December 2024

Evaluation of BRIDGE – Building Resilience, Inclusive Development and Gender Equity in Sierra Leone

Project by the Icelandic Red Cross

Government of Iceland
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December 2024

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1. Background

This ToR is intended for an evaluation to be conducted of IRC's BRIDGE project in Sierra Leone. Iceland's policy for international development cooperation 2024-2028 defines civil society organizations (CSOs) as important partners in the field of development cooperation and humanitarian assistance. The Ministry for Foreign Affairs of Iceland (MFA) cooperation with Icelandic CSOs was previously guided by Iceland´s policy for international development cooperation 2019-2023 and the Civil Society Organization Cooperation Strategy. As per rules no. 1035/2020, the CSO recipients of grants shall commit to co-financing the respective development projects by 20%.

Iceland conducted an evaluation of its CSO strategy in 2021. As a result of the evaluation and the demands of civil society for more predictable, flexible funding arrangements, the MFA adopted framework agreements with four of the largest Icelandic CSOs in the beginning of 2022, three agreements in the field of humanitarian assistance and four in development cooperation. A new strategy for CSO partnerships was approved in March 2022. CSOs received just under 7% of official development assistance (ODA), for a total of ISK 754.8 million (USD 5.8 million) in 2022 and ISK 876.7 (USD 6.2) in 2023. The vast majority of ODA to CSOs (93.2%) goes to Icelandic CSOs and their counterparts among international NGOs. Also, the majority of CSO funding (83%) is disbursed through the aforementioned framework agreements. Regular consultations are held between the MFA and CSO representatives.

The Icelandic Red Cross (IRC) is one of the partners the MFA has a framework agreement with and has been the recipient of 956.5 m. ISK since 2022, which is also the largest CSO receiver of support by Iceland under this mechanism. Of these grants, 420 m. ISK has been allocated towards humanitarian assistance, and the remaining funds towards development projects.

The IRC has in turn funded projects in Somalia, Malawi and Lebanon, in addition to thematic projects. Furthermore, two projects in Sierra Leone have been funded in recent years. Support to Icelandic CSOs that operate in Sierra Leone is channeled through and administered by the MFA in Reykjavik.

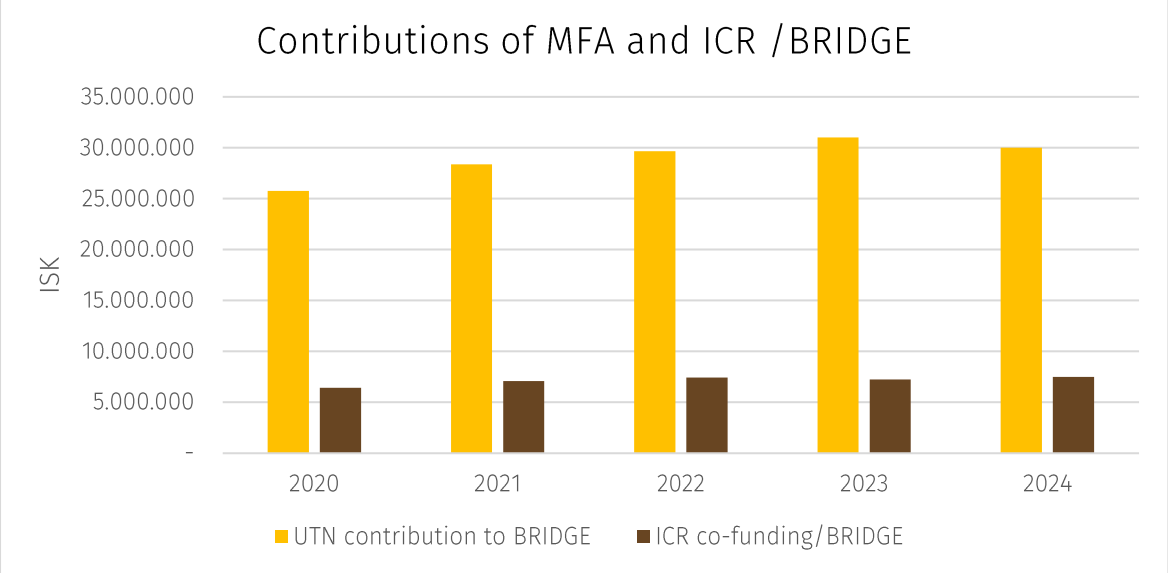

Figure 1 IRC and MFA funding for BRIDGE 2020-2024

As the programme name implies, the BRIDGE provides links between previous and current development efforts and gains. The programme aims to respond to the vast development needs in the country and includes components of community health (including sexual and reproductive health); water, sanitation, and hygiene (WASH); and disaster risks reduction (DRR). Protection, gender and inclusion (PGI) as well as climate change adaptation (CCA) are cross-cutting elements throughout the programme. District selection was done in 2019 based on vulnerability criteria and based on the district ranking. The programme is

implemented in six districts of Bo, Pujehun, Kono, Kenema, Moyamba and Bonthe, in Eastern and Southern regions of the country. A selection of 62 communities, based on defined development indicators, was done in early 2020 together with the districts' authorities. A detailed community assessment followed in September 2020 and provided detailed information on individual needs of the communities. A programme planning workshop was held in November 2020, where detailed programme objective and activities were developed. In addition to the community level activities, BRIDGE aims to strengthen the capacity of the National RC Society through branch development support and support to wider National Society Development. Target beneficiaries are 42,359 persons.

The November 2022 Mid-Term Review (MTR) not only confirmed achievements but also provided actionable recommendations relevant to the remaining implementation period; consolidating achievements, ensuring sustainability and focused impact. Findings from primary sources were triangulated with Programme documents (including the logframe, M/E framework, risks management, sustainability plan, etc) to substantiate findings and recommendations from the field. Whilst the overall goal of the programme remained the same, some outcomes, outputs, and their respective activities were modified to ensure alignment with and contribution to the programme goal. The project document and logical framework are set forth in annex 2 and 3 to this ToR.

2. Methodologies

The evaluation will apply a document review, interviews, and data collection. The evaluation will be conducted using a participatory and inclusive approach geared towards the production of tangible evidence to reflect on the evaluation questions. The evaluation will specifically examine the integration of cross-cutting issues and innovation. The evaluation shall be conducted in accordance with Iceland's evaluation policy 2023-2028, to include any ethical considerations.

The evaluation will be based on mixed methods data collection and analysis with project beneficiaries and key actors in the project implementation process. By using multiple methods and triangulating data from different sources, findings will provide more relevant and credible answers to the evaluation questions.

Data collected in the field will be supplemented by:

- Analysis of routine data and statistics generated by the stakeholder monitoring systems;
- Documentary review of project and action plans as well as annual implementation reviews and program monitoring and evaluation reports;
- An iterative process of dialogue with key stakeholders in the implementation of the project. This multi-stakeholder dialogue may also serve as an opportunity to reconstruct the project's intervention logic;
- Suitable data collection will be done in the appropriate location for each development initiative. This may include the use of surveys, focus groups, key informant interviews and participatory or non-participatory observations.

Existing data and documents will be made available to the evaluation team by the MFA desk officer responsible for CSO collaboration, the MFA Director of Internal Affairs and the IRC. An indicative list of documents is set forth in annex I.

The consultant will submit an evaluation inception report with a detailed methodology, which includes both quantitative and qualitative elements, designed to accurately answer the evaluation questions. In order to demonstrate that the evaluation team has a clear understanding of the program content and the key questions addressed by this evaluation, the inception report should provide a critical summary of the information contained in the program documents made available to the evaluation team. The inception report should also indicate, for each of the evaluation questions, the following information (evaluation matrix): a suggestion for data collection methods and tools that will be used to answer evaluation questions, from whom the data in question will be collected (including the sampling strategy), what analytical methods will be used to interpret the data, what measures will be adopted to ensure the quality of the evaluation, and how the data will be disseminated. It should also propose measures to ensure that the evaluation process is ethically sound and that the confidentiality and dignity of those involved in the evaluation are protected.

2.1 Evaluation questions

The overall objective of the evaluation is to objectively assess the results from the MFA's efforts in supporting IRC's BRIDGE project in Sierre Leone. The evaluation shall adhere to the MFA Evaluation Policy 2024-2028 and follow the current OECD-DAC Quality Standards for Development Evaluations, as appropriate.

This evaluation will be guided by seven (7) criteria: six (6) are based on the OECD DAC evaluation dimensions (relevance, coherence, effectiveness, efficiency, impact, and sustainability) and one complementary for thematic emphasis for the cross-cutting issues of gender, human rights, and environmental considerations. Additionally, the evaluator is requested to consider the factors of shocks,

such as the implications of the Covid-19 pandemic and natural disasters. Below are more details for each of the seven criteria:

- The criterion of **Relevance** assesses the objectives of the actions undertaken by the Ministry for Foreign Affairs and its CSO partner. Through this criterion, the extent to which the interventions' objectives and design respond to beneficiaries' global and partner as well as institutional need is evaluated. Policies and priorities will moreover be assessed.
- The **Coherence** criterion estimates how well the interventions fit with other development interventions, whether there are duplications of efforts and if synergies are maximized.
- The criterion of **Effectiveness** is used to assess the extent to which the project has achieved its objectives and intended results. The evaluation should measure possible gaps, analyze them, and identify success factors and bottlenecks.
- The **Efficiency** criterion will guide the data collection and analysis work in order to measure the extent to which the intervention delivers - or is likely to deliver - results in an economic and timely manner.
- The criterion of **Impact** will guide the evaluation in assessing whether the intervention has generated or is expected to generate significant positive or negative, intended, or unintended higher-level effects. Due to the limited time in which the development interventions have been ongoing, the evaluator may determine to exclude assessments pertaining to impact, in the inception report.
- The **Sustainability** criterion measures to which extent the net benefits of the interventions continue or are likely to do.
- The **thematic** criterion, as per the evaluation policy 2024-2028, takes into account the cross-cutting themes in Iceland's international development cooperation: **gender equality and human rights; and environment and climate change.** The evaluation shall verify the extent to which these principles were considered in the design, implementation, and monitoring of the development initiatives. An addition to this, the evaluation team is asked to add the consideration of innovation; to outline if any indications or evidence exist that show that **innovation** has been derived from the development initiatives or that efforts can be re-designed to stimulate innovation.

Guided by the seven evaluation criteria mentioned above, the consultant team will be asked to answer the questions listed below in order to achieve these evaluations. The inception report submitted by the evaluation team may suggest modifications or additions to the questions. These suggestions will be assessed and if accepted based on their relevance, will be incorporated into the respective evaluation. It is important to note that the respective CSO and its partners are not only under evaluation, but also the MFA as their partner.

2.1.1 Evaluation questions for the IRC BRIDGE project

The questions below are derived from the main evaluation criteria discussed in the previous section. **The evaluation shall answer the following questions:**

Relevance

- To what extent are the objectives of the programme aligned with the (1) SDGs, (2) Government of Sierra Leone (to include local government/county) plans, (3) the CSO mission, (4) partners[1] and (5) Government of Iceland policies, priorities, and plans?

Coherence

- To what extent are synergies ensured?[2]
- Do programme activities overlap or duplicate efforts by other donors, government or community actors in the sector and in each locality?

[1] This may include sister organization, local organizations or institutions, authorities, and persons.

[2] E.g. is there efficient consultation between different partners?

- To what extent has the MFA's partnership with the Icelandic Red Cross been successful and what are the challenges?[3]

Effectiveness

- To what extent have planned project outputs and outcomes been achieved?
- What were the major factors that influenced the achievement[4] of these outputs/outcomes?
- What are the unmet needs, particularly among the most vulnerable beneficiaries?

Efficiency

- To what extent have outputs/outcomes of the projects been achieved (1) within the planned time frame, (2) within the budget and at a lower/higher cost than other similar interventions, (3) with sufficient (in terms of quantity) and adequate (in terms of quality) human/financial resources and inputs mobilized?
- Have the financial contributions/co-financing by the CSO to the project verifiably been made?

