Scottish Government International Development Programme
End-Year Report

Notes for Completion:

- Please note, with the exception of the cover page, this report will be published.
- To ensure compliance with GDPR, refrain from using any personal or identifying information unless you have obtained consent from the data subject and are content for this to be made public.
- Answer all questions in the template provided, noting the word limits.
- Include all relevant information in the reporting template – hyperlinks and annexes will not be accepted as part of the report.
- Ensure answers are clear, concise and in plain English. Explain acronyms and avoid using jargon.
- Please ensure this end-year report covers the full reporting period (12 months).

Supporting Documentation *Check box to confirm key documents have been submitted with this report*	**Logical Framework, which reflects any changes in this reporting period.**	☒
	Budget	☒
	Case study	☒
	Risk register	☒
As the project manager responsible for the completion of this report, I hereby confirm the information included is accurate and complies with the notes for completion.		
Scotland-based Project Manager: **[Redacted]** **CEO St John Scotland** **30 April 2020**		**Signature:** **[Redacted]**

Scottish Government International Development Programme
End-Year Report

1. General project information		
1.1	**Project reference Number**	MAL/18/01 - StJS
1.2	**Name of organisation**	St John Scotland
1.3	**Lead partner(s) organisation**	St John Malawi
1.4	**Project title**	Community Action and Service Access for Maternal, Newborn and Child health
1.5	**Reporting period**	**From:** 01/04/2019 **To:** 31/03/2020
1.6	**Reporting year**	2
1.7	**Project start date**	01/10/2018
1.8	**Project end date**	31/03/2023
1.9	**Total project budget***	£465,421
1.10	**Total funding from Scottish Government***	£465,421 (includes grant variation additional funding for Bicycles of £7,830)
1.11	**Provide a brief description of the project's aims, highlighting which of the Sustainable Development Goals (SDGs) your project is working towards? (200 words)**	The project aims to support Sustainable Development Goal (SDG) 3's target to "achieve […] health coverage, […], access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines […]" (3.8), in Malawi through health education activities delivered in the household to pregnant women, new mothers, partners, and children under five. These activities directly contribute to "reduce the […] maternal mortality ratio" (3.1) and to "end preventable deaths of newborns and children under 5 years of age" (3.2) by focusing on safe motherhood. The project's mobile outreach clinics, and community-to-clinic referral system ensure women and men have "access to sexual and reproductive health-care services, including for family planning, information and education" (3.7), and also addresses the high pregnancy rate among adolescent girls. This further emphasizes the objective of Goal 5, which aims for gender equality and the empowerment of women and girls through "universal access to sexual and reproductive health and reproductive rights" (5.6). Lastly, the project aims to support SDG 6, to "achieve access to adequate and equitable sanitation and hygiene for all […], paying special attention to the needs of women and girls and those in vulnerable

		situations" (6.2), by providing practical sanitation advice delivered in the household; strengthening household knowledge and behaviour.

2. Project progress and results

Please use this section to give an update on the progress the project has made during this reporting period.

2.1	Provide an update on the progress your project has made over the past 12 months. Use this space to update us on what has gone well and any challenges you have experienced, detailing how you have overcome these. (Max 500 words)

Over the past 12 months, the project has successfully delivered safe motherhood and water, sanitation and hygiene (WASH) activities in Kauma, Chiuzira and Chimbalanga, Lilongwe District. Three new project initiatives have been successfully introduced: WASH household outreach, referrals for malnutrition, and Volunteer Savings and Loans Associations (VSLA).

Volunteer household support for safe motherhood is progressing well. 136 volunteers have undertaken refresher training in safe motherhood standard operating proceedures, attended monthly review meetings with Health Surveillance Assistants (HSAs), and received one-to-one monitoring and feedback.

