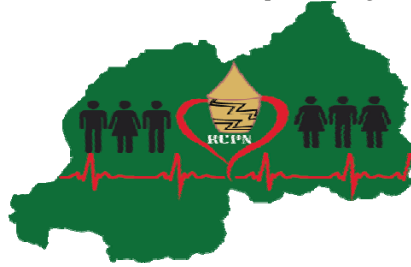


# RWANDA CARDIAC PATIENTS NETWORK (RCPN)

*Kigali-Rwanda  
Gasabo- Remera  
KG601 St87  
TEL: +250783284765  
Email:rcpn.rwa@gmail.com*



## RCPN STRATEGIC PLAN 2016-2020



## TABLE OF CONTENT

<b>TABLE OF CONTENT</b> .....	<b>i</b>
<b>FOREWORD</b> .....	<b>ii</b>
<i>Template Letter to the Government adoption of 2030 Agenda</i> .....	<i>iv</i>
<i>Rwanda cardiac patients network leadership’s forward</i> .....	<i>v</i>
<b>Abbreviations and Acronyms</b> .....	<b>vii</b>
<b>Executive summary</b> .....	<b>viii</b>
<b>1. RCPN Background</b> .....	<b>1</b>
<b>1.1 Historical Background of Rwanda Cardiac Patients Network (RCPN)</b> .....	<b>1</b>
<b>1.2. RCPN in collaboration</b> .....	<b>5</b>
<b>1.3 Vision, mission and values for RCPN</b> .....	<b>5</b>
<b>1.3.1 Our vision</b> .....	<b>5</b>
<b>1.3.2 Our mission:</b> .....	<b>5</b>
<b>1.3.3 Our values</b> .....	<b>5</b>
<b>1.4 We will</b> .....	<b>6</b>
<b>2. Strategic plan 2016-2020</b> .....	<b>6</b>
<b>2. 1 Promote patients advocacy and awareness</b> .....	<b>6</b>
<b>2.2 Strengthen and support the NCDs prevention, diagnosis and care.</b> .....	<b>6</b>
<b>2.3. Develop capacity building for RCPN and post surgery patient</b> .....	<b>6</b>
<b>2.4. Sustain good relationships and cooperation with other stakeholders.</b> .....	<b>6</b>
<b>3. Implementation framework</b> .....	<b>7</b>
<b>3.1. Promote patients advocacy and awareness</b> .....	<b>8</b>
<b>3.1.1 Availability of medication and access to health facilities</b> .....	<b>8</b>
<b>3.2. Strengthen and support the NCDs prevention, diagnosis and care.</b> .....	<b>11</b>
<b>3.3. Develop capacity building for RCPN and post surgery patient</b> .....	<b>15</b>
<b>3.3.1. Human resources and infrastructure</b> .....	<b>15</b>
<b>3.4. Sustain good relationships and cooperation with other stakeholders.</b> .....	<b>20</b>
<b>Appendix</b> .....	<b>22</b>
<i>Healthcare in Rwanda</i> .....	<i>1</i>
<b>MAP OF RWANDA</b> .....	<b>1</b>
<b>QUOTES</b> .....	<b>1</b>

## FOREWORD

Non-Communicable Diseases (NCDs) are worldwide epidemics. Particularly, the most common diseases are cardiovascular diseases, chronic obstructive pulmonary diseases (COPD), cancers, diabetes, injuries and disabilities, oral, eye and kidney diseases, among other, the greatly contribute to the morbidity and mortality accounting for around 60% of all deaths worldwide. The disease pattern is also changing from infectious to chronic in Rwanda like other developing countries due to the epidemiological transition. The burden of infectious diseases is still pre-eminent; but in addition, the problem of NCDs is creating new challenges for our public health system.

The Ministry of Health has embarked on developing the policy for NCDs and chronic care integrated into the existing health programs. This policy serves as a stepping stone, for health sector, to achieve the goals of the Economic Development and Poverty Reduction Strategy (EDPRS II), the Millennium Development Goals (MDGs), and Vision 2020.

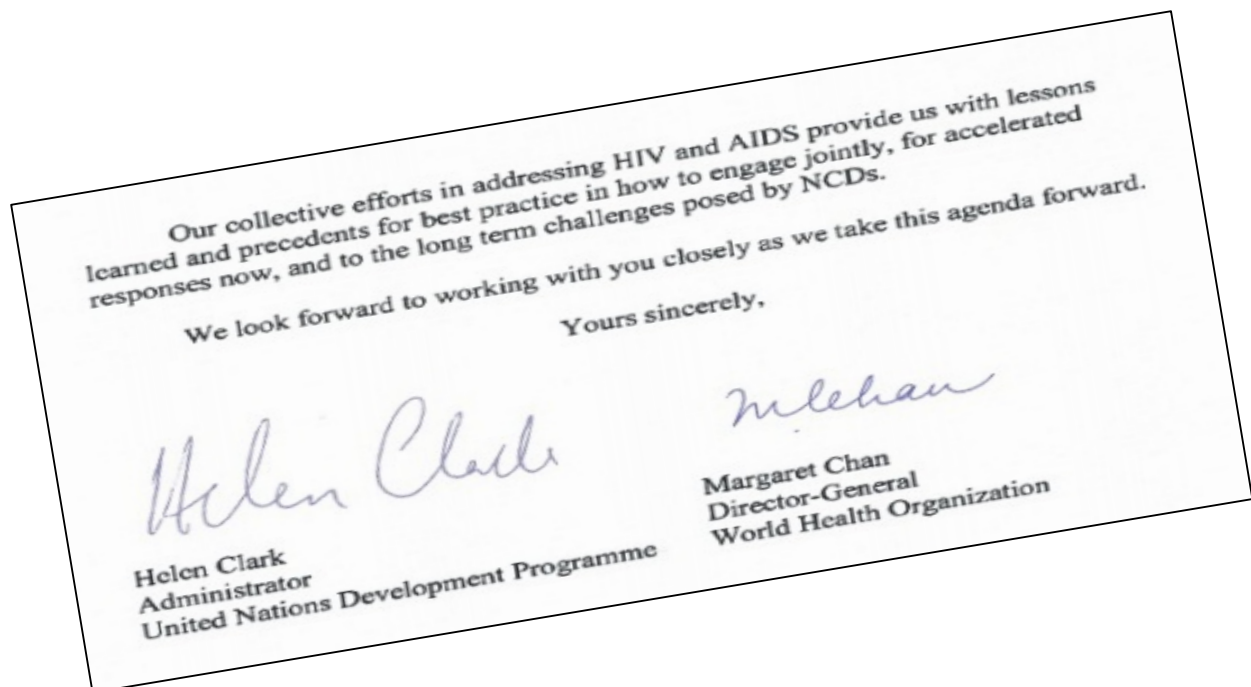
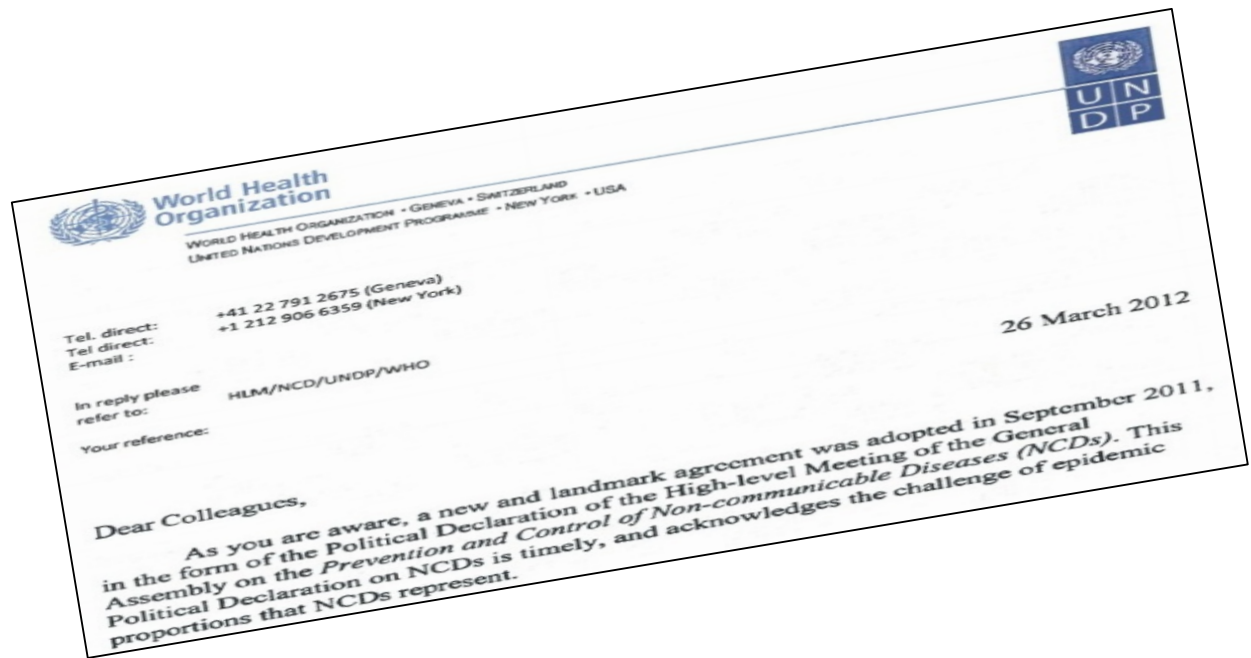
The 2010 Rwanda DHS indicates that key changes have occurred in the demographic and health indicators where a survey showed a decrease in maternal and infant mortality rates compared with the surveys of 2005 and 2007-08, and the fertility rate has steadily declined. However there are still more challenges to overcome in the prevention and control of NCDs.

