Appendix 6. Template Memorandum of Understanding (MoU)

Many Health Partnerships choose to sign a Memorandum of Understanding (MoU), either at the start of the Partnership or to formalise the work of an existing Partnership. Developing an MoU can be an important way to ensure that both partners agree on the broad purpose of the Partnership, as well as setting out how the two sides will work together. An MoU can encourage a greater feeling of ownership by both partners – provided that the process of developing and drafting the MoU is a true collaboration, rather than being driven from the UK.

Some Partnerships choose to write a brief one-page MoU, while others prepare a more formal and lengthy document. The following relatively short example is based on a range of MoUs developed by real Partnerships. *It is intended to serve as an example only* – please ensure that any MoU you sign has been adapted to fit with your specific needs and that it also meets the laws and regulations of any relevant bodies operating in the countries involved.

MEMORANDUM OF UNDERSTANDING Between XXX and YYY Dated xxx	COMMENTS:
1) Introduction	
Organisation XX and Organisation YY hereby agree to develop a Health Partnership (known as 'the Partnership') between both organisations, with the aim of fostering cooperation and the exchange of knowledge and skills in the areas of: xx and xx	Example areas of knowledge and skills e.g. education, clinical practice, training, working practices, technologies, health system strengthening, research.
Organisation XX and Organisation YY share the belief that exchanges of skills and experience are an important resource in:	
 Supporting improvements in health services and systems in developing countries, 	
 Bringing personal and professional benefits to health workers in the UK and, 	
• Enhancing solidarity between those from different countries.	
We acknowledge, therefore, a mutual interest in working to support health systems and in building the capacity of health workers in country xx.	
We share a commitment to the following key principles. We will:	
 Respond to priorities identified by Organisation XX (the 'southern' partner), in dialogue with Organisation YY. 	
 Ensure that the Partnership focuses on areas where there is a demonstrable health care need, or need for health system strengthening. 	
 Ensure that the activities of the Partnership are in alignment with national and local healthcare priorities and plans in country xx. The agreement to form a Partnership has the full support of the Board at Organisations XX and YY (following meetings on xx). 	As well as Board support, some MoUs also mention relationships with DFID, Royal Colleges, THET or other supporting organisations here.
2) Purpose of the Partnership	
The Partnership will encompass:	This should describe the main purpose
• xx	or broad aims of the Partnership.
• XX	
• XX	

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3) Alignment

In line with the 2005 Paris Declaration on Aid Effectiveness, we acknowledge the importance of ensuring that the Partnership is in alignment with the health care priorities and plans of the Ministry of Health in country xx, and with local health plans for region xx.

We will therefore make every effort to ensure that all activities of the Partnership are in line with current health care plans.

This has been discussed with the Ministry of Health in country XX (during meetings on xx dates).

Reference could be made here to specific local or national health plans eg a national xx-year health plan, or Basic Health Package, where available.

This section could also discuss how updates will be provided to the Ministry or other official bodies, if these have been requested.

4) Coordination, roles and responsibilities

Each organisation will establish a (describe group eg Steering Group, Partnership Committee) to coordinate the work of the Partnership. The group will meet (frequency), and will comprise the following Pooleganisation XX[] For Organisation YY[]

The key roles and responsibilities for the (Steering Group/ Partnership Committee) will be:

- XX
- XX

Key contacts: In addition, we nominate the following staff as Partnership Coordinators, who will be the normal initial contact points for information or action points for this Partnership:

For Organisation XX [] For Organisation YY []

The specific roles and responsibilities of the Partnership coordinators will be:

- XX
- XX

Ways of working together: In carrying out the roles and responsibilities described in this section, each side agrees to work with consideration for the other and to foster mutual respect.

Roles and responsibilities can include, for example, communications with partners, fundraising, and publicity as well as development/review of plans.

Having named contacts can be a useful way to make clear who is the first 'point of call' - but see Chapter 2.3 on communication, for suggestions on broadening communications as a way to avoid bottlenecks.

Specific issues of importance to your particular Partnership relationship could be mentioned here. To give one example, you might like to agree to arrange visits so that they are convenient for both sides and do not coincide with the 'no visit' periods of the host organisation, where these exist.

5) Communications

Our preferred methods of communication are: xx All communications regarding the activities of the Partnership will normally be copied to: xx

Specify here if email, phone, fax or post is preferred. This can help prevent the communication difficulties that can arise when, for example, one side relies heavily on email, while the other side - with less reliable ICT - prefers phone or post, and checks email only rarely.

It can be useful to copy communications about the Partnership to several people; this can help prevent delays when, for example, one person is away or has email difficulties. Unanswered emails and letters can quickly lead to frustrations.

6) Planning, development and activities

We are committed to the principle of responding to the priorities identified by Organisation XX (the southern partner), in dialogue with Organisation YY.

We acknowledge that planning is most effective when there is input from a range of people from both Partnership partners - and from other stakeholders.

(For a new Partnership)

Before specific activities begin, the priority needs will be identified and agreed. Both sides will work together to agree overall outcomes and to prepare a detailed (costed?) plan of activities (for xx years?), including estimates of the required resources (including staff time).

The process for development and review of these plans will be: xx

(For an MoU formalizing an existing Partnership:)

This MoU recognizes and encompasses the existing activities taking place between the organisations, including:

- XX
- XX

In addition, Organisation XX has identified the need for xx and xx. As a result, new outcomes that will be established under the Partnership include:

- XX
- * **

These will be delivered through the following outputs and activities:

- XX
- XX

The process for development and review of these plans will be: xx

7) Monitoring and evaluation

We are committed to tracking our progress regularly, to learning from our experiences, and to sharing this information with each other – and with other organisations that might benefit.

Monitoring

Regular monitoring of the Partnerhip's activities will be carried out in the following ways:

- XX
- XX

Evaluation

Specific activities and visits will be evaluated (when? How often?) and each partner will provide feedback to the other.

For guidance on planning and programme design, please refer to:

- Tools and Guidance section of THET's resource library www.thet.org/hps/resources/toolsquidance
- Chapter 2.2 of the Health Links Manual

For both new and existing Partnerships

Will detailed activity plans be developed? Will they be costed? How many years will these plans cover?

You might like to have an activity plan attached to the MoU as an Appendix.

Describe the role of Partnership Committees, panels or others involved in developing and reviewing plans here - or refer to Section 4

For both monitoring and evaluation, consider -

- What data will need to be collected?
- How will it be collected?
- How often?
- How this will analysed and reviewed.

For each item it will be helpful to agree who will carry out the work, and when and to check that this is realistic.
For guidance, please refer to:
THET's resource library - Monitoring and Evaluation Plan,
or contact a member of the Evaluation and Learning team.

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8) Entry into effect, amendment and termination This MoU shall come into effect from the date of signature by the heads of the two organisations involved. This MoU shall continue in effect, with modification by mutual agreement, until it is terminated by either party.	
9) Duration and review We shall review the operation of this MoU in (xx months or years) after its signature. At that time, we will consider how well the MoU is working and review progress; we will consider whether the MoU should be extended - and if so, what further deliverables should be identified.	
10) Additional sections Other sections that you might like consider adding to your MoU include:	
Settlement of disputes	
Confidentiality	
Auditing - including frequency, and who will cover the cost of this	
 Visits - including agreement over appropriate timings for visits, and who will cover the costs 	
 Financing - eg, estimating total costs per year and detailing how this might be met - perhaps with a disclaimer for the UK side in the event that they are unable to raise sufficient funds 	
11) Signatures	
This MoU is signed by	
For Organisation XX: [name, signature, date]	
For Organisation YY: [name, signature, date]	