Scottish Government

Malawi Development

End of Year Report – Part 1 of 3

This narrative report should be submitted together with your updated logframe and financial report.

PLEASE READ ATTACHED GUIDELINES BEFORE COMPLETING THE FORM

1.	**Basic Project Information**	
Complete the information below for management purposes. Please indicate in the relevant section whether any changes to your basic project information (e.g. partners, geography, project dates or budget) have occurred during this reporting year. Explanations should be provided in section 3.		
1.1	**Project Reference Number**	
1.2	**Reporting Year**	**From:** 01/04/2018 **To:** 31/03/2019
1.3	**Project Year** (e.g. Year 1)	3
1.4	**Name of Lead Organisation (Grant Holder)***	Scotland-Malawi Mental Health Education Project (SMMHEP)
1.5	**Name of Partner(s)***	College of Medicine, University of Malawi Ministry of Health, Government of Malawi Department of Psychiatry, University of Cape Town
1.6	**Name of Project***	Scotland-Malawi Psychiatry Capacity Development Project (SMPCDP)
1.7	**Project Description***	A programme that will: (1) complete the training of 3 existing trainee psychiatrists undertaking the MMED (Psychiatry) qualification at College of Medicine, University of Malawi; (2) fund scholarships for a 4 postgraduate trainees on the MMed course; and (3) support the capacity of COM to deliver psychiatric training.
1.8	**Project Country/ Region***	Malawi
1.9	**Project Start & End Date***	**Start:** 01/04/2016 **End:** 31/03/2023
1.10	**Total Project Budget***	£288699
1.11	**Total Funding from IDF***	£288699
1.12	**IDF Development Priorities** Please tick the box next to the development	X Health X Education ☐ Civic Governance ☐ Sustainable Economic Development ☐ Renewable Energy

1. Basic Project Information

Complete the information below for management purposes. Please indicate in the relevant section whether any changes to your basic project information (e.g. partners, geography, project dates or budget) have occurred during this reporting year. Explanations should be provided in section 3.

	priority/priorities that your block grant aims to address		
1.13	**Supporting Documentation** Check box to confirm key documents have been submitted with this report	**Up-to-Date Logical Framework (LF)** summarising progress against relevant milestones for project activities, outputs, outcomes and impact.	x
		Please indicate (check box) if you have proposed amendments to your LF since your last report. If so, please detail any changes in Q3.2	
		Please indicate (check box) if the LF submitted has been approved by the Scottish Government.	
		End of Year Financial Report	x
	Please list any further supporting documentation that has been submitted		
1.14	**Response to Previous Progress Reviews**	**Scottish Government's comments on previous reports (State which):** Written feedback not received.	**Action taken since received:**
1.15	**Date report produced**	31/5/19	
1.16	**Name and position of person(s) who compiled this report**	[redacted]	
1.17	**Main contact details for project, if changed**	[redacted]	

Signed by [redacted]   **Date**

Designation on the Project [redacted]

2. Project Relevance

2.1	**Project Beneficiaries** Does the project remain relevant to the context and the beneficiaries with whom you are working? Please justify this in a short paragraph below.
	It remains very relevant. Although Malawi has levels of mental illness at least as high as European countries, it still has only three trained Malawian psychiatrists for its population of 18 million people. The Project will train a further four psychiatrists. The training of four more psychiatrists will go some way towards building Malawi's capacity to train future psychiatrists and allow Malawi to develop a self-sustaining mental health service.

2.2	**Gender and social inclusion** Please describe how your project has worked to ensure that women and girls, and other vulnerable groups (as appropriate) benefit from the project. Describe any challenges experienced in reaching vulnerable people and how these have been overcome.
	Mentally ill people in Malawi are grossly disadvantaged and vulnerable. In time, this Project will increase the number of trained clinicians who can provide services for this group of people and who can also train other staff to identify and treat them Women's mental health (particularly in the perinatal period) is also crucial to the health, well-being and economic functioning of both children and families. The psychiatrists trained by this Project will address the issue of identifying and treating maternal mental health problems. They will also be involved in training nurses and other staff to do this work. One of the three psychiatrists who have completed their training programme is female and one of the trainees due to start in September 2018 is female.
2.3	**Accountability to stakeholders** How does the project ensure that beneficiaries and wider stakeholders are engaged with and can provide feedback to the project? What influence has this had on the project? What challenges have been experienced in collecting and acting on beneficiary feedback?
	The key end-use beneficiaries to date have been the populations served by the institutions in which the 3 trained psychiatrists (and the current trainees) have been working, in particular Zomba Mental Hospital and QECH. We have not sought direct feedback from the patients but have gathered feedback from key individuals in the partner organisations. In 2018/19, the Principal COM, Director of Zomba Mental Hospital, Dean of Medicine COM, Consultant leads QECH and ZMH have all expressed ongoing support for the project. Regarding feedback from the trainees themselves, **[redacted]**held a feedback session with the first 3 graduates in Oct 2017. Changes were made to the course based on this. Regular feedback is sought from the current trainees. Further changes have been made to the course structure following this.

