

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

1. General project information		
1.1	Project reference Number	ZAM 1
1.2	Name of organisation	CBM UK
1.3	Lead partner(s) organisation	Beit Cure Hospital (BCH)
1.4	Project title	PrevENT Project: Community Ear and Hearing Health Care and Rehabilitation of Disabling Hearing Loss
1.5	Reporting period	From: 01/04/2019 To: 31/03/2020
1.6	Reporting year	Year 3
1.7	Project start date	01/10/2017
1.8	Project end date	31/03/2022
1.9	Total project budget*	£1,251,578
1.10		£1,251,578
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>People with hearing impairments find it extremely difficult to communicate. They also face barriers in education, employment and often feel socially excluded. In developing countries, the situation is exacerbated by lack of programmes and health workers to prevent and treat ear diseases.</p> <p>This project contributes towards the strengthening of community and primary health systems through access to quality ear and hearing healthcare to a wider range of people in the three districts of Chibombo, Kapiri Mposhi and Kabwe in Central Province. The project improves the quality of life for people who have a hearing impairment or at risk of acquiring a hearing impairment.</p> <p>This project's interventions contribute towards attainment of the following United Nations (UN) Sustainable Development Goals (SGDs):</p> <ul style="list-style-type: none"> • Goal 3 and particularly 3.8. The project contributes to the attainment of Universal Health Coverage through primary healthcare service provision. • Goal 3.c through investment in training of health workers and provision of necessary equipment • Goal 4: Screening and provision of hearing aids to school students is contributing towards inclusive and equitable quality education • Goal 5. Achieve gender equality in its selection of health care workers to train. • Goal 10. Successful implementation of the first ever National ENT Strategic Plan 2017-2021 which contributes towards the reduction of inequalities in society.

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2. Project progress and results

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

2.1	<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>Overall the project has very successfully caught up on the key training targets that had been subject to delay and have over achieved the targets in certain areas. Key accomplishments during the year include:</p> <p>Output 1: National and Provincial levels coordinate to roll out of PEHC services:</p> <p>Coordination meetings: Two National ENT Technical committee meetings were held and attended by ENT/Audiology practitioners and representatives from CBM and BCH. A further 6 meetings with respective MOH district leadership were held to ensure buy-in and subsequent ownership of project events.</p> <p>Community Awareness raising: 3 different radio adverts were aired 30 times in English and Local languages were aired on community radio; Targeted sensitisations at public places were also conducted by the BCH team and Community Health Workers (CHWs) trained under the project. Community awareness on availability of ear and hearing services and inclusion of the hearing impaired persons improved. This was evidenced by the high number of people attending outreach clinics and routine screenings at health centres.</p> <p>Output 2. Adequate services and qualified workforce for community level PEHC services in the Central Province are available</p> <p>2.1 Training of 100 Nurses/Clinical Officers: A total of 38 Health Care Workers (HCWs) were trained in Primary Ear and Hearing Care over the last 12 months increasing the overall total of trained HCWs to 71 against the revised project target of 105 which is an over-achievement of 11. Four ENT surgeons delivered the training using the World Health Organisation (WHO) PEHC advanced level training manual. At the end of the training, ENT diagnostic equipment was provided to each of the trained HCW.</p> <p>The acquired knowledge and skill enabled trained HCWs to appropriately screen, diagnose, treat and refer patients to tertiary health institutions. Their effort contributed to the 21,514 consultations achieved during the year.</p> <p>As a result of the trainings:</p> <ul style="list-style-type: none">• Communities were successfully sensitised on ENT services being offered at primary health centres.• There was an increase in the number of people seen by trained Nurses/clinical officers. <p>Challenges:</p>
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- Most trainees indicated that the training was too packed for a two-week long training. The curriculum is now tailored towards more practical experience and the project is considering additional refresher training, to be discussed further.
- The number of consultations carried out are low in Year 3 because nurses were only counting major conditions they saw and needed treatment (e.g. ear drops, cleaning, ear test etc). Patients who had minor conditions and did not require treatment were not counted. Data collection has been identified as an area to strengthen in Year 4 to further build capacity of nurses and CHW in record keeping and reporting and further data management training is needed in terms of sharing of statistics of people screened during their routine work. BCH's M&E officer has devised new ways of information sharing which include use of smart phones.
- To ensure knowledge and skills retention, a total of 11 outreach/coaching clinics were conducted. 1,661 people including 43 hearing impaired school students were screened and later sensitised on EHC. Hearing aid amplification devices were also dispensed to 16 with hearing loss.

