

**Scottish Government International Development Programme
End-Year Report**

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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.
1.5	Reporting period	From: 01/04/2019 To: 31/03/2020
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)	<p>The project will build on the prior collaborative and successful partnership working between Malawi and Scotland in delivery of same day cervical cancer 'screen and treat' programmes, and seeks to support roll-out of that work 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.</p> <p>Our 3 Sustainable Development Goals are to contribute to – Good Health and Wellbeing; Reduce Inequalities; and Partnerships for the Goals;</p> <p>Our focus and direct beneficiaries include women of all ages:</p> <ol style="list-style-type: none"> 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 who are often forgotten in the development of new services.

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		Our indirect beneficiaries include the children of the women; husbands and partners; healthcare providers; and the population as a whole. (201 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	<p>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)</p> <p>1. Positively:</p> <ul style="list-style-type: none"> • Four Hubs are fully functional (Ekwendeni Hospital, Mzimbi North DHO, Mitundi Hospital and Mlambe Hospital) and together now support screening in 13 additional health centres. • The new partnership with Zomba DHO (Matawale Health Centre as the Hub) started on 1st October 2019 and is developing well with 2 additional health centres planned in coming months • The new partnership with Thyolo DHO (Thekerani Health Centre will develop as the Hub over the next 18 months), started on 1st January 2020. • In Year 2, 27 new VIA providers received theoretical VIA training (17 in July 2019; 10 in January 2020) (12 male, 12 female) • In Year 2, a total of 45 VIA providers received experiential training through MALSCOT (20 male, 25 female)– the 27 newly trained providers, plus an additional 18 VIA providers at MALSCOT sites who had previously received MoH training • In Year 2, 25 personnel are now acting as mentors in their localities and to future VIA providers – building high quality VIA provision (a total of 25 in the Project to date) • In Year 2, 17,711 patients have received their first ever (initial) VIA screen, i.e. 87.4% of workload. A total of 18,570 women have now received an initial VIA screen in the Project to date • In Year 2, an additional 1,465 women attended MALSCOT clinics (approx. 12.6% of workload) – these comprised follow-up visits for women who had received thermal ablation treatments, women returning for next screening visit as per MoH guidance, and treatment for other conditions e.g. sexually transmitted infections. • We are seeing innovation as: <ul style="list-style-type: none"> ○ Thyolo DHO are working with MALSCOT to develop Thekerani Health Centre. See details in next section. ○ Highly committed hub providers find innovative ways to reach more women – churches, mosques and specific gatherings of women – both for sensitisation and delivery of screen and treat as outreach from hubs and health centres ○ Increasingly active WhatsApp across providers, answering individual clinical questions, providing remote mentorship and showing immense
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pride in sharing their innovations, targets and good use of refurbishment funds with trusted colleagues and friends

2. The Project Coordinator has worked closely with the Zomba and Thyolo DHOs. Memorandum of Understanding (MoUs), have been formalised between Nkhoma Hospital and Zomba DHO and Thyolo DHO. Project Collaboration Agreements and Budgets have been agreed.
3. There is an ongoing lack of pathology facilities and lab results across Malawi. A system has been set up with UNC, Lilongwe (covering Northern Hubs); and with Kamiza Laboratories, Blantyre (covering Southern Hubs) to ensure biopsies are sent and reported promptly with Nkhoma receiving and paying the bills for this directly, providing consistent level access and reporting across MALSCOT.
4. We continue alongside the Malawi MoH to ensure that our Project aligns and adds value to their Malawi-wide National Cervical Cancer Screening programme. The project coordinator and Nkhoma Hub focal person contributed to the revised *Malawi Service Delivery Guidelines for Cervical Cancer Prevention and Control* (September 2019)
5. An ongoing challenge remains the poor internet connection and lack of continuity of electricity supply.

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)

Our major challenge was previously communicated (loss of partners Mulanje Mission Hospital and Dignitas International). However, progress particularly in the last six months has been very positive with our two new partners in the Southern region.

1. Zomba DHO - Matawale Hub

Progress has been very positive and swift largely due to the support and engagement of the Senior Management Team. Refurbishment and equipping of the screening room has been completed; screening started in February 2020, and 150 women have received an initial screen.

2. Thyolo DHO –Thekerani Hub initiative

Thyolo DHO is working with MALSCOT to develop Thekerani Health Centre (currently with few staff and inadequate facilities) from a large health centre in need of upgrading to rural hospital status. We are currently:

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- building a team approach which uses the MALSCOT clinic refurbishment as a catalyst for procuring other funding to allow further development across the Thekerani facility
- Training new staff (transferred in from Thyolo hospital) as VIA providers able to provide screen and treat services
- The MALSCOT accountant has visited to provide financial input and advice. The national coordinator together with the Mlambe-based Southern coordinator is providing ongoing support
- Screening services commenced on 1st April 2020, but service will be impact by covid-19.

Taking 1 and 2 above, we are confident that over the remainder of the Project we will deliver the previously agreed outcomes.

3. Additional equipment needs

Providing a realistic store of equipment and medical supplies at Nkhoma Hospital given the sometimes-long lead times involved in procurement has been closely linked with detailed Needs Assessments at individual facilities. Very positively, we see this as a diminishing challenge due to the hard work of our partners in Malawi. We recognise that covid-19 may impact procurement in coming months.

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)

- Over the last year we engaged two new in-country partners (to replace two planned partners; details have been supplied to SG previously). The choice of new partners was made through liaison with the MoH Reproductive Health Directorate, and detailed discussion with District Health Offices and screening coordinators.
- Importance of the national coordinator's excellent relationships with each Hub and their health centres
- Importance of local providers having good communication channels with their peers through WhatsApp to share challenges and successes
- Being able to respond quickly to needs on the grounds – e.g. broken equipment; lack of supplies: we have learnt that Nkhoma needs to maintain a good stock of essential items at all times
- How invaluable the quality of the teaching and mentoring packages are for the resilience of the Project
- Ensuring materials (Mentoring Toolkit, and Safeguarding policy), are developed collaboratively with in-country partners and end-users.
- Importantly we have learnt that our delivery model works, evidenced by the fact that we have been able to 'fold' 2 new Hubs into the mix over the past 12 months – one in a reasonable position to respond; and one with considerable challenges in adapting facilities to the required level. That both

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have been able to rise to the task gives us confidence that our model is sound.

- Expanding experiential training weeks to the five established hubs has allowed more providers to have additional support before being left on their own to provide a service
- The REDCap data system continues to be an important part of the project. Despite some disruption with the team moving from the Polytechnic to an independent Centre for Health, Agriculture, Development Research and Consultancy (CHAD), and recent temporary absence of the CHAD Chief Executive Officer through illness, the REDCap team have provided additional training to data clerks, and we continue to work with them for generation of quality assured high-level project outcomes
- The importance of REDCap orientation and training to data clerks from the new Hubs (Matawale & Thekerani) on 14th -15th February 2020, carried out at the CHAD office in Blantyre. The new Hub personnel were oriented on the REDCap standard operating procedures together with the manuals used for data capture. Training was given for online and offline REDCap use that enable capture of VIA Register data. Colleagues from Mlambe Hospital also attended, shared their experience and from a new knowledge base contributed to the training.

Challenges

- There has been a challenge of poorer internet connections and electricity outages compared with Year 1: Skype calls are more frequently interrupted
- The poor internet connection in some rural areas has also meant that there have been delays in REDCap data being uploaded as well as delays in resolving REDCap access challenges remotely.
- During the rainy season client numbers fall: political unrest has on occasion also affected client numbers in the urban setting of Mzuzu
- Learning from experiential training weeks that a lack of clients needing treatment in any one week is an on-going problem and different approaches should be tried

4. 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)

Highlights

Project Leadership:

- The national coordinator continues to provide excellent in-country leadership, working with the Nkhoma team (Accountant, and Hospital Administrator) to ensure both clinical and financial aspects of in-country project running are managed well.

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	<ul style="list-style-type: none"> The national coordinator also works closely with the focal person at each Hub to plan ongoing project delivery, including ensuring that roll-out to new health services is based on a thorough needs assessment of facility readiness and requirements for room refurbishment, provision of equipment and staff training needs <p>Partnership strengthening</p> <ul style="list-style-type: none"> Together the MALSCOT colleagues are building a strong cohesive screening network across Malawi. The new providers in Matawale and Thekerani have found this particularly helpful Partnership working across the Hubs and Health Centres is much valued – this is probably best seen through the supportive and encouraging WhatsApp dialogue The national coordinator was scheduled to return to Scotland for an invited talk at the British Society for Colposcopy and Cervical Pathology (27th – 29th May 2020): this is now cancelled because of COVID 19. HC also invited to speak at same conference and to receive The Founder’s Medal, in part due to her work in Malawi. <p>Challenges</p> <ul style="list-style-type: none"> Nkhoma Hospital has had changes in leadership with an interim Medical Director being replaced in the summer of 2019 with a new Medical Director. Both have been supportive of MALSCOT, while being less directly involved than the previous Medical Director. At the time of this report, the Medical Director is not in Malawi due to covid-19. 	
3.2	<p>Have any Scotland-based staff visited the project in the past 12 months? Give details including key activities and outputs of these visits.</p> <p>Christine Campbell: 1st – 12th April 2019; 2nd – 15th October 2019</p> <p>Heather Cubie: 22 March-8 April 2019; 8-20 October 2019</p> <p>Visiting Scottish gynaecologist: 7 October- 12 December 2019</p> <p>MALSCOT M&E lead: 8-17 October 2019</p> <p>MALSCOT financial review lead: various (see below)</p>	
Date of visit	Key achievements / outputs of visit	Follow-up actions
CC, 1 st – 12 th April 2019	CC was based at Nkhoma Hospital from 1-12 th April. Time was spent with the Accountant covering financial processes, and preparation for the 2 nd MALSCOT Partners’ meeting held in Mponela on 9-10 th April. This was a detailed planning meeting for the first six months of Year 2, including new health centres, training plans, use of the Mentoring Toolkit, and	Review of each Hub’s plans for coming months – CC and the national coordinator to work with each Hub on needs assessment.

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	<p>Safeguarding discussion. Together with HC, there was then a visit to the Northern region Hubs, Ekwendeni Hospital, and Mzimba North DHO. In both cases, CC and HC met with senior management, and visited project Hub clinics and health centres.</p>	
<p>CC, 2-15th October 2019</p>	<p>1. Safeguarding meeting with civil society organisations (03/10). MaSP office, Lilongwe CC and the national coordinator met with representatives of CSOs to review MALSCOT Safeguarding policy and practices – detailed and helpful input was received</p> <p>2. MALSCOT project meeting, Mponela, 10th & 11th October 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 the visiting Scottish gynaecologist, as well as an M&E session with the M&E lead and a finance session by the Accountant. Use of REDCap database was reviewed, and the data clerks had a separate training session. The Deputy Director of Reproductive Health Directorate gave supportive welcoming remarks on behalf of the Ministry of Health.</p>	<p>A revised Safeguarding policy was circulated to project partners for review; pictographs were developed, in English and Chichewa</p> <p>The Mentoring toolkit was updated; mentoring continues across project sites.</p> <p>Needs assessment and procurement for implementation in new health centres.</p> <p>Representatives of Zomba DHO and Thyolo DHO attended the Mponela meeting, and these DHOs have since been added as Project Hubs</p>
<p>HC 22 March-8 April 2019</p>	<p>March-April 2019: In Blantyre, HC gave talks on HPV to COM students and spent a useful day within the Polytechnic of Malawi with the CHAD team, explaining and exploring the development of REDCap for MALSCOT. She also visited the Design Laboratory of the Polytechnic where 3D printed kits of cervical abnormalities for training purposes were very impressive. Before going to Nkhoma, she also visited the Dignitas International team in Zomba, who, despite future uncertainties, still hoped to be part of the MALSCOT programme. She contributed to the MALSCOT Partners’ meeting in Mponela with CC, covering financial issues and also spoke about potential research studies, particularly around HPV vaccination which if funded, would be additional to MALSCOT but benefit from the MALSCOT infrastructure. There was considerable enthusiasm to be part of any such</p>	

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	<p>developments. Visits to Ekwendeni and Mzimba North were made from Mponela together with the MALSCOT accountant and included a meeting with the MALSCOT financial review lead who is providing financial guidance and support to all MALSCOT partners.</p>	
<p>HC 8-20/10/2019</p>	<p>Visit to Mlambe Hub (14/10) HC, the national coordinator and the visiting Scottish gynaecologist met Mlambe staff to discuss all aspects of the 8-week visit of the visiting Scottish gynaecologist</p> <p>Visits to Thyolo DHO (14/10) HC and the national coordinator met with Thyolo DHO senior staff to discuss partnership, carried out a site assessment at Thekerani.</p> <p>Blantyre (15/10) Meeting with the CHAD team to review REDCaP database and discuss potential HPV research projects</p> <p>Visit to Zomba DHO (16/10) Meeting with Zomba DHO senior staff to discuss partnership, carried out a site assessment at Nasawa</p> <p>Attended MaSP AGM (17/10) HC spoke a few words about Partnership as Chair of SMP. She was however unwell and spent a short time in Nkhoma Hospital where she received excellent care and support all the way through until leaving Malawi a few days later</p>	
<p>Visiting Scottish gynaecologist 8th October -14th December 2019</p>	<p>Week 1 Based at Nkhoma Hospital and attended Mponela project meeting</p> <p>Week 2-9 An eight-week placement at Mlambe Mission Hospital Hub, working with the VIA providers and with Senior Management. Main areas of activity were:</p> <ul style="list-style-type: none"> • Mentoring: provided supportive mentorship to seven VIA providers; the Mentorship toolkit was updated. • The draft Safeguarding Policy was discussed, and feedback provided. • An Infection Prevention Toolkit was agreed with VIA team and displayed. 	


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	<ul style="list-style-type: none"> • REDCap Data Entry: data entry was reviewed and support given, and feedback given to the REDCap team on mapping with the new national cervical screening programme data register • Cervical Biopsy Histopathology Reporting: A process for histopathology reporting within Southern Region was arranged • CPD: Southern Region CPD meeting took place 20/11/19 with providers and MALSCOT colleagues attending from Mlambe Mission Hospital, Matawale Health Centre, and Thyolo District Hospital. CPD was given within Mlambe Mission Hospital with all technical staff on three occasions, on Cervical Cancer Screening, HPV Virology and pathophysiology, Safer Surgery including Infection Prevention. • Two VIA outreach clinics were delivered on 27/11/19 and 11/12/19. Regular outreach VIA is planned to these hard to reach women. • Worked with the Senior Management on Mentorship and on managing Budget Lines. • With the national coordinator, visited the new hub Matawale to sensitise staff, introduce mentorship, and apply the Mentorship Toolkit <p>Week 10 Based at Nkhoma Hub</p> <ul style="list-style-type: none"> • Central Regional CPD Central Regional CPD session in Nkhoma Mission Hospital on 11/12/19, staff from Nkhoma and Mitundu hubs and health centres. The focus was Safeguarding, Mentorship, and Disability mainstreaming. • Clinical work with the Nkhoma team, including mentorship of a new provider during her experiential training week, and working through the Mentorship tool for Nkhoma VIA facility. • Visited Kasina Health Centre, provided mentorship to a VIA provider 	
MALSCOT M&E lead 8-17 October 2019	<ul style="list-style-type: none"> • Interactive project team meeting at Mponela • Met all team and presented on Scottish Government M&E processes • Used updates from the Hubs to draft the Mid-Year Report 	<ul style="list-style-type: none"> • Able to draft Written Report, Case Studies, Log Frame and Risk Register from an informed perspective.

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	<ul style="list-style-type: none"> • Spent time with Nhoma focal lead on the Case Studies and got acquainted with the facilities at Nkhoma • Worked with CC and project tAccountant on the ScotGov financial reporting 	
<p>MALSCOT financial review lead – various dates</p>	<p>16th October 2019 Meeting with Accountant at Nkhoma Hospital. Reviewed financial reports from Hubs, subsequently submitted for Mid-Year 2 report. Agreed to visit Mzimba North and Ekwendeni Hospitals in the Northern Region to conduct reviews of their information pertaining to the MALSCOT project, including inspection of fixed assets where possible as well as vouching of documents.</p> <p>17th October 2019 Attended MaSP AGM</p> <p>22nd November 2019 Visited Mzimba North Hub. Was warmly received by the assistant accountant and then the medical officer in charge of the MALSCOT project. Discussed the general running of the project; no major issues were reported. Examined the project cashbook for the programme, and reviewed financial processes – a manual process where each payment is vouched, and is signed off by the chief accountant and by the director. He was satisfied that each voucher includes MALSCOT documentation including where appropriate quotations. Verified project laptop and other equipment.</p> <p>28th November 2019 Visited Ekwendeni Hospital to review transactions. Was warmly welcomed by senior staff. The hospital uses QuickBooks: obtained a printout of the relevant account, was satisfied that the system appears to be working well. The project has a laptop and a printer. Was shown MALSCOT project files in support of the payments, including copies of the budget, monthly bank reconciliations, lists of payments in cheque number order, copies of the monthly QuickBooks cashbook signed and dated CCAP vouchers, etc. Examined a sample of financial transactions using both</p>	<p>Ongoing support and guidance as required</p>

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	vouchers and cashbook: there were no issues or anomalies to report.	
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)	
	<ul style="list-style-type: none"> • The MALSCOT team maintains regular communication through the WhatsApp Group; all sites participate and share news of local progress and outreach initiatives. On occasion anonymised clinical queries are shared for peer input. The national coordinator visits the Hubs and is in regular contact with each focal person and their teams • Experiential training is in place following theoretical training sessions, with the past 3 months focus being for Zomba and Thyolo areas • Expanding experiential learning weeks to all five established hubs has increased further the shared learning opportunities. A national trainer who supervised 2 new providers at Mitundu said <i>“Thank you so much for allowing these new providers to have one week of practice before they start on their own, the first two days of screening was difficult for them but at the end of one week they were able to screen with confidence. I wish this could be rolled out to national program”</i>. •  • <i>Jan 2020 initial training classroom practice perform VIA</i> • Monthly Skype meetings are held between Scottish and Malawian project teams (internet permitting). • Focal persons at each Hub engage with their local DHO screening coordinators • Each Hub submits regular reports with numbers of women screened and local progress to the national coordinator; data clerks also submit the data to CHAD using REDCAP for data analysis. The need for refresher trainings of the data entry clerks to improve their computer skills and ensure efficient entry is recognised, and site visits to the Hubs will be maintained. • CPD sessions were conducted in all three regions. In Southern and Central regions these were facilitated by the visiting Scottish 	

