Scottish Government

Malawi Development Programme 2015-2018

End of Year Report – Part 1 of 3

This narrative report should be submitted together with your updated logframe and financial report.

PLEASE READ ATTACHED GUIDELINES BEFORE COMPLETING THE FORM

1.	Basic Project Information	
Complete the information below for management purposes. Please indicate in the relevant section whether any changes to your basic project information (e.g. partners, geography, project dates or budget) have occurred during this reporting year. Explanations should be provided in section 3.		
1.1	**Project Reference Number**	**M-2015-YOR-44**
1.2	**Reporting Year**	**From:** 01/04/2017 **To:** 31/03/2018
1.3	**Project Year** (e.g. Year 1)	Year 3 (six-month extension to follow)
1.4	**Name of Lead Organisation (Grant Holder)***	Glasgow Children's Hospital Charity (formerly Yorkhill Children's Charity)
1.5	**Name of Partner(s)***	Hospital Paediatrics and Neonatology NHS Greater Glasgow and Clyde
1.6	**Name of Project***	Improving Eye Health and Reducing Unnecessary Blindness in Malawi
1.7	**Project Description***	The project aims to reduce unnecessary blindness in Malawi by building capacity of health professionals to provide a national eye care service for children, and for people of all ages with diabetes
1.8	**Project Country/ Region***	Malawi
1.9	**Project Start & End Date***	**Start:** 01/04/2015 **End:** 31/03/2018 (plus six-month extension)
1.10	**Total Project Budget***	**173,355**
1.11	**Total Funding from IDF***	**173,355**
1.12	**IDF Development Priorities** Please tick the box next to the development priority/priorities that your block grant aims to address	x☐ Health ☐ Education ☐ Civic Governance ☐ Sustainable Economic Development ☐ Renewable Energy
1.13	**Supporting Documentation** Check box to confirm key documents have been	**Up-to-Date Logical Framework (LF)** summarising progress against relevant milestones for project activities, outputs, outcomes and impact. x☐ ☐

1. Basic Project Information

Complete the information below for management purposes. Please indicate in the relevant section whether any changes to your basic project information (e.g. partners, geography, project dates or budget) have occurred during this reporting year. Explanations should be provided in section 3.

	submitted with this report	Please indicate (check box) if you have proposed amendments to your LF since your last report. If so, please detail any changes in Q3.2	☐
		Please indicate (check box) if the LF submitted has been approved by the Scottish Government.	
		End of Year Financial Report	x☐
		Proposed Revised Budget (if applicable) *request already submitted*	☐
	Please list any further supporting documentation that has been submitted	Other, please detail:	
		Paper on laser surgery in PLOSone	
		Report on training visit to Lilongwe March 2018 plus two Case Studies	
		Article on Rb-NET in Eye News	
		Logframe	
1.14	**Response to Previous Progress Reviews**	**Scottish Government's comments on previous reports (State which): April 2017**	**Action taken since received:**
		The grant holder should explain the discrepancy between sound progress on Outputs and insufficient progress on corresponding Outcomes and Impact Indicators.	We have discussed this in previous correspondence and we do not have a definitive explanation. The initial estimates from increased numbers of children being referred to Blantyre following the OCO training has not resulted in increased numbers to the extent that we expected. There are a number of possible explanations for this but we are unable to pinpoint an accurate one due to the lack of data collection/information on patient pathways in Malawi. One possible explanation is that the skills of the OCOs across the country have improved through the training and they are better able to identify and treat children with minor eye problems locally.
		The grant holder should address the questions regarding the budget.	The Budget was revised so that additional work could be carried out on retinoblastoma in Malawi and one additional training visit for children's eye care development in June 2018 during the extension. The capital equipment part of the budget has been spent, as £12,000 for equipment

1. Basic Project Information

Complete the information below for management purposes. Please indicate in the relevant section whether any changes to your basic project information (e.g. partners, geography, project dates or budget) have occurred during this reporting year. Explanations should be provided in section 3.

			was included in the revised budget. The increased expenditure on flights and accommodation reflects more travel between partner teams to maximise the training activities.
		Further discussions should be had regarding the viability of the underspend proposal in light of the partial support we are able to offer.	The revised budget, including the underspend from previous years, has enabled further activities to develop ways of identifying children with retinoblastoma early and a further visit to strengthen the children's eye care services in Blantyre.
1.15	**Date report produced**	3rd May 2018	
1.16	**Name and position of person(s) who compiled this report**	Name, Position**[REDACTED]** Royal Hospital for Children, Glasgow Name, Position: **[REDACTED]** Consultant Ophthalmologist, Blantyre Name, Position: **[REDACTED]**, ophthalmologist **[REDACTED]** Finance Director, Glasgow Children's Hospital Charity	
1.17	**Main contact details for project, if changed**		