Impact

- Has the project contributed to strengthening or influencing positive changes for the long term?
- Are there any notable changes in attitudes, behaviours or other factors that may indicate that impact may be reached in the longer-term?

Sustainability

- To what extent will the contributions (and benefits) of project implementation continue after the project(s) end?
- Have interventions been integrated into any existing and lasting systems in terms of programming, and budgeting at the prefectural or national level?
- Do local stakeholders and beneficiaries have ownership of the projects?

Thematic emphasis: gender equality and human rights; and considerations for environment and climate change; innovation

- To what extent have Iceland's cross-cutting issues of gender equality and human rights; and the environment and climate change, been addressed in development initiatives?
- Have development initiatives generated any innovation for development impact? What can be done to provide stimulus and motivation for innovation to create an enabling environment in this/such collaboration?

2.2 Evaluation scope

2.2.1 Chronological scope

The evaluation will examine project progress reports, financial and budget tracking reports, and indicator monitoring. The evaluation will cover interventions implemented from January 1st 2020 until end of year 2024, and will constitute as a final evaluation of the project.

2.2.2 Geographic scope

The project is carried out in the provinces of Bo, Pujeuhun, Kono, Kenema, Moyamba, Bonthe in southern and west part of Sierra Leone. The evaluation requires field work, which is planned for the **second week** of February 2025.

2.3 Principles of ethical conduct

The evaluation must be conducted in accordance with the ethical considerations set forth in Iceland's Policy for Evaluations 2024-2028:

[3] E.g. has each party fulfilled the expectations of other, such as in terms of effective communication and support?

[4] Both in terms of enabling and constraining factors.

- Anonymity and confidentiality. The evaluation must respect the rights of those who provide information, ensuring their anonymity and confidentiality.
- Accountability. The report must address any conflicts or differences of opinion that may have arisen between the consultants or between the consultant and the interviewees.
- Integrity. The evaluator should highlight issues not specifically mentioned in the ToR to obtain a more complete analysis of the partnership.
- Independence. The consultant must ensure that he or she remains independent of the program under review and should not be associated with its management or any element of it.
- Incidents. If problems arise during the fieldwork, or at any other time during the evaluation, they should be reported immediately to the Director of Internal Affairs, MFA.
- Validation of Information. The consultant shall ensure the accuracy of the information collected in the preparation of the reports and shall be responsible for the information presented in the final report.
- Intellectual Property. In using the various sources of information, the consultant shall respect the intellectual property rights of the institutions and stakeholders under review.
- Submission of reports. If the submission of reports is delayed, or if the quality of the reports submitted is significantly lower than agreed upon, the MFA retains the rights to delay, reduce or cancel consultancy fee payments, as stipulated in signed contracts.

3. Expected deliverables, timeframe and agenda

3.1 Deliverables

The following main deliverables are expected from the mission:

- One inception report in English that presents the methodology, tools, and resources dedicated to the mission. Reservations and apparent uncertainties pertaining to fieldwork[5] shall be set forth.
- One inception meeting with representatives of stakeholders where the inception report is discussed, the approach of the evaluation and the practical aspects of its implementation.
- Any methodological tools produced for the evaluation, (survey databases, interview guides and transcripts of the qualitative surveys conducted during the mission) shall be submitted for validation and consultation.
- Draft final evaluation report in English.
- Final evaluation report in English that takes aim of relevant input from stakeholder consultations.
- Presentation of findings in a virtual meeting with partners and stakeholders.

Written deliverables are to be submitted in electronic format in English in accordance with the deadlines set in this ToR. The Icelandic Ministry for Foreign Affairs retains the rights with respect to all distribution, dissemination and publication of deliverables.

Written deliverables are to be submitted in electronic format in English in accordance with the deadlines set in this ToR. The Icelandic Ministry for Foreign Affairs retains the rights with respect to all distribution, dissemination and publication of deliverables.

The evaluation reports should be concise, may include appendices, and should include an executive summary not exceeding 4 pages. The content of the evaluation report should be consistent with Iceland's Ministry for Foreign Affairs and generally agreed upon criteria for quality standards for evaluation reports. The main conclusions and recommendations of the evaluation will be disseminated in the form of a summary note. A joint inception meeting between the evaluation reference group and the consultants where the inception report is reviewed, will serve as an opportunity to jointly revise the evaluation implementation and the methodology applied. Upon evaluation completion, the Chief of Internal Affairs, MFA, will be responsible for following up the main recommendations of the evaluation in the form of a management-response, as per standard practices.

3.2 Evaluation Work Plan

The duration of the consultation is roughly 19 weeks, will take effect from the date of signature of the contract (6 January 2025) and come to an end with the submission of final report and presentation (20 May 2025). The consultant will propose a detailed timetable for the mission according to this duration, its methodology and the key activities required for such a mission in the inception report.

The Inception report shall be submitted within two weeks from the start of the assignment. The assignment is budgeted with an estimated input from the consultants of up to 10 weeks (50 working days). The Final External Evaluation Reports shall be submitted no later than May 15, 2025, and presented by May 20, 2025.

[5] Such as potential risks pertaining to field missions which may include security considerations, environmental constraints etc.

The following deliverables are expected:

Expected Deliverables	Date
A. Preliminary processes deliverables	
- *Request for Expression of Interest*	10th December 2024
- *Deadline for Submission of Expression of Interest*	27th December 2024
- *Evaluation and Award of Contract*	3rd January 2025
- *Signing of Contract*	6 th January 2025
B. Consultancy Deliverables	
1. An inception report Inception report should include a framework of the evaluation and how the evaluation questions will be addressed to ensure that the consultant, the donor and implementing partners have a shared understanding of the evaluation. The inception report should, e.g., include the evaluation matrix summarizing the evaluation design, methodology, evaluation questions, data sources and collection analysis tool for each data source and the measure, by which each question will be evaluated. It should also include recommended changes to the terms of reference, if any.	20th January 2023
2. Field work Field work should be carried out in Sierra Leone, to include visits to the respective project sites. This calls for coordination on site with stakeholders, travels, and visits.	10-16th February 2025
3. Draft report a. Preliminary results of desk research analysis, fieldwork, surveys, and interviews.	10th April 2025
b. Feedback/comments by MFA and IRC Iceland and Sierra Leone.	22nd April 2025
4. Final draft reports submitted not later than date provided. a. Final draft reports including an outline of how feedback was addressed (structure, facts, content, conclusion).	1st May 2025
b. Feedback/comments by CSOs and MFA.	8th May 2025
5. Final evaluation report submitted	15th May 2025
6. Presentations of final evaluation findings to be held remotely, and attended by other stakeholders, to include partners and stakeholders in Sierra Leone.	20th May 2025

Table 1 Expected deliverables

The above timeline is tentative, and the respective consultant may suggest changes to the timeline. All deliverables such as presentations and reports are to be submitted in electronic format in English in accordance with the deadlines set in the ToR. The Ministry for Foreign Affairs retains the rights with respect to all distribution, dissemination and publication of the deliverables.

4. Required expertise and qualifications

The evaluation will be conducted by a multidisciplinary team consisting of one national consultant (from Sierra Leone) in minimum. The team should have evaluation and international development experience and be qualified to carry out quantitative data analysis. Thematic experience and expertise from the fields of community health, DRR and WASH in a development context is desirable. Experience in the field of environment and gender within development has added value.

The consultant(s) may be international, but shall have a national consultant based in Sierra Leone,[6] where the evaluation fieldwork will take place. The team may require support from a local driver and translator. The evaluation team is required to travel to conduct fieldwork, interviews and collect data from stakeholders locally.

Qualifications of the lead consultant:

- Have at least 5 years of higher education in the social sciences, particularly in areas relevant to the consultation;
- Have at least 5 years of experience in the field of evaluation of development programs and projects;
- Demonstrated expertise in quantitative and qualitative research methods and in evaluation methods;
- Have good oral and written communication skills in English, teamwork and facilitation of participatory processes.

[6] This is required as per the evaluation policy.

5. Evaluation management

5.1 Evaluation manager

The MFA Director of Internal Affairs commissions the evaluation. The evaluation team leader will maintain the independence of the evaluation and ensures that norms and standards are followed and that quality standards are met. He/she will also ensure that the key stakeholders are informed of the evaluation's progress.

Quality control of the evaluation will be conducted through a review of the ToR, methodology, and reports and will be performed by the MFA Director of Internal Affairs in coordination with key stakeholders, as required. This includes a consultation meeting when a final draft of the inception report has been submitted, and a consultation process for the draft of final reports (may be a meeting in person, or an online process). The final reports will be published by the Ministry for Foreign Affairs and may be referenced by the consultants.

An evaluation reference group for the purposes of this evaluation consists of representative of MFA, IRC and RC Sierra Leone in minimum.

5.2 Payment arrangements

The consultant will use her/his own office equipment and resources. A field mission is planned for the data collection phase. The consultant is not permitted to use the information collected for this assignment in any other work assignment.

The consultant will be paid:

- 30% upon delivery and approval of the inception report;
- 70% upon delivery and validation of the final deliverables (final reports and final presentations).

The consultants will be responsible for their transport, accommodation and per diems. The consultants will supply their personal laptops and stationery as needed for the work. Any required translation and interpretation services from Icelandic or other languages to English shall be the responsibility of the consultants.

6. Expression of interest

Interested, qualified candidates are invited to send an expression of interest not later than 12:30 hours (GMT) 27 December 2024. Any incomplete files submitted after the deadline will not be considered. All parties who express their interest will be contacted and receive an official response.

All files should be sent electronically, and instructions followed. Some essential documents for the consultants to enrich their expression of interest are accepted.

The Ministry for Foreign Affairs may contact interested candidates for further information and references, as required. Any incomplete files or expressions of interest submitted after the deadline will not be considered. Fees will be fully negotiated and determined before contracts are signed.

6.1 Files to be submitted

The following documents must be provided by the consultant/team:

- Expression of interest/letter of confirmation of interest and availability, which includes a brief description of why the team/consultant consider themself/themselves as a suitable candidate for the assignment;
- Personal CVs, indicating past experience from similar evaluations, as well as the contact details (e-mail and telephone number) and professional references;
- An online link (preferable) to, or a copy of a report(s) written by the bidder (the team, team leader, and/or team member). (This may be included in the expression of interest/letter of confirmation of interest and availability);
- For teams of experts that express their interest, a short methodological note shall be submitted. This note demonstrates: (1) understanding of the ToR (including goals and objectives), (2) description of the methods of data collection and analysis that the consultant believes are relevant to answering the evaluation questions set forth in the ToR; and (3) a clear definition of the roles and responsibilities the consultants will play on the team.

6.2 Financial Offer

In the expression of interest, **an indicative financial offer must be included**. This shall include the consultancy fees (daily rates) for each (or alternatively, "the") expert in the consultancy team and the planned number of days contributed by each consultant, as well as the total amount of consultancy fees for the evaluations.

Further, reimbursables may be set forth (to include cost), or alternatively a list of reimbursable expenses that occur for the assignment. These may consist of logistics, travel costs and accommodation, fees for driver/translator and other relevant fees. Please note that this is not a requirement for the open call of interest.

Financial offers shall be set forth in United States Dollars (USD), Euros (EUR), or Icelandic krona (ISK) and **include any value added tax**, as appropriate.

Iceland's Ministry for Foreign Affairs shall carry the costs of the evaluation and be responsible for the payments to consultant(s).

6.3 Assessment of expressions of interest

Expressions of interest will be evaluated based on the following criteria:

(1) Understanding of the problem, the expected outputs, and the purpose(s) of the evaluation and methodologies; relevance and quality of the justification of the proposed methodology (10/100):

(2) Qualification and experience of key personnel,[7] and allocation of tasks and responsibilities. General and specific experience in providing services of similar nature (40/100);

(3) Writing and visualization/layout skills, whereas submitted documents (and sample reports) are clear, concise and reflect good writing and layout skills (10/100);

(4) Timeline: adherence to the number of days (or alternatively clear rationale for shorter or longer timeframe/number of days required for the evaluation) and consideration of reasonable timelines for validation (10/100);

(5) Financial offer is realistic and favourable when compared to plan and other proposals received (30/70).