Volunteers have consolidated their knowledge of safe motherhood and are now better able to tailor the education they deliver to the needs of the women and men they support. Consequently, more pregnant women are attending antenatal clinic (ANC) in the first trimester of pregnancy compared to the baseline assessment. After the birth, more new mothers are exclusively breastfeeding for 6 months, and using family planning methods to improve birth spacing. Men are also being engaged more effectively, resulting in an increase in the number of men attending ANC with their partners at health clinics.

Refresher training was provided to 136 volunteers in Growth Monitoring and Nutrition. This was tailored to improve referral rates for malnutrition in children under five. The referral system was reviewed with health staff, HSAs, and volunteers, who are now confidently referring suspected malnutrition. However, completion of the referral at health clinics is lower than expected, which is explained in section 2.3.

VSLA training was provided to 136 volunteers to empower them towards financial stability. Volunteers formed savings groups, which were monitored and supported throughout the year. One savings cycle has been completed, with interest gained from the savings shared between group members. The next savings cycle will commence in April.

Outreach clinics and mini-clinics continue to be held every month across all three sites with collaboration from the NGO Banja La Mtsogolo. These are well

	attended, and highly valued by community members, who reiterated their importance during stakeholder review meetings. 136 volunteers and 31 HSAs received training in household WASH education using the WASH manual developed with the local NGO Malawi Water Project. Volunteers are successfully delivering education to households, with quantifiable improvements in behaviour at the household level. This has not yet translated to a reduction in prevalence of diarrhoeal disease, which is expanded in section 2.3. Refresher training was delivered to 72 Health Advisory Committee (HAC) members, and leaders, to improve their ability to prioritize community health needs and relay these to their local health clinic and the District Health Office (DHO). The HACs are now directly raising issues with health clinics and have scheduled meetings with senior staff at the DHO to report issues affecting the health clinics. 136 volunteers have received bicycles which have enabled them to reach more remote project areas, and spend more time supporting households. The bicycles were disseminated in volunteer recognition ceremonies with the District Health Office and community leaders.
2.2	Has the focus or plans for delivery changed significantly during the last year? Please highlight what issues or challenges prompted this change and how you anticipate any changes in focus will impact on the previously agreed outcomes (Max 500 words)
	There has been no change in focus or plans for delivery during the last year.
2.3	Taking into consideration what you have achieved during the last 12 months, along with any challenges you have experienced, please highlight to us what lessons you have learned, and how these will be applied in the project in the future. (Max 500 words)
	In the Year 2 Mid-Term report we outlined that although beneficiaries receiving a referral for under-5 malnutrition were attending the health clinic to a high level (referral completion was 100%), the number of referrals made were much lower than expected. We learned that referral rate was low because this type of referral was introduced in the second year of the project, therefore volunteers prioritised it less than referrals for Safe motherhood. In addition, the health clinic standard referral procedure for malnutrition is different to that for safe motherhood referrals, resulting in confusion over when a referral should be made. Targeted training was delivered to volunteers, and malnutrition referrals were an on-going focus during Monthly Meetings with volunteers. Consequently, referrals for malnutrition increased, however referral attendance at the health clinic is now much lower. We've learned that this is because local health clinics do not currently have the nutritional supplements required and request the beneficiary to return at a later date with their referral. We are currently in discussions with health clinics to determine how to address this, so beneficiaries receive the treatment they need.

