandic Red Cross. The project was envisaged as a continuation of the 2016-2019 Community Based Health Programme (CBHP) which ran in all 13 branches of SLRCS until the end of 2018 (co-funded by British Red Cross), and four (4) branches from 2019 (Bo, Pujehun, Kono and Kenema). The BRIDGE project support branches and their selected target communities in 6 branches – Bo, Bonthe, Kenema, Kono, Moyamba, and Pujehun.

In 2020, the beginning and implementation of the project was delayed by the COVID-19 pandemic as the activities related to COVID-19 preparedness and response were prioritised. A community assessment in quarter 3 of 2020 helped to identify community priorities, capacity gaps and develop a project log frame. A baseline was conducted in April 2021. In May 2022 a planning workshop was held to refocus the branch and headquarters staff on achieving impact and realistically planning activities. The programme documents have been revised based on the assessments and planning workshops.

The revised overall objective[1] of the programme is to have *strengthened community-level resilience in BRIDGE-programme communities by the end of 2024*. This is done by ensuring that:

1. Target communities are knowledgeable in and able to prevent and manage their own priority health issues
2. Target communities have improved access to sustainable WASH facilities and increased knowledge on proper hygiene and sanitation practices
3. Target communities take concrete actions to prevent and respond to disasters with increased knowledge about climate
4. Sierra Leone Reed Cross Society is a strong, sustainable, well-functioning National Society, including branches and is able to respond to emergencies and support communities to become more resilient.

Thus, the programme has four outcome areas; 1) Health; 2) WASH; 3) Disaster Preparedness and Response; and 4) National Society Development. Protection, gender and inclusion (PGI) are considered cross cutting issues alongside community engagement and accountability (CEA) and Climate-Change Adaptation (CCA).

Sierra Leone is a country in West Africa, located on the Atlantic coast. The country has a population of around 7 million people, and its capital and largest city is Freetown. The country has a diverse population that includes several different ethnic groups.

Sierra Leone gained independence from the United Kingdom in 1961, and since then it has faced a number of challenges. The country has a history of political instability and conflict, including a civil war that lasted from 1991 to 2002. This conflict had a devastating impact on the country, taking many lives, leaving many people displaced and damaging the economy.

Despite these challenges, Sierra Leone has made significant progress in recent years. The country has experienced economic growth, and has made strides in improving healthcare and education. However, it remains one of the poorest countries in the world, and many people still face significant challenges, including poverty, poor health, and limited access to education.

These challenges are faced head-on at the community level. Remote communities, intentionally selected to be part of the BRIDGE project are often distant from basic services in areas that are difficult

[1] The logframe for the programme has been revised and finalised but is yet to be approved by the Ministry of Foreign Affairs of Iceland.

to access. Their collective and individual resources are significantly challenged in times of crisis, with families unable to meet their food and health needs. Compounding this, and especially for communities selected for BRIDGE, was a lack of access to safe water. Further, social and gender norms in these communities often worked against the best interests of women, girls, boys, men, and persons with disabilities health depriving them of opportunities, and pathways to collective resilience.

The BRIDGE project was designed to tackle these issues by focusing on and building on the strengths of these communities and the power of the Red Cross as a convener of communities, engaging them in participatory actions to develop their resilience, while supporting with resources, information and connection to services. This MTR reflects on the successes of this approach and makes recommendations to improve them, provide increased or removed focus within the context of community health systems, social and gender norms and community infrastructure and management.

Mid-Term Review Objectives and Questions

The mid-term review has been initiated by the consortium partners Finnish Red Cross and Icelandic Red Cross to review the implementation of the BRIDGE project since its inception. The mid-term review is geared towards promoting project performance improvement, accountability, learning and evidence-based decision making and management. The review assessed results achieved to date in comparison with the indicators, and logical framework of the project measuring against the baseline done in April 2021. However, whilst the review of the past is important, the mid-term review is expected to lead to recommendations and lessons learned for the project's future. Thus, much focus will be given to draw lessons and make recommendations for enhancing project implementation, quality and impact.
To this end the MTR aims to meet three core objectives:

1. To assess the extent to which the project is on track to achieve the expected results as per the agreed indicators and timelines and recommendations to achieve those results.
2. To assess the extent to which the project plan should be adapted and changed to focus on impact for the target communities in the time remaining.
3. To assess the extent to which the planned cross cutting issues have been mainstreamed in the programme implementation and what impact they have made on the outcomes.

The geographic scope of the MTR was limited to three of the six BRIDGE districts owing to time and resources. They were Bo, Kenema and Pujehun.

To meet these objectives various MTR questions against seven criteria were identified:

Relevance

1. Are target communities engaged in actions to achieve resilience at the community level and what drivers influence their participation?
2. To what extent have project initiatives and results been relevant to women and girls and persons with disabilities?

Coherence

3. To what extent have other interventions or policies (particularly from government and other actors working in the same area) supported or undermined the project?
4. To what extent is the project aligned with the IFRC Framework for Community Resilience?

Effectiveness

5. To what extent is the project on track to achieve the expected results as per the agreed indicators?
6. To what extent are the originally intended outcomes realistic?

7. For each of the programme outcome areas, what approaches work best for whom, under what conditions and why?
8. To what extent are branches being supported by the project management team to identify and jointly solve programme issues? Are the roles and responsibilities clear?
9. To what degree has SLRCS achieved meaningful participation and inclusion of women and persons with disabilities in the planning and implementation of all activities? Have the specific barriers to their participation been identified and mitigated?
10. To what extent does the data collected in the project guide the planning and monitoring of mainstreaming gender and disability inclusion?
11. To what extent have community members been able to ask questions, raise concerns and provide direct or anonymous feedback regarding the programme?
12. To what extent have programme activities been climate smart?

Efficiency

13. To what extent is the project on track to reach its expected results within schedule and with an efficient use of resources?
14. To what extent is SLRCS able to prioritise, organise and adapt project activities according to available resources, time and community priorities (e.g. seasonal considerations)?

Impact

15. Which parts of aspects of the programme have or are expected to have generated the most valuable outcomes for the time, money and effort invested?
16. By what criteria does the National Society vs target communities define success/impact? Are these definitions aligned?
17. Is the intervention creating changes in social norms, including gender norms, and systems, whether intended or not?
18. Is the intervention causing any unintended negative impact?

Sustainability

19. To what extent are the target communities capable and prepared to maintain the positive effects of interventions across the first three outcome areas (WASH, Health, and Disaster Preparedness)?
20. To what extent has the project built the capacity of the branches to effectively engage with local authorities, organisations of persons with disabilities and communities to achieve resilience?
21. To what extent has the project increased the sustainability of the branches through the branch development?

Learning

22. What went well and why?
23. What could have gone better?
24. What are two or three key lessons that should be shared with others in the Movement?
25. What are the main challenges the project is facing or has faced?
26. What are the recommendations to improve the achievement of results?

In the process of conducting the review and preparing the preliminary results and debrief for the SLRCS and FRC Project Team in Sierra Leone the MTR Team felt that the presentation of the report and results should focus on a structure that supported the findings and recommendations to be used, both in the upcoming annual planning process and throughout the implementation of the project. For this reason, the structure of this report is presented not by the seven criteria of the TOR but by programme/result

area and including cross-cutting issues, management, and recommendations for National Society partners.

Further, it was discussed by the MTR team that a lesson learned for those commissioning MTR's should be that the purpose of an MTR is not evaluation – thus the OECD DAC Evaluation Criteria need not be stringently applied – and instead questions to support improved practical management and revised design of a programme that centres achieving change for communities as well as equity, capacity and sustainability) should be considered.

To ensure the requirements of the TOR are met, the MTR Team has developed a table, Table 1. MTR Review Questions Ranking to demonstrate these questions have been considered and answered within the scope of the MTR (see section 4, Findings).

Methods

The MTR used a mixed methods approach. The various approaches used for the MTR are detailed below and included desk analysis, key informant interviews, focus group discussions, most significant change story collection and selection, and direct observation.

The MTR team consisted of the Finnish Red Cross Africa Health Advisor as MTR Team Lead, Icelandic Red Cross Programme Manager, and Malawi Red Cross Monitoring, Evaluation and Learning Officer. Key Informant Interviews were conducted by this team without either the project or FRC in-country team present. The Finnish Red Cross Country Delegate was asked to accompany community visits, focus group discussions, and provided valuable contextual information for the team.

From the SLRCS team the BRIDGE Project Coordinator, Project Officer and WASH Officer formed part of the team. Their roles included coordination, conducting of focus group discussion and collection of most significant change stories. Each SLRCS team member was partnered with an MTR team member.

At the district level SLRCS Field Health Officers and Branch Managers arranged key informant interviews with relevant government stakeholders, and coordinated with volunteer coaches and volunteers for visits to communities. Some were involved in transcribing focus group discussions. Translation for MTR team members was done in the field by people external to the Red Cross.

Desk Analysis

Desk analysis was conducted prior to and during MTR Team visit and informed areas needing follow up on triangulation by direct observation and/or other methodologies. The analysis was a review of reports and materials provided by the BRIDGE Project team and included:

- Programme document and addendum documents (including logframe)
- Activity Reports
- Quarterly Reports
- Progress Reports
- Most Significant Change Report within the Regional Health Advisor Mission Report (April 2022)

In addition to the above, the team sought out monitoring documents at the field and branch level.

Focus Group Discussions

Two themed focus group discussions were used in this MTR. The first was on branch capacity strengthening and the second on community engagement and participation. Focus groups were conducted in the community Although efforts were made to have focus group that did not include people directly involved with the programme, this proved difficult due to the far-reaching

A total of XX focus group discussions were conducted. These were done as per the table below:

Focus Group	Location	Theme
Branch Executive	Kenema	
	Kenema	
	Kenema	
	Bo	
	Bo	
	Bo	
	Pujehun	
	Pujehun	
	Pujehun	

Key Informant Interviews

Key informant interviews were conducted with selected individuals who have knowledge of the context and location where SLRCS is implementing BRIDGE. This included internal and external key informants.

Key informant interviews were used to:

- Understand how the various staff and volunteer fit together in the overall scope of the project.
- Understand the relevance, coherence, and impact being felt at the community level (for example with village chief's or community members)
- Obtain technical information from people representing specific professions, such as community health workers or wate resources staff.
- Gain specific knowledge about a specific topic or sector (e.g., interviewing a fathers club member)

A Key Informant Interview (KII) guide was developed to support MTR team members when interviewing people. The questions were separated into different question blocks related to the MTR Terms of Reference and sectoral questions.

Key informant Interviews were performed with various people internal to SLRCS, among them:

- Project Coordinator
- Project Officer
- WASH Officer
- Field Health Officers
- Branch Managers
- Volunteer Coaches
- Volunteers

External stakeholders included

- District Water Resources Staff
- Local council Staff
- District Health Team Staff
- District Social Welfare Staff

Additional interviews in the community, asking many of the questions from the KII guide but also investigating issues aligned with the initiatives being directly observed, were conducted. These occurred with:

- Community Health Workers
- Village Chiefs
- Fathers or Mothers club members
- Community members

Daily discussions and debriefs with the MTR team (both the SLRCS and other members) helped to pull out key issues identified from KII and notes from these were submitted to the MTR team lead for review and inclusion in this report.

Direct Observation

Direct observation in communities with the support of volunteer coaches and volunteers was done of water points, latrines, handwashing points, home water storage, community initiatives like compost walls, dish racks, clothes lines, gardens, and others. MTR team members sought to understand these services in terms of access, use, and their value to the community.

Findings and Recommendations

Findings are organised by MTR question areas. Indicators are reported under the effectiveness section. Where specific areas of insight and investigation were made, particularly points of interest that MTR team members discussed in more detail, boxes provide a way to "zoom-in" on a particular topic. Where appropriate, evidence and other relevant review material is referenced.

The MTR Team decided that rather than arrange the report by the TOR questions, we would instead prioritise a format that would bring the most value to SLRCS both for reference in improving programme elements and for their upcoming (early 2023) planning process. As such, the report's findings and recommendations are grouped together and divided by programme element/result area for easy reference.

In support of the TOR, a quick MTR question ranking table was made to briefly summarise answer to the TOR questions by review criteria. The ranking system is a visual guide (green for achieved/ to a significant extent, yellow for to some extent and red for not achieved or to no extent) to help SLRCS and partner staff see whether SLRCS is currently performing against each review criteria question. Amongst MTR review questions that could be answered using this visual system, SLRCS mostly shows that BRIDGE achieves the area in question to a significant extent. For the few that were partly achieved, explanation is provided. Note that partial achievement sometimes reflects that this has only just begun within the project or, in two cases, reflects a key need to review monitoring systems of BRIDGE. There are no areas in which SLRCS through BRIDGE does not achieve criteria to any extent. Overall, across the review criteria of relevance, coherence, effectiveness, efficiency, impact, sustainability, gender and disability inclusion and learning – the BRIDGE project is performing strongly.

Limitations

It must be noted that the MTR TORs are comprehensive with multiple questions and the BRIDGE programme is wide ranging with multiple elements to consider and review. The MTR team consisted of three people and the timeframe for data collection and consultation was less than seven days, making it hard to dig deep on any subject or question. Only six communities out of 42 were visited and no MTR specific quantitative data was collected from other communities. Regular programme reports provided data on other communities. This MTR is therefore not intended to make broad generalisations for all the communities but rather provide insight and guidance for the planning of the next two years. A more comprehensive evaluation is planned at the end of the programme.

Table 1. MTR Review Questions Ranking

MTR Questions	Ranking			Comments
	No / To no extent	*Partially / To some extent*	*Yes / To a significant extent*	
Relevance				
1. Are target communities engaged in actions to achieve resilience at the community level and what drivers influence their participation?				Within the elements of a resilient community as defined in IFRC's Framework for Community Resilience, SLRCS delivered most strongly on supporting communities to be healthy and have social cohesion. However, multiple elements of the project also supported communities to be more knowledgeable, have economic opportunities, have well maintained and accessible infrastructure and services and be connected. BRIDGE was not observed to currently work on management of natural assets.
2.To what extent have project initiatives and results been relevant to women and girls and persons with disabilities?				Project results are relevant for women and girls, and person´s with disabilities, both in terms of practical needs (help women in their current roles) and strategic needs (can transform social relations). Communities and community members reported that women were now involved more in decision making and cited examples that included them having their own committees and being more involved in decision making in village leadership. Women and men also reported that BRIDGE actions gave them more power to negotiate decisions in the home. Girls, particularly those who were recipients of school dropout funds were seen to be empowered to start small businesses and return to school.
Coherence				
3. To what extent have other interventions or policies (particularly from government and other actors working in the same area) supported or undermined the project?				Activities within the project were seen to be aligned with government . Government actors were well informed about the work of the project and in many cases claimed ownership of the work of the project, claiming they contributed significantly to district plans. There is a need to review and align to the greatest extent possible, the monitoring regulations for government stakeholder inclusion as has been done by other organisations.
4.To what extent is the project aligned with the IFRC Framework for Community Resilience?				See question 1 - Very well engaged across most areas of resilience with the exception of management of natural assets which will to some extent be addressed through the Tree Planting and Care Initiative.

Effectiveness				
5. To what extent is the project on track to achieve the expected results as per the agreed indicators?				The Monitoring and Reporting section of this report provides more detail on this question.
6. To what extent are the originally intended outcomes realistic?				Overall, the MTR Team felt, on review of the logframe, that outcome indicators may be targeted at the wrong level. This made it difficult to assess this question.). It is recommended that outcome indicators should measure change at a higher level to add more to our understanding of how the programme may have impact. The Monitoring and Reporting section of this report provides more detail on this question and recommendations on the same.
7. For each of the programme outcome areas, what approaches work best for whom, under what conditions and why?				See full narrative report organised by outcome areas. The BRIDGE project also succeeds well in mainstreaming Protection, Gender and Inclusion and CEA throughout elements of their project and it is these cross-cutting elements that ensure the conditions of success for the outcome areas.
8. To what extent are branches being supported by the project management team to identify and jointly solve programme issues? Are the roles and responsibilities clear?				All staff reported transparent and open lines of communication between headquarters and branch teams. This management structure is a loose but supportive one enabling for frequent clarifications, experience sharing and problem solving. Strong and enabling features of the management structure were seen to be trust in the judgement of branch staff and creative problem solving by HQ in support of the project when challenges cannot be solved at field / branch level.

9. To what degree has SLRCS achieved meaningful participation and inclusion women and persons with disabilities in the planning and implementation of all activities? Have the specific barriers to their participation been identified and mitigated??				SLRCS demonstrated a strong focus on disability inclusion, prioritising seeking out and centring persons with disabilities opinions and needs. This went beyond the typical approach of merely presence at meetings, but through to consultation and prioritisation of their needs. SLRCS provides a strong case for the emphasis on supporting NS in disability inclusion - once they gained skills they were able to meaningfully apply them in their programme. SLRCS demonstrated a strong prioritisation of reaching, including, and championing the needs of women in BRIDGE. This went from inclusion in all committees, including women specific committees, prioritisation of them for VSLA, engagement of women leaders and ensuring gender balance in trainings and community skills building (e.g. pump mechanics).
10. To what extent does the data collected in the project guide the planning and monitoring of mainstreaming gender and disability inclusion?				The planning of the programme was based on thorough community engagement of men and women. Interviews with male and female community members confirmed extensive consultation by the SLRCS. There was limited evidence that persons with disabilities were consulted in the planning phase of the The project has a log frame from which the M&E system can be established, and data is meant to disaggregated by gender and disability however the M&E system in general is not functional and so such data cannot be collected to inform mainstreaming in the project.
11. To what extent have community members been able to ask questions, raise concerns and provide direct or anonymous feedback regarding the programme?				SLRCS has made efforts to collect feedback on the project to inform annual review processes. Overall, the functional feedback mechanisms in place appear to work very well to provide feedback on non-sensitive issues. SLRCS has had a hotline (the official feedback mechanism outlined in the BRIDGE programme document) posters advertising the hotline in English were seen in communities, and branch staff say community members are aware of the hotline, though no community member mentioned it. One of the main challenges with using the hotline is that many of these selected communities have no mobile network. Community structures and leadership are such that feedback and issues are fed through leadership structures to the village chief. While this is a positive use of traditional and known feedback mechanisms, it limits the ability to collect feedback on sensitive issues and protection. The MTR team did not identify any current mechanisms for providing anonymous feedback or complaints, especially around issues that are sensitive or protection issues. Communities expressed great gratitude to the SLRCS and rely on the programme for basic necessities, so it

