

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

<b>1. General project information</b>		
1.1	<b>Project reference Number</b>	MAL/18/01 – StJS
1.2	<b>Name of organisation</b>	St John Scotland
1.3	<b>Lead partner(s) organisation</b>	St John Malawi
1.4	<b>Project title</b>	Community Action and Service Access for Maternal, New-born and Child health
1.5	<b>Reporting period</b>	<b>From:</b> 01/04/2020 <b>To:</b> 31/03/2021
1.6	<b>Reporting year</b>	3
1.7	<b>Project start date</b>	01/10/2018
1.8	<b>Project end date</b>	31/03/2023
1.9	<b>Total project budget*</b>	£479,221
1.10	<b>Total funding from Scottish Government*</b>	£479,221
1.11	<b>Provide a brief description of the project's aims, highlighting which of the Sustainable Development Goals (SDGs) your project is working towards? (200 words)</b>	<p>The project aims to support Sustainable Development Goal (SDG) 3's target to "achieve [...] health coverage, [...], access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines [...]" (3.8), in Malawi through health education activities delivered in the household to pregnant women, new mothers, partners, and children under five.</p> <p>These activities directly contribute to "reduce the [...] maternal mortality ratio" (3.1) and to "end preventable deaths of new-borns and children under 5 years of age (3.2) by focusing on safe motherhood.</p> <p>The project's mobile outreach clinics, and community-to-clinic referral system ensure women and men have "access to sexual and reproductive health-care services, including for family planning, information and education" (3.7), and addresses the high pregnancy rate among adolescent girls. This further emphasizes the objective of Goal 5, which aims for gender equality and the empowerment of women and girls through "universal access to sexual and reproductive health and reproductive rights" (5.6).</p> <p>Lastly, the project aims to support SDG 6, to "achieve access to adequate and equitable sanitation and hygiene for all [...], paying special attention to the needs of women and girls and those in vulnerable situations" (6.2), by providing practical sanitation</p>

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		advice delivered in the household; strengthening household knowledge and behaviour.
<b>2. Project progress and results</b>		
<i>Please use this section to give an update on the progress the project has made during this reporting period.</i>		
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>In its third year, the Community Action and Service Access for Maternal, Newborn and Child health project continued to be successful. The core of the project remains household visits and community health education carried out by 136 trained volunteers in Chimbalanga, Chiuzira and Kauma in Lilongwe district. The Covid-19 pandemic has presented obstacles to the project's plans, but the implementation team have been flexible and adaptable to make the activities Covid safe and continued to deliver the project without major delay.</p> <p>Refresher trainings for volunteers; despite the delays due to COVID-19 Government restrictions, all planned refresher trainings were conducted during the year. The District Health Office (DHO) and St John Malawi team conducted refresher trainings in safe motherhood, water, sanitation, and hygiene (WASH) and Volunteer Savings and Loans Associations (VSLA). The focus of refresher trainings was to ensure volunteers are updated with new emerging information. It also helped them execute their activities in a manner that their safety and clients/ safety is maximized considering the Covid-19 pandemic and the associated risks.</p> <p>Safe motherhood household visits by volunteers continue to be successful; Volunteer visits follow the standard operating procedures and are aimed to match the cycle of recommended clinic visits during pregnancy and after the new baby is born. Women are responding to the priorities of going to Antenatal Care earlier with 43% reporting going to ANC earlier. The results are higher than baseline at 16% and previous years (Yr1 38% and Yr2 30%).</p> <p>WASH education: Volunteers continued to deliver education to households. The presence of COVID-19 in Malawi meant an adjustment to our approach for household sanitation education which impacted the number of households reached. It was reported at midterm that reach was at 32% and that it is unlikely that the target will be achieved this year, as the pandemic continues. The project worked with volunteers to double their efforts and by end of the year, reach was at 96% for Output Indicator 4.1 (Number of household members receiving education in WASH) and 4.2 (Number of WASH household action reports produced by volunteers in collaboration with households).</p> <p>Referral uptake (ANC, safe delivery, family planning); during household visits, volunteers continued identifying clients in need of further management at health facilities. 89% completed ANC and safe delivery referral against year 3 target</p>	

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	<p>(75%). The project referred 1,447 new mothers for FP and only 837 (58%) completed the referral against year 3 target (75%). It was reported during our midterm report that towards the end of the first quarter, Ministry of Health introduced a FP method called Sayana, a self-injection contraception method while project beneficiaries in our catchment area are used to Depo-Provera injected by Health Clinic trained staff. This resulted in new mothers shunning away from accessing the contraception. St John Malawi volunteers resolved to have massive community health education on benefits of Sayana while Health facility staff led on how Sayana can be self-injected.</p> <p>Outreach and mini clinics; the initial lock-down impacted St John Malawi's ability to deliver outreach clinics, as all movement was restricted back in April 2020. Since the lockdown was quickly lifted, outreach clinics were resumed while following all precautionary and restrictions measures that the Government put in place. The project continues to involve traditional leaders and other influential community members. This has been extremely important with addressing male involvement in the project.</p>
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 500 words)</p> <p>There has been no change in focus or plans for delivery during the last year. Due to rise in Covid-19 cases and partial proposed lockdown, the timing of group activities varied to accommodate the developing government regulations. In addition, the generous provision of extra funding to procure suitable PPE and "covid proof" the project through training sessions for new volunteer protocols enabled a minimum of disruption.</p>
2.3	<p>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)</p> <p>In the Year 3 Mid-Term report and section 2.1, we outlined that the initial lock-down of COVID 19 impacted St John Malawi's ability to deliver any project activities or collate monitoring data, as all movement was restricted back in April 2020. However, the lockdown was quickly lifted, St John Malawi was able to resume delivery of the project with a staged roll-out and making an adjustment to our approach for household sanitation education which impacted the number of households reached.</p> <p>We learned that our project interventions can be adaptive, for example, households that share toilet facilities were taught together, with the new adjusted approach, these households were taught completely separately to manage community concerns around COVID-19 transmission. The project will continue WASH education intervention with the new adjusted approach. This will increase the time volunteers will spend providing household support. To support the volunteers, St John Malawi with support from St John Scotland will plan with</p>

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volunteers to map the penetration and reach of our WASH training in the community and find new households that could be enrolled in the programme.

We reported in Year 3 Mid-Term report that towards the end of the first quarter, Ministry of Health introduced a new FP method called Sayana, a self-injection contraception method.

We learned that with every new activity or medicines introduced by either the project or MoH impacting our catchment area; there is need to train our volunteers to build knowledge around the new (activity or medicines). This will allow our volunteers prepare our beneficiaries and give correct information therefore building positive attitudes and acceptance of the new (activity or medicines). For example, the introduction of a new FP method called Sayana by MoH had an impact in number of FP referral completed as outlined in section 2.1.

### 3. Partnerships and collaboration

*This section allows you to discuss how partnership working is progressing on the project, as well as wider collaboration and sharing of learning.*

3.1 Provide an update on how partnership working has gone in the past 12 months. Let us know about any highlights, challenges or changes to roles and responsibilities. (Max 350 words)

The relationship between St John Malawi and St John Scotland has remained good with parties conducting monthly virtual meetings sharing project's progress and discussing solutions to challenges the project is encountering.

The project has maintained a cordial relationship with the District Health Office (DHO) which provides skilled health workers during technical trainings, Outreach, and mini clinics as per the existing agreement despite the staff shortage challenges. The DHO team continued facilitating refresher safe motherhood, WASH and nutrition trainings to volunteers and community leaders.

The Malawi government through Department of Economic Planning and Development and Malawi Scotland Partnership (MaSP) visited St John Malawi during the year to review the progress made following previous year's report. This was a follow up visit from the previous year, where project performance evidenced by the quarterly and monthly report achievements were discussed.

St John Malawi attended a virtual annual general meeting of Scottish Malawi Partnership (SMP) where issues of partnerships, governance, and coordination among partners in Scotland and those in Malawi were discussed.

There has also been a great relationship with community leadership for the delivery of project activities. During follow up visit, community leadership has been on the fore front for a cordial reception of staff, and this was attributed

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	<p>to good partnership that exist between St John Malawi and Community leadership.</p> <p>The project formed a working partnership with Creative Centre for Community Mobilization (CRECOM) where both organisations work with Health Advisory Committee together to discuss related challenges that could have affected the delivery of the project activities in the year.</p>	
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>No visits by any Scotland based staff in this reporting period due to travel restrictions because of the global coronavirus pandemic.</p>	
Date of visit	Key achievements / outputs of visit	Follow-up actions
3.3	<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 500 words)</p>	
	<p>St John Malawi has advanced project learning and dissemination externally through attendance at District Executive Committee Meetings, District Implementation Meetings, and District Council Meetings: during which project progress is shared with Non-Governmental Organizations GO representatives and the District Health Management Team. Updates are also provided to the Malawi Scotland Partnership (MaSP) Secretariat and national strands leads (Health and WASH).</p> <p>District Executive Committee (DEC) meetings allows not only St John Malawi to share programme objectives; it's where other NGOs implementing various projects in the district gather to share progress and challenges. Due to gathering restrictions because of Covid 19 such meeting were minimised. However, the Project continued to share its progress reports to relevant stakeholders and institutions. The lessons and challenges were highlighted the reports.</p> <p>St John Malawi has been participating in MaSP and SMP virtually organised meetings where Scottish funded organizations share learning experiences at national level. The information obtained during the meetings helped the project with guidance in the implementation of the activities amidst Covid-19</p>	

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	<p>pandemic. The project has also learned the commitment from government officials and Scottish government to maintain a positive attitude regardless of negative dynamics associated with the pandemic.</p> <p>St John Malawi had a midterm evaluation conducted by an independent consultant and end of year survey activity to learn how the project has performed against its indicators throughout the implementation period. The results and recommendations are being discussed and plans will be concluded earlier in Year 4 of project implementation.</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>
	<p>The project conducted an independent mid-term project evaluation. Among many areas, the evaluation report showed that the project is seen to be relevant in its alignment and contributes to the National Health Policy for Malawi (NHPM). The NHPM priority number 1 of Service Delivery, aims at ensuring universal health coverage of essential health care services, especially to vulnerable populations, is attained. The project well aligns and contributes to this priority and strategies as it strives to reach out and provide health care services to the hard to reach and vulnerable populations through mobile clinics well. The NHPM priority number (IV) of Social determinants of health, aims at ensuring that individual and community level risk factors to health are adequately addressed, of which, a key is promoting good community sanitation and hygiene practices through community led sanitation; promoting positive behaviours and nutrition, which the project also directly contributes. The project also contributes to NHPM priority number (II) of Leadership and Governance, of which amongst key strategies is Empower communities to provide effective oversight of the community health system, to which the project is contributing through its work with HACs.</p> <p>Key Findings.</p> <ol style="list-style-type: none"> <li>1. Health Practices and demand for key maternal, new-born and child health services: (i) Exclusive breast feeding: findings show that, women knew about EBF and its importance. Therefore, they were making efforts to adhere to EBF for their children. According to St John reports, there were more mothers at mid-term of the project, who were consistently breast feeding their children (62%) as compared to the baseline (17%). However, the project ought to addresses challenges affecting EBF as mothers' own poor nutrition/food insecurity and health, which came out strongly as a challenge for one to adhere to EBF. (ii) Use of FP methods: both men and women demonstrated knowledge about FP and its benefits. St John Outreach clinics were a main provider of the services. There were times however, that women wouldn't find their preferred FP method at the outreach clinic. (iii) Findings demonstrate that fathers being targeted by the project have attained adequate knowledge on issues of maternal and child health. (iv) Community-to-Health Centre referral systems for pregnant women, new mothers with infants, and</li> </ol>

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	<p>under 5's show that the volunteers were the main referral mechanism in the project sites. (v) Households' education WASH practices show a decrease in cases of diarrhoea as reported by the communities and Households which have since been reached by the project.</p> <p>2. Access to Essential health package (EHP): (i) ANC and FP Services: The project has outreach clinics providing essential health services, such as ANC, FP, and growth monitoring in hard-to-reach rural areas in all its sites. (ii) Under 5 clinics: The project has reached far more under five children through its mobile clinics, providing vaccination and growth monitoring services.</p> <p>3. Collaboration and accountability for better health outcomes and sustainability: (i) There is an effective collaboration over service delivery, championed by HAC.</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>
	<p>Detailed Implementation Plans are shared with DHO members of staff as well as progress of project implementation. DHO meetings were attended both virtual and face-to-face by St John Malawi, in conjunction with all active NGOs in the District, to outline District plans and review existing programme implementation. St John Malawi therefore has a comprehensive understanding of existing implementers, current activities, and impending programmes.</p> <p>The project works with local health facilities in the catchment areas including Family Planning Association of Malawi (FPAM). FPAM provide alternative family planning options which are not ordinarily available at outreach clinics and health clinics. Volunteers are able to refer mothers to FPAM outreach clinics for FP services that are not offered during outreach clinics. With this arrangement volunteers can know FPAM clinic schedules to help with referrals.</p> <p>The project participates in the quarterly HAC meetings where various community influential members participate. The project utilizes this forum to share challenges the project is facing in the implementation of its activities in the communities. The HAC forum helps with community-acceptable solutions hence easy implementation.</p> <p>The project utilizes community volunteers as they wear St John uniforms when executing their activities. The movement of community volunteers in the community maintains project's visibility in the community and among its partners.</p> <p>St John Malawi volunteers supports various mini and outreach clinics conducted in collaboration with DHO staff each month. Jointly the team offer essential health care services to the beneficiaries in the catchment areas. This also helps with volunteers' reception at households as they are seen as part of health care system.</p>

