Memorandum of Understanding (MoU)

between State Health Society, Chhattisgarh
And
State Health Resource Centre, Chhattisgarh

Preamble

WHEREAS the State Health Resource Centre an autonomous organisation registered under the Societies Act, hereinafter referred to as the SHRC has been supporting implementation of the Mitanin Programme and has been providing technical assistance services to the Department of Health and Family Welfare and other agencies of the State.

WHEREAS the State Health Society, registered under the Societies Act, hereinafter referred to as the SHS has been providing funds to the SHRC to cover the cost of services rendered by it;

WHEREAS the partnership arrangement formalized through a Memorandum of Understanding is currently valid until 31st March 2018;

AND WHEREAS both the parties have agreed that the partnership arrangement be extended for another three years.

NOW THEREFORE, the parties hereto agree as set out hereinunder:
2. **Background to the MoU:**

2.1 This MOU is being signed in the context of the ongoing initiatives undertaken by Government of Chhattisgarh hereinafter referred to as GoCG, in order to increase the outreach and the effectiveness of health services at the primary, secondary and tertiary level and in other public health related policies and programmes. There is a broad acknowledgement both within the government and outside it, that comprehensive strengthening of health systems in policies, laws, programmes and institutions is a prerequisite for realising the vision of ‘Health for All’.

2.2 The initiatives are being undertaken to make structural changes in state policy and practice to make health services more accessible to people who need them the most including very poor and marginalised groups, tribal people inhabiting remote hamlets, women and other people at risk.

3 **Duration of the MoU:**

3.1 This MOU is being signed between the SHS State Health Society, Chhattisgarh and SHRC for the period of three years ending on March 31, 2021. The arrangement may be reviewed periodically based on a mutual assessment of the progress achieved, and the duration of MoU further extended.

4 **Role and responsibilities of SHRC:**

4.1 The SHRC is envisaged as additional technical capacity to the Department of Health & Family Welfare in designing the Health system strengthening agenda, developing operational guidelines for implementation of the reform programme and arranging / providing on-going technical assistance to the programme managers in implementing the reform programme. The SHRC shall continue to have its own organisational structure and institutional framework, wherein the GoCG has representation in the governing Body of the SHRC through the Principal Secretary (Health), Mission Director NHM and Director of Health Services.

4.2 The SHRC will be called upon to undertake a variety of tasks from time to time in line with its above role. Among others, this would include the following:

- Produce quick situational analysis on various aspects of the health sector, prepare policy change proposals and draft policies for the consideration of GoCG, based on the situational analysis undertaken and/or specific studies undertaken by it or through individual experts / institutions,
- Supporting implementation of the Mitanin Programme, including management of activities funded through Mitanin Kalyan Kosh,
- Supporting implementation of Mitanin programme and Community processes in urban slums
- Conduct workshops and consultations, as may be necessary, on behalf of the GoCG for effective operationalisation of the reform process,
• Draw up the Terms of Reference (ToRs) to facilitate various interventions at GoCG level as it may be deemed necessary,
• Undertake capacity building activities in areas assigned to it,
• Prepare proposals for new initiatives
• Prepare advocacy material and provide technical support for community and government action for improving health services and related issues of governance,
• facilitate, on behalf of the GoCG, the development of operational framework for forging partnerships with NGOs, community organisations and people's movements for effective implementation of the reforms process,
• Conduct independent reviews of the intensity and direction of the Health system strengthening process on behalf of the GoCG.
• Play key role in the implementation of all those health programme components which are based on community/ civil society participation,
• Provide technical as well as programmatic inputs that shall improve the intra-departmental convergence and coordination amongst various health sector institutions and departments.
• Provide technical, policy as well as programmatic inputs to promote inter-departmental convergence and coordination and play lead role in activities that shall lead to the same, with various departments departments like Women and Child Development, Panchayat, Public Health Engineering, Education etc. including providing technical support if required
• Provide technical assistance in the reform processes related to the mainstreaming of AYUSH/Indian Systems of Medicine,
• Co-ordinate with health activists, community health practitioners, NGOs, CBOs and human rights organisations etc, for community based monitoring of health programmes and for other related purposes.
• To nurture community participation in quality improvement of health service delivery as part of Communitization agenda of NRHM/ NUHM through strengthening VHSNC/ Jeevan Deep Samithy.
• To frequently analyze the HMIS data, triangulate with community based flow of data/ field observations from Mitanin network and field staff of SHRC for veracity of conclusions and derivations.
• To participate in the periodical review of programme meetings by State/ district level officers and technically guide for modifications and changes in programme implementation.
• To represent State departments in National level planning/ review meetings or negotiations with international donors/partners.
4.3 To perform the above roles and responsibilities the SHRC will have a full time Core team of experts and support staff. The core team of experts and staff shall be retained by SHRC on annual renewal contract basis and will consist of the following:

