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Impact analysis of Global Fund project’s services to the achievements
Of Millennium Development Goals (MDGs): Case study of
Nyamagabe District (2010-2015)

A Thesis Submitted to the coordination of MBA
Faculty of Economic Sciences and Management

In Partial Fulfillment of the Requirements for the
Degree of Master of Business Administration,
Option of Project Management

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DEDICATION

To

My dearest family

My relatives,

I all heartily dedicate this thesis
ACKNOWLEDGEMENT

Many people contributed a lot and helped us in the process of making this study a reality. Mentioning each person would be a difficult task. It is however necessary to mention some who really need to be mentioned for the great work they did for me.

I take this opportunity to offer a deep sense of gratitude to my God and hearty appreciations and sincere thanks to my beloved parents. It’s for your love, sacrifices and efforts that I have made it to this level. I am deeply indebted to Dr. Gabriel HABIYAREMYE for his continuance guidance and assistance throughout this long thesis work. His contribution to this work is most sincerely appreciated.

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NZABAMWITA Fidele
ABSTRACT

This work is entitled "Impact analysis of Global Fund project’s services to the achievements of Millennium Development Goals (MDGs): Case study of Nyamagabe District 2010-2015". This District had witnessed the opportunities of having many projects since 1980s. More than 10 rural agricultural projects were implemented in the region but long term impact of those projects to socio-economic welfare of beneficiaries was not analyzed. Even if the level of socio-economic effects from those projects is unknown, researchers and project sponsors were not interested in analyzing the level of real impact and challenges of each of those projects. Rwanda is among top 10 countries in the world that have excellently achieved MDGs in different socio-economic services such as health, education, gender, and poverty reduction. For this, Global Fund contributed and supported significantly these services in order to boost the achievement of MDGs in Nyamagabe District.

However, the researcher was interested to conduct a study whose aim was to answer the following questions: What is the level of Impact of global fund project’s services to the achievements of MDGs? What are challenges faced by global fund project support in implementing its activities in Nyamagabe District? In order to answer these questions the following objectives were set: The first objective is to assess the level of impact resulting from services input, output, outcomes of global fund projects compared to the millennium development goal (MDGs), to find out challenges faced by Global Fund project in implementing Millennium Development Goals (MDGs) in Nyamagabe District and to suggest recommendations for future global projects support.

The research methodology that was used during this research included both qualitative and quantitative data. Qualitative because interviews, observation, case studies, questionnaires and document analysis were used. Quantitative because counting and measurement techniques were used. Descriptive and correlation study which collected views from Global Fund stakeholders are presented in the part of data analysis and interpretation. The researcher used questionnaire and interview guide as tools of data collection.

The results indicate that Global Fund project’s services have significant impact that contributed to the achievements of Millennium Development Goals in Rwanda at 100% in education, 28% in reducing infant mortality rate, 100% of children are fully vaccinated, 89% of births were attended by skilled health personnel, 90% of women were using modern contraceptive method, 100% antenatal care coverage was achieved and 80% contraceptive prevalence rate. Through these results, the researcher suggested recommendations to the project sponsors, to conduct need assessment before introducing a new project, to involve beneficiaries in all project phases and to manage efficiently and effectively all project resources.
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List of Abbreviations

AIDS  Acquired Immune Deficiency Syndrome
ART  Anti-Retroviral Therapy
AU  African Union
CCMs  Country Coordinating Mechanisms
CDA  Confirmatory Data Analysis
CEPGL  Communaute Economique des Pays des Grands Lacs
COMESA  Common Market of Eastern and Southern Africa
ECD  Early Childhood Development
EDA  Exploratory Data Analysis
EDPRS  Economic Development for Poverty Reduction Strategy
EU  European Union
GBV  Gender Based Violence
HIV  Human Immune Deficiency Virus
IAI  Impact analysis
ICSU  International Council for Science Union
ICT  Information Communication Technology
IMF  International Monetary Fund
KT  Korea Telecom
LFA  Local Fund Agent
MDGs  Millennium Development Goals
MINECOFIN  Ministry of Economy Planning and Finance
NCC  National Children Council
NFM  New Funding Model
NGO  Non-Government Organization
OECD  Organization for Economic Cooperation and Development
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CHAPTER ONE: GENERAL INTRODUCTION

1.1 Background of the Study

The genesis of the Global Fund emerged during discussions between donors and multilateral agencies toward the end of 1999 up to 2000, G8 Summit in Okinawa, Japan (UNO, 2000). During that time, under the leadership of World Health Organization (WHO) Director-General Gro Harlem Brundtland and WHO Deputy Director General David Nabarro, discussions were initiated with donors, other UN agencies concerning the creation of a new global health fund to help achieve these targets.

By 2000, the concept had evolved to concentrate on a smaller group of illnesses: TB, HIV/AIDS, malaria, unsafe childbirth and vaccine preventable diseases (WHO, 2000:13). By the time of the G8 Experts’ Meeting on Global Health Issues, April 19–20, 2000 in Tokyo, the group of diseases had been narrowed even further. “The discussion focused on the three major infectious and parasitic diseases, HIV/AIDS, TB, and malaria which were identified as the highest priority areas among others through the G8 process (Jeffrey S., 2005).

At Okinawa Summit, G8 nations for the first time established measurable global targets for addressing AIDS, TB and malaria. Immediately the following Summit, WHO went on record stating that the G8’s commitment to fight AIDS, TB and malaria. This would cost at least $25 billion over the next five years, suggesting that 60 percent of this funding should be spent on HIV/AIDS, and the rest evenly split for campaigns against TB and malaria (Romano Prodi, 2000).

Many Global Fund programs are meeting or exceeding their targets programs in countries like China, Ghana, Honduras and Rwanda reached 80 percent of their original two-year goals during their first years of operation (Global Fund -Office of Inspector General (OIG), 2014). There is a significant contribution of the Global Fund to Fight AIDS, Tuberculosis and Malaria, to support gender balance in education, and universal education for all as the Rwandan national Strategy. Those strategies are Women’s and Children’s Health and education (Global Strategy) which is representative of the current momentum for accelerated progress aimed at achieving Millennium Development Goals. Those goals are reducing child mortality (4) and improving maternal health(5) , achieve universal primary education(2) , to promote gender equality and empowers women(3) with the target of eliminating gender disparities in primary and secondary education preferably by 2005 and in all levels of education no later than 2015.
The Millennium Development Goals (MDGs) is a set of International Development goals established after various international conferences of the 1990 (Jeffrey S., 2005:10). After 10 years over 150 Heads of State gathered at the Millennium Summit in September 2000 in New York agreed on a set of goals to monitor different progress realized in different sector by different countries including Rwanda. In this regard different goals were established with their respective targets. The internationally agreed framework of 8 goals and 18 targets was complemented by 48 technical indicators to measure progress towards the Millennium Development Goals. These indicators have since been adopted by a consensus of experts from the United Nations, IMF, OECD and World Bank (Jeffrey S., 2005). Among eight goals of MDGs, Global Fund had supported four respective goals: Eradicate extreme poverty and hunger; achieve universal primary education; promotion of gender equality and empower women; reduce child mortality and improve maternal health and combat HIV/AIDS, malaria and other diseases.

In Rwandan context the country has planned different strategies meeting requirements of millennium development goals such as EDPRS I and EDPRS II including eradicate extreme poverty and hunger, education for all program, fighting against HIV/AIDS, malaria, tuberculosis, malnutrition and other diseases, improve maternal and children health care, Environment Protection Program (MINECOFIN, 2010). It is in this regard that the Global Fund project has intervened to support some of the above programs.

Rwanda has a proven track record of success in fighting HIV/AIDS, tuberculosis and malaria: The HIV epidemic in Rwanda has stabilized at a prevalence of 3 percent, largely as a result of a strong national response to control the spread of HIV. It is estimated that around 80 percent of those eligible to receive treatment are on anti-retroviral therapy (ART) treatment, equivalent to 130,000 people. The country is on track to meet the Millennium Development Goal of a declining trend in HIV death rates by 2015. Largely funded by Global Fund grants, 11 million units of nets have been distributed to the population, and malaria related mortality decreased by 74% between 2005 and 2012. Rwanda has met international targets of a 50% reduction in tuberculosis prevalence and death rates, and is on track to meet the Millennium Development Goal of a declining trend in tuberculosis incidence by 2015 (Ministry of Health, 2012).
1.2 Statement of the problem

There is a link between project initiation, project implementation, project monitoring, project evaluation and project impact analysis process relationships (Global Fund, 2011:6).

Today many projects try to implement this project life cycle but the last phase of project impact analysis is not done generally. Problems such as the low level of involvement and participation of stakeholders especially beneficiaries in their needs identification and project needs assessment that must show priorities during project conception phase and project decision making process were not done. The impact of more than 10 big rural projects implemented in areas covered by Nyamagabe District since 1988 up to now is not significant to ensure socio-economic welfare of beneficiaries.

Researchers also were not interested in impact analysis of Rwandan local projects so as to know the level of project sustainability which can build the culture of ownership. Beneficiaries sometimes don’t take care of the product or service delivered from the project as they are owners. Project implementers are not interested to analyze the significant change of life brought by the project and the knowledge of this area is limited because there is no scientific research conducted in this area to measure the level of impact of these projects. What is done is evaluation of the project only when the project closeout. Only researches done on impact analysis of projects in Rwanda are reports of projects evaluation, and projects impact analysis model focusing on impact analysis model and methodology used for different projects.