2.3 Training of 32 HCWs as Trainer of Trainers (TOTs)

22 HCWs (17 males/5 females) were trained as ToTs in PEHC against the project target of 32. The HCWs appreciated the importance of community involvement in PEHC. Trainees created a WhatsApp Group as a platform through which to exchange ideas, lessons learnt and interact with surgeons in real-time.

Increased awareness and interest on PEHC was observed from the trainees through their interactions amongst themselves as well as with the BCH ENT Surgeons.

2.4 Training of 240 CHWs

A total of 133 CHWs were trained using a WHO basic level PEHC Manual. Trained CHWs expressed appreciation of the knowledge acquired as PEHC was one area which they had not previously been trained. contributed to raising awareness on EHC and inclusion more especially during outreach clinics.

Output 3 Community hearing aid services for people with hearing impairment are established in the Central Province.

3.1 Training of 12 Local Nurses/COs as hearing aid technicians

Three HCWs were enrolled for a yearlong online advanced hearing acoustician programme offered by a South African based institution, Eduplex Hearing Institute. The course was supplemented by a 90-day practicum at the BCH. However, the period was cut short by a month due to the COVID-19 pandemic. Despite the curtailing of the practicum period, the HCWs acquired sufficient skills to enable them commence basic hearing screenings. Therefore, mobile audiometers (were provided to each of the students to help them practice and retain their skill levels until resumption of the practicum.

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	<p>Challenges:</p> <ul style="list-style-type: none"> • HCWs faced various challenges that included slow adaptation to e-learning platforms, poor internet connectivity for rural based HCWs and added burden of combining hectic work schedule with on-line assignments. • In that vein, a proposal to revert to the original plan of training subsequent HCWs using the traditional classroom method through Starkey Hearing Institute was submitted and was approved. <p>The University of Edinburgh successfully carried out the Mid-Term Review which will inform recommendations for the future review of the National ENT Strategic Plan (see attached).</p>
2.2	<p>Has the focus or plans for delivery changed significantly during the last year? Please highlight what issues or challenges prompted this change and how you anticipate any changes in focus will impact on the previously agreed outcomes (Max 500 words)</p> <ul style="list-style-type: none"> • Commencement of training of Audiology Technicians took longer than anticipated and therefore, this impacted on the plan of training 6 Audiology Technicians by end of Year 3. Changes were thus made that will later see the project enrolling 5 more Nurses/COs enrolled by August, 2020. Milestones related to the number of audiological consultations by Hearing Aid Technicians will still be impacted until Mid Year 4 when the first 3 Audiology Technicians commence provision of hearing testing. • As consequence of the spiral effects from Year 1 and 2 delays, the project was behind in achieving its milestones related to trainings of HCWs. This necessitated change of focus for the first six months of Year 3 to training and less on community activities. • BCH was also forced to make changes to its outreach and monitoring activities due to security concerns in the country that took place between January 2020 and March, 2020. These concerns were as a result of some individuals who were “gassing” households at night. Motive behind the same gassing incidences were unknown. The situation became a risk to the project when at some point it was alleged that drugs used in the act were anaesthetic drugs. As a result, HCWs became targets in some communities as they were assumed to be possible sources. BCH management therefore suspended all community outreach activities including monitoring. The impacted on the outreach activities as a result. • The aforementioned incidences of gassing were soon followed by the COVID-19 pandemic, which has suspended all outreach activities due to measures put in place by the government. Therefore, the project plans to use the first part of Year 4 to implement activities that do not need long distance travelling and can be conducted whilst observing COVID-19 measures of social

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	<p>distancing. Examples include periodic virtual information sharing with trained HCWs on progress made in the promotion of EHC, lessons and challenges; information exchange will also include discussions on effects of COVID-19 Pandemic .</p> <ul style="list-style-type: none"> • Selection and subsequent enrolment of 5 HCWs to train as Audiology Technicians with Starkey Hearing Institute is underway. • Subject to permission, another major activity that could be done during the period is construction of Audiometric Booths for Kabwe and Kapiri Mposhi.
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>Joint partnership with Police Scotland</p> <p>CBM and BCH took part in a very successful partnership with Police Scotland after Police Scotland reached out to CBM to discuss potential collaboration in Kabwe as they were at the time implementing a pilot project in the district aimed at breaking barriers between the hearing-impaired students of Broadway School and the Zambia Police Service.</p> <p>As a result, Jointly with Police Scotland, the project conducted a successful screening clinic at the Broadway Secondary School in Kabwe District. Police Scotland. The Broadway school had about 850 to 1000 students and included 51 hearing-impaired students enrolled in their sign language unit.</p> <ul style="list-style-type: none"> • CBM's role at the event was to assess the severity of hearing loss for the hearing impaired students. A total of 43 hearing-impaired students (23 male and 20 female) underwent a comprehensive hearing assessment process resulting in 16 students receiving hearing amplification devices. The remaining 27 students received counselling on common ear pathologies, care and prevention of such diseases. • The event met its objectives of enhancing collaboration in the promotion of rights and inclusion of the hearing-impaired persons. It also provided important lessons that included the following: <ul style="list-style-type: none"> ○ Audiology examinations conducted revealed that some students were wrongly enrolled in the special sign language unit. With early detection, hearing amplification and speech development they would have been integrated in mainstream education system. ○ The hearing assessment process conducted by the Ministry of Education and the Kabwe Central Hospital (KCH) before placement of hearing-impaired persons in the sign language school was somewhat unreliable. This was because assessors at both the KCH and the District Education Office relied on children's history from parents and caregivers to confirm hearing loss. ○ We found that some students with moderately severe hearing loss at one point were using hearing amplification devices which they later