Signed by_____   **Date**_____

Designation on the Project_____

2. Project Relevance

2.1	**Project Beneficiaries** Does the project remain relevant to the context and the beneficiaries with whom you are working? Please justify this in a short paragraph below.
	Our project aims to reach all children across Malawi with preventable blindness, and all adults with treatable diabetic retinopathy (DR), by training doctors and OCOs in recognition and treatment. Treating DR in time prevents unnecessary blindness due to complications of diabetes. This remains highly relevant today and the problem will grow in the future unless effective DR screening and treatment services are developed in Malawi.
2.2	**Gender and social inclusion** Please describe how your project has worked to ensure that women and girls, and other vulnerable groups (as appropriate) benefit from the project. Describe any

	challenges experienced in reaching vulnerable people and how these have been overcome.
	Staff – female and male OCOs, optometrists and doctors continue to benefit from attending formal training sessions and participating in clinical work. There is a gender bias towards OCOs being male in Malawi. This happens at the start of their training and this project is not able to influence that, as it provides additional training to existing OCOs. Changing the gender culture is beyond the remit of this project. It is thought to be because OCOs often work in remote / rural areas and this may not be appropriate for women.
	Patients – once referred and in the hospital, female patients are treated with the same priority as male patients. There is a very simple referral pathway from all community clinics into the LSFEH in Blantyre – children and their families are told to attend. There is no system in place to check all referred children arrive and to follow up those who don't. We had hoped that the project would help set up such a system but it has proved to be beyond the capacity of this project (see earlier reports).
	The proportion of child patients seen at LSFEH, Blantyre in 2017 who were boys was 54%, while girls were 46%. Working towards gender equality and empowering women and girls is the fifth Sustainable Development Goal. Women in LMICs are widely recognised to have less access to health services than men for a number of reasons. Monitoring the gender of child patients provides evidence on which to base future health education planning. Although there were more male than female patients, the difference is lower than might be expected in a very poor country with a patriarchal society like Malawi, and this finding is encouraging.
2.3	**Accountability to stakeholders** How does the project ensure that beneficiaries and wider stakeholders are engaged with and can provide feedback to the project? What influence has this had on the project? What challenges have been experienced in collecting and acting on beneficiary feedback?
	Feedback was collected from: • Trainers (pre-visit; post-visit; visit planning stage) • Course participants (using an evaluation form) • Teleconferences and emails between the UK and Malawi teams The programme is developed and, if necessary, modified to meet the priority needs of the trainees – OCOs and MMeds and the wider clinical and administrative teams at the two main hospitals in Malawi – based on the needs of the ultimate beneficiaries, the patients. Culturally, it is difficult to get constructive feedback from children and their families. This project works directly with healthcare workers and feedback is sought from them on the value of their training through anonymised feedback questionnaires.

3.	**Progress and Results**
This narrative report on project performance and results will be reviewed together with your revised and updated Logical Framework (or if not yet approved your original Logical Framework). See Guidelines (Annex 1) for details.	
3.1	**Changes to Project Status** Has the focus or delivery of your project changed significantly over the last financial year? If so, please explain how and why, and attach copies of all relevant correspondence with the Scottish Government.
	N/A

3.	**Progress and Results**

This narrative report on project performance and results will be reviewed together with your revised and updated Logical Framework (or if not yet approved your original Logical Framework). See Guidelines (Annex 1) for details.

3.2	**Changes to the Logical Framework**
	If changes have been made to the logframe since the previous financial year please describe these below. Please also provide evidence (e.g. copies of correspondence) that these changes have been agreed with the Scottish Government. If you would like to make changes to your logframe, but these have not yet been approved by the Scottish Government, please describe and justify in detail the requested changes below – and highlight the proposed changes in the revised logframe.

	Result Area/ Indicator	**Proposed/ Approved Change** (please clarify and evidence below)	**Reason for Change**
	Output 3.1	Removed (approved) *Explained in full in mid-year report Oct 2016*	It became apparent that the process of data collection as envisaged was not possible within the constraints of the volume of work undertaken by OCOs and the non-existence of a system for data collection and record-keeping.
	Output 3.2	Changed (approved). Now the new guidelines will be implemented in a pilot study in Malawi when they are ready. *Explained in full in mid-year report Oct 2016*	Continuing with this would duplicate work now underway by the College of Ophthalmology of Eastern, Central and Southern Africa (COECSA), which is preparing guidelines that will enable standards to be agreed across eight countries in the region that are part of COECSA.
	Activities 2.2 and 2.3	Postponed (re-budget request submitted; approval awaited). Specialist paediatric ophthalmology training of **[REDACTED]** postponed till 2017	This remains an objective but we plan to have it in 2018 if an appropriate training course is available at a time that **[REDACTED]** is available. There are few such courses.