If research on impact analysis of projects has research gaps, this can be an opportunity that we can continue to offer credible guide-lines of research on projects’ results. The Rwandan achievement of set goals of countries’ projects in particular through EDPRSs and achieving MDGs in general are significantly expressed in many official reports. However, the level of impact realized by Global Fund project’s services to the achievements of MDGs in Nyamagabe District remains unknown. This reason led us to conduct a study which aimed at answering this question; what is the level of impact realized by Global Fund Projects on socio-economic welfare of the population leading to the achievements of MDGs in Nyamagabe District?

1.3 Research Questions

The research questions of this topic were the inferential associational research questions because they related two or more variables. The researcher used the approach which consisted to see how two or more variables would co-vary and how one or more variables enables one to predict another variable. The research questions required hypothesis that would be answered by analyzing data using inferential statistics.
The research questions for this topic are:

1. What is the level of impact of Global Fund project’s services to the achievement of millennium development goals in Nyamagabe District?
2. What are the challenges faced by Global Fund project during implementation process in Nyamagabe District?

1.4 Objectives of the research

The objectives of this study are group into two main groups. The first group is the general objective while the second group is made by four specific objectives stated as follow.

1.4.1 General objective

Generally, the study is designed to analyze the impact and challenges of Global Fund projects for the achievement of Millennium Development Goals (MDGs) in Nyamagabe District.

1.4.2 Specific Objectives

Specifically, the objectives of this study include:

1. To assess the level of impact of global fund projects services in improving socio-economic welfare of the population,
2. To analyze the level of District achievements compared to indicators of Millennium Development Goals (MDGs) by establishing link between them,
3. To find out challenges faced by Global Fund project in implementing millennium development goals (MDGs) in Nyamagabe District.

1.5 Significance of the study

For the researcher, this study helped the student to acquire research skills that can be used in the other field of studies. Basing on this research, other researchers will benefit more from the related field.

To Global Fund stakeholders: This study can help Global Fund stakeholders and partners to know the real effect of a Global Fund project’s services on socio-economic development of Rwandan population in general and those of Nyamagabe District in particular. This study also highlighted some of the challenges faced by Global Fund project’s services during the implementation of its activities that could affect its impacts on welfare of the population.

To the project stakeholders and beneficiaries: This study can also help project initiators, project managers and project implementers to involve beneficiaries in all project phases and help them to know the importance of impact analysis during evaluation of different projects.

To Global Fund: This study can help Global Fund staff to evaluate their activities and their potential positive effects in improving the welfare of their beneficiaries. The study showed Global Fund stakeholders if their vision and mission were achieved as they were fixed.
To further researchers: This study can be useful source of information about impact analysis of projects and it is very important to the various users of this research information. Above all, this study inform and serve the public on different aspects including: Partnership based-governance, stakeholders ‘ownership, principles, funding models, opportunities, guidelines and concept of current Global projects that could be initiated in order to be implemented efficiently and effectively.

1.7 Justification or rationale of the study

The topic for this dissertation emerged mostly from my background and interests. In 2008 I was not only interested more in project monitoring and evaluation but also in impact assessment of small projects of local Non-Governmental Organizations (NGOs). In addition to that during my studies in Masters Program, Option of project management in UNILAK, the question about how project impacted on beneficiaries for their sustainable development started to interest me more and more. The rationale for undertaking this study is to provide answers so that the study may shed some light regarding the changes and improvement contributed by Global Fund project compared to the targets of MDGs.

Furthermore, another aspect which is interesting to me and which has influenced the choice of this topic is the historical background of Projects where many projects have been initiated and implemented but after the project close out the impact are not significant because of lack of project sustainability and ownership among beneficiaries.

This particular study is being proposed from 2010 up to 2015 in Nyamagabe District because the District came at first place three times in achieving the signed (imihigo) performance contracts that spelled out specific and measureable District targets from 2006 up to 2015. These performance contracts were conceived basing on the targets of vision 2020 and millennium development goals containing different targets that must be achieved in 2015. The contribution of Global Fund projects in these performance contracts was so significance in health, education, and other associated welfare indicators. Therefore, it is assumed that most projects must be evaluated basing on their impacts on the beneficiaries.

1.8 Theoretical /Conceptual Framework

Theoretical framework was developed by the researcher basing on the model of theoretical project framework. Pinto and PMBOK suggested theoretical project framework establishing relationship between input, output, outcome and impact indicators for monitoring and evaluation of project success(PMIBOK,2010).
Services provided by Global Fund project with different activities implemented so as to achieve Millennium Development Goals involving intervention of other stakeholders constitute the logical framework of Global Fund Performance-based funding model. Global Fund programs for which funding is sought and provide a framework under which services are delivered.

Examples linked to the sample goals listed include: “To improve survival rates in people with advanced HIV infection in four provinces, to achieve universal primary education, to reduce children mortality, to improve maternal health, to reduce transmission of tuberculosis among prisoners in the ten largest prisons or to reduce malaria-related morbidity among pregnant women in seven rural districts” (UNDP, 2007).

Service delivery areas: These described the key services to be delivered to achieve each objective. A service delivery area (SDA) is a defined service that is provided to a recipient. Examples for the sample objectives listed include: economic empowerment, social support, education services, health services such as antiretroviral treatment and monitoring for HIV/AIDS”, timely detection and quality treatment of cases for tuberculosis, or insecticide-treated nets for malaria. For a listing of SDAs agreed and supported by international partners. Main activities described are linked to each service to be delivered. Examples linked to the sample SDAs listed above include “Developing an adherence support program for people taking antiretroviral therapy”, “Procuring drugs for the treatment of tuberculosis”, or “Developing a distribution mechanism for insecticide treated bed nets”(Global Fund, 2010). Key indicators and key implementing partners involved in Global Fund activities should be summarized and reported.

The conceptual framework of our research consisted on Independent variables that represent different services such as health services, education services, social support, gender and economic empowerment with their inputs: Financial and physical indicators of resources found in planned activities of global fund project. Dependent variables consist on identification of the outputs: services provided and generated by global Fund project and outcomes: Access to, use of, and satisfaction with services provided by global fund projects and above all the analysis of impacts which the effects on dimensions of well-being of population of Nyamagabe District. We also evaluated the level of achievement of MDGs in the same District. Those achievements are related to universal primary education, Promotion of gender equality and empower women, Reduce child mortality, improve maternal health, Combat HIV/AIDS, Malaria and other diseases. It also shows the intervening variables which are: Government institutions, International non-government Organizations and Other stakeholders.
The first dependence variable which is the eradication of extreme poverty and hunger are not analyzed in findings because of different reasons. Firstly, this goal was achieved indirectly basing on the fact that educated and healthy people are economically more productive. Secondly, educated people are developed in their socio-economic capacity. Thirdly, Healthy people are strong enough for searching their way of satisfying their basic needs hence poverty and hunger are reduced by their productive capacity. All these achievements were possible due to the political will of government institutions, strong partnership of International organization including UNO institutions and other NGOs.
1.9 The size of the study

The achievement of MDGs through the activities and services supported by Global Fund covers a range of many factors, as the title of this work indicates, the study, however, focused on the impact analysis of Global fund project to the achievement of Millennium Development Goals (MDGs) in Nyamagabe District (2010-2015). This research project covers the space of Nyamagabe District in Southern Province within the period from 2010 up to 2015. The context of research concerned the activities and services supported by Global Fund project toward the achievements of MDGs. The research considered Nyamagabe District because of many reasons such as the level of achievements of performance contract (Imihigo) by which Nyamagabe trucked excellent records in occupying the first place five times among 30 Districts in implementing the signed performance contacts from 2006 to 2010 and being one of five Districts performing well in the same contract from 2010 up to 2015.

Nyamagabe District is the good example that can help as evidence to international and global project implementers the level of achievement that can be realized locally referring to universal goals through considering local realities of a specified area. This study also focused on challenges faced by global fund project during its implementation. It also suggested recommendations that can inspire the stakeholders of the projects that will be initiated by different institutions for achieving the 17 goals of Sustainable Development.

1.10 Organization of the study

This study is structured such that chapter one shows introduction where background, statement of the problem, research questions and objectives, conceptual framework of the study are presented. Chapter two presents Review of related literature and studies. Chapter three presents the methodology. Chapter four deals with the data analysis while chapter five presents the summary, conclusion and recommendation for projects stakeholders.

In chapter one, the background of the study presented the genesis of Global Fund, countries and people who contributed to the initiation of Global Fund so as to fight against three major diseases affecting the world. The statement of the problem showed how different projects stakeholders and other researchers were no interested in impact analysis of implemented projects so as to know the level of contribution of those different projects in Nyamagabe District. Research questions, objectives were presented in order to answer those questions through the research results and achieve these research objective. The conceptual framework was presented in order to show how dependent variable depended on Independent variable with the influence of intervening variable. Chapters two make review of works, reports and other studies that help to ameliorate the level of understanding of the topic.
Chapter three presented the methodology used in this research involving research design, population, sampling techniques, data collection and research instruments that were used. Chapter four presented the findings analyzed using correlation and statistics analysis.

The last chapter presented the conclusion that synthesized the results from the study accompanied by recommendations and suggestions for the future global project initiators and stakeholders. Strengths and limitations of this study were highlighted where it was revealed that Global Fund contributed a lot in improving the wellbeing of the population. This study was constrained by the limited financial means, low level willingness from respondents and limited time.
CHAPTER TWO: REVIEW RELATED LITERATURE AND STUDIES

2.0 Introduction

This chapter revises different literatures written in the areas of projects in general and global fund project particularly. It also talks about the classification of projects, the problems faced by projects in Rwanda, factors for success of global fund project and the contribution of global fund project to the achievement of MDGs. This chapter provides also theoretical literature, later reviews of past theories, empirical analysis of Global Fund and MDGs so as to recognize the value of what had been achieved in projects impact analysis. Empirical literature is taken to measure the level of improvement in global fund project intervention domain compared to millennium development goals.

2.1 Definitions of key terms.

2.1.1 Impact analysis

Impact analysis (IA) is defined as a systematic process that determines and evaluates the potential effects of an interruption or ended project operations as a result and outcome. A Project Impact Analysis is an essential component of an organization's continuance plan; it includes an exploratory component to reveal any positive change and a planning component to develop project strategies for minimizing project risk. The result of this activity is a project impact analysis report, which describes the potential change and risks specific to the organization studied. Impact analysis is the assessment of the pros and cons of pursuing a course of action in light of its possible consequences, or the extent and nature of change it may cause (PMI, 2010).

2.1.2 Global Fund

Global Fund is defined as an international mutual fund or other investment company that invests in different services provided in various countries. This is done to reduce risk, to save lives for achieving universal goals. Some analysts argue that country diversification is less effective in an era of globalization, but other analysts dispute that. A global fund is also called a world fund. The Global Fund became incorporated as a Foundation under Swiss law as a new kind of public-private partnership often confused as being part of the United Nations family (WHO, 2012)

2.1.3 Projects

According to the PMI (2010): a project is a temporary endeavor undertaken to create a unique product or service. A project is “An undertaking which, via a series of planned activities, is designed to achieve a particular objective by a particular time.” According to Pinto (2010): “A project is a unique
venture with a beginning and end, conducted by people to meet established goals within parameters of cost, schedule and quality”. Projects are defined as organizational activities that are complex, one-time processes, limited by a defined budget, schedule to completion, and resources, and aimed at achieving a set of technical or operating specifications designed to meet customer needs. Let's take a moment to examine the various elements of this definition. A project is an undertaking which, via a series of planned activities, is designed to achieve a particular objective by a particular time as unique venture with a beginning and end, conducted by people to meet established goals within parameters of cost, schedule and quality.

2.1.4 Millennium Development Goals (MDGs)
UNO (2000) describe MDGs as the eight international development goals that were established following the Millennium Summit of the United Nations in 2000, following the adoption of the United Nations Millennium Declaration. All 189 United Nations member states at the time (there are 193 currently), and at least 23 international organizations, committed to help achieve the following Millennium Development Goals by 2015: To eradicate extreme poverty and hunger; to achieve universal primary education; to promote gender equality; to reduce child mortality; to improve maternal health; to combat HIV/AIDS, malaria, and other diseases; to ensure environmental sustainability and develop a global partnership for development. As MDGs were set to be achieved in 2015, we cannot forget to introduce SDGs which are new improved set goals established in order to be achieved in the future.

2.1.5 Sustainable Development Goals (SDGs)
International Council for Science Union (ICSU, 2015) defines SDGs as a universal, integrated, transformational set of Global goals and targets for sustainable development and political declaration on the post-2015 development agenda. SDGs offer major improvements on Millennium Development Goals (MDGs). It addresses key systematic barriers to sustainable development such as inequality, unsustainable consumption patterns, weak institutional capacity, and environmental degradation that MDGs neglected (SDG report, 2015).

It is made by 17 Sustainable Development Goals and 169 targets. They offer better coverage, and balance between the three dimensions of sustainable development Social, economic and environmental with institutional/governance aspects. The overall balance is illustrated by four of the goals discussing global environmental issues climate, water, ecosystem and oceans (ICSU, 2015). Environmental sustainability is an add-on in the MDGs (n°7), MDGs dealt with developing countries and only to a limited degree captured all three dimensions of sustainability. In contrast, SDGs deals
with all countries and all dimensions, although the relevance of each goal will vary from country to country.

The SDGs process has been a huge step forward through the effort to create universal goals that articulate the need and opportunities for the global community to come together create a sustainable in an interconnected world (SDG report, 2015).

2.2 Generalities on Project and Global Fund project

The dynamic of world business today involves different aspects of project management skills. Project management is very important to world business today because of many reasons. Different reasons why project management is an important subject for modern organizations are: Compressed product life cycles with a narrow product launch windows, increasingly complex and technical products, increased customer focus, emergence of global markets/competition, corporate downsizing/rightsizing, demand from developing countries, change management, temporary competitive advantage, strategic agility and emergent strategies of businesses (Pinto, 2010).

Many scholars and researchers both from developing and developed countries have spent a lot of time studying and analyzing the impacts of different projects during monitoring and evaluation of projects. Despite the efforts made, there is a hardly a consensus in literature regarding the impacts and change analysis of implemented projects in different countries, especially in developing countries including Rwanda.

2.2.1 Characteristics of a project

A project is characterized by complexity, uniqueness, limited by budget, schedule and resources, customer focused, and typical life cycle (Pinto, 2010).

- **Projects are complex, one-time processes**

Projects arise for a specific purpose or to fulfill a stated goal. They are complex in that they typically require the coordinated input of a number of members of the organization, either members from different departments, or multiple members of one functional area working together. Project organizations are intended to fulfill a stated goal and hence, are temporary; they exist only until the goals they are seeking have been attained.

- **Projects are limited by budget, schedule, and resources**

Project work requires members of a company to work with limited financial and human resources for a specified time period. Projects do not continue to run indefinitely. Once the assignment is completed, the project team disbands. Until that point, all activities are bounded by the limits placed on them by budget and personnel.
There is no such thing as a project team with an ongoing, nonspecific purpose. A project's goals define the nature of the project and the team that staffs it. Whether the goal is to build a new bridge, implement a new accounts receivable system, or win a presidential election, the goal must be specific and the project must be organized around achieving that stated goal.

- **Projects are customer-focused**
  Whether the customer is an internal organizational unit (e.g., accounting) or a broader external market, the underlying purpose of projects is to satisfy customer needs. In the past, this characteristic was sometimes overlooked; projects were considered successful if they attained their other technical, budget, and schedule goals. Now we have become increasingly aware that this attitude reflects only half the picture. Unless we acknowledge that the primary goal of a project is customer satisfaction, we run the risk of "doing the wrong things well;" that is, creating projects that do not serve the purposes for which they were intended.

- **Projects have a typical ‘Project Lifecycle’**
  Projects will always have a beginning and an end, as do phases, and how these points are defined will vary. The project life cycle phases will follow a similar high-level generic sequence: concept, definition, implementation and handover and closeout. In specific circumstances the project life cycle is replaced by an extended form. This extended life cycle includes two further phases: operations and termination. The concept phase establishes the need, problem or opportunity for the project. The project’s feasibility is investigated and a preferred solution identified; if supported, the project continues to the definition phase. The definition phase further evaluates the preferred solution and options to meet that solution, and prepares the plans necessary for implementation of the project. The implementation phase implements the project strategy and plan. This phase can be divided into two or more stages. The handover and closeout phase delivers the project to the sponsor and the organization. The project is now complete in terms of delivery of a capability that will allow benefits to be achieved. In the extended life cycle the operations phase will include: The ongoing support and maintenance of the project’s deliverables. The termination phase concludes the operational life of the deliverables and completes their disposal in an effective manner (Pinto, 2010).

**2.2.2 Global fund project**
Different projects are initiated, implemented, monitored and evaluated for report in order to ensure satisfaction of donors but after the project close out there is no other impact analysis survey organized on behalf of proving the project success and sustainability within and among beneficiaries.
This is the reason why developing countries even if many projects make effort to support different programs. Sometimes the gap on project success and project sustainability is still high because they end up without impacting on people’s welfare after a short period of project closeout. This concern is found especially in socio-economic support projects. In 2001, the United Nations and G8 committed to providing substantial new resources to fight the three most deadly infectious diseases of our time: AIDS, tuberculosis (TB) and malaria (Global fund report, 2012). Ten years later the Global Fund became the main multilateral funder in global health, channeling approximately US$3 billion annually—two-third of all international financing for TB and malaria, and one-fifth of all international financing for AIDS.

i. Vision and mission of global fund project

Global fund project had a vision and a mission

**Vision:** The Global Fund project aspires a world free from the burden of AIDS, tuberculosis, malaria, children mortality and ensured maternal health.

**Mission:** The mission of Global Fund is to invest the world ‘money to save lives.’

The Global fund’s business is” to attract, manage and disburse resources to countries, ensuring that funds are efficiently and effectively used, and that they reach the people who need these funds the most. The business model relies on the following main components: Business performance model, Global Fund guiding Principles and Global Fund Projects analysis model

i. Global Fund business performance model

Global fund project is a performance based funding

According to Global Fund governance Handbook (2014) all Global Fund programs are held to a high standard of performance. Initial funding is awarded based on the quality of applications and continued funding is contingent on grant recipients ‘demonstration of results. Program implementers identify indicators to measure progress, and existing national reporting mechanisms are used whenever possible.