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	<p>abandoned due to lack of support services and availability of replacement batteries for the same listening devices.</p> <ul style="list-style-type: none"> ○ The event confirmed the importance significance of the PrevENT project's aim of setting up an Audiology Centre at the KCH with the addition of an audiology booth. ○ The centre when fully functional will play an important role in providing comprehensive ear and hearing screening as well as placement and inclusion of the hearing-impaired persons in the catchment area. ○ Close collaboration with stakeholders such as the Ministries of Health, Education, Community Development and Social Services, Zambia Association of Persons with Disabilities, Zambia Association of the Deaf was very critical if the needs and aspirations of the hearing-impaired persons were to be realised. ○ Deliberate effort was required to meet the needs of the hearing-impaired members of the community in order to achieve the project aim of enhancing accessibility to EHC whilst at the same time promoting their rights and inclusion in society. ENT diseases were among the common pathologies that clinicians encountered in their daily work and yet the disease burden did not receive the required attention. Therefore, a well-coordinated campaign to highlight the importance of EHC was the only way to fight the lack of prioritization among HCWs and their superiors.
<p align="center">Partnerships and collaboration</p> <p><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></p>	
<p>3.1</p>	<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>CBM Zambia Country Office and BCH are working closely on the implementation of this project, both teams meeting frequently and jointly monitoring the progress, with the support of the CBM UK Scottish office.</p> <p>It was an important year in terms of partnership with the University of Edinburgh that visited the project in October and conducted a mid-term review. We are currently working with the University on plans to put in place some of its recommendations.</p> <p>The project has been very successful in working with the National ENT Committee and project experience and staff are being utilised as part of the working groups established to develop the new National strategic plan. The project's contribution to the burgeoning National ENT Society ("the Society") was evidence of the maturing nature of ENT strategy and policy in Zambia. The Society will be the key implementer of the National Strategic Plan and is being shaped by the PrevENT project.</p>

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	<p>This project, since the start, benefited from collaboration with wider stakeholders, with perfect synergies being created; other organisations contributed to the implementation, at the same time benefited in their work from the expertise of CBM and BCH. We are explaining this further under the section 3.5, as well as, informing about collaboration with local authorities.</p> <p>As discussed elsewhere, training of the remaining 9 health care workers marked for audiology training will continue to be carried out through the original classroom training at the Starkey Hearing Institute in Lusaka. In addition, Starkey Hearing Institute starting this year will be collaborating with the Queen Margaret University, Edinburgh to improve their qualification and also open an avenue for students to further their studies in audiology, should they wish to do so. This we believe will act as an additional motivation to the students and it is positive to see these links being forged between Zambia and Scotland and the CBM UK Programme Manager plans to engage with QMU from Edinburgh to discuss future synergies going forward.</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, see below.</p>		
Date of visit	Key achievements / outputs of visit	Follow-up actions	
<p>8-11th October 2019, Elfreda Whitty (CBM)</p>	<ul style="list-style-type: none"> • Meet with the Project management team from CBM CO and lead implementing partners, BCH, to discuss in detail the current status of the project, identify what is going well and where there are areas of concern in implementation. Discuss work plan for the forthcoming year. • Travel to Kabwe and meet with the trained nurses and beneficiaries benefiting from their training. Attend an outreach session. • Review key programmatic interventions within project including audiology training, National ENT Strategic Review input, quarterly coordination meetings, ENT surgeons availability for training and sustainability. • Discuss the Scottish Government reporting and feedback process with project management • Follow up on progress of Audiology training trial. • Discussion of safeguarding and CO/Partner practices • Provide support to UoE for carrying out of MTR 	<ul style="list-style-type: none"> • Update Scottish Government on visit • Review audiology output • Writing and completion of Mid Term Review and planning for Year 4 • Follow up of MTR recommendations. 	

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Victoria Taylor – University of Edinburgh 7-12 th October	The aim of the visit was to prepare for the project mid-term evaluation. A plan of activities and roles and responsibilities related was agreed.	The review was conducted in October
3.3	Please tell us about any dissemination and learning throughout this reporting period. How have you promoted effective learning across the project? Please explain what processes you have used both internally and externally to share learning from the project so far, and how this learning is being used. (Max 500 words)	
	<ul style="list-style-type: none"> • BCH regularly contributes to the ENT National Coordinator’s report to the Minister of Health, Permanent Secretary and the Head of Clinical Care and Diagnostic Services. The report contained information about progress made in the implementation of ENT projects that included the PrevENT Project. • At District level the district readership was also briefed at least once every quarter and were also involved in key decision making that included selection of nominees for the PEHC training. • BCH used meetings with the newly developed ENT Society to disseminate information on successes, lessons and challenges faced in the implementation of the PrevENT Project. Input from the Society contributed greatly to the review and strengthening of the 10 day PEHC training of HCWs conducted under the project. • It was however noted that a lot of effort was required to raise awareness and dissemination of information about inclusion of Hearing-Impaired persons. To that effect, the BCH community Mobilizer working with trained CHWs used targeted public amenities like churches, markets, schools, water points etc to reach increase the chances of reaching out to the wider community. 	
3.4	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>The mid-term evaluation was completed with the collaboration of the University of Edinburgh and the full report is attached.</p> <p>The purpose of the evaluation was to review the quality of the intervention and provide recommendations as to the possible improvement of the programme. The evaluation established that the project was on track to achieve its objectives with significant success by increasing the number of trained community health workers, nurses/clinicians and audiologists in ear and hearing care.</p> <p>It has already been possible to observe the positive impact of increased PEHC services in the selected districts.</p> <p>The four main recommendations were as follows:</p> <ol style="list-style-type: none"> 1. M&E capacity development: there is sufficient understanding of the quantitative approach monitoring, but the team could benefit from support to in- 	

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	<p>corporate approaches to quantitative and qualitative data collection into the programme.</p> <ol style="list-style-type: none"> 2. Refresher training for trainees: Refresher training for nurses and Clinical Officers to ensure they have the opportunity to explore materials with greater depth following time spent in their own clinical settings. 3. Additional Support for Community Health Workers: Additional training and management to support CHWs to work to sensitise communities in PEHC needs and to encourage attendance at outreach. 4. Additional support for Eduplex trainees: Those trainees being trained through online learning with Eduplex could benefit from additional support to navigate the IT technology and e-learning interface. 5. Disabled Peoples Organisation engagement: the project could benefit from engaging DPOs and key stakeholders like Zambia Agency for People with Disabilities (ZAPD) the to ensure that the work they are doing, particularly the advocacy and policy work, reflect the views and lived experience of people with hearing loss. <p>NB With regards to point 4 – this is not relevant due to the decision to revert to Starkey Audiology training (approved by Scottish Government in March 2020).</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>
	<ul style="list-style-type: none"> • In the last quarter of 2019, the BCH and CBM had an opportunity to work with Police Scotland and as a result of the partnership, 43 hearing impaired students benefitted from the PrevENT Project through counselling, cleaning of ears and fitting of hearing aids. • BCH continued to work with DeafKidz International formerly Sound Seekers in the provision of refurbished hearing aids. The relationship made it possible for BCH to provide amplification devices to many Zambians that included the PrevENT Project catchment area. • BCH worked closely with the newly formed Zambia ENT, Audiology and Speech Therapy Society (ZENTAS). During the year under review, the ZENTAS continued to offer technical guidance on many areas of ear and hearing care; The BCH also collaborated with the Society during the World Hearing Day Commemorations. Another collaborative effort was underway to produce and translate promotion material which CHWs would as guidance during community sensitisations. The material to be produced would seek to link maternal and child health to PEHC. • Ministry of Health. The PrevENT project by and large received consistent support from the Ministry of Health both through the National ENT Coordinator's office and the Provincial/District leaderships. A lot more could have been achieved. However, it is important to note that the Ministry was

