

THE

# LIGHT

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Every year, Rwandans and friends of Rwanda come together to pay tribute to over one million innocent people killed during the Genocide against the Tutsi in 1994, the one hundred days of remembrance signifies the 100 days of systematic Tutsi extermination, starts every April 7.

The 23rd commemoration is running under the theme “Remember the genocide against the Tutsi fight genocide ideology – build on our progress.” This is very important because it’s the genocide ideology that led to the perishing of over a million lives, yet this ideology was deep rooted that it still exists in the Rwandan society as we have often times experienced. Therefore, it is imperative that everyone be a soldier to combat this ideology otherwise it threatens humanity.

As the fight against genocide ideology continues, the Rwandan government goes on to safeguard its citizens from all sorts of endangerment. As the seven year government mandate

nears to this edition reflects on how citizenry wellbeing has been enhanced by investments in quality health care services across the country.

Hospitals are testimony of the many health sector achievements in the seven years of government programs which are saving lives, deliver quality services and have eliminated long queues at medical facilities. New hospitals have been constructed, other rehabilitated and expanded, all with a clear mandate to improve healthcare services to Rwandans.

Community health workers have ensured that health services are closer to the people and particularly helped in scaling down maternal and infant mortality in the country.

The Rwandan government continues to play a central role in all these developments, encouraging more initiatives and innovations with the gradual input and policies that make the health sector stable and able to deliver needed medical services which will ultimately change the lives of many citizens with quick and quality services to everyone.

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## US Navy move



The US Navy's Carl Vinson aircraft supercarrier and its strike group on April 8th 2017 were ordered to head to the Korean Peninsula in a show of force against North Korea. President Donald Trump previously threatened a unilateral action against North Korea if it does not curb its nuclear weapons ambitions.

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## The world's most populated city



The greater Tokyo metropolitan area at over 36 million people is the populous metropolitan area in the world. The metropolitan area is so large that it is 1.5 times larger than the world's next largest metropolitan area, Seoul.



## President Paul Kagame's Address on the 23<sup>rd</sup> Commemoration of Genocide Against the Tutsi

Let me start with the words the children were singing.

They started by asking, “How did we even get here?” I think you heard it. It’s not a question one can answer right away, or even in a short time. But we will have to answer it.

To do so in a fitting manner, we have to answer it daily in what we do to build this country, so that it belongs to all of us, all Rwandans, and even others who visit or want settle here. Every day we should seek to answer this question.

Coming back to this day: To remember is a must. And in remembering, I would like to tell genocide survivors that they are not alone. They lost family. But there’s one family they didn’t lose—their country. Rwanda is the family of survivors. It’s the family of every Rwandan.

Reminding them that they are not alone is also part of answering “How did we even get here?”

When you look back in history, as this was about to happen, when it was happening and afterwards, there are those who had a role in pitting people against each other. Countries, international organisations, individuals...

But there are others who did what they could, or had to do.

At the forefront, up to today, were some Africans. Also the African Union. Not too long ago, in the African Union, represented today by Moussa, the African Union Commission Chairperson, Africans stood up and said Rwandans shouldn’t continue to be targeted.

You remember the issue based on ‘universal jurisdiction’. There were long debates, where some countries who want to change history and shift responsibility for their role in what happened in Rwanda onto Rwandans, even those who survived. Africa, almost all the countries, stood up against that. I want to thank Africans for this, through the African Union Commission Chairperson.

As people were being killed, the United Nations had its own problems. The United Nations is difficult to define. It is used by countries who blame it when things go wrong, and take credit when things go right.

So when we refer to the United Nations, we should understand what it means. There is no country called ‘United Nations’. That’s what happened in Rwanda: What the United Nations wasn’t able to do, individual Africans tried to do.

That’s why we remember the Senegalese

captain who refused to follow orders and did what he felt was right in his heart, because he saw that what was happening was wrong. This is why Ghanaian soldiers defied orders when they saw that what was happening was not right.

So you see, between Senegalese and Ghanaians, the solidarity that bound them is similar to what Africans displayed when they stood with Rwandans in the African Union.

And there are others here from different countries who saved people. Like the American who hid, fed, and fought for people, and who we recognised for the courageous actions. There are others in various countries in Europe, or the United States as I mentioned, and elsewhere, people who took personal initiative to fight what was happening.

It means that this problem we are dealing with is complex and difficult. Even though we can’t stop difficult things from being difficult, there are ways to solve what we can solve. We as Rwandans have the ability to do it. What we are unable to do, we leave aside.

When you listen to the discourse around the world now, it’s not about lives lost, but about playing with words. Semantics. Was it the





genocide of Tutsis, or the genocide of 1994? They have gone into a search of words for what happened.

It's no longer the lives of people, it's now the words, the names, what do we call it? Human beings—I think we are good people, but at same time, when small things happen, we display our weaknesses.

There are those who now bring 'improvements'. You can't call it the genocide against the Tutsi, it's the 'genocide of 1994', or the 'Rwandan genocide'. They are struggling to be vague, as if being vague is very important also. Then somebody brings another improvement: Let's call it genocide of Tutsis plus moderate Hutus. I mean...

I had problems getting into this debate because it's absolute nonsense. Those deciding what it should be called are the same who got involved in it. As if playing with words, with names, is of any substance.

We lost people. We lost over one million people. And it wasn't a natural disaster. It happened through the hands of some people. And politics was the cause, whether local or international.

So how can people keep playing with words? They bring in experts. Experts to do what? Bring back people we lost? As Rwandans, we should not get involved in, or distracted by, this nonsense that is there every day.

Genocide has a definition, and I'm not the one who put that definition there. When you talk about the Holocaust, it has its definition, I'm not the one who put the definition there. If you have a problem matching the definition with what happened here, it's because you have another problem. You need to address that other problem.

People were targeted here in Rwanda for decades. It did not happen in 1994; it happened over decades. Come on, you can't have such a short memory, those who try to be smart with definitions... Why should you be afraid of saying things as they are? That Tutsis were targeted for decades here in Rwanda is a mystery? Is it something that was not known? You have to have a problem in order not to see that.

But as Rwandans, we have to live our lives and forget about this nonsense. And the way to live our lives is to come to a point, as where we are now, to say: Yes, a section of the people of this great country—call it small if you want—were targeted. They were targeted for who they are. That's what it is. So you can call it something else...

The second is to say: That happened; we failed to prevent it. It happened; we couldn't reverse it. But today we can do something about it. What we can do today is that it won't happen again. People are not going to be targeted.

For the future, beyond those of us here who aspire to build a foundation, if some mad people come, fifty years ahead—I don't know how many; I am not sure about that. But I am talking about the present and the immediate future. We cannot have this again; absolutely not. This is within our means, today.

Forget about all those funny stories about Rwanda, about what we are trying to do today and all kinds of descriptions and definitions about us. Forget about that. That's just nonsense. Rwandans, we are going to live our lives, and we are going to live our lives the best way we think we should live our lives. It doesn't matter what someone else is thinking about.

But we are open to working together, for cooperation, for collaboration, to work with people. We need friends, we work with friends, we look for friends.

But when all that is said and done, we will have to live our lives, and these are our lives. They are not going to be managed by somebody else. Absolutely.

So I thank all who have been with us, in all this we have gone through. It has been a very difficult history and situation indeed.

For those who can decide later on that they need to change course and also be with us and we work together, they are very welcome. We welcome them. Including those who happily—it doesn't matter how long it takes—come to recognise their failure and say it to Rwandans. We are happy and ready to move on.

For those who don't want, and think they

can change the course we are on, they are also welcome. But they should understand that they have a formidable opponent in us. They will never shake us out of our beliefs—the beliefs about our politics, about our lives, that belong to us and have meaning for us—they can do nothing about it. If they want anything they will find us ready for that.

Yes, it takes time. People recognise they have a problem they have to deal with. I am really happy, and I am sure Rwandans are happy, that we have moved on.

Even in recent times, with the Catholic Church—it's not a secret. We have had back and forth, with people saying, you know, these are individuals who did this... But we have sorted the matter. I am happy and I am grateful and thankful to those senior people who have had a hand in it and who have helped to put us on a good course. It's a good thing.

Well, there are others who are still struggling with trying to understand their responsibility and they are still on the course of trying to create problems for us around that. They have been doing that for the last 23 years now. But they won't stop us making progress. They won't. It doesn't matter how powerful they think they are.

We have victims here, and they turn around and blame the victims for the problems they caused them—those who haven't apologised. But they haven't even recognised.

We are not asking for money. We don't ask for money. There's no money to compensate the lives of our one million people that were taken during this genocide. It's the truth that we are after, the truth that allows people to live their full lives going forward.

So for the time being, we shall live with that. But there is always going to be a cut-off point. There is where a line gets to be drawn and you can't just manipulate people's lives as you wish. You can't.

I think this is also something we got from this tragedy. The tragedy that took the lives of our people maybe came with a silver lining, and that is it made us better people. We have more solid beliefs, and the past is the past; there's nothing we can do about the past. But there is always something we can do for the present and for our future. And we will do it.

So those people who were targeted will never be targeted again and even others won't. Those who weren't targeted in the past, won't be targeted in the future. It's about not targeting anybody in the future. Meaning that we are all Rwandans that deserve our country and our lives, just like everyone else in this world.

We look forward to maintaining the course on which we are, to rebuild our lives and our nation.

Thank you, Moussa, for representing our African continent that we are so connected to, and work with, and want to work with, not only to improve our country but, if we can do anything, even make a bit of a contribution to improve the lives of our brothers and sisters across Africa, count on us.

**Thank you.**

# Rwanda inflation rate increased by 7.7 per cent

Rwanda's urban consumer price index (CPI) used to estimate indicates that inflation increased by 7.7 and 0.6 per cent on annual basis and monthly basis respectively according to the National Institute of Statistics of Rwanda. The annual average rate was 6.5 per cent between March 2016 and same period this year.

The consumer price index eased from 8.1 per cent in February 2017 and food prices continue to be the main driver of higher CPI in 2017.

Year on year inflation for "Food and non- alcoholic beverages" stood at 16 percent in March 2017, the same as that of February 2017. Other driver has been "Transport" prices with a year on year inflation standing at 8.9 percent in March 2017.

According to the National Bank of Rwanda, regarding the origin, in March 2017, "Local products" inflation eased to 7.3 percent year on year from 7.9 per cent in the previous month while "Imported products" inflation reached 9.1 per cent from 8.8 per cent year on year



in the previous month. Between February and March 2017, both "Local products" prices and "Imported products" prices went up by 0.8 and 0.1 per cent respectively.

"Fresh products" year on year inflation

eased to 17.3 per cent in March 2017 from 20.1 percent recorded in February 2017 despite a marginal increase in month on month fresh product prices (1.7 percent between February 2017 and March 2017).

## Rwanda to host regional tech summit

This May two regional conferences will be held in Kigali, commencing with the first ever Africa Regional Internet and Development Dialogue on 8-9 May and will be followed by separate high level continental meeting, Transform Africa Summit on 10-12 May 2017.

The Africa Regional Internet and Development Dialogue is organized by the Internet Society in partnership with UNESCO and Rwanda's Ministry of Youth and ICT. The two-day meeting will bring together experts including government and inter-governmental organization officials, business and educational leaders from throughout the continent to

discuss how Africa can use the Internet to advance education, innovation and job creation.

The event aims at gathering various organizations working on Internet and development across the region to identify synergies and create opportunities for coordination and collaboration.

"One of the key topics of discussion will be what needs to be done for Africa to benefit from the transformational opportunities of the Internet for the benefit of the African economy and education," explains Dawit Bekele, Regional Bureau Director for Africa at the Internet Society. "While there are many challeng-

es, we know it can be done. Countries such as Kenya and Rwanda have created policy environments that enable innovation and they are now seeing the benefits of the Internet economy. Universities throughout the continent are also using e-learning opportunities to increase their reach as well as to give flexibility for their students."

Transform Africa Summit 2017 The third edition of Transform Africa Summit will be hosted by President Paul Kagame also the board Chair and will attract over 4,000 participants, and gather Heads of State and Government, First Ladies, Ministers and Government officials in

ICT and related sectors such as infrastructure, finance, health, education, and energy.

The summit will attract over 300 Mayors of African cities, Telecom and Utilities Regulators, Heads of International and Regional Organizations, ICT Industry leaders, International investors, Young innovators, Girls and Women in STEM, Small and Medium businesses entrepreneurs and innovators seeking business opportunities, Exhibitors from nations, companies and organizations around the world within the ICT Ecosystem, Non-governmental organizations, Academia, Consultants, Thought leaders and Digital thinkers.





# RwandAir flights to London open in May

Rwanda's national air carrier will next month start three weekly flights to London Gatwick International Airport in the United Kingdom.

London is the carrier's first European route and will be served by

the newly acquired state of art Airbus A330 fleet.

This month RwandAir started flights to Harare in Zimbabwe and Mumbai in India which were both commenced in the first week of April 2017.

The airline currently goes to twenty cities in western, eastern and southern Africa and in the Middle East and India using its eleven aircrafts. London will be RwandAir's twenty second (22) destination.

## New cement plant in Musanze



Prime Cement is the new cement company that announced plans to construct a \$65 million plant in Musanze District. Cement production market in Rwanda is held by only Cimerwa with a plant in south western Rwanda but the country also import cement from neighbouring countries.

In March, Prime Cement signed a deal with FLSmidth Company, a Danish based manufacturer and supplier of cement equipments to start the project.

The new cement plant wants

to increase more than double cement production in the country up to 700,000 tonnes annually when they start operations next year. Currently, Cimerwa produces 600,000 tonnes of cement per year.

Gisele Bayigamba, General Manager of Milbridge Holding that owns Prime Cement said, they are investing \$65 million in the first phase of the project to set up a grinding unit and second phase complete a fully integrated plant in the next five years.

# Agriculture sector boosted with over \$18 million



Recently, Japan signed an agreement with the Rwandan government to support the agriculture sector with US\$18.8 million (Approximately Rwf 15.3 Billion). The grant is intended to improve agricultural productivity, food

security, and increasing income of farmers in rural areas.

The support which is part of phase three of the second strategic Plan for the Transformation of agriculture (PASTA II)

will specifically be used to rehabilitate two reservoirs (Cyimpima 56.2 hectares and Gashara 66.1 hectares), construction of two reservoirs (Bugugu 51.5 hectares and Cyaruhogo 28.5 hectares) and construction of primary irrigation canals as well as capacity building on how to operate and rehabilitate irrigation systems in Rwamagana district.

