

MoU Template

A. ORGANIZATION DETAILS

Name of Organization	
Address	
Type of institution	
Date of registration	
Place of registration	
Website	
Headquarters location	
Primary contact person <u>Principle</u> Name: Title: Tel: Email:	
<u>Alternative</u> Name: Title: Tel: Email:	
Telephone number	
Organization Website	
Organization email	
Has the organization previously signed MoU with MoH&HS	<i>No</i> Yes
If yes and valid	valid until?
If no, has it expired?	Yes / No. if yes, it expired when:

B. MOU DETAILS

1. PARTIES			
This Memorandum of Understanding (MoU) between the Ministry of Health and Human Services (MoH/HS) of the Somali Federal Government , hereinafter referred to as the “Ministry of Health” and Insert Name of the Company/Organization, hereinafter called insert short name of your Company/Organizatio			
2. PURPOSE			
The purpose of this Memorandum of Understanding is to set forth the terms and conditions, scope of work and responsibilities between “the Federal Ministry of Health” and “Insert short name of your Company/Organization with their collaboration on [DESCRIBE PROJECT objectives]			
3. GENERAL INFORMATIONS			
3.1 Registration Number [-----] of the Company with the responsible Government Institutions.			
3.2 This MoU shall have effect from the Date signed by both parties and shall expire the date agreed by both parties [Date-----], unless terminated earlier by either parties or extended by both parties in written agreement.			
3.3 Both parties agree to carry out their roles and responsibilities as detailed in this MoU.			
3.4 The project objectives and activities may be revised from time to time in accordance with the terms of this MoU and all such changes will require agreement of both parties in writing.			
4. BACKGROUND			
4.1. Brief description of your Company/Organization			
Insert your organization background			
4.2. Type of Programs (ongoing currently)			
Area of the Program(s)	Yes/No/other		
Health			
Nutrition			
Wash			
Other/please specify			
4.3 Location of Operation			
State(s)			
Region (s)			
District(s)			
Sub-District (s)			
4.4. Facilities			
Facilities	Are you operating in a public or private facility?	Public	Private
	If public facilities: have you signed Public Facilities Consent Declaration Form?	Yes/No	
Information on the building	Government Building		

of health centers/HF			
	Rental		
Details Information about health centers/HF if applicable			
Details Information about Medical Waste Management			
4.5 Number of Staff Per Program			
Health			
stNutrition			
Wash			
Other/ please Specify			
Staff Categories			
Staff Categories	Qualification	Number	
5. DUTIES AND RESPONSIBILITIES			
5.1 Duties and Responsibilities of the “MINISTRY OF HEALTH” under this MOU			
5.1.1	The Ministry of Health shall be involved in all stages of the project(s) under this memorandum		
5.1.2	Provide required permission(s)		
5.1.3	Review all required documentation.		
5.1.4	Oversee and Monitor the implementation process of this MoU		
5.1.5	Provide and share relevant policies, guidelines and frameworks that have been developed or adopted by the Federal Ministry of Health		
5.1.6	Facilitate tax exemption for the medical products and supplies earmarked for humanitarian support to the needy community		
5.1.7	Monitor the health facilities and staff performance		
5.1.8	Ensure that all project and intervention under this review annually		
5.1.9	Endorse annually reports for the MoU projects		
5.1.10	Maintain records and Health service delivery and qualities		
5.2. Duties and Responsibilities of INSERT NAME OF the company/organization) UNDER THIS MOU			
The company/Organization shall undertake the following activities			
5.2.1	Prepare workplan		
5.2.2	develop a set of indicators to monitor activities against work plans and this will be done as part of the supervision and monitoring visits undertaken jointly with the Ministry on a monthly basis		
5.2.3	develop a set of indicators to monitor progress towards results/outcomes of the project and will monitor these together with the Ministry of Health on a quarterly basis.		
5.2.4	Service provision and health service quality		
5.2.5	Share information with the Ministry health Information system		
5.2.6	Share Deliverable and		

- 5.2.7 Comply policies, procedures of the Ministry of Health and Human Service
- 5.2.8 Provide staff training
- 5.2.9 Submit quarterly report to the **Ministry of Health.**

6. FUNDING

Funding/Donor	Grant	Start	End
Project - 1	Project Grant (Amount)		
Project - 2	Project Grant (Amount)		
Project - 3	Project Grant (Amount)		
Project - 4	Project Grant (Amount)		
Project - 5	Project Grant (Amount)		
Project - 6	Project Grant (Amount)		

6 MONITORING AND EVALUATION

- 6.1 The Ministry of Health will audit the quality of the Organization Performance periodically.
- 6.2 The monitoring team will consist of the Ministry of Health and Agency representatives.
- 6.3 Monitoring will be conducted four times per year, in addition to an annual review.
- 6.4 An evaluation will be carried out at the end of the project.
- 6.5 The annual review will be conducted by the Ministry of health and staff, incorporating stakeholder meetings to share lessons learned and plans.
- 6.6 The Party should regularly monitor and verify that the intended beneficiaries receive the entitlements.

7. CONDITIONS OF ALTERATION AND TERMINATION

8.1ALTERATION

- 7.1.1 Any alteration of this MoU must be approved in writing by both parties.
- 7.1.2 Any alteration to this MoU will require an amendment. Either party can suggest an amendment in writing.
- 7.1.3 Either party may withdraw from this MoU for a good reason by providing the other with three months' notice in writing. The withdrawing party shall settle all outstanding projects' financial and reporting requirements under the plan according to the project terms and conditions.

8.2TERMINATION

- 8.2.1. The partnership covered by this MOU shall terminate upon completion of the agreed upon period.
- 8.2.2 The agreement may also be terminated with a written one-month notice from either side in written.
- 8.2.3 In the event of non-compliance or breach by one of the parties of the obligations binding upon it, the other party may terminate the agreement with immediate effect.

9.0 CONFIDENTIALITY & ETHICAL ISSUE

10. ANTI-FRAUD AND CORRUPTION

- 10.1. Both parties commit to acting transparently in all aspects of this project and taking all reasonable means to protect the contributions made towards this project from fraud or misuse.

10.2. Both parties confirm that they will comply with all applicable laws and regulations relating to anti-bribery and anti-corruption as per international laws and as per the laws of the country

11.0 EFFECTIVE DATE OF THIS AND SIGNATURE

Insert Company Name

Declaration: I certify that the above facts are true to the best of my knowledge and I understand that in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Name: _____

Title: _____

Signature: _____

Date: _____

On behalf of the Ministry of health Human Service

This MoU shall be effective from the date of signature by the authorized official Ministry of Health and the Company /Organization.

Name: _____

Title: _____

Signature: _____

Date: _____