<table>
<thead>
<tr>
<th>Core Team and Support Staff</th>
<th>Number</th>
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<tbody>
<tr>
<td>Executive Director</td>
<td>1</td>
</tr>
<tr>
<td>Chief/ Sr. Programme Coordinator</td>
<td>5</td>
</tr>
<tr>
<td>Sr Accountants/Administration Coordinator</td>
<td>2</td>
</tr>
<tr>
<td>Programme Coordinators</td>
<td>10</td>
</tr>
<tr>
<td>Programme Associates/ Accounts, IT, HR manager</td>
<td>12</td>
</tr>
<tr>
<td>Secretarial/ Office/ Support Assistant</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
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4.4 Apart from the core team, the SHRC may hire from time to time, such technical and non-technical personnel and/or institutional experts/ agencies in order to meet the additional support requirements that are deemed necessary for carrying out tasks assigned to it. The staff will continue to be recruited and compensated according to the approved Rules and Bye-laws of the SHRC and other applicable laws and regulations of government.

4.5 In order to ensure better access to and from health department, the SHRC shall function from the premises provided by the health department at the State Health Training Centre, Kalibadi, Raipur or any places that may be mutually agreed. However, the SHRC will be free to hire additional premises, if the same is required in order to fulfil its office related as well as programmatic functions.

4.6 Designing and implementation of the health-system strengthening process may require a number of activities (e.g. specific studies) which may have be done in collaboration with other experts/institutions. In such cases, the SHRC may act as the link between the GoCG and the individuals and/or institutions.

5. **Commitments of the SHS**

5.1 The SHS shall provide funds to SHRC to cover the costs towards the Core team and support staff and office needs, as per approvals of National Health Mission and/or State government. Additional funds can be provided to SHRC as per requirements of specific tasks and projects handled by SHRC, as per approvals of National Health Mission, Directorates and/or State government.

5.2 The payments will be made as advance to the SHRC on the basis of the above clauses.

5.4 The SHRC will undertake from within its core funds all activities related to recruitment, induction, training and capacity building of its own staff as well as regular conduct of its governing body and executive committee. However, many of the
programmatic roles that are assigned to SHRC may require additional human as well as financial supports, which the SHRC may mobilise and receive from time to time as per available financial allocations under such programme/project components/activities, etc. Such supports could also be mobilised from departments other than that of health and family welfare, UN agencies as well as other funding agencies, wherein the responsibility of avoiding duplications shall be depicted on the SHRC.

5.5 In addition to providing grants-in-aid, the SHS also commits to:
- Pursue with the GoCG, recommendations made by the SHRC based on studies and research undertaken by/through it within the broad parameters of the operational framework of the health-system strengthening process agreed,
- Suggest changes and pursue with the GoCG suitable changes in policies, laws, programmes and institutions as may be necessary, which are recommended by the SHRC,
- Take all necessary steps for the phase-wise implementation of the health system strengthening process as delineated in the work plan approved by the SHS/State Health Mission.
- Work in collaboration with the SHRC to play an advocacy and policy-influencing role for generating political consensus for taking forward the health system strengthening process,
- Undertake all necessary co-ordination between the SHRC and the system strengthening for the development of the District and Block level health plans and health sector reform initiatives,

6 SHRC Commitments

6.1 SHRC shall continue to manage Mitanin programme in collaboration with the officials of Chief Medical Officers. It may, however, involve other NGOs for specific assessment/inputs required.

6.2 The SHRC will ensure annual performance appraisal system for its full-time staff

7 Agreed priority areas for the MoU period

7.1 A set of 16 priorities (domains) were identified jointly by CoCG, and SHRC in consultation with leading health activists and NGOs in Chhattisgarh and from other parts of India in January 2002. This has formed the basis for SHRC work in the last 16 years. The agreed priority areas for this MoU period will broadly have a continuity with priorities jointly developed in 2002. The priorities updated for this MoU period are given in annexure.

7.3 The priority areas and/or SHRC role may be further updated through mutual consensus taking into account developments in the sector and emerging priorities from time to time.
8 Reporting and Accountability Standards:

8.1 SHRC will be accountable to the SHS in relation to its role of fulfil its objectives and mandate. In this regard, the SHRC will provide a detailed annual review of the activities undertaken by the SHRC.

8.2 The SHRC will arrange to get its accounts audited by an external auditor every year, and submit an annual audit report to the SHS. This shall include all the funds transferred by the SHS or Directorates for core team as well as activities by SHRC.

8.3 The SHRC will submit the minutes of its annual governing body meetings the SHS. The SHRC will also inform the SHS of any change made to its Rules & Regulations and/or its Bye-laws.

8.4 The SHRC will monitor the expenditure pattern and seek SHS approval if it is anticipated that the actual expenditure for one or more major budget items (salaries, other operational expenses) is likely to be higher by more than 10% of the budgeted amount.

9 Termination of MoU

The MoU can be terminated by mutual consent or by either party providing a six months notice of termination.

10 Arbitration and Appeal

Any disputes with respect to the MoU will be decided by Commissioner (Health) of GoCG. Any of the parties can appeal within three months of the decision to GoCG, whose decision will be final and binding to both parties.

