

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

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<b>1. General project information</b>		
1.1	<b>Project reference Number</b>	MAL/18/04 - UoG
1.2	<b>Name of organisation</b>	University of Glasgow
1.3	<b>Lead partner(s) organisation</b>	University of Glasgow and University of Malawi College of Medicine
1.4	<b>Project title</b>	Towards a Dental School for Malawi – The MalDent Project
1.5	<b>Reporting period</b>	<b>From:</b> 01/04/2019 <b>To:</b> 31/03/2020
1.6	<b>Reporting year</b>	Year 2 (2019 / 2020)
1.7	<b>Project start date</b>	01/10/2018
1.8	<b>Project end date</b>	31/03/2023
1.9	<b>Total project budget*</b>	£3,892,424
1.10	<b>Total funding from Scottish Government*</b>	£1,312,424 (plus £25,300 in January 2020 as additional award for Phase 2 of refurbishment of Kamuzu Central Hospital Dental Department)
1.11	<b>Provide a brief description of the project's aims, highlighting which of the Sustainable Development Goals (SDGs) your project is working towards? (200 words)</b>	<p><b>The aims of the project are threefold:</b></p> <ol style="list-style-type: none"> <li>1. To establish a successful Bachelor of Dental Surgery degree programme at the University of Malawi College of Medicine, to enable Malawi to train its own cadre of dental surgeons. This includes curriculum development, staffing strategy, support with delivery of teaching and the design of a building on the Blantyre campus which will accommodate dental student clinical instruction.</li> <li>2. To develop a national Oral Health Policy and Implementation Strategy for Malawi, through joint working between clinical academic staff in Scottish dental schools, the School of Public Health &amp; Family Medicine at the University of Malawi College of Medicine, WHO Africa and the Malawi Government Ministry of Health.</li> <li>3. To establish a programme for prevention of dental disease in children, based upon Scotland's Childsmile model. Development of the programme will be supported by an under-pinning research programme to evaluate models of delivery, with particular emphasis on supervised toothbrushing in schools. Following the appropriate proof of concept work, the prevention programme will be integrated into the Oral Health Policy for Malawi.</li> </ol>

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		These aims address particularly the ‘good health and well-being’, ‘quality education’, ‘reduced inequalities’ and ‘partnership for the goals’ components of the Sustainable Development Goals.
<b>2. Project progress and results</b> <i>Please use this section to give an update on the progress the project has made during this reporting period.</i>		
2.1	<p>Provide an update on the progress your project has made over the past 12 months. Use this space to update us on what has gone well and any challenges you have experienced, detailing how you have overcome these. (Max 500 words)</p> <p><b>1. Staffing</b> The following appointments have been made:</p> <p>The administrator to support the Malawi Project Lead (SGID funded). The Malawian academic head of the BDS programme. Two Clinical Lecturers (0.4 f.t.e. each) (CoM funded). Four Assistant Lecturers (CoM funded).</p> <p>As a result of South African work and registration permit procedures, the Assistant Lecturers have had to delay their secondments at Wits University in South Africa, undergoing postgraduate training, until the next academic year.</p> <p><b>2. BDS programme</b> Following approval of the Bachelor of Dental Surgery programme on 21 March 2019, 10 students were identified to join the BDS 1 programme for the 2019/2020 session and a further 15 to join the Foundation Programme to prepare for BDS entry in 2020.</p> <p>The BDS programme was officially launched on 22<sup>nd</sup> August with an opening ceremony. An induction and orientation programme for the new students was held from 19<sup>th</sup> – 22<sup>nd</sup> August. The students have all been performing well, but on-campus teaching has now ceased as a result of the COVID-19 social distancing precautions.</p> <p>The curriculum has been formally approved by the Medical Council of Malawi, which complimented the College of Medicine on the quality of the documentation.</p> <p><b>3. Design of dental teaching facility on the Blantyre campus</b> [Redacted] Professor of Architecture from the Glasgow School of Art, led preparations and facilitation of a site visit and building design workshop at the College of Medicine in Blantyre on 5<sup>th</sup> and 6<sup>th</sup> September 2019. This event included multiple stakeholders from the College, Government and colleagues from the University of Malawi Polytechnic Department of Architecture. A local architecture practice, with previous experience of working on the existing</p>	

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campus, also participated. Following the visit, a schedule of accommodation was prepared which identified an estimated construction cost of £6.2m. A detailed proposal document and accompanying slide set has been prepared for delivering pitches to potential funders. Finally, tender documentation was prepared by the Project Lead with the University of Glasgow Procurement Team to identify architects to undertake RIBA stages 1 and 2 of the building design. Two bids have been assessed and appointment of the successful practice is imminent.

**4. National Oral Health Policy Workshop, Lilongwe, 13-14 February 2020**

This very successful workshop, which we had planned jointly with the Ministry of Health (MoH), WHO Africa and the College of Medicine, represented a major milestone in the MalDent Project. It brought together senior officials from the MoH, including the Permanent Secretary for Health, with a multi-sectoral group of delegates, resulting in a clear direction for the policy work stream to commence. [Redacted] attended from the University of Glasgow and are two members of the task force that was agreed to take the policy development forward. The MoH has now approved the Terms of Reference and the policy writing has commenced. An outline document prepared previously by the Honourable Enock Phale, formerly the Head of Oral Health at the MoH before his election to Parliament, has provided a valuable starting point.

**5. Additional grants awarded to support MalDent Project activities**

**Tropical Health and Education Trust:** £9,378 to Bridge2Aid and Dental Association of Malawi to support establishment of a formal partnership to underpin ‘task-shifting’ of emergency dentistry to Medical Assistants.

**Borrow Foundation:** \$75,000 to support a national child oral health survey to provide a baseline measure of disease prevalence against which the efficacy of preventive interventions can be measured.

**Royal College of Physicians & Surgeons of Glasgow HOPE Foundation:** £7,950 for MalDent Project – Upgrading of Kamuzu Central Hospital Dental Department – Phase 2.

**Scottish Government International Development Small Grants Programme:** £13,470 to test the model of ‘task shifting’ basic training of emergency dentistry to Medical Assistants, with Malawian stakeholders and Bridge2Aid

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)

The focus of the project has not changed at all during the past year. Establishing and supporting the new BDS programme at the College of Medicine, together with development of a national Oral Health Policy and implementation plan with the Ministry of Health & Population (MoHP), remain the two over-arching aims. The importance of prevention of oral and dental diseases is a core philosophy running

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through both streams of work. However, two additional components, in addition to the original aims of the MalDent Project, have proved both important and successful:

**Task-shifting emergency dentistry to Medical Assistants**

The success of the grant applications made by our partner charities Bridge2Aid and Smileawi in the last year to fund the pilot training programme in emergency dentistry for Medical Assistants has opened up another valuable contribution to workforce development. Previously, the MalDent Project was concentrating solely on establishing the BDS programme at the College of Medicine. However, the 5-year duration of the BDS course, followed by one year of internship, means that it will be a long time before we will begin to augment the existing dental workforce.

The 'task-shifting' model offers the potential to improve access to emergency dental care significantly, particularly in rural areas, over a short time-frame. The extensive experience gained by Bridge2Aid in delivering such training in Tanzania over the past 15 years provides a tremendous head start for the model in Malawi, particularly with the support, in-country knowledge and Malawian contacts of Smileawi. Strong working relationships that had already been forged between the MalDent team and senior officials in the MoHP and Dental Association of Malawi (DAM) undoubtedly facilitated the discussion and agreements that were necessary between the MoH, DAM and Bridge2Aid in the early stages of establishing the 'task-shifting' project.

**Refurbishment of the Kamuzu Central Hospital Dental Department, Lilongwe**

Following the very successful visit to Lilongwe in May 2019 by two engineers from Dentaaid, a Henry Schein engineer and the Scottish Project Lead, during which significant progress was made with the re-equipping of the Dental Department at Kamuzu Central Hospital, it was clear that there was further work required to complete the refurbishment. As a result, Phase 2 was planned.

The Scottish Project Lead and the Dentaaid team identified further items of donated dental equipment (particularly dental chairs and pre-clinical skills units) across the UK, which were collected and delivered to the Dentaaid HQ in Southampton for servicing and repair as necessary. Generous grants from Scottish Government International Development and the RCPSG HOPE Foundation supported purchase of a shipping container and will in due course fund the shipping and equipment installation costs. The installation was originally planned for June 2020, but has had to be postponed because of the COVID-19 situation.

The refurbishment of the KCH Dental Department is a key component of the preparation for clinical teaching of the existing BDS 1 cohort when the students commence BDS3. Whilst it was not originally part of the MalDent Project, it has become a very important component and one that has been made possible through the support of Dentaaid, Henry Schein Dental, SGID and the RCPSG HOPE Foundation.

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
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have learned, and how these will be applied in the project in the future. (Max 500 words)

Much has been achieved during Year 2 of the MalDent Project. The launch of the first ever BDS programme in Malawi was a considerable achievement, made possible by very close working between the dedicated team at the University of Malawi College of Medicine and academics at the University of Glasgow and Wits University. The process of curriculum development was arduous, to ensure that all subject specialists were happy with the Intended Learning Outcomes and exposure to each subject. Furthermore, the exacting requirements of the University of Malawi Senate had to be satisfied, as is appropriate for any new academic programme, as did the requirements of the professional regulator. The second BDS curriculum conference in November 2018, to which the Principal of the College of Medicine had invited all key stakeholders, was a very intense meeting, during which a large volume of work was completed. The refining of the curriculum continued, particularly for the College of Medicine team, with many iterations of the curriculum before its final approval in March 2019. The lessons learned during this process included patience, good humour and a recognition of the individual skill sets of the different members of the team. This was not an easy process for anyone, but the strong partnership working and spirit of camaraderie that already existed between the various stakeholders proved extremely valuable. Our ambition for the curriculum to be approved in time to recruit a cohort of students for the 2019/2020 academic year added to the pressure, but also to the elation when the outcome was successful.