3.3	**Gaps in Monitoring Data**
	If baseline or monitoring information is <u>not</u> available, please provide an explanation below. Where monitoring data has been delayed (since previous report), please provide an indication of when and how it will be made available to the Scottish Government.
	N/A

3.4	**Project Outputs**
	In the table below, please list each of your project outputs, and provide further detail on your progress and results over this reporting period. Describe any delays or other challenges that you have experienced and how these have been addressed, and provide information about any unexpected results. Progress should be supported with evidence (such as links to monitoring data in line with logical framework, case studies, web-based information, reports etc) where possible.

3. Progress and Results

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Output Indicator	Progress against Planned Milestone/ Target
1.1 Number of OCOs and optoms trained to refer children	In 2017 27 people were trained - 20 OCOs (14m, 6f) and 7 optometrists (5m 2f). This OCO training course was led by the Malawi team with virtually no input from the Scottish team. Previously the total trained to date was 106 (88m and 18f). With the total 'new' people trained being 25 out of the 27, the total trained in the project is 131 (106m 25f). The gender ratio is dictated by the gender split of OCOs and optometrists in the country. We have now trained about virtually all the OCOs in the country; all the new ones graduating each year attended the course. The total exceeds the target (130) by one person. 111 OCOs and 20 optometrists have been trained.
2.1 Number of people trained to run course – target 5	The number of trained Malawian personnel is now nine. The OCO training ourse held in Oct 2017 was delivered entirely by Gerald, Chatonda and the rest of the team of six Malawian doctors, OCOs and optoms previously trained as trainers. A further three optoms / OCOs (all male) were trained as trainers during the October 2017 visit. The total trained as trainers is now nine and the target of five has been exceeded.
3.2 Protocol development	The planned target is: *Written protocol agreed across nine COECSA countries including Malawi and accepted by Malawi stakeholders especially MoH and NGOs.* There has been no progress as yet because the COECSA protocol has not been finalised but we understand that work is underway and will be presented at the COECSA meeting in August.
4.1 Number of OCOs and optometrists trained to refer people with diabetes to LSFEU for monitoring and possible treatment	The total is now 111 people trained. Of these, 46 are OCOs and 31 are optoms. In March 2018 there were 42 participants on the course (32 male, 10 female). Of these, 22 were OCOs, 7 optometrists, 8 optometry technicians, 4 ophthalmic nurses and one doctor in training. They came from all over Malawi. The target for the number of OCOs trained was 45 and this was exceeded by one. There were vastly more optometrists trained than expected (31 compared with 8). This reflects the optometry degree course established in Mzuzu a few years ago, from which 10 optometrists per year are graduating. The numbers of optometrists working in Malawi has increased rapidly over the period of the project and most/all of them have attended the OCO training course. At the course in March 2018, 97% of delegates reported that there were already eye screening clinics in their place of work

	Progress and Results
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		which had been set up by colleagues who had attended the course in previous years. *Report on March 2018 DR training visit and two Case Study documents attached*
	Please add additional outputs/ indicators as required	
3.5	**Project Outcomes** In the table below, please list your project outcome, and provide further detail on your progress and results over this reporting period. Please describe any delays or other challenges that you have experienced and how these have been addressed, and provide information about any unexpected results. Progress should be supported with evidence (such as links to monitoring data, case studies, web-based information, reports etc) where possible.	
	Outcome: *Name of Outcome*	
	Outcome Indicator	**Progress against Planned Milestone/ Target**
	Number of children referred to LSFEU Blantyre by community OCOs and optometrists who have undergone training (data to be disaggregated by sex and region)	In 2017, the number of children seem at LSFEU was 5,793 (2,687 girls and 3,106 boys). This is an increase on the previous year but is below the target. Girls represent more than 40% of the children seen (46%).
	Number of adults with diabetes referred to LSFEU, KCH Lilongwe or LSFEU, Blantyre by OCOs in secondary clinics and the community, who have undergone training (counting number of new cases referred, not repeat visits for annual monitoring).	The total number screened for DR in Blantyre and Lilongwe was 1,458 in 2017. Out of those screened, the total number treated to prevent sight loss was 388. These were people who were in danger of losing their sight to DR and needing urgent treatment. The pattern of referral of these people from OCOs across the country who have undergone training, or from other places such as diabetes clinics, is not known.
	Number of children referred to LSFEU, Blantyre by OCOs who have undergone training, who have serious eye conditions requiring treatment only available at Blantyre	Recording the number of referrals by OCOs into Blantyre was not feasible and this aspect of the project had to be dropped. The total number of children treated for serious eye conditions requiring treatment only available at Blantyre in 2017 was 504.

