2025

FINAL REPORT

FINAL PROGRAMME EVALUATION

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

VIG
VASHI IMPACT GROUP
Vashi Impact Group
info@vashimpactgroup.com
+447861729193
United Kingdom

Finnish Red Cross

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

ARI	Acute Respiratory Infections
CBDMC	Community Based Disaster Management Committee
CBHP	Community-Based Health Programme
CBHFA	Community-Based Health and First Aid
CCA	Climate Change Adaptations
CHC	Community Health Centre
CHP	Community Health Posts
CSO	Civil Society Organisation
DHMT	District Health Management Team
DRR	Disaster Risk Reduction
EWS	Early Warning System
FGD	Focus Group Discussion
FMG	Female Genital Mutilation
FRC	Finnish Red Cross
GESI	Gender Equity and Social Inclusion
IceRC	Icelandic Red Cross
KII	Key Informant Interview
MFA	Ministry of Foreign Affairs of Iceland
MCHP	Maternal and Child Health Post
M&E	Monitoring and Evaluation
OPDs	Organisations for Persons with Disabilities
OVC	Other vulnerable children
PFA	Psychological First Aid
PLHIV	People living with HIV and AIDS
PHI	Protection, gender and inclusion
PHU	Peripheral Health Units
PWDs	Persons with disabilities
SDG	Sustainable Development Goal
SLRCS	Sierra Leone Red Cross Society
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
UFA	Utilisation Focused Approach
WASH	Water, Sanitation and Hygiene
WRA	Women of reproductive age

EXECUTIVE SUMMARY

BACKGROUND

The Sierra Leone Red Cross Society (SLRCS), in partnership with the Icelandic Red Cross (IceRC) and Finnish Red Cross (FRC), has been implementing the "Building Resilience, Inclusive Development, and Gender Equity" (BRIDGE) programme in Sierra Leone. The programme was financially supported by the Ministry of Foreign Affairs of Iceland, the Icelandic Red Cross, and the Finnish Red Cross, with contributions from the Ministry of Foreign Affairs of Finland. The BRIDGE was designed to enhance community resilience through a multi-sectoral approach focusing on four key areas: Health, Sexual and Reproductive Health and Rights (SRHR), Water, Sanitation and Hygiene (WASH), Disaster Risk Reduction (DRR), organisational capacity building. The health component targeted high-burden diseases, specifically diarrhoea, acute respiratory infections, and malaria, to maximise impact and improve intervention outcomes. To achieve its objectives, the programme adopted an integrated approach grounded in community participation, advocacy, capacity building, and sustained health promotion campaigns, ensuring relevance and ownership at the community level.

METHODOLOGY

A mixed-methods approach was employed to evaluate the BRIDGE programme, integrating both qualitative and quantitative methodologies to provide a comprehensive and nuanced assessment of its implementation and outcomes. The evaluation adopted a participatory lens, actively engaging community members, local leaders, and district authorities to ensure contextual relevance and promote ownership of the findings. The evaluation design was guided by the programme's logical framework, which informed the development of the evaluation matrix and data collection tools. Data collection methods included an extensive review of literature, in-depth key informant interviews, focus group discussions, and structured surveys. SLRCS conducted an endline survey and data from this exercise was also used during the evaluation of the programme. Tools were tailored to capture diverse perspectives, with a focus on vulnerable groups such as women, youth, persons with disabilities, and the elderly. Quantitative data enabled measurement of specific programme indicators, while qualitative methods provided deeper insights into community experiences, programme relevance, and the factors influencing outcomes.

FINDINGS

Relevance: The BRIDGE programme was highly relevant to the development context in Sierra Leone, effectively aligning with global, national, and donor priorities. It supported the achievement of multiple Sustainable Development Goals (SDGs), particularly in health (SDG 3), clean water and sanitation (SDG 6), gender equality (SDG 5), and climate action (SDG 13). At the national level, BRIDGE complemented key government policies, including the National Health Sector Strategic Plan and the National Malaria Elimination Strategy, by improving access to essential services such as maternal and child healthcare, water and sanitation, and disaster risk reduction. The programme also aligned with Iceland's international development cooperation priorities, focusing on human rights, gender equality, social infrastructure, and climate resilience. Importantly, BRIDGE responded directly to the expressed needs of target communities, particularly women, girls, and persons with disabilities, by addressing gaps in healthcare access, safe water, broadening the reach for menstrual hygiene, and livelihood opportunities. The needs were obtained from vulnerability and capacity assessments reports conducted in these communities, and plans developed by the communities themselves. This strong alignment with policy frameworks and beneficiary priorities underscores the programme's continued relevance.

Coherence: The BRIDGE programme demonstrated a high level of coherence, with strong alignment and complementarity with other development initiatives in Sierra Leone. No duplication of efforts was observed, owing to robust coordination platforms at the district level, where implementing partners—including government entities, CSOs, and NGOs—regularly exchanged information on activities, target areas, and plans. This facilitated effective partner mapping and ensured that interventions reached underserved communities without overlap. The SLRCS actively collaborated with relevant government ministries and local councils, integrating national priorities into the programme and securing technical

oversight in areas such as health, WASH, and social welfare. Ministries participated in joint planning, monitoring, and awareness-raising, reinforcing ownership and sustainability. Internally, the partnership between SLRCS, IceRC, and the FRC, underpinned by a tripartite agreement, was strong and complementary. While IceRC and FRC provided financial and technical support, SLRCS led community-level implementation. Trust and mutual respect were key enablers of the partnership, with IceRC maintaining strategic involvement through an FRC field liaison. The collaboration leveraged each partner's comparative advantage, enhancing programme effectiveness, resilience-building, and reach in hard-to-access areas.

Effectiveness: This evaluation report assesses the effectiveness of the programme, focusing on key areas such as health, water, sanitation, disaster resilience, and organisational capacity. The programme successfully improved health outcomes through increased access to essential healthcare services, training community volunteers, and promoting hygiene practices. In the WASH sector, significant improvements were observed in access to safe water and sanitation facilities, leading to better health and hygiene behaviours among community members. Furthermore, disaster resilience initiatives, including the establishment of Community-Based Disaster Management Committees (CBDMCs) and Village Savings and Loan Associations (VSLAs), enhanced the communities' ability to respond to and recover from emergencies. On the organisational level, SLRCS demonstrated strengthened capacity through improved systems, training, and monitoring mechanisms. This report highlights the programme's positive outcomes and provides actionable recommendations for sustaining its successes, ensuring long-term impact, and addressing areas for further improvement.

Although the programme made progress towards the attainment of outputs and outcomes, several implementation challenges that affected the full achievement of some outputs. Key issues included high community needs and expectations that exceeded the programme scope, limited access to healthcare services in remote areas, and a shortage of local technical expertise, particularly for maintaining solar boreholes. Staff turnover and poor road infrastructure disrupted continuity and mobility, while inflation significantly increased the cost of goods, services, and operations. Additional challenges included the lack of budget provisions for essential administrative travel, frequent vehicle breakdowns due to aging fleets, and delays in fund disbursement from FRC, partly due to late reporting. Behaviour change efforts met initial resistance, and there were difficulties in accessing support from under-resourced line ministries. Moreover, limited technical follow-up constrained the effectiveness of livelihood activities, with some women beneficiaries lacking adequate support and inclusion.

Impact: The BRIDGE programme has had a transformative impact on targeted communities in Sierra Leone by significantly improving hygiene practices, reducing waterborne diseases, and promoting safe water access through rehabilitated and newly constructed water points. Community behaviour change was catalysed by the creation of local structures such as WASH Committees, Mothers' and Fathers' Clubs, and Disaster Risk Reduction (DRR) Committees, fostering ownership, sustainability, and social cohesion. The programme notably contributed to gender equality and protection, alongside improved school attendance and menstrual hygiene management for girls. Women and persons with disabilities experienced increased inclusion in community life, and adolescent boys reported reduced involvement in violence due to targeted support and education. Economic empowerment emerged as a central enabler of resilience. By improving household income and financial capacity, the programme reduced reliance on exploitative credit and enabled rapid response to emergencies, particularly in maternal health. This practical, livelihood-focused approach proved highly effective in building resilience, especially in non-disaster-prone areas. No negative effects were reported by stakeholders. While the programme did not achieve its goal of addressing FGM due to cultural sensitivities, this was a deliberate and informed decision to avoid potential harm, highlighting adaptive management. Overall, the BRIDGE programme made a multidimensional and sustainable contribution to community-level resilience, well-being, and inclusion.

Efficiency: This evaluation assesses the efficiency of the BRIDGE, focusing on resource availability, cost-effectiveness, and management of financial and human resources. The programme was largely successful in delivering its intended results within the allocated budget due to strategic planning and effective partner collaboration. Financial resources from FRC and IceRC were utilised efficiently, although delays in fund disbursements were occasionally managed through exchange rate gains and remaining funds from previous

periods. Despite challenges, such as limited alternative funding and staff turnover, the SLRCS leveraged its community networks and volunteers to ensure successful implementation. The programme also benefited from a participatory approach that reduced costs and promoted sustainability, as local community members took active roles in activities such as constructing latrines and digging wells. The SLRCS contributed significantly through its local knowledge, vehicles, and community relationships, although the dependency on programme funding for core staff salaries remains a critical challenge. The evaluation finds that, overall, the programme was cost-effective and well-managed, with strong financial oversight and adaptive resource management The BRIDGE programme was guided by a strong logical framework and a comprehensive Monitoring and Evaluation (M&E) Plan, which enabled effective tracking of progress and informed adaptive management. Despite challenges such as staff turnover and limited access to remote areas during floods, the M&E system remained functional, with regular quarterly and annual reporting by SLRCS and bi-annual reporting by FRC to IceRC. Community feedback mechanisms—such as direct meetings, focus group discussions, and community platforms—enhanced transparency and responsiveness. However, the evaluation identified the need for anonymous feedback channels to better address sensitive issues and ensure safe, inclusive participation from all community members. Based on these findings, recommendations are made to enhance SLRCS's financial sustainability, improve staff retention, strengthen M&E systems, and formalise volunteer support to ensure continued success and efficiency in future interventions.

Sustainability: The BRIDGE has demonstrated strong sustainability prospects through the active involvement of Local Councils, line ministries, and established community action structures, such as CBDMCs, Mothers' and Fathers' Clubs, and youth groups. These groups, equipped with the necessary skills and training, are positioned to continue essential activities like hygiene promotion, disaster preparedness, and community health education. Furthermore, infrastructure investments, including water wells, latrines, and handwashing stations, are likely to remain functional, supported by maintenance committees and user training. The introduction of Village Savings and Loan Associations (VSLAs) has further strengthened the financial resilience of communities. Despite some challenges, such as potential infrastructure breakdowns and volunteer fatigue, post-project monitoring and integration into local systems ensure ongoing support and community ownership, guaranteeing the long-term impact of the project.

Cross-cutting themes: The BRIDGE programme effectively mainstreamed Protection, Gender, and Inclusion (PGI) and Climate Change Adaptation (CCA) across all phases of implementation. It promoted gender equality, women's empowerment, and the inclusion of persons with disabilities (PwDs) through institutional assessments, staff training, and inclusive planning. Equitable access to services was ensured through initiatives such as Village Savings and Loan Associations (VSLAs), which improved household financial independence and reduced vulnerability. Hygiene promotion, particularly around menstrual health, enhanced the dignity and participation of women and girls, while improved access to clean water supported education and addressed the needs of PwDs. Innovation was evident in community-led maintenance of water facilities, the shift away from charcoal production to sustainable livelihoods, and the establishment of an Emergency Obstetric Fund that increased access to maternal health services while reducing household debt. Under the CCA component, communities received training to strengthen resilience, and a contingency fund enabled timely response to natural disasters, further reinforcing local adaptive capacities.

RECOMMENDATIONS

- **Maintain focus on community-based health education and behaviour change:** To further buttress the impact of the programme and enhance sustainability, it is recommended that future interventions maintain focus on community-based health education and behaviour change. This could involve more targeted outreach, particularly for pregnant women and vulnerable groups, with a focus on improving access to antenatal care, nutritional support, and preventative healthcare services.
- **Expand WASH and infrastructure investments:** although the programme made infrastructural investments in institutional latrines that are gender, age and disability friendly,

the results show that the need persists. It is imperative for the programme partners to further investigate the needs of girls and PwDs and determine locations, within the programme areas, where there is still need. Training of local technicians in each district on solar borehole maintenance to enhance sustainability and reduce reliance on external technical support is also required.

- **Promote equitable access to MHM support:** based on the relevance and effectiveness of reusable sanitary pads, it is recommended that the initiative be incorporated in future programmes so that more girls have access to these pads. A targeted approach should be adopted so that girls and women who were not trained in the making of the reusable sanitary pads can be prioritised.
- **Deepen SRHR Education and Support:** based on the positive outcomes of programming on SRHR, it is recommended that the partners continue strengthening SRHR education, ensuring access to counselling, life skills training, and contraceptive services for future programmes. Expand educational support and scholarship opportunities to help more adolescent girls return to and remain in school.
- **Strengthen livelihoods and community resilience in future programmes:** the VSLA concept was found to be effective in empowering different groups. It is therefore recommended to scale up these to boost economic resilience. In response to the request by girls for mentorship, it is worth considering pairing teenage girls receiving financial support with mentors to enhance business outcomes.
- **Enhance organisational capacity of the SLRCS:** findings revealed that this is the main concern regarding the organisational capacity of SLRCS. Therefore, it is important to support the SLRCS in strengthening its business development and fundraising capacity to reduce reliance on external funding during the implementation of future programmes.
- **Strengthen the M&E system**: it is recommended to shift reporting formats to include both output and outcome indicators, providing clearer visibility of the programme's impact in future. In addition, investing in field staff training on data collection and analysis will improve results-based reporting. Establishing anonymous feedback channels, such as suggestion boxes or SMS tools, will ensure candid input from beneficiaries, particularly on sensitive issues promoting greater transparency and responsiveness.
- **Address Sensitive Social Norms through Long-Term Engagement:** while FGM programming was not implemented as was initially intended due to cultural and political sensitivities, future programming should consider partnerships with local champions and civil society groups to engage in sustained, dialogue-driven advocacy on harmful traditional practices, using culturally sensitive, long-term approaches.

CHAPTER 1: INTRODUCTION

Project Background

Sierra Leone Red Cross Society (SLRCS) has been implementing the "Building Resilience, Inclusive Development, and Gender Equity" (BRIDGE) programme in Sierra Leone in partnership with the Icelandic Red Cross (IceRC) and Finnish Red Cross (FRC). The programme was implemented with financial support from the Ministry of Foreign Affairs of Iceland, the Icelandic Red Cross and the Finnish Red Cross with a contribution from the Ministry of Foreign Affairs of Finland. Initially, programme implementation was set to commence at the beginning of 2020 but was delayed by the advent of COVID-19. Resultantly, the community assessment was conducted in September 2020 and implementation of activities commenced in January 2021 and ended at the end of 2024. BRIDGE was implemented in response to the vast development needs in the country that are a direct result of traumatic experiences that occurred in the last two decades, including the long civil war in 1991 -2002; cholera epidemic in 2012; Ebola in 2014-2015 and the mudslide in 2017. Lives and livelihoods, infrastructure and institutions were lost during these tragic events resulting in increased social and economic challenges for ordinary Sierra Leoneans. The programme therefore spans across different sectors such as 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. BRIDGE was implemented in selected 62 communities in six districts: Bo, Pujehun, Kono, Kenema, Moyamba, and Bonthe. These were selected based on a set vulnerability criterion based on deprivation, exclusion and vulnerability to health, disaster, gender, water and sanitation challenges. The MFA commissioned the final evaluation as a means of assessing the programme's relevance, coherence, effectiveness, efficiency, impact, sustainability and cross-cutting themes.

Overview of the Programme

BRIDGE was developed based on SLRCS's extensive experience with community health initiatives from previous community health-based interventions including the Community-Based Health Programme (CBHP), implemented between 2016 and 2019. While lessons learned from previous interventions informed the design of BRIDGE, it was also aligned to the Sierra Leone National Health Strategic Plan (2017–2021) and the Sustainable Development Goals (SDGs) targets. It aimed at addressing critical development needs through integrated programming in community health (including SRH), WASH, disaster risk reduction (DRR), protection, gender inclusion, and climate change adaptation. Protection, gender and inclusion (PGI) and climate change adaptations (CCA) were cross-cutting elements throughout the programme. In addition to the community level activities, BRIDGE also sought to strengthen the capacity of the SLRCS through development support to the branches and wider development of the Society.

BRIDGE sought to enhance community resilience by focusing on four key areas namely Health, SRHR, WASH, and DRR. The health component narrowed its focus to high-impact areas, specifically diarrhoea, acute respiratory infections, and malaria, to improve intervention quality and effectiveness. In SRHR, the programme addressed pressing issues such as adolescent pregnancies, harmful traditional practices, and limited access to family planning services. The WASH component prioritised access to safe drinking water and improving hygiene practices, while DRR efforts sought to strengthen community capacity to cope with natural hazards.

While previous programmes focused heavily on knowledge acquisition, BRIDGE sought to ensure that this knowledge led to sustainable practices and measurable behaviour change. Hence the emphasis on translating knowledge into action. Furthermore, the programme sought to strengthen community health systems by enhancing collaboration with formal health structures. The programme also intended to improve its impact by streamlining activities, focusing resources on the most relevant and high-impact areas to avoid overstretching. Recognizing the importance of economic stability in resilience, BRIDGE formally integrated a livelihoods component to support vulnerable communities more holistically. To ensure continuous improvement, the programme intended to establish robust monitoring and evaluation (M&E) systems, closely linking data collection to project indicators. Ultimately, BRIDGE was designed to be

adaptive, informed by community assessments and responsive to evolving needs, including lessons from the COVID-19 response. To realize its overall goal, the programme used an integrated approach i.e., community participation, advocacy, lobbying, local capacity building and health promotional campaigns. The programme's goal, outcomes and outputs have been summarised on Table 1.

Table 1: Goal, outcomes and outputs of BRIDGE programme

Outcome	Outputs
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, acute respiratory infections (ARIs) and Diarrhoea.
	Output 1.2: Women, girls and boys informed, empowered and supported by their communities, to make decisions about their sexual and reproductive health and rights (SRHR).
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.
	Outcome 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 programme.
	Output 4.2: SLRCS becomes a strong and sustainable organisation.

Program beneficiaries

The evaluation has noted that the programme had both direct and indirect beneficiaries. A total of 42,359 individuals (22,027 females and 20,332 males) were set to benefit directly from the project. The SLRCS adopted a "whole-of-community" approach, ensuring that all individuals within the project communities were reached through various components of BRIDGE. This multi-faceted approach aimed at building the capacity and resilience of communities by strengthening support networks among family members, neighbours, and the most vulnerable groups. While the project targeted the entire community, special attention was given to pregnant and lactating women, infants, school-going children and youth, adolescent girls, community volunteers, persons with disabilities (PwDs), women of reproductive age (WRAs), other vulnerable children (OVC) and people living with HIV and AIDS (PLHIV). These are the ones that were mainly targeted to participate during the final evaluation.

An estimated 5,506 individuals (2,864 females and 2,642 males) were also set to benefit indirectly from the project. This group included the community health staff working in Peripheral Health Units (PHUs), such as Maternal and Child Health Posts (MCHPs), Community Health Posts (CHPs), and Community Health Centres (CHCs); adult men and women; teachers; in-school and out-of-school children; and older youth. These individuals benefitted indirectly through the strengthening of health and education systems, such as project support to PHUs and school-based interventions. Indirect beneficiaries were typically those who were not domiciled within the project communities but still gained from the project's broader impact.

CHAPTER 2: EVALUATION PURPOSE AND SCOPE

The overall objective of the final evaluation was to objectively assess the results from the Icelandic MFA's efforts in supporting BRIDGE in Sierre Leone. The evaluation covered interventions implemented from January 1st, 2021, until end of year 2024, and will constitute the final evaluation of the programme. The evaluation was conducted in the six districts where the programme was implemented namely Bo, Pujehun, Kono, Kenema, Moyamba, Bonthe in southern and eastern part of Sierra Leone. The evaluation was guided by seven (7) criteria: six (6) are based on the OECD DAC evaluation domains (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. The evaluation also considered the effects of external shocks such as the COVID-19 pandemic and natural disasters. The key outputs of the evaluation were as follows:

- **Inception meeting**: with representatives of stakeholders where the inception report is discussed, the approach of the evaluation and the practical aspects of its implementation.
- **Inception report**: this report incorporates the detailed methodology which comprises the data collection methods, field logistics, data analysis and management plan and risk matrix. The work-plan, evaluation matrix, and tools are appended to this report as annexes.
- **Methodological tools**: All tools were submitted for validation and consultation
- **Draft report**: this will include the draft key findings, conclusion thereof and recommendations.
- **Final evaluation report**: This will incorporate the key findings, recommendations, lessons learnt, and all annexes.

