

# MEMORANDUM OF UNDERSTANDING (MoU)

## INTER AIDE CHILD HEALTH PROGRAM

### LILONGWE DISTRICT, 2014

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This MoU is an agreement made between the following parties:

- Inter Aide
  - Lilongwe District Health Office (DHO)
  - Mitundu Health Area
  - Katchale Health Centre
  - Chadza Traditional Authority
  - Kalumbu Traditional Authority
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#### ARTICLE 1. SUBJECT

- 1.1. This MoU is an agreement between the listed parties regarding the implementation of the Inter Aide Child Health Program in Lilongwe District in 2014. A summary of the program is attached in **ANNEX A** and a summary of the budget in **ANNEX B**.
- 1.2. This agreement is entered into a spirit of cooperation and seeks to enable Inter Aide to assist the Government of Malawi in achieving its development goals. The goal of the program is to reduce the number of children under five years old, including neonates, who get and/or die from preventable diseases. The program design was developed collaboratively, with input from all the listed parties. All parties agree to work together on the implementation of the program, following the commitments made in this MoU.
- 1.3. This agreement enters into force when duly signed by both parties and shall remain in force until **31<sup>st</sup> December 2014**. Following the successful implementation of the project in 2014 a subsequent MoU may be signed by all parties if agreed for 2015.

#### ARTICLE 2. INTER AIDE COMMITMENTS

As part of the Child Health Program Inter Aide commits to take the following actions, according to availability of funds, in **2014**:

- 2.1. Place one Inter Aide Facilitator in each HSA catchment area (up to 8 facilitators) to work directly with the HSA on the implementation of community level activities in each village, as described in **ANNEX A**. This includes assisting the HSA with community mobilization for government activities when necessary.
- 2.2. Provide stakeholders with transport, food, refreshments and stationary where necessary for support meetings and training sessions.
- 2.3. Provide transport for supervision visits by the DHO and Health Area supervisors, where necessary.
- 2.4. Maintain the motorbike owned by Katchale Health Centre so that it can be used by the AEHO and senior HSA for supervision and delivery of supplies, or provide an alternative motorbike.
- 2.5. Provide transport to assist with the delivery of supplies from DHO or Mitundu Health Area to the Health Centre, where necessary and possible, given logistical constraints.

- 2.6. Purchase high priority equipment items for the maternity and delivery rooms at Katchale Health Centre, including examination bed, beds, bulbs, bedsheets, blankets, mattresses, solar battery, newborn weighing scale, and vaccine cooler boxes. Further equipment may be purchased in 2015 and 2016 depending on the success of the program in 2014.
- 2.7. Purchase emergency back-up supplies of contraceptives and Village Clinic drugs if necessary, and purchase basic equipment for Village Clinics.
- 2.8. Purchase bicycles for a maximum of 8 HSAs, which will be the property of Katchale Health Centre and will remain at the Health Centre even after the individual HSAs are transferred.
- 2.9. Rent houses in the catchment area for up to four HSAs running Village Clinics, one relief nurse, and one relief medical assistant if necessary.
- 2.10. Provide cement, iron sheets and skilled labour to construct one HSA house in the catchment area for an HSA running a Village Clinic. An additional three HSA houses and one nurse house may be constructed in 2015 depending on the success of the program in 2014.
- 2.11. Conduct regular monitoring. The results of monitoring will be shared regularly with all stakeholders.
- 2.12. Adapt the program as necessary based on changing needs and feedback / input from other parties during the stakeholder meetings listed in **ANNEX C**.

### **ARTICLE 3. LILONGWE DISTRICT HEALTH OFFICE COMMITMENTS**

As part of the Child Health Program Lilongwe District Health Office commits to take the following actions in **2014**:

- 3.1. Send relief nurses to Katchale Health Centre while identifying a permanent second nurse before the end of 2014. This may be extended to relief Medical Assistants if necessary.
- 3.2. Pay the salaries and any additional allowances for relief nurses and the permanent second nurse when found.
- 3.3. Train a new Health Centre Management Committee for Katchale Health Centre, including paying all relevant allowances.
- 3.4. Train additional HSAs at Katchale Health Centre on how to run Village Clinics, including paying all relevant allowances, when the regular training sessions are running (if possible).
- 3.5. Assist Katchale Health Centre to open a fourth Village Clinic in a hard-to-reach area, if possible.
- 3.6. Develop a supervision checklist and schedule and conduct regularly supervision at Katchale Health Centre based on the schedule, including paying all relevant allowances.
- 3.7. As part of the supervision visits, assist Katchale Health Centre to improve their stock control (including consumption reports) and staff scheduling.
- 3.8. Enforce the policy that HSAs running Village Clinics must live in their catchment area, and ensure they are staying in the houses rented / built by Inter Aide and the community.
- 3.9. Provide fuel for the Katchale Health Centre motorbike every month.
- 3.10. Provide feedback and input into the program at regular stakeholder meetings in **ANNEX C**.