[7] To include experience in similar assignments.

Annex 1: List of documents

- Parliamentary Resolution on Iceland's Policy for International Development Cooperation
- Iceland's Evaluation Policy 2024-2028
- Iceland's Development Cooperation Fund
- CSO Cooperation Strategy
- Iceland's Implementation of the 2030 Agenda for SDG
- Rules on Funding to CSOs (Icelandic only)
- Evaluation of the Icelandic CSO Strategy
- Project proposals (to be made available)
- Signed partnership agreements (to be made available)
- Monitoring mission reports (to be made available)
- Results framework and indicator monitoring plan (to be made available)
- List of staff employed (to be made available)

Annex 2: Project Document

PROJECT DOCUMENT

BRIDGE -

Building Resilience, Inclusive Development and Gender Equity in Sierra Leone

(Revised March 01, 2023)

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PROGRAMME INFORMATION			
Implementing partner:	Sierra Leone Red Cross Society		
Supporting partners:	Finnish Red Cross Icelandic Red Cross		
Project name:	BRIDGE – Building Resilience, Inclusive Development and Gender Equity in Sierra Leone		
Project period:	January 1, 2020 to December 31, 2024 ***(Revised March 2023)***		
Budget:	Grand Total (2023- 2024): EUR 960.000 FRC Coverage (2023-2024): EUR 570 000 ,. IceRC Coverage (2023-2024): EUR 390 000		
Target Beneficiaries	Total: 42,359	Male: 20332 (48%)	Female: 22027 (52%)
Direct beneficiaries:	Total: 32,948	Male: 15769(48%)	Female 17179 (52%)
Indirect Beneficiaries:	Total: 9411	Male: 2,642	Female: 2,864
Location:	Bo, Pujeuhun, Kono, Kenema, Moyamba, Bonthe National level for NSD activities		
Backdonors:	Ministry for Foreign Affairs of Finland Ministry for Foreign Affairs of Iceland		
Contact person (s):	1. Magnus Lahai, BRIDGE- Coordinator, Sierra Leone Red Cross Society lahaim@sierraleoneredcross.org +232 76 69 51 91 2. Sandy Kpawuru - Secretary General, Sierra Leone Red Cross Society ksandy@sierraleoneredcross.org +23276100073		

1. Executive summary

As the programme name implies, the BRIDGE provides links between previous and current development efforts and gains. The programme aims to respond to the vast development needs in the country and includes components of community health (including sexual and reproductive health); water, sanitation, and hygiene (WASH); and disaster risks reduction (DRR). Protection, gender and inclusion (PGI) as well as climate change adaptation (CCA) are cross-cutting elements throughout the programme. District selection was done in 2019 based on vulnerability criteria and based on the district ranking, the programme will be implemented in six districts of Bo, Pujehun, Kono, Kenema, Moyamba and Bonthe, in Eastern and Southern regions of the country. A selection of 62 communities, based on defined development indicators, was done in early 2020 together with the districts' authorities. A detailed community assessment followed in September 2020 and provided detailed information on individual needs of the communities. A programme planning workshop was held in November 2020, where detailed programme objective and activities were developed. In addition to the community level activities, BRIDGE aims to strengthen the capacity of the National Society through branch development support and support to wider National Society Development.

The programme implementation has reached halfway, despite the COVID-19 interruption in 2020, significant achievement milestones have since been realised. The November 2022 Mid-Term Review (MTR) not only confirmed these achievements but also provided actionable recommendations relevant to the remaining implementation period; consolidating achievements, ensuring sustainability and focused impact. Findings from primary sources were triangulated with Programme documents (including the logframe, M/E framework, risks management, sustainability plan, etc) to substantiate findings and recommendations from the field. Whilst the overall goal of the programme remained the same, some outcomes, outputs, and their respective activities were modified to ensure alignment with and contribution to the programme goal. (See annex for MTR report, 2022).

2. Context analysis

Sierra Leone is a small West African country of just over 7,5 million people, bordered with Guinea, Liberia and the Atlantic Ocean. The country gained independence from Great Britain in April 1961. Today, Sierra Leone is a constitutional republic, governed by an elected president as well as a single house of Parliament. The country is subdivided into five administrative regions – the North, North/West, East and South and Western Area. Roughly 16.8% of Sierra Leoneans live in the geographically small Western Area; 17.4% in the North; 15.7 in the North West; 25.7% in the East; and % in the South[8]. These regions are further subdivided into 16 districts. Freetown, the capital, is located in the Western Area. The districts are further subdivided into 196 chiefdoms. The official language is English, and most people also speak Krio, the most common local language.

Sierra Leone has passed through traumatic experiences in the last two decades, including the long civil war in 1991 -2002; Cholera epidemic in 2012; Ebola in 2014-2015 and Mudslide in 2017. In all these tragic events lives and livelihoods, infrastructure and institutions were lost thus increasing social and economic challenges for ordinary Sierra Leoneans. Access to quality health care is a major public health concern, attributable to inadequate financial and human resources for the health sector and issues surrounding shortage of drug and medical supplies and shortage of appropriate health infrastructure. The current COVID-19 pandemic has caused further burden to the health sector and has affected on livelihood. According to estimations, the pandemic is having a significant impact on Sierra Leone's medium-term growth prospects and the economy was projected to decrease by 2.3 to 4.0 percent in 2020 due to disruptions in global trade, travel restrictions and domestic mobility restrictions[9].

Sierra Leone is one of the world's poorest countries, ranked 181 out of 195 in the Human Development Index 2022[10]. Life expectancy at birth was 55.55 years, despite remarkable strides and reforms undertaken by the government since the end of Ebola epidemic in 2016. Maternal mortality (1,360/100,000 live births) is the highest in the world and accounts for 36% of all deaths among women aged 15-49 years. Child

[8] https://www.statistics.sl/index.php/statistics-sierra-leone-hands-over-final-census-results-to-president-bio.html

[9] World Bank 2020

[10] UNDP 2022; https://www.undp.org/sierra-leone/press-releases/2021/2022-human-development-report-9-out-10-countries-fall-backwards-human-development

mortality (122/1000 live births) remains amongst the highest in the world[11]. According to the Demographic Health Survey 2019, 21% of adolescents aged 15-19 years in Sierra Leone have begun childbearing, and median age at first sexual intercourse for rural women is 15.8 years[12]. The leading causes of death in under-five children are neonatal conditions (29%), malaria (20%) acute respiratory infection (12%), and diarrhoeal diseases (10%).[13] The number of children who are considered zero-dose children (those that lack access to or have not been reached by routine immunization) as measured by has decreased since 2019 however gaps remain in reaching children with essential routine immunisation.[14] In October 2022 Sierra Leone introduced the HPV vaccine for girls in its routine immunisation programme, reducing the risk for cervical cancer which has historically been the biggest killer of ll cancers among women aged between 14-44 years old.[15] The figure below presents the problem tree analysis of the health sector.

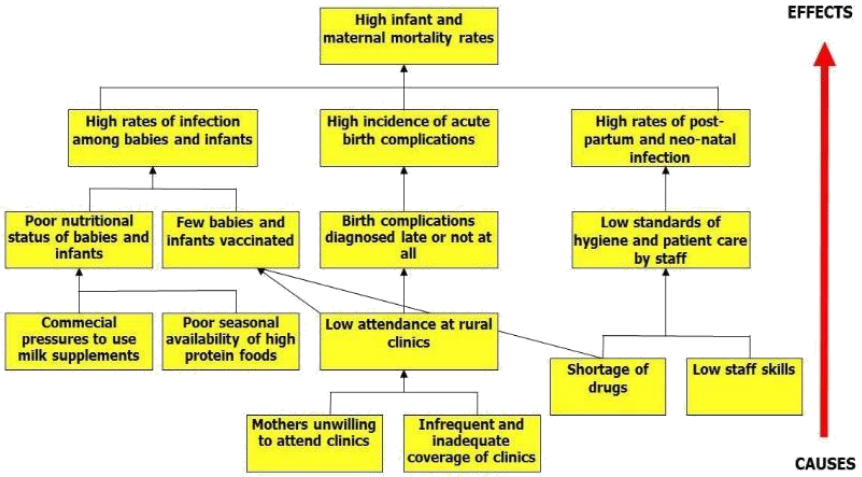

Figure 1. Health Sector Problem Tree Analysis

High child mortality level is attributable to poor maternal, infant and young child nutrition status. According to the Global Nutrition Report

[11] PIH 2022; https://www.pih.org/article/improved-maternal-child-health-care-expands-across-sierra-leone

[12] DHS 2019

[13] UNICEF Sierra Leone 2017

[14] GAVI 2023

[15] GAVI 2022

2020, 48% of women aged 15-49 years are anaemic; 29,5% of children under 5 years old are stunted and 5.4 of children under 5 years old are wasted[16]. In 2017, national prevalence of global acute malnutrition (GAM) rate was 7.1 %, moderate acute malnutrition (MAM) rate was 4% and severe acute malnutrition (SAM) rate was 1%[17].

The country is prone to epidemics such as Yellow fever, Cholera, Meningitis, Lassa fever, measles, and in the recent past Ebola Virus Disease (EVD). The epidemic spread is largely attributed to poor environmental sanitation and inadequate safe water supply. According to the Multiple Indicator Cluster Survey of 2017, only 17% of the people in Sierra Leone have access to basic sanitation services, meaning that 83 per cent of the population does not have basic sanitation facilities, and illnesses linked to poor sanitation, including diarrhea, malaria and malnutrition are prevalent[18]. Access to improved sanitation is limited; only 74% of the urban population have access to improved sanitation while the figure for rural areas is far lower 27,5%[19]. With respect to water supplies, 36 per cent of the population do not have access to basic water supply according to the WHO/UNICEF Joint Monitoring Programme 2021 report. In addition, the 2014 – 2015 Ebola Epidemic caused a significant set-back on the gains achieved since the end of the civil war, further deteriorating the already fragile health system, increasing vulnerability to health and other risks. Issues such as persisting lack of trust in health services and therefore reduced health-seeking behavior and resurgence of communicable diseases which were under control before the COVID-19 Pandemic, require urgent attention.

About half of the adult population is illiterate (44% among women) and the country ranks 182 out of 189 countries assessed on the Gender Inequality Index[20]. Illegal actions against women and girls in Sierra Leone include violence against women and denial of women's socio-economic rights. These are persistent problems that limit the ability of women to contribute to societal development. Illegal actions against women and girls are shaped by a number of factors, related to cultural attitudes, the history of conflict and the political environment. Women and girls in Sierra Leone suffer interrelated illegal actions, such as domestic violence (physical, economic and

[16] Global Nutrition Report 2020

[17] WFP 2018

[18] MICS 2017

[19] Statistics Sierra Leone 2018

[20] UNDP 2020

emotional/psychological), communal/cultural violence, sexual violence and structural violence. Nearly 50% of women experience intimate partner physical and/or sexual violence at least once in their lifetime, and attitudes towards gender-based violence are permissive; for example, 60% of women living in rural areas believe husband has a right to beat his wife if she does not follow his rule. Child marriages are common, and in the rural areas 43,6% of women were married before age of 18. FGM is widely practised and seen as an important initiation passage. In Sierra Leone, FGM is practiced as part of the Bondo society, a powerful women's society. It is generally done under the auspices of the local head of the Bondo Society called a "Sowei." Bondo society enjoys very strong support from politicians and this has greatly affected FGM abandonment efforts in the country. According to Multiple Indicator Cluster Survey (2018), 80.2% of the urban women and 92% of the rural women have undergone the procedure, and the acceptability of FGM continues as 80% of rural woman and 55% of urban women believes that the practise of FGM should continue[21].