				may make it very difficult for individual community members to use the current structures to report instances of sexual exploitation and abuse, should they come up (there was no indication of any such instances during the review).
12. To what extent have programme activities been climate smart?				Efforts to make the project climate smart were not evident and have not been a priority of the project. This may partially be because of the new Tree Planting Initiative - a project that has a stronger environmental and climate focus and which, from discussions with staff, appears to be considered complementary actions. Climate change itself was poorly understood by the few community key informants that were asked. However, the MTR Team felt that it would be more valuable for the communities to be equipped to address the impacts of climate change (water, agriculture, disease) rather than having a theoretical understanding of climate change itself. In this sense, the activities in the project address climate change related issues or its impact.
Efficiency				
13.To what extent is the project on track to reach its expected results within schedule and with an efficient use of resources?				Resources are being used efficiently and from what the MTR team observed, the SLRCS team is able to, through the organisation of its activities, cascading approach, and continuous engagement of government and community committees reach towards sustainable improvements in resilience. Although the BRIDGE project is having significant impact in these communities, where the project may have difficulty in achieving their results is in the definition of those results. Current programme monitoring structure, and project documents do not capture the full extent of the what the project is achieving and need focused attention so that programme may measure its successes and possible shortcomings.
14. To what extent is SLRCS able to prioritise, organise and adapt project activities according to available resources, time and community priorities (e.g. seasonal considerations)?				The programme meeting held in April and its recommendations were taken on board by branch staff to refocus programme elements for best resource use. The Branch teams were seen to negotiate on behalf of communities to ensure government and other stakeholder (contractors) delivered on the highest priority - safe water. Seed inputs were delivered on time to allow for planting. It was not certain how well-timed health messages were with seasonal considerations. Delays in transfer by donors limited in some instances the ability of SLRCS to organise activities on optimal times.

Impact				
15. Which parts of aspects of the programme have or are expected to have generated the most valuable outcomes for the time, money and effort invested?				SLRCS actions to convene communities to take action for themselves and support decision making structures was one of the ways the project has achieved success with limited resources. Across all communities, the provision of safe water was seen to have significant impact - despite this being the costliest input of the project, results are highly tangible. Though it takes time, monitoring and investment, Village Savings and Loans Associations have an affect across multiple resilience domains – health, meeting their basic needs, social cohesion, and economic opportunities. Many community members also highlighted the importance of village cleaning, another low cost yet potentially effective activity.
16. By what criteria does the National Society vs target communities define success/impact? Are these definitions aligned?				The most significant change process conducted with BRIDGE staff in April and community members in this MTR demonstrated an alignment of definition of success. Across both communities and individuals being empowered to themselves make changes in their lives (rather than through handouts from the Red Cross) as well as impacts demonstrating inclusion were most mentioned. Both community members and staff felt improved health, economic empowerment and social cohesion were key measures of success to which the programme contributed.
17. Is the intervention creating changes in social norms, including gender norms, and systems, whether intended or not?				Project staff have given special thought towards the change of social and cultural norms. A number of community members claimed that there had been an attitude shift in the communities indicating that the programme may be shifting social norms, including gender norms, although this cannot be claimed for all the communities without further evidence. The latest version of the logframe makes no attempt to capture results related to gender equality and disability inclusion beyond issues related to sexual and reproductive health, including SGBV. Despite this, women and men reported that the work of the Red Cross in their communities, fostered environments of gender equality. Some indicated that the promotion of VSLA and mother's clubs supported women's contribution and decision making in the home. These two things – how much a woman can contribute economically, and decision-making power in the home were felt by some to be linked and raised by both men and women as creating gender norm change. But trainings and inclusive programme practices were also cited as contributing to the reported change. Additional information on norms can be found in the Protection section.

18. Is the intervention causing any unintended negative impact?				No unintended negative impacts of the projects were noted by the MTR team. Multiple key informants across local authorities and communities were asked this question.
To what extent are the originally intended overarching goal and outcomes realistic?				Health and WASH outcomes were seen to be both realistic and have the most progress towards achieving them. Recommendations to improve these elements as the project enters its second half have been made. Branch development actions have not yet taken shape but will get more attention in this latter half of the project. The focus of result area three on disasters and result area four on branch preparation for emergencies was seen as less relevant in this project and in these community contexts. Disaster preparedness and climate change knowledge was the least visible component of the project and least discussed. It is not a high priority for the communities and these communities did not report that they were disaster prone. More relevant were livelihoods actions including support for mothers and fathers' clubs, VSLA and school drop-out support. Livelihoods were consistently identified by communities as a key need, so these activities are appropriately recognising this. The MTR team felt that the BRIDGE project contributed to resilience across health, WASH and livelihoods areas and could more realistically achieve success under these outcomes.
Sustainability				
19. To what extent are the target communities capable and prepared to maintain the positive effects of interventions across the first three outcome areas (WASH, Health, and Disaster Preparedness)?				Due to the approach of SLRCS - to provide skills and resources to communities for their resilience - communities felt that they were able to maintain infrastructure and committees beyond the reach of the project timeframe.

20. To what extent has the project built the capacity of the branches to effectively engage with local authorities, organisations of persons with disabilities and communities to achieve resilience?				Branches are well connected with local authorities and are newly reaching out to organisations of persons with disabilities. The wide scope of the project has allowed for local authorities to be engaged across multiple sectors (WASH, Health, Social Welfare etc).
21. To what extent has the project increased the sustainability of the branches through the branch development?				Branch development plans are now being developed, assessed, and approved in discussion with SLRCS management and FRC. In focus group discussions branch executive and members felt that BRIDGE increased capacity and presence in communities. Discussions are continuing about the feasibility of branch development plans, SLRCS is advocating for a separation in thinking between supporting a branches capacity and resource mobilisation.
Learning				
22. What went well and why?				Please see section - Key Achievements.
23. What could have gone better?				Please see detailed findings for each sector and recommendations in report narrative.
24. What are two or three key lessons that should be shared with others in the Movement?				There are multiple lessons that can be learnt from the BRIDGE project relevant to other resilience projects and the work of the Movement. Three key lessons, as defined by MTR team members and considering the work of each team member in the region and in their own National Society are: 1. The development of Community Action Plans emphasises community consultation, planning and empowerment and the follow up on these by branch staff regularly with committees drives motivation for change and social cohesion to respond to their own priorities. 2. The establishment of multiple committees, all with decision making power, and all actively meeting to define and monitor progress and cooperate towards reaching their own goals was seen as a strong contributor to resilience, especially social cohesion and to gender equality. These committee structures are likely to last beyond the project especially as they are endorsed by village chiefs. 3. There were key examples of disability inclusion in some communities including active consultation of persons with disabilities, seeking their opinions as to their needs, and fostering a community environment that brought them out of isolation.
20. What are the main challenges the project is facing or has faced?				Challenges have included on partner side - delays of funds and high staff turnover.

21. What are the recommendations to improve the achievement of results				See "Key recommendations" at the end of each section.

Health

Output Area 1: Target communities are knowledgeable in and able to prevent and manage their own priority health issues

Through key informant interviews with community members, the **biggest felt impacts** on health by the BRIDGE project were reported to be from installation of safe water (an activity under WASH), the development of emergency obstetric/pregnancy fund, the support of mothers and fathers' clubs to provide food, and cleaning of mosquito breeding sites alongside checking of nets. These actions address both key concerns of community members and key causes of mortality and morbidity – diarrhoeal disease, malaria and exacerbating malnutrition. Acute respiratory infections were not mentioned (and not asked about). These impactful programme initiatives were likely chosen due to the tangible and visible outcomes they create. Importantly, they do not represent actions that must be carried out by Red Cross, but rather resources, skills and behaviours that are community owned and respond to their priorities.

One of the key impacts noted by community members, volunteers, community health workers, and water resource and health departments was a **reduction in diarrhoea**. All reported significant reductions in diarrhoea that they linked to safe water and hygiene practices. However, clinics serve multiple communities and SLRCS is not currently linked to these clinics in a way that allows for statistical evidence of this (diarrhoeal disease also has seasonal elements). While there is potential for CHWs to be a resource for number of diarrhoea cases, this may be a big ask on top of their current work which they are already not being consistently remunerated for, supplied with commodities for and supported with. SLRCS CP3 Community-based surveillance tools and approach may provide a way to both detect and track such outbreaks while collecting meaningful data.

