REPUBLIC OF RWANDA
MINISTRY OF HEALTH

NATIONAL GUIDELINES FOR ESTABLISHMENT AND FUNCTIONALITY OF HEALTH POSTS IN RWANDA

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FOREWORD

The Ministry of Health, with great pleasure presents the Guidelines for Health Posts Management in Rwanda. This is the official guiding document outlining the modalities for establishment, functionality and sustainability of Health Posts in Rwanda. The content in this guide mirrors the health policy reforms geared towards achieving Ministry's mission of continually improving affordable promotive, preventive, curative and rehabilitative health care services of the highest quality. This document reflects the rationale for health posts and their contribution to Rwanda's health outcomes. It also outlines guidelines for health post ownership, management and governance frameworks, acceptable service package and required equipment/resources. Designed as a guide for better functionality of health posts, it also provides management principles to guide the day-to-day work of health post operators.

The first edition of the Guidelines for Health Posts Management in Rwanda is a step forward in terms of streamlining healthcare delivery at the grassroots. Since the roll out of health posts, there was no clear framework for health posts management.

Guidelines for Health Posts Management are built on three key guiding principles i.e., geographical access, quality of care and sustainability. Building on lessons learnt in the past years, and leveraging on progress made, these guidelines seek to streamline the functionality of health posts in alignment with objectives of the fourth Health Sector Strategic Plan (HSSP IV) and National Strategy for Transformation (NST1).

The Ministry of Health wishes to acknowledge the efforts of all Partners and Stakeholders who contributed substantially to the elaboration of this document.

All stakeholders are called upon to use these guidelines as a reference for their involvement and key interventions in health posts in Rwanda.

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ACRONYMS & ABBREVIATIONS

ANC	Antenatal Care
ARDS	Acute respiratory distress syndrome
BAFO	Best and Final Offer
CA	Contracting Authority
COPD	Chronic Obstructive Pulmonary Disease
CBHI	Community Based Health Insurance
CHW	Community Health Workers
DH	District Hospitals
DHMT	District Health Management Team
DHU	District Health Unit
DOT	Direct Observation Treatment
EICV	Integrated Household Living Conditions Survey (Enquête Intégrale sur les Conditions de Vie des ménages)
ENT	Ears, Nose and Throat
FGHP	First Generation Health Post
GI	Gastrointestinal
GoR	Government of Rwanda
HBV Ag	Hepatitis B virus antigen
HC	Health center
HCV Ab	Hepatitis C virus antibody
HIV	Human Immunodeficiency Virus
HP	Health Post
HPO	Human Phenotype Ontology
IMCI	Integrated Management of Children Illnesses
MHC	Medicalised Health Center
MINALOC	Ministry of Local Government
MoH	Ministry of Health
NCNM	National Council for Nurses and Midwives

NGO	Non-Government Organization
OFH	One Family Health
Ois	Opportunistic infections
PIH	Partner in Health
PPP	Public Private Partnership
RBC	Rwanda Biomedical Centre
RDB	Rwanda Development Board
REOI	Request for Expressions of Interest
RFDA	Rwanda Food Drugs Authority
RFP	Request for Proposal
RFQ	Request for Qualification
RMDS	Rwanda Medical and Dental Council
RMS	Rwanda Medical Supply
RSSB	Rwanda Social Security Board
SDGs	Sustainable Development Goal (SDGs)
SFH	Society for Family Health
SGHP	Second Generation Health Post
SGOT-ASAT	Serum Glutamic-Oxaloacetic Transaminase
SGPT-ALAT	Serum Glutamic-Pyruvic Transaminase
TC	Technical Committee
UTI	Urinary Tract Infection
VDRL/RPR	Venereal Disease Research Laboratory/Rapid Plasma Reagin
VFM	Value for Money

DEFINITION OF KEY TERMS

Health Post (HP): Health post is the basic public or subsidized health facility that provides mainly health services for the prevention and treatment of minor diseases[1]. Health posts are the lowest form of health facility in Rwanda's healthcare system. They act as a link between community health workers and health Centers and offer curative outpatient care, growth monitoring for children under 5 years, antenatal care and family planning counseling, health education and a few laboratory tests.

First Generation Health Posts (FGHP): These HPs are categorized by basic laboratory/rapid tests and prescribe medicine in line with the list of drugs authorized at HP level.

Second Generation Health Posts (SGHP): These HPs offer all services of the FGHP and additional maternal services i.e., prenatal consultations and deliveries and microscopic laboratory investigations, and provides programmatic services. SGHPs may have paramedical services like dental and ophthalmology.

Public Private Community Partnership (PPCP): a mechanism of engaging the private sector through a shared value approach in provision of essential healthcare services at health posts. This model applies to health posts and brings about shared responsibility between the community, local government, private nurses and the MOH[2].

Public Private Partnership (PPP): a mechanism of engaging the private sector through a shared value approach in provision of essential services

Expansion: Expansion of health posts entails extension of existing HPs in terms of additional infrastructure and equipment to accommodate additional services. Expansion also includes increasing the number of HPs to boost the geographical coverage of essential healthcare services.

Request for qualification ("RFQ") or Request for expressions of interest ("REOI"): is an invitation issued by a Contracting Agency to qualify firms in the first stage of a two-stage procurement process, providing details for submitting the proposal for qualification.

Request for proposal ("RFP"): is an invitation issued by a Contracting Agency to shortlisted firms in the second stage of a two-stage procurement process, providing details for the submission of proposals.

[1]Ministerial Instructions No 7015 of 30/11/2020 determining responsibilities, powers and functioning of committees in charge of the management of public or subsidized health facilities

[2] Ministry of Health; Health Post Expansion Plan 2016

1. BACKGROUND

1.1. Introduction

Universal health coverage means that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. Universal health coverage should be based on strong, people-centered primary health care which can potentially cover 80 to 90% of people's health needs across their lifetime[3].

Rwanda has achieved remarkable progress towards achieving Universal Health Coverage (UHC), improving health outcomes and the health status of its population by ensuring availability of healthcare services for all through financial protection mechanisms and equitable distribution of health facilities at grassroots levels. Specifically, great strides have been made to improve maternal and child health at both policy and service delivery levels. This is largely attributed to key policy reforms in primary health care including establishment of Health Posts at cell level. Linking community health workers and health Centers, HPs have greatly contributed to improving healthcare access through curative outpatient care, growth monitoring for children under 5 years, antenatal care and family planning counseling, health education among others.

The Ministry of Health (MoH) as the principal government agency responsible for service delivery and health programs development plays a regulatory role and ensures the provision of quality preventive, curative and rehabilitative health services.

1.2. Context

Since 2011, the Ministry of Health initiated a national program to set up health posts with the aim of providing quality and adequate health care as close to the village as possible. In 2016, the MOH through the Ministerial Order No20/39 of 29/01/2016 (determining the medical service package provided at each level of health facilities) recognizes health services provided at health posts and thus guaranteed a valid agreement with the institution (Rwanda Social Security Board- RSSB) in charge of the Community Based Health Insurance (CBHI) scheme; a financial protection mechanism that reduces financial burden for its members.

The third pillar of Rwanda's National Strategy for Transformation (NST-2017-2024) further reinforced upgrade of health facilities with adequate equipment and aims at additional 150 health posts across the country, with 100% access to electricity, water and internet connectivity by 2024[4]. Through the fourth Health Sector Strategic Plan (HSSP IV), the MoH prioritized expansion of Health Posts in terms of geographical distribution and the service package to ensure availability of quality essential health services at the grassroots. This innovative initiative has been further supported by national leadership forums including the 17th National Dialogue that recommended enhancement of quality of care and upgrading of the HP service package to meet the health needs of the community members[5].

A combination of strong political will, policy reforms in primary health care and collaboration of different stakeholders has contributed to the wide geographical distribution of health posts especially in underserved communities across all districts in Rwanda. These serve as a link between

[3] WHO, 2021

[4] NST1, 2017

[5] 17th National Dialogue Resolutions, 2019

community health workers and health centers and have greatly contributed to reduced travel distance for Rwanda's population thus easing access to essential healthcare services.

Envisioning the health system strengthening at community level, Health centers have been mandated to provide general oversight to the health posts. Health posts continue to link Community Health Workers (CHWs) with health centers and offer essential and affordable healthcare services at grassroots as part of the primary health care program in Rwanda.
Services offered at health posts vary with the level of the health post. The Ministry of Health promotes the involvement of the private sector to ensure independent operationalization of health posts and sustainability of primary health care in Rwanda.

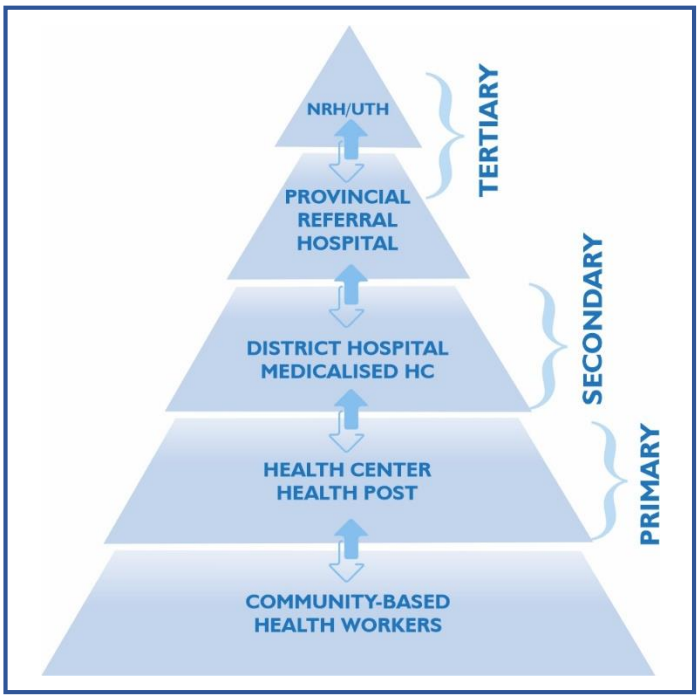


Figure 1: Levels of services provided within the Public Healthcare System.

1.3. Rational for Health Post in Rwanda's Health system

Health posts are currently the fastest growing health facility category and make up majority of health facilities in Rwanda. The number of HPs has rapidly grown from 670 health posts in 2018[6] to 1,222 in 2021[7] and the number is projected to increase until each of Rwanda's 2,148 cells has access to primary healthcare services at grassroots (cell) level. Given that the NST1 target of adding 150 HPs by 2024 was surpassed, efforts will be put into improved functionality of the existing HPs to ensure quality healthcare service delivery to Rwanda's population. Recent achievements in increasing geographical access to affordable health care services especially in rural areas greatly contributed to reduce travel distance and walking time which dropped from 57 minutes in 2014 (EICV 4) to 50 minutes in 2017 (EICV 5)[8]. Despite these achievements, a lot still needs to be done to further reduce the walking distance and most importantly, improve quality and sustainability of healthcare services delivered at health post level.

The Ministry of Health in partnership with local government and other key partners is committed to ensure the equity in terms of geographic accessibility to health care services. Having a functioning health post in each cell will further boost MOH's efforts to ensure universal accessibility (geographical and financial) of equitable and affordable quality health services (preventative, curative, rehabilitative and promotional services) for all Rwandans.
In addition, health posts contribute to reduce waiting time observed in Health centers as they offer preventive, promotional and some curative services. Health posts also offer opportunities for employment of A2/A1 nurses and investment by the private sector.

[6] MOH; Rwanda Master Facility List, 2018
[7] MOH, December 2021
[8] EICV 5,2017/18

The National Guidelines for Establishment and Functionality of Health Posts in Rwanda outlines the background, current status of health posts, their rationale, the conceptual framework, Service package, oversight and reporting as well as the sustainability modalities.

This is therefore the official guiding document outlining the modalities for establishment, operationalization and sustainability of Health Posts in Rwanda. All relevant stakeholders shall consult these guidelines to inform their interventions in establishment and operationalization of health posts in Rwanda.

The document shall be reviewed in line with the Health Sector Strategic Plan (HSSP IV) timeline and key performance indicators for primary health care.

2. OBJECTIVES

The purpose of these national guidelines is to streamline the establishment and functionality of health posts in Rwanda.

Specific objectives include:

1. To elaborate the current status of Health posts in Rwanda, their geographical distribution and scope of services;
2. To highlight the acceptable models for establishing and operating health posts in Rwanda;
3. Streamlining stakeholder roles and responsibilities in operationalization of health posts;
4. Ensure continuous delivery of quality primary healthcare services at grassroots;

3. CURRENT SITUATION OF HEALTH POSTS

To date, Rwanda records a total of 1,222 health posts (December 2021) distributed in all the 30 districts an achievement above and beyond the NST1 and HSSP IV target of having 623 health posts constructed/rehabilitated in a cell without any other health post by 2024. These Health Posts are categorized into two types based on the service package:

First Generation HPs (FGHP) are characterized by basic laboratory/rapid tests and prescribe medicine in line with the list of drugs authorized at HP level. Out of the 1184 HPs across the country, 97% are FGHPs offering basic primary healthcare services at cell level.

Second Generation HPs (SGHP) on the other hand offer all FGHP services and additional maternal services such as postnatal and prenatal consultations and normal deliveries. There are currently 38 operational SGHPs (3%) out of the existing HPs in Rwanda. The idea of second-generation health posts was introduced and tested in Bugesera district (2018) in partnership with the Ministry of Health, SFH and ABBOTT Laboratories. The 10 SGHPs were officially launched in September 2019 and have greatly contributed to increasing the number of births delivered at a health facility and births attended by skilled providers.

Currently First-Generation Health Posts are taking a big portion of health posts with few SGHPs. However, the MOH and its partners in collaboration with the administrative districts will conduct an assessment to determine the need and geographical location of SGHPs whenever needed. As such, some FGHPS will be upgraded to SGHPs to fit the basic necessary service package that meets community needs. This will not only ensure improved package but also sustainability of these facilities.

The table below shows the countrywide distribution of both first- and second-generation health posts per district.

Table 1: Distribution of Health Posts per District (December 2021)

No	District	FGHP	SGHP	Total HPs
1	Bugesera	49	8	57
2	Burera	55	3	58
3	Gakenke	66	0	66
4	Gasabo	28	2	30
5	Gatsibo	41	0	41
6	Gicumbi	72	4	76
7	Gisagara	47	0	47
8	Huye	33	1	34
9	Kamonyi	41	0	41
10	Karongi	41	0	41
11	Kayonza	34	0	34
12	Kicukiro	11	0	11
13	Kirehe	35	3	38
14	Muhanga	24	0	24
15	Musanze	32	4	36
16	Ngoma	18	0	18
17	Ngororero	39	0	39
18	Nyabihu	33	0	33
19	Nyagatare	79	4	83
20	Nyamagabe	40	0	40
21	Nyamasheke	52	0	52
22	Nyanza	32	0	32
23	Nyarugenge	34	0	34
24	Nyaruguru	31	3	34
25	Rubavu	28	3	31
26	Ruhango	32	0	32
27	Rulindo	35	0	35
28	Rusizi	53	3	56
29	Rutsiro	36	0	36
30	Rwamagana	33	0	33
Total		**1,184**	**38**	**1,222**

3.1. Contribution of HPs in Rwanda's Health outcomes

HPs have greatly contributed to improving healthcare access and health outcomes in general. A recent study[9] by Brandeis University revealed that Second-generation health posts play a significant role towards improving access to health care services for the rural population. The routine monthly data analysis also indicate that Second-Generation Health Posts are having a significant and positive impact on the health of rural residents. Between October 2019 and January 2021, the following clinical data was registered from 10 SGHPs.

[9] Health economics and outcome research (HEOR); "Evaluation of Second-Generation Health Posts in Rwanda"

- **137,000** + patients served; averaging 1,070 visits/SGHP per month
- **38,580**+ respiratory infections treated
- **37,190**+ malaria tests delivered; 4,200+ positive cases treated
- **27,470**+ cases of intestinal parasites resolved
- **4,120**+ new participants in family planning
- **1120**+ ANC visits and panels completed;
- Averaging 1.2 visits/mother
- **585**+ babies safely delivered in community

These performance highlights reflect the increasing role of health posts in reducing travel distance thus increasing access to essential healthcare services. This is further evidenced by the 260% increase in total number of visits to HPs compared to 15% in health centers and other facility types during FY 2019-202010 as seen in the table below[11].

Table 2: OPD visits per health facility type

Facility Type	OPD new cases			
	2016-2017	2017-2018	2018-2019	2019-2020
Health Posts	71,212	86,634	1,445,119	3,824,343 ↑
Private Health Facilities	593,850	615,013	847,643	1,072,167
Health Center	13,327,004	14,755,758	13,268,067	11,302,357 ↓
Prison Clinic	131,520	141,545	147,662	175,223
CHW Home-Based Care	2,475,802	2,446,200	2,398,468	1,558,153 ↓
District and Provincial Hospitals	551,772	638,849	712,355	725,365
Referral Hospitals	177,829	194,022	207,200	203,011 ↓
Grand total	17,328,989	18,878,021	19,026,514	**18,860,619** ↓
Per Capita utilization rate	**1.48**	**1.58**	**1.56**	**1.51**

Source: Health Sector Performance review 2019-2020

With the recent COVID-19 pandemic and consequential effects such as lockdown, health posts proved to be a quick alternative to accessing healthcare given their close proximity. This is also an indication that the Government of Rwanda (GoR) is already reaping from the investments made in the establishment and countrywide distribution of health posts over the past years.

In the wake of the COVID-19 pandemic, the MOH is keen to uphold the country's progress towards universal health coverage (UHC) by streamlining functionality of heath posts while boosting the scope of services and expanding geographical access. As such, the MOH acknowledges the need to upgrade health posts to meet the current population health needs while ensuring patient safety. Upgrading existing health posts to the level of second-generation health

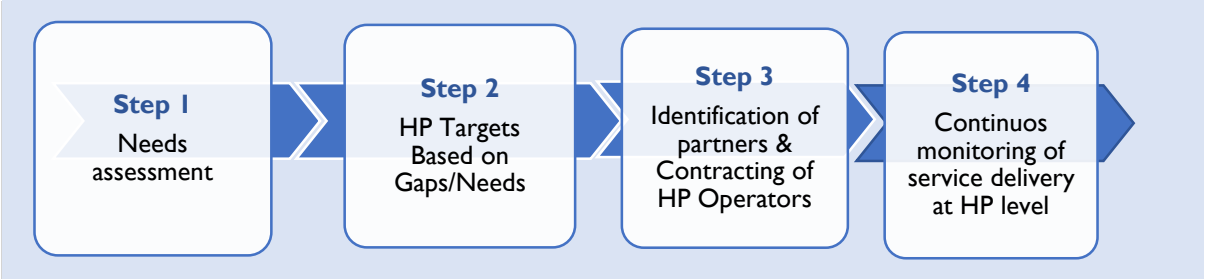
10 Health Sector Performance Report 2019-2020

posts responds to the call for preparedness to grapple with the growing needs and global health dynamics including COVID-19 precautions which call for spacious and equipped health facilities. This calls for concerted efforts to harmonize and sustain operations of health posts to not only ensure continued availability of healthcare services at grassroots but also boost private sector engagement in establishment and functionality of health posts while boosting access to essential healthcare services at cell level.

3.2. Health Post Mapping and Targets

The mapping of health posts in Rwanda will be championed by the administrative District in collaboration with the health center committee and consultation with the community. The figure below highlights the steps to be taken while mapping and establishing health posts in Rwanda.

Figure 2: Health Post Mapping and Targets



Step 1: Needs Assessment:
This district team assesses the gaps/needs in terms of the geographical coverage of the essential health services and determines the location for the construction/establishment of new health posts. The assessment will inform the additional number of health posts and proposed locations. Priority will be given to adding second generation HPs in key locations and focusing on operationalization of the existing HPs and upgrading them to the level of SGHP where the need will be identified.

Step 2: Setting Health Posts Targets
Based on results of the needs assessment, districts will set targets for geographical distribution of health posts on need-basis. Health Posts Targets will be set at district level under guidance of the respective district together with relevant stakeholders. Districts shall communicate their HP targets to the Ministry of Health with a clear implementation plan and stakeholders involved.

Step 3: Identification of partners
Based on the set targets per district, the Ministry of Health in collaboration with administrative districts will identify partners to establish the needed health posts. This may include construction of new health posts or renovating existing ones. The district will also lead contracting of health post operators.

Step 4: Monitoring and Quality Control
The Ministry of Health through Health centres will continuously monitor the quality of care provided by health posts. Quality controls will be enabled by the existing national accreditation standards for health posts.

4. HEALTH POST MANAGEMENT

4.1. LEADERSHIP AND GOVERNANCE

a) Health Post Management Models

Health post management models refer to the framework in which health posts are operated in Rwanda. The following HP models can be considered;

Health Posts under Public Private Partnership (PPP)

Health posts may operate under the PPP Framework which stipulates the framework for ownership, management and governance of health posts in Rwanda. The Ministry of Health (MOH) introduced a model of Public Private Partnership (PPP) in pursuit of an integrated and community-driven development process and increased private sector participation in the provision of essential healthcare services through a shared value approach. This model brings about shared responsibility between the local government, private sector and the MOH[12]. The PPP model is rooted in the national PPP legal framework and guidelines which streamline the PPP process for priority sectors including health. It is a synergistically operational model that supports the achievement of sustainable delivery of health care services where all engaged parties benefit mutually.

Health Posts under Health Centre

In the absence of a private partner to manage a particular health post, the health center overseeing that catchment area will take over management of the health post to ensure continuous service delivery. The health center should inform the district of such instances and request for mobilizing a private operator to take over the management of that health post.

b) Ownership of Health Posts

District Ownership

The district has full ownership of the health post (land, building and equipment) and contracts a private operator under a management contract to privately manage the HP's day to day operations. The district avails space i.e., existing building for renovation or identifies land and mobilizes resources for construction of new health posts.

Private Ownership

A private entity, organization or individual shall partner with the district to establish a health post. This option gives an opportunity for entrepreneurs to create jobs and improve health outcomes in their communities. The entrepreneur can purchase land, build a new or renovate an existing building (following the approved HP design), furnish and equip based on required infrastructure and equipment specifications. This should be done with the approval from the district and in accordance with the results of the feasibility study for the particular district. In this case, the established infrastructure shall only be used for purposes of HP services.

HPs under private ownership will also function under a partnership agreement (PPP) with the administrative district and will be required to;

1. Hire qualified and competent health workers to manage the HP
2. Meet all contractual obligations as stipulated in the PPP agreement
3. Adhere to all aspects outlined in these guidelines

[12] Ministry of Health; Health Post Expansion Plan 2016

c) Governance of Health Posts

Health Posts under the PPP framework may be managed by a qualified and licensed private nurse, local NGO, Private company, International NGO or Entrepreneur.

1⁰ Private public partnership without Procurement process

A qualified and licensed private nurse, local NGO, Private company, International NGO or Entrepreneur may enter into PPP agreement with the district without procurement process if:

- A qualified and licensed private nurse, local NGO, Private company, International NGO or Entrepreneur has his/her own house he/she wants to use it as health post,
- In case the operator (A qualified and licensed private nurse, local NGO, Private company, International NGO or Entrepreneur) is renting, the owner must submit the notified agreement committing to dedicate the buildings for HPs services;
- Commitment letter that the buildings will only serve as health posts during PPP agreement;
- Commits in a letter that he/she will give at least 6 months of notice to the district if he/she wants to stop HPs services to community,

2⁰ PPP through procurement process

Qualified and licensed private nurse, local NGO, Private company, International NGO or Entrepreneur will be selected through two stage process:

Stage One: Request for Qualification and approval of short-listed bidders

The district will invite Request for Qualification (RFQ) for the health posts to be managed under PPP. The responses received from bidders will be evaluated by the appointed Technical Committee (TC) based on the criteria specified in the RFQ. The TC shall prepare a shortlist of bidders who fulfill the criteria and submit a summary report to the District Executive Committee. The Executive Committee will review the evaluation of the RFQ and approve the shortlist of bidders that will be invited to submit bids.

Request for Qualification (RFQ)

The RFQ is called for gauging the interest of private partners in the PPP Project. It is the first stage of the procurement process. The RFQ document shortlists technically and financially qualified bidders with the requisite skill sets and commitment to submit bids for the project and execute the project from the universe of bidders. The shortlisted bidders will be considered for further stages in the PPP procurement process. The content for the RFQ is provided at the Annexure 1. The following parameters shall be considered while designing the RFQ document:

- **Number of pre-qualified bidders**: it is advisable to have at least three pre-qualified bidders to ensure competitive bidding and achieving value for money through the bidding process. Given that the costs involved in bid preparation are high, it is suggested that four to six pre-qualified bidders can be considered a good response in the RFQ stage. It is not advisable to have substantially higher number of pre-qualified bidders, from the point of view of minimizing the aggregate costs for bid preparation by the pre-qualified bidders. In the event that less than three responses are received to the RFQ, the district should make an attempt to identify the reasons for the limited response. That may include revisiting the eligibility criteria. The district may also consider providing a wider audience to the RFQ document or its revised version, to gauge response of parties.
- **Bid Security:** To ensure continued commitment of private parties during the bid process, the district can stipulate a bid security required to be submitted by pre-qualified bidders

before the RFP is issued. The size of the bid security (Bid security is generally 1-2% of project cost) should be based on the size of the project, and the cost of restarting the RFQ stage, may be considered as an appropriate quantification.

- **Eligible participants:** A qualified and licensed nurse with a company certified by RDB, local NGO with RGB certificate, Private company, International NGO or any Entrepreneur who has background in managing health facilities in general or health posts specifically, except those private partners which have been disqualified by the RDB, the district and all those that have been blacklisted by Rwanda Public Procurement Authority.

Conflict of interest: This would cover the following entities in the bid process:

- ***Consortium partners***: To avoid any potential conflict of interest, no member of a consortium should be a member of, or in any way participate in, or be involved with (either directly or indirectly) another consortium. This restriction should be backed by grounds for disqualification of either a specific consortium member, or the entire consortium, if justifiable. However, these restrictions would not hold good in certain cases such as services of a specialist supplier, the restriction of whose participation would severely affect participation in the bid process, a general supplier or a non-core service provider, who is not a member of the consortium, and any commercial entity whose role is limited to providing credit to the consortium.
- ***Advisors and lenders***: No advisor to, or member of any consortium, should fulfill the role of arranger, lender, or lead banker to the consortium. This restriction should also be backed by the power to disqualify such members.
- ***Other participants in the procurement process***: No member of the district's project team, including the evaluation team, may participate in, advice, or have any interest in any bidding consortium.

Issuance of RFQ

- The district shall invite requests for expressions of interest after receiving approval from Technical Committee on the bidding documents. The dissemination of information about the RFQ and the distributing of the RFQ document should be based on the procurement plan prepared by the district. The district shall advertise the RFQ in the form of a specific procurement notice in the following manner:
    - In at least one newspaper of wide and general circulation in the Rwanda,
    - In any international newspaper, if required,
    - In the district's website and
    - Additionally, may advertise in well-known technical magazines or trade publications.
- The notification of the RFQ shall be done at the same time as the advertisement in the local newspapers, on websites of district and any other means of communication by the district giving sufficient time to enable prospective Bidders to obtain RFQ documents, prepare, and submit their responses.
- These advertisements should call on interested parties to collect copies of the RFQ document from the district and/or download the same from its website. It may include an open briefing session for potential bidders to introduce the PPP project and stimulate private sector interest. These public briefings should not communicate any information that is not present in the RFQ documents.

Receive queries and issue clarifications

- The district shall accept any request for clarification by the bidders that is received by the procuring entity within 5 days prior to the deadline for the submission of applications to pre-qualify.
- The responses by the district shall be given within 2 working days so as to enable the bidders to make a timely submission of their application to pre-qualify. The response to any request shall, without identifying the source of the request, be communicated to all bidders to whom the district provided the RFQ documents. It is also recommended that the clarifications be posted on the district's website for easier access. If required, the district could also consider organizing a pre- bid conference wherein the issues raised by the bidders could be collated and addressed. However, this activity should be in addition to the written communication to the bidders as mentioned above.

Evaluation of RFQ applications and shortlisting of bidders

- Based on the bids received, the district shall evaluate the RFQ applications and prepare a shortlist of qualifying bidders. The responses received to the RFQ document should be evaluated based on the evaluation criteria specified in the RFQ document. The TC shall submit the list of shortlisted bidders along with a summary report of the evaluation process to district executive committee for its review and approval.

Stage two: Request for Proposal and approval of ranking of bidders

The objective of the RFP stage is to select a preferred bidder based on an objective, comprehensive and transparent selection process. This is a critical phase for obtaining the best value for money by the district. The RFP document (including the draft PPP agreement) is the formal bid document issued by the district. Issue of RFP to shortlisted parties signals a commitment to deliver the health posts under PPP project. The key contents of the RFP document are provided in Annexure 2.

The district should, at this stage, identify the key consideration in the bid process. It should identify a specific individual that will be the focal person and his/her contact details are provided in the RFP document.

Issuance of RFP document

After the District Executive Committee's approval, the district shall issue the RFP to the approved final list of bidders shortlisted at the RFQ stage. The district should keep all communication with pre-qualified bidders transparent and formal. The RFP prepared must be sent to all pre- qualified bidders at least two weeks prior to the organization of a compulsory bidders' meeting.

The notification shall indicate the terms and conditions under which bid documents shall be obtained, as well as the date, hour and place for latest delivery of bids by the Bidder, and of the bid opening.

Applicants who are not successful in the pre-qualification shall be accordingly informed by the District, within 5 days after receipt of all the required approvals to the pre-qualification. Only pre-qualified bidders are entitled to participate further in the procurement proceedings. The applicants may be allowed to lodge request for reconsideration till the District Excom approves the list of shortlisted bidders. Further the District shall, upon request, communicate to participating bidders

who have not pre-qualified, the grounds thereof. But the District is not required to specify evidence or give reasons for those grounds.

It is suggested that the names of the pre-qualified bidders be posted on the District (Contracting Authority)'s website as for easier access and public information.

The District will release the RFPs to the shortlisted bidders, convene consultation meetings and may revise the bidding documents and reissue it to the shortlisted bidders.

The district will receive responses to the RFP from the bidders. The district shall evaluate and rank the bids based on the criteria specified in the RFP. The District will prepare an evaluation report in which it identifies the preferred bidder then submit it to Executive Committee. The Executive Committee will review the evaluation of the RFP and approve the preferred bidder for the health posts to be managed under PPP and the District shall invite the preferred bidder for negotiations on the PPP agreement.

Evaluation of RFP Documents

The districts will receive bids from the bidders. The TC shall evaluate and rank the bids based on the criteria specified in the RFP. The evaluation and ranking of bidders shall be submitted to the District executive Committee for its review and approval.

The evaluation of bids received is an extremely critical stage of the PPP Project lifecycle. To ensure fairness and transparency in the process of selection of the preferred bidder, the District should ensure that:

- The evaluation criteria, processes, and timelines are clearly stated in the procurement plan, prior to the date of submission of bids.
- All processes and procedures followed comply with the relevant regulatory and legal requirements.

Preliminary Activities

Check for completeness of the proposal

The team should check the proposal for completeness. That would entail checking the proposal to ensure that all documents listed in the RFP document, and otherwise required, have been submitted. The sign off sheet should list the reference to its place in the RFP, a brief description of the document, and whether it has been included. A possible format for sign off sheet on preliminary activities is as below:

Preliminary work – completeness check sign off sheet

Confirmation check of the proposal

A conforming bid would be one that meets all the minimum essential requirements of the RFP document. Hence, care must be taken by the team to review all bids received to check for conformance. The district should maintain a conformance sign off sheet, on similar lines of the completeness sign off sheet.

Detailed Analysis

Bids that meet the completeness and conformance checks will be evaluated in detail. The various elements to be covered in this analysis include:

Evaluation of legal aspects of the proposal

The legal evaluation focuses on two areas – a) to undertake a legal due diligence on the bidder, including its structure, legal status, and status of individual firms, and b) to evaluate the comments/ modifications of bidders on the draft PPP agreement. This includes: capturing all marked up amendments to the PPP agreement, assessing the mark-up against the risk matrix prepared in the feasibility study, capturing the value for Money (VFM) implications that were determined in the feasibility study and commenting on them, and working with the financial evaluation team to assess VFM on issues not identified in the feasibility study.

It is advisable not to prepare scores for legal evaluation. However, legal evaluation should be used to provide notes requiring resolution, and refining the risk matrix and VFM assessment, in conjunction with the financial evaluation team.

Evaluation of technical aspects of the proposal

Technical elements of the proposed service delivery project should be reviewed by the TC. A due diligence of the proposed solution should be undertaken to gauge the extent to which the solution can realistically be delivered within the promised timeframes. A check of the technical specification of the proposal against those provided by the district in the RFP should be undertaken to identify any discrepancies, and ensure that the projects meet some pre-specified service delivery standards.

The design, development and operational parameters should be analysed to ensure that the proposed solution meets the service requirements of the District as CA and adds benefit to the proposed project

For each evaluation criterion determined, the evaluation should be based on a scoring scale. For example, a 10-point scale could be considered, with the best bid getting a score of 10, or 'far exceeds requirement', 8 – 'exceeds requirement', 6 – 'meets requirement', and 4 – 'below requirement' and so on. The rating of all criteria should be applied to pre-determined weightages for each of the criterion.

It should be noted that each technical evaluation should provide:

- A weighted score
- A report on the number of 'inadequate' ratings or inadequacies. This means that a weighted score that has some overall respectability should not disguise a number of inadequacies.
- Notes requiring resolution

Evaluation of financial aspects of the proposal

The evaluation of the financial proposal is not simply confined to assessing the cost of the project, but is a more complex process. This analysis would entail a review of the project cost over its entire lifecycle, structure of bidding person or firm or consortium, project funding pattern, and undertaking the VFM assessment of the proposal. The TC shall assess:

- Affordability
- Certainty of project costs (development and operational)

- Certainty, nature, and costs of funding
- Project participants and overall structure
- All items omitted by bidders from the financial model
- Project's VFM
- Project's bankability, which is a function of the consortium's composition, structure, risk distribution, and funding plan.

Each financial evaluation should provide:

- A composite score for financial evaluation (this would be undertaken for price scores) ☐ Notes explaining or showing matters requiring resolution.

Evaluation of price of the proposal

Assessment of the financial proposition in each bid is a key component of the evaluation. However, the financial considerations are only one element of a well-balanced evaluation process. In PPPs, price is closely linked to qualitative elements. The RFP prescribes the form in which price is to be presented, but the price offered by the bidder must be scrutinized with the financial solution evaluation, before price points are allocated.

Preparation of bid evaluation report

The evaluation should generally result in the selection of one preferred bidder and one or more reserve bidders. The TC then develops the evaluation report with all supporting scores sheets and noting. The evaluation report shall be submitted to the district committee for its review and approval. The key contents of the bid evaluation report are provided at the Annexures.

In the event that no single bidder seems to emerge as the clear choice as preferred bidder, the TC could consider a Best and Final Offer (BAFO) process. This process would require a re-bid and re-evaluation, and is only to be considered as a last resort.

In the event the RFP process results in the submission of only one bid and the bidder fulfills the evaluation criteria set forth in the RFP, the TC may recommend the bidder to execute the project and submit an evaluation report for approval by district executive committee.

