Scottish Government International Development Programme
Mid-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. Avoid using jargon and explain acronyms.

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**	 X X X X
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.		
Scottish based Project Manager: **[redacted]**		**Signature:** **[redacted]** 30th October 2019

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1. General Project Information		
1.1	**Project Reference Number:**	MAL/18/03
1.2	**Name of organisation:**	University of Edinburgh
1.3	**Lead Partner(s) organisation:**	Nkhoma Hospital
1.4	**Project Title:**	Moving towards sustainability: strengthening rural health facilities, upskilling providers and developing mentoring capacity to support roll-out of cervical cancer 'screen and treat' services across Malawi (MALSCOT)
1.5	**Reporting Period:**	**From:** 01/04/2019 **To:** 30/09/2019
1.6	**Reporting Year:**	Year 2
1.7	**Project Start date**	01/10/2018
1.8	**Project End date**	31/03/2023
1.9	**Total Project Budget***	£1,459,178
1.10	**Total funding from Scottish Government***	£1,288,378
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 builds on the prior collaborative and successful partnership working between Malawi and Scotland in delivery of same day cervical cancer 'screen and treat' services at Nkhoma Hospital. It seeks to support roll-out of that model in Northern, Central and Southern Regions, based on developing effective mentoring tools, -strengthening health professional skills within Malawi, and extending services to rural health facilities. Our 3 Sustainable Development Goals are to contribute to – Good Health and Wellbeing; Reduce Inequalities; and Partnerships for the Goals; Our focus and direct beneficiaries include women of all ages: a) Young women with little knowledge and understanding of the burden of cervical cancer and the benefits of preventative measures. b) Older women within the Ministry of Health age range for cervical screening who will benefit from access to same day 'screen and treat' services. c) Women living with HIV who are at significantly greater risk of developing cervical cancer. d) Vulnerable and disadvantaged women, including those with disabilities who find access to clinics difficult and those in prison/young offenders' institutions. Indirect beneficiaries include the children of the women; husbands and partners; healthcare providers; and the population as a whole. (**193 words)**

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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 during the reporting period. Use this space to update us on what has gone well and any challenges you have experienced, detailing how you have overcome these. (Max 350 words)

1. Very positively:
   - **4 Hubs** strengthened (Ekwendeni, Mzimba North, Mitundu and Mlambe) with provision of equipment and supplies.
   - **5 Health Centres** strengthened in some cases with on-site works. Needs assessment is led by the Hubs, carried out locally, and equipment and supplies procured. All are providing weekly screen and treat services.
   - **10 additional VIA providers** have been trained (6 female, 4 male) and 16 VIA providers have undertaken experiential training.
   - **25 mentors** are providing mentoring in their localities and will act as ongoing mentors to future VIA providers.
   - **7,359 women** have received a first VIA screening. VIA positivity is approx. 3.5%: women receive treatment or further investigation.
2. Despite the major challenges (Mulanje Mission Hospital and Dignitas International Hubs withdrawing from the Project) the in –country Project Lead has worked hard to replace these and we have been encouraged by the responses from the Zomba and Thyolo District Health Offices (DHOs) to become new partners. Wording of Project Collaboration Agreements have been negotiated between Nkhoma Hospital and the 2 potential partners; proposed Budgets have been reviewed. Potential Hubs have identified, with associated health centres. It is hoped that final agreements will be signed off with Thyolo DHO and Zomba DHO during November 2019. Both sent representatives to the October Project Team Meeting in Mponela.
3. There are limited pathology facilities and associated lab results across Malawi. As part of MALSCOT we are setting up a system with the UNC lab in Lilongwe (to cover the Northern Hubs); and with QECH in Blantyre (to cover the Southern Hubs) to fund biopsy reporting at a consistent level across MALSCOT. Meantime our Project Lead has:
   - Updated costs which has enabled us to reprofile the budget and ensure consistency of biopsy testing and reporting across the Project
   - Identified the opportunity to consider LLETZ - a procedure supported by the Malawi Ministry of Health. This treatment is for lesions too large for thermal ablation but not requiring radical surgery.
4. We are working with the Malawi Ministry of Health to ensure that our Project aligns and adds value to their Malawi-wide Cervical Cancer Screening Programme.

(350 words)

2.2	Have you experienced any delays to planned activities? Provide full details including what action is being taken to bring activities back on track.(Max 350 words)

As reported by the end of Year 1, VIA training, and draft mentoring toolkit were in place. Project Collaboration Agreements, Lead and co-ordinator roles were understood and working well. Development of a Safeguarding policy and design of REDCap database (for data collection) were well underway. At the end of Year 1 there was significant underspend due to the time taken for needs assessments at the Hubs and health centres once the agreements were in place – much progress has been made with strengthening of four Hubs and five new health centres over the last six months.

	1. During the first 6 months of Year 2 the Project there have been delays due to: • As reported at end-Y1, Mulanje Hub withdrew. Then in May, when Dignitas International withdrew from Malawi, a second Hub became vacant in the Southern region. • Thereafter the Project Lead has worked extensively with Southern Region, building relationships to identify replacement in-country partners –as described above, we are in the final stages of signing agreements with Thyolo DHO and Zomba DHO, and working closely with the DHO Medical and Nursing leads, and the local VIA Coordinators, to finalise Hub and health centres. As soon as these processes are finalised, we will work closely with the Hubs to 1. Strengthen and equip them to the same level as other MALSCOT Hubs, and carry out needs assessment of an initial health centre. 2. Provide VIA training courses in the Southern region (planned late November or early December) and experiential training for approx. 10 providers • Procurement of in/out-of-country equipment and supplies deliveries can sometimes be slow, so we have moved to a planned approach to ensure a 'pipeline of' procurement' which leaves no unnecessary gaps in medical supplies. 2. We have developed a forward-looking 6 to 12-month plan to ensure that we return to on-budget and on-time delivery. This plan enables us to know: • which Health Centres are going 'live' and when, ensuring needs assessment is carried out in advance. • Ensure the associated MoH and experiential training are in place • Procure in time the associated equipment and supplies. **346 words**
2.3	Are you on track to meet your year-end milestones? Give details of any areas that are behind, and how you plan to overcome this. (Max 350 words)
	Despite the challenges listed in 2.2 above, and as shown in the Logframe, MALSCOT is on target to achieve our Year 2 end targets: 1. We have already exceeded the Year 2 target for the number of women screened – 7,359 women have received their first VIA screen at project Hubs and the five new health centres, against a target of 5200. This a tribute to the engagement of the project partners with their communities, and reflective of the need for this service 2. We are on target for screening in additional health centres – 5 have started, against a planned 8 in Year 2, with another 6-8 planned by the end of Year 2 – again reflective of the need on the ground for this service 3. We are on target for training new VIA providers – 10 new providers were trained in August 2019, another training is planned by the end of the year, allowing us to reach the target of 20 by the end of Year 2 4. We are on target in development of the Mentoring Toolkit with consequent support for mentees in often-isolated health centres. The toolkit has been field tested over the past several months in Nkhoma, Partners in Hope and in 4 of the 6 Hubs. Detailed and helpful feedback was provided at the Mentoring Toolkit session at Mponela Project meeting 10/11 October; a revised toolkit will be recirculated for checking in the field before submission by the end of Year 2 to the Safe Motherhood Committee for review and endorsement. 5. We have exceeded the target for training of mentors – 25 mentors have been trained in use of the toolkit and providing support to their colleagues, against a target of 5. The extent to which the Hubs have embraced the concept of Mentoring and use of the Toolkit has been very encouraging and exceeded our expectations – and so important as MALSCOT works to build a cohort of experienced providers who will maintain standards in their localities.

	330 words

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 during this reporting period, letting us know about any highlights, challenges or changes to roles and responsibilities. (Max 350 words)

Our partnership working is strong:

- Edinburgh University and Lead Partner – Nkhoma, undertake monthly Skype meetings and international visits – in both directions (see details in 3.2 below).
- Edinburgh University, Lead partner, 6 Hub Co-ordinators and Health Centre representatives – 6-monthly project meetings
- Scottish professionals and MALSCOT team – Scottish and Malawian partners have worked closely in the development of the REDCap screening module (led by Dr Bagrey Ngwira), and development of the mentoring toolkit (co-design, field-testing in health centres)
- The MALSCOT Safeguarding policy has emerged from a wide consultation process. An initial draft was developed following the Scottish International Development Alliance's guidance, drawing on existing partner policies, with subsequent review and input from the Malawian Ministry of Health. Further work has since been undertaken with civil society organisations in Malawi (including a meeting with representatives of human rights groups, Church and Society, and the Association of Persons with Albinism), again proving beneficial in refining language and critically obtaining views on how to operationalise and mainstream inclusive practices within MALSCOT. A final review involves input from the Women's Coalition Against Cancer (expected by the end of November). A pictorial infographic has also been developed and will be available in English, Chichewa and Tumbuka
- MALSCOT – in addition to formal meetings and training sessions, MALSCOT has established a WhatsApp Group which enables the local teams, operating as much as 730 km apart, to communicate in real time about issues to resolve and successes to celebrate AND it allows the Edinburgh team to contribute and share in the life of the Project.
- In the two cases where we have had to change partners, Zomba DHO and Thyolo DHO have come on board. Each has identified potential hubs and health centres for immediate strengthening and service provision. We envisage that working closely with these DHOs will support Malawian Ministry of Health facilities with a view to long-term sustainability in country. However, we do recognise that both new partners will need to 'get up to speed' on MALSCOT processes and practices, and both have challenges in terms of building infrastructure and road quality that may impact speed of roll-out of services

	352 Words
3.2	Have any international visits to the project taken place in this period? Give details including key activities and outputs of these visits.
	[redacted]

Date of visit	**Key achievements / outputs of visit**	**Follow up actions**
[redacted]visit to Scotland, 3rd June to 15th June 2019	**Scottish HPV Reference Laboratory (4th June):** Participated in design of a GCRG outline application for funding (via St Andrew's University), to conduct HPV surveillance following HPV vaccine introduction. **Ninewells Hospital, Dundee (5th – 7th June):** Clinical observation of colposcopy procedure to upskill knowledge, clinical observation of thermal ablation, observed punch biopsy procedure and use of lidocaine, and use of Zed scan. **University of Edinburgh (10th – 14th June):** Review and extensive forward planning of MalScot project activities with project leads; Meeting with Ben MacPherson (Minister of Europe, Migration and International Development) and **[redacted]** Presentation of MPH research topic with primary care research group; Attended Scottish Parliament Cross Party group on Cancer **University of Glasgow (10th June):** Meeting with **[redacted]** Discussion	**[redacted]** shared clinical lessons learnt from this trip with colleagues at Nkhoma Hospital and also shared the visit report with management of Nkhoma Hospital **[redacted]** will visit the College of Medicine new lab in Blantyre to meet laboratory head / project lead with a view to discussion of research ideas **[redacted]** has been invited to present our project approach and preliminary findings at the British Society for Colposcopy and Cervical Pathology Annual conference (BSCCP) conference (late May 2020) **[redacted]**with **[redacted]**and other Edinburgh & Scottish colleagues will continue to liaise through Beatrice with academic and clinical colleagues in Malawi to develop and submit research applications, taking forward proposals relating to HPV surveillance, HPV vaccine delivery, health services research (evaluation and observational studies), and capacity building

	focused on the Blantyre-Blantyre laboratory link with the College of Medicine, University of Malawi, and potential for collaborative projects	
[redacted]	**Safeguarding meeting with civil society organisations (03/10). MaSP office, Lilongwe** **[redacted]**with representatives of CSOs to review MALSCOT Safeguarding policy and practices – detailed and helpful input was received **MALSCOT project meeting, Mponela, 10th & 11th October** **[redacted]**met will all partners (three from each Hub). The two- day programme included detailed feedback on the previous six months' activities, detailed planning for the coming six months, feedback on the Mentoring toolkit, CPD session led by **[redacted]**as well as an M&E session led **[redacted]**and a finance session by **[redacted]**. Use of REDCap database was reviewed, and the data clerks had a separate training session. **[redacted]**gave supportive welcoming remarks on behalf of the Ministry of Health. **Visit to Mlambe Hub (14/10)** **[redacted]**met Mlambe staff to discuss all aspects of Miriam's 8-week visit **Visits to Thyolo DHO (14/10)**	A revised Safeguarding policy will be circulated to project partners for review before submission to the Safe Motherhood Committee; training materials for Safeguarding policy and reflective practice are being developed The Mentoring toolkit will be revised and circulated to project partners before submission to the Safe Motherhood Committee; mentoring will continue across project sites. Needs assessment and procurement for implementation in new health centres is underway. Ongoing discussions with **[redacted]**, to finalise suitable Hubs, and health centres

	[redacted] to discuss partnership, carried out a site assessment at Thekerani. **Blantyre (15/10)** **[redacted]**review REDCaP database and discuss potential HPV research projects **Visit to Zomba DHO (16/10)** **[redacted]** discuss partnership, carried out a site assessment at Nasawa	

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 incidents, relating to the Grant or the Project, in the last reporting period which contravene your safeguarding policy?
	No.
4.2	Have there been any incidents in the last reporting period of financial mismanagement or fraud, relating to the Grant or the Project?
	No. Monthly Skype calls include finance updates and discussion of project spend.
4.3	Have these incidents been reported to relevant authorities, and if so, to whom?
	N/A
4.4	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 will were these addressed?		
Assumption	**Risk**	**Action Taken**	**Was this included in your original Risk Assessment Table?**
Mulanje Mission Hospital withdrew as a Project Hub	Project would lose a Hub and targets of patients 'screened and treated'; and trained staff would not be reached	1. **[redacted]**and **[redacted]** had discussions with Mulanje in-country and in Scotland. The matter was also discussed in full with Scottish Government. Mulanje Mission Hospital with-drew from the Project. 2. **[redacted]**Full discussions took place with both parties and it was agreed to proceed to the Collaboration Agreement and Budget stages. Once these administrative procedures have been completed, **[redacted]**	No
Dignitas International withdrew their operations from Malawi	Project would lose a Hub and targets of patients 'screened and treated'; and trained staff would not be reached	1. Dignitas International an-nounced in April that they were withdrawing their operations from Malawi and therefore from the Project. 2. **[redacted]**Full discussions took place with both parties and it was agreed to proceed to Collaboration Agreement and Budget stages. Once these administrative procedures have been completed**[redacted]**	No
Data clerks have required skills	Insufficient data clerks with sufficient training are available	Some of data clerks had less expe-rience of computers and data entry than anticipated. **[redacted]** We are including additional costs for travel and support in the ongoing re-profiled budget.	Yes

6. Financial Information

This section will be reviewed alongside your mid-year budget spreadsheet, which must be included with this report.

6.1	Explain any variances to planned expenditure in this period. (Max 350 words)
	There are a number of variances in planned expenditure in the reporting period. We consider these to be Delayed Spend. As described in column G: **Staff costs** In Scotland, the University of Edinburgh has still to charge for full salary costs for

	Year 2. In Malawi, not all staff costs been invoiced from / transferred to in-country partners by 30th September. Tis budget line also includes salaries for Mulanje and Dignitas International which are not longer Hubs - as new partners **[redacted]**, and Southern coordinator role is taken up by Mlambe, variance will be reduced substantially **Running costs in country** Includes Hub running costs, fuel and vehicle, communications and stationery, and health centre running. As above, in-country partners have been slow to submit invoices for payment against 30/09/19, therefore not reflected in this Mid-Year 2 report. Also as above, costs of two Hubs (Mulanje and DI) not included, but once screening activities start at **[redacted]** **Implementation costs** Most of the variance relates to Output 1, strengthening hubs and roll out to health centres – this is delayed spend as procurement for new health centres in Year 2 is underway, and strengthening of the new hubs will happen over next 3 months **Capital costs** As two new Hubs and new health centres come on board this delayed spend will be reduced substantially by the end of Year 2 There have been important learning issues for the project. 1. Hubs need to invoice Nkhoma Hospital promptly**[redacted]** meeting. **[redacted]** by visiting the Hubs in the Northern Region to review MALSCOT financial processes and emphasise the need for prompt invoicing **[redacted]** will visit other Hubs including new partners to ensure shared understanding of processes 2. Nkhoma Hospital needs to ensure they provide prompt submission of invoices to the University of Edinburgh within each Quarter, and also ensure prompt payment of invoices submitted to them by in-country partners 349 words
6.2	At this stage, does your projected expenditure look to be on track? If not, outline the reasons why, and what plans are in place to bring spending back on track. If you are requesting changes to your budget at this stage, outline them below. (Max 350 words)
	As above, we consider much of the variance to be Delayed Spend, with expected expenditure over the remaining 6 months of Year 2 to be very much on track. In particular, the strengthening of two new Hubs, and the equipping and refurbishment of 6-8 new health centres will reduce much of the variance. In addition, some costs for the reporting period, from both Scotland and Malawi, were not processed in time to make the 30th September cut off so will be included in the end Year 2 Budget Report As discussed with SG previously we wish to submit a request to re-profile of the Budget to reflect a number of changes and/or issues we wish to factor into remaining project expenditure. For example, to include: Salary costs - removal of costs for Mulanje MH and Dignitas International, replacement with costs for the new partners **[redacted]** - the change of the Southern coordinator role from Dignitas International to Mlambe Mission Hospital - additional fuel costs for Nkhoma **[redacted]**, and for Yowati Chirwa project

	accountant for finance visits In country running - we will correct the costs to reflect only 4 Hubs in place for Year 1 and first half of Year 2 - revised Histology costs – informed by costs from **[redacted]** for UNC biopsies - extra fuel for Thyolo DHO to reflect distance, similarly Mzimba North - LLETZ equipment and trainings Implementation - increase costs for sensitisation, including communication for different groups/ target audiences - reflect increased cost of MoH trainings, reduced costs of experiential trainings - increase the pool of trainers, so add additional 'Train the trainer' costs - ensure 6-monthly MALSCOT project meetings costed M&E&L - data training visits We look forward to submitting and discussing a detailed re-profiled Budget request with SG in coming weeks 328 words
6.3	Do you have a proposal for how you would like to utilise any of your ring-fenced underspend, excluding any currency gains? (Max 350 words)
	We recognise there is ring-fenced underspend from Year 1, and have spent time discussing with Malawian partners and seeking input from international cervical screening colleagues about how to wisely strengthen provision of care for women in the screening service. A critical emerging issue is ensuring pathways to treatment for larger lesions that are not suitable for treatment with thermal ablation but do not require radical surgery. As increasing numbers of women are screening both through MALSCOT and through work of other screening providers in Malawi, the number of women requiring this treatment will increase. We wish all MALSCOT Hubs (which act as referral sites for the spokes, their associated health centres), to be able to provide LLETZ treatment by the end of the project, to a high standard. The Malawi MoH purchased LLETZ machines through Global Fund monies but have not been able to fund training in their use so many are currently unused. Any training developed through the MALSCOT project would seek to support the MoH in provision of training in strategic facilities. We also remain committed to strengthening surgical capacity for radical hysterectomy in Malawi and are looking at ways to partner with gynaecology specialists in Malawi and Scotland Again, we look forward to discussion of detailed plans with SG in due course. 215 words

7. Any other Information

Use this section to tell us any other relevant information regarding your project. (Max 350 words)

1. Despite challenges, the MALSCOT project is running well, with strong national co-ordination and leadership from Nkhoma Hospital. The wider team are also excellent and very committed to ensuring health centres are well informed and delivering well. There are strong connections with the Malawi Ministry of Health including attendance at the recent partners' meeting in Mponela, and we are pleased with the joint working across our Project area.
2. **[redacted]** is currently providing support to the Mlambe Hub and associated health centres (October to mid-December 2019), very much as she did at Nkhoma Hospital at the start of the previous project MW01 in late 2013**[redacted]** will also work with Mlambe in developing CPD as the Southern coordinating site
3. **[redacted]** has expressed the desire that the Mentoring Toolkit, and the Safeguarding Policy and supporting materials, be made more widely available within the National Cervical Cancer Screening Programme after they have been finalised and undergone review and endorsement by the Safe Motherhood Committee
4. **[redacted]** Nkhoma Hospital has received Malawian training as a 'Trainer of trainers', and sits on the National Cervical Screening Control Program Committee that has recently produced revised Ministry of Health Screening Guidelines, and Standard Operating Procedures
5. The World Health Organization (WHO) has recently updated their guidance on the use of thermal ablation in LMICs (May 2019). Published results from MW01 contributed to the evidence that informed the revised guidance. **[redacted]** was on the Expert Working Group, **[redacted]**
6. As mentioned above, lesions identified at screening are too large for treatment with thermal ablation but do not require surgery. WHO recommends 'Large Loop Excision of the Transformation Zone' or LLETZ. We wish to ensure each Hub (where possible) is able to deliver this treatment option by the end of the project. This will require purchase of equipment and specialist training, and we will be including costings for this in the re-profiled Budget request.

   349 words