Sierra Leone, like many other countries affected by past conflict, has a high prevalence of persons with disabilities. However, there is a lack of accurate data on disability prevalence in Sierra Leone: the 2015 Population and Housing Census estimated the prevalence to be 1,3%, but as the global average is estimated by WHO and World Bank to be 15%, this is likely to be a gross underestimation of the situation[22]. The civil war left about 1,600 people living with forced amputations and many others are suffering the after-effects of preventable diseases like polio and measles. Access to education is a key challenge for children with disabilities, resulting in a majority having little or no schooling. This has led to further marginalization, making gainful employment difficult, and often leaves them to depend on family assistance or street begging. Persons with disabilities also face significant challenges in accessing health care services, assistive devices or rehabilitation services. This is despite the provisions of the Sierra Leone Disability Act (2011) (which followed the ratification of the UN Convention for the Rights of Persons with Disabilities (CRPD) in 2012) that underlines the rights of persons with disabilities, including children, to social services such as education, health and early detection of a disability (section 18 of the Act).

[21] Statistics Sierra Leone 2018

[22] https://www.unprpd.org/sites/default/files/library/2022-11/Situation_Analysis_CountryBrief_SierraLeone_0.pdf

Disaster Risk is also one of the major threats to the Sierra Leonean populace. According to the Sierra Leone Hazard Profiling and Assessment[23] done in 2018, there are nine major natural hazards that threaten Sierra Leone: landslide, flood, drought, epidemics, coastal erosion, sea level rise, storm surge, tropical storm, lightning and thunder. The high level of population exposure to flood and landslide hazards and coastal erosion and sea level rise hazards is clearly evident in the hilly and low-lying areas of the Western Areas and along the coastal areas in the Western Area and the Northern and Southern Provinces of Sierra Leone. The table below describes the hazards experienced in Sierra Leone.

Frequency Scale		Magnitude Scale	
1	Very Rarely	1	Trivial
2	Rarely	2	Small
3	Sometimes	3	Moderate
4	Often	4	Large
5	Frequently	5	Very Large

Country	Hazards	Frequency Scale					Magnitude Scale				
		1	2	3	4	5	1	2	3	4	5
Sierra Leone	Landslides										
	Flooding										
	Coastal Erosion										
	Drought										
	Epidemics										
	Storm Surge										
	Tropical Storm										
	Thunder and Lightning										
	Sea Level Rise										

Table 1: Sierra Leone Hazard Profile (HARPIS-SL 2018)

3. Programme strategy and approach

[23] Harper-SL 2018

3.1 Background

BRIDGE will be built on SLRCS's decades-long experience on community health programmes and the lessons learnt from the previous programmes implemented by the SLRCS. In 2016-2018, CBHP (Community-Based Health Programme) was implemented by SLRCS in all the district of Sierra Leone and funded by the British and Finnish Red Cross. A Mid-Term Review (MTR) was conducted in July 2018 and suggested that a stronger focus should be put into sexual and reproductive health and sustainability of WASH. These recommendations were considered in 2019, when a consortium of the Sierra Leone Red Cross Society, Finnish Red Cross and Icelandic Red Cross, with Swedish Red Cross' technical assistance on CEA, continued to support the CBHP in four districts (Bo, Pujehun, Kono and Kenema). The endline evaluation of the SBHP 2016-2019, conducted in December 2019, concluded that CBHP had resulted in behaviour change and recommended the future programmes to maintain and strengthen the focus on sexual and reproductive health and rights, including prevention of harmful traditional practises; intensify WASH activities, especially in times of COVID-19; and focus on translating knowledge into practice, for consistent behavioural change. Having learned lessons from CBHP implementation in 2016 – 2019, the BRIDGE programme is better aligned with the aspirations of the global development policy and the Sierra Leone National Health Strategic Plan's (2017 – 2021) vision to eliminate maternal deaths and promote the well-being of the population as part of the Sustainable Development Goals (SDGs).The BRIDGE is guaranteed until the end of 2024, in order to achieve greater impact and long-lasting behavioural change in the communities.

Initial planning of the BRIDGE project was done in May 2019 and a project proposal was submitted to the Ministry for Foreign Affairs of Iceland, with the understanding that final outcomes and activities are further specified after assessing community needs. Community assessment and subsequent community activities were scheduled to start at the beginning of 2020, but the first half of 2020 was shifted to COVID-19 preparedness and response because of the impacts already recorded in the country. Community assessment was conducted in September 2020 and community level activities began in 2021.

The assessment revealed that the main challenges the communities faced were lack of access to health care; high number of adolescent pregnancies; incorrect infant and young child feeding (IYCF) practices; prevalence of harmful traditional practices; lack of access to safe drinking water and increased number of natural hazards. As a result of these findings, the programme focused on strengthening

community resilience in the following focus areas - health, WASH and disaster risk reduction (DRR), sexual and reproductive health rights (SRHR).

In the 2023-2024 phase the BRIDGE project will continue the resilience focus on Health, SRHR, WASH & DM. Domesticating the November 2022 MTR recommendations the overall goal of the programme remained unchanged, albeit some changes have been done to some outcomes statements, outputs, indicators and some activities were modified. All this is done to ensure alignment with and contribution to the programme goal, improve impact, ensure sustainability and to meet the current needs of the vulnerable communities.

The MTR had generally positive findings across most of the domains of relevance, coherence, effectiveness, efficiency, impact, sustainability, and learning. Big impacts were realised in safe water, resilience, knowledge and livelihoods. However, abundant opportunities for improvement and consolidating the gains were noticed. The salient issues which this programme plan seeks to adapt include;

- To adjust the programme or community engagement approaches by increasing focus on translation of the remarkable knowledge gains into action and change of status. Many previous indicators and interventions focused on knowledge acquisition and less in the use of knowledge into sustainable practices, products, and services. The acquisition of knowledge is a means and not an end themselves to resilience.
- To ensure quality and impact of intervention through narrowing of focus areas to the most relevant and impactful focus areas. The MTR observed that the project was trying to cover too broad health issues; malaria, pregnancy, vaccination, fistula, HIV & AIDS, breastfeeding, nutrition, diarrhoea, first aid, communicable and non-communicable diseases, family planning, teenage pregnancy, SRHR, SGBV, and others. While the needs are vast and diverse there is limitation of funding and volunteer capacity for absorption, retention, and translation to meaningful impact of actions in all these areas. The new (almost exclusive) focus on Diarrhoea, Acute Respiratory infections and Malaria seeks to address this but recognises that actions on to manage these have impacts in many health risks.
- To improve models of how SLRCS supports and engages the formal community health system, both through volunteers and community committees. Significant systems building/strengthening is pivotal to sustainability. Due to a multitude of focus areas, meaningful coordination and connection with the many line ministries is challenging. Among other things the NYSS (Community-based surveillance) system

is seen as a practical example of strengthening connectedness to formal health structures.
- To strengthen the livelihoods component and explicitly/formally include it in the project and monitor achievements. The MTR Team saw that livelihoods were not only a community resilience priority but also an area where SLRCS was seen to do some of its best work.
- To improve impact through continuous objective introspection, learning, curiosity, and innovation. This can be achieved by setting up effective M&E systems more closely linked to the indicators to track and any other data collection tools and/or IM systems. Data from the M&E systems or activities will be used to inform the operational decisions in the project.

The table below presents the goal and modified outcomes and outputs of BRIDGE programme.

Goal:	Strengthened community-level resilience in BRIDGE-programme communities by the end of 2024
Outcome 1:	Target communities are able to assess, prevent and manage priority health needs.
Output 1.1	Target communities trained and or skilled to prevent and manage malaria, ARI and Diarrhoea
Output 1.2	Target communities trained and or skilled to prevent and manage malaria, ARI and Diarrhoea
Outcome 2:	Improved access to safe, sustainable and inclusive WASH facilities and practice of proper hygiene/sanitation.
Output 2.1	Target communities are supported with sustainable safe drinking water facilities.
Output 2.2	Knowledgeable community members construct and maintain hygiene and sanitation facilities.
Outcome 3:	Communities have increased capacity to manage shocks and respond to their immediate needs.
Output 3.1	Target communities take actions in reducing disaster risks in their communities.
Output 3.2	Target community members are supported to engage in adaptive livelihoods activities that enhance their resilience.

Output 3.3	SLRCS Branches capacity to respond timely to community shocks in line with the National Society response (contingency) plans during the project period is enhanced
Outcome 4.	Increased organizational capacity for effective and efficient service delivery to the most vulnerable persons and communities.
Output 4.1	Systems and procedures are in place and adhered to for smooth implementation of BRIDGE program
Output 4.2	SLRCS becomes a strong and sustainable organization

Table 2. Summary of the BRIDGE programme

3.2 Programme approach

As the programme name implies, the BRIDGE provides links between previous and current development efforts and gains. It encompasses community health, including sexual and reproductive health; water, sanitation, and hygiene (WASH); and disaster risks reduction (DRR). Protection, gender and inclusion as well as climate change adaptation crosscut through the programme. Livelihoods is now explicitly included in the programme under DRR as it enables and supports many areas of the community priority while addressing poverty – an underlying factor for disaster vulnerability. Special emphasis is on community ownership of change processes and feedback mechanisms. BRIDGE is therefore designed to build the resilience of the most vulnerable groups and communities in the programme area. Each of the outcomes will be attained by some outputs and the outputs will be realized by several corresponding activities, as plausibly outlined in the Logframe.

Under Outcome 1, it is envisaged that by the end of 2024, BRIDGE would have improved the health and hygiene behavior of target beneficiaries in programme communities through awareness raising, promotion of health-related risks and rights of beneficiaries; improved access to, and utilisation of available health and other relevant services with special focus on sexual, reproductive health and rights of community members (in particular women and children). Communities will be sensitised on Sexual and Reproductive Health and Rights (SRHR); Sexual and Gender Based Violence (SGBV), prevention and management of malaria, diarrhoea and acute respiratory infections. Ministry of Health Immunisation campaigns will be supported as part of the auxiliary role of the SLRCS. Utilization of

voluntary HIV testing, family planning and prevention of mother to child transmission (PMTCT) services will be promoted under SRHR through partnership with the district health management teams (DHMTs). Through the key interventions listed above, the programme intends to support the Reproductive and Child Health (RCH) and National Health Sector Strategic plans roll out (HSSP II, 2017 – 2021). The Mothers' Clubs will be strengthened to provide support to women to freely access Emergency Obstetrics Care (EOC) and other medical needs through the provision of EOC revolving funds.

The SRHR component the program will also focus on raising awareness and promoting change of social norms that perpetuate violations of individuals rights to their body and sexuality. These include harmful traditional/cultural practices FGM, CEFM and SGBV. BRIDGE will improve gender equality and inclusion in target communities by improving awareness promotion around illegal practices against women and girls, by strengthening the dialogue between district and national level stakeholders and by establishing and supporting Mothers' Clubs and Fathers' Clubs in programme districts. During the combined eCBHFA and eVCA assessment of programmes communities, it was revealed that domestic violence, customary and traditional practices (such as female genital mutilation/cutting and child marriage) are considered the most common forms of illegal actions against women and girls and frequently happening though the laws that exist. Ensuring both men and women understand illegal actions against women and girls as an infringement of their fundamental rights and have adequate recourse to redress, with strong mobilisation of the entire population in efforts to rebuild the country and move towards development. The BRIDGE programme will therefore engage community, district and national stakeholders through dialogue forums on illegal actions against women and girls. Volunteers will be supported with necessary tools (e.g. key messages and IEC materials) to increase community awareness on women's rights and various legal instruments that protect them. BRIDGE will also ensure equal participation of persons with disabilities in all the activities and advocacy on disability rights will be done in community- district and national levels. The project will also seek to strengthen community health systems to provide friendly spaces for dissemination of information and signposting services related to SRHR . As recommended in the MTR 2022 report, programme implementation will be robustly linked to the PHUs and the wider MoHS systems and processes. SLRCS community based Volunteers will be linked to community health worker (CHW) supervisors to enhance mobilization and data collection. In addition, efforts will be made to integrate program implementation with CP3

tested tool (NYSS) for establishing community based surveillance system to promote timely detection and reporting.

