

# Scottish Government Zambia Development Programme

## End Year Report

<b>1. General Project Information</b>			
1.1	<b>Project Reference Number:</b>	ZAM 1	
1.2	<b>Name of Organisation:</b>	CBM UK	
1.3	<b>Lead Partner(s):</b>	Beit Cure Hospital (BCH)	
1.4	<b>Project Title:</b>	<b>PrevENT Project:</b> Community Ear and Hearing Health Care and Rehabilitation of Disabling Hearing Loss	
1.5	<b>Reporting Period:</b>	<b>From:</b> 01/10/2018 <b>To:</b> 31/03/2019	
1.6	<b>Reporting Year:</b>	Year 2	
1.7	<b>Project Start date</b>	01/10/2017	
1.8	<b>Project End date</b>	30/03/2022	
1.9	<b>Total Project Budget*</b>	£1,269,589	
1.10	<b>Total Funding from IDF*</b>		
1.11	Have you made any changes to your logframe? If so please outline proposed changes in the table below. Please note all changes require Scottish Government approval. If changes have already been approved please indicate this in the table.		
	<b>Outcome/Output</b>	<b>Proposed Change</b>	<b>Reason for Change</b>
			<b>Date Change Approved and by Whom</b>
1.12	<b>Supporting Documentation</b> Check box to confirm key documents have been submitted with this report	<b>Up to date Logical Framework, which reflects any changes detailed above.</b>	<input checked="" type="checkbox"/>
		<b>Up to date Budget Spreadsheet</b>	<input checked="" type="checkbox"/>
		<b>Recent Case Study</b>	<input checked="" type="checkbox"/>
1.13	Please highlight any actions identified by the Scottish Government in your most recent review. Please tell us about what action you have taken to address this feedback, if relevant.		
<b>Scottish Government Feedback:</b>		<b>Action taken:</b>	
<b>Report Author:</b>		<b>Signature:</b> [REDACTED]	

[REDACTED]

## 2. Progress and Results

Please use this section to give an update on the progress the project has made during this reporting period. This section will be reviewed together with your Logical Framework and budget spreadsheet.

2.1 Please give an update on the progress your project has made during the reporting period. Please 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)

The successful training of 24 Nurses/Clinical officers and subsequent setup of Primary Ear and Hearing Health Care at 11 rural health posts and 22 urban based clinics in Year 2 of this project is evidence of the contribution the PrevENT project makes towards the government's effort of attaining universal health coverage and helping to decreasing the high disease burden.

The project continues to collaborate closely with the Ministry of Health (MOH) and its priorities through the office of the National ENT Coordinator and other government offices.

Summary of Year 2 progress:

- The project trained and equipped a total of 24 (13 male/11 females) nurses/clinical officers bringing the cumulative total to 33 (20 male/13 females) nurses/clinical officers. The trainees screened a total of 7,721 people (1,529 Males/1,622 Females, 2204 Boys/2,366 Girls).
- Two outreach clinics were held on 3 March and 30 March, 2019 in Lusaka and Kapiri Mposhi respectively. Over 500 patients were screened. Trained nurses/clinical had the opportunity to screen big numbers of people at one event.
- National ENT Stakeholder meeting in October 2018. Resolutions included:
  - Harmonization of ENT data collection across organisations
  - Formation of ENT Society which will be mandated to drive the National ENT agenda.
  - Identification of nurses/clinical Officers to train as Audiology Technicians
  - Relocation of the ENT Clinic at the Kabwe General Hospital to a new location within the hospital premises.
  - Training of Community Health Workers (CHWs) through the Mwachisompola Community Training School using the school facilities.

### Challenges

- Transfer of trained nurses/clinical officers from one health centre to the next posed a challenge of interruption in service delivery. Assurance was given that the Ministry will inform BCH whenever there will be planned personnel changes in centres where the project had trained