Timelines for PPP procurement

The districts may follow the below mentioned timeline for achieving efficiency in PPP Project procurement:

Table 3: Timeliness for Health PPP procurement

SN	Task	Timeframe (maximum)
1	The director whose health fall under his/her responsibilities prepare a concept note of health posts to be tendered for two staged process	5 days
2	Appointment of Technical committee by District executive committee after proposals submitted by District Chief Budget Manager	5 days after request submitted by CBM
3	Approval of concept note by TC	10 days after appointment of TC
4	Preparation and advertisement of RFQ by procurement officer	5 days after approval of concept note
5	RFQ bids submission closure	14 days from date of advertisement
6	Evaluation and submission of evaluation report of RFQ by TC	5 days after deadline of RFQ submission
7	Feedback of District Executive Committee	5 days after report submission by TC
8	Preparation and advertisement of RFP by procurement officer	5 days after approval of evaluation report
9	RFP bids submission closure	14 days from date of advertisement
10	Evaluation and submission of evaluation report of RFP by TC	5 days after deadline of RFP submission
11	Feedback of District Executive Committee	5 days after report submission by TC

Negotiations and signing of PPP Agreement

The draft PPP Agreement section lays down all legal requirements for the creation of a PPP Agreement. It involves all shareholding agreements (where applicable), corporate governance requirements, and disclosure regarding the makeup of bidders. This should specify the roles, rights, responsibilities, obligations, recourses, dispute resolution, and other related aspects of the contractual framework of the PPP, for all project participants. The risks involved, and its mitigation measures, are provided in the draft PPP Agreement, for smooth implementation of the PPP Project. Draft PPP Agreement is issued to the bidders along with the RFP document.

The district shall negotiate with successful bidder the PPP Agreement. After agreement, the agreement will thereafter be submitted to the legal officer for his/her legal opinion. The District shall sign the PPP Agreement following legal opinion.

After receiving the approval of the district executive committee, the District Chief Budget Manager with the support of TC, shall enter into negotiations with the preferred bidder. Preparation for the initial negotiation meeting will include:

- Outlining the objectives of the negotiations, clarifying any gaps, misunderstandings, terms and conditions;
- Preparing a schedule for the negotiations that ensures bids do not expire prior to PPP agreement signature;
- Devising a strategy, anticipating the private party's position, and predefining responses; and
- Sending an invitation to the preferred bidder for a negotiation meeting. Information on the names and positions of the bidder negotiation team should be requested ahead of time.

The negotiations' recommendations may be one of the following:

- Proceed with contract award to the Preferred Bidder, incorporating the agreements reached during negotiations
- Revise the negotiation objectives and hold further negotiations, or
- Terminate the negotiation with the preferred bidder.

Where the district Chief Budget Manager with support of TC recommends rejection of the Bidder, it may also, where appropriate, recommend inviting the next ranked bidder for negotiations. The district may:

- Approve the recommendations;
- Request further negotiations on specific points;
- Reject the recommendations with reasons; or
- Cancel the negotiations in their entirety.

The results of any approved negotiations shall be specified in a letter of bid acceptance and incorporated in the draft PPP Agreement. Where negotiations are opened with the next ranked Bidder, the procuring entity shall not reopen earlier negotiations, and the original bidder shall be informed in writing, the reasons for termination of the negotiations.

A preliminary schedule for signing the PPP Agreement shall then be established. Once the negotiation is completed, the RDB shall prepare the final PPP Agreement

Contract Management

Regular reports on PPP agreement implementation will be sent to District Executive Committee in prescribed formats, to enable tracking of PPP management.

In case the HP operator does not have a medical background, they must hire a qualified and competent Health professional (Nurse A2, Nurse A1, Midwife, Clinical Officer) to manage the HP.

d) Stakeholder roles and responsibilities

Ministry of Health

- The Ministry of Health will provide strategic guidance on scope of services and quality standards
- Collaborate with districts to validate and approve establishment of Health Posts based on the district assessment. Each district will conduct an assessment and propose health posts to be constructed, renovated or handed over to private management under PPP.
- Mobilizing resources to enable increased availability of health posts at cell level

Districts

- The administrative district plays the following roles and benefits from the increased healthcare access and improved health outcomes for its population.
- The district in collaboration with the Ministry of Health will facilitate site identification for HP construction or renovation/refurbishment based on need and feasibility assessment.

- In addition, the district facilitates the PPP process i.e., recruits and contracts private HP operators, coordinates insurance agreement with Health insurances and HPs, leads procurement/Purchase of HP equipment and monitors compliance with PPP contract.
- The district in consultation with Health center committee is in charge of authorizing HPs to operate and may withdraw this authorization in case of administrative or professional faults and after investigation by competent authority.
- The district in collaboration with MOH will also mobilize resources from different stakeholders/partners to finance renovation/construction and equipment of HPs. As such, districts should ensure that HPs are included in the planning and implementation of their key health indicators or "imihigo".

District Health Management Team (DHMT)

The DHMT is responsible for overseeing implementation of all health programs in the district, setting district health indicators and monitoring their progress.

District Hospital

The District Hospital through health centers will ensure that health posts' patient management is in accordance to national protocols and guidelines. It participates in institutionalizing of the health posts service package, programmatic tools and materials

Health Centre

The health center plays the role of technical oversight of Health posts. The health centers follow up the functioning of the health posts that are within the catchment area of the Health Centre.

Health Centers supply Health Post with all necessary tools including protocols, registers and programmatic materials and consumables provided by the Ministry of Health and Rwanda Biomedical Center.

Community Health workers

- Communities Health Workers shall collaborate with Health post operators to follow up patients in the community, accompanying patients to the Health Posts the same way they do it with Health centers without partiality.
- Community Health Workers collaborating with Health posts in patient management and follow up will benefit from all incentives (such as Performance Based Financing - PBF) as it is provided when doing the same work with Health Centers.

Community

Being the primary beneficiaries for increased healthcare access and quick service delivery, the community within a particular district/cell plays the following roles in the establishment and sustainability of health posts.

- Participate in site identification (sometimes collectively purchase land for HP construction) and provide casual labor during HP construction
- The community is involved in day-to-day smooth running of the Health Posts through patient's voice program which is collected by the sector analyzed and reported to the district for action and directives. By subscribing to CBHI, the community also plays a role in increasing financial access to HP services.

Health Insurance Providers

Health insurance providers (both public and private) are responsible to enabling their subscribers to access healthcare services at health posts. Insurance providers will work hand in hand with health posts to secure partnership agreements upon meeting partnership requirements / criteria.

Upon establishment, a Health Post will be granted a partnership agreement with Rwanda Social Security Board (RSSB) for services rendered to members subscribed to the Community Based health Insurance Scheme (CBHI) and for public servants (Ex-RAMA). The Health Post may approach other health insurance providers and negotiate/conclude partnership agreements for their respective members.

Rwanda Medical Supply (RMS)

Rwanda Medical Supply will be responsible for continuous supply of medical consumables to health posts. As such, health posts will procure medicines through the RMS district branch. Missing medicines/consumables on notification of RMS branch can be procured in recognized private wholesalers by Rwanda FDA by health post operators.

Development Partners

In collaboration with the MOH and districts, different partners may support the establishment and functionality of health posts. This could be in form of construction, equipment of HPs before handover to a private nurse to manage the facility.

HP Operators

- Provide essential health care services to the community as per the service package
- Facilitate community health education
- Report data in the Health Management Information System (HMIS)
- Track and report data based on national indicators and supports Community Health Workers.
- Manages day to day operations of the HP including purchase of medical supplies, HP maintenance and staff recruitment among others
- Follow up partnership agreements with health insurance providers

Health Post and Stakeholders Interdependence Model

The chart below describes the interdependence and working relationship between health post and key stakeholders (MOH/RBC, Rwanda medical supply, Rwanda social security board, Ministry of local government, District, Sector, health committee of Hospitals and health centers, district hospital, partners, CHWs and health center.

The HP stakeholder framework is aligned to the National Decentralization Policy[13] and involves interdependence between different stakeholders in the health system. At national level, the Ministry of Health collaborates with different stakeholders such as MINALOC, RSSB, RMS and other non-state actors to ensure availability of affordable healthcare services in close proximity to the community. In addition to providing strategic oversight of health care services across all levels of the health system, the MOH also collaborates with administrative districts, the private sector and non-state actors to mobilize resources for expansion and equitable geographical distribution of HPs.

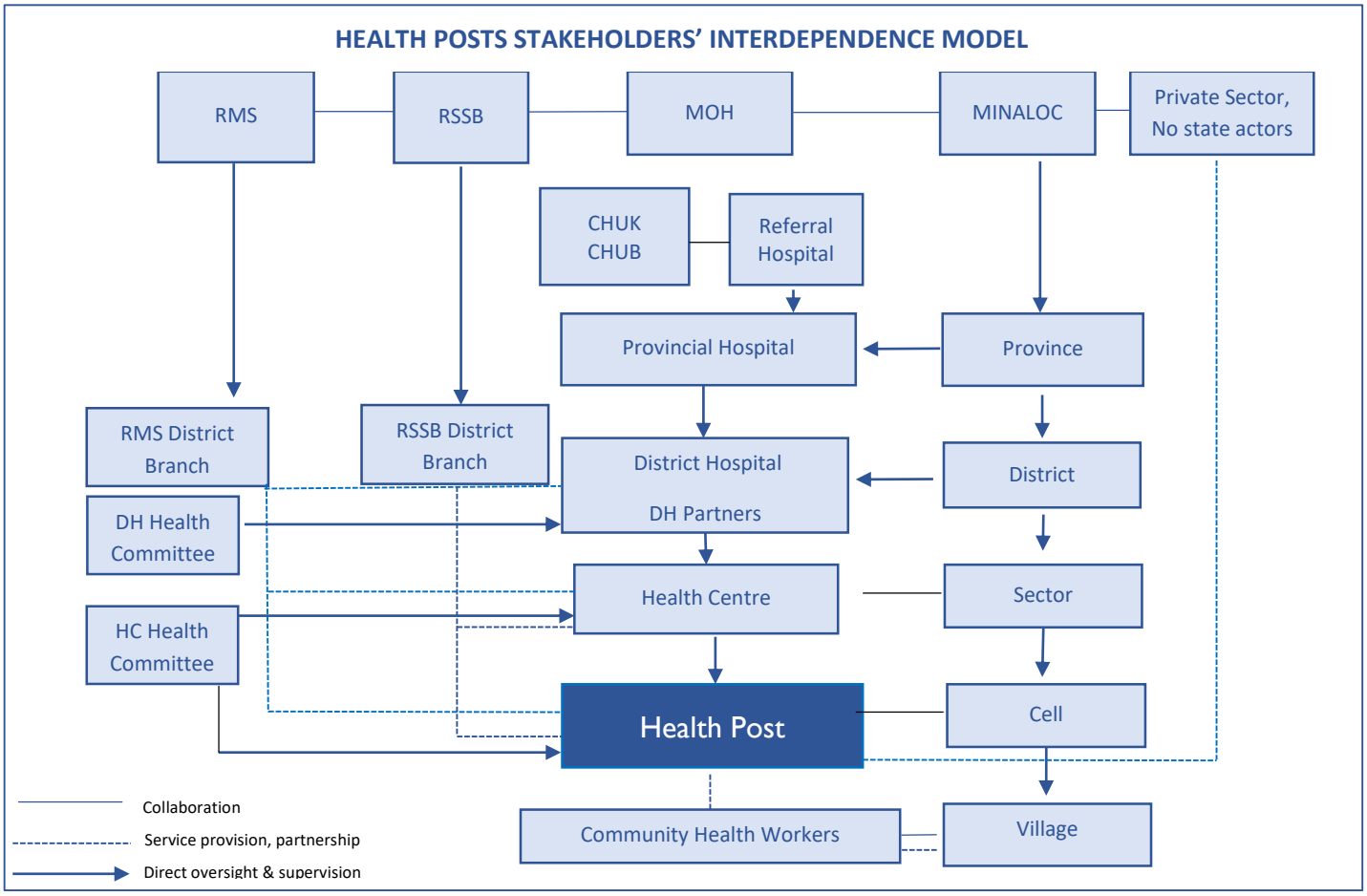
[13] MINALOC, 2012

MOH collaborates with the private sector and non-state actors to mobilize resources for HP expansion. In addition, the private sector (private nurses) participates in day-to-day management of HPs and provide services to the population as per the HP service package.

RSSB through the District Branch coordinates the claims management process at HP level. Currently, HP invoices are verified through the RSSB staff based at the health center overseeing a particular HP. It is however envisioned that an automated electronic claims management system will be rolled out to facilitate electronic submission of invoices, verification and approval before reimbursement of HPs claims. In addition, RSSB collaborates with MINALOC through the decentralized administrative structures spearheads community mobilization to subscribe to Community Based Health Insurance (CBHI) which guarantees access to HP services.

Rwanda Medical Supply (RMS) through the RMS district branch ensures distribution of medical supplies to health centers and health posts as per list of medicines authorized at HC and HP level respectively.

Figure 3: Health Posts Stakeholders' Interdependence Model



e) LICENSING AND QUALITY ASSURANCE

Licensing

Licensing is required before opening the HP to ensure compliance with all licensing requirements:

- Application letter addressed to Mayor of district or District Executive Administrator;
- Staff files;
- Curriculum Vitae, notified degree, license to practice of in charge of Clinical Services
- Company certificate from RDB or RGB certificate for NGOs;

The district appoints a licensing team composed of representatives from the District Health Unit, District Hospital, Health center, RSSB and other insurance institutions to assess readiness of the HPs to open/deliver services. The team submits the inspection report to the district with licensing recommendation. The report is used at District level and RSSB and other institutions for licensing and partnership agreement with RSSB and other institutions.

All health posts are required to implement the accreditation standards fully ensure compliance with standards and safe health care services. None compliance with accreditation standards will lead to loss of license to operate the health post, and this will be evidenced by the annual progressive accreditation assessment reports.

Quality Assurance

Access to primary and preventive care plays a pivotal role in improving the health status of communities. Moreover, improvements in quality of care in a primary care setting controls costs of health care by decreasing inappropriate use of higher cost for services. Accordingly, the Rwandan health post accreditation standards are a community health model. The strength of this model is based on the integration of primary care medical with preventive and public health-oriented services and community engagement associated with the delivery of community health services.

Rwanda promotes "people-centered care". Further, people-centered care encompasses clinical encounters and includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.

The Ministry of Health developed specific standards to facilitate enrollment of health posts in the national accreditation program. According to the Rwanda Health Post Accreditation Standards, the developed standards are applicable to the all-HP models. Compliance to the national Accreditation standards will be assessed by an independent accreditation body.
There are 5 "risk areas" to focus on when determining quality and safety standards of HPs. The 5 risk areas are:

- Leadership and governance of the HP
- Competent and capable workforce
- Safe environment for staff and Patients
- Clinical care of patients
- Improvement of quality and safety

During accreditation, levels of effort will be determined for all of those risk areas. The levels of effort are as following:

- Level 0: activity absent, inconsistent
- Level 1: policies, procedures and plans are in place to address the risk
- Level 2: policies, procedures and plans are carried out consistently and effectively
- Level 3: quality monitoring of the policies, procedures and plans is conducted

The assessments will be conducted by certified surveyors from an independent accreditation body as external assessors. This assessment will be conducted on a regular basis with progress measures once a year, a baseline assessment will be conducted at the initial stages and annually once most of the standards have been met. For more information, refer to the Health Post accreditation standards and performance assessment toolkit. All health posts are required to implement the accreditation standards fully and ensure compliance with standards and safe health care services.

Auditing

Auditing at the HP level will follow existing auditing procedures public entities according to the Ministerial order n° 003/17/10/TC of 27/10/2017 though acknowledging that HPs are private institutions.

The following audits will be conducted for HPs to ensure compliance with quality standards and treatment guidelines/protocols

- **Service package compliance audit to ensure** compliance to the service package.
- **Sustainability audit**: sustainable assessment of HPs and make appropriate recommendations
- **Health post regular reporting audit**: the supervisors at the DH can audit HPs on health data and service delivery.
- **Ad-hoc exit audit:** an HPO wishing to exit the business or who has been forced to close either by the district or RSSB will be subjected to an ad-hoc exit audit to ensure that there are no outstanding loans and payments that need to be made. The inspection team will verify that the building free from damages and other relevant issues before closure.

f) Partnership Framework

The following frameworks will guide partnership arrangements between MOH or Districts and different partners/stakeholders interested in HP expansion.

- Partnership to construct new Health Posts
- Partnership to renovate and upgrade existing health posts

Partnership to construct new Health Posts

A partner may build a health post based on needs and location identified by the district. Land will be provided by the local government or may be collectively purchased by the community. Stand-alone new buildings with the recommended design are highly preferred. The building will be built and equipped according to the approved service packages, building design, furniture and specific medical equipment. In case of construction and equipment of a new health post, the following cost calculations are indicative for both first- and second-generation HPs. However, these estimates may vary with different circumstances such as location, terrain etc.

Table 4: Estimated cost for construction of Health post

	FGHP	SGHP
Construction	20,243 USD	58,005 USD
Furniture and Equipment	8,097 USD	20,132 USD
Total	**28,340 USD**	**78,137 USD**

Partnership to renovate and upgrade existing health posts

A partner may also renovate an existing building (based on approved MOH design for HPs) for purposes of establishing a health post. In this case, the district, based on community needs shall identify sites for renovation and equipment according the approved service packages, building design, furniture and specific medical equipment.

The cost for renovation will depend on status of available building to be renovated.

In both options, a partner can avail all necessary equipment, furniture, staffing etc. and follow up sustainable operationalization of the HPs. A partnership agreement in this case will be signed between the MOH and relevant partner outlining specific catchment areas supported.

4.2. SERVICE DELIVERY

Services provided at health posts are mainly promotional, preventive and basic treatment.