3.	**Progress and Results**	
This narrative report on project performance and results will be reviewed together with your revised and updated Logical Framework (or if not yet approved your original Logical Framework). See Guidelines (Annex 1) for details.		
3.1	**Changes to Project Status** Has the focus or delivery of your project changed significantly over the last financial year? If so, please explain how and why, and attach copies of all relevant correspondence with the Scottish Government.	
	No change to focus or timeline	
3.2	**Changes to the Logical Framework** If changes have been made to the logframe since the previous financial year please describe these below. Please also provide evidence (e.g. copies of correspondence) that these changes have been agreed with the Scottish Government. If you would like to make changes to your logframe, but these have not yet been approved by the Scottish Government, please describe and justify in detail the requested changes below – and highlight the proposed changes in the revised logframe.	
	Result	**Proposed/ Approved Change**	**Reason for Change**

3.	**Progress and Results**		
	This narrative report on project performance and results will be reviewed together with your revised and updated Logical Framework (or if not yet approved your original Logical Framework). See Guidelines (Annex 1) for details.		
	Area/ Indicator	(please clarify and evidence below)	
		NONE	
s3.3	**Gaps in Monitoring Data** If baseline or monitoring information is <u>not</u> available, please provide an explanation below. Where monitoring data has been delayed (since previous report), please provide an indication of when and how it will be made available to the Scottish Government.		
3.4	**Project Outputs** In the table below, please list each of your project outputs, and provide further detail on your progress and results over this reporting period. Describe any delays or other challenges that you have experienced and how these have been addressed, and provide information about any unexpected results. Progress should be supported with evidence (such as links to monitoring data in line with logical framework, case studies, web-based information, reports etc) where possible.		

Output 1: *Completion of MMed training for existing trainees and employment in COM/MOH posts*

Output Indicator	Progress against Planned Milestone/ Target
1.1 Completion of current Mmed programme. (Examinations, Research dissertation)	Activity COMPLETE: 3 trainees passed final exams and have achieved MMed qualification. All have graduated.
1.2 Employment of MMed graduates in positions in COM/MOH	Progress as expected. Of the 3 graduates, one continues in her 30% clinical lecturer position within Department of Mental Health, COM combined with her MOH post at ZMH. The 2nd graduate joined the department as a full lecturer post in the department. The 3rd graduate is in Senegal having travelled with spouse for her work

Output 2: *New MMED scholarship programme*

Output Indicator	Progress against Planned Milestone/ Target
2.1 Employment of 2 Assistant lecturers in Dept of Mental Health, COM and 2 Medical Officers in MOH (based at ZMH/QECH) during training. On graduation, 2 to be employed as full lecturers at COM and 2 as consultants in MOH.	Progress as expected. Trainees 3+4 commenced course in Sept 2018 and are doing well.
2.2 Clinical and	Progress as expected. Delivery of weekly academic