	<p>medical personnel.</p> <ul style="list-style-type: none"> <li>• Lack of basic consumables to use on patients whenever health centres ran out of consumables provided by the project. Nurses/Clinical officers were taught on how to improvise certain supplies using readily available supplies in their health centres. Discussions are on-going with the government to improve supply chain as government policy is to ensure all essential drugs are available.</li> <li>• Audiology Technician Training: Due to capacity concerns surrounding Starkey Hearing Institute, other options for Audiology training had to be explored. Discussions were held with Eduplex, a University of Pretoria-based training Institution for the recruitment of the 12 Nurses/Clinical officers. A quotation was received and enrolment was expected to be concluded by end of April, 2019. The training will be online based. However, BCH plans to compliment the training with a programme that will enable the 3 Nurses/Clinical officers per year learn in a classroom environment at the same time taking advantage of the presence of the BCH Audiology Technicians and equipment to acquire practical experience quickly. The 3 will be attached to the BCH for 3 to 4 months of their online training. Thereafter, they will continue training from their respective health centres. This has led to delays in implementing this output which has had to be moved to Year 3. The first 3 Y2 audiology technicians have been enrolled and training will take place in Spring 2019 and the Y3 candidates will be enrolled in September 2019 if pilot successful.</li> <li>• Due to significant delays in Y2 project implementation (6 months) the project has had to work hard to catch up and was able to deliver 2/3 of the proposed budget. Plans are in place to ensure that the large underspend will be incorporated into the spend of Y3 (see section 5 for more detail).</li> </ul>
2.2	<p>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 250 words)</p> <p>Apart from the issue surrounding Starkey, there has not been any major shift from the original plan. One area where a modification has had to happen is in the training of Community Health Workers (CHWs) by the 8 nurses/clinicians (ToT) due to unavailability of trainers. The initial plan was for BCH to train 8 ToTs among the trained nurses/clinical officers who would then train the 60 CHWs. The trained ToTs would then apply their facilitation skills on the 60 CHWs. Training is rescheduled to June and July, 2019</p> <p>To simplify the training, a discussion was held with a local CHWs training institution called Mwachisomola school on a possibility of training the 60 CHAs through their school. Therefore 6 nurses plus 2 tutors from Mwachisompola school will be trained at BCH. The training will be conducted in the presence of the other trained ToT Nurses/Clinical Officers. This way it was believed that the training would be accelerated, save time and ensure effective delivery. The CHW training will be held at Mwachisompola, where the 60 CHWs will be split into two clusters and trained by 4 ToTs per clusters in Mid 2019 and Year 3</p>

	trainees of ToT and CHWs will be trained towards the end of 2019.							
2.3	<p>Taking into consideration what you have achieved during the last year, along with any challenges you have experienced, please highlight to us what lessons you have learned in this reporting period, and how these will be applied in the project in the future. (Max 250 words)</p> <p>As referenced in 2.1, the project assumed that Nurses/Clinical Officers would remain in their work stations permanently. It was however, observed during the period that changes are inevitable and that measures should be put in place to deal with this whenever it happened. For example, Officers would be advised during their training on what to do in an event that they are transferred. If the transfer is to a station within the three districts of Kabwe, Chibombo or Kapiri Mponshi then the new centre where the officer is taken to should be counted as an established centre and the Nurse/clinical officer should be allowed to carry the equipment with them. The opposite should be the case if transferred outside the project area.</p> <p>As frequent transfer of Staff had the potential to disrupt services delivery the project resolved with the MOH Provincial leadership that forewarning will be given before any such changes were made. Furthermore, efforts will be directed at in-post skills transfer. Trained nurses/clinical officers will be requested to train two or more people within their centre.</p> <p>During the period, the BCH ENT unit was understaffed that it was not possible to manage the clinic at the Lusaka hospital as well conduct outreach activities. Measures have been taken to normalize the situation. A second ENT surgeon was recruited and 2 more nurses have been deployed to the unit. This however, did not affect the PrevENT Project budget. Monitoring activities would be intensified starting second quarter of 2019.</p>							
2.4	<p><b>Project Impact</b></p> <p>In the table below, please list each of your project Impacts, 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 updated within the logframe</p> <p>Impact : To increase the quality of life for people with hearing impairment, or at risk of acquiring a hearing impairment, through improved access to medical services, rehabilitation and prevention.</p> <table border="1"> <thead> <tr> <th>Impact Indicator</th> <th>Milestone / Achievement</th> <th>Progress</th> </tr> </thead> <tbody> <tr> <td>1.1 Number of people per ENT-trained nurse/clinician in three districts of Central Province (903,023</td> <td>541,800/605,0433</td> <td>Based on number of 33 District health centres established per total population contributing to increased awareness about</td> </tr> </tbody> </table>		Impact Indicator	Milestone / Achievement	Progress	1.1 Number of people per ENT-trained nurse/clinician in three districts of Central Province (903,023	541,800/605,0433	Based on number of 33 District health centres established per total population contributing to increased awareness about
Impact Indicator	Milestone / Achievement	Progress						
1.1 Number of people per ENT-trained nurse/clinician in three districts of Central Province (903,023	541,800/605,0433	Based on number of 33 District health centres established per total population contributing to increased awareness about						

