Scottish Government International Development Programme
End-Year Report

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 CCAP Hospital, Malawi
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:** 01/04/2020 **To:** 31/03/2021
1.6	**Reporting year**	Year 3
1.7	**Project start date**	01/10/2018
1.8	**Project end date**	31/03/2023
1.9	**Total project budget***	£1,433,433
1.10	**Total funding from Scottish Government***	£1,262,633
1.11	**Provide a brief description of the project's aims, highlighting which of the Sustainable Development Goals (SDGs) your project is working towards? (200 words)**	The project 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. Our 3 Sustainable Development Goals are to contribute to – Good Health and Wellbeing; Reduce Inequalities; and Partnerships for the Goals. Our focus and direct beneficiaries include women of all ages: a) Young women with little knowledge and understanding of the burden of cervical cancer and the benefits of pre-ventative 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 of-ten forgotten in the development of new services.

		Our indirect beneficiaries include the children of the women; husbands and partners; healthcare providers; and the population as a whole.

2. Project progress and results

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

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

1. Positively:
   - In spite of the COVID-19 restrictions, this has been a successful period for the Project – in terms of Health Centres providing clinics; number of women screened; and MALSCOT team development. The 'success' element to delivery has largely been associated with a move towards greater use of outreach strategies to deliver 'screen and treat' in rural communities.
   - As set out below, Nkhoma (Project Lead) and all other 6 Hubs are fully functional. 15 additional Health Centres are operational and supporting screening provision; 8 refurbishments are currently underway (of which 6 are already providing screening clinics); 8 shaded in peach are those at the planning stage (for starting screening in Year 4); and 2 have still to be confirmed at Nkhoma and Matawale Hubs. While on-site works have been slower than expected due to COVID-19, we are confident that this will speed up during Year 4.

End- Year 3

	Hubs	Nkhoma	MoH	Mzuzu	MoH	Ekwenen	MoH	Mitundu	MoH	Mlambe	MoH	Matawale	MoH	Thekerani	MoH
1	Spokes	Mtenthera		Mpherembe	SG	Enukwenu		Dicksoni	MoH	St Vincent		Nasawa	MoH	Changata	
2	Spokes	Nathenje		Kafukule	MoH	Mtwalo		Chiunjiza		Chileka		Mambo		Gombe	
3	Spokes	Chimbalanga		Engucwini	MoH	Kabwafu	MoH	Chadza	SG	Mdeka	SG	Mwandama	SG	Zowa	
4	Spokes	Diamphwi		Thunduwike	MoH	Khuyuku	MoH	Katchale		Lilangwe		tbc		Molele	
5	Spokes	Kasina		Choma		Matuli		Maluwa							
6	Spokes	Chimphwanya		Malidadi	SG										
7	Spokes	Matapila		Bwengu											
8	Spokes	Malingunde		Kamwe											
9	Spokes	Dedza	MoH												
10	Spokes	tbc													

Key		Hubs	HCs	
Previous Project - facilities for Nkhoma		1	former)	
MALSCOT Year 1 refurbishment		1	0	
MALSCOT Year 2 refurbishment		4	12	
MALSCOT End-Year 3 refurbishment		1	3	
MALSCOT End-Year 3 refurb underway			8	(6 already providing clinics)
MALSCOT Year 4 refurbishment identified			8	
MALSCOT Year 4 refurbishment tbc			2	
MoH	Both MoH and MALSCOT have trained providers and MALSCOT are strenghtning this; and MoH have provided some equipment	7	33	

   - The partnerships that were additional to the original MALSCOT proposal – Matawale (Zomba DHO) and Thekerani (Thyolo DHO) Hubs - continue to engage well with the Project and we are attaching Thekerani Hub as a very encouraging Case Study.
   - Training and mentorship - given COVID-19 restrictions, there were no Malawi Ministry of Health trainings for new VIA providers in the first half of Year 3, but a training course (18 new providers), was held in October 2020, once restrictions had been lifted. Experiential training was subsequently delivered at the Hub level,

