

Guidelines for Establishing Model Rural Health Research Units (MRHRUs) under the Umbrella Scheme of Developing Infrastructure for Promotion of Health Research During the 15th Finance Commission Period (2021-22 to 2025-26).



सत्यमेव जयते

**Government of India
Department of Health Research
Ministry of Health & Family Welfare**

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Guidelines for Establishing Model Rural Health Research Units(MRHRUs) during the 15th Finance Commission Period (2021-22 to 2025-26)

Introduction

During the 12th plan period (2012-13 to 2016-17), government conceptualized and introduced a central sector umbrella scheme of developing infrastructure for promotion of health research across the country. The umbrella scheme has 02 sub-schemes namely (i) establishing Multidisciplinary Research Units (MRUs) in government medical colleges/research institutes, and(ii) establishing Model Rural Health Research Units (MRHRUs). The scheme was extended from 2017-18 to 2019-20 to be co-terminus with the period of 14th Finance Commission Period. Subsequently, the Department of Expenditure vide its notification no.42(02)/PF-II/2014 dated 10.01.2020 approved an interim extension to all ongoing schemes till 31.03.2021 or till the date of recommendations of 15th Finance Commission came into effect, whichever was earlier.

On 08.12.2020, the Department of Expenditure vide its OM No. 42(02)/PF-II/2014 called for proposals for continuation of the ongoing schemes beyond 31.03.2021. The OM also provided that if the financial implications of the scheme fell within the delegated powers of the Ministries/Departments, the same could be appraised/approved by the Administrative Ministry itself. Accordingly, the Standing Finance Committee chaired by Secretary (DHR) in its meeting on 15.03.2021 appraised the scheme and subsequently the competent authority approved the scheme for the period of 15th Finance Commission (2021-22 to 2025-26) with the financial layout of Rs. 192.36 crore.

A copy of the Administrative Order is at Appendix 1

2. Objectives of the Scheme

- Creating infrastructure for transfer of technology to the rural level for improving quality of health services to rural population.
- Ensuring an interface between the New Technology Developers (Researchers in Medical institutions; State or Centre), Health System Operators (Centre or State Health Services) and the Beneficiaries (Communities in rural areas).
- Ensuring geographical spread of health research infrastructure in the country.

MRHRUs shall work under the mentorship of one of the institutes of the Indian Council of Medical Research (ICMR), an autonomous council of Department of Health Research. The Head of the Mentoring Institute shall cause one of the senior scientists of the Institute to be designated as Nodal Officer of MRHRU to oversee its overall functioning. So far, 23 MRHRUs have been established in different States and Union Territories.

3. Approval Mechanism

- (i) Proposals for setting up MRHRUs to be submitted by the State Health Department to the Department of Health Research as per the format at Annexure 1.
- (ii) These will be considered by the Technical Evaluation Committee (TEC) of Experts for its recommendations. Composition of TEC is at Annexure 2
- (iii) Proposals recommended by TEC will be considered by the Approval Committee for approval. Composition of the Approval Committee is at Annexure 3.

4. Funding Norms

- I Approved MRHRUs will be eligible for onetime non-recurring grant-in-aid for (i) civil construction, and (ii) purchase of equipments, and recurring grant for (i) salaries, (ii) contingencies/consumables/training etc. Details of non-recurring and recurring grants are given in Annexure 4.
- II Grants-in-aid for salaries, contingencies/consumables/training etc. would be disbursed from the 2nd year of the approval of the MRHRU. However, if an MRHRU is in position to undertake research from the very first year of approval and its case is recommended by LRAC/Mentoring Institute, request will be considered by DHR on merit basis for release of recurring grant from the 1st year itself.
- III Purchase of equipment by the MRHRU would be need based and as per the recommendations of LRAC/Mentoring Institute. A broad indicative list of equipment generally required for medical research is at Annexure 5.
- IV Grant-in-aid for each MRHRU shall be released to the respective mentoring institute of the ICMR.
- V State Government will be required to provide requisite Land (free of cost) for establishing MRHRU measuring 620 sq mtrs. in the close vicinity of Primary Health Centre(PHC)/Community Health Centre(CHC)
- VI No regular staff would be engaged at the MRHRUs and these labs will be managed by contractual staff only.
- VII Units approved before 01.04.2021 will also continue to receive grants-in-aid as per the norms prescribed in these guidelines.

5. **Operational Mechanism**

The Mentoring Institute would devise suitable internal mechanism for speedy execution of the civil works, procurement & installation of equipments, selection & posting of requisite core staff with the active involvement of the State Health Department in consultation with DHR. This would involve:

- (i) A tripartite Memorandum of Agreement to be signed between the Department of Health Research, State Health Department and the Mentoring Institute of ICMR. Format of MOA is given at Annexure 6.
- (ii) Finalisation of layouts/maps for establishing MRHRU
- (iii) Tendering and hiring agencies for construction/renovation of space provided for the setting up of MRHRU.
- (iv) Tendering and procuring equipment
- (v) Engaging contractual staff for MRHRU.

6. **Physical Targets for Establishing new MRUs during 2021-22 to 2025-26**

year	No. of MRUs to be Established
2021-22	02
2022-23	02
2023-24	02
2024-25	02
2025-26	03

7. **Composition of MRHRU Staff and Salary Structure**

Details of staff and its salary structure are given at **Annexure – 7**

8. **Operational and Monitoring Mechanism of MRHRUs**

For operating MRHRU, a Local Research Advisory Committee (LRAC) is to be constituted which would consider and approve research proposals received from state government and ICMR mentoring institute. LRAC/mentoring institute would also monitor progress of research proposals. They will work as Recommendatory Body for all proposals of the MRHRU. Composition of LRAC is given at **Annexure 8**.

In the Department of Health Research, MRHRUs would be managed by Programme Management & Implementation Units (PMIUs) consisting of Regular Government/Contractual Scientists, Project Manager, Finance Manager and other support staff. Composition of the PMIUs in DHR is given at **Annexure 9**.

Progress of research work of MRHRUs will be closely and regularly monitored by the Expert Committee at DHR. Besides, visits by experts and officials of DHR will also be undertaken to have on the spot view of progress of MRHRUs.

MRHRUs will also be subject to all the prescribed internal/statutory audit check/inspections etc.

9. Training, Workshops, seminars etc.

With a view to provide handholding to researchers and keep them abreast of latest trends in 'research methodologies' and 'scientific paper writing techniques', regular training programmes, workshops, seminars etc. would be organised by the Department of Health Research and also Mentoring Institute.

10. Salient Features of the MRHRU scheme

(i) Creation of clinical trial network

As per the Allocation of Business Rules of Government, undertaking/promoting clinical trials is one of the mandated tasks of the Department of Health Research. In line with this mandate, it has been decided to use the existing network/infrastructure of MRHRUs to undertake clinical trials. Well performing MRHRUs will be utilised for undertaking clinical trials as well along with biomedical research. These Clinical trial Centres can have sub-centres, depending upon their requirement, to facilitate clinical trials. Composition of MRHRU Staff and Salary Structure is given at Annexure 7. Medico-legal and technical issues with regard to clinical trials will be resolved/handled in consultation with experts of the Indian Council of Medical Research, an autonomous organisation of the Department of Health Research. Funds for recurring and non-recurring expenditure for establishing and running the Regional Clinical Trial Centres and sub-centres will be provided by the Department of Health Research under the Scheme for Pradhan Mantri Atmanirbhar Swasth Bharat Yojana (PM-ASBY). Detailed guidelines for Regional Clinical Trial Centres prescribing the objectives, staffing pattern, modus operandi, funding norms and pattern shall be notified, separately.

(ii) Multi-Centric Research Projects

In the coming years, emphasis would be on multi-centric projects to tackle larger research questions of the national importance. This would involve data collection and analysis over large areas, on uniform basis. Such projects may be entrusted to well performing MRHRUs, Research Institutes etc. Multi-Centric projects recommended by the LRAC/Mentoring Institutes of ICMR/Competent Authorities and approved by the Approval Committee in DHR will be eligible for funding under the scheme.

(iii) Release of Grant for Salary from the 1st year

The scheme provides that the first installment of recurring grant for Salaries and Contingencies etc. is to be released only in the year subsequent to the year in which the first instalment of non-recurring grant for Civil Works and Equipment is released. This tends to restrict commencement of research work in those cases where MRHRUs are well prepared to undertake research projects immediately in the first year of approval with the space, infrastructure and equipment available with them. In such situations, on the basis of recommendations of LRAC/Mentoring Institute, first installment of recurring grant for Salaries and Contingencies etc. may also be released simultaneously along with release of first installment of non-recurring grant for civil works and equipment.

(iv) Contingency funds can be utilised by MRHRUs for executing Annual Maintenance Contract/repair of equipment purchased out of grants-in-aid given by DHR.

11. Performance Indicators

Performance of the scheme/MRHRUs will be assessed against the following indicators:

- (i) Number of MRHRUs established
- (ii) Number of MRHRUs functional
- (iii) Number of research studies/projects undertaken at each MRHRU
- (iv) Number of research papers published/presented/patents filed/public health relevant knowledge generated
- (v) Number of transfer of new technologies
- (vi) Number of clinical trials undertaken at MRHRUs
- (vii) Number of multi centric projects undertaken by MRHRUs

12. Utilisation Certificates

The concerned MRHRU/Mentoring Institute would be required to furnish utilisation certificate for funds received under the project in accordance with the provisions of General Financial Rules (GFR). The UCs will be accompanied with the performance-cum-achievement reports of the MRHRUs in the format as may be prescribed by the Department of Health Research.

Information about the scheme and concerned officials in the Department can be accessed at the website of the Department of Health Research dhr.gov.in

Application for establishing Model Rural Health Research Units (MRHRU) In the States

1. Name of State:
2. Name of District where the MRHRU is sought to be established:
3. Site/Location identified for MRHRU (in close proximity to PHC/CHC)
4. Status of availability of requisite land or semi- constructed building having a covered area of about 620 Sq mtrs minimum, for establishing MRHRU
5. Distance (in km) of identified site from
 - a. State Health Hqrs.
 - b. Nearest Govt. Medical College
 - c. Nearest State Level Research Institution (if any)
6. No. of district(s) the proposed MRHRU is likely to cover for transfer of new technologies
7. Names of Nodal persons/Coordinators (to be identified- one from State Health Hqrs., one from nearest State Govt. Medical College, one from district/CHC level where MRHRU is to be established and one from the ICMR institute to be designated as Mentoring Institute) with designations
8. Areas of expertise of the Nodal Officers:
9. Research work proposed with reference to local health priorities*
10. Willingness to take up research proposals based on local/regional/national health priorities; to be prepared in consultation with the state medical college and any other research Institutions.
11. List of research proposals along with concept note being sent along with the application.
12. Method of selection/evaluation of the concept notes being sent.
13. State health personnel at CHC/PHC level identified to undertake various research activities under the MRHRU.
14. Any other information you would like to furnish.

**[Kindly send three to five research proposals which the MRHRU proposes to undertake]*

Note: ·

- i. The selection of locations will be based and prioritized on the basis of the disease burden of the area in consultation with the concerned State Governments to ensure that the units are able to meet their objectives. Heavy burden disease may be the target area for the scheme.
- ii. The Model Rural Health Research Units (MRHRU) will be set up preferably in close proximity to the State Health Facility (Community/Primary Health Centre at Block level) so that the Unit could work in close coordination with the State Health Providers, National Level Research Institutions and Medical Colleges in developing models for transfer of technologies in rural settings.
- iii. Each MRHRU will be linked to the nearest ICMR institute to mentor and guide the research activities of MRHRU relevant to local needs. These research activities would be monitored/ guided by the Committee, consisting of Eminent Scientists of National repute with representation from State Govt. Medical Colleges, State Health Services and other concerned state health officials, constituted with the approval of Secretary, DHR.
- iv. The staff at the MRHRUs as well as for PMIUs at DHR and ICMR will be engaged on contractual basis only.
- v. The appointment of contractual staff and procurement of equipment. etc. would be done as per the GFRs and other relevant laid down Government procedures.

