

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

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1. General project information		
1.1	Project reference Number	MAL/18/15
1.2	Name of organisation	NHS Tayside EM-Malawi Project
1.3	Lead partner(s) organisation	Dr Barry Klaassen
1.4	Project title	Scottish Emergency Medicine – Malawi Project
1.5	Reporting period	From: 01/04/2019 To: 31/03/2020
1.6	Reporting year	2019-2020
1.7	Project start date	January 2019
1.8	Project end date	March 2023
1.9	Total project budget*	£1067,211.06
1.10	Total funding from Scottish Government*	£807,504 (originally £1007,504 minus yr 2 £200k)
1.11	Provide a brief description of the project's aims, highlighting which of the Sustainable Development Goals (SDGs) your project is working towards? (200 words)	<p>Following the successful development of the first Adult Emergency Trauma Centre in Malawi, our project is using the same methodology to develop Emergency Trauma Centres (ETC) in three major cities in Malawi. Lilongwe Kamuzu Central Hospital, Mzuzu Central Hospital and Zomba Central Hospital. The project team will share best practice systems and processes of emergency care with our Malawian Partners. A cohort of volunteer clinicians and nurses from across Scotland will mentor our Malawian colleagues in each department until they are able to manage a sustainable service for themselves.</p> <p>By 2023 the project aims to enable our Malawian partners develop a national network of emergency care.</p> <p>This project works towards SDGs SDG 3 Good health and wellbeing SDG 4 Quality education SDG 5 Gender equality SDG 10 Reduce inequalities SDG 17 Partnerships for the goals</p>
2. Project progress and results		
<p><i>Please use this section to give an update on the progress the project has made during this reporting period.</i></p>		

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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)

April 2019

Preparation and organisation to recruit clinicians and nurses for Scotland Emergency Medicine Malawi Project (SEMMP)

- Attend EM conferences to share information of our project
 - Development of posters and information leaflets for recruitment
 - Using global health principles to organise our recruitment
- Sharing information with other agencies engaging in conversations to increase awareness of our project
Global Health HR input regarding Annual Leave

May 2019

Attendance and presentation by project lead at Global Health conference

Attendance and presentation by project lead at EM annual conference with a recruitment stand explaining our project, names were obtained, each volunteer was emailed and interest acknowledged and further information to follow regarding induction day.

June – July 2019

Groundwork for strategy visit commenced, emails to our partners to organise our visit and agree terms of reference.

First challenge was the lack of communication with our partners in QECH AETC. Teaching was to be centralised in QECH and we were to organise our key workers to attend a four centre educational programme.

With no communication from QECH we had to initiate a potential change to our programme, we prepared a new programme to deliver workshops in each hospital should lack of communication continue.

Two programmes were developed to address any potential changes in our strategy visit. These workshops will be delivered during our next strategy visit in November.

Programme for Strategy visit

The strategy team Dr Barry Klaassen and Gwen Gordon visited each department meeting with each Hospital Director and clinical leads for each ETC.

- MOU to be signed
- Each hospital to allocate two lead personnel to visit Scotland one nurse one clinician
- Agreed programme for next strategy visit, educational workshops and allocation of time in each central hospital
- SWOT analysis delivered and discussed with heads of departments in each hospital. Highlighting the impact of a functioning ETC on their workload
- Scoping ideal places for future volunteers

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Challenges in each potential department highlighted below:

Zomba

MOU not signed

Overview of department

- Department not fit for purpose, requires a substantial upgrade in all aspects of the department.
- Departmental patient flow to be discussed and infrastructure to be redesigned
- Collaboration with Germany – Zomba long standing partnership
Triage room will be reconstructed by German charity (GC)
Resuscitation room will also be furnished by GC they have agreed to work in collaboration with the Malawian Health Ministry, however time scale was not discussed or clarified
Staff are focused and enthusiastic to commence essential changes and develop an ETC a Scottish group could be deployed to help

Lilongwe

MOU not signed

Overview of department

- Department not fit for purpose requires upgrade of both facilities and equipment
- Department not identified as an ETC, there are many specialities using the department therefore fragmenting any patient flow causing delays and long treatment waits
- Many aspects of emergency care identified but patient flow not aligned, skills and knowledge limited
- Resources need a significant input from the Ministry of Health