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	<p>gynaecologist and the regional coordinators, while in the North a session was facilitated by the MALSCOT Lead Mentor and the regional coordinator. In total 84 people attended all three regional CPD meetings (22 males and 62 females). MALSCOT members attended the MaSP annual general meeting and in on 17th Oct 2019.</p> <ul style="list-style-type: none"> • The MaSP bi-annual Health Strand meeting was held on 26th Nov 2019. The Nkhoma focal lead attended and shared the MALSCOT project progress. • The MaSP annual Symposium also took place on 20th February 2020, with two representatives from Nkhoma and one from Mitundu attending. <p>By sharing, building and exchanging skills and information in this way, the MALSCOT team is learning and growing together. There is a strong team spirit, with encouragement given to new sites and providers. The team has the confidence to work with church, mosque and community groups.</p> <p><i>Conference presentations</i></p> <p>The national coordinator attended the 12th AORTIC Conference in Maputo from 5th to 8th Nov 2019, where she made two presentations:</p> <ul style="list-style-type: none"> ○ <i>“Feasible and Effective Treatment Options for Cervical Screen Positive Women in Africa”</i> on behalf of Prof Heather Cubie ○ <i>Use of Thermal Ablation Within a ‘Screen and Treat’ Cervical Cancer Screening Programme in Malawi - Outcomes at One Year, Client Experience and Professional Perspectives”</i> <p><i>Academic publications</i></p> <ul style="list-style-type: none"> • Winter GF, Cubie HA. Malawi and HPV: sustainable approaches to treatment. African Journal of Midwifery and Women’s Health: 13; 39-40. • Cubie HA, Campbell C. Cervical cancer screening – the challenges of complete pathways of care in low-income countries: focus on Malawi. Women’s Health; <i>In press</i> <p>CC led a Safeguarding workshop at the NHS Scotland Global Citizenship Conference 2019 “Developing Sustainable Health Partnerships” on 1st November 2019, held at Murrayfield Stadium in Edinburgh. She described how the MALSCOT project had used the Scotland International Development Alliance guidance to develop the project’s Safeguarding draft policy, refined through working closely with in-country partners and civil society organisations.</p>
3.4	<p>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)</p>

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	<p>Given that we are 18 months into a 4.5-year Project, and that two of our in-country Hubs have only joined MALSCOT in the last 4-6 months, we considered it appropriate to wait until late 2020 or early 2021 to write the mid-term project evaluation.</p> <p>Realistically, given likely COVID-19 repercussions, it is more likely that spring 2021 will be most valuable. The Scottish team would visit each Hub, evaluating each in turn against the original Output plans, discussing covid-19 impact, and obtaining detailed qualitative perspectives from MALSCOT colleagues.</p> <p>We plan to invite external cervical screening colleagues to review evaluation findings (one from Malawi, one international).</p>
3.5	<p>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)</p>
	<ul style="list-style-type: none"> • The national coordinator and the Nkhoma Hub focal lead are members of the MoH Cervical Cancer Screening Programme Working and Technical Groups; Harriet Chirwa sits on the Safe Motherhood Committee. • The National Director of Cancer Screening (or a representative), has attended each MALSCOT project meeting • Scottish partners are active members of the Scotland Malawi Partnership - HC and another member of the MALSCOT team are on the Board, and HC has been Chair since June 2019; Malawi colleagues are active members of the Malawi Scotland Partnership (and regularly present at regional meetings). • In EYR1 we noted the possibility that Nkhoma might be one of the centres selected for USAID PEER, project, a 2 year cluster randomised trial to investigate feasibility and cost-effectiveness of integrating testing for HPV and thermocoagulation with family planning at static and community-based sites. Members of the MALSCOT team were invited to the PEER launch in April with recruitment due from October 2019; the CHAD CEO is a co-investigator; both he and the national coordinator sit on the Advisory Committee. Nkhoma Hub was selected for self-sampling in the community, with no overlap with MALSCOT VIA clinics in the hospital. In March 2020, the PEER team requested that MW01 GenXpert platforms be used to supplement the PEER platform due to high uptake, the need for greater testing capacity and unavailability of Cepheid technician due to Covid-19 • We engage with the Clinton Health Access Initiative (CHAI) which is piloting use of GenXpert HPV test. We were approached in April 2019

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as the Nkhoma Hospital Laboratory has most experience of this test (through MW01) in Malawi, to provide advice, expertise and provision of a small number of quality control samples to centres which were to be part of the pilot. Approval from Malawi NHSRC in late 2019 and EK, Lab manager at Nkhoma was asked to help with training across the 5 centres (Mangochi, Mulanje and Lilongwe DHOs; Ndirande and Mzuzu Urban Health Centres). The team at CHAI commented (email 4/11/2019) that “We appreciate your support thus far, and we are delighted to learn how you are ready to hold us by the hand throughout this pilot. We appreciate the relationship that is existing between us”.

- As described in Case Study 1, one of the partners in the Southern Region (Mlambe Mission Hospital) has worked closely with another provider of cervical screening services, EGPAF, to develop screening services for women living with HIV in remote health posts. Mlambe Hospital has integrated VIA and ART services.



Mlambe Hospital sign

- We planned to hold a mid-project Symposium in the first half of Year 3, as an opportunity for all partners providing cervical screening across Malawi to meet together and share learning and best practice. This will need to be re-scheduled due to covid-19, but we will work towards holding this Symposium in late year 3 or early year 4.

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?
	No
4.2	Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?

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	Not applicable		
4.3	Describe what action has been taken, and highlight any lessons learned.		
	Not applicable		
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?		
	Not applicable		
4.6	Describe what action has been taken, and highlight any lessons learned.		
	Not applicable		
5. Risk assessment			
5.1	Have any issues materialised during this reporting period? If so, how were they addressed?		
	<i>Please refer to risk assessment provided at application stage.</i>		
Assumption	Risk	Action taken	Was this included in the Risk Assessment Table in your application?
<ul style="list-style-type: none"> • There have been no new operational risks emerging in the reporting period • We attach separately our up to date Risk Register • We have included a full section on COVID-19 as requested in the Risk Register 			

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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)

- Malawi has the highest global mortality for cervical cancer – our project remains highly relevant
- Women at risk of cervical cancer remain the project’s beneficiaries: there has been no change in the urgency and importance of providing cervical cancer screening services for this population.
- Across the MALSCOT project, as local sensitisation occurs in communities here screening is being introduced in new health centres, the number of women attending for VIA screen and treat services has been encouraging;
- Clinics continue to be run even during the rainy season, although outreach sensitisation to remote areas is reduced.
- There has been widespread acceptance of MALSCOT colleagues providing sensitisation and screening at local church/mosque/community social outings
- MALSCOT colleagues at each Hub are working with ART (HIV) clinics to strengthen links and ensure provision of screening for this particularly vulnerable group of clients.
- As part of developing Safeguarding policies and practices, the importance of engaging and reaching out to disabled and other marginalised groups (including people living with albinism) within their catchment areas was discussed at the Mponela project meeting (October 2019), and inclusive services included in Safeguarding materials.

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	<div style="text-align: center;">  <p>MALSCOT CERVICAL CANCER SCREENING & TREATMENT Safeguarding Policy INFOGRAPHIC CHART</p> </div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p>1. Inclusive Services</p>  <ul style="list-style-type: none"> a) Equal access to screening and treatment is an entitlement to all women. b) Every woman visiting for screening or treatment should be well attended to. <p style="text-align: right;">✓</p> </div> <div style="width: 50%;"> <p>2. Privacy & Confidentiality</p>  <ul style="list-style-type: none"> a) Every client should be assisted privately and with dignity. b) Providers, especially males, should always observe the "Two-adult" rule where two or more staff members are present during screening. <p style="text-align: right;">✓</p> </div> <div style="width: 50%;"> <p>3. Abuse Case</p>  <ul style="list-style-type: none"> a) Sexually inappropriate gestures or words from providers are not allowed. b) All abuse cases should be reported to the officer responsible for abuse case management at facility level. <p style="text-align: right;">✗</p> </div> <div style="width: 50%;"> <p>4. Fraud & Bribery</p>  <ul style="list-style-type: none"> a) Cervical cancer screening and treatment is for free. b) No provider should ask or receive money in return for screening or treatment services. <p style="text-align: right;">✗</p> </div> </div>
<p>6.2</p>	<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 350 words)</p>
	<ul style="list-style-type: none"> • Our rural Health Centres are predominantly in the poorest rural areas of Malawi, so we are targeting marginalised communities with high levels of poverty. In the Southern region HIV positivity is higher than the national average. • The number of women living with HIV attending screening is routinely recorded – approx. 28% of women attending for screening across MALSCOT hubs are HIV positive; we expect this proportion to increase in coming years as we continue to engage with ART clinics within hubs and health services. • Mzimba North report working in very remote areas: in addition to routine clinics, they have had a total of 26 outreach clinics through churches, mosques, barracks, police, teachers in schools and different prayer gatherings. Those found to be VIA positive were treated immediately; women requiring further investigation or treatment were referred to hospital. • Mitundu Hospital engagement with Very remote areas - In addition to routine clinics, they undertook 33 outreach clinics and 18 local sensitizations within Mitundu catchment area. • Ekwendeni Mission Hospital engagement with Very remote areas - in addition to routine clinics, outreach clinics were started in December 2019, with a total 20 out-reach clinics carried out to date. • Working with women in prisons is programmed for Year 5