Annexure 2

Composition of Technical Evaluation Committee for Model Rural Health Research Units (MRHRUs)

Sl. No.	Name	Designation
1	Prof. Rajesh Kumar, School of Public Health, PGIMER, Chandigarh	Chairman
2	Dr. Sanjay Mehandale, Ex-Addl. DG. ICMR, Pune, Maharashtra	Co-Chairman
3	Prof. A.K. Deorari, Deptt. of Paediatrics, All India Institute of Medical Sciences (AIIMS), New Delhi	Member
4	Prof. Mongjam Meghachandra Singh, Deptt. of Community Medicine, Maulana Azad Medical College (MAMC), Delhi	Member
5	Prof. A.K. Mondal, Dept. of Pathology, Safdarjung Hospital & VMMC, New Delhi	Member
6	Dr. Chander Shekhar, Scientist 'G' and Addl. DG, ICMR, New Delhi	Member

Composition of Approvals Committee

1	Secretary, Department of Health Research	Chairman
2	Additional Secretary & Financial Advisor, Department of Health and Family Welfare	Member
3	Joint Secretary, Department of Health Research (concerned Scheme)	Member
4	Head, HRD, ICMR HQ, New Delhi	Member

Annexure 4

**Funding Norms of Model Rural Health Research Units
for 15th Finance Commission Period (2021-22 to 2025-26)**

Non-Recurring Grant

Civil Construction	2.075 (to be released in two instalments of Rs.1.00 crore and Rs.1.075 crore)
Equipment	1.00 (to be released in two instalments of Rs. 0.50 crore each)

Recurring Grant

(Rs. Crore)

Salary	42.00 per annum
Contingency, Consumables, Training etc.	50.00 per annum

Indicative list of Equipment for Model Rural Health Research Unit

<u>S.no.</u>	<u>Name of Equipment</u>	<u>Qty.</u>
1	Microscope (light)	2
2	Microscope (Fluorescent)	1
3	Elisa Reader	1
4	Auto Analyser	1
5	Biosafety Cabinet	1
6	Haematology Analyser	2
7	Computer with accessories	1
8	Centrifuge	1
9	Refrigerated Centrifuge	1
10	Ultra Sonography Machine	1
11	Hot Plate	1
12	Electronic Balance	1
13	Refrigerator	1
14	(-20 degree) Freezer	1
15	Water Bath	1
16	Autoclave	2
17	Oven	1
18	X Ray Viewing Box	1
19	Needle Breaker	1
20	UPS	1
21	Gas Burner with Cylinder	1
22	Electric Incinerator	1
23	Solar Vaccine Refrigerator	1
24	ECG Machine	1
25	Solar Inverter	1
26	Furniture & Fixtures	
27	Telephone with Internet Connection	1

MEMORANDUM OF AGREEMENT (MOA)

PREAMBLE

Whereas the Government of India, Ministry of Health & Family Welfare, Department of Health Research has formulated a scheme for establishment of Model Rural Health Research Units (hereinafter referred as MRHRU) for transfer of Modern Technologies & Research to the rural setting for providing better health care to the population, under the initiative of development of infrastructure for health research during 15th Finance Commission period;

Whereas the details of the scheme have been communicated to State Health Department and they have expressed their willingness to establish MRURU in their State with the financial assistance of Department of Health Research, Ministry of Health & Family Welfare, Govt. of India

Now therefore,

This Agreement is made at _____ this _____ Day of _____ 2021/22

BETWEEN

The Government of _____ Department of _____ name of the State Government & the Department) (herein referred to as the SG) and the Indian Council of Medical Research _____ (hereinafter referred to as ICMR) through their authorized signatories _____ which expression unless repugnant to the context or the meaning thereof shall include its permitted assigns and successors.

AND

Department of Health Research. Ministry of Health & Family Welfare. Govt. of India with office at Nirman Bhawan, New Delhi (hereinafter referred to as DHR) through its authorized signatory _____ which expression unless repugnant to the context or the meaning hereof shall include its permitted assigns and successors.