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	<p>under a lot of pressure to meet people’s needs and that they were making a lot of strides to do so under difficult circumstances.</p> <ul style="list-style-type: none"> • Ministry of Education. The BCH has a long-standing relationship with the Ministry of Education. The hospital was therefore permitted to conduct primary school ear and hearing screening including in the PrevENT Project area. The relationship remained healthy throughout the year. However, it required some tweaking to ensure the new direction involved special attention was given to schools with Special Units (Hearing Impaired units) and promotion of inclusion of the hearing-impaired students. • It is also worth mentioning sharing information between different Scottish based grant holders with active projects in Zambia that are funded by the Scottish Government. An example of that were joint meetings with the aim of discussing challenges related to COVID-19 and the impact that the current situation is having on each project, focusing on sharing information on what each organisation and their partners are doing to respond accordingly. In this network the joint experience covers such areas as: disability inclusion, first aid and safety and security and livelihoods and education, which is very beneficial in terms of sharing expertise and can help to inform the best possible way forward in current circumstances.
<p>4. Safeguarding and fraud</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>There were 0 safeguarding incidents, either relating to staff/volunteers or beneficiaries of the Grant or the Project to report about.</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	Have any issues materialised during this reporting period? If so, how were they addressed? <i>Please refer to risk assessment provided at application stage.</i>		
Assumption	Risk	Action taken	Was this included in the Risk Assessment Table in your application?
Security threat has now ended	Risk of HCW being attacked due to misinformation/panic about 'gassing' security threat	Close monitoring of security threat and ensuring clear communication and sensitisation of communities regarding role of CHWs. Outreaches suspended during security threat.	No.
COVID-19 related emergency measures in place until the end of June (3 months).	High	<i>Please see attached Risk Register G1-G5 for Covid-19 related risks and mitigation</i>	No.
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)		




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	<ul style="list-style-type: none"> • The CBM Zambia Country Office during the year trained the BCH project team on the importance of integrating Community Based Inclusive Development (CBID) concepts in all its programmes. BCH therefore commenced the mainstreaming of some components of the CBID model in all of its projects and this included the PrevENT Project. BCH uses local partnerships with Ministries of Health and Education as well as CHWs to promote PEHC, provision of assistive devices; rehabilitation and social inclusion of the hearing-impaired persons especially school children. • BCH used hearing aid fitting clinics to sensitise beneficiaries on their rights and inclusion of the hearing-impaired persons. Beneficiaries were also encouraged to be on the lookout of community members that required amplification devices or could have stopped using their devices for various reasons such as lack of support services and replacement batteries. • BCH and CBM also utilised important visibility days such as the International Day of Persons with Disabilities to share information, learn from best practices and receive feedback from various stakeholders that included beneficiaries of the PrevENT Project. Another important day the BCH consistently observed was the World Hearing Day. The Hospital used the observance to raise awareness on how to prevent deafness and hearing loss and promotion of ear and hearing care across the country. The day was also used to make sensitize the general public on treatment and rehabilitation services that were available. But most importantly the day was used to raise awareness about inclusion of the hearing-impaired persons in various community activities • Training of CHWs on PEHC included a component of health promotion and inclusion. CHWs were therefore expected to carry the same message whenever they interacted with different members of the community. • Trained HCWs were using social media platforms such as WhatsApp as a conduit of exchanging information and receiving feedback on the progress the PrevENT project was making and also on how improvement could be made. The platform was also used for HCWs to consult ENT surgeons on possible referrals of cases. • BCH during its meetings with the ENT National Coordinator advocated for the inclusion of Disabled People's Organisations (DPOs) working with Hearing-Impaired persons on the National ENT Committee. This was so to ensure the hearing impaired were represented on this important committee. Two DPOs, the Zambia Association of the Deaf and Association of Sign Language Interpreters of Zambia were identified as key partners. This was also a key recommendation to come out of the MTR.
6.2	Do you have an awareness of particularly vulnerable or marginalised groups within the community in which your project is working? Please give details on how you are


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disaggregating data to recognise these groups across the project. (Max 350 words)

- BCH disaggregates all its data according to different demographics that inform the project in its implementation. In the PrevENT project, data collection tools such as those shown below are used to identify people with a higher risk of losing their hearing. The most important demographic information that the hospital uses is age where concentration is on ages 0-12, 13-35 and over 65 years of age. Causes of hearing loss in these ages include congenital causes, acquired loss due to excessive noise exposure as well as causes due to age. Location of communities more especially rural areas also formed part of the important data that the project was using to identify vulnerability.
- BCH also targeted schools with special hearing-impaired units to identify students a very high risk to ascertain the severity of hearing loss for students enrolled in sign language schools.

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Adults																										
VISIT	WAX		CSOM		DRY P		AOM		OME		EO		FB		HL		OTHER		NOSE		THROAT		Total			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
First Time																								0	0	
Review																									0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Children																												
VISIT	WAX		CSOM		DRY P		AOM		OME		EO		FB		HL		OTHER		NOSE		THROAT		Total					
	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls	Boyz	Girls		
First Time																										0	0	
Review																											0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Prepared by: _____	Date: _____		Male	Female	Total
			Children	0	0
			Adults	0	0
			Totals	0	0

Health Centre: _____ Signature: _____

Table 6. Screening Register

6.3

How is your project working to actively meet the needs of these vulnerable and marginalised groups, ensuring they are benefiting from the project? Please outline any mechanisms you are using. (Max 350 words)

- Disabling hearing loss is an under-recognised consequence of major diseases or their treatments, including HIV/AIDS, malaria, tuberculosis, meningitis, maternal complications and childhood illnesses. Hardship and

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	<p>stigma occurs in all ages and genders.</p> <ul style="list-style-type: none"> • Adults with hearing loss often face unemployment, and communication barriers affect relationships and access to information and services, further risking health and socio-economic problems. In children, it leads to poor language, cognitive and educational performance. Statistically accurate studies have demonstrated a high probability of there being a child in every Zambian school class with a progressively disabling, chronic ear infection. • Before this project began, Central Province has an absence of formal ear and hearing care services. In Kabwe, Chibombo and Kapiri Mposhi districts, population 903,023, there are an estimated 45,000 persons (5%) with disabling hearing loss and 72,000 (8%) with ear disease causing or risking hearing loss • The project uses its outreach events to ensure vulnerable groups such as the hearing-impaired or those at risk of acquiring hearing loss as a result of excessive sound exposure are aware of their hearing status or severity of their hearing loss. Those diagnosed with any form of hearing disorder are provided with treatment and counselling on how to protect their hearing. • Those with severe hearing loss are provided with hearing amplification devices. Periodically follow-up visits are made to replace batteries, ear modes and to ensure hearing aid users are assisted in the correct use of their devices to derive satisfaction.
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>
	<ul style="list-style-type: none"> • A hearing aid assists users to effectively participate in daily activities. Sadly, even when people have been provided with hearing aids, there are many that go unused because of unavailability of follow-up, maintenance and ongoing support services. BCH and trained HCWs remain in close contact with beneficiaries of hearing aids to ensure support was provided as and when required. The training of Audiology Technicians and subsequent setting up of hearing aid centres with audiology booths in the catchment area will ensure continued support was available and easily accessible to everyone in need. • The delay in training of the Hearing Aid Technicians under the project, meant that device users did not know where to seek services and always relied on the BCH team conducting follow-up visits. Consequently, high dropout rates were experienced. Through the PrevENT Project however, the first 3 hearing aid technicians under training were ready to commence offering basic hearing aid services such as changing of batteries, ear modes and device settings as early as April, 2020. • BCH will, require support to procure consumables needed to continually refurbish hearing aids. One of the proposals would be to use any underspent

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funds to procure consumables.

- Lack of awareness material has also made it difficult to communicate with various communities. Materials tailored to reach different vulnerable groups are under production.

7. Financial information

This section will be reviewed alongside your budget report, which should be included alongside your narrative and logframe. Please ensure this spreadsheet is completed with both a detailed breakdown of expenditure for this financial year, along with your projected spend for the next financial year.

Please note carry-over of funds to the next financial year should have been agreed with the Scottish Government by January 31st of the current financial year.

7.1

With reference to your budget spreadsheet, please give a detailed explanation of any variances between planned and actual expenditure, including reasons for the variances and whether these are as a result of timing issues, price achieved, quantity etc. If these are temporary variances, please outline plans for expenditure. (Max 500 words)

The disruptions to normal operations due to security threats and COVID-19 pandemic, a number of activities were therefore affected resulting in underspending in some budget lines. Below is an explanation of budget lines with significant budget variances:

Description	Variance	Reason
Staff Costs in country - Salaries	£5,471 true underspend	BCH Salaries remained constant since review of the budget therefore, variance could be as a result of differences in exchange rates. There was a slight increase in CBM Country office salaries.
Audit	£5,668 carry over	Audit assignment (2017-2019) complete and scheduled in April 2020
Quarterly coordination meetings between stakeholders	£1,526 true underspend	Expenditure mainly related to National meeting which were cost shared with other CBM Projects
International Travel	£2,025 true underspend	Savings and one visit (ZUKWHA) did not happen
In country travel	£11,470 true underspend	Savings from travel costs
International staff – subsistence	£4,495 true underspend	Savings and one visit did not happen
In- country subsistence	-£1,850 overspent	Due to slightly higher costs and more trainees trained than originally expected