3. **Progress and Results**

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	academic teaching including psychotherapy cases, supervision at COM	teaching programme psychotherapy teaching and supervision are in place. Trainees completing their learning logs.
	2.3 Examinations and other assessment	Progress as expected. 1 trainees has passed part 1a, Part 1b and Par 1.3 exams. He has formally passed part 1 and is eligible to go to UCT. The other candidate sat 1.1,1.2 in March 2019. He passed these papers but must pass 1.3 before results are ratified by COM
	2.4 Research dissertation	Progress as expected. 1 Trainee has completed data collection and is midway through analysis. 3 trainees are preparing proposals.
	2.5 Speciality experience in UCT, South Africa	Progress as expected. 1 trainee has completed process of applying for visas medical registration etc, and travelled to SA in May 2019.
	Output 3: Strengthening of mental health department capacity to provide postgraduate and undergraduate programmes	
	Output Indicator	Progress against Planned Milestone/ Target
	3.1 Governance,finances, monitoring and evaluation	Partially achieved: *MOU between COM and MOH has been further developed <u>but still remains waiting sign off by MOH and COM</u>. Employment of* **[redacted]** *through UofE was not possible due to changes in procedures. Instead* **[redacted]** *was paid directly and will be responsible for appropriate tax declaration.*
	3.2 Teaching visits made to provide PG teaching and to support department maintain UG teaching programme.	Partially achieved. New HOD in post **[redacted]** and a 2nd lecturer **[redacted]** appointed. Reports of teaching visits by UK psychiatrists compiled.
	3.3 UK support for department to deliver the teaching programme. (Weekly (term-time) skype tutorials with UK coordinator and other experts. Collation of teaching-materials, and ongoing use (and development) of e-learning materials developed in "Enhancing Mental Health Training" project)	Progress as expected. Teaching is being delivered face to face. E-learning platform in place and being used successfully. Areas for improving this have been identified. It is being further developed by lecturing staff at COM with support from SMMHEP volunteers as part of the CPMZ project
3.5	**Project Outcomes** In the table below, please list your project outcome, and provide further detail on your progress and results over this reporting period. Please describe any delays or other challenges that you have experienced and how these have been addressed, and	

3. Progress and Results

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	provide information about any unexpected results. Progress should be supported with evidence (such as links to monitoring data, case studies, web-based information, reports etc) where possible.
	Outcome: *Name of Outcome*

	Outcome Indicator	Progress against Planned Milestone/ Target
	1 At the end of the programme the College of Medicine Department of Mental Health has a Malawian Head of Department and 2-3 other Malawian Lecturers in post delivering undergraduate psychiatry teaching, postgraduate psychiatry teaching (with ongoing external support) and undertaking research, clinical and administrative activities. They will have trained approx 500 medical students during the period of the grant.	Progress as expected. March 2018: Of the 3 graduates, one continues in her 30% clinical lecturer position within Department of Mental Health, COM combined with her MOH post at ZMH. The 2nd graduate joined the department as a full lecturer post in the department. The 3rd graduate is in Senegal having travelled with spouse for her work. Volunteer psychiatrists from UK continue to support the department in delivery of undergraduate teaching.
	2 At the end of the programme there are 4 Malawian consultant psychiatrists working in Ministry of Health posts (including at Zomba Mental Hospital) in leadership roles, providing and developing services. These specialists will have links with the College of Medicine Department of Mental Health and will be involved in teaching and research activities.	Progress as expected. 1 graduate continues in clinical lead position at Zomba Mental Hospital. 2nd graduate was posted to Kamuzu Central Hospital (KCH) Lilongwe but has now joined COM as lecturer. 3rd graduate now abroad (see above)
	Please add additional indicators as required	

3.6	**Project Impact** In the table below, please list each of your project outcomes, and provide further detail on your progress and results over this reporting period. Please describe any delays or other challenges that you have experienced and how these have been addressed, and provide information about any unexpected results. Progress should be supported with evidence (such as links to monitoring data, case studies, web-based information, reports etc) where possible.

3. Progress and Results

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	Project Impact: *Name of Impact*	
	Impact Indicator	**Progress against Planned Milestone/ Target**
	1 Each year, approximately 15% of Malawians (2.5 million people) will experience some form of mental health problem. At present, there are no trained Malawian psychiatrists. At the end of the project there will be 6 trained psychiatrists working in leadership roles in public institutions (0.3 per million population).	Progress as expected. March 2018: As described above, There are 2 Malawian psychiatrists working in leadership roles in public institutions in Malawi. There are 2 further scholarship trainees (total 4) recruited to MMED programme.

3.7	**Risk Management**	
	If progress towards delivering activities and outcomes is slower than planned or there have been delays in the delivery of the project, please explain: a) What the issues have been and whether they were highlighted on your risk register? b) What actions have been taken in response to these issues?	

