**Appendix F5: Memorandum of Understanding (Sample)**

**Memorandum of Understanding Between the WIC Peer Counseling Study: Phase 2 Evaluation Team and the [Local WIC Agency Name]**

This Memorandum of Understanding (MOU) is between the **Abt Associates** (on behalf of itself and Abt SRBI) and the **Local WIC Agency Name** concerning participation in the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture's (USDA) WIC Peer Counseling Study: Phase 2. This MOU describes generally the terms and conditions associated with the participation of the **Local WIC Agency Name** in the study. **Local WIC Agency Name** agreesto cooperate with the evaluation as a condition of receiving a grant funds as described below. Each party (Abt and **LWA Name**) is signing this agreement in good faith and with the expectation of fulfilling its obligations as described in the MOU.

**Study Objectives**

In the Child Nutrition and WIC Reauthorization Act of 2004 (*P.L. 108-265, Sect203(e)(9*)) Congress authorized to the USDA to conduct “special projects to promote breastfeeding, including projects to assess the effectiveness of particular breastfeeding promotion strategies” among WIC participants. To evaluate the WIC *Loving Support* Peer Counseling Program, the Food and Nutrition Service, USDA has contracted with Abt Associates and its partner Abt SRBI (Contract # AG-3198-D-06-0105) (hereafter, referred to as the “evaluation team”) to conduct a two-phase WIC Peer Counseling Study. The results of Phase 1 of this study were published in June, 2010 [<http://www.fns.usda.gov/ora/menu/published/wic/FILES/WICPeerCounseling.pdf> ] and document the variation in the implementation of *Loving Support* Peer Counseling Programs. Phase 2 of the evaluation entails an impact study and a process study. The primary impacts of interest are the rates of breastfeeding exclusivity and intensity. Additional data collection activities will document the implementation of the intervention and the impact study procedures.

The study begins with a two-month Demonstration Period (**month** to **month**, 2011) to allow **Local WIC Agency Name** to test the feasibility of offering an enhanced version of their existing peer counseling services. The enhanced *Loving Support* Peer Counseling Program adds two services to **Local WIC Agency Name’s** existing peer counseling program:

* Peer counselor contact (in-person or by telephone) with willing WIC participants who are in the hospital to deliver (or having just delivered) their infant; and
* An in-person peer counselor meeting with willing WIC participants within the first 10 days post-partum.

Based on their assessment of the caseload and capacity of their peer counseling program, [**Local WIC Agency Name]** has agreed to deliver these two enhancements to a minimum of **XX** WIC participants who are first-time mothers between [**date**] and [**date**]. Meeting this target is a requirement for participation in the subsequent 12-month Study Period, to occur between [**month**] 2012 and [**month**] 2013. The evaluation team, in consultation with FNS, will determine whether or not LWA shall proceed to the Study Period after the conclusion of the Demonstration Period.

**Roles and Responsibilities of the Evaluation Team**

1. The evaluation team will designate a primary liaison to communicate with [**Local WIC Agency Name]**. The designated liaison is [**Site Liaison Name**] of Abt Associates (contact information provided at the end of this agreement).
2. Review the results of LWA’s participation in the Demonstration Period and certify the LWA for participation in the Study Period (assuming FNS approval).
3. The evaluation team will provide guidance to **LWA** on recruiting, obtaining consent, and enrolling eligible WIC participants into the study; preparing and transmitting data on a weekly, biweekly, or monthly basis about enrolled study participants with Abt in a manner that protects WIC participants’ privacy, as described below under “Roles and Responsibilities of the **LWA**.”
4. From each file provided by **LWA** of WIC participants consenting to enroll in the study, the evaluation team will randomly assign approximately half to receive the LWA’s existing peer counseling services (the control group) and approximately half to receive the enhanced peer counseling services (the treatment group). We estimate that this will mean approximately [**target number specific to LWA**] first-time expectant WIC participants will be assigned to the treatment group and [**target number specific to LWA]** to the control group. The evaluation team will provide **LWA** a file on a [weekly/bi-weekly/monthly] basis indicating the assignment status of each WIC participant enrolled in the study.
5. The evaluation team will conduct the following data collection:
6. Collect Study Enrollment and Consent Forms from **LWA** for WIC participants in peer counseling who agree to participate in the study, and Decline Forms for WIC participants who decline to participate in the study (but agree to complete the Decline Form);
7. Conduct two surveys with WIC participants assigned to the treatment or control group, one within four to six weeks of their enrollment into the study, and a second within eight to twelve weeks following each study participant’s due date;
8. Administer a Peer Counselor Background Questionnaire to all willing peer counselors at **LWA** (completion of the questionnaire is voluntary);
9. During on-site visit to LWA, interview staff members of **LWA** twice – once during the Demonstration Period [month to month, 2011] and once during the Study Period [month to month, 2012].
10. Interview up to eight volunteer peer counselors from **LWA** once during the Study Period, either during the on-site visit or by telephone;
11. Collect study records from **LWA** staff from peer counselor contact logs for study participants ; Refusal/Withdrawal forms completed by peer counselors for any study participant who withdraws from the study or peer counseling, or refuses contact with a peer counselor; financial reports relevant to the administration of the *Loving Support* Peer Counseling program; breastfeeding promotion program materials; breastfeeding peer counseling program materials; and materials detailing any formal partnerships **LWA** has with hospitals and/or other community agencies to facilitate breastfeeding promotion and support for WIC participants.
12. Provide LWA with grant disbursements on a pro-rated basis in the amount of **$175** for each woman assigned to the Treatment Group to whom peer counselors successfully deliver the intervention;
13. The evaluation team will protect confidential personal information as required by the contract with FNS and applicable Federal laws and regulations. No personal identifying information (PII) from any surveys, questionnaires, or interviews conducted by the evaluation team will be used in any report or in any data files provided to FNS. Information collected will not be attributed to a single respondent but will be presented in the aggregate and analyzed across a host of variables. Analysis using personal characteristics such as demographics and other variables will be conducted using the assignment of a unique code that does not identify a participant. All correspondence between the evaluation team and the treatment and control group members will remind respondents that their responses will remain private to the extent allowed by law.

**Roles and Responsibilities of [Local WIC Agency Name]**

1. LWA and its subgrantees will participate in the Demonstration Period from [**month**] to [**month**], 2011 and if approved for the Study Period, through the close-out of the Study Period (expected to occur in **month** 2013).
2. LWA will oversee the Demonstration Period and provide Abt 4 bi-weekly Demonstration Period Progress Forms.
3. If LWA receives approval to participate in the Study Period (2012-2013), LWA will continue to participate in the evaluation through [**month**] 2013.
4. LWA designates [**STAFF MEMBER(s)**] as the liaisons to the evaluation team. In this role, they will coordinate data transfers, provision of reports and other administrative documents, and access to LWA staff and peer counselors for interviews.
5. LWA will oversee the following steps to be performed during the Demonstration Period and the Study Period:
   1. Participate in on-site or webinar-based training on study procedures provided by the Evaluation Team once during the Demonstration Period and, if necessary, a second time at the conclusion of the Demonstration Period;
   2. Train peer counselors on procedures for delivering the two components of the enhanced *Loving Support* Peer Counseling Program and procedures for completing contact logs during the Demonstration and Study Periods, and Refusal/Withdrawal forms during the Study Period;
   3. Recruit first-time expectant WIC participants enrolled in peer counseling into the study and assign a Primary and Alternate Peer Counselor prior to receiving notification from Abt about the WIC participant’s assignment to the treatment or control group;
   4. Administer and receipt Consent Forms and complete Study Enrollment Forms for WIC participants who agree to participate in the study; respond to questions from WIC participants about the study, or notify the Abt Site Liaison about any questions unable to answer; and administer and receipt Decline Forms to willing WIC participants who decline to participate in the study but agree to complete the Decline Form;
   5. Using the Invitation Tracking Form, monitor and track the number of study-eligible WIC participants invited to participate in the study, and the response rate, including the number who agree and the number who decline to participate;
   6. Provide peer counseling services appropriate to each study participant’s assignment status, and document all peer counselor contacts with study participants (both those in the treatment group and those in the control group);
   7. Monitor peer counselors in order to ensure that WIC participants assigned to the control group do not receive the enhanced peer counseling services;
   8. Provide the evaluation team files once per week of consenting study participants and any Decline Forms completed voluntarily by non-participants.
   9. Provide the evaluation team with updated contact information (if applicable) for study participants in a timely fashion to permit Abt to complete telephone surveys with study participants.
6. LWA will facilitate the participation of its staff and peer counselors in the interviews to be conducted by the evaluation team.
7. LWA will facilitate the provision of study-related data as specified:
   1. Demonstration Period Progress Forms (4 times, biweekly during the Demonstration Period);
   2. Invitation Tracking Forms (ongoing basis during the enrollment period as LWA Staff invite women to participate in the study);
   3. in the study (ongoing basis during the enrollment period);
   4. Contact Log Abstraction Forms peer counselor contact logs for study participants (weekly or biweekly);
   5. Consent Forms and Study Enrollment Form data from all women who agree to take part in the study (and any Decline Forms completed)
   6. Refusal /Withdrawal forms completed by peer counselors for any study participant who withdraws from the study or peer counseling, or refuses contact with a peer counselor;
8. In addtition, the LWA staff agree to assist the Abt research team by participating in each of two interviews to be conducted during on-site visits to the LWA, one during the Demonstration Period and one during the Study Period, including, if necessary, financial data relevant to the administration of the *Loving Support* Peer Counseling program; information about breastfeeding promotion activities; and materials detailing any partnerships **LWA** has with hospitals and/or other community agencies to facilitate breastfeeding promotion and support for WIC participants.

**Changes to the Agreement**

We anticipate that over the course of the study, some modifications or additions may need to be made to this agreement. It is understood that the terms may be adjusted with written amendments as agreed upon by both parties.

**Signatures**

The following people have read this Memorandum of Understanding and acknowledge the terms and conditions regarding participation in the USDA Food & Nutrition Service's WIC Peer Counseling Study: Phase 2.

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| --- | --- | --- |
| **Organization** | **Abt Associates Inc.** | **Local WIC Agency Name** |
| **Name** | Carter Epstein |  |
| **Title** | Project Director |  |
| **Signature** |  |  |
| **Date** |  |  |

**Contact Information For Designated Liaisons**

|  |  |  |
| --- | --- | --- |
| Organization | **Abt Associates Inc.** | Local WIC Agency Name |
| Name of liaison | [name] |  |
| Title | [title] |  |
| Telephone | 617-xxx-xxxx |  |
| E-mail | [email address] |  |
| Fax | [fax number] |  |
| Address | 55 Wheeler Street  Cambridge, MA 02138 |  |

**Evaluation Cooperation Agreement**

As an applicant selected to receive grant funding for the WIC Peer Counseling Study: Phase 2, LWA agrees to foster and providefull cooperation with the evaluation contractor and its designated agents in all aspects of the WIC Peer Counseling Study: Phase 2, including but not limited to:

* Providing data or access to data on certified WIC participants who agree to participate in the study on a timely basis to the evaluation contractor to allow it to complete random assignment of WIC participants.
* Working in cooperation with the evaluator to trouble-shoot and resolve issues and refine procedures to the extent of the LWA’s control.
* Making all efforts to maintain the integrity of the evaluation and ensure the quality of the data provided to the contractor.
* Facilitating access of the evaluation contractor to WIC agency staff, and peer counselors.
* Providing data as described in the MOU (see Roles and Responsibilities of **Local WIC Agency** No. 9)

Signed

Printed Name

Authorized LWA Representative with authority to obligate the local WIC Agency

Date:

Signed

Printed Name

Project Director for the WIC Peer Counseling Study: Phase 2, Abt Associates Inc.

Date: