

MEMORANDUM OF UNDERSTANDING

*Local Community Association, Community Members, and
Implementing Organization for establishing and sustaining a
Community Led Drug Distribution Point (CLDDP)*

Local Community Association

and

Community

and

Implementing Organization

Date: _____

Description

This Memorandum of Understanding (MOU) is to establish a working relationship under the Community Led Drug Distribution Point (CLDDP) approach.

Objectives

A Community Led Drug Distribution Point (CLDDP) is a **service delivery approach in which health care workers provide integrated health services** (ART, HIV counselling and testing, TB services, and other primary health care services) **in a community, and the community plays a role in mobilisation and oversight**. The main objective of the CLDDP approach is to improve the health and access to livelihoods of people in remote communities. The approach works toward this objective by setting up regular outreaches/CLDDPs that occur in remote communities and are led by Local Community Associations (LCAs) made up of members of affected communities who have set up wealth pooling to improve access to livelihoods, health care, and other social services.

The CLDDP approach enables communities through LCAs to set up integrated outreaches/CLDDPs by working with the healthcare workers and community members to coordinate the outreaches/CLDDPs and set up a system to save money and improve on their livelihoods. The CLDDP approach targets comprehensive, integrated health services with a special focus on Antiretroviral Therapy (ART), HCT, perinatal care, family planning, and other essential health services.

In this MOU we outline the expectations and duties of the implementing organization, the LCA, and the community to ensure that the programme is successful and serves the needs both of health workers and the people of the area.

Roles & Responsibilities

Implementing Organization

The members of this organization will be expected to complete the following activities:

- Identify existing organizations to roll out LCAs and where there is none, organize community members to form LCAs for this cause.
- Ensure that all participating LCAs are fully registered and in compliance with national and district policies.
- Provide necessary training of all stakeholders in respect to their responsibilities.
- Oversee LCA activities and provide support supervision to ensure effective performance.
- Ensure that health facilities provide the beneficiaries with schedules of activities.
- Monitor the privacy and quality of service provided at CLDDPs/outreaches and address gaps to ensure good quality of service.
- Regularly check in with local leaders to ensure that the programme is functioning and serving people's needs.
- Regularly check in with health facility staff to ensure that the programme is meeting their needs.
- Make programme changes if there are any problems, or if circumstances deem it necessary.
- Assist communities, health facility staff, and LCAs when they have enquiries or suggestions of how the programme should be improved.

_____ and _____
Local Community Association *Community*

The LCA members, Village Health Team members (VHTs), Local Council I Chairperson, and other community members will be expected to complete the following activities:

- To voluntarily subscribe to the saving groups formed under LCAs for the purpose of leading and sustaining CLDDPs/outreaches.
- To participate in matters concerning the CLDDPs/outreaches at LCA meetings whenever called upon.
- To identify a suitable site for the outreach to always take place in, that meets the minimum standards of privacy and quality as guided by the healthcare workers and implementation organization staff.
- Inform community members, both HIV positive and negative, about the CLDDP activities, services offered, and upcoming outreaches.
- To participate in choosing a committee that will be responsible for managing funds for the outreaches.

- Identify potential locally available resources that can help improve performance of CLDDPs and make recommendations to the LCAs and IP.

We shall be happy if our collaboration is successful.

Sincerely,

Implementing Organization Representative

Signature:

Name:

Title:

Local Community Association and Community Members

Members (print and sign). LCI Chairperson to Sign and Stamp the document: