

The Rwanda NCD Alliance



Strategic Plan 2024-2028:
Accelerating the fight against NCDs in
Rwanda

Connecting the Dots :
“Inform, Engage, Advocate, Participate”



Reflections and looking ahead

In 2024, the Rwanda NCD Alliance embarks on a new five-year strategic plan, signifying an exciting period for the community we serve. Building on the successes of the previous years, we are enthusiastic about introducing innovative activities aimed at advancing our overall goals, vision and objectives by 2028. We extend our heartfelt gratitude to our dedicated members, fellows, volunteers, and networks who actively contributed to this process in 2023. Their invaluable feedback and ideas have been instrumental in shaping our comprehensive plan.

Over the past five years, our accomplishments have been made possible through the unwavering support of our numerous volunteers and network. During this time, we have been fortunate to collaborate with a multitude of partner organizations, including academic institutions, non-governmental organizations, hospitals, government agencies, and development partners. In this new journey, our focus is on enhancing and strengthening our organizational capacity but also establishing formal partnerships with various institutions, organizations, and societies. This will be achieved through the development of agreements that will provide a structured framework for collaborative efforts, enabling us to deliver activities, showcase each other's work, and support the community, especially individuals living with non-communicable diseases (NCDs).

Additionally, we are in the process of implementing a pioneering initiative—an NCD gathering at the national, regional, and global level. These events, strategically located in regions pivotal to our work, will serve as platforms for learning, showcasing innovations, and supporting advocacy efforts. Recognizing that major non-communicable diseases share common modifiable risk factors and are chronic in nature, our plan outlines a cohesive set of measures towards preventing and controlling these diseases. These measures will further support the government in significantly reducing morbidity and mortality related to non-communicable diseases in Rwanda. We are pleased to present this strategy, emphasizing the importance of preventive services in Rwanda and marking a significant step towards controlling NCDs in our nation.

NCD CONFERENCE 2022

ACKNOWLEDGEMENT

ARRIOTT HOTEL, 24-25 NOVEMBER 2022



We thank the current visionary leadership of the Rwanda NCD Alliance not only for looking far but also for providing invaluable and ongoing assistance, follow-up, and encouragement from ideation to completion. We value the collaboration and contribution from member organisations. We would like to take this opportunity to recognize the tireless efforts of the ad hoc committee. Without all of your hard work, we could not have reached this far. Special thanks go to the executive director, Mr. Alphonse Mbarushimana, for his tireless efforts in bringing this plan to fruition by coordinating the various stakeholders who took part in the development of this strategy and also working on all editorial aspects of the strategy.



Executive summary

Non-communicable diseases are internationally recognized as a global burden, silent killers, and economic disruptors. The number of people with multiple chronic conditions is increasing due to an ageing population, changes in lifestyles, and inequitable access to healthcare. The Rwanda NCD Alliance and other key stakeholders have been playing a big role in addressing this life challenge of the century, but the journey is still long. RNCDA's five-year strategic plan will be a guiding tool in the coordinated efforts and interventions of members and partners. The core areas will focus on capacity development, advocacy, knowledge, and awareness raising to reduce the burden of disease and improve people's awareness of their risks/conditions and the power they have to make informed decisions.

This strategy mainly targets the general population - the Rwandan community - with specific initiatives for people living with NCDs, the older generation, women, youth, healthcare professionals, policy makers, and media engagement. Our success indicators will be evaluated yearly based on built networks, established data, and communication platforms, which will help us reach our objectives and hit

the targets over time. In the first years of implementing the strategy, we will lay the foundation for the implementation of the following years.

RNCDA needs extra funding to hire permanent personnel and sustain the current employees. Initially, we plan to have the current leadership, employees, volunteers, and members of the alliance serve as the key implementers to reduce costs. Looking at the anticipated budget of **1,185,560,130 Rwfs** we wish to attract investors/sponsors who believe in and would like to be part of this adventure. Despite the possibility of the proposed interventions, finance remains a challenge. Therefore, the main objective currently is to seek substantial funding.

In conclusion, implementing the strategic plan is not an easy task or a project to achieve overnight, but we believe that the impact and opportunities it will create will be greater and more beneficial than the challenges that will arise. With the help of our long-term objectives, the division of tasks, and strategies involving all stakeholders, we gain clarity and create pathways to achieve our goals and determine our direction.

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List of abbreviations & acronyms

RNCDA:	Rwanda Non-Communicable Diseases Alliance
EANCD:	East Africa Non-Communicable Diseases Alliance
UNHLM:	United Nations High-Level Meeting
MOH:	Ministry of Health
RBC:	Rwanda Biomedical Center
NCDA:	Non-Communicable Diseases Alliance
DNCD:	Danish Non-Communicable Diseases Alliance
CISU:	Civil Society in Development (a Danish organisation)
ICI:	International Cooperation and Development (a Belgian organisation)
Enabel:	The Belgian Development Agency
WDF:	World Diabetes Foundation
CLF:	Comprehensive Logic Framework
ToT:	Training of Trainers
CHW:	Community Health Workers
PLWNCDs:	People Living with Non Communicable Diseases



Key Definitions

- **Buy-in:** The commitment of interested or affected parties (often called stakeholders) to agree to support a decision, plan, or approach, often by having been involved in its formulation.
- **Capacity:** The resources (human, financial, material, technical) available to a system, program, or organisation that enable it to perform and meet its objectives; also, the knowledge, skills, and abilities that enable an individual to perform a task or fulfill a role.
- **Capacity Strengthening:** A multi-step, collaborative process that improves the ability of a system, organisation, or individual to meet objectives and perform better.
- **Evidence Base:** Proven facts, findings, and results that are used to inform, design, refine, and improve interventions.
- **Guidelines:** A set of recommendations that are based on scientific evidence or expert consensus to assist in making decisions about a course of action.
- **Monitoring:** Periodic and systematic tracking (e.g. monthly, quarterly, annually) of progress against plans. It requires gathering and analysing data and information about what is being done, who is being reached, and how activities are being implemented.
- **Organisational Capacity Domains:** Core areas of institutional competence that affect performance, including governance, financial management, human resources, program management, monitoring & evaluation, and communication and external relations (including fundraising and resource mobilisation).
- **Partner:** An organisation or institution at the local, regional, national, or international level (civil society organisation, government, network) that provides value-added services in developing, initiating, implementing, and scaling up.
- **Stakeholder:** Any group or individual who can affect or is affected by the organisation's work.
- **Systems Approach:** Emphasises how parts work together to form a functional whole and achieve a common goal.
- **Sustainability:** An organisation's ability to fulfil its purpose and serve its beneficiaries over the long term and to generate the funds to do so. It may also refer to whether an individual project or program can continue after a grant or contract period ends



Background

1. Global burden and response on NCDs

1.1 The Burden

Non-Communicable Diseases (NCDs) have gathered substantial global attention due to their profound impact on individuals and societies. On a global scale, NCDs, including cancer, cardiovascular diseases, diabetes, chronic respiratory diseases, mental and neurological disorders, stand as the leading cause of mortality. These diseases claim the lives of 41 million individuals annually, representing a staggering 71% of all global deaths Reference. Particularly, 15 million of these deaths occur prematurely and are largely preventable, affecting individuals between the ages of 30 and 69, which are considered productive years. This issue is exacerbated in Low and Middle-Income Countries (LMICs), including Rwanda, where over 85% of these premature deaths take place, highlighting the urgent need for comprehensive strategies and interventions.

1.2. Response

In 2011, heads of states from around the world convened to:

- **“Acknowledge”** that the global burden and threat of NCDs constitute one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world.
- **“Recognize”** the primary role and responsibility of governments in responding to the challenges of NCDs and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of NCDs.

The UN 2030 SDGs aim to reduce premature mortality from NCDs by 1/3, emphasising the need for high-level political actions and improved cross-cutting functions for NCDs. This will ensure healthy lives and promote well-being for all at all ages.

The Global NCD Compact 2020–2030 aims to accelerate progress on the prevention and control of NCDs. It seeks to ensure Member States adopt policies and programmes that improve NCD outcomes and save the lives of people living with NCDs.

1.3 Frameworks for NCD action

There are numerous international frameworks and guidelines for the prevention and control of NCDs and their risk factors. These include, but are not limited to, the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020, the Political Declaration from the UN HLM on NCD prevention and control in 2011, the Outcome Document from the 2014 HLM on NCDs, and the Political Declaration from the 2018 HLM on NCDs. Additionally, the widely-promoted WHO Best Buys (BBs) and Other Recommended Interventions (ORIs) are evidence-based, cost-effective strategies that address the reduction of the main NCD risk factors and management of the major NCDs. The WHO Mental Health Action Plan 2013-2030 provides global guidance to countries on addressing this underserved area. These are complemented by many NCD-related Healthy Caribbean Coalition publications that primarily target civil society, but also appeal to a wide range of stakeholders, including governments.

The Rwanda NCD Alliance is part of a global movement - NCDA and is networked with other civil society organisations created to accelerate actions on NCDs. This is a unique platform for civil societies across the globe to collaborate on NCD prevention and control through advocacy, accountability, capacity development, and knowledge exchange.

2. Burden of NCDs in Rwanda

According to the findings of the fifth Population and Housing Census conducted in 2022, Rwanda's population stands at 13.24 million people, with an annual growth rate of approximately 2.3 percent. The population pyramid depicts a predominantly youthful demographic, although a marginal shift is anticipated by 2030. During the same period, the average life expectancy at birth has risen from 47 years to 69 years, indicating an aging population. This demographic shift implies an increased susceptibility to Non-Communicable Diseases (NCDs).

Over the years, Rwanda has witnessed a significant surge in the burden of NCDs. The 2nd Rwanda Non-communicable Diseases Risk Factors Study conducted between 2021 and 2022 revealed that the prevalence of high blood pressure escalated notably with age, reaching 43.2% among individuals aged 60-69. Alarming, half of the females in this age group are hypertensive. The prevalence of diabetes has remained relatively stable over the past nine years, hovering around 3%. However, the City of Kigali experiences a substantially higher diabetes prevalence, exceeding the national rate by more than fourfold.

The Rwandan community bears a substantial burden of Non-Communicable Diseases (NCDs), exacerbated by a growing population of older individuals and a sedentary lifestyle and these factors contribute to increasing their prevalence in the country. Additionally, rising levels of obesity, even among children, further heighten the risk. The Covid-19 pandemic has had serious health, social, and economic consequences, especially impacting People Living With NCDs (PLWNCDs) and other vulnerable groups. This crisis has jeopardized the progress made in reducing premature mortality from NCDs, including mental, neurological, and substance use disorders.

The cost of treating NCDs far surpasses that of prevention, exerting a significant negative impact on human development, health, social structures, and economic spheres. NCDs

drive individuals into poverty by diminishing productivity and increasing out-of-pocket expenses, indirectly placing a substantial burden on the government and the country's burgeoning economy. Adding to that, the underlying drivers of NCDs include:

1. **Social determinants of health:** Urbanisation, globalisation, and population ageing.
2. **Behavioural risk factors:** Tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol.
3. **Metabolic/physiological risk factors:** Raised blood pressure, overweight/obesity, raised blood glucose, and raised lipids.
4. **Genetic factors:** A predisposition to develop type 1 diabetes is passed through generations in families, but the inheritance pattern is unknown.

These factors leading to Non-Communicable Diseases (NCDs) are inherent in our daily lives and essential needs, making them challenging to avoid and leading to a high demand for services related to NCDs. Although urban areas have experienced significant improvements in public awareness regarding NCDs and their risk factors, rural communities still face challenges in this regard. There is a pressing need for transformative actions to accord NCDs the attention they merit due to the substantial threat they pose to health, well-being, and sustainable development.

Rwanda's current status on NCD response

In line with the global commitment, the Government of Rwanda has been positively responding to making NCDs a high priority in development planning through ensuring access to medical care for all and providing leadership and support that bring together all the efforts from different stakeholders. It has strategically invested in the health system over the past years and achieved significant improvements. However, NCDs, which are alarming, deserve much more consideration, in order to have the healthcare system equipped enough with specialised healthcare workers, sufficient equipment, and infrastructures.

While there is more work ahead, the country has made commendable progress in addressing the challenges posed by NCDs, particularly in the area of policies, community interventions, and treatments. For example:

- NCDs services have been decentralised from referral to the community level.
- Partners and the government have rolled out a free screening campaign to mitigate NCDs.
- A 5-year strategy and costed action plan have been developed to guide the interventions
- The National NCD Technical Working Group was established to oversee the implementation of NCD programs countrywide.
- 90% of the population is covered by health insurance (Community Based Health Insurance-CBHI) with government subsidies assisting individuals in socioeconomic categories I and II.

Organisation Profile



The Rwanda NCD Alliance is a unique civil society network, founded in 2016, that unites 27 organisations (including NCDs Patients, health care professionals, Women Network, and youth-led organisations) working on NCDs in Rwanda. Working together as an alliance provides a mutual platform for collaboration and joint advocacy to drive the NCDs agenda forward. Since 2016, the Rwanda Non-Communicable Disease Alliance has been on a journey to shed more light on the silent killer and global economic disrupter known as NCDs. Through our collective efforts, partnerships, and collaboration, it has been an opportunity for growth, experience sharing, improvement, and empowerment.

From its establishment, the Rwanda NCD Alliance has introduced various models and platforms to involve patients and individuals in the battle against NCDs. It has empowered its members by enabling them to enhance their organizational capabilities and advocacy skills, encouraging active participation and engagement with the media in the fight against NCDs. They have further been assisted in becoming robust associations that represent the concerns of patients and individuals affected by NCDs. They are actively involved in prevention efforts through campaigns, screening activities, and advocacy initiatives hence achieving collaborative efforts.

VISION, Mission, Core Values



VISION

A healthy people in a nation free from preventable suffering, disability, and deaths caused by non-communicable diseases.



MISSION

To unite the efforts and create a powerful voice for the NCDs awareness rise, advocate for the prevention and control of NCDs and their risk factors in Rwanda; by promoting multi sectoral partnerships, healthy living style education, early detection and responding to NCDs challenges to improve health and well-being.