One challenge that we faced was working through the process for ethical review of a research study protocol. The study involved a small group of elective students from Glasgow and Dundee Dental Schools, working under the leadership of the charity Smileawi. The small-scale pilot study was to test the logistics of undertaking oral examinations of children in school settings, which would inform the national oral health survey of children that will be funded by the Borrow Foundation. We completed and submitted the extensive paperwork required by Malawi's National Health Science Research Committee. However, the Scottish team had not recognised the importance of having a local research team member based in Malawi. Subsequently, our Malawian MalDent Project lead joined the research team and ethical approval was then granted by the UoM College of Medicine Research Ethics Committee. This was an important learning point for us, since research activities will be running in parallel with the other scheduled MalDent Project activities. For example, the College of Medicine is finalising the appointment of the MalDent Project-funded PhD student who will be based in Malawi and whose project will focus on the development of a child dental caries prevention programme based on the principles of the Scottish Childsmile programme. A Glasgow-based PhD student has just commenced her studies on workforce development and professional regulation of the dental team in Malawi. These postgraduate students and other related researchers will all need to apply for ethical approval of their projects and we now have a much better understanding of the process and timelines.

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**3. Partnerships and collaboration**

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

3.1	<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>Effective partnership working has been a hallmark of the MaIDent Project to date. The excellent working dynamic that has developed between the project teams at the UoM College of Medicine and the UoG Dental School provides a great advantage. Furthermore, the close linkages with the SGID-funded Blantyre – Blantyre Project and the Academic Governance Project have resulted in a UoG support network that benefits all three projects.</p> <p>The continuing partnerships with the charities Dentaid, Bridge2Aid and Smileawi have brought major benefits to the MaIDent Project. None of the re-equipping activities at Kamuzu Central Hospital would have been possible without Dentaid’s input and the ‘task-shifting’ initiative would not have been considered let alone enacted without the involvement of Bridge2Aid and Smileawi.</p> <p>The dental supply company, Henry Schein Dental, has continued to be a strong supporter of the MaIDent Project. The provision of a UK engineer who participated in the May 2019 installation visit at Kamuzu Central Hospital made a tremendous difference to the outcome, and the offer of a repeat visit for Phase 2 of the refurbishment is gratefully acknowledged.</p> <p>An exciting new development is the potential for collaboration with the charities Mary’s Meals and WaterAid, both of which have SGID-funded projects. It is very likely that the Childsmile-based caries prevention programme we develop for Malawi will include supervised toothbrushing. As in the UK, schools provide an excellent venue, but the feasibility will need to be tested in Malawi. Since Water-Aid is involved in handwashing programmes and Mary’s Meals provide the food for schoolchildren, we hope to collaborate in testing this ‘three arm’ approach to ‘hand hygiene / eat / brush teeth’ in school settings. A multi-sectoral approach is essential to oral health promotion programmes and the model described would satisfy that requirement. WaterAid is also interested in our work to develop a national Oral Health Policy for Malawi and one of its Malawi team attended the recent Oral Health Policy workshop in Lilongwe.</p>	
3.2	<p>Have any Scotland-based staff visited the project in the past 12 months? Give details including key activities and outputs of these visits.</p> <p>Yes – there have been a number of visits, all with very successful outcomes.</p>	
<b>Date of visit</b>	<b>Key achievements / outputs of visit</b>	<b>Follow-up actions</b>