3.	**Progress and Results**

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3.6		
	Impact Indicator	**Progress against Planned Milestone/ Target**
	1 Functioning national referral system to treat children with cataract	211 children with cataract operated on in 2017 (141 boys, 70 girls). These are proxy figures to show that there is a functioning paediatric ophthalmology service. This is a 25% increase on the previous year.
	2. Number of adults being monitored at Blantyre and Lilongwe. Number receiving treatment for DR. These are proxy figures, showing that there is a functioning DR service.	Number of adults screened for DR in Blantyre and Lilongwe in 2017: 1,458 Number of adults treated for DR in Blantyre and Lilongwe in 2017: 388.

3.7				
		On risk register?	**Action Taken**	**Outcome**
	Please add additional issues as required			

4.	**Sustainability**

4.1	**Partnerships** Provide a brief description of the roles and responsibilities of all partners, including in M&E. Have roles and responsibilities changed or evolved? Please provide a brief assessment of your partnership, including its strengths, areas for improvement and how this will be addressed. This section should be completed by lead partners based in Scotland and Malawi.
	[REDACTED] – Clinical Lead for Paediatric Ophthalmology in Malawi and LINK coordinator for Blantyre-Glasgow VISION 2020 LINK **[REDACTED]** – Clinical Lead for the paediatric programme, NHS Scotland **[REDACTED]** Head of Eye Dept, LSFEU Lilongwe; Clinical lead for DR in Malawi and LINK Coordinator, Lilongwe-Edinburgh/Fife VISION 2020 LINK **[REDACTED]** – Clinical Lead for the DR Programme, NHS Scotland, consultant ophthalmologist, Fife **[REDACTED]** – Ophthalmologist, NHS Scotland **[REDACTED]** – paediatric ophthalmologist, Blantyre, Malawi

	[REDACTED] -Wilson – Orthoptist, NHS Scotland **[REDACTED]** - optometrist **[REDACTED]** – Orthoptist, NHS Scotland **[REDACTED]** – Project Coordinator, NHS Scotland Strengths of the partnership – excellent long-term partnership built on trust and mutual respect; programme developed together; huge enthusiasm from all partners; good team working and strong friendships; joint celebrations of success; posters and publications; opportunity for wider learning through being part of DR-NET, a network of 17 DR LINKS (eye care partnerships) in 10 countries in Africa for shared learning; opportunity for wider learning as part of Retinoblastoma Network (Rb-NET); Challenges of the partnership – colleagues in Scotland located disparately provides challenges for communication; busy roles in the NHS.
4.2	**Exit Strategy** Describe the key components of your exit strategy and outline progress towards achieving it. Provide any other achievements or progress towards ensuring that your project remains sustainable in the longer term (including in relation to local ownership and capacity, and resourcing). Describe any challenges and how these will be addressed.
	Training 6 senior members of the Malawi team to prepare and deliver paediatric ophthalmology training courses for OCOs was a priority for this project, so that the outcomes will be sustainable once the funding ends. This target has been exceeded due to the enthusiasm of the clinical staff of the LSFEU in Blantyre to be trained to run the course. This bodes well for the future running of the course. The Blantyre team hope that the number of trained trainers will enable a more flexible training of OCOs in future – for example that courses could be held in other centres in Malawi such as Mzuzu in the north, closer to the OCOs, so they don't have to travel so far. The DR aspect of the project is at an earlier stage to the paediatric aspect, which had been underway for several years before this grant began. This project is helping to support the development of DR services but the work will not be done by the end of the grant. There is a gradual increase in the number of adults with diabetes being screened and treated. The strategy will include seeking further funding for the DR work. The Malawian team have shown that they can take over the delivery of the paediatric course for OCOs in its entirety. The costs of holding the OCO training course in Oct 2018 and 2019 will be covered by Specsavers Opticians in Kirkintilloch and Bishopbriggs, whose optometrist **[REDACTED]** has been involved in training visits to Malawi. After that, the costs will be included in the annual budget to the MoH.

5.	Learning and Dissemination
5.1	**Lessons Learned** Describe briefly any lessons learned during this reporting period, and how it will influence the project and your work moving forward.
	The data we have collected on numbers of children seen at the LSFEH has not increased dramatically despite the efforts of the project to train OCOs all over the country to recognise and refer children, and the expansion of the number of trained paediatric ophthalmologists in the country from one to two. However, when we look at a specific sub-group of child patients, those with retinoblastoma (Rb), we can see an increase. The annual number of patients with Rb increased in 2017 to 23 compared to 20 in 2016, representing a 15% increase. More startling is the comparison with 2013 when Rb data recording first started: there were only 15 cases then, so comparing 2017 with 2013 shows a 53% increase in Rb presentation/surgery in Blantyre. As this is a rare disease the numbers are small but show a clear upward trend. The key to successful treatment is early identification and referral; if the OCOs are identifying children earlier and emphasising to their parents the need for sending them to Blantyre urgently then this will have an effect on their chances of survival.
5.2	**Innovation and Best Practice** Summarise briefly any examples of innovations/ innovative approaches or best practice demonstrated by your project during this reporting period. Please explain why these are innovative or best practice, and detail any plans to share these with others.
	The development of a retinoblastoma network, Rb-NET, began in 2017 in three countries – Kenya, Uganda and Tanzania – with funding from the Queen Elizabeth Diamond Jubilee Trust. The Blantyre paediatric ophthalmology team were keen to join it and were thrilled to be able to have three representatives at the training workshop in India in June 2017, thanks to support from the Scottish Government. The key to treatment of Rb is a multidisciplinary team approach and the team from QECH Blantyre was composed of **[REDACTED]** , ophthalmologist, together with a pathologist, **[REDACTED]**, and the paediatric oncologist **[REDACTED]**. During the workshop, the Rb-NET countries worked together with Rb experts from the UK and India and developed standardised Guidelines for the management of Rb appropriate for use in sub-Saharan Africa. The 'red reflex study' has been developed to find a way of detecting Rb early by checking the eyes of babies in the community when they have their immunisations done. Primary health workers have a good opportunity to screen for Rb; in sub-Saharan Africa 90% of children are seen by them during their first year of life as part of immunisation programmes. They are not currently trained / equipped to do red reflex screening, which would diagnose Rb (and also congenital cataract). New technologies are making red reflex screening simpler and more reliable for the non-specialist. Training of the group of community health workers in Malawi is happening in mid-May. This study has not been done before. We hope it will lead to earlier detection, which is the key to saving the sight and the lives of children with Rb.
5.3	**Dissemination** Summarise briefly your efforts to communicate project lessons and approaches to

5.	Learning and Dissemination
	others (e.g. local and national stakeholders in Scotland and Malawi, academic peers etc). Please provide links to any learning outputs.
	We have some posters and papers underway or already published: Rb-NET: a network to save life and preserve vision in children in Africa. **[REDACTED]** Eye News April/May 2018 (attached). Incremental cost-effectiveness of screening and laser treatment for diabetic retinopathy and macular edema in Malawi. **[REDACTED]**. PLOSone Jan 2018 pp1-14. **[REDACTED]**. Establishing a Paediatric Ophthalmology service in Malawi – progress and barriers in paediatric cataract surgery. Submitted for publication. **[REDACTED]**, one of the Blantyre ophthalmologists, is giving a presentation at the Royal College of Ophthalmologists Annual Congress in May 2018 in Liverpool.
5.4	**Wider Influence** Briefly describe any intended or unintended influence on development outcomes beyond your project. For example influence on local and national policy, contribution to debate on key development issues, uptake by other projects etc.
	We are in the initial stages of the Rb-NET but it certainly has the potential to influence national policy in Malawi (and other countries) in relation to detection and treatment of children with Rb, a devastating sight- and life-threatening disease which the majority of children in sub-Saharan Africa affected by it do not currently survive.

6.	Financial Report
	The narrative report below should be provided in conjunction with the Budget Spreadsheet report (see Annex 2). Please fill in the Budget Spreadsheet to: (a) confirm actual spend for the year and justify any significant disparities between programmed expenditure and actual expenditure within the financial year, (b) detail programmed spend for next year. Please note that any carry-over of funds to the next financial year should have been agreed with the Scottish Government by January 31st of the current financial year.
6.1	**Project Underspend** Please note whether the project has reported a significant underspend, and whether the Scottish Government has agreed to this being carried forward. If this has been agreed, please provide copies of or links to relevant correspondence. Please indicate whether the underspend is the result of currency fluctuations or other issues with project delivery.
	The project underspend was reported to the Scottish Government in 2017, with a re-budget request to enable the teams to use the funds for specific activities in relation to children's eye care in 2017 and 2018. We are very grateful to the Scottish Government for enabling the training and capacity-building activities between the partner teams in Malawi and Scotland to continue till October 2018. There has been greatly increased training activity in 2017/18 with the retinoblastoma training underway as well as the OCO training course in Blantyre in October (children) and Lilongwe in March (DR). There has been increased expenditure on international flights – this is due to the increased number of training sessions and net increase in the number of people travelling.

6.2	**Cost Effectiveness and Efficiency** Please detail any efforts by the project to reduce project costs, whilst maintaining the quality of the project – for example through managing projects costs, efficient resourcing, working with and learning from others etc.
	We try to ensure that flight costs are kept as low as possible by booking well ahead. All staff travel is kept to essential personnel only. We use cheaper accommodation and transport methods to reduce both cost and carbon footprint (walking rather than taking transport where possible).
6.2	**Co-finance and Leverage** Please provide details of any co-finance or leverage that has been obtained for the project during the reporting period, including how the funds/ resources will contribute to delivering more and/or better development outcomes.
	During the journey to Malawi, a chance meeting took place between the Project Co-ordinator and a UK businessman, where discussion took place relating to the programme. The UK businessman made a private donation of £2,500 which was used to fund the refurbishment of the two children's wards, the operating theatre suite and the corridor between the wards and theatres. This work was undertaken in partnership between the Scottish and Malawian staff teams and incorporated teaching and learning in Project Management, Health & Safety and Infection Control techniques. Further funding has been secured to complete the refurbishment programme to include children's outpatients and an outside play area, which will be completed during the forthcoming June 2018 visit.

7.	IDF Programme Monitoring

The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.

	1. IDF Programme – Poverty and Vulnerability (compulsory)				
1.1	Indicator 1.1 Total number of people <u>directly</u> benefitting from the project				
	Baseline	Female	Male	Total	Brief description (e.g. small-holders)
		2501	2923	5424	Paediatric patients
		unknown	*unknown*	*unknown*	Patients screened for DR
	2015	Female	Male	Total	Brief description (e.g. small-holders)
		2639	3117	5756	Paediatric patients
		unknown	*unknown*	1274	Patients screened for DR
				7030	Total Year 1
	2016	Female	Male	Total	Brief description (e.g. small-holders)
		2704	2929	5633	Paediatric patients
		unknown	*unknown*	1177	Patients screened for DR
				6700	Total Year 2
	2017	Female	Male	Total	Brief description (e.g. small-holders)
		2687	3106	5793	Paediatric patients
		unknown	*unknown*	1458	Patients screened for DR
				7251	Total Year 3
	State the evidence that supports the progress described				
	Hospital (LSFEU) records reviewed by Scottish team; DR data sent monthly				

7.	**IDF Programme Monitoring**

The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.

1.2	Indicator 1.2 Total number of people <u>indirectly</u> benefitting from the project				
	Baseline	Female	Male	Total	Brief description (e.g. small-holders)
	State the evidence that supports the progress described				

2. IDF Programme – Civic Governance and Society (optional)

2.1	Indicator 2.1 Number of formal legal institutions supported to improve citizens' access to justice and human rights			
	Baseline	Total		Brief description (e.g. paralegal service)
	State the evidence that supports the progress described			

2.2	Indicator 2.2 Number of people who have directly benefitted from improved access to judicial and paralegal services					
	Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. widows)
	State the evidence that supports the progress described					

2.3	Indicator 2.3 Number of organisations with increased awareness of good governance and human rights			
	Baseline	Total		Brief description (e.g. paralegal service)
	State the evidence that supports the progress described			

2.4	Indicator 2.4 Number of people with increased awareness of good governance and human rights				
	Baseline	Female	Male	Total	Brief description (e.g. small-holders)
	State the evidence that supports the progress described				

2.5	Indicator 2.5 Number of people who are engaged in advocacy for improving citizens' rights				
	Baseline	Female	Male	Total	Brief description (e.g. small-holders)
	State the evidence that supports the progress described				

3. IDF Programme – Education (optional)

3.1	Indicator 3.1 Number of schools with improved management and resourcing for provision of quality education			
	Baseline	Total		Brief description (e.g. primary school)
	State the evidence that supports the progress described			

3.2	Indicator 3.2 Number of children/ learners benefitting from improved management and resourcing of schools				
	Baseline	Female	Male	Total	Brief description (e.g. girls, visually-

	7. IDF Programme Monitoring					
	The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.					

					impaired)
	State the evidence that supports the progress described				

3.3 — Indicator 3.3 Number of people trained in improved school inspection and/ or improvement services

Baseline	Female	Male	Total	Brief description (e.g. government staff)
State the evidence that supports the progress described				

3.4 — Indicator 3.4 Number of new teachers qualified to provide quality education that is safe, equitable and accessible to all children

Baseline	Female	Male	Total	Brief description (e.g. primary)
State the evidence that supports the progress described				

3.5 — Indicator 3.5 Number of people entering into higher education

Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. secondary, vocational)
State the evidence that supports the progress described						

4. IDF Programme – Health (optional)

4.1 — Indicator 4.1 Number of health professionals with up-to-date skills, knowledge and qualifications in essential healthcare

	Female	Male	Total	Brief description (e.g. nurses)
2015				
	13	73	86	OCOs and optoms trained to refer children in Year 1
	10	43	53	OCOs, optoms and other cadres trained to refer adult patients to DR services in Year 1
	23	116	139	Total OCOs, optoms and other cadres trained to refer children, or adults for DR services, in Year 1
2016				
	18	88	106	OCOs and optoms trained to refer children (cumulative figure, Year 1 and 2)
	12	57	69	OCOs, optoms and other cadres trained to refer adult patients to DR services (cumulative, Year 1 and 2)
2016 total	30	145	175	Total OCOs, optoms and other cadres trained to refer children, or adults for DR services (cumulative figure, Year 1 and 2)
2017				
	25	106	131	OCOs and optoms trained to refer children (cumulative figure, Year 1, 2 and

7.   IDF Programme Monitoring

The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.

				3)
	22	89	111	OCOs, optoms and other cadres trained to refer adult patients to DR services (cumulative, Year 1, 2 and 3)
2017 total	47	195	242	Total OCOs, optoms and other cadres trained to refer children, or adults for DR services (cumulative figure, Year 1, 2, 3)

State the evidence that supports the progress described
The visiting training teams ensure that records are kept of participants – name, gender, cadre

4.2 **Indicator 4.2 Number of women <u>who have access to</u> improved maternal and neonatal healthcare services**

Baseline	Total	Brief description

State the evidence that supports the progress described

4.3 **Indicator 4.3 % births assisted by a skilled provider**

Baseline	Total	Brief description

State the evidence that supports the progress described

4.4 **Indicator 4.4 Number of people <u>directly reached by</u> improved essential health services**

Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. malaria)

State the evidence that supports the progress described

4.5 **Indicator 4.5 Number of people <u>who have access to</u> improved essential health services**

Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. maternal health)

State the evidence that supports the progress described

4.6 **Indicator 4.6 Number of institutions with improved essential health services**

Baseline	Total	Brief description (e.g. district clinic)

State the evidence that supports the progress described

4.7 **Indicator 4.7 Number of people with increased awareness of determinants of health**

Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. malaria prevention)

State the evidence that supports the progress described

5.   IDF Programme – Sustainable Economic Development (optional)

7.	**IDF Programme Monitoring**				
	The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.				
5.1	Indicator 5.1 Number of people supported to establish or improve business/ economic activities				
	Baseline	Female	Male	Total	Brief description (e.g. agriculture marketing)
	State the evidence that supports the progress described				
5.2	Indicator 5.2 Number of people accessing credit				
	Baseline	Female	Male	Total	Brief description (e.g. widows)
	State the evidence that supports the progress described				
5.3	Indicator 5.3 % increase in household income				
	Baseline	Female	Male	Total	Brief description (e.g. vegetable farming)
	State the evidence that supports the progress described				
5.4	Indicator 5.4 Number of small holder farmers supported to adopt environmentally sustainable agricultural practices				
	Baseline	Female	Male	Total	Brief description (e.g. vegetable farming)
	State the evidence that supports the progress described				
5.5	Indicator 5.5 % increase in agricultural yield				
	Baseline	Female	Male	Total	Brief description (e.g. maize)
	State the evidence that supports the progress described				
	6. IDF Programme – Renewable Energy (optional)				
6.1	Indicator 6.1 Number of public institutions e.g. clinics, schools accessing renewable energy				
	Baseline		Total		Brief description (e.g. district clinics, schools)
	State the evidence that supports the progress described				
6.2	Indicator 6.2 Number of households accessing renewable energy				
	Baseline	Female	Male	Total	Brief description (e.g. solar)
	State the evidence that supports the progress described				
6.3	Indicator 6.3 Number of individual lamps/ lanterns sold				
	Baseline		Total		Brief description (e.g. lantern)
	State the evidence that supports the progress described				
6.4	Indicator 6.4 Number of community based 'mini-grids' that have been established				

7.   IDF Programme Monitoring

The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.

	Baseline	Total	Brief description
	State the evidence that supports the progress described		

Annex 1: Guidance Notes: End of Year Report

- This report is to be completed by all project managers/leaders at the end of the financial year.
- Please complete this form electronically.
- Once complete please send this reporting form, by email to your Scottish Government project manager.
- The report should be submitted by the end of April following the financial year to which the report relates.