Core Values

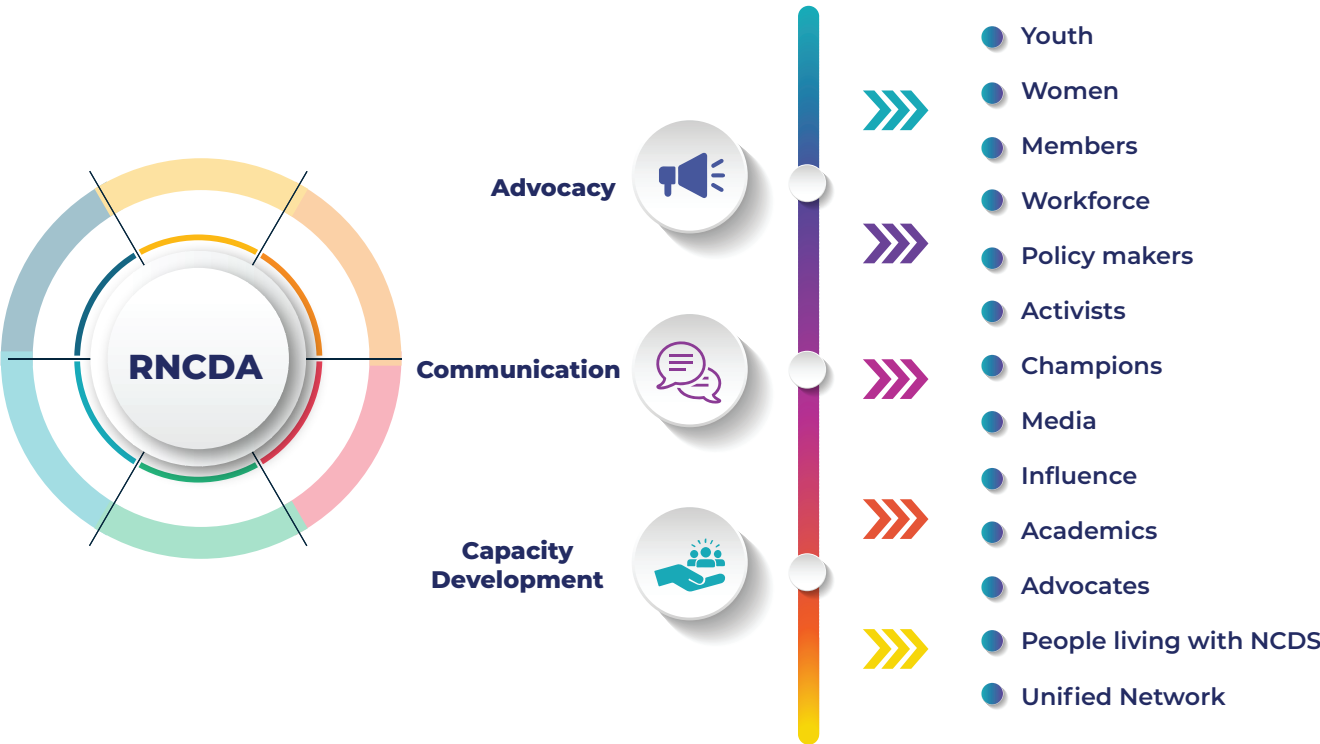
1. **Accountability**
2. **Results Oriented**
3. **Strategic partnership**
4. **People centred interventions**
5. **Multi-sectoral collaboration**

Track Record and Core Functions

Reflecting on a journey spanning over five years, the Rwanda NCD Alliance (RNCDA) has transformed from a non-existent entity to a highly competent, reliable, and legitimate representative for the community, NCD patients and individuals dedicated to NCD prevention and control. The outcomes achieved are substantial, compelling, and evident in various pioneering initiatives both within the country and beyond. Concrete examples include the sustained Car Free Day Initiative, virtual fitness shows, conducting a comprehensive national NCD situation analysis, formulation of the National Strategic Plan, recognition through UN awards, and the organization of impactful NCD conferences.

Rwanda NCD Alliance stands as one of the leading civil society organisations committed to serving future generations and enhancing the well-being of Rwandans living with NCDs. Since its inception, the Alliance has diligently raised awareness about NCDs and actively contributed to prevention, management, advocacy, capacity development, and policy formulation within the country. Furthermore, the Rwanda NCD Alliance possesses extensive experience collaborating with government bodies, local entities, and international partners in project design, planning, and implementation but also policy development, program shaping and active participation as a member of the national NCDs Advisory and Technical Working Group.

Core Function



SWOT Analysis

Strengths	Opportunities
• RNCDA brand, visibility and openings • RNCDA is a network of a wide range of healthcare professionals and PLWNCDs • Experienced organisation acting on NCDs • Legally registered • Pushed by available data from lived experience of PLWNCDs • Clear goals, roles and vision • Volunteerism spirit • Different members have been conducting different NCDs programs in Rwanda • Driving the change in the NCDs agendas	• Rwanda NCD policy and stakeholders • Raising burden of NCDs in Rwanda • Favourable environment and political will to fighting NCDs • Technology trends and improved Internet access • Government supports the well being of the general population and understand the burden of NCDs • Global declarations, commitments and programs that support the fight against NCDs. • Active group of PLWNCDs • Government plan for prevention and control of NCDs • Increased media houses and social media for advocacy, awareness and education.
Weaknesses	Threats
• Low research portfolio for evidence based interventions • Financial constraints • Understaffed • Not enough space for operation • Members organisation still need more capacity building and empowerment	• Weak internet particularly in rural areas for awareness and education. • Illiteracy and ignorance • Pressure from the community with misinformed information and misconceptions on the use and exposition to NCDs risk factors. • Low access to digital services from those who don't have computers and smartphones. • Strong companies advertising NCDs risk factors. • Social norms changing the discourse about risk factors.

From the above identified weaknesses and threats, we were able to point out the strengths and opportunities that give us enough motivation and courage to move forward with the strategic plan.



Methodology

The strategic plan was recommended by the RNCDA General Assembly 2021. The board approached an ad hoc committee with external consultants to gain more knowledge from the involved members. The actions were informed by a desk review of relevant international, regional and national frameworks, policies and programmes; documentation available on the websites of regional and international entities, including political integration entities, intergovernmental development agencies, and civil society organisations working in health and NCD prevention and control. Importantly, members gave their inputs through google form shared via email. The questions were regarding the need to respond to NCDs response, operational needs, priorities areas, challenges and future ambitions.



Rationale

This strategic plan serves as a cornerstone guiding the organization's trajectory. It functions as a blueprint for decision-making, project planning, benchmarking, and performance monitoring. It outlines four key interventions along with crucial steps and relevant processes necessary for their achievement. Encompassing aspects from annual groundwork to vision and mission statements, environmental assessments, strategy formulation, plan implementation, and eventual evaluation of outcomes, this document spans the entire organizational landscape. In essence, this strategic plan is visionary, offering a conceptual, directional, and long-term perspective.



Guiding principles

Evidence shows that with the current proven cost-effective strategies and collective efforts targeting the elimination of shared risk factors, mainly tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol, the burden of NCDs, including heart disease, stroke, type 2 diabetes, and over a third of cancers, can be prevented by 80% (WHO, 2005).

Cancer of the cervix and breast cancer can be screened, detected, and treated in their early stages if effective and affordable cancer control programs are put in place.

This strategic plan will be guided by the following principles:

- A.** Primary health care approach: NCD prevention, treatment, and care services will be available, accessible, and affordable at all levels of care, from the community level.
- B.** Universal coverage: All people should have full access to health care and other services for the prevention and control of NCDs, based on needs, regardless of age, gender, economic and social (political, cultural, religious) status, presence of disability, and ability to pay.
- C.** Continuum of care: NCD prevention and control services must be provided along the continuum of care, with services spanning from primary, secondary, and tertiary prevention levels.
- D.** Life course approach: NCD prevention activities must take into account that the risk of NCDs starts earlier in life and begins at preconception, during pregnancy, in infancy, and continues throughout adult life.
- E.** Multisectoral approach: NCD interventions should be initiated and implemented with relevant stakeholders, including public and private employers, civil society, and the international community. Public sector engagement should include health-in-all policies and a whole-of-government approach.
- F.** Evidence-based: Strategies for the prevention and control of NCDs should be guided by scientific evidence and public health principles, and they must be protected from undue influence by any form of vested interest.
- G.** Empowerment of people: People should be empowered and involved in activities for the prevention and care of NCDs.
- H.** Integrated approach: Given the shared determinants and characteristics of several diseases and the resource constraints, an integrated approach focusing on functions rather than disease categories should be favoured. Opportunities for integration into existing services should also be exploited.

Towards the new strategic direction

1. Assumptions and risks

The successful execution of this plan relies on specific prerequisites: the unwavering political commitment to drive NCD initiatives, coupled with a conducive environment that encourages active participation from multiple stakeholders in the proposed activities. While funding availability can impact plan implementation, the strategy assumes that NCD prevention and control will primarily occur at the population level. This approach targets major risk factors through evidence-based methods, emphasizing a high-risk/individual approach. However, the insufficient response from stakeholders, limited financial resources hindering the transition from plan to tangible implementation, unfavourable sociocultural norms, and the influence of industries promoting NCD risk factors, such as cigarettes, alcohol beverages and food industries.

KEY ASSUMPTIONS

Based on evidence, the technical staff can successfully conduct advocacy campaigns aiming at convincing decision makers to prioritise NCD prevention and control.

It is assumed that the key stakeholders and development partners will continue to support the implementation of NCD programs in the country.

It is assumed that the legal status of NGOs and civil society space in the country will remain favourable.

Data-driven interventions will ensure increased interest and attraction of new partners / investors.

Strategic Interventions

Strategy 1: Fostering multi-sectoral collaborations and strategic partnerships



Prevention and management of NCDs require a whole-of-government and whole-of-systems approach with an effective role played by sectors beyond health. When implementing the multi-sectoral approach, it is essential to be mindful of the fact that there could be a lack of common knowledge and understanding of different programs among various stakeholders. While appreciating the diversity in knowledge and expertise that comes with the multi-sectoral approach, timely information dissemination and regular communication are essential to promote informed decision making. The WHO recommends that countries have a multi-sectoral coordination mechanism to oversee the implementation, performance, and effectiveness of all NCD policies, plans, and programs, as well as the accountability of all stakeholders. Such mechanisms establish links and networks among entities with a common interest in curbing the rise of NCDs but with diversified expertise in the domain and enabling environment to interact, build working relations, share knowledge, and work together to ensure a whole-of-society approach and drive multisectoral actions.

There is an urgent need for the national coordinated efforts that are necessary to address NCDs and their risk factors endangering sustainable development. Achieving this requires policy coherence and the pooling of resources across various sectors and disciplines. By addressing the social determinants of health and regaining lost ground in NCD reduction, these efforts can yield co-benefits, enhance cost-efficiency, and optimize the utilization of limited resources. In five years to come Rwanda NCD Alliance will continue to promote multi-sectoral collaboration approaches responding to NCDs challenges. Achieving this goal requires engaging sectors beyond healthcare in unified and collaborative efforts.

Lastly, building a broad coalition with dedicated actors is a cornerstone of RNCDA's strategy. By forging partnerships with governmental bodies, non-profit organizations, international agencies, and corporate entities, RNCDA aims to leverage collective resources, expertise, and influence. This coalition will serve as a unified front against NCDs, enabling the implementation of impactful policies, advocating for supportive legislations, and mobilizing resources to strengthen the fight against NCDs at a national and international level.

Strategy 2: Enhancing people-centred interventions and community engagement



This intervention emphasises individual behaviours and outcomes and aims to optimise the community's efforts to co-create and enhance policies, programs, and quality services related to NCDs. This will contribute to advancing understanding, knowledge, and action on meaningful engagement and participatory approaches for NCDs based on evolving evidence. Flagship programs at the grassroots level will accelerate the transition from intention to action and operationalize meaningful engagement. Additionally, this will provide insight into how the community understands NCDs and their risk factors, as well as their commitment to the life course approach, which is closely linked to WHO's best buys and Universal Health Coverage. It will also foster long-term collaboration with individuals who have lived experience throughout the strategy implementation.

Political commitment to the regulation of NCDs risk factors and community engagement plays an important role in public education about NCDs and healthy behaviours. Rwanda's decentralisation of care and task-shifting model appears to be an effective way to address gaps for frontline health workers. In essence, the Rwanda NCD Alliance's approach is multifaceted, combining strategic planning, member empowerment, innovative programming, widespread integration, and collaborative partnerships. By leveraging these elements, RNCDA aspires to create a transformative impact, contributing significantly to the prevention, management, and eventual eradication of Non-Communicable Diseases in Rwanda. We will leverage digital platforms and media engagement to poll the audience and reach our target group while promoting healthy behaviours for disease prevention and control.

In the spirit of partnership, RNCDA will empower local communities, people living with NCDs to become active stakeholders in the fight against NCDs. By fostering a sense of ownership and imparting health literacy, the alliance transforms individuals from passive beneficiaries to proactive agents of change. Community engagement initiatives include health education workshops, grassroots awareness campaigns, and participatory health programs. RNCDA ensures that communities are not just recipients of services but active contributors to the health ecosystem.



Strategy 3: Strengthening organisational capacity and sustainability



The Rwanda NCD Alliance, as a Civil Society Network, plays a key role in the NCD prevention and control ecosystems in Rwanda. It is responsible for monitoring the implementation of global commitments and national plans, advocating for more equitable NCD services, representing the voices and perspectives of NCD patients, filling gaps in the health system by raising awareness of NCD prevention and control among the population, and much more.

To effectively fulfil these roles, RNCDA must adhere to sound leadership principles and management practices. This includes combining integrity, transparency, and accountability with strategic decision-making and a learning culture. A robust organisational structure is the cornerstone from

which RNCDA will build trust with communities, appeal to supporters and donors, and maximise impact.

To nurture a sustainable and effective civil society response to NCD prevention and control, RNCDA will focus on enhancing its core organisational domains in order to achieve the best possible impact by 2028.

These domains include:

1. Governance and Leadership	-Strategic Planning
2. Financial Management -	-Subaward Management - Financial Sustainability
3. Administration/Operations	- Donor Compliance - Infrastructure
4. Program Management -	-Project Design and Implementation
5. Human Resource Management -	-People Management
6. Monitoring, Evaluation, and Learning	- Research
7. Communications and External Relations	- Marketing - Fundraising

Strategy 4: Promoting applied research and data-driven interventions

Without reliable data, it is difficult to confirm the prevalence of NCDs and determine if they are a development challenge of our century. The public needs to know the facts and advocates need to track progress, as well as understand the effectiveness and utility of their work. In the next five years, we aim to establish an active research office that can gather and process data. This will enable the RNCDA to utilise evidence-based results to inform the general public and support stakeholders' efforts to improve prevention and control of NCDs, while also urging decision-makers to take action. The research will also include sharing real-life stories, which go beyond raw data and have a significant impact on people. The key role of this intervention is to inform behaviour, collect theoretical evidence, contribute to the knowledge gap in NCD research, and ultimately help society by improving knowledge and dispelling misconceptions about NCD risk factors among policy makers, healthcare professionals, and the general public.



Comprehensive Logic Framework (strategic interventions objectives and activities).

Strategic Intervention	Fostering multi-sectoral collaborations and strategic partnerships			
Objective 1	Advocate for the establishment of the NCD national high level multi-sectoral coordination mechanism by 2025			
Outcome	Output	Indicators	Output indicators	Activities
1. The NCD national High Level Multi sectoral coordination mechanism established	- Terms of reference (ToR) developed and validated - A set of actions and target of the mechanism developed and validated - An active and effective NCD Technical Working Group.	-Terms of reference for the mechanism available -Number institutions represented in the mechanism -Gazetted presidential/ ministerial order of establishing the mechanism -Meeting minutes of the established mechanism are available.	-Technical Working Group (TWG) set to develop ToR -Drafted Terms of Reference -Minutes of ToR validation Meeting - List of different sectors involved	- Co-organize quarterly national NCD Technical Working Group Meeting - Campaign for RNCDA to be the secretariat of the National NCD TWG. -Organize and conduct a technical meeting with RBC/MOH to discuss the development of ToR - Participate and contribute in the drafting of ToR - Participate and contribute to the validation meeting of ToR. - Co-organize a multi-sectoral coordination committee with the MoH.

Objective 2	By 2028, catalyze joint actions on NCDs by strengthening enabling environments of key stakeholders with a focus on the WHO best buys.			
2. Created platforms for NCD stakeholders to collaborate	- Joint action plan developed for implementation - Increased number of stakeholders implementing the WHO Best buys - Increased number of activities conducted in collaboration by different stakeholders.	- Number of platforms created for stakeholders interaction - Number of plans and activities implemented - Number of key stakeholders meeting conducted - Number of Partnerships created and MoU signed. - Increased number of WHO best buys implemented - Number of conducted Stakeholders meetings. - Number of stakeholders engaged	- Minutes -Reports -Action plan -Publication -recommendations -New programs, policies and frameworks - Formal and informal engagement with different stakeholders.	- stakeholders mapping and categorization - Develop a joint action plan with mapped stakeholders. - Avail the meeting and publication platforms. -Conduct quarterly webinar on NCDs -Organize national, regional and global conferences on NCDs - Share weekly updates on social media platforms - Releasing stakeholder's content in the quarterly newsletter -Plan and implement joint activities on NCDs celebration days and other international awareness days. - Advocate and support the Integration of NCD agenda in the existing stakeholder programs. -Training of RNCDA members including PLWNCDs, and volunteers about WHO best buys -Promote the implementation of all WHO best buys -Develop simplified materials of the WHO best buys and disseminate them in meetings, media, to the policy makers and the general population.

