

**Memorandum of Understanding between RCH Society/State Health Society,
Chhattisgarh
and
State Health Resource Center, Chhattisgarh**

1 Introduction

1.1 An agreement has been reached between the Reproductive and Child Health Society, Chhattisgarh, currently functioning as part of State Health Society (hereinafter referred to as RCHS) and State Health Resource Center (hereinafter referred to as SHRC), to facilitate formulation, implementation and monitoring of reforms process in the Health Sector of Chhattisgarh State. The SHRC will act as a consultant- facilitator for assisting in the reform process.

2. Background to the MOU:

2.1 This MOU is being signed in the context of the proposed reforms of the Health sector to be undertaken by the GOC in order to increase the outreach and the effectiveness of health services being currently undertaken by the GOC in the primary, secondary and tertiary level. There is a broad acknowledgement both within the government and outside it that comprehensive reforms in policies, laws, programmes and institutions is a prerequisite for realising the vision of 'Health for All'.

2.2 The reforms 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 RCHS Society or State Health Society or equivalent Society formed and SHRC for the second phase of operations of the reforms for a period of three years from March 1, 2005 to Feb 28, 2008. While the Health Sector Reform is likely to take between 7 years, the contract between GOC and SHRC may be renewed after three years, for a further period of three years, based on a mutual assessment of the progress achieved, the performance of SHRC as externally evaluated and, the stage at which the reforms are and the implementation of the reforms.

4 Structure and functions of State Health Resource Centre (SHRC):

4.1 The SHRC is envisaged as additional technical capacity to the Department of Health & Family Welfare in designing the reform agenda, developing operational guidelines for implementation of the reform programme and arranging / providing on-going technical supporting to the District Health Administration and other programme managers in implementing the reform programme.

4.2 The SHRC will have a core team of full time experts and support staff to be recruited from the open market. The core team, with the active support from the partners in civil society, RCHS and State level programme managers, will:

- produce quick situational analysis on various aspects of the health sector,

- prepare policy change proposals and draft policies for the consideration of GoC, based on the situational analysis undertaken and/or specific studies undertaken by it or through individual experts / institutions .
- perform such other tasks as may be assigned to it from time to time, which both GoC and SHRC agree are necessary for advancing the goals outlined in the table below
- draw up the Terms of Reference (ToRs) for any consultancy contracts and/or for engaging individuals and/or institutions for short term and long term assignments as may be needed from time to time,
- conduct workshops and meetings, as may be necessary, on behalf of the GOC for effective operationalisation of the reform process.
- undertake capacity building activities in areas assigned to it,
- prepare project proposals for raising external funds for the department of health,
- prepare advocacy material and provide technical support for civil society action for improving health services and related issues of governance.
- Facilitate, on behalf of the GOC, the development of operational framework for forging partnerships with NGOs, CBOs and people's movements for effective implementation of the reforms process.
- Conduct independent reviews of the intensity and direction of the reform process on behalf of the GOC.
- Co-ordinate with the State Advisory Committee, which is an advisory body comprising health activists, community health practitioners, NGOs, CBOs and human rights organisations based in Chhattisgarh.

The full time core team of experts and support staff will be retained in the SHRC on annual renewable contract basis and will consist of the following:

- Head/ Director-1
- Programme Coordinator-3
- Programme Associate-3
- Accountant staff-2
- Office assistance (one General and one Research)-2

4.4 Designing and implementation of the reform process / programme may require a number of activities (e.g. specific studies) which may have be outsourced to individuals and/or institutions on a turn-key basis. In such cases, the SHRC may act as the link between the GoC and the individuals and/or institutions.

5 Role of the RCHS:

5.1 The RCHS will:

- pursue with the GOC all recommendations made by the SHRC based on studies and research undertaken by/through it within the broad parameters of the operational framework of the reform process endorsed by the SSRC,
- suggest changes and pursue with the GOC suitable changes in policies, laws, programmes and institutions as may be necessary, which are recommended by the SHRC,

- make all financial resources available to SHRC which are earmarked for the SHRC and ensure that the disbursements are made bi-annually or more frequently,
- take all necessary steps for the phase-wise implementation of the reform process as delineated in the work plan approved by the SRC/RCHS/State Health Society.
- work in collaboration with the SHRC to play an advocacy and policy-influencing role for generating political consensus for taking forward the reforms process,
- Undertake all necessary co-ordination between the SHRC and the GOC for the development of the District and block level health plans
- In addition, RCHS will ensure that there is a smooth co-ordination between the SHRC and all other Departments of the GOC for functional tasks that may need to be undertaken by the SHRC.

