

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

<b>1. General project information</b>		
1.1	<b>Project reference Number</b>	MAL 18/10
1.2	<b>Name of organisation</b>	Mwai Wosintha Kwathu
1.3	<b>Lead partner(s) organisation</b>	Chance For Change
1.4	<b>Project title</b>	Access to Justice
1.5	<b>Reporting period</b>	<b>From:</b> 01/04/2020 <b>To:</b> 31/03/2021
1.6	<b>Reporting year</b>	3
1.7	<b>Project start date</b>	1/10/2018
1.8	<b>Project end date</b>	31/03/2023
1.9	<b>Total project budget*</b>	£1,304,863
1.10	<b>Total funding from Scottish Government*</b>	£1,265,759
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>The project aims to support child justice services in Malawi by working with statutory agencies towards a child-welfare centred child justice system, and by advocating for and supporting the full implementation of the Child Care Protection and Justice Act (2010). The project will also offer direct support to the Child Case Review Board (CCRB), the National Child Justice Forum, and the Ministry of Gender.</p> <p>Access to Justice (A2J) aligns with almost all of the UN Global Goals, but will contribute specifically as follows:</p> <ol style="list-style-type: none"> <li>1. <b>SDG (1)</b> Poverty, <b>SDG (2)</b> Hunger, <b>SDG (8)</b> Work and Economic growth (through vocational training and providing business start-ups for participants)</li> <li>2. <b>SDG (3)</b> Good health and well-being; (taking malnourished and sick prisoners through therapeutic feeding, medical, and health provision, and bringing them back to health.</li> <li>3. <b>SDG (4)</b> Quality education (through training and education programmes)</li> <li>4. And finally; <b>SDG (16)</b> Peace, Justice, and Strong Institutions (increased access to justice for participants, and advocacy activities for their human rights, particularly in supporting the full implementation of the CCPJA)</li> </ol>

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		Contributing indirectly through e.g. <b>SDG (7)</b> Affordable Clean Energy through solar businesses, or <b>SDG (15)</b> Life on Land with sustainable agriculture training.
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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 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)

Despite challenges this year, the project has continued on track. Apart from some restrictions-driven timing issues, we have remained largely on target. Covid has had some impact on our ways of working but has not significantly impacted on targets. Below is a summary of our activity this year.

1. 1490 children in conflict with the law had increased access to justice. 863 of these children have avoided time in prison and been treated in accordance with the CCPJA (2010). This exceeds the target number and includes children serving community-based orders. Figures are boosted by extra hours spent by staff working-from-home.
2. 383 children have been rehabilitated and reintegrated into their communities. Target met.
3. The backlog of child cases awaiting confirmation by the High Court has been reduced by 915 cases. This exceeds the target and is due to utilisation of off-duty staff working-from-home supporting the legal team. It is also helped by CCRB measures during the pandemic.
4. Health in communities; 2694 people avoided exposure to infectious diseases from reintegrated prisoners, 10% down on target due to a number of early releases under decongestion measures where screening was not completed before release. This explains the discrepancy between reintegrations, and health screenings completed
5. The reformatory centre has been at 92% occupancy during the past year, against a target of 75%. This has been due to; a higher-than-normal referral rate, a settled, compliant cohort of inmates, and stability during pandemic and quarantine periods. Due to the settled nature of this period 100% of inmates have taken up cognitive-behavioural programmes, vocational training in at least two vocations, and enterprise and small business training. Exceeds target.
6. All of the inmates have received medical screening, treatment, and access to counselling. On target.

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7. 64 children have been reintegrated with full business start-ups after completing the enterprise programme. This is on target.
8. 145 children on the outreach programme have been reintegrated back into communities. This is less than 10% under target due to restricted access to prisons; this target will recover very soon as access has now been reinstated.
9. 283 children have been Diverted from formal prosecution. This is against a target of 240. The increase is largely due to a presumption against custodial sentences from the child court.
10. 191 children in prison were reintegrated as part of the outreach programme in Bzyanzi and Kachere prisons. This is slightly under target as a result of timing due to restricted access to prisons.
11. We have supported the work of the CCRB for 1920 hours, processing 1025 case files, and carrying out 425 assessments on behalf of the courts. This exceeds targets, accounted for by increased hours spent supporting the child justice authorities.