Strategic Intervention	Enhancing people centred interventions and community engagement			
Objective 1	Advocate for the meaningful involvement and empowerment of PLWNCDs in the NCD response by 2028			
Outcome	Output	Indicators	Output indicators	Activities
1. Established framework for the empowerment and meaningful involvement of PLWNCDs and 2. PLWNCDs are organized in groups that meet regularly, participate in NCD decision making processes, initiate and participate in community activities and support NCD prevention activities and advice on NCDs at the primary health care level	_PLWNCDs are equipped to share their lived experience, advocate for the NCD response and receive knowledge on self management of their conditions. - New policies and legislation elaborated and programs initiated to benefit PLWNCDs - Established network/ groups of PLWNCDs. -Active Participation of PLWNCDs in the national NCD Technical Working Group. - PLWNCDs are trained and capable of sharing their lived experiences and stories are documented and shared - PLWNCDs are consulted to inform, support and advice in developing/shaping/planning NCD Policy/programs/initiatives	- Number of PLWNCDs trained - Numbers of lived experiences documented and shared - Numbers of advocacy meetings attended by PLWNCDs representatives -Number of NCDs groups established with well coordinated efforts -Number of new policies and programs initiated to benefit PLWNCDs. -Numbers of PLWNCDs meetings conducted - Number of articles, audio and videos produced - Call for actions and advocacy report developed by PLWNCDs - Number of PLWNCDs groups supported to be registered as NGOs. -Number of community events on NCD prevention	- Developed training materials - PLWNCDs interested and willing to share their lived experience. - Number of PLW NCDs in Rwanda. - Number of PLWNCDs currently affiliated to the RNCDA - Speakership opportunities for people living with NCDs - Ensure the appearance/p participation of PLWNCDs in different Forums (conferences/ Forum, roundtable discussions with decision-makers, legislators and media) to voice out their needs, priorities and advocacy.	- One week to develop training materials for PLWNCDs. -Conduct annual training of 100 PLWNCDs representatives on public participation and advocacy strategies. - To document and share the lived experience of 10 PLWNCDs each year - Facilitate quarterly meetings of PLWNCDs. - Establish groups of PLWNCDs in respect to their health facilities and districts. - Facilitate and assist the registration of an NGO of PLWNCDs. - Conduct annual joint community activity in collaboration with PLWNCDs. - Design infographics - Produce testimonial of PLWNCDs

Strategic Intervention	Enhancing people centred interventions and community engagement			
Objective 1	Advocate for the meaningful involvement and empowerment of PLWNCDs in the NCD response by 2028			
Outcomes	Output	Indicators	Output indicators	Activities
1. Established framework for the empowerment and meaningful involvement of PLWNCDs and 2. PLWNCDs are organized in groups that meet regularly, participate in NCD decision making processes, initiate and participate in community activities and support NCD prevention activities and advice on NCDs at the primary health care level	_PLWNNCDs are equipped to share their lived experience, advocate for the NCD response and receive knowledge on self management of their conditions. - New policies and legislation elaborated and programs initiated to benefit PLWNCDs - Established network/ groups of PLWNCDs. -Active Participation of PLWNCDs in the national NCD Technical Working Group. - PLWNCDs are trained and capable of sharing their lived experiences and stories are documented and shared - PLWNCDs are consulted to inform, support and advice in developing/shaping/planning NCD Policy/programs/initiatives	- Number of PLWNCDs trained - Numbers of lived experiences documented and shared - Numbers of advocacy meetings attended by PLWNCDs representatives -Number of NCDs groups established with well coordinated efforts -Number of new policies and programs initiated to benefit PLWNCDs. -Numbers of PLWNCDs meetings conducted - Number of articles, audio and videos produced - Call for actions and advocacy report developed by PLWNCDs - Number of PLWNCDs groups supported to be registered as NGOs. -Number of and control that are initiated and organized in collaboration with PLWNCDs	- Developed training materials - PLWNCDs interested and willing to share their lived experience. - Number of PLW NCDs in Rwanda. - Number of PLWNCDs currently affiliated to the RNCDA - Speakership opportunities for people living with NCDs - Ensure the appearance/p articipation of PLWNCDs in different Forums (conferences/ Forum, roundtable discussions with decision-makers, legislators and media) to voice out their needs, priorities and advocacy.	- One week to develop training materials for PLWNCDs. -Conduct annual training of 100 PLWNCDs representatives on public participation and advocacy strategies. - To document and share the lived experience of 10 PLWNCDs each year - Facilitate quarterly meetings of PLWNCDs. - Establish groups of PLWNCDs in respect to their health facilities and districts. - Facilitate and assist the registration of an NGO of PLWNCDs. - Conduct annual joint community activity in collaboration with PLWNCDs. - Design infographics - Produce testimonial of PLWNCDs

Objective 2

By 2028, use different platforms to raise public awareness on NCDs and their risk factors countrywide

1. General population is aware of healthy living habits for prevention and control of NCDs. 2. Developed and integrated NCD-related education and awareness messaging into public places and gatherings. 3. NCDs prevention program is integrated with broader public areas including workplace to promote healthy lifestyles in local communities	- Increased platforms and programs raising awareness about NCDs and their risk factors. - International days on NCDs are celebrated - NCD awareness is raised countrywide - Car Free days are continued and the format continues to follow an innovative approach (especially to attract media attention and involve PLWNCDs) with special focus on Car Free Day development in regions - NCD integrated program are established and sustained	- Number of platforms and programs raising awareness about NCDs and their risk factors. - Number of the target groups/ audience reached - Type of NCDs awareness messages customized and released - Numbers of public places reached to raise awareness about NCDs. - Number of platforms used - Number of people engaged to create awareness - Number of local leaders engaged - Number of non health sector partners engaged to support the activities. - Number of NCD days celebrated - Topics selected, developed and covered per each outreach activity. - Number MoU signed with media houses. - Popular places/events/gathering/meetings are screened and documented - Formal and informal partnership with organizers are ensured	_ Number of education sessions conducted - Number of topics covered - Field work report - Number of articles produced in different media houses. - Number of NCD advocates appeared in the media houses like TV program, radio show etc - Number of topic covered monthly with journalists - Number of media houses engaged _ Number of journalists trained about NCDs. - Current work relation with media houses - Number of program integrated with NCD-related messaging - Number of meeting conducted - A file detailing events/gathering/meetings is developed and filed	- Conduct an annual workshop to develop customized NCD content. - Develop a yearly list of NCD topics to be covered. - Map out the target audience and platforms including the rural areas and work with local leaders. - Organize bimonthly campaign and NCDs screening during CFD in Kigali. - Support other districts (one in each province) in and out of Kigali to conduct car free day programs. - Collaborate with other stakeholders to implement workplace wellness programs. - Organize training with community health workers (CHW) on raising NCDs awareness, education, early and regular check up. - Approach and work with media to increase NCDs coverage - Facilitate top 10 media houses to have content in relation to the NCDs trend on a monthly basis. - Awareness activities in Media (radio, TV, newspaper, social media platforms) - Awareness activities during Community work (Umuganda)
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				-Merge efforts with stakeholders to conduct awareness campaigns on each world health day, mainly NCDs. - TV & radio talk and social media campaign - Production of health promotional materials - 5 media houses visit during each campaign and secure as many MoU as possible with Media houses. -Rapid, Walk and mobile testing - Tracking national gatherings and conducting partnership meetings with organisers to ensure NCD Awareness/screening in public events (e.g Miss Rwanda, International Games, conferences..) - Run road campaign with Street TVs in Kigali -Conduct awareness and screening activities in Car Bus stations, Market and other public places.
Strategic Intervention 3	Strengthening organization capacity and sustainability			
Objective 1	Strengthening existing structures and instruments for good governance of the organization by 2028			
Outcome	Output	Indicators	Output indicators	Activities
1.RNCDA has become a well-functioning umbrella with coordinated responsibilities, increased	- Well-functioning and governance structures are established - Revised constitution ensuring representation of member organization	- Functional board members and other committees. -Established organization	- Multiskilled members with different backgrounds - Organization action plans	- Quarterly Board/ committees meetings. - Conduct the organization assessment on missing