Mzuzu

MOU signed

Overview of department

- Department is functioning in difficult circumstances, emergency department is overruled by other specialties and does not function as effectively as an ETC.
- Delays in treatment systems and processes are detrimental to the efficient delivery of emergency patient care

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- Staff require further skills and knowledge embedded in their practice to deliver efficient and effective emergency care
- Patient flow requires restructure to enhance their ETC journey

August – September 2019

Visit prep for our Malawian visitors

- Visa for visitors organised by GG
- Each visitor required to meet the HR regulations for their visit
 1. Observational agreement with NHST agreed by ED clinical Lead and Head of Medicine Directorate
 2. Disclosure Scotland adapted for our visitors
 3. Occupational Health agreement with HR adapted for visitors
- Flights to UK and taxi uplift organised by GG
- Hotel suitable and safe organised by GG
- Food organised ensure sustenance
- Develop focused programme for the observational visit in both ED sites in Tayside organised by strategy group, each day started with a safety huddle and allocation of areas within ED and 2 attended Perth Royal Infirmary each day
- Scottish hospitality organised cultural visits BK GG

Challenges

- Flights had a long wait in major airport – this will not be repeated
- Suggest money for airport to ensure sustenance? How this is managed to be discussed for next visitors? travel cards
- Team phone to be used on next visit with emergency contacts for our visitors this would ensure safety and we would have awareness of any delays.
- Travel insurance to be organised for next visitors as this was not considered by our visitors
- This trip highlighted many cultural issues but all resolved easily
- Programme for their visit to be sent to each visitor prior to travel with additional information regarding Scottish weather etc I did have a What's app group, essential information was relayed to our visitors

Reflective Templates were given to each group and were completed once they had arrived home. Also, using the information gain in the EDs in Scotland they were to highlight themes they would like to be reviewed on our next strategy visit. The midway case study reflects all their suggestions to provide a better trip to UK and how the visit will impact on their own departments.

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November 2019 Strategy Visit

MOU agreed and signed by Zomba and Lilongwe

- Workshops
- Introduction of triage
- Project officer allocation
- Template for data collection
- Respectful collaboration with our partners in Malawi

Due to our lack of communication with Blantyre teaching was as discussed previously delivered in each hospital.

Workshop Programme

- Introduction to project
- Workshop one – development of departmental philosophy, values and beliefs, equality and diversity discussion
- Workshops two – interactive workshop, skills and knowledge required for ETC, develop ETC footprint within their own hospital
- Workshop three – Introduction to Triage

Each workshop discussed value based management, equality and diversity, a Philosophy developed by the participants of each group and a patient footprint developed for each department.

A case study has been prepared with more information of the workshops

December 2019 – March 2020

Scottish Government

- Scottish Government introduced two new members to our project team.
- [Redacted] both with previous experience of project managing both organisational and financial.
- Tripartite MOU developed and agreed
- [Redacted] travelling through Malawi to ensure the project momentum are continuous.
- Communication via email, Whats App and telephone communication.
- A zip file of communication is available with information of all progress/meetings/discussions undertaken by [Redacted]

Summary of tripartite project group

[Redacted] input was invaluable to this project, their unique skills and management were significant to the project and helped realign our strategy and progression for the future.

They had their challenges with communication and progressing forward with certain aspects of the project, just as we have had for the past eighteen months.

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Their professionalism and expertise as senior projects managers certainly negotiated new terms and project charters to help align the project.

Actions proposed for this interim phase to support TT/SG

- TT will introduce [Redacted] to the project leads
- Introductions to World Bank
- [Redacted] will act as project advisors consult and collaborate with all members of the tripartite party
- While in country will forge relationships to re-affirm and enhance the by-in for change at the three new ED site therefore emulating practice in QECH the best practice in Malawi
- Share Log Frame and the draft template for shop-floor KPI benchmarks and ongoing data collection
- Discuss with Blantyre regarding the data collection template to see if a bench mark for 'best in country' can be shared by them

A report detailing progress made on all of the points within the MOU and an assessment of the readiness and enthusiasm of the four Malawian sites to proceed with this project will be prepared buy [Redacted] by 15th April 2020

February 29th 2020

Induction day for volunteers

Course was developed and delivered by strategy group to 20 volunteers and a representative from the Scottish International Development.

The content of the induction day was to introduce our volunteers to our project and what to expect while mentoring in Malawi.

The group consisted of EM consultants, registrars and nurses from varied NHS Scotland Emergency Departments.

A case study was prepared and presented along with the end of year report.

The case study informs SG of the success and positive evaluation of the induction day.

March 2019 – Present

Pandemic outbreak all work prioritised to NHS

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)

Due to the essential refurbishment to all aspects of the infrastructure of each department, the project commencement date will be constrained, This is our

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	<p>main challenge we have no departments to fit for purpose, therefore no focused role for our volunteers</p> <p>It is difficult to parachute a team of ED nurses and doctors to an area that is not fit for purpose. If a department was requiring assistance to set up then we have a team of nurses and doctors who will help set up the department in order to commence emergency care in the hospitals.</p> <p>However the training and data collection will continue through communication with the project officers in each department.</p> <p>Delivery of training was to be centralised in AETC QECH Blantyre, however we have had reduced communication and interaction with our AETC lead doctors.</p> <p>This was also identified by [Redacted] which is very disappointing as the focus of our project was changed in the first meeting with AETC lead and the development of Emergency care was to be led by the Blantyre expertise. Communications will continue and our relationship with Blantyre will continue until we have reached a shared goal.</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>Initial resistance from Mzuzu Lead clinicians to emulate AETC QECH emergency care model. It was discussed with [Redacted], a project charter and implementation plan was developed and agreed to suit their hospital methods and ways of working within their scope of practice. We have gained understanding regarding organisational differences, we will work together to achieve our optimal outcome a functioning ETC.</p> <p>Lack of engagement with AETC was identified by TT and [Redacted], however we will continue regular communication with hospital director, clinical leads and Ministry of Health to promote collaboration and commitment to the project.</p> <p>Infrastructure required in Zomba was identified by clinical lead and discussed with MoH, plans were developed and implementation was to be initiated by the Ministry of Health, monies were allocated. However pandemic has halted any further work in the Central Hospital. Communication continues with clinical lead and we will keep up to date with future plans.</p> <p>Lilongwe Central Hospital</p> <p>Communication is ongoing and exchange of information regarding emergency medicine continues. Further assistance has been exchanged with</p>

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	clinical leads regarding essential systems and processes required during this pandemic.
3. Partnerships and collaboration <i>This section allows you to discuss how partnership working is progressing on the project, as well as wider collaboration and sharing of learning.</i>	
3.1	<p>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)</p> <p>We consider we continue to build positively on our partnership with our Malawian partners, importantly we will continue to nurture our relationship with AETC in Blantyre to provide positive support for the development of Emergency Care in Malawi.</p> <p>We respectfully listen to all our partners needs and gain their views and vision for their service we are trying to facilitate.</p> <p>Each hospital has the requirement for an Emergency Trauma Centre, however we have to accept they have different ways of working and our delivery of systems and processes to enable our partners to develop a fit for purpose service will be adapted to suit their needs.</p> <p>We continue to communicate either via email or more recently with our new partners [Redacted], with their expertise the momentum our project continues to grow and develop under their expert guidance. Future ways of working have been discussed with all partners and clear guidance with a new project charter to support the MOU signed has been developed to ensure equity and clarity of the project.</p> <p>Our project officer in country have a very important role to provide data, roles and responsibilities, role clarification will be discussed to ensure they are aware of all aspects of the data collection essential to our project. This will be reiterated on our next strategy visit with each new PO.</p>
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.

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	The strategy group have visited twice this year.	
Date of visit	Key achievements / outputs of visit	Follow-up actions
July 2019 Scottish Strategy Group Visit BK GG	Agree MOUs observe current practice at each site have established clear intent to deliver national emergency service across Malawi by 2023	Initial SWOT analysis for each unit identify two operational staff from each unit to visit Dundee in September 2019
November 2019 Scottish Strategy Group Visit BK GG LI	Workshops in each department in Malawi Development of Ethos Philosophy of each department Development of values based management Discussion of equality and diversity Introduction to triage	Robust triage methods in each department data collection to measure impact of triage in each hospital Evidence of achievement of non technical skills for example leadership, team work, decision making skills, situation awareness skills and technical skills. Information to develop a footprint for each department, evidence through data collection will measure the patient journey within each department.
February – March 2020 [Redacted]	Interaction with all partners in Malawi Emergency care partners	Create an overall outcome measure and a set of KPIs, meaningful in an ED context and