Outcome 2, community health and sanitation will be improved by WASH construction and software activities. BRIDGE aims to improved access and use of safe water supply and sanitary facilities through the construction and rehabilitation of wells and construction of gender- and disability sensitive institutional latrines. In parallel, BRIDGE will conduct hygiene promotion in communities and schools and link Menstrual Hygiene Management (MHM) by conducting trainings for girls (including girls with disability) on MHM and on reusable sanitary pad production. WASH interventions will also contribute to SLRCS's COVID-19 response, as access to water is essential in promoting good handwashing practises. In the revised plan of action, piloting continues in more sustainable ways of providing safe drinking water sources to vulnerable and clustered communities will be introduced such as solar powered boreholes with multiple stand pumps within and between communities. This will enhance easy access to the most vulnerable persons including women, children and persons with disabilities thus ensuring adherence to the PGI components of the programme.

The BRIDGE programme, under Outcome 3, will support the mainstreaming of disaster risk reduction and disaster risk management in the programme with specific reference to planning, preventing, mitigating, responding and recovering from disasters through capacity building trainings of volunteers and communities, development of community contingency plans, establishment of Early Warning Systems, sensitization and awareness raising and other interventions with the thirst of contributing to the achievement of national and the goals of the UN sustainable development goals (SDGs). Community awareness on climate change mitigation and adaptation will be increased and climate-smart activities implemented. Based on the results of various reviews and assessment conducted in last two years, a new project on climate change adaptation (Tree Planting and Care) was designed to address some of the DRR issues in programme communities, including disaster prevention and preparedness to contribute to the broader community resilience.

Also, livelihoods and first aid training component for communities has been introduced into the revised BRIDGE programme for 2023 to 2024 implementation period. Livelihoods are understood to enable and sustain the multiple outcomes for health, WASH, SRHR, DM and ultimately to the overall resilience of the community. The VSLAs have also helped in meeting immediate household needs, increased financial inclusion and empowerment of women, enhanced sending

girls back to school, menstrual hygiene management and increased participation of women and girls in decision making. Support has been provided to Mothers' Clubs in the form of agricultural inputs to build their capacity to embark on petty trading and backyard gardening to enhance maternal and child nutrition, but often the proceeds are also sold off to meet the household priority needs in different sectors of need.

81 percent of Sierra Leonean households were unable to meet their basic food and nutrition needs while 15 percent are severely food insecure and needed emergency food assistance[24]. The project will support the communities to improve food production with potentials for household health and income improvement. Promotion of Inland Valley Swamps (IVS) farming over upland rice farming has potential to increase food productivity. Most communities are naturally endowed with inland valley swamps, a high-potential ecosystem that, used effectively, can provide agricultural yields that result in food self-sufficiency. But due to limited technical knowledge, inputs and skills most inland valley swamps lay fallow, abandoned and or underutilised in favour of shifting, upland agriculture, characterized by low yields and environmental damage.

Localising the "Leave no one behind (LNOB)" transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), the Project will ensure and promote equity and inclusion across all divides (gender, age, ability etc). Practical considerations will be integrated in all activity planning and implementation to ensure that all persons with disability have full and effective participation on an equal basis with others in project activities and ultimately in their society. Some of the primary enabling actions will include;

- Promoting meaningful participation of persons with disabilities- The project will seek to work with local organisations of persons with disabilities (OPDs) whereever possible, first in the planned disability trainings and consistently in various activity implementation. The project will always seek engagement with and feedback from a wider and more representative range of persons with disabilities. Budgetary provisions are factored in the design to enable this ambition.
- Remove barriers- In all project outcomes the project will share messages to reduce the disabling norms and address them. Ease of participation will be ensured by sensitive activity

[24] https://www.wfp.org/news/united-states-funding-help-wfp-fight-food-insecurity-sierra-leone

designs e.g. meeting times and invitations sent well ahead so that necessary accommodations can be made, seminar rooms and halls that have wheelchair access; transport arrangements or close to transport links; communication aides (sign language interpreters); and ensuring material and documentation is printed in large print, illustrations have easy read summaries. Project interventions and deliverables (WASH, DRR) will install accessibility modifications such as ramps, rails, improved lighting etc.

- Empowering persons with disabilities & supporting them to develop their capacities- wherever possible key project actors (e.g. volunteers, focal points etc) will include persons with disability. This will grow their dignity and confidence and inspire others while opening opportunities for knowledge and skills development. Training for staff and volunteers will be done on disability inclusion with facilitation by local OPDs and with good participation of persons with disabilities. The project will actively include persons with disabilities in economic and social empowerment activities such as livelihoods activities, mothers/fathers club, to reduce the financial barriers that perpetuate their vulnerability.

  The project will collect and disaggregate data on disability, age and gender for monitoring inclusion.

Under Outcome 4, The NS successfully launched the 2023-2027 strategic and NDS plan in December 2023. The latter, whose goal is to "increase organizational capacity for effective and efficient service delivery to the most vulnerable persons and communities" has 5 strategic enabling actions as follows;

a. Leadership and Management Support (including Governance, staff and volunteer management)
b. Financial and logistics management
c. Resource mobilisation and sustainability
d. Digitalisation and communications
e. Planning, monitoring, evaluation, and learning

While the NSD budget has not been shared for effective coordination with other partners, the BRIDGE project continues to contribute to NSD priorities which also subsequently informs the branch development initiatives based on general and system gaps that were identified in the BOCA (branch organisational capacity assessment) conducted in December 2019. The aim is to increase the capacity of the branches to manage their basic service deliveries and performances as well as skills of staff and volunteers in relevant themes, with the objective that well-functioning branches are able to support communities in the districts to become more resilient and healthier. In addition, BRIDGE aims to contribute to the long-term National Society Development (NSD), according to the NSD plan PGI assessment POA and priorities set out in the strategy 2023-2027.

To deliver effectively and efficiently on the above outputs and outcomes, the Sierra Leone Red Cross Society (SLRCS) staff capacity (HQ and branches) will be strengthened further to deliver quality services. Support will be provided on the development and implementation of Branch Development and Sustainability Plans, improved Community Engagement and Accountability, especially feedback and complaint mechanism. At national level, existing sectoral meetings and steering committee meetings will be used to promote dialogue with national stakeholders on health, WASH, DRR, Nutrition and Gender equality and inclusion concerns from the districts. SLRCS will also convene dialogue sessions annually with national stakeholders on compelling issues that will enhance community resilience. The programme will ensure equal participation by strengthening Fathers' and Mothers' Clubs as well as engaging traditional leaders. The BRIDGE will ensure the inclusion of women, men, boys, girls and persons with disability by making sure that all the activities are gender and disability sensitive. It is assumed that as the programme is sensitive to gender, diversity and inclusion, it will increase the chances of different groups to meet their individual needs.

To realize BRIDGE overall goal, the programme will use an integrated approach – community participation, advocacy, lobbying, local capacity building and health promotional campaigns. The SLRCS, through cooperation with the Icelandic Red Cross and Finnish Red Cross, aims to improve the capacity of Field Health Officers (FHOs) and Branch Managers (BMs), community volunteers, coaches, Mothers' and Fathers' Clubs to effectively support quality programme implementation in communities. The programme targets the most vulnerable groups in the target areas, i.e. adolescent girls, women of reproductive age, men and youth, and persons with disabilities. Communities in remote and hard-to-reach locations as identified by the branch offices during the identification processes of the designated communities. This approach is consistent with Red Cross and Red Crescent program delivery approach which enhances the most vulnerable communities to benefit from the services directly. The IFRC Community Based Health First Aid (eCBHFA) module, will be used as a tool to roll out health promotion activities during the life of the programme.

4. Target location and beneficiary population

4.1 Target Location

The BRIDGE programme is being six districts with strong Sierra Leone Red Cross Society

presence. These districts were selected based on designated selection criteria generally around deprivation, exclusion and vulnerability to health, disaster, gender, water and sanitation challenges.

3.2 District selection

The six districts were selected based on the following criteria:

- High vulnerability to risks and hazards.
- Limited presence of other humanitarian actors in the district
- Highest maternal and child mortality rates in the district
- District that records the highest teenage pregnancies
- District that records the highest prevalence of SGBV
- District that records the highest prevalence of illegal practices against women and girls
- District that records the lowest rates of ANC visits
- District that has the highest prevalence of malaria
- District with lowest access to safe drinking water and sanitation

In addition to the criteria above, geographical feasibility and SLRCS branches' previous experience on community resilience was taken into consideration. Based on the selection criteria, BRIDGE will be implemented in Bo, Puhejun, Kono, Kenema, Moyamba and Bonthe, located in the South and Eastern regions of the country.

3.3 Community Selection

In the bid to ensure that most vulnerable communities are selected to benefit from BRIDGE programme activities, the programme team across the 6 districts in collaboration with key stakeholders including Local Councils, District Health Management Team, Ministry of Social Welfare, Ministry of Water Resources and local authorities held a two-day desk review sessions at district level to do community vulnerability analysis using relevant line ministries and local councils' available data. At the end of the review, the programme staff in collaboration with the stakeholders identified 10 communities in each of the 6 districts totalling to 60 communities overall using the agreed selection criteria below.

- High vulnerability to risks and hazards of the community

- Lack of other government agencies/ development partners´ presence in those communities
- Community is located +5 KM distance from health facilities
- Communities that recorded the highest prevalence of Sexual Gender-Based Violence (SGBV)
- Communities that do not have enough number of adequate and sustainable water points
- Communities with lowest levels of sanitation
- Communities with a population of not less than 250 people

During the community assessment, after consultations with the district line ministries, the number of communities was further increased to 11 in Bo and 11 in Bonthe, totalling 62 communities.

3.4 Beneficiary Population

Direct beneficiaries: 42,359 persons (female 22,027 and male 20,332) will benefit directly from the project. SLRCS takes a "whole of community" approach. All persons in the project communities are reached by multiple aspects of the BRIDGE project in multiple ways in which their capacity and strength is built. Resilience is strengthened through enhancing support networks and family members and neighbours of the most vulnerable. Regardless, the project pays special attention to pregnant women and lactating mothers, infants, school going children, youth, adolescent girls, community volunteers, persons with disability, women of reproductive age (WRAs), other Vulnerable Children (OVCs) and people living with HIV and AIDS (PLHIV).

Indirect beneficiaries: 5,506 persons (female 2,864 and male 2,642) including community health staff in the peripheral health units - PHUs (maternal and child health post - MCHP, community health post - CHP and community health centre - CHC). Adult men and women, teachers, in and out of school children and older youths who benefit from strengthening of systems such as project support to PHUs, and school interventions and are not domiciled in the project communities are considered indirect beneficiaries.

5. Cross-cutting issues

Community Engagement and Accountability - The programme will engage closely with the network of local leaders and chiefs to develop good lines of communication and address concerns between the team leaders and the community, the chiefs and other local stakeholders. This will allow community members to ask questions, raise concerns and provide direct or anonymous feedback regarding the programme. The participation and engagement of the communities will be integrated as the guiding principle throughout the programme; its planning, implementation, monitoring and evaluation. This is not only expected to enhance the quality and the impact of the programme, but also contribute to its localization, sustainability and efficiency of the intervention. As recommended by the MTR 2022 report, SLRCS will make deliberate efforts to re-establish the hotline and set up community feedback system that will allow anonymous reporting on sensitive matters affecting communities and individuals.