Issue/ Risk	On risk register?	Action Taken	Outcome
Even though the second lecturer (**[redacted]**) commenced in post in March 2018, the current HOD **[redacted]**has had to return to UK for family reasons in June 2018. This coincides with the Peace Corp psychiatrist also leaving. This has a direct impact on COM ability to supervise all 4 MMed students.	No	We had planned that the final 2 trainees would commence in April 2018 but we have delayed their start til Sept 2018 to allow replacement lecturer to be found. We have advertised using contingency funds I the BMJ and elsewhere. We are actively looking to recruit one of the recent Malawi graduates to a fulltime lecturing post.	**COM were happily able to recruit one of the SMMHEP supported psychiatrist [redacted] to the second lecturer post. In addition, a clinical Psychologist [redacted] was appointed to a lecturer post for 1 year in April 2019.**
MOU between COM and MOH remains to be finalised	No	Further work on the MOU has been done both by COM and MOH.	**Unfortunately, this has not been signed yet due to delays in both COM and MOH. We continue to pursue it. Although important, the delay is not envisaged to impact on the project or the trainees employment**

3. Progress and Results

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	Employment of [redacted] *to be finalised (he is conducting all agreed work pending this).*	No	Further discussions with UofE were not fruitful because of procedure changes. Therefore **[redacted]** will be paid directly for the years 2018/19 and 2019/20 of the project, rather than the years 2017/18 and 2018/19 as per current budget. He will be responsible for appropriate tax declarations	**These payments have been made.**
	SMMHEP does not have sufficient funding to support the COM undergraduate teaching	Yes	This remains a concern going forward. The situation was stabilised for the academic year 2017/18 as we received a private donation of £10000. Also we made efficiencies in accommodation and transport with support of COM who agreed to provide some of these resources. Unfortunately, it was in the COM accommodation that the armed robbery took place.	**We were very pleased that the SG agreed to fund the CPMZ project that has secured the Undergraduate teaching programme for 2 years.**
	In March 2019 **[redacted]** *was appointed to a new research position with University of Edinburgh based in Lilongwe and so will leave COM on 31/7/19*	No	A meeting was held on 15th May 2019 with all COM dept members and [redacted]. The risk to the teaching of the MMed trainees was discussed. It was agreed that [redacted] will take over HOD post (pending COM management approval). Clinical supervision will continue with [redacted] (QECH) and [redacted] (ZMH). [redacted]will provide psychotherapy supervision. [redacted] would continue to provide teaching up to end August (and will remain involved in the project and a SMMHEP trustee ongoing). SMMHEP will provide additional support to the academic teaching. SMMHEP will also widely advertise the now vacant lecturer/senior lecturer post. We have identified underspend that can be	**Awaiting outcome of recruitment process.**

3.	Progress and Results

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		used to provide financial support (if appropriate) to the appointee of approx £5000 per year.	

4.	Sustainability
4.1	**Partnerships** Provide a brief description of the roles and responsibilities of all partners, including in M&E. Have roles and responsibilities changed or evolved? Please provide a brief assessment of your partnership, including its strengths, areas for improvement and how this will be addressed. This section should be completed by lead partners based in Scotland and Malawi.
	Scotland Malawi Mental Health Education Project: SMMHEP is responsible for administering the budget and accountable for it. It supports the College of Medicine to:- recruit and select trainees; deliver the teaching; set and supervise the psychiatry examinations; support and supervise the candidates in their research projects and dissertations. It has been modified as a result of experience, to provide more formal academic input into the programme. During 2017/18 Dr Stewart provided skype-delivered formal academic teaching and supervision and visiting academic psychiatrists provided some additional teaching. SMMHEP manages the moodle e-learning platform. **Malawi College of Medicine**: COM provides the structure and oversight of the MMed programme. It organises and delivers academic teaching and clinical placements with support from SMMHEP. From the previous postgraduate training project, it has recognised the value of trainees also occupying posts within the College and is has appointed 2 trainees to assistant lecturer posts. **Malawi Ministry of Health:** The Ministry recognises the value of the scholarship programme for development of mental health clinician leadership in Malawi. It has agreed to release two MOH medical officers to undertakes the programme.
4.2	**Exit Strategy** Describe the key components of your exit strategy and outline progress towards achieving it. Provide any other achievements or progress towards ensuring that your project remains sustainable in the longer term (including in relation to local ownership and capacity, and resourcing). Describe any challenges and how these will be addressed.
	The Project will be complete when Malawi when there are seven Malawi-trained psychiatrists in post. As described above, there are currently three, who have just qualified. The current Project aims to train a further four, two of whom are in year 1 of the programme and two of whom have been recruited to start in Sept. The seven psychiatrists will be employed either by the College of Medicine or by the Ministry of Health, ensuring a balance between service and academic duties. The College of Medicine has advised that a nucleus of seven psychiatrists would be just

sufficient to continue mental health training at both the undergraduate and postgraduate level. However, to ensure adequate provision of services and teaching to a growing population Malawi will need more psychiatrists and some will need additional subspeciality training.