When volunteers, volunteer coaches and community members are asked about the topics and messages they provide information on to the community the answers are wide ranging. They included: malaria, pregnancy, vaccination, fistula, breastfeeding, diarrhoea, first aid, communicable and non-communicable diseases, family planning, teenage pregnancy, sexual and reproductive health and rights, sexual and gender-based violence, female genital mutilation/cutting (education about the children's act) among others. The **scale of the information** to be learnt, remembered and provided by volunteers and volunteers coaches is too high both for topics to be remembered but also for communities to effectively receive these messages. The MTR team asked questions about malaria, vaccination, family planning and first aid and volunteers and volunteer coaches sometimes provide incorrect information. This is to be expected because of the volume of information to be remembered, and the information likely to be lost in cascading that information down.

Programme Activity planning included the support for government vaccination campaigns. The primary campaign mentioned by volunteers and community members was the **HPV vaccine**, being provided to girls at 10 years of age. Volunteer coaches participated in mobilisation for this government action. And it was considered by both volunteer coach and field health officer start as a useful way to reach communities and demonstrate the value of the Red Cross to Ministry of Health. Building actions such as these into programme activities support the **auxiliary role** of SLRCS.

The programme interacts with the formal community health system in a variety of ways. In Sierra Leone, **Community Health Workers** are part of a formal government programme defined by the National CHW Policy (re-launched in 2017). In this CHW programme, CHWs use the integrated Community Case Management (iCCM) approach for childhood illness, reproductive, maternal, newborn and child health and community-based disease surveillance. Each CHW is trained for approximately 24 days and are supposed to receive an incentive of 100,000Leones per month plus travel expenses. It is these people, stationed in the communities, that the BRIDGE project most interacts with. CHWs were interviewed in multiple communities to understand their relationship to the BRIDGE project. All were aware of the project and expressed their appreciation for the support Red

Cross volunteers give to health in their communities. However, between communities, the supportive role of the Red Cross differed. Some CHWs reported that Red Cross volunteers joined in or also did household visits with them. Some reported only that the Red Cross volunteers' efforts towards hygiene promotion made their work easier while other mentioned the specific impact Red Cross community initiatives (particularly the emergency obstetric fund and safe water provision) had on the health of the community. Understanding the different way (models) by which SLRCS engages with and support CHWs may be useful in understanding how Red Cross builds or can build community health systems, demonstrates the auxiliary role and what topics Red Cross can and should focus on to complement rather than duplicate CHW roles. No forms of current engagement with CHWs were seen as incorrect, or not valuable.

Menstrual hygiene management is found within BRIDGE programme design in the health output. The lack of availability of latrines in many communities (discussed in WASH section) limits the spaces in which women and girls can safely change, and dispose of menstrual hygiene products. However, menstrual hygiene products were part of livelihood activities for girls who had dropped out of school. Reviewing progress reports, the support to menstrual rooms was noted (though none seen from the inside by team members) and the desire to label them. The MTR Teams have concerns that consultation of school aged girls has not been done to determine whether these rooms will be appropriately utilised or if they should be prioritised over other hygiene and sanitation concerns at schools (functional, clean, gender separated latrines) or how they will sustainably be maintained. Further, their labelling may increase stigma. WHO provides guidance for these rooms and notes "Calling facilities 'menstruation rooms' or 'menstruation clubs', can mean girls are less likely to use them, due to stigma."[2]

Although Village Savings and Loans Associations (VSLA) and FGM and CEFM are part of this Output Area, findings and recommendations related to VSLA can be found in the Livelihoods section and FGM and CEFM found in the protection section.

Key Recommendations:

1 Identify the key health topics volunteer coaches and volunteers are expected to have knowledge in. From these topics identify and narrow down key messages to promote related behaviours relevant to community context. Narrowing these down to only 2-3 messages per topic will support the quality of information given, reinforcing of these messages, and demonstrate a strong push for behaviour change as opposed to too many messages about too many topics that people cannot remember.

2 In line with the recommendation above, select key topics to give focus to for longer period of time so that volunteers can communicate, reiterate and reinforce these topics until they and communities have a strong understanding of them, before moving onto the next topic. For example, ahead of period of the year where there is typically more malaria, focus on malaria messaging for 2-3 months.

3 Discuss with CP3 team whether the NYSS (Community-based surveillance) system could be easily used within BRIDGE recognising that with it comes the need for significant systems building and tracking. Note that this is not a monitoring system but a system to detect and respond to disease outbreaks quickly.

4 Understand, document, and seek to improve models of how SLRCS supports and engages the formal community health system, both through volunteers and community committees. These models may be different based on needs, however they will be important to understand in the context of the IFRC/Africa CDC REACH Initiative.

[2] UNICEF, 2019, *Guidance on Menstrual Health and Hygiene*, New York. Available at: https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf

5 Assess the practicality for women and girls using menstrual rooms – would they be used, when and why, are there greater menstrual hygiene related needs in these settings. Useful to consult girls and women on this (possible focus group discussion).

Water, Sanitation & Hygiene

Output Area 2: Target communities have improved access to sustainable WASH facilities and increased knowledge on proper hygiene and sanitation practices

Water

Across the board, communities said the most impactful change in their communities was the **provision of safe water**. Communities had been selected appropriately, in conjunction with the water resources department. In some communities, it was clear that SLRCS had provided water or appropriately cited water where other organisations had failed. In one instance the safe water source had been installed after another organisation had promised it, was approved by the water resources department, and then did not deliver, resulting in months of advocacy by SLRC to ensure the community was provided with a safe water source.

The provision of safe water was an action that created **trust from communities**. In one community, community member called SLRCS – "Nde bi pea" – in the local language, Mende, this means "talk and do". Communities felt that when SLRC said they would do something they not only spoke about it, they also delivered. The provision of safe water made them trust they would deliver on other programme aspects and helped garner community support to rally around other initiatives. Provision of water remains a relevant entry point for resilience building programmes in Sierra Leone.

Community water resources were observed by the MTR team. All observed were clean, had a gate and a good soak away (to prevent, for example, the collection of stagnant water as a mosquito breeding ground). Members of water management committees, pump mechanics and village leaders were able to explain community by laws around the care for these water resources. Their sustainability is ensured by community understanding these rules, the existence of the water management committee and the ability of local pump mechanics to fix small issue with them.

Household contributions to the water management committee are designed to be used when needed to buy spare parts. However, in some cases these funds had been used like a village savings and loans account (due to the popularity of this approach) and so funds would not always be readily available. Some suggest that spare parts be bought in advance to ensure they are on hand.

The **digging of wells** is only possible in Sierra Leone from around January to April due to seasonal concerns. In one community delays in well construction may have resulted in wells not being dug deep enough. Some delays in water coming out (30secs) were noted in some communities. This may be because the wells were sited in May (when the rainy season begun). Close monitoring of water supply across seasons is needed to ensure that there are no dry periods. SLRCS is looking into future possibilities also of the pilot schemes for solar panels and piped water which may be considered (but were not assessed as part of this MTR)

Sanitation

Lack of latrines were a significant issue in many of the communities visited. In some no latrines were seen, some there were latrine but were broken/ out of order, while in others they were locked from community use. Contributing to this issue is the layout of some of these communities (especially in the location of Bo), previous failed efforts at Community-Led Total Sanitation (CLTS) by other organisation and originally supported by government policy and the cost of long-lasting toilet slabs. While the provision of water is very positive, without sanitation, significant possibilities of further health gains are

lost. CLTS has failed because locally sourced materials to make slabs are quickly degraded or prove unsafe due to the potential of collapse. Varying soil conditions also prevent effective faecal disposal.

There was a clear need for BRIDGE project to develop and test possible support mechanisms for latrines in the latter phase of the project and this support has not yet been defined. Discussions with the Water Resources Department, and investigation by Field Health Officers themselves into potential options provides the following possible options:

- CLTS+ - that is CLTS with sanitation marketing to allow for a cost recovery process. The water resources department appreciated this model though there may be challenges with cement costs as they have tripled in price in the last year and they may not be an economically viable option for already resource constrain communities.
- "Demonstration latrines" built to meet the needs of the most vulnerable and to show how to build them. This still presents issues with cost and possibly also government policy which restricts latrine construction (non-institutional).
- Clustering of households (e.g. 5 households) to bring together resources to build a shared latrine.

Some other organisations have begun efforts to install latrines in villages using, for example the CLTS+ method. Regular meetings that SLRCS is known to attend with these partners and the water resources department provide a platform at which options and lessons learnt can be discussed. Project staff during the debriefing agreed that finding locally appropriate solutions should be a key activity in the latter half of the project. Understanding and engaging other partners in their approaches will be part of this.