funding base, systematized M&E and improved capacity of the members.	and continuity of leadership - Reviewed and updated Internal rules and regulations - ToRs for Technical Committees including ad hoc and nomination committees. - Developed fundraising strategies and grant management policy - Developed policies/ required by funding partners and regulatory institutions.	nomination committee - Ad-hoc committees are established - Validated Standard Operating Procedures are shared to members - Manuals required by funding partners and regulatory institutions are in place. - Increased the membership - Strengthened international relation	and annual reports. - Plans, Meeting Minutes/ Reports of different committees - Gap in the existing organization operation documents - Organization growth and visibility.	policies and procedures. - Conduct annual workshop to review existing policies, develop new policies and ToRs for committees - Consultation meetings and validation of SOPs - Conduct quarterly technical working group meetings with all members represented. - Organize annual general assembly - Conduct annual retreat to include leadership and management team.
Objective 2	By 2028, increase human resource capacity for organization's efficiency and sustainability.			
Outcome	Output	Indicators	Output indicators	Activities
RNCDA affiliated workforce are well established, empowered and equipped with skills to drive the organization interventions.	- Revised the organization workforce structure. - Talented volunteers retained as organizational employees. - Increased areas of interventions - ToRs for employees, volunteers and recruitment process updated and validated. - Increased management and coordination capabilities	- HR manual developed - New partners attracted and partnerships secured. - New projects, plans and programs in the implementation and pipeline - Increased organization domains/ scope	- ToRs for the capacity development officer. - Drafted HR manual - Gap in the current management structure - Minutes of the General Assembly	- Conduct a need assessment among the organization workforce. -Organize twice a year capacity building sessions for the workforce. - Conduct a workshop to develop fundraising strategies and tools. -Workshop to develop training manual

	to the organization employees.	for the new workforce - New affiliates approached to provide capacity building to the RNCDA workforce. - Scale up plans and decentralization of the existing programs. - Training materials developed - Number of trainings conducted - Number of teams empowered and equipped with NCDs skills. -Number of volunteers and members with new knowledge on NCDs - Number of plans developed and workshop conducted	- Mapped list of the new potential partners - Monthly report of the management team - Field reports and recommendations. - Training attendance lists - Training reports -Training plan - Training curriculum -Certificates provided -Planning meeting minutes - Hired person in charge of capacity building	- Develop ToRs for the new workforce. - Look for a capacity building company to partner with and exchange program opportunities. - Develop weekly, Monthly and annual activity calendar -Weekly staff catch up meetings and quarterly senior management meetings. -Monthly performance track Monthly
Strategic Intervention 4	Promoting applied research and data driven interventions			
Objective 1	By 2028, RNCDA has an active research portfolio which is capable of collecting and processing further empirical data and utilizing these to create awareness about NCDs and risk factors among citizens and decision makers.			
Outcome	Output	Indicators	Output indicators	Activities

Improved evidence based interventions	- Researches conducted -Implementation of NCDs evidence based intervention ensured -HR for research setup -NCD research group Activated - Number of research projects initiated - A number of well-coordinated research projects have been established with knowledge transfer - A number of volunteers engaged with sufficient knowledge about data collection - Number of publication made research tools adopted.	-Number of applied research conducted -Number of NCDs evidence based interventions made - Builded capacity of the NCDs research group - The established research group has been strengthened, linked and supported - Number of research project developed -Number of capacity building session carried out - Number of research projects implemented -Data collection and cleaning have been bought -RNCDa initiated and implemented research project and their results have been disseminated	- Number of research reports available - Number of activities conducted - Number of Interested volunteers to be engaged in research activities. - Develop ToR for the research officer -Number of research staffs engaged	- Conducting capacity build workshop on research proposal writing and manuscript writing -Developing and validating research protocol and tools - Conducting data collection and analysis - Generating research report - Disseminating research findings -Publishing the manuscript - Using research finding to improve program implementation - Buying data cleaning and analysis software - Buying data collection tools -Hiring a research officer -Release research paper each year and publish a termly journal
Objective 2	Build a research capacity, network and collaboration among NCDs stakeholders in Rwanda			
Population-level and data driven interventions targeting risk factors and practices for NCDs being implemented in Rwanda.	- Identified NCD stakeholders were trained about the NCDs research and awakened on the available opportunities and gaps. - Increased expression of interest and engagement of	- Number of research topics discussed and implemented - Number of NCDs stakeholders engaged -Number of health clinics engaged with formal collaboration	-List of institutions/ stakeholders interested in NCDs related research - Database of that gathered from the health facility	- Mapping of Research stakeholders that are interested in NCD research -2 Regular meetings to share the updates and exchange ideas in the area of research.

	stakeholders in NCDs research and their risk factors. - Selected health clinic/ health posts with formal collaboration with RNCDA are doing screenings, providing NCD information and delivering data to RNCDA	- Number of joint research projects initiated - Number of health clinics/ health posts collaborating with RNCDA - Number of research projects conducted at health clinics/ health posts. - Number of research capacity building session provided to health clinic/health posts	- List of health clinics working with RNCDA in the data collection - Minutes of the recruitment meeting - List of data collection tools used.	-Meeting with the MoH/ research Division to have a buy in -Recruitment workshop with all mapped/ identified partners -Annual training of community health workers and health clinic personal in NCD, screening and data collection -Quarterly Mentorship on data management the health clinic -Development of data collection tools from health posts and community health workers -Follow-up on data collection and screening procedures -Evaluate the effectiveness and useful of the intervention
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Implementation framework

In pursuit of its strategic interventions, the Rwanda NCD Alliance (RNCDA) is dedicated to continuous growth and innovation. To fortify its operational framework, the organization will focus on building robust implementation plans. These plans are meticulously crafted, detailing specific steps, timelines, and performance metrics, ensuring a systematic and effective execution of the strategic interventions. RNCDA engages in comprehensive strategic planning processes, involving stakeholders at every level. This participatory approach ensures that the strategic objectives align with the community's needs and expectations. The strategies are then translated into actionable plans with clear milestones and measurable outcomes.

Implementation of these strategies involves meticulous project management. From resource allocation to timeline management, every aspect of the plan is executed with precision. RNCDA maintains a keen focus on monitoring and evaluation, regularly assessing the progress against the set benchmarks. This iterative process allows for course corrections, ensuring that the organization remains adaptable and responsive to changing circumstances. In summary, RNCDA's approach to governance and management is characterized by transparency, inclusivity, efficiency, and adaptability. By upholding these principles, the organization not only ensures the effective execution of its initiatives but also builds a strong foundation for sustainable growth and impact in the fight against Non-Communicable Diseases.



Governance and management.

Governance and management form the bedrock upon which the Rwanda NCD Alliance (RNCDA) builds its foundation for effective action, independence and sustainability. A robust governance structure will ensure transparency, accountability, and strategic direction, while efficient management practices enable the organization to execute its strategic plan with precision and impact.

RNCDA places a strong emphasis on transparent governance. With the development and validation of clear policies, ethical guidelines, and sound decision-making processes, the organization will operate with openness and inclusivity, ensuring that all stakeholders, including members, partners, and the community, have a voice in the decision-making processes. Regular board meetings, transparent financial reporting, and adherence to ethical codes will be essential aspects of the governance model. Additionally, the diversity of the board will bring together individuals with varied expertise and perspectives, enriching the strategic discussions and enabling well-informed decisions.