	We reported in the Year 2 Mid-term report that the objective of a HAC is to identify and report issues with health service provision to the relevant health authorities. HACs were successfully identifying issues but were not reporting them to the relevant authorities. We learned that we needed to address the disempowerment and limited agency the members felt. It was important to emphasise the mechanisms that they could use to voice change. This includes opportunities that are provided through the project, such as stakeholder reviews where the DHO attend. We learned that monthly review and follow-up was essential to ensure the HACs stayed motivated. This learning has been integrated into Year 3. WASH household outreach is a new initiative introduced in Year 2. The number of households fulfilling the WASH practices recommended by volunteers is high. 90% of WASH recommendations are fulfilled by households. However, this has not translated to a reduction in diarrhoeal disease, which was reported at year end at a higher level than baseline. We've learned that an indicator for diarrhoeal disease can be greatly affected by environmental factors outside of our control on a week by week basis. For example, the DHO ordinarily distribute chlorine tablets to households to treat water in our project sites, but chlorine tablets were not distributed as needed in the project sites at the time of the survey, which will strongly affect diarrhoeal prevalence. Alternative water treatment options are recommended in the WASH guidance; therefore we've learned we need to focus on encouraging a 'plan b' with households in relation to water treatment. We've also reviewed our WASH manual based on volunteer feedback and are seeking to focus future education on safe water sources and managing shared toilet facilities, in order to increase the relevance of the guidance. We will also include savings planning for bigger sanitation requirements such as toilets.
3. Partnerships and collaboration *This section allows you to discuss how partnership working is progressing on the project, as well as wider collaboration and sharing of learning.*	
3.1	Provide an update on how partnership working has gone in the past 12 months. Let us know about any highlights, challenges or changes to roles and responsibilities. (Max 350 words)
	The relationship between St John Scotland and St John Malawi is progressing well. The organisational capacity of St John Malawi has increased, with more effective management systems introduced to performance manage the project and staff. A monthly performance review, using a performance 'dashboard' to chart progress and analyse project output indicators as a team, has greatly enhanced ownership of the project across the St John Malawi team.

	St John Malawi work effectively with the District Health Management Team (DHMT) and District Health Office (DHO) to identify and utilise its staff to deliver volunteer training. The DHO is also responsive when challenges with health infrastructure impact the project; for example facilitating the identification of additional staff to deliver outreach clinics when required. St John Malawi has a strong relationship with the health clinics and health staff it partners with. Health clinic staff are engaged with all aspects of the project, notifying the organisation of any changes to staff, or operational challenges. HSAs continue to support the project and collaborate well with volunteers, however, there is a belief from a minority that allowances should be provided for their engagement in the project. Frequent meetings and training with health clinic staff are essential to manage these expectations, and improve understanding of the project in the context of their roles as HSAs. Community leaders are very pro-active in the project, ensuring volunteers have an opportunity to deliver community health education sessions during meetings, and advocating for men to engage more in the health of their partners during pregnancy. The communication channels between HACs and St John Malawi have also greatly improved, with Committees informing St John Malawi staff of their meetings in advance, and better co-ordinating group meetings for quarterly monitoring and evaluation. Lastly, St John Malawi is being recognised by other NGOs as an valuable partner, through its volunteer household delivery approach. NGOs working in the community invite St John volunteers to support their service provision for health interventions. St John Volunteers are reaching households with family planning methods in partnership with Banja La Mtsogolo, which has mutual benefits for project health outcomes.
3.2	Have any Scotland-based staff visited the project in the past 12 months? Give details including key activities and outputs of these visits.
	One visit was made to the project by Scotland-based staff in the past 12 months. Staff who visited the project include; St John Scotland CEO **[Redacted]** St John Scotland Communications Officer **[Redacted]** St John Scotland Prior (Council Chair) **[Redacted]**

Date of visit	Key achievements / outputs of visit	Follow-up actions
05/12/2019 – 08/12/2019	Collated communications material including interviews, focus group discussions, photographs and video content for use in St John Scotland's	Production of case studies focused on key beneficiary groups, a short video to demonstrate key aspects of the