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<p><b>9-16 May 2019</b> (funded from the original £60K pump-priming grant)</p>	<p>1. Installation of 12 dental chairs, 6 phantom head units and other items of dental equipment at the Dental Department, Kamuzu Central Hospital. Installation was undertaken by the charity Dentaïd and the dental supply company Henry Schein. Four additional chairs were transported to Blantyre as part of a refurbishment of the Dental Department at the Queen Elizabeth Hospital.</p> <p>2. Meeting with Ministry of Health [Redacted] Dental Association of Malawi and College of Medicine to discuss establishment of Oral Health Policy Working Group</p> <p>3. Meeting to discuss supply chains for consumables and equipment for the new BDS programme. Present: [Redacted] (Head of Procurement), [Redacted] (Finance Office) and [Redacted] (MalDent Project Lead), College of Medicine; [Redacted] [Redacted] [Redacted]</p>	<p>This installation was Phase 1 of the refurbishment of the Dental Department at Kamuzu Central Hospital, Lilongwe. Additional equipment is now being collected within the UK (dental chairs and phantom head units) via Dentaïd with a view to sending a further container of equipment and undertaking a second installation visit in 2020.</p> <p>At this meeting, it was agreed that the Ministry of Health would lead this part of the project. However, the very sad and sudden death of Mr Dzingomvera resulted in a stalling of progress. Subsequently (see below) Dr Fosiko has requested that the MalDent Project team should take this work forward independently, but keeping the Ministry of Health informed.</p> <p>This was a preliminary meeting to identify mechanisms of working and existing challenges.</p> <p>The outcome was the need to develop a formal Procurement Plan before clinical training of the BDS students commences in 2021.</p>
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<p><b>7-18 June 2019</b></p>	<p>1. Meetings in Lilongwe between Bridge2Aid, the Dental Association of Malawi, the Ministry of Health &amp; Population, Medical Council of Malawi and Christian Health Association of Malawi to gain approval for a pilot study to examine the suitability of a programme to task-shift emergency dentistry to Medical Assistants in rural Malawi. The concept was approved in principle, pending submission of a note for consideration by the Ministry of Health Technical Group.</p> <p>2. Visit to the College of Medicine campus in Blantyre for meetings with other members of the MalDent team and to link with two students who were visiting from Glasgow Dental School. This student visit was to begin the process of developing a student exchange programme</p>	<p>Follow-up has already happened:</p> <p>i) Bridge2Aid and the Dental Association of Malawi submitted a summary of the proposal for the Ministry of Health Technical Group to consider.</p> <p>ii) Bridge2Aid and the Dental Association of Malawi spoke to therapists at the Smileawi Conference in Mzuzu in September 2019 about the 'task-shifting' proposal for Medical Assistants. There will be a key role for therapists.</p> <p>iii) The pilot Dental Training Programme now has full approval from the Ministry of Health and was scheduled for June 2020. It has now been postponed until 2021, in light of the COVID-19 outbreak.</p> <p>A further cohort of students from both Glasgow and Dundee Dental Schools had shown interest in visiting Malawi in June 2020 for their elective project studies. These students would have been able to network with the Malawian BDS 1 students who would just have completed Year 1</p>

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	<p>between the new BDS students in Malawi and those in Glasgow.</p> <p>3. Travel to Mzuzu to participate in a CPD Conference for Dental Therapists. Jeremy Bagg delivered a lecture on antimicrobial stewardship and provided an update on the MalDent Project. This included mentioning the plans to establish a task-shifting training programme in emergency dentistry for Medical Assistants.</p> <p>4. Meeting with [Redacted](Smileawi) and four Scottish dental students (Glasgow 3, Dundee 1) who were undertaking a pilot child oral health survey in six Malawian schools. This pilot study would inform the national child oral health survey that is being funded by the Borrow Foundation.</p>	<p>by June 2020. However, this has been suspended due to the COVID-19 outbreak.</p> <p>A feedback questionnaire was developed and administered to the conference attendees. The data were analysed and reported in an MSc dissertation by an overseas postgraduate student studying at Glasgow Dental School. That student has now enrolled for a PhD at the University of Glasgow, based around the development of a dental team approach in Malawi and related CPD / governance / regulation.</p> <p>Data were collected from 2,200 children – the largest child oral health survey to date in Malawi. All the data are now being analysed at the University of Glasgow and will form the basis of a peer-reviewed publication.</p> <p>Lessons learned about the logistics of undertaking oral examinations of children in a school setting will inform the national survey that will follow.</p>
<p><b>15-24 August 2019</b></p>	<p>1. Two staff members from Glasgow Dental School (Jeremy Bagg and Petrina Sweeney) participated in the first of this year's 'Flying Faculty' visits to the new</p>	<p>The teaching materials that had been prepared and the sessions themselves worked well, providing a blueprint for use at the next induction in 2020.</p>

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	<p>BDS course. They devised a teaching programme and delivered it jointly with Drs Peter Chimimba, Wiston Mukiwa and Jessie Mlotha-Namarika. The first session included a welcome from the Principal, Dr Mwapatsa Mipando and was introduced by Prof Nyengo Mkandawire, the Dean of the Faculty of Medicine.</p> <p>2. The official launch of the BDS course took place on 22<sup>nd</sup> August 2019. Both Dr Chimimba and I, as the MalDent Project leads, participated in the event. The Guest of Honour was Mrs Papeye from the Ministry of Health &amp; Population. The event was attended and reported by the local media.</p> <p>3. On 20<sup>th</sup> August Dr Peter Chimimba, Dr Petrina Sweeney and I were taken to visit the Malawi University of Science &amp; Technology by Prof Wilson Mandala (Executive Dean of the MUST Academy of Medical Sciences). We enjoyed a meeting chaired by Prof Jonathan Makuwira, Deputy Vice-Chancellor of MUST with some of</p>	<p>The next Flying Faculty visit was scheduled for 16-22 March 2020. This fitted into the timetabling of the MB BS teaching which forms a major component of the BDS 1 course. Three academic staff from the University of Glasgow were to support the local faculty members in delivery of the 'Introduction to Dentistry' course. However, this had to be postponed because of the COVID-19 outbreak.</p> <p>No follow-up actions required.</p> <p>Discussions are ongoing with the College of Medicine regarding the next stage. There is undoubtedly a significant opportunity for joint working with MUST.</p>
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	<p>his senior colleagues. We covered two areas of interest:</p> <p>i) The possibility of engaging with MUST over the delivery of teaching of dental equipment maintenance and repair linked to their Biomedical Engineering degree course.</p> <p>ii) The longer-term possibility of establishing a dental outreach teaching facility in the new hospital at MUST.</p>	
<p><b>3-8 September 2019</b></p>	<p>Jeremy Bagg visited the Blantyre campus of the College of Medicine with the Professor of Architecture, Glasgow School of Art and two of his senior students ([Redacted]) to undertake a site survey and facilitate a workshop to begin the design of the dental teaching building. The workshop involved multiple stakeholders and a local Malawian architecture practice, as well as staff and students from the University of Malawi School of Architecture.</p>	<p>A very successful event with tremendous sharing of ideas and joint learning.</p> <p>In addition to the specific dental teaching facilities, the building will incorporate a student hub and generic teaching / public spaces so that the building can be used for educational and social purposes by all staff and students on the campus.</p> <p>A detailed schedule of accommodation has been compiled, which has informed the costing of the building. This has formed the basis of a proposal document and presentation to share with potential capital funders.</p> <p>An invitation to tender for RIBA Phases 1 &amp; 2 of the building design was</p>