cumulative forecast population)		the availability of ENT services. Presence of trained nurses at health centres is already contributing to the project impact. Through the Project services have now been taken to communities reducing distance and cost that people in past incurred to acquire services at secondary level hospitals.
1.2 The development of a new National Ear, Nose and Throat Strategic Plan (NENTHS) post 2020 reflects the learning and recommendations derived from the mid-term evaluation of the PrevENT programme	N/A	Recommendations from the last National ENT committee meeting prioritised the development of an operational plan and an M & E framework to be used in measuring progress. The lessons learnt from the PrevENT Project so far and results of the Mid Term review will definitely play a pivotal role in the development of an informed post 2020 ENT Strategy.
2.5	<b>Project Outcomes</b> In the table below, please list each of your project Outcomes, 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 also be updated within the relevant fields of your logframe	
Outcome Indicator	Milestone / Target	Progress
Outcome: Community related PEHC services are established as part of the ENT National Health Operational Plan		
Outcome Indicator	Milestone / Target	Progress
1.1 Number of consultations for people with, or at risk of, hearing loss to receive diagnostic, treatment and rehabilitation by trained hearing aid technicians	1,980	0 Audiology Technicians not trained yet. 3 (2 male/1 female) candidates have been identified and are to be enrolled with a South African based institution in April 2019.
1.2 Number of consultations of people with ENT conditions seen by nurses trained	31,800	27,521 people were seen The number of consultations achieved after commissioning of the 9 nurses/clinicians trained in year 1 and 24

		trained in year 2. During the period under review, it was observed that urban based nurses/clinicians consulted slightly more numbers than their counterparts based in rural primary health institutions. A total of 15 nurses/clinical officers trained came from rural health institutions. This contributed to the low number of consultations compared to the target 31,800 consultations. Another contributing factor was the low compliance rate by the officers to submit statistics.
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Please add additional Outcomes / indicators as required as required

**2.6 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 updated within the logframe

Output 1: National and provincial health authorities and relevant CSOs coordinate their efforts towards an effective roll-out of community oriented PEHC services

Output Indicator	Milestone / Target	Progress
1.1 Number of provincial coordination events with National ENT Planning Office	4	Conducted 6 coordination events. 1 National ENT Committee Meeting 4 Local meetings with Provincial, District and Institution Meetings 1 Outreach clinic event.
1.2 No of radio advertisements and events at outreach clinics in public areas to raise and generate public awareness.	2	2 adverts for outreach clinic held in Lusaka and Kapiri Mposhi
1.3 Mid-level medical staff developed recommendations on how to improve qualification around ENT and PEHC	1	One on one consultation have been ongoing. Nurses/Clinical officers were asked to complete training evaluation forms which have since been used to revise subsequent

		trainings (Y1 milestone now achieved). In addition, since a good number of nurses/Clinical officers have been trained, there are plans to conduct a workshop to accord trainees to share lessons.
Output 2: Adequate services and qualified workforce for community level PEHC services in the Central Province are available		
Output Indicator	Milestone / Target	Progress
<b>2.1</b> 100 Nurses/clinical officers from Kabwe, Chibombo and Kapiri Mposhi districts have been trained in hearing loss identification, management of common ear diseases, referral, health promotion and inclusion (PEHC intermediate) and other ENT conditions at Beit Cure Hospital	45	A total of 33 (20 males/13 females) nurses/Clinical Officers have been trained in Primary Ear and Hearing Health Care between. The first 9 Nurses/Clinicians were trained at end of Year 1 and 24 were trained during the period under review. The trained health workers were drawn from the 3 project districts of Kapiri Mposhi, Kabwe and Chibombo. A final training of 12 officers was re-scheduled to June, 2019. The training was planned for February/March 2019 but could not take place due to the unavailability of trainers and equipment meant to be provided to the trainees after the training.
<b>2.2</b> Health facilities within the Central Province have been equipped with necessary equipment to provide ear and hearing care services	45	33
<b>2.3</b> 32 Nurses/clinical officers have undergone training of trainers to train 240 community health workers in hearing health promotion	8	0 See 2.4 below Training to take place in June/July 2019.