CHAPTEER 3: EVALUATION METHODOLOGY

3.1. The Approach

A mixed-methods approach was adopted to effectively evaluate the programme, integrating both qualitative and quantitative methodologies to ensure a comprehensive understanding of its implementation and outcomes. A participatory approach was emphasised, ensuring the active engagement of community members and district authorities to contextualise findings and promote ownership of the results. The evaluation also assessed the integration of Protection, Gender, and Inclusion (PGI) and Climate Change Adaptation (CCA) across all thematic areas.

Throughout the evaluation, ethical standards were upheld and ensured a "do-no-harm approach", with attention to conflict and gender sensitivity, particularly concerning vulnerable groups such as women, girls, persons with disabilities (PwDs), children, and the elderly. Ethical considerations included obtaining informed consent, ensuring confidentiality, and complying with both the IFRC Framework for Evaluations and the MFA Evaluation Policy. The evaluation was aligned with the OECD-DAC criteria, focusing on relevance, coherence, effectiveness, efficiency, impact, and sustainability. It also incorporated cross-cutting issues such as gender equality and human rights, climate change adaptations and innovation. Furthermore, the evaluation took into account the impact of COVID-19 and other external shocks on the programme outcomes.

The data collection methods and analysis were designed using the logical framework as a source, which underpinned the evaluation matrix. In addition, the Gender Equality and Social Inclusion (GESI) analytical framework was used to assess how well the programme addressed the needs of marginalised and vulnerable groups, with a specific focus on protection, gender, inclusion, and intersectional disparities in accessing programme benefits. The evaluation incorporated the Resilience Analysis Framework to evaluate the programme's contribution to community resilience by analysing capacities to withstand shocks related to climate change, health crises, and disasters, and, the Human Rights-Based Approach Framework to analyse how the programme integrated human rights principles, such as participation, accountability, and non-discrimination, into its design and implementation. The Utilisation-Focused Approach (UFA) was used to ensure that the evaluation was undertaken with the end-users in mind, focusing on the intended use of the findings in decision-making processes.

3.2. Inception phase

A participatory and collaborative approach was adopted for the evaluation, actively engaging SLRCS, IceRC, FRC, MFA representatives, community members, CSO representatives, and other key stakeholders. This approach aimed to reflect the perspectives of all involved, resulting in a thorough, inclusive, and actionable evaluation aligned with stakeholder expectations. The evaluation began with an inception meeting to clarify the scope, objectives, and methodology, ensuring alignment among all stakeholders on priorities and expectations. The key output of this phase was the inception report, which presented a comprehensive evaluation framework and methodology. The report outlined data collection methods, including Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and a quantitative survey, supported by a robust sampling strategy to ensure representation across target groups and locations. It also specified quality control measures such as data validation procedures, enumerator training, and protocols for managing data inconsistencies. Additionally, the report detailed the data analysis methods that would guide the interpretation of findings. The inception report also included a clear timeline, identified potential risks, and proposed mitigation strategies to ensure the evaluation remained objective, reliable, and context sensitive.

3.3. Data collection methods

The data collection methods adopted a comprehensive and inclusive approach, designed to capture the diverse perspectives and experiences of all relevant stakeholders. A combination of qualitative and quantitative techniques was used, including in-depth key informant interviews, focus group discussions, and

surveys, to gather rich, contextual insights from community members, particularly vulnerable groups such as women, youth, persons with disabilities, the elderly, and other key stakeholders. Quantitative data was collected through structured surveys to measure specific indicators aligned with the project's objectives. The metrics were contrasted with the endline, and baseline values were possible. It is worth considering that the evaluation was conducted in a manner that facilitated comparisons with the baseline and endline e.g. adaptations of the tools used previously.

This mixed-methods approach ensured that the evaluation was both context-sensitive and evidence-based, providing reliable indicator values that reflect the programme's impact on areas such as community health, gender inclusion, disaster risk reduction, and climate change adaptation. The resulting data provided actionable insights to inform future programming, enabling the tracking of progress, identification of areas for improvement, and assurance of the project's effectiveness and relevance. Sensitivity to social norms and practices was maintained throughout the process, with particular attention to gender, age, disability, and other vulnerabilities during consultations. All data collection methods were ethically designed, ensuring informed consent, participant safety, and alignment with the International Development Cooperation Iceland Evaluation Policy 2023–2028.

3.3.1. Comprehensive Desk Review

An extensive review of existing literature and relevant documents was conducted to contextualise and triangulate findings from primary data sources. Key documents that were reviewed include the Parliamentary Resolution on Iceland's Policy for International Development Cooperation, the International Development Cooperation Iceland Evaluation Policy (2024–2028), and the Iceland Development Cooperation Fund framework. In additional, programme-specific documents such as project proposals, progress reports, signed partnership agreements, indicator monitoring plans, baseline report, MTR report, logical frameworks, and financial and budget tracking reports, provided critical insights into the programme's design, implementation, and performance. Secondary data also informed the evaluation by highlighting progress toward the 2030 Agenda for Sustainable Development and assessing alignment with cross-cutting themes such as gender inclusion, climate change adaptation, and disaster risk reduction. This review supported the contextualisation of primary data findings, situating them within broader social, political, and historical narratives to ensure that the evaluation's insights were well-grounded, comprehensive, and aligned with existing knowledge.

3.3.2. Key informant interviews

Key Informant Interviews were conducted with a diverse range of stakeholders, including senior programme staff from the Sierra Leone Red Crescent Society (SLRCS), representatives from IceRC, the Finnish Red Cross (FRC), and the Ministry for Foreign Affairs of Iceland (MFA). Additional interviews were held with representatives from the Ministry of Health of Sierra Leone, District Health Management Teams (DHMTs), community health workers, and Organisations of Persons with Disabilities (OPDs) at district level. Where feasible, 2–3 individuals from the same office or group were brought together to participate in a Group Key Informant Interview (GKII). The interviews explored stakeholders' perspectives on the project's design, implementation, outcomes, and alignment with national and international development priorities. KII guides, developed in English, aimed to identify lessons learned and areas for improvement,

ensuring a comprehensive understanding of the project's impact on resilience building and inclusivity within vulnerable communities.

Table 2: Proposed list of key informants

Stakeholder	Method	Number of Interviews	Number of Participants
SLRCS Senior Programme staff (Directorate, Programme Manager/ Coordinator, WASH Officer & Finance Manager)	KIIs (Remote)	3	3
Icelandic Red Cross Representatives	KIIs (Remote)	1	1
FRC Programme staff (FRC Regional Health Advisor, Desk Officer and Country Manager)	KIIs (Remote)	3	3
MFA Representative	KIIs (Remote)	1	1
Local OPDs (1 per district)	KIIs (In-person)	6	6
Ministry of Health representatives (DHMT)	KIIs (In-person)	5	5
Ministry of Water Resources and Sanitation	KIIs (In-person)	6	6
Ministry of Social Welfare at district level	KIIs (In-person)	6	5
Branch Managers	KIIs (In-person)	6	6
Field Health Officers (3 in each group)	GKIIs (In-person)	6	17 (3*6)
Total		**43**	**51**

3.3.3. Focus group discussions

Primary qualitative data was gathered through FGDs conducted in the six districts to understand community perspectives on the BRIDGE programme. FGDs were held with diverse groups, including community leaders, women, parents' groups, persons with disabilities (see Table 3), and other vulnerable populations. These discussions explored the programme's effectiveness in key areas such as health, WASH, disaster risk reduction, gender inclusion, and climate change adaptation. Each FGD consisted of 6–8 participants, selected either randomly or through snowball sampling. The discussions provided valuable insights into the relevance, accessibility, and inclusivity of project interventions. They also examined themes such as service accessibility, changes in community resilience, and the extent to which the project addressed gender equality, protection, and social inclusion.

Table 3: List of Focus Groups convened during the evaluation

Stakeholder	Number of FGDs	Number of Participants
Community Based Disaster Management Committee	6	48 (6 *8)
VSLA groups	6	48 (6 *8)
Boys group	6	48 (6 *8)
WASH committee	6	48 (6 *8)
Youth group	6	48 (6 *8)
Community Coaches (1 FGD/district)	6	48 (6 *8)
Community volunteers (1 FGD/district)	6	48 (6 *8)
PwDs (1 FGD/district)	6	36 (6*6)
Beneficiary Women (1 FGD/district)	6	48 (6 *8)
Trained adolescent girls (1 FGD/district)	6	48 (6 *8)
Mothers' clubs (1 FGD/district)	6	48 (6 *8)
Fathers' clubs (1 FGD/district)	6	48 (6 *8)
Total	**72**	**564**

3.3.4. Quantitative Survey

A quantitative survey was conducted with project beneficiaries across six districts (Table 4) using a stratified sampling approach to ensure broad and representative participation. The survey assessed the

effectiveness and impact of the project's interventions in health, sexual and reproductive health and rights (SRHR), water, sanitation and hygiene (WASH), and disaster risk reduction (DRR). It measured service quality, timeliness, and beneficiary satisfaction, while also collecting data on key indicators outlined in the project's logical framework, particularly those related to the first three outcomes. Topics covered included knowledge and practices around malaria, malnutrition, sexual violence, pregnancy-related risks, access to WASH facilities, hygiene and sanitation practices, climate adaptation, and community disaster preparedness.

The survey's target population included project beneficiaries such as pregnant and lactating women, women of reproductive age, adolescent girls, and youth in the targeted districts. PwDs were also included in the survey. A total of 798 individuals were targeted and 802 was achieved. A stratified random sampling approach was employed to ensure broad representation of the target beneficiary population across all six project districts. The sampling strategy accounted for key demographic and vulnerability factors, including age, gender, disability status, and beneficiary category (e.g. adolescent girls, women of reproductive age, persons with disabilities).

Using a 95% confidence level and a 5% margin of error, the statistically required sample size was calculated to be approximately 790 participants, based on a total beneficiary population of 32,948. The survey successfully reached 802 participants, indicating that the required threshold was met (and exceeded) and allowing for generalisability of findings.

The achieved sample reflects the demographic composition of the broader population, with proportional representation across gender and age groups. Stratification by district ensured that all geographic areas were covered without over- or under-representation. The inclusion of vulnerable groups and efforts to maintain gender balance further enhance the credibility and representativeness of the sample. These factors together support the conclusion that the survey findings can be considered broadly representative of the intended beneficiary population.

Table 4: Distribution of the sample across project provinces and target groups

Districts	Female	Male	PWD	Grand Total
Bo	54	62	17	133
Bonthe	55	51	30	136
Kenema	93	27	13	133
Kono	65	58	11	134
Moyamba	62	53	18	133
Pujehun	61	60	12	133
Grand Total	**390**	**311**	**101**	**802**

Table 5: Gender Breakdown of Persons with Disabilities

Districts	Male	Female	Non - binary	Grand Total
Bo	10	7		17
Bonthe	12	18		30
Kenema	4	8	1	13
Kono	2	9		11
Moyamba	12	6		18
Pujehun	6	6		12
Grand Total	**46**	**54**	**1**	**101**

3.4. Logistics and Fieldwork

A total of 12 enumerators (paired as one female and one male per team) and 12 facilitators were recruited from the six programme districts (4 individuals in each team and one was appointed as the team leader), prioritising fluency in local languages, familiarity with the socio-cultural context, gender balance, and

fieldwork experience. Recruitment was overseen by the national researcher based in Freetown and supported by trusted local networks to ensure access to hard-to-reach populations. Enumerators conducted quantitative surveys, while facilitators, along with the national researcher and lead consultant, collected qualitative data. All data collectors received thorough training which covered ethical considerations, safeguarding, the "do no harm" approach, and administration of tools in local languages, including Krio. The training was conducted by the core VIG team comprising of the Head of MEL and Lead Qualitative Researcher, Senior Quantitative Researcher and Operations Manager. The training was conducted virtually and was attended by the National Researcher, all enumerators and facilitators. The training focused on developing a detailed understanding of the BRIDGE programme, evaluation purpose and scope, data collection methods, tools and how to administer them, the use of KOBOCollect and ethical considerations. Tools were pre-tested during training and further refined through simulated fieldwork to ensure cultural and linguistic relevance. Quantitative data collection was conducted using GPS-enabled tablets and Kobo Toolbox, allowing real-time monitoring, quality control, and faster processing. Interviews and FGDs were held in safe and accessible locations. With participant consent, sessions were audio-recorded, transcribed, and translated to maintain meaning and accuracy.

3.5. Quality Assurance

To ensure quality assurance throughout the evaluation, five core principles were followed: an output-based approach, effective project management, stakeholder engagement, strong communication and coordination, and gender-inclusive team composition. An operations manager, overseen by VIG's programme manager, coordinated the evaluation to ensure that each stage produced clear, tangible outputs. The Evaluation Reference Group (ERG) was engaged throughout the process, providing timely feedback and guiding the evaluation. Both male and female team leaders and enumerators were included to promote gender inclusivity. Regular supervision, pilot testing, and structured feedback loops helped ensure data accuracy and relevance. Data validation involved cross-checking from multiple sources, and the data collection plan outlined procedures for training, ethics, fieldwork, quality control, and data cleaning. These quality assurance measures supported the production of credible, high-quality data that informed evidence-based decision-making.

3.6. Ethical Considerations

The evaluation followed strict ethical standards, aligning with the International Development Cooperation Iceland Policy for Evaluation (2024–2028). Ethical approval was obtained where required, with the national researcher coordinating the process alongside key stakeholders. VIG prepared a detailed protocol covering methodology, consent, confidentiality, and participant rights. Consent forms and information sheets were translated into local languages, and researchers were trained on ethical engagement with vulnerable groups. Participants were informed of their rights, including the option to withdraw at any time. Data confidentiality, anonymity, and safeguarding were ensured throughout to maintain the integrity and inclusivity of the evaluation.

3.7. Data Management and Analysis

All interviews were recorded with participant consent and securely stored on platforms such as Otter.ai or KoboCollect. Data access was limited to authorized team members, and all files were encrypted and password protected. Identifiable information was anonymized to protect participants' privacy. Data cleaning was conducted by the national researcher and team leaders before translation and analysis. For qualitative analysis, thematic analysis was adopted using NVivo, guided by a pre-defined analytical framework. Themes and patterns were identified, offering context-rich insights. Findings were triangulated with quantitative data and assessed using OECD evaluation criteria to explore effectiveness, relevance, and sustainability. For quantitative analysis, SPSS v27 was used with written syntax for reproducibility. Techniques included descriptive statistics, comparative analysis (across baseline, midline, endline), regression, and multivariate methods such as SEM and PCA. The integration of qualitative and quantitative findings enabled a comprehensive understanding of project outcomes, particularly for marginalized groups.

3.8. Challenges and limitations

The data collection exercise was conducted successfully in all the districts. There were no major limitations that had the potential of affecting the quality and credibility of data. However, challenges were encountered during the process and the most significant challenges are outlined below.

- **Access to community -** The 18 selected communities were hard to reach and unmotorable. Enumerators took approximately six hours of travel to get to the communities and return from those communities, and this affected the pace of data collection. For communities like Bo and Moyamba, enumerators usually return home at 9pm. The Branch Managers were able to assist as much as possible to facilitate access to the communities**.**
- **Unavailability of communication networks in some of the communities –** this affected communication within the research team and the ability to synchronise Kobo in the field in order to check for any updates.

CHAPTER 4: RESULTS

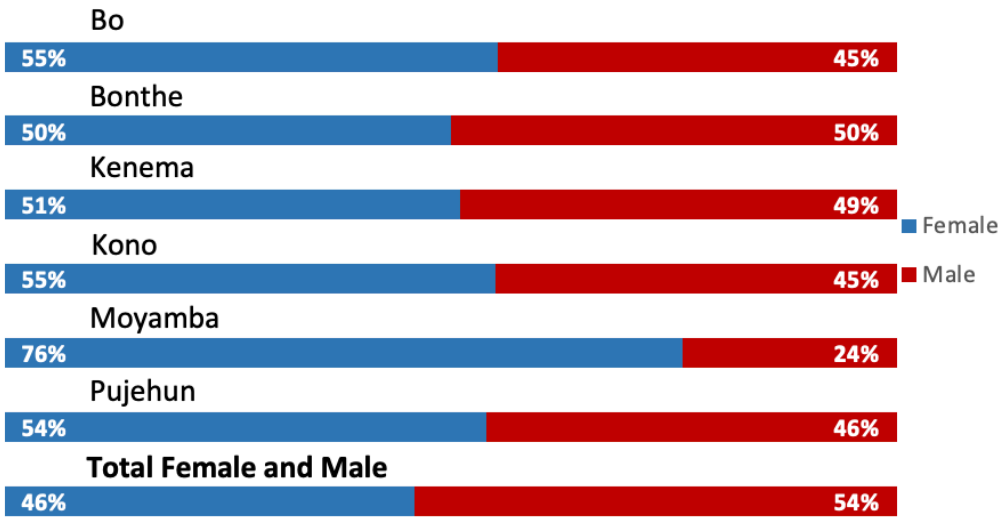
4.1. Characteristics of respondents

The BRIDGE household survey engaged 802 project participants drawn from six high-vulnerability districts (Bo, Bonthe, Kenema, Kono, Moyamba and Pujehun). The survey was designed as a household survey so as to explore **most** issues from a household perspective. This was in recognition that some of the programme components had far reaching effects that were not necessarily limited to an individual. However, some of the questions sought to determine individual experiences to improve the accuracy of the data i.e., questions related to support rendered to females were limited to female respondents only.

4.1.1. Gender of the respondents

Figure 1 show the distribution of gender. Overall, gender balance was good. Pujehun achieved exact parity (50 percent female, 50 percent male), and Moyamba (51 percent female, 49 percent male), Kono (55 percent female, 45 percent male) and Bonthe (54 percent female, 46 percent male). Bo showed a slight male majority (54 percent male, 46 percent female), whilst Kenema stood out with a pronounced female majority (76 percent female, 24 percent male).

Figure 1: Gender of respondents



4.1.2. Age of the respondents

Figure 2: Age of the respondents

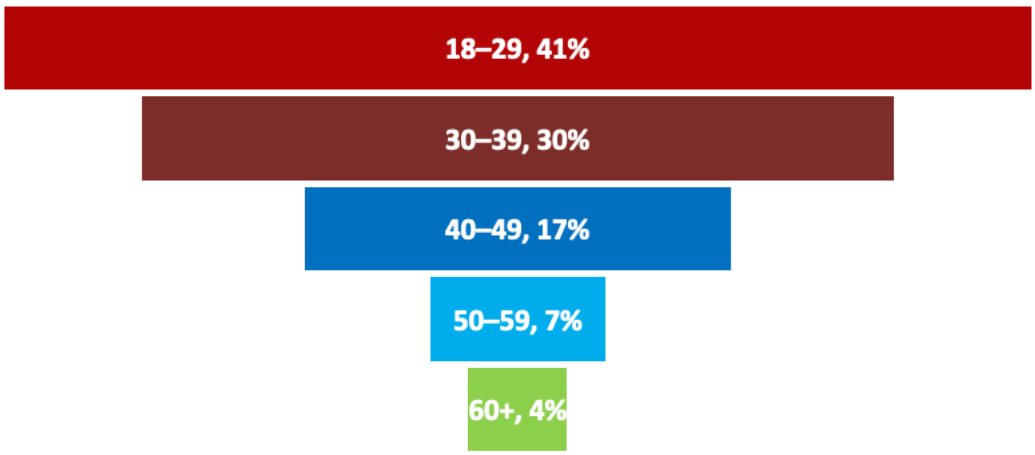
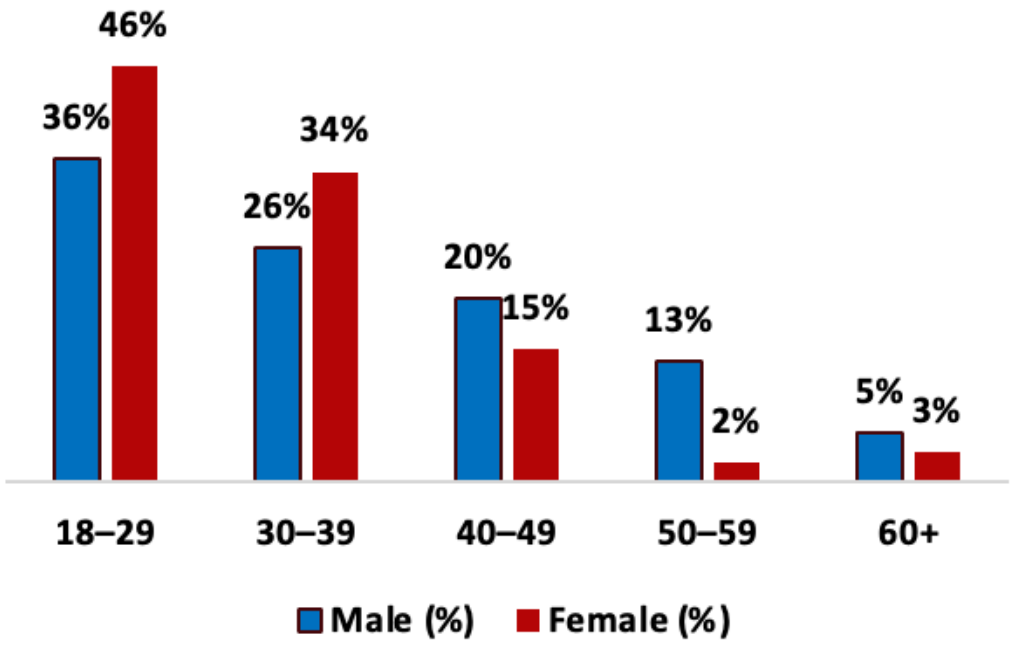


Figure 2 shows the distribution of respondents by age. Among the 802 survey participants, the predominance of young adults is apparent: 41% were aged 18–29years, 30% were 30–39 years, 17% were 40–49 years, 7% were 50–59 and only 4% were 60 or older. Disaggregated by gender (Figure 3), the youngest cohort (18–29 years) comprised 46% female and 36% male; in the 30–39 years group, females accounted for 34% and males 26%. From age 40 onwards the proportion of female declines, among 40–49-year-olds, 15% were female versus 20% male, in the 50–59 years bracket, 2% were female and 13% male; and among those aged 60 years and above, females represented 3% compared with 5% male.

Figure 3: Age distribution based on Gender



4.1.3. Household size and composition

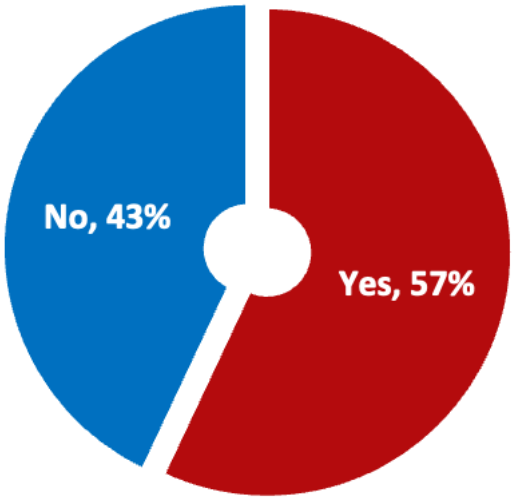
A total of 802 households were surveyed, comprising 4,624 individuals, with an average of six members per household (Table 6). Most of the respondents (60%) had at least one child under the age of five years in their households. Furthermore, 13% of households included at least one person with a disability (PwD).

Table 6: Household Size

Variable	Number	Percentage
Total households surveyed	802	-
How many people currently live in your home? (Total)	4624	-
Average family members per household	6	-
Households with children under the age of 5	481	60%
Households with disability	101	13%

With respect to primary caregiving for children under five, Figure 4 shows that 57% of respondents reported that they are the primary caretaker, while 43% indicated that they are not. However, the study did not collect details on who the caretakers were specifically.

Figure 4: Primary caretaker for children below the age of 5 years



4.1.4. Disability Status

The Washington set of questions on disability was asked to determine the disability status of respondents and the results are presented in Table 7. The results show that respondents reported varying levels of difficulty across six functional domains. In terms of sight, 64% had no difficulty, while 20% experienced some difficulty, 14% a lot of difficulty, and 2% could not see at all. For hearing, 73% reported no difficulty, 20% some difficulty, 5% a lot of difficulty, and 2% were unable to hear entirely. Regarding mobility, 64% had no issues, 25% experienced some difficulty, 7% a lot of difficulty, and 4% were unable to move. In the memory domain, 82% reported no difficulty, 14% had some difficulty, while 2% each reported significant memory issues or complete inability. For self-care, 68% experienced no difficulty, 23% some difficulty, 8% a lot of difficulty, and 1% could not manage at all. Finally, in communication, 80% had no difficulty, 15% had some, 4% a lot, and 1% could not communicate at all. These figures point to notable challenges in mobility and self-care among certain segments of the population.

Table 7: Disability Nature

Domain	No difficulty (%)	Some difficulty (%)	A lot of difficulty (%)	Cannot do at all (%)
Sight	64%	20%	14%	2%
Hearing	73%	20%	5%	2%
Mobility	64%	25%	7%	4%
Memory	82%	14%	2%	2%
Self-care	68%	23%	8%	1%
Communication	80%	15%	4%	1%

Table 8: Disability status disaggregated by age and gender

Age Group	Female	Male	Non-Binary
18-29	52%	48%	0%
30-39	73%	27%	0%
40-49	57%	39%	4%
50-59	7%	93%	0%
60+	60%	40%	0%
Total	**53%**	**46%**	**1%**

Among respondents with disabilities, the majority identified as either female or male, with a very small proportion (1%) identifying as non-binary (Table 8). Overall, 53% were female and 46% male, reflecting a relatively balanced gender distribution. Notably, the highest proportion of women with disabilities was found in the 30–39 age group, where they represented 73% of respondents with disabilities, followed by the 60+ and 40–49 brackets. In contrast, the 50–59 age group was predominantly male, with 93% of respondents identifying as male. Non-binary respondents were recorded only within the 40–49 age group, accounting for 4% of that cohort.

4.2. Relevance

Evaluation questions:
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, (5) IceRC and (6) Government of Iceland policies, priorities, and plans?
To what extent have the initiatives and results been relevant to women, girls and persons with disabilities?

In this section of the report, the evaluation assesses the objectives of the BRIDGE against the existing development frameworks of different governing institutions, and the needs and priorities of beneficiaries.

4.2.1. Alignment of the BRIDGE to the broad developmental context

All outcomes of the BRIDGE programme were fully aligned with the Sustainable Development Goals (SDGs), supporting the overarching principle of the 2030 Agenda to "Leave No One Behind." The programme promoted equity and inclusion across gender, age, ability, and other dimensions of vulnerability, ensuring that all community members benefitted from its interventions.

Outcome 1, which focused on health, aligns with SDG 3 on Good Health and Well-being. Specifically, it contributed to the achievement of indicator 3.1 by working towards the reduction of maternal mortality. The programme also addressed indicator 3.3 through efforts to end epidemics, particularly malaria, waterborne diseases, and other communicable illnesses. Additionally, the programme supported indicator 3.7 by ensuring access to sexual and reproductive health (SRH) services, including family planning, information, and education. These interventions collectively helped improve maternal and child health outcomes and enhanced access to essential health services, particularly for women and girls.

Outcome 2 focused on Water, Sanitation, and Hygiene (WASH), aligning with SDG 6 on Clean Water and Sanitation. The programme supported indicator 6.1 by enhancing universal and equitable access to safe drinking water. It also contributed to indicator 6.2 by promoting access to adequate and equitable sanitation and hygiene, paying special attention to the needs of women, girls, and vulnerable populations. Under indicator 6.3, the programme played a role in improving water quality through the reduction of pollution and promotion of safe waste disposal practices. Moreover, in line with indicator 6.b, the programme strengthened local community participation in water and sanitation management by establishing and training community-based structures. These outcomes were achieved through activities such as constructing and rehabilitating wells, building institutional latrines, and training communities to construct latrines using locally available materials.

Outcome 3 supported disaster risk reduction and climate resilience and aligned with SDG 13 on Climate Action. The programme contributed to indicator 13.1 by strengthening community resilience and adaptive capacity to climate-related hazards and natural disasters. It also addressed indicator 13.3 by enhancing education, awareness, and institutional capacity around climate change mitigation, adaptation, impact

reduction, and early warning. This was achieved through capacity-building trainings for volunteers and communities, development of community contingency plans, establishment of early warning systems, and sensitisation activities aimed at improving disaster preparedness and response. The focus was also on equipping communities with the knowledge and tools needed to prevent disasters (e.g., not building houses under trees) and recover quickly when they occur (through the livelihoods component).

By integrating health, WASH, and disaster risk management, the BRIDGE programme made contributions to achieving the national and global SDG targets, while facilitating inclusive development, community resilience, and sustainability.

4.2.2. Alignment with policies, priorities and plans of the Government of Sierra Leone

The programme was fully aligned with the government's developmental frameworks and policies, drawing directly from the national policy and framework. It has been instrumental in identifying hazards and disaster-prone areas (particularly in the context of climate change) which has been instrumental in the restoration of water systems and in building resilience in vulnerable communities. BRIDGE sought to improve 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. Therefore, the programme's objectives contribute directly to the national goal of achieving universal access to safe and affordable drinking water for all.

In alignment with government priorities, the program has complemented the efforts of key ministries such as the Ministry of Education by supporting the construction of sanitation facilities. For example, in Senehun and Vahun, two schools at risk of collapse were rehabilitated following the installation of toilet facilities, thereby minimising disaster risks for children. These activities are recognized and appreciated by the communities, particularly in areas where SLRCS has taken the lead in delivering critical components such as water and sanitation infrastructure. The WASH interventions also contributed to the SLRCS's ongoing COVID-19 response, reinforcing public health resilience at community level.

"The program is an extract of the national development plan of the government."
KII, Male, 58 years, External stakeholder, Bonthe District

"What SLRCS is doing aligned with our activities as ministry because the funds the government provides are not enough to perform most of these functions in all chiefdoms within the district. The Red Cross came in to help us in communities like BARGUWA, BUMPEH CHIEFDOMS; they worked in Vahun, Gangama, Tungbai and other communities. They help us with development initiatives. Although we also do similar things but not enough. So, we are happy for their help and the work they are doing in those chiefdoms. There is no activity they do without including us."
KII, Male, 32 years, External Stakeholder, Moyamba District

"Definitely I will say yes because one thing the partners do at district level, they complement the efforts of the government. As DHMT, Ministry of Health we cannot execute all the work but looking at the work partners do at district level, that will enable us to achieve our goals. So coming to the aspect of activities the RC society has been implementing within the district, of course yes they are perfectly aligned with our goals at district level because one of our goals we work towards as ministry is to save lives and looking at the activities they implement is to ensure they provide better living to the people of those communities and hence their goals are actually aligned with ours. One of the things we really wish for, is for us to have sustainability and continuity because we won't be able to cover everywhere but base on what they are doing and what they have implemented, if they move to other communities, it will be good for us to achieve the goals ministry of health is talking about."
KII, Male, 32 years, External Stakeholder, Moyamba District

The Red Cross's interventions are rooted in national policy priorities and demonstrate inclusivity, including the active participation of PwDs. The BRIDGE programme, in particular, is closely aligned with both global

development goals and the Sierra Leone National Health Sector Strategic Plan (2017–2021), which seeks to eliminate maternal deaths as detailed in the Medium-Term National Development Plan and enhance population well-being in line with the Sustainable Development Goals (SDGs). Furthermore, the programme supported the rollout of the Reproductive and Child Health (RCH) and Health Sector Strategic Plan II (HSSP II), with deliberate efforts to integrate community-based surveillance systems using tools such as the CP3-tested NYSS. By focusing on malaria, the programme contributed to the aspiration of the country to reduce both malaria mortality and case incidence by at least 75 % from 2015 levels by 2025 as detailed under the National Malaria Elimination Strategic Plan 2021-2025.

4.2.3. Alignment Government of Iceland (MFA) policy for international development

The partnership between the Iceland Ministry of Foreign Affairs (MFA) and IceRC was made under Iceland's international development cooperation Framework Agreement. Under this framework, poverty eradication, respect for human rights and improved living conditions are the overarching objectives. Human rights, gender equality and environmental and climate affairs are both specific and cross-cutting objectives that serve as pillars of all development cooperation efforts. The Government of Iceland prioritises the following four focus areas, which are accompanied by the 2024-2025 international development cooperation action plan.

- Human rights and gender equality: SDG 5 and 10
- Human capital and social infrastructure: SDG 3, 4 and 6
- Climate affairs and natural resources: SDG 7, 13, 14 and 15
- Humanitarian assistance and efforts towards stability and peace: SDG 2 and 16

The BRIDGE programme was aligned to the 2024-2028 MFA Development strategy. According to key informants, the IceRC and its partners had the latitude of developing programmes if they were directly under the four overarching objectives. An assessment of the Outcome 1 – 3 shows that the programme was directly aligned to these objectives including the cross-cutting ones.

4.2.4. Relevance to the needs and priorities of beneficiaries

Beneficiary needs and priorities

The BRIDGE programme was conceptualised in direct response to the socio-economic, cultural, and environmental challenges experienced by vulnerable communities in Sierra Leone. Its design was informed by lessons learned from previous interventions and complemented by findings from a comprehensive needs assessment conducted across the target communities. This ensured that the programme addressed practical and context-specific issues rather than theoretical assumptions. Key findings from this evaluation confirm the outcomes of the needs assessment that highlighted that the most pressing needs, particularly for women, girls, and persons with disabilities, included access to adequate food, clean and safe drinking water, essential healthcare services (including maternal and child health), SRH services, and improved hygiene and sanitation.

Following a Vulnerability and Capacity Assessment (VCA), health emerged as the top priority concern, specifically lack of knowledge and resources to prevent and manage malaria, diarrhoea, and pneumonia. Before the intervention, many communities regularly experienced cholera outbreaks due to poor sanitation and limited access to clean water. These public health risks were compounded by the lack of nearby clinics, poor road infrastructure, and the high cost of healthcare, particularly for those living in remote areas. Pregnant and lactating women were particularly vulnerable due to the lack of nutritional support and inaccessible antenatal services, underscoring the programme's strong relevance to maternal and child health needs. Access to health services remained a major concern in several communities. Many reported that the absence of health facilities, compounded by a lack of roads and bridges, made it extremely difficult to access medical care. These infrastructural barriers particularly affected pregnant women who struggled to access timely obstetric care.

Water scarcity was a critical issue, with many communities lacking functional water wells. This forced women and girls to walk long distances to fetch water which was an exhausting and sometimes dangerous task. The BRIDGE programme's water and sanitation interventions helped alleviate this burden by

rehabilitating water sources and improving access to safe drinking water on a sustainable basis. This significantly improved public health outcomes, reduced the incidence of waterborne diseases, and led to household cost savings due to decreased healthcare expenditures.

The programme also supported behaviour change and health education using diverse methods such as mobile cinema, radio discussions, community discussions, house-to-house visits, community drama, and training sessions. This helped raise awareness on disease prevention, particularly malaria, diarrhoea, and pneumonia, and encouraged the practice of safer hygiene and sanitation. The ability to prevent diseases was found to be relevant considering the challenges associated with access to treatment. Key informants also noted the importance of enhancing knowledge for prevention and diagnosis since diseases, including epidemics, do not usually give warnings.

"The program organised capacity assessment training to know what factors contribute to malaria, diarrhoea, Acute Respiratory Infections; how to detect if someone has any of these diseases for them to identify signs and symptoms, management of the three priority diseases."
KII, Male, 60 years, External Stakeholder, Moyamba District

In addition, adolescent girls faced challenges related to menstrual hygiene management (MHM). The high cost and unavailability of sanitary pads negatively impacted their school attendance and self-esteem. The evaluation found that the challenge was not only availability but also affordability, particularly for teenage girls in vulnerable households. The knowledge to make reusable sanitary pads, designed to last 6 to 8 months, was a particularly well-received component of the programme. However, some girls who participated in focus group discussions expressed concern over their limited access to sanitary pads. The findings show that not all the girls had received training on how to make the reusable pads, hence the sentiments to expand the coverage.

In response to diverse community needs, the programme introduced DRR component that included a livelihoods intervention such as VSLAs, mothers' and fathers' clubs, and DRR training. These activities were highly appreciated for addressing both immediate and long-term priorities, including economic empowerment, food security, and community resilience. The introduction of income-generating activities for adolescent boys was a direct response to their feedback, ensuring the programme remained inclusive and responsive.

"Our priority was to find ways to improve our lives and contribute meaningfully to our families and communities, but we didn't have the resources or direction to do so."
FGD participant, Women beneficiaries, Jokibu, Kenema District

"Before the implementation of the programme, our immediate needs and priorities as boys included access to education, livelihood opportunities, and basic support for our well-being. Many of us had dropped out of school due to financial challenges and lacked the means to continue our education or learn a trade. We also needed guidance and mentorship, as most of us had no structured support systems. Some boys were involved in risky behaviors or informal work just to survive. There was also a general lack of safe spaces where we could engage positively or share our concerns. Our priority was to find ways to improve our lives, but we didn't have the resource."
FGD participant, Boys beneficiaries, Mattru, Kemena District

"The VSLA group in this community has greatly helped us, especially the youth, by providing loans with minimal interest rates. Previously, we struggled with high interest repayments from external lenders, but the VSLA has eased this burden and provided us with more accessible financial support."
FGD participant, Youth group (mixed), Kortuhun community, Bonthe District

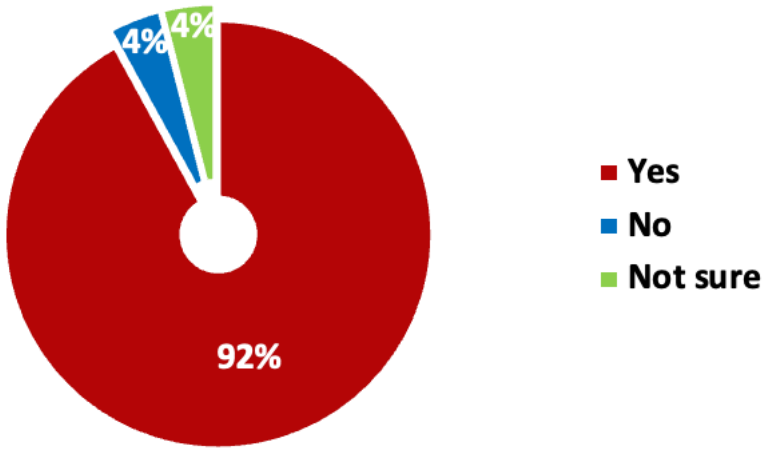
Community action groups were established across all 62 operational communities. Membership was open to all community members based on their interest, commitment, and capacity. These groups played a vital

role in ensuring inclusive participation and ownership of the intervention. While some interventions targeted the general community, others were specifically tailored for sub-groups such as teenage boys and girls, mothers' and fathers' clubs, WASH Committees, and school health clubs. In addition, training on Community-Based Health and First Aid (CBHFA), Psychological First Aid (PFA), Early Warning Systems (EWS), and minor pump repairs contributed to increased community preparedness and resilience.

Overall, the BRIDGE programme successfully aligned its activities with the health, socio-economic, and environmental priorities of target communities. The programme's comprehensive approach helped communities better assess, prevent, and manage priority health needs, improved WASH practices, strengthened local disaster preparedness, and enhanced community capacity for inclusive and sustainable development.

Support received under the programme

Figure 5: Status of receiving support



Respondents were asked whether they had benefitted under the programme. Figure 6 shows that 92% of the respondents reported receiving support from the programme, whereas 4% did not, and the other 4% were not sure. The survey was held at a household level (see section 4.1. of the findings), targeting households with direct beneficiaries. To enhance the accuracy of the findings and avoid possible speculations, subsequent questions on the effectiveness of each component of the programme were limited only to those who indicated that they did benefit from that specific component. Furthermore, questions targeting specific groups e.g., effectiveness of reusable sanitary pads were limited to females as the support was only received by them.

The majority of respondents reported receiving key forms of information and support, particularly in the areas of health and hygiene (Table 9). Notably, 85% had access to clean water and 74% received information on WASH (water, sanitation, and hygiene), while 71% were informed about environmental hygiene. Access to institutional latrines was reported by just over half (52%). In terms of health-related information, 65% received guidance on the prevention of communicable diseases, 62% on nutrition, and 60% on sexual and reproductive health. However, participation in CBDMC was relatively low, with only 43% involved. Support for school re-entry after pregnancy was reported by just 33% of all female respondents, while 46% received help in cultivating a backyard garden. Although 46% had received information on disaster risk reduction and climate change, only 19% reported support to adopt climate-smart practices and technologies, highlighting a significant gap in resilience-focused programming.

Analysis of the disaggregated figures reveals several noteworthy patterns across age and gender in relation to the types of support received. Across all support types, women accounted for a slightly higher proportion of beneficiaries than men, with young women (18–29) and adult women (30–39) being the most consistently represented. In contrast, participation among older age brackets, particularly men aged 50 and above, was relatively limited. In terms of support type, no single service exhibited a dramatic gender or age

imbalance, suggesting that access was fairly evenly distributed across demographic groups. However, subtle patterns do emerge—for example, female respondents were marginally more likely to report receiving information on nutrition, sexual and reproductive health, and WASH, which are typically linked to caregiving and household responsibilities. Interestingly, the smallest proportion of the sample—only 19%, reported receiving support related to climate-smart practices and technologies, though this was evenly reflected across all demographic groups, indicating low overall uptake rather than exclusion. Similarly, support for returning to school after pregnancy (33%) and participation in CBDMC (43%) saw moderate uptake, without distinct demographic skew. Overall, while the data do not indicate any glaring disparities, young women (especially aged 18–39) were the most consistently engaged across support types, with slightly lower participation from older men. This trend may reflect both programmatic targeting strategies and the perceived relevance of the services to different life stages and roles.