A) Health Posts Referral System

The health posts are part of an overall referral system, linking each level of health care services to provide a smooth referral and counter referral for patients from basic care at the community level to specialized care levels. As the lowest level of healthcare facility:

1^0 Patients from community

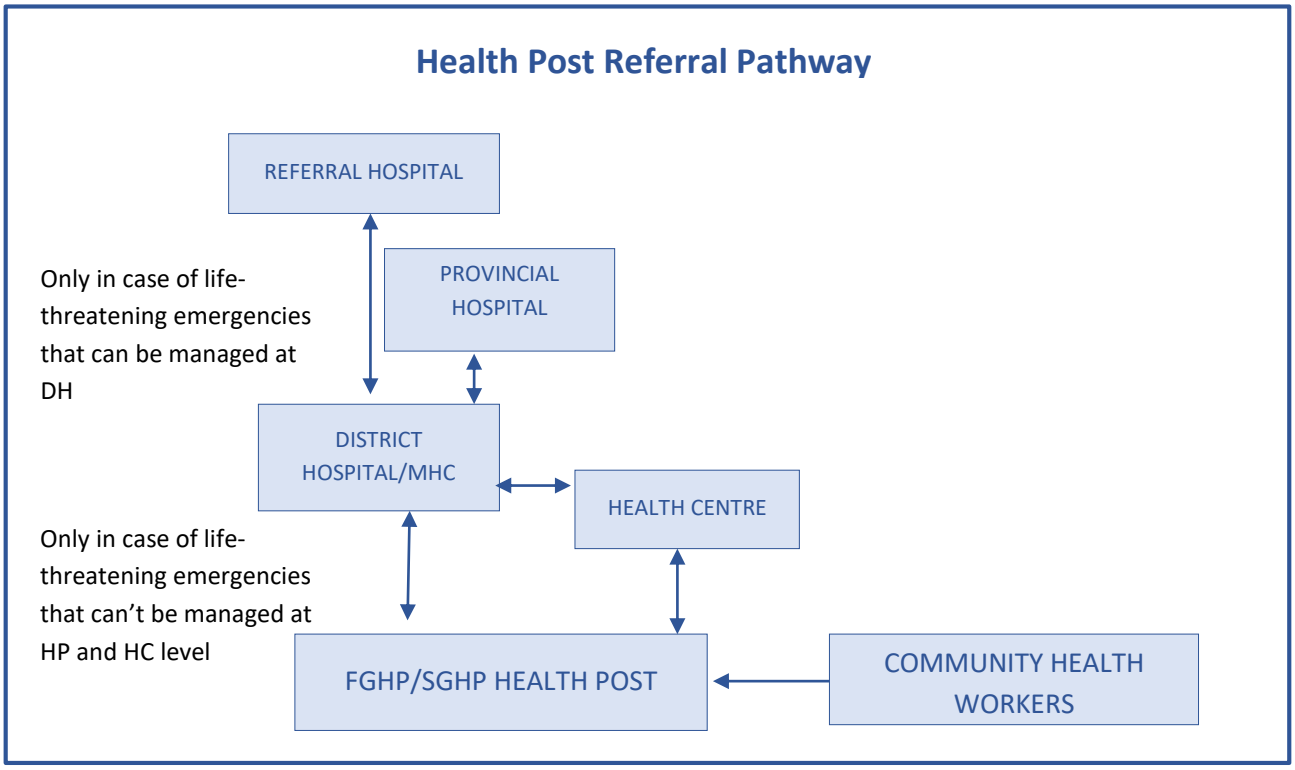
- Patients from the community come directly without transfer to the first -generation health posts (FGHP) or second-generation health posts (SGHP);
- Community health workers may refer cases to FGHP or SGHP and may benefit the Performance based finance dues as if the cases were referred to Health centers.

However, this is not applicable for patients who live closer to the health center than the health post. In this case the patient will go directly to the health center.

2^0 Patients referred to upper level of care from health posts

- First-Generation Health posts refer patients with complicated cases to the health centers in their catchment areas;
- Second-Generation Health posts refer patients with complicated cases to the Health Centers in their catchment areas or directly to the district hospital;
- Emergency cases can be directly referred to the district hospital by First-generation health posts
- Transfers are clearly stated in Standard treatment

Figure 4:Health Post Referral Pathway



B) Ambulance Services for Health Posts

- Health posts will collaborate with Health Centers and public hospitals in the catchment areas to use the existing ambulances that serve in the same area to transfer patients to the next level of care (Health Centers and District Hospitals). In case of life-threatening emergencies, health posts can liaise with DHs for ambulance services.

C) Services package

The services packages are defined according to levels of care

Table 5: Health services Packages

AREA	Medical Condition/type of procedure	Type of Procedures	SGHP	FGHP
GENERAL CONSULTATIONS				
Consultation	Consultation by Nurse A0	Consultation by Nurse A0	X	X
Consultation	Consultation by Nurse A1	Consultation by Nurse A1	X	X
Consultation	Consultation by Nurse A2	Consultation by Nurse A2	X	X
Consultation	Paramedical Consultation A0	Paramedical Consultation A0	X	X
Consultation	Paramedical Consultation A1	Paramedical Consultation A1	X	X
Consultation	Annual General Checkup and Screening	Annual General Checkup and Screening	X	X
Consultation	Antenatal Care (ANC)	Antenatal Care (ANC)	X	X
Consultation	Family Planning Visit	Family Planning Visit	X	X
Vaccination	Vaccination/Immunization (Newborns, Children, Pregnant Women, and Others)	Vaccination/Immunization (Newborns, Children, Pregnant Women, and Others)	X	X
Consultation	Postnatal Consultation	Postnatal Consultation	X	X
Consultation	Management and follow up visits for communicable diseases	Management and follow up visits for communicable diseases	X	X
Consultation	Management and follow up visits for non-communicable conditions	Management and follow up visits for non-communicable conditions	X	X
Consultation	Management and follow up visits for malnutrition cases	Management and follow up visits for malnutrition cases	X	X
Hospitalization	Hospitalization (< 12h, longer stay should be motivated at HC/HCE)	Hospitalization for deliveries (< 12h, longer stay should be motivated SGHP)	X	
Follow up	Follow up of treatment initiated at upper level. E.g.: DOT for Tuberculosis.	Follow up of treatment initiated at upper level. E.g.: DOT for Tuberculosis.	X	X

INTERNAL MEDICINE				
Basic Procedures				
Internal medicine	IV drip/insertion	IV drip/insertion	X	X
Internal medicine	Basic/simple suture	Basic/simple suture	X	X
Internal medicine	Incision and draining of superficial abscesses	Incision and draining of superficial abscesses	X	X
Internal medicine	Urethral catheterization	Urethral catheterization	X	X
Internal medicine	Drains removal	Drains removal	X	X
Internal medicine	Suture removal	Suture removal	X	X
Internal medicine	Hypovolemic-shock	Hypovolemic-shock Patient initial assessment and management prior to transfer	X	X
Internal medicine	Removal of the stitches	Removal of the stitches	X	X
Internal medicine	Simple dressing	Simple dressing	X	X
Internal medicine	Lipomectomy	Lipomectomy	X	X
Chronic Respiratory Failure				
Internal medicine	Chronic respiratory disease	Patient initial assessment	X	X
Internal medicine	Chronic obstructive pulmonary disease, asthma, Lung Fibrosis	General management (bronchodilators and corticosteroids)	X	X
Internal medicine	Pulmonary embolism, ARDS, Pneumonia, Pneumothorax	Patient initial assessment	X	X
Internal medicine	Pulmonary embolism, ARDS, Pneumonia, Pneumothorax	General management (bronchodilators, antbiotics , oxygenation, iv fluids and corticosteroids)	X	X
Gastrointestinal Diseases				
Internal medicine	Upper and lower GI bleeding, Pancreatitis, Acute and Chronic Liver diseases, Gastroenteritis, GI malignancies	Patient initial assessment and management prior to transfer	X	X
Internal medicine	Diarrhoeal Diseases	General management (Initial assessment, investigations, management)	X	X

Genito-Urinary System- Upper and Lower				
Internal medicine	Glomerulonephritis, Nephrotic syndrome, pyelonephritis, cystitis, cancer	Patient initial assessment	X	X
Internal medicine	Glomerulonephritis, Nephrotic syndrome, pyelonephritis, cystitis, cancer	Basic management (symptomatic management using drugs)	X	X
Cardiovascular diseases				
Internal medicine	Hypertension	Initial Assessment (risk factors), Diagnosis and Management	X	X
Urinary Tract and Renal Conditions				
Internal medicine	Recurrent (uncomplicated) UTIs in women	Initial Assessment (risk factors), Diagnosis and Management	X	X
Oncology				
Oncology	CNS (Central Nervous System) Cancers	Initial patient assessment and transfer	X	X
Oncology	Head and Neck Cancers	Initial patient assessment	X	X
Oncology	Gynecological Cancers	Initial patient assessment	X	X
Oncology	Gastrointestinal Cancers	Initial patient assessment	X	X
Oncology	Genitourinary Cancers	Initial patient assessment	X	X
Oncology	Hematological Cancers	Initial patient assessment	X	X
Oncology	Non Melanoma & Melanomatous Skin Cancers	Initial patient assessment	X	X
Oncology	Soft Tissue & Bone Sarcoma	Initial patient assessment	X	X
Oncology	Breast Cancers	Initial patient assessment	X	X
Oncology	Thoracic Cancers	Initial patient assessment	X	X
Endocrinology /Metabolic Diseases, e.g. Diabetes				
Internal Medicine/Endocrinology	Glucose metabolism disorders (Type 1 diabetes, Type 2 Diabetes	Patient initial assessment, Basic management (symptomatic treatment)	X	X

	Mellitus, Gestational Diabetes, Metabolic syndrome)			
Musculoskeletal and connective tissues conditions				
Internal Medicine	Osteoarthritis	initial patient assessment, investigations and simple management	X	X
Internal Medicine	Septic arthritis	initial patient assessment, investigations and simple management	X	X
Internal Medicine	Gout	initial patient assessment, investigations and simple management	X	X
Internal Medicine	Rheumatoid arthritis	initial patient assessment, investigations and simple management	X	X
Internal Medicine	Lupus Erythematosus (LE)	initial patient assessment, investigations and simple management	X	X
Hematological conditions				
Internal Medicine/Hematology	Anaemia	initial patient assessment, investigations and basic management	X	X
Internal Medicine/Hematology	Bleeding disorders	initial patient assessment, investigations and basic management	X	X
Infectious Diseases				
Internal Medicine/Infectious Diseases	Acute Pneumopathy	Patient initial assessment + investigation + basic management	X	X
Internal Medicine/Infectious Diseases	Chronic pneumopathy	Patient initial assessment + investigation + basic management	X	X
Internal Medicine/Infectious Diseases	Pharyngitis	Patient initial assessment + investigation + basic management	X	X
Internal Medicine/Infectious Diseases	Meningitis and meningo encephalitis	Patient initial assessment + investigation + basic management	X	X
Internal Medicine/Infectious Diseases	HIV & Ois	Patient initial assessment + investigation + basic management	X	X
Internal Medicine/Infectious Diseases	STDs	Patient initial assessment + investigation + basic management	X	X
Internal Medicine/Infectious Diseases	Low UTI	Patient initial assessment + investigation + basic management	X	X
Internal Medicine/Infectious Diseases	Upper UTI	Patient initial assessment + investigation + basic management	X	X

PEDIATRICS				
Neonatology				
Pediatrics/Neonatology	Essential Newborn Care	Vital Sign Monitoring (Close monitoring for sick and premature)	X	
Pediatrics/Neonatology	Essential Newborn Care	Post-natal care	X	
Pediatrics/Neonatology	Normal Newborn Care	Prevention of hypothermia	X	
Pediatrics/Neonatology	Normal Newborn Care	Umbilical cord care	X	
Pediatrics/Neonatology	Normal Newborn Care	Breastfeeding	X	
Pediatrics/Neonatology	Normal Newborn Care	Eye prophylaxis	X	
Pediatrics/Neonatology	Normal Newborn Care	Vitamin K	X	
Pediatrics/Neonatology	Normal Newborn Care	Infection prevention	X	
Pediatrics/Neonatology	Normal Newborn Care	Vaccination	X	
Pediatrics/Neonatology	Normal Newborn Care	Neonatal resuscitation	X	
Pediatrics/Neonatology	Neonatal ressuscitation	Neonatal resuscitation	X	
Gastrointestinal Disorders				
Pediatrics-Neonatology	Acute gastroenteritis	Diagnosis and medical management	X	X
Pediatrics-Neonatology	Persistent diarrhea	Diagnosis and medical management	X	X
Pediatrics-Neonatology	Bloody diarrhea	Diagnosis and medical management	X	X
Respiratory Diseases				
Pediatrics-Neonatology	Rhinitis and Rhinopharyngitis	Medical management	X	X
Pediatrics-Neonatology	Pneumonia	Medical management	X	X
Pediatrics-Neonatology	Asthma	Clinical diagnosis	X	X
Pediatrics-Neonatology	Asthma	Medical management	X	X
Pediatrics-Neonatology	Bronchiolitis	Clinical diagnosis	X	X
Pediatrics-Neonatology	Bronchiolitis	Medical management	X	X
Pediatrics-Neonatology	ENT conditions	Clinical diagnosis	X	X
Pediatrics-Neonatology	ENT conditions	Medical management	X	X

Cardiovascular Diseases				
Pediatrics-Neonatology	Heart failure and Carcinogenic shock	Clinical diagnosis	X	X
Central Nervous System Disorders				
Pediatrics-Neonatology	Convulsions	Clinical diagnosis and basic management prio to transfer	X	X
Pediatrics-Neonatology	Epilepsy	Medical management	X	X
Pediatrics-Neonatology	Cerebral Palsy	Clinical diagnosis	X	X
Pediatrics-Neonatology	Paralysis	Clinical diagnosis	X	X
Endocrine Diseases				
Pediatrics-Neonatology	Diabetes Mellitus	Clinical diagnosis	X	X
Pediatrics-Neonatology	Diabetes Mellitus	Diagnosis (lab investigations)	X	X
Pediatrics-Neonatology	Diabetes Mellitus	Medical management (Drug therapy)	X	X
Pediatrics-Neonatology	Diabetic Ketoacidosis	Clinical diagnosis	X	X
Pediatrics-Neonatology	Hypoglycemia	Clinical diagnosis	X	X
Pediatrics-Neonatology	Hypoglycemia	Diagnosis (Lab investigations)	X	X
Pediatrics-Neonatology	Hypoglycemia	Medical management	X	X
Musculoskeletal Conditions				
Pediatrics-Neonatology	Septic Arthritis	Clinical diagnosis and basic management	X	X
Infectious Diseases				
Pediatrics-Neonatology	Malaria and HIV	Clinical diagnosis	X	X
Pediatrics-Neonatology	Malaria and HIV	Diagnosis (lab investigations)	X	X
Pediatrics-Neonatology	Malaria and HIV	Medical management	X	X
Pediatrics-Neonatology	Typhiod Fever	Clinical diagnosis	X	X
Pediatrics-Neonatology	Typhiod Fever	Diagnosis (lab investigations)	X	X
Pediatrics-Neonatology	Typhiod Fever	Medical management	X	X
Pediatrics-Neonatology	Hepatitis	Clinical diagnosis	X	X
Pediatrics-Neonatology	Hepatitis	Diagnosis (lab investigations)	X	X
Pediatrics-Neonatology	Tuberculosis	Clinical diagnosis	X	X

Pediatrics-Neonatology	Tuberculosis	Medical management	X	X
Pediatrics-Neonatology	Meningitis	Clinical diagnosis	X	X
Pediatrics-Neonatology	Tetanus	Clinical diagnosis	X	X
Pediatrics-Neonatology	Septicaemia	Clinical diagnosis	X	X
Pediatrics-Neonatology	Acute liver failure	Clinical diagnosis	X	X
Cancer				
Pediatrics	Cancer	Palliative care	X	X
Pediatrics	Cancer	Clinical diagnosis	X	X
Hematological Conditions				
Pediatrics-Neonatology	Anemia	Clinical diagnosis and basic management	X	X
Pediatrics-Neonatology	bleeding disorders	Clinical diagnosis	X	X
Emergency				
Pediatrics	Pediatric emergency condition	Abscess drainage	X	X
Pediatrics	Pediatric emergency condition	Dressing	X	X
Pediatrics	Pediatric emergency condition	Enema	X	X
SURGICAL PROCEDURES				
General Surgery				
General Surgery	Simple wound	Simple suture	X	X
General Surgery	Multiple superficial wounds	Multiple simple sutures	X	X
General Surgery	Removal of foreign body in skin	Removal of foreign body in skin	X	
General Surgery	Simple dressing	Simple dressing	X	X
General Surgery	Multiple dressing	Multiple dressing	X	X
General Surgery	Circumcision	Circumsion	X	X
Pediatric Surgery				
Pediatric Surgery	Supra Condylar Fracture	The upper limb to be immobilized in a back slab/cast at 90°	X	X
Urology Surgery				
Urology	Therapeutic Circumcision	Circumcision adult	X	X

Plastic Surgery				
Plastic Surgery	Any	Simple debridement	X	X
Plastic Surgery	Polydactyly	Excision of a simple polydactyly	X	X
Orthopedic Surgery				
Orthopedic Surgery	Fractures and Dislocations	Collar and cuff for shoulder and humerus fracture (no casts)	X	X
Orthopedic Surgery	Fractures and Dislocations	Arm sling	X	X
Orthopedic Surgery	Elbow Dislocation	The upper limb to be immobilized in a back slab at 90˚	X	X
Obstetrics and Gynecology				
Family Planning	Family Planning	IUD ablation	X	X
Family Planning	Family Planning	IUD insertion	X	X
Family Planning	Family Planning	Norplan, Jadelle, or Implanon ablation	X	X
Family Planning	Family Planning	Norplan, Jadelle, or Implanon implantation	X	X
Family Planning	Family Planning	Oral Contraceptive	X	X
Obstetrics	Retained placenta	Manual removal of retained placenta	X	
Obstetrics	Cervical tear	Cervical tear repair	X	
Obstetrics	Vaginal delivery	Simple vaginal delivery without episiotomy	X	
Obstetrics	Vaginal delivery	Simple vaginal delivery with episiotomy	X	
Obstetrics	Vaginal delivery	Simple vaginal delivery with 1st degree tear repair	X	
Obstetrics	Vaginal delivery	Simple vaginal delivery with 2nd degree tear repair	X	
Obstetrics	Aneamia in pregnancy	Medical management	X	
Obstetrics	Pre-term labor	Medical management	X	
Obstetrics	HIV in pregnancy	Diagnosis and medical management	X	
Obstetrics	Hepatitis B during pregnancy	Diagnosis and medical management	X	
Obstetrics	Hepatitis C virus during pregnancy	Diagnosis and medical management	X	
Obstetrics	Genital herpes simplex virus (HSV) infection during pregnancy	Diagnosis and medical management	X	
Obstetrics	Syphillis in pregnancy	Diagnosis and medical management	X	