Protection, Gender and Inclusion (PGI)- PGI as a cross-cutting approach to is a high priority to programme quality achievement. In recent years, the SLRCS has identified a growing need for greater emphasis on gender equality and women's empowerment. This is for instance demonstrated by the persistent prevalence of maternal and child mortality rates, high teenage pregnancy rate, rape, child marriages, female genital mutilation and a relatively low social and economic status of women, not only in the targeted communities, but in Sierra Leone in general. In response, the programme aims to integrate gender to the highest extent, making gender equality and women´s empowerment a visible cross-cutting approach on all levels of the programme, including planning, implementation, monitoring and evaluation.

The programme will also ensure that persons with disabilities have equal opportunities to participate to the programme and advocacy on disability rights will be conducted.

SLRCS recently completed the institutional PGI assessment, and a plan of action is being put in place. BRIDGE will seek to operationalise the recommendations wherever possible. More focus will be put towards implementation of the PSEA policy, increasing awareness among staff and volunteers and with reiteration at branch level and roll out at community level.

Climate Change Adaptation - As most of the developed countries in the world, Sierra Leone is also affected by climate change. Sea level

rise threatens low-lying coastal Sierra Leone and increased coastal flood events, coastal erosion, reduction of fresh water quality, population displacement, loss of property, reduction in groundwater resources and reduced agricultural potential for coastal areas are some of the expected effects of climate change. Human health is adversely affected by the increasing likelihood of diseases (e.g. cholera, diarrhoeal diseases, malaria) due to flooding, rainfall patterns as well as unexpected droughts. During the rainy season floods are regularly affecting Sierra Leone due to very heavy precipitation and storms along the coast. The vulnerable population has low capacity to adapt to climate change effects and the rural populations will be the most affected because of their high dependence on rain-fed agriculture and natural resource-based livelihoods. Programme activities are adapted to local adverse effects of climate change relevant to programme objectives. Planned climate-smart activities include tree planting and promotion of agroforestry and/or backyard gardening However these are now being achieved through the Tree Planting Project being implemented in the same communities. While Red Cross volunteers are sensitizing communities on climate change the MTR observed the need to focus on equipping communities to address the local realities of climate change such as (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. Community action planning and implementation of micro-projects towards managing localised multi-sector emergency and disaster will be the means to develop climate change awareness and building long term resilience to climate change impacts through enhancing social cohesion, collective planning, meeting basic needs, and economic opportunities.

6. Sierra Leone Red Cross Society Capacity to implement BRIDGE Programme

The Sierra Leone Red Cross Society (SLRCS) is the oldest humanitarian organization in Sierra Leone. SLRCS was established by an Act of Parliament in 1962 and revised in 2012. A Nationwide Society is empowered by the difference made in the lives of vulnerable communities in partnership with stakeholders and a respected steward of funds. The Society is a fully functioning humanitarian and development organization in Sierra Leone with trained and qualified full-time staff in programs, finance, procurement, logistics, administration and human resources. Additional specialized support is readily available and offered by a crop of international (Red Cross Movement partners) and local professionals in social development and specialists in medical and public health fields.

Sierra Leone Red Cross works in partnership with Ministry of Health and Sanitation's political and professional leadership teams at national level such as the Ministers, Chief Medical Officers and Heads of Directorates. In the districts, District Health Management Teams' leaders are engaged at strategic and operational levels including joint planning and monitoring of programme activities.

Within the entire 13 SLRCS branches over the years, a repertoire of local skills has been created through trainings and refresher courses. There also exists a health team composed of trained and qualified health professionals (community health officers and nurses) within the branches serving as Field Health Officers who over the years have received various in-service technical health trainings to enable them respond to the health needs, new challenges in the health sector and service provision.

SLRCS over the years has strengthened the capacities and maintained a pool of community volunteers permanently in communities. The volunteers been trained on basic First Aid, disaster risks reduction and response, Psychosocial First Aid (PFA), Infection Prevention and Control (IPC) among others. They provide services voluntarily in community animation, sensitization and awareness raising, peer education and other health activities at community level. As part of the entry requirement of BRIDGE programme into new communities, the programme team have recruited new community volunteers with gender and impairment lens on. These volunteers will be supervised and supported by coaches, who in turn report to Field Health Officers (FHOs). The team will follow strictly the volunteer-ratio for the programme (1 volunteer: 15 households) using the eCBHFA guidelines. The branches are headed by a competent Branch Managers with a pool of experienced staff in health, finance, disaster risks reduction, community mobilization and other areas of support needs.

7. Coordination and management

The Sierra Leone Red Cross Society (SLRCS) over the years has collaborated extensively with various Government line ministries in the implementation of its programmes. For this programme, the SLRCS will work in consortium with the Icelandic Red Cross and the Finnish Red Cross from design through implementation to final evaluation of the programme. To enrich the quality of implementation and sustainability of the programme, the SLRCS will partner with the Ministry of Water Resources, Ministry of Health and Sanitation, Ministry of Social Welfare and local councils and other authorities at national and branch levels.

The different local councils have individual district health committees that are responsible for all health-related functions within their

respective locality. The Sierra Leone Red Cross will engage the Local Councils and other stakeholders using existing platforms to implement key health interventions and policies through advocacy for inclusion of women and persons with impairments. The various District Health management Teams (DHMTs) will provide direction on government policies, as well as the establishment/strengthening of certain structures. The Red Cross and Red Crescent Movement partners will work with the National AIDS Secretariat to ensure adherence to national standards for HIV and AIDS response. The SLRCS will be represented in every sector meeting in the branches and national levels looking at maternal and child health, HIV and AIDs, prevention and control of communicable diseases and WASH (water and sanitation sector meetings).

To ensure efficient implementation of the programme, the programme management structure established in 2019 is determined to:

- Oversee the overall management of the programme, this process will be led by the SLRCS Director of Programmes and Operations.
- Support programme coordinator within the SLRCS as main contact person for the day-to-day management of the BRIDGE programme.
- Strengthen adequate support mechanisms of the programme – outlining the processes and events.
- Hold periodic steering committee meetings outlining the progress so far and the challenges encountered and how they were mitigated.

In order to ensure robust communication and effective cooperation between partners is guaranteed, the communication tree will be strengthened between consortium partners, and potential external stakeholders. Further to the regular communication tools, such as emails, telephone conferences.

The project will actively promote integration through synergies with other programmes and departments for efficient resource utilisation, innovation and knowledge sharing.

The programme steering committee was established in 2019 and will ensure that an effective leadership is provided to guide the programme management and coordination and assure efficient implementation of the programme. Furthermore, in 2020, all consortium members have signed a Partnership Agreement prior to the full commencement of the programme that defines roles and responsibilities of each partner. The Consortium Steering Committee´s

responsibilities established in the Partnership Agreement in 2019 will be reviewed as and when necessary.

6. Monitoring and Evaluation

The programme will adopt the results-based management (RBM), with monitoring and evaluation guided by the IFRC´s monitoring and evaluation (M&E) guide.

For the purpose of quality and risk management, a monitoring plan and detailed timeline (work plan) has been established and in agreement with the partners at the beginning of the programme. Branch Managers and Field Health Officers, SLRCS HQ programme staff, FRC programme delegate including FRC Health Advisor participated in a weeklong programme planning meeting in Freetown after a very detailed combined eCBHFA and eVCA community assessment. The overall goal, outcomes, outputs, and their respective activities of the programme were reformulated to meet the current needs of the vulnerable communities. Specifically, the programme Logframe, budget, sustainability, risk, work, and M & E plans were finalized following the programme planning process.

Appropriate data collection tools are in place to collect data according the schedule (with Sex and Age Disability Disaggregation) . Monitoring findings will be analyzed and stored in the database for learning and quality reporting purposes. Programme reviews will be organized to measure the progress over a given period. This process will involve all stakeholders of the programme. In an event that the programme implementation is not likely to meet the intended objectives, the implementation strategy will be reviewed to bring the programme back on track to achieve the anticipated change.

Effective PMER system will ensure programme quality and donor accountability. Data will be disaggregated by sex, age and disability (using the Washington Group Short Set of questions) collected by field staff, coaches and volunteers, committee members through periodic field visits, direct observation, photographic displays of beneficiary activities, reports, interviews, focus group discussions with beneficiaries. After every field visit, Field Health Officers (FHOs) and Branch Managers and staff at headquarters will be required to provide monitoring reports which will include problems encountered, challenges and recommendations. This will form the basis for the monthly and quarterly progress reports submitted to Sierra Leone Red Cross head office, Finnish Red Cross and Icelandic Red Cross.

The National Society will recruit a PMER Officer to enhance regular monitoring of the project. The PMER Officer will facilitate further

review of the project monitoring plans and tools, including logframe and linking indicators to actual programme results.

In collaboration with consortium partners (SLRCS, FRC and IceRC), SLRCS have conducted mid-year review in November 2022 and will conduct an external endline evaluation of this programme. A mid-year review was planned to take place in June 2021 to ascertain major and significant changes recorded in programme implementation, but due to the late start of the programme it was post-poned to 2022. Reflection sessions and annual assessment will be carried out internally and reports shared with partners. The final evaluation (external) planned for the last quarter 2024 will provide the overall review of the programme performance and impact, as well as the extent to which the programme has succeeded in meeting its objectives and the likelihood be sustained.

Finally, all reports and documents will be collected as evidence for back-donors and all relevant partners of the programme. This includes the following:

- Minutes of consortium meetings and the outputs of national workshops/trainings.
- Monthly and quarterly progress reports (narrative and financial) from the SLRCS to the consortium partners.
- Interim and final financial and narrative reporting to back-donors in accordance with the relevant agreements.

9. Sustainability and exit strategy

The success and impact of the BRIDGE programme is determined by its long-term sustainability after its lifespan. The first strategy to ensure that this happens is the community ownership. This means that programme communities will be actively involved in every phase of the programme. Precisely community volunteers, branch managers, national and districts stakeholders will be practically involved in planning, implementation, reviewing, monitoring and evaluation of the programme.

A sustainability plan is designed separately and is annexed to this programme document. In general, a lot of emphasis are placed on capacity building for community structures, volunteers and community health staff, WASH committees, health workers and other stakeholders in health care service delivery in the district. In addition, the positive outcome of the programme, through advocacy, will be integrated into the district health services and further advocacy with local government to provide similar services elsewhere in the district. In a broader engagement, all the activities outlined above are aligned with the Government of Sierra Leone

health sector reform strategy and local council's health approaches towards maternal and child health surveillance thus making it much easier for streamlining into the Ministry of Health and Sanitation.

During the course of implementation of this phases and subsequent phases of BRIDGE programme with partners such as the Icelandic Red Cross and the Finnish Red Cross, community engagement and accountability approach (CEA) will be used to robustly advocate for continuity of key interventions by the Ministry of Health and Sanitation such as expanding to other communities not covered by the programme and strengthening similar structures as part of the overall exit strategy.