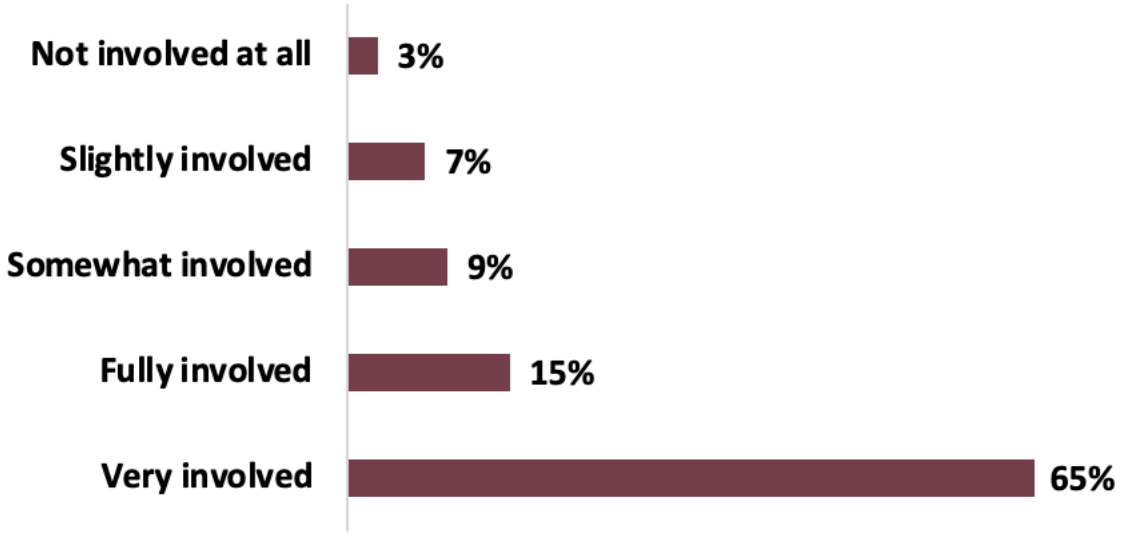
Table 9: Type of support received

Support type	Received (%)	Not received (%)
Information on nutrition	62%	38%
Information on prevention of communicable diseases	65%	35%
Information on sexual and reproductive health (SRH)	60%	40%
Participation in CBDMC	43%	57%
Support to return to school after pregnancy	33%	67%
Support to cultivate a backyard garden	46%	54%
Information on WASH (water, sanitation & hygiene)	74%	26%
Access to clean water	85%	15%
Access to an institutional latrine	52%	48%
Information on environmental hygiene	71%	29%
Information on disaster risk reduction & climate change	46%	54%
Support to adopt climate-smart practices & technologies	19%	81%

Extent of involvement in programme's decision making processes

Figure 7 shows that an overwhelming majority (65%) and 15% were very involved and fully involved in programme's decision-making processes. Only a small proportion (3%) indicated that they were not involved at all. By virtue of participating in the survey, the evaluation assumes that such respondents had benefitted in some way from the programme although they did not participate in decision-making processes.

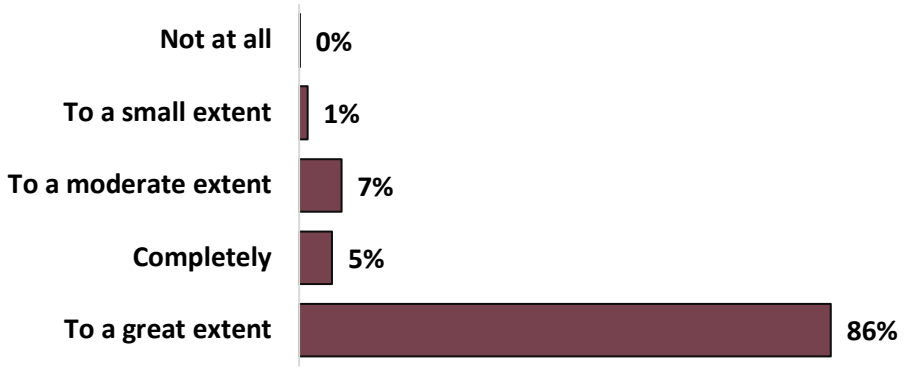
Figure 6: Extent of involvement in programme activities



Satisfaction with benefits from the programme

Figure 8 shows that 86% of the respondents were satisfied to a great extent with the manner in which the programme addressed their needs (see Figure A2 for their rating on the relevance of the support). It is worth noting that none of the beneficiaries were not entirely satisfied with the support. The degree of satisfaction was high despite the initial resistance that was encountered for some of the activities. For instance, it was reported that some households were initially not keen on using the latrines because they had no prior access to them. However, their interest grew, resulting in their acceptance. Similarly, challenges were encountered in sensitising girls on how to use the reusable pads that they had been taught to make but this was addressed resulting in their acceptance.

Figure 7: Degree of satisfaction with the support received under the programme



"As teenagers, (Boys) some of our priorities and needs were met. For instance, four of our colleagues were enrolled back to school through the financial support received from SLRCS during project implementations." ***FGD Participant, Boys, Blama Bendema community, Bonthe***

Suggested alternatives of satisfying beneficiary needs and priorities

Respondents were asked what could have been done differently in order to satisfy their needs and priorities better. The results were synthesised and presented in Table 10. Findings show that 8% called for improved health infrastructure (for example, building a health centre or hospital), 4% sought additional water and WASH facilities, 3% wished for more education infrastructure, 3% requested roads and bridges, and 1% asked for livelihood or financial support. Two per cent offered no suggestions, while the vast majority 79% voiced single-mention ideas ranging from electricity and dry floors to tele-centres and gardening.

Table 10: What do you think the project could do differently to address your needs and priorities?

Theme	Quotes	% of respondents
Health infrastructure	"Build us health Centre", "Hospital", "Provide a community healthcare centre"	8%
Water supply & WASH	"Additional water facility", "Add more protected dug well", "Additional toilets facilities"	4%
Education facilities	"Build school", "Additional of school", "Bridge and school structure"	3%
Roads & bridges	"Build our bridge", "Our road", "Construct bridge to link our community"	3%
Livelihood & finance	"Additional funds to improve on the VSLA", "Provide capital to start up business"	1%
No/None	"None", "Nothing", (blank)	2%
All other suggestions	Single mentions spanning electricity, dry floors, tele-centres, gardening, etc.	79%
Total		**100%**

More suggestions were obtained through focus group discussions with the various groups. Most of the significant suggestions that are under the focal areas were obtained from girls.

In addition to sanitary products, the girls expressed a strong desire for the construction of private changing rooms in schools and public spaces. The evaluation noted that institutional latrines were constructed at schools, and these were disaggregated by gender and disability. Furthermore, menstrual hygiene management rooms were constructed for girls in schools. The desire for private changing rooms expressed during the evaluation was also contrary to the sentiments expressed by girl at endline as they expressed satisfaction with the menstrual hygiene rooms. The girls also highlighted the need for ongoing mentorship, life skills training, and access to sexual and reproductive health services. They underscored the value of counselling services and contraceptive access, particularly for adolescents navigating early adulthood. The creation of safe spaces where girls can freely express themselves, seek guidance, and receive psychosocial support was viewed as a key factor in boosting their confidence and overall well-being.

Beyond menstrual health and adolescent-focused needs, several communities voiced broader priorities for future programming. These included enhanced livelihood support, food assistance, and better access to education and health services. Such needs were not fully addressed during the BRIDGE programme's implementation due to its targeted thematic focus and limited resources. Although these gaps present an opportunity for future interventions to build on the programme's success by expanding coverage and addressing more holistic community development priorities, due consideration has to be made not to spread the programme resources too thinly in a bid to expand geographic coverage and simultaneously try to address a wide array of needs.

4.2.5. Support towards the most vulnerable groups in the communities

Adoption of the PGI Concept

The program was designed to be inclusive, targeting all community members, including PwDs, women, and girls. Special support was provided to mothers and teenage girls to address their unique needs and ensure they received tailored assistance. These targeted interventions played a vital role in fostering a supportive and inclusive environment that contributed to the overall success of the project. As part of the program's commitment to gender inclusion and protection, efforts were made to address issues such as sexual abuse within communities. The program trained women and girls on how to make and manage reusable menstrual pads, improving menstrual hygiene management and reducing stigma. Sanitation and hygiene facilities, including separate toilet blocks in schools and community water systems, were designed with inclusivity in mind, ensuring accessibility for all, including those with disabilities.

Protection, Gender, and Inclusion training was delivered to women and girls to boost their self-esteem, build awareness of their rights and roles in community development, and ensure their voices were heard in local decision-making processes. Boys were also engaged and encouraged to support girls, particularly in the context of menstrual hygiene.

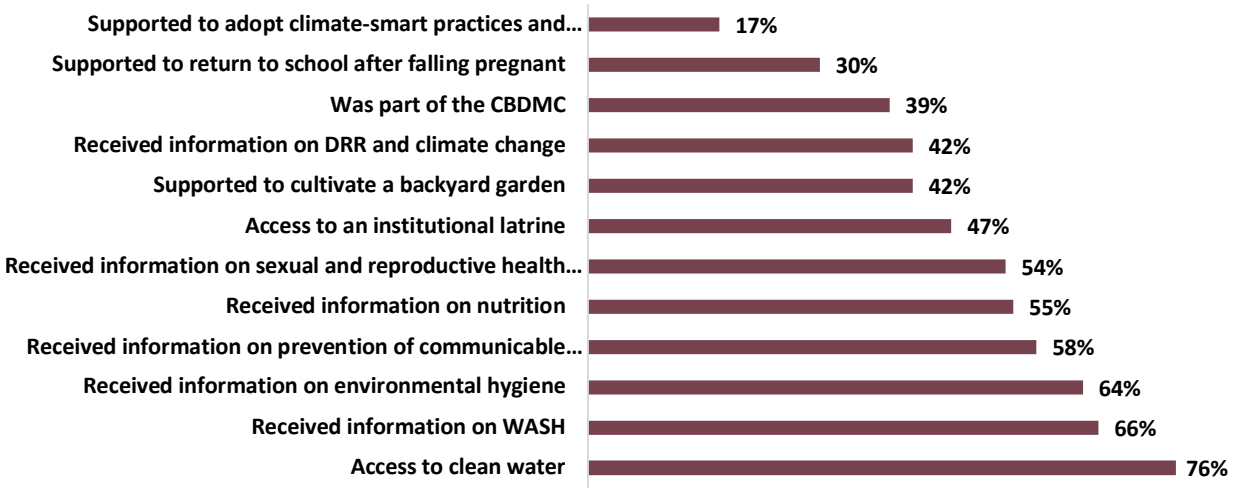
To support economic empowerment, small financial grants were provided to teenage girls who had dropped out of school, helping them to start small businesses and support their livelihoods. As a result, many of these girls have returned to school or enrolled in vocational training centres. Women were further supported with agricultural inputs, such as seeds and tools, enabling them to establish backyard gardens to feed their families and earn an income. Furthermore, VSLAs were established to help women save money and access small loans to meet urgent needs and build economic resilience.

Support to People with Disabilities

Among the PwDs who participated in the survey, 90% indicated that they had received support under the programme, while 10% did not (Figure A1). Figure 9 shows that, of the 90% respondents with disabilities who received support under the BRIDGE programme, the most frequently cited assistance was access to clean water (76%), followed by information on WASH (66%) and environmental hygiene (64%). 58% received information on the prevention of communicable diseases, 55% on nutrition and 54% on sexual and reproductive health. Just over half (47%) gained access to an institutional latrine, while 42% were

supported to cultivate a backyard garden and an equal proportion received information on disaster risk reduction and climate change.

Figure 8: Nature of support received by PwDs



The programme recognised the unique needs of PwDs and took deliberate steps to promote their inclusion. Considering the support that they received under the programme, 92% felt that it addressed their needs and priorities (Figure 10). Primary data shows that the needs and priorities of PwDs were many and varied and included assistive devices (e.g., crutches), financial assistance, accessible sanitation facilities, and improved access to healthcare services, community centres and places of worship (churches and mosques). An initial needs assessment conducted among PwDs also revealed that many lacked appropriate sanitation facilities, making it difficult for them to relieve themselves in a safe and dignified manner.

"Open defecation was common due to the lack of toilets, leading to poor hygiene and frequent outbreaks of waterborne diseases."

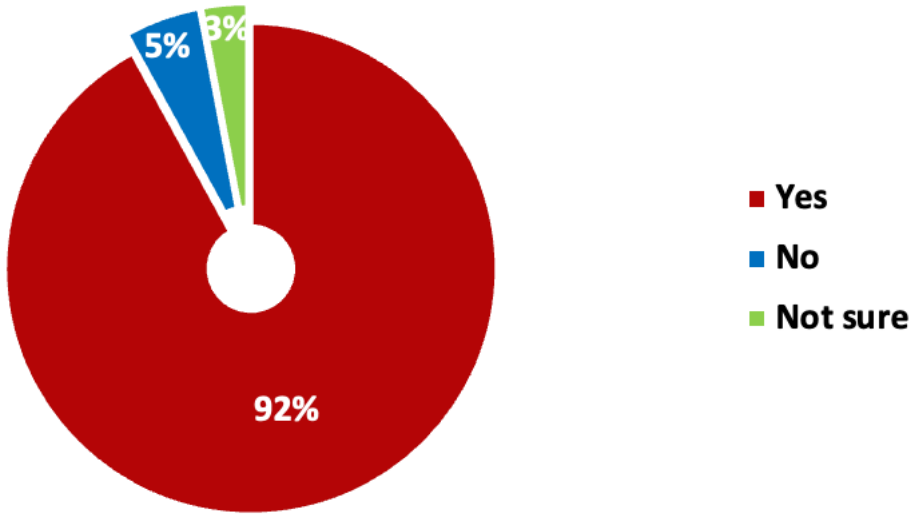
FGD participant, PwDs, Blama Bendema community, Bonthe

To address these challenges, the project placed a strong emphasis on reducing barriers faced by PwDs, especially related to inclusion and accessibility. As one external stakeholder noted, the project made a considerable effort to eliminate barriers for people with disabilities. However, the level of participation among PwDs remained below expectations. Although global standards recommend that PwDs should constitute at least 15% of the population[1] reached by such programmes, the actual percentage in this case was lower. This points to the need for continued effort in outreach and engagement.

To support greater participation, a dedicated fund was established in 2024 under the programme to cover specific costs that may hinder involvement such as accommodation for family members accompanying persons with disabilities during meetings. In addition, the project took inclusive measures such as holding meetings at the homes of PWDs to ensure they could actively participate in community discussions and decision-making processes. This approach was highlighted during a FGD with PwDs in Bonthe District.

[1] The UN's Amman-Berlin Declaration on Global Disability Inclusion encourages a target of at least 15% of Official Development Assistance (ODA) being allocated to programs that explicitly target disability inclusion. This is based on the estimated 15% of the world's population living with a disability.

Figure 9: Percentage of PwDs who felt that their needs were addressed by BRIDGE



While the programme successfully addressed the key priority areas for PwDs within its designs such as WASH, health, and facilitated their participation, their individual needs remain significant. For example, many PwDs still require assistive devices like crutches and wheelchairs, and access to specialised healthcare. These could not be covered under the programme as it was not the intention of the programme to do so.

4.2.6. Continued relevance of the project

Findings show that the programme maintained its relevance throughout the implementation period. This was largely facilitated by the inherent flexibility in the programme design. Foremost, there was latitude to adjust activities under each output in relation to the evolving context although the programme outcomes and outputs remained unchanged.

"the project was designed in a way that there were at outcome and output levels. For the 4 years, however, activities within the output could be changed during implementation. So, the activity implementation was designed during each year, so this provides some flexibility to address original needs within the let's say the main areas"
KII, Female, Internal Stakeholder

For instance, while the programme was primarily designed to support communities, it expanded its reach to include schools. This effort helped reduce the distance that schoolchildren had to travel to fetch water, improving their overall access to safe water and ensuring they spent more time focusing on their education. It was also noted during the mid-term review (MTR) that female genital mutilation (FGM) was a very intractable problem. While some work had already been done on changing social norms, it was realised that "light touch" programming was going to be inadequate to address the problem comprehensively but had the risk of doing more harm than good. More focus was therefore paid to problems such as fistulas that were also prevalent due to giving birth early in life.

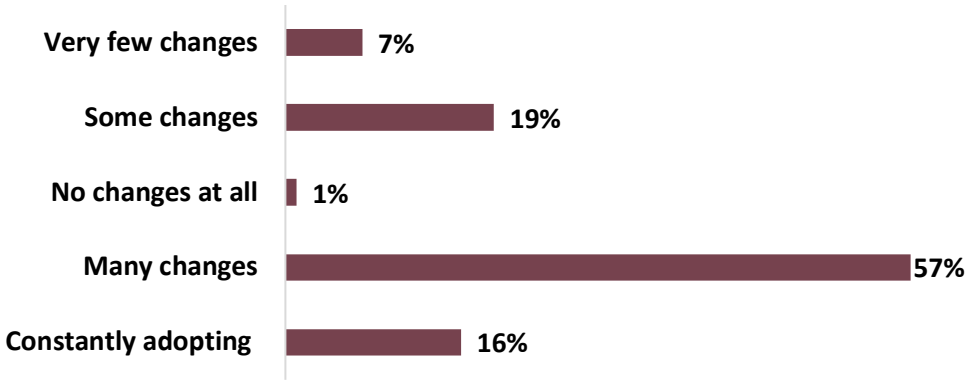
In response to another MTR recommendation, the programme added direct support to boys. This MTR noted that there was an opportunity to work with boys and recognise their role in the community both as young people and as future leaders. The boys subsequently received financial support under the livelihoods component. Another change that was made in response to the MTR recommendations was the coverage of health issues. The realisation was that the impact would be minimised if the programme gave numerous bits of information. This was narrowed down to a few key messages that the people would easily

remember. Furthermore, the extent to which the programme intended to facilitate community engagement was also adjusted considering indications that implementation of relevant activities was likely to end slightly earlier than was originally anticipated. The intention was to implement and strengthen community engagements through the concept of friendship benches, but this was dropped due to the anticipated limitation of effectiveness.

The programme was also able to respond to emergencies since there was a budget line item for this. This happened in 2023, for example, there were floods, and the project was able to intervene quickly. Under the crisis modifier for emergency response support to branches, SLRCS provided support to the Delken community through the BRIDGE program after it suffered from flooding in October, mobilizing three staff and volunteers for the response. The support included food and non-food items such as rice, onion, salt, mattresses, blankets, and bedsheets.

Respondents were also asked whether the programme adjusted to their circumstances to remain relevant. Figure 11 shows that majority of the respondents (57%) acknowledged that many changes were made to the programme to cover emerging needs, while 19% felt that some changes had been made. A small minority reported very few changes (7%) or no changes at all (1%) in response to emerging needs.

Figure 10: Respondents' perception of the responsiveness of the programme to emerging needs



4.3. Coherence

Evaluation questions:

- *To what extent are synergies ensured e.g. is there efficient consultation between different partners?*
- *Do programme activities overlap or duplicate efforts by other donors, government or community actors in the sector and in each locality?*
- *To what extent has partnerships (MFA, IceRC, FRC and SLRCS) at different levels been successful and what are the challenges?*

This section of the report, seeks to determine how well the interventions fit with other development interventions, assessing whether there were any duplications of efforts and if synergies are maximised.

4.3.1. Synergies/complementarity with other development initiatives

There is no evidence that BRIDGE programme activities overlapped or duplicated efforts by other donors, government agencies, or community actors in the targeted localities.

Civil Society Organisations

The BRIDGE programme benefits from effective coordination mechanisms at the district level, which harmonise partner activities, streamline the use of resources, and prevent duplication of efforts. These coordination platforms convene regular meetings where implementing organisations share details about their activities, target chiefdoms, and specific communities they operate in. This level of transparency enables early identification of potential overlaps and helps redirect efforts to underserved areas. Government officials reported that partner mapping exercises are conducted at the beginning of each year to document who is implementing what and where. This information guides implementing partners, ensuring interventions do not overlap within the same localities.

"we always ensure that we meet with the appropriate individual that normally goes to the field to see what is happening at the field and later update the DHMT to know whether they are actually implementing what they said."

KII, Male, 31 years, External Stakeholder, Moyamba District

According to one stakeholder, the Sierra Leone Red Cross Society, through the BRIDGE programme, was the sole provider of WASH, disaster management, and menstrual hygiene services in its operational areas, many of which had previously received little or no development support due to their remote locations. A minor potential overlap with another CSO, Living Water, in one district was quickly resolved through coordination, maintaining complementarity.

Although the evaluation acknowledged that other organisations were present in the target districts, they were few. Many NGOs avoid these hard-to-reach areas due to logistical challenges. For example, in Moyamba District, although organizations such as GOAL also implemented WASH-related activities, they operated in different chiefdoms from the Red Cross. Similarly, in Bonthe, agencies like WHATSAPP and Action Against Hunger provided safe drinking water, but in separate locations.

"Due to the effective coordination between line ministries, local council and partners, there was no case of duplication recorded."

KII, Male, 38 years, SLRCS Branch Manager

"Our activities have never overlapped, before any activity is implemented, we ensure that we do assessment if there is any other organisation performing the same; we move to the nearby community to avoid duplication in implications."