Effective management within RNCDA involves a holistic approach. From human resources to financial management, every aspect will be carefully planned and executed. Moreover, the organization will move towards investing in staff development, ensuring that team members possess the necessary skills and knowledge to tackle the challenges posed by NCDs effectively. But also ensuring that we adopt innovative project management tools and techniques to ensure that initiatives are completed on time and within budget.

Resource mobilisation and partnership

In the context of the Rwanda NCD Alliance (RNCDA), resource mobilization is more than just financial acquisition; it is about leveraging a wide spectrum of resources - financial, human, and infrastructural - to maximize the impact of our initiatives. We will actively engage in diversifying our funding sources, tapping into both national and international grant opportunities, private sector collaborations, and philanthropic contributions in order to promote sustainability and reduce dependency on a single revenue stream. We will also explore innovative funding models, including social entrepreneurship initiatives and revenue generating activities.

Partnerships at the heart of RNCDA's approach, recognize that the fight against NCDs demands a collaborative effort. Locally, RNCDA collaborates closely with governmental health agencies, hospitals, and grassroots organizations to align efforts and pool resources. Internationally, the alliance already established partnerships with renowned health organizations (CISU, NCDA, ICI, etc.) enabling the exchange of knowledge, best practices, and technical expertise. Through this plan, we will actively seek partners who bring complementary strengths, be it in research, advocacy, capacity building, or community engagement. Resource mobilization and partnerships within RNCDA are holistic and dynamic strategies. They will be deeply rooted in the local context, culturally sensitive, and built on the principles of mutual respect and shared goals. Through these collaborations, RNCDA will not only acquire resources but also nurture a network of support, knowledge exchange, and collective action, creating a formidable force against the challenges posed by Non-Communicable Diseases

Monitoring and evaluation

Regular monitoring of the plan will track progress, ensuring that the initiatives stay on course, enabling timely adjustments based on emerging trends and community needs. Annual plans and reports will be shared with members to assess the implementation and impact of this strategy. Evaluations will happen at the mid-term (June 2026) and end-of-strategy (December 2028) to provide comprehensive insights. The strategy's operational structure relies on a detailed result framework, outlining objectives, outcomes, outputs, indicators, and activities for each intervention in the plan. The technical team will convene yearly to review and document results, guiding adjustments to this plan and shaping the development of the subsequent one. This process will assess factors such as relevance, efficiency, effectiveness, and sustainability, ensuring continuous improvement.

Moreover, the process of monitoring and evaluation will also be participatory and inclusive. RNCDA will actively engage stakeholders, including members, beneficiaries and partners in the evaluation process. By soliciting feedback and involving those directly impacted, we will ensure that the evaluations capture diverse perspectives and experiences. It will enhance the credibility of the evaluation findings and fosters a sense of ownership among the stakeholders.

Theory of change

Implementing effective NCD prevention and control policies and strategies is based on increased national budget allocations, a multi-sectoral approach, meaningful participation of persons living with NCDs, and a focus on decentralisation and integration of health services.

Vision: A tangible and permanent shift in the Rwanda health and development environment that promotes chronic diseases prevention and control.

to make Non Communicable Diseases prevention and control a development priority in East Africa phase 2

Situation	Strategic Interventions	Overall Outcomes	Long Term Impact
- NCD strategies are now in place but implementation is inadequate - Limited knowledge and misconception on the risk factors and consequences of NCDs among stakeholders, healthcare professionals and the general public. - Lack of national multisectoral collaboration mechanism and National financing of NCD interventions is insufficient	Fostering multi-sectoral collaborations and strategic partnerships	The overall outcome is strengthened multistakeholder, innovative contributions and interventions for NCD reduction in Rwanda, focusing on the “5x5” Priorities: 5 NCDs and 5 risk factors.	By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Inadequate involvement of People Living with NCDs in implementation of NCD policies - Awareness of NCD prevention and control is still low in communities and amongst People Living with NCDs - Capacity and knowledge on NCD prevention and treatment remain low amongst health care workers in general and primary health providers in particular	Enhancing people centred interventions and community engagement	NCD-related programs are integrated with broader public areas and the general population is aware of healthy living habits for prevention and control of NCDs.	
- Volunteers are engaged, but they are difficult to keep motivated and to retain for prolonged periods - Capacity development through sharing of best practices between members and partners is insufficient and underutilized - Lack of sufficient and specialized personnel for NCDs programs.	Strengthening organisational Capacity and sustainability	PLWNCDs are organized in groups that meets regularly, initiate and participates in community activities and supports NCD prevention (including psychosocial/mental health) activities at schools and workplaces and receive improved treatment of and advice on NCDs at the primary health care level	
- Lack of evidence and data for better planning policy guidance - Lack of active research office with basic facilities based at the organization and the collaboration with other interested institutions/ experts.	Promoting applied research and data driven interventions	RNCDA have become a well-functioning umbrella organization with additional budget and coordination responsibilities and partners have diversified their volunteer and funding base, further systematized their M&E and improved capacity of their alliance members	