The MoH plans to continue efforts aimed at preventing infectious diseases, as well as to reach the next frontier through expansion of access to care for NCDs which are a recognized and significant cause of morbidity and mortality around the world, including the developing countries. This represents a significant advancement in providing healthcare services in Rwanda. It is in the wake of NCDs burden worldwide that all healthcare stakeholders, individuals and organizations are called upon to play an active role in improving the quality of life in Rwanda.



**Dr. BINAGWAHO Agnes**  
**Minister of Health**

## World Health organization Letter



## Template Letter to the Government adoption of 2030 Agenda

**Rwanda Cardiac patients Network (RCPN)**

**Kigali-Gasabo**

**KG601, St87**

**Tel: +250783284765**

August 26, 2016

Dear Ministry of health, Partners and friends of RCPN,

On behalf of Rwanda Cardiac Patients Network I am writing to congratulate you on your leading role in the successful adoption of *Transforming our World: 2030 Agenda for Sustainable Development*. This new agenda, including the Sustainable Development Goals (SDGs), is a monumental achievement for the government and people of Rwanda.

The SDG 3 on health calls for governments to “ensure healthy lives and promote wellbeing for all, at all ages.” Within this is a target to “by 2030, reduce by one third premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing” (target 3.4). **This is the first time NCDs have been included in the global sustainable development agenda.** Other targets addressing issues including strengthening tobacco control (3.a), improving access to essential medicines (3.b), reducing the harmful use of alcohol (3.5) and achieving universal health coverage (UHC, 3.8) are directly related to NCDs. Together, these commitments form an ambitious agenda and call to action for all countries, especially Rwanda

We strongly encourage you to act on this new vision without delay, and implement bold actions to improve the health and development outcomes of people who are most affected by diseases including cancer, cardiovascular disease, diabetes, chronic lung diseases, and mental and neurological disorders. Rwanda Cardiac Patients Network particularly encourages the following:

- **Establish and accelerate actions to achieve target 3.4 on reducing NCD mortality.** This SDG target elevates the WHO “25x25” target to a

commitment made by Heads of State and Governments at the United Nations. It reinforces that NCDs are not just a health issue, but a sustainable development priority requiring whole-of government responses and leadership at the highest level. The WHO Global NCD Action Plan 2013-2020 provides essential policy guidelines;

- **Take action beyond the health sector and address NCDs through policies and programs in all dimensions of sustainable development** (economic, social, and environmental). NCDs are not just a health issue, and must be addressed through a whole-of-government approach;
- **Incorporate NCDs into national and regional development plans and frameworks**, as well as into development assistance for low- and middle-income countries (LMICs). With less than 2% of Official Development Assistance (ODA) for Health currently allocated to NCDs, this is an urgent priority. NCDs must be a fixture in implementation and accountability strategies for the SDGs;
- **Strengthen health systems and leverage health and development platforms and multisectoral partnerships** in order to avoid silos in the delivery of resources, services, and care. Civil society is a critical partner in a whole-of-society response to the SDGs;

Achieving the NCD target and taking swift action to establish strong health policies aligned with these new commitments will not only help achieve the SDGs, but enable progress across all dimensions and realize sustainable human development. Rwanda Cardiac Patients Network stands ready to assist Rwanda in executing these next steps in the NCD response, and we look forward to collaborations.

Sincerely,



Evariste Munyensanga

RCPN Representative

Strategic plan for RCPN 2016 – 2020

## **Rwanda cardiac patients network leadership's forward**

*The publication of the Rwanda Cardiac Patients Network Strategic Plan (RCPNSP) 2016/2020 marks valiant commitment and a further step on the road towards strengthen of wellbeing of cardiac/Heart patients and Post-operative patients in Rwanda.*

*This Strategic Plan has been developed by Rwanda Cardiac Patients Network to provide the framework for viewing its remit and challenges, and to come up with ways and means of how Rwanda Cardiac Patients Network is to deliver its strategic priorities.*

*We wish to express our gratitude to all RCPN committee members, Mr. NSENGIMANA Francois and His Wife Lucie and patients in various areas of Rwanda and to all the many other stakeholders who have contributed to the preparation of this Strategic plan. We commend the (RCPNSP) as the way ahead for realization of Rwanda Cardiac Patients Network and urge all stakeholders and partners to use this plan as a first point of reference when considering how we may all support activities in this very significant Endeavour and achieve our mission of transformation of well being cardiac patients, and to prevent heart diseases at a real stage and meet patients needs and community needs in accordance UN agenda 2030.*

*We believe that if we implement this strategic plan in accordance, no more death of pregnant Women, teenagers, young people and young Adult with mechanical valves, and we will have a generation free from rheumatic heart diseases . we cannot walk alone in order to achieve RCPN goals 2016/2020 and as we walk together with our partners , we must make the pledge that we shall always march ahead of this strategic plan. Let join hands together and together we can have a generation free from rheumatic heart disease.*



**Evariste Munyensanga**  
**Representative of RCPN**

## Abbreviations and Acronyms

- BoD:** Board of Directors
- CBHI:** Community based Health insurance
- COPD:** Chronic Obstructive pulmonary Disease
- EDPRS:** Economic Development and Poverty Reduction
- GDP:** Gross Domestic Product
- HHNW:** Healing Hearts Northwest
- IGA:** Income Generating Activities
- INR:** International Normalization Ratio
- MDGs:** Millennium Development Goals
- MoH:** Ministry of Health
- MoU:** Memorandum of Understanding
- MPPD:** Medical Production and Procurement Division
- NCDs:** Non- Communicable Diseases
- NGOs:** Non-Government organizations
- PPO:** Program Planning Officer
- RBC:** Rwanda Biomedical Centre
- RCPN:** Rwanda Cardiac Patients Network
- RHD:** Rheumatic Heart Disease
- RNCDA:** Rwanda non –Communicable diseases Alliance
- SDGs:** Sustainable Development Goals
- SP:** Strategic Plan
- TH:** Team Heart
- UHC:** Universal Health Coverage
- UN:** United Nations
- WHO:** World Health Organization



## **Executive summary**

This strategic plan for Rwanda Cardiac Patients Network (RCPN) is prepared to cover a planning period of five years 2016-2020. The central goal and the mission of RCPN will be always to transform the lives of cardiac patients, their dignity promotion and NCDs prevention.