### **ARTICLE 4. MITUNDU HEALTH AREA COMMITMENTS**

As part of the Child Health Program Mitundu Health Area commits to take the following actions in **2014**:

- 4.1. Develop a supervision checklist and schedule and conduct regularly supervision at Katchale Health Centre based on the schedule, including paying all relevant allowances.
- 4.2. As part of the supervision visits, assist Katchale Health Centre to improve their stock control (including consumption reports) and staff scheduling.
- 4.3. Enforce the policy that HSAs running Village Clinics must live in their catchment area, and ensure they are staying in the houses rented / built by Inter Aide and the community.
- 4.4. Provide feedback and input into the program at regular stakeholder meetings in **ANNEX C**.

#### **ARTICLE 5. KATCHALE HEALTH CENTRE COMMITMENTS**

As part of the Child Health Program Katchale Health Centre commits to take the following actions in **2014**:

- 5.1. Organize for the selection of a new Health Centre Management Committee for Katchale Health Centre.
- 5.2. Ensure that the HSAs work closely with the Inter Aide facilitators in the catchment area villages. This includes attending monthly planning meetings with Inter Aide, and assisting with the implementation of the community level activities described in **ANNEX A**, without the need for additional allowances.
- 5.3. Train Village Health Committees identified by each GVH, without requiring additional allowances.
- 5.4. Develop a supervision checklist and schedule and conduct regularly supervision of HSAs in the field.
- 5.5. Review and improve the stock management and control system at the Health Centre, including making sure that all consumption reports are completed accurately and on-time, and allowing the Health Centre Management Committee to audit.
- 5.6. Review and improve the staff schedule at the Health Centre to improve efficiency.
- 5.7. Open a fourth Village Clinic in a hard-to-reach area, if possible.
- 5.8. Enforce the policy that HSAs running Village Clinics must live in their catchment area, and ensure they are staying in the houses rented / built by Inter Aide.
- 5.9. Ensure that all equipment and supplies purchased or maintained by Inter Aide are stored securely, and used only for the intended purpose.
- 5.10. Complete a log book for the Health Centre motorbike, recording all trips, mileage and fuel.
- 5.11. Allow Inter Aide to conduct monthly audits of equipment and supplies purchased by Inter Aide, including the motorbike log book.
- 5.12. Provide feedback and input into the program at regular stakeholder meetings in **ANNEX C**.

#### **ARTICLE 6. TRADITIONAL AUTHORITY COMMITMENTS**

As part of the Child Health Program Chadza, Chiseka and Kalumbu Traditional Authorities (including associated Area Development Committees and Village Development Committees) commit to take the following actions in **2014**, for all villages within the Katchale Health Centre catchment area:

- 6.1. Develop, implement and enforce public health by-laws that require Group Village Headmen (GVHs) to promote the following in their villages (depending on needs):
  - Households to have latrines
  - Households to practice hand washing
  - Households to hang government provided bed nets and sleep under them

- Sick children to be taken to the Village Clinic or Health Centre
  - Couples to be aware of modern family planning methods
  - Pregnant women to attend antenatal and postnatal care and deliver at the Health Centre
- 6.2. Implement penalties for GVHs who do not implement the by-laws in their villages, and allow GVHs and chiefs to implement penalties for households who do not implement the by-laws.
- 6.3. Support the Inter Aide facilitators and HSAs when they are implementing the community level activities described in **ANNEX A** to promote implementation of the by-laws. This includes requesting GVHs to identify volunteers to form a Village Health Committee that will work with the Inter Aide facilitator and HSA.
- 6.4. Mobilize the community to mold bricks, collect sand, and provide land and unskilled labour for HSA and nurse houses, and request funding support for these activities from the Local Development Fund if possible (one HSA house to be built in 2014, three HSA houses and one nurse house to be constructed in 2015). Monitor the presence of HSAs in the houses to ensure they are staying there.
- 6.5. Provide feedback and input into the program at regular stakeholder meetings in **ANNEX C**.