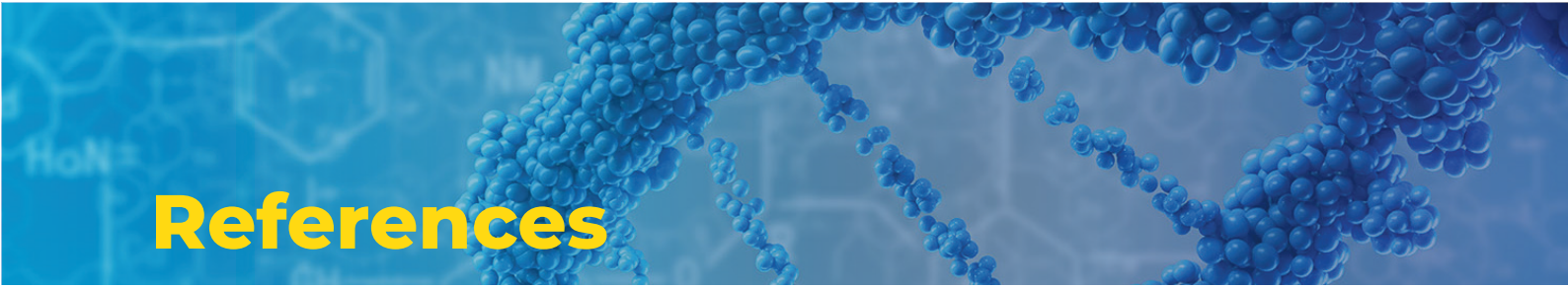
Estimated Budget Summary

STRATEGIC INTERVENTION I: Fostering multi-sectoral collaborations and strategic interventions							
OBJECTIVES	ACTIVITIES	Estimated cost/Year					
		2024	2025	2026	2027	2028	Total cost in 5 Years
1. Advocate for the establishment of the NCD national high level multi-sectoral coordination mechanism by 2025	Co-organize quarterly national NCD Technical Working Group Meeting	2,000,000	2000000				4,000,000
	Campaign for RNCDA to be the secretariat of the National NCD TWG.	-	-	-	-	-	0
	Organize and conduct a technical meeting with RBC/MOH to discuss the development of ToR	1,000,000	1000000	1000000	1000000	1000000	5,000,000
	Participate and contribute in the drafting of ToR	200,000	200000				400,000
	Participate and contribute to the validation meeting of ToR.	-	-	-	-	-	0
	Co-organize a multi-sectoral coordination committee with the MoH.	500,000	50000	1000000	1000000	2000000	4,550,000
2. By 2028, catalyze joint actions on NCDs by strengthening enabling environments of key stakeholders.	Stakeholders mapping and categorization	-	-	-	-	-	0
	Develop a joint action plan with mapped stakeholders.	-	12,000,000				12000000
	Avail the meeting and publication platforms.	-	-	-	-	-	0
	Conduct quarterly webinar on NCDs	-	-	-	-	-	0
	Organize national, regional and global conferences on NCDs	4,000,000	6000000	6000000	8000000	10000000	34,000,000
	Share weekly updates on social media platforms	-	-	-	-	-	0
	Releasing stakeholder's content in the quarterly newsletter	80,000	80000	80000	80000	80000	400,000
	Plan and implement joint activities on NCDs celebration days and other international awareness days.	3,000,000	3000000	5000000	5000000	6000000	22,000,000
	Advocate and support the Integration of NCD agenda in the existing stakeholder programs.	8,000,000	8000000	10000000	1000000	12000000	39,000,000
	Training of RNCDA members including PLWNCDs, and volunteers about WHO best buys	4,000,000	4000000	6000000	6000000	8000000	28,000,000
	Promote the implementation of all WHO best buys	4,000,000	2000000	3000000	3000000	5000000	17,000,000
	Develop simplified materials of the WHO best buys and disseminate them in meetings, media, to the policy makers and the general population	9,000,000	10000000	10000000	12000000	12000000	53,000,000
STRATEGIC INTERVENTION II :Enhancing people centered interventions and community engagement							
1. Advocate for the meaningful involvement and empowerment of PLWNCDs in the NCD response by 2028	One week to develop and update training materials for PLWNCDs.	8,000,000	-	8000000		8000000	24,000,000
	Conduct annual training of 100 PLWNCDs representatives on public participation and advocacy strategies.	1,000,000	1000000	1000000	1200000	12000000	16,200,000
	Facilitate quarterly meetings of PLWNCDs.	2,000,000	2000000	2000000	3000000	3000000	12,000,000
	To document and share the lived experience of 10 PLWNCDs each year	2,500,000	3,000,000	3,000,000	3,500,000	4,000,000	16,000,000
	Establish 5 groups of PLWNCDs in respect to their health facilities and districts.	1,000,000	1,500,000				2,500,000
	Facilitate and assist the registration of an 3 NGOs of PLWNCDs.	2,000,000	1,000,000	1,000,000	1000000	1,000,000	6,000,000
	Conduct annual joint community activity (NCD camp) in collaboration with PLWNCDs and other stakeholders	15,000,000	15,000,000	20000000	20,000,000		70,000,000
	Design 100 NCD infographics per year	1,500,000	1,500,000	1,700,000	1,800,000	2,000,000	8,500,000
	Produce testimonial of 5 PLWNCDs each year	1,000,000	1000000	1500000	1500000	2000000	7,000,000
36	Conduct an annual workshop to develop customized NCD content.	6,000,000	6000000	6500000	7000000	8000000	33,500,000
	Develop a yearly list of NCD topics to be covered	-	-	-	-	-	-
		5 years Strategic Plan 2024-2028:					

By 2028, use different platforms to raise public awareness on NCDs and their risk factors countrywide	Mapp out the target audience and platforms including the rural areas and work with local leaders	-	-	-	-	-	-
	Organize bimonthly campaign and NCDs screening during CFD in Kigali	20,000,000	20000000	20000000	20000000	24000000	104,000,000
	Support other districts (one in each province per quarter) in and out of Kigali to conduct Car Free Day programs	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
	Collaborate with other stakeholders to implement workplace wellness programs	-	-	-	-	-	15
	Organize training for community health workers (CHW) in 5 districts (one per year) on raising NCDs awareness, education, early detection and regular check up.	15,000,000	15000000	15000000	15000000	15000000	75,000,000
	Attract, approach and work with media to increase NCDs coverage	-	-	-	-	-	0
	Facilitate 10 media houses to increase NCD awareness by integrating NCD content in relation to the NCD trend on a monthly basis (radio, TVs, newspaper, social media platforms)	36,000,000	36000000	36000000	36000000	36000000	180,000,000
	Work with CHWs and village leaders to raise NCD awareness during Community work (Umuganda)	-	-	-	-	-	0
	Merge efforts with members, NGOs and other stakeholders to conduct awareness campaigns on each world health day, mainly NCDs	3,000,000	3500000	3500000	4000000	5000000	19,000,000
	5 media houses visit during each campaign and secure as many MoU as possible with Media houses	-	-	-	-	-	0
							0
	Tracking national gatherings and conducting partnership meetings with organisers to ensure NCD Awareness/screening in public events (e.g Miss Rwanda, Concerts, International Games, Rwanda Cycling Tour, Baby Gorilla Naming Ceremony, conferences...)	5,000,000	5000000	8000000	10000000	12000000	40,000,000
							0
	Conduct awareness and screening activities in Car Bus stations, Market and other public places.	3,000,000	4,000,000	5,000,000	7000000	8,000,000	27,000,000
STRATEGIC INTERVENTION III: Strengthening organization capacity and sustainability							
Strengthening existing structures and instruments for good governance of the organization by 2028	Quarterly Board/ committees meetings.	2,000,000	2,000,000	2500000	2500000	3000000	12,000,000
	Conduct the organization assessment on missing policies and procedures	-	-	-	-	-	0
	Conduct annual workshop to review existing policies, develop new policies and ToRs for committees	3,000,000	2,000,000	2,000,000	2,000,000	1,000,000	10,000,000
	Consultation meetings and validation of SOPs	2,000,000	-	-	2500000	-	4,500,000
	Conduct quarterly technical working group meetings with all members represented	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	30,000,000
	Organize Annual General Assembly (AGA)	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
	Conduct annual retreat to include leadership and management team	5,000,000	6,000,000	7,000,000	8,000,000	#####	36,000,000
By 2028, increase human resource capacity for organization's efficiency and sustainability	Conduct a need assessment among the organization workforce	-	-	-	-	-	0
	Organize twice a year capacity building sessions for the workforce	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
	Conduct 2 workshop to develop fundraising strategies and tools		3,000,000	3,000,000			6000000
	Develop training manual and ToRs for the new workforce including volunteers	-	-	-	-	-	0
							0
	Look for a capacity building company to partner with and exchange program opportunities	-	-	-	-	-	0
	Develop weekly, Monthly and annual activity calendar	-	-	-	-	-	0
	Weekly staff catch up meetings and quarterly senior management meetings	-	-	-	-	-	0

	Monthly performance track	-	-	-	-	-	0
STRATEGIC INTERVENTION IV: Promoting applied research and data driven interventions							
By 2028, RNCDA has an active research portfolio which is capable of collecting and processing further empirical data and utilizing these to create awareness about NCDs and risk factors among citizens and decision makers	Activate reaserch group and provide needed basics to run	1,000,000	-	-	-	-	1,000,000
	Conduct capacity build sesssions to the research team on: proposal and manuscript writing, data collection, data analysis, reserach reporting, publication etc	5,000,000	5,000,000	6,000,000	6,000,000	7,000,000	29,000,000
	Using research finding to improve program implementation	-	-	-	-	-	0
	Buying data cleaning and analysis software eg: STATA,	1,000,000	2000000	2000000	2000000	2000000	9,000,000
	Buying 10 tablates for the data collection tools one office computer	-	4,500,000	-	-	-	4500000
	Hiring a research officer	1,500,000	1,000,000	1000000	1000000	1000000	5,500,000
	Ethical clearence and release research paper each year and publish a termly journal	3,000,000	3000000	3000000	3000000	3000000	15,000,000
Build a research capacity, network and collaboration among NCDs stakeholders in Rwanda	Mapping of Research stakeholders that are interested in NCD research	-	-	-	-	-	-
	2 Regular meetings to share the updates and exchange ideas in the area of research	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
	Meeting with the MoH/ research Division to have a buy in on the reserach interventions	-	-	-	-	-	-
	Recruitment workshop with all mapped/ identified partners	-	2,000,000	3,000,000	-	-	5000000
	Annual training of community health workers and health clinic personal in NCD, screening and data collection	8,000,000	8,000,000	8,000,000	9000000	10000000	43,000,000
	Quarterly mentorship and follow up on the NCD screening procedures, data collection, data management at the health centers, health posts with CHWs in 5 districts	15,000,000	15,000,000	15,000,000	15,000,000	#####	75,000,000
		218282024	231332025	240782026	233082027	2.62E+08	1185560130

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5 Years

Strategic Plan 2024-2028:
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