As previously discussed with Scottish Government, the main challenge in developing a cohort of psychiatrists in Malawi is the possibility that trainees may leave Malawi to work elsewhere in Africa. This is mitigated by the Ministry of Health and College of Medicine requiring candidates to sign a bond undertaking that they will work in Malawi for 4 years after they qualify. However, the strongest mitigating factor is that a significant nucleus of psychiatrists is being developed by the Project. Such a nucleus ensures that there will be mutual support for its members and the capacity to develop services and engage in research.

However, there is a clear need to support CPD activities for the psychiatrists following graduation. We proposed a consolidation project to develop such activities in collaboration with Zambia. A focus will be on skills in quality improvement (QI) activities. We were grateful that this CPMZ project has been funded.

The project has overcome the challenge of difficulty in recruiting suitably qualified candidates to the MMed programme. SMMHEPs work in undergraduate teaching has created considerable interest among young doctors in psychiatry as a career. All 4 places have been recruited to.

5.	Learning and Dissemination
5.1	**Lessons Learned** Describe briefly any lessons learned during this reporting period, and how it will influence the project and your work moving forward.
	We continue to apply the lessons learned for SMMHEP following the robbery and assault of 3 undergraduate teaching volunteers as described in the 2017/18 report. We have secured accommodation for the teaching volunteers in Kabula Lodge that is secure (and is used by other SG project staff). Our long term volunteer due to start in Sept 2019 will take over the house in which Dr Stewart now lives, which has good security. This security will be enhanced this year by the landlord who will be putting barbed wire on top of the wall. If a new SMMHEP supported lecturer is appointed, we will risk assess his/her chosen accommodation. We are updating our policies re this, and also other aspects of the project running.
5.2	**Innovation and Best Practice** Summarise briefly any examples of innovations/ innovative approaches or best practice demonstrated by your project during this reporting period. Please explain why these are innovative or best practice, and detail any plans to share these with others.
	Use of moodle e-learning platform for organisation and delivery of teaching. Use of skype for distance tutorials. These innovations allow the course to be delivered by fewer staff from a distance thus supporting the local lecturing staff. We propose to share the platform with colleagues in Zambia for use in their MMed programme. Delivery of a curriculum that is based around evidence-based practice from high income settings but also has a focus on local concepts of mental disorder adapted to Malawian setting. This mixed approach is regarded as best practice by WHO as it

5.	Learning and Dissemination
	recognises the impact of culture on mental illness and ensures that the training received is fit for purpose for practice in Malawian setting,
5.3	**Dissemination** Summarise briefly your efforts to communicate project lessons and approaches to others (e.g. local and national stakeholders in Scotland and Malawi, academic peers etc). Please provide links to any learning outputs.
	Activities and learning from the project continue to be disseminated through our twitter, and website. A number of teaching volunteers have presented their experiences at local training events. The RCPsych Volunteers and International Psychiatry Special Interest Group (VIPSIG) also advertises our activities. In Malawi, SMMHEP volunteers have delivered expert lectures at the COM mental health weekly academic meeting.
5.4	**Wider Influence** Briefly describe any intended or unintended influence on development outcomes beyond your project. For example influence on local and national policy, contribution to debate on key development issues, uptake by other projects etc.
	The project is already playing a key role in raising the profile of mental health within the Ministry of Health in Malawi. 2 of the recently graduated psychiatrists have moved into senior posts in COM/MOH mental health institutions and take part in the development of treatment guidelines, mental health strategy and revision of the outdated mental health legislation. Through the use of the moodle-based teaching platform, we have further developed existing links with the Department of Psychiatry in University of Zambia. As a consequence, their department continues to express a wish to utilize the resources in their MMed (psychiatry) teaching. The new CPMZ project will allow this to happen. **The work of SMMHEP has been instrumental in laying the foundation for a successful bid by UNiveristy of Edinburgh to MRC UK for funding of £3.7 million for a large epidemiological study of depression in families in Malawi (GENERATION MALAWI). This is led by [redacted] and the in-country lead is Dr Robert Stewart.**