2.4 240 community health workers (PEHC basic) have been trained in ear and hearing health promotion, with links to maternal and child health, hygiene, emergency referral and inclusion	60	Training was delayed in Y2 and is to take place in August 2019.	
Output 3: Community hearing aid services for people with hearing impairment are established in the Central Province			
<b>Output Indicator</b>	<b>Milestone / Target</b>	<b>Progress</b>	
3.1 12 local nurses/clinical officers have been enrolled at the Starkey Hearing Foundation Institute and equipped to serve as hearing aid technicians in public health care facilities within the Central Province	3	0 Identification of candidates and enrolment in progress. Training will be conducted through online schooling with identified nurses and clinical officers attached to Beit CURE Hospital (BCH) for the first 3 months of the training.	
3.2 6 clinics are fitted out with necessary audiology equipment to treat persons with disabling hearing loss.	0	Equipment has been procured and this will include mobile screening equipment	
Please add additional Outputs / indicators as required			
2.7	If data is not available to update progress against planned milestones or targets for any Outcome or Output indicators, please provide an explanation below, including how you plan to overcome any gaps in monitoring data. (Max 250 words)		
	As per explanations in Progress column above.		
2.8	Have any evaluations/ reviews been produced during the reporting period? Please give details of these below, including any key recommendations from these and how they will be addressed. Please attach any evaluations to the report. (Max 200 words)		
	N/A		
2.9	<b>Changes to Logframe</b> Please outline any changes you have made (with permission from SG) or would like to propose, to your logical framework. Please include full justification for proposed changes below.		
Indicator no	Proposed change	Reason for change	Date Change Approved and by Whom.
Impact Indicator 1	Change of Y1-5 Milestones to reflect increase of nurses/clinicians trained	Additional funds were made available.	



Have you included an updated version of your logical framework, which reflects these proposed changes?		Request made

### 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	<p>Please give an update on how partnership working has progressed during this reporting period, letting us know about any highlights, challenges or changes to roles and responsibilities. (Max 350 words)</p> <p>Partnership working continues to play an extremely strong role in delivery of the PrevENT project.</p> <p>Constant monitoring visits with Health Institutions inform the project of many capacity related issues and this way a number of challenges have been resolved through such interactions. Typical examples include lobbying for better ENT operating area and revision of purchase requisition for ENT drugs and consumables</p> <p>The PrevENT Project has a WhatsApp group for trained Nurses/Clinical Officers. Officers connect with surgeons and their peers primarily to exchange information. Several times, trainees post live pictures of complex cases and request for guidance from surgeons. The project makes use of the platform for information dissemination. The platform is also used to get feedback from trainees on a variety of areas e.g. the training in Primary Ear and Hearing Health Care.</p> <p>Special Outreach clinics are held periodically and the plan is to conduct quarterly district clinics. These clinics provide an important tool for learning as trainees are presented with a real-life scenario. Surgeons and other BCH staff provide feedback to trainees and advise in cases where there is uncertainty or wrong diagnosis on the part of the trainee. Outreaches have proved to be an effective tool for monitoring and continuous coaching for trained nurses/clinical officers.</p> <p>In addition to screening the general public that turn up, outreaches provide a good platform to sensitise them on ear and hearing health.</p> <p>The relationship with the Ministry of Health continues to be good. Training of nurses/clinical officers has been made easier because of the MOH's prompt response to calls for nominees to train. Provincial and District Ministry officials have been readily available for meetings and reacted to most of requests and recommendations</p> <p>A relationship has been formed with Mwachisompola Community Health Assistants Training School to help train the CHWs. It is an important institution that can play a crucial role in the promoting of primary ear and hearing health care in communities. The school is situated in Chibombo District. Currently it runs a one year training course in community health sciences and is run under supervision of</p>
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	the University of Zambia School of medicine. Candidates enrolled to the school are recruited from and deployed back to the rural health posts in their communities. They are therefore, accountable to these communities.	
3.2	How are you monitoring and assessing your partners' capacity to manage and deliver the project as it progresses? Please outline any plans for training, capacity building or shared learning between your organisation and your partner (s). (Max 300 words)	
<p>In terms of working with the implementing partners, CBM employ different methods to ensure that they are monitored and supported to deliver high quality ENT services:</p> <ul style="list-style-type: none"> <li>• Planned monitoring visits by CBM Country office occur on a quarterly basis and take into account financial and program quality issues. This has helped BCH to adhere to implementation standards and reporting requirements</li> <li>• Spot checks: both programmatic and financial spot checks have been used to address emerging issues, and resolve any issues at sub-partner level</li> <li>• Regular partners' meetings: these meetings helped to assist the partner address issues with program monitoring tools and planning</li> </ul> <p>More broadly within the Y2 reporting period, BCH have benefitted from a financial and programmatic monitoring visit from CBM UK in October by the Head of Programmes. The HoP reviewed key programmatic interventions within project including audiology training, National ENT Strategic Review input, quarterly coordination meetings and, progress at the end of Half 1 Year 2 reporting period and check against the re-profiled budget and logframe as approved by the Scottish Government.</p> <p>In addition the University of Edinburgh carried out an M&amp;E visit in November 2018. This visit aimed to review the M&amp;E Framework on how data is collected and recorded/saved against the logframe; BCH/CBM Zambia roles and responsibilities for data collection, capture and development of pre-training questionnaires created for nurses/clinicians. The UoE also reviewed the parameters of the Mid-Term Evaluation.</p> <p>From the monitoring trip, it also emerged there appears to be a significant role played by CHWs in generating awareness of ear health issues and of services available once nurses are trained. BCH reported on a recent field trip that the CHW appear to work closely and collegially with the nurses and given the investment in CHW training this will be an important relationship to continue to foster as well as collate better evidence on how many referrals are coming through CHWs.</p>		
3.3	Please give details below of all visits to country during this reporting period, the purpose and outputs of each visit.	
<b>Date of visit</b>	<b>Key achievements / outputs of visit</b>	<b>Follow up actions</b>
15-18-Oct-2018	Monitoring visit by HoP CBM UK to CBM and BCH	Expense verification, setting up platform for sharing info between nurses/clinicians
01-Nov-2018	Conducted a monitoring and familiarization visit to 03 health	To provide patient registers and