Whereas the above mentioned parties having signed the Memorandum of Agreement (hereinafter referred to as (MOA), which will lay the foundation for cooperation and joint action for establishment of the Model Rural Health Research Unit in the State, have agreed as under:

1. COMMON OBJECTIVES

- i. To develop State/area specific models depending upon the disease profile, topography, morbidity patterns and local conditions for transfer of technology for providing better health care services to the rural masses by supporting and undertaking relevant research on local health issues as per the priorities identified by the State Govt. in close coordination with State health authorities. Special focus will be given to tribal areas, hilly terrain. and remote areas.
- ii. To create a State-wide research capability within the context of building the National Research Infrastructure, including training the health professionals of State Health System to enable them to carry out health research in the use of modern technologies and to replicate the models at local level.
- iii. To facilitate the transfer of appropriate technologies. existing and new, to make them available and accessible to target populations.
- iv. To undertake various research projects in close coordination with the State Government Institutions and other research institutes/centres that are relevant and beneficial to the rural population.

2. OBLIGATIONS OF THE DEPARTMENT OF HEALTH RESEARCH

- I. To provide requisite funds for the establishment of MRHRUs
- II. To exercise overall managerial role for release of funds and overall monitoring of the project.

3. OBLIGATIONS OF THE INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR)

To execute the scheme on behalf of the Department of Health Research (DHR), including the following: -

- (i) Inviting applications/proposals for setting up of MRHRUs in the States.
- (ii) Screening/ Evaluation and making recommendation of the proposals
- (iii) Site visits by the Committee or its sub-committee, wherever required.
- (iv) Seeking Expert Review wherever required.
- (v) Devising suitable internal mechanism as per GFRs and other relevant rules/regulations of the Government of India for speedy execution of the civil works, procurement & installation of equipment, selection & posting of requisite core staff with the active involvement of the State Health Department and the ICMR Institute/Centre with whom the MRHRU would be attached.

This would inter alia include-

- (i) Identification of land in consultation with the State Government, as per requisite specifications
- (ii) Signing of the MOU with the State Govt.
- (iii) Finalization of layouts/maps for establishing the MRHRUs.

- (iv) Tendering and hiring the agencies, as per the GFRs, for construction of unit/renovation of space provided by the State Govt.
- (v) Tendering and procuring the equipment, as per GFR
- (vi) Hiring the contractual staff and other office equipment to run the unit and management of staff cadre at the MRHRUs after following all GFR provisions.
- (vii) Designing and preparing the appropriate/relevant research project proposals to be undertaken by the MRHRU.
- (viii) Linking of each MRHRU to the nearest ICMR institute to mentor and guide the research activities of MRHRU, relevant to local needs.
- (ix) To obtain quarterly progress report from each MRHRU and submit the same to the Department of Health Research for information/necessary action, along with their expert comments.
- (x) Obtaining Utilization Certifications and other relevant information in accordance with the GFRs.

4. OBLIGATIONS OF THE STATE GOVERNMENT

- I. Identification and handing over requisite land/building for providing a covered area of about 620 sq. mtr. minimum for establishment of the MRHRU.
- II. Deploying personnel from State Medical Colleges and Health Functionaries.
- III. To provide hospital infra-structure (equipment and personnel's) for the field/hospital work.
- IV. To facilitate the DHR/ICMR in activities for successful functioning of the MRHRUs

5. AMENDMENT TO THE AGREEMENT

- I. The obligation of DHR, ICMR and State Government have been outlined in this MOA. However, during the operation of the MOA circumstances may arise which may call for alternations or modification of this agreement. These alterations will be mutually discussed and agreed upon in writing.
- II. No amendment or change hereof or addition hereto shall be effective or binding on either of the parties hereto unless set forth in writing and executed by the respective duly authorized representatives of each of the parties hereto.

6. VALIDITY & TERMINATION

This MOA shall come into effect upon signature of both the parties on the date set forth below and will in force for five years. It may be extended further in its present form or with modifications as may be agreed upon through mutual consent on three months' notice in writing from either side.

7. INTERPRETATION/MATTERS NOT PROVIDED HEREIN

If any doubt arises as to the interpretation of the provisions of this agreement or as to matters not provided therein, parties to this agreement shall consult with each other for each instance and resolve such doubts in good faith.

Signed on this day _____ of _____

1. For and on behalf of the State Government

Authorized Signatory

Place
Dated

Witness _____

2. For and on behalf of the ICMR

Authorized Signatory

Place
Dated

Witness _____

3. For and on behalf of the Government of India

Ministry of Health & Family Welfare, Department of Health Research, New Delhi

Authorized Signatory

Place

Dated

Witness _____

Composition of Contractual Staff and Salary Structure at MRHRU

Name of the post	No of Posts	Monthly Remuneration
Scientist – C (medical)	01	67,000/-+ HRA
Scientist – C (non-medical)	01	67,000/-+HRA
Technical Assistant (statistician)	01	35,000/-
Technical Assistant (research)	01	20,000/-+HRA
Assistant Multipurpose	01	31,000
Technician - C (Lab Technician)	01	20,000/-+HRA
Data Entry Operator	01	20,000
Group-D/MTS	01	18,000

Additional Staff For Clinical Trials

Name of the post	No of Posts	Monthly financial implication
Project Technical Officer	1	32,000/-
Data Entry Operator	1	20,000/-
Lab technician	1	25,000/-
UDC/LDC	1	20,000/-

- *Annual increase @5% every two years*
- *Where HRA is to be paid extra, the average cost has been worked out by adding basis remuneration +20%. However, actual payment will be based on respective city rate i.e. 24/16/8% for X/Y/Z cities.*
- *If due to revised structure, any official gets less than what is being paid currently due to length of service and earning of increments, the existing pay will be protected till he/she reaches the same level under the revised structure.*

Composition of Local Research Advisory Committees for considering the Research Proposals in Model Rural Health Research Units

1.	Chairperson	Medical Person preferably a Senior Professor level/Director level person of proven record of work in rural translation/Implementational research
2.	Co-Chairperson	Medical Person preferably a Senior Professor level/Director level person of proven record of work in rural translation/Implementational research
3.	One Microbiologist with credential of work in diagnostic/epidemiology	
4.	Two Clinical/Academicians of expertise in NCDs including Mental Health (One of them should be in Mental Health)	
5.	One Academic Paediatrician	
6.	One Academic Obstetrician & Gynaecologist	
7.	Any other Expert depending upon Disease as identified in project	
8.	Principal/Dean	Linked State Govt. Medical College and professor/Head from Linked State Govt. Medical College as Special Invitees.
9.	Director	Medical Education of State Govt./Nominee.
10	Director	Health & Family Welfare, State Govt./Nominee
11	Director	Mentor Institute of Indian Council of Medical Research (ICMR)
12	Nodal Officer	Mentor Institute of Indian Council of Medical Research (ICMR)
13	Nominee from DHR	

Annexure 9

Composition of the Project Monitoring and Implementation Units in the Department of Health Research (DHR)

(In Rupees)

S.No.	Designation	No. of posts	Monthly Remuneration
1	Project Manager	01	80,000-90,000/-
2	Finance Manager/Consultant Finance & Accounts	01	60,000/-
3	Administrative Officer	01	40,000/-
4	Scientist C (Medical)	02	67,000/- + HRA as per city rate
5	Scientist C (No-Medical)		67,700/- + HRA as per city rate
6	DEO	02	20,000/-
7	MTS	01	18,000/-

Additional Staff at DHR for Clinical Trials:

S. No.	Name of the Post	No. of Posts	Monthly Remuneration
1	Biostatistician	01	32,000
2	IT Professional	02	1,00,000
3	Data Monitor CRA	01	31,000
4	Legal Expert (outsourced)	01	
5	Account Assistant/UDC	01	20,000

- Annual increase @5% every two years.
- If due to revised structure, any official gets less than what is being paid currently due to length of service and earning of increments, the existing pay will be protected till he/she reaches the same level under the revised structure.
- The DEO/MTS will not be paid less than admissible under the minimum wages Act.