**DFID**

On Tuesday the 24th March 2015, Jeevan Sharma and Pamela smith went to DFID offices in city center to meet up with Ruth Mwandira. I was supposed to attend this meeting but me cloud not make it, better still Pam and Jeevan briefed me after the meeting.

Ruth Mwandira is currently DFID Health Advisor on family planning, nutrition and HIV/ AIDS. She has worked with the government of Malawi for 15 years before joining DFID, she was also the executive director of CHAM (Christian Health Association of Malawi) and she was responsible for service legal agreement and the DFID hired her because of the networks she got and the organizational experience.

Before the cash gate scandal in the year 2013 DFID was funding the government through SWAP (Sector Wide Approach) which is the government basket where by all donors put money together and the director of SWAP has the mandate to allocate the money to various activities.

**NB:** Cash gate is the stealing of government money deliberately.

After the cash gate scandal, DFID decided to support government policy which is the Malawi Health Strategic Plan (MHSP) but not to put money in SWAP, they decided to use different model, i.e. procuring materials like drugs through MSI who is their contractor and they distribute to various organizations which have projects supported by DFID. Malawi Health Sector Support program (MHSSP) is a 5 year project which is supported by MHSP through options

DFID has got three levels of supports to projects they are funding

1. They do procure drugs and medicine through MSI.
2. Service delivery by providing technical assistance through options.
3. Fund directly from their country office on issues pertaining to Maternal and Neonatal Health through Marie Stops and CHAI (Clinton Health Initiative).

DFID has been funding Banja la Mtsogolo (BLM) since 2009 to June 2015 in partnership with Norwegian. They also have a similar project with similar objectives and different plan of action and they also have milestones and targets, this project started in 2012 it will end in 2018.

The main objective of DFID is to increase access to family planning services. And BLM and DFID signed a program to increase access to Family Planning. BLM has target and when they have met the target they get 100% disbursement.

Banja la Mtsogolo has three models:

1. Clinics: they do operate though their clinics in district, community mobilization.
2. Outreaches : they do through mobile clinics and blue star
3. Empowerment: they do empower the communities by issuing vouchers to them so that they should get free family planning services even in private hospitals. They also teach them how to make and use tip taps, and efficient stoves.

DFID signed a contract with MSI and MSI goes to BLM, and for BLM to do outreach programs they need procurement of materials and DFID uses UNFPA to procure and give the materials to CHAI then to BLM.

DFID monitoring and evaluation exercise is done monthly, they do viable, feasible, and risk assessments, they do hire people to do the monitoring exercise, and in addition they do spot visits, write reports monthly and annually. Ruth compiles all this and reports directly to Scotland.

DFID also funds (Clinton Health Initiative) CHAI which is working with (Development Aid from People to People) DAPP, DREAM (I do not know what it means but it is also an NGO like DAPP), concern worldwide and partners in health.

CHAI works in 6 districts and it has a lot of projects on HIV /Aids, WASH (water and sanitation), efficient stoves and they put these together in a compressive package. They have a lot of community mobilization approach and it is a 2 year pilot and they are thinking of scaling it up, they work in coordination with community service workers.

**REFLECTIONS**

* The BLM and DFID partnership is results based.
* I asked a question that is to say why does DFID uses UNFPA instead of going directly to BLM, since I didn’t attend the meeting surprisingly those who attended asked the same question and they were told that UNFPA has a global mandate to procure materials at a cheaper rate so it is economical to use UNFPA.
* Networking is important , because it makes life easy, most of the people that Ruth work with are her church mates, class mates and friends are easy to work with.
* The turning point of DFID support due to cash gate scandal is an interesting approach and it is a way of avoiding corruption and it can be controlled easily with this approach, since they are still working with the government but they do not give money directly.
* The Malawi health sector strategic plan is a clear document but people make it complex because of different actors doing different things that are not outlined in the plan hence making it complex, and this can be simplified by monitoring and evaluation and see what is working.