According to the Minister of Finance and Economic Planning, Claver Gatete, government has prioritized irrigation as a key strategic to reduce the dependency on rain-fed agriculture. "Through this support, we are targeting to have 100,000 hectares under irrigation of which 65,000 hectares is marshland and 35,000 hectares is hillside."

Japan has been a key contributor to Rwanda's economic development through their support in Agriculture, Water and Sanitation and Energy sectors.



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# Inaugural home based care practitioners in Rwanda



The government of Rwanda through the ministry of health established a home based care programme in order to reduce the burden of non communicable diseases among the population.

The programme garnered 211 graduates, the first batch to join the programme after a six month training conducted by the line ministry in partnership with the Workforce Development Authority (WDA).

During the graduation that coincided with the launch of the health week in Rwamagana, Dr Patrick Ndimubanzi, Minister for State in charge of Public Health and Primary Health Care urged the new graduates to commit themselves to selfless and dedicated service as they begin their professional careers.

Home based care programme will help patients who have incurable diseases and used to spend longer periods at hospitals in order to get medicines but can otherwise be supported at their homes.

According to Dr Marie Aime Muhimpundu, Division Manager of Non Communicable Diseases at Rwanda Biomedical Centre (RBC), home based care practitioners will take care of people with non communicable diseases at their home.

The practitioners will be able to follow NCDs management and palliative care guidelines, provide psycho-social and rehabilitation therapy, conduct early detection check up, apply principles of basic nursing care, provide first aid, conduct verbal autopsy among other tasks.



## Imbuto Foundation launched parent-child booklet

As many parents do not discuss sex-related issues with their children due to lack of age-appropriate respectful vocabulary and skills, Imbuto foundation published a parent-child booklet that contains tools facilitating parents and children to have open and constructive discussions on sexual and reproductive health.

This development followed different discussions with parents where they requested for aid materials to help them overcome challenges while interacting with their children about sexual and reproductive health.

The book entitled “Tuganire Mwana Wanjye” literally meaning “let’s interact, my child” was launched in Gicumbi district during the closure of the Health Week campaign.

The booklet was prepared to help parents to have more information on reproductive health as well as how to behave while freely interacting with their children and answering different questions children may have.

Ambassador Jacqueline Mukangira, speaking on behalf of Imbuto Foundation said that the booklet

came as a response to requests from parents who attended the different discussions organized on family related issues.

Parents were urged to assess themselves and see whether are giving proper Education to children given that teenagers especially girls under 18 get pregnancies, some acquire sexually transmitted diseases, drop out of schools or face other bad consequences due to lack of information on their body functioning.

The Minister of Health, Dr. Diane Gashumba urged the parents to utilize the book to explain to their children in order to reduce the bad consequences connected to lack of knowledge in sexual and reproductive health.

“Do not hide this booklet, go and read what is inside, teach your children, make conversations as it is the only way we shall be proud of our future,” the Minister said.

The book was given to the Ministry of Gender & Family Promotion and copies distributed to community health workers for a wider circulation and it is planned that soon each family will have a copy.





# Non-communicable diseases a silent killer



By Daniel Tuyizere

Most people are not aware of non-communicable diseases (NCDs), the experience in Musanze District during the health week campaign in March this year shows. While NCDs collectively account for about 70 per cent of the deaths worldwide, in Rwanda many still go to hospital critically sick with diseases like cancer, diabetes, stroke and chronic lung disease.

The revelation was made at the launch of the health week campaign that aims at delivering integrated package of preventive services including raising awareness to NCDs, scale up its prevention, strengthen care, and enhance surveillance.

Dr Leon Ngezahayo, the Clinical Director at Ruhengeri



*Dr Leon Ngezahayo, the Clinical Director at Ruhengeri Hospital*

**Community health checkups that they help a lot of people in their localities without having to travel long distances to the hospitals. People should go for early testing since anyone may be infected with NCDs.**

Hospital calls for early screening of these diseases since there are still very few

people who go for screening. "Most people think that they must go to hospital

while they are ill but you find many have NCDs and are not aware."

Currently, Ruhengeri hospital is caring for about 1,200 people with non-communicable diseases including high blood pressure and diabetes among others.

Dr Ngezahayo says non-communicable diseases are rise because of old age as the main risk factor, unhealthy lifestyles, lack of physical activity and unplanned development among others.

According to the World Health Organisation, non-communicable diseases kill 40 million people each year, 17 million of those die before the age of 70 and 87% of these "premature" deaths occur in low and middle-income countries where Rwanda falls.

Pierre Celestin Nzabarin-da, a resident of Rwaza sector, Musanze district said that he had not gone for any checkup because he was not informed but later took the decision to go with his family to the hospital after knowing the dangers of non-communicable diseases.

For Ignace Bizumuremyi from Gacaca Sector, who battles with diabetes says community health checkups help a lot of people in their localities without having to travel long distances to the hospitals. He encourages people to go for early testing since everybody lives with the risk of being infected with NCDs.

# Rwanda registers impressive milestones in health sector



**By Steven Nsamaza**

"Life expectancy of Rwandans has improved from 49 years in 2000 to 66.7 years in 2015." Prime Minister, Anastase Murekezi told parliament earlier this month while discussing achievements registered in the health sector.

This achievement has not come easily but efforts and an enhanced health system introduced by the Ministry of Health to afford Rwandans quality lives. The Rwandan health sector performance leads other regional states according to a study by the Bill and Melinda Gates foundation.

A special report released by Rwanda Biomedical Centre

(RBC) shows how the ministry has embarked on programmes aimed at developing healthcare in the country. Programmes like the introduction of community health workers has ensured closer health services to the people, universal health insurance, the eradication of communicable diseases, use of technology in health services, establishment of a modern laboratories, introduction and expansion of new medical centres country wide among others.

Such programmes and focus on increased service delivery in hospitals, improvement in medical insurance services that now reach almost 95 per cent of the citizens,

innovation, construction of new hospitals and increasing their capability has registered many successes in the health sector.

The Rwandan government also embarked on a programme to reduce infant mortality which stood at 107 deaths per 1000 births in 2000, by 2010 had been slashed to 50 and the rate continued to go down to 32 by 2015. The number of infants born in hospitals has increased to 90 per cent.

Pregnant mothers continue to be sensitized to do regular check-ups, give birth in hospitals to reduce maternal mortality and this already shows good progress where the rate has dropped from 476/100,000 to 210/100,000 and unwanted pregnancies declined significantly.



*The health system in Rwanda has enabled a way of bringing services closer to the public starting from the village level (Umudugudu) whereby community health workers (CHW) are in handy to help people in their homes. There are at least three CHWs at every village totalling to 45,516 countrywide.*

Statistics in 2010 showed a big number of children aged below five years were suffering from malnutrition but due to increased efforts by the ministry of health the number was reduced from 47 to 38 per cent. Efforts by the government of Rwanda continue through sensitizing on malnutrition.

Government homegrown solutions continue to be at the helm in supporting the health system notable among others are programs at scaling down diseases caused by malnutrition. Such programmes include Girinka Program, Akarima K'igikoni (home/kitchen gardens), Inkongoro y'amata (giving milk to children) and school feeding.

The kind of health system in Rwanda has made it possible to bring health services closer to the public starting from the village level (Umudugudu) whereby community health workers (CHW) are in handy to help people in their homes. There are at least three CHWs at every village totaling to 45,516 countrywide.

CHWs provide services that include the prevention and fight against communicable diseases and those caused by poor hygiene, treatment of malaria and other diseases caused by inadequate hygiene such as diarrhoea and respiratory diseases, they follow up on maternal and child health care, deliver family planning services, follow up on child growth and consultation and treatment of malnutrition.

Rwanda's high regard to use technology as a catalyst for development has been put to good use in the health sector. Government in 2009 introduced Short Message Services popularly referred to as Rapid SMS, this message technological evolution program has eased information sharing and facilitated quick service delivery saving thousands of lives.

The programme was also part of innovations facilitating the achievement of health related targets in MDGs. The use of the programme starts and operates at all levels whereby community health workers are tasked

to provide reliable health information to support pregnant mothers.

## Raising capacity

Most of these initiatives have gone hand in hand with infrastructure development like the increase in health facilities. New modern hospitals have been constructed across the country with the state of art equipments, some of these include Kinyihira, Ruhango, Bushenge, Kirehe, Rutare, and Masaka Hospitals.

Currently the country boasts 471 health posts at the Cell level, 499 Health Centres at the Sector level,

36 District Hospitals which provide intensive care and long-term care and seven Referral Hospitals which provide tertiary care.

Infrastructure has not come without raising human resource capacity, there are now 19,951 workers in the health sector including 14,482 health and medical workers. General Practitioners now total 1,089, Specialists are 303 and there are 10,795 Nurses, 752 Midwives and 1,543 Lab technicians.

Rwanda is nearing to achieve standards set by World Health Organisation (WHO) on physician-to-population ratio which is set at 1/10,000 and the country now stands at is 1/10,055, the nurse-to-population ratio is at 1/1,094 against WHO's recommended 1/1,000 while midwife-to-population ratio is

1/4,064 against WHO's 1/3,000 and laboratory technician-to-population is 1/7,653 against WHO's recommended 1/5,000.

*Government homegrown solutions continue to be at the helm in support to the health system notable among others are programs at scaling down diseases caused by malnutrition. Such programs include Girinka Program, Akarima K'igikoni (home/kitchen gardens), Inkongoro y'amata (giving milk to children) and school feeding.*



# Enhancing health care through community health workers



By Tuyizere Daniel

As the day breaks Jean Claude Mbarushimana wakes up very early at 5 am and prepares to head to his restaurant in Kabeza trading centre making sure that by seven breakfast is ready for his morning clients.

Trained as a construction worker, Mbarushimana worked in Kigali at different building sites until he decided to establish his own business in his home area in the northern Rwanda where he now operates a restaurant.

Married with three children, Mbarushimana has not only been running his restaurant but also been working as community

health worker since 2010.

A resident of Rugari in Kabeza Cell, Nyamiyaga Sector in Gicumbi district, Mbarushimana was elected by his fellow village members after realising his potential and willingness to help the area in delivering medical services.

“When I was asked to be a community health worker, I gladly accepted” he says. Mbarushimana said he cannot take it for granted because he believes that saving people’s lives is greater than gaining much in your other businesses.

“This is a great opportunity to help others and ensure we have



Community health worker, Jean Claude Mbarushimana, A resident of Rugari in Kabeza Cell, Nyamiyaga Sector in Gicumbi district,





a healthy community," he underlines.

In his village he promotes breastfeeding and child nutrition, family planning, immunisation, and other behaviours linked to mother and child health. Mbarushimana also delivers diagnostic and management of common childhood illnesses, such as malnutrition, diarrhoea and pneumonia, as well as timely referral to health facilities when needed.

Mbarushimana notes that since the programme started a lot has improved in ensuring people can get primary health care because they are trained to provide first aid, examine and treat common diseases like malaria.

When it is a severe case we facilitate patients to go to a health centres, Mbarushimana narrates, but working in remote villages sometimes poses challenges mostly in transporting patients to health centres. Those who don't have bicycles arrange for moto-bike taxis to help them while others in remote areas walk all the way.

To ensure a healthy community the government of Rwanda established the community health workers to help the population overcome the challenges of medical services at grassroots level.



Community health workers (CHW) are members of a community who are chosen by community members or organisations to provide basic health and medical care to their community capable of providing preventive, promotional and rehabilitation care to these communities.

In Rwanda, community health workers are a formal part of the national health strategy and are coordinated by the Community

*Today, there are approximately 45,000 community health workers countrywide who are trained by the Ministry of Health. By sensitizing their localities and carrying out their responsibilities well, they have improved access to healthcare.*

Health Desk at the Ministry of Health. Qualifications to become a CHW include the ability to read and write; aged between 20 and 50 years; willingness to work as a volunteer; living in the locality, honest, reliable, and trusted by the community; and be elected by the village members.

CHW operate at the lowest administrative unit which is the village (Umuugudu) that has about 100-200 people, they monitor health at village level and refer sick patients to the nearest health facility. Among the responsibilities they undertake includes support to pregnant women ensuring they do regular check-ups, antenatal care, follow closely newborns and children below nine months.

Today, there are approximately 45,000 community health workers countrywide who are trained by the Ministry of Health. By sensitizing their localities and carrying out their responsibilities well, they have improved access to healthcare.

Community health workers test malaria, pneumonia and Diarrhoea, they provide family planning medicines, support vaccination program, mobilise people on HIV testing and treat tuberculosis.

Although they work as volunteers, CHWs are grouped in 477 cooperatives across the country where they can access some incentives and small loans for income generating projects for their benefit.

At the national level a committee has been established where they share ideas, supervises and manages the cooperatives. The committee is also used as a channel for funds from partner, where 70% of these funds go to cooperatives and remaining 30% to individual CHWs.

# DOCUMENTING HEALTH ACHIEVEMENTS IN THE PAST 7 YEARS



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## HOSPITALS EDITION

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# CHUB

## Towards an ultra-modern health



The University Teaching Hospital of Butare commonly known by its French acronym as CHUB is major referral and teaching hospital that dates back in 1928 when it was started as a small health facility that offered health services to a limited number of patients.

Based in Butare town, the hospital offers specialised health service to the community, education training and research and supervises district hospitals in the south-western parts of the country.

The hospital became an integral part of the faculty of Medicine at the then National University of Rwanda in 1967, with the aim of offering practical training to

medical students.

By the time of the 1994 genocide against the Tutsi, CHUB was the sole university teaching hospital and one of the best health facilities in Rwanda.

The genocide against the Tutsi left the hospital in total ruins with some of the staff killed while property, equipment and infrastructures were severely destroyed or looted. The hospital had to embark on rebuilding and kick off its operations almost from ashes.

Twenty three years down the road, CHUB has emerged from the ruins to become one of the respected, well-equipped and high-end referral hospitals in the country in terms of service delivery, specialised treatment, skilled medical staff and infrastructures, among others.

The referral hospital offers specialized clinical services and

treatment in various areas to guarantee patients' safety and quick recovery.

CHUB has responsibilities to provide medical care to patients, organize and provide on-field and practical medical education, conduct research on health issues, monitor the functioning of District hospitals in its catchment area as well as establish relations and collaborate with other institutes at regional or international level.

The hospital also contributes to promoting the welfare of communities in its environs through various corporate social responsibility programmes.

### Mission

Working with competent, motivated staff and in collaboration with stakeholders, the University Teaching Hospital of Butare has mission is to:

- Provide services to the community
- Provide medical education
- Conduct research on health issues
- Support and supervision of District Hospitals and countrywide in terms of health care services and capacity building;
- To contribute to the improvement of health care services by supporting the development of protocols and guidelines for all levels of health care facilities;

Dr. SENDEGEYA Augustin, CHUB Director General





- To establish partnerships and collaboration with other institutions with similar mission at local, regional and international levels.

### Vision

“The University Teaching Hospital of Butare will be the leader in providing Quality Healthcare Services, Education and conducting Research; striving for Excellence in Africa.

### Ultra-modern hospital

From its humble beginning, CHUB has grown to become an ultra-modern hospital which provides specialised treatment in various areas thanks to high-end equipment, modern infrastructures and skilled workers, among others.

Dr Augustin Sendegeya, the Director General of CHUB says the hospital extremely suffered from the Genocide loosing many of its medical doctors and personnel while other staff got involved in the killings as well as the looting and destruction of its equipment and infrastructure.

Since then the hospital has invested efforts into reconstruction and today CHUB is revered as one of the most modern, well-equipped and high quality service providers in the health sector.

Dr Sendegeya says, “We continue efforts towards modernising this hospital and want to make it a regionally competitive health facility.” Among the planned activities is the continued acquisition of modern equipment, expansion and modernisation of infrastructures as well as continued efforts to increase the numbers of specialised doctors in order to provide high quality health services to patients.

Over the recent years CHUB in conjunction with its partners and sponsors has invested billions of money in the expansion, renovation and construction of new wings to serve patients within a proper and favourable environment.



Doctors examining a patient with the CT Scan at CHUB

Just to mention a few, the paediatric wing was given a new facelift with renovation works and new equipments. In addition a two storey structure to house a maternity wing, an emergency ward, neonatology ward and administration block was also constructed as part of the rehabilitation and construction works.

### Modern equipments

The renovation of the radiology unit ended with the installation of modern equipment which includes a Computed Tomography (CT) scan. CHUB is the first and only hospital outside the City of Kigali to operate such modern equipment.

Before its installation, patients requiring the services had to be referred to hospitals in Kigali, mainly at King Faisal Hospital

or CHUK. Officials say the CT scan has boosted the quality of services at the referral hospital and relieved patients with the burden of trekking to Kigali to get the services.

Dr Sendegeya says quality in whatever they do is the primary focus and that the skilled staff and use of modern equipment ensures delivery on the commitment of delivering high quality services.

### Dialysis

The haemodialysis Unit at CHUB started in January 2007 with a mission of treating patients with acute renal failure who were before being sent abroad or condemned to death.

It was set up to provide adequate care with haemo-dialysis to patients with Acute Renal Failure from different origins. The Unit

*From its humble beginning, CHUB has grown to become an ultra-modern hospital which provides specialised treatment in various areas thanks to high-end equipment, modern infrastructures and skilled workers, among others.*



A patient is cared for using the dialysis machine



which originally targeted acute renal failure found itself overwhelmed by a big number of chronic cases. The unit, which currently boasts of eleven machines, treats patients of End Stage Chronic Renal Failure. These are mainly few patients who manage to get sponsorship mainly from the Ministry of Health for Rwandan nationals and many others from neighbouring countries

## Reference laboratory

The laboratory at the Huye-based referral hospital has been upgraded with the installation of ultra-modern equipment and a particular focus has been on molecular biology. The reference is equipped with modern machinery that helps, among others, in the early detection of HIV, Malaria and tuberculosis. They include among others a COBAS 311, which is an automated analyser that offers the ultimate in convenience, performance and confidence for laboratories with clinical chemistry.

The machine conduct serum tests in a short period of time usually not exceeding 30 minutes. Patients are given timely treatment, offered increased security of results and the hospital ensures that patients get treatment they need.

Other machines that can be found in the laboratory include a BAC-TEC MGIT 960 which combines quality and reliability with the technology used in the MGIT (Mycobacteria Growth Indicator Tube) System. It is designed to meet the needs of TB laboratories and identifies positives as they occur. It gives faster results and has improved patient care and lowered health care costs by reducing over staying at the hospital and optimizing equipment and staff utilisation.

Also available at the CHUB is a Cobas AmpliRep/TaqMan which is used for a variety of medical tests including HIV Earlier Infant diagnosis or in vitro nucleic acid amplification test for the quantitation of hepatitis C virus

(HCV), among others.

The hospital owns and operates a variety of other modern equipments. "We have achieved a lot in our efforts to acquire modern equipment which has been attracting many patients, including some from outside the country," said Dr Sendegeya.

"We shall continue to acquire advanced technology equipment to improve the quality of services we offer to our customers and make this hospital a competitive health entity in the region," he pledges.

## Corporate Social Responsibility

Apart from its core mission of providing medical care, teaching and research, the hospital has also committed to help communities around to improve their welfare. In that regard, every year staff members set a time aside to visit and support Genocide survivors by making some donations as a way of contributing to uplift their living conditions.

Over the past five years, the hospital has donated 78 Friesian cows to survivors mainly in Huye district where it is based. CHUB also contributed to the development of the three survivors of genocide against the Tutsi who include an old-woman



Donating cattle to uplift living conditions of vulnerable members of the community

Over the recent years CHUB in conjunction with its partners and sponsors has invested billions of money in the expansion, renovation and construction of new wings to serve patients within a proper and favourable environment.

supported with two million. 19 cows have been set aside this year to support vulnerable survivors in Huye's Rwaniro sector. A university graduate and undergraduates students were also supported by CHUB with Rwf500,000 each towards their studies.

"We feel it is our responsibility to give back to the community," Dr Sendegeya says. As part of the hospital's social responsibility commitment, the hospital is also set to start providing medical advices to citizens through regular community meetings, the after Umuganda gatherings or through media.



Walk to remember

# Kibilizi Hospital

## Promoting health standards for quality living

Established in Gisagara District of the Southern Province, Kibilizi Hospital serves a population of more than 200,000 in eight sectors and operates as a referral hospital for outlying nine health centers and five health posts in the region.

According to Dr Andre Gedeon Mulumba, the Director of the Hospital, when they started operations in 2006, the hospital had a mission to provide and improve quality healthcare services to residents of Gisagara District.

“In our eleven years of existence, the facility now boasts of modern health technology and infrastructures. The hospital has been able to expand with modern infrastructures such as a state-of-the-art laboratory,” says Dr Mulumba. “With modern equipments we are able to provide services like X-ray, HIV/AIDS testing and counseling, Dental services, GBV, ophthalmology and physiotherapy, maternity, neonatology, mortuary, and a modern Incinerator which is used



Dr Andre Gedeon Mulumba,  
Director of Kibilizi Hospital

*With modern equipment we are able to provide services like X-ray, HIV/AIDS testing and counseling, Dental services, GBV, ophthalmology and physiotherapy, maternity, neonatology, mortuary, and a modern Incinerator which is used to burn waste products from our facility and neighboring hospitals*

to burn waste products from our facility and neighboring hospitals.”

The Director of the Hospital notes that the services provided do not stop at patients only because sometimes they support or exchange services with other institutions like helping to dispose waste products from the University Teaching Hospital of Butare which has relatively much waste and Gakoma hospital.

Such services are another source of income to the hospital, Dr Mulumba says they work closely with other institutions in the region and even beyond to provide medical solutions and any required services in their capacity.

Apart from supervising of the health centers and health posts, the hospital support medical students who want to conduct their internship given that the hospital is also closer to the University of Rwanda and other medical schools. Some of those include; the University of Rwanda, Save University - medical department which has Nursing, laboratory and public health, Kabgayi University (nurse and midwives), Gitwe, Rwamagana and Nyagatare and these internships usually last for a period between 1-6 months.

### Medical services

Dr Fabien Hatungimana, the clinical director at Kibilizi Hospital underlined that, services

*The hospital has other major services provided through different departments such as maternity, Pediatric, ophthalmology, dental, mental, imaging, emergency, surgery, internal medicine and neonatology that was introduced recently with robust out-patients and in-patient departments, and family planning clinics.*





provided at the hospital are preventive, promotional and curative. Other programs provided include malaria prevention services, and family planning.

From its humble beginning, Kibilizi Hospital has steadily grown in acquiring equipment, infrastructure and the number of patients as well. Today the hospital has a daily capacity to receive between 80-90 out-patients per day and in-patients with 110 beds, occupancy rate is estimated at 87.3 per cent and have five ambulances in the zone.

Dr Mulumba says that, although Kibilizi Hospital offers similar services like most district hospitals across the country, they aim at providing the highest quality services equally to all clients who come at Kibilizi.

"We established ISANGE One Stop Centre to help victims of Gender Based Violence so they can easily access services near their home," says Dr Mulumba.

"Given that malaria remains the most prevalent disease in the southern province, in collaboration with the Ministry of Health Kibilizi hospital was able to curb down the malaria spread including solutions through effective testing, distribution of treated mosquito nets and sensitizing the masses on the danger that malaria poses". Said Dr Hatungimana.

In partnership with Global fund Kibilizi

hospital carries-out malaria prevention programs to fight against malaria. The malaria programs implemented by Kibilizi Hospital sharply led to the decline in the number of cases mostly following indoor residual spraying campaign carried-out by the hospital in partnership with Global Fund.

During some periods when malaria is on the rise, for example last year between October to December, among 40 patients admitted at Kibilizi Hospital 30 had malaria related cases but following the indoor residual spraying, malaria cases have significantly went down with a current admission of five malaria cases on average.

Although much has been achieved by the hospital, there are still some challenges like the insufficient land to expand the hospital infrastructures. However, the hospital is still seeking land to expand the facility and is in the process of expropriation.

*"Given that malaria remains the most prevalent disease in the southern province, in collaboration with the Ministry of Health Kibilizi hospital was able to curb down the malaria spread including solutions through effective testing, distribution of treated mosquito nets and sensitizing the masses on the danger that malaria poses".*

The number of medical experts at the hospital is still very low, there are currently only nine doctors yet the number of the population Kibilizi Hospital serves grows every day like the new refugee camp that was established in its catchment area.

## Corporate Social Responsibility

The hospital has an annual program of corporate social responsibility that is implemented in partnership with the district where the hospital supports schools by financially contributing to educational equipments, building schools, building homes and donating livestock to vulnerable families in Gisagara district especially survivors of the genocide against the Tutsi.

The Director of the hospital notes that the social responsibility cause is done by the staff members who make contributions and personal commitments to support vulnerable individuals of the community.

Dr Mulumba applauds the staff of the Kibilizi hospital, the District leadership and the people of Gisagara, who have worked closely with his administration to support the hospital to reach its targets and goals. He also extends special thanks to different partners who continue to support the hospital implement various programs notable among them is the government of Rwanda through the Ministry of Health.



# Kabutare Hospital

## Extending healthcare to southern region

By Steven Nsamaza

Located in the southern town of Huye, Kabutare Hospital started as a small medical centre that was used by nursing students under Groupe Scolaire Officiel de Butare. Established in 1957 this small facility would help train nurses and bring experts to provide medical services to the public.

At that time, it was still a very small facility with little medical equipment and could only test and treat patients by visiting Doctors. Kabutare medical centre became a full hospital in 1982.

A group of Catholic brothers called 'Frères de Charité' established and run the facility until 1994 when they turned over the hospital to the Rwandan government which upgraded and made it Huye District Hospital.

Dr Guido Migezo, the Director of Kabutare Hospital said that, the hospital has experienced unprecedented growth and is among the top medical facilities that covers a zone with a big population. Kabutare Hospital covers a population of more than 350,000 from 16 health centres in



Huye District with an additional three more sectors of Save, Ngera and Ngoma in the neighbouring districts.

The hospital has various medical services such as; internal medicine, surgery, paediatrics, neonatology, maternity, gynaecology, ophthalmology, dentistry, distribution, laboratory, pharmacy, HIV clinic, radiology, mental services, Gender based violence and Multiple drugs resistant Tuberculosis treatment among others.

"We receive patients at two points of entry, the medical emergency point which receives a daily average of 35 patients

and obstetric or gynaecology which has the capacity to receive between 30 - 40 in-patients a day," said Dr Migezo.

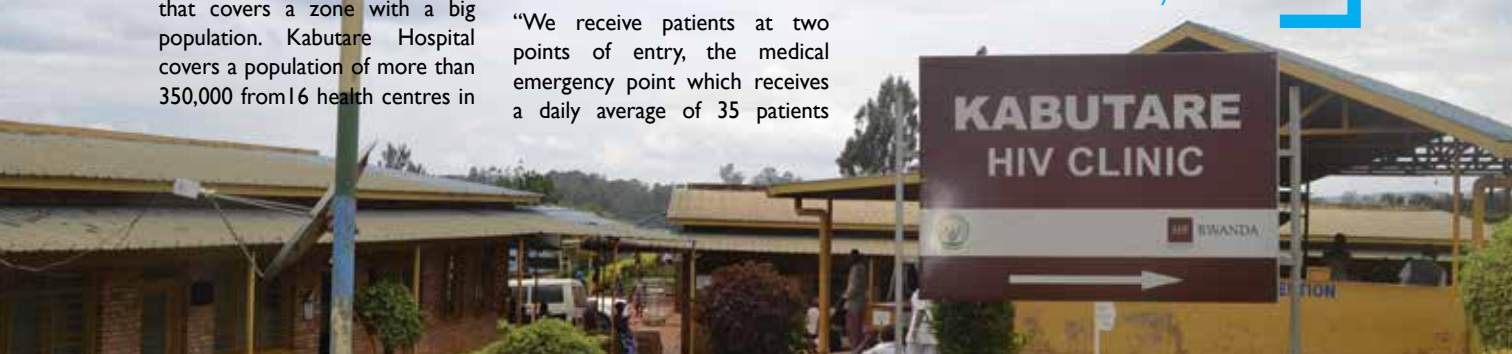
Currently, Kabutare Hospital serves between 100 to 120 out-patients per day and has 176 beds ready to serve in-patients but sometimes the hospital is overwhelmed and has to look for other means to cater for all those that seek medical services.

### ACHIEVEMENTS

The Director underlines that since Kabutare Hospital was built many years ago and is known to have very old buildings but this is changing and has started acquiring new and modern infrastructures like the new buildings housing the emergency, internal medicine, laboratory and GBV while the

Dr Guido Migezo, the Director of Kabutare Hospital

*the hospital has experienced unprecedented growth and is among the top medical facilities that covers a zone with a big population. Kabutare Hospital covers a population of more than 350,000 from 16 health centres in Huye District.*



Currently, Kabutare Hospital serves between 100 to 120 out-patients per day and has 176 beds ready to serve in-patients but sometimes the hospital is overwhelmed and has to look for other means to cater for all those that seek medical services.



Isange, One Stop Centre



Emergency Block



Laboratory

maternity ward is set to be completed by April 2017.

More structures are under construction like the main building that will house different departments of the hospital and the District pharmacy.

Since 2010, the hospital was able to expand its human resources from 132 staff members to the current 191. Particularly on the medical staff, there were five doctors in 2010 but the number has increased to twelve by 2017 and the increase was parallel with the services offered.

Seven years ago, Kabutare Hospital lacked some important services like ophthalmology, dentistry and the Gender Based Violence (GBV) services which were established during this period.

The hospital has also enhanced its capacity building with support from different partners like trainings in maternal and child health, HIV/AIDS support, malaria and related support.

Through the registered achievements, Kabutare Hospital was able to improve clinical services for example the increase of pregnant mothers



giving birth at medical centres, improved family planning and reduction in infant mortality. In this zone alone, infant mortality declined from 30/1000 in 2012 to 18 deaths last year.

Although the hospital is progressing there are some challenges faced like number of ambulances that serve the hospital and outlying health centres. There are only two ambulances in the zone served by Kabutare hospital and they are expecting three more but given the population in the zone it still poses a challenge.

The current working space for all the hospital services and the number of medical workers in comparison with the patients serviced remains a big challenge.

However, Dr Migezo says that



with the obligations at hand, the hospital works closely with health centres and community health workers to mitigate some of those challenges. The hospital uses an integrated supervision approach that has supervisors and mentors.

Supervisors monitor how health indicators keep changing and are able to advise and support the health centres while mentors work closely with the health workers on the field and help technically.

Construction site for the main building

More structures are under construction like the main building that will house different departments of the hospital and the District pharmacy.





# Munini Hospital

## has enhanced medical services in Nyaruguru

Munini Hospital was established in 2008 in Nyaruguru District of the Southern Province following requests from the people who had no access to a medical facility and would travel for long journeys to Kigeme or to Kabutare hospital in Huye town.

The hospital started with a few services but now all medical services are offered in addition to supervision of 16 health centres and 17 health posts. The hospital has increased in terms of personnel and medical equipments which has raised medical services in Nyaruguru.

Dr Innocent Ndebeyaho, the Director of Munini Hospital lists services provided namely, maternity, paediatrics, internal medicine, surgery, emergency, laboratory, pharmacy, services dealing with non-communicable diseases, Isange one stop centre and HIV clinic among others. Most of these services were introduced in the last seven years and notable among them are surgery and maternity services.

Due to lack of enough space and



**Dr Innocent Ndebeyaho, the Director of Munini Hospital**

given that the buildings used as a hospital were originally meant for other activities but with the need for a medical centre in the area, the President of the Republic resolved not to leave the buildings redundant but be used and turned into Munini Hospital.

### SEVEN YEAR ACHIEVEMENTS

The growth and expansion of the hospital has since been gradual as new structures are constructed. Dr Ndebeyaho underlined that, as new structures are erected new services are introduced and they acquire more doctors, the hospital had only two doctors in 2010 but since increased eight doctors.

In the last 7-years of the government program, Isange One Stop Centre was build at the hospital and this has been instrumental in treating cases of gender based violence. In collaboration with Rwanda National Police training are conducted to empower people who then cater victims of domestic violence at Isange One Stop Centre.

At the hospital, an HIV Clinic was established and this has improved the HIV testing and counselling services, through this clinic sensitization and awareness campaigns were conducted raising the percentage of those seeking free testing to 87.5.



*The extension of medical services to the people led Munini hospital with the Ministry of Health to undertake the establishment of 12 new health posts which supports other health centres to be closer to the people.*



Outside the hospital facility, a new modern Health centre of Ngera was constructed during this period while the existing ones were rehabilitated including Kibeho, Nyabimata, Muganza, Nyamyumba and Munini health centres.

Sensitization campaigns were conducted by the hospital calling on residents to carry out regular checkups and visits to medical centres has increased where the number of people who seek medical services is more unlike in the past when people in this part of region didn't go to hospitals mostly pregnant women who could give birth at home.

The hospital cares about Tuberculosis cases because all health centres are able to diagnose TB and the hospital has got an advanced machine to diagnose and test TB among patients using Genexpert machine which is very effective in detecting Tuberculosis even at an early time of the disease.

According to the Director of Munini hospital, the proximity of medical facilities has been drastically enhanced, in Nyaruguru today the average time spent to reach health centre is one and half hour representing 87 per cent of time set by the World Health Organization.

The extension of medical services to the people led Munini hospital with the Ministry of Health to undertake the establishment of 12 new health posts which supports other health centres to be closer to the people.

## WORKING WITH COMMUNITY HEALTH WORKERS

In this regard of bringing services closer to people is the role played by community health workers who support the hospital to extend medical services to the communities. Nyaruguru district has 332 villages which are served by 996 community health workers who are able to cater for pregnant mothers, newborns, give nutritional advice and can provide primary care to disease like malaria, diarrhoea and pneumonia.



Working closely with Munini Hospital, the community health workers have contributed in reducing maternal mortality from 1.1 to 0.8 per cent, infant mortality from 1.2 to 0.8 per cent and malnutrition from 45% to 37% among children.

Malaria as a major killer disease in this part of region has been controlled due to the contribution of community health workers. They have led the awareness drive and contributed in implementing preventive measures like distributing malaria treated mosquito nets. When malaria cases develop they are able to diagnose and provide

the primary treatment. The intervention of community health workers shows improvement of health indicators in Nyaruguru District.

Although much has been achieved there are still more challenges that the hospital faces. Among the major challenges are insufficient buildings to house and expand more services. However, a new modern facility is expected in the near future given that the ministry has already tendered the construction of a new modern hospital.

To further advance service delivery, Munini hospital wants to at least achieve targets set for Nyaruguru residents to have accessibility to medical services which are near their proximity, to achieve this there are plans to increase the number of health posts from 17 to 20.

Dr Ndebeyaho is thankful of the health related achievements in Nyaruguru that were made possible by commitment of the Government of Rwanda through the Ministry of Health and other partners.

Nyaruguru district has 332 villages which are served by 996 community health workers who are able to cater for pregnant mothers, newborns, give nutritional advice and can provide primary care to disease like malaria, diarrhoea and pneumonia.



# Kigeme Hospital

## Ensuring excellence in healthcare



Dr Ephraim Nzabonimana,  
the Director of Kigeme Hospital

Kigeme Hospital is located in Gasaka sector; Nyamagabe District in the Southern Province, the hospital oversees a population of more than 200,000 in ten Health centres situated in nine sectors of the district and about 2,100 refugees in Kigeme refugee camp.

The mission of Kigeme hospital is to deliver services related to the prevention and treatment of diseases as well as enhancing good health standards for physical, spiritual and mental as well as provide an exemplary service that ensures people's welfare in the district.

The history of Kigeme hospital is linked to the Anglican Church of Rwanda. Back in 1942, the spread of the Gospel by missionary Stanley Smith and Sharp greatly contributed to the establishment of this hospital.

However, the Government of Rwanda has been instrumental in supporting Kigeme Hospital by building new infrastructures that enhanced the delivery of service from 1994 till today. Patients have been facilitated by infrastructures like roads, public lights

and a number of ambulances increased from a sole vehicle to four in addition to other three vehicles that facilitates different operations of the hospital like the day-to-day supervision of medical activities in health centres and posts.

Today the hospital has new buildings including a laboratory equipped with modern materials to test all exams related to the level of a district hospital, maternity ward and surgery room, new emergency ward, and a mortuary with modern materials.

Dr Ephraim Nzabonimana, the Director of Kigeme Hospital disclosed that, the

*Today the hospital has new buildings including a laboratory equipped with modern materials to test all exams related to the level of a district hospital, maternity ward and surgery room, new emergency ward, and a mortuary with modern materials.*



number of personnel has increased and been enhanced with different trainings. In 2000, the hospital had only two doctors but today the number has increased to eleven doctors, qualified nurses are now 60 from only 20 and the personnel increased as well which in turn helped the hospital to raise its medical services. Today they have managed to deliver different special services including dental services, ophthalmology, physiotherapy, mental health services, non-communicable diseases treatment services, diagnosis and treatment of gender based violence survivors among others.

The hospital has benefited from 'Girinka' one cow per family program, VUP and other government programs which have uplifted economic and social welfare of residents in Nyamagabe District. Residents can afford to pay medical insurances which in turn help to raise revenues for the hospital.

Dr Nzabonimana says that the good visible changes related that have been achieved by the hospital are attributed to service delivery.

There is increasing quality of hygiene and sanitation at hospital, health centres and health posts, hospital bed were increased from 131 in 2002 to the current 193 beds and staff members were increased both the medical and non-medical personnel.

The Director of Kigeme attributes all these achievements to the authorities starting from Nyamagabe District, the Ministry of Health and importantly to the Government of Rwanda led by President Paul Kagame for different contribution made in the development of the health sector in the country and Kigeme hospital in particular.





# Remera Rukoma Hospital

to enhance quick and quality services



Remera- Rukoma Hospital is a District Hospital jointly operated by the Presbyterian Church in Rwanda and the Government of Rwanda. It is located in the Southern Province, Kamonyi District. The hospital started its operations in 1927 as a functional health post where people could come to seek medical help but later in 1980s was expanded into a hospital.

The hospital services the entire Kamonyi district, which has an approximate population of 340,000. The hospital serves patients who are referred from one of the 13 surrounding district's health centres

located in various sectors around the district.

According to Dr Theogene Jalibu, the Director of the Hospital, they provide various types of services to the community through different departments of inpatients and outpatient services such as maternal health, surgery, emergency care, pediatrics and neonatology, ophthalmology, dental services, laboratory, radiology among others.

Dr Jalibu hails the role played by Community Health Workers (CHW) as one of the primary medical service providers who have scaled down

maternal and infant mortality in the past seven years. CHWs follow up on pregnant women and encourage them to go for prenatal testing and newborns are followed in order to get all vaccines. They also diagnose and treat malaria which has reduced queues at health centres and the hospital.

Through Rapid sms platform that helps community health workers to address and collect data on pregnant women, postpartum and infants until the age of two, CHWs have reduced the maternal and infant mortality by addressing and tracking the high rate of maternal and child health related indicators (early pregnancy identification, antenatal care, post natal care, nutrition, immunization, disabilities, hygiene/sanitation and life threatening emergencies) which cause high maternal and child morbidities and mortalities.

This platform has helped also the hospital to follow up those community health workers who deliver sms, they can know those who are not working due to different circumstances like illness and be replaced when needed.

During these past seven years, the hospital has expanded its physical infrastructures buildings and acquired ambulances to six which help them deliver quality and quick services.

Remera Rukoma hospital has managed to establish a policy regarding the way the hospital works and the delivery of service. The hospital was ranked the first in the accreditation system among hospitals. The hospital shifted from level one to level two and doubled efforts in the delivery of services.

Apart from these achievements, the hospital still faces some challenges notable among them is the limited number of personnel, old buildings, and unconstructed road to the hospital that is a burden to transportation.

The hospital is expecting and plans to construct a fence around the facility, rehabilitate and build new buildings and change the structure of the hospital.

Remera Rukoma recognises the contributions of the Rwandan government and the district for their cordial support and encourages the population to use this facility since it is a public good.





# Kibuye Referral Hospital strives to improve healthcare



Dr Eugene NKUSI, the  
director of Kibuye hospital

## OVERVIEW OF KIBUYE HOSPITAL

Kibuye Referral hospital is located in the Western Province, Karongi District, Bwishyura Sector. It was established in 1953 as a small dispensary and grew to emerge into a District hospital. On 14th

May 2014, The Cabinet Meeting approved a six-year plan of upgrading Kibuye, Kibungo and Ruhengeli District Hospitals to Referral Hospitals. Karongi District counts three hospitals; among them is Kibuye hospital serving around 172,649 of its total population, with Bed capacity of 205 beds and bed occupancy rate of around 80%.

Kibuye Hospital aims at becoming a medical centre of excellence and role model health facility in western region of Rwanda. It offers the highest quality of healthcare to its clients, carries out regular clinical and technical supervision to 10 Health Centers of its catchment area. The Hospital participates in training of students and staff from different institutions in Rwanda and abroad. Outside its zone, Kibuye Hospital serves the population from three Health Centers of Rutsiro District and one in Ngororero District. As a Referral Hospital, Kibuye hospital provides specialized health services to patients from District Hospitals in the Western Province, neighboring Hospitals from the Southern Province and patients from the Democratic Republic of Congo.

The Hospital offers specialized medical services in Internal Medicine, Surgery (general surgery, orthopedics, and traumatology), Pediatric and Neonatology, Gynecology-obstetrics, Medical Imaging services. The hospital provides as well different medical services as in hospital or Outpatient care in Ophthalmology, Mental Health, Nutrition and rehabilitation, Dentistry and stomatology, Physiotherapy, Medical Emergencies, Anesthesia and resuscitation, Vaccination, TB/HIV/PMTC and ART services, laboratory services, Pharmacy services, Community health, Environmental health and hygiene, Family planning, Social services, Isange one stop center, among others.

## ACHIEVEMENTS

With support from the Government of Rwanda through the Ministry of Health and Karongi District as the supervisory entity, under the visionary leadership of H.E. Paul Kagame the President of the Republic of Rwanda, a lot was improved on the existing settings, systems and services.

There was development of various infrastructures in Western Province and Karongi District in particular; this includes but not limited to the construction of main roads that connect the hospital, construction of modern market and commercial buildings around the hospital, water and power supply was upgraded and internet connection via optic fiber was extended throughout the Hospital. There was phase I construction works of the new building for the hospital together with new medical equipments to meet the highest standards of care.

Going by the seven year program of the government, in the same purpose of decentralization of health services, the hospital was able to help establish five

*Some of the medical services offered at Kibuye hospital include; Internal Medicine, Pediatrics, Surgery, Mental Health, Nutritional Services, Dentistry, Physiotherapy, Ophthalmology, Medical Emergencies, Neonatology, Maternity, Radiology, family planning, HIV testing and counseling and laboratory services among others.*



health posts and upgraded two others to health centers level. The increase in health posts helps significantly increased access to primary health services for thousands of citizens in offering preventive, promotional and some curative services.

“A hospital cannot develop or deliver quality services to a wider number of populations without equitable equipments,” says Dr Eugene NKUSI, the Director of the hospital. It is in that regard that Kibuye hospital with support from the government of Rwanda introduced modern equipments such as a CT SCAN MACHINE (Computerized tomography scan) that is used for more detailed and accurate radiological diagnosis and interventions for different patient's conditions at any body part. The facility also acquired other modern medical equipments such as Vivid E9 ultrasound Machines, digital X-Ray Machine, Ventilator machines, fully equipped neonatology unit with incubators and CPAP Machines, well equipped two theatres and ophthalmology unit, etc.

Kibuye hospital has ensured that clients have access to efficient, effective and high quality healthcare services. For that purpose there is a progressive increase in number and level of hospital staffs and services. There are currently 2 Specialists Doctors in Internal Medicine, 2 Specialists Doctors in Obstetrics-Gynecology, 2 Specialists Doctors in Pediatrics and one Specialist Doctor in Surgery, one Part time specialist Radiologist and various qualified staff for medical and paraclinical services. The hospital continues to have more.

### CONTRIBUTION OF PARTNERS

According to the Director of the hospital, this improvement in health services is attributed to the engagement, courage, professionalism and patriotism of all professional health workers and partners at the hospital and its catchment area.



“We salute the important role played by community health workers. They helped the country to hit the maternal and child mortality MDGs targets.”

Dr Nkusi notes that, the progress of Kibuye hospital would not be a success without the contribution of different stakeholders. Kibuye hospital is thankful to the government of Rwanda, The Ministry of health, Rwanda Biomedical Center, Karongi District, different government Institutions and health partners for their continued support. Some of these partners include; Global Fund which assists in fighting against HIV, tuberculosis and malaria, GAVI for vaccine preventable diseases, CURE international to assist children born with club feet, One Sight that helped to equip eye unit with modern instruments to deal with refractive errors, “Today, patients are



treated at our hospital and can get glasses at affordable rates,” said Dr Nkusi The Hospital Director.

Another partner is Peace Plan which supported the hospital to build the laundry unit, to purchase different medical materials and materials for patients like mattresses and bed covers.

Finally, Dr Nkusi Eugene urges Rwandans to maintain the development that has been achieved in health sector through good use and maintenance of the infrastructures, equipments, and services in place, but above all ensure preventive measures towards communicable and non communicable diseases that are threatening lives of our population. He recommends all citizens to stay together, to dream high and to stand with a visionary leadership.





# Kirinda Hospital

## Enhancing healthcare in Karongi District



Located in the South-western region of Rwanda in Murambi sector, Karongi District, Kirinda hospital was built in 1958 by missionaries from the Presbyterian Church to provide health care to the population in the area.

Currently, Kirinda hospital serves over 110,924 populations who inhabit five sectors of Murambi, Rugabano, Gashari, Murundi and Ruganda. The hospital coordinates and operates as referral to six health centers namely; Kirinda, Mwendo, Rugabano, Munzanga, Birambo and Biguhu. The population from neighbouring Nyamagabe and Ruhango districts are also served by the hospital.

Dr Arthur Sumaili Monze, the Hospital Director notes that, the hospital offers different services including out-patients, in-patients, emergency services, surgery,

*To solve water shortages the hospital was able to use several water tanks to store rainwater and was able to renovate a nearby water source for a steady water supply and this has also benefited the neighbouring community as they now have access to clean that they can tap on the hospital supply.*



Dr Arthur Sumaili Monze, Kirinda Hospital Director

internal medicine, pediatric, Nutrition, gynecology-obstetrics, neonatology, dentistry, mental health, laboratory services, paramedical, physiotherapy, radiography, ophthalmology and HIV Clinics.

The hospital has a total of 106 personnel including six medical doctors, four midwives, 23 health assistants 32 nurses and 32 administrative personnel working in different services.

### INFRASTRUCTURE DEVELOPMENT

Through the years, Kirinda hospital has expanded and erected various structures starting with fencing the hospital, this was a big challenge in the past as people used to trespass in the facility premises at will which caused a security concern and brought disorderly.

To solve water recurrent shortages at the hospital it was made possible by using several water tanks to store rainwater and renovation of a nearby water source for a steady water supply proved a solution and this has also benefited the neighbouring community as they now have access to clean and safe that they can tap on the hospital supply.

### MEDICAL SERVICES

The improved structures and equipments at the hospital with infrastructures provided by the government like roads have in turn enhanced health services in

*Currently, Kirinda hospital serves over 110,924 populations who inhabit five sectors of Murambi, Rugabano, Gashari, Murundi and Ruganda. The hospital coordinates and operates as referral to six health centers namely; Kirinda, Mwendo, Rugabano, Munzanga, Birambo and Biguhu.*





Karongi. Dr Sumaili says in past years they used to receive fewer than 50 per cent of the patients; now they receive and treat about 96 per cent of the patients monthly.

The hospital has sensitized pregnant mothers to give birth at the hospital and health centres which have raised their numbers to 67 per cent compared to 30 per cent of mothers who would give birth at the hospital. This has in turn reduced maternal and infant mortality rates.

Vaccination improved where people who did not get all required vaccinations were helped to get them through advanced strategies like citizens outreach where the hospital staff find people in their localities, now child immunization stands at 83 per cent in Karongi District.

Family planning as one of the government's priority programmes has been improved and Kirinda registered 35 per cent while on national level the Ministry of Health targets at least 50 per cent every year.

The hospital sensitized people in HIV/AIDS and tuberculosis prevention in villages and schools, which has led to scaling down on

HIV infections to 0.5% of out-patients and 0.4% for pregnant women.

### FUTURE PLANS

In the healthcare industry, priority is always set on the patients. It is within this line that Kirinda hospital has the goal of making sure patients are comfortable and ultimately, that they are healthy.

As care givers need to prepare food for patients; the hospital is planning to build a modern kitchen which fulfills all the requirements as provided by the ministry of health.

The hospital wants to further expand starting with corridors connecting to all buildings in the hospital complex considering that patients visit different services and build a modern laundry to help patients and other personnel.

The hospital also wants to establish an open MRS (medical record system) to improve services maintaining patient data that connects the different departments at the hospital.

Suggested requirements from the direction of Kirinda Hospital are to expand the knowledge on diabetes, malnutrition and cardiovascular diseases. It is



suspected that there are patients with diabetes and cardiovascular diseases in this region but are not able to come to hospital. When they come to the hospital with such symptoms to these diseases they are already in an advanced or end stage. Therefore, Kirinda wants to establish capacity to help do screenings in the region and support health centers to diagnose these diseases in earlier stages; this will make it more plausible to treat them.



*Suggested requirements from the direction of Kirinda Hospital are to expand the knowledge on diabetes, malnutrition and cardiovascular diseases. It is suspected that there are patients with diabetes and cardiovascular diseases in this region but are not able to come to hospital.*



# Bushenge Provincial Referral Hospital

## From low to high quality healthcare services delivery



Bushenge Hospital View

Having been damaged by the earthquake in 2008, Bushenge District Hospital was left paralysed because 80 per cent of the facility was destroyed. Previously, the hospital was struggling to deliver high quality healthcare services because it was small, with a considerable gap in qualified personnel.

The post-earthquake period came with new facilities from government initiatives and the hospital's vision was to become a provincial referral hospital by providing general and specialised healthcare services.

With the new facilities and enough physicians, the management of the hospital considered technology as a key factor of improving healthcare services by ensuring the reduction of waiting time for patients, keeping patient's records electronically and increasing the hospital revenues. Since then, the hospital has taken EMR (Electronic Medical Record) and ICT as major pillars in its strive for high quality healthcare delivery to the public.

### ELECTRONIC MEDICAL RECORD (EMR)

This programme, which attracted many other hospitals to come for learning trips, has not only helped the hospital to shift from being paper-based to technology-



Bushenge Hospital Director



Hospital Lab



Radiology Department

based, but has also helped to reduce long queues at the hospital. In addition, it saved time wasting for physicians because patients' information needed from one service to another is sent automatically to the system which facilitates the flow of the patients in the hospital.

The hospital has managed to increase its revenues by using this Electronical Medical Record system as every procedure done to the patient must be recorded which that has helped in eliminating errors and ensures all money collected is accounted for.

### ICT AND TELEMEDICINE IN THE HOSPITAL

In its march from low quality services to better quality services, the hospital has made a significant effort by investing in ICT where the whole hospital is connected to internet which is an important tool of communication. Every service in the hospital has at least one computer connected to the internet and also a hotline telephone to enable quick and high quality services for patients.

Further, ICT application has proved vital in Bushenge Hospital where employees use closed-user group to keep in constant contact with each other, ensuring any queries, questions, or problems are solved instantly.

In addition, the telemedicine is available in the hospital for communication through video conference which can be used for clinical purposes or any other purpose of communication. All this has contributed to a better service delivery and the hospital has become a role model for other hospitals in Rwanda to come and learn from.

### PATIENTS SERVICES DELIVERY AT THE HOSPITAL

General and specialised services are delivered as indicated in the vision of the hospital which are available to the public. Due to the many, and varied services offered by the hospital, the number of patients from different areas in the country and elsewhere increases day after day. This is also because of the capable and qualified personnel who handle and treat various cases.

There was no magic formula for this impressive transformation, it was the motivated and qualified staff, equipment and all the points mentioned above. The hospital is constantly evaluating the quality of the services offered to the public and looks forward to improving and strengthening them.



# Mibilizi Hospital

## Delivering medical services beyond borders



neither did the hospital spared. The facility was looted and destroyed surviving only with a few building walls from which rebuilding started between 1996 to 1998.

Emergency rehabilitation was completed but the population kept growing, new diseases and epidemics make the extension of this hospital a growing necessity.

Dr. Charlotte Ntakirutimana, heads the hospital as the Director under the Chairmanship of His Excellency Jean Damascène Bimenyimana, Bishop of the Diocese of Cyangugu and Chairman of the Board of Trustees of the hospital.

According to Dr. Charlotte, the hospital has plans to enhance services through expansion in terms of personnel and modern equipments. It is in this line that the hospital acquire a new modern "GENEXPERT" for testing Pulmonary tuberculosis and complicated TB. The machine also helps to examine other medical exams in terms of research and facilitates other hospitals without trekking all the way to in Kigali or CHUB in Huye.

### AMELIORATING THE INFRASTRUCTURES

Mibilizi hospital has been able to add more infrastructures to its list in last seven years which has greatly improved its service delivery. The facility got a modern laboratory for testing and delivery of medical exams in a short period and in advanced way.

Isange One Stop Centre was built and equipped to provide clinical services to all people especially the victims of gender based violence by testing, treating, counselling and others services.

The hospital also built a modern mortuary which was not there before and this now helps the surrounding community with all the related services.

During these seven years, the hospital was able to build two houses for personnel from neighbouring countries where the hospital has a partnership. Mibilizi Hospital gained two cars for supervision of medical activities in Rusizi District from the Ministry of Health and also two brand new ambulances for transporting patients from health centres in their zone or transfers to other hospitals when required.



Mibilizi Hospital is located in Western Province, Rusizi District, Gashonga sector, Karemereye cell in Mibilizi village. The hospital serves eleven sectors and also works with eleven health centres.

Established in 1952 as one of the facilities of the Catholic Church of Rwanda under the Diocese of Cyangugu, this hospital has been a salvation of the poor population of the region: the population

of the former Cyangugu, neighbouring Burundians and the Congolese of South Kivu have all been served at this facility.

Mibilizi Hospital began with paediatric department, internal medicine, laboratory, operating room with predominately the maternity services. Progress continued until the tragic events of the genocide against the Tutsi that devastated the whole country



# Kibogora Hospital

## Offering unique medical services in South-Western Rwanda

Located on the southern tip of Lake Kivu in Nyamasheke District of the Western Province, Kibogora District Hospital oversees nine sectors out of the 15 with an estimated population of 248,984 and serves 13 outlying Health centres.

The hospital is graded at level one with accreditation rated at 77 per cent, the facility has 269 beds and receives patients from Nyamasheke and neighbouring countries of the Democratic Republic of Congo and Burundi who seek specialised services like gastroscopy procedure and gynaeco-obstetrics services.

### HISTORY OF KIBOGORA HOSPITAL

The facility dates back in 1940 as a small dispensary established by missionaries Rev Frank Adamson and his wife Hazel Adamson. It became a hospital in 1963 with Dr. Esther Kuhn as its first Doctor and built the first patient ward with 35 bed capacity under Rev. Phil Kline in 1966.

In 1967, Dr. Floyd Hicks, Dorothy Orcutt R.N. and Dale Nitzsche initiated the surgery and gynaecology departments and the following year a theatre was built and maternity ward. The growth of the hospital, in both buildings and facilities, occurred in 1960's under Dr Al Snyder as the Medical Director, his efforts and vision is largely attributed to the hospital that we see today.

Currently, the hospital has 245 staff members including 15 doctors, 17 midwives, 73 nurses, 8 assistant nurses, 28 medical technicians, 8 health centres supervisors, 32 administrative personnel and about 64 cleaners.



Like all institutions in the country, Kibogora hospital was devastated by the Genocide against the Tutsi losing 15 of its personnel to the killings and lost a lot of equipments.

Following the devastation, the hospital was repaired and through efforts of Madam Sheila Etherington, a British missionary managed to restore the hospital and continues to oversee the operations of this medical facility.

**Examining staff members as part of occupational health program**

### SERVICE DELIVERY

The hospital has been instrumental in ensuring the South-Western parts of Rwanda is healthy, in the year 2015-2016 the hospital received



Kibogora Hospital

40,467 patients representing 16.3 per cent of the population in this region. Outpatients totalled to 27,311 while inpatients were 13,156; there were 2,665 surgeries and 2,500 registered births at the hospital. These statistics indicate that every doctor attended at least 2,698 patients while a nurse attended 554 patients showing the significant of the hospital towards the population.

An essential part of the life at Kibogora hospital is the services provided by the Social Affairs department and the Chaplaincy. These departments provide for the basic social and spiritual needs of patients and staff.

Services offered are similar to those of a district hospital including general medicine, surgery, paediatric, gynaecology, palliative care among others. Other services include Radiography, Laboratory, HIV Clinic Dentistry, Ophthalmology, physiotherapy and family planning services.

However, the hospital has some unique services that are not common in most hospitals like Occupational health where employees are examined every quarter to ensure that all personnel are healthy and Occupational therapy for patients who spend a long time at the hospital and are taught to do easy activities like basket weaving, decorating and painting.

The neonatology department at the hospital cares for infants and children with difficulties by following-up closely until they get better. There is VIP Services in case



Offering basic social and spiritual needs to patients



Occupational therapy



Neonatology

a patient requires special treatment and can choose his/her own doctor for treatment at any time. The hospital also has the Community program for elderly and handicapped.

Palliative care is another important service offered which targets to improve the quality of life of patients and their families facing problems associated with life-threatening illness through prevention and relief of suffering. The poor are catered for at the hospital through social services, mental healthcare and malnutrition services are as well provided. Finally the hospital supervises outlying health centres and carries-out sensitization and awareness campaigns to the residents of Nyamasheke.

## ACHIEVEMENTS

Kibogora hospital was successful in delivering quality healthcare to the people of Nyamasheke which is very significant in its undertakings but these services should be provided in a conducive environment and be known to the beneficiaries.

In partnership with different partners including the Ministry of Health, the District and other donors like Better Together were able to construct buildings for the hospital even though they are still lacking in regard to patients who seek services. Notable among those structures are; Laboratory, Mortuary, Ophthalmology with Dentistry block, modern Paediatric ward, Administration block that also houses ARV, VIP and the Clinique. The Pharmacy block was completed. One stop centre for gender based violence victims, an

Incinerator and the hospital built hostels for the staff.

The hospital acquired different



Administration Block, houses other departments



Laboratory



modern equipments namely; C.R System (Radiography), Endoscopy (Gastroscopy), Electronic Panoramic X-ray used in the dentistry department and washing machines.

## THE FUTURE

Although Kibogora was not selected as the provincial referral hospital, the facility has advanced and specialised services with modern equipments. The hospital plans to have an enhanced specialised services starting with dentistry which the hospital has already started to

promote. Equipments have dentistry are already been procured and there is a permanent dentist and with plans to build a dental clinic.

Ophthalmology is another focus department which has been raised while surgery department will be revised and upgraded to a higher level. The hospital seeks to upgrade other services gradually as means and resources are availed.

The architectural design of Kibogora hospital has been completed but so far only a paediatric ward with an international standard has been constructed. More buildings are planned like the maternity ward, Neonatology and a modern theatre. The facility will be built with standard buildings that are internationally recommended with matching equipments and personnel.

Kibogora hospital will continue to equip its personnel with on-job training skills for them to continue to deliver advanced and quality services.

Apart from the lack of modern buildings, the hospital still lacks enough ambulances to cater for Health centres, which is a big challenge while transporting patients or pregnant mothers to medical facilities.

Other challenges include; the accumulating debts from medical insurance 'Mutuelle' where the hospital is not paid on time, resources to expand the facility, housing for the doctors and procuring medicine since money is not paid on time.

Kibogora hospital aspires to advance further by raising the quality of healthcare build modern infrastructures, acquire qualified and specialised personnel and modern equipments.

**Pediatric Ward was built based on international standards**



# Murunda Hospital

## Enhanced reconstructive plastic surgery services



Built on Murunda hill in Rutsiro District, Murunda Hospital is the only hospital in the district and serves a population of about 325,000 and 18 health centres refer patients to this hospital. The hospital is located between Kibuye provincial hospital and Gisenyi, all the three are in the western province.

Dr Eugene Niringiyimana, the head of Murunda hospital underlined that, the facility was built at different times by different donors and is under Nyundo Diocese. The hospital mainly receives support from the Rwandan government, the German branch of the international organization Interplast that organises general and plastic surgery missions and the Belgian NGO Ingobyi that has been supporting Mother and Child Care since 2000.

Offering all medical services for a district hospital, Murunda hospital is popularly known to provide plastic



surgery services that are offered in partnership with a German organisation. This service helps a lot of people who are unable to go all the way to national referral hospitals in Kigali.

The reconstructive surgery help to repair, reshape and treat body parts that are affected by birth defects, developmental abnormalities, injuries, infections, tumors and other diseases.

Currently, the hospital has 138 beds

with an occupancy rate at 96 per cent. There are 10 medical doctors at the facility; midwives and nurses both at the hospital and at every health centre in its catchment area.

### SEVEN-YEAR ACHIEVEMENTS

In line with the seven year government program, Murunda hospital was able to improve both the services offered and infrastructure development. The number of doctors, qualified nurses and midwives was considerably increased and the capacity at health centres was also raised.

Sensitization and awareness in the district to acquire 'mituelle' medical insurances were conducted in collaboration with community health workers which increased access to medical services and revenues for the hospital.

Working closely with community health workers during this period helped to prevent and reduce new HIV infections to less than 1% among the population of Rutsiro district and have achieved targets in reducing maternal and infant mortality rates.

The hospital with joint collaboration with Rutsiro District leadership managed to rehabilitate seven health centres and completed new building in Karambi health post which got a new maternity ward and Kivumu acquired a new health post too.

Back in 2011, the hospital initiated a project to construct new buildings in collaboration with Nyundo diocese and Germany Interplast and today the construction works are estimated at 90 percent of finalization. The hospital through the government of Rwanda Support acquired new laboratory, mortuary and modern incinerator.

In the previous years the hospital used to face thunder challenges due to the geographical location but today, lightning protection systems to all hospital building installation is ongoing in collaboration with Rutsiro District leadership

Dr Eugene Niringiyimana envisions Murunda hospital to become an exemplary hospital even though located in the rural area but the hospital is overcoming most of its challenges like connectivity and acquiring new infrastructures, delivery of advanced medical services will be achieved.





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# Masaka Hospital:

## Providing healthcare solutions for patients

A few kilometres from the centre of the City of Kigali lies Masaka hospital, a district modern health facility for Kicukiro District. The hospital was constructed by the government of Rwanda in partnership with the government of the People's Republic of China aimed at serving a big community with quality health services. It also serves as a referral hospital for outlying health centres in the district.

According to Dr Uwizeye Marcel, the director of Masaka hospital, "the facility was built in 2011

with a mission of providing quality healthcare to residents of Kicukiro district and the neighbourhood.

"Before, the facility was established patients would walk long distances seeking medical services, but today the services have been brought closer to them to avoid patients walking long distances and delay in consultation, the hospital now has ten health centres and four health posts to ensure patients get medical services easily.



Besides, there are health community workers that work closely with patients in the community which supports the work of the hospital in ensuring a healthy community and they are regularly mentored by experts from the hospital and health centres under the hospital supervision.

Since the introduction of health community workers at the community level, there has been a lot of sensitization

**Dr Uwizeye Marcel, the director of Masaka hospital**

on the prevention of diseases especially malaria and with the quality improvement made due to accreditation process in international medical standards, Masaka hospital qualified among the best hospitals in the country as indicated in the last December's assessment.

During the six years of existence, the facility now boasts of a modern health technology and modern infrastructures. The hospital has been able to expand through infrastructural development including a modern laboratory that was constructed. Other facilities include X-ray, laboratory, HIV/AIDS testing and treatment facilities, dentistry, ophthalmology, physiotherapy and a mortuary.

Some of the services provided at the hospital include; general medicine, GBV, paediatric, maternity, mental disease treatment, surgery, AIDs testing, Tuberculosis and neonatal services, with robust outpatients departments, and family planning clinics.



*Some of the services provided at the hospital include; general medicine, GBV, paediatric, maternity, mental disease treatment, surgery, AIDs testing, Tuberculosis and neonatal services, with robust outpatients departments, and family planning clinics.*



# Kibagabaga Hospital

## Ensuring healthy Kigali residents



Premature rest and Malformation wards

Kibagabaga Hospital was established and began operations in October 2006, experiencing an unprecedented growth to serve a zone with a population of 701,047 Rwandans, this' equivalent to 60 per cent of more than a million inhabitants in the City of Kigali City, in addition to patients from other Provinces.

The Director of the Hospital, Dr Avite Mutaganzwa said, the hospital has 16 health Centres, that help to serve citizens and the facility in particular has 225 beds, whose utilisation rate is between 80 – 98 per cent.

According to Dr Mutaganzwa, the hospital was constructed like most of district hospitals with various services intended to provide healthcare to citizens. These are efforts by the Government of Rwanda which cares for its citizens and wants to uplift the welfare and healthcare services hence efforts to invest in the facility and this has apparently led to decline of diseases and epidemics.



The Director of the Hospital, Dr Avite Mutaganzwa

### EXCELLENT SERVICE DELIVERY

Kibagabaga Hospital receives between 180 and 200 patients on a daily basis who seek various services offered including some special medical services that you can't be found in other District hospitals.

Among the extra services, there are programs of caring for patients with chronic tuberculosis, where patients are provided a special facility because the disease takes long to heal and for the purpose of preventing the infection of others.

The hospital has special services for incurable diseases like cancer, serious injuries treated through palliative care to lessen pain and many others. Working with partners from the United States of America since 2010, the hospital has treated fistula free of charge conducting 692 successful surgeries on women from across the country.

Dr Mutaganzwa notes that, this is a noble act to help these women, who get the problem while delivering at home, or else those who delay to deliver; thus forcing the bladder to get injured.

Kibagabaga Hospital also cares for people living with HIV/AIDS, and has the capacity to receive a big number of patients.

### INCREASED CAPACITY

Kibagabaga Hospital started as a small medical facility but has raised its capacity including human resources of its different departments. Today, there are 25 doctors and enough nurses who receive regular trainings.

There are two ambulances donated by Ministry of Health while others are stationed at health centres to easy transport of patients. The introduction of MI machine raised the capacity of the Kibagabaga, currently about 50 pregnant women can get scans per day helping to know their health status, for unborn babies and their sexes.

The hospital also completed a new laboratory equipped with modern equipment that is able to detect almost all diseases. The completion of Isange One Stop Centre ensured the hospital no longer worries how to care for those affected by gender based violence.

Dr. Mutaganzwa says, his facility has a water plant which recycles and treats water ensuring that Kibagabaga neighbourhood is not affected by waste from the hospital.



Isange One Stop Center



Kibagabaga Hospital Laboratory



Blood machine



Hospital's Ambulance



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# Rutongo Hospital

## Evolution to medical excellence

### VISION

Rutongo hospital is committed to be leader in provision of high quality and safe health care services to meet health care needs of our population, build on foundation of knowledge, and our core values in collaboration with our stakeholders in accordance with established norms and standards.

### MISSION

The mission of Rutongo hospital is to provide quality health care services to our population, ensure technical supervision of health centres in our catchment area, promote preventive health services, contribute to health profession development, commit to best practice, and build effective communication network.

Rutongo District Hospital is located in Mugote cell, Riryi village, Ngoma sector, Rulindo District which is in Northern Province, in 21 km from Karuma. It is one of the most ancient hospitals of Rwanda constructed in 1938 by SOMUKI (société Ige d'exploitation des mines) for its personnel.

The hospital supervises 13 Health centres located in its catchment that serves a population of 172,346 inhabitants; the facility



Karangwa Fabien, the Hospital Manager

*Rutongo has a long list of services offered and starting with Clinical services they include; Gynaecology and obstetrics, Internal medicine, Paediatrics and Surgical services.*

has bed capacity of 78 and the Bed Occupation Rate of 75.6 per cent.

From its humble background as a small medical facility that only cared for personnel of a mining company, Rutongo Hospital was upgraded by the Government of Rwanda to a District Hospital and constructed new buildings.

Karangwa Fabien, the Hospital Manager says, the main goal of the hospital is to provide and continually improve the health services of Rulindo population

through the provision of preventive, curative and rehabilitative health care thereby contributing to the reduction of poverty and enhancing the general well being of the population.

Rutongo Hospital was positioned as a more accessible to the residents of Rulindo District, who before its completion some patients would trek to Kibagabaga or Kacyiru Hospitals of Gasabo District in the City of Kigali to seek medical services.

According to the Hospital Manager, Rutongo Hospital prioritises preventive healthcare, going further where they even go down to peoples home so that they can treat patients. This is achieved in collaboration with the 13 Health centres in the hospital catchment area and the health community workers.

Although much has been achieved, there remain challenges that impede service delivery namely, the lack of space resulting from insufficient buildings such as internal medicine, laboratory, and isolation room. The hospital also lacks a kitchen, staff hostels, maintenance workshop and staff canteen. A corridor linking all buildings is still lacking, water scarcity and the poor road infrastructure to the hospital.

### SERVICES

Like most of the District Hospitals in the country, Rutongo has a long list of services offered and starting with Clinical services they include; Gynaecology and obstetrics, Internal medicine, Paediatrics and





Surgical services.

The allied health services are; Medical imaging, Dentistry, Physiotherapy, Ophthalmologic services, OPD, Emergency, Neonatology, Laboratory, NCDs, Mental health, Nutrition, GBV, Social service, One stop TB, Isolation, Anaesthesia, Reproductive health, Environmental health and Health centre, Coaching. While supportive services include Pharmacy, ARVs and administration services.

Going by the seven year program of the government, in Rutongo Hospital's catchment area, various



Health centres were renovated and new ones constructed. The construction of new Health centres of Burega, Cyianza and Rubangu has significantly increased access to primary health services for many.

Another development landmark was the enhancement of human resources comparing to the last seven years at Rutongo Hospital, there were barely 40 staff members but today there are 105 staff members, including doctors.

The increase of personnel was proportional to the medical team which now has 10 Doctors and this has increased service delivery.

To achievements realised by Rutongo Hospital were only possible through the intervention and partnership with different partners, notable among them is the Government of Rwanda through the Ministry of Health (MOH), Rwanda Biomedical Centre (RBC/SPIU), Rulindo District, Global Fund (GF), CDC/COAG and Vision for nation.

## ACHIEVEMENTS

Rutongo Hospital has registered immense achievements mainly with acquiring infrastructures to house the hospital. The acquisition of new modern buildings was followed by equipments that are in-line with a modern hospital. Raising the capacity was spread at all levels, for instance the number of vehicles used for transport increased significantly to eight vehicles at the hospital with five serving as ambulances while three are used for other support activities.





# Ruli Hospital

## advance treatment of children with birth defects



Dr. Kaneza Deogratias, Director of Ruli Hospital

Ruli Hospital is located in Baliza, Ruli Sector in Gakenke District, the facility was built in 1988 by Dominican Sisters and started to operate since 1995.

The hospital serves 109,897 people and works with nine health centres of Gakenke and other six in Rulindo, Kamonyi and Muhanga districts even though they are not in its boundaries.

The facility has 126 personnel including 10 doctors and 184 sick beds used at an average level of 70% per year.

Ruli district hospital delivers all medical services like those found in other district hospitals namely; paediatrics, maternal services, and neonatology services among others.

Among its uniqueness; Ruli hospital has a specialist doctor “Paediatric surgeon” who operates children with different birth defects like hydrocephalus, which can be defined as a disturbance of cerebrospinal fluid formation, flow, or absorption, leading to an increase in volume occupied by this fluid in the central nervous system; ano-rectal anomalies like an imperforated anus in children who have no opening for the anus and others like Hirschsprung’s disease, hypospadias, Cryptorchidism, cleft palate, cleft lip.

The hospital offers dental services with ability to make artificial teeth and

to replace the missing ones. There is a modern ophthalmology clinic which helps Patients with eye problems using modern equipments, and trained personnel who are capable to make eye glasses with different sizes of lenses.

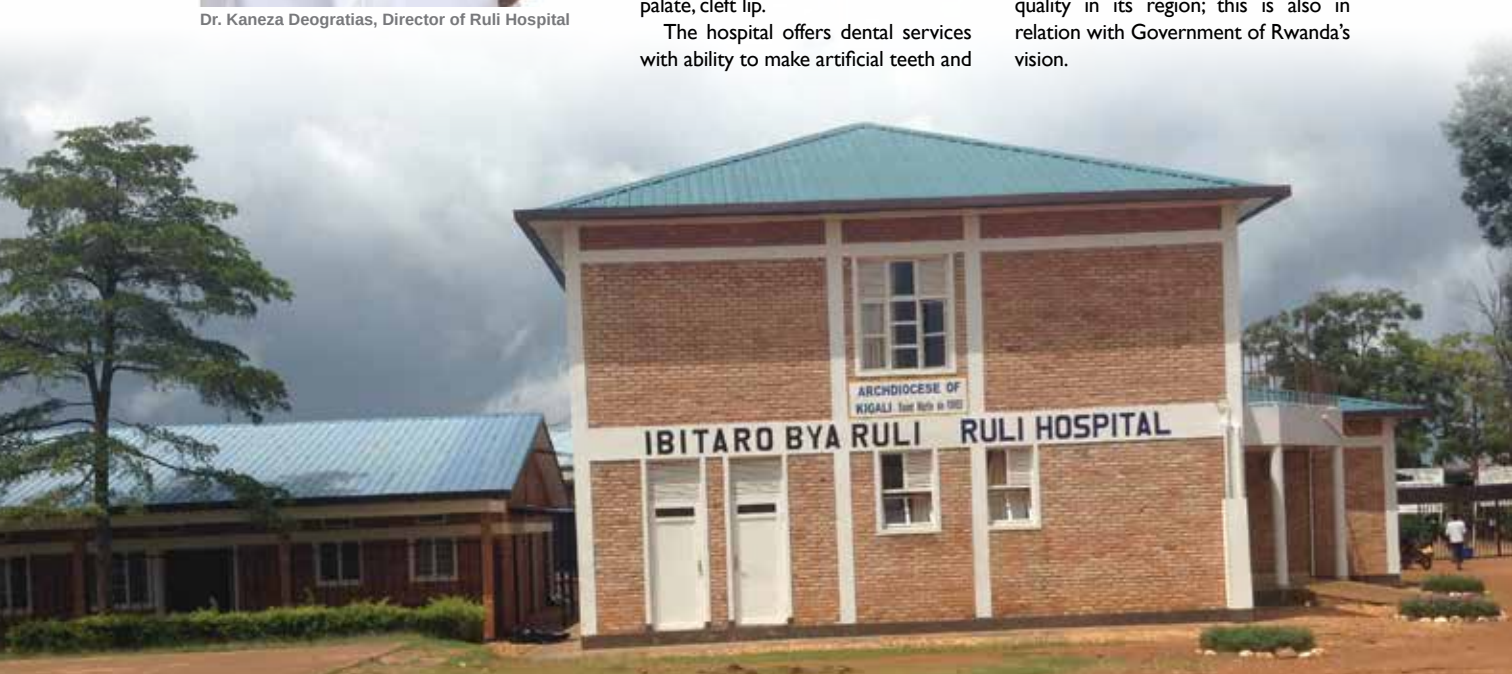
Due to the geographical conditions of the region, the hospital built a maternity waiting home in order to help women from remote areas to be housed and have access to Health care services while waiting to give birth. This service has helped pregnant women from far away areas and led to the reduction prenatal and maternal mortality due to long distances undertaken by women while travelling to the hospital to give birth.

The hospital thanks the Government of Rwanda for the ongoing rehabilitation of the road that posed a challenge in last years back.

In partnership with the community health workers and local leaders, the hospital has increased the awareness of different programs that aims at protecting maternal and infant health. Giving birth at hospitals has been raised to 98 per cent, following up on development of children under five years is at 99.28 per cent and improved nutrition to 98.15 per cent.

The delivery of services was raised at Ruli hospital with the implementation of patient-to-doctor appointments, in this system the health centres schedule appointments for patients to meet a doctor using their telephones and this ensures that patients are examined and treated on time without queuing.

As the hospital keeps on developing, it has a vision to be the leader in delivering quick services with high quality in its region; this is also in relation with Government of Rwanda’s vision.





# Kinihira Hospital

## Aspiring to become specialized provincial hospital



Located in Rulindo District in the Northern Province, Kinihira hospital was established in September 2012 as a gift from President Paul Kagame following requests from residents who lacked a medical facility in the area and would travel long distances to get medical services.

In its early days, the facility received fewer patients but today the turn-up has been continuous since it now serves about eight Health centres and a referral to the Northern Province. Meaning that, patients with complicated cases should be transferred to Kinihira from other District Hospitals in the Northern Province.

Kinihira hospital delivers different medical services including internal medicine services, ophthalmology services, paediatrics, Gynaecology and Surgery services among others. The hospital also works with other hospitals in the Northern Province to operate on people with difficulties like cataracts in eyes, pregnant women and others in need surgery services.

The hospital has sustained the fight against diseases by an approach through community healthcare services. Kinihira hospital takes medical services closer to the people by selecting a suitable location with a big number of patients and treats them without waiting for an increased numbers to be transferred to the hospital.



Dr Gilbert Uwizeyimana, the Director of Kinihira Hospital

Due to challenges of geographical accessibility of the hospital that impedes pregnant women to do regular checkups, every Wednesday the hospital sends a doctor, midwife, a nurse and a cashier to one strategically located

health centre. This medical team is able to carry out checkups to all pregnant women in the area and operates some kind of a mobile clinic that is equipped with echography. Extending healthcare services closer to the communities has raised the numbers of population who access them, for instance prenatal tests increased significantly from 21% to 83% in one year.

Dr Gilbert Uwizeyimana, the Director of Kinihira Hospital applauded the role played by community health workers in improving and extending medical services to the people. As a mountainous region, the sick and pregnant mothers are the most affected but community health worker bear the burden to deliver medical services to those who seek them in their homes.

The hospital has also trained home based care practitioners who help people living with incurable or non-communicable diseases to provide them palliative care and is supporting community health workers in different activities.

As a modern medical centre, Kinihira Hospital has grown into a Provincial Referral of Northern region and is aspiring to become a specialised provincial and referral hospital at the country level to continue extending enhanced services to Rwandans.

The administration of Kinihira Hospital is grateful to the President of the Republic of Rwanda Paul Kagame who gave the people of Rulindo a medical facility of its magnitude at the Ministry of Health for having played its part in ensuring that now Kinihira Hospital is functional with advanced medical services.



# Nemba Hospital

Determined to become a well-liked medical facility



Nemba Hospital was established in 1974, with support from Medicus Mundi Navarra (Spain) under Fathers of FIDEU DE NUM community initiative. The facility is built on Cyahafi hill, in Mucaca of Nemba Sector in Gakenke District, Northern Province.

The facility kicked off operations with only four services including internal medicine, laboratory, outpatient and maternity supported by 20 staff members including one medical doctor, three nurses, one auxiliary health and other support staff.

Among the two hospitals in Gakenke District, Nemba hospital belongs to the Catholic Church, Diocese of Ruhengeri. It has grown from having one doctor and now boasts 148 staff members including eight doctors, 70 nurses and midwives with a capacity of 183 beds.

## MISSION

Nemba District Hospital mission is to provide to the population a continuous preventive, rehabilitative and curative

quality care, to strengthen the capacity of the staff, promote research and innovation in order to contribute to the reduction of poverty and improve the wellbeing of the population.

## VISION

Nemba District Hospital is determined to become a well-liked hospital characterized by a good population with a healthy life, good maternal and child health, absence of malnutrition among children under 5-years of age, a population conscious and active in the fight against communicable and non communicable diseases. It would like to be an excellent hospital with high quality of service delivered by competent and sufficient staff using modern and safety equipment. Strengthen leadership and management of resources (Human, material and finance) and mentorship of Health Centers of district hospital catchment area, with an excellent customer service.

## CATCHMENT AREA AND POPULATION SERVED

Nemba Hospital has 14 health centers and 10 health posts in its catchment area, located in 13 administrative sectors of Busengo, Kivuruga, Cyabingo, Mugunga, Janja, Karambo, Mataba, Nemba, Gakenke, Kamubuga, Rusasa Muzo and Gashenyi.

With these health facilities, Nemba Hospital serves an estimated population of 250,168 habitants of Gakenke District but given the location of the facility it also serves a significant population of Burera and Rulindo Districts.

According to Dr Jean Baptiste Habimana, to cater for the wider population the hospital works with community health workers, in this zone there are 1,248 CHWs. The hospital also has partners to support its different programmes namely; the Ministry of Health, Medicus Mundi Navarra (from Spain), Matress mundi, Access Project, Freud Hollow Foundation, Health Builders Project.

The hospital has the following services: Administration, Pharmacy, Outpatient, Emergency services, Internal medicine, Pediatrics, Surgery, Ophthalmology, Dentistry, Imaging services, Maternity, Neonatology, Physiotherapy, Mental health, Nutrition, HIV, Laboratory, Gender Based Violence (GBV), Social Service, and Monitoring and Evaluation (including Supervision of Health Centres).





# Ngarama Hospital

## Prioritizing delivery of quality services



Dr. Christophe Ruhara,  
the Director of Ngarama Hospital

Located in the Eastern Province, Gatsibo District, Ngarama hospital was established in 1980; during that time there was neither electricity nor doctors but with only nurses. During the genocide against Tutsis, the hospital was looted and destroyed.

It was after 1994 that rehabilitation works by the Ministry of Health in partnership with different partners including UNHCR, Impact Rwanda, European Union, Global Fund and EGPAF gave the hospital a new breath of air and turned into a district hospital where it supervises eight health centres including one at Nyabiheke refugee camp.

According to Dr. Christophe Ruhara, the Director of Ngarama Hospital, different infrastructures especially buildings were expanded where they have managed to build a modern laboratory, emergency room, Tuberculosis treatment room, mortuary, Isange one stop centre and incinerator.

Electricity as a catalyst for development was given to Ngarama hospital as a response to hindrance towards service delivery. When the President of the Republic Paul Kagame visited Gatsibo district in 2010, he promised electricity connectivity to the facility which was delivered to the hospital and other citizens in the region, access to electricity has since changed people's lives for the better.

### INCREASE IN EQUIPMENT INTRODUCE NEW SERVICES

Access to electricity improved significantly the delivery of service at Ngarama hospital because electricity powered machines were introduced unlike before, the facility is now able to diagnose and treat patients using modern equipments.

The use of modern equipments has improved healthcare, for instance there are three echography machines for prenatal tests

among pregnant women in the area. These machines have improved services like childcare to premature births and a decline in infant mortality showing good progress with a trend likely to go down to zero per cent.

The medical capability was grown from four doctors at the hospital in 2007 to 13 today and the number of personnel to other departments were also increased.

Shortly after the devastation left by the genocide against the Tutsi, the hospital was left with no vehicle to help run different activities but currently there are five vehicles including ambulances and the roads leading to the hospital were rehabilitated.

In line with improving service delivery, the waiting time spent by patients for results was cut due to the introduction of equipments like radiography and SELECTRA which are effective and efficient.

The hospital offers dental treatment, kenesitherapy, services to people affected with gender based violence and palliative care to patients of non-communicable diseases among others.

The Director of Ngarama Hospital says that their facility is now able to raise revenue from the services to run the hospital. In the last four years, records show that revenues increased four times the previous revenue due to the increase in health insurance subscriptions.

Dr. Ruhara credits the achievements to good governance and prioritizing people's welfare. He is grateful to President Paul Kagame for honouring his promises to citizens. "We were connected to electricity promised by the President and this has solved most of our problems."

The administration of the hospital also applauded the support of the Ministry of Health that works closely with the hospital in ensuring that their needs are met, providing all required equipment that increases the performance of Ngarama Hospital.





# Tackling Health Problems in Rwanda



*Dr. Vince Sinining at the 2000 World Summit, United Nations, New York.*

**By Vince Sinining**

In 2000, World Leaders came together at the UN Headquarters in New York adopted the United Nations Millennium Declaration, obliging their nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets to be achieved in 2015, called the Millennium Development Goals (MDGs).

MDGs were the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions: income, poverty, hunger, disease, lack of adequate shelter, and exclusion while promoting gender equality, education, and environmental sustainability.

In 2005, more than one hundred seventy (170) leaders gathered in New York for the World Summit. It was a once-in-a-generation opportunity to take bold decisions in the areas of development, security, human rights and reform of the United Nations. A set of proposals were outlined in March 2005 by Secretary-General Kofi Annan in his report "In Larger Freedom."

In 2008, representatives from governments, foundations, businesses and civil society groups rallied around the call to action to slash poverty, hunger and disease by 2015. World leaders came together for a High Level meeting for the new commitments to meet the MDGs. In this gathering, the UN generated an estimated \$16 billion, including some \$1.6 billion to bolster food security, more than \$4.5 billion for education and \$3 billion to combat malaria.

In 2010, world leaders met again at the UN in New York for the MDG Summit

and adopted a global action plan "Keeping the Promise: United to Achieve the Millennium Development Goals." In this meeting, a number of initiatives were adopted against poverty, hunger and disease. In a major push to accelerate progress on women's and children's health, member states generated a pledge of over \$40 billion.

In all of those meetings, as a senior advisor and representative to select member states, I have been fortunate to be part of the debates, discussions, and decisions made. The MDGs was hailed then as 'the most successful anti-poverty movement in history'. 2015 came, the year we set out our targets to be achieved and many of us who were part of the history of MDGs asked ourselves what progress had been made on each of the goals that we all worked so hard to come up with. The MDGs have targeted eight key areas – poverty, education, gender equality, child mortality, maternal health, disease, the environment and global partnership. Each goal is supported by 21 specific targets and more than 60 indicators.

On health issues, official reports indicated that that child mortality rate had reduced by more than half (MDG 4: The target was a drop of two-thirds). The global maternal mortality ratio had fallen by nearly half (MDG 5: Target was a reduction of two thirds). HIV infections fell by around 40% (MDG 6: Halting and reversing HIV/Aids has not been met). On access to drinking water, some 2.6 billion people have gained access to improved drinking water since 1990 (MDG 7: The target of halving the proportion of people without access to improved sources of water was achieved in 2010 – five years ahead of schedule).



*Dr. Vince Sinining, visiting schools in the Southern Province.*

## Health Issues and Progress in Rwanda

In 2016, I came to Rwanda, awed by its beauty and serenity, and the gentle smiles of the people in every corner I visited. However, within six (6) months that I lived here, I was sent to the hospital four times, diagnosed with Malaria. I was worried. But the malaria that worries me did not stop me from calling Rwanda my home and to continue my contribution of educating the future generation of leaders. With more than 1.2 million cases of malaria and over 7,000 cases of tuberculosis in 2009, this is a big challenge for the Ministry of Health to tackle. Reports indicate that in 2005, 477,000 people died because of malaria. In 2012, the number was reduced to 11,450. The progress made in tackling malaria was attributed to the government's efforts in various malaria prevention strategies such as bed net distribution, education campaigns, and community mobilization.

On HIV/AIDS health issue, the United Nations Children's Agency (UNICEF) reported that 690,000 children in Rwanda were without one or both of their parents. Deaths of parents due to the disease are an added burden to the number of orphans caused by the Genocide against the Tutsi. Official reports have indicated that Rwanda is one of only two countries in sub-Saharan Africa to achieve the United Nations goal of universal access to antiretroviral therapy (ARVs). The World Bank has been supporting Rwanda to combat HIV/AIDS. The grant -- given through the Rwanda HIV/AIDS Multi-Sectoral Project -- is part of the Africa HIV/AIDS Multi-Country Action Program. The epidemic has remained at a prevalence of about 3%.

On malnutrition, I had the opportunity to visit schools around the country in the last six months I have been living here. In Districts outside of Kigali, most of the people are living below the poverty line and malnutrition is a common scene among children. On tackling malnutrition among the poor, the government set up the "Girinka – One Cow Per Family" program that gives poor families a cow. Its milk helps improve the children's nutrition and the same cow produces manure for the vegetable garden around the house.

On medical personnel, the World Health Organization reported that in 2000-2010, two hundred twenty one physicians were registered working in Rwanda. This shows a severe shortage of trained medical staff although new statistics may have shown improvement. To fill the gaps on shortages of medical personnel, the government has invested significant resources in pre-service training institutes. Noticeably, the Kigali Health Institute was established charged principally with training nurses and technicians.



*Dr. Vince Sinining visiting schools and observing classroom instructions.*

On tackling the health care system in Rwanda, the government has made remarkable progress implementing a Universal Health Care system that is considered to have one of the highest quality health systems in Africa. "Mutuelles de Santé" is a community-based health insurance scheme, in which residents of a particular area pay premiums into a local health fund, and can draw from it when in need of medical care. Premiums are paid according to a sliding scale, with the poorest members of society entitled to use the service for free, while the wealthiest pay the highest premiums and are charged co-pays for treatment. Rwanda is highly commended for its progress in rebuilding its health system. 96 per cent of children in the country are now fully immunized. People's use of basic health services increased and the HIV/AIDS epidemic is contained. Enrollment in community based health insurance schemes has also dramatically increased.

On 'Vision 2020' strategy, the nation hopes to transform itself into a middle-income nation, decreasing levels of extreme poverty from 60% of the population to 25% and raising life expectancy to 65 years. With the way, Rwanda is moving forward, it will not be a surprise that the nation will be ahead of others in Africa in meeting its targets.

**Vince Sinining is a Professor of Sustainable Development and currently serves as Vice-Chancellor of Mahatma Gandhi University. He serves as a Senior Advisor on Sustainable Development to select member states at the United Nations in New York since 1996.**



OPINION:

# Powering Africa's Transformation



*Carlos Lopes*



*Aliko Dangote*



*Tony Elumelu*

*By Carlos Lopes,  
Tony Elumelu, and  
Aliko Dangote*

CAPE TOWN/LAGOS – Africa has a bright future ahead of it. Productivity and growth will improve as African economies continue to place more emphasis on services and manufacturing, pursue commodity production, and achieve quick gains in agriculture and light industry.

But African countries' success presupposes that they generate and manage energy sustainably to keep up with increasing demand. In the next 35 years, Africa's population will continue to rise, with a projected 800 million people across the continent moving to cities. And Africans are already disproportionately exposed to the adverse effects of climate change, even though they are collectively responsible for less than 4% of global greenhouse-gas emissions.

Urban areas will have to reduce environmental stresses by promoting low-car-

bon energy systems, electric mass transportation, and energy-efficiency initiatives, as well as the use of cleaner cooking fuels. And rural areas can create new opportunities that reduce the need for urban migration, by expanding renewable energy systems and energy access.

But even with these measures, providing enough energy for a modern, inclusive economy will not be easy. Africa already experiences frequent power outages, even though more than 600 million people there do not have access to electricity, and current demand is relatively modest.

To avoid the harmful spillover effects of high-carbon economic growth, Africa will have to undergo a "climate smart" energy revolution. African countries will need to build climate-resilient infrastructure and tap into the continent's abundant

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African countries can now combine energy sources to adapt to realities on the ground. Unlike in past decades, they no longer need be tied to a single energy source.

And, because much of Africa's energy infrastructure remains to be built, governments have a chance to get their energy and infrastructure policies right the first time, thereby maximizing returns on investment.

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renewable-energy resources. Doing so will broaden access to energy, create green jobs, reduce environmental pollution, and enhance energy security by diversifying sources.

At the same time, Africa's energy revolution will itself be challenged by some of the worst effects of climate change. For example, as rainfall becomes more erratic, hydropower production and revenues may decline. This risk can be managed by modifying existing investment plans to account for large climate swings. Still, for the region to adapt, the United Nations Environment Programme estimates that it will need annual investments of about \$7-15 billion by 2020, and \$50 billion by 2050.

Rather than treating new climate-related risks as hurdles to overcome, we should view them as opportunities for investment and innovation. We are standing on the threshold of an exciting new era in which technological progress allows us to use a range of conventional and unconventional energy options (excluding nuclear energy).

African countries can now combine energy sources to adapt to realities on the ground. Unlike in past decades, they no longer need be tied to a single energy source. And, because much of Africa's energy infrastructure remains to be built, governments have a chance to get their energy and infrastructure policies right the first time, thereby maximizing returns on investment.

Policymakers should take a few key steps to help transform Africa's energy sector and boost long-term eco-

nom ic growth. For starters, making it easier, safer, and more financially attractive for private investors to enter power markets would boost competition, thereby spurring innovation and lowering costs. Moreover, African countries should seek opportunities to share infrastructure and create cross-border power pools.

Another important step is to invest in renewable energy. Africa has an exceptionally rich portfolio of clean-energy assets, including almost nine terawatts of solar capacity, more than 350 gigawatts of hydropower capacity, and more than 100 GW of wind-power potential. This is more than enough to meet the continent's future demand.

At the same time, renewable-energy sources are becoming less expensive, making them increasingly competitive with fossil-fuel alternatives. For example, the price of utility-scale photovoltaic solar energy in Africa fell by 50% between 2010 and 2014, and continues to decrease today. And South Africa's Renewable Energy Independent Power Producer Procurement Programme has seen an overall decline in bid prices and oversubscription rates.

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Africa has a chance to bring hundreds of millions of people without electricity into the modern economy; and we have an opportunity to pioneer the next investment frontier. Getting Africa's energy transformation right, by pursuing a mix of policies and investments that boost diversity and strengthen resilience, will ensure a brighter future for us all.

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Innovative off-grid and mini-grid electricity-distribution systems, meanwhile, are already transforming Africa's energy landscape and multiplying the ways to exploit clean-energy sources and expand electricity access for the poor, particularly in areas where consumers are widely dispersed. Companies such as M-kopa and Mobisol have made small solar-energy systems available to thousands of African homes, by allowing their customers to pay in installments on their mobile devices.

Still, to accelerate a market shift on the scale that Africa needs will require increased financing from export credit agencies, development banks, commercial financial institutions, and other cross-border sources.

Africa has a chance to bring hundreds of millions of people without electricity into the modern economy; and we have an opportunity to pioneer the next investment frontier. Getting Africa's energy transformation right, by pursuing a mix of policies and investments that boost diversity and strengthen resilience, will ensure a brighter future for us all.

**Carlos Lopes** is a Professor at the University of Cape Town and a Visiting Fellow at the Oxford Martin School, University of Oxford. **Tony Elumelu** is Chairman of Heirs Holdings and United Bank for Africa (UBA), founder of the Tony Elumelu Foundation, and Co-Founder of the African Energy Leaders Group. **Aliko Dangote** is the owner of the Dangote Group and Co-Founder of the African Energy Leaders Group.

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# Tech Review:

# Smartwatch



For over \$370 you can own the smartwatch which is the ultimate smartphone accessory. It can tell the time, of course, but it can also beam important notifications straight to your wrist, and run native apps.

Not so common in Rwanda or in most African countries, smartwatches are impressive in that many of today's best models can also perform a ton of novel tricks, such as enabling you to search the internet with your voice, tracking your exercise over GPS, and letting you check-out at the grocery store without reaching for your wallet, of course common in developed nations.

Like the LG Watch Sport is the smartwatch to beat right now simply because it's a full-featured fitness tracker wrapped in a smartwatch running Android Wear 2.0. While other smartwatches can do "fitness tracking" that just amounts to logging runs and calories burned, this watch tracks your all-important strength training, too.

It's also one of the few smartwatches that supports an LTE connection, meaning, if you pop a SIM card into the back of the watch, it can make and receive calls and data – without your smartphone nearby.

Most of these gadgets are water-resistant, which means they are more durable than most of other electronics.



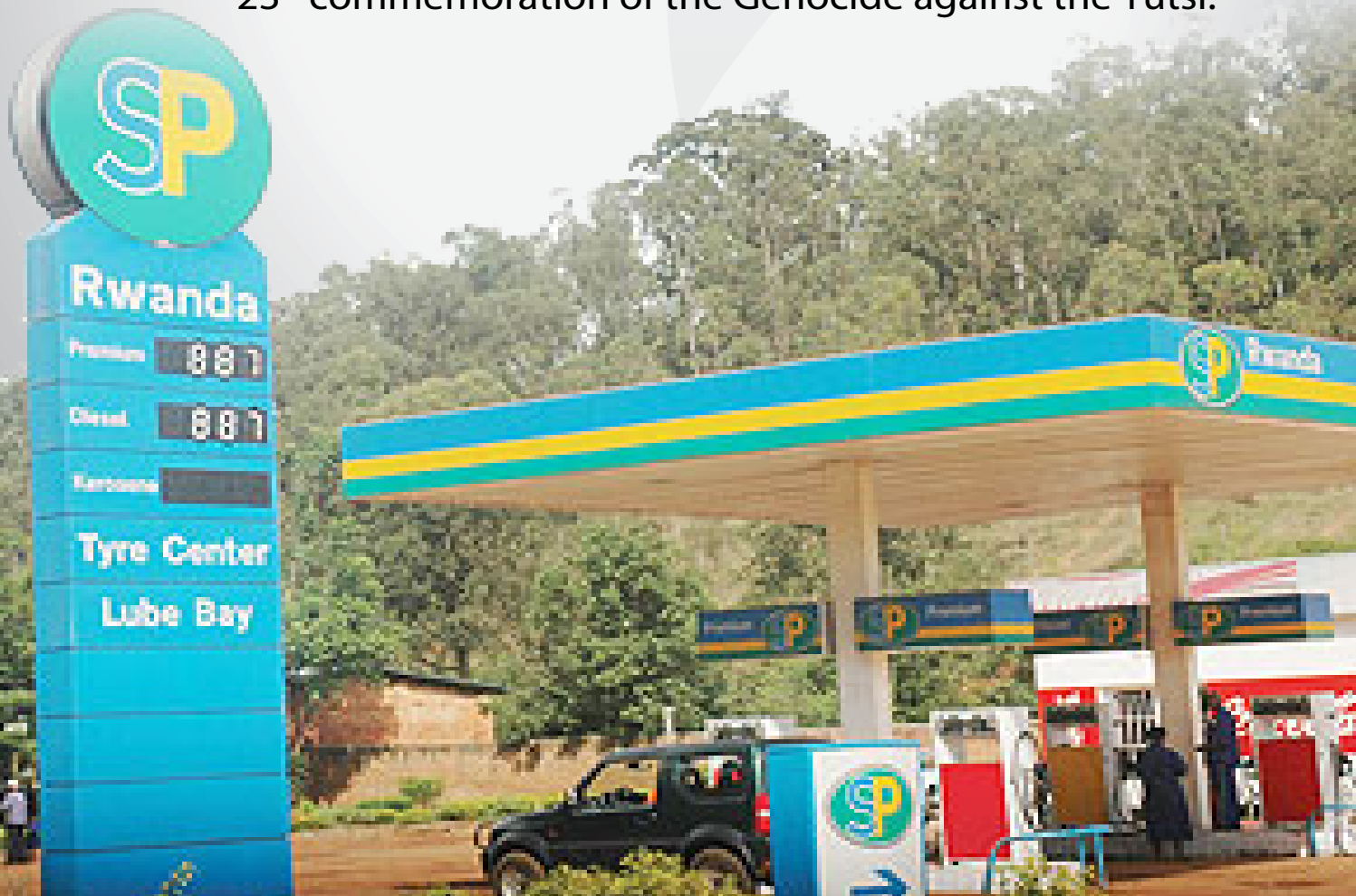
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