Global fund project is partnership- based governance

Partnership runs throughout the government structure. Amongst the Board, committees and advisory groups, representatives of the corporate sector, private foundations, nongovernmental organizations and communities affected by the three diseases hold equal decision-making power with government representatives. UN technical agencies, partnerships, and nongovernmental organizations provide critical support to countries to help build capacity and to develop proposals, as well to implement and monitor approved programs (Global Fund, 2014).
Global Fund governance system in country Partnership
The Global Fund’s governance system was based on a public-private partnership is mirrored at the country level. Proposals for funding must be prepared and submitted by a Country Coordinating Mechanism, a committee that includes representatives from both the public and private sectors, including governments, multilateral or bilateral agencies nongovernmental organizations, academic institutions, private businesses and people living with the diseases.
Together, they apply for funding, govern the distribution of resources and oversee program implementation in countries (Global Fund, 2014).

Country ownership
The country ownership has been one of the core principles of Global Fund since its creation. Each country defines its own priorities, based on consultation with an empowered group of stakeholders .This bottom up approach is balanced against the organization’s increasing emphasis on impact and value for money (Global Fund, 2014).

Transparency and accountability
In all its activities, the Global Fund is committed to an environment of transparency and accountability, with a dedication to efficiency. All approved proposals, grant agreements and progress reports are available on the Global Fund website, as are Global Fund Board documents and decisions (Global Fund, 2014).

2.2.3 Global Fund guiding Principles
The Global Fund was founded on a set of principles that guides everything the organization does, from governance to grant-making. As stated in the Global Fund framework document, these are: To operate as a financial instrument, not as an implementing entity. To make available and leverage additional financial resources, support programs that evolve from national plans and priorities , operate in a balanced manner in terms of regions , diseases and interventions , pursue an integrated , balanced approach to prevention and treatment , evaluate proposals through independent review processes, operate with transparency and accountability , strengthen and reflect the involvement of those infected and affected , scaling up and reflecting existing national programs and priorities (The Global Fund, 2014 ).

2.2.4 Projects analysis model
The Global Fund to Fight AIDS, Tuberculosis, and Malaria, founded in 2002, has become the largest financier of malaria control and elimination efforts. In 2011, amidst global economic stress, the Board of the Global Fund called for a structural reformation of the funding mechanism to increase value for money of their investments.
The Global Fund’s New Funding Model’s (NFM) basic framework divvies up the available funding based on a country’s composite score of the three disease burdens and ability to pay based on GNI per capita. The change in total allocations to the eliminating countries that were eligible for Global Fund grants compared to previous average annual allocations varies widely by country, with some allocated a significant increase and others allocated a significant decrease in funding. In Rwanda the global fund allocation grants was significantly increased in line with contributing to the wellbeing of the population through the wellbeing of children especially orphans and other vulnerable children, their families and communities.

2.2.5 Impact analysis model

The contribution of the Global Fund to Fight AIDS, Tuberculosis and Malaria, to support gender balance in education, and universal education for all the Rwandan national Strategy. Those strategies are Women’s and Children’s Health and education (Global Strategy) is representative of the current momentum for accelerated progress aimed at achieving Millennium Development Goals. Those goals are reducing child mortality (4) and improving maternal health (5), (achieve universal primary education (2), to promote gender equality and empowers women (3) with the target of eliminating gender disparities in primary and secondary education preferably by 2005 and in all levels of education no later than 2015 (Jeffrey D., 2005).

The Global Strategy is a step toward better health for women and children, national strategy and international partners like global fund project are working rapidly to translate them into concrete action and measurable results. Using the total disbursed value and the elapsed life of each global fund active grant, we will determine how much money our country was receiving prior to the implementation of project, on average, per year (The global fund, 2005).

2.2.6 Global Fund Project life cycle and impact measurement

The fund project life cycle was built on the following architecture: Firstly, Country Coordinating Mechanisms; secondly, Technical Review Panel (TRP); Thirdly, Principal Recipient (PR), and lastly, Local Fund Agent (IERG, 2014).

The Country Coordinating Mechanisms (CCMs)

This consists on country-level partnerships that develop and submit grant proposals, monitor their implementation, and coordinate with other donors and domestic programs, multi-sectoral, involving broad representation.

1. Technical Review Panel (TRP)

It is an independent Panel that reviews and recommends proposals.
2. **Principal Recipients (PR)**

   It is a local entity nominated by the CCM and confirmed by the country to be legally responsible for grant proceeds and implementation in a recipient country.

3. **Local Fund Agent (LFA)**

   It is an independent organization hired by the secretariat to assess the PR’s capacity to administer data on financial and programmatic progress. The Global Fund’s system of performance-based funding framework was also developed in order to link disbursements to achievements of targets; to identify opportunities early in the Grant lifecycle to expand efforts and address implementation issues; to free up committed resources from non-performing grants for re-allocation to programs where results can be achieved.

   The following figure will contextualize the Global Fund grant life cycle began firstly by proposal management made by future planning and guideline for proposal leading to grant negotiation involving LFA assessment, grant signings, and first disbursements, secondly performance based funding to renewal on second phase including procedures for renewals for decision making.

**Proposal Management**

- Future round planning
- LFA assessments
- Grant signings
- First disbursements

**Performance based Funding**

- Based funding
- Ongoing grant reviews
- Procedures for renewals
- Go/no go decisions

*Figure 1.2: The context of Global Fund grant life cycle*

2.2.7 Global fund project challenges

➢ Technical challenges

Some of the challenges faced by Global Fund project in fighting against malaria include lack of regional harmonization of malaria control interventions preventive services and poor quality of care in health centers served as the impetus for introducing performance-based financing strategies. Other challenges are related to the permanent oversight requirements, the inaccuracy of data, and the delicate balance of the pricing of the various indicators that is why the conceived performance-based financing depends on finding appropriate solutions to these issues (Government of Rwanda, 2006).

➢ Financial and social challenges

The financial barriers to access to health services are still seen in poor families. Improving the quality and sustainability of health services will remain among the main challenges facing Rwanda in the coming years. The changing macroeconomic and international health environment is also a challenge of Global Fund project. Government coordination of donor funding was critical to ensure that aid was used effectively and aligned with national priorities. The future issues and challenges that will be faced by the government of Rwanda after the Global Fund project closeout of its activities, is the sustainability and the necessary evolution of the institutional support for the health financing approach of Rwanda (Ministry of Health and World bank, 2011).

The fact that each country will spend their existing funding and with spend rates which is unknown is another challenge that reduced the long term impact of Global Fund project in achieving its objectives. It is therefore uncertain how much existing funding will be left when countries receive their new grants (UCSF Global Health Group, 2014). Like many sub-Saharan African countries, Rwanda is highly dependent on aid and will remain so for the next decade. Sustained support from the donor community is therefore needed to support the health system strengthening agenda. The biggest challenges found in health services is the enrollment of the poorest Rwandans and regulation the package of benefits as well as the payments mechanisms to ensure equitable access to quality services (Gyri Fitsche, et al., 2009).

2.3 Analysis of Millennium Development Goals in Rwandan context

The Millennium Development Goals (MDGs) are a set of eight interdependent goals aimed at reducing poverty and improving the quality of life, particularly of the rural poor, and represent a
global partnership resulting from the Millennium Declaration at the UN’s Millennium summit of 2000 (UNO, 2000).

193 United Nations member states and at least 23 international organizations agreed to achieve these goals by the year 2015. The MDGs are internationally considered as benchmarks of the progress a country is making towards sustainable development.

In eradicating Extreme Poverty & Hunger: Rwanda tried to eradicate extreme poverty and hunger by contextualizing these goals in poverty reduction strategies. Since 2008, higher growth rates in agriculture contributing to food security thanks to programmes like Crop Intensification Program that contributed to increasing production and productivity of crops. The Vision 2020 Umurenge (VUP) flagship program of Rwanda’s EDPRS I, the one-cow per poor family (Girinka) program and Ubudehe program that allow the community to be part of the solution to reduce their poverty have helped to achieve this goal significantly (MINECOFIN, 2006).

This goal faced with the following challenges which are: Scaling-up existing programs requires more resources, ensuring sustainability of growth and translation into job creation.

Universal Primary Education was achieved in Rwanda because the remarkable rise in enrollment has been driven by the government program of fee-free education up to the first 9 years of school with 6 of those years being primary schooling years. The fee-free education has been extended to cover 12 years of basic schooling, thereby including the entire secondary school cycle. To ensure sustainability of this goal the government needed: To build more schools and train more teachers (to reduce pupil to teacher ratio standing at 59.0 in 2012 from 58.0 in 2011). To increase availability of textbooks and teaching aides, Managing financial sustainability of fee-free basic education, education solidarity fund (for vulnerable children) at district level was established, Capitation grant to schools was introduced since 2003 and the government Continued focus on further improving Quality.

In Promoting Gender Equality and Empower Women, Policies & law reforms were established to promote gender equality: Laws discriminating against women were abolished e.g.: The 2003 Constitution provides for at least 30% of seats to women in parliament, women now have rights to property and inheritance, active fight against Gender Based Violence (GBV)- e.g. Isange” One Stop Centre established to provide comprehensive response, care and support services to girls and boys, women and men survivors of Gender Based Violence (GBV) or child abuse. Women Economic empowerment programs such as access to financial services through women guarantee fund, women entrepreneurship program were initiated etc.
Institutional mechanisms that enhance gender accountability i.e. Gender Machineries including: Ministry of Gender and family Promotion, Gender Monitoring Office, National Women Council were established in order to implement and achieve this goal.