Obstetrics	Urinary tract infections (UTI) in pregnancy	Diagnosis and medical management	X	
Gynecology	Primary dysmenorrhea	Diagnosis and medical management	X	X
Gynecology	Secondary dysmenorrhea	Diagnosis and medical management	X	X
Gynecology	Premenstrual syndrome	Diagnosis and medical management	X	X
Gynecology	Abnormal uterine bleeding (AUB)	Diagnosis and medical management	X	X
Gynecology	Pelvic Inflammatory Diseases	Diagnosis and medical management	X	X
Gynecology	Vaginal discharge syndromes)	Diagnosis and medical management	X	X
DERMATOLOGY				
Infectious Skin Diseases				
Dermatology	Deep skin bacterial infection	Incision & drainage of superficial abscess	X	X
DENTISTRY				
Dental	Minor oral surgeries (simple extraction, minor soft injury repair, freinectomy)	Minor oral surgeries (simple extraction, minor soft injury repair, freinectomy)	X	
Dental	Disease,trauma,orthodontic procedure	Simple extraction	X	
Dental	Trauma	Minor soft injury repair	X	
Dental	Congenital malformation	Lingual freinectomy	X	
Dental	Disease, trauma, normal physiology	Removing a baby tooth	X	
Dental	Trauma, disease	Extraction of root remnants (rests)	X	
Dental	Gingival infection	Operculectomy	X	
OPHTHALMOLOGY				
Ophthalmology				
Ophtalmology	Allergy	provide medication	X	X
Ophtalmology	Tear Film/Dry Eyes	provide medication	X	X
Ophtalmology	Infection/Inflamation	provide medication	X	X
Ophtalmology	Laceration	Repair of laceration	X	X
Ophtalmology	Growth	Excision	X	

PAIN MANAGEMENT				
Pain management	Pain Assessment and Measurement	Pain Assessment and Measurement	X	X
Pain management	Pharmacological approach	Pharmacological approach	X	X
Pain management	Non-pharmacological approach	Non-pharmacological approach	X	X
Pain management	Cancer Pain Management	Cancer Pain Management	X	X
NUTRITION-DIETETIC PROCEDURES				
Nutrition	Nutritional Assessment/Screening (Anthropometric Measurements, Interpretation Of Nutritional Index, Growth Monitoring)	Nutritional Assessment/Screening (Anthropometric Measurements, Interpretation Of Nutritional Index, Growth Monitoring)	X	X
Nutrition	Nutritional Counseling	Nutritional Counseling	X	X
Nutrition	Nutritional, Rehabilitation of Protein Energy Malnutrition	Nutritional, Rehabilitation of Protein Energy Malnutrition	X	X
Nutrition	Diet Recall (Anamnesis) and Diet Assessment	Diet Recall (Anamnesis) and Diet Assessment	X	X
Nutrition	Meal Planning	Meal Planning	X	X
EMERGENCY MEDICINE				
Emergency Medicine				
Emergency Medicine	Respiratory	General Approach to The Dyspneic Patient	X	X
Emergency Medicine	Respiratory	Pneumonia	X	X
Emergency Medicine	Respiratory	Asthma/COPD	X	X
Emergency Medicine	Respiratory	Hemoptysis	X	X
Emergency Medicine	Cardiology	General Approach to The Patient With Chest Pain	X	X
Emergency Medicine	Cardiology	Hypertensive Emergency	X	
Emergency Medicine	Gastroenterology	Diarrhea	X	X
Emergency Medicine	Renal And Genitourinary	Urinary Retention	X	
Emergency Medicine	Renal And Genitourinary	Priaprism	X	

Emergency Medicine	Eye, Ear, Nose, & Throat	Pharyngitis And Complications	X	X
Emergency Medicine	Eye, Ear, Nose, & Throat	Epistaxis	X	X
Emergency Medicine	Eye, Ear, Nose, & Throat	Altered Mental Status/ General Approach to Coma	X	X
Emergency Medicine	Eye, Ear, Nose, & Throat	Seizures	X	X
Emergency Medicine	Hematology	Anemia	X	
Emergency Medicine	Infectious Diseases	Skin And Soft Tissue Infections	X	X
Emergency Medicine	Environmental	Burns	X	X
Emergency Medicine	Environmental	Mammalian Bites	X	X
Emergency Medicine	Environmental	Snake Bites	X	X
Emergency Medicine	Musculoskeletal	Low Back Pain	X	X
Emergency Medicine	Pain Medications	Pain Medications	X	X
Emergency Medicine	Foley Catheter	Foley Catheter	X	

Type of investigation	**Medical condition/Indication**	Type of Lab Procedure/organ	**SGHP**	**FGHP**
INVESTIGATIONS				
	Laboratory			
BIOCHEMISTRY	Nephrotic syndrome, CKD	Albuminuria	X	X
BIOCHEMISTRY	Nephrotic syndrome, CKD	Proteinuria	X	X
BIOCHEMISTRY	Diabetes Mellitus, hyperosmolar hyperglycemic state	Glucosuria	X	X
BIOCHEMISTRY	Diabetes Mellitus, bronze diabetes	Blood sugar	X	X
BIOCHEMISTRY	Renal pathology	Creatinine	X	
BIOCHEMISTRY	Renal pathology	Urea	X	
BIOCHEMISTRY	Liver pathology	SGOT – ASAT*	X	
BIOCHEMISTRY	Liver pathology	SGPT –ALAT*	X	
BIOCHEMISTRY	Liver pathology	Blood sugar*	X	X

HEMATOLOGY	Anemic conditions	Hb/Ht	X	X
HEMATOLOGY	Infection and inflammation	FBC	X	
HEMATOLOGY	Anemic conditions	ESR	X	X
SEROLOGY	HIV infection	HIV 1 & 2 rapid testing	X	X
SALIVA	HIV infection	Oraquick rapid HIV antibody	X	X
SEROLOGY	Viral Hepatitis infection	HCV Ab and HBV Ag Rapid Test	X	X
SEROLOGY	Infection	Syphilis (VDRL/RPR)	X	X
SEROLOGY	Pregnancy	Pregnancy test	X	X
SEROLOGY	Pregnancy	Hepatitis B surface antigen	X	X
SEROLOGY	Pregnancy	Hepatitis C antibody	X	X
SEROLOGY	Viral hepatitis inflammation	Rapid Testing for Hepatitis B and C	X	X
SEROLOGY	Chlamydia trachomatis	Chlamydia antigen detection	X	
SEROLOGY	Listeriose	Listeria rapid test	X	
SEROLOGY	Toxoplasmosis	Toxoplasmosis rapid test	X	X
MICROBIOLOGY	Intestinal infestations	Stool Wet smear	X	X
MICROBIOLOGY	Parasitic infestations	Blood thin smear	X	X
MICROBIOLOGY	Parasitic infestations	Blood thick smear	X	X
MICROBIOLOGY	Parasitic infestations	Rapid test for malaria	X	X
BACTERIOLOGY	Intestinal and urinary tract infections	wet mount preparation (urine, stool)	X	

Note: Dental and Ophthalmology services will be added to specific HP service packages based on community needs and these shall be approved by the MoH.

Annual checkup to be considered will refer to the Ministerial instructions no. 20/62 of 20 March 2014 determining how members of the communitv-based health insurance scheme can voluntarily undergo annual medical checkup aimed at ascertaining their health status.

D) WORKING HOURS

- All services offered at FGHPs are to be provided 7/7 days, Monday to Sunday, from 7:00 am to 5:00 pm with exception on emergency cases during the night.
- SGHPs offer services 7/7days and 24/24 hours.

4.3. HEALTH POST INFRASTRUCTURE, MEDICAL EQUIPEMNT AND ACCESS TO MEDICINES

i. Access to Medicines

- ESSENTIAL MEDICINES LIST AT THE HEALTH POST LEVEL

The medical products needed at HP level refer to the Essential Medicines List as determined by Ministry of Health.

- SUPPLY CHAIN & PROCUREMENT

Basic principles in procurement of drugs, consumables and other commodities will be applied at health posts as done in other public health facilities. The normal supply chain defined by Ministry of Health will be applied to all Health Posts.

Drugs and consumables can be first procured from Rwanda Medical Supply Ltd District Branches through electronic platform (e-LMIS). In case this fails to supply all the needs; missing medicines notified by RMS Branch can be procured in recognized private wholesalers. RMS branches will follow normal channel of distribution (active distribution plan); it will compile and analyze the request from Health Posts and distribute pre-packed medicines at Health Center.

The RMS will contact the Operator of Health Post to collect requested medicines together with feedback from the HC. This will take place at no extra charges from RMS other than the normal mark-ups.

Partners also can facilitate direct distribution of medicines to Health Posts; these partners will collect medicines from RMS Ltd or private wholesalers for missed ones upon RMS' approval. The partners can then transport to each health post.

ii. Infrastructure

Health Posts infrastructure i.e., buildings shall follow a standard harmonized HP infrastructure plan approved by the MOH and this will apply to both new construction and renovation. HP Infrastructure Plan will be aligned to the defined service package for each category of Health Post (First Generation and Second-Generation Health Posts).

In case HP operator use his own building/rent building, it should comply with standards in place and an agreement will be established between HP Operator and district. In case the owner wants to interrupt the contract he/she must inform the district 6 months before in order to facilitate the district to plan for transition period.

The Ministry of Health shall avail an approved standard architectural plan for health posts in both categories i.e. First and Second-Generation health posts.

- The building for the first generation should have 4 to 5 rooms (see Plan in Annex #):
  1. Consultation room No 1 (3.6X3.5 sqm),
  2. Observation room (3.5X3.5 sqm),
  3. Store room, (3.5X2.4 sqm),
  4. Pharmacy Drugs/distribution room, (3.5X2.7 sqm),
  5. Waiting Area (2.0X5.0 sqm),
  6. Corridor (1.2x5.3sqm)
  7. External toilets (two WC) + Washroom (1.48X3.6 sqm),

- The building for the second generation should have a number of rooms according to approved services package
  1. Consultation room No 1 (3.3X3.5 sqm),
  2. Consultation room No 2 (3.3X3.5 sqm),
  3. Observation room (3.9X3.5 sqm),
  4. Laboratory room (2.5X2.6 sqm),
  5. Dressing room/Wound Care, (3.2X2.6 sqm),
  6. sterilization section: (1.6x1.2sqm)
  7. Store room, (1.8X2.6 sqm),
  8. Maternity ward (3.6X2.6 sqm),
  9. Washroom (1.6x1.4sqm)
  10. Ophthalmology Room (3.5x2.6sqm)
  11. Dental Room (3.5x6.3sqm)
  12. Pharmacy Drugs distribution room, (2.5X2.6 sqm),
  13. Waiting Area (4.8X9.0 sqm),
  14. Corridor (1.2x13.8 sqm)
  15. External toiles (two WC) + Washroom (1.48X3.6 sqm),
  16. Burner and waste management (2x1.5sqm)
  17. Placenta pit (1.5 diameter)

The location of the health post will be based on thorough needs assessment led by the district This will limit concentration of HPs in the same boundaries and duplication of efforts/resources. The criteria to determine a location of new health posts are:

- Average time to walk to a nearby health facility for population around the chosen location is beyond 45 minutes;
- Density of health posts within the sector per 100,000 population is above 9 health posts per 100,000 health posts.

iii. Equipment

Health posts shall be equipped with necessary materials and equipment as per the service package. For HPs managed under the PPP framework, the HP building, equipment and materials given to the Health Post operator remain property of the district. In case of contract termination for any reason, the operator will hand over all equipment and materials found in the HP at the time of contracting. Below is a list of equipment for both FGHPs and SGHPs.

Table 6: List of Equipment

Equipment for First Generation Health Post

Big equipment	Light equipment
✓ 4 chairs ✓ 1 table ✓ 4 benches ✓ 1 filling cupboard ✓ 2 shelves ✓ 1 Water Filter ✓ 1 consultation table ✓ 1 observation bed ✓ 1 hand washing stand ✓ 1 hand washing station in consultation room ✓ 1 pediatric balance ✓ 1 infusion stand	✓ 1 BP cuff ✓ 1 Stethoscope ✓ 1 fetoscope ✓ 1 thermometer ✓ 1 otoscope ✓ 1 metre ruban ✓ 1 timer ✓ 1 computer ✓ 1 Functioning Binocular Microscopy ✓ 1 Autoclave ✓ 1 Tambour ✓ Pinces (anatomic, hemostatic, Kosher; pince a servir; bocal; basin reniforme; plateau…) ✓ 2 Waste bin

Medical Equipment for Second Generation Health Posts:

No	Item	Unit	Qty
1	**MATERNITY WARD**		
1	Delivery Bed, Ordinary Parturition Bed with Water Proof Mattress	Pce	1
2	Stepladder 2Steps,	Pce	1
3	Laundry Own Trolley (Hospital Laundry Trolley)	Pce	1
4	Drug Dispensary Trolley (Multipurpose Trolley)	Pce	1
5	Infusion Stand	Pce	1
6	Mobile Gynecological Light	Pce	1
7	Bed Sheet Pair (Hospital Bed Sheet Pair Light Bleu/ White)	Pce	2
8	Vaginal Kit Speculum (Vaginal Speculum B/3 (Large, Medium & Small)	Pce	1
9	Fetoscope Manual	Pce	1
10	Fetoscope (Ultrasound Pocket Doppler Digital)	Pce	1
11	Otoscope Ultrasound Pocket Doppler Digital	pcs	1
12	Infant Weighing Scale (Baby Weighing Scale Digital)	Pce	1
13	Infant Radiant Warmer	Pce	1
14	Waste Bin (Hospital Dustbin Stainless Steel Foot Operated with Additional Bucket 20L)	Pce	1
15	Receptacle for Dangerous Waste (Foldable Safety Box For Contaminated Sharps 5L)	set	1
16	Medical Pear (Penguin Newborn Suction Tool 1Pc)	Pce	1
17	Timer (Digital Timer)	Pce	1
18	Delivery Kit Minor	set	1

19	Wheel Chair (Patient Wheel Chair Foldable Black with Leg & Arm Rest)	pcs	1
20	Small refrigerator		1
II	**LABORATORY ROOM**		
1	Microscope - Mixed Optic Microscope (Euro Cyanoscope Mixed Optic Microscope Electrical)	Pce	1
2	Lab Refrigerator 92L	Pce	1
3	Cool Boxes (Cooler Box Vaccine 1.8L)	Pce	1
4	Laboratory Stool	Pce	1
5	Waste Bin (Hospital Dustbin Stainless Steel Foot Operated with Additional Bucket 20L)	Pce	1
6	Receptacle for Dangerous Waste (Foldable Safety Box For Contaminated Sharps 5L)	set	1
7	Patient Chair (Blood Draw)	Pce	1
8	Laboratory Chairs for Lab Operators	Pce	1
9	Lab Lamps with Light Bulb 12V	Pce	1
III	**CONSULTATION ROOMS x 2**		
1	Consultation table (Examination Table) with steel Stepladder and mattress. Mattress shall be a water proof, hygienic, anti-bacterial and antistatic, H-3 with thickness of 80mm minimum and 100mm maximum, Cover with green, blue or black color	Pce	2
2	Otoscope	Pce	2
3	Stethoscope	Pce	2
4	Thermometer	Pce	2
5	Blood Pressure Machine	Pce	2
6	Computer-	Pce	1
IV	**OBSERVATION ROOM**		
1	Observation Bed (Observation bed with Stepladder and mattress. Mattress shall be water proof, hygienic, anti-bacterial and antistatic, H-3 with thickness of 80mm minimum and 100mm maximum, Cover with green, blue or black color	Pce	2
2	A Bed Side Cabinets (It shall have body made in steel, welded and smooth surface, drawers, doors, lower cupboard with removable shelf, it shall have holes on sides and rear of cabinet to accept a toer rail, it shall have 4-wheel castors made of polymer and have 50mm of diameter, Dimension (wxdxh): Overall Dimensions (485X485X830) mm ± 50 mm, Upper Drawer 475X450X100mm ± 50 mm, Lower Cupboard (475X450X575) mm ± 50 mm)	Pce	2
3	Observation Room Bed Cover (Hospital Single Bed Cover)	Pce	2
4	Bed Sheet Pair (Hospital Bed Sheet Pair Light Bleu/ White)	Pce	2
5	Infusion Stand (Iv Stand (Potence)	Pce	1