Mission Director/ National Health Mission
Chhattisgarh
on behalf of
State Health Society

Member-Secretary
SHRC Governing Body

Witness

Witness
## Annexure to MoU between SHS and SHRC

### Priority area of work for SHRC during period April 2018-March 2021

<table>
<thead>
<tr>
<th>No.</th>
<th>Area of Health System Strengthening</th>
<th>Role of SHRC</th>
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</table>
| 1   | Strengthening Community Processes in Health including implementation of Mitanin programme | ➢ Facilitate implementation of Mitanin Programme in rural and urban areas in partnership with appropriate officials of the department at various levels – strengthen and support Mitanins on all aspects of their role in areas including RMNCHA, Disease Control, Inter-sector action and Continuity of Care  
➢ Manage the activities of the Mitanin Kalyan Kosh, Mitanin Helpdesks, Mitanin Career development and other Mitanin related initiatives  
➢ Strengthen functioning and provide capacity building for Village Health and Sanitation Committees and the Swasth Panchayat Yojana, Community Action and related programmes: Committees and Swasth Panchayat Yojana and related schemes: Committees would be regularly functional, would identify gaps in service delivery of all health related services in a convergent manner and undertake collective community action upon them.  
➢ Organize periodic social mobilisation campaigns for popularising the idea of ‘people health in people’s hands’  
➢ Support capacity building Jeevan Deep Samitis and PRIs  
➢ Support and facilitate Fulwari and other convergence initiatives of Women and Child development department aimed at improving Maternal and Child health outcomes |
| 2   | Policy Development for Health | ➢ Identify areas and draft policy briefs and documents where policy improvements are required for the state with respect to overall health policy and on various building blocks of health system |
| 3   | Rational Drug Use Policy and Standard Treatment Guidelines | ➢ Support design, dissemination and monitoring of programmes aimed at promoting rational drug use policy for the state.  
➢ Support preparation, periodic updation and dissemination of necessary Standard Treatment Guidelines |
| 4   | Health and Wellness Centres and Comprehensive Primary Healthcare (CPHC) | ➢ Assess the progress made on Health and Wellness centres (HWCs) periodically and provide recommendations  
➢ Facilitate roll-out of Health and Wellness centres across the state  
➢ Facilitate capacity building, monitoring, experimentation for effective implementation leading to Comprehensive Primary Healthcare (CPHC)  
➢ Build linkage of Mitanins with HWCs |
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<td>5.</td>
<td>Improving reach and effectiveness of Disease Control Programmes</td>
<td>➢ Support programmes with analysis, pilots and facilitation for diseases of high public health importance like Malaria, Water-borne disease, TB, Leprosy, Sickle Cell Disease etc.</td>
</tr>
</tbody>
</table>
| 6.  | Health problems of Vulnerable sections | ➢ Support design and implementation of schemes focussed on improving health and social status of primitive tribal groups (PTGs), the homeless and other vulnerable people in cities and other marginalized communities.  
➢ Provide ideas for improving the health services in remote and tribal areas |
| 7.  | Capacity building | ➢ Support design and implementation of capacity building/ professional development programmes/ courses for Assistant Medical Officers (RMAs),  
➢ Design training modules and facilitate capacity building of Medical Officers, Nurses and other health HR in specific areas of high priority |
| 8.  | Strengthening Laboratory services for universal access to essential diagnostics as per level of care | ➢ Provide ideas and proposals aimed at strengthening availability of low cost diagnostic services at public health facilities,  
➢ Support skill building, creation of protocols and training modules  
➢ Carry out gap analysis and underlying causes for Laboratory services  
➢ Follow-up on implementation and resolving local gaps through including district workshops |
| 9.  | Human Resources in Health | ➢ Provide technical assistance for policy development in various dimensions of health HR  
➢ Carry out assessments of key gaps in HR and suggest strategies for improvement |
| 10. | Strengthening health intelligence, surveillance, epidemiology | ➢ Support design and implementation of Community Based Monitoring system including social audit of maternal deaths, infant deaths and fever deaths.  
➢ Support initiatives for improving the quality, reliability and analysis of health statistics. |
| 11. | Strengthening quality assurance in Public Hospitals | ➢ Support NHM and directorate in implementing quality assurance initiatives like NQAS, Kaya Kalp, LAQSHYA etc.  
➢ Support for capacity building and implementation of Fire Safety, Biomedical Waste Management and Disaster Preparedness of Health Facilities |
| 12. | Mainstreaming of Indian Systems of Medicine esp. tribal | ➢ Collaborate with Directorate of AYUSH for design and implementation of innovations  
➢ Undertake evaluation/ assessment of innovations |
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<td></td>
<td>medicines into the state health system</td>
<td>➢ Collaborate with AYUSH for linkage of Mitanin and community processes with AYUSH</td>
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</tbody>
</table>
| 13. | Operational research & Health System studies | ➢ Undertake field studies, evaluations of programmes and interventions of Health department, operational research as required to understand/address key problems and develop recommendations - responsive to requests from NHM/directorates and other priorities identified  
➢ Undertake secondary analysis, consultative workshops, collaborations required to develop action plans to solve key public health challenges |