	centres in Chibombo District.	consumables
7-9 Nov-2018	Visit by UoE to BCH to Review M&E Framework and Mid-Term Review Planning	Update with ENT Coordinator on ENT Committee and MoH Engagement
18-Feb-2019	<p>Visited 4 clinic sites that included the Central hospital and the following were achieved:</p> <ul style="list-style-type: none"> <li>• Inspected and took measurements of the space ear marked for setting up of an Audiology Centre at the Kabwe Central Hospital</li> <li>• Appreciated challenges that trained officers were facing during operations</li> <li>• Inspected summary records of patients that trainees were screening</li> </ul>	<p>Project to provide a register book for PrevENT patient database</p> <p>To engage an expert on the minor structure changes that would be required to be made to the designated Audiology centre</p>
19 <sup>th</sup> March 2019	CBM/BCH hosted Scottish students promoting the use of the Arclight, which is a cost effective, portable otoscope/ophthalmoscope for low income settings. The presentation was attended by over 30 participants that included the PrevENT Trained Nurses/Clinical Officers. Others in attendance were Surgeons from the Lusaka Levy Mwanawasa Teaching Hospital and Kabwe General Hospital, Nurses and Audiology Staff from the UTH and BCH ENT Staff.	Arclights to be distributed under equipment to all trainees for use in outreach/screenings.
26-Mar-2019	<p>Visit to Kapiri Urban Clinic The clinic is one of the designated audiology sites.</p> <ul style="list-style-type: none"> <li>• Objective of the visit was to discuss, nomination of Nurse/Clinical Officers to train in Audiology from the District.</li> <li>• Assessed the preparedness of the centre to be set up as an audiology centre.</li> <li>• Agreed on the nominee to be trained in Audiology</li> </ul>	Head of institution to discuss allocation of space for this purpose.
<i>Add more rows if required</i>		

3.4	<p>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 300 words)</p>
	<p>One of the ways that the project has promoted effective learning is through the use of the WhatsApp platform as mentioned in 3.2 above. The platform was used to disseminate information. But most importantly through the same, picked out several important views from trainees on how to better conduct future trainings and joint events like outreaches.</p> <p>Training evaluation forms were also used to learn from trainees' on how best to deliver the training in Primary Ear and Hearing Health Care.</p> <p>Periodic meetings with stakeholders connected with the project have also proved to be an effective way of disseminating information as well as receiving feedback. One such platform is the National ENT committee which brings together different platers working in the area of ENT.</p> <p>Monitoring visits to health centres added the above methods of dissemination of information and also provided a platform for learning. The project has remained responsive to the dynamic working environment around it as a consequence of such important visits.</p> <p>The project manager position was at the beginning of the year incorporated into the Senior Management Team of the BCH. This was to ensure that the institution was kept informed on all project related activities.</p>
3.5	<p>With reference to Q39a &amp; 39b in your original application form, 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 300 words)</p>
	<ol style="list-style-type: none"> <li>1) Mwachisompola Community Health Assistants (CHAs) Training School. Planned collaboration with the institution is in the training of CHAs. As opposed to the BCH training the CHAs, the plan is to let the institution which has the expertise to conduct the training. The BCH role will be to ensure the trainees receive the right content and message through the provision of the training curriculum.</li> <li>2) Ministry of Health BCH has maintained close ties with the Ministry of Health at all levels. At the National Level the BCH works closely with the office of the ENT National Coordinator keeping the office updated on several activities of the ENT unit. The same can be said about the relationship that exists between BCH and the Provincial and District offices.</li> </ol>

	<p>3) The German Federal Ministry for Economic Cooperation and Development (BMZ) - Working with the CBM Germany office and with funding from BMZ, the BCH is currently up scaling the PrevENT related activities to Southern Province of Zambia. The Project commenced in November, 2018 and will run until March, 2021. In addition to training and equipping of primary health centres in the Southern Province, the project will also provide clinical and surgical equipment to the University Teaching Hospital, Livingstone and Kabwe Central Hospitals.</p>
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#### 4. Inclusion & accountability

With reference to question 38 in section E of your original application, 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.

4.1	<p>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 250 words)</p>
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The PrevENT project is the only project that is promoting ear and hearing health care in the Central Province. Despite the Province having over 106 primary health institutions, only those institutions that have a Nurse/Clinical Officer trained under the project are offering ENT services. Until all the health centres have had staff trained and provided with equipment, there will still be need for services and support that the PrevENT project is providing at the moment. This assertion can also be proved by the many people that turnout for screening whenever BCH conducted outreach clinics. A minimum of 200 people are seen at any outreach clinic conducted.

To ensure that the PrevENT remained relevant, making use of outreach clinics has proved to be a good tool for gathering information directly from beneficiaries. At such clinics people are counselled on ear and hearing health and are also accorded an opportunity to ask questions. Internally evaluation meetings are held to look at lessons learnt from each outreach. This helps to keep outreaches well organised and effective enough to serve the people.

In addition, trained nurses/clinical officers are at the core of the feedback process. These inform the project through their reports submitted verbally during monitoring visits as well as written reports. The officers are often accorded chance to share experiences.

4.2	<p>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 250 words)</p>
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The BCH is making use of data collection tools recommended by the National ENT Committee. The tools assist nurses/clinical officers to disaggregate data

	<p>in relation to age and gender and then according to diagnosis.</p> <p>Other information that is useful to trained nurses having prior knowledge of communities where patients rely on a stream for source of water. These are at risk of suffering from ear infection.</p>
4.3	<p>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 250 words)</p> <p>Many rural communities relying on open water sources suffer from Otitis externa triggered by exposure to dirty water. Once patients affected by the condition are treated, they are then educated on the best ways to protect their ears during baths for children and advised against swimming in dirty water. Adults are also discouraged on the use of non-recommended objects to clean their ears with.</p> <p>Communities in rural areas are further at risk due to the use of traditional herbal medicines to treat ear infections. Others use oil to remove foreign bodies from ears. Foreign bodies are very common in children under 5 years of age and our trained Nurses/Clinical Officers often share stories of how they have been able to assist remove foreign bodies from children's ears and nose. Encounters like these always present an opportunity for officers to educate communities on the dangers of using the wrong methods to treat ear infections.</p> <p>In terms of hearing, children with suspected hearing loss are referred to BCH for further audiology assessments. If confirmed that a child has a hearing loss a hearing device is administered for free. The same applies to adults found with potential hearing loss and following thorough audiology assessments, hearing aids are provided to patients free of charge.</p> <p>The presence of trained nurses/clinical officers in rural communities continues to greatly benefit vulnerable people as can be seen in examples mentioned above. Community Health Assistants (CHWs) will play a fundamental role once trained and commissioned to disseminate information on ear health. Most people in rural communities are unaware of the availability of ear and hearing health care services at rural health centres and the presence of CHWs will raise this much-needed awareness.</p> <p>BCH has in the past quarter been conducting a stakeholder mapping with the aim of identifying organisations to collaborate with. We thus envisage that a number of NGOs including Disabled Peoples' Organisations (DPOs) working with hearing impairments will be identified.</p>
4.4	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 250 words)

Most people in rural communities find it hard to access health facilities due to long distances that they have to cover to reach the nearest Health Centre. This has therefore, made it difficult for the nurses/clinical officers to see them. Conducted awareness campaigns on both radio and mobile services with the aim of reaching as many people as possible during outreach clinics.

Whereas large turnouts of patients to an outreach clinic is a good thing, it on the other hand creates another challenge of limited time to effectively screen all the people that would have covered long distances to get to the outreach clinic. The most affected are those that would require audiology tests and these take a while to complete. To ensure everyone that turns up is assisted patients that are seen towards the end of a particular clinic are booked for another future date. This increases chance of correct diagnosis as more time is dedicated to only few numbers of patients.

## 5. Financial Reporting

This section will be reviewed alongside your budget report, which should be included alongside your narrative and log frame. 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.

Please note carry over of funds to the next financial year should have been agreed with the Scottish Government by January 31<sup>st</sup> of the current financial year.

5.1 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 350 words)

The project has experienced a high underspend totalling £102,401. However the vast the majority of this (80%) consists of delayed activities from Year 2 to be carried over into Year 3 (£81,534) – this is mainly due to Year 2 activities being delayed by 6 months. A true underspend of £20,866 is largely due to changes in salaries over the last 6 months (see financial report for more details).

Large delayed variances can be seen under the budget lines related to the three trainings of Nurses, Trainer of Trainers (ToT) and Community Health Workers (CHWs). This was primarily due to the unavailability of trainers in the first quarter of 2019 when it was originally planned.

Year 2 activities were not able to start until mid-September 18 due to the delayed release of funds plus internal systems to transfer funds to our country office and partners. This resulted in Year 2 activities being squeezed into half a

year – the partners did manage to achieve a total burn rate of 62% for the 6 months (£166,532 out of the Y2 budget of £267,967) and the outstanding Y1 activities being implemented within the first 6 months of Y2.

For the team to catch up with Y1 and 2 targets, they plan to conduct 3 trainings of 10 participants per training by end of March, 2019. Training schedules are usually based on the Tutor's availability as well as availability of equipment so unfortunately any unforeseen disruptions on the plan had ripple effects. Due to the problems in not being able to order equipment in good time, we could only schedule two trainings out of which only one was conducted in December 2018. The second one did not take place until June 2019 as the surgeon was not available between the scheduled time of February to March, 2019.

In addition, it was necessary to change the mode of training for the CHWs and this required that agreements were formalised with the Training facility that would assist with the training. New dates have been agreed and these trainings will be done before commencement of Year 3 activities.

A summary of the key delayed activities to be carried over into Year 3 are as follows (please see attached financial report for full details):

**In country travel:**

- Car (£4,061) - Travel costs were allocated to field visit rather than budget line.
- Travel 60 CHWs (£3,360) - Training could not take place due to unavailability of trainers. Rescheduled for July
- Travel for remaining 12 nurses (£1,827) – Training delayed for remaining trainees due to unavailability of trainers, Dr Phiri and Racheal Hapunda. Rescheduled to 17-28<sup>th</sup> June.
- Travel for 8 ToT (for CHW) (£537.6): As above re CHWs. Training rescheduled for June 2019.

**National subsistence**

- Accom and Breakfast/Dinner for 60 CHWs (£4,704): Training could not take due to unavailability of trainers.
- Accom and Breakfast/Dinner for 20 nurses/clinicians (£12,594): Training delayed due to unavailability of trainers, Dr Phiri and Racheal Hapunda. Rescheduled to 17-28<sup>th</sup> June.
- Accom and Breakfast/dinner for ToT of CHW (£1,165) – delayed and rescheduled as above.
- Media advertisements (£1,600): Expenditure to be made after training of CHW.
- Workshop with Training Institutions (£2,080): ENT Coordinator still working on national operational plan – activity will take place once plan has been developed.

**Output 2:**

- Training of 60 CHWs (£4,032): Training could not take place due to unavailability of trainers. Rescheduled for July 2019
- Training of 20 Nurses/Clinicians (£2,689): Training delayed for



	<p>remaining trainees due to unavailability of trainers, Dr Phiri and Racheal Hapunda. Rescheduled to 17-28<sup>th</sup> June.</p> <ul style="list-style-type: none"> <li>• ToT for CHW (£1,075) –Training could not take place due to unavailability of trainers. Rescheduled for June 2019</li> <li>• ENT Supplies supplied per Primary level unit (£4,483): Purchased supplies only needed at time – had to consider expiry dates and number of nurses/clinical officers trained.</li> </ul> <p><b>Output 3:</b></p> <ul style="list-style-type: none"> <li>• Audiology training (£28,033): Training was changed from Starkey to EDUPLEX due to capacity concerns at Starkey. The first 3 students to be trained start June 2019 with further enrolment for Y3 students in the Autumn.</li> </ul> <p><b>M&amp;E:</b></p> <ul style="list-style-type: none"> <li>• Field visits/coaching for MEL (£7,801): Split between car travel and UoE consultancy costs for training under M&amp;E support.</li> </ul> <p><b>Dissemination costs:</b></p> <ul style="list-style-type: none"> <li>• Community Engagement (£4,461): Expenditure to be made post training of CHWs.</li> </ul>
5.2	<p>Please give details of any capital expenditure in this reporting period.</p> <ol style="list-style-type: none"> <li>1. Major capital expenditure was on made on the following items:</li> <li>2. 3 KuduWave complete installed with Audiometer and Tympanometer - £19,659</li> <li>3. Sound proof forms (Material for 3 Audiology Booths to be setup in the Central Province - £2,187</li> <li>4. Nurses/Clinical Officers Assorted Equipment - £42,281</li> <li>5. 20 Headlights for Nurses/Clinical Officers – £3,151</li> <li>6. Purchase of 2 UPSs Backup system - £147.94</li> <li>7. 2 Training Room additional tables - £369.86</li> <li>8. 2 Office tables + Pedestal Drawers - £425.63</li> <li>9. 2 Chairs for the Project Office - £249.231</li> <li>10. Filling Cabinet - £115.841</li> <li>11. Lockable File Cabinet for the ENT Audio Room – £278.87</li> <li>12. Desks and Office Chairs – £477.75</li> <li>13. File Cabinet for the Project Office – £226.53</li> <li>14. Additional Tables for the Training Room – £429.04</li> </ol>
5.3	<p>Please explain how you are working to ensure cost effectiveness on the project, whilst maintaining the quality of delivery. (Max 250 words)</p> <ul style="list-style-type: none"> <li>• Created a good working relationship with the lodge where trainees are accommodated. This has made it possible to negotiate discounts that help us to work with available funds.</li> <li>• Conduct combined outreach coaching session. As opposed to conducting continuous coaching sessions to each individual health facility, combined outreach clinics would be used as a</li> </ul>

conduit for coaching. These will be conducted at a central place bringing together all trained nurses/clinical. This will increase the cost effectiveness of the training as well as chance of trainees seeing a lot more patients/conditions in one event.

- During the year, the project team used its budget utilization monitoring report to anticipate overruns. This made it possible to seek alternative when presented with alternatives
- In consultation with the ENT National Coordinator, the composition of a pack for basic equipment to health centres was revised by reducing the number of some instruments. This helped to maintain equipment cost whilst at the same carefully equipping centres with adequate number of essential instruments.

## 6. Any other Information

Please use this section to tell us any other relevant information regarding your project. If the additional information included within this section is urgent please ensure it is highlighted. (Max 250 words)

- **Recruitment of Replacement Surgeon**  
In March, 2019 the BCH finally recruited an additional surgeon to bring the number to two. The New surgeon is a fellowship-trained Paediatric Otolaryngologist-Head & Neck Surgeon from the Philippines. Prior to joining the BCH, he was working in the DR Congo. He also had worked in Zambia before. His coming on board will greatly assist with the realignment of most project activities which are off tangent as the workload will be lifted off the resident BCH Surgeon.
- **Recruitment of two additional nurses**  
Two nurses will be recruited in the second quarter of 2019. The addition will bring the number to 4 nurses. With the addition of the two, the BCH will continue operating the Lusaka clinic without interruptions whilst at the same time conduct outreach clinics in both Lusaka and the Project areas of Chibombo, Kabwe and Kaipiri Mponshi.
- **Speech Therapist Services**  
The BCH operated without services of a Speech expert for the entire 2018. This was because the volunteer therapist who offered services was unavailable for the entire year. The hospital however, secured services of 02 Therapists who will start providing their services to in the second quarter of 2019. One is a fully qualified Speech Therapist who will officer her services once a week and another is a Speech Therapy-Technician who will offer 02 days of her services.
- More specifically, the CBM UK Programme Manager plans to travel to Zambia over the next reporting period for a programme monitoring trip. Part of this will include a budget review with the partners to see where

adjustments in the budget if any sections require realignment/adjustments  
e.g. salaries, in country costs, training outputs.