This goal faced with the following challenges :Changing culture is not as easy as amending laws (it requires a lot of sensitization efforts and takes time).Percentage of women in off farm jobs is still very low- Reversing the current status is critical to improving the economic status of mainly women headed households.

In reducing Child Mortality and improvement of Maternal Health, improvements in vaccination coverage over this period have been significant contributors with the proportion of children having all vaccinations increasing from 75% in 2006 to 90% in 2011. Over 95% of children are vaccinated against measles in 2015. The key driver for MDG5 has been an increase in the percentage of delivery assisted by skilled providers which has also increased from 39% in 2006 to 69% in 2011 and more than 90% in 2015 (Ministry of Health report, 2015).

Mitigation measures for this goal showed that Child and Maternal mortality ratios need to be reduced further, quality of health care needs to be further improved and introduction of Community Health Workers. Community Health Workers is instrumental in getting children treated within 24 hours of onset of fever, pneumonia and diarrhea (leading causes of childhood deaths). Increase access to reproductive health services, improving antenatal and emergency obstetrical care are measures to be taken. Concerning HIV / AIDS, Malaria & Other Diseases data showed that in Rwanda access to ARVs was increased to reach universal access (covered under Mutually health insurance scheme). Pregnant women and children under 5 getting free treated bed nets, Antiretroviral treatment for all HIV/AIDS patients is provided with subsidization after they seek treatment at a health center.

Ensuring environmental sustainability in Rwanda the establishment of institutions to closely monitor & champion environment protection e.g. Rwanda Environment Management Authority (REMA), passing of laws determining the use and management of land preserving wetlands and forests, banning of non-biodegradable plastic bags, protection of river banks and lake shores, tree plantation programs, rainwater harvesting in public and private institutions were done and continue to be done.

While developing a Global Partnership for Development, Rwanda regards regional and international economic integration as a key element to improve Rwanda’s opportunities to achieve faster growth and poverty reduction. As such, Rwanda is a member of Key regional and international arrangements: the AU, EAC, COMESA, CEPGL and Commonwealth. Rwanda also has international trade
agreements such as those with the EU and USA. Partnerships have also been built between
government and the development partners to enhance mutual accountability and more ODA is
committed to the sector wide approach.

Unblocking the country’s landlockedness through leveraging ICT is a key priority for the Country, as
such; Rwanda signed a Memorandum Of Understanding with Korea Telecom (KT) in 2013 to deploy
a high-speed (4G LTE) broadband network to cover 95 per cent of the population in three years.
Currently Kigali city has been covered. Liberalization of mobile telecommunication industry was
increased.

2.4 Millennium Development Goals’ gaps and challenges

1. Gaps of Millennium Development Goals

Rural-urban gaps persist and access to reproductive health and to clean drinking water is still critical
in rural areas. Some poor children are still denied by their conditions of living their right to education.
Girls are most likely to be out of school than boys among both primary and lower secondary age
groups even for girls living in richest families.

The poorest children are most likely to be out school because children and adolescents from the
poorest households are at least three times more likely to be out of school than children from the
richest households (Gloria, 2015).

2. Challenges of Millennium Development Goals

The challenges related to MDGs confronting the population in terms of burden of disease and HIV
prevalence where national HIV prevalence in Rwanda has held steady at 3% since 2010 (Rege
D., 2014). Other challenges were weaknesses with respect to the recruitment and retention of trained
staff within the public health system and the supply and distribution of health commodities, including
ARVs. The overall cost of the NSP most of which is being borne by external funders. The main
challenges of MDGs complained of a lack of analysis and justification behind the chosen objectives,
and the difficulty or lack of measurements for some goals and even progress, among others
Although developed countries ‘aid for achieving the MDGs rose during the challenge period, more
than half went for dept relief and much of the remainder going towards natural disaster relief and
military aid, rather than further development.

2.5. The link between Global fund project’s service and MDGs indicators
There is a link between Global Fund project activities and MDGs in the sense that Global Fund was initiated in order to speed up the achievements of MDGs’ priorities. Global Fund, as it is a financing institution, provides support to countries in the response to the three diseases. Global Fund staff come from all professional backgrounds and from more than 100 different countries work together in order to make the world free from the burden of AIDS, tuberculosis, malaria, children mortality, and ensure maternal health by investing the world’s money to save lives. MDGs, with its 4 priorities, are to eradicate extreme poverty and hunger, achievement of universal primary education, reduce children mortality, improve maternal health, combat HIV/AIDS, Malaria, Tuberculosis, and other diseases.

By challenging barriers and embracing innovative approaches, the Global Fund partnership strives for maximum impact. Working together, Global Fund have saved millions of lives and provided prevention, treatment, and care services to hundreds of millions of people, helping to revitalize entire communities, strengthen local health systems, and improve economies.

A 21st-century partnership takes a modern approach to global health: to be effective, it must be agile, responsive, and committed to serving communities affected by HIV, TB, and malaria. It must also reach beyond the mindset of paternalistic aid that sometimes created obstacles in the past. With a more modern outlook, countries take the lead in determining where and how best to fight diseases, how to respond to broader development challenges, and how to coordinate work with international partners in global health. Global Fund also plans on how to use their increased domestic finances to leverage external resources to build resilient and sustainable systems for health and education services. All these services and their respective activities have the crucial targets of boosting MDGs in their priorities.

People implementing programs on the ground know best how to respond to HIV, TB, and malaria in their local contexts. Country ownership means that people determine their own solutions to fighting these three diseases, and take full responsibility for them. Each country tailors its response to the political, cultural, and epidemiological context.

The Global Fund HIV grant is based on six outcome and impact indicators including:
1. Percent of infants born to HIV-infected mothers who are infected by 18 months.
2. Percent of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.
3. Percent of eligible adults and children currently receiving antiretroviral therapy.
4. Percent of Men having Sex with Men reporting use of condom during last time they had anal sex with a male partner.

5. Percent of Female Sex Workers reporting the use of condom during penetrative sex with their most recent client.


These six Global Fund indicators have a strong relationship with the following MDGs indicators adopted by United Nations, IMF, OECD and the World Bank (OECD, 2000).

1. Proportion of population below $1 per day,

2. Poverty gap ratio \([\text{incidence} \times \text{depth of poverty}]\).

3. Share of poorest quintile in national consumption (World Bank),

4. Prevalence of underweight children under five years of age

5. Proportion of population below minimum level of dietary energy consumption.

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

6. Net enrolment ratio in primary education

7. Proportion of pupils starting grade 1 who reach grade 5

8. Literacy rate of 15-24 year-old eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

9. Ratio of girls to boys in primary, secondary and tertiary education.

10. Ratio of literate women to men, 15-24 years old.

11. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

12. Under-five mortality rate,

13. Infant mortality rate,

14. Proportion of 1 year-old children immunized against measles,

15. Maternal mortality ratio (UNICEF-WHO)

16. Proportion of births attended by skilled health personnel.

17. Have halted by 2015 and begun to reverse the spread of HIV/AIDS HIV prevalence among pregnant women aged 15-24 years.

18. Condom use rate of the contraceptive prevalence rate

19. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years,
20. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases,
21. Prevalence and death rates associated with malaria,
22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures,
23. Prevalence and death rates associated with tuberculosis, and proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB (UNO, 2013)).

2.5 Empirical review of Global Fund and MDGs

In different periods, many reports and studies about Global Fund and MDGs were done but still there is a hardly consensus in findings. With the deadline for Global Fund and MDGs on the 2015 horizon, progress can be reported in most areas, despite the impact of the global economic and financial crisis. Several important targets had or would be met by 2015, assuming continued commitment by national governments, the international community, civil society and the private sector. That said, progress in many areas is far from sufficient. Redoubled efforts are urgently needed, particularly in regions most behind to jumpstart advancement and achieve maximum gains. The world community should take pride in its accomplishments thus far, while building on existing momentum to reach as many goals as possible by 2015.

In 2013, UNO elaborated a report showing that Significant and substantial progress has been made in meeting many of the targets (UNO, 2013). This report also showed that the achievement of the MDGs has been uneven among and within countries. Children from poor and rural households were much more likely to be out of school than their rich and urban counterparts. Wide gaps remained in basic knowledge about HIV and its prevention among young men and women in sub-Saharan Africa, which has been hardest hit by the epidemic.

In more than a decade of experience in working towards the MDGs, UNO have learned that focused global development efforts can make a difference. Through accelerated action, the world can achieve the MDGs and generate momentum for an ambitious and inspiring post-2015 development framework. Successive year’s report looked at the areas where action is needed most. In 2005 UNO report identified many countries where too many women die in childbirth when the world has the means to save them. More than 2.5 billion people lack improved sanitation facilities, of which one billion continue to practice open defecation, a major health and environmental hazard (UNO, 2005).
CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction
Research methodology covers research design, population, sampling, data collection, data analysis, reliability and validity of the study. According to Robonson (1993), there are three traditional research strategies for real world research, experiment, surveys and case studies. However, Yin (1994), points out that research is made up of five primary strategies. These are experiments, surveys, archival analysis, histories and case studies. Additional strategies imposed by Yin suggest that knowledge is not static, it is dynamic and grows.

The following section introduces the methodology of this thesis and establishes the chosen method, procedure and underlying assumptions made in approaching the matter at hand and relevant discussions on all the aspects of these. In brief, in order to accomplish this study, different methods and techniques were used to collect and analyze data. It would give a description of research design which is a plan and a strategy of investigation conceived so as to test the research hypothesis.

3.1 Case study profile
The study area selected for this research work is Nyamagabe District in Southern Province of Rwanda. Nyamagabe District is one of the eight Districts that make up the Southern Province of Rwanda. The population of Nyamagabe District is 330,000; the majority is aged 19 years old with 54% of the population. People aged 65 years are 4% and the population under 40 years old are about 80% of the population. More than a half of the population (53%) is constituted of female population. National Institute of Statistic of Rwanda (2010:2).

Nyamagabe District is composed of 14 Sectors. Every sector had benefited the support of Global Fund that supported health services by reducing child mortality, ensuring maternal health, fighting HIV/AIDS and malaria; education by supporting students from primary, TVET, Secondary school up to University, all this contributed indirectly to poverty reduction of project beneficiaries. Different Health centers, schools and hospitals, International with local NGOs had received global fund project support financially, materially and staffing. The District has 17 Health centers and two Hospitals that are Kigeme District Hospital and Kuduha Military Hospital both working in partnership with Global Fund project.
3.2 Research design

The research design refers to the overall strategy that you choose to integrate the different components of the study in a coherent and logical way. Whereby researcher will effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data. Burns and Grove (2003:195) define research design as “blueprint” of the study. The design of a study defines the study type (descriptive, correlation, semi-experimental, experimental, review, meta-analytic) and sub-type (e.g., descriptive-longitudinal case study), research question, hypotheses, independent and dependent variables, experimental design, and, if applicable, data collection methods and a statistical analysis plan. Research design is the framework that has been created to seek answers to research questions.

The research design consisted on both qualitative and quantitative because researcher investigated on behavior of staff in service delivery and provide statistical descriptions, relationships and explanations about numerical data. A case study was used as a common sample design in this study. These helped us to investigate intensively a District with a limited number of typical and interconnected by the Global Fund Project impacts and, thus, will help us to know the level of impacts of this project in general.

3.3 Population and Sampling Techniques

3.3.1 Population

The study looked at Stakeholders directly or indirectly impacted or who were impacted by global fund project programs and activities. Melville and Goddard (19996:29) define the population as “any group that is the subject of research interest.” The target population is the total group of individuals from which the sample might be drawn.

The target population for a survey is the entire set of units for which the survey data are to be used to make inferences. Thus, the target population defines those units for which the findings of the survey are meant to generalize. Establishing study objectives is the first step in designing a survey. In this study the total number of population under study is 500 people who are project stakeholders identified from 10 sectors chosen from 17 sectors of Nyamagabe District.
The target population under this study is 500 people identified from the population of Nyamagabe District. From target population the sample will be calculated using Solvin’s formula: \( n = \frac{N}{1+NE^2} \)

**Table 1: Population under the study**

<table>
<thead>
<tr>
<th>Number</th>
<th>Health centers/Hospital</th>
<th>Schools</th>
<th>Number of Global Fund stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gasaka Health center</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>2</td>
<td>Kigeme Health center</td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>3</td>
<td>Mbuga Health center</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>4</td>
<td>Kitabi Health center</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>5</td>
<td>Kamegeri Health center</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>6</td>
<td>Cyanika Health Center</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>7</td>
<td>Kibumbwe Health center</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>8</td>
<td>Buruhukiro Health center</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>9</td>
<td>Mushubi Health center</td>
<td></td>
<td>33</td>
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<tr>
<td>10</td>
<td>E.S.Nyamagabe</td>
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<td></td>
</tr>
<tr>
<td>11</td>
<td>G.S.Kigeme</td>
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<td></td>
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<tr>
<td>12</td>
<td>T.T.S.Mbuga</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Kigeme Hospital</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9 Health centers and 1 Hospital</td>
<td>3 Schools</td>
<td>500 Global Fund stakeholders</td>
</tr>
</tbody>
</table>

*Source: Researcher’s design (2015)*

As indicated in the table above, the population comprises of 500 Global Fund stakeholders including health service providers, Global Fund beneficiaries, Global fund partners, teachers, parents and Local leaders. Those stakeholders are distributed in nine health centers and one District Hospital located in 10 sectors. From this population, a small portion known as sample was selected to represent the whole population.
3.3.2 Sample

The target population was comprised of 500 people distributed in 9 Health centers among 17 Health centers corresponding to 17 Sectors of Nyamagabe District identified from population of 9 Health centers and one District Hospital chosen from 330,000 population of the district in 2015. From this population a small proportion known as a sample will be selected to represent the whole population. It was calculated using the Solvin formula as it is presented by Melville and Goddard (1996:25).

\[
\begin{align*}
n & = \frac{N}{1 + NE^2} \\
\end{align*}
\]

Where \( N \) = Size of population
\( n \) = Sample size and \( E \) = Margin error desired

To apply this formula on the population of 500, the researcher will get the following sample size:

\[
\begin{align*}
n & = \frac{500}{1 + 500 \times 0.1^2} \\
& \approx 83.33 \\
& \approx 83
\end{align*}
\]

Then the sample size \( n \) is eighty three respondents.

Therefore, the sample size under this population will be 83 respondents composed of Global Fund beneficiaries, Global fund staff, doctors and nurses (Health service providers), teachers and headmasters (Education service providers) who were stakeholders of Global Fund project.

3.3.2 Sampling strategies

Different sampling methods were used. Cluster sampling, purposive sampling and random sampling methods will be used in this study.

The method of cluster sampling was used in this study. In accordance with this sampling technique, the global fund project stakeholders were subdivided into direct beneficiaries, indirect beneficiaries, staff, local partners and other people involved in the implementation of this project. Melville and Goddard (1996:32) define cluster sampling as a sampling that subdivides the population into subgroups called clusters.

Purposive sampling was used to choose units of analysis in all clusters. According to Kidder and Jud (1987:154), a common strategy of purposive sampling is to pick cases that are judged to be typical of the population in which we are interested because of their ability to provide relevant information about the topic. For example this study focused on health staff in Kigeme hospital, and 9 health centers of Nyamagabe District, health service beneficiaries, vulnerable and orphans students from three different schools, Global staff and local leaders. Random sampling is defined as a sampling in which every member of a population has an equal chance of being selected. As one can understand from the definition this method is not applicable to the results of processes because the population set should be static. We cannot ensure that every member has an equal chance of being selected.
However the results of random sampling are amongst the best if adequate sample size is selected (Hair, 2003). This sampling was used for population beneficiaries.

The number of respondents from each sector is calculated as follow:

**Table 2: Sample size of each health center, hospital and school.**

<table>
<thead>
<tr>
<th>Health center/Hospital or School</th>
<th>Population</th>
<th>Sample size (number of Respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gasaka Health center</td>
<td>35</td>
<td>$83 \times \frac{35}{500} \approx 6$</td>
</tr>
<tr>
<td>Kigeme Health center</td>
<td>36</td>
<td>$83 \times \frac{36}{500} \approx 6$</td>
</tr>
<tr>
<td>Mbuga Health center</td>
<td>34</td>
<td>$83 \times \frac{34}{500} \approx 5$</td>
</tr>
<tr>
<td>Kitabi Health center</td>
<td>37</td>
<td>$83 \times \frac{37}{500} \approx 6$</td>
</tr>
<tr>
<td>Nkumbure Health center</td>
<td>35</td>
<td>$83 \times \frac{35}{500} \approx 6$</td>
</tr>
<tr>
<td>Cyanika Health Center</td>
<td>33</td>
<td>$83 \times \frac{33}{500} \approx 5$</td>
</tr>
<tr>
<td>Kibumbwe Health center</td>
<td>32</td>
<td>$83 \times \frac{32}{500} \approx 5$</td>
</tr>
<tr>
<td>Buruhukiro Health center</td>
<td>35</td>
<td>$83 \times \frac{35}{500} \approx 6$</td>
</tr>
<tr>
<td>Mushubi Health center</td>
<td>33</td>
<td>$83 \times \frac{33}{500} \approx 5$</td>
</tr>
<tr>
<td>E.S.Nyamagabe</td>
<td>37</td>
<td>$83 \times \frac{37}{500} \approx 6$</td>
</tr>
<tr>
<td>G.S.Kigeme</td>
<td>38</td>
<td>$83 \times \frac{38}{500} \approx 6$</td>
</tr>
<tr>
<td>T.T.S.Mbuga</td>
<td>35</td>
<td>$83 \times \frac{35}{500} \approx 6$</td>
</tr>
<tr>
<td>Kigeme Hospital</td>
<td>90</td>
<td>$83 \times \frac{90}{500} \approx 15$</td>
</tr>
<tr>
<td>Total</td>
<td>500</td>
<td>$83 \times \frac{500}{500} = 83 \approx 83$</td>
</tr>
</tbody>
</table>

*Source: Researcher’s design showing sampling strategies used (2015)*

**3.4 Research Instruments**

According to Godfred Annum (2015) research instruments are fact finding strategies. They are the tools for data collection. They include Questionnaire, Interview, Observation and Reading. These chosen research instrument are valid and reliable. The validity and reliability of our research project
depended on the appropriateness of our instruments. The procedure that was used to collect data was critically examined to check the extent to which it is likely to give you the expected results.

### 3.4.1 Questionnaire

This is a data collection instrument mostly used in normative surveys. This is a systematically prepared form or document with a set of questions deliberately designed to elicit responses from respondents or research informants for the purpose of collecting data or information. It is a form of inquiry document, which contains a systematically compiled and well-organized series of questions intended to elicit the information which provided insight into the nature of the problem under study. It is a form that contains a set of questions on a topic or group of topics designed to be answered by the respondent. The respondents are the population samples of the study. The answers provided by the respondents constitute the data for the research (Jaykaran, et al., 2011).

### 3.4.2 Types of questionnaires that will be used

The researcher used questions that require yes or no answers are also termed as Dichotomous questions. It may, also be multiple choice options from which the respondent selected the answer closer to his or her own opinion. The respondent's choices were limited to the set of options provided. Unstructured questionnaire was used also. This type which is also termed as open ended or unrestricted type of questionnaire calls for a free response in the respondent's own words. The respondent frames and supplies the answer to the question raised in the questionnaire. It also constitutes questions which gave the respondent an opportunity to express his or her opinions from a set of options. Spaces are often provided for respondents to make their input (Godfred A., 2015).

### 3.4.3 Data Gathering Procedures

Both primary and secondary sources of data were used for the study. The secondary data include information that was obtained mainly from official records of documents such as different reports, bulletins, websites and literatures, which are relevant to the theme of the study. They were gathered from various sources to complement the surveys-based analysis. The primary sources of data were questionnaires, and interviews distributed to stakeholders of Global Fund project.

### 3.5 Types of data

The data used in this research includes both primary and secondary data.

You will see that the data types are described in the same order as you see them listed above starting with the quantitative and ending with the categorical data type.

#### 3.5.1 Primary data
Primary data are quantitative data (metric or continuous) that is often referred to as the measurable data. These types of data allow us to perform various arithmetic operations, such as addition and multiplication, to find parameters of a population like mean or variance.

3.5.2 Secondary data

Although reading is more to do with literature review, it is also an instrument for studying and doing my research proposal. Reading different documents, books, reports, and other documents will help the researcher to get more information related to my topic.

3.6 Statistical treatment of Data/Data analysis procedure

Analysis of data is a process of inspecting, cleaning, transforming, and modeling data with the goal of discovering useful information, suggesting conclusions, and supporting decision-making. Data analysis has multiple facets and approaches, encompassing diverse techniques under a variety of names, in different business, science, and social science domains.

In statistical applications, some people divide data analysis into descriptive statistics, exploratory data analysis (EDA), and confirmatory data analysis (CDA). EDA focuses on discovering new features in the data and CDA on confirming or falsifying existing hypotheses. Predictive analytics focuses on application of statistical models for predictive forecasting or classification, while text analytics applies statistical, linguistic, and structural techniques to extract and classify information from textual sources, a species of unstructured data. All are varieties of data analysis (Cai J, Zeng D., 2004).

In our case, we used SPSS where independent variables were used to predict the dependent variables. We also considered the value of controlling the intervening variables in order to minimize interference. Data integration is a precursor to data analysis, and data analysis is closely linked to data visualization and data dissemination. The term data analysis is sometimes used as a synonym for data modeling.

3.6 Professional and Ethical responsibility

Ethical considerations can be addressed at individual and at societal levels. The way that individuals are affected by the conduct of others merits ethical consideration. The effects on a person of being informed that his father died of Huntington's disease (and that, therefore, there is a fifty percent chance that he has inherited the genetic mutation) can be personally and profoundly harmful. The risk
of harm to that person becomes an essential ethical consideration in deciding what information to disclose and how to disclose it. In this context the researcher was truthful in everything written by accurately representing the views of others, reporting methods and findings fully, interpreting data accurately and presenting my findings positively.
CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

4.0. Introduction

The purpose of this study was to analyze the impact and challenges of Global Fund project’s services to the achievements of Millennium Development Goals in RWANDA. In order to reach this objective, it was necessary to collect views and data from different individuals especially the staff of Global Fund, health service staff from different health centers and Kigeme hospital (Nurses, doctors, accountants) together with beneficiaries. Other informants contacted are education staff such as head teachers and teachers.

Thus, this fourth chapter deals with the presentation, analysis and interpretation of data which was collected from staff of nine health centers and one hospital, head teachers, teachers and students from three schools and local leaders who were main stakeholders of Global Fund.

The present chapter is composed of six main components which include the identification of respondents, services and activities supported by Global Fund, and level of achievements of Millennium Development Goals and the correlation between Global Fund project’s services and four identified Millennium Development Goals (MDGs).

4.1. Identification of respondents

At the beginning of data collection, we were interested in knowing the identification of respondents for ensuring the readers that the information provided in this thesis comes from the true and reliable sources. The main points that have been taken into considerations during identification of respondents were sex, age, educational levels, and professional occupation.

4.1.1. Distribution of respondents by Sex

During the period of data collection, we have received the views of respondents comprised of both male and female as presented in the table below

<table>
<thead>
<tr>
<th>Item/Sex</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>46</td>
<td>55.4</td>
</tr>
<tr>
<td>Male</td>
<td>37</td>
<td>44.6</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016
As indicated in the table above, 46 out of 83 respondents, equal to 55.4% were female, while men are 36 out of 83 respondents, equal to 43.4%. Having a low number of men in this team of respondents is caused by the fact that the number of male working in health and education sector is still low compared to female in Rwanda, especially in health centers and schools as we have remarked it through observation. This also shows that the high numbers of Global Fund beneficiaries in health and education sector are women.

4.1.2 Distribution of respondents by age groups

The respondents were categorized into four groups according to their age, the first was made of people ranged between 21 and 30, the second is between 31 and 40 years old, the third was between 41 and 50 years old, while the last category comprised of 51 years old and 60.

Table 4: Age groups of respondents

<table>
<thead>
<tr>
<th>Respondents’ age groups</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 21 and 30</td>
<td>11</td>
<td>13.3</td>
</tr>
<tr>
<td>Between 31 and 40</td>
<td>52</td>
<td>62.7</td>
</tr>
<tr>
<td>Between 41 and 50</td>
<td>16</td>
<td>19.3</td>
</tr>
<tr>
<td>Between 51 and 60</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

Concerning the age of respondents, the majority of respondents 52 out of 83 equal to 62.7% were in the age group of 31-40. The reason is that this age category is composed of the people who are mature to provide the reliable information to the present study and who are working in these services as service providers. Also the big number of beneficiaries in health and education services is found in this age group. The second group consisted of the respondents is ranged between 41 and 50 equal to 16 out of 83 with percentage of 19.3 %, followed by the third age group, made of 11 out of 83 respondents whose age is counted below 30 years old with the percentage of 13.3 % composed of young people who are many in our country, but most of them are still at school, others were not direct stakeholders of Global Fund project’s services. The last category is composed of 4 out of 83 respondents ranged from 50 and above whose percentage is 4.8 %. This category is made of a low number of Rwandans in general, as Rwanda is a developing country whose pyramid of age is triangular with high number of youth than adult. Another reason for having a low number in this age group is that the adult people of about this age tend to resist against change that include helping
researchers to collect easily the information and data related to Global Fund and Millennium Development Goals.

4.1.3. Distribution of respondents by education levels

Another point that was considered as important to consider in identification of respondents, was distribution of respondents by educational levels as presented in the table below:

**Table 5: Educational Levels of respondents**

<table>
<thead>
<tr>
<th>Respondents ‘education level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Primary</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Secondary</td>
<td>40</td>
<td>48.2</td>
</tr>
<tr>
<td>Bachelors</td>
<td>36</td>
<td>43.4</td>
</tr>
<tr>
<td>Masters</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

On the point relating to the educational level as presented in table above, the present study had majority of respondents ranged in category of those who have secondary level, equal to 40 out of 83 equal to 48.2 %, the second category was composed of respondents who studied university with 36 out of 83 respondents and percentage of 43.4 %; while the smallest number is made of the respondents who have masters level with percentage of 3.6 %. Three 3 respondents out of 83 have only primary school while one 1 respondent out of 83 equal to 1.2% is not educated.

4.1.4 Occupational distribution of respondents

During classifying respondents into different categories of identification, the researcher was also interested in knowing the occupation of the respondents. Regarding to this point, the following table indicates the answers from respondents.
Table 6: Occupation of Respondents

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaried job</td>
<td>61</td>
<td>73.5</td>
</tr>
<tr>
<td>Business</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Agriculture</td>
<td>7</td>
<td>8.4</td>
</tr>
<tr>
<td>Others</td>
<td>11</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

According to the data presented in the above table, the majority of respondents are salaried job especially people working in health and education sector without combining their job with other activities. This group is made of 61 out of 83 respondents which has a percentage of 73.5 %. The second category is made of those who work in agriculture and others such as studying or doing part time job with respectively 7 and 11 whose percentage is 8.4% and 13.3%. The last group of respondents is doing business. They are 4 out of 83 respondents which is equal to 4.8 %.

4.1.4. Respondents awareness on Global Fund Project’s services

During classifying respondents into different categories of identification, the researcher was also interested in knowing the level knowledge they have about Global Fund project’s services and activities.

Table 7: Respondents who know Global Fund project’s services

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>83</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

About the number of respondents who know Global Fund project’s services, 83 out of 83 respondents which is equal to 100% agreed that they knew Global Fund project’s services and activities. This shows that our topic was well known by our sampled respondents. No respondent was not informed about Global Fund which is equal to 0%. All respondents have some information about Global Fund that helps them to respond to my questions.
4.1.5 Respondents awareness on Millennium Development Goals (MDGs)

During classifying respondents into different categories of identification, the researcher needed to know the level knowledge they have about Millennium Development Goals (MDGs) priorities supported by Global Fund.

**Table 8: Respondents who know Millennium Development Goals (MDGs)**

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>78</td>
<td>94.0</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

About Millennium Development Goals (MDGs), 78 out of 83 respondents which is equal to 94% agreed that they knew something about Millennium Development Goals in which they were involved as stakeholders. This shows that the topic was well known by our sampled respondents. Only five respondents were not informed about Millennium Development Goals (MDGs) which is equal to 6%.

4.2. The level of impact of Global Fund project’s services in improving socio-economic welfare of people

Figure 2: Services and activities supported by Global Fund that improved welfare of people

![Services](image)

Source: Primary data, March 2016

As revealed in the above figure, the majority of our respondents are 35 out of 83 people equal to 42.2% revealed that the major service supported by Global Fund project’s services is related to malaria. 26 people out of 83 respondents (31.3%) confirm that Tuberculosis control is the second
activities supported by Global Fund, 19 out of 83 respondents (22.9%) revealed that education service is the fourth and 3 out of 83 people (3.6%) revealed that Global Fund supported HIV/AIDS control.

**Table 8: Global Fund project contribution in supporting tuberculosis control**

<table>
<thead>
<tr>
<th>Level respondents ‘appreciation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium level</td>
<td>10</td>
<td>12.0</td>
</tr>
<tr>
<td>High level</td>
<td>69</td>
<td>83.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>79</strong></td>
<td><strong>95.2</strong></td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

The above table, the majority of our respondents are 69 out of 79 people equal to 83.1% revealed that Global Fund project contribution in supporting malaria control is appreciated at high level. 10 people out of 79 respondents (12%) show the medium level of appreciation of GF contribution in tuberculosis control.

**Table 9: Global Fund project contribution in supporting malaria prevention**

<table>
<thead>
<tr>
<th>Level of respondents ‘appreciation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low level</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Medium level</td>
<td>10</td>
<td>12.0</td>
</tr>
<tr>
<td>High level</td>
<td>69</td>
<td>83.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

The above table shows that the level of respondents appreciation of 69 people out of 79 respondents corresponding to (83.1%) of respondents is the high level, whereas 10 people out of 79 respondents (12%) appreciated the Global Fund contribution in malaria prevention at medium level. 4 people of respondents appreciated at low level. These table shows that the level of contribution of Global Fund is high when we analyze the results.
Table 10: Global Fund project contribution in supporting malaria treatment

<table>
<thead>
<tr>
<th>Level of Respondents ‘appreciation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low level</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Medium level</td>
<td>11</td>
<td>13.3</td>
</tr>
<tr>
<td>High level</td>
<td>68</td>
<td>81.9</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

The above table, the majority of our respondents are 68 out of 83 people equal to 81.9% revealed that Global Fund project contribution in supporting malaria treatment is appreciated at high level, with 11 people out of 83 respondents (13.9%) show the medium level of appreciation of GF contribution in malaria treatment and 4 people appreciated the project at low level. This shows that Global Fund services in supporting Malaria treatment is appreciated at high level by the majority of respondents.

Table 11: Global Fund project contribution in supporting Malaria eradication

<table>
<thead>
<tr>
<th>Level of Respondents ‘appreciation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low level</td>
<td>7</td>
<td>8.4</td>
</tr>
<tr>
<td>Medium level</td>
<td>18</td>
<td>21.7</td>
</tr>
<tr>
<td>High level</td>
<td>58</td>
<td>69.1</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016
Concerning the level of respondents’ appreciation of services and activities supported by Global Fund, about 70% of respondents appreciated the contribution of Global Fund in supporting Malaria eradication at high level. This means that they were satisfied by the service delivery and achievements of Global Fund project’s services and activities. Those services and activities supported by Global Fund as it is shown in different tables are: Tuberculosis control (83.1%), malaria prevention (83.1%), Malaria treatment (81.9%) and Malaria eradication (65.1%) about 70% appreciated at high level, 21.7% appreciated at medium level and 8.4% appreciated at low level. For Malaria control through different interview and report we have seen that, after the reduction of budget of Global Fund support in 2015 Malaria was highly increased which reduced the level of sustainability that was intended to be experienced from Global Fund project’s support.

Table 12: Global Fund project contribution in reducing mortality of children under 5 years old and improvement of maternal health care

<table>
<thead>
<tr>
<th>Level of Respondents’ appreciation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low level</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Medium level</td>
<td>9</td>
<td>10.8</td>
</tr>
<tr>
<td>High level</td>
<td>70</td>
<td>84.3</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

Concerning the level of satisfaction of our respondents from other services and activities supported by Global Fund, more than 80% appreciated the contribution Global Fund in reducing mortality of children under 5 years old at high level. 10.8% of respondents appreciated at medium level whereas 4.8% of respondents appreciated this contribution at low level.

This means the majority of respondents have been satisfied by the service delivery and achievements of Global Fund project’s services and activities. Those services and activities supported Global Fund as they are shown in different tables are: Reducing mortality of children under 5 years old (84.3%) of respondents appreciated at high level. About improvement of maternal health care (84.3%) of
respondents appreciated at high level. Concerning the improvement of education services by paying school fees (88.0%) appreciated that activity at high level, and in achieving universal primary education, Global Fund support was appreciated by (89.2%) of respondents at high level.

**Table 13: Correlation between Global Fund project support and Millennium Development Goals (MDG6)**

<table>
<thead>
<tr>
<th></th>
<th>Global Fund project support in HIV/AIDS control</th>
<th>Achievements of Millennium Development Goals (MDG)</th>
<th>Global Fund project support in Malaria control</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global Fund project support in HIV/AIDS control</strong></td>
<td><strong>Pearson Correlation</strong> 1</td>
<td>.805</td>
<td>.730</td>
</tr>
<tr>
<td></td>
<td><strong>Sig. (2-tailed)</strong>  .000</td>
<td>1</td>
<td>.000</td>
</tr>
<tr>
<td><strong>Achievements of Millennium Development Goals (MDG)</strong></td>
<td>83</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td><strong>Pearson Correlation</strong>  .805</td>
<td>.821</td>
<td>.83</td>
</tr>
<tr>
<td></td>
<td><strong>Sig. (2-tailed)</strong>  .000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>83</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td><strong>Global Fund project support in Malaria control</strong></td>
<td><strong>Pearson Correlation</strong>  .730</td>
<td>.821</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Sig. (2-tailed)</strong>  .000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>83</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td><strong>Sig. (2-tailed)</strong>  .000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>83</td>
<td>83</td>
<td>83</td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

This correlation shows that there is a strong relationship between Global Fund project support in HIV/AIDS, malaria, tuberculosis and other diseases control and the achievement of MDG 6: related to HIV / AIDS, Malaria & Other Diseases.
Table 14: Correlation between Global Fund project support and MDGs

**MDG2: Universal Primary Education and MDG 4& 5 related to Maternal and child mortality**

<table>
<thead>
<tr>
<th>Global Fund project's achievements in reducing mortality of child under 5 years old?</th>
<th>Level of Millennium Development Goals (MDG) achievements</th>
<th>Global Fund project's activities achieved in improving Education services by paying school fees?</th>
<th>Millennium Development Goals (MDG) achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>.581</td>
<td>.510</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>83</td>
<td>83</td>
<td>83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Millennium Development Goals (MDG) achievements</th>
<th>Pearson Correlation</th>
<th>1</th>
<th>.510</th>
<th>.778</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>83</td>
<td>83</td>
<td>83</td>
<td>83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Global Fund project's activities achieved in improving of Education services by paying school fees?</th>
<th>Pearson Correlation</th>
<th>.510</th>
<th>.510</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>83</td>
<td>83</td>
<td>83</td>
<td>83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Millennium Development Goals (MDG) achievements</th>
<th>Pearson Correlation</th>
<th>.435</th>
<th>.778</th>
<th>.704</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>83</td>
<td>83</td>
<td>83</td>
<td>83</td>
<td></td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

The correlation between Global Fund project achievements in reducing mortality of child under 5 years old and MDG 4& 5 related to Maternal and child mortality is high. The same results is shown when we observe the correlation between Global Fund project's activities achieved in improving of Education services and the achievement of MDG2 related to universal education as it is shown in the above table. The level of Global Fund support in these services is estimated at 80% of the total Global Fund budget used in Rwanda. Global Fund financed education and health service delivery.
education GF paid school fees for vulnerable children studying in secondary schools and those studying in TVET.

In supporting health sector GF contribute in building maternity rooms, providing incentives to health staff, health advisers, facilitating trainings, providing ARV drugs to beneficiaries, financing family planning health services and buying some hospitals and health centers.

**Table 15: General correlation between independence and dependence variables**

<table>
<thead>
<tr>
<th>Global Fund project supported services</th>
<th>Pearson Correlation</th>
<th>Global Fund project supported services</th>
<th>Achievements of Millennium Development Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 83</td>
<td>Sig. (2-tailed)</td>
<td>1</td>
<td>.821</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>.000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Achievements of Millennium Development Goals (MDGs)</th>
<th>Pearson Correlation</th>
<th>Global Fund project supported services</th>
<th>Achievements of Millennium Development Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 83</td>
<td>Sig. (2-tailed)</td>
<td>.821</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.000</td>
<td></td>
</tr>
</tbody>
</table>

Source: Primary data, March 2016

**From 0-1: Correlation variation level**

Between 0.6 -0.9: High correlation

Between 0.5-0.6: Medium correlation

From 0