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		<p>prepared with the University of Glasgow Procurement Team and advertised through the Public Contracts Scotland portal. Two strong bids were submitted and have now been scored. The applicants are due to present their plans and to be interviewed on 30<sup>th</sup> April 2020. The contract should be issued to the preferred supplier in early May and work can then begin.</p>
<p><b>11-18 February 2020</b></p>	<p>Jeremy Bagg and Lorna Macpherson (UoG Professor of Dental Public Health) visited Lilongwe to participate in the National Oral Health Policy meeting, which they had organised jointly with the UoM College of Medicine, Malawi Government Ministry of Health &amp; Population and WHO Africa. The two-day meeting (12<sup>th</sup> and 13<sup>th</sup> February) was a great success.</p> <p>The sharing of ideas and ambitions was exciting and very positive, with tremendous participation from all delegates.</p> <p>Clear guidance was provided on the policy development process that is followed by the Malawi Government.</p> <p>An outline draft oral health policy was made</p>	<p>The Terms of Reference for the task force have now been provided by the Ministry of Health &amp; Population.</p> <p>The drafting of the policy document is now underway. Its progress need not be unduly hindered by the COVID-19 outbreak.</p>

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	<p>available by the Honourable Enock Phale, now a Member of Parliament but formerly the Lead for Oral Health at the Ministry of Health. He had drafted the document before leaving his previous role and it will form a useful basis for the policy development work moving forward.</p> <p>At the end of the workshop, agreement was reached on the membership of the task force that will take the policy writing programme through the required stages.</p>	
<p><b>13-22 March 2020 (planned but had to be cancelled because of COVID-19)</b></p>	<p>A week of Flying Faculty teaching had been planned for the Scottish Project lead and two academic colleagues. It was cancelled in early March 2020 because of the COVID-19 pandemic.</p>	<p>The teaching will be re-scheduled and delivered via a mixture of on-line teaching in the short-term and face-to-face teaching at a later date.</p>
<p>3.3</p>	<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>There has been a constant process of learning through the interactions of the many partners in this project. Dissemination of progress and challenges has occurred in a variety of ways:</p> <p><b>1. Coverage by national and local media in Malawi.</b></p> <p>(i) The refurbishment of the KCH Dental Department in May 2019 culminated in a press conference organised by the College of Medicine. There was extensive interest in the new equipment that had been installed and in the MalDent Project more generally.</p> <p>(ii) The launch of the BDS programme in August 2019 was well covered in the national media.</p>	

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(iii). There was press coverage of the national Oral Health Policy meeting held in Lilongwe in February 2020 – TV and newspapers.

### **2. Briefings to the Senior Management Team at the Malawi Government Ministry of Health & Population.**

The Principal of the College of Medicine, Dr Mwapatsa Mipando and the Malawi Project Lead, Dr Peter Chimimba, have strong lines of communication with senior civil servants at the Ministry of Health & Population. This ability to maintain a regular dialogue with the Ministry about the progress of the MalDent Project provides a real advantage.

### **3. Scottish media**

The MalDent Project has received excellent coverage in *The Scotsman* newspaper through the columns from Malawi that were written by the journalist Susan Dalgety during her recent six-month stay in the country.

### **4. MalDent blog and Twitter**

The regular posts on our blog (1168 subscribers), which cover all significant activities and achievements in virtually real time, have been a very effective vehicle for dissemination of the project. This has resulted in some excellent new contacts internationally who have shared interests in a multi-sectoral approach to oral health and the Sustainable Development Goals in low and middle-income countries.

### **5. Scottishglobalhealth.org**

We have a domain on this web-site at

<https://www.scottishglobalhealth.org/projects/towards-a-dental-school-for-malawi-the-maldent-project/>

### **6. Scotland-Malawi Partnership activities and events**

(i) Further and Higher Education-led Partnerships meeting, Wednesday 1<sup>st</sup> May 2019.