In summary, although challenging, and although it has stretched us at times, this reporting period has largely seen us maintain our services and remain on track. We have been fortunate in that our Covid-control measures have been up to now successful with no cases at the centre so far.

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 has not changed during this reporting period, although we have needed to be flexible as policy changes from government have occurred. Delivery has certainly changed at micro level, as we have altered working patterns and activity schedules to reflect Covid-control measures and social distancing, but outcomes, curriculum, and delivery content have not changed in any way. During this period in order to manage the Covid risk we started to institute management measures very early, in fact before there were reported confirmed cases in Malawi. We instituted the following measures.

1. No visitors allowed to the centre; visits have been replaced with supervised phone calls to families.
2. Mandatory wearing of face masks within the premises
3. Handwashing and sanitizing; sanitizing stations have been established throughout all premises and security guard enforce sanitizing before entry is allowed.
4. Disinfecting of the premises every fortnight; all premises are deep-cleaned and disinfected regularly
5. Medical check and assessment of staff and participants once per week; we have contracted medical practitioners to supervise testing and Covid management policy

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6. Staff working in shifts; staff usually deployed at the reformatory centre have been working on a residential basis for three week shifts. They are tested before entry to the centre, and before they go home at the end of their shift. During their non-residential three weeks, they assume limited duties working from home.
7. Reduced number of residential participants to avoid congestion; we have reconfigured the centre to spread out sleeping arrangements and have set aside quarantine space for new inmates.
8. Introduction of specific radio workshops for Diverted participants to avoid physical interaction
9. Outdoor socially distanced counselling facilities for participants
10. Staff are mostly encouraged to work from home unless scheduled for socially distanced activities. This has enabled us to deploy staff on case work as and when demand arises.
11. Space allocated for quarantine in the event of any suspected Covid cases

Although there have been challenges, with careful planning and flexibility from the staff team, we have managed to limit disruption to activities. We are also pleased to have managed to limit risk, and with care in reintegration planning we have been careful not to place participants into higher risk environments unnecessarily. The pandemic has resulted in changes, but any budgetary impacts have been covered by repurposing our international travel budget to medical costs. This has been sufficient to cover any additional costs incurred. Referral, assessment and inductions to the centre have also been managed with care and as many precautions as we can take, and we have so far managed to maintain the integrity of the centre.

2.3 Taking into consideration what you have achieved during the last 12 months, along with any challenges you have experienced, please highlight to us what lessons you have learned, and how these will be applied in the project in the future. (Max 500 words)

Covid and health matters have been our major focus during the past 12 months. Through regular contact with Scotland, we have managed to pass on all of the learning and information gained from Covid in the European context on to Malawi and have managed to act early and decisively with control measures ahead of Malawi government restrictions and controls.

One lesson that we will continue is the maintenance of a Covid Strategy Group which meets weekly after the Presidential briefings to discuss strategy (considering the briefings and any information from Scotland). The CSG has consistently exceeded disease management recommendations from the Malawi Government and has considered Covid risk management front and foremost in all operational decisions. This, combined with early adoption of control measures, has given us a level of control that has so far allowed us to continue operating to an effective level. We believe that maintaining the group will help us to deal with any future outbreaks of infectious diseases more effectively.

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The redeployment of staff supporting areas of work (whilst working from home) that they would not normally be involved in has also had a beneficial effect as staff have become familiar with the wider workings of the project, particularly in involvement with the courts and other child justice mechanisms. Staff who are rotating on a three-week cycle of living in at the centre are working from home during their alternate three-week period. They have been engaged in duties that would be usually carried out at the centre normally using a team approach, tasks such as processing case-files, carrying out court assessments, managing reintegration preparations and arrangements by telephone. It has encouraged closer working with partners such as the police or the Child Case Review Board and increased knowledge of partners' involvement in the project has helped broaden their understanding. This is something that we may be able to encourage in the future, mobility within roles.