KII, Male, 32 years, External Stakeholder, Moyamba District

Moreover, the SLRCS engaged in collaborative partnerships with both local and international organizations. These partnerships extended beyond coordination meetings to include technical collaboration, such as co-developing training curricula. For instance, the SLRCS worked with Save the Children to develop a full training package for VSLAs.

The BRIDGE was complemented by another project funded by the IceRC and supported by FRC focusing on the planting of trees. The BRIDGE could not cover the DRR component adequately on its own, hence the other complementary project that was implemented in the targeted communities alongside the BRIDGE to maximise impact.

Government Ministries

The SLRCS maintained strong collaborative relationships with various government ministries throughout the implementation of the BRIDGE project. These partnerships were instrumental in ensuring alignment with national priorities and enhancing the effectiveness and credibility of the interventions. The Ministry of Social Welfare, along with other line ministries such as the Ministry of Water Resources, the Ministry of Health, the Ministry of Gender and Children's Affairs, and the Ministry of Environment and Climate Change, were actively involved in different phases of the project.

Joint programming was a common feature of the collaboration. Government stakeholders confirmed that SLRCS engaged them from the outset, including in community identification exercises and rural water construction planning. According to ministry officials, no implementation within the district occurred without their knowledge or involvement, reflecting a high level of transparency and trust. This inclusion was appreciated, as it demonstrated the Red Cross's commitment to working through established government structures.

The ministries played key roles in the BRIDGE programme by providing supervision, participating in coordination platforms, and conducting joint monitoring visits to ensure accountability and track progress. They also facilitated training sessions on topics such as health, hygiene, and protection, contributing technical expertise to strengthen the quality of services delivered. Furthermore, government representatives were involved in sensitisation campaigns, jointly raising awareness with Red Cross staff within target communities.

"I participated in this program was in the process of site selection, I will be call upon as ministry whenever they want to construct water wells or water facilities and from there, I will collect the water sample and take it to the laboratory to perform a test and I also helped in the process of assessment, monitoring and chlorination."

KII, Male, 32 years, External Stakeholder, Moyamba District

Collaboration among SLRCS and local government stakeholders has been highly effective. Joint planning and regular engagement have been central to the programme's success. Frequent meetings allowed partners to share updates, track progress, and address challenges in a timely and collaborative manner. Quarterly joint monitoring visits provided additional opportunities for feedback and learning, ensuring that all parties remained aligned and responsive to emerging issues. The strong coordination framework enabled adaptive management and enhanced the programme's relevance and impact on vulnerable communities in Sierra Leone. Through open communication, shared responsibilities, and cooperative problem-solving, the partnership strengthened the overall implementation of the BRIDGE programme.

This collaborative approach not only reinforced the alignment of the programme with national development goals but also ensured that activities remained government-endorsed and sustainable. By seeking oversight and technical guidance from relevant ministries, the SLRCS built strong institutional relationships and contributed to capacity building within government structures, setting a strong foundation for continued impact beyond the project's lifespan.

4.3.2. Partnership between SLRCS, IceRC, FRC, Ministry of Foreign Affairs of Iceland

A consortium comprising IceRC, FRC and SLRCS was formed through the signing of a tripartite programme agreement and spearheaded the implementation of the programme. The IceRC and the FRC played key roles at the headquarters level, providing financial and logistical support. These were then channelled to the SLRCS, which were responsible for implementing activities at the community level and directly engaging with beneficiaries. The IceRC expressed strong appreciation for the partnership, both SLRCS and FRC. Although not physically present on the ground, IceRC maintained close communication through an FRC representative stationed locally who acted as a liaison with SLRCS. This arrangement ensured that the IceRC remained informed and involved, despite not having a direct presence in the field. The collaboration with the FRC was described as professional and supportive, especially in moments when challenges arose, such as during audits, highlighting the strength and responsiveness of the partnership.

The partnership with the SLRCS was also applauded as the National Society was regarded as a worthy partner. This emanates from the good relations that the National Society has at community level. Their ability to implement programme activities successfully even in remote areas with limited resources was acknowledged as a key strength. According to one key informant, the relationship between the partners was based on trust and understanding.

"….also they don't have good vehicles, but they still had to visit all these communities, and they've managed. Like the SLRCS, has managed really well to be on good terms with the communities that they serve. They've managed to have really good relationship with the population."

KII, Female, Internal Stakeholder

It was noted that the relationship within the Red Cross Movement within Sierra Leone was not only confined to the three partners but was once extended to the British Red Cross Society who also had presence on the ground. During the PGI Tot training last year (2024), staff working under the project founded by British Red Cross were able to attend. On the whole, lessons are shared within the relevant Red Cross partners and key stakeholders.

While there is no direct communication between the SLRCS and the Iceland MFA, strong coordination exists through intermediary partners such as the IceRC. The IceRC maintains a close working relationship with the MFA and serves as the primary liaison, providing flexibility in project prioritisation and implementation. Overall, the BRIDGE programme was seen as a successful example of coordination among international and national actors, where each partner fulfilled a distinct yet complementary role, contributing to the overall impact of the initiative.

4.4. Effectiveness

Evaluation questions:

- *To what extent have planned project outputs and outcomes been achieved?*
- *What were the major factors that influenced the achievement (Both in terms of enabling and constraining factors) of these outputs/outcomes?*
- *What* are the unmet needs, particularly among the most vulnerable beneficiaries?

4.4.1. Progress towards the attainment of outputs and outcomes

Outcome 1: Target communities are able to assess, prevent and manage priority health needs

Between the baseline and end of the programme, all three Outcome 1 indicators recorded substantial advances (Table 11). The share of households with pregnant women sleeping under an insecticide-treated net climbed from 66% at baseline to 99% by end of programme, a 33-point increase. Similarly, the proportion of individuals able to list two actions to respond to sexual violence rose from 49 per cent to 84%, a gain of 35 points. Most strikingly, those correctly managing and preventing diarrhoea, acute respiratory infections and malaria surged from an unknown percentage at baseline to 85% at programme end. These results reflect pronounced progress across all key health and protection measures.

Table 11: Outcome indicator 1

Outcome indicator	Baseline	Target	Endline	EOP
% of HH with pregnant women that report they have slept under an insecticide-treated mosquito net the night prior to the survey	66%	90%	88%	99%
% of people that can list 2 actions to respond to sexual violence	49%	80%	100%	84%
# of people who can correctly manage and prevent the priority diseases (diarrhoea, ARI and malaria)	Not available	80%	96%	85%

"There were lot of changes in terms knowledge because of the program implementation. This is evident by actions of all the communities. Communities can organize cleaning campaigns to keep their environment clean, destroy breeding sites of mosquitos, they know the referral pathways when they get sick, or their children get sick. They are aware of STDs and prevention. Handwashing practices are evident and construction of hygiene structures."

KII, Male, 38 years, SLRCS Branch Manager

Output 1.1: Target communities trained and or skilled to prevent and manage malaria, acute respiratory infections (ARIs) and Diarrhoea

Table 12: Mosquito-net coverage and utilisation

	Baseline	Endline[2]	EOP
% of HH with mosquito nets for sleeping	79.40%	100%	99%
% of HH reporting someone sleeping under a mosquito net the previous night	73.80%	99%	99%
# of sleeping places in the HH	2,271	1,751	2959
# of beds with a mosquito net	1,384	1,661	2660
% of beds with a mosquito net	60.90%	94.90%	90%

Between baseline and end of programme, mosquito-net coverage and utilisation improved markedly (Table 12). The proportion of households with at least one net for sleeping rose from 79.4% at baseline to 99% by close, up by 19.6 percentage points. Those reporting that someone slept under a net the previous night climbed from 73.8% to 99% (a gain of 25.2 percentage points). The total number of sleeping places surveyed increased from 2,271 to 2,959, while beds fitted with nets rose from 1,384 to 2,660. Consequently, the share of beds protected by a net improved from 60.9% to 90% (an increase of 29.1 percentage points). These results demonstrate substantial progress in both net availability and actual use.

Table 13: District-Level ITN Ownership

District	Baseline % with nets	EOP % with nets	Change (pp)
Bo	81.44%	97.70%	13%
Bonthe	81.12%	99.30%	15%
Kenema	59.60%	100%	24%
Kono	72.28%	100%	20%
Moyamba	87.00%	99.20%	11%
Pujehun	95.00%	99.20%	4%
Overall	**79.41%**	**99.23%**	**16%**

Table 13 compares insecticide-treated net (ITN) ownership across the six BRIDGE districts from the baseline survey to the end-of-project assessment. Every district experienced substantial gains, with net coverage rising by 4 to 24 percentage points. The largest increase occurred in Kenema (+24 points), where ownership jumped from 59.6 % to full saturation (100 %). Kono also reached 100 % coverage, improving by 20 points. Even districts that started relatively high, Moyamba (87 %) and Pujehun (95 %), saw further increases, demonstrating the project's broad success in distributing nets. Overall ownership climbed from 79.4 % at baseline to 99.2 % at EOP, a 16-percentage-point improvement

The community-based structures took the lead to capacitate the people with knowledge on how to prevent potential outbreak such as diarrhoea. At times diarrhoea and cholera appear without any notice and at times cases of malaria were reported in the target communities. Through the CBHFA training, the trained community volunteers were knowledgeable on how to assess, prevent and manage the three priorities

diseases of the program. These volunteers conducted house-to-house visits monthly to sensitize their members in the communities. Secondary data shows that the ORP focal points in the respective communities administered the oral rehydration salt solution to manage cases of diarrhoea. The volunteers advised the affected households to always use sugar and salt solution to address diarrhoea. Households were advised to visit the Peripheral Health Unit (PHU) nearest to their communities to investigate the cause of the disease and prevent recurrence and complications. Anecdotal evidence provided by study participants suggests that the provision of safe drinking water for all contributed to the reduction of water-borne diseases. Water was contaminated by poor sanitation facilities resulting in cases of diarrhoea.

Output 1.2: Women, girls and boys informed, empowered and supported by their communities, to make decisions about their sexual and reproductive health and rights (SRHR)

All the communities were supported with access to SRHR education. A wide range of activities were successfully conducted under the output including searching for active case for women with fistula, conducting radio discussion on fistula, training community members in the production of reusable sanitary pad, conducting peer education sessions on MHM, addressing teenage pregnancy (in and out of school) and conducting training of traditional midwives, healers and religious leaders on SRHR priority issues, among others. More specifically, communities were capacitated to be aware of the challenges behind issues such as secret societies, early marriage diseases (vaginal fistula), physical assault and abuse, and family planning. However, it was difficult to effectively address a deeply ingrained subject like FGM under the programme. Teenage girls benefitted from the reusable pads. In addition to using these for personal use, some of the girls were able to participate in the production of the pads and sold these to earn income. It was established that those girls who needed the reusable pads but did not have money were able to barter using food items.

"Before the programme started, our immediate needs as adolescent girls included access to sanitary pads and proper menstrual hygiene education, as many of us felt uncomfortable and ashamed during our periods. We lacked clean water for personal hygiene and faced challenges maintaining privacy and dignity."

FGD participant, Girls, Bonthe

Outcome 2: Improved access to safe, sustainable and inclusive WASH facilities and practice of proper hygiene/sanitation

The programme significantly improved access to safe, sustainable, and inclusive WASH facilities while promoting proper hygiene and sanitation practices. Key achievements included the construction of new water wells, rehabilitation of damaged water points, and the installation of boreholes, which provided reliable water access, especially during dry seasons. Disaster management groups were formed and trained to construct drainage systems and support environmental cleanliness, strengthening community resilience and ownership. Anecdotal evidence from study participants also shows that the programme also led to the elimination of open defecation, improved environmental sanitation through regular cleaning around water sources, and the construction of additional household toilets. Other results included the establishment of handwashing stations, provision of clotheslines, and compost fencing, all indicating a strong uptake of hygiene practices and a positive response to community needs. Secondary data shows that at endline, 98.5% of households report treating the water, compared to 42% during baseline.

Table 14 summarises key WASH performance metrics for target communities. It compares the baseline prevalence of hand-washing knowledge and improved water-source use against the project's targets and the actual EOP achievements as measured in the December 2024 endline survey. Both indicators not only surpassed their respective targets (90 % for critical hand-washing knowledge and 80 % for improved water-source use), but also reached near-universal levels, reflecting sustained community engagement, continued support from the Ministry of Water Resources and Local Councils, and high acceptance of hygiene and water-safety messages across gender, age, and disability groups.

Table 14: Outcome 2 WASH Indicators

Indicator	Baseline	Target	Endline
% of people that can correctly identify at least three critical times to wash their hands	50%	90%	96%
% of households using an improved drinking-water source throughout year	13%	80%	98%
% of the population using at least basic hand-washing facility with soap and water	not available	80%	94%
% of people with access to basic and safely managed sanitation services	31%	77%	92%

Output 2.1: Target communities are supported with sustainable, safe drinking water facilities

Over the course of four years, the programme successfully constructed and rehabilitated approximately 80 water supply systems, ensuring that nearly all targeted communities received WASH interventions. In each of these communities, WASH committees were established to manage water and sanitation facilities, oversee maintenance, and promote proper hygiene practices. For instance, 16 water-supply points (ten new hand-dug wells and six rehabilitations) were completed in the third quarter of 2024, giving 5 686 people reliable access to safe water. All sixty-seven community Water Management Committees were reported to be functional and inclusive, with gender-balanced membership and representation of persons with disabilities.

As a result of these efforts, most targeted communities that previously lacked access to safe drinking water now have safe and affordable sources. Rehabilitated water points and newly constructed infrastructure, including hand-dug wells fitted with Indian Mark II hand pumps and solar-powered boreholes, have significantly improved water availability and reliability. Schools within the intervention areas also benefitted from the construction of new water wells, contributing to a healthier learning environment and reinforcing hygiene practices among students. Increased awareness of proper hygiene and sanitation has been observed at both the community and school levels, largely due to targeted hygiene promotion trainings and quarterly joint sensitization sessions conducted in collaboration with line ministries.

"We no longer go as far to fetch water because Red Cross has made it possible for us the PwDs. We can easily get access to water now. We easily access toilets now in this community because of the help attained from Red Cross."

FGD participant, PwDs, Blama Bendema community, Bonthe

One notable challenge encountered during implementation occurred in Gangama, Moyamba District, where unsuitable soil conditions prevented the construction of a water well. To address this, the project team adapted by shifting the intervention to Bioya, a nearby community outside the initial operational zone, in order to meet programme targets and ensure continued access to water for underserved populations.

Output 2.2: Knowledgeable community members construct and maintain hygiene and sanitation facilities

One of the major achievements of the programme was the significant reduction of open defecation across target communities. This progress was made possible through extensive training and support that empowered community members to construct their own latrines, improving sanitation practices and promoting better health outcomes. Endline results show that there was an improvement of households with access to latrines from 24% at baseline to 81.5% at endline. The programme emphasised capacity building in sanitation infrastructure by training volunteers, who then cascaded the knowledge to others, on the construction of household toilets, plate racks, compost fences, and clotheslines. Communities were supported with necessary materials such as slabs and provided technical guidance on their proper use and installation when constructing latrines.

"They set some groups who they were taught how construct toilets and provide them with slabs; how to manage them to prevent flies from carrying the faeces to the food which may bring disease diseases or sicknesses to human body."

KII, Male, 37 years, External Stakeholder, Moyamba District

"People were taught to build affordable latrines that they could just build themselves. And this practice even spread to other communities that were not involved in the BRIDGE project."

KII, Female, Internal Stakeholder

WASH committee members received training in facility management, minor repairs, and mobilising resources, which enhanced their ability to sustain hygiene improvements beyond the lifespan of the programme. These efforts were complemented by the introduction of by-laws to enforce hygiene and sanitation standards, helping ensure that positive changes were maintained. Community empowerment also included skills for self-financing hygiene-related activities.

The programme further prioritised gender-sensitive and inclusive infrastructure by constructing sex-disaggregated latrines and providing menstrual hygiene management rooms, particularly in schools. This promoted dignity and health for adolescent girls and women. Households were encouraged to build toilets and maintain clean environments through the construction of plate racks, handwashing facilities, and routine community cleaning activities using tools provided through the programme.

The programme resulted in improved knowledge levels on the critical times for handwashing. According to the endline results, 96% of the households were able to recall at least three of the five critical handwashing periods. This was expected to influence appropriate hygiene practices which would further result in the improved health and well-being.

Despite these successes, WASH Committee members expressed the need for additional support to enhance sustainability. Requests included more sanitation tools and equipment, refresher trainings on water facility management, and improved sanitation monitoring. They also recommended increasing the number of disability-friendly WASH facilities, featuring ramps and accessible handwashing stations. Moreover, the introduction of income-generating activities linked to WASH, such as soap making or hygiene product sales, was suggested as a way to further strengthen the programme's impact and community resilience.

Outcome 3: Communities have increased capacity to manage shocks and respond to their immediate needs.

Table 15 presents the % who can identify 3 or more safety-related behaviours in response to a disaster. At baseline, only 15 % of respondents could name three or more safety behaviours in the event of a disaster; the project set a target of 60 %, and by EOP this rose to 89 %. In terms of the target group members reporting being less vulnerable to a given hazard as a result of the provided support, the endline situation (98%) shows that the programme managed to surpass the target (70%). Households who reported being able to meet their basic needs increased from 40% at baseline to 100% at endline. This indicator was not calculated during the final evaluation considering that the indicator is measured using contents of action plans rather than survey data.

Table 15: Outcome 3: Disaster Resilience & Climate Adaptation Indicators

Outcome indicator	Baseline	Target	Endline	EOP
% of people that can correctly identify at least 3 key safety-related behaviours in response to a disaster	15%	60%	89%	89%
% of target group members reporting being less vulnerable to a given hazards as a result of the provided support	not available	70%	98%	
% of households who report being able to meet their basic needs, according to their priorities	not available	40%	100%	

Output 3.1: Target communities take actions in reducing disaster risks in their communities

The establishment of CBDMCs in all 62 communities, along with training on Early Warning Systems (EWS) and other disaster risk reduction (DRR) topics such as key concepts on disasters, hazard, coping capacity, risk, prevention, mitigation, preparedness, response, and recovery among others, significantly enhanced the ability of communities to prepare for disasters. The program successfully trained CBDMC members on disaster risk reduction, including how to reduce the impact of disasters in their respective communities. As a result, communities are now able to identify early warning signs of potential disasters and take timely action when disaster strikes. They have also become more aware of the human-induced causes of climate change, such as indiscriminate tree cutting, timber logging, and charcoal burning, and are equipped with mitigation strategies to address these issues. Moreover, communities have adopted practical local preparedness strategies, such as storing sand and water for emergencies. During the dry season in the past, many villages suffered devastating fires because they lacked knowledge about fire belts, disaster prevention, and early warning signs. However, due to training under the programme, communities now understand the concept of disaster prevention and are better prepared to respond effectively.

"We trained volunteer community-based disaster management committees backed up with simulation exercises on how to manage wire outbreaks; provided tools to take care of their drainages to avoid accidents and clean their compounds."

KII, Male, 60 years, External Stakeholder, Moyamba District

"As a WASH Committee, we are now better prepared to respond to emergencies. We can mobilise quickly, provide guidance during health risks and coordinate with local leaders and Red Cross volunteers to address WASH-related shocks."

FGD participant, WASH Committee, Mattru Community, Kenema District

CBDMC members from the six branches participated were also trained on Psychological and Basic First Aid. The objective of the training was to equip the members with the essential knowledge and skills required to provide immediate First Aid to individuals who may sustain injuries during disasters, as well as to support their psychological well-being. Various topics were covered included handling unconsciousness, treating common injuries such as fractures, wounds, burns, and bleeding and stress management among others. According to FGD participants, the knowledge has equipped them with necessary skills to provide the initial response in the event of an emergency and save lives.

Output 3.2: Target community members are supported to engage in adaptive livelihoods activities that enhance their resilience

The major thrust of implementing activities under this output was to build the resilience of communities to shocks. The major vehicle was the establishment and strengthening of VSLAs. Under this output training of VSLAs was conducted and these received VSLA kits. Primary data obtained through KIIs and FGDs shows that these groups were successfully established and equipped. The groups also received agricultural inputs. However, some of the groups felt that they had not received adequate technical support that would enable them to maximise yields. Teenage groups for boys and girls were established and supported to conduct income generating activities. It was learnt that the inclusion of boys was done as per MTR recommendations. According to the FGD participants (boys) in Bonthe they came together and supported four boys to enrol in secondary schools to further their education.

"Through these interventions, the teenage boys are more united than ever before. For instance, presently, we are undertaking agricultural activities such as ground nuts farming to boost our income generation activities in our community."

FGD participant, boys, Bonthe

"This support has helped many of us during emergencies. For instance, I once borrowed SLE 1000 from a group member to take my sick child to the hospital. The Emergency Obstetric Fund (EOF) money was also

very helpful, especially for pregnant women. In another case, one of my relatives received support during a serious bleeding situation, and the money helped her recover."
FGD participant, Beneficiary women, Jokibu, Kenema District

The establishment of VSLAs was applauded by most key informants for its effectiveness in improving livelihoods. The income has enabled households to keep children in school and meet basic household needs. VSLAs have set up the EOF fund which has assisted women to access health care at health facilities.