	Hubs also provide mentoring support (now have 23 mentors) to their Health Centre teams. Informal CPD has continued through WhatsApp team sharing of best practice, and online CPD sessions were delivered by Scottish clinicians on 1st October 2020 and 20th April 2021. • In Year 3, and despite the restrictions of COVID-19, an additional 23,744 women attended MALSCOT clinics – these comprised 21,786 of first attenders including women from rural outreach (up to 50 outreach clinics per month) and 1958 visits (follow-up visits for those who had previously received thermal ablation treatment). • The MALSCOT project was presented at the online British Society for Colposcopy and Cervical Pathology (BSCCP) conference in April 2021, with CC and WM presenting on thermal ablation, MALSCOT national co-ordinator BK giving the Ian Duncan lecture, and HC being awarded the Founder's medal. • We are seeing in-year innovation as: o Thekerani Health Centre has become a fully functional Hub in the Southern Region, and now has a working water supply o Adaptation to covid-19 reducing the number of women attending Hubs and health centres: to delivery of sensitisation and screen and treat in rural outreach posts from all Hubs and health centres o Active WhatsApp provides the 'glue' to MALSCOT, and encourages and mutually supports the team across all centres. 2. Very sorrowfully, we have to report the untimely death of our esteemed colleague Dr Bagrey Ngwira, the Project Lead for REDCap. He has been replaced by Dr TM as Director of CHAD, who together with KG will continue to focus on supporting data clerks in submission of project data to REDCap, and analyses of 'cleansed' data. While data clerk training was somewhat limited due to COVID-19 restrictions and the loss of Bagrey, we will focus on additional data clerk training in Year 4, especially as Hubs work with additional health centres. (see more below) 3. Due to COVID-19, the work of the Malawi Ministry of Health Reproductive Health Directorate has been curtailed, but representatives attended the MALSCOT virtual symposium on 1st October 2020 to ensure that our Project aligns and adds value to the Malawi-wide National Cervical Cancer Screening programme. They continue to update NCCS documents and MALSCOT members are engaged in this exercise to ensure complementarity. 4. Physical challenges relate to reduction in regular staff training, erratic internet connection, lack of continuity of electricity supply, and increased fuel consumption/vehicle use for the large numbers of outreach clinics.
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)
	Overall our focus remains unchanged, and below we highlight our response to 3 challenges, and then address how we plan to meet any shortfalls in the previously agreed outcomes: **1. COVID- 19** Our early engagement re COVID-19 has been hugely beneficial to the safe running of the Project and the results have been good with timely reporting of client numbers, and ongoing screening activity across all sites MALSCOT staff have been very grateful for the additional PPE funding which has allowed them to work responsibly and safely. Mostly the PPE has been locally made which is much welcomed by the local communities. This has enabled clinics to

continue and although numbers attending are down because of social distancing, as above colleagues have pivoted towards delivery at outreach clinics.

2. **Matawale and Thekerani Hubs**

   Progress for both has been very positive and swift largely due to the support and engagement of their respective Senior Management Teams, the project national coordinator (BK), and the Southern Region coordinator from Mlambe Hub. The rapid response will enable us to keep to agreed project outcomes.

3. **REDCap**

   We pay a special tribute to Dr Bagrey Ngwira who developed the MALSCOT data system to provide cleansed and robust data for the Project. The planned next steps will now be undertaken by Dr TM: together with KG he will continue to develop the REDCap element at this crucial stage in its use. This will include:

   - Reviewing each Hub's data submissions, discussing with data clerks, and identifying and delivering where additional training is needed.
   - Using cleaned data to provide more mature project outcomes –detailed reporting by location, understanding any variations in treatment pathways; identification of screening and biopsy outcomes by age groups, HIV status and any prior treatment.

4. **Meeting our agreed Outcomes**

   No change to our progress which is as follows:

End Year-3 milestones	Proposed Action to meet outcomes
1. 12,800 additional women screened (total 18,400 by end-Year 3)	Continuing to exceed target – 23,744 additional women have been screened against an EYR3 milestone of 18,400 additional women. 21,786 being first attenders.
2. Screening at 10 additional health centres (total 20 by end-Year 3)	Our target has been nearly reached, but refurbishment/equipment provision has been delayed in a number because of covid. Nevertheless, 3 health centres were refurbished and now provide services; 8 have been partially refurbished, with 6 already providing clinics. Thus at this end-Year point trained staff are delivering at **9** additional health centres. In addition, outreach clinic visits have been delivered from 21 health centres.
3. 30 additional trained VIA providers (total 60 by end-Year 3)	Continuing to exceed target – 45 additional VIA providers trained to end-Year 2. In Year 3 no new trainings took place in Q1/Q2 but during Q3 and Q4 18 new providers have been trained. A total of 63 additional trained VIA providers.
4. Review use of Toolkit for ongoing Quality Assurance	Ongoing (and was updated in July 2020 to include COVID-19)

