

REPUBLIC OF RWANDA



**EASTERN PROVINCE
RWAMAGANA DISTRICT**

REQUEST FOR PROPOSALS

PRIVATIZATION OF HEALTH POSTS

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I. Introduction

Rwanda has made significant strides toward attaining Universal Health Coverage (UHC), enhancing population health and health outcomes by guaranteeing universal access to healthcare services through financial safety nets and fair distribution of medical facilities at the local level. At the policy and service delivery levels, in particular, significant progress has been made to enhance mother and child health. The creation of Health Posts at the cell level and other significant policy changes in primary healthcare are mostly to blame for this. By facilitating connections between community health workers and health centers, HPs have significantly improved access to healthcare through a variety of services, including health education, prenatal care, family planning counseling, growth monitoring for children under five, and curative outpatient care.

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 to 1,222 in 2021 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 NSTI 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

2. 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 diseases¹. 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.



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

3. Objectives

The purpose of this privatization of health posts is to streamline the establishment and functionality of health posts in Rwamagana

Specific objectives include:

- ❖ To demonstrate the current status of Health posts in Rwamagana, their geographical distribution and scope of services;
- ❖ To highlight the requirements for bidding to health posts;
- ❖ To highlight the steps to be followed during privatization of health posts;

4. Current situation of health posts in Rwamagana district

To date, Rwamagana records a total of 35 health posts (June, 2025) distributed in all the 14 sectors among them, 35 health posts are functional as FGHPs and 3 health posts are SGHPs based on the service package:

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

Table 1: Distribution of Health Posts per Sector (June, 2025)

No	Sector	Ready to be privatized	Operational HPs	Under construction	Total HPs
1	Fumbwe	0	5	0	5
2	Gahengeri	2	2	0	4
3	Gishari	0	1	0	1
4	Karenge	1	1	0	2
5	Kigabiro	0	3	0	3
6	Muhazi	0	2	0	2
7	Munyaga	1	1	0	2
8	Munyiginya	0	1	0	1
9	Musha	0	3	0	3
10	Muyumbu	1	3	0	4
11	Mwurire	0	2	0	2
12	Nyakaliro	0	3	0	3

13	Nzige	1	0	0	1
14	Rubona	1	1	0	2
Total		7	28	0	35

4. Health post management

4.1. Leadership and governance

a) Health Post Management

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)

This model brings about shared responsibility between the local government, private sector and the MOH¹². 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.

In Rwamagana district, most of health posts were operating under this model which created a big burden to health centers with insufficient staffs and we're planning to change to PPP model.

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;

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

c) Governance of Health Posts

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

1^o Private public partnerships 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,

2^o 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

Rwamagana 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.

Issuance of RFQ

The district will 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 will be based on the procurement plan prepared by the district. The district will 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 will 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 will call on interested parties to collect copies of the RFQ document from the district and/or download the same from its website.

Receive queries and issue clarifications

Rwamagana district will 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 will be given within 2 working days so as to enable the bidders to make a timely submission of their application to pre-qualify.

Evaluation of RFQ applications and shortlisting of bidders

Based on the bids received, we will evaluate the RFQ applications and prepare a shortlist of qualifying bidders. The responses received to the RFQ document will be evaluated based on the evaluation criteria specified in the RFQ document. The TC will 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.

Issuance of RFP document



After the District Executive Committee's approval, the district will issue the RFP to the approved final list of bidders shortlisted at the RFQ stage.

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.