Question	Guidance
Basic Project Information	
1.1	The project reference number was given to you by the Scottish Government in your grant offer letter – please refer to it in all correspondence. This is a number unique to your project and helps the Scottish Government track information relating to your project within the system.
1.2	Insert the financial year for which you are reporting
1.3	Insert the year of your project (i.e. Year 1, 2 or 3)
1.4	Insert the name of your lead organisation responsible for managing the grant (based in Scotland). Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.5	Insert the names of your partner organisations in Scotland and Partner countries. Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.6	Insert the name of your project in the space provided. This should correspond with the name given in your grant offer letter. Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.7	Provide a brief project description as per your grant offer letter.
1.8	Insert the geographical area in which your project is being implemented. Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.9	Insert start and end dates. The start date is the date you received your first tranche of funding.
1.10	Insert the total project budget (including funding from other sources). Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.11	Insert the total amount of funding received through the IDF for this project.
1.12	Indicate the theme that your project addresses (tick as many boxes that apply.)
1.13	Confirm that supporting documentation has been included with your report. Please tick those boxes that apply. Confirm whether any changes have been made to the logical framework, and whether the LF submitted has been approved by the Scottish Government (or is pending approval). **Reports that do not include all required documentation will not be considered complete**.
1.14	Please reference previous (actionable) feedback that you have received in your last MY and EY report, and describe any action that has been taken in response/ since then.
1.15	Insert the date that your report was produced.
1.16	Insert the names and positions of the key person(s) involved in preparing your report.
1.17	It is essential that you let us know if any of your contact details have

	changed, either in Scotland or in Malawi.
Project Relevance	
2.1	Provide a brief update on the context in which your project is working, and describe briefly how your project remains relevant to your project beneficiaries.
2.2	Working towards gender equity and social inclusion is considered essential to any projects funded through the IDF. Please describe briefly how your project is delivering this.
2.3	Please describe briefly how beneficiaries are engaging with the project (if at all) and what effect that is having, as well as any challenges in engaging with them.
Progress and Results	
3.1	If your Project has changed significantly in the focus of its delivery since your last report, please explain how and why, attaching copies of all relevant correspondence you have had with the Scottish Government about this. Please also describe and explain any changes to basic project information here.
3.2	If your Logical Framework has changed over the last Financial Year please detail and explain these here. This enables us to more quickly understand the changes and your progress, based on the most up-to-date information.
3.3	An update on any delays or challenges in monitoring will help us to understand the information presented in the report and logframe.
3.4	**For this question you will need to refer back to your most up-to-date APPROVED logical framework**. Looking again at the *output indicators* outlined, please comment on the progress made towards achieving these during the reporting period, including any challenges and how these were overcome. This should include a narrative (where relevant) as well as quantitative data – indicating clearly the milestones (including dates) and progress to date using the same measurement unit (e.g. number/ percentage) provided for the baseline etc. should be outlined using a percentage or number. E.g. By end March 2016, 5 wells have been dug in the last year against a milestone target of 4.
3.5	**For this question you will need to refer back to your most up-to-date APPROVED logical framework**. Looking again at the *outcome indicators* outlined in your original application, please comment on the progress made towards achieving these during the reporting period, including any challenges and how these were overcome.
3.6	**For this question you will need to refer back to your most up-to-date APPROVED logical framework**. Please comment on the overall impact of the project to date, including any challenges and how these were overcome.
3.7	If progress towards delivering activity and outcomes has been slower than planned, please use this space to indicate the reasons why and whether any of the risks outlined in your application have impacted on the project.
Sustainability	
4.1	Provide a brief update on how your partnership is working and evolving.
4.2	Detail briefly your progress towards ensuring that your project will be sustainable in the longer term. We would like you to refer back to your exit strategy in your application form) as well as reflect on other elements of sustainability.
Learning and Dissemination	
5.1	The Scottish Government is very interested to hear of lessons you may have learnt during any aspect of the project and may use your experience in future policy consideration.

5.2	The Scottish Government is very interested to hear of any innovations or examples of best practice, and how projects are sharing good practice more widely.
5.3	The Scottish Government would like to know how the work of the project is being communicated more widely to a range of stakeholders in Scotland and beyond.
5.4	The Scottish Government would like to know if your project (whether intended or unintended) is likely to have an influence on policy.
Financial Reporting	
6	**For this question, you will also need to complete the summary page of the budget spreadsheet**. Please use the budget headings on the spreadsheet to provide a detailed breakdown of actual expenditure incurred during the financial year to which this report relates, against expenditure planned as well as expected expenditure for the next financial year. Please outline any reasons for any discrepancy in the budget spend. *N.B If the budget spend is more than 10% different from the original estimate please use the additional tabs on the budget spreadsheet to provide more detail.*
6.1	It is important for us to understand and learn from how projects budget, including reasons for underspend.
6.2	The Scottish Government is interested in how projects are working efficiently and effectively.
6.3	Please detail if the project has succeeded in sourcing additional funds to enable it to extend its work.
IDF Programme Monitoring	
7	The Scottish Government needs to understand who is being reached by the IDF and how therefore it is essential that projects contribute to programme monitoring.

Annex 2: Budget Spreadsheet Report