Also, working with disease management measures and medical staff has forced us to re-evaluate our arrangements for management of sickness, health and wellbeing, and hygiene. The increased knowledge of determinants of health and hygiene amongst the organisation generally; both participants and staff, has also been beneficial. All will benefit from increased knowledge of health, diet, and hygiene, and the creative and inclusive approach adopted has resulted in a much more informed environment at the centre.

After the conclusion of the current crisis, it is very likely that the CSG will continue to meet to set strategy for crisis management post-covid. African countries can be particularly prone to infectious disease outbreaks such as cholera etc. Disease management measures such as keeping a stockpile of medical and hygiene supplies and having policies ready to institute at the beginnings of health crises, will no doubt prove to be useful in the future. It is likely that timely preparation will continue to be a deciding factor in managing serious health related situations.

### 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 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)

Our main partnerships have strengthened during these difficult times as flexibility has been needed to maintain continuity of provision. Summary:

**CCRB:** the CCRB has remained fully functional albeit with remote working and most of the cases being handled virtually. Our relationship with the CCRB remains good. The placing of officials within the child courts have enabled us to work closely and achieve good referral routes and case file handling outside

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of the main Board meetings. We have increased levels of paralegal support to increase file processing and process higher than usual referral rates caused by decongestion measures.

**Malawi Police Service:** our relationship with police continues to strengthen. We are working together more closely than ever. This has resulted in a healthy and productive consultation and referral process within our catchment.

**Malawi Prison Service:** Relationships with the prison leadership have continued to be good, restricted access during the height of the pandemic has made running programmes difficult. We have nevertheless assisted prisons with preparation and reintegrations during decongestion periods. At the time of writing, full access for programme activities has been reinstated and programmes have resumed.

**Women Judges Association Malawi:** has not been active during the pandemic. Judges have been fully engaged in dealing with the backlog of scheduled cases that have built up during the court closures or restricted hearings.

We have a new partnership with **SANOP**, The Southern Africa Network of Prisons. SANOP is a membership-based organisation that exists to serve the prison and ex-prison community and promote human health and dignity in Southern Africa. Chance For Change has special input on rehabilitation reintegration of former prisoners. SANOP has started with operations in Malawi, Zambia, Zimbabwe and Eswatini. The secretariat is housed at C4C, and Country Director [redacted], serves as Secretary to the National Committee. This partnership is formally constituted and governed by an MOU. There are no financial implications.

All other joint activities with partners have been suspended due to restrictions on travel and our own disease management measures. As with the previous paragraph, activities have not been materially affected.

3.2 Have any Scotland-based staff visited the project in the past 12 months? Give details including key activities and outputs of these visits.

No visits have taken place within the last 12 months.

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

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3.3	<p>Please tell us about any dissemination and learning throughout this reporting period. How have you promoted effective learning across the project? Please explain what processes you have used both internally and externally to share learning from the project so far, and how this learning is being used. (Max 500 words)</p>	
	<p>Our main dissemination route throughout this reporting period has been via SANOP as many aspects of the criminal justice networks have been operating at a distance or have been disrupted. SANOP however has enabled us to disseminate learning from our model not only to the other 27 members within Malawi, but also to a wider audience throughout the Southern African region.</p> <p>Our particular focus within this forum is rehabilitation and reintegration and more specifically the provision of training and enterprise, and the promotion of income generating activities as a preventative of recidivism. Our main function within SANOP is to provide input on operational methodology and disseminate our considerable experience of rehabilitation according to our paradigm. We make our model available to anybody who wants it. We are currently engaged in online training for other organisations. In turn SANOP has organised capacity building training for our staff in topics such as report writing, M&amp;E and record keeping, and case-file management.</p> <p>As well as the criminal justice networks, we are consulted regularly by governmental agencies on matters regarding community justice, child welfare centred justice, rehabilitation and reintegration, and anti-trafficking provision.</p>	
3.4	<p>If the project has been able to complete a mid-term project evaluation in the past 12 months, please provide detail of the outcome of the evaluation. (Max 500 words).</p>	
	<p>The project has not been able to complete a mid-term evaluation as yet. Policy, procedure, and operational changes during the pandemic, have occupied our team both in Malawi and in UK fully with disease management being the foremost priority.</p> <p>What the pandemic has forced us to do though, is closely examine our operational effectiveness and monitor results at a micro level and frequently, as operational environments change. It has been essential to be flexible with operational delivery, whilst constantly balancing and monitoring finance, performance against targets, and risk management. It is fair to say that we have been paying constant and close attention to keep the project on track. As soon as the situation resumes some relative normality, we will be conducting a thorough review of the effects of the pandemic on all aspects of our work and partnerships.</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>	