7. Stakeholder analysis

Stakeholder	Priority	Influence on programme	Responsible
Position, role or group	*High* *Medium* *low*	*Short explanation about by this stakeholder is important to the programme*	*Position or role for programme staff*
Local Council	High	They represent the central government in their respective regions/districts They ensure health policy implementation	Field Health Officers
Ministry of Health & Sanitation DHMT	High	Policy formulation, Coordination of health programmes / agencies	BRIDGE Coordinator
UNICEF	High	Support/advice central government especially Min of Health on health related issues Support organizations to implement projects	BRIDGE Coordinator
WHO	Medium	Provide technical support to central government and MoHS	BRIDGE Coordinator
Ministry of Agriculture Forestry and Food Security	Low	Give technical support on agriculture	Field Health Officers
Ministry of Education Science and Technology	Low	Support peer education	Field Health Officers
Traditional leaders Religious leaders	High	Mobilize communities for action and provide spiritual counseling	Field Health Officers and team
PNS IFRC	High	Provide financial and technical support	Dir of Programmes BRIDGE Coordinator PMER Coordinator
Traditional healers Drug peddlers	Medium	Misinform community on health issues	Field Health Officers Coaches
Volunteers	High	Support programme implementation – volunteer time and expertise	FHOs, Coaches

Recipients of services	High	Determine the impact of the programme; Help shape the programme outlook	Field Health Officers Coaches
Organisations of Persons with Disabilities (OPDs)	High	Support practical inclusion of persons with disabilities	BRIDGE Coordinator Field Health Officers

Annexes

Annex 1. Logical Framework

Annex 2. Budget

Annex 3. Plan of Activities

Annex 4. Monitoring and Evaluation Plan

Annex 5. Sustainability plan

Annex 6. Risk management plan

Annex 7. Community assessment report

Annex 3: Logical Framework

BRIDGE - BUILDING RESILIENCE, INCLUSIVE DEVELOPMENT AND GENDER EQUITY IN SIERRA LEONE	

LOGICAL FRAMEWORK

Objective	Indicator	Mean and Source of Verification
Goal: Strengthened community-level resilience in BRIDGE- programme communities by the end of 2024		
Obligatory FRC- indicators *(*listed here if not included under outcomes)* # of people reached, disaggregated by gender, disability and age # of people trained in first aid, disaggregated by gender, disability and age		

Objective	Indicator	Baseline* (tbd after baseline has been conducted)	Target* (tbd after baseline has been conducted)	Mean and Source of Verification	Assumption
Outcome 1: Target communities are knowledgeable in and able to prevent and manage their own priority health issues	*% households with pregnant women that report they have slept under an insecticide-treated mosquito net the night prior to the survey*	**66%**	**90%**	Baseline survey, endline survey	Ministry of Health and Sanitation's commitment to support to programme. Political commitment to enforcing policy provisions against violations to women and girls improves.
	% primary caretakers with children under 2 years of age that can correctly identify at least 3 danger signs of malnutrition that require referral to a health facility	**44%**	**80%**	Baseline survey, endline survey	Community acceptance, cooperation and participation remains consistent. Discordant policies regarding child protection are aligned. Readiness of the Health Facilities. No major health public health emergency occurs.
	% women with children under 5 years of age that can correctly identify at least 3 danger signs for which a	**29%**	**70%**	Baseline survey, endline survey	

Annex 3: Logical Framework

LOGICAL FRAMEWORK					
Objective		**Indicator**		**Mean and Source of Verification**	
	pregnant woman should be taken to a health facility *% of people that can list 2 actions to respond to sexual violence*	**49%**	**80%**	Baseline survey, KAP survey, endline survey	No resurgence of epidemics such as Covid-19 which may interrupt programming.
Output 1.1: Community members are provided with information on how to prevent and manage diseases	*# of people reached through awareness-raising on eCBHFA modules on relevant communicable diseases (disaggregated by gender, age, disability)*	0	**3000**	Monthly and quarterly reports Activity and progress reports.	
	# of people trained in eCBHFA core modules as a part of the project	0	**1888**[25]	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports.	
	# of caregivers of children under five who received health promotion messages on how to identify and when to seek care (disaggregated by disease -diarrhea, pneumonia and malaria -	0	**3000**	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports.	
Output 1.2: Women, girls and boys are informed, empowered and supported by their communities, to make decisions about their	*# of community action plans against SGBV, FGM/C and CEFM developed by women, girls and reference networks under the project*	0	**62**	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports.	
	# of women and girls reached with information about their rights and/or	0	**13,179**[26]	Activity and progress reports, case studies Indicator Tracking Table	

[25] 30 per community x 62 + 22 coaches + 6 FHO's

[26] 40% of the total # of program beneficiaries

Annex 3: Logical Framework

LOGICAL FRAMEWORK					
Objective		**Indicator**		**Mean and Source of Verification**	
sexual and reproductive health and rights (SRHR)	*other empowerment tools.*				
	# of people reached with awareness raising activities related to women's rights and gender equality	0	**26,358**[27]	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports.	
	# of chiefdom councils / ward development committees sensitised on illegal practices (SGBV, CEFM, FGM) under the project	0	**62**	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports.	
	# Communities reached with disseminations of national policies/national commitments/ national declarations against the practice of child, early and forced marriage have been made	0	**62**	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports.	
	# communities where public commitments/declarations against the practice of FGM/C have been made	0	**62**	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports.	
	# of pregnant adolescents identified and supported to return to school (disaggregated by age, disability) by the project	0	**620**	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports.	

[27] 80% of total # of program beneficiaries

Annex 3: Logical Framework

	# people reached directly through sexual and reproductive health information and community-based services (disaggregated by gender, age, disability) under the project	0	**19768**[28]	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports.	

[28] 60% of total # of program beneficiaries

Annex 3: Logical Framework

LOGICAL FRAMEWORK					
Objective		**Indicator**		**Mean and Source of Verification**	
	# youth/school clubs established where life skills-based HIV and sexuality education is taught/discussed	0	**39**	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports	
Output 1.3 Mothers, fathers and other caretakers are supported with information and means related to nutrition of children under 5 years of age (0-59 months)	*# of backyard gardens cultivated in targeted communities under the project* *# of PLWs and caretakers of children under 5yrs reached by key messages on nutrition (disaggregated by gender, age, disability) under the project*	0 0	**3,962**[29] **5,500**[30]	Monthly and quarterly reports, volunteer records Activity and progress reports Baseline survey, mid-term review and final evaluation reports. Activity and progress reports	
Outcome 2: Target communities have improved access to sustainable WASH facilities and increased knowledge on proper hygiene and sanitation practices	*% of people that can correctly identify at least three critical times to wash their hands (disaggregated by gender, age, disability)* *% of households using an improved drinking water source throughout the year* *% of the population using at least basic hand-washing facility with soap and water (MFA aggregate indicator)* *# of people with access to basic and safely managed sanitation services (disaggregated by gender, age,*	50% 13% 50% 13,1785	**90%** **80%** **80%** **19,7695**	Baseline survey, mid-term review, endline survey, final evaluation reports Baseline survey, mid-term review, endline survey, final evaluation reports Baseline survey, mid-term review, endline survey, final evaluation reports Baseline survey, mid-term review, endline survey, final	The Ministry of Water Resources and Local Council remain supportive of the project Community acceptance, cooperation and participation remains assured No Major disasters affect community focus on program delivery

[29] 65% of total # of households –

[30] (# of households * average number of people per household with children under 5) + (# of households * average number of pregnant women per household)

Annex 3: Logical Framework

	disability)			evaluation reports	

Annex 3: Logical Framework

LOGICAL FRAMEWORK					
Objective		**Indicator**		**Mean and Source of Verification**	
Output 2.1: Target communities have access to sustainable safe drinking water and sanitation	*# of water points constructed/rehabilitated by the project*	0	**70**	Monthly and quarterly reports, volunteer and line ministry records	
	# of accessible and safe institutional (school) latrines constructed by the project (separating boys, girls and persons with disabilities)	0	**40**	Monthly and quarterly reports, volunteer and line ministry records	
	# of schools equipped with facilities essential to MHM	0	**20**	Monthly and quarterly reports, volunteer and line ministry records	
	# people with access to basic water supply (MFA aggregate indicator)	4,613	16,474	Baseline, endline Monthly and quarterly reports, volunteer and line ministry records	
	# community level user committees operational (e.g., water management committees) (MFA aggregate indicator)	0	**82**	Training reports, quarterly WASH monitoring reports, line ministry records	
	# community level user committees that are inclusive	0	**82**	Training reports, quarterly WASH monitoring reports, line ministry records	

Annex 3: Logical Framework

LOGICAL FRAMEWORK					
Objective		**Indicator**		**Mean and Source of Verification**	
Output 2.2 Community members are provided with information in environmental sanitation and hygiene promotion	*# of volunteers (/community members) trained in PHAST methodology (disaggregated by gender, age, disability) under the project*	0	**1,240**	Indicator Tracking Table Monthly and quarterly reports Activity and progress reports	
	# of people reached with hygiene promotion sessions (disaggregated by gender, age, disability) under the project	0	**1,860**	Volunteer records, activity attendance records, Quarterly reports Indicator Tracking Table	
Outcome 3: Target communities take concrete actions to prevent and respond to disasters with increased knowledge about climate resilience	*% people that can correctly identify at least 3 key safety-related behaviors in response to a disaster (disaggregated by gender, age, disability)*	15	**60**	Baseline survey, mid-term review and final evaluation reports	Local D M A stakeholders remain supportive of the project Community acceptance, cooperation and participation. The DM capacities are available adequately to support technical elements of this DRM
	% people who know 3 key climate change adaptation measures (disaggregated by gender, age, disability)	14	**60**	Baseline survey, mid-term review and final evaluation reports	
	% of contingency plans tested in a simulation exercise	0	**100**	Baseline survey, mid-term review and final evaluation reports	
	% of people who benefit from community level preparedness activities and are prepared to withstand, respond and recover from disasters and crises	0	**60%**	Mid-term review and final evaluation reports	
Output 3.1: CBDMC members, volunteers and community members are provided with information that increases their	*# of CBDMC members and RC volunteers received training on CCA, DRR, early warning system and contingency planning under the project*	0	**58**	Volunteer records, activity attendance records, Quarterly reports Indicator Tracking Table	

Annex 3: Logical Framework

LOGICAL FRAMEWORK					
Objective		**Indicator**		**Mean and Source of Verification**	
knowledge in preparation, response, recovery and mitigating measures	*# people trained in first aid (disaggregated by gender, age, disability) under the project*	0	**558**	Activity attendance records, Quarterly reports Indicator Tracking Table	
	# community early warning systems (CEWS) established and tested under the project	0	**62**	Activity attendance records, Quarterly reports Indicator Tracking Table	
	# community contingency plans established under the project	0	**62**	Activity attendance records, Quarterly reports Indicator Tracking Table	
	# community climate change mapping conducted under the project	0	**62**	Activity attendance records, Quarterly reports Indicator Tracking Table	
Outcome 4. Strong, sustainable, well-functioning National Society, including branches, is able to respond to emergencies and support communities to become more resilient	*# branches that implement 70% of their priorities identified by BOCA*	tbd	**6**	Monthly and quarterly reports, annual report	No drastic change to NS leadership as this may affect the pursuit of the vision- Leadership commitment remains in place to provide long-term strategic direction for all NSD activities. The strategic plan and NSD is completed and commissioned timely to institutionalise NSD activities for effectiveness Funding resources are available to adequately support the NSD needs in non project branches as well
	# branches with functioning feedback and complaints mechanism	tbd	**6**	Mid-term report, final evaluation report	
	% beneficiaries satisfied with SLRCS services/interventions (disaggregated by gender, age, disability)	tbd	**80**	Endline survey , final evaluation report	

Annex 3: Logical Framework

LOGICAL FRAMEWORK					
Objective		**Indicator**		**Mean and Source of Verification**	
Output 4.1 Staff, volunteer and branch executive capacity on finance, admin and logistics is improved	*# of branches with at least 4 of their (staff, volunteers and executive) trained in two of the following courses in finance, admin and logistics (disaggregated by gender, age, disability)*	0	**6**	Monthly and quarterly reports	
Output 4.2 Branch development is enhanced through effective and efficient resource mobilization system	*# of branches with at least 1 of their resource mobilization plans implemented with program support*	0	**6**	Monthly and quarterly reports	
Output 4.3 Increased knowledge on Seven fundamental principles	*# people informed on seven fundamental principles (disaggregated by gender, age, disability)*	0	**3000**	Monthly and quarterly reports	
Output 4.4 Volunteers' recognition, retention, safety and security is improved	*# of volunteers recruited (disaggregated by gender, age, disability)*	0	**1000**	Monthly and quarterly reports	