6	Wardscreen (Paravant) 4-Fold Light Blue	pcs	1
V	**WOUND CARE**		
1	Consultation table with steel Stepladder and mattress. Mattress shall be water proof, hygienic, anti-bacterial and antistatic, H-3 with thickness of 80mm minimum and 100mm maximum, Cover with green, blue or black color	Pce	1
2	Dressing / Suture Kit	set	1
VI	**STERILIZATION**		
1	Autoclave 18L		1
VII	**RECEPTION AREA**		
1	Adult Balance Digital Weighing Scale Max 150Kg	Pce	1
2	Balance Pediatric Suspension (Baby Weighing Scale Manual with Hanging Trouser)	Pce	1
3	Measuring Tape (Tailor's Tape)	Pce	1
4	Growth Monitoring Chart	Pce	1
5	Kandagira Ukarabe (Hand washing)	Pce	1
6	Full Set of Flat Television	Pce	1
VIII	**ROOM OF DENTISTRY AND OPHTALMOLOGY**		
	ITEM NAMES	**Units**	**Qty**
1	Dental unit		1
2	Extraction Kits		1
IX	**SUPPLY AND INSTALLATION OF OPHTALMOLOGY EQUIPMENT**		
	ITEM NAMES	**Units**	**Qty**
1	Eye Chart		2
2	Pinhole Occluder		2
3	Ophthalmoscope		1
X	**ADDITIONAL EQUIPMENT:**	**Unit**	**Qty**
1	Big Waste Bin Of 240Litre	Pce	1
2	Ambu Bag Self Inflation Resuscitor with Three Mask	SET	1
3	Portable hand wash sinks stand CHH (New Model of Handwashing Station)	pcs	2
4	Tambours 15X15 Cm	pcs	3
5	Godets	pcs	4
6	(Kidney Dish)	pcs	4
7	Surgery Box for Delivery Kit	pcs	3
8	Bocal For Pince	pcs	2
9	Bed Sheets	pairs	4
10	Receptacle For Dangerous Waste	pcs	12
11	Aleses For Babbies	pcs	2

12	Alese Impermeable	ml	1
13	Plate	pcs	1

4.4. HEALTH WORKFORCE

a) Minimum Qualifications

The staff in charge of clinical services should be qualified and licensed A1, A0 or A2 nurses, midwives or a Clinical Officer with adequate skills in health promotion, disease prevention, clinical management of conditions in line with the HP service package, data management, entrepreneurial leadership and basic accounting and financial management and clinical experience of 2 years at least.
The health posts must employ qualified and licensed staff.

b) Staff Recruitment

Recruitment of Health Post staff is conducted by HP operator. A public servant in the health sector is not eligible to be owner of Health post.

a. Minimum staff per Health post

Minimum staff per health post are for:

First Generation HPs must have the following minimum staff to be operational:

- 1 licensed Nurse, Midwife or Clinical Officer
- 1 Licensed Lab technician
- 1 Supporting staff (a guard and receptionist)

Second generation Health Post must have the following minimum staff to be operational:

- 4 Licensed Nurses or clinical officers
- 1 Licensed Midwife
- 1 Licensed Lab Technician
- 1 Support Staff (e.g., Receptionist/ Cleaner /Guard)

Note: 1 Dental Therapist and 1 Ophthalmologist will be considered when the SGHP provides Dental and Ophthalmologist services.

b. Clinical Regulation

All clinical staff working into the health posts must register in their respective professional councils and renew the license to practice per relevant councils' policy. The Staff in charge of clinical activities must report immediately all cases of malpractices and medical negligence to Ministry of Health.

c. Continued Professional Development

The owner of health posts bears responsibilities to regularly train/refresh the clinical staff on health promotion, disease prevention, clinical management of conditions in line with the service package to be delivered at the health post level. Below is a list of essential trainings that HP must prioritize to undertake staff continuous professional development.

Training /Certification	Required for FGHP	Required for SGHP
Integrated management of Infants (IMCI)	X	X
Voluntary Counselling and Testing (VCT),	X	X
Family Planning	X	X
NCD screening	X	X
Basic Emergency Obstetrics and Newborn Care (B EmONC)		X
Health Baby Breath (HBB),		X
Circumcision	X	X
Immunization	X	X

4.5 HEALTH INFORMATION SYSTEM

Health Information Systems are designed to assist in managing health data. The Ministry of Health has set the strategic direction of Health Information Systems (HIS) according to the Fourth Health Sector Strategic Plan (2018-2024). The HIS plan is to ensure that health information systems are functional, responsive and interoperable by 2024.

Efforts are underway to digitize patient records through the use of Electronic Medical Records (EMR) at all healthcare levels including at the HP level. Additionally, the use of Health Management Information System (HMIS) is underway for some HPs and the plan is in motion to give the remaining HPs access to HMIS. Training of HPs staff will be made a priority to get them up to speed with the technology.

The following strategies will guide the HIS plan at the HP level basing on the national HIS strategies developed:

- Develop and enforce policies for personal data access and protection.
- Strengthen the use and scale up of different information systems including CRVS to improve data quality, timeliness and completeness for concerned HPs.
- Extend the deployment of EMR full package system in all Health Posts
- Synchronize all HIS systems together and link them with EMR to improve the patient management and data-use for decision making.

a) HMIS Reporting procedures:

- All HPs should have access to HMIS for health indicators data entry and reporting.
- Data collected from the Health Posts will be sent directly through HMIS and will be compiled at the District/Provincial Hospital where they are processed and analyzed to be used locally and nationally by MoH.
- A monthly plan should be developed between HPs and HCs for supervision of proper reporting
- Health posts should implement data reporting changes recommended by the HC and MoH

c) MONITORING AND EVALUATION FRAMEWORK

The Rwanda Health Sector Strategic Plan 4 (HSSP4) provides the strategic direction which is to ensure an effective monitoring and evaluation (M&E) framework by 2024. Therefore, the HP M&E framework will base on the set national strategies, key performance indicators (KPIs) with defined baselines and targets.

The monitoring of health activities is made through the collection of data using indicators managed by HMIS. The following M&E framework will guide MoH and other stakeholders in evaluating the functionality of health posts over time.

- Reference made to the Law N 87/2013 of 11/09/2013, the District Executive Committee, as the primary organ, and in collaboration with the Ministry of Health and other Social Cluster ministries will lead the monitoring and evaluation of the District Health System (DHS) which includes HPs
- MoH and other relevant stakeholders will facilitate the overall coordination of M&E for the HPs Expansion Plan alongside the District Executive Committee as the primary organ.
- Standard operating procedures (SOPS) to guide data management and sharing at all levels will be updated and / or revised.
- Capacity will be built at the HP level for analysis and synthesis of data, efficiency and equity analysis, and economic evaluations to inform value-for-money decisions
- Innovative approaches will be employed in dissemination such as: audience tailored dissemination, use of policy briefs, production of statistical bulletins, engaging the media to disseminate evidence and evidence sharing at community level through existing community structures including data producers.
- Regular participatory performance assessments will be undertaken at the national and district level that will bring together all stakeholders and HP operators to review reports and experiences to inform corrective action and subsequently inform the next HP Expansion Plan.
- Lastly, capacity in evidence-based planning will be built at the HP level.
- The M&E logical framework for the HP Expansion Plan and the performance toolkit will be adapted from the existing HSSP4 framework (Annex #) and will focus on the following indicators that concern HPs:

d. Impact Indicators

- Life expectancy at birth
- Maternal Mortality Ratio/100, 000 Live Births
- Neonatal Mortality Rate/1000
- Infant Mortality Rate/1000
- Under-five Mortality Rate/1000
- Any other relevant indicator

Outcome/ Output Indicator Components

SPECIFIC HEALTH SERVICE DELIVERY PROGRAMS

- Essential services across the Life Course: pregnancy, early life, children, adolescents and youth
- Coverage of Essential Health Interventions: communicable such as:
  - HIV/AIDS
  - Viral Hepatitis

- TB and other respiratory communicable diseases
- Malaria, neglected tropical diseases and other parasitic diseases

- Coverage of Essential Health Interventions: non-communicable diseases such as:
  - Overall interventions for NCDs, Injuries and disabilities
  - Mental Health services
- Cross-Cutting Health Service Delivery Programs: Health promotion, environmental health, and health security

HEALTH SYSTEMS SUPPORTING DELIVERY OF HEALTH PROGRAMS

- Quality assurance and improvement programs:
  - Number of newly built or renovated and operationalized HPs
  - Number of HPs closed
  - Number of HPs malpractice cases assessed and addressed
  - Trainings and capacity building and attendance
- Health Workforce (HRH)
  - Nurse per pop ratio
  - Midwife per pop ratio
  - Lab technicians per pop ratio
- Services availability and readiness (infrastructure and equipment)
  - Number of health posts constructed/rehabilitated in a cell previously without any other health post
  - Average time to walk to a nearby HF (in minutes)
- Health Products, Medicines and Commodities
  - Health technologies availability (e-LMIS)
  - <5% of medical products stock-outs
- Health Information Systems (HIS) and Research
  - % Causes of deaths are reported according to the classification recognized by MoH
  - % Births registered according to the CRVS
  - % Of EMR package availability
- Other cross-cutting issues indicators

4.6. FINANCIAL RESOURCES AND SUSTAINABILITY

Financing of Health Posts requires joint efforts by Government of Rwanda (GoR), Development Partners and the Private sector. Strong partnerships will be structured and nurtured to ensure sustainable financing of HPs in terms of initial costs, day to day operations and sustainability of service delivery. Specifically, financial resources will be required for the following cost drivers;

I. Conducting feasibility studies to assess the need for HPs and project viability visas community needs and affordability.
II. Initial set up costs including infrastructure (construction/renovation), equipment, staffing etc. Building is based on district plan for HPs authorized by MOH
III. Sustainability costs

Source of funding

Financial resources for establishment and functionality of health posts will be mobilized from different stakeholders/partners. These may include;

- ✓ Individual entrepreneurs with or without a medical background
- ✓ Individual licensed nurses, midwives and clinical officers with 2 years of clinical experience
- ✓ Development partners
- ✓ Private sector entities /organizations

All partners involved in Health Post program implementation have to work efficiently and collaborate with the district to offer sustainable and qualitative Health care services.
A partner who wants to support Health Posts in establishment, operations and sustainability must have an agreement with MOH as well as the district. A partner that operationalizes a HP should have an agreement with MOH which specifies a collaboration framework between partner and operator. Communication between partners is a key for any decision to be taken for continuum of service.

Expense Considerations for Operators

The following costs will be needed for the HP to consider. This is applicable to all models above.

Set-up expenses:

- Initial supply of drugs and delivery for 3months
- Initial training (business management and service delivery)
- Payroll for all hired staff for 3 months depending on the operational service package model
- Potential re-design
- Miscellaneous expenses

Ongoing expenses:

- Management fees
- Payroll
- HP IT system (billing/verification technology & supplies)
- Utilities such as water and electricity
- Mentorship and capacity building
- Equipment maintenance
- Miscellaneous expenses

Sustainability

Sustainability of health posts implies that the HP is fully functional at all times, financially stable and does not compromise quality of healthcare services. All partners should justify their ability to sustainably operationalize a health post for a given period of time.

Key components for a sustainable HP

1. Measurement and tracking to the Key Performance Indicators in the original feasibility study.
2. Optimal service provision within expected financial estimates/expectations.
3. Ensure that all costs and quality expectations are allocated and carried out by the designated partner.
4. HP to comply with payment modalities determined by RSSB.
5. MoH to advocate for acceptance of all insurance schemes for all HPs.
6. Ensuring that the cost of all capacity building activities and other costs that develop the quality of services provided by the HP are covered by the funders who have committed to fund the running of the HP.

Tariffs, Revenue and Taxes Framework

Medical Tariffs

Health Posts should follow the medical tariffs as set by MoH for services provided at the Health Center. The medical tariff is for CBHI members, and MOH will advocate for RAMA/RSSB, MMI and other private insurance firms..

Insurance claim filing and reimbursement

Health Post Operators are required to file insurance claims to all insurers such as RSSB and other private insurance firms at the end of the month. These claims shall be processed and paid within 2 months after the filing.

Other service delivery revenues

Other revenues for HPs would come from private patients who pay 100% of the services.

Taxes

Health Posts are required to follow and respect all necessary existing tax-related rules and regulations e.g. annual trade license fees, Annual profit declaration etc.

List of Contributors

S/N	Names	Institution
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4.	Mr Pie HARERIMANA	RMS
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6.	Mr Donatien BAJYANAMA	MoH
7.	Mr Joseph GITERA	MoH
8.	Mrs Alphonsine MUKAMUNANA	MoH
9.	Mr Willy NSINGA	RSSB
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19.	Ms Joseline MIZERO	PIH
20.	Jean Nepomuscene MPEZAMIHIGO	Health Posts representative

Annexes

Annex 1: Structure for bid documents Requests for qualification template

The District shall use the following template for preparing the Request for Qualification

REQUEST FOR QUALIFICATION

Name of Project

Government of Rwanda

District Name and Logo

Date

Document version / reference number

Reference / invitation letter

Notices / disclaimer

Table of content

Definitions

Procuring agency, including:

- Key contact details

Name and location of the project

Project description, including:

- Description of the health posts advertised
- General scope of the future private partner
- Indication of the proposed bidding process

Pre-qualification terms and procedures, including:

- Qualification criteria and thresholds
- Firm, consortium and/or other requirements
- Submission procedures
- Conflicts of interest and/or other limits on participation
- Pre-qualification costs
- Clarification requests

Pre-qualification application requirements, including:

- Language of documentation
- Documents making up the application
- Format of applications

Evaluation procedures, including:

- Receipt of applications
- Clarification requests
- Opening and evaluation procedures
- Shortlisting

Procedures for evaluation

RFQ timeframes

Annexes, including:

- Any required formats for applications
- Any required formats for application support documents
- Project information memorandum (if intended for release)

Annex 2 Request for Proposal Template

The Contracting Authority shall use the following template for preparing the Request for Proposal

REQUEST FOR PROPOSAL

Name of Project

Government of Rwanda

District Name and Logo

Date

Document version / reference number

Reference / invitation letter

Notices / disclaimer

Table of content

Definitions

Procuring agency, including:

- Key contact details

Project brief

Instruction to bidders, including:

General bidding rules, including:

- Eligibility and compliance requirements
- Bid security requirements and forms (if applicable)
- Corporate structure of the successful bidder
- Consortium requirements
- Role of District
- Timetables for bidding
- Bid dates and responsibility for delays
- Bidders due diligence
- Clarifications process
- Additional information
- Draft project agreement
- Costs of bidding language, format and signing
- Bid clarifications

- Bid validity
- Annulment of bidding process
- Confidentiality
- Corrupt or fraudulent practices
- Notifications

Project information and bidders due diligence

- Name and location of the project and identify the procuring agency
- Content and conditions of access and use of the data room
- Site or other inspections
- Draft project agreement (or in Annex)

Bid requirements

- Compliance requirements
- Detailed guidance on the format, preparation, content and structure of the technical and financial bids

Submission of bids
– Procedures for submission and receipt of technical and financial proposals

Proposal opening, evaluation and selection of preferred bidder
- Procedures for the opening and evaluation of proposals
- Evaluation criteria and methodology, including inter alia weighting principle, evaluation formula, assumptions to use in the bid preparation

Conditions precedent to commercial close
- Conditions precedent
- Other

Terms of reference, including:

- Detailed project description
- Obligations of partners
- Output specification and/or key performance indicators, and/or minimum performance specifications and standards; also the required level of service (LOS) or availability to deliver
- Delivery schedule
- Regulatory and legal requirements to comply with in terms of employment, environment,

  safety/security, etc.

- A draft copy of the project agreement and its technical annexes

Annexes, including:

- Any required formats for submissions or support documents ☐ Draft project agreement (if not included in main TOR)
- Checklists
- Etc.

Annex3: Structure of the bid evaluation report

Introduction:

i. Project background
ii. Bid process details – evaluation criteria, approach, committees
iii. Details on conforming and alternate bids received

Assessment of affordability

This section should compare the identified institutional budget for the project against the cost of each proposal to identify the affordability of each proposal.

Assessment of value for money

An assessment of the initial value for money of the project was carried out in the feasibility stage where the cost of the public sector comparator was set against the cost of a PPP reference project to arrive at the initial value for money assessment. At the bid evaluation stage, the individual proposals were matched up with the Public Sector Comparator (PSC) to arrive at the actual value for money. In determining the value for money it is important to ensure that the risk adjusted values of the proposals are compared to the PSC and the underlying assumptions are in line with those of the PSC.

Assessment of risk transfer

Details the risk matrix of the bidders with particular focus on the risk matrix of the preferred bidder

Bid deficiencies

The deficiencies in the preferred bid which were identified by the project selection committee during the process of bid evaluation should be specified. Details on the nature of such deficiencies and anticipated difficulties in resolving them should be provided.

BAFO

In case the District had decided to undertake the BAFO process, a report on the same with the level of detailing provided in the RFP analysis should be included.

Negotiation plan

This section should lay down the negotiation strategy of the District, the members of the negotiation team and the key issues likely to arise in the process.

Concluding remarks

Concluding remarks of the contracting authority

Annex 4 The functioning of the Technical Committee

1. **Composition of the TC**

The Technical Committee (TC) is a specific committee made up of representatives from District, Hospitals, Health centers under districts to facilitate review and approval activities in the PPP process. The TC will be formed by District Executive Committee. The TC for health posts review and evaluation will comprise the following members:

- TC lead, Director who has health in his responsibilities at District;
- Director of Finance of one hospital under district;
- Procurement officer of District;
- District Legal Officer;
- Monitoring and evaluation officer at Hospital;
- Head(s) of health center whose health post(s) tendered fall under his/her catchment area;
- Sector Staff (s) who has health in his/her responsibilities and whose health post(s) tendered fall under his/her catchment area;

2. **Roles and responsibilities of the TC**

The TC is responsible for evaluating all health posts tendered for Public private partnerships with the districts. It will be specifically responsible for:

- Reviewing and recommending the concept note of health posts to be tendered under PPP;
- Reviewing and approving bid documents;
- Reviewing and recommending the shortlisted bidders for the health posts;
- Reviewing and recommending the preferred bidder for the health posts;

The members of the TC shall be authorized by their respective institutions to undertake review of the project on behalf of their institutions, provide reviews, recommendations and approvals. The TC lead will ensure that recommendations from the members of the TC are compiled to provide a complete view on the PPP project.

3. Convening the Technical Committee meetings

The meeting of the Technical Committee shall be convened any time it is considered necessary upon invitation by the TC Lead.

4. Notification of Technical Committee meeting

Any meeting of the Technical Committee shall be convened through a written notification or via email at least seven (7) days before the date of the meeting except if all members provide for a meeting to be held at less than seven days' notice. The notification must also state the time, date, location, and agenda of the meeting and shall be accompanied by all the available relevant documentation to be discussed at the meeting.