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<b>4. Safeguarding and fraud</b>				
<i>Please ensure you complete questions 4.1 and 4.2 even if you have no incidents to report.</i>				
4.1	Have there been <b>any</b> safeguarding incidents, either relating to staff/volunteers or beneficiaries of the Grant or the Project, in the last 12 months?			
	None reported			
4.2	Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?			
	None reported			
4.3	Describe what action has been taken, and highlight any lessons learned.			
	N/A			
4.4	Have there been any incidents in the last 12 months of financial mismanagement, theft, fraud etc, either relating to the Grant or the Project or which affects the organisation?			
	No			
4.5	Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?			
	N/A			
4.6	Describe what action has been taken, and highlight any lessons learned.			
	N/A			
<b>5. Risk assessment</b>				
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>			
<b>Assumption</b>		<b>Risk</b>	<b>Action taken</b>	<b>Was this included in the Risk Assessment</b>



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			<b>Table in your application?</b>
Prevalence of pandemic diseases e.g., COVID 19	High	<p>COVID 19 prevention awareness training and purchasing of PPE for all volunteers to support project.</p> <p>Adjusted our approach to household sanitation education: ordinarily households that share toilet facilities are taught together, however these households are now taught completely separately.</p> <p>St John Malawi are delivering awareness and information sessions to the community to address fears and misinformation around COVID-19 and the use of PPE.</p>	Yes
<p><b>6. Inclusion &amp; accountability</b></p> <p><i>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.</i></p>			
<b>6.1</b>	<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 350 words)</p>		
	<p>The project is still relevant to the beneficiaries it is working with. Review of the project log frame to date including baseline, indicator targets, and performance against indicator targets, demonstrates that there is still scope for tangible improvements in health outcomes for project beneficiaries.</p> <p>Outcome Indicator 1.1: Women are responding to the priorities of going to Antenatal Care earlier with 43% reporting going to ANC earlier. The results are higher than baseline at 16% and previous years (Yr1 38% and Yr2 30%). However, there is still more needed to encourage women to go for ANC earlier.</p> <p>Outcome Indicator 1.2: diarrhoeal prevalence was reported higher than baseline, comparing to Yr 2 report, we have seen a reduction by 6% from 31% Yr2 to 25% Yr3. There is still more effort required to educate households on behaviour changes to further reduce the incidents.</p> <p>Outcome Indicator 2.1: There is an increase in the utilisation of the health services by beneficiaries compared to year 2 by 15%, from 37% Yr2 to 52% Yr3., which suggests that although the planned indicator target has not been met, community members are reporting increased utilisation of health services.</p>		

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	<p>This year, we will work with the Health facilities and our stakeholders on how we can further encourage utilisation of health services by our beneficiaries.</p> <p>Output Indicator 3.3: The percentage of beneficiaries completing their referral for malnutrition is at 68% against year 3 target of 75%. Comparing to year 2 referral uptake which was at 11%, we have seen a significant increase in referral uptake. Therefore, there is still need to address malnutrition. At the moment, when a beneficiary attends the health clinic with their referral, health facility staff do not have the nutritional supplements required and a beneficiary is requested to go to a local health facility at a later date with their referral. The project is working with volunteers, health surveillance assistants and health clinic staff on an effective way to take this forward, whilst ensuring those referred get access to the support they need.</p> <p>See the midterm evaluation report attached as well.</p>		
<b>6.2</b>	<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>		
	<p>The project targets several vulnerable groups including persons with disability, adolescent mothers, and single women. Project's data collection tool is designed to capture the vulnerable population for example, adolescent mothers, people with disabilities, religious minorities, and single mothers.</p> <p>The data tools used by the project track the number of vulnerable and marginalised groups as indicated below.</p>		
	Demographics	Project lifetime actual	Year 3 Actual
	# Enrolled from minority religious background (non-Christian)	606	28
	# Enrolled under 20 years old	1509	60
	# Enrolled as single, divorced, or widowed	140	5
<b>6.3</b>	<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 350 words)</p>		
	<p>The project approach has been designed to address gender inequalities and ensure equal access to health services by targeting women as major beneficiaries and seeking to address underlying issues of poor female empowerment by engaging men in what is traditionally a patriarchal society.</p> <p>The project conducts one-on-one household education during which people have opportunity to ask questions which cannot be asked in a group setting. Volunteers are trained in a way to obtain information as well as comprehensively educate individuals for them to make informed decisions.</p>		