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		<p>measurable at each of the four sites These measures will benchmarked and repeated through the lifecycle of the project</p>
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>Teaching methodology of this project:</p> <ul style="list-style-type: none"> • Workshops face to face method • Learner centre methods • Content focused methods • Interactive / participative methods • Brainstorming • Audio visual tools • Role play (triage) • Interactive sharing of educational tools via educational platform–Trello <p>Firstly we must use a method of teaching to suit the needs of the participants. Aims and learning outcomes clearly defined to the whole group. It is essential to know your audience and deliver at the appropriate level of understanding.</p> <p>Each workshop or CPD presentation will encourage participation, through demonstration, recitation, memorisation or a combination of all of these methods.</p> <p>We also incorporate experiential learning and use the constructivist method to build on previous knowledge to develop critical thinking and learning.</p> <p>All teaching materials are evidenced based, handouts for future reference are available for each department and learning resources are shared with our partners.</p> <p>Shop floor mentorship is the key learning method promoted throughout this project. Our Volunteers will work alongside our partners in each department. This method of teaching is dynamic, the mentor and student are using an in-action method of teaching, reflection and feedback of each learning experience is meaningful and happens in the moment and will impact positively on future practice.</p> <p>CPD - what are the main requirements of teaching for each department? This will be in collaboration with our Malawian colleagues, pertinent to clinical presentations within a new developing specialty.</p>	

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	<p>How can we advance and share our knowledge and skills this is pertinent due to global pandemic, we can do this remotely using an educational platform, it is a secure platform to share intelligence, share reference materials and up to date information. Communication and future learning can be delivered via video conferencing, emails and via What's App. The internet gives us many methods of virtual communication to enhance learning with our colleagues.</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>Yes</p>
3.5	<p>With reference to Q39a & 39b in your original application form, please highlight how you are maintaining an awareness of others working in this region, giving details of collaboration, joint working or partnerships with others. (Max 500 words)</p>
	<p>Joint working and partnerships [Redacted] were invited by the Scottish Government to act under joint auspices to review and move forward the Scottish EM Malawi project during a planned visit to Malawi in February/March 2020. The objective being to strengthen SG confidence in the planning for and progress of the project sufficient that funding could be restarted. An MoU was drafted by [Redacted] and updated following comments from TT to their satisfaction.</p> <p>Tasks [Redacted] were asked to perform were</p> <ul style="list-style-type: none"> • Provide a clear definition of the metrics to be used to determine the success of the project and measure what good outcomes look like. Discuss the definitions with each hospital • Discuss with each hospital the availability of relevant data and the ability to collate it accurately • Encourage each hospital to collate a baseline for the outcome data (mortality rate) without delay • Provide clear documentation that outlines the tasks that need to be undertaken at each stage of the project • Clarify what has to be achieved before each stage of the project can a <p>be considered and agree with all stakeholders at each hospital which tasks have been completed to the satisfaction of all parties. Where tasks remain incomplete a target time and clear ownership is assigned.</p> <p>[Redacted] were specifically asked to build on existing project relationships made by TT and reaffirm and enhance the buy in for change at the three new ETC sites.</p>

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	<p>Forge links with World Bank project plan and confirming their plans for capital spend in the ETCs. They were also to propose enhancements to the log frame to make sure it reflects the balance between realism of data collection in Malawi and the requirements of SG for a strong MEL structure. This was to be in conjunction with data from previous project in Blantyre AETC to see if benchmark for 'best in country' can be share by them. To obtain data in new centres a project officer was to be identified and the value of collecting relevant bench marks and KPIs. [Redacted] have completed a report detailing the progress made and will be available at the end of the interim phase 15th April 2020.</p> <p>Zomba central hospital have strong links with a German Charity consultant trauma surgeons have assisted Zomba with infrastructure and teaching of nurses and clinicians. The Scottish project has forged links with the GC and is working in collaboration to achieve the development of a functioning ETC.</p>
4. Safeguarding and fraud	
<i>Please ensure you complete questions 4.1 and 4.2 even if you have no incidents to report.</i>	
4.1	<p>Have there been any safeguarding incidents, either relating to staff/volunteers or beneficiaries of the Grant or the Project, in the last 12 months?</p> <p>None</p>
4.2	<p>Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?</p> <p>N/A</p>
4.3	<p>Describe what action has been taken, and highlight any lessons learned.</p> <p>N/A</p>
4.4	<p>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?</p> <p>None</p>