Hygiene

Community members interviewed conveyed that they took their village's cleanliness as a point of significant pride and cited SLRCS as the reason their communities were clean. Community hygiene was due to a series of initiatives that included, volunteer trained in hygiene promotion and with specific hygiene responsibilities, by-laws related to well cleanliness and use, the building of plate racks and clothes lines, compost fences (which some also viewed as useful for gardens), and use of rubbish bins in some instances. All of these were important together in instilling pride and sustainability of hygiene actions.

Different hand hygiene methods were observed. These included buckets with taps (provided by SLRCS and used in group settings at the barray), semie (bamboo pole with locally constructed bamboo tap), and the kettle pour method. It was not clear how consistently these were used though hand washing before meals seemed habitual and not performative during community visits. The general absence of latrines made it difficult to understand post-toilet handwashing, though this seemed unlikely.

Note that menstrual hygiene management, while sometimes found in WASH result areas, is in this instance reported on in the health area where it is found in the programme plan of action.

Key Recommendations:

1 Project staff should continue to advocate for water resources department to monitor these wells across seasons to ensure there is no need for well-deepening before the project exists.
2 Project staff should promote the effective use of household contributions to water resource management, advocating for the purchase of spare parts where appropriate or at least that the fund be readily available (not loaned out through a loans scheme).
3 Project team should discuss and plan for developing strategies and solutions for sanitation – particularly latrine construction by finding locally appropriate methods and researching approaches and coordinating with other organisations doing the same. The 2023 planning workshop should dedicate specific time to this to determine a clear path forward.

Disaster Preparedness and Climate Resilience

Output Area 3: Target communities take concrete actions to prevent and respond to disasters with increased knowledge about climate resilience.

This result area was the least visible of the project. Where communities were asked about disasters many were not able to mention any recent disasters (some mentioned a single piece of roof being removed in a storm) or reported flooding over five years prior. In light of this, it makes sense that Community Based Disaster Management Committee members interviewed were less focused on what Red Cross might consider "typical" disasters (floods, landslides) and were concerned with localised issue like fire. They had put in place fire response mechanisms and equipment.

Climate change was poorly understood by the few people that were asked. However, the MTR Team felt that it would be more valuable for the communities to be equipped to address the impacts of climate change (water, agriculture, disease) rather than having a theoretical understanding of climate change itself. Climate change in these communities is a lived experience rather than a concept towards which they might have policy influence.

Often resilience is seen as something disaster specific, as if to say that resilience can only be against some significant threat at a specific time point (fast onset disasters). However, the MTR Team found that the actions of the **BRIDGE project built resilience across multiple domains** – social cohesion, health, meeting basic needs, and economic opportunities – and in this way made communities more resilient in the long term and to potential disasters and climate change.

Livelihoods

Livelihood is not explicitly part of the project and yet the MTR Team saw that livelihoods were not only a community priority but also an area where SLRCS was seen to do some of its best work. Specifically, livelihoods activities exist across Village Savings and Loans Associations (VSLA), support for girls who had dropped out of school (e.g. menstrual hygiene businesses), and mothers and fathers clubs who used seeds and tools for agricultural development. These activities demonstrate that **SLRCS appropriately recognised this need** despite questions from partners and donors and uncertainty about the technical fit of these activities in result areas.

Village Savings and Loans Associations were seen as positive by community members and staff alike. Community members liked that because the programme was in their community they did not have to go to a neighbouring community to ask for loans at high interest (or resource loss like palm oil stock). Some community members interviewed explained that they felt the VSLA training equipped them to be able to support themselves and wanted to see similar actions from SLRC (none specifically provided). Others felt that the VSLA were very positive but wanted further inputs from SLRCS to support initiative they had begun with VSLA funds (in Pujehun for example equipment to process their cassava, tools, stores, floors etc).

Key Recommendations:

1 Communities prioritise livelihoods over disasters and SLRCS has responded by ensuring livelihoods are key parts of the BRIDGE project. Project staff should discuss whether this should be reframed in the project, what the best ways of measuring livelihoods impacts might be. There are some good examples of livelihoods indicators to be found at the IFRC Livelihoods Centre Site: https://www.livelihoodscentre.org/indicators-compilation?categoryVal=114458558_114474866_114457663_114458831&currentPage=0

2 Discuss and decide on whether there are opportunities to practically support community level VSLA inspired business plans or inputs to strengthen their initiatives in the second half of the project.

Branch Capacity Building

Output Area 4: Strong, sustainable, well-functioning National Society, including branches, is able to respond to emergencies and support communities to become more resilient

In general, **branch executive** and branch members were pleased with the BRIDGE project and highlighted that it gave them presence within the districts. The Branch executive expressed desire to be more involved and provide oversight of some of the things happening in the communities, specifically to be involved in the monitoring. The branch executive highlighted the need to plan soon for **exit strategy and resource mobilisation efforts**. This should be included in next year's plan.

The **branch development plans** are not yet concrete and have been given less focus than other components. However, there has been significant discussion on the same between branch, HQ and FRC. While there is money set aside for the branch development there is sometimes disagreement between FRC and SLRCS on how funds should be used. Some of this is about lack of clarity from the back-donor through FRC, and others on clarity around purpose and priorities. For example, branch priorities in one area are for a training hall however there is pushback on this in favour of software, trainings.

During debriefing there was a long discussion on understanding the purpose of branch funding. Where activities are put forward as resource mobilisation / business strategies there is a strong desire from partners to understand the **feasibility** of these, the programme plan, the processes, the foundational things needed for based on experiences and lessons learnt from other National Societies taking on possible business risk and debt for non-profitable investments and that investment from international donors are often small and rarely long term. When these foundational things are put in place, in the case of this not being taken on by the project, it can presented to other donors, including local for investment.

SLRCS wanted to make an important distinction between new activities that are specifically for resource mobilisation and activities that supported already made priorities for which BRIDGE can provide a small amount of support to complete these. SLRCS recognises that using BRIDGE funding for capital intensive initiatives will not work because of the small amount of funds available but notes that projects like CP3 add some funds to locally available resources enabled completion of **sustainable branch strengthening priorities**, that even without resource mobilisation potential better enable the branch to complete activities (e.g. trainings without hiring halls).

The Icelandic Red Cross supported Digital Divide Initiative project was very appreciated by all branches and made a tangible difference to their operations. It may open up opportunities for online skills building and workshops if this is what SLRCS would like to see for staff. Even though this is not within the BRIDGE project, it demonstrates that a diversity of projects and initiatives in branches can support each other.

Key Recommendations:

1. Branch development plans need to be made clear and agreed upon in the planning process in early 2023.
2. The planning process in early 2023 should already be thinking about exit plan strategy. This should be done in partnership with local authorities and branch members – determining what can continue, what needs to be strengthened so communities have a chance to continue it independently, and what other mechanisms could be put in place (e.g. government task-shifting) to ensure sustainability of infrastructure and community action.
3. Consider how branch executives could be better part of monitoring.

Community Engagement & Accountability

Community Engagement and Accountability is one of three cross cutting issues of the programme. The ways in which SLRCS engaged communities was one of the greatest strengths of BRIDGE – community members felt included, felt processes were participatory, were able to articulate their priorities and many continued to consider how to revise their own plans and add to community structures they thought of as their own. Community members interviewed expressed that they felt SLRCS came to their communities with intention of asking them and consulting them about their priorities first, not to do something and then leave. The consultation process described by community members was very inclusive, extensive, and effective.

Community Action Plans were seen as a god way by branch offices to track and follow up on the varying plans of communities. They ensure that while the approach across communities is the same, the activities in communities are tailored to their specific needs and priorities. Due to low levels of literacy, lack of English (Community Action Plans are written in English and not local languages because local languages are not felt to be written languages) they were difficult for some communities to read and follow up on in Red Cross absence.

Feedback and accountability mechanisms

The SLRCS hotline, or feedback through the coaches and Field Health Officers is the official feedback mechanism as outlined in the BRIDGE programme document. SLRCS has made efforts to collect feedback on the project, recently incorporating annual community meetings, with branch staff meeting with each community, and bringing the volunteers together to get feedback – i.e. what are the successes challenges. This happens before the bi-annual meeting and so is reflected in the report. In addition, Field Health Officers report providing their personal numbers and ask for feedback face to face.

Traditional feedback mechanisms through existing structures are also possible. Community structures and leadership are such that feedback and issues are fed through leadership structures to the village chief. This type of mechanism is generally used when there is an issue with contractors and delivering of infrastructure. While this is a positive use of traditional and known feedback mechanisms, it limits the ability to collect feedback on sensitive issues and protection.

The MTR team did not identify any current mechanisms for providing anonymous feedback or complaints, especially around issues that are sensitive or protection issues. SLRCS has had a hotline, posters advertising the hotline in English were seen in communities, and branch staff say community members are aware of the hotline, though no community member mentioned it. However, SLRCS HQ reports that they will soon change to a new hotline number as the current one does not work. One of the main challenges with using the hotline is that many of these selected communities have no mobile network. Another potential channel are suggestion boxes. But low literacy levels are a challenge that would prevent feedback through these. Overall, the functional feedback mechanisms in place appear to work very well to provide feedback on non-sensitive issues. Still, it must be noted that since the communities expressed great gratitude to the SLRCS and rely on the programme for basic necessities, it may make it very difficult for individual community members to use the current structures to report instances of sexual exploitation and abuse, should they come up (there was no indication of any such instances during the review).

Key Recommendations:

1	Discuss mechanisms for getting feedback on sensitive issues and protection – consider how can feedback be received anonymously or not necessarily through existing power structures.

2	Continue using Community Action Plans as a method for reviewing progress in communities, where possible, update them with new information about changed priorities or activities.

Gender & Disability Inclusion

SLRCS set out at planning stage to "integrate gender to the highest extent", making gender equality and women´s empowerment a "cross-cutting approach on all levels of the programme, including planning, implementation, monitoring and evaluation". The programme was also intended to "ensure that people with disabilities have equal opportunities to participate to the programme" [3] Women, men, youth, persons with disabilities, the elderly, community, and religious leaders that were interviewed, all felt they were consulted and involved in the programme, developing community plans and had an opportunity to be part of newly developed community structures. Many people interviewed in the six communities visited, highlighted the importance of inclusion and participation of both women and people with disabilities in decision making. A number of community members claimed that there had been an attitude shift in the communities indicating that the programme may be shifting social norms, including gender norms, although this cannot be claimed for all the communities without further evidence. The latest version of the logframe makes no attempt to capture results related to gender equality and disability inclusion beyond issues related to sexual and reproductive health, including SGBV.

Gender

The programme does well in mainstreaming gender. Data collected is systematically disaggregated by sex, age, and disability[4], women and girls were consulted at assessment and design stage and programme activities are very relevant for the needs of all community members. Women and girls highlighted many aspects that have addressed their specific needs, for instance all activities related to sexual and reproductive health (including for instances, obstetric funds, awareness of maternal health, Sexual and gender-based violence etc), the access to water reducing burden of women as well as safety concerns when having to travel further from the village after dark. The programme includes very well received and appreciated livelihood support, a small element of sending girls back to school, menstrual hygiene management and increased participation of women and girls in decision making. Overall the programme strengthens in many ways dignity, access, participation and access of different community members. Unfortunately, many of these elements are not captured by the current monitoring and evaluation system.

Women and men reported that the work of the Red Cross in their communities, fostered environments of gender equality. Some indicated that the promotion of VSLA and mother's clubs supported women's contribution and decision making in the home. These two things – how much a woman can contribute economically, and decision-making power in the home were felt by some to be linked and raised by both men and women as creating gender norm change. But trainings and inclusive programme practices were also cited as contributing to the reported change.

Some men raised that men, "left out" of the programme. One older man expressed that he felt that the women's clubs gave them opportunities that the men were not given. Some men (with young families) demonstrated how they learnt from the women's experience to start their own VSLA or come together be collectively involved in agriculture activities (and requested support from SLRCS for the same (agricultural tools and seeds).

In one community an adolescent boy expressed that while there were things that BRIDGE supported for adults and adolescent girls, there was "nothing" for the boys. This is indeed a gap in the programme which has established community groups for all other adults and adolescents, with project initiatives and results relevant to men, women and girls and persons with disabilities. It would

[3] See latest BRIDGE programme document at time of MTR, p. 10
[4] How disability is determined was not examined by this MTR due to time limitations.

strengthen the inclusivity to not leave a group behind, as it is clear that adolescent boys in these communities have considerable needs as well as the community groups. Engagement with men and boys is also an important element in achieving long term social change.

Disability Inclusion

SLRCS see disability inclusion as an area in which they are actively learning and growing and have made specific efforts to develop ways to include persons with disabilities. Community members reported that SLRCS asked for persons with disabilities to be sought out an included in project activities. In the communities visited in Pujehun key informants explained that people with disabilities are now actively included in community meetings, given a space to share their concerns and needs. They also stated that the community find ways for them to contribute and participate in community activities, overcoming barriers that previously hindered participation. Some claimed that this was a marked shift from earlier practices, when people with disabilities were even mocked. SLRCS has also, according to SLRCS staff key informants, made efforts to ensure accessibility when constructing community structures but could not be assessed at the time of the mid-term review (villages where this had reportedly taken place were not visited).

But some persons *without* disability expressed difficulty in communicating with those with disabilities (e.g. hearing loss) including Branch Staff who wanted to be able to include people but were often not sure how to beyond encouraging presence. In Moyamba, the Branch discussed an experience where a person who is blind, deaf and cannot speak is often left out to sit alone, and SLRCS has encouraged his presence, even though they cannot communicate with him.

SLRCS staff were passionate about disability inclusion and eager to find ways to improve it in their programmes during MTR discussions. Some of their suggestions included

- Connecting people with services that can support meaningful engagement.
- Continue to change of mindsets within communities, To include and befriend persons with disabilities.
- To link other relevant organisations to these communities
- To find ways to advocate for people with disabilities
- Sensitise volunteers, and ensure that persons with disabilities are included as volunteers.
- Recognising that people with disability are at a greater risk of sexual exploitation and abuse and have a harder time providing feedback and search for solutions.
- To take advantage of disability training from Abilis for staff.to be doing a training of staff for disability inclusion.

Key Recommendations:

1 Consider how adolescent boys might be engaged in BRIDGE and not be the lone group left out. Consider that they also have needs for SRHR, and health knowledge and that engaging boys and young men might provide bigger rewards in terms of long-term change in the communities Consult them on low-cost ways to engage them – convening them as with other groups of men, women, and adolescent girls.

2 Seek support from Organisations of Persons with Disability on how to best ensure participation in community activities priority setting.

Protection

Protection is a cross cutting issue along with gender and inclusion although how it is mainstreamed is not specified. Specific protection activities are implemented under outcome one on community ability to prevent and manage their priority health issues. These activities include awareness raising, promotion of health-related risks and rights of beneficiaries in relation to sexual and gender-based violence, including prevention of harmful traditional practises. The programme raises awareness on Female Genital Mutilation (FGM) and child, early and forced marriage (CEFM), aiming to reduce these practises in the programme communities.

Numerous community members interviewed claimed that sexual and gender-based violence had reduced due to the programme intervention. Some people said that intimate partner violence had reduced (with some even claiming it has been eradicated, which should be considered with caution) and others said that they now know how to prevent and respond to assaults on girls in the community.

Protection mainstreaming and efforts to influence norms:

Protection is, at least to a considerable extent, mainstreamed in programme activities. It doesn´t come across as conscious and principled efforts, but rather results of the great emphasis on community engagement and inclusion. The SLRCS staff know and understand the communities they work with which contributes to minimizing risks of doing harm and helps ensuring that no one is left behind and all have access to programme services that they need (although adolescent boys are not accessing services to the same extent as other community groups).

The programme addresses sexual and gender-based violence by activities intended to change norms and attitudes. It is difficult to measure the effectiveness of these kind of activities, but it is apparent that the communities visited are at the very least aware of what change they (or us as reviewers) would like to see, with a number of community members claiming reduction in SGBV cases but this is very hard to verify. Key informant at one district social welfare office confirmed that reported cases of SGBV had increased and then decreased, indicating a potential change. But since this is a potential change at district level, it cannot be solely attributed to a project implemented in a number of communities within the district only. Communities also reported awareness of the referral system and ability to use it. The programme as a community-based programme does not include specialized protection activities/services, but mainstreams protection by training volunteers and community members. These activities are part of the government strategy, implemented in close cooperation and coordination with authorities, with trainings and training material provided by the government. The awareness raising efforts could be strengthened by including creation of groups for adolescent boys which are good entry point for men engaging men on SGBV.

Referral systems seem to be functional and within it there are elements of survivor centred services although most people interviewed seemed focused on access to justice and not on other needs of the survivor such as need for psychosocial support, health services and/or protection. However, a one stop centre visited does provide these services and other support. Confidentiality is an issue in the system as information is often passed verbally through a chain of people and the system therefore has a potential to do harm.

Since staff, volunteers and community members are referring potential survivors to services, some trainings on survivor centred approach would be beneficial to minimize risk of harm to survivor. It must be noted that this MTR was too brief to substantially analyse this sensitive topic but the SLRCS is in the last phases of a PGI organisational audit with support from IFRC (and financial support from IceRC) and the recommendations from the PGI organisational assessment should be very beneficial for the BRIDGE project. SLRCS has also implemented another SGBV relevant programme in Freetown

with support of the British Red Cross and lesson´s from there can be carried over to the BRIDGE project.

Another potential for programme harm are by-laws. For example by-laws which fine men for intimate partner violence harm the whole household, making it less likely for women to report when many home disputes are about resources. SLRCS staff explained that the communities are tight knit and aware of intimate partner violence even if the affected person doesn´t report it. Therefore community members can still fine the perpetrators. However, that is a punishment that also affects the survivor of violence. If this by-law would work as a perfect deterrent preventing all instances of violence it would be tolerable but as that is unlikely, this by-law comes can indiscriminately punish all members of the household, the perpetrator, the survivor and potentially children and elderly household members.

Female Genital Mutilation (FGM) and early marriage didn't come up much in key informant interviews and doesn't seem to be emphasised to the same extend as other types of SGBV. However, it was emphasized by adolescent girl interviewed that they received education about FGM learning that it was illegal to do to children under 18 years and that it is dangerous to the survivor's health. The informant said that the adolescent girls' group had told the community that they would report any instance of FGM of a child to the red cross and that since their community meeting, not FGM of a minor had been taken place. This MTR was too brief to adequately assess the efficiency of this aspect of the programme.

A message on a poster made by SLRCS (in English) encouraging school children to say no to sex (to apparently older men) can also cause harm by putting the onus on children to refuse sex and not on the abusers to stop abusing children. Children are not always in good position to decline offers of sex for various reasons.

Prevention of Sexual Exploitation and Abuse (PSEA)

The SLRCS has developed and approved a PSEA policy and started to roll it out at branch level, but it has not yet been rolled out at community level. No volunteer that was asked had signed the code of conduct or heard of it. And at branch and community level it was clear that not all understand PSEA or can differentiate between it and SGBV in general

The extreme gratefulness of communities for the Red Cross and the significant impact they are having and are continuing to have in communities presents a risk as communities may hesitate to report issues with the Red Cross itself if all systems of redress are through the chief, the support of SLRCS may be seen as too big to lose. The limits of the community feedback system are discussed in the chapter on Community Engagement and Accountability. With the existing limitations of the feedback system, it will be important to emphasise other preventive measures with increased awareness and accountability.

Key Recommendations:

1 To make conscious efforts to bring capacity built from SGBV activities in Freetown and as relevant upcoming recommendations from PGI organisational assessment to the BRIDGE programme.
2 To consider offering training on survivor centred approach to staff and volunteers. The Icelandic Red Cross can provide technical support, also in relation to point 1.
3 To consider engaging with adolescent boys and young men on SGBV through community groups. Engaging men as agents of change has proven effective in preventing SGBV. The Icelandic government has developed a toolkit called the barbershop which has been introduced in the global north and more recently in Malawi. The Icelandic RC could provide support to introduce this toolkit if there is interest.
4 To continue the roll out of the implementation of the PSEA policy with reiteration at branch level and roll out at community level.
5 To make efforts to ensure that all volunteers and staff sign the code of conduct.

Monitoring, Evaluation & Learning (MEAL)

Planning

The planning of the programme was based on thorough community engagement. Interviews with community members confirmed extensive consultation by the SLRCS. The SLRCS appears to have good understanding of the community needs and although the programme is to some extent based on a standardised approached SLRCS has allowed for some flexibility to accommodate community wishes. The SLRCS can be commended for how well they have engaged the communities.

Formal needs assessments were conducted after initial planning and informed the selection of communities. The analysis informing the planning is also sound and the programme document good. Annual work planning and adaption of plans and strategies may be improved with better monitoring system, but all branches and communities visited had clear activity plans per quarter and follow up on actual implementation appears to be good. Branch staff were seen to shift their approach in line with reflections and recommendations from workshop held in April 2022, even if this is not clear in formal plans. However, finalisation of the revision of the logframe dragged on for an unreasonably long time. The programme document and its annexes put forth a seemingly sound plan and logic.

Log frame and Theory of Change

Based on the log frame, the specific ***Theory of Change*** guiding the evaluation can be conceptualized as follows:

IF

The target communities are 1) knowledgeable in and able to prevent and manage their own priority health issues (communicable diseases, SRHR, nutrition of children under 5 years of age) coupled with 2) improved access to sustainable WASH facilities; increased knowledge on proper hygiene and sanitation practices; 3) able to take concrete actions to prevent and respond to disasters (with increased knowledge about climate resilience) and 4) with the support from the strong , sustainable, well-functioning National Society (including branches) that is able to respond to emergencies

THEN

The bridge participating communities will become resilient by 2024

The project is generally well designed and consistent with the IFRC framework for community resilience. The log frame also depicted a clear internal intervention logic. The short, medium, and long-term objectives are adequately summarized in the logical framework (LF) and describe well the theory of change (as described above) underpinning the project's design. Most of the outcome indicators have baseline values and clear sources of verifications.

However, the log frame could be improved in a number of technical aspects, which would enhance its usefulness as a management tool.

Areas of improvement

SLRCS specifically requested detailed inputs on their logframe and recommendations around monitoring and indicators. The recommendations provided below are provided by two members of the MTR Team with specific MEAL expertise, however, should be considered, discussed, and reviewed by the MTR team for what would work practically, feasibly and in conjunction with the PMER Officer. As there are many ways to improve, options have been provided. The MTR Team encourages the BRIDGE

Project Team to draw on the support of FRC and IceRC in the continued development of improved monitoring systems.

There are no goal level indicators, and the outcome level indicators are mostly low level focusing on improved knowledge and sometimes on behaviour change (with the exception of the WASH outcome, but the WASH plan also has a hardware component). It is recommended that outcome indicators should measure change at a higher level to add more to our understanding of how the programme may have impact.

The choice and mix of indicators do not adequately assess progress in the transition from service delivery (outputs) to benefits (outcomes).

Outcome level indicators

The current indicators for outcomes could do better to assess the effectiveness of the intervention-to assess progress towards the desired project objectives. Many of the indicators at the outcome level prioritise change in knowledge ("that can correctly identify…") and less in the use of the products and services produced by the project (e.g. how do they utilize the information that they received, such as self-reported change in behaviour). The way to resilience does not stop at mere access to information. With the low-level indicators, the higher-level change that the project was envisioned to bring, is not being measured. The assumption here is that when the communities get the information they will be able to prevent and manage their priority health issues, but the project does not produce the evidence to substantiate that. The issue emanates from how the result statements were framed and all output statements followed suit e.g Outcome 1: Target communities are knowledgeable in and able to prevent and manage their own priority health issues. The better statement should read, "Target communities are able to prevent and manage their own priority health issues". The acquisition of knowledge is a means and not an end themselves to resilience. It is recommended that for the next phase of the programme that attention be focused on higher level change, i.e. what does improved knowledge lead to? As possible, the change in behaviour (as is already done now) and if at all possible to measure, change in status.

Output Indicators

Some of the output indicators are practically difficult to measure e.g. # of branch staff, volunteers and branch executives trained on finance, admin, and logistics (disaggregated by gender, age, disability) ; # of people who received health promotion messages on how to prevent diarrhoea, pneumonia and malaria for children under five; # of caregivers of children under five who received health promotion messages on how to identify diarrhoea, pneumonia and malaria and when to seek care. These indicators contain more than one element (disease) within one indicator. Should a person be counted after receiving health promotion messages about all diseases (as a package) to be counted or message about one disease is enough to be counted. If the former, the data for the output indicator becomes too difficult to collect (unless all messages are shared at one place) and if the later the indicator becomes less informative/useful and misleading. Some recommendations and options for consideration are made in the table below.

The capacity at community level to record the actual number of beneficiaries, each week and then aggregate them over a long period of time and relay to the coaches is limited. It is therefore recommended to include an indicator on the total number of beneficiaries of any type of project intervention (or on awareness raising on healthy behaviours) which is assumed to remain the same every quarter, the total number of beneficiaries, what would only be needed would be for the coaches or district level staff to ensure through their community visits that the community volunteers are active in each community and record that.

Current indicator	Suggested Indicator Options
# of branch staff, volunteers and branch executives trained on finance, admin, and logistics (disaggregated by gender, age, disability)	Option 1: # of branch staff, volunteers and branch executives trained in at least 2 of the following courses/training in finance, admin, and logistics (disaggregated by gender, age, disability) OR Option 2: # of branch staff, volunteers and branch executives trained on finance # of branch staff, volunteers and branch executives trained on admin # of branch staff, volunteers and branch executives trained on logistic
# of people who received health promotion messages on how to prevent diarrhea, pneumonia, and malaria for children under five;	Option 1: # of people who received health promotion messages on how to prevent diarrhea, pneumonia **and/or** malaria for children under five; OR Option 2: # of caregivers who received health promotion messages on the prevention of key selected diseases for the under five children (disaggregated by disease: diarrhea, pneumonia, malaria, gender, age, disability) (this option may be complicated and lead to double counting) OR Option 3: Simplify with recommendation below (last row)
# of caregivers of children under five who received health promotion messages on how to identify diarrhea, pneumonia, and malaria and when to seek care.	Option 1: # of caregivers of children under five who received health promotion messages on how to identify diarrhea, pneumonia **and/or** malaria and when to seek care OR # # of caregivers who received health promotion messages on how to identify key selected diseases and when to seek care (disaggregated by disease: diarrhea, pneumonia, malaria, gender, age, disability) (this option may be complicated and lead to double counting) OR Option 3: Simplify with recommendation below (last row)

Based on the design of the project, and how communities are reached as a whole, it may be possible to combine health promotion indicators This would mean that the total number should always be the total number of beneficiaries. The monitoring tools could still count the number of volunteers and staff trained, but not try to count information sharing with beneficiaries. Rather they would emphasise good monitoring and follow up at field level to ensure that the HH visits etc. are ongoing. The exact wording of the indicator and the definition can be better defined based on how this is monitored.	# of community members who benefitted from regular health promotion by volunteers trained in XX With "XX" being the modules that volunteers have received.

Capturing achievements

The logframe has been simplified since it was originally drafted to allow for simpler monitoring and reporting and avoid burdening SLRCS with heavy monitoring and reporting. This is good, but there is still a concern that results achieved are not being captured with the current logframe and its corresponding M&E system. During fieldwork it was clear that the village savings and loans aspect of the project was seen as having a positive effect on both on health and livelihoods, yet this is not being captured, not at outcome or output level. The same goes for social cohesion, gender equality and disability inclusion (which are cross cutting), the positive PGI related results noted in the communities visited are not measured by the current logframe. The programme team might want to consider if this can somehow be included in the logframe without adding a lot to the monitoring and reporting burden. The logframe is not complete as a section on Branch level capacity building still needs finalizing.

Health Outcomes from Health and WASH Actions

Another indicator to be considered under outcome 2 is the percent of households with own latrines. Latrines and hand washing facilities are standard elements of a WASH intervention that seek to promote sanitation and hygiene. These WASH facilities are important barriers to cut the transmission routes of diarrhoea causing germs. Diarrhoea is one of the priority communicable diseases that the project expects the communities to prevent and manage under outcome 1. However, the consideration of this indicator should only be made once a feasible strategy for addressing latrines is identified (see WASH section).

The provision of safe drinking water and hand washing facilities cannot adequately help to prevent the disease. "The Programme is also working to improve WASH facilities in beneficiary communities in a participatory and innovative ways to ensure community ownership and sustainability" extract from Q2 progress report.

Assumptions

The external logic (assumptions) of the intervention may further be improved. The assumptions are ignoring a number of risks that the project faces or may face, such as :

- Natural disasters

- Disease outbreaks (e.g. COVID 19 significantly delayed the project implementation for close to a year)
- Economic downturns (e.g. Inflation has increased the prices of borehole spare parts, and fuel which has reduced the number of monitoring visits and thoughts of downscaling some activities)
- Change in government and local government policies has the potential to affect the project positively or negatively.
- Social cohesion-The sustainability of most of the project activities and outcomes hinges on the maintenance of the social cohesion. Once the existing social cohesion is disrupted for some reasons, the project activities may hardly be sustained.

The external logic could be improved to improve risk management of the project and must be regularly monitored and reported on whether or not the assumptions still hold.

Lastly, one of the assumptions mentioned on the log frame refer to risks that the project has the responsibility or potential to address, namely the acceptance of different target groups to benefit from the services offered by the project. If there is so much risk that they may not be interested or accept, it supposes that the project was not based on a needs analysis. The assumptions should be about external risks that the project cannot influence.

Monitoring and reporting

While the project has a log frame from which the M&E system can be established it does not have a functional M&E system that is able to collect data for all the log frame indicators, some of which are key for monitoring effectiveness.

At the time of the review, there is was no one specifically responsible for monitoring the project. It was however indicated in the quarterly reports that monitoring and supervisory visits are sometimes on quarterly basis done by the project management team from the headquarters. Team meetings normally provide the necessary platform for reflection in the project. It was learnt that the meetings are very accommodative to the extent that volunteer coaches form part of the participants in the meetings. The volunteer coaches with field experience provide insightful contributions in the review and planning of the quarterly project activities. The review and planning horizons however are too long (six months) and therefore miss an opportunity to quickly learn, detect and correct issues before they escalate.

Data is well disaggregated by gender and disability throughout the reports although there is no evidence on how such data informed the operational decisions in the project.

Quarterly reports and donor reports are long and detailed and focus to large extent on activity level. A simpler template based on the logframe, and work plans could make it easier for both SLRCS and partners to draft and read respectively. A template for a shorter more structured report would help the reader see clearly the status of outputs based on indicator level reporting and even outcome level where and when feasible (for example access to safe drinking water) as well as status of implementation (through comparison of actual versus planned).

The activity report template used at field level appears complicated but the review team didn´t review how useful it has proven, but there may be a potential to simplify it and or create other monitoring tools and forms, for instance with a focus on quality of interventions.

Donors and their representatives have provided confusing guidance on reporting, to some extent due to high staff turnover. The donor partners need to be clear on what is required and communicate it clearly and consistently (see also Partnership)

Key Recommendations:

1 The project may consider recruiting the PMER officer for daily monitoring of the project;
2 The PMER officer in consultation with the project team and stakeholders establish the M&E system that will not only monitor activities but capture results, share lessons and best practices;
3 The M&E system could include in addition to an improved logframe (see recommendations above) and its M&E plan with clear outline of responsibilities, an indicator tracking table, simplified activity report template more closely linked to the indicators to track and any other data collection tools and/or IM systems.
4 The project may consider on top of the biannual physical team meetings introduce regular visual weekly/monthly meetings with district teams to review progress, agree on corrective measures and plan for the succeeding week/month;
5 The project should conduct a joint meeting with the donor representative/delegate and relevant stakeholders to review the project log frame and reach consensus on the indicators and assumptions to be monitored in the remaining project period in order to avoid back and forth movement. A clear consensus on reporting requirements to be reached as well.
6 Data must not be disaggregated to meet the donor requirement but used to inform decisions in the project

Partnership

The MTR Team considered the impact of the PNS partnerships with both Finnish Red Cross and Icelandic Red Cross. Findings in this section are not unbiased, given that both Finnish and Icelandic staff were on the MTR Team however, they have been included with a view to improve ways of working and clarity between partners – a key part of the learning requirement of the MTR TOR.

Three main factors were seen to have a negative effect on programming (based on interviews with HQ staff and Branch staff)

1. High PNS staff turnover (for the Country Manager position in particular)
2. Lack of clarity of back-donor requirements and restrictions
3. Timing of agreement signing

The last three years have seen three different Finnish Red Cross Country Managers, and one health delegate, all with different styles, skills, and priorities. Though FRC has a strategic focus on continuous improvement and adaptability, the high staff turnover has led to a lack of coherence and clarity for the SLRCS BRIDGE team – SLRCS advised that any incoming staff should first "learn the lay of the land" before making or proposing big changes. Currently, staff at both branch and HQ level recognise the value of having a delegate with previous National Society experience and a deep understanding of multiple facets of Red Cross work.

Reporting to the back-donor (including the types of disaggregation and information needed) is not clear. There is also a perception that "the back donor will not allow it" is used to block proposed actions, rather than there being a clearly communicated list of what is and what is not possible. This is particularly so for branch development activities or any activities involving construction.

There were concerns raised about signing of the agreement on a yearly basis however this was to align with the MFA development frames and not a regular practice. However, we should note that grant signing times affects both the overall functioning of the project and procurement – e.g. taking into seasonal considerations like water sources needing to be put in January-April.

At times during the MTR there was concern that the team were actively seeking for issues with the project and this may have hampered critical self-reflection. FRC and IceRC might do a better job of being viewed as collaborative partners and supporters of SLRCS. As a reflection of this – both FRC and IceRC team members reflected on their desire to put SLRCS front and centre, not requiring their logos on community resources and visibility materials – but encouraging SLRCS to have theirs as an important national brand.

Key Recommendations:

1 FRC and IceRC together should provide transparent and clear information on back donor requirements and restrictions, and additionally actions that FRC and IceRC would or would not favour.

2 Both FRC and IceRC have staff who are ready and willing to provide technical support in curriculum review, approaches etc and should provide more details to SLRCS about when and how this can be offered.

3 FRC and IceRC logos are not required on visibility materials and community resources. If FRC and IceRC logos are to be used, prior approval needs to be sought from the relevant PNSs.

Conclusion

The mid-term review of the BRIDGE project revealed generally positive findings across the domains of relevance, coherence, effectiveness, efficiency, impact, sustainability, and learning. The project appears to have made significant strides in improving health, WASH, and disaster preparedness in the targeted communities though the current logframe, indicators and monitoring systems can be improved in order to capture these improvements and eventual impacts better. Impressive actions have been taken in gender and disability inclusion as well as community engagement. Climate-smart actions, and protection considerations could be improved.

In the view of the MTR Team, SLRCS has done well to convene communities so that they may be empowered to take action together, in a self-reliant manner to better their resilience. In the BRIDGE project the trust in the judgement of branch staff, who know the communities well, are willing to try new things, and are passionate results in a field team that takes flexible actions to see change. In support of this SLRCS HQ staff actively work to creatively solve challenges and support branch staff.

In the view of communities that the MTR Team spoke to SLRCS is said to be “Nde bi pea” – an organisation that doesn’t just talk – it *does.* The MTR Team wants to emphasise our gratitude to the BRIDGE team and SLRCS and pass on the immense gratitude from the communities they serve.