	5. Additional 5 mentors (total 15 by end-Year 3)	Continuing to exceed target (23 mentors trained) and ongoing across Hubs.
	6. All hubs and health centres using common data system	All MALSCOT partners are using REDCap database
	7. 6 x thermo-coagulation courses; 25-30 providers trained	Despite COVID-19 restrictions, 18 providers were trained in Year 3 (Q3) with now 63 new providers across MALSCOT.
	8. 3 x regional CPD courses	Regional coordinators have carried out in-country CPD, in particular supporting the new Hubs. Additionally, online CPD provided on 1st October 2020 and mid-April 2021 via zoom by 2 Scottish clinicians.
	9. Toolkit endorsed from Association of Obstetricians and Gynaecologists of Malawi, and Safe Motherhood Committee	Plan to progress in Year 4

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)

We highlight 7 lessons learned and will apply these in future in Years 4 and 5:

1. Rapid response to COVID-19 – provision of resources to allow locally procured PPE. Support for repurposed and additional oxygen cylinders and compressors. We will continue to monitor local issues and respond quickly. This includes requests from Hubs that we continue to support PPE provision as it has been vital to the continuation of VIA services
2. Building on the outreach programme which has been developed in response to need by local implementing teams. Several Hubs talked of better integration of services: including VIA in regular mother and infant outreach to remote communities. This extension allows more women to be screened away from hospital or health centre facilities, especially when there is anxiety over covid risks and whilst additional health centres are being refurbished.
3. During Year 3, we held 2 online workshops, six months apart. Digital events cannot last as long as the face-to face 1.5-day workshops of previous years. Consequently, we have agreed to hold quarterly during Year 4, while still hoping that a face-to-face symposium may be possible towards the end of Year 4.
4. All Hubs prepare monthly COVID reports, which enable teams to pick up local matters and deal with them quickly.
5. All Hubs also prepare monthly data reports based on their entries to the National Screening Register. Detailed figures from all hubs are available if required. This enables the national co-ordinator and the programme team in Scotland to track numbers of attendees, VIA positivity, suspect cancers and thermal ablation treatments and react to any anomalies.
6. The REDCap team cleanses raw submitted data and it has been important for Hubs to learn that the lower number of entries on REDCap reflects some duplication, and highlights that meaningful data analysis is dependent on the quality of data submitted.

	We will continue to provide CPD to data clerks, and analyse and disseminate project data relevant at regional, Malawi and international levels. 7. Recognition that Malawi now holds an important place in the world in terms of their experience with thermal ablation; this expertise and advice may be called on more frequently in the future

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

- The national coordinator (BK) continues to provide excellent in-country leadership and works closely with the focal person at each Hub to plan ongoing project delivery, including ensuring roll-out to new health services is based on a thorough needs assessment of facility and staffing training needs. She is ably supported by the Southern, Central and Northern Region coordinators, who carry out local CPD.
- Together MALSCOT are building a strong cohesive screening network across Malawi where partnership working across the Hubs and health centres is much valued – this is probably best seen through the supportive and encouraging WhatsApp dialogue and Zoom meetings which we are now increasing to quarterly.
- Partners in Hope continue to value engaging with MALSCOT, especially over issues of mentorship, networking and discussion of common challenges. There are significant mutual benefits. PiH delivers services to women living with HIV and can share their expertise, as well as their greater experience of relevant data analysis. This two-way partnership is building sustainability into the Project.
- Experienced gynaecologists from Scotland (both of whom have been in Malawi with either MW01 or MAL/18/03) are providing CPD training as an adjunct to the workshops.