6.	Financial Report
The narrative report below should be provided in conjunction with the Budget Spreadsheet report (see Annex 2). Please fill in the Budget Spreadsheet to: (a) confirm actual spend for the year and justify any significant disparities between programmed expenditure and actual expenditure within the financial year, (b) detail programmed spend for next year. Please note that any 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.	
6.1	**Project Underspend** Please note whether the project has reported a significant underspend, and whether the Scottish Government has agreed to this being carried forward. If this has been agreed, please provide copies of or links to relevant correspondence. Please indicate whether the underspend is the result of currency fluctuations or other issues with project delivery.

	We have a cumulative underspend of approximately £23000 in international travel over the 3 years to date. This has come about as some of the expert lecturers have not claimed expenses as a donation to the project, and we did not have a second lecturer in post in 2018. We intend to use this underspend to support the SMMHEP longterm volunteer in 2019/20, to support a new lecturer (to replace [redacted]) if appointed, and to provide some extra teaching visits for the current MMed trainees.
6.2	**Cost Effectiveness and Efficiency** Please detail any efforts by the project to reduce project costs, whilst maintaining the quality of the project – for example through managing projects costs, efficient resourcing, working with and learning from others etc.
6.2	**Co-finance and Leverage** Please provide details of any co-finance or leverage that has been obtained for the project during the reporting period, including how the funds/ resources will contribute to delivering more and/or better development outcomes.
	COM has offered to support project with accommodation costs for 2 years up to £10000 per year.

7.	IDF Programme Monitoring
The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.				

1. IDF Programme – Poverty and Vulnerability (compulsory)

1.1	Indicator 1.1 Total number of people <u>directly</u> benefitting from the project			
	Baseline	Female	Male	Total	Brief description (e.g. small-holders)
	State the evidence that supports the progress described				

1.2	Indicator 1.2 Total number of people <u>indirectly</u> benefitting from the project			
	Baseline	Female	Male	Total	Brief description (e.g. small-holders)
	State the evidence that supports the progress described				

2. IDF Programme – Civic Governance and Society (optional)

2.1	Indicator 2.1 Number of formal legal institutions supported to improve citizens' access to justice and human rights		
	Baseline	Total	Brief description (e.g. paralegal service)
	State the evidence that supports the progress described		

2.2	Indicator 2.2 Number of people who have directly benefitted from improved access to judicial and paralegal services					
	Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. widows)
	State the evidence that supports the progress described					

2.3	Indicator 2.3 Number of organisations with increased awareness of good governance

7. IDF Programme Monitoring

The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.

	and human rights				
	Baseline		Total		Brief description (e.g. paralegal service)
	State the evidence that supports the progress described				

2.4	Indicator 2.4 Number of people with increased awareness of good governance and human rights				
	Baseline	Female	Male	Total	Brief description (e.g. small-holders)
	State the evidence that supports the progress described				

2.5	Indicator 2.5 Number of people who are engaged in advocacy for improving citizens' rights				
	Baseline	Female	Male	Total	Brief description (e.g. small-holders)
	State the evidence that supports the progress described				

3. IDF Programme – Education (optional)

3.1	Indicator 3.1 Number of schools with improved management and resourcing for provision of quality education				
	Baseline		Total		Brief description (e.g. primary school)
	State the evidence that supports the progress described				

3.2	Indicator 3.2 Number of children/ learners benefitting from improved management and resourcing of schools				
	Baseline	Female	Male	Total	Brief description (e.g. girls, visually-impaired)
	State the evidence that supports the progress described				

3.3	Indicator 3.3 Number of people trained in improved school inspection and/ or improvement services				
	Baseline	Female	Male	Total	Brief description (e.g. government staff)
	State the evidence that supports the progress described				

3.4	Indicator 3.4 Number of new teachers qualified to provide quality education that is safe, equitable and accessible to all children				
	Baseline	Female	Male	Total	Brief description (e.g. primary)
	State the evidence that supports the progress described				

3.5	Indicator 3.5 Number of people entering into higher education					
	Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. secondary, vocational)

7.	IDF Programme Monitoring

The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.

	State the evidence that supports the progress described				

4. IDF Programme – Health (optional)

4.1	Indicator 4.1 Number of health professionals with up-to-date skills, knowledge and qualifications in essential healthcare				
	Baseline	Female	Male	Total	Brief description (e.g. nurses)
	State the evidence that supports the progress described				

4.2	Indicator 4.2 Number of women who have access to improved maternal and neonatal healthcare services		
	Baseline	Total	Brief description
	State the evidence that supports the progress described		

4.3	Indicator 4.3 % births assisted by a skilled provider		
	Baseline	Total	Brief description
	State the evidence that supports the progress described		

4.4	Indicator 4.4 Number of people directly reached by improved essential health services					
	Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. malaria)
	State the evidence that supports the progress described					

4.5	Indicator 4.5 Number of people who have access to improved essential health services					
	Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. maternal health)
	State the evidence that supports the progress described					

4.6	Indicator 4.6 Number of institutions with improved essential health services		
	Baseline	Total	Brief description (e.g. district clinic)
	State the evidence that supports the progress described		

4.7	Indicator 4.7 Number of people with increased awareness of determinants of health					
	Baseline	Adult Female	Adult Male	Child Female (< 18 yrs)	Child Male (< 18 yrs)	Total	Brief description (e.g. malaria prevention)

7. IDF Programme Monitoring

The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.

	State the evidence that supports the progress described

5. IDF Programme – Sustainable Economic Development (optional)

5.1 Indicator 5.1 Number of people supported to establish or improve business/ economic activities

Baseline	Female	Male	Total	Brief description (e.g. agriculture marketing)
State the evidence that supports the progress described				

5.2 Indicator 5.2 Number of people accessing credit

Baseline	Female	Male	Total	Brief description (e.g. widows)
State the evidence that supports the progress described				

5.3 Indicator 5.3 % increase in household income

Baseline	Female	Male	Total	Brief description (e.g. vegetable farming)
State the evidence that supports the progress described				

5.4 Indicator 5.4 Number of small holder farmers supported to adopt environmentally sustainable agricultural practices

Baseline	Female	Male	Total	Brief description (e.g. vegetable farming)
State the evidence that supports the progress described				

5.5 Indicator 5.5 % increase in agricultural yield

Baseline	Female	Male	Total	Brief description (e.g. maize)
State the evidence that supports the progress described				

6. IDF Programme – Renewable Energy (optional)

6.1 Indicator 6.1 Number of public institutions e.g. clinics, schools accessing renewable energy

Baseline	Total	Brief description (e.g. district clinics, schools)
State the evidence that supports the progress described		

6.2 Indicator 6.2 Number of households accessing renewable energy

Baseline	Female	Male	Total	Brief description (e.g. solar)
State the evidence that supports the progress described				

6.3 Indicator 6.3 Number of individual lamps/ lanterns sold

Baseline	Total	Brief description (e.g. lantern)

7. IDF Programme Monitoring

The list of IDF programme indicators are listed below. With reference to Q46 on your application form, please report on progress for the IDF programme indicators that you have committed to tracking in your original proposal, including the 'Poverty and Vulnerability Indicators', which are obligatory for all Scottish Government funded projects.

	State the evidence that supports the progress described		
6.4	Indicator 6.4 Number of community based 'mini-grids' that have been established		
	Baseline	Total	Brief description
	State the evidence that supports the progress described		

Annex 1: Guidance Notes: End of Year Report

• This report is to be completed by all project managers/leaders at the end of the financial year. • Please complete this form electronically. • Once complete please send this reporting form, by email to your Scottish Government project manager. • The report should be submitted by the end of April following the financial year to which the report relates.	

Question	Guidance
Basic Project Information	
1.1	The project reference number was given to you by the Scottish Government in your grant offer letter – please refer to it in all correspondence. This is a number unique to your project and helps the Scottish Government track information relating to your project within the system.
1.2	Insert the financial year for which you are reporting
1.3	Insert the year of your project (i.e. Year 1, 2 or 3)
1.4	Insert the name of your lead organisation responsible for managing the grant (based in Scotland). Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.5	Insert the names of your partner organisations in Scotland and Partner countries. Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.6	Insert the name of your project in the space provided. This should correspond with the name given in your grant offer letter. Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.7	Provide a brief project description as per your grant offer letter.
1.8	Insert the geographical area in which your project is being implemented. Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.9	Insert start and end dates. The start date is the date you received your first tranche of funding.
1.10	Insert the total project budget (including funding from other sources). Please make a note if this has changed during this financial year. Reasons for changes should be reported in section 3.
1.11	Insert the total amount of funding received through the IDF for this project.
1.12	Indicate the theme that your project addresses (tick as many boxes that apply.)
1.13	Confirm that supporting documentation has been included with your report. Please tick those boxes that apply. Confirm whether any changes have been made to the logical framework, and whether the LF submitted has been approved by the Scottish Government (or is pending approval). **Reports that do not include all required documentation will not be considered complete**.
1.14	Please reference previous (actionable) feedback that you have received in your last MY and EY report, and describe any action that has been taken in response/ since then.
1.15	Insert the date that your report was produced.
1.16	Insert the names and positions of the key person(s) involved in preparing your report.
1.17	It is essential that you let us know if any of your contact details have

	changed, either in Scotland or in Malawi.
Project Relevance	
2.1	Provide a brief update on the context in which your project is working, and describe briefly how your project remains relevant to your project beneficiaries.
2.2	Working towards gender equity and social inclusion is considered essential to any projects funded through the IDF. Please describe briefly how your project is delivering this.
2.3	Please describe briefly how beneficiaries are engaging with the project (if at all) and what effect that is having, as well as any challenges in engaging with them.
Progress and Results	
3.1	If your Project has changed significantly in the focus of its delivery since your last report, please explain how and why, attaching copies of all relevant correspondence you have had with the Scottish Government about this. Please also describe and explain any changes to basic project information here.
3.2	If your Logical Framework has changed over the last Financial Year please detail and explain these here. This enables us to more quickly understand the changes and your progress, based on the most up-to-date information.
3.3	An update on any delays or challenges in monitoring will help us to understand the information presented in the report and logframe.
3.4	**For this question you will need to refer back to your most up-to-date APPROVED logical framework**. Looking again at the *output indicators* outlined, please comment on the progress made towards achieving these during the reporting period, including any challenges and how these were overcome. This should include a narrative (where relevant) as well as quantitative data – indicating clearly the milestones (including dates) and progress to date using the same measurement unit (e.g. number/ percentage) provided for the baseline etc. should be outlined using a percentage or number. E.g. By end March 2016, 5 wells have been dug in the last year against a milestone target of 4.
3.5	**For this question you will need to refer back to your most up-to-date APPROVED logical framework**. Looking again at the *outcome indicators* outlined in your original application, please comment on the progress made towards achieving these during the reporting period, including any challenges and how these were overcome.
3.6	**For this question you will need to refer back to your most up-to-date APPROVED logical framework**. Please comment on the overall impact of the project to date, including any challenges and how these were overcome.
3.7	If progress towards delivering activity and outcomes has been slower than planned, please use this space to indicate the reasons why and whether any of the risks outlined in your application have impacted on the project.
Sustainability	
4.1	Provide a brief update on how your partnership is working and evolving.
4.2	Detail briefly your progress towards ensuring that your project will be sustainable in the longer term. We would like you to refer back to your exit strategy in your application form) as well as reflect on other elements of sustainability.
Learning and Dissemination	
5.1	The Scottish Government is very interested to hear of lessons you may have learnt during any aspect of the project and may use your experience in future policy consideration.

5.2	The Scottish Government is very interested to hear of any innovations or examples of best practice, and how projects are sharing good practice more widely.
5.3	The Scottish Government would like to know how the work of the project is being communicated more widely to a range of stakeholders in Scotland and beyond.
5.4	The Scottish Government would like to know if your project (whether intended or unintended) is likely to have an influence on policy.
Financial Reporting	
6	**For this question, you will also need to complete the summary page of the budget spreadsheet**. Please use the budget headings on the spreadsheet to provide a detailed breakdown of actual expenditure incurred during the financial year to which this report relates, against expenditure planned as well as expected expenditure for the next financial year. Please outline any reasons for any discrepancy in the budget spend. *N.B If the budget spend is more than 10% different from the original estimate please use the additional tabs on the budget spreadsheet to provide more detail.*
6.1	It is important for us to understand and learn from how projects budget, including reasons for underspend.
6.2	The Scottish Government is interested in how projects are working efficiently and effectively.
6.3	Please detail if the project has succeeded in sourcing additional funds to enable it to extend its work.
IDF Programme Monitoring	
7	The Scottish Government needs to understand who is being reached by the IDF and how therefore it is essential that projects contribute to programme monitoring.

Annex 2: Budget Spreadsheet Report