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.

The major intention of implementing activities under this output was to build the capacity of SLRCS to respond to emergencies. This was to be achieved mainly through the Crisis Modifier for emergency response support to branches. Volunteers have been recruited and given training in first aid and emergency response through the implementation of the branch development activities from the support of the program. SLRCS provided support to the Delken community after it experienced flooding in October 2023. Secondary data shows that the support included food and non-food items such as rice, onions, salt, mattresses, blankets, and bedsheets. The aid was distributed to 96 households, comprising 724 beneficiaries. It was noted that it took 54 days for the support to be rendered after the occurrence of the emergency. This was due to delays in obtaining the assessment data from the institution that conducted the assessment.

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 programme

Throughout the programme period, significant strides were made in strengthening organisational capacity at both national and branch levels. PMEAL tools were refined to improve the quality and efficiency of data collection. In 2023, four tools were refined, and an electronic monitoring and evaluation platform was introduced, enabling real-time data capture from communities. A fifth tool was added in the first half of 2024, with one remaining tool pending finalisation. Oversight mechanisms were robust, with 569 monitoring visits conducted in 2023 alone, well above the target of 400, an additional 245 visits completed between January and June 2024. These visits, led by senior management, branch staff, and coaches, combined compliance checks with hands-on coaching, thereby reinforcing internal accountability and learning.

Efforts to strengthen governance and coordination included bi-annual implementation reviews held in March and June 2024, which were instrumental in refining exit strategies and aligning work plans with evaluation requirements. Branch teams also actively engaged in district coordination meetings alongside key government ministries. Community engagement and protection mechanisms were established and operationalized through the display of Community Engagement and Accountability (CEA) and Protection from Sexual Exploitation and Abuse (PSEA) materials, with plans underway to train community counsellors as focal points for feedback in early 2025.

Operational systems were enhanced through the provision of motorcycle repair kits to all branches, reducing downtime and improving access to remote areas. Financial systems were strengthened through the allocation of dedicated funds for timely submission of financial returns, leading to faster liquidation and audit processes.

The National Society received targeted support to enhance protection, gender, and inclusion capacities, including the training of trainers for PGI focal points at both HQ and branch levels, in line with the PGI Action Plan. Disability inclusion training was also delivered in the previous year, further embedding inclusive practices within the organization.

Over the four-year period, branch development support aimed to boost the income-generating capacity of branches to ensure sustainability. For instance, in 2023, gas stalls were established with project support, and in 2024, the Bo branch constructed a water packaging machine with assistance in procuring essential spare parts for the purification system. These efforts were informed by Branch Organizational Capacity Assessments conducted in 2019, which identified gaps and guided capacity-building interventions across the network.

Output 4.2: SLRCS becomes a strong and sustainable organisation
The programme contributed to the institutional PGI plan implementation, implemented the membership drive, celebrated the Red Cross Day, and provided administrative and financial support to the National Society. The recruitment of volunteers enhanced the capacity of the organisation to provide humanitarian and development assistance to vulnerable populations. PGI workshops were held for volunteers and staff. According to internal stakeholders, all the activities have contributed to improving the capacity and visibility of the National Society.

"We have become visible partners, productive partners, and of course, with the CBDMC, we are the first point of call when that (disaster) happened." **KII, Male, Internal Stakeholder**

4.4.2. Factors that influenced the successful implementation of the programme

Overall, the evaluation noted significant progress towards the attainment of set outcomes for the BRIDGE programme. This was attributed to several factors. Below is an outline of some of the major factors that contributed to the overall success of the programme.

Community engagement/ community-centred approach and participation - the program was designed to facilitate strong community involvement at every stage i.e., from needs identification to implementation and monitoring of activities. Key structures such as CBDM Committees, Mothers' and Fathers' clubs, WASH committees, and youth groups played a central role during the various stages of the programme. The extent of involvement also promoted community ownership and sustainability of programme outcomes. The participatory and inclusive approach adopted by the programme team, in collaboration with the FRC in-country team e.g., during Community action group biannual meetings, significantly contributed to the achievement of programme targets. The meetings revolved around activities implemented in the communities and the sessions were facilitated by the Field Health Officers (FHOs) and coaches. While community engagement was critical to the programme's success, levels of participation varied, particularly among groups such as the elderly and PwDs. Both primary and secondary data sources also show that some community members were initially hesitant to adopt new practices, including improved hygiene and latrine use, which temporarily slowed overall progress.

Integrated Multi-Sectoral Support - the BRIDGE program addressed diverse needs covering the health sector (training on disease prevention, hygiene, reproductive health, maternal care, referral pathways), WASH (rehabilitated and constructed water points, new boreholes, latrines, hygiene promotion), Disaster Risk Reduction & Climate Resilience (training on early warning systems, disaster preparedness, climate change awareness) and livelihood Support (seeds, tools, backyard gardening, VSLA groups, support for teenage boys and girls). This means that a wide array of needs was covered.

"These combined approaches made us feel included and supported, and they helped address important issues like access to education, health information, and financial support."
FGD participants, boys, Bonthe

Although the multi-sectoral approach was hailed by most of the evaluation participants, some internal key informants felt that the scope of the programme was initially too broad and complex. According to these key informants, the scope was narrowed down as per the recommendations of the Midterm Review. The revisions based on the recommendations of the MTR, including indicator definition and measurement, ultimately contributed to the achievement of the results.

Coordination with key stakeholders: adequate coordination with national, and local stakeholders such as the Ministry of Health and Sanitation (MOHS), and Ministry of Water Resources (MWR) increased the quality-of-service delivery to communities.

Dedicated team on that ground: most key informants applauded the programme team for the level of dedication to facilitating change. Some areas are remote, and the roads are bad, but the teams still managed to visit the sites and monitor activities too. This was compounded by the vehicles which were not in a good state. The staff were also applauded for not being deterred by the demands of the programme considering its complexity and limited resources.

"The staff in the branches, the field health offices, and the branch managers are brilliant. They're doing a huge amount, with very few resources"
KII, Female, Internal Stakeholder

4.4.3. Challenges encountered during implementation

The programme largely met its intended outcomes, although several challenges influenced the extent to which some output was fully realized.

Several challenges were encountered during the implementation of the programme and the major challenges are outlined below.

- **High community needs and expectations** - the scale of needs in the communities is substantial, with new expectations emerging regularly. This places continuous pressure on available resources and project scope. Many community members are in urgent need of sustainable livelihood interventions, which were not sufficiently covered under the current programme.
- **Limited access to healthcare services -** there remains a pressing need for improved healthcare facilities, particularly in remote areas where access is limited. This implies that even if households identify symptoms of diseases, accessing the required treatment might remain impossible.
- **Lack of local expertise** - the absence of locally trained solar borehole technicians has resulted in maintenance delays and increased costs, as repairs require external expertise.
- **Staff turnover and migration** - the attrition of trained personnel posed a significant challenge, affecting continuity and capacity within the communities.
- **Poor state of the roads** - deplorable road conditions due to heavy down pour of rains Inflation induced cost of living and programming cost increases.
- **Inflation** - Inflation affected the price of goods and services, and this also affected some budget items such as fuel, accommodation, food items such as catering services, transportation refunds to participants, etc. Budget adjustments were made on affected cost items and including National Society pay roll to cushion staff welfare against the inflationary cost of living.
- **No budget allocations for some of the administrative work** -there was no funding for the return trip undertaken to withdraw project funds from the bank in Bo for the Bonthe, Pujehun and Moyamba branches. Similarly, there were no funds to cater for trips made by branches to the head Office for administrative purposes.
- **Frequent breakdown of vehicles** – both primary and secondary data shows that branch vehicles have outlived their life span, and the frequent breakdown were resulting in high maintenance costs.
- **Delays in receiving funds from FRC** – there were delays in receiving funds by SLRCS which slowed down the implementation of activities during some quarters e.g. first quarter of 2024. Branches were advised to submit reports on time. As delays in the release of funds was caused by late submission of reports. To minimise the impact on the implementation of activities, gains from exchange rate gains and underspent funds from previous quarters were used.
- **Slow uptake of new practices** – initially, it was not easy for some households to accept and adopt new practices such as cleaning the environment, maintain hand washing facilities, use of latrines among others. The attitudes changed due to persistent follow-ups.

- **Access to support from a line ministry** – challenges were encountered in some instances to access line ministry since they had limited resources.
- **Limited technical support** - while VSLAs received farming support, there reported that there was limited follow-up or technical guidance on how to improve yields. In addition, not all female beneficiaries benefited equally as some still lacked access to funds or tools. Female beneficiaries recommended that the programme should ensure more inclusive targeting, continuous mentoring for women farmers, and timely maintenance of the water facilities to ensure lasting impact.

4.5. Impact

Evaluation questions:

- *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?*
- *Are there any negative unintended effects that are a result of the programme?*

In this section of the report, the evaluation assessed whether the intervention has generated or is expected to generate significant positive or negative, intended, or unintended higher-level effects.

4.5.1. Positive Impact & Behaviour Change

The evaluation noted that the programme has contributed to notable positive changes at community and district level.

Hygiene practices (handwashing, clean environments)

The evaluation found that the programme has led to substantial improvements in hygiene and sanitation practices at both the community and district levels. Households have adopted healthier habits, including regular handwashing, maintaining clean environments, and the use of clotheslines and plate racks to promote hygiene. Environmental sanitation has been enhanced through the construction of household latrines. As a result, communities are now cleaner and healthier, with improved overall well-being and a growing awareness of climate change and the actions needed for adaptation. Overhanging trees that pose safety risks to houses were also removed.

"People now dry their clothes on clothes-line instead of the floor. Previously people used to wear clothes which were dried on the floor, and this had the risk of spreading skin diseases."
KII, Female, Internal stakeholder

One of the most notable achievements of the programme has been the community-led efforts to achieve open defecation-free environments. The programme also significantly improved sanitation infrastructure, leading to a marked decrease in open defecation. According to primary data obtained from key informants, approximately 80% of the households have access to latrines. This transformation was complemented by the creation and enforcement of local by-laws, as well as the development of community action plans. These efforts promoted a strong sense of ownership, unity, and shared responsibility for maintaining hygiene and promoting local development.

Households have adopted safer water handling practices and the reliance on contaminated water sources. The construction and rehabilitation of wells has enhanced the safety of children, who are no longer required to travel long distances unsupervised to fetch water. Before the intervention, many community members drank water from unsafe sources, which often led to waterborne illnesses such as diarrhoea.

Today, with a better understanding of what constitutes safe drinking water and improved access to clean sources, there has been a reduction in water-related diseases, contributing to overall public health improvement.

Behaviour change has also been driven by the creation and activation of community structures such as WASH Committees, Mothers' Clubs, Fathers' Clubs, and CBDMCs. These groups play vital roles in raising awareness, mobilising resources, and ensuring sustainability. Monthly contributions are collected by communities for minor pump maintenance and repairs, and trained WASH committees, including pump technicians, attendants, and sanitary officers, manage water facilities and promote hygiene practices.

Reduction in early marriages, gender-based violence, and harmful traditional practices

Anecdotal evidence shows that the programme has contributed to wide-ranging changes in the target communities, particularly in the areas of PGI. One of the most transformative outcomes observed is the marked reduction in teenage pregnancies. This success can be attributed to improved self-esteem and retention in school due to increased awareness and education on menstrual hygiene management. Girls learned how to care for themselves during menstruation, thus avoiding embarrassing incidents, while parents gained a better understanding of how to support their daughters. Therefore, the improved self-esteem coupled with improved retention is school reduced chances of early marriages and teenage pregnancies. Keeping girls in school is one of the best ways of delaying marriage[2]. The increased income at household level enabled girls to stay in school and subsequently reduced the chances of early marriages. This knowledge and involvement of parents contributed to keeping girls in school which in turn delayed early marriages and, thereby enhancing their prospects and overall well-being. The programme has also contributed to reduction in late arrival to school as children no longer need to fetch water from afar prior to going to school. This is expected to improve the education outcomes particularly for girls.

In terms of gender-based violence, anecdotal evidence shows that there has been a significant decline in reported incidents across the programme's operational areas. Prior to the intervention, girls faced considerable risks, especially when fetching water over long distances. These journeys often exposed them to sexual abuse and exploitation. However, the establishment of local water points and safe water access has dramatically reduced these risks. Practical improvements have also been felt in the daily lives of women and girls. In the past, women returning from the farm after 6 p.m. would still need to go to the river in the dark to collect water, often without any lighting. Mobile phones were rare, and even basic flashlights (referred to locally as "chocolate") were hard to come by. This exposed women and girls to various dangers. With the introduction of local water sources and lighting options, such risks have significantly decreased.

The programme also addressed discrimination of PwDs, by promoting inclusion and social cohesion. PwDs, who were previously neglected and excluded from community activities, are now being integrated into social life. This has promoted a greater sense of community, where all individuals, regardless of their physical abilities, are encouraged to contribute and participate.

"before this time people with disability were neglected and did not participate in social activities but with the help of Red cross, they said no to that and decided to create that awareness for those with disabilities to get involved in social activities and they were all happy."
KII, Male, 31 years, External Stakeholder, Moyamba District

"We no longer stigmatise PwDs because of the awareness on being important equally."
FGD participants, Women beneficiaries

The programme also introduced community-based first aid mechanisms, which empowered communities to respond promptly to immediate health needs without waiting for external support. This decentralised

[2] https://www.girlsnotbrides.org/learning-resources/child-marriage-and-education/

approach to basic healthcare provision has increased community confidence and resilience. Through the DRR training, community members learned how to plan for safer construction of houses and respond more effectively to environmental hazards. The result has been a notable improvement in community-led disaster preparedness and climate adaptation actions, including safer housing structures. It was observed that previously dilapidated houses have been repaired or rebuilt based on new knowledge.

However, not all programme intentions were fully realised. One area where the programme faced limitations was in addressing the deeply rooted practice of FGM. For instance, the Bondo societies, which are traditional structures that perpetuate FGM, hold significant cultural and political power within communities. It became evident during the MTR that tackling FGM would require a long-term, deeply embedded approach rather than a light-touch intervention. As such, while there was initial intent to address FGM, the programme team made a strategic decision to drop this focus. Any related awareness-raising efforts carried out later were not likely to lead to significant changes in entrenched social norms.

4.5.2. Contribution towards the Goal of the BRIDGE

The overall goal of the BRIDGE programme was to strengthen community-level resilience in BRIDGE-targeted communities by the end of 2024. Evidence from the programme's implementation shows that this goal was meaningfully advanced, especially through interventions that focused on economic strengthening and community empowerment. While traditional DRR methods were part of the programme, it became clear that resilience against shocks was more significantly built through livelihoods support. When individuals had access to financial resources, they were better positioned to make decisions that directly addressed their immediate needs, whether it was repairing a roof, responding to a minor emergency, or managing household-level crises. Many of the communities targeted were not situated in high-risk disaster areas such as flood or landslide zones, which made the economic component of resilience even more relevant and impactful.

The programme made a tangible difference in health outcomes, particularly in maternal health. According to an internal stakeholder, there were several instances where the programme helped prevent the deaths of pregnant women and their unborn children. This was achieved through timely financial support, which enabled urgent transport to government hospitals or the nearest clinics when women went into labour. This form of rapid community response would not have been possible without the programme's focus on building both financial capacity and awareness among community members.

"There have been instances where they have prevented deaths of pregnant women and their unborn babies. There have been instances where they have prevented death by helping pregnant women very close to labour by providing them with transport fare to take them to Government Hospital or the district, or to take them to the closest clinic."
KII, Male, Internal Stakeholder

Previously, the lack of accessible credit led community members to seek loans from local business owners, often using their land as collateral. When they failed to repay, families found themselves trapped in a cycle of poverty and vulnerability. The BRIDGE programme broke this cycle by offering more sustainable financial support systems and capacity building that reduced dependency and encouraged self-reliance.

Beyond economic empowerment, the programme contributed significantly to improvements in gender equality and inclusion. A clear cultural shift has been observed in the way women participate in public life. In the past, women would often be relegated to the periphery of community meetings, sometimes sitting outside the discussion spaces. Now, women participate actively and sit within the meeting areas, demonstrating their growing influence and voice in community decision-making processes. Through training on gender equality and human rights, coupled with consistent awareness-raising activities, women have gained the confidence to speak out against abuse and advocate for themselves. This transformation has been further supported by the presence of structures like the Fathers' Club, which works alongside women and girls to challenge gender-based violence and support equality in relationships.

In addition, the distribution of reusable sanitary pads has reduced the financial burden on adolescent girls, who previously had to spend scarce funds on disposable pads or travel long distances to purchase them. In some cases, transport costs exceeded the cost of the pads themselves, making menstrual health a costly burden. Now, girls are able to save money and allocate it to other needs, which has a positive ripple effect on their education and well-being.

Education and youth empowerment were also strengthened. According to teenage boys who participated in FGDs and were supported through financial assistance from SLRCS, they have increased school attendance and decreased involvement in violence. This not only benefits the youth directly but also creates a safer, more cohesive community. Some households in most of the targeted communities e.g. in Kemena and Bonthe districts, having received support and training, have started small businesses. These ventures not only increase household income but also enhance the community's overall capacity to withstand economic shocks and reduce long-term dependency. This contributes directly to their ability to recover quickly from shocks.

Therefore, the BRIDGE programme's contribution to strengthening resilience has been multi-dimensional. While DRR was not the dominant focus, the investment in livelihoods, gender empowerment, health access, and youth support created a holistic foundation for sustainable resilience. By enabling communities to make their own informed decisions and access the resources they need, the programme has laid the groundwork for enduring improvements in the well-being and autonomy of individuals and families.

4.5.3. Negative Effects of BRIDGE

All key informants and FGD participants were asked about the negative effects that can be attributed to the implementation of the programme. None were able to identify any negative effects, resulting in the evaluation concluding that the programme did not have any negative effects.

4.6. Efficiency

Evaluation questions:

- *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?*

This section of the report sought to measure the extent to which the intervention delivered - or was likely to deliver - results in an economic and timely manner. It explores the adequacy of both financial and human resources, including the management of the financial resources

4.6.1. Adequacy and availability of resources (Quality and Quantity)

Financial Resources

According to the initial proposal, the programme required EUR 1.425.970,55 of which EUR 855.582,33 was to be covered by the FRC and EUR 570.388,22 from IceRC. The funds were available based on the threshold for every year. The budget was revisited during the MTR such that the total budget (2023- 2024) was EUR 960.000 and the FRC coverage (2023-2024) being EUR 570 000 and IceRC coverage (2023-2024) being EUR 390 000. According to key informants, the programme was implemented within the set budget. Any emerging expenditure was communicated with the partners for approval and facilitated alignment between allocations and expenditure. It was also obtained that expenditure was initially slow in the first year and this was anticipated as some of the critical positions were still being filled. According to key informants, the total budget was adequate for what it was intended for. It was noted that some administrative costs were not catered for under the budget, hence do not denote inadequacies of the financial support.

Overall, the funds were available to facilitate the implementation of activities. Funds were availed on a quarterly basis, in line with annual budgets, after the submission of financial reports for the previous period. The last submission of financial reports resulted in delays in the disbursement of funds by the FRC. The SLRCS was able to continue operations in some of the instances using exchange rate gains and funds remaining from the previous periods. For instance, in 2024, the programme benefitted from exchange rate gains. The delays in the disbursements were also addressed through the expediting of the implementation of activities so that set milestones could be achieved. It was also established that it was in the best interest of the National Society to expend the funds to completion as these could not be carried over to the next financial year. According to key informants, despite the minimal disruptions that were experienced, all planned activities were successfully completed except those that had been dropped or modified during the MTR.

The major challenge that was noted in terms of the adequacy and availability of financial resources was that the SLRCS had no other sources of funding except from the programmes. According to internal key stakeholders, it is imperative that the National Society mobilises resources outside the programmes so that they can purchase better vehicles and pay their staff good salaries. The thrust in future is to build the capacity of the SLRCS to fundraise on their own at branch level. The reliance on programme funding resulted in a high component of the budget allocated to human resources. The programme had to cover some of the key positions 100% and there was no option since there were no other sources for funding. To complement the salary, the National Society was supported to be able to generate income outside the programmes under Outcome 4.

Human Resources

There were adequate human resources, including staff and community volunteers, to effectively cascade information and conduct trainings and simulation exercises across the 62 target communities. The availability of local human resources significantly supported the smooth implementation of the project. However, the only notable challenge was attrition, which necessitated the replacement of personnel. Implementation was slowed down during the recruitment and orientation processes. It was noted that the programme could have benefitted from additional internal funding from SLRCS to supplement salary costs. Relying solely on external project funding made it difficult to fully cover staff salaries, highlighting the need for more sustainable financial support mechanisms.

4.6.2. Contribution by the CSO

The SLRCS was able to contribute to the programme mainly by utilising its own vehicles for the implementation of programme activities. The SLRCS also provided networks and relationships at community level. These made the implementation smoother. They also provided knowledge of the local context. As already noted above, the SLRCS had no/limited financial resources outside the programme and hence could not support staff salaries or purchase new vehicles.