6 Initial reform agenda and the role of SHRC

6.1 An initial set of reform areas have been identified jointly by GOC, and SHRC in consultation with leading health activists and NGOs in Chhattisgarh and from other parts of India. This is set out in annexure 1 .

6.2 The above initial reform agenda may be expanded / revised / updated deriving inputs from situational analysis, special studies and other sources. The role and tasks of the SHRC will be amended from time to time, after obtaining necessary approval of the State health society , wherever required.

7 Reporting and Accountability Standards:

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

7.2 The SHRC will arrange to get the accounts of the SHRC audited by an external auditor and submit an annual audit report to the RCHS. This shall include the accounts for the year 2004-05.

7.3 The SHRC will submit the minutes of its annual governing body meeting to both the State Advisory committee and to the RCHS (or equivalent body). The SHRC will also inform the Directorate of Health Services of any change made to its Rules & Regulations including its Accounting Manual ,its HR Policies manual and its operations manual.

7.4 The SHRC will undertake from within its core funds all activities related to recruitment, induction, training & capacity building of its own staff as well as regular conduct of its governing body and executive committee meetings.

8 Budget for the State Health Resource Centre and funds release:

8.1 The budget for setting up the SHRC and supporting the core team to be located therein is estimated as follows:

Year 1 - Rs. 3966000

Year 2 – Rs.4087600

Year 3- Rs.4496360

8.2 The details of the cost estimates are appended.

8.3 The payments will be made as six-monthly advances to the SHRC on the basis of the above estimates.

8.4 The cost estimates for years 2 and 3 may be adjusted based on the audited expenditure reports.

The SHRC will monitor the expenditure pattern and seek RCHS approval if it is anticipated that the actual expenditure for one or more major line items (overheads, personnel, capital) is likely to be higher by more than 10% of the budgeted amount.

Member-Secretary
RCHS / State Health Society

Member -Secretary
SHRC governing body

Witness

Witness

Annexure -2

SI	Head	Descriptions	2005-06	2006-07	2007-08	Total
A						
1	Salaries					
	1 Director*	1*40000*12months	480000	528000	580800	1588800
	3 Programme Corrdinators	3*25000*12 months	900000	990000	1089000	2979000
	3 Programme Associates	3*15000*12 months	540000	594000	653400	1787400
	2 Accounts	2*9000*12 months	216000	237600	261360	714960
	2 Assistance (One General and one Research)	2*5000*12months	120000	132000	145200	397200
2	Review and Planning Workshops and core publications of annual reports and studies	Lumpsum	500000	550000	605000	1655000
3	Office Equipment	Lumsum	250000	0	0	250000
3	Tour & Travel	32000*12 months	384000	422400	464640	1271040
4	Office Expenditures and Contingencies	48000*12	576000	633600	696960	1906560
	Total		3966000	4087600	4496360	12549960

For director salary the rate is fixed approximately at a professor scale – and the sum above includes employers pension fund contribution and allowances as are eligible.

Note all above salary scales are indicative and actual salaries would be negotiated so that the above staff are made available within the budgeted amount on salaries as a whole.

Annexure 1

No.	Area of Reform	Role of SHRC
1.	Community Based Health Services & Mitanin/ASHA Programme.	<ul style="list-style-type: none"> ➤ Assisting in the finalization of the work programme of the GOC as regards Mitanin /ASHA Programme. ➤ Assisting in designing periodic social mobilisation campaign for popularising the idea of ‘people’s health in people’s hands’ and creating effective demand for the programme ➤ Assisting in designing the media and communications strategy and package for the programme ➤ Assisting in developing operationalisation details and implementation schedules for the mitanin programme ➤ Assisting in developing all training modules and pedagogy for the Mitanin/ASHA programme (see annexure) ➤ Assisting in monitoring and evaluation of the programme ➤ Assisting in the co-ordination and logistics for the training programmes ➤ Assist in ensuring civil society participation in the design and operationalisation of the Mitanin programme
2.	Delegation and Decentralisation	<ul style="list-style-type: none"> ➤ Assist GOC in developing an autonomy package for (a) integrated District Health & Family Welfare Agency (DHA), (b) Hospitals, (c) programme managers at district and facility levels and (d) PRIs and ULBs. ➤ Planning of devolution of financial powers and other resources, specifically financial resources to PRIs and ULBs. ➤ District and block level integrated health planning. ➤ Strengthening system of transparency and the right to information and social audits.
3.	Strengthening health intelligence, surveillance, epidemiology and planning	<ul style="list-style-type: none"> ➤ Review of current systems of health intelligence and surveillance, and proposing reforms in integrating the mitanin scheme. ➤ Developing systems of village, block and district health plans, with community participation. ➤ Improving the quality, reliability and analysis of health statistics.
4.	Control of Epidemics	<ul style="list-style-type: none"> ➤ Improving community and primary health care systems for (a) prevention (b) early detection (c) early intervention (d) early prevention of morbidity and mortality because of epidemics