#### **ARTICLE 7. MEETINGS & ALLOWANCES POLICY**

Inter Aide will adhere strictly to the following policies when supporting meetings, workshop and training sessions as part of the program. These principles are in-line with the latest *Revision and harmonisation of allowances and reimbursement of transport costs for donor-funded events and missions in Malawi* letter submitted by donors to The Chief Secretary, Office of the President & Cabinet, on 19th November 2013.

- 7.1. Inter Aide will avoid scheduling meetings, workshops and training sessions when government staff are busy with their regular duties. The provision of services to the public must always take priority. Meetings at the Health Centre will be delayed (or participants excused) if patients are waiting to be treated.
- 7.2. Cash allowances will not be paid for any activities that are part of the regular job description for a government employee. This includes facility based partner meetings, supervision visits, and training sessions that a government employee is expected to perform as part of their normal role. Support may be provided in the form of transport, food or stationary if necessary.
- 7.3. Whenever possible, meetings will be held at government facilities rather than off-site venues. If Inter Aide invites government partners to attend an off-site meeting then Inter Aide will directly provide food and accommodation if necessary (not cash allowances). Transport costs will be provided directly, or if this is not possible they will be reimbursed based on the actual cost for the distance travelled. Sitting allowances, or any other cash allowances, will not be paid. The same policy applies if Inter Aide calls an emergency ADC or GVH meeting outside the usual schedule of meetings to discuss only Inter Aide issues.
- 7.4. If Inter Aide hires government employees on an **independent** basis to implement activities that are **not** part of their regular job description then Inter Aide will pay for this service based on a fee to be negotiated between the two parties. In this case the government employee must take annual leave in order to complete the work to make sure that it is not infringing on their regular duties. Inter Aide will require proof that approved annual leave was taken and that the individual was replaced if necessary (e.g. for nurses or HSAs).

#### **ARTICLE 7. AMMENDMENTS AND BREACHES**

- 7.1. This agreement may be amended by mutual agreement between all parties through exchange of notes among the parties.
- 7.2. A party shall be in a breach of this MoU if it fails to implement any of its agreed commitments in 2014.

7.3. When a breach of the MoU occurs all parties will meet to discuss the issue and identify a solution. This may involve changes to the commitments made by other parties, an amendment to the MoU, or termination of the MoU and program.

The parties affirm to know, understand and agree the following all articles of this MoU as negotiated together.

**Inter Aide**

Name: *Pireska Betsi Bullen*  
Position: *Program Manager*  
Signature: *[Signature]*  
Date: *18/02/14*

*Inter aide*  
*MENTING AGENCY FOR COOPERATION AND TRAINING*  
*CHILD HEALTH CHADZA PROJECT*  
*LILONGWE 3, MALAWI*  
*P.O. BOX 31403, LILONGWE 3, MALAWI*  
*TEL: 017 58 839/08201330*

**Lilongwe District Health Office**

Name: *Dr M. Mushi*  
Position: *D.HO*  
Signature: *[Signature]*  
Date: *18/2/14*

**LILONGWE DISTRICT HEALTH OFFICE**  
*18 FEB 2014*  
**DISTRICT HEALTH OFFICER**  
*P.O. BOX 1274, LILONGWE*

**Mitundu Health Area**

Name: *Edmas S*  
Position: *Health Spc Incharge*  
Signature: *[Signature]*  
Date: *25-02-2014*

*LILONGWE DISTRICT HEALTH OFFICE*  
*CHADZA PROJECT*  
*MENTING AGENCY FOR COOPERATION AND TRAINING*

**Katchale Health Centre**

Name: *ALEXANDER W CHAWALWA*  
Position: *SEN MED ASSIST.*  
Signature: *[Signature]*  
Date: *26/02/2014*

**LILONGWE DISTRICT HEALTH OFFICE**  
**KATCHALE H.O. CENTRE HEALTH**  
*26/02/2014*  
*P.O. BOX 1274, LILONGWE*

**Chadza Traditional Authority**

Name: *S.T.A.*  
Position: *SENIOR CHIEF CHADZA*  
Signature: *[Signature]*  
Date: *19-02-2014*

**CHADZA CHADZA**  
**SENIOR CHIEF CHADZA**  
*19 FEB 2014*  
**MSOZI HEADQUARTERS**  
**LILONGWE**

**Kalumbu Traditional Authority**

Name: *[Signature]*  
Position: *SENIOR CHIEF KALUMBU NYANJA HEADQUARTERS*  
Signature: *[Signature]*  
Date: *21 FEB 2014*

**SENIOR CHIEF KALUMBU NYANJA HEADQUARTERS**  
*21 FEB 2014*  
**BOX 45**

This MoU is printed and signed in 6 (six) copies, one of which should be retained by each party.

## ANNEX A: PROGRAM SUMMARY

For a full description of the three year program see the proposal "Reducing morbidity and mortality among children under five years old in the Katchale Health Centre catchment".

<b>Project Title</b>	Reducing morbidity and mortality among children under five years old in the Katchale Health Centre catchment.
<b>Target Area &amp; Beneficiaries</b>	The project will be implemented in all villages within the catchment area of Katchale Health Centre, which is located within Mitundu Health Area in Lilongwe district. The total number of villages identified is currently 97, although this may change after review by the HSAs working at the facility. The total population of the catchment was previously estimated by the Health Centre to be 19,835, including 3,372 children under five years and 4,562 women of reproductive age (15-49 years). However, an accurate population will only be known after initial house-by-house visits early in 2014.
<b>Duration</b>	The project will run for a minimum of three years, from 2014 to 2016. It may be extended if necessary depending on the results from the first three years.
<b>Goal</b>	The goal of the project is to reduce the number of children under five years old, including neonates, who get and/or die from preventable diseases.
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To increase the number of children receiving early diagnosis and/or treatment for common diseases (e.g. LA, ORS, etc).</li> <li>2. To increase the number of parents implementing prevention behaviours (e.g. ITNs, latrines, hand washing, etc).</li> <li>3. To reduce the number of complications during pregnancy and birth (e.g. prematurity, infection etc) through increasing antenatal care, safe delivery and family planning.</li> </ol>
<b>Partners</b>	<p>The following partners were involved in the problem analysis and development of the proposal, and will also be involved in implementation:</p> <ul style="list-style-type: none"> <li>• Lilongwe District Health Office (DHO)</li> <li>• Mitundu Health Area</li> <li>• Katchale Health Centre</li> <li>• Chadza Traditional Authority</li> <li>• Kalumbu Traditional Authority</li> </ul>
<b>Approach</b>	The project will be divided into community level activities and system level activities. Community activities will be implemented within each village and will directly involve men, women, children and chiefs. The main aim of these activities will be to improve health related behaviors of parents. System activities will be implemented with the government health staff and will focus on improving the services available at Katchale Health Centre for children under 5 years and pregnant women.
<b>Activities</b>	<p>Community level activities:</p> <ul style="list-style-type: none"> <li>• <b>By-laws:</b> The Traditional Authorities and Area Development Committees will create and enforce public health by-laws (e.g. requiring all households to have a latrine, requiring all deliveries to be at the Health Centre, etc). Surveys will be run every six months to see which villages are compliant and the results will be reported back to the GVHs and TAs for action.</li> <li>• <b>Village Health Committees:</b> Group Village Headmen, HSAs and Inter</li> </ul>

	<p>Aide facilitators will select and train Village Health Committees (approximately 10 volunteers per GVH) to help implement the by-laws. Existing village health volunteers who are already working with the HSAs will be given priority.</p> <ul style="list-style-type: none"> <li>• <b>Triggering and follow-ups:</b> Inter Aide Facilitators, HSAs and Village Health Committees will work together to run community triggering sessions (based on the CLTS approach) to help the community to develop their own action plans for implementing the by-laws.</li> </ul> <p>System level activities:</p> <ul style="list-style-type: none"> <li>• <b>Staffing and scheduling:</b> Lilongwe DHO will identify relief nurses to assist the current nurse at Katchale. Inter Aide will rent housing for the relief nurse in the short term. In the long term Inter Aide and the community will build a second nurse house at the Health Centre if a permanent second nurse can be found. The Health Centre will review the current staff schedule, particularly for HSAs, to see if improvements can be made.</li> <li>• <b>Supplies and equipment:</b> Inter Aide will purchase essential equipment and supplies for the Health Centre, especially to improve the quality of maternity services. This includes mattresses, sheets, blankets, a solar battery for lighting, newborn weighing scales, etc. The Health Centre and Health Area will select and train a new Health Centre Management Committee to oversee activities, including control of supplies.</li> <li>• <b>Transport support:</b> Inter Aide will maintain the Katchale Health Centre motorbike. DHO will provide fuel for it each month. Inter Aid vehicles will also be available to assist with the transport of drugs and supplies when necessary. Inter Aide will purchase a new set of HSAs bicycles for Katchale Health Centre to allow the HSAs to carry out their community activities.</li> <li>• <b>Village Clinics:</b> The Health Centre, Health Area and DHO will enforce the policy that HSAs running village clinics must live in their catchment area. To assist with this Inter Aide will rent houses for HSAs in the catchment in the short term. In the long term the community and Inter Aide will work to construct houses for the HSAs to live in and run the village clinic. Inter Aide will also provide equipment for the village clinics, particularly a new fourth clinic to be opened in Katchale catchment.</li> <li>• <b>Supervision and feedback:</b> The DHO, Health Area and Health Centre supervisors will prepare supervision schedules and checklists for supervising Katchale Health Centre. Inter Aide will assist by providing transport for supervision visits.</li> </ul>
<p><b>Monitoring &amp; Evaluation</b></p>	<p>Monitoring of community level activities will be done using house-by-house surveys in all villages every six months to track the implementation of the by-laws. This will include measuring increases in latrine coverage, hand washing, bed nets, water treatment, family planning, etc.</p> <p>System level improvements will be monitored using patient satisfaction surveys conducted every six months with parents of children under 5 years attending the Village Clinics and patients attending Katchale Health Centre.</p> <p>The evaluation of the project will be done using a baseline and endline survey conducted by independent enumerators. These surveys will be done in both intervention and control villages allowing the results to be compared.</p>

## ANNEX B: BUDGET SUMMARY

The following financial or in-kind contributions will be made by each party to implement the activities in this proposal.

### Inter Aide

Inter Aide will provide the following funds to implement the program activities. These are direct activity costs only, and may change as needed.

Activity	2014 Budget (MKW)
Construction of one HSA house	1,500,000
Health Centre maternity equipment	763,000
Maintenance of Health Centre motorbike and bicycles	345,000
Stakeholder meetings	818,000
Monitoring & surveys	1,300,000
Rent for Nurse and HSA houses	600,000
Family planning and village clinic backup supplies	400,000
Training of VHCs and other stakeholders	1,189,000
Training supplies	140,000
HSA bicycles	825,000
<b>TOTAL</b>	<b>7,880,000</b>

### DHO

The following are indicative costs for the commitments that will be implemented by the government stakeholders. This is part of the regular national budget and may change.

Item	Unit	Quantity	Unit cost (MKW)	Total (MKW)	
Fuel for Health Centre motorbike	months	1	12	15,000	180,000
Additional nurse monthly salary	nurses/months	1	12	80,000	960,000
Supervision allowances	supervisors/times	3	4	3,500	42,000
<b>Total</b>					<b>1,182,000</b>

Additional funds may be allocated for other activities, such as HSA training. However, this will depend on the annual plan of DHO in 2014.

### Traditional Authorities

The TAs and ADCs will mobilize the community to provide bricks, sand, land and unskilled labour for HSA and nurse houses (one HSA house to be built in 2014, three HSA houses and one nurse house to be constructed in 2015).

A request for funding support for these activities will also be made to the Local Development Fund if possible.

## ANNEX C: STAKEHOLDER MEETINGS

Inter Aide will aim to hold the following meetings to keep all parties updated on the program:

Meeting	Participants	Frequency	Location
Monthly planning meetings with Health Centre	Inter Aide technical team including all facilitators, Health Centre HSAs and managers	Monthly	Katchale Health Centre
Review meetings with Health Centre, Health Area and DHO	DHO management and relevant coordinators, Health Area management, Health Centre management, Inter Aide management	Every 6 months	DHO
Review meetings with GVHs	All GVHs from catchment area, Inter Aide technical team, Health Centre HSAs and managers	Every 6 months	Katchale Health Centre
Review meetings with TA & ADC	TA, ADC members, Inter Aide management, Health Centre management	Every 6 months	ADC meeting room