5. Quorum for the meetings of the Technical Committee

The quorum required for the meetings of the Technical Committee is at least two-thirds (2/3) of its members. When such a number is not reached, the meeting is deferred to another date agreed upon by the members present. If the meeting is convened for the second-time due to lack of quorum, TC members may meet and take decisions.

6. Request for experts

The Technical Committee may invite in its meeting any persons required to give advice on a given item on the agenda. Those persons shall be chosen for their specific skills but shall not have the right to vote at the meeting.

7. Adoption of Technical Committee resolutions

Resolutions of the Technical Committee shall be validly taken when at least two-thirds (2/3) of its members are present at the meeting. The decisions of the committee are taken by unanimous resolution of the members present.

Members of the Technical Committee shall not be represented in the meetings by other persons. However, members of the Technical Committee who are unable to attend a meeting may provide their opinions by electronic communication or any other means approved by the Committee.

Technical Committee resolutions shall be signed by its members present at the end of the meeting. The original copy of the report of the Technical Committee meeting shall be kept in district and a copy of it shall be transmitted to other members of the Committee

Annex 5 : ESTIMATED COST FOR CONSTRUCTION WORKS AND EQUIPPING OF FIRST-GENERATION HEALTH POST IN RWANDA

		UNIT	QTY	UNIT Price	TOTAL COST (Frw)	TOTAL COST IN USD 1USD=1,036.66
I	**PRELIMINARY WORKS**					
1.1	Site installation and removal, demolition of existing works and site clearing including loading and carting away arising debris to a required location	Ff	1	500,000	500,000	482.32
1.2	Site levelling for main house	m3	99	3,000	297,000	286.50
1.3	Excavation for foundation	m3	28.18	3,000	84,540	81.55
	S/TOTAL				**881,540**	850.37
II	**FOUNDATION ON HEALTH POST**				-	
3.1	Vibrated reinforced concrete M-15, Column bases, sub-columns and columns with steel bar of 4 T 12 diameter main bars, stir up T8 diam @200mm	m^3	0.41	335,000	137,350	132.49
3.2	Vibrated reinforced concrete M-15, Continuous lintel on external walls with steel bar of 4 T 12diam main bars, stirrup T8diam @200mm	m^3	2.26	335,000	757,100	730.33
3.3	Reinforced concreter lintel on interior walls for the opening	ml	7.4	4,000	29,600	28.55
	S/TOTAL				**924,050**	891.37
IV	**Walling**				-	
4.1	Stone foundation in cement mortar of proportions 1:4. 400 mm thick plinth walls	m^3	18.78	75,000	1,408,500	1358.69
4.3	Bituminous felt damp proof courses	ml	51.8	2,000	103,600	99.94

4.4	Burnt clay brick masonry in cement mortar of proportions 1:6	m^3	36.62	75,000	2,746,500	2649.37
4.5	Vent claustrats with mousticaire	pce	18	1,500	27,000	26.05
	S/TOTAL				**4,285,600**	4134.05
V	**DOORS AND WINDOWS**				-	
5.1	Supply and fix glazed mild steel plate single door, painted with light Chocorate, complete with all necessary locking devices, 1000x2100 mm, original KALE locks and the glasses must be dark.	Pce	2	120,000	240,000	231.51
5.3	Supply and fix plywood single door with steel frame, complete with all necessary locking devices, 900x2100 mm, orginal KALE locks and well finished with red varnish	Pce	4	100,000	400,000	385.85
5.4	Supply and fix glazed mild steel plate casement windows, painted with light Chocorate, with burglar proof, size: 1000x1500mm, and the glasses must be dark.	Pce	4	115,000	460,000	443.73
5.5	Supply and fix glazed mild steel plate casement windows, painted with light Chocorate, with burglar proof, size: 1000x1000mm, and the glasses must be dark.	Pce	4	70,000	280,000	270,09
5.6	*Cache rails*+Curtains for doors and windows of approved quality and agreed by the technicians of the project manager; Curtains of Beige polyester hospital curtain fabric	ml	24	7,500	180,000	173.63
	S/TOTAL				**1,280,000**	1234.73
VI	**WALL FINISHES**				-	
6.1	Internal plaster work, apply two coats internal cement plastering (1:4) 15mm thick	m^2	197.09	3,500	689,815	665.42

6.2	External plaster work, apply two coats internal cement plastering (1:4) 15mm thick	m²	136.77	3,500	478,695	461.77
6.3	Plinth Skirting in cement and sand (1:3), steel troweled smooth, 100 x 20 mm	ml	103.6	3,000	310,800	299.81
	S/TOTAL				**1,479,310**	1427.00
VII	**FLOOR FINISHES**				-	
7.1	Hardcore in stones 200mm thick under floor bed, including splash apron around the house and drainage	m3	17.37	25,000	434,250	418.89
7.2	Concrete on hardcore including splush apron 7cm thick	m3	6.08	25,000	152,000	146.62
7.3	Cement and sand (1:3) paving, steel troweled smooth including paving at apron around the house and in drainage and finished with grey-oxyde SUPERSOL (1litre to be applied on 4 square meters)	m²	86.84	5,000	434,200	418.85
	S/TOTAL				**1,020,450**	984.36
VIII	**ELECTRICAL INSTALLATION**					
8.1	Cash power connection for the 37m from nearest electrical poles	pce	1	200,000	200,000	192.93
8.2	Tubing and Cabling	Rix	3	38,000	114,000	109.97
8.3	Single socket outlets	pce	8	5,500	44,000	42.44
8.4	1-gang 1-way switch	pce	8	5,000	40,000	38.59

8.5	1-gang 2-way switch	Pce	4	7,000	28,000	27.01
8.6	Economic bulbs	Pce	8	3,500	28,000	27.01
8.7	Junction and MK boxes, circuit breakers, earthing and all accessories	FF	1	250,000	250,000	241.16
	S/TOTAL				**704,000**	679.10
IX	**INSTALLATION OF ENERGY SOLAR SYSTEM**					
	S/TOTAL				**2,188,000**	2110.62
X	**PAINTING**					
9	Prepare and apply three coats of first grade plastic emulsion paint on walls. External walls to be painted (refer to the perspective photos and Internal walls to be painted by using soft white "pierre de France")	m^2	320.98	4,000	1,283,920	1238.52
10	Prepare and apply oil paint type red varnish on ceiling	m2	79.04	4,000	316,160	304.98
	S/TOTAL				**1,600,080**	1543.50
XI	**SANITARY APPARATUS**				-	
11	Construction of man holes of 60cm	Pce	4	90,000	360,000	347.27

12	Supply and fix wash hand basin at the end of the corridor	Pce	0	30,000	0	0.00
13	Supply and fix mirror	Pce	1	30,000	30,000	28.94
14	Supply and fix double sink	Pce	1	170,000	170,000	163.99
15	Supply and fix towel holder	Pce	1	12,000	12,000	11.58
16	Supply and fix soap holder	Pce	1	10,000	10,000	9.65
17	Soak pit with reinforced concrete cover filled with stones 10m deep with 1m diameter, and 100mm thick with double crossed high tensile bars 10 diam with 15cm spacing.	Pce	1	200,000	200,000	192.93
	S/TOTAL				**782,000**	744.70
XII	**WATER SUPPLY**				-	
1	External pipes installation from nearest main pipes including water meter connection	Ff	1	250,000	250,000	241.16
2	Construction and installation of external water tap	Pce	1	90,000	90,000	86.82

3	Piping for internal water supply with 3/4" PVC GANGA pipes connection to the wash hand basin and double sink	Ml	154	5,000	770,000	742.77
4	Supply and fix plastic storage tank 5m3 on coursed rubble masonry base at least 1m deep stone fountation to ease internal water supply	Pce	1	600,000	600,000	578.78
	S/TOTAL				**1,710,000**	1649.53
XIII	**ROOF STRUCTURE AND COVERING**				-	
1	Steel trusses made of 60x40x1.5mm RHS tubes	Ml	166.5	12,000	1,998,000	1927.34
2	Purlins made of 40x40x1.5mm SHS steel tubes	Ml	102	12,000	1,224,000	1180.71
3	Supply and fix iron sheets BG28 pre painted blue colored roof cover and fix them to trusses	m^2	100.16	11,000	1,101,760	1062.80
4	Ridge sheet	Ml	10.2	6,000	61,200	59.04
5	Mild steel gutters	Ml	20.4	8,500	173,400	167.27

6	Mild steel fascia boards	Ml	19.6	8,500	166,600	160.71
	S/TOTAL				**4,724,960**	4557.87
XIV	**PLAFOND/ CEILING**				-	
14	Plywood ceiling	m^2	79.04	7,500	592,800	571.84
	S/TOTAL				**592,800**	571.84
XV	**AMENAGEMENT EXTERIOR**				-	
15	Gardens with pass parum	m^2	250	2,500	625,000	602.90
	S/TOTAL				**625,000**	602.90
XVI	**EXTERNAL WASH ROOM: 3 doors (2W.C + 1 bathroom)**					
1	Levelling	m3	29.04	3,000	87,120	84.04
2	Excavation of pit 15 m deep, 1m diameter	m3	11.78	4,500	53,010	51.14
3	Loading and carting away excavated material	m3	42.16	5,000	210,800	203.35
4	Excavation for foundation	m3	4.03	3,000	12,090	11.66
5	Stone foundation in cement mortar of proportions 1:4. 400 mm thick plinth walls	m3	2.69	75,000	201,750	194.62
6	R.C cover, 15cm thick with double crossed high tensile bars 10diam with 15cm spacing.	m3	1.46	335,000	489,100	471.80

7	Cement and sand (1:3) paving, steel troweled smooth	m2	10.44	5,000	52,200	50.35
8	Paving at apron around the house float finished and in drainage	m2	30	5,000	150,000	144.70
9	PVC 110 PN6 elbows PVC 110, with all accessories requires for waste evacuation to the soak pits	Ff	0	3,000	0	0.00
10	Burnt clay brick masonry in cement mortar of proportions 1:6, 20 cm thick externally and 10 cm internally	m3	5.11	75,000	383,250	369.70
11	Vibrated reinforced concrete M-15, lintel 20x20 cm	m3	0.37	335,000	123,950	119.57
12	External plaster work, apply two coats internal cement plastering (1:4) 15mm thick	m2	22.56	6,000	135,360	130.57
13	Internal plaster work, apply two coats internal cement plastering (1:4) 15mm thick	m2	34.56	6,000	207,360	200.03
14	Prepare and apply three coats of first grade plastic emulsion paint on internal walls and external walls	m2	59.12	6,000	354,720	342.18

15	Supply and fix iron sheets BG28 pre painted blue colored roof cover and fix them to trusses including roof gutters, downward pipes and metallic fascia board	m2	12.6	11,000	138,600	133.70
16	Steel roof structure 60x40x1.5mm and Steel purlins 40x40x1.5mm	Ml	12.6	12,000	151,200	145.85
18	Metallic door well finished, painted with internal locks and with pad lock	Pce	3	110,000	330,000	318.33
	TOTAL WASH ROOM: 3 doors (2W.C + 1 bathroom)				**3,080,510**	2971.57
	EQUIPMENT					
	BIG EQUIPMENT (See annex attached)					
1	Filing cupboard 2mx1.2mx0.4m made in pinus well finished and painted with ordinary varnish	Pce	1	180,000	180,000	173.63
2	Office table made in pinus well finished and painted with ordinary varnish	Pce	1	85,000	85,000	81.99
3	Wooden office chair made in pinus well finished and painted with ordinary varnish	Pce	4	18,500	74,000	71.38
4	Wooden bench with back rest made in pinus well finished and painted with ordinary varnish	Pce	4	50,000	200,000	192.93

5	Wooden shelf with 6 places0.9mx0.37mx1.98m well finished and painted with ordinary varnish	Pce	2	85,000	170,000	163.99
6	Observation bed with Stepladder and mattress. Mattress shall be water proof, hygienic, anti-bacterial and antistatic, H-3 with thickness of 80mm minimum and 100mm maximum, Cover with green, blue or black color	Pce	1	300,000	300,000	289.39
7	Consultation table with steel Stepladder and mattress. Mattress shall be water proof, hygienic, anti-bacterial and antistatic, H-3 with thickness of 80mm minimum and 100mm maximum, Cover with green, blue or black color	Pce	1	320,000	320,000	308.68
8	Two balances (Pediatric balance and adult balance)	ff	1	88,000	88,000	84.89
9	Handwashing stations (Kandagira ukarabe) well finished and sprayed with blue paint inside and outsite	Pce	1	35,000	35,000	33.76
	SUB-TOTAL				**1,452,000**	1400.65
	LIGHT EQUIPMENT (See annex attached)				-	
10	Tensiometre		1	50,000	50,000	48.23
11	Stethoscope		1	15,000	15,000	14.47
12	Thermometer		1	20,000	20,000	19.29
13	Otoscope		1	70,000	70,000	67.52
14	Metre ruban		1	10,000	10,000	9.65
15	Timer		1	40,000	40,000	38.59
16	HP Laptop Computer		1	500,000	500,000	482.32
	SUB-TOTAL				**705,000**	680.07
1	Extinguisher 4.5kg	pce	1	50,000	80,000	77.17
	SUB-TOTAL				**80,000**	77.17

1	Supply and installation of lightning protector of 25m protection radius including all required acceessories for the installation (Installation de Paratonnerre rayon de protection 25m Fourniture et pose paratonnerre rayon de protection 25m)	FF	1	100,000	100,000	96.46
	SUB-TOTAL				**100,000**	96.46
1	Branding the health posts with health messages (see image on attachment as annex)	FF	1	150,000	150,000	144.70
	SUB-TOTAL				**150,000**	144.70
	GRAND TOTAL FOR 1 HEALTH POST (VAT INCLUSIVE) in FRW				**28,365,300**	27352.56

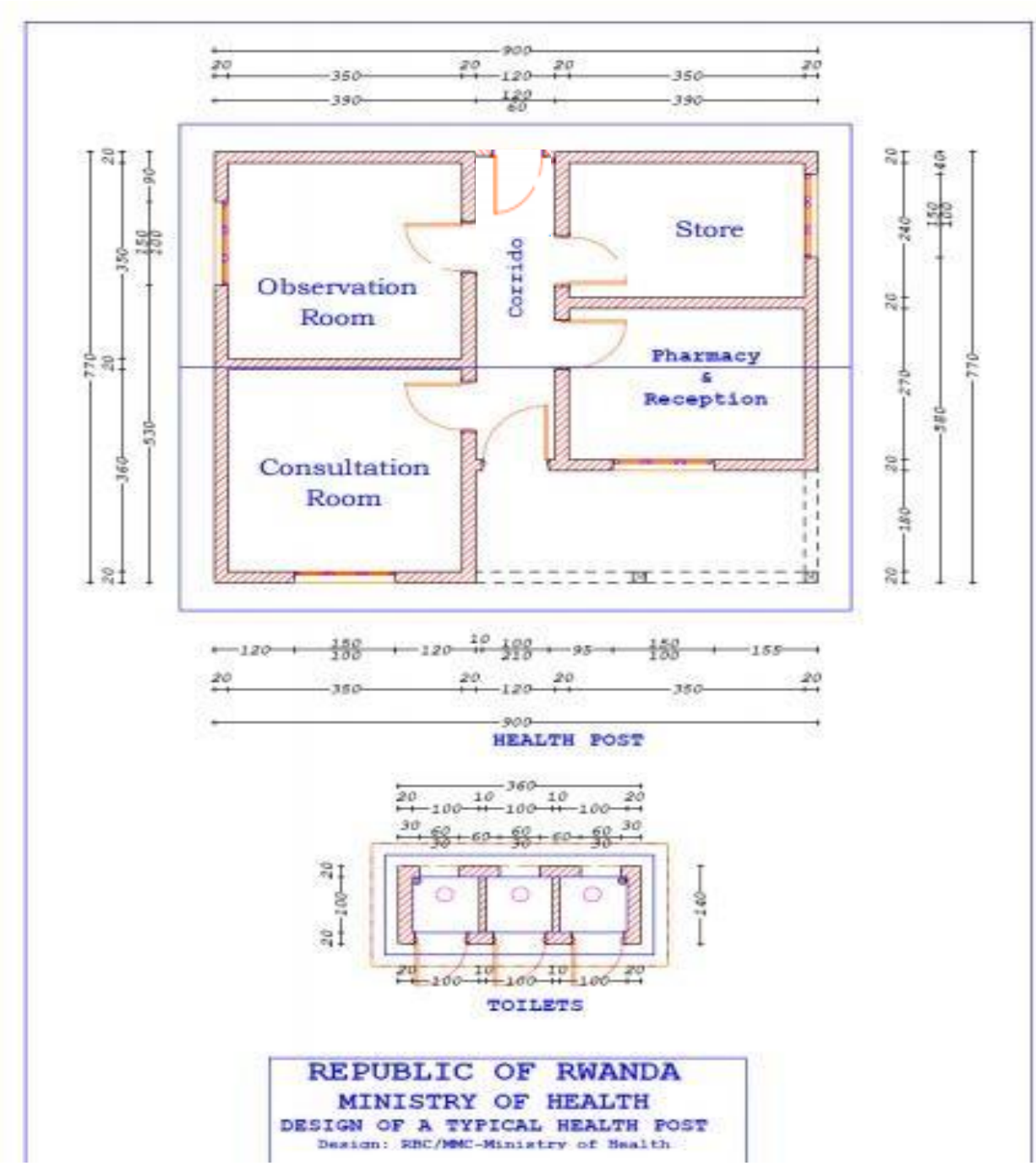
Annex 6: ESTIMATED COST OF CONSTRUCTION, BRANDING AND EQUIPPING A SECOND-GENERATION HEALTH POST

S/N	Description	Number	Unit cost (Frw)	Unit cost (USD) with 1USD=1,036.66
1	Construction of Main House (HP)	1	39,260,888	37,872.48
2	External washroom: 3 doors (2W.C + 1 bathroom)	1	2,800,976	2,701.92
3	Lightning Protector	1	100,000	96.46
4	Other works and external works	1	1,005,000	969.45
5	Lab bench	1	970,000	935.69
6	Incinerator and Placenta Pits	1	1,553,088	1,498.16
	Total Building VAT inclusive		**45,689,952**	**44,074.16**
	Equipment:			
1	Level 2 Equipment VAT inclusive	1	14,994,000	14,463.75
2	Dentistry and ophthalmology equipment VAT inclusive	0	-	
	Total amount of equipment		**14,994,000**	**14,463.75**
	Grand Total 18% of VAT inclusive		**60,683,952**	**58,537.91**

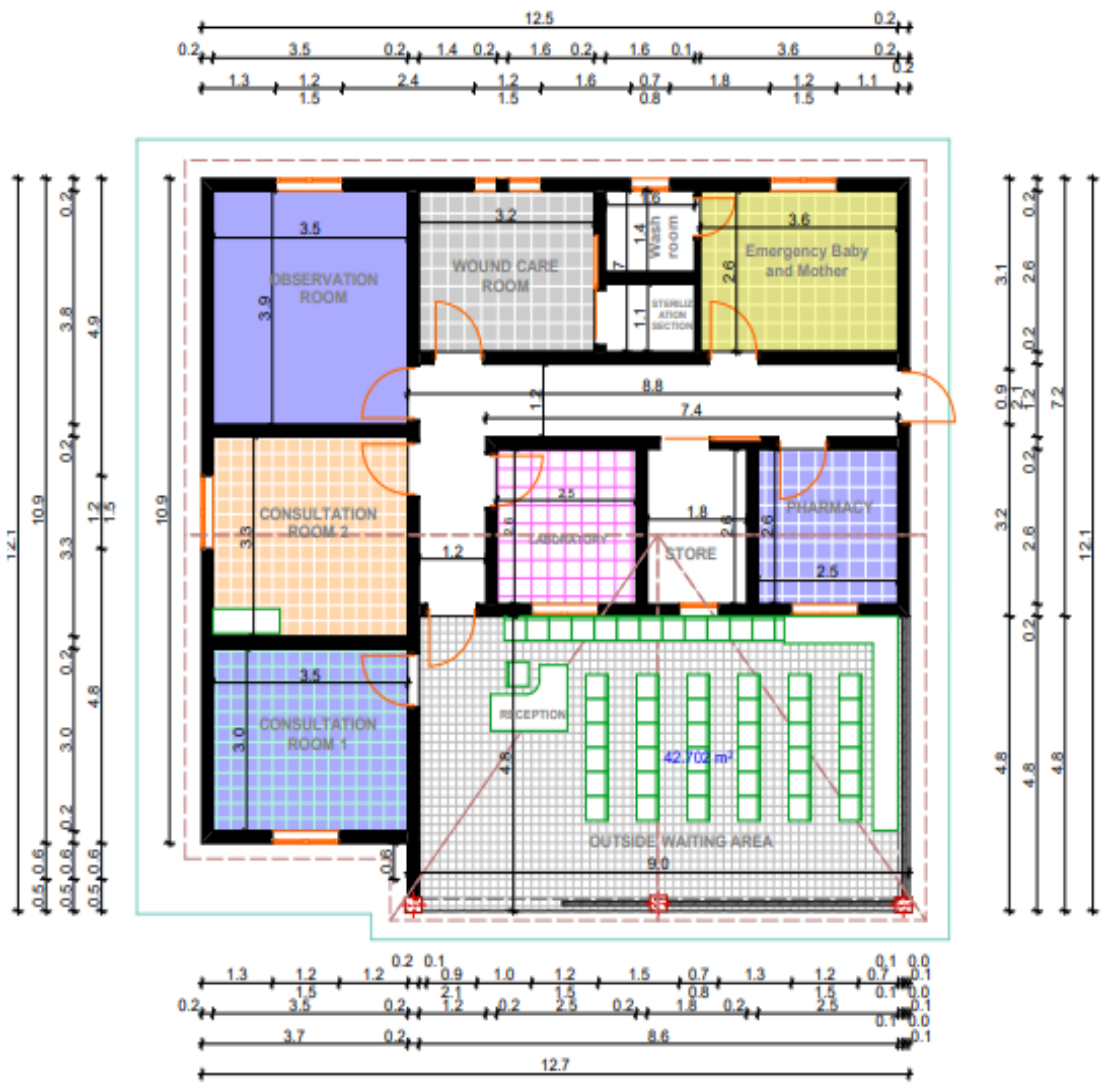
Annex 7: ESTIMATED COST OF CONSTRUCTION, BRANDING AND EQUIPPING OF A SECOND-GENERATION HEALTH POST (SGHP-BIS) WITH DENTAL AND OPHTHALMOLOGY ROOMS

S/N	Description	Number	Unit cost (Frw)	Unit cost (USD) with 1USD=1,036.66
1	Construction of Main House (HP)	1	51,238,584	49,426.60
2	External wash room: 3 doors (2W.C + 1 bathroom)	1	2,800,976	2,701.92
3	Lightning Protector	1	100,000	96.46
4	Other works and external works	1	1,085,000	1,046.63
6	Lab bench	1	970,000	935.69
5	Incinerator and Placenta Pits	1	1,553,088	1,498.16
	Total Building VAT inclusive		**57,747,648**	**55,705.46**
	Equipment:			
1	Equipments VAT inclusive	1	14,994,000	14,463.75
2	Dentistry and ophtalmology equipment	1	6,294,000	6,071.42
	Total amount of equipment VAT inclusive		21,288,000	20,535.17
	Grand Total 18% of VAT inclusive		**79,035,648**	**76,240.63**

Annex 8: Typical design of FGHP



Annex 9: Typical design of SGHP



FLOOR PLAN WITH NO MATERNITY WARD/ With Emergency Mother and Baby room

SECOND GENERATION HEALTH POST
Drawing: PLAN VIEW II

Annex 10: District and Health post owner Contract Template

AMASEZERANO YO GUCUNGA IVURIRO RY'IBANZE

Hagati y"Akarere ka …… na Bwana/Madamu/ Umuryango/Ikigo cyigenga (company) /Itorero/Rwiyemezamirimo ……wasabye gucunga cyangwa wapiganiye agatsindira gucunga ivuriro ry'ibanze « Poste de santé » ribazwa mu mudugudu wa …….., Akagari ka ……., Umurenge wa ……., Akarere ka ……..," bagiranye amasezerano yo gucunga iryo vuriro hashingiwe ku ngingo zikurikira:

Ingingo ya 1: Icyo aya masezerano agamije

Aya masezerano agamije gushyiraho imikoranire hagati y'Akarere n'uwemerewe gucunga no gutanga serivisi mu ivuriro ry'ibanze (health post/poste de santé).

Ingingo ya 2 : Ibisobanuro by'amagambo

1. Gucunga ivuriro ry'ibanze: Ni ugutanga serivisi z'ubuzima zagenwe na Minisiteri ifite ubuzima mu shingano zayo ku rwego rw'ivuriro ry'ibanze kandi inyubako n'ibikoresho ivuriro ryifashisha bigafatwa neza n'uwahawe gucunga iryo vuriro
2. Ucunga ivuriro: Umuntu wemerewe gucunga ivuriro ry'ibanze no kuvura indwara hashingiwe ku byangombwa n'ubushobozi afite nk'uko bigenwa n'amabwiriza ya ministeri ifite ubuzima mu nshingano zayo.

Ingingo ya 3: Ibirebana n'inyubako

Ucunga ivuriro atijwe inyubako itangirwamo serivisi z'ivuriro igihe cyose aya masezerano agifite agaciro. Nta kindi gikorwa gikorerwa mu ivuriro kitari ugutanga service z'ubuvuzi zivuzwe mu

Ingingo ya 3 : Ibirebana no gucunga inyubako

Mu gihe inyubako ari iy'Akarere, ucunga ivuriro asabwa gukoresha neza inyubako kandi ayigirira isuku ndetse akaba yayisana mu gihe cyose hagira icyangiritse bimuturutseho. Igihe inyubako ari iya nyir'ivuriro, ntiyemerewe gukoreramo ibindi bikorwa bitari iby'ubuvuzi mugihe cyose agifitanye amasezerano n'akarere yo gucunga iryo vuriro.

Ingingo ya 4 : Ibirebana no gucunga Ibikoresho

Mu gihe uhawe ivuriro asanzemo ibikoresho, asabwa kubicunga neza kugeza igihe byaba ngombwa ko asubiza akarere ivuriro mu gihe cyose amasezerano yaba arangiye.Ibikoresho byose nyir'ivuriro yiguriye ku giti cye yemerewe kubijyana mu gihe yaba asheshe amasezerano yo gucunga ivuriro.

Ingingo ya 5 : Ibirebana n'ucunga ivuriro

Ucunga ivuriro ashyiraho umuforomo, clinical officer cyangwa umubyaza uhagarariye ibikorwa by'ubuvuzi (in charge of clinical services) ugomba kuba afite impamyabumenyi yo mu rwego rwa A2 cyangwa A1 mu mwuga w'ubuforomo n'ububyaza (Nurse A1, Nurse A2, Midwife) cyangwa Clinical officer. Agomba kuba yanditse mu rugaga rw'abaforomo n'ababyaza kandi ariwe ushinzwe imicungire ya buri munsi y'ivuriro ry'ibanze. Ucunga ivuriro agomba kuba adakorera ahandi umwuga w'ubuvuzi ure

se mu mavuriro y'ibanze gusa kandi agomba kuba inyangamugayo mu mico no myitwarire hamwe no kuba yubaha amahame y'umwuga w'ubuforomo n'ububyaza

Hashingiwe ku mubare w'abaturage bagana ivuriro, ucunga ivuriro ashobora kugena umubare w'abakozi bamufasha kuvura nibura bafite impamyabumenyi ya A2 cyangwa A1 mu mwuga w'ubuforomo,ububyaza cyangwa ari clinical officer kandi bafite ibyangombwa bigaragaza ko

biyandikishije mu rugaga babarizwamo .. Ashobora kandi kugira abakozi bashinzwe isuku, izamu n'abandi yakenera. Abo bakozi bose bavuzwe niwe ubashyiraho akabagenera umushahara n'ibindi bafitiye uburenganzira.
Ucunga ivuriro ry'ibanze ashobora kugira andi mavuriro y'ibanze ahandi akajya ayakurikirana agakoresha abakozi bujuje ibyangombwa bisabwa .

Ingingo ya 6 : Ibirebana no kugura imiti
Ucunga ivuriro agomba kugura imiti yose kuri RMS kandi agatanga raporo y'ibijyanye n'imiti kuri RMS hakoreshejwe uburyo bwo gutanga raporo kuri RMS nk'uko andi mavuriro atanga raporo. Imiti itabonetse kuri RMS bagomba kumusinyira akajya kuyigurira ahandi muri Dépôts zemewe.

Ingingo ya 7 : Imyishyurire y'ibikorwa by'ubuvuzi
Abaturage bari mu bwisungane mu kwivuza bazajya bivuza kandi bishyure hakurikijwe ibiciro n'uburyo busanzwe bukoreshwa mu kwishyurwa no kwishyuza ubuvuzi buhabwa abanyamuryango b'ubwisungane mu kwivuza cyangwa ubundi bwishingizi businya amasezerano n'ivuriro ryibanze. Abatari mu bwisungane mu kwivuza bazajya biyishyurira ibikorwa by'ubuvuzi bazajya bakorerwa hagendewe ku biciro bikoreshwa ku kigo nderabuzima, uretse ibyaba bidateganijwe kwishyuzwa hashingiwe ku mabwiriza ya Minisiteri ifite ubuzima mu shingano zayo.

Ingingo ya 8 : Imikoranire n'ibigo by'ubwinshingizi bw'indwara
Kurushaho korohereza no kunoza imikorere hagati y'ivuriro ry'ibanze n'ibigo bitanga ubwishingizi bw'indwara, ubuyobozi bw'Akarere bufasha mu guhuza ucunga ivuriro n'ubuyobozi bw'ibigo by'ubwishingizi mu kwivuza hashingiwe ku bwishingizi buhabwa abanyamuryango b'ubwisungane mu kwivuza.

Ingingo ya 9 : Imikoreshereze y'amafaranga ava mu bikorwa by'ubuvuzi
Amafaranga ava mu bikorwa by'ubuvuzi, ni umutungo w'ucunga ivuriro ayakoresha mu guhemba abakozi, kugura imiti, kugura ibikoresho, kwita ku isuku n'umutekano, kwishyura umuriro, amazi ndetse no kubona inyungu.

Ingingo ya 10 : Ishyirwaho rya Komite ishinzwe ubukangurambaga
Mu rwego rw'ubukangurambaga hagamijwe gushishikariza abaturage ibikorwa by'ivuriro ry'ibanze, Ubuyobozi bw'Umurenge bushyiraho Komite ishinzwe gukurikirana imikorere y'Ucunga ivuriro ry'ibanze. Iyo Komite igizwe n'Umunyamabanga Nshingwabikorwa w'Akagali ari nawe Uyikuriye, Uhagarariye abajyanama b'ubuzima mu Kagali, Ushinzwe imibereho myiza n'iterambere mu Kagali, n'Uhagarariye abarezi mu Kagali. Ucunga ivuriro aba umwe mu bagize iyo Komite.

Ingingo ya 11 : Imitangire ya raporo ku bikorwa by'ubuvuzi
Ivuriro ry'ibanze rigomba kugira ibitabo byandikwamo abo byakiraumunsi ku wundikandi ikigo nderabuzima kibarizwamo iryo vuriro kikajya gihabwa raporo y'ibipimo by'ubuzima ya buri kwezi n'ikindi gihe bibaye ngombwa hifashishijwe uburyo bukoreshwa mu gutanga raporo. Ikindi kandi ivuriro risabwa kubahiriza igihe n'uburyo bwo gutangamo raporo kimwe nk'ayandi mavuriro yose yo mu gihugu (HMIS….)

Ingingo ya 12 : Igenzurwa ry'imitangire ya Service
Bidakuyeho inshingano z'izindi nzego, ikigo nderabuzima kibarizwamo ivuriro ry'ibanze nicyo gifite by'umwihariko inshingano zo gukurikirana ubuziranenge n'imitangire ya service zitangwa n'ivuriro ry'ibanze kigatanga inama ku bigomba gukosorwa. Isuzuma ry'imitangire ya service mu ivuriro ry'ibanze rikorwa nibura rimwe mu kwezi n'ikindi gihe cyose bibaye ngombwa.

Ingingo ya 13 : Itangwa rya raporo ku mitangire ya serivisi
Iyo igenzura ku mitangire ya serivise mu ivuriro ry'ibanze rirangiye, ikigo nderabuzima kigeza kuri Komite yavuzwe mu ngingo ya 10 y'aya masezerano ikagenera kopi ubuyobozi bw'Umurenge raporo y'igenzura, indi kopi ikagenerwa Umuyobozi w'Akarere mu gihe kitarenze iminsi cumi iryo genzura rikozwe.

Ingingo ya 14 : Itangwa ry'ibihano ku mitangire mibi ya serivisi
Umuyobozi w'Umurenge , ashingiye kuri raporo y'igenzura ry'ikigo nderabuzima kandi abikoze mu nyandiko, agaragariza ushinzwe gucunga ivuriro amakosa yagaragaye akamuha n'igihe cyo kuyakosora kandi akagenera Umuyobozi w'Akarere kopi. Mu gihe atikosoye, Umuyobozi w'akarere, abisabwe na Komite ivugwa mu ngingo ya 10 y'aya masezerano, ashobora gusesa amasezerano n'ucunga ivuriro ry'ibanze.

Ingingo ya 15 : Ivugurura ry'amasezerano
Aya masezerano amara imyaka ibiri(2). Nyuma y'iyo myaka ashobora kuvugururwa bisabwe n'umwe mu bayashyizeho umukono.

Ingingo ya16 : Iseswa ry'amasezerano
Aya masezerano ashobora guseswa igihe cyose n'impande zombi. Mu gihe asheshwe n'Umuyobozi w'Akarere, ucunga ivuriro ry'ibanze agomba gusubiza ibikoresho byaryo yasanzemo nta mpaka ibyo yiguriye yemererwa kubijyanaUcunga ivuriro mu gihe ariwe wasabye gusesa amasezerano, asabwa kubimenyesha Akarere mbereho amezi atandatu kugira ngo kugira ngo kitegure mu rwego rwo kurinda ingaruka zagera ku baturage.

Ingingo ya 17 : Ikemurwa ry'impaka zijyanye n'ishyirwa mu bikorwa ry'amasezerano
Ibibazo bishobora kuvuka bijyanye n'amasezerano biganirwaho hagati y'impande zombi ibinaniranye bigashyikirizwa inkinko zibifitiye ububasha.

Ingingo ya 18 : Amasaha y'Akazi y' ivuriro
Ivuriro ryo mu cyiciro cya mbere (First Generation Health Post) rigomba kuba rifunguye kuva saa moya za mugitondo(7H00) kugeza saa kumi n'imwe z'umugoroba (17H00) iminsi yose y'icyumweru. Ariko bitabujijeko umurwayi urembye aje nyuma y'ayo masaha atahabwa services.

Naho ivuriro ryo mu cyiciro cya kabiri (Second Generation Health Post) rigomba kuba rifunguye amasaha yose imnsi 7 kuri 7 y'icyumweru nta mpamvu n'imwe igomba gutuma ivuriro rifungwa mu masaha rigomba gukora keretse habaye ikibazo kidasanzwe nacyo kikamenyeshwa ubuyobozi bw'akagari, n'abarigana.

Bikorewe i ……..... ku wa ……/...../ 202…..

Amasezerano asinywe na:

..... **.....**

Ucunga ivuriro ry'ibanze rya ……...

Umuyobozi w'Akarere ka ……