No.	Area of Reform	Role of SHRC
5.	Health problems of poor people	<ul style="list-style-type: none"> ➤ Participatory studies of major health problems of rural and urban poor people ➤ Participatory plans at local, district and state levels to overcome these health problems of poor people.
6.	Capacity building	<ul style="list-style-type: none"> ➤ Assisting in identifying capacity building needs and training packages for the DHA officials and Hospital managers to enable them to perform their new role effectively. ➤ Assisting identifying capacity building needs and designing training packages for the PRIs, starting from the Gram Sabha level as well ULBs to make the devolution of powers effective. ➤ Assisting in building capacities to utilise existing funds, draw budgets and plan interventions. ➤ Assisting in building capacities to develop accountable community mechanisms, like social audits to effectively manage and monitor the local health department. ➤ Assist in implementing the HR policy of the health department staff with particular reference to multi-skilling and training material development.
7	Rational Drug Use Policy	<ul style="list-style-type: none"> ➤ Develop a rational drug use policy for the state ➤ Monitor the implementation of the rational drug use policy ➤ Establish transparent system for community monitoring of the implementation of the rational drug use policy.
8	Improving internal systems of the Department of Public Health	<ul style="list-style-type: none"> ➤ Identifying internal systems which need reform ➤ Proposing changes for identified areas of reform ➤ Enhancing quality and availability of all rural and urban services through block level micro planning & all other technical support activities this entails.
9.	Workforce management and transfer policy	<ul style="list-style-type: none"> ➤ Assisting in the development of a workforce management policies which are clear and transparent.
10	Drug distribution and logistics	<ul style="list-style-type: none"> ➤ Assisting in identifying bottlenecks in the distribution and supply of drugs ➤ Conduct a feasibility study to set up a parastatal organisation for the distribution and logistics of drug supply across the state ➤ Based on the recommendations of the study, suggest policy norms and guidelines to further extend the reach of the state drug distribution network ➤ Monitor the implementation of the new drug distribution norms. ➤ Develop a state drug policy and promote its

No.	Area of Reform	Role of SHRC
		implementation .
11.	Uniform Treatment Clinical Protocols	<ul style="list-style-type: none"> ➤ Update periodically the standardized clinical protocols across the state at the primary, secondary and tertiary level. ➤ Promote the use of standardized clinical protocols at all levels.
12.	Management Information System	<ul style="list-style-type: none"> ➤ Assisting GOC in designing comprehensive computerised Management Information System for the Health Department
13.	Decentralised Laboratory Services	<ul style="list-style-type: none"> ➤ Assisting in developing low cost diagnostic tools and systems for decentralising laboratory services to the primary care level ➤ Assisting in developing training packages for 'barefoot laboratory assistants' across the state ➤ Assisting in multiskilling PHC and Sub-center level staff for basic laboratory skills.
14.	Mainstreaming of Indian Systems of Medicine esp. tribal medicines into the state health system	<ul style="list-style-type: none"> ➤ Studying feasibility of integrating some aspects of traditionally practiced tribal medicine in Chhattisgarh
15.	Operational research & Health System studies	<ul style="list-style-type: none"> ➤ Studying extent of drug resistance (to choloquine) in selected areas of Chhattisgarh ➤ Focusing on the incidence and prevalence of forest-fringe malaria in Chhattisgarh and measures for community centered vector control strategies. ➤ Developing proposals and where needed directly conducting studies especially in area related to health planning.