Annex 3: Logical Framework

LOGICAL FRAMEWORK					
Objective		**Indicator**		**Mean and Source of Verification**	
	# of volunteers retained (disaggregated by gender, age, disability)	0	**2000**	Quarterly report, Indicator Tracking Table,	
	% of volunteers covered by insurance		**100**		
Output 4.5 *Strengthened structures, systems and approaches for gender equality and disability inclusion*	*# of disability inclusion trainings conducted*	0	1	Quarterly report, Indicator Tracking Table	
	# of staff trained on PGI	0	30		
Output 4.6 Improved capacity of branch and national society's Governance Structures to support effective programming	*% of Governance members who express understanding of their roles and responsibilities*	tbd	60	Quarterly report, Indicator Tracking Table	
	# of Governance capacity building activities supported by the project	0	4		
	# of Branch Development plans developed & updated	0	0		

ACTIVITIES 2021:

Goal: Strengthened community-level resilience in BRIDGE- programme communities by the end of 2022 (2024)	**Year 2021**	**Year 2022**
Outcome 1: Target communities are knowledgeable in and able to prevent and manage their own priority health issues		
Output 1.1 Community members know and can engage in behaviours to prevent and manage communicable diseases		
Activity 1.1.1 Conduct knowledge, attitudes and practices survey for tracking indicators related output – NO BUDGET 2021		
Activity 1.1.2 Establish community action groups (mother's clubs, father's clubs, peer educators, hygiene promoters).	✓	
Activity 1.1.3 ToT of CBHFA (core modules and communicable diseases module).	✓	
Activity 1.1.4 Training of CBHFA to the communities /cascading to communities		✓
Activity 1.1.5 Pre-position oral rehydration points (ORP)	✓	✓
Activity 1.1.6 Engagement and inception of key community stakeholders, using community action groups as advocates for their role and key issues to be addressed (reinforcing auxiliary role)	✓	
Activity 1.1.7 Commemoration of major event days – World Malaria Day	✓	
Activity 1.1.8 House to house visits by CBHFA volunteers	✓	✓

Annex 3: Logical Framework

Activity 1.1.9 Establish and train drama groups in schools and for out of school youth – NO BUDGET IN 2021		
Activity 1.1.10 Conduct community drama sessions with question and answer session (collection of feedback- written) – NO BUDGET IN 2021		
Activity 1.1.11 Conduct mobile cinema on communicable diseases (malaria, Ebola, AWD) as appropriate	✓	✓
Activity 1.1.12 Radio discussion (two-way discussions) on communicable diseases – NO BUDGET 2022	✓	
Activity 1.1.13 Support social mobilisation and prepositioning of vaccination materials during MOH immunisation campaigns	✓	✓
Activity 1.1.14 Community action groups meet quarterly to share experiences, monitor progress, and plan for upcoming quarter.	✓	✓
Activity 1.1.15 Train link Teachers and pupils in COVID 19 and basic PFA skills NO BUDGET 2022	✓	
Activity 1.1.16 Train community volunteers in COVID 19 and basic PFA skills NO BUDGET 2022	✓	
Output 1.2 Informed and empowered women, girls and boys, supported by their communities, are enabled to make decisions about their sexual and reproductive health and rights (SRHR)		
Activity 1.2.1 Training of Trainers on SRH, life-skills including risk reduction, PGI and disability inclusion NO BUDGET 2022	✓	
Activity 1.2.2 Activity 1.2.2 Social Norms Training	✓	✓
Activity 1.2.3 Commemoration of major event days – World AIDS Day, International Day for People with Impairment, 16 days of action against SGBV NO BUDGET 2022	✓	
Activity 1.2.5 Community mapping of SGBV and FGM, CEFM prevention and response services	✓	
Activity 1.2.6 Engagement and advocacy to key stakeholders at community, district and national level on SGBV, including FGM prevention and child rights act (National level)	✓	
Activity 1.2.7 Engagement and community dialogue with reference networks on SGBV including FGM prevention and child rights act (District level)	✓	✓
Activity 1.2.8 Education and discussion with girls and boys in schools regarding rights and responsibilities of children and people with impairment	✓	
Activity 1.2.9 Development [and analysis] of community case studies to capture qualitative and normative changes as a result of the project.	✓	
Activity 1.2.10 Development of community action plans against FGM and CEFM	✓	
Activity 1.2.11 Target commercial motorbike riders, keke drivers in FA and rights and SRH	✓	
Activity 1.2.12 Train CTAs and SMCs on teenage pregnancy prevention and prevention of school drop-outs	✓	
Activity 1.2.13 Establish start-up funds and provide training on basic bookkeeping for teenage girls who are not within formal education	✓	
Activity 1.2.14 Hold sessions with school authorities, to identify and document girls that dropped out of school due to pregnancy, and re-enrol them in school and vocational institutes.		
Activity 1.2.15 VSLA Case study analysis of success and barriers – NO BUDGET 2021	✓	
Activity 1.2.16 Training of trainers on VSLA implementation in communities	✓	✓
Activity 1.2.17 VSLA training in communities targeting men and women		✓
Activity 1.2.18 Training of peer educators on MHM	✓	✓
Activity 1.2.19 MHM education in schools and out of schools (provided by peer educators)	✓	✓

Annex 3: Logical Framework

Activity 1.2.20 Training and production of reusable MHM kits for in school and out of school female youth – NO BUDGET 2021	✓	
Activity 1.2.21 HIV awareness raising regarding stigma reduction and considering key populations – NO BUDGET 2021	✓	✓
Activity 1.2.22 Support for PLHIV as referred by NetPLHIVs	✓	✓
Activity 1.2.23 Active case search for female person with fistula		✓
Activity 1.2.24 Link identified fistula victims with treatment centers, provision of support		✓
Activity 1.2.25 Support MC's with start-up funds to set up emergency fund for newborn and emergency obstetric care (EOC) referrals	✓	
Activity 1.2.26 Reintegration of fistula patients in their communities of origin after treatment		
Output 1.3 Mothers, fathers and other child carers know and can engage in behaviours to improve nutritional outcomes for children under 5 years of age (0-59 months)		
Activity 1.3.1 Train members of mothers' and fathers' groups on CBHFA module on MNCH including essential nutrition practices (healthy maternal nutrition, exclusive breastfeeding from 0-6 months, complementary feeding, feeding a sick child during and after illness, control of iron deficiency anaemia and control of vitamin A deficiency)	✓	✓
Activity 1.3.2 Provide seeds and tools to mothers' clubs	✓	
Activity 1.3.2 Provide seeds and tools to father's clubs		✓
Activity 1.3.3 Commemoration of major event days – World breastfeeding day	✓	
Activity 1.3.4 Revision, production and distribution of child growth and development monitoring toolkit and referral in house to house visits by volunteers	✓	
Activity 1.3.5 Train volunteers in monitoring toolkit	✓	
Activity 1.3.6 Quarterly collection of data from volunteers in monitoring toolkit		
Activity 1.3.7 Mobile cinema for nutrition		✓
Outcome 2. (WASH)Target communities have improved access to sustainable WASH facilities and increased knowledge on proper hygiene and sanitation practices		
Output 2.1 Target communities have access to sustainable safe drinking water and sanitation.		
Activity 2.1.1 Conduct WASH technical assessment in operational communities. – NO BUDGET 2021		
Activity 2.1.2 Conduct Site selection/geophysics survey	✓	✓
Activity 2.1.3 Drill boreholes		✓
Activity 2.1.4 Construct hand dug wells	✓	✓
Activity 2.1.5 Rehabilitate non-functional hand dug wells in schools and communities	✓	✓
Activity 2.1.6 Construct institutional latrines in schools (impairment friendly and gender sensitive)	✓	
Activity 2.1.7 Provide pump spare parts at cost recovery basis – NO BUDGET 2021		
Activity 2.1.8 Provision of pump maintenance tools	✓	✓
Activity 2.1.9 Formation of WASH committees in the operational communities	✓	
Activity 2.1.10 Training of WASH committees on minor pump maintenance and repairs	✓	✓
Activity 2.1.11 Conduct water quality test (two tests per well)	✓	✓
Activity 2.1.12 Procurement of chlorine	✓	

Annex 3: Logical Framework

Activity 2.1.13 Chlorination of all water points in the operational communities – NO BUDGET 2021	✓	✓
Activity 2.1.14 Monitoring (both HQ and branch) of the construction works	✓	✓
Activity 2.1.15 Handing over ceremony of the constructed facilities in collaboration with district council and line ministries	✓	✓
Activity 2.1.16 Distribute handwashing facilities in schools and public places	✓	
Output 2.2 Community members are knowledgeable on environmental sanitation and hygiene promotion		
Activity 2.2.1 Establish school clubs	✓	
Activity 2.2.2 Training of school club members and link teachers on PHAST methodology – NO BUDGET 2021		
Activity 2.2.3 Training of community volunteers on PHAST methodology – NO BUDGET 2021		
Activity 2.2.4 Procure PHAST learning materials – NO BUDGET 2021		
Activity 2.2.5 Conduct community sensitization through house to visit on the use of WASH facilities	✓	✓
Activity 2.2.6 Mobile cinema shows on sanitation and hygiene practices.	✓	✓
Activity 2.2.7 Radio discussions on hygiene promotion messages	✓	
Activity 2.2.8 Commemoration of Global Handwashing Day – NO BUDGET 2021		
Outcome 3. Target communities take concrete actions to prevent and respond to disasters with increased knowledge about climate resilience		
Output 3.1 CBDMC members, volunteers and community members are knowledgeable in preparation, response, recovery and mitigating measures		
Activity 3.1.1 Identify/form/reactivate CBDMCs in operational communities	✓	
Activity 3.1.2 Formulation of by-law on the roles and responsibilities of CBDMC	✓	
Activity 3.1.3 Endorsement/recognition of the CBDMCs by the relevant authorities – NO BUDGET 2021	✓	
Activity 3.1.4 Train CBDMCs and community RC volunteers on climate change, disaster risk reduction, early warning system and contingency planning	✓	
Activity 3.1.5 Train CBDMCs and community RC volunteers on First and Psychological First Aid – NO BUDGET 2021		✓
Activity 3.1.6 Establishment of early warning systems (community-based or linked to wider systems, depend on the community) – NO BUDGET 2021	✓	
Activity 3.1.7. Establishment of contingency plans (revised yearly) – NO BUDGET 2021	✓	
Activity 3.1.8 Support communities to conduct simulation exercise – NO BUDGET 2021		✓
Activity 3.1.9 Procurement of community cleaning tools – BUDGETED FOR Q4	✓	
Activity 3.1.10 Dissemination of information on contingency plan and early warning system (campaigns, sensitisation etc) – NO BUDGET 2021	✓	✓

Annex 3: Logical Framework

Activity 3.1.11 Coordination meetings at district and community level with relevant authorities and other stakeholders – NO BUDGET 2021	✓	✓
Activity 3.1.12 Tree planting in deforested areas		
(Activity 3.1.13 Piloting energy-saving stoves?)		
Outcome 4. Strong, sustainable, well- functioning National Society, including branches, is able to respond to emergencies and support communities to become more resilient (TBC)		
Output 4.1 Staff, volunteer and branch executive capacity on finance, admin and logistics is improved		
Activity 4.6.1 Construction of medium motorized wooden boat with 15 horse power for accessing riverine communities		✓
Output 4.2 Branch development is enhanced through effective and efficient resource mobilization system		
Output 4.3 Increased knowledge on Seven fundamental principles		
Activity 4.3.2 Organise National Youth Camp		✓
Output 4.4 Volunteers' recognition, retention, safety and security is improved		
Activity 4.4.1 Engagement of volunteers through VSLA groups.		
Activity 4.3.1 Membership recruitment - outreaches Kono & Pujehun		
Activity 4.4.2 Activity Organize volunteer Award Night Pujehun & Moyamba		
Output 4.5 Strengthened structures, systems and approaches for gender equality and disability inclusion		
Activity 4.5.1. Train staff on disability inclusion		
Output 4.6 Improved capacity of branches and national society's Governance Structures to support effective programming		
Activity 4.6.1 Expanded NS Governance Meeting (including the NGB, Branch leaders and Youth leaders)		✓

December 2024