4.6.3. Cost-effectiveness and efficiency

The program was highly cost-effective due to the active involvement of community members in key activities, such as constructing toilets and digging wells. This participatory approach not only reduced implementation costs but also promoted a sense of ownership and sustainability within the communities. Time was managed efficiently, even in the face of potential delays in fund disbursement, ensuring that project timelines remained on track.

"I really strongly believe that Sierra Leone, Red Cross did the most with a very small amount that they had and had one of the widest impacts of any of the projects that we've worked on."
KII, Female, Internal Stakeholder

A major factor contributing to cost-efficiency was the strategic use of volunteers, who received modest incentives rather than full salaries. As a volunteer-driven organisation, the SLRCS leveraged its existing community presence to quickly mobilise and implement activities. Volunteers were already resident within the target communities, facilitating smooth entry and early engagement. Initial training sessions were

conducted with community-based volunteers and subsequently extended to other community members. These volunteers played a critical role in various aspects of the project, including distributing tools, conducting community sensitization, promoting environmental management and hygiene, and participating in workshops organized by the Red Cross. Many served as trainers of trainers, returning to their communities to cascade the knowledge and skills acquired, thereby amplifying the project's impact through peer learning and local leadership.

4.6.4. Management of Resources

The project demonstrated strong and adaptive financial and operational management throughout its implementation. Budget execution was closely monitored and managed within strict financial protocols and procedures, with effective oversight and support from the FRC. Despite facing external shocks such as the Ebola outbreak and the Ukraine-Russia conflict, the project remained within budget by making flexible, partner-approved adjustments. Robust financial control and reporting systems were in place, with only minor delays in fund disbursement typically occurring at the start of each year.

Contingency measures were consistently factored into planning to minimize shortages and implementation constraints. A system of checks and balances was maintained, with clear roles among field staff, including the health officer, driver, and project manager. All financial disbursements were subject to rigorous evaluation and approval processes before release. Experience sharing was routinely conducted to reflect on field observations, strengthen problem-solving, and improve implementation. Project teams actively monitored contractors to ensure the proper use of resources, while staff were assigned clear tasks and expected to provide timely feedback. These measures collectively contributed to the project's effectiveness, accountability, and resilience under changing circumstances.

4.6.5. Monitoring, Evaluation, Reporting and Learning

The programme was guided by a well-developed logical framework and a comprehensive Monitoring and Evaluation (M&E) Plan, which provided a solid foundation for tracking progress and informing strategic adjustments. Despite facing challenges such as staff turnover, the M&E system remained effective in guiding implementation. However, conducting consistent monitoring activities proved difficult in some instances due to the remote nature of target communities and seasonal inaccessibility caused by flooding and poor road conditions. As a result, some activities were not monitored as extensively as planned. This was also negatively affected by the leaving of the first PMER officer. The evaluation also noted that SLRCS submitted reports on a quarterly and annual basis, while FRC submitted bi-annual reports to IceRC. Community feedback mechanisms, through direct meetings, focus group discussions, and community platforms, were instrumental in promoting transparency and responsiveness. These channels enabled the programme team to gather valuable insights from beneficiaries and address emerging concerns in a timely manner. While these platforms proved effective in obtaining feedback from the communities, it is essential to institute alternative platforms that can maintain the anonymity of the individuals providing feedback. This is important for programmes that address sensitive issues.

"We always do experience sharing on the observation in the field and how we can handle challenges in the field, we monitored contractors to ensure that they proper used the products provided, I always dedicate tasks to staffs and received all feedback from beneficiaries"
KII, Branch Manager, SLRCS

Although all the partners expressed satisfaction with reporting, it was noted that narrative reports provide details on an activity-basis rather than output and outcome levels. This makes it difficult for those who are not on the ground to develop an overall comprehensive picture on what the progress towards the attainment of outputs and outcomes. A more systematic approach is needed to document both achievements and implementation challenges both at the output and outcome levels. The revision of the indicators in line with the recommendations made during the MTR should facilitate this kind of reporting.

The integration of M&E with financial management further strengthened accountability. Financial reporting adhered to established procedures and guidelines, ensuring compliance and alignment with

donor expectations. However, more structured and consistent information flows, particularly from the field level, would enhance the programme's ability to demonstrate impact across all result levels.

4.7. Sustainability

Evaluation questions:

- *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?*

4.7.1. Continuation of programme activities and outcomes after implementation

Several outcomes of the BRIDGE project are expected to remain sustainable beyond the project's implementation period. A major contributor to this sustainability is the active involvement of Local Councils and line ministries, who are permanently present in the target communities and continue to provide oversight, technical support, and integration into broader government frameworks. The community action structures established during the programme, including CBDMCs, Mothers' and Fathers' Clubs, and youth groups, have undergone capacity-building efforts and are now equipped to continue leading initiatives such as hygiene promotion, disaster preparedness, and community health education.

"The WASH, Health and DRR will be sustainable as a result of the already created active community structures like WASH Committees, CBDMCs, Mothers clubs, Fathers clubs, School health clubs, Community volunteers, VSLA."

FGD participant, Community Volunteers, Blama Bendema Community, Bonthe

Furthermore, tangible infrastructure investments, such as water wells, latrines, and handwashing stations, are set to remain functional. This is due in large part to the establishment and training of user committees tasked with basic repairs and routine maintenance. The VSLAs introduced by the programme have already proven their value in enhancing financial inclusion and economic resilience. Their strong relevance to local livelihoods indicates they will likely remain active and self-sustaining.

Behavioural changes achieved in areas such as menstrual hygiene, general sanitation, and sexual and reproductive health are gradually becoming normalized in community practices, further contributing to sustainability. Importantly, post-project monitoring efforts, led by the Ministry in collaboration with the SLRCS, have been put in place to ensure continuity, reinforce accountability, and provide ongoing guidance where needed.

More specifically, the evidence that supports the assertion of the sustainability of outcomes is as follows

- The SLRCS used community input to establish a collective agreement whereby each household contributes SLE5 per week as a standby maintenance fund for water pump repairs. Community members were also taught how to chlorinate water for safe drinking, showcasing local ownership and technical knowledge for sustaining clean water access.
- Communities were empowered to maintain health and WASH outcomes through training, mobilization, and the establishment of management committees.
- Local participation in water resource management is inclusive. All community members are encouraged to contribute to the upkeep of water facilities, with VSLAs continuing to provide financial backing even after the project's closure.
- Training and tools were provided to WASH volunteers in each community to ensure they could take charge of maintaining the services and infrastructure delivered by the project.

- Sustainability has been strengthened through community action groups, locally agreed bylaws, and the creation of maintenance funds for water points.
- The project's outcomes are rooted in the knowledge imparted to community members. For instance, people were trained to fundraise for repairs and to safely manage and protect water sources. Hygiene and sanitation volunteers were also trained to monitor changes and promote continued good practices to prevent a return to harmful habits.
- Disaster management committees were trained in each community to prepare for and respond to emergencies. The initiative incorporated inclusive approaches, emphasized community ownership, and ensured broad-based participation.
- The sustainability of water infrastructure is reinforced by Red Cross training that helped communities organize and take responsibility for their facilities. Weekly contributions are used to fund repairs, and committees have been established to manage service delivery. Community members also took protective measures, such as restricting children's access to pumps, to avoid damage and prolong the lifespan of facilities. Knowledge sharing is encouraged through peer-to-peer training.
- One community member reflected that the SLRCS not only provided facilities but also co-created sustainability plans with residents. These included financial mechanisms like VSLAs to ensure long-term maintenance and management even after the project ends. However, some challenges to sustainability remain. In one focus group discussion with boys, participants noted that sustainability could be undermined by a lack of monitoring, irregular meetings, poor financial record-keeping, and weak management structures.

Integration of interventions into existing systems

The SLRCS has also contributed to sustainability by raising awareness through Community Health Workers (CHWs), who are part of the Ministry of Health's existing system. Even in the absence of the National Society, CHWs are able to continue educating community members on key health and disaster preparedness issues. For example, they promote practices such as cutting down overhanging trees near homes, storing adequate water and sand for emergencies, and other safety measures to reduce disaster risks at the community level. The involvement of Ministries at all the stages of the programme has also created opportunities for the continuation of monitoring even after the programme has ended.

Ownership by beneficiaries

Sustainability of programme activities has been supported through the practical skills and disaster preparedness knowledge gained from Red Cross training. Strong community engagement, adherence to community by-laws, and the presence of trained local volunteers have helped promote a strong sense of ownership and responsibility. These efforts have enabled the continued promotion of hygiene, environmental protection, and timely disaster response long after the project's formal closure. Communities have taken full ownership of the services and facilities provided, and many continue to conduct routine environmental cleaning as part of their commitment to improved public health.

However, several challenges could undermine long-term sustainability. Key among these is the breakdown of essential infrastructure such as water pumps, which communities may struggle to repair due to limited access to tools, materials, and financial resources. Extreme poverty within many communities makes it difficult for residents to consistently contribute their agreed weekly or monthly payments toward the maintenance of water wells and latrines. In additional, the risk of volunteer fatigue, particularly in the absence of ongoing support, and limited refresher training opportunities may gradually weaken the motivation and capacity of local actors.

In summary, post-project monitoring and continuous communication with community stakeholders are critical to ensuring the longevity of project outcomes. Regular follow-up visits are essential to assess the continued use and maintenance of facilities, identify emerging issues early, and provide technical support where necessary. Ongoing engagement also strengthens community ownership, reinforces accountability among local structures, and maintains the involvement of line ministries and development partners. These

actions collectively contribute to ensuring that the benefits of the BRIDGE programme are preserved and continue to meet the evolving needs of the communities served.

4.8 Cross-cutting Issues

Evaluation questions:

- *To what extent have Iceland's cross-cutting themes, 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?*
- *To what extent have community members been able to ask questions, raise concerns and provide direct or anonymous feedback regarding the programme?*
- *Has the programme followed the 7 principles of the Red Cross Movement?*

The evaluation sought to verify the extent to which the principles of gender equality and human rights; and environment and climate change were considered in the design, implementation, and monitoring of the development initiatives. In addition, the evaluation consideration the innovativeness of the programme.

Gender and Human Rights

Protection, Gender, and Inclusion were integrated as a cross-cutting theme throughout the programme. Gender equality and women's empowerment were meant to be prioritised across all stages, i.e., planning, implementation, monitoring, and evaluation, ensuring gender was visibly mainstreamed at every level. The programme also aimed to promote the full participation of PwDs, with advocacy on disability rights forming a key component. To support this, the SLRCS conducted an institutional PGI assessment and developed a corresponding action plan. To facilitate the effective implementation of the PGI approach, training for programme staff was conducted on disability inclusion. Different models of disability were discussed including charity model, social model, right model, and medical model.

The BRIDGE programme also ensured that its support reached all members of the community, regardless of sex, age, or physical ability, by promoting inclusion and equity throughout its activities. One of the most impactful components was the VSLAs, which economically empowered households. These enabled men to better support their families and helped women and youth become more financially independent. By increasing access to credit and savings, VSLAs reduced vulnerability and promoted resilience across communities. The programme's PGI strategy ensured that both men and women were equally considered, actively discouraging any form of discrimination. Inclusion extended to PwDs, who were engaged not just as beneficiaries but as active participants. This helped address psychological and social barriers, strengthening their role in community life.

Hygiene promotion, especially around menstrual health, significantly improved the confidence and dignity of women and girls. Access to hygiene materials and education enabled greater participation in school and community life, while also breaking down cultural taboos. Husbands became more supportive during menstruation, leading to more respectful and equitable household dynamics.

Improved access to clean water had wide-reaching benefits and is a basic human right. PwDs found the facilities accessible and supportive of their specific requirements, while children were enabled to access education due to a reduction in the burden of fetching water. Children who had dropped out of school were also enrolled back to school, facilitating their right to education. Mothers' clubs created safe spaces for learning and dialogue, while PwDs were integrated into planning and implementation. These efforts not

only promoted gender equity but also contributed to the upholding of human rights especially for the vulnerable groups.

Innovation

The evaluation identified strategies that were deemed to contribute to the innovativeness of the programme. One of the strategies adopted by some communities was to discourage charcoal making to sustain livelihoods. Instead, livelihoods were successfully supported especially through VLSAs. The other innovative strategy was the manner in which communities took charge for the maintenance of water facilities. They mobilised resources for the maintenance and repairs of the facilities on their own and from their own resources. The Emergency Obstetric Fund was also found to be innovative as it increased access to appropriate obstetric services at health facilities. It also enabled households to avoid taking loans that perpetuated the cycle of poverty.

Climate change

The programme implemented a set of activities under the Climate Change Adaptation component. The major thrust was to build the resilience of communities to external shocks by providing appropriate training to the community-based structures and supporting the livelihoods component. Furthermore, the programme had a contingency fund that enabled the SLRCS to respond to natural disasters such as floods.

Seven principles of the Red Cross Movement

According to internal key informants, the seven principles of the Red Cross Movement underpin all the activities of the Red Cross Movement. The seven principles are

- **Humanity -** the Movement's purpose is to protect life and health and to ensure respect for every human being. It aims to prevent and alleviate human suffering wherever it may be found. This was adhered to by targeting the most vulnerable groups in the communities and reducing harmful practices and discrimination of PwDs. The focus on health seeks to mitigate against the loss of lives.
- **Impartiality -** the Movement gives preference to no one but acts solely on the basis of needs, which are assessed without discrimination. As already started above, the programme focused on the needs members of communities and did this without any discrimination. The inclusion of boys at MTR also shows the impartiality of the programme.
- **Neutrality-** the Movement does not take sides in armed conflicts, nor does it engage in political, religious, or ideological controversies. The National Society did not take sides through the implementation of the programme.
- **Independence -** the Movement is independent of any government and must maintain its autonomy. Whereas the National Society worked closely with government ministries, they was no evidence that they lost their autonomy.
- **Voluntary Service-** The Movement is a voluntary relief movement not prompted by the desire for gain. The programme was implemented through the volunteer structures at community level.
- **Unity -** There can be only one Red Cross or Red Crescent Society in any single country. The SLRCS is the single National Society in Sierra Leone
- although it is supported by other Red Cross Societies.
- **Universality -** The Movement is universal in its character, without geographical limitations. This was difficult to adhere to due to the limited nature of programming. It was not feasible for the SLRCS to cover the entire country or all communities within a district under the programme.

4.9. Lessons learnt

Based on primary and secondary data, the following learning have been noted:

- A committed donor is essential for any project's success. Donor sponsorship, as planned, plays a vital role, but the commitment from staff also significantly influences the effectiveness, efficiency, and sustainability of a project.

- Inclusiveness is another key lesson. Programmes that embrace diversity and ensure that no one is left behind are more likely to yield successful outcomes.
- It is possible to achieve broad geographical reach without having an overly complex or heavy programme. Simpler interventions, if well-targeted and contextually relevant, can still deliver meaningful and impactful results.
- Greater intentionality is needed in designing learning interventions. It is important to define what specific knowledge and behaviour changes need to be achieved from different community members. Rather than focusing on the quantity of information disseminated, it is essential to prioritise quality and relevance. For instance, rather than overwhelming communities with a broad array of health information, the programme eventually achieved more impact by focusing on key messages that directly benefit them after changes were instituted based on the 2022 MTR recommendations.
- One notable challenge was the language barrier in community engagement materials. Community Action Plans were printed in English and distributed to communities where most people do not read English. This reduced the effectiveness of the materials. Future community engagement should be more audience-centred, using local languages and formats that resonate with the target population.
- Communities are fully capable of leading their own development when provided with the necessary support. With new ideas, guidance, financial and material assistance, communities can take ownership and champion change. The BRIDGE programme showed that with the right kind of support, local people are not just beneficiaries, but they are drivers of sustainable development.

CHAPTER 5: CONCLUSION

The following conclusions have been drawn from the findings of the evaluation.

Relevance

The BRIDGE programme was found to be a relevant, inclusive, and impactful intervention that successfully aligned with global, national, and donor priorities. By contributing to the SDGs, particularly in health, water and sanitation, gender equality, and climate resilience, the programme reinforced the global commitment to "Leave No One Behind." Nationally, its coherence with Sierra Leone's development frameworks and direct support to government service delivery strengthened its responsiveness to local needs. The programme's alignment with Iceland's development cooperation priorities further underlined its strategic value and cross-cutting development impact.

BRIDGE placed vulnerable groups at the centre of its design and implementation, demonstrating a robust application of the PGI approach. Women, girls, and PwDs benefitted from a combination of life-improving interventions, including MHM support, economic empowerment, inclusive WASH infrastructure, and tailored health messaging. High satisfaction levels from beneficiaries and stakeholders affirm the programme's success in addressing real needs and enhancing community resilience. Despite the ability to address a wide range of needs, a few gaps remain, such as consistent access to sanitary products for those girls who were not trained and assistive devices for PwDs. Overall, BRIDGE stands out as a strong example of integrated, equitable, and sustainable development programming that has made a tangible difference in the lives of the most vulnerable.

Coherence

The BRIDGE programme demonstrated a high degree of coherence through strong alignment with national development priorities, effective coordination with government ministries and local authorities, and strategic collaboration with civil society and international partners. The absence of duplication, even in complex and underserved contexts, reflects a well-coordinated implementation approach rooted in transparency, joint planning, and adaptive management. The partnership between SLRCS, IceRC, and FRC was built on mutual trust and complementary roles, enabling efficient resource use and impactful delivery. This coherent approach significantly contributed to the relevance, effectiveness, and sustainability of the BRIDGE programme.

Effectiveness

The BRIDGE programme has made significant strides in improving the health, resilience, and sustainability of Sierra Leone's targeted communities. Through comprehensive interventions in disease prevention, SRHR, WASH, and disaster resilience, the programme has successfully enhanced community knowledge and practices. Key activities such as community-based health education, mosquito net distribution, and the formation of inclusive community structures have led to lasting improvements in disease management and awareness. In addition, training in early warning systems, disaster risk reduction, and the establishment of VSLAs have strengthened community resilience and economic capacity. The programme has also contributed to enhancing the organisational capacity of the SLRCS, improving service delivery and financial sustainability. Despite facing challenges such as high community expectations, infrastructure issues, and funding delays, the programme demonstrated resilience and adaptability. Overall, the BRIDGE programme has made significant and lasting contributions to improving the health, resilience, and sustainability of the included communities. While challenges remained, the programme has laid a strong foundation for continued progress in health promotion, disaster preparedness, and organizational capacity, ensuring that the most vulnerable populations are better equipped to face future challenges.

Impact

The BRIDGE programme has established a solid foundation for the continuation and sustainability of activities beyond its implementation period. Key to this success is the strong involvement of local councils, line ministries, and community structures such as CBDMCs, WASH Committees, and VSLAs. These groups have been trained and empowered to manage services, mobilise resources, and promote healthy behaviours independently. Behavioural changes in areas like sanitation and disaster preparedness have been widely adopted, while infrastructure such as water points and latrines are likely to remain functional

due to maintenance committees and community contributions. Integration with government systems, particularly through Community Health Workers, ensures ongoing outreach and support. However, challenges such as limited financial resources, infrastructure maintenance, and volunteer fatigue may threaten sustainability. Continued support through post-project monitoring, refresher training, and technical assistance will be essential to preserve and build on the programme's achievements.

Efficiency

The programme demonstrated a strong foundation in terms of resource adequacy, cost-effectiveness, and monitoring and evaluation. Financial resources were generally sufficient and well-managed, with timely adjustments made to accommodate budgetary constraints and implementation realities. While delays in fund disbursement occasionally disrupted timelines, effective financial controls, exchange rate gains, and flexible planning mitigated these challenges. Human resources were adequate, thanks to the strategic use of community-based volunteers, though high staff attrition highlighted the need for more sustainable staffing mechanisms supported by internal funding. Cost-effectiveness was a notable strength of the programme. The active involvement of communities in implementation and the volunteer-based model enabled significant cost savings while fostering ownership and sustainability. Despite logistical and geographic challenges, the programme maintained efficient use of time and resources, achieving broad impact with relatively modest funds.

The M&E system was underpinned by a comprehensive framework, though implementation was at times hindered by access constraints and limited data granularity at output and outcome levels. Some of the indicators were recrafted during the MTR to facilitate measurement and the subsequent determination of progress towards the set targets and objectives. Community feedback mechanisms were effectively used to enhance accountability and responsiveness, but future improvements are needed to ensure systematic documentation of results and learning. In addition, platforms for reporting sensitive data should be considered. Overall, the programme was efficiently managed and delivered substantial impact within its resource envelope. However, future programming should strengthen internal resource mobilisation, improve reporting against higher-level results, and invest further in institutional resilience to sustain gains beyond external funding cycles.

Sustainability

The BRIDGE programme has set a strong foundation for long-term sustainability through its strategic integration of community-led structures, training, and financial mechanisms. The active involvement of local councils, ministries, and community members ensures the continuation of health, hygiene, and disaster preparedness initiatives even after the formal project period ends. The establishment of user committees, VSLAs, and locally agreed-upon maintenance funds enhances the likelihood that infrastructure such as water wells and latrines will remain functional. Moreover, behavioural shifts in sanitation and sexual and reproductive health practices demonstrate the lasting impact of the programme on community norms.