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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	<p>Have any issues materialised during this reporting period? If so, how were they addressed?</p> <ul style="list-style-type: none"> • Emergence of pandemic within country • Difficulty regarding engagement with Mzuzu Team some reticence regarding adapting AETC QECH emergency model • Resistance blocking engagement with QECH team • COVID 19 emergence of pandemic will severely restrict movement of Scottish Team to Malawi for approximately six months <p><i>Please refer to risk assessment provided at application stage.</i></p>
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Assumption	Risk	Action taken	Was this included in the Risk Assessment Table in your application?
Emergence of pandemic within country	Insufficient planning and availability of resources to deal with impact of epidemic on hospitals	Resources and remote assistance from Scottish project to assist with impact on each site. Assist with operating framework for managing the response to COVID 19 Framework and planned operations for people who need emergency care	No unpredictable event
Difficulty with engagement of Mzuzu team. Some reticence regarding adopting AETC model	Reluctance to continue with model for the ETC, resistance blocking engagement with AETC QECH Team	[Redacted] reinforce project aims Development of project charter and implementation plan to suit Mzuzu Continue positive communication and support	No collaboration between centres was assumed at beginning of planning

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	Lack of engagement with national programme may reduce achieving project outcomes		
COVID 19 emergence of pandemic will severely restrict movement of Scottish Team to Malawi for approximately six to nine months	Project will be delayed further and budget will show a further under spend, as three visits will have to be cancelled including Scottish volunteer deployment	Continue communication through virtual methods, VC, emails, educational platforms	No pandemic outcome unpredictable
6. Inclusion & accountability			
<i>With reference to question 38 in section E of your original application and 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>			
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)		
	<p>Access to Emergency and Trauma care is a basic human right, we see Emergency and Trauma care as a major component within UN Sustainable Global Goal 3 Health and Wellbeing.</p> <p>This project remains relevant for our beneficiaries, Malawian Ministry of Health have expressly included enhanced emergency and trauma care within their 2017-2022 Health Sector Strategic Plan. While this plan is targeting improved roadside emergency care clearly the development of a network of Central Hospital Emergency and Trauma Centres is also required to receive the injured which makes this project a timely scaling up of such healthcare nationally.</p> <p>Each department has been given the chance to develop the patient journey/footprint within their potential ETC (Emergency Trauma Centre) to suit the needs of the patients attending.</p> <p>The named Department in each of the central hospitals has also been given the opportunity to influence the basic training and infrastructure</p>		

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	<p>requirements for ETC. This includes adequate staffing, adequate drugs and consumables and basic equipment.</p> <p>The staff of each department will mentored on the shop floor by Scottish volunteers from EM specialty in UK, they will support and train the staff of the new units to deliver essential emergency care.</p> <p>Equipment to support the training of ETC staff will be provided by Scottish project.</p> <p>Each ETC has named a project officer to collect data and use reporting systems to feedback to the Scottish Team, this is essential to measure KPIs and collate data to demonstrate quality improvement within ETC.</p>
6.2	<p>Do you have an awareness of particularly vulnerable or marginalised groups within the community in which your project is working? Please give details on how you are disaggregating data to recognise these groups across the project. (Max 350 words)</p>
	<p>Resources within Malawi are scarce, healthcare is still developing, population is increasing and understanding of the role of an emergency department is limited.</p> <p>Education of the public is a challenge and unless it is disseminated to the public the hospitals emergency departments will be overworked and resources will not sustain the patient's demands.</p> <p>Clarity of the role of the ETC is essential, this was developed in our first project, patient education regarding minor illness and injuries was delivered by the triage nurse/clinician and patients redirected to the appropriate sector of care.</p> <p>The Ministry of Health are required to improve primary care in the community and ensure that local health centres are adequately resourced. Training of staff within the health centres could improve the impact on the central hospital. Training to recognise a deteriorating patient and treatment required would improve patient care.</p>
6.3	<p>How is your project working to actively meet the needs of these vulnerable and marginalised groups, ensuring they are benefiting from the project? Please outline any mechanisms you are using. (Max 350 words)</p>
	<p>Resources within these hospitals are limited, staffing is inadequate for the numbers of patients attending, systems and processes required for emergency care is just developing and data is limited regarding outcomes and outputs.</p> <p>We have delivered workshops to develop knowledge and skills required to triage and prioritise the patient needs. This training will have a positive outcome on the delivery of emergency care. Data collection will demonstrate time of arrival to ETC, time to triage, time to treatment, time to</p>