We believe that this strategic plan will allow us to more effectively advocate for the cardiac patients. This will be met through the yearly review and plans along the way in order to move more rapidly from planning to execution.

RCPN is committed to the training and development of its patients in order to reduce the socio-economic related challenges, moral and stigmatization issues for the post-surgery patients.

During the preparation of this strategic plan, a participatory method has been used to ensure all stakeholders are involved in the entire process. This includes visits to INR sites, interviews, data collection and completing surveys, attending meetings and workshops, all providing a variety of important and helpful thoughts and inputs which were critical to the completion of this strategic plan.

The following main challenges were identified during diagnosis and analysis of the current situation. Some are related to the post cardiac surgery patients and second to RCPN

### **a. Related to the Post Cardiac surgery patient**

#### **Socially**

- Some are rejected and stigmatized by their families, friends, spouses or employers classifying them as incapacitated and just dependants.
- Several marriage break ups have also been reported.
- It takes long time for someone who has undergone cardiac surgery to regain energy and ability back to normal working life.
- Students also may take long to go back to school.
- Some patients may feel a sense of shame and loss of self esteem due to a long, chest scar left after healing.
- This has a lot to do with cosmetics especially in female patients.

- The fact that some patients have to take life anticoagulation medications and undergo periodic blood tests to monitor their heart functioning, this tends to affect them socially.

#### **Economically**

- Because Heart diseases are costly to treat, families of the patient spend a lot to buy medication before surgery.
- Transport fees to and from the Hospital and buying drugs –all lead to financial instability and total poverty to the patient and his/her family in general.
- Cardiac diseases tend to make the patients too ill to work therefore, no family progress financially.
- After surgery, there are drugs some patients may need to take for life. Most patients are not able to buy medicines because some of these drugs are not covered by community based health insurance (CBHI) (Mutuelle de santé).

#### **b. Related to RCPN**

- No source of funds to support activities of RCPN
- No permanent staff for RCPN to follow day to day management of the office.
- The public is not yet well informed about Cardiac diseases especially Rheumatic Heart disease which is preventable.
- No NGO, Government institution, private company, Religious denomination or individual people have shown interest to assist cardiac patients or to support RCPN only Healing Hearts Northwest and Team Heart Inc.
- There are still other drugs which are not covered CBHI Mutuelle de santé and patients still walk long distances to get warfarin/ Coumadin
- The above mentioned medicines are expensive
- Most of our patients/member are venerable thus is not easy to get CBHI. (Mutuelle de santé)
- Some patients are homeless, jobless or are not attending schools due to poverty as a result of much expense on treat.

In an attempt to address the challenges identified and remain focused on the strategic mission of RCPN and at the same time find permanent solutions to some of the challenges, RCPN has adopted the following five years strategic plan and strategic priorities in a bid to realize the vision and mission of RCPN

**Therefore**

- The first priority of RCPN is to promote patients advocacy and awareness
- The second priority of RCPN is to strengthen and support the NCDs prevention, diagnosis and care.
- The third priority of RCPN is to develop capacity building for RCPN and post-surgery patient
- The fourth priority of RCPN is to sustain good relationships and cooperation with other stakeholders

## **I. RCPN Background**

### **I.1 Historical Background of Rwanda Cardiac Patients Network (RCPN)**

The Rwanda Cardiac Patients Network was originally formed on November 29, 2013

Why Rwanda Cardiac Patients Network (RCPN) in place?

Today in Rwanda a disease known as Rheumatic heart disease affects many children, young adults, Rheumatic heart disease (RHD) is the most common acquired heart disease in children in many countries of the world, especially in developing countries. The global burden of disease caused by rheumatic fever currently falls disproportionately on children living in the developing world, especially where poverty is widespread.

#### **Consequences of rheumatic heart disease**

Acute rheumatic fever primarily affects the heart, joints and central nervous system. The major importance of acute rheumatic fever is its ability to cause fibrosis of heart valves, leading to crippling vascular heart disease, heart failure and death.

The decline of rheumatic fever in developed countries is believed to be the result of improved living conditions and availability of antibiotics for treatment of group A streptococcal infection. Overcrowding, poor housing conditions, under nutrition and lack of access to healthcare play a role in the persistence of this disease in developing countries.

#### **Rheumatic heart disease facts**

- The global burden of disease caused by rheumatic fever and RHD currently falls disproportionately on children and young adults living in low-income countries and is responsible for about 233,000 deaths annually.
- At least 15.6 million people are estimated to be currently affected by RHD with a significant number of them requiring repeated hospitalization and, often unaffordable, heart surgery in the next five to 20 years.
- The worst affected areas are sub-Saharan Africa, south-central Asia, the Pacific and indigenous populations of Australia and New Zealand.

- Up to 1 per cent of all schoolchildren in Africa, Asia, the Eastern Mediterranean region, and Latin America show signs of the disease.

### **Treatment**

Primary prevention of acute rheumatic fever (the prevention of initial attack) is achieved by treatment of acute throat infections caused by group A streptococcus. This is achieved by up to 10 days of an oral antibiotic (usually penicillin) or a single intramuscular penicillin injection.

People who have had a previous attack of rheumatic fever are at high risk for a recurrent attack, which worsens the damage to the heart. Prevention of recurrent attacks of acute rheumatic fever is known as secondary prevention. This involves regular administration of antibiotics, and has to be continued for many years. Secondary prevention programmes are currently thought to be more cost effective for prevention of RHD than primary prevention and may be the only feasible option for low- to middle-income countries in addition to poverty alleviation efforts.

Surgery is often required to repair or replace heart valves in patients with severely damaged valves, the cost of which is very high and a drain on the limited health resources of poor countries. ( World heart foundation report,2012)

*Rwanda known as of land of thousands hills*, Rwanda is a country filled with beautiful hills, springs, cultural sites, wildlife and many others like National Museum of Rwanda, Gisozi Genocide Memorial Centre, The Twin Lakes of Burera and Ruhondo, Jesus's House of Mercy in Ruhango (Mu rugo rwa Yezu Nyirimpuhwe), Natural Hot Springs, Lake Muhazi, The Hill of Makwaza, Akagera National Park, Virunga Mountains, and Nyungwe National Park.

*The country has made significance progress* the Gross Domestic Product per capita in Rwanda was last recorded at 689.69 US dollars in 2015. The GDP per Capita in Rwanda is equivalent to 5 percent of the world's average. GDP per capita in Rwanda averaged 383.96 USD from 1960 until 2015, reaching an all time high of 689.69 USD in 2015 and a record low of 202.43 USD in 1994. GDP per capita in Rwanda is reported by the World Bank



The current population of Rwanda is 11,923,987 based on the latest United Nations estimates, Rwanda population is equivalent to 0.16% of the total world population, Rwanda ranks number 76 in the list of countries by population, the population density in Rwanda is 482 per Km<sup>2</sup> (1,248 people per mi<sup>2</sup>), the total land area is 24,668 Km<sup>2</sup> (9,525 sq. miles), 30.8 % of the population is urban (3,799,175 people in 2016) and the median age in Rwanda is 19.4 years

In 1994 unspeakable days in Rwanda, Rwanda was torn apart by civil war known as genocide against “tutsi” in less than a hundred days one million people killed, hundreds of thousands fled to neighboring countries. The country lost of its doctors and nurses.

Expatriate teams that carry out cardiac surgery in Rwanda: Team Heart(TH), Boston USA, Healing Hearts Northwest(HHNW), USA, Open heart International(OHI), Australia, Chain of Hope(COH), Belgium , Physicians Across Continents(PAC), Saudi Arabia and There are more than 612 patients operated by these teams since 2008. There are patients who were operated outside the country on self sponsorship or aid from the government.

Post cardiac surgery patients meet different social and economical problems, socially some are rejected and stigmatized by their families, friends, spouses or employers classifying them as incapacitated and just dependants, several marriage break ups have also been reported.

It takes a long time for someone who has undergone cardiac surgery to regain energy and ability back to normal working life, students also may take long to go back to school, some

patients may feel a sense of shame and loss of self esteem due to a long, chest scar left after healing.

This has a lot to do with cosmetics especially in female patients, the fact that some patients have to take life anticoagulation medications and undergo periodic blood tests to monitor their heart functioning, this tends to affect them socially.

Economically because Heart diseases are costly to treat, families of the patient spend a lot to buy medication before surgery. Transport fees to and from the Hospital and buying drugs all lead to financial instability and total poverty to the patient and his/her family in general, cardiac diseases tend to make the patients too ill to work therefore, no family progress financially.

After surgery, there are drugs some patients may need to take for life. Most patients are not able to buy medicines because some of these drugs are not covered by the local medical insurance (Mutuelle de santé).

After identification of the problem Mr. Evariste Munyensanga came with an idea of have in place Patients network again , because 2012 Jean Paul Iyamuremye started Rwanda Heart association(RHA), Rwanda Heart Association(RHA) failed due to the different factors: lack of resource, office and government requirements that RHA failed to meet.

Team Heart open official Kigali office in 2013 in Kiyovu ( Kiyovu cyabakire) employed one patients called Mrs.Rehema Debora Rukundo as country Director of Team Heart. Mr.Evariste Munyensanga was a student at University of Rwanda college of Business and Economics (CBE)former School of Finance and Banking(SFB), he visited Team heart office and discussed with Debora to have network in place again in that short meeting, we discussed to continue Rwanda Heart Association of Jean Paul, we concluded to restart new Patients network and change name.

On November 29, 2013 First meeting in Team Heart office in Kiyovu presented, Evariste Munyensanga, Rukundo Rehema, Jean Paul Iyamuremye, Alex Mucyo Katararwa, Jabaris Swain,Samson Mashakarugo, Regine Uwizeyimana, Alice Muneza, Assia Nizeyamariya, Anastasie Nyirashumbusho and Theophile . In that meeting we elected First committee, Rukundo Rehema Debora first president /representative of RCPN elected, Jean Paul Iyamuremye vice president and Evariste Munyensanga secretary and finance manager.

On the time many challenge were there no office until using Team Heart office, no resources to run RCPN activities , no strategic plan in place , later on July 2014 Rukundo Debora resigned from office, Evariste Munyensanga took lead with other responsibilities in Team Heart Kigali office.

Today we decide to move forward with RCPN strategic Plan which will help us to build our competitive advantages, to move from plan to action, to assess the opportunities and proper communication with stakeholders.

## **1.2. RCPN in collaboration**

- Team Heart(TH), Boston USA
- Healing Hearts Northwest(HHNW), USA
- Open heart International(OHI), Australia
- Chain of Hope(COH), Belgium
- Physicians Across Continents(PAC), Saudi Arabia
- Ministry of Health – Rwanda
- Rwanda Biomedical centre

## **1.3 Vision, mission and values for RCPN**

### **1.3.1 Our vision**

To be a centre based organization transforming the cardiac patients' lives and dignity.

### **1.3.2 Our mission:**

To promote the capability and potentiality of the surgery cardiac patient on educational, financial, moral and social inclusion for future related well-being.

### **1.3.3 Our values**

1. Compassion
2. Honesty
3. Transparency
4. Accountability
5. Humility
6. Innovation
7. Collaboration
8. Empowerment



## **1.4 We will**

1. Promote patients advocacy and awareness
2. Strengthen and support the NCDs prevention, diagnosis and care.
3. Develop capacity building for RCPN and post surgery patient
4. Sustain good relationships and cooperation with other stakeholders

## **2. Strategic plan 2016-2020**

### **2.1 Promote patients advocacy and awareness**

- a) Availability of medication and access to health facilities
- b) Campaigns and sensitizations

### **2.2 Strengthen and support the NCDs prevention, diagnosis and care.**

- a) Implementation of NCD policy
- b) Prevention mechanism on RHD

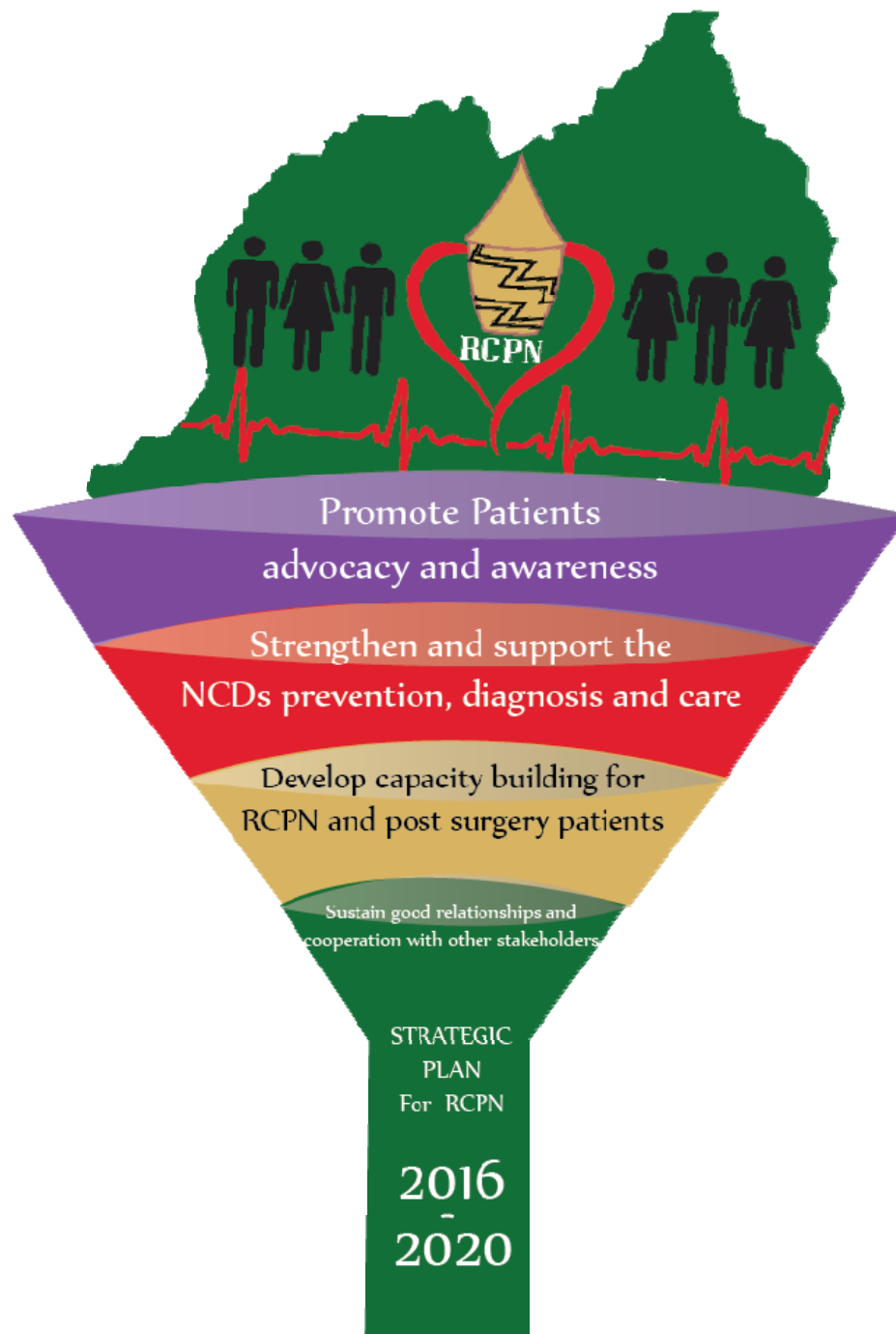
### **2.3. Develop capacity building for RCPN and post surgery patient**

- a) Human resources and infrastructures (website, office, furniture,
- b) Develop Income Generating Activities (IGA)
- c) Entrepreneurship skills, reintegration and vocational education

### **2.4. Sustain good relationships and cooperation with other stakeholders.**

- a) Member of National, regional and global NCDs alliances
- b) Good relations with government, institutions and organizations

### 3. Implementation framework



### 3.1. Promote patients advocacy and awareness

#### 3.1.1 Availability of medication and access to health facilities

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
<b>1.a.1</b>	<b>Advocacy - Access to health facilities for post surgery cardiac patients</b>					
<b>1</b>	Rwandan Cardiac nurse	By end of December 2016	Ministry of health	Job description/MoU signed between MoH and RCPN	Ministry of Health	MoH health to hire someone with some knowledge of heart disease and comes prepared to be involved in the post operative care primarily.
<b>2</b>	Protocols and guidelines elaborated at health centres, district hospitals and referral hospitals	By the end of December 2016	Ministry of Health	Copy in the office of RCPN Copy at all health centres and hospital	Ministry of Health RBC/NCDs Division	
<b>3</b>	Number of INR sites increased and functional	By the end of December 2016	Ministry of Health	INR machines NCD nurses	. Ministry of Health .RBC/NCDs Division . District hospitals . MPPD	The cost of INR strips has been revised where every months a patient will be paying 200 Frw. Those who are very poor should be getting them free of charge based on Ubudehe category. District hospitals to do requisition from MPPD.

<b>GOAL</b>	<b>GOAL text</b>	<b>TIMELINE</b>	<b>RESPONSIBLE</b>	<b>INDICATORS OF SUCCESS</b>	<b>BUDGET</b>	<b>COMMENTS</b>
<b>3</b>	INR strips available at affordable costs	By the end of December 2016	Ministry of Health	Testimonies from post surgery cardiac patients	Ministry of Health RBC/NCDs Division/	
<b>4</b>	Access to Warfarin, Penicillin V, and other essential medicine	As per Post cardiac patient	RCPN	Lists of supported patients available	TH/MoH/HH NW	
<b>5</b>	Tissue replacement advocacy	Time due	RCPN	Those who have the tissue have got the mechanical valve	TH/MoH/HH NW	
<b>6</b>	Publication of cardiac related diseases policies and guidelines	2016-2017	RBC/MoH	Copy available and shared to all stakeholders	MoH/RBC	
<b>7</b>	Patients assisted to obtain Community based Health insurance (Mutuelle de Santé)	Every year	RCPN	Cards available	Identified donors	Some patients are unable to pay the health insurance for medical treatment. Advocacy will be made in order to be supported to obtain the health insurance.

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
<b>1.a.2</b>	<b>Awareness – Campaigns and sensitizations.</b>					
1	World heart day celebration	Every year (2016, 2017, 2018, 2019, 2020)	MoH/RCPN	Digital banners available Advertisement on media	TH/HHNW/RCPN	Different activities are prepared according to the yearly theme
2	Pregnancy prevention awareness	Once a quarter – 2016, 2017, 2018, 2019, 2020	RCPN	Number of pregnancy reduced	TH/HHNW/RCPN	Cardiac patients with mechanical valves not to engage in pregnancy
3	Family planning awareness	Once/month 2016, 2017, 2018, 2019, 2020	RCPN	Records at the health centres	RCPN	The awareness will be done at the end of the month during community work (Umuganda)
4	Testimonies of a patient who received heart surgery just to increase the hope of people who are suffering from heart disease	Once a quarter	RCPN	Increased hope through testimonies shared	RCPN	
5	Awareness on social inclusion	Once a quarter	RCPN	Number of marriage breakage reduced, level of isolation and stigmatization reduced	Potential donors identified	Awareness will be done in order to reduce social related issues like marriage, stigma, isolation, etc.

### 3.2. Strengthen and support the NCDs prevention, diagnosis and care.

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
<b>3.a.1</b>	<b>None communicable Diseases prevention – Policies &amp; Prevention</b>					
<b>1</b>	Tobacco control mechanism	In all campaigns	RCPN	Testimonies / records	RCPN/WHO /MoH/RBC	
<b>2</b>	NCD policies and regulations	Start 2016	RCPN/RBC/MoH	Copies available	RBC/WHO	Policies will be mutually elaborated, shared and implemented at all levels.
<b>3</b>	Regular consultation and check up for RHD -Sensitization	very quarter/ every year	RCPN	List available at the health centres/ Hospitals	Donors identified	Sensitization will be done in order to make sure that RHD is prevented
<b>3</b>	TV/Radio shows and presentations on RHD and other cardiac related diseases	Once/ month	RCPN	Number of people calling and approaching RCPN for counselling and health assistance	RCPN/ Potential donors to be identified	RCPN may be invited expatriate to deliver the presentation.

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
						Patients may share their testimonies, RCPN may share what has been done on RHD prevention, etc.
4	RHD week campaign – Sport week	Once a year	RCPN	Number of sport and games made	RCPN identified donors	During this week, sports and games will be organized in respect with RHD prevention which will be ended by final match and the Minister of Health may attend to deliver his/her remarks.

<b>GOAL</b>	<b>GOAL text</b>	<b>TIMELINE</b>	<b>RESPONSIBLE</b>	<b>INDICATORS OF SUCCESS</b>	<b>BUDGET</b>	<b>COMMENTS</b>
<b>5</b>	Health education about prevention of rheumatic heart disease	During Umuganda	RCPN	Number of volunteers invited to deliver the teachings.	RCPN/TH/RBC	
<b>6</b>	Diet and physical exercises	Start 2016	RCPN	Statistics and reports shared	RCPN/RNCA	Post cardiac patient will be encouraged to take appropriate food according to the condition of operated person. Physical exercises will be also encouraged in order to keep the body very fit. The same encouragement will be given to



<b>GOAL</b>	<b>GOAL text</b>	<b>TIMELINE</b>	<b>RESPONSIBLE</b>	<b>INDICATORS OF SUCCESS</b>	<b>BUDGET</b>	<b>COMMENTS</b>
						the entire population for the sake of good health.
<b>7</b>	Food and drugs interaction  Knowledge and skills on patients self care regarding good nutrition and eating habits.	Start 2016	RCPN	Testimonies and reports shared	RCPN/TH/H HNW	Avoid irregular sub therapeutic INR results arising from improper/ imbalanced consumption of vitamine K rich foods
<b>8</b>	Health care given to RHD identified	Every year	RCPN	Surgery done	TH/HHNW and other organizations	RCPN will advocate for all RHD to be treated accordingly.

