

Each is divided Departments and functional units

Ambulatory services: General Outpatients Department, Specialized outpatients' services like Ophthalmology, Dentistry, NCDs, PDC,HIV clinic, Mental health, Isange One stop center

Inpatient services

Internal medicine: General hospitalization for males and females with medical conditions
Isolation for infectious diseases

Surgery: General hospitalization for males and females with surgical conditions, Major surgeries, Minor surgeries

Pediatrics : General hospitalization for sick children

Neonatology: High dependency newborns care (incubation) unit, Hospitalization for sick newborns

Nutrition service: Hospitalization for sick children with malnutrition nutrition Demonstration unit

Maternity ward: Hospitalization, Normal Delivery, Abnormal delivery including cesarean etc. Antenatal care

Emergency services: Medical Emergencies unit, surgical emergencies and trauma unit

SUPPORT SERVICES

- Laboratory: with sample collection, microbiology, hematology, immuno-serology, and TB units
- Medical Imaging: X-ray, Ultrasound
- Medical records
- Pharmacy
- Functional rehabilitation rehabilitation (Physiotherapy)
- Laundry
- Kitchen

Each department and service has a set of general and specific policies and procedures describing the objectives of the department/services, care provided, as well as a description of organization of the services and staffing requirements

CURRENT SITUATION

Now the hospital have the capacity to host 147 in the hospital refer to the number of beds the hospital has, but the average is 562 the patients monthly in the hospital and 1457 outpatient clients. the hospital have 4 doctors specialist and 12 medical Doctors (Generalist) Nurses 67 and 12 midwives, the hospital have 6 Lab technicians and 1 dentist, other allied health professionals are 20 and administrative and support personnel are 36 persons.

Health promotion Activities

- Communication for Behavior Change (CCC) to patients and their families.
- Psychosocial support.
- Nutrition education and demonstration
- Reference Consultation high-risk pregnancies
- Family planning: All methods (LAM or LAM, SDM, oral and injectable contraceptives, installation and removal of implants or IUDs, tubal ligation and vasectomy) and management of referrals for complications of family planning.
- Holistic management of Gender based violence cases (medico-psycho-social)

Preventive activities

- Immunization
- Post exposure prophylaxis of HIV

Curative activities

- Referred outpatients consultations at hospital and health centers outreach (general consultations, Psychiatric, Ophthalmology, and NCDs Follow up consultations)
- Infectious diseases care (HIV, TB, Hepatitis)
- Support for medical emergencies
- Support for surgical emergencies

- Care to GBV victims
- Support for abnormal deliveries

The facility serves the population of the southern part of Kayonza District, one of the seven Districts constituting the Eastern Province of the Republic of Rwanda. Geographically, the relief of Kayonza District is made of many hills and slopes whose altitude varies between 1400 and 1600 m.

The relief is characterized by the plates at broad tops and the hills with soft slopes except in the East where one finds some slopes stiff and stony. It is also situated in the wet tropical climate area with an alternation of two wet seasons one between March and June, and the second from September to December and two dry seasons one from June to September another from January to March. The annual average pluviometer varies generally between 1000 mm and 1200 mm, with March and April receiving more precipitation. However, rainfalls is inconsistent with frequent droughts with seasonal higher rates of child malnutrition due to decreased food production

The recorded annual average temperature lies between 18°C and 26°C.

The hydrographical network of the District is relatively dense and is primarily made by a multitude of small interior lakes. Kayonza district also has many vast swamps that altogether make it prone to high morbidity of malaria. However provided its relatively few rivers than other parts of the country water scarcity during dry seasons may be notable with high risk of diarrheal diseases

1.2. HISTORICAL BACKGROUND

• THE ORIGIN AND FOUNDER

After the end of the First World War, Belgium sent a geological mission led by Chanone A. Salée of the University of Louvain to carry out geological mapping of Rwanda, Burundi and Kivu Province (Biryabarema, pers. comm.). This was done between 1922 and 1928 and resulted in a geologic map of Rwanda and neighbouring regions of Uganda and Tanganyika at a scale of 1/500,000. Cassiterite was discovered for the first time in the Eastern Rwanda and in Gatumba and the mining activity started in 1930's dominated by Belgian companies such as MINETAİN,

SOMUKI and GEORWANDA. Rwinkwavu was discovered in 1940's and has been exploited for tin and small amounts of tungsten mineralization since 1941. Rinkwavu hospital was built in 1947 for serving the people who has been working in mining activities .

- **FIRST MISSION AND OBJECTIVES**

The first mission of Rwinkwavu Hospital in 1947 was to serve the team working in mining company including small number of population around the mining site.

- **THE SITUATION FROM 1947 TO 1987**

Rwinkwavu hospital was one of the branch of Geo Rwanda and late REDEM and SOMIRWA, Dr Derbeckery was the first white medical Doctor who have the mission to support the high staff of mining company especially white person and employees for the mining company .The hospital staff was composed by one medical doctor , 7 assistant nurses, 2 lab technicians the best one known as Semana Albert son of Sezirahiga

- **BEFORE 1994 TO 2005**

The 1994 genocide in Rwanda resulted in the deaths of up to 1 million people, over a 100-day period between April and July that year. Millions more were displaced as a result of the violence, which was rooted in decades of ethnic conflict.

The genocide also devastated the country's government and societal infrastructure. In its wake, Rwanda became the world's poorest country, with the world's highest child mortality and lowest life expectancy at birth. More than 75 percent of children were not fully vaccinated. Many health workers had been killed or fled the country, and health facilities across Rwanda had been destroyed.

Fueled by the government's focus on health care for the poorest of the poor, leading to better health care for all, Rwanda's life expectancy has doubled since 1995, while deaths from AIDS and tuberculosis have dropped steeply, in the period 1994 to 2005, the hospital was working as seek bed or place used by military force to serve the military and affiliated military who were seek and other service related to military

1. **EVOLUTION**

- **PIH AND RWINKWAVU Hospital**

In April 2005, PIH began working at the first of six sites that had been selected in two rural health districts in southeastern Rwanda — Rwinkwavu and Kirehe – home to almost half a million people and not a single doctor. (After administrative boundaries were redrawn several months later, the PIH sites are now located in the three districts of Kayonza, Kirehe and Ngoma.)The first site, Rwinkwavu Hospital, was a derelict facility that had been sitting in disrepair for years with few patients, no doctors and only a handful of nurses with no tools to serve their patients. Within weeks of arriving in Rwinkwavu, PIH and IMB constructed

consultation rooms, hired nurses, restored electricity and running water, and brought basic medical equipment to the site. Just eight months later, in districts where few people had been tested for HIV and almost none were on treatment, IMB had tested more than 30,000 people and enrolled nearly 700 on antiretroviral therapy. From the outset, AIDS prevention, testing and treatment have been embedded in the comprehensive array of medical and social services prescribed by the PIH model of care. The hospital reconstruction progressed over the first year to include five dedicated inpatient wards with more than 80 beds. The pediatric building houses, the general pediatric ward as well as a separate inpatient center for children suffering from severe malnutrition. Rwinkwavu Hospital and the adjoining health center offered a full range of services including comprehensive HIV prevention and treatment programs, tuberculosis treatment, ambulatory primary care services prenatal care, family planning, malnutrition programs, and maternity and emergency obstetrical care. [KigaliKonnnect.com/ Health and Medical/Health Services Rwinkwavu HD Health Center kayonza.

Many people refer to it as the "Clinton Hospital" as the Clinton Foundation has provided some funding. In the beginning Key Doctor was Dr Michael Rich refer to pih web site www.pih.org "We implemented a community-based accompaniment approach to HIV treatment that has proven successful. We work to bring health care closer to patients' homes by training over 900 community health workers. The recently renovated maternity ward at Rwinkwavu Hospital helps to decrease preventable maternal deaths, and the Pediatric Development Clinics help to ensure at-risk newborns remain healthy. Located at our main offices in Rwinkwavu, our training center continually trains a range of Rwandan health care professionals." PIH