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	<p>During household visits, volunteers remain alert for any form of abuse including child and gender-based violence and, where necessary, will report to relevant authorities. Through the DHO and the safeguarding training conducted, St John volunteers were trained on child protection, gender-based violence, safeguarding issues and any form of abuse. This helps volunteers to be well informed and be able to identify issues affecting marginalized population.</p>
<p><b>6.4</b></p>	<p>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)</p>
	<p>As outlined in section 6.3., the project approach has been designed to address gender inequalities and ensure equal access to health services by targeting women as major beneficiaries and seeking to address underlying issues of poor female empowerment by engaging men in what is traditionally a patriarchal society.</p>
<p><b>7. Financial information</b></p> <p><i>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.</i></p> <p><i>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.</i></p>	
<p>7.1</p>	<p>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 because of timing issues, price achieved, quantity etc. If these are temporary variances, please outline plans for expenditure. (Max 500 words)</p>
	<p>At the end of the year, the yr 3 budget is £2315 underspent. The majority (£2101) of this underspend is due to the cancellation of international travel, with the remainder (£214.43) being due to small fluctuations in price or costs across all lines. Explanations are provided on the individual tabs on the financial report, but all are minimal variations due to price fluctuations or changes in participation numbers due to Covid. All activities have been and completed within the budget, using very limited flexibility between budget lines.</p> <p>The exchange rate applied to the MWK spend when developing the annual budget was 950 MWK=1GBP. However, the average exchange rate achieved through the year (4 transfers) has been 917 MWK = 1GBP. This has led to exchange losses of £3652 against the planned budget.</p> <p>We already have agreement to repurpose £2101 of underspend to offset these exchange losses (ref. Email agreement from Tasha Boardman of 11/02/2021). We would like to request that we absorb the remaining underspend of £214</p>

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	<p>towards the exchange losses also. Further exchange losses will be covered by St John.</p> <p>Please note that to report clearly, we have not reported the £2101 as spent. It is shown as “requested for repurposing”. Within the budget report format, this adds the amount to the 21-22 budget, and unbalances our budget. Please advise if this is incorrect.</p> <p>For the coming year, we have taken note of the currently favourable exchange rate and budgeted for 1025 MWK =1GBP. We will monitor the situation in-case the exchange rate becomes less favourable once again.</p>
7.2	<p>Please give details of any capital expenditure in this reporting period. (Max 350 words)</p> <p>No Capital expenditure incurred.</p>
7.3	<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> <p>Expenditure is forecast for the year, and then tracked monthly against this forecast. Underspends, The St John Malawi procurement policy is applied to all project expenditure and ensures we receive a fair market price for all purchases. In terms of limiting unnecessary expenditure the project workplan is regularly discussed and updated to try and combine travel and activities as much as possible. This reduces expenses and allowances, but also reduces the tax on stakeholder’s time.</p> <p>Finally, the project’s strong performance management framework allows us to quickly identify areas that are not providing effective or high-quality output and address issues in a timely manner. The example of this from the last 12 months is how we have adapted our protocols and approaches so that we can not only continue through the Covid-19 pandemic, but also add extra impact by delivering outreach health services in a covid secure fashion, and thus helping to maintain the public’s faith in the health system through the most critical of times.</p>
<b>8. Any other information</b>	
<p>Use this section to tell us any other relevant information regarding your project, including any information relevant to COVID-19 and how that has impacted project activities and/or budget. (Max 500 words)</p>	
<p>The generous extra funding provided by the Scottish Government to procure adequate PPE was a timely intervention that not only allowed St John Malawi to continue to deliver activities safely, but to also raise awareness of precautions people should be taking, and to help the health service to deliver services safely. The project registered a</p>	

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drop in people accessing health services due to a fear of pandemic infection, which will lead to a worsening of the general health situation if left unchecked. The timely intervention meant that St John Malawi were able to actively play a role in encouraging use of the health service at a time of a crisis in trust, while also helping to address the cause of that loss of trust.