### 3.3. Develop capacity building for RCPN and post surgery patient

#### 3.3.1. Human resources and infrastructure

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
<b>3.a</b>	<b>Human resources</b>					
1	2 Staff hired for RCPN	Beginning of 2017	RCPN	Administration of RCPN executed	RCPN	RCPN will hire the Program Planning officer who will be working with one staff to ensure the administration of the office is being done smoothly.
2	Board of Directors	Mid 2017	RCPN	Orders and regulations governing the BoD available	RCPN/ Potential donors	The BOD will be over sighting the work of the PPO and advise on the way forward of RCPN
3	Trainings and orientation offered – Tour of study made in USA – TH or HHNW and other visiting teams	Mid 2017	RCPN	VISA issued	TH/HHNW & other visiting teams	To open the horizons
4	Regular capacity building for RCPN staff	Once a year	RCPN	Capacity increased	RCPN/Potential donors identified	Staff well equipped to manage and administrate the office of RCPN
<b>3.b</b>	<b>Infrastructure</b>					
1	Land purchased	Before end of 2017	RCPN	Title deeds available	Potential donors identified	The land will be bought in order to construct the Head office of RCPN
2	Designs and drawings provided	Beginning 2018	RCPN	Architecture officer hired	Potential donors hired	

<b>GOAL</b>	<b>GOAL text</b>	<b>TIMELINE</b>	<b>RESPONSIBLE</b>	<b>INDICATORS OF SUCCESS</b>	<b>BUDGET</b>	<b>COMMENTS</b>
<b>3</b>	RCPN Headquarters constructed	Beginning 2019	RCPN	Construction permit issued	Potential donors identified	
<b>4</b>	Furniture in place	Before end of 2019	RCPN	Bids	Potential donors identified	. Chairs-desks-computers- networks-office supplies, etc... Will be bought.
<b>5</b>	Inauguration	Beginning 2020	RCPN	Invitation given out	RCPN	The Minister of Health will be invited to officiate the building which will be used for the sake of cardiac patient network
<b>6</b>	RCPN website in place	Before end of 2016	RCPN	Website accessible	Potential donors identified	The website will be used in accordance with cardiac related issues
<b>7</b>	Publish brochures talk about RCPN activities and challenge.	Before end of 2016	RCPN	Challenges responded-reports available to share	RCPN	Improve communication and information among organization To address the issue of NO Budget of RCPN and day to day challenges of RCPN.
<b>8</b>	Opening RCPN Bank accounts	Start by 2016	RCPN	Bank accounts in Fws Bank account in USD	RCPN	Bank accounts opened for RCPN transactions Signatories confirmed and authorized.
<b>9</b>	Ambulance to the access health care of patients in case of Emergency	Before end of 2018	RCPN	Decreased rate of death related to delay getting to the hospital A significant improvement	Potential donors identified	Ambulance will help post operative patients in rural areas to have health care on time, like delivery clinical care for post operative patients.

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
				<p>occurred in terms of live saving on time, with ambulance the health care will be appreciated by patients</p> <p>Vehicle title(ownership documents)</p>		
<b>10</b>	Communication (mobile phones for all post operative patients)	Before end of b2017	RCPN	<p>Confidence and increased willingness to participate in community, and sharing information in public</p> <p>Payment receipts</p>		<i>Watching training videos on a smartphone and teachings</i>

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
<b>b</b>						
<b>Income Generating Activities</b>						
1	Project Baseline studies	Beginning 2017	RCPN/ External consultant.	Data collated	RCPN	
2	Concept note written	before end of 2017	RCPN/ External consultant	Data collated	Potential donors identified	
3	Project proposal written	before end of 2017	RCPN/ External consultant	Data collated	Potential donors identified	
4	Project funded and active	by beginning of 2018	RCPN/ External consultant	Data collated	Potential donors identified	The project will support the budget of RCPN and build the financial independency of RCPN.
<b>Post surgery patient - reintegration and vocational education</b>						
1	Entrepreneurship skills offered	By 2017	RCPN/ DOT Rwanda	Certificates	TH/ DOT Rwanda/RCPN	Trainings will be given to the patients so that they can learn how to do IGA in order to build self-support system and meet the basic needs in their life.
2	Microcredit Program implemented	Started in 2014	RCPN	Small projects done	Potential donors identified	This project will be done specifically among the cardiac patients. Small projects will be done, and loans will be given with the repayment interest in order to help other patients to come up with resilience projects.
3	Exchange program for	By 2019	RCPN	Knowledge increased	Potential	The exchange visit will be done in the

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
	successful projects				donors identified	region in order to learn from others who have done projects and become successful.  The exchange visits will be done by the patients who are executing some IGA.
4	Patients to continue their education	Every year according to the statistics	RCPN	According to the statistics Number of patients enrolled to school every year	Potential donors identified	Some patients don't have the opportunities to continue their educations. Therefore the advocacy will be done so that they can continue to further their studies.
5	Vocational Training education	Every year	RCPN	According to the statistics Number of patients enrolled to school every year	Potential donors identified	Some patients will be supported or and encouraged to learn vocational and technical skills which can help them to earn something to sustain whilst alive.
6	New post cardiac surgery patients become full members of RCPN	Every year	RCPN	Application letters	RCPN	New members will be enrolled so that they can benefit to RCPN activities.

### 3.4. Sustain good relationships and cooperation with other stakeholders.

#### a) Member of National, regional and global NCDs alliances

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
1	Apply for National NCDs alliance	Process started	RCPN	<p>Full member of National NCDs alliance</p> <p>High national awareness of RHD and other NCDs and their risks factors</p> <p>Overview of national RHD&amp; other NCDs burden &amp;priority NCDs and risk factors.</p> <p>Country capacity &amp;gap identified</p>	RCPN/ RNCDA	<p>By participating in the national alliances, will strengthen the voice of RCPN</p> <p>Engage government , other civil society, professional groups, foundation ,trade association in RHD and other NCDs risks factors</p> <p>Identify, data and case studies on scale of impact of RHD &amp; other NCDs &amp; risks factors.</p>
2	Member of East Africa NCD alliance and regional alliance	Process started	RCPN	Full member	RCPN EANCDA	By participating in the national alliances, will strengthen the voice of RCPN
3	Global NCDs	Start 2017	RCPN	Full member	RCPN	By participating in the national alliances, will strengthen the voice of RCPN

GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
	alliances			Charities over country response to RHD & other NCDs risks factors and actors involved  Existing platforms and partnership leveraged		Make business case for RHD and other NCDs related and create linkages with boarder development issues.  Show how RHD and other NCDs intersect with UN programming principles
4	Education, teaching and public talk	Beginning 2017	RCPN	Public health within the context of development agenda using rights based approach focus on RHD & other NCDs  Advocacy, capacity buildings & technical assistance to increase availability and access to health care services for prevention of RHD & other NCDs supported.  The key indicators, data resources , & collection	RBC WHO Potential identified donors	Demonstrate how different NCDs interlinked with five UN programming principles: <b>-Human rights based approach (HRA)</b> e.g NCDs jeopardize right to health <b>-Gender equality</b> e.g several NCDs related innervations, such as cervical cancer, RHD screening ,improve women's health especially with mechanical valves <b>-Environment sustainability</b> to promote co-benefits of addressing NCDs & environment issue <b>-Capacity development:</b> build LMIC capacity, monitored by WHO <b>-Results based management (RBM);</b> global NCDs, targets& indicators and WHO gap set priority interventions can be developed outputs based UNDAF