However, challenges to sustainability remain, such as the potential breakdown of infrastructure due to limited resources for repairs, as well as the risks posed by volunteer fatigue and the difficulty of maintaining financial contributions in the face of extreme poverty. Addressing these challenges requires ongoing monitoring, support, and capacity building to ensure that the programme's outcomes continue to meet evolving community needs. Ultimately, the BRIDGE programme's success in embedding sustainable practices within local governance structures and community action groups provides a model for future interventions aiming for lasting impact. Regular follow-ups and continuous engagement with stakeholders will be crucial in ensuring that the benefits are sustained over time.

Cross-cutting themes

The BRIDGE programme's deliberate integration of Protection, Gender, and Inclusion (PGI) and Climate Change Adaptation (CCA) as cross-cutting themes contributed to more inclusive, equitable, and resilient outcomes. Gender equality and disability inclusion were prioritised throughout all stages of the programme, supported by institutional assessments, staff training, and inclusive planning processes. These efforts ensured meaningful participation of women, youth, and persons with disabilities, not only as

beneficiaries but as active contributors to community development. Innovations such as the Emergency Obstetric Fund, community-led water facility maintenance, and the shift from charcoal production to sustainable livelihoods demonstrated locally driven solutions that addressed both social and environmental vulnerabilities. The CCA component further strengthened community preparedness through targeted training and a contingency fund that enabled timely responses to disasters. Overall, the integration of these themes reinforced the programme's ability to deliver transformative and sustainable change, particularly for the most marginalised groups.

CHAPTER 6: RECOMMENDATIONS

Based on the evaluation findings the following recommendations are proposed to inform future programming and build on the successes of the BRIDGE programme.

Maintain focus on community-based health education and behaviour change - To further buttress the impact of BRIDGE and enhance sustainability, it is recommended that future programmes maintain its community-based health education and behaviour change focus. However, this could involve more targeted outreach, particularly for pregnant women and vulnerable groups, with a focus on improving access to antenatal care, nutritional support, and preventative healthcare services. Strengthening local health systems, through training and equipping community health workers, would also help to mitigate the challenges related to the lack of health facilities and infrastructure in remote areas.

Include WASH and infrastructure investments in future programmes – although the programme made infrastructural investments in institutional latrines that are gender, age and disability friendly, the results show that the need persists. It is imperative for the programme partners to further investigate the needs of girls and PwDs and determine locations, within the programme areas, where there is still need and address this in future programmes. The investments in improving access to safe-drinking water should be coupled by the training local technicians in each district on solar borehole maintenance to enhance sustainability and reduce reliance on external technical support.

Promote equitable access to MHM support - Based on the relevance and effectiveness of reusable sanitary pads, it is recommended that the initiative be incorporated in future programmes so that more girls have access to these pads. A targeted approach should be adopted so that girls and women who were not trained in the making of the reusable sanitary pads can be prioritised.

Deepen SRHR Education and Support – based on the positive outcomes of programming on SRHR, it is recommended that the partners continue strengthening SRHR education, ensuring access to counselling, life skills training, and contraceptive services in future programmes. Expand educational support and scholarship opportunities to help more adolescent girls return to and remain in school.

Strengthen livelihoods and community resilience – The VSLA concept was found to be effective in empowering different groups. It is therefore recommended to scale up these to boost economic resilience in future programmes. In response to the request by girls for mentorship, it is worth considering pairing teenage girls receiving financial support with mentors to enhance business outcomes. Enhancing their business is bound to improve their education outcomes and further reduce their vulnerability to early marriages and pregnancies which expose them to cases of fistulas. The evaluation further recommends the strengthening of community resilience by establishing safe spaces and youth-friendly centres that provide skills training, psychosocial support, and guidance.

Enhance organisational capacity of the SLRCS – findings revealed that this is the major concern regarding the organisational capacity of SLRCS. Therefore, it is important to support the SLRCS in strengthening its business development and fundraising capacity to reduce reliance on external funding in future.

Strengthen the M&E system - For future interventions, it is recommended to shift reporting formats to include both output and outcome indicators, providing clearer visibility of the program's impact. In addition, investing in field staff training on data collection and analysis will improve results-based reporting. Establishing anonymous feedback channels, such as suggestion boxes or SMS tools, will ensure candid input from beneficiaries, particularly on sensitive issues promoting greater transparency and responsiveness.

Address Sensitive Social Norms through Long-Term Engagement - While FGM programming was limited due to cultural and political sensitivities, future programming should consider partnerships with local champions and civil society groups to engage in sustained, dialogue-driven advocacy on harmful traditional practices, using culturally sensitive, long-term approaches.

ANNEX 1: DOCUMENTS REVIEWED

1. BRIDGE project document (Revised March 01, 2023)
2. BRIDGE Risk Management plan 18.04.23
3. BRIDGE project Logframe FINAL
4. Q1 2024 BRIDGE NARRATIVE REPORT final draft
5. BRIDGE Quarter 3 Report 2024 final
6. BRIDGE Q2 report final cleaned
7. BRIDGE 2024 Bi-Annual report (Q1-2) for IceRC
8. BRIDGE 2021 Annual Report final
9. 2023 BRIDGE Annual Report for IceRC Final
10. 2023 BRIDGE Annual Report Final
11. 2022 BRIDGE Annual Report 02.03.2023
12. BRIDGE ME Plan
13. BRIDGE Sustainability Plan
14. Community Assessment report
15. BRIDGE Baseline report
16. BRIDGE_Endline_Draft_Report
17. MTR BRIDGE Report
18. Revised POA and budget 2023
19. Revised Budget and POA 2024
20. Final_ BRIDGE PoA 2021
21. OECD Evaluation criteria
22. Gender Equality and Social Inclusion (GESI) analytical framework
23. Resilience Analysis Framework
24. Human Rights-Based Approach Framework
25. Utilisation-Focused Approach (UFA)
26. International Development Cooperation Iceland evaluation policy 2023-2028.
27. International Development Cooperation Iceland Policy for Evaluation 2024-2028.
28. Ministry of Foreign Affairs Iceland https://www.government.is/ministries/ministry-for-foreign-affairs/
29. Sierra Leone Red Cross society https://en.wikipedia.org/wiki/Sierra_Leone_Red_Cross_Society
30. Icelandic Red Cross https://www.raudikrossinn.is/english
31. Finnish Red Cross https://www.redcross.fi/
32. OECD/DAC criteria https://www.oecd.org/en/topics/sub-issues/development-co-operation-evaluation-and-effectiveness/evaluation-criteria.html
33. Gender Equality and Social Inclusion Framework https://asiapacific.unwomen.org/en/digital-library/publications/2017/04/gesi-framework
34. Resilience Analysis Framework https://www.undp.org/sites/g/files/zskgke326/files/publications/CoBRRA_Conceptual_Framework.pdf
35. Human Rights-Based Approach https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach
36. Utilization-Focused Approach https://www.betterevaluation.org/methods-approaches/approaches/utilisation-focused-evaluation
37.

ANNEX 2: ADDITIONAL TABLES

Figure A 1: Percentage of PwDs who received support under BRIDGE

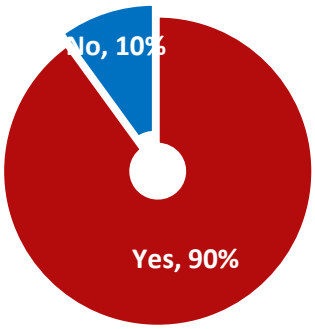
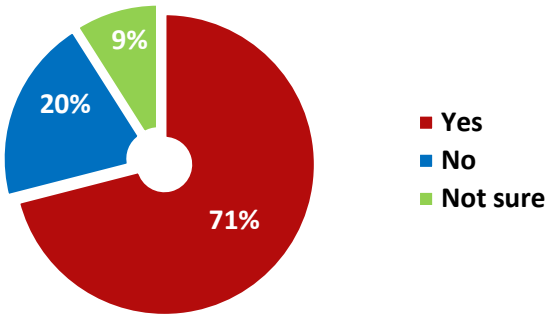


Figure A 2: Percentage of respondents who found the support relevant



ANNEX 3: EVALUATION MATRIX

Evaluation Criteria	Evaluation Broad Question	Sub-Questions	Indicators	Data Collection Methods	Data Sources
Relevance	To what extent does the BRIDGE project align with the development needs of target communities?	How does the project address the identified needs of vulnerable communities?	N/A	• Desk review • KIIs • FGDs • Quantitative survey	• Project documents • Programme staff • Government stakeholders • Beneficiaries • Community Volunteers • OPDs • CHWs
		To what extent have the initiatives and results been relevant to women, girls, and PwDs?	N/A		
		Is the project aligned with the national and local priorities?	N/A		
	To what extent are the objectives of the project aligned with the (1) SDGs, (2) Government of Sierra Leone (to include local government/country), (3) the CSO mission, (4) partners, (5) FRC, (6) Government of Iceland policies, priorities & plans	What are the interests and priorities of each stakeholder? How is the project aligned to these interests and priorities?	N/A	• Desk review • KIIs	• Project documents • Programme staff • Government stakeholders • OPDs • Donor
Coherence	Is the BRIDGE project consistent with other ongoing development efforts?	To what extent are synergies ensured e.g., is there efficient consultation between different partners?	N/A	• Desk review • KIIs	• Project documents • Programme staff
		Do project activities overlap or duplicate efforts by other donors, government or community actors in the sector and in the locality?	N/A	• Desk review • KIIs • FGDs	• Project documents • Programme staff • Government stakeholders • Beneficiaries

					• Community Volunteers • OPDs • CHWs • Donor
		To what extent has the partnership (MFA, IceRC, FRC, & SLRCS) at different levels been successful and what are the challenges?	N/A	• Desk review • KIIs	• Project documents • Programme staff • Donor
Effectiveness	To what extent have the planned project outcomes been achieved?	- Are there any changes in knowledge levels that can be attributed to the project? - Are targeted communities able to prevent and manage their own priority health issues	Outcome 1 indicators 1-4 Output 1.1 indicators 1-3 Output 1.2 Indicators 1 - 9 Output 1.3 indicators 1- 2	• Desk review • KIIs • FGDs • Observations • Review of indicator tracking table • Quantitative survey	• Indicator tracking tables • Project documents • Programme Staff • Government stakeholders • Beneficiaries • Community Volunteers • OPDs • CHW Supervisors • Donor
		- Do target communities have improved access to sustainable WASH facilities? - Do target communities have increased knowledge on proper hygiene and sanitation practices?	Outcome 2 indicators 1-4 Output 2.1 indicators 1-6		
		Do target communities take concrete actions to prevent and respond to disasters with increased knowledge about climate resilience	Outcome 3 indicators 1-4 Output 3.1 indicators 1-5		
		- To what extent has the capacity of the National Society been built?	Outcome 4 indicators 1-3 Output 4.1 indicators 1		

		- Are there improvements in the responsiveness of the Society to emergencies? Has the Society 's ability to support communities to become more resilient improved?	Output 4.2 indicators 1 Output 4.3 indicators 1 Output 4.4 indicators 1-3 Output 4.5 indicators 1 Output 4.6 indicators 1-3		
		What were the major factors that influenced the achievement[3] of these outputs/outcomes?	N/A		
		What are the unmet needs, particularly among the most vulnerable beneficiaries?	N/A		
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?	- Was the project implemented within the allocated budget and timeline? - Were resources used optimally to achieve project goals?	N/A	- Desk Review - KIIs	- Project documents - Programme Staff - Donor
		- Were the human resources adequate and utilised effectively? - What cost-effective measures were adopted during project implementation? Was the project implemented according to set procedures and guidelines			
	Have the financial contributions/co-financing	- What is the contribution of the CSOs?	N/A	- Desk Review - KIIs	- Project documents - Programme Staff

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

	by the CSO to the project verifiably been made?	- Has the contribution been verified? Has the contribution made any difference to the implementation of the programme?			- Government stakeholders - OPDs - Donor
Impact	Has the project contributed to strengthening or influencing positive changes for the long term?	What changes (intended or unintended) has the project contributed to? Are there any notable changes in attitudes, behaviours or other factors that may indicate that impact may be reached in the longer-term?	N/A	- Desk review - KIIs - FGDs - Observations - Quantitative survey	- Project documents - Programme Staff - Government stakeholders - Beneficiaries - Community Volunteers - OPDs - CHW Supervisors
Sustainability	To what extent are the results likely to be sustainable?	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?	N/A	- Desk review - KIIs - FGDs - Observations	- Project documents - Programme Staff - Government stakeholders - Beneficiaries - Community Volunteers - OPDs - CHW Supervisors - Donor

ANNEX 4: TERMS OF REFERENCE FOR THE EVALUATION REFERENCE GROUP

Project Title: Evaluation of Bridge: Building Resilience, Inclusive Development, and Gender Equity in Sierra Leone

Partner Organisations: Sierra Leone Red Cross Society, Icelandic Red Cross, Finnish Red Cross, MFA Iceland

Project Location: Sierra Leone

1. **Background:** SLRCS has been implementing the BRIDGE programme in 62 communities in six districts of Sierra Leone in partnership with the Icelandic Red Cross (IceRC) and Finnish Red Cross (FRC), with financial support from the Ministry of Foreign Affairs of Iceland and the Finnish Red Cross. The programme spans across different sectors such as 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. The MFA has commissioned the final evaluation as means of assessing the MFA's contribution towards the BRIDGE.

2. **Objectives of the Reference Group:** The reference group will be responsible for tracking progress on the evaluation and providing strategic inputs. Specific objectives include:

- Monitoring the evaluation process and ensuring adherence to the evaluation plan.
- Providing strategic guidance and inputs based on their expertise and experience.
- Reviewing interim findings and recommendations to enhance the quality and relevance of the evaluation.
- Facilitating communication and collaboration among project stakeholders.

3. **Composition of the Reference Group:** The reference group will comprise representatives from four partner organisations involved in the project, including:

- Two representatives from the Vashi Impact Group (VIG).

4. **Roles and Responsibilities:**

   a) **Representatives from SLRCS, IceRC, FRC and MFA:**

   - Provide overall guidance and support to the evaluation.
   - Share relevant project documents, reports, and data with the group.
   - Facilitate discussions and consultations among ERG and other selected stakeholders.
   - Ensure alignment with the project's objectives and evaluation framework.

   b) **Representatives from VIG:**

   - Support the implementation of the evaluation plan and activities.
   - Monitor the progress of the evaluation and provide regular updates to the ERG.
   - Facilitate communication and collaboration among programme stakeholders.
   - Contribute technical expertise and guidance to enhance the quality of the evaluation.

5. Meetings and Communication: The ERG will meet every two weeks throughout the evaluation process to review progress, discuss findings, and provide inputs. Meetings will be conducted virtually. Communication channels, including email updates and online platforms, will be established to ensure continuous engagement among reference group members.

6. Reporting and Feedback: The ERG will receive regular updates on the evaluation progress and findings. They will have the opportunity to provide feedback on interim reports and recommendations to ensure their relevance and applicability. Other meetings will be scheduled as needed to coincide with key evaluation milestones and activities. The group will also play a crucial role in disseminating the final evaluation findings to relevant stakeholders.

7. Timeline: The ERG will be active for the entire duration of the evaluation process until the end of May 2025.

8. Approval and Endorsement: This Terms of Reference for the ERG of the external final evaluation of the programme "Building Resilience, Inclusive Development, and Gender Equity in Sierra Leone" is hereby approved and endorsed by the IceRC.

ANNEX 5: WORK PLAN FOR THE EVALUATION OF THE BRIDGE PROJECT

Activities	Lead Person(s)	Support	2025																	
			January		February				March				April				May			
			W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	
Inception meeting	VIG team	IceRC, SLRCS and MFA																		
Desk review of documents	VIG team	IceRC, SLRCS																		
Draft Inception report	VIG team	National researcher																		
Review of the Inception report and feedback Incorporation	VIG team	IceRC, SLRCS and MFA																		
Tools development and feedback incorporation	VIG team	IceRC, SLRCS and MFA																		
Final Inception report and approval of tools	VIG team	National researcher																		
Development of online survey tools	VIG team	National researcher																		
Enumerators and facilitators' training	National researcher	VIG team																		
Fieldwork and data collection	Ground team	VIG team																		
Data entry, cleaning, analyse, and triangulation	VIG team	National researcher																		
Draft report	VIG team	National researcher																		
Review by SLRCS, IceRC and MFA	SLRCS, IceRC and MFA	SLRCS, IceRC and MFA																		
Presentation of findings to internal stakeholders	VIG team	National researcher																		
Finalisation of draft report incorporating feedback	VIG team	National researcher																		
Submission of final evaluation report	VIG team	National researcher																		
Presentation of final report	VIG team	National researcher																		
Total			**50 working days**																	

ANNEX 6: RISK AND MITIGATION STRATEGIES

Risk No.	Risk Description	Impact	Likelihood	Mitigation Strategy	Responsible Person
1	**Delays in Stakeholder Mobilisation:** Stakeholders may not be available or responsive in time.	High	Medium	Engage stakeholders early and maintain regular communication.	SLRCS
				Develop a stakeholder engagement/workplan with specific timelines.	VIG
2	**Incomplete Data Collection:** Challenges in data collection (technical issues, low response rates).	High	Medium	Provide adequate supervision	VIG
				Provide clear instructions and support for respondents.	
3	**Data Quality Issues:** Inconsistencies or errors in data due to insufficient training or poor understanding of tools.	High	Medium	Conduct a training session for all data collectors.	VIG
				Implement a data quality assurance process (peer reviews, pilot tests).	
4	**Delays in Report Writing:** Unexpected delays in drafting or feedback incorporation.	High	Medium	Set internal deadlines earlier than the final deadline to allow a buffer.	VIG
				Prioritise critical sections and allocate resources accordingly.	
5	**Stakeholder Feedback Delays:** SLRCS or other stakeholders may take longer to provide feedback on the draft report.	Medium	Medium	Schedule feedback sessions in advance with clear deadlines.	VIG
				Communicate the importance of timely feedback to all stakeholders.	
6	**Technical Issues During Remote Workshops:** Connectivity issues or technical problems during validation workshop.	Medium	Medium	Test all technology and connectivity prior to the workshop.	VIG
				Have backup communication channels (phone, alternative platforms).	
7	**Conflicts or Misalignment:** Differences in expectations or objectives between VIG and SLRCS.	Medium	Low	Ensure alignment during the inception phase through clear communication.	SLRCS & VIG
				Regularly check in with stakeholders to address any emerging concerns.	VIG

8	**Capacity Constraints:** Limited resources (time, personnel) affecting the ability to complete tasks on time.	High	Medium	Identify resource needs early and request additional support if necessary.	VIG
				Prioritise tasks and delegate where possible.	
9	**Health Risks:** Possible disruptions due to health concerns affecting the team or stakeholders.	High	Low	Develop a remote or hybrid plan for activities that can be done virtually.	VIG
				Follow health guidelines and have contingency plans in place.	
10	**Confidentiality or Data Security Breaches:** Risk of sensitive data being exposed or mishandled.	High	Low	Implement strict data handling and security protocols.	VIG
				Train all team members on data protection and confidentiality standards.	

ANNEX 7: EVALUATION QUESTIONS

Evaluation Questions

A set of questions have been crafted for each evaluation domain, and these are presented below.

Relevance: This assesses the objectives of the actions undertaken by the Ministry for Foreign Affairs, the Icelandic Red Cross, the Finnish Red Cross and the Sierra Leone Red Cross Society. 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

- *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, (5) IceRC and (6) Government of Iceland policies, priorities, and plans?*
- *To what extent have the initiatives and results been relevant to women, girls and persons with disabilities?*

Coherence: criterion estimates how well the interventions fit with other development interventions, whether there are duplications of efforts and if synergies are maximized.

- *To what extent are synergies ensured e.g. is there efficient consultation between different partners?*
- *Do programme activities overlap or duplicate efforts by other donors, government or community actors in the sector and in each locality?*
- *To what extent has partnerships (MFA, IceRC, FRC and SLRCS) at different levels been successful and what are the challenges?*

Effectiveness: is used to assess the extent to which the project has achieved its objectives and intended results. The evaluation should measure possible gaps, analyse them, and identify success factors and bottlenecks.

- *To what extent have planned project outputs and outcomes been achieved?*
- *What were the major factors that influenced the achievement (Both in terms of enabling and constraining factors) of these outputs/outcomes?*
- *What* are the unmet needs, particularly among the most vulnerable beneficiaries?

Efficiency: 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.

- *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: 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.

- *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?*
- *Are there any negative unintended effects that are a result of the programme?*

Sustainability: measures to which extent the net benefits of the interventions continue or are likely to do.

- *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?*

Cross-cutting: 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.

- *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?*
- *To what extend have community members been able to ask questions, raise concerns and provide direct or anonymous feedback regarding the programme?*
- *Has the programme followed the 7 principles of the Red Cross Movement?*

ANNEX 8: DATA COLLECTION TOOLS

Attached separately