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Media advertisements and communication materials	£2,492 Carry over	Affected by halting of field related activities. Media anticipated to be increased during year 4 to catch on lost time
Workshop with Training Institutions	£2,080 Carry over	Preliminary discussions with the Director of Nursing at the MOH were held and an event with nursing schools to happen soon after current situation normalises
Training of Nurses, ToT and CHWs combined (output 2)	£21,740 True underspend	Large saving efficiencies were made from the trainings as detailed previously
Project vehicles maintenance	-£232 over spend	Increase due to escalation in prices
Medical outreach - consumable supplies to clinics	£4,814 – carry over	Only enough consumables to cover outreaches conducted during the year were purchased. Procurement usually considered expiry dates of consumables therefore, purchases ahead of time are discouraged. However, funds will crucially be required on resumption of field activities
Audiology Training (Output 3)	£38,693 – carry over	Due to changes in programme and trial of EDUPLEX, activity to be carried over for continuation of training with Starkey.
MEL – Mid Term Review	£2,830 – carry over	Request carry over savings made in MEL for follow up on recommendations in late 2020
MEL – Field Visits	£2,100 true underspend	Field visits affected by COVID-19 Pandemic and Security threats experienced during the year
Community Engagement	£5,265.51 – carry over	Material production and translation underway and funds required during the first quarter of the SG Year 4. Community engagement activities were severely hampered in Q4 following security threats and COVID 19.
ENT supplies Primary level per unit equipped	£3,176 Carry over	Explanation as above. In addition, supply to units followed demand as well as number of consultations reported as this was indication of activity
ENT equipment Primary level per unit equipped (OP 2)	-£4,570 overspend	Total cost of the items was GBP 34,620.1The variance was a result of deterioration of the Zambian currency to major convertible currencies.
Books for training (OP 2)	£908 – carry over	Books to be purchased at the beginning of Year 4

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Audiology equipment primary level per unit equipped (OP 3)	-£4,839 overspend	Total cost of items was GBP 28,992.71. Variance was a result of deterioration of the Zambian currency to major convertible currencies.
Subscription for learning software for audiologists (OP 3)	£300	Initial software licence costed EUR824 and thi was purchased using other CBM project. Budget to be used in year four.

The project spent **£264,076** in total over Year 3.

There is a variance from the total agreed budget of **£105,754** which can be attributed to :

- A **carry over of £66,675** for activities and purchases that had to be delayed or payment fell in April 2020
- A true underspend of £51,865 for Year 3 due to efficiency savings and currency gains as outlined in this report and Mid Year 3 report. There was an **overspend of £12,786** on some budget lines which was largely due to increased prices in procurement for ENT and audiology equipment and the weakening of the ZMW.
- Therefore we calculate that the **true underspend is £39,079.14**

7.2

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

- A list below shows details of equipment for the first three Audiology centres at District level. It includes diagnostic Audiometer used in paediatric screening. The other equipment will be used in the training and conducting of comprehensive hearing testing and diagnosis of hearing loss.

	Audiology Equipment	Unit	Qty	GBP
1	Piano Plus VAR - Clinical Audiometer	7,781.42	2	15,562.83
2	Tympanometer	2,654.13	2	5,308.25
3	Additional Tips for Tympanometer	103.75	2	207.50
4	Triangle Portable Screening Audiometer	1,315.00	3	3,945.00
5	Wireless Video Otoscope for Training	3,003.99	1	3,003.99
6	Shipping cost	965.14	1	965.14
	Total			28,992.71

- The list below details capital expenditure on instrument sets for Nurses/Clinical officers to be trained. This batch includes 7 portable suction units for high patient traffic centres that includes district hospitals and the

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Kabwe Central Hospital which is the Province's main referral health institution

	Equipment for Nurses/Clinical Officers	Unit	Qty	Total GBP
1	Otoscope Heine Beta 200 F.O ENT Diagnostic Set LED	512.38	20	10,247.57
2	Portable Headlight System with rigid Headband and Cord	183.29	20	3,665.86
3	50pack Reusable Otoscope Tips (2.4,3,4 & 5mm)	15.02	100	1,502.40
4	Ear Syringe acc to REINER, 50ml complete with 2 tips & 1 Shield	42.07	60	2,524.03
5	LUCAE Forceps, bayonet shaped 14cm	6.79	200	1,358.17
6	Nasal Specula model Vienna for adults 14cm	23.92	200	4,783.64
7	Ear Wax Hook, meduim, 16cm	10.82	200	2,163.46
8	FARREL Cotton Wool Holder Spiral Threads 1.2mm, 14cm	5.71	200	1,141.82
9	Kidney Dish Stainless steel, 25cm	2.76	200	552.88
10	MAYO Tongue Depressor 17cm	8.83	100	883.41
11	Fox Dermal Curette Round 5mm	18.03	52	937.50
12	Portable Suction Unit	359.37	7	2,515.62
13	Shipping cost	2,343.74	1	2,343.74
	Total			34,620.10

7.3

Please explain how you have worked to ensure cost effectiveness on the project in the past 12 months, whilst maintaining the quality of delivery. (Max 350 words)

The following actions have assisted to ensure cost effectiveness on the project:

- Purchase and use of rechargeable Heine otoscopes and headlights imply the project saving on extra costs that could otherwise have been spent on replacing alkaline batteries every so often.
- When procuring consumables for distribution to health centres with trained HCWs, emphasis is on quality and expiry date. Longer shelf life mean that consumables could be kept safe until in the BCH stores and only distributed when need arose.
- BCH monitors usage of consumables by comparing information on number of consultations provided by the HCWs with frequency of requesting for

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supplies. Therefore, distribution is carried out based on capacity. Any HCW who reports less numbers cannot request for bigger quantities of consumables than their capacity.