Challenges

- Planned visits to Malawi by the Scottish team were not possible due to COVID-19. However, as noted above, we have used online platforms to hold meetings with colleagues in Malawi.
- A planned mid-project national symposium on cervical screening has not been possible to arrange due to covid-19: we anticipate holding this event in end-Year 4
- Further training on REDCap is planned with data clerks to provide consistent cleansed data, especially as additional health centres are included
- CPD has been more challenging as a result of travel restrictions within Malawi. Nevertheless, Regional CPD has been achieved through the Regional co-ordinators with input from the national co-ordinator. We recognise that our two 2.5 hour online sessions have been both challenging due to internet connections and allow for only limited external CPD from

Scottish clinicians. By increasing to quarterly online workshops more Malawi-wide CPD will also be delivered in Year 4.

- The untimely death of Dr Ngwira is a major blow for CHAD. The loss of his very wide-ranging experience in epidemiology and surveillance of infectious disease, together with his many contacts within College of Medicine and Ministry of Health presents a different challenge. This loss will be hard for Dr TM and KG to replace.

Sharing of Learning

- The Scottish lead (CC) is on the Safeguarding Working Group of Scotland's International Development Alliance
- The MALSCOT story was presented to British Society for Colposcopy and Cervical Pathology (BSCCP) at their virtual conference in April 2021, by BK who was honoured with giving the Ian Duncan Lecture, by CC and WM speaking about aspects of thermal ablation, and through the Founder's Medal award to HC.
- A poster reporting findings of a study ((‘Assessment of women's experiences of thermal ablation treatment within a cervical cancer ‘screen and treat’ service in Malawi') at Nkhoma Hospital was presented at the BSCCP online meeting in April 2021.
- Two abstract have been submitted for the AORTIC conference in November 2021 (‘Assessment of women's experiences of thermal ablation treatment within a cervical cancer ‘screen and treat’ service in Malawi', and ‘Resilience and adaptation in cervical screening delivery in Malawi in the presence of the covid-19 pandemic')
- Marie Stopes International (MSI) approached HC, CC and BK in late 2020, requesting input to MSI training of thermal ablation in their cervical cancer screening programme. Through a short-term consultancy agreement, the University of Edinburgh and Nkhoma Hospital provided MSI with materials (Training Manual, PowerPoint presentations for theoretical and practical sessions, and case studies) for trainers, and BK and colleagues provided a one-week bespoke training session at Nkhoma Hospital for MSI trainers from Nepal, Sierra Leone and Malawi.

3.2	Have any Scotland-based staff visited the project in the past 12 months? Give details including key activities and outputs of these visits.
	No visits have taken place due to COVID-19, but the Scottish team plans to travel out in end-Year 4 if possible.

Date of visit	**Key achievements / outputs of visit**	**Follow-up actions**

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)
	• **Local and Internal** o Sensitisation programmes being rolled out by all Hubs and health centres to their local populations, using a range of locations and settings to meet COVID-19 restrictions including social distancing o Groups of up to 50 providers were able to meet for Regional CPD sessions. The commitment of Regional and National Co-ordinators to making this happen despite COVID-19 challenges is acknowledged o Mentoring is being carried out at Hub level, with mentors available to support newer providers • **National** o Malawi Ministry of Health have updated their SOPs for county-wide use; MALSCOT were pleased to partner with the MMoH in this exercise, which drew on MALSCOT's SOPs and materials. o Partners in Hope are adopting MALSCOT's model of mentoring in their cervical screening sites across Malawi. Both of these partnerships are adding to the sustainability of the Project which is a key legacy for MALSCOT. • **International** o As above, the MALSCOT project was presented at the British Society for Colposcopy and Cervical Pathology (BSCCP); BK gave the prestigious Ian Duncan lecture, and HC was awarded the Founder's medal. o As noted above, we worked with MSI to provide materials (training manual, PowerPoint presentations for theoretical and practical sessions, and case studies) for trainers, and a one-week bespoke training session at Nkhoma Hospital for MSI trainers from Nepal, Sierra Leone and Malawi. o EU PRESCRIP-Tec. Both CC and HC are involved in a large EU consortium funded by Horizon 2020, with lead partner University of Groningen. The consortium includes the Dutch Female Cancer Foundation who visited Nkhoma in 2017, were impressed and have taken many aspects of the Nkhoma model into their own projects. The new project, called PRESCRIP-Tec will deliver programmes based on HPV self-sampling, VIA with quality assessment, and treatment by thermal ablation, in Uganda, Bangladesh, India and Slovakia. While it does not include Malawi, it builds on our joint experiences in MW01 and MAL-18-03 in relation to thermal ablation and HPV testing in low resourced settings.
3.4	If the project has been able to complete a mid-term project evaluation in the past 12 months, please provide detail of the outcome of the evaluation. (Max 500 words).
	Unfortunately, due to COVID-19 the Scottish team has not been able to be in Malawi as planned to prepare a full mid-term project evaluation, but we have summarised below the key outcomes from a 'virtual' evaluation: **Successfully responding to significant changes in Hubs:**

