**Making Non Communicable Diseases Prevention and Control a Development Priority in East Africa - (2024-2027)**

**Summary Results Framework**

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| **Program objective (impact)** | By 2027, halt the current increase in premature mortality from NCDs in East Africa | | |
| **Outcome** | **Indicator** | **Target (end of program per country and/or core partner)** | **Means of Verification[[1]](#footnote-1)** |
| Outcome 1  Implementation of effective NCD prevention and control policies and strategies based on increased national budgetary allocations, a multi-sectoral approach, meaningful participation of PLWNCDs and focus on decentralization and integration of health services (NCDs and communicable diseases) | 1.1: Percentage increase in the national budget allocation to the health sector.  1.2: Percentage increase in health budget allocation to NCD prevention and control.  1.3: Number of Government, sector/Ministries, Departments, Agencies and/or District Authorities with NCD specific indicators in their plans and budgets.  1.4: Number of decentralized NCD prevention and control services/facilities that are established and have developed individual budgets and plans.  1.5: Number of PLWNCDs included and participating as members of national and regional NCD Task Force/TWGs (*Deliberate involvement of PLWNCDs in national bodies and task forces*). | 1.1:   * East Africa: 2% *(of EAC budget, from 0.048%)* * Burundi: 1.4% *(from 9.6% to 11%)* * Kenya: 1.8% *(from 6.2% to 8%)* * Rwanda: 2,1% *(from 9.9% to 12%)* * Tanzania: 3% *(from 7% to 10%)* * Uganda: 2% *(from 8% to 10%)* * Zanzibar: 3.4% *(from 6.6% to 10%)*   1.2:   * East Africa: 50% *(of EAC health budget, from 0%)* * Burundi: 1% *(from 1% to 2%)* * Kenya: 12.3% *(from 7.7% to 20%)* * Rwanda: 1,1% *(from 1.9% to 3%)* * Tanzania: 10% *(no clear NCD budget at baseline)* * Uganda: 10% *(from 15% to 25%)* * Zanzibar: 8.5% *(from 1.5% to 10%)*   1.3:   * Burundi: 3 *(from 2 ministries)* * Kenya: 5 *(current no. undetermined)* * Rwanda: 30 *(from 10 districts*) * Tanzania: 12 *(from 2 ministries)* * Uganda: 20 *(from 8 ministries/departments/agencies)* * Zanzibar: 3 *(from 0 ministries)*   1.4:   * Burundi: All facilities in 5 Health districts *(from 3)* * Kenya: All facilities sin 6 districts *(6 existing strengthened).* * Rwanda: All facilities in all 30 districts *(Already in place, focus on strengthening service)* * Tanzania: All facilities in all 184 districts *(baseline undetermined)* * Uganda: All facilities in all 138 districts *(from 10 districts)* * Zanzibar: 5 facilities *(from 1)*   1.5:   * East Africa: 2 *(from 1 person)* * Burundi: 10 *(from 5 persons)* * Kenya: 10 *(from 2 persons)* * Rwanda: 7 *(from 0 persons)* * Tanzania: 3 *(from 1 person)* * Uganda: 12 *(from 0 persons)* * Zanzibar: 2 *(from 1 person)* | 1.1:   * Approved annual budget * National Budget Framework Paper * Health Budget Analysis report and expenditure reports.   1.2:   * Approved national % Health Budgets * MoH Ministerial Framework Paper * National strategy and costed action plan 2026-2030 *(Rwanda)*   1.3:   * Multi-sectoral committee ToRs & meeting minutes * Various NCD TWG meeting minutes * NCD Alliance project reports * Sector policy documents and reports * HSSP IV&V *(Rwanda)* * National strategy and costed action plans   1.4:   * Project reports * MoH M&E reports *(Tanzania)* * District facility reports *(Burundi & Uganda)* * County chapter reports *(Kenya)* * County Assembly reports *(Kenya)* * MoH/MoF circular districts to plan and budget for NCDs *(Uganda)* * Developed service protocol *(Rwanda)* * NCD registry *(Rwanda)*   1.5:   * Reports and minutes from MDAs *(Uganda)* * Multi-sectoral task force/coordination/TWG meeting minutes |
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| **Outcome** | **Indicator** | **Target (end of program per country and/or core partner)** | **Means of Verification** |
| Outcome 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 (including psychosocial/mental health) activities at schools and workplaces and receive improved treatment of and advice on NCDs at the primary health care level | 2.1: No of PLWNCD  groups participating in community and government related activities and projects.  2.2: Number of community events on NCD prevention and control that are initiated and organised by PLWNCDs.  2.3: Number of schools and workplaces engaged in NCD prevention and control activities. (*Formal engagement of schools on NCD prevention & control activities*.)  2.4: Number of individuals and PLWNCDs screened/treated and advised on NCDS. | 2.1:   * Burundi: 10 *(from 5 groups[[2]](#footnote-2))* * Kenya: 6 County chapters *(6 existing formalized as organizational networks)* * Rwanda: 9 *(from 4 groups)* * Tanzania: 6 *(from existing 5 groups)* * Uganda: 200 *(from 20 groups)* * Zanzibar: 5 *(From 3 groups)*   2.2:   * Burundi: 8 *(from 4)* * Kenya: 24 *(from 24)* * Rwanda: 32 *(from 32)* * Tanzania: 12 *(from 12)* * Uganda: 40 *(from 40)* * Zanzibar: 20 *(from 3)*   2.3:   * Burundi: 4 *(from 0)* * Rwanda: 5 *(from 0)* * Tanzania: 11 *(from 3)* * Uganda: 0 *(To first establish national policy/guideline on NCD prevention & control in schools)* * Zanzibar: 24 *(From 19)*   2.4:   * Burundi: 4,000 *(from 12,000[[3]](#footnote-3))* * Kenya: 12,000 *(from 6000)* * Rwanda: 96,000 *(from 18,000)* * Tanzania: 200,000 *(from 120,000)* * Uganda: 140,000 *(from 160,000)* * Zanzibar: 72,000 *(from 24,000)* | 2.1:   * District Community Development Office registry *(Uganda)* * Registration certificates * Notarized statutes * Organization charters * M&E reports * Signed lists and minutes of group founder members   2.2:   * Global health day reports * Community event reports and participant lists   2.3:   * Reports on NCD control and prevention events in schools * School event reports and signed lists of engaged students and teachers   2.4:   * M&E, monthly and quarterly reports *(Burundi, Zanzibar)* * Screening reports and databases * MoH7 *(Kenya)* * Outreach reports *(Tanzania, Zanzibar)* * Meeting registers in health facilities *(Uganda)* |
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| **Outcome** | **Indicator** | **Target (end of program per country and/or core partner)** | **Means of Verification** |
| Outcome 3  EANCDA 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 organizational members | 3.1: Number of new grants/funding sources secured by individual alliances. *(including successful grants of alliances achieved through support from EANCDA)*  3.2: Number of NCD Alliance branches/ chapters supported in grant application and implementing sub-grants/projects.    3.3: Number of capacity building/knowledge sharing workshops held by EANCDA with the national member NCD alliances and by the national NCD Alliances with their members based on capacity needs assessments conducted.  3.4:  Number of volunteers dedicated to the support of program activities of NCD alliances. | 3.1:   * East Africa: 8 * Burundi: 8 * Kenya: 8 * Rwanda: 4 * Tanzania: 8 * Uganda: 5 * Zanzibar: 3   3.2:   * Burundi: 5 *(from 5 branches)* * Kenya: 6 (strengthening of *6 existing chapters)* * Rwanda: 5 *(from 0)* * Tanzania: 2 (*11 existing branches, none implementing)* * Uganda: 6 *(11 existing branches, 2 implementing)* * Zanzibar: 2 *(from 0)*   3.3:   * East Africa: 12 *(with national alliances)* * Burundi: 4 workshops * Kenya: 8 workshops * Rwanda: 8 workshops * Tanzania: 4 workshops * Uganda: 4 workshops * Zanzibar: 4 workshops   3.4.   * East Africa: 4 (*from 2*) * Burundi: 5 *(from 5)* * Kenya: 8 *(from 4)* * Rwanda: 400 *(from 240)* * Tanzania: 4 *(from 2)* * Uganda: 6 (*from 4*) * Zanzibar: 2 *(from 0)* | 3.1:   * Donor grant/ funding agreements * Letters of approval from donors   3.2:   * MoU between NCD alliance and respective chapters/branches * Branch/chapter annual/ quarterly reports * Endorsed SOPs * Audit reports   3.3:   * East Africa: Reports & minutes from training   3.4:   * List of volunteers * Volunteer agreements |
| **Outcome** | **Indicator** | **Target (end of program per country and/or core partner)** | **Means of Verification** |
| Cross-cutting | C.1: Number of learning groups/projects initiated.  C.2: Number of action-based research projects initiated. | C.1:   * East Africa: 2 * Kenya: 1   C.2   * East Africa 3 | C.1:   * Project description * Action plan * Status reports   C.2:   * Project description * Action plan * Research papers/reports |

Key assumptions related to the programme strategy (outcome level):

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| **Related to** | **KEY ASSUMPTION(S)** | **Means of Verification** |
| Program Outcome 1 | A.1.1: There is political will and strong government incl. East African Community commitment on prioritization of NCD prevention and control including the realization of the importance of addressing NCDs as a public health priority across all key sectors.  A.1.2: The projected increase in health sector budgetary allocations improves the prospects of program advocacy translating into increased allocations to NCDs. | A.1.1:   * M&E, monthly and quarterly reports Interview with key stakeholders   A.1.2:   * National sector plans * National budgets |
| Program Outcome 2 | A.2.1: Policy makers will effectively engage and include PLWNCDs in policy and decision-making spaces.  A.2.2: PLWNCDs will be motivated to organize themselves and play an active role in NCD decision-making processes, including providing input and feedback, and advocating for their needs and rights. | A.2.1:   * Reports from technical working groups, hearing etc. * Interviews with policy and decision makers   A.2.2:   * Interviews with PLWNCDs * Questionnaire * M&E, monthly and quarterly reports |
| Program Outcome 3 | A.3.1: The global/regional political and socio-economic security climate will continue to improve and foster favourable conditions for development partnerships and new grant opportunities that align with programme objectives. | A.3.1:   * International country reports * Monthly and quarterly reports |

1. Means of verification listed applies to all partners except where country is specified [↑](#footnote-ref-1)
2. Baseline is measured on groups that are participating in community and government related activities and projects, some partners have established groups that are currently without the capacity to do such activities and are therefore not included in the baseline. [↑](#footnote-ref-2)
3. Baseline for screenings is for the period 2019-2022 and include both screenings conducted by partner health facilities and directly by the NCD Alliances [↑](#footnote-ref-3)