GOAL	GOAL text	TIMELINE	RESPONSIBLE	INDICATORS OF SUCCESS	BUDGET	COMMENTS
				mechanisms identified, RCPN strategic plan adjusted as needed		work plan. Assess where global, regional & national momentum support action  Use national data for monitoring  Use existing structure mechanisms & tools where is possible
Good relations with government, institutions and organizations						
5	Legally registered as local NGO	Start by 2016	RCPN	Certificate issued by RGB	RCPN	RCPN will be registered as local NGO thus will strengthen to be given and registered as local NGO. This will help RCPN to obtain legal personality from the Ministry of Justice and also gazetted as a result of cabinet meeting.
6	Regular communication with Ministry of Health	Start by 2016	RCPN	Emails, Mails, invitation, etc	RCPN/MoH	RCPN will keep on communicating with Ministry of Health about all issues related with Heart diseases, advocacy and partnership.
7	Participating in the national programs	Start by 2016	RCPN	Emails, invitations, mails, etc.	RCPN	RCPN footprint will be seen
8	Collaboration with overseas NGOs	Start by 2016	RCPN	MoU signed, emails, Mails, etc	RCPN	RCPN will continue to partner with other organizations and institutions from abroad in order to advocate for cardiac patients.

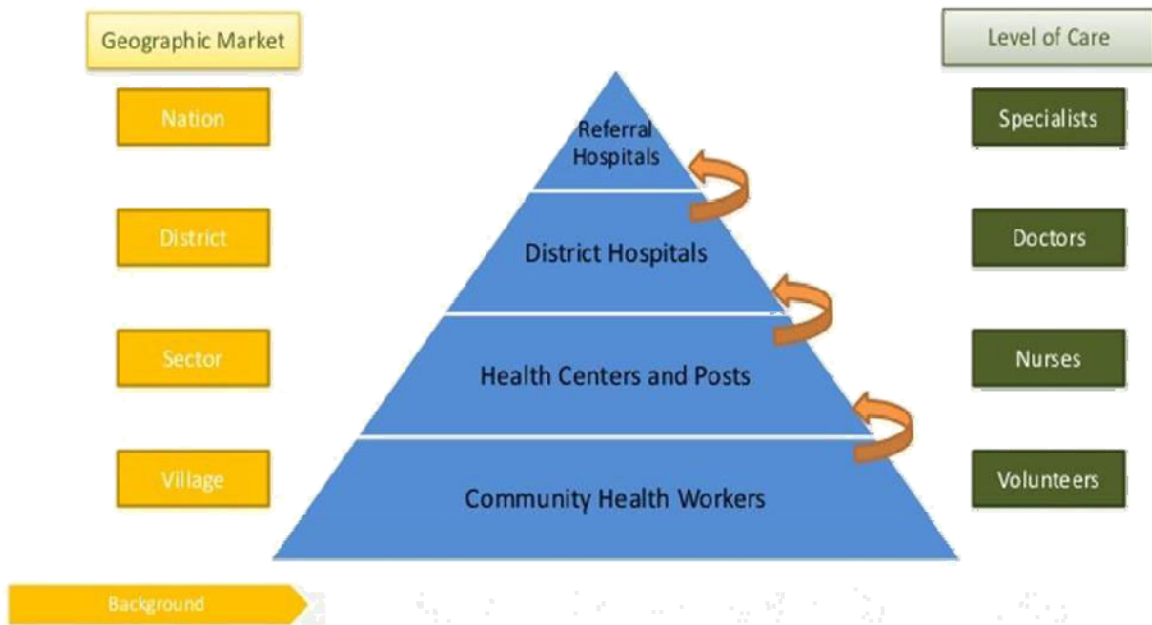
<b>GOAL</b>	<b>GOAL text</b>	<b>TIMELINE</b>	<b>RESPONSIBLE</b>	<b>INDICATORS OF SUCCESS</b>	<b>BUDGET</b>	<b>COMMENTS</b>
<b>9</b>	Award to the compassionate doctor, nurse and health care provider	Every year	RCPN	Testimonies by patients	RCPN	Identify healthcare professionals to receive certificate from RCPN in recognition of their compassion, as patients have been familiar with them either pre-operatively or post-operatively.
<b>10</b>	Follow up, monitoring, reporting	On quarterly basis	RCPN staff	Reports filed and shared	RCPN	Accountability, responsibility and transparency.
<b>11</b>	Yearly review	Every year	RCPN	Seminar conducted	RCPN and other potential donors	Reviews will be done every year to evaluate how far we are in implementing the strategic plan To review in order to update it according to the period

## Appendix

## Healthcare in Rwanda



Healthcare in Rwanda is provided through a tiered system in which the level of care increases as needed to serve the population.





## QUOTES

- a. As long as women suffer as they do I will fight! As long as little children hungering go, as they now do, I will fight. As long as men go to the prisons, in and out, in and out, as they now do, I will fight. All who are not on the ship are in the sea. Every Soldier must do his utmost to save them. (A quote of *General Booth* (1913) Founder of the salvation Army)
- b. If you want to change the future, then you are going to have to trouble the present.(William Booth)
- c. The greatness of a man's power is the measure of his surrender.
- d. Your days at the most cannot be very long, so use them to the best of your ability for the glory of God and the benefit of your generation.
- e. Let the business of the world take care of itself ... My business is to get the world saved; if this involves the standing still of the looms and the shutting up of the factories, and the staying of the sailing of the ships, let them all stand still. When we have got everybody converted they can go on again, and we shall be able to keep things going then by working half time and have the rest to spend in loving one another and worshipping God.
- f. True to Rwandan spirit, we failed many times but we have succeeded many more times than we have failed. We keep learning from our failures and we finally succeed,( Paul Kagame )
- g. Small acts, when multiplied by millions of people, can transform the world. (Howard Zinn)
- h. Never give up
- i. May I am medicine for those who are sick, a partner for those who are lonely, a bridge for those who need to cross over, and a light for those who are blind.
- j. To train in compassion is to know that all beings are the same and suffer in similar ways, to honor all those who suffer, and to know that you are neither separate from nor superior to anyone.
- k. Doing the most good (The Salvation Army)
- l. There should not be a worse community unless no bright people (Francois Nsengimana)
- m. We can heal Rwanda (Healing Hearts Northwest, Spokane)
- n. Donate your heart to heal hearts of others (Team Heart, Boston)
- o. Together we can have generation free from Rheumatic Heart Disease (RCPN, Rwanda)