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 criteria to be based in evaluation process

Preliminary requirements:

- ✓ Completeness of the proposal
- ✓ Date of submission
- ✓ Rationale of health posts in primary health care
- ✓ Building
- ✓ Equipment (medical and non-medical)
- ✓ Staffing

Legal aspects of the proposal

- ✓ to undertake a legal due diligence on the bidder
- ✓ comments/ modifications of bidders on the draft PPP agreement

Technical aspects of the proposal

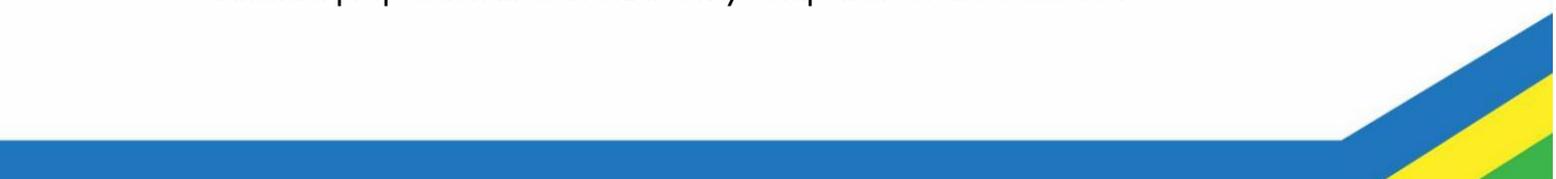
- ✓ Technical elements of the proposed service delivery project
- ✓ Projects meet some pre-specified service delivery standards
- ✓ The design, development and operational parameters

Financial aspects of the proposal

- ✓ 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.

Price of the proposal

- ✓ Financial proposition in each bid is a key component of the evaluation



4.2. 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.

c) Minimum staff per Health post

Minimum staffs per health post are for:

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

- I licensed Nurse, Midwife or Clinical Officer
- I Licensed Lab technician
- I 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
- I Licensed Midwife
- I Licensed Lab Technician
- I Support Staff (e.g., Receptionist/ Cleaner /Guard)

5. Equipment required in FGHP

EQUIPMENT/ IBIKORESHO		
Big equipment	Ibikoresho binini	QuantityRequired
Chairs*	Intebe*	4
Table*	Imeza*	1
Benches*	Intebe z'imbaho*	4
Filling cupboard	Akabati	1
Shelves*	Itajeri*	2
Consultation table *	Igitanda cyo gusuzumiraho*	1
Observation bed*	Igitanda cyo kuvuriraho*	1
Hand washing station*	Aho gukarabira intoki*	1
Pediatric weighing scale*	Umunzani upima abana*	1
Adult weighing scale *	Umunzani upima abakuru*	1
Hand washing station in consultation room*	Aho gukarabira intoki mu isuzumiro*	1
Water filter	Igikoresho kiyungurura amazi yo kunywa	1

Infusion stand*	“igikoresho cyo kumanikaho serumu”*	1
Light equipment	Ibikoresho bito	QuantityRequired
Blood Pressure Machine*	Imashini ipima umuvuduko w’amaraso*	1
Stethoscope*	Igikoresho cyumva mu bihaha/umutima*	1
Fetoscope*	Igikoresho cyumva gutera k’umutima w’umwana*uri munda	1
Thermometer*	Igipimo cy’umuriro*	1
Otoscope*	Igikoresho kireba mu gutwi*	1
Tape measure (Metre ruban)*	Metero bushumi*	1
Timer	Mubazi y’igihe	1
Computer*	Mudasobwa*	1
Binocular Microscopy	Mikorosikopi	1
Poupinel sterilization/ Top table autoclave / Casserole a pression*	Imashini iteka ibikoresho byo kwa muganga	1
Tambour*	“Tambour”*	1
Wastebin*	Ibikoresho bishyirwamo imyanda*	2
Safety Box*	Ahashyirwa imyanda ijombana*	1
Minor surgery materials/ Ibikoresho byifashishwa mu kuvura ibikomere		
Anatomic forceps/ Pince anatomique,*		5
Hemostatic forceps/ Pince hemostatique*		5
Kocher forceps*		5
Serving forceps (Pince a servir)*		1
Bocal*		1
Kidney dish/Bassin reinforme*		5
Trays/ Plateau*		4