(ii) Cross-Party Parliamentary Group meetings – dissemination via networking.

(iii) The Scotland Malawi partnership covered the launch of the BDS programme on its web-site and social media channels.

### **7. Second NHS Scotland Global Citizenship meeting**

Joint presentation between Scottish Project Lead and Dr Mwapatsa Mipando, Principal of the College of Medicine, at this large national meeting at Murrayfield Stadium on 1st November 2019.

### **8. Royal College of Physicians & Surgeons of Glasgow Global Health Group.**

A detailed progress report is provided by the Scottish Project Lead at all meetings of the GHG.

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	<p><b>9. Scottish Government ‘Contribution to international development report: 2018-2019’.</b> The MalDent Project was privileged to be included as a featured project in this report from Scottish Government International Development.</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>Regular, minuted Skype meetings are held between the teams in Blantyre and Glasgow. This includes ongoing review of the work-plan and log-frame. A full mid-term project evaluation will take place in the first half of Year 3. This will be very timely in light of the new challenges posed by COVID-19.</p>
3.5	<p>Please highlight how you are maintaining an awareness of others working in this region, giving details of collaboration, joint working or partnerships with others. (Max 500 words)</p>
	<p><b>Scotland Malawi Partnership</b> events are very valuable for hearing about others working in Malawi, and the Health Forum and Scottish Government Cross Party Parliamentary Group meetings are of particular benefit. Links have been established with Mary’s Meals and WaterAid as a result of these activities, with partnership working due to commence once COVID-19 restrictions are lifted.</p> <p>Members of the Malawi-based MalDent Project team, led by Dr Peter Chimimba, attend the meetings held by the <b>Malawi Scotland Partnership</b>.</p> <p>Networking and training meetings organised by the Scottish Government International Development team have been very useful in stimulating collaborative links.</p> <p>The Scottish Project Lead has attended two recent training sessions run by Scotland’s International Development Alliance, which have been very valuable for increasing awareness of other related activities in Malawi.</p> <p>Social media channels, particularly <b>Twitter</b>, are a rich source of information. The frequent and varied tweets from Scottish Government International Development and the Corra Foundation provide regular updates on SG funded projects in Malawi. By following other significant players in the field, a constant drip-feed of information can be sourced. It is a two-way benefit, since regular use of Twitter by partners in both Scotland and Malawi to publicise our own project, linked to our blog site, has resulted in others contacting us.</p> <p>Membership by the Scottish Lead Partner of the <b>Global Health Group</b> of the <b>Royal College of Physicians &amp; Surgeons of Glasgow</b>, chaired by [Redacted] (Professional Adviser on Global Health to Scottish Government and a Trustee of THET) has provided a strong line of communication and source of information and support.</p> <p>There is close joint working and collaboration between the University of Glasgow teams involved in the Scottish Government funded Blantyre-Blantyre</p>



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	<p>Project, the University Governance Project and the MalDent Project. This includes not only sharing of information and, when possible, practical support but also links into other University facilities and groups such as the Glasgow Centre for International Development and the Sustainable Futures in Africa Network.</p> <p>The charity partners with whom we work (Dentaid, Bridge2Aid and Smileawi) are all very knowledgeable about the challenges of dental care provision in sub-Saharan Africa and Malawi in particular. The MalDent Project benefits greatly from their input on many counts, particularly their experience of delivering dental care in rural environments, but equally they benefit by virtue of interacting with us.</p> <p>We also maintain links with groups such as Rotary International. We presented our work at a meeting of the Ayr Rotary International Group in 2019 and made a valuable link with a others involved with international development activities in Malawi</p>
<p><b>4. Safeguarding and fraud</b></p> <p><i>Please ensure you complete questions 4.1 and 4.2 even if you have no incidents to report.</i></p>	
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>No</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>No</p>
4.5	<p>Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?</p>

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	N/A		
4.6	Describe what action has been taken, and highlight any lessons learned.		
	N/A		
<b>5. Risk assessment</b>			
5.1	<p>Have any issues materialised during this reporting period? If so, how were they addressed?</p> <p>Of the four main risks that were identified in our original application, one has proved not to be a major problem (staff recruitment) and the project continues to provide mitigation measures for the other three, for which longer term assessment is required.</p> <p><i>Please refer to risk assessment provided at application stage.</i></p>		
<b>Assumption</b>	<b>Risk</b>	<b>Action taken</b>	<b>Was this included in the Risk Assessment Table in your application?</b>
The risk of a global crisis, such as the COVID-19 pandemic, was not considered.	The economic impact of the pandemic, together with interruption of student academic activity and international travel restrictions, could cause significant delay to multiple components of the MalDent Project	<p>A comprehensive risk assessment, with projections based upon disruption covering all of the next financial year, has been submitted to SGID as part of the End of Year reporting process.</p> <p>Fortunately, there are a number of pieces of work that can continue, despite the lockdown:</p> <ol style="list-style-type: none"> <li>1. The students who are already on the UoM BDS course will follow the same interim processes as the MB BS students. Colleagues at UoG are providing advice and support to the UoM College of Medicine on possible mitigation measures.</li> <li>2. The development of the national Oral Health Policy can</li> </ol>	No

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		<p>continue via on-line interaction between the members of the task force. It was fortunate that the national Oral Health Policy workshop in Lilongwe on 13<sup>th</sup> and 14<sup>th</sup> February 2020 reached a consensus on the Terms of Reference and the task-force membership.</p> <p>3. The design of the new building on the Blantyre campus will be able to commence once the identified architectural practice has been awarded the contract in May 2020 to complete RIBA phases 1 and 2 of the design process. This is a significant piece of the Maldent Project for Year 3.</p>	
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**6. Inclusion & accountability**

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

**6.1**

Is the project still relevant for the beneficiaries you are working with? Please highlight how you ensure accountability on the project, ensuring beneficiaries have the opportunity to feedback on the project and influence its development? (max 350 words)

We believe the project remains extremely relevant within the context of healthcare in Malawi. Our work to date has been with professional staff working in the university and health sectors in Malawi and, since August 2019, with students who have joined the BDS programme at the University of Malawi College of Medicine. The College of Medicine strives to attain a 50:50 gender balance when undertaking selection processes for students and staff. This is reflected in the gender split of the academic staff appointed to the dental programme.

The project is led equally by the Scottish and Malawian partners. Regular minuted Skype calls are held involving the teams in both Glasgow and Blantyre and all decisions are taken jointly. The partnership working between the University of Glasgow and University of Malawi College of Medicine teams is both effective and very enjoyable for all parties. The mutual respect and skill-sharing result have permitted significant progress in a relatively short period of time.

We will be collecting end-of-year feedback from the students who are currently on the BDS course through standard annual course monitoring procedures. An

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	<p>interim face-to-face course feedback session had been planned for the Flying Faculty week in March 2020, but this was cancelled because of the COVID-19 situation. More informal feedback from the students indicates that they are enjoying the programme but that there is a lot of work! Their fantastic involvement on social media during World Oral Health Day was testament to their enthusiasm.</p> <p>The Malawi Government Ministry of Health &amp; Population is a major stakeholder and extremely supportive of the work of the MalDent Project. [Redacted], the College of Medicine MalDent Project Lead, is in regular contact with [Redacted] Deputy Director of Clinical Services, and his team at the Ministry, thereby acting as a very valuable intermediary. The MalDent Project funded the National Oral Health Policy Workshop in Lilongwe on 13 and 14 February 2020, which was attended by a large number of senior Ministry officials, all of whom were very enthusiastic about the focus on oral health improvement and keen to see the policy and implementation work moving ahead quickly. The task force to develop the policy was created as part of that workshop, ensuring that correct Ministry procedure was followed. Similarly, the work to develop the policy will follow the stages laid down by the Malawi Government, to ensure that the policy document that emerges has been through all the relevant checks and will receive official sign-off.</p>
<b>6.2</b>	<p>Do you have an awareness of particularly vulnerable or marginalised groups within the community in which your project is working? Please give details on how you are disaggregating data to recognise these groups across the project. (Max 350 words)</p>
	<p>In the short term, our project is not interfacing directly with vulnerable or marginalised groups within the community. This is because at this stage we are focusing on delivering the recently launched Bachelor of Dental Surgery degree at the UoM College of Medicine and on producing a national Oral Health Strategy for Malawi under the aegis of the Ministry of Health &amp; Population.</p> <p>However, the long-term aim is to enhance the oral and dental health of all Malawians, including those in vulnerable or marginalised groups. At present, the access to dental care is so poor for most of the population, especially in the rural areas, that in this context a high proportion of Malawians are disadvantaged.</p> <p>The research and development project, involving a Malawian PhD student, which seeks to establish a version of Scotland's Childsmile programme that is suitable for use in Malawi, will be undertaking field studies in schools and nurseries. This work with children undertaking supervised tooth brushing will be the precursor of a planned national programme that will benefit many who are disadvantaged.</p>
<b>6.3</b>	<p>How is your project working to actively meet the needs of these vulnerable and marginalised groups, ensuring they are benefiting from the project? Please outline any mechanisms you are using. (Max 350 words)</p>
	<p>One more general concern is that some of the students who study on degree programmes in Malawi face financial difficulties after paying their fees, accommodation and travel costs. As a result, they may not eat properly because</p>

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	<p>they cannot afford food. For the medical students, there is a fund called ‘Doctor to Doctor’, which can provide some financial support for students who are in this position. The programme is administered by the College of Medicine and the funds are donated by qualified doctors, including those based overseas eg in the UK.</p> <p>The intention is to establish a ‘Dentist to Dentist’ programme that will run in parallel. In order to raise funds, we have recently set up a Scottish charity called ‘MalDent Student Aid’ which gained OSCR approval in March 2020 (Charity number SC050001). The COVID-19 situation will impede our immediate fund-raising activities, but in due course we are ready to start. Regular donations will be made to the College of Medicine, which will administer student payments according to the existing mechanism for medical students.</p>
<b>6.4</b>	<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>To date, the project has not faced any challenges in reaching vulnerable and marginalised groups. However, this will be a central consideration in the work now underway to develop a national Oral Health Policy. It is clearly recognised in Scotland, as in many countries, that poor oral health is a common feature amongst the most disadvantaged in society. This will be especially accentuated in the rural areas of Malawi, where lack of access to a toothbrush and toothpaste, in addition to an absence of oral health promotion advice, provide major challenges. The work to be undertaken by the PhD student based in Blantyre will focus on identifying ways in which children can benefit from a scheme such as Scotland’s Childsmile programme, providing it is modified to suit the Malawian environment.</p>
<p><b>7. Financial information</b></p> <p><i>This section will be reviewed alongside your budget report, which should be included alongside your narrative and logframe. Please ensure this spreadsheet is completed with both a detailed breakdown of expenditure for this financial year, along with your projected spend for the next financial year.</i></p> <p><i>Please note carry-over of funds to the next financial year should have been agreed with the Scottish Government by January 31<sup>st</sup> of the current financial year.</i></p>	
<b>7.1</b>	<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>Rapid progress and spend occurred in the first 18 months to establish the new Bachelor of Dental Surgery programme at the University of Malawi College of Medicine (CoM).</p>

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The variances identified in the budget on 31<sup>st</sup> March 2020 relate mainly to timing issues for some of the other key components of the overall project.

Much of the current underspend relates to the design work for the new dental teaching building / student hub on the Blantyre Campus of CoM. This work was originally planned to commence in Year 1, but there were initial delays in gaining agreement that, at the request of our Malawian partners, the design could be developed by a Scottish architectural practice, working in partnership with a Malawian practice. This work-stream finally commenced in September 2019, with a workshop in on the Blantyre campus, funded by the MalDent Project and led by Prof Chris Platt from Glasgow School of Art. The outputs from that workshop, attended by multiple stakeholders, allowed us to write the relevant tender documents with the University of Glasgow Procurement Team and invite architectural practices to bid for the design project. This process concluded on 30<sup>th</sup> April 2020 with interviews of the applicants and the contract will be awarded in early May for a 16-week design programme, which will utilise all the funding for design work. The delay of this component of the work until Year 3 was discussed with [Redacted] who accepted that this would be a legitimate delayed spend.

A further major component of the project which took longer to commence than anticipated was the establishment of a task force to develop a national Oral Health Policy for Malawi. Whilst the MalDent Project is a partnership between the UoM CoM and University of Glasgow, it is essential that the policy work takes place under the auspices of the Malawi Government Ministry of Health & Population (MoHP). The preparations for this activity have taken a long time, but the first national Oral Health Policy workshop was held in Lilongwe on 13<sup>th</sup> and 14<sup>th</sup> February 2020. This large-scale meeting, funded by the MalDent Project but led by the MoHP with delegates from multiple stakeholders, including WHO Africa, will have incurred significant costs, but the receipts have not yet been received by the University of Glasgow.

A third delayed spend has been the travel and subsistence costs to the UK of two Malawian Biomedical Engineers to receive training in dental equipment installation, maintenance and repair. This relates to decisions that the CoM needs to make about a partner organisation within Malawi. This must be resolved in Year 3 to ensure that the training has taken place before the new building construction begins and the new dental equipment installation commences.

We have a true underspend of £22K over the past year. We would like to request utilisation of £10K for a geophysical examination of the proposed construction site in Blantyre to inform the design team's work. The remaining £12K are available for SGID to re-purpose.

7.2

Please give details of any capital expenditure in this reporting period. (Max 350 words)

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	<p>There has been no capital expenditure during the reporting period.</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>There have been a number of visits by the Scottish team to Malawi in the past 12 months. However, for each of these visits the time has been used very intensively. For example, the visit in June 2019 included meetings with the Ministry of Health &amp; Population and Bridge2Aid in Lilongwe, work at the College of Medicine in Blantyre and a visit to Mzuzu to participate in a CPD conference and to interact with Smileawi and a group of dental elective students from Glasgow and Dundee. By careful timetabling of each visit in liaison with the College of Medicine team, very effective use is made of each visit, making it as cost-effective as possible.</p> <p>The College of Medicine has an account with a Malawian hotel chain, which entitles it to preferential booking rates. All accommodation for staff visiting from Scotland is therefore booked by the College of Medicine, which reduces those costs.</p> <p>Dr Mipando, Principal of the College of Medicine, has made several visits to the UK in the past 12 months, often linked to other UoG projects or international meetings. On every occasion, the opportunity is taken to meet and work on aspects of the MalDent Project whilst he is here.</p>
<p><b>8. Any other information</b></p> <p>Use this section to tell us any other relevant information regarding your project. (Max 500 words)</p>	