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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)
	<ul style="list-style-type: none"> • Disabled: MaSP and the Malawi Council for the Handicapped (MACOHA) organized disability mainstreaming training to ensure MaSP members are equipped with knowledge and best practice on how to include people with disabilities in different services. Two providers from each of Ekwendeni and Mzimba North hubs attended training in the North (19th and 20th November 2019); two representatives from Mlambe Hospital attended training in the South (26th and 27th November 2019); one representative each from Nkhoma and Mitundu hospitals attended training in the Central region (5th and 6th November). • Mzimba North report on a Disability Mainstreaming meeting, hosted by MACOHA at St John of God and <i>'we learnt many things including the need to reach out to women with disabilities with our services and how we can involve them'</i> • Rural communities: we are proactively engaging with these communities through local sensitisation in rural villages, and outreach screening clinics. • Women living with HIV: we are working with ART clinics within the hubs to ensure WLHIV are offered screening
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)
	<ul style="list-style-type: none"> • We believe that the model of strong Hubs working with rural Health Centres increases our reach into very rural communities in their catchment areas which themselves are vulnerable and marginalised, through outreach sessions, and sensitisation at community venues including churches and mosques. • Specifically, Thekerani Health Centre is extremely remote and with poor infrastructure. For this reason, MALSCOT is happy to partner with Thyolo DHO in the Southern region to build up capability and improve their facilities so that the surrounding villages have the opportunity for 'cervical screening provision.

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- The project has repaired and serviced Hubs' vehicles (4x4s) so that they can travel out into remote areas as part of outreach services.
- We will continue to work with each hub to encourage identification of opportunities to engage with disability groups, and persons living with albinism, in their communities.

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.

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 Budget spreadsheet reports an Underspend of £102,192.73. This reflects the financial position at the end of the financial year (31st March 2020). However, please note that invoices for Quarter 3 (October – December 2019, £67,338), and Quarter 4 (January to March 2020, £59,056), together totalling £126,394, are not included in Grant Spend, as payments were not made to Nkhoma Hospital before the cut-off date.

Following submission of the Mid-Year 2 Report and Budget spreadsheet on 30th October 2019 we had a very helpful meeting with representatives of the Scottish Government International Development Programme on 5th December to discuss Reprofileing of the Budget to reflect updated project needs. We subsequently submitted a detailed Reprofiled Budget request to SG on 16th December, and received confirmation from SG that this had been approved in early January 2020. This resulted in a delay in preparation, review and sign-off of Q3 invoices.

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	<p>There was then a further delay in the University of Edinburgh processing payment of these invoices due to changes in internal processes introduced in March 2020 (payments over £50,000 require additional authorisation, and Santander procedures for foreign payments were amended), and the covid-19 related transition to working from home by Finance colleagues. However, Quarter 3 invoices were cleared through authorisation and payment processes in mid-April, with funds expected to be in the Nkhoma Hospital pound account imminently.</p> <p>We held off submission of Quarter 4 invoices until we were sure Quarter 3 invoices payments had been processed by Santander. Quarter 4 invoices have now been submitted to the University of Edinburgh (third week in April), authorised by the Usher Institute, and are now with Finance for processing through Santander foreign payments. Again, funds should be with Nkhoma Hospital within 2-3 weeks.</p> <p>If these Quarter 3 and Quarter 4 invoices had been included in the End Year 2 Budget reporting, there would not be an Underspend, but a modest overspend of £24,202, which was not invoiced in full in Q4. This overspend relates to the health centre refurbishment costs (Capital Costs), and where as noted there has been excellent progress in recent months with more health centres opened than anticipated in Year 2. This temporary variance will be corrected in Quarter 1 of Year 3.</p>
7.2	<p>Please give details of any capital expenditure in this reporting period. (Max 350 words)</p> <p>Capital expenditure in this reporting period relate to 1. Hub and Health Centre refurbishment, 2. laptops and printers, 3. thermal ablation machines</p> <p>1. Hub refurbishment: screening rooms and services at each Hub have been strengthened over the last year. This has included deep cleaning and room maintenance, provision of equipment including adequate speculums, forceps, and sterilizing drums as well as ensuring good supplies of all consumables. Health centres: 13 health centres have now been refurbished. The extent of refurbishment varies at each health centre, but has included connection to electricity and water supplies for the screening rooms, sluice arrangements as well as deep cleaning and redecoration.</p> <p>2. Laptops have been provided to the data clerk at each Hub in order to enable data entry to the REDCap system – robust and quality assured data collection and analyses are essential components of the project. The national coordinator and regional coordinators have also been provided with laptops. Each hub has been equipped with a desktop printer.</p> <p>3. Provision of prompt treatment where appropriate is at the heart of cervical ‘screen and treat’ approaches: this project uses thermal ablation (coagulation) for</p>

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	<p>suitable lesions identified at screening. We have ensured that each Hub is equipped with a traditional WISAP coagulator (desktop, robust, powered by electricity), and a newer WISAP C3 model (handheld, rechargeable battery).</p>
<p>7.3</p>	<p>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)</p> <ol style="list-style-type: none"> 1. A standardised needs assessment is carried out at each new health centre as part of the preparatory work. The national coordinator works on this with the focal person at each Hub, then arranges central procurement, obtaining quotes, and ensuring competitive prices for larger orders. This process is accepted and working well across Hubs (there was initial resistance as hospitals were used to ordering their own supplies, but management now see the value of a central procurement process for the benefit of all MALSCOT partners). 2. REDCap data analysis indicates that the vast majority of women requiring treatment received it the same day (over 90%). As with all cervical cancer screening programmes, prevention of development of cancer through treatment of pre-cancerous lesions saves both lives and downstream health system costs. 3. Although only at the end of Year 2, the project is well ahead of target in terms of number of women screened (17,711 women receiving their first VIA screen against a target of 5200). This is a reflection of the commitment and work of all Malawian colleagues as well as the desire of women to attend this vital service as it becomes available in new areas and sensitisation takes place. <p>We are fortunate that this good progress as has been made in Year 2: we expect numbers of new clients to slow in Year 3 due to the normal levelling to 'steady state' in health centres after the first few months, and covid-19 will impact the provision of screening and attendance of women in the first half of Year 3.</p>
<p>8. Any other information</p>	
<p>Use this section to tell us any other relevant information regarding your project. (Max 500 words)</p>	
<p>MALSCOT has made strong progress to date against project objectives, as outlined in the Logframe and described above. We have more than exceeded End Year 2 targets for numbers of women screened, number of new VIA providers receiving MoH and experiential training, numbers of mentors, and number of health centres where screening has been introduced. This is due to the commitment and enthusiasm of all our in-country partners, the leadership of our national coordinator and the very real community engagement with screening as it is introduced, reflecting the need there is for cervical screening provision in rural areas of Malawi.</p> <p>We recognise that MALSCOT screening activities will be impacted by the covid-19 pandemic. We are grateful that the Scottish Government has indicated continued support for international development partner countries and for the assurance given that the next six months' payments for ongoing projects will continue as agreed, subject to completion and submission of satisfactory EYRs. As described in the Risk Register, MALSCOT</p>	

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colleagues (nurses and data clerks) are well-positioned to be reassigned to covid-related duties within their health settings. WHO has issued Interim guidance (25 March 2020) 'COVID-19: Operational guidance for maintaining essential health services during an outbreak' which recognises that many routine and elective services may be postponed or suspended, and specifically recommends rapid re-distribution of health workforce capacity, including by re-assignment and task sharing. With the national coordinator, we have circulated a recording form asking hub focal persons/VIA link persons to maintain an accurate record of how MALSCOT providers and facilities are re-assigned during the covid-19 emergency.

As mentioned in previous reports, we recognise the importance of supporting the capacity for LLETZ in Malawi (treatment for lesions too large for thermal ablation but not requiring radical surgery). Residual funding from MW01 is available to support the costs for this advanced treatment for any women within MALSCOT who requires it and can access now. A gynaecology colleague from NHS Tayside is scheduled to provide training from autumn 2020 onwards; we recognise these plans will be affected by covid-19. There is on-going discussion between MALSCOT leads/ Scottish Global Health Collaborative and the IFCC/IARC which provide detailed and extensive training courses in colposcopy, LLETZ and surgery to produce shorter courses more suited to low resourced settings. Nkhoma and MALSCOT providers in Malawi will contribute to this initiative: again, we recognise these plans will be affected by covid-19.

MALSCOT project received an award of excellence as the best performer in Central region at the Malawi Scotland Partnership meeting on 20th February 2020



CC received the 2019 Scottish Cancer Foundation Prize and Evans Forrest Medal for her work in cancer screening, recognising contributions in both Scotland and Malawi.