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	<p>During this pandemic period, and indeed since the end of the previous reporting period, the most stable of our networking relationships have been with SANOP who have been able to maintain an overview of the region. As one of the few child justice rehabilitation specialists in the region, this forum gives us the best chance of maintaining currency within the sector.</p> <p>As mentioned previously, our operational relationships with the judiciary, the police, and the prison services, have been functioning very effectively, but the pandemic has definitely had an effect on joint working and collaborations, as individual bodies make their own arrangements for operational risk management. Having said that, our central position within the child justice courts has placed us well to provide an operational bridge to connect statutory services and co-ordinate responses to policy changes. By holding case files within our system, we can provide continuity of sentence management, assessment, and file-processing that spans different aspects of child justice cases.</p> <p>Our increased paralegal support of the CCRB has also resulted in a high number of cases dealt with. Without this central co-ordination, there can be no doubt that many of these case files and legal recommendations would be contributing to the growing backlog following court disruptions.</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 <b>any</b> 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>



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	No		
4.5	Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?		
	N/A		
4.6	Describe what action has been taken, and highlight any lessons learned.		
	N/A		
<b>5. Risk assessment</b>			
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>		
<b>Assumption</b>	<b>Risk</b>	<b>Action taken</b>	<b>Was this included in the Risk Assessment Table in your application?</b>
Political unrest/ civil instability	Disruption due to election re-run	Through careful planning, and close relationships with the courts and the police, we were able to maximise the periods of productivity when travel was possible and access to the courts and legal processes were open for business. We were able to deal with case files, referrals, and reintegrations in concentrated periods of effort.	Yes
Coronavirus Pandemic	Outbreaks of illness within staff or inmates at the centre	We instituted a Covid Strategy Group, which determined control measures to mitigate infections. Control measures include:	No
		1.restriction of visitors a to the centre 2. Mandatory wearing of face masks within all of the premises	

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		<p>3. Handwashing and sanitizing stations 4. Disinfecting of the premises every fortnight 5. Medical checks and assessment of staff and participants once per week 6. We have contracted medical practitioners to supervise testing and policy 7. Staff working in 3 week shifts; staff usually deployed at the reformatory centre have been working on a residential basis for three week shifts and working from home. 8. Reduced number of residential participants to avoid congestion 9. We have set aside quarantine space for new inmates. 10. Introduction of specific radio workshops for Diverted participants to avoid physical interaction 11. Outdoor socially distanced counselling facilities for participants 12. Working from home unless scheduled for socially distanced activities. 13. Space allocated for quarantine in the event of any suspected Covid cases 14. Stockpiling of medical supplies</p> <p>So far, we have had no confirmed cases at the centre.</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)

The project remains relevant for the beneficiaries. There are still children in adult prisons, still children being sentenced contrary to the Child Care Protection and Justice Act 2010, and still children in conflict with the law eligible for Diversion to non-custodial sentences. The situation if anything has become worse due to Covid-19 as child justice services have been disrupted on many occasions.

Child justice in Malawi, is still evolving, and will continue to evolve for some time to come. Provisions such as “Access to Justice” are catalysts in that evolution and will eventually provide the evidence base for policy change. We have put together a Legal Strategy Group in UK, which is purposed to help with legal reform strategy and contribute to research and campaign focus. Covid has also affected the productivity of the strategy group, but work is nevertheless underway.