- The BCH collaborated with a government institution charged with the responsibility of training of CHWs. Instead of training CHWs from Lusaka as planned, the training was moved to the said school situated within the catchment area. Huge efficiency savings were realised as a consequence.

8. Any other information

Use this section to tell us any other relevant information regarding your project. (Max 500 words)

Change to Staffing

- BCH with CBM support on another project, during the year under review, recruited 2 employees, a Monitoring and Evaluation Officer and an Outreach and Mobilization Officer. It is envisaged that the two positions will help in the efficient delivery of the project. The Community Mobilization Officer particularly will be key in the implementation of community awareness initiatives whilst the M&E officer will help with collection, validation and interpretation of data collected from trained Nurses/Clinical Officers.
- The BCH Executive Director who has been with the organisation for 2 years will be leaving his position to return to his home country, the USA. He leaves work on 30th June, 2020 and recruitment for his replacement was underway.

Request for installation of Audiology booths at District level:

- As the learnings from the joint CBM-Police Scotland outreach confirmed, the project strongly believes that the installation of audiology booths at the 3 referral centres which are being created (at the District Hospitals situated in Kabwe District and 2 other locations at Chibombo and Kapiri Mposhi Districts) are key to the sustainability success of this project. Currently the only audiology booth is located at BCH in Lusaka and this means that patients who require hearing tests must be referred to Lusaka, which is far and expensive from rural Central Province.
- The benefit of having a booth in each District Hospital would allow for far faster referrals and accurate testing of patients suspected of severe hearing loss which would also allow for more accurate fitting and tuning of hearing aids. It would ultimately aid the achievement of Outcome Indicator 1 by end of the project which is behind target at present.
- The constructions of the audiology booths play an important role in providing comprehensive ear and hearing screening as well as placement and inclusion of the hearing-impaired persons in the catchment area.
- The team have confirmed that the construction of the audio booths would be one of the activities that would still be deliverable in the current restrictions under Covid 19.
- The cost of the three audio booths is estimated at £9,445 each (including air condition units and carpet tiles) at a total of £28,335.
- We propose that this would be taken from the current ring-fenced underspend of

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£18,189.52 plus £10,146 from the true underspend from Year 3 (£39,079). Should the booths be approved this would lead to a ring-fenced underspend for the total project (£28,933).

COVID 19 Update and future Plans

- Owing to the COVID-19 Pandemic coupled with the uncertainty that surrounds it we have seen that a number of activities have had to be postponed and it is highly likely that the first half of Year 4 will be impacted due to the restrictions.
- Revised plans and strategies and a specific Covid 19 budget proposal (using underspend) are being prepared to ensure that many of the activities are condensed within the period that will remain of the year after the lifting of COVID-19 restrictions – currently estimated from 1st July (Q2Y4). E.g the planned enrolment of 5 audiology technicians with Starkey Hearing Institute from August. Selection process has started and will be completed by June.
- We are also well within target for the training of the Nurses and Community Health Care Workers so it will be possible to move the Y4 trainings to the remaining 3 quarters of the year.
- This will of course be constantly reviewed as the situation evolves and the project will look at online training opportunities should this be possible. The building of Audiology Booths once permitted could be another activity that can done even with current restrictions.
- Our trained nurses and clinicians continue to operate at the primary clinics under the strict Government social distancing guidelines. To ensure that our trained HCWs are kept updated on the COVID-19, BCH is using WhatsApp platform to disseminate information as well as receiving feedback on the response to the pandemic. Numbers of people to clinics have fallen sharply and people with minor ailments are discouraged to attend. Part of our proposal will include PPE equipment for our trained staff.
- Community Health Workers continue to provide support by phone however we would like to propose a small budget for supporting them in supplying airtime so that they can continue to get across COVID 19 prevention messaging via mobile phones.
- While training and outreach activities will be limited the project plans to support the nurses and clinicians on building capacity in data collection (both quantitative and qualitative).
- Please see the attached risk register for more detail on COVID 19.

- In addition, to the aforementioned, Zambia will be holding general elections next year (2021) in August. Therefore, activities for Year 4 will have to be well timed to ensure less concentration of community-based activities during election campaign period.