	newsletter, annual review, website, social media, and donor report to Scottish Government.	project, a longer video covering all aspects of the project.
	Conducted focus group discussion and individual interviews with volunteers from the three project sites to examine the volunteer role, motivations, and challenges, and to assess volunteer knowledge and understanding of Safe motherhood and Water Sanitation and Hygiene standard operating procedures.	Review of micro-enterprise project feasibility and availability of NGOs to support seed-fund business development.
	Reviewed St John Malawi Safeguarding process and procedure.	St John Malawi to identify areas where safeguarding contact details can be posted within community spaces.
	Observed key project activities: outreach clinic delivery, WASH community health education session, household sanitation initiatives, and HAC monitoring.	Monitor outreach clinic staff turn-over and replacement. Escalate within health institutions if required. Pursue fundraising opportunities for outreach clinic equipment requirements.
	Interviewed beneficiaries across project implementation sites including male partners, pregnant women and new mothers to assess knowledge, attitude and practices as a result of project support.	Develop strategies for strengthening project quality incorporating recommendations identified during stakeholder interviews.
	Met with St John Malawi Board of Councillors: discussed strategic organisation development and long-term partnership with St John Scotland. Training with council on Business Plan Key Performance Indicator tool.	

3.3	Please tell us about any dissemination and learning throughout this reporting period. How have you promoted effective learning across the project? Please explain what processes you have used both internally and externally to share learning from the project so far, and how this learning is being used. (Max 500 words)
	St John Scotland has advance project dissemination and learning through the delivery of a briefing on the project to the Scottish Parliament in May 2019, for the Parliamentary Cross Party Group on Malawi. The Chair of the Scotland-Malawi Partnership was also invited as a guest speaker at the St John Scotland Festival in June 2019. Additionally, a report on the project was included in the St John Scotland Annual Report, published in January 2020.

St John Malawi has advanced project learning and dissemination externally through attendance at District Executive Committee Meetings, District Implementation Meetings, and District Council Meetings: during which project progress was shared with NGO representatives and the District Health Management Team. Updates were also provided to the Malawi Scotland Partnership (MaSP) Secretariat and national strands leads (Health and WASH), with achievements further shared at the MaSP Annual Symposium.

Internal processes for learning and dissemination include; quarterly review meetings with health clinic staff; on-going volunteer performance assessments; monthly review meetings between volunteers, HSAs, and St John Malawi staff; all-stakeholder reviews; community meetings; HAC meetings; monitoring data analysis and review, and St John staff performance review.

Review meetings with health clinic staff provide the opportunity to discuss and resolve service delivery issues and integrate lessons learned into service implementation. Volunteer performance assessments enable one-to-one learning. Trends in volunteer performance are incorporated into training during monthly volunteer review meetings, and refresher training. Quantitative data is also used to ensure the effects of the support are realised in performance data.

All-stakeholder reviews enable comprehensive learning and dissemination with a broad range of project stakeholders including DHO representatives, community leaders, men and women registered into the project, Area and Village District Committee representatives, HAC representatives, health clinic staff and volunteers. The reviews enable internal and external learning to be disseminated to those who can implement change. For example, the DHO were notified of drug shortages at health clinics, which were impacting outreach clinics. The DHO representatives were able to feedback during the meeting and explain what it will do to address drug shortages.

Community meetings further help local Committees to understand the project and disseminate messages to their communities. For example, local Committees have learned about the behaviours the project is trying to change - such as the importance of early ANC attendance - and are re-enforcing these messages through their Committee roles.

The development of project management tools with an analysis dashboard, allow for easy interrogation of project progress against targets. This has enhanced learning as trends in performance can be analysed. For example, the low completion rate of safe motherhood education sessions by men was quickly identified, and steps to address these challenges were implemented immediately. The introduction of automated data entry checks further provides instant feedback and learning for data entry clerks.

Lastly, monitoring tools with performance charts and a rag-rated work-plan and Budget Follow-up allow St John Malawi to reflect on their delivery performance as an organisation, and further enables St John Scotland to identify the support needs of St John Malawi.

3.4	Has the project completed a mid-term project evaluation in the past 12 months (or is one planned for the next 12 months)? Please provide detail of the outcome of the evaluation. (Max 500 words)
	A mid-term evaluation is planned in the next 12 months.
3.5	Please highlight how you are maintaining an awareness of others working in this region, giving details of collaboration, joint working or partnerships with others. (Max 500 words)
	Detailed Implementation Plan and District Executive Committee meetings were attended by St John Malawi, in conjunction with all active NGOs in the District, to outline pending programme proposals and review existing programme implementation. St John Malawi therefore has a comprehensive understanding of existing implementers, current activities and impending programmes. The organisation also attends regional and national MaSP meetings, where it is able to receive updates from other project implementation partners. St John Malawi collaborates with all project-relevant organisations working in project implementation sites. These include; Banja la Mtsogolo, World Relief, Youth Networking and Counselling Organisation (YONECO) and Family Planning Association of Malawi (FPAM). The activities undertaken by these organisations complement the work delivered by St John Malawi. Banja la Mtsogolo and FPAM provide alternative family planning options which are not ordinarily available at outreach clinics and health clinics. These organisations engage in mutual collaboration with St John by further training St John volunteers to provide family planning services at the household level during household outreach to new mothers. World Relief provide support to improve the nutritional status of people in Chimbalanga. St John Malawi therefore work to ensure that any serious cases of malnutrition are further flagged and referred to the appropriate contacts in World Relief. YONECO implement a youth friendly services project to improve young people's access to health services in Chuizira. The organization briefed the HAC St John Malawi established in Chuizira on their plan to conduct an assessment that will focus on the youth friendly service delivery at the health clinic. Lastly, St John Malawi collaborates with the Malawi Council for the Handicapped who provides advice and guidance on supporting volunteers and beneficiaries with disabilities within the project. St John Malawi are able to refer any cases of support to the organisation as required. The organisation assisted in the assessment of a volunteer with a disability, and the procurement of uniform in-line with their needs.

4. Safeguarding and fraud *Please ensure you complete questions 4.1 and 4.2 even if you have no incidents to report.*	
4.1	Have there been **any** safeguarding incidents, either relating to staff/volunteers or beneficiaries of the Grant or the Project, in the last 12 months?
	There have been 3 safeguarding incidents. One relating to a volunteer, and two relating to beneficiaries of the project in the last 12 months.
4.2	Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?
	One incident related to a beneficiary who was assault by another member of the community. This was reported to the community leaders and the police. One incident related to a beneficiary who was verbally accosted. The incident was not a breach of the law and therefore was not reported to the police but was reported to community leaders. One incident relating to a volunteer was not a breach of the law, although it was a breach of St John Malawi Safeguarding Policy. This was not reported to the police but was reported to community leaders. The incident was also reported directly to the Scottish Government Grant Manager.
4.3	Describe what action has been taken, and highlight any lessons learned.
	The volunteer under concern was suspended from their role in St John with immediate effect pending investigation. St John Malawi Board and Designated Safeguarding Officer held a case conference to discuss the best approach to address this with the volunteer, and key stakeholders more broadly. The outcome of the case conference was the issuance of formal termination letter to the St John Malawi volunteer. There was a briefing with St John Malawi volunteers and **[Redacted]** St John Malawi Safeguarding Policy. St John further re-emphasized it's safeguarding standards more broadly within the community, as although this case was culturally and legally acceptable, St John Malawi operates at an international level of safeguarding standards, and St John volunteers are representatives of the organisation who need to meet these standards.
4.4	Have there been any incidents in the last 12 months of financial mismanagement, theft, fraud etc, either relating to the Grant or the Project or which affects the organisation?
	No.

4.5	Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?
	N/A
4.6	Describe what action has been taken, and highlight any lessons learned.
	N/A

5. Risk assessment	
5.1	Have any issues materialised during this reporting period? If so, how were they addressed? *Please refer to risk assessment provided at application stage*.