- Two of our original partners withdrew from the Project during Year 1 (see previous reports). Our lead partner moved quickly in response to both changes by approaching Thyolo DHO at Thekerani, and Zomba DHO at Matawale.
- Despite starting with limited experience of cervical cancer screening within their Health Centres, Thekerani is already an active Hub and has either completed or in the process of delivering screening at four health centres. Matawale is also operational and has three health centres in operation.
- The five additional planned health centres have been redistributed to the other Hubs as set out below.

Originally Planned		End-year 3 position	
	Reburb	Reburb HCs	
North			
Ekwendeni – 4 health centres	4	5	
Mzuzu – 6 health centres	6	8	
Central			
Nkhoma – 2 new health centres	2	3	
Mitundi - 4 health centres	4	5	
South			
Mlambe - 4 health centres	4	4	
Dignitas International – 9 health centres	9	4	**Now Matawali**
Mulanje Mission Hospital - 4 health centres	4	4	**Now Thekerani**
Expansion to prison facilities (Liliongwe, Zomba and Mulanje)			
	33	**33**	

1. **Maximising our patient reach within rural communities - the addition of outreach clinics in the rural areas.**
   - A project goal was to ensure as many women as possible were able to access screening. Recognising the need to reach rural women, health centres teams now deliver outreach clinics, often integrated with regular mother and infant outreach sessions.
   - This new initiative has enabled the programme to continue even within COVID restrictions.

2. **Working with the Malawi Ministry of Health**
   - MALSCOT colleagues sit on the Safe Motherhood Group at Reproductive Health Directory, and provide input to the Malawi Cervical Cancer Prevention Taskforce.

3. **Working with Partners in Hope**
   - Not funded by MALSCOT, but work closely on mentoring and sharing expertise

4. **The quality of MALSCOT delivery – building staff capability**

	• Our approach remains the same: initial provider training, experiential training, mentoring, and CPD **5. REDCap – ensuring the quality of data capture** • We continue to work with CHAD to use REDCap to capture and analyse project-wide data **6. Sustainability** **Business Model** • Well trained staff – 63 staff have been trained to date, receiving experiential training and mentoring • MALSCOT colleagues meet on-line and face-to-face regularly • Pathology – There has been an improvement in equitable access to Pathology services over Years 1-3. During Year 4, we plan an audit of biopsies (quality, outcomes, subsequent clinical actions). • Data management – embedding the REDCap model • Continuing to work closely with the Malawi Ministry of Health • Continue to seek integration of cervical screening with HIV/ART services, family planning and Under-5s clinics. **7. Client and staff perspectives** • We intend to undertake surveys of client and staff satisfaction in Years 4 & 5. **Environmental Benefits** • Refurbishment model has increased capacity for delivery of screening in rural areas • The water supply at Thekerani enables safe preparation and delivery of screen and treat. • Use of battery powered treatment devices (WISAP C3) in settings without an electricity supply **Social Benefits** • Treatment for all females patients, with referral of suspect cancers to an appropriate hospital • Increasing numbers of patients' families and communities reached by MALSCOT now recognize that cervical cancer is a treatable disease in Malawi • Patients and families can remain in economic, family and community roles
3.5	Please highlight how you are maintaining an awareness of others working in this region, giving details of collaboration, joint working or partnerships with others. (Max 500 words)
	Maintaining screening at all during Covid-19 is a great achievement, which has not been possible in a number of other countries, including Scotland where cervical screening was suspended for a number of months (now restarted).

	MALSCOT continues to work with the Malawi Ministry of Health, with representatives participating in the October online workshop (apologies were sent for the April meeting due to a clash with another meeting). The national coordinator BK sits on the Cervical Cancer Prevention Steering Committee (normally meets quarterly) where she presents updates on MALSCOT activities, and liaises with representatives of other organisations providing cervical screening in Malawi. This includes Partners in Hope with whom we partner in MALSCOT, as well as Baylor, MSF, Lighthouse and EGPAF and others. The Central coordinator, HC, sits on the Safe Motherhood Group at the Reproductive Health Directory and contributes to its deliberations and decisions. We plan, travel restrictions permitting, to hold the delayed national symposium in late Year 4 –we plan for this to be a collaborative event with the Ministry where Partners in Hope, Baylor, MSF, Lighthouse, EGPAF and other organisations will be invited.

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?
	n/a
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

5. Risk assessment

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

Assumption	Risk	Action taken	Was this included in the Risk Assessment Table in your application?
• 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 in the Risk Register			

6. Inclusion & accountability

Thinking specifically about the past 12 months, please use this section to tell us how you are mainstreaming through your project, ensuring that you are aware of and actively working to reach vulnerable and marginalised groups.

6.1	Is the project still relevant for the beneficiaries you are working with? Please highlight how you ensure accountability on the project, ensuring beneficiaries have the opportunity to feedback on the project and influence its development? (max 350 words)
	The relevance of MALSCOT to its cancer context: • In November 2020 the World Health Organisation launched the 'Global strategy to accelerate the elimination of cervical cancer as a public health problem', with the goal of 90% HPV vaccination, 70% screening coverage, and 90% access to treatment, by 2030. • There is recognition of the increasing burden on non-communicable disease in Malawi and the Government has included cervical cancer treatment in its strategic health plan. • Screen and Treat Cervical Cancer treatment has been included in the list of essential services for Malawi and as of Year 3 now includes some level of clinical supplies (e.g. vinegar) for health centres. **The relevance of MALSCOT to its beneficiaries:**

	• At the start of the Project, there was insufficient provision of cervical cancer diagnosis and treatment. We have introduced cervical cancer screen and treat provision supported by a strong education-mentoring programme. 63 clinical staff have now been trained and we are confident that this will grow. • By introducing cervical cancer diagnosis and treatment, cervical cancer patients have a much improved pathway of treatment with referral for surgery where that is required. • Cervical cancer data – including patient flow and outcomes were not consistently held. This has now changed and all patients attending clinics have clinical data routinely captured. • There has been increasing awareness and knowledge of cancer among patients and local communities though sensitisation which means that patient and family expectations have generally become more informed. **Engaging with Beneficiaries:** • Women receive education sessions and are encouraged to ask questions before screening; at all subsequent steps requiring diagnosis, treatment or referral, women are briefed as to what to expect. • BK and CC have undertaken a survey of women's experiences of receiving thermal ablation: this has led to refining the messages given to women prior to treatment. • We intend to undertake surveys of client experience and staff satisfaction in Years 4 & 5. • People in the rural areas are able to probe and discuss sensitive matters which directly affect their own health. Women attending screening on occasion seek advice on other health issues, and are directed to appropriate care.
6.2	Do you have an awareness of particularly vulnerable or marginalised groups within the community in which your project is working? Please give details on how you are disaggregating data to recognise these groups across the project. (Max 350 words)
	Women and girls are benefitting from MALSCOT MALSCOT Hubs and associated health centres are situated in predominantly rural areas of Malawi, with the vast majority of women attending screening already marginalised by poverty. • Women: in Year 3, 23,744 women attended screening; in Years 1-3, 43,376 women have been screened • Vulnerable people - Women living with HIV/AIDS: 6100 (approx. 28%) of women screened in Year 3 • Vulnerable Young women under 25: in Year 3, 5713 (approx. 20%) of screened women were under the age of 25 • Vulnerable women in prisons and mental hospitals (psychiatric units) - planned for Year 4 • The nature of cancer in Malawi – notably the high number of cervical cancer cases means that women are over-represented in cancer clinical services. Therefore receiving screening and where required treatment has given these women the opportunity to extend their family lives, continue working, having well-being, and are able to share their experience within their local communities.