Our primary operational accountability is to the state of Malawi, and our accountabilities to the Malawi government are monitored through statutory mechanisms such as the CCRB, the High Court, and the Ministry of Gender.

In terms of beneficiary influence, even though our inmates are under Supervision Orders of the court, and are wards of the State, they still get opportunities to feedback in both one-to-one contexts, and in all-inclusive group meetings. These meetings are an integral part of the rehabilitation programme and provide opportunities for negotiation and personal responsibility.

Our non-custodial programme participants undergo full consultation on the terms of their individual programmes and are fully involved in reviews.

**6.2** Do you have an awareness of particularly vulnerable or marginalised groups within the community in which your project is working? Please give details on how you are disaggregating data to recognise these groups across the project. (Max 350 words)

All of our participants can be categorised as both vulnerable and marginalised. In our reformatory centre, the vast majority of inmates have been malnourished, mistreated, or abused, virtually all of them have been sick, and many carry serious and incurable illnesses such as HIV or Hepatitis B or C. There are many who are without family, or fixed places of abode.

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	<p>Many of the Diverted children have been engaged in prostitution (with its associated risks to health and risks of abuse), or crime, and many have been orphaned and living on the streets. There are a significant number with no guardians or fixed home and a significant number who are estranged from families.</p> <p>We disaggregate data in relation to all of our participants to differing degrees depending on their offending history or status as victims. Inmates all have a personal case file; non-custodial participants' data are recorded on tracking sheets. If there are legal issues such as police referral or victim support, a full file may be kept as a makeshift Social Enquiry Report (of which none are produced by social services at present contrary to CCPJA).</p> <p>We have no participants who are not categorised as at least "at-risk".</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>This project has been designed for vulnerable and marginalised children; they are our target group. All of our resources, our methodology, and our expertise is directed at meeting their needs.</p> <p>Our cognitive behavioural programmes are designed with their needs in mind. More specifically, cognitive programmes, vocational and enterprise programmes, and health and wellbeing components, are all tailored individually by key workers. These systems ensure that participants have the best chance of becoming financially sustainable, and healthy. Those participants with either terminal illnesses or serious medical problems are also supported on an individual basis.</p> <p>We provide access to screening and testing for those involved as non-custodial participants, and provide support with child-care where appropriate. This is especially relevant to those girls whose own children are preventing them from completing primary education certificates and need special income-generation coaching.</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>We have not experienced too many challenges reaching the vulnerable and marginalised groups we are targeting. Even with decongestion measures, the prisons are overcrowded, and the police are very stretched, especially the prosecutors, as Covid-19 has led to many unofficial and rapid policy changes with regard to bail, diversion, Preliminary Inquiry Hearings etc. The main challenge has been to process court orders and assessments in a timely fashion, but we have increased our efforts to support judicial services and this has had a positive effect.</p>

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In terms of inclusion to groups not currently in conflict with the law, we still have a socially distanced drop-in provision by appointment, to which individuals and families can self-refer via a helpline number in order to meet or get support for personal problems. Here they can access counselling etc. It is also open to parents to attend to discuss their children, who might require mediation or support dealing with difficulties they are experiencing at home. This is particularly helpful in cases of domestic abuse where mothers can access support outside the family environment. This facility also has close links with police victim support services (for domestic and child abuse liaison), and the child court. We also have relationships with some local clinics for access to pregnancy testing, HIV/STD testing etc. which is still being carried out.

**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 31<sup>st</sup> of the current financial year.*

7.1 With reference to your budget spreadsheet, please give a detailed explanation of any variances between planned and actual expenditure, including reasons for the variances and whether these are as a result of COVID-19, timing issues, price achieved, quantity etc. If these are temporary variances, please outline plans for expenditure. (Max 500 words)

The only significant variance is in International Travel. We have obtained agreement to re-purpose this to medical and have authority to carry £3,750 into 2021/22. As this report is being produced, the £3,750 is being spent on medical provision.

There is also an overspend in in-country travel. Although journeys have been reduced in frequency during this period, when travel restrictions have been lifted, they have increased in intensity and also unit cost. By doing concentrated trips to combine court visits, prison visits, court assessments, file collection and transport of boys under sentence, we have had intense periods of need for vehicles, fuel and public transport, which has also increased in cost as social-distancing regulations were applied to public transport. There has also been an issue with timings of court orders for reintegrations. Once a sentence is spent, we can only hold inmates voluntarily, so timing has also contributed to increased transport costs.

An additional note of explanation is offered on the return of 0 on currency gains. Over this project year we have experienced currency losses of £1,641 we have covered these losses from other sources.

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7.2	<p>Please give details of any capital expenditure in this reporting period. (Max 350 words)</p> <p>In this financial year we have purchased replacement beds and bedding and replaced a number of laptop computers. The rolling replacement of beds and bedding is a programme to replace wooden beds with steel beds to combat bedbugs. It is impossible to clear bedbugs completely from wooden beds by fumigation, but fumigation of wooden beds and replacing them with steel beds is proving to be a solution to the problem.</p> <p>The laptops are replacing broken ones.</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> <ol style="list-style-type: none"><li>1. Although we have overspent in medical overall, most of our efficiency savings have been made in procurement. Significant increases in food and medical costs have been offset by economising on more expensive items such as meat and fish. Rather than serving meat or fish on a regular basis, we now rely more heavily on soy protein and beans as a means of providing an adequate balanced diet. Whilst this is not ideal, we are hoping that the situation is temporary. Relying on beans can also drive up costs as the price of beans has risen and they increase firewood costs due to needing lengthy cooking times, but we have been forced to control this budget line very closely as providing food for staff living in at the centre on three-week shift patterns and food shortages due to Covid-19 have driven up costs. Buying food stocks in bulk for the centre has delivered limited savings.</li><li>2. During this period, we have also been very careful to align spending with the budget as implementation timelines have been changed. We have been reviewing expenditure reports against activities performed on a weekly basis and all expenditure is now authorised in advance of activities taking place.</li><li>3. Medical costs are reduced and controlled by sourcing all medical supplies through one supplier who gives us generous terms and a consistent service. We have implemented new stock control procedures for vocational activities before new training materials are supplied and we have implemented a system of incremental issue of clothing, kit and equipment to boys depending on the length of their sentence.</li><li>4. There are also strong checks and balances in budget management and financial controls as approvals go through Director-level approval processes.</li></ol>

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5. Finally, we have instituted additional Budget Review meetings during the pandemic, where detailed forecasts are compiled.

**8. Any other information**

Use this section to tell us any other relevant information regarding your project, including any information relevant to COVID-19 and how that has impacted project activities and/or budget. (Max 500 words)

Starting with budget, our higher medical costs and higher food costs (due to staff working residentially) have been offset by repurposing the international travel budget. This has enabled us to provide adequate medical and hygiene supplies, and also to continue to fund the regular medical checks that take place at the residential centre. We have adjusted the monthly food budget to include less meat and other expensive food items such as oats in order to stretch the food budget to accommodate higher prices and greater quantities required to feed staff living in on site. These compromises were necessary to keep on budget.

Despite high levels of disruption to statutory criminal justice services, through early action and strategic decisions on operational delivery, the project has managed to maintain a good level of services and is on track with targets notwithstanding timing adjustments.

Slightly lower performance against targets in areas such as reintegrations will be balanced very soon as the schedule normalises through Q1 of this year and outstanding reintegrations that will start in April and May. Other targets such as programmes in prisons will be caught up by Q2 as access has now been fully reinstated. Some of these targets do not show up completely in the logframe as numbers in the logframe are adjusted only when programme elements are completed. Examples such as programme participants who were released early due to decongestion measures were not counted as all aspects of the programme were not completed (such as pre-release screening). These numbers are reflected in the increased access to justice figures.

There is a higher than usual performance in the legal team outputs as off duty residential staff have been supporting the legal team whilst working from home. This has freed up members of the legal team to provide a higher level of support for the CCRB and the child court. This has been reflected in a high level of file clearances. As and when the shift patterns return to normal, it is likely that this spike in activity will flatten out as courts work intensively to clear backlogs.