Assumption	**Risk**	**Action taken**	**Was this included in the Risk Assessment Table in your application?**
Men are willing to address and challenge negative gender stereotypes	Medium	1. Held stakeholder discussions to establish reasons. 2. Instigated household visits at the weekend, so that both parents could be taught together at a time when the man was likely to be home. 3. Engaged community Chiefs where the benefits of male involvement were detailed. 4. Instigated a new strategy whereby if volunteers are unable to meet parents at the same time, volunteers will engage the man separately. 5. Agenda point on Monthly Meetings to discuss how to approach men being uncomfortable discussing topics with female volunteers.	Yes
HACs and Chiefs are willing to commit time to training and to improve capacity to sustain functional groups.	Medium	Intensified performance monitoring of the weakest HAC in Kauma; 1. Meetings with individual members. 2. Discussions with the Chairman of the HAC. 3. Reviewing of meeting minutes. 4. Attending HAC meetings. 5. Mediation meeting with the HAC to discuss progress to date, and outline the value of collaboration.	Yes

HACs and Chiefs are able to organise and mobilise resources in an effective and concerted manner for joint decision making with health clinics.	Medium	1. Direct support from St John Malawi with each HAC to shift understanding and attitudes around 'there is no point in reporting' by justifying reasons why it is important and to make the most of the platform the project allows. 2. Intend to discuss these perceptions during project stakeholder review, where HACs and DHO will be in attendance. 3. Integrate this attitudinal change making into refresher training.	Yes
Health clinic staff remain at health clinic for at least one year.	Medium	1. Refresher trainings with health staff on the referral system. 2. Frequent meetings with health clinics by St John Malawi staff to maintain relationship with senior staff, who notify St John Malawi of staff changes and provide an explanation and introduction to the project.	Yes
Referral System	Medium	1. Refresher training with volunteers which included malnutrition referral. 2. Discussion with volunteers during Monthly Supervision. 3. Discussion with HSAs to ensure understanding.	Yes
Political Stability	Medium	1. Project activities were re-scheduled outside of key political time periods. 2. Staff remained aware of political context and planned activities around known rallies.	Yes
Political stability – volunteer safety	Medium	1. Volunteers were advised to heed to local authority advice regarding political unrest. 2. Volunteers were advised to not wear their volunteer uniforms if they were undertaking volunteer work during political unrest, so that they do not stand out from the crowd.	Yes
Environmental stability – COVID 19	Medium	Situation closely monitored in close consultation with the DHO and Health Clinics via phone and What'sApp groups. Staff and volunteers sensitisation and awareness meetings conducted in accordance with government recommendations. Dissemination of precautionary measures across staff and volunteers. Maintain connections with Ministry and District Health Offices, Facebook, and network groups to react immediately to requirements of government. Review of Business Continuity Plan.	Yes

6. Inclusion & accountability *Thinking specifically about the past 12 months, please use this section to tell us how you are mainstreaming through your project, ensuring that you are aware of and actively working to reach vulnerable and marginalised groups.*	
6.1	Is the project still relevant for the beneficiaries you are working with? Please highlight how you ensure accountability on the project, ensuring beneficiaries have the opportunity to feedback on the project and influence its development? (max 350 words)
	The project is still relevant to the beneficiaries it is working with. Review of the project log frame to date including baseline, indicator targets, and performance against indicator targets, demonstrates that there is still scope for tangible improvements in health outcomes for project beneficiaries. Project relevance is also demonstrated by the high demand for services the project provides. Enrolment of pregnant women and new mothers onto the project is significantly higher than forecast, with negligible drop-out rates. Access to outreach clinics and mini-clinics is significantly higher than forecast; community meetings confirm beneficiaries value clinics, as they make health services easier to reach. Additionally, monitoring data for WASH practices reveals very few households achieve basic WASH standards before they receive support, and the majority start at a very low level of knowledge, attitude and practices for WASH. Accountability to project beneficiaries is maintained through frequent consultation with community groups who channel and represent community views. This includes community Chiefs, HACs, and community Committees who are engaged in community leaders' meetings. Meetings were held at mid-year with 70 Chiefs and community members, and at the end of the year with 56 Chiefs and community members. The issue of male involvement was raised as a priority by Chiefs during these meetings; with recommendations that volunteers continue to engage men at the weekend and prioritise the most important lessons first. These suggestions have directly influenced the guidance St John Malawi give to volunteers on how to engage men in the safe motherhood programme. Mid-year and end of year stakeholder review meetings also ensure accountability with a broad range of stakeholders. 93 individuals attended these meetings including the DHO, health centre staff, community leaders, volunteers, Committee members, men and women registered onto the programme, and HAC members. Feedback is provided immediately to all key stakeholders through the facilitation process. The stakeholder meetings discussed what works well and what needs improvement within the project. Project beneficiaries gave positive reports on St John volunteers who have 'good manners' and 'keep confidentiality'. Delays to outreach clinic commencement was raised as an issue, and this feedback was

	discussed directly with the Health Clinic and District Health Office. Improvements have been made, however this is an on-going challenge as health staff leave their posts frequently.
6.2	Do you have an awareness of particularly vulnerable or marginalised groups within the community in which your project is working? Please give details on how you are disaggregating data to recognise these groups across the project. (Max 350 words)
	The most vulnerable groups the project supports are pregnant women and new mothers. Within this demographic, sub-groups which are particularly vulnerable are those that are single, particularly old or young, living with a disability, and/or living with HIV. The project disaggregates data to recognise all of these groups through marital status, age, and disability status of women enrolled onto the project. No data is collected from beneficiaries on their HIV status. This question is not asked of beneficiaries as it is highly sensitive. However, all pregnant women and new mothers receive information on pre-natal and post-natal care in relation to HIV, therefore if a woman were to be HIV positive, they would be directed to the correct referral pathway through the initial education and first attendance at antenatal and post-natal care services at the health clinic.
6.3	How is your project working to actively meet the needs of these vulnerable and marginalised groups, ensuring they are benefiting from the project? Please outline any mechanisms you are using. (Max 350 words)
	The project approach has been designed to address gender inequalities and ensure equal access to health services by targeting women as major beneficiaries and seeking to address underlying issues of poor female empowerment by engaging men in what is traditionally a patriarchal society. Volunteers undertake a household saturation approach to reach all households and collaborate with community members to ensure that the rights and needs of excluded groups are recognised and respected. Volunteers identify barriers to attendance for specific women and girls and accompany them to health clinics if required. Outreach clinics provide opportunities to reach out to people who may not otherwise access services as the services are taken to them. Existing collaboration with the Malawi Council for the Handicapped, provides referrals for people living with disabilities, support and general advice. St John Malawi also collaborate with the organisation Youth Networking and Counselling Organisation (YONECO) which supports youth friendly services. Training of health staff in patient-friendly services and HACs in the rights of beneficiaries provides a mechanism for marginalised and vulnerable groups to voice their needs and address barriers at the Health clinic.

	Community participation through feedback mechanisms ensures that the views of males and females are actively sought throughout the project cycle. Monitoring data includes include sex disaggregated data, religion, disability, marital status, age, and gender equality indicators.
6.4	Taking into consideration some of the challenges of mainstreaming, please describe any challenges you have faced in reaching vulnerable and marginalised groups, how you have overcome these or plans you have developed to support inclusion on the project. (Max 350 words)
	The prevalence of adults living with disabilities in Malawi is 5.6% (Living Conditions among Persons with Disabilities in Malawi 2017). The project has enrolled some people with disabilities into the programme, however the percentage reached is <1%, which is significantly lower than the proportion of adults living with disabilities nationally. The age distribution of women enrolled onto the project is in line with national demographics, however, the proportion of married women enrolled onto the project is higher than the proportion of married women nationally. One reason for this is the social expectation that a woman be married if she is pregnant, with the answer from beneficiaries being one that is socially acceptable. The proportion of women accessing outreach clinic services is much higher than men, indicating that these services are meeting their intended purpose to increase access to health clinic services specifically for pregnant women and new mothers. However, outreach clinics do not provide service support for people with mental illness. Recognising that there are areas to improve upon, we plan to support greater inclusion and diversity in the project by hosting an education session with project volunteers on inclusion and diversity, to ensure that there are no underlying prejudices in enrolment. We intend to consult organisations we currently work with to assist us in this; we will request educational material on disabilities and inclusion from MACOHA, we will seek advice on how to address marital status in enrolment (often young mothers are single mothers) from YONECO, and we will seek partnership for the delivery of mental health services at outreach clinics through the NGO 'St John of God', who currently deliver mental health services at outreach clinics within the region. We also intend to include demographic statistics on the performance monitoring dashboard of the monitoring tools we use, so that demographic data is reviewed more frequently. This will also enable us to recognise any changes as a result of the training session.
7. Financial information *This section will be reviewed alongside your budget report, which should be included alongside your narrative and logframe. Please ensure this spreadsheet is completed with both a detailed breakdown of expenditure for this financial year, along with your projected spend for the next financial year.*	