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)
	• As described, the restrictions on non-essential travel due to covid-19 have meant that Hubs and health centres have had to re-evaluate their screening delivery plans. While maintaining facility-based services, local teams have added provision of cervical cancer screening to routine mother and infant sessions at remote outreach posts. • Where possible, sensitization has continued in local settings (community events, churches, mosques) which enables us to reach the most vulnerable people outwith the hospital/health centre or outreach post contexts. This means that both sensitisation and 'screen and treat' delivery is happening closer to women's homes and minimises the need to travel long distances. • The Year 4 programme includes expansion to prisons and mental hospitals / psychiatric units. During Q1 we will evaluate 1. what current screening is now provided in the planned prisons (as prior to covid-19 we learnt of some additional women's health services now being provided in prisons, this needs clarification), 2. Current provision in mental hospitals / psychiatric units, and 3. what impact covid-19 restrictions may have on access to women in these facilities. Together this information will allow detailed planning for implementation in Q2-4.
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)
	• MALSCOT health centres are predominantly in the poorest rural areas of Malawi, so we are targeting marginalised communities with high levels of poverty. • More women living in very remote areas are being reached through pivoting of screening delivery to outreach posts • For women living with HIV/AIDS (at higher risk of developing cervical cancer), we continue to engage with ART clinics within hubs and health services, in line with Malawian MoH policy • We continue to work with Hubs to encourage identification of opportunities to engage with disability groups, and persons living with albinism, in their communities. Engaging with these vulnerable groups is included in Mentoring and Safeguarding materials, and will be a focus of Year 4 online CPD.

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 COVID-19, timing issues, price achieved, quantity etc. If these are temporary variances, please outline plans for expenditure. (Max 500 words)
	The Budget spreadsheet shows that Grant received for Year 3 was £369,551 (cell B6), comprising Year 3 Award of £265,902 plus Year 2 funds Underspend ringfenced for Year 3 of £103,640 (cell E54), as per email from SG 30/06/2020. Year 3 Expected spend was £265,902. Year 3 Grant spent was £250,571.79, giving a Year 3 Underspend of £15,330.21. However, when allowing for Delayed spend carried over to Year 4, and in some cases greater spend than the Y3 anticipated Budget, there is overall no True Underspend. As in E55 the Underspend for requested Ringfencing in Year 4 is £91,696.61. Delayed spend occurs in 1. Salaries: some University of Edinburgh staff costs have not been journalled – CC is following this up. Zomba and Mlambe Hubs have yet to invoice Nkhoma for Q4 staff costs. 2. In-country running: Health centres running costs – not fully invoiced by Year 3 health centres; Histology costs – awaiting invoices from pathology labs. 4. Implementation: Health centre screening – small variance in actual spend due to covid-19 related delay. Refresher courses and CPD courses were both impacted by covid-19 and we plan to increase these in Y4 to ensure all new health centres receive support. Mentoring delivery – not all Q3 & Q4 costs have been invoiced. M&E - IB has yet to invoice. Dissemination - delayed publication of women's experience paper. 5. Capital items: handheld WISAP C3s – Y3 full order not submitted (have yet to purchase for delayed health centres; please also see below re new probes) Greater than anticipated spend occurs in 1. Salaries: some Hubs have modest additional staffing costs since start of project. 4. Implementation: Ministry of Health VIA training courses are now a mandatory 2 weeks c.f. 1 week at start of project. True Underspend – Financial Reviews by AL – unable to travel to Malawi in Y3. We plan an online review with Nkhoma accountant in Q1 of Year 4. We would welcome the opportunity to discuss with SG the use of Ringfenced funds in Year 4 (E55), and Reprofiling of the Budget lines for Year 4. These include: • Due to covid-19, PPE and Infection Prevention costs will be required in an ongoing way • Increased staff costs for partners in Malawi, as salaries have increased since Year 1 • Increased fuel and vehicle costs for all partners, as all now have increased transport costs to reach rural outreach posts • National staff subsistence costs for regional coordinators visiting Hubs and health centres • Malawi Ministry of Health VIA training is now a two-week course, c.f. one-week at start of the project; this increases the costs considerably for this vital aspect of the work • Additional costs anticipated for CHAD following death of Dr Ngwira, who gave his own time *pro bono* – this is not realistic for Year 4 & 5 • A new nipple probe has been developed for WISAP handheld C3 thermal ablation devices, which is better able to treat VIA-positive lesions in the cervical