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	<p>discharge, this data will show that care is appropriately delivered; timely emergency care is the optimal outcome of an effective and efficient triage system.</p> <p>Value based management is part of the training the encompasses the processes for creating, managing and measuring value this was commenced by developing a departmental philosophy that enables support and each department values each member of their team. This will highlight the vulnerable and marginalised groups and will improve and sustain a desirable balance of what the needs and wants of the patients are and use the resources wisely to ensure a high stand of care delivery to each patient with no bias. Equality and diversity is a basic human right giving each department the chance to deliver care free from prejudice and discrimination.</p>
6.4	<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>7. Financial information</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 31st of the current financial year.</i></p>	
7.1	<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 as a result of timing issues, price achieved, quantity etc. If these are temporary variances, please outline plans for expenditure. (Max 500 words)</p> <p>As outlined in mid year report long delay in project starting (difficulty finding NHS repository for our funds) , lack of drawing Project Manager Salary has left us significantly at variance with projected budget for this stage of the project with a significant underspend</p> <p>Once underway we have as a team made good progress with scoping the project and have delivered 3 strategy team visits to Malawi and also hosted 6 key Malawian clinical staff in Scotland for observation of delivery</p>

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	<p>of Scottish Emergency services We have also run an successful induction day for volunteers</p> <p>Importantly in true refection of a people to people project we have listened to all our partners and agreed to deliver the project in a collective way, developing the 3 new ETCs simultaneously and hopefully in partnership with the original Blantyre AETC leads Our Underspend has resulted in no drawing of year 2 funds The project delivers training and support and is interdependent on MoH / central Hospital management supporting infrastructure and equipment we cannot take teams to Malawi to deliver project when departments are not fit for purpose. Equally we resisted calls to simply spend the year 2 budget before end march 2020 As a project team while we could spend budget on future needs as an exercise to balance books but felt when services were not ready for our support and some difficulties were being experienced with Malawian leads it would be irresponsible to do so. The result has been removal of year 2 grant from project £200,000) This has clearly caused tensions for us within International development and has been demoralising for the project and its leads who commit an inordinate amount of their own time to this work</p>
7.2	<p>Please give details of any capital expenditure in this reporting period. (Max 350 words)</p> <p style="text-align: center;">None</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>Appropriate travel /accommodation for key persons Having own project vehicle safe and cost effective as have had to travel length and breadth of country each visit Only undertake expenses when able to deliver key aspect of project no wastage of equipment or materials Co-ordinate visits / Scots team activiites when Malawian partners ready hence project delivery is interdependent on Malawian readiness</p>
8. Any other information	
<p>Use this section to tell us any other relevant information regarding your project. (Max 500 words)</p>	
<p>Financial statement to follow when received from Finance colleagues a Golden Jubilee</p>	

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Despite the Scottish EM-Malawi Project being a source of on-going concern for Scottish Gov International Development team External agencies have recognised the value and merit of the projects by awarding the following awards in 2019/20

**Gwen Gordon Project Lead Nurse and Project Manager
Recognised for an NHS Tayside Star Award for excellence in Global Health and Education**

**Barry Klaassen Project Lead
From Royal College of Emergency Medicine UK; The William Rutherford International Award for outstanding contributions to emergency medicine overseas**

This was awarded at annual conference 2019. BK gave a presentation of emergency work in Malawi with opportunity to extoll the unique Scotland Malawi partnership. The RCEM paid for the travel accommodation and subsistence of our lead Matron [Redacted] le from Malawi to attend the conference and participate in the plenary

**Barry Klaassen Project lead
The International Federation of Emergency Medicine (IFEM) Humanitarian Award 2020 was to be awarded in June 2020 in Buenos Aires Argentina but will be later due to cancellation of IFEM conference due to covid-19 pandemic . Awarded for in their words “ outstanding contribution to International Emergency Medicine”**