Scottish Government International Development Programme
End-Year Report

Please note 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.	
7.1	With reference to your budget spreadsheet, please give a detailed explanation of any variances between planned and actual expenditure, including reasons for the variances and whether these are as a result of timing issues, price achieved, quantity etc. If these are temporary variances, please outline plans for expenditure. (Max 500 words)
	The full grant has been spent, with variance in expenditure planned for in the Year 2 budget forecast and anticipated in the mid-term report. The budget spreadsheet is reporting variance against the original proposal budget submitted in 2018, rather than the reforecast that was made at the start of year 2 (April 2019). As a result, there is some very limited variance as explained below. In this report, we have entered an up to date forecast as our year 3 projected spend. **Staff Costs** true underspend was allocated to Direct Project Costs for Implementation, Output 5 as agreed in the Year 2 Mid-Term report. **National travel** is 8% higher than originally planned. This was a result of new staff being oriented onto the project, and managed through an underspend in the Running Costs In-country 'Other'. **Subsistence costs** for National staff were included as part of Direct Implementation Costs in our original proposal, but are now reported under subsistence costs for national staff. This has been reprofiled in Year 3. **Direct project costs for implementation** have been fully spent with output level variance aligned with planned forecast amounts for Year 2. The Year 1 carry forward of £2063 for the WASH manual has been reported against output 4 and fully spent. The additional bicycle grant of £7830 has been reported against output 1. There is a delayed spend of £500 for the maintenance component of the bicycle grant, and a £21 true underspend overall. We request the true underspend be allocated towards the output 1 bicycle maintenance budget line in Year 3.
7.2	Please give details of any capital expenditure in this reporting period. (Max 350 words)
	N/A
7.3	Please explain how you have worked to ensure cost effectiveness on the project in the past 12 months, whilst maintaining the quality of delivery. (Max 350 words)
	Cost effectiveness has been ensured through effective operational management and coordination of the project. This includes; the use of

	workplans for project activities; utilising the budget follow-up management tool to effectively forecast and reallocate expenditure as required; using relationships with Ministry and District Offices to access trainers; and following a standardised procurement procedure. Workplans are outlined at the start of each year, and reviewed monthly, enabling departmental activity and travel coordination. For example, data collection is undertaken where possible in conjunction with activities that already require travel to the project sites. Forecasting using the budget follow-up tool enables us to effectively manage the grant expenditure and over/underspend. We actively allocate underspend to other activities which require more funding, maximising the effectiveness of the funds provided to us. The project seeks where possible to utilise trainers from the Ministry and District Health Office. These trainers are significantly cheaper than independent trainers or consultants and means that we can utilise these savings to support other project deliverables. Lastly, St John Malawi follows a standardised procurement procedure. This includes collecting three quotes, with review by a procurement committee to ensure value for money.
8. Any other information Use this section to tell us any other relevant information regarding your project. (Max 500 words)	