6. Required documents

Notified Diploma/Degree A2/A1/A0 or Equivalence in Nursing/Midwife / Clinical Medicine for manager in charge of clinical services and other clinical staff available) *	Impamyabushobozi y’ubuforomo/ ububyaza yo ku rwego rwa A2/A1/A0 cyangwa “Clinical Officer A1/A0” y’umukozi ushinzwe ibikorwa by’ubuvuzi n’abandi bakozi bakora umurimo wo kuvura iriho umukono wa Noteri.*
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Notified Valid License for all clinical staff provided by National Council of Nurses and Midwives (NCNM) or Rwanda Allied Health Professions Council (RAHPC) *	Uruhushya (License) rwemerera abakozi bavura gukora umwuga w'ubuvuzi ruriho umukono wa Noteri rutangwa n'Inama y'igihugu y'Abaforomo, Abaforomokazi n'Ababyaza cyangwa Urugaga rw'abakora imirimo ishamikiye ku buvuzi *
Curriculum Vitae of HP's operator and manager in charge of clinical services at the HP (signed and original) *	Umwirondoro w' uhagarariye ivuriro n'ushinzwe ibikorwa by'ubuvuzi usinye kandi w' umwimerere*
Attestation of service rendered by last employer of manager in charge of clinical services at the HP (copy) if applicable	Icyemezo cy'umukoresha wa nyuma cy'umukozi ushinzwe ibikorwa by'ubuvuzi (kopi) aho bishoboka.
Copies of IDs of Operator and manager in charge of clinical services*	Kopi y'indangamuntu y'uhagarariye ivuriro n'ushinzwe ibikorwa by'ubuvuzi*

"N.B: If you are not clinical manager please specify the required documents for clinical manager"



7. AMASEZERANO YO GUCUNGA IVURIRO RY'IBANZE

Hagati y'Akarere ka na Bwana /Madamu/ Umuryango/Ikigo cyigenga (company)

/Itorerero/Rwiyemezamirimowasabye 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 gikorera 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 gukorera 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 ashiraho umuforomo, clinical officer cyangwa umubyaza uhagararariye 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 ushinze imicungire ya buri muni y'ivuriro ry'ibanze. Ucunga ivuriro agomba kuba adakorera ahandi umwuga w'ubuvuzi uretse 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 ubashiraho akabagenera umushahara n'ibindi bafiteye 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 bivuzwa kandi bishyure hakurikijwe ibiciro n'uburyo busanzwe bukoreshwa mu kwishyurwa no kwishyuzwa ubuvuzi buhabwa abanyamuryango b'ubwisungane mu kwivuza cyangwa ubundi bwishingizi businya amasezerano n'ivuriro ry'ibanze. Abatari mu bwisungane mu kwivuza bazajya biyishyurira ibikorwa by'ubuvuzi bazajya bakorerwa hagendewe ku biciro bukoreshwa 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 guhamba 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 ikagera kopi ubuyobozi bw'Umurenge raporo y'igenzura, indi kopi ikagera 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 akagera 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'iyi myaka ashobora kuvugururwa bisabwe n'umwe mu bayashyizeho umukono.

Ingingo ya 16 : Iheswa 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 yasanze nta mpaka ibyo yiguriye yemererwa kubijyana. Ucunga 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 ibinanyiranye 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 iminsi 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**
.....



LIST IGARAGAZA AMAVURIRO Y'IBANZE AKENEYE BA RWIYEMEZAMIRIMO

No	Umurenge	Akagali	Izina ry'Ivuriro	Urwego rw'ivuriro
1	Gahengeri	Kagezi	Kagezi HP	Urwego rwa mbere
2	Gahengeri	Mutamwa	Mutamwa HP	Urwego rwa mbere
3	Munyaga	Zinga	Zinga HP	Urwego rwa mbere
4	Rubona	Mabare	Mabare HP	Urwego rwa mbere
5	Karenge	Kangamba	Kangamba HP	Urwego rwa mbere
6	Nzige	Rugarama	Rugarama HP	Urwego rwa mbere
7	Muyumbu	Akinyambo	Akinyambo HP	Urwego rwa mbere

