

REPUBLIC OF RWANDA



**EASTERN PROVINCE
RWAMAGANA DISTRICT**

REQUEST FOR PROPOSALS

PRIVATIZATION OF HEALTH POSTS

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1. INTRODUCTION

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.

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 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

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:

- a) To demonstrate the current status of Health posts in Rwamagana, their geographical distribution and scope of services;
- b) To highlight the requirements for bidding to health posts
- c) 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 (May, 2023) distributed in all the 14 sectors among them, 32 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.

5. HEALTH POST MANAGEMENT

5.1. 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 a big load 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;

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

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

Rulindo 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

5.2. 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:

- 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)

6. EQUIPMENT REQUIRED IN FGHP

EQUIPMENT/ IBIKORESHO		
Big equipment	Ibikoresho binini	Quantity Required
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	Quantity Required
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*		

7. 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*

- ✓ **If you are not clinical manager plz specify the required documents for clinical manager**