# **RCPN VALUES**

**Compassion**

**Honesty**

**Transparency**

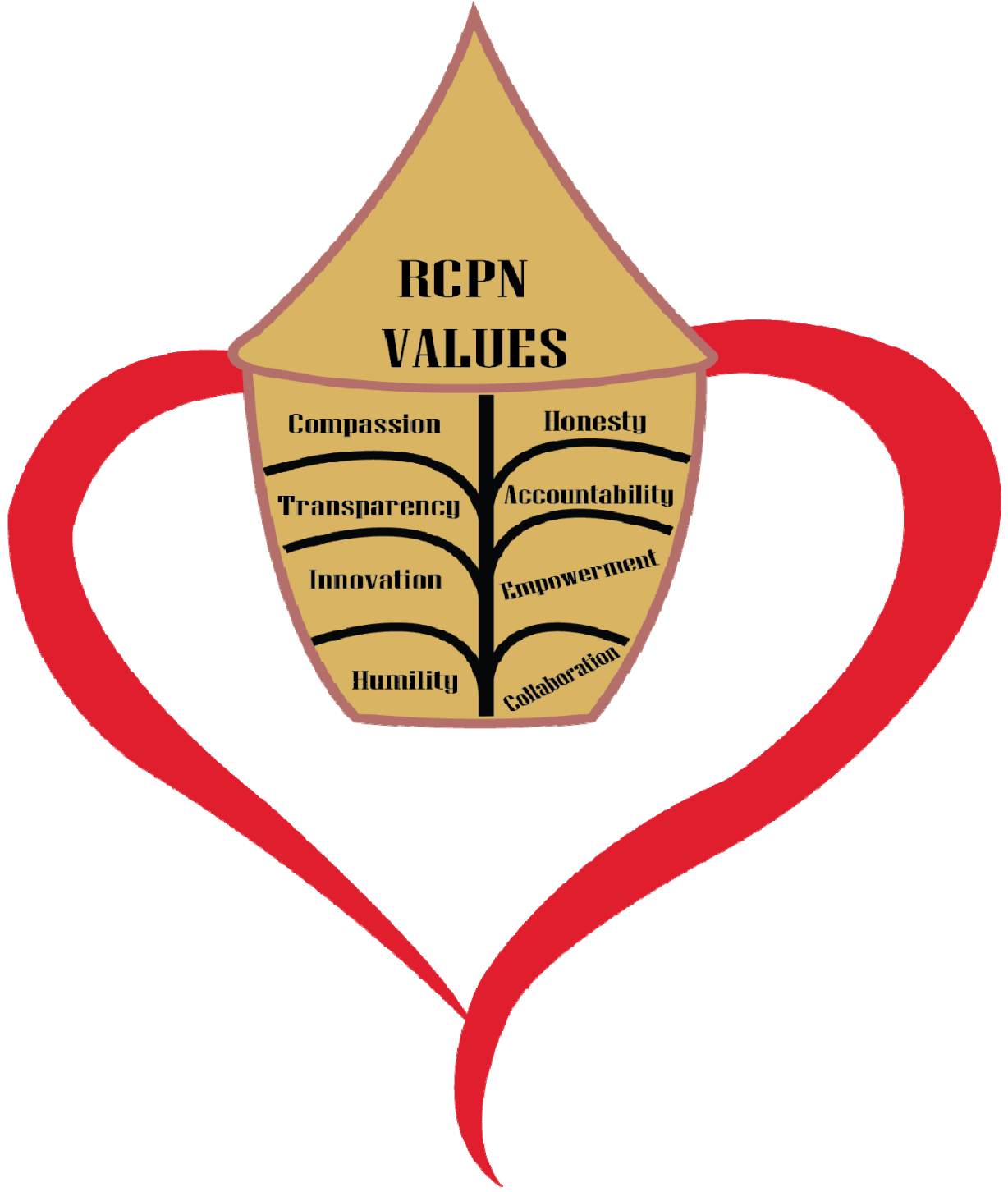
**Accountability**

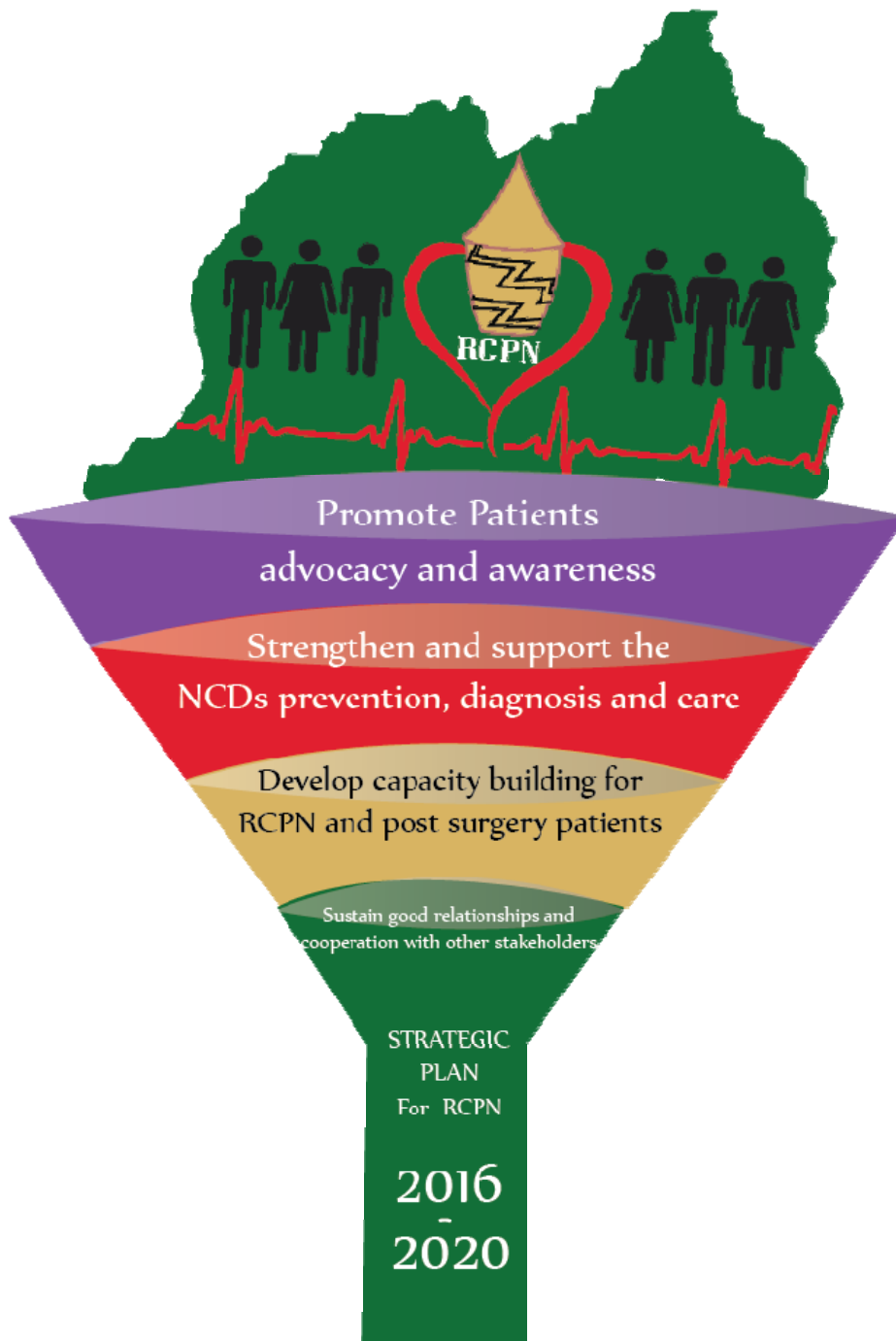
**Innovation**

**Empowerment**

**Humility**

**Collaboration**







**Motivation for joining Rwanda Cardiac Patients Network (RCPN)**

- Sharing testimonies, knowledge, experience and idea
- Capacity building
- Join forces increasing the world free from preventable non communicable diseases (NCDs)
- Together we can have generation free from rheumatic heart disease

**Message to the Public**

We believe simple is best.

- rheumatic heart disease is 100% preventable but continue to kill 275,000 per year
- rheumatic heart disease have been neglected by governments and donors
- rheumatic heart disease affects mostly children and young people living in conditions of poverty and overcrowding approximately 32 million people are currently living with RHD
- we need to bring all down
- All governments have to committed to RHD 1/3 by the year 2030
- Governments will not honor their pledge to live no one behind if they do not priority RHD



**RCPN Strategic Plan 2016-2020**