	os; we wish to ensure all health centres with a C3 device also have this new probe.
7.2	Please give details of any capital expenditure in this reporting period. (Max 350 words)
	Capital expenditure in the reporting period relate to: 1. Hub refurbishment, and health centre refurbishment, central to delivery of MALSCOT objectives. Refurbishment of Thekerani Hub has been completed with now adequate provision of equipment (e.g. speculum, forceps, sterilising drums) and consumables. Health centres: refurbishment is complete at 3 additional health centres in Year 3, and underway at another 8. The extent of refurbishment varies at each health centre, but can included provision of electricity and water to the screening rooms, sluice arrangements, deep cleaning and provision of a screening couch and chair, privacy curtains, screening equipment, and consumables. 2. Purchase of handheld thermal ablation devices, and Tischler forceps. The handheld devices (WISAP C3s which are handheld and with rechargeable batteries) were procured for the new Year 3 health centres. These enable screen and treat services to be delivered in rural and remote locations, with only women with a more advanced lesion or suspect cancer being referred to the Hub for biopsy or further investigation. As in 7.1, we plan to ensure all health centres also have the new WISAP nipple probe in Year 4. Tischler forceps have been purchased for all Hubs, and additional training provided in their use (taking biopsies).
7.3	Please explain how you have worked to ensure cost effectiveness on the project in the past 12 months, whilst maintaining the quality of delivery. (Max 350 words)
	1. We continue to use a standardised needs assessment at each new health centre as part of the preparatory process. The national coordinator BK coordinates with the regional coordinator and the focal person at each Hub. She then arranges central procurement, obtains quotes and competitive prices for bulk orders. This process is accepted and working well across Hubs. 2. This process of central procurement has been followed as previously for purchase of equipment for health centres, but also for the purchase of PPE during Year 3, allowing cost effectiveness with bulk purchase of aprons, masks, gloves, soap and sanitiser. 3. Despite the challenges of the past year, the project remains ahead of target in terms of the numbers of women screened, on target for new providers trained, and close to target for new health centres providing screening (19 c.f. 20 fully operational). 4. As Hubs and health centres have pivoted to outreach sessions in more remote areas, women have attended for screening, demonstrating the ongoing desire of women to attend this vital service if available.
8. Any other information	
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)	

Scottish Government International Development Programme
End-Year Report

The COVID-19 pandemic has made Year 3 a challenging year in all countries, including Malawi. Despite this, MALSCOT has continued to make strong progress during Year 3, and although some activities (such as trainings, and regional CPD courses) had to be curtailed to some extent, our project partners in Malawi have continued to provide screening to women. Indeed, they have used the difficulties associated with travel restrictions (which impacted women's ability to attend hospitals and health centres) as an opportunity for innovative and creative ways to reach out to women in rural villages, combining messaging about covid-19 preparedness with awareness-raising about cervical cancer and provision of cervical cancer screening. We record our admiration and gratitude to our colleagues in Malawi for their commitment to this work.

Covid-related Infection Prevention measures at screening sites include social distancing, limiting the number of clients in counseling room and waiting area, and provision of handwashing facilities. PPE supplies (surgical masks, goggles, disposable aprons and cloth masks) purchased from MALSCOT funds were centrally purchased by Nkhoma Hospital and distributed to all Hubs. The ongoing support of the Scottish Government for virement of funds for PPE purposes, and for online webinars and CPD, is appreciated. Hubs have requested that the PPE support be continued to prevent reduction in their capacity to deliver services, especially through outreach.

The installation of the water supply at Thekerani and the supply of oxygen cylinders (funded by Scottish Government) has provided much needed resources for MALSCOT and is appreciated.

At the start of the pandemic a MALSCOT recording form was provided, asking Hub focal persons/VIA link persons to maintain an accurate record of any changes to service provision during the covid-19 emergency. These have been completed and returned monthly by all Hubs and together with routinely collected data on number of women screened were the basis of impact assessment reports to the Scottish Government over recent months.

As we enter Year 4, we are pleased with the progress to date, although recognising there is considerable work remaining in the last two years of the project. However, with our partners in Malawi we are beginning to consider long-term implementation planning and embedding of service provision: this will involve continued engagement with the Ministry of Health and District Health Offices.

We also enter Year 4 recognising the COVID-19 pandemic is far from over globally, and as with many lower resourced countries where covid vaccine rates are low, Malawi is vulnerable to further waves of the pandemic. While we are confident screening provision, trainings and CPD can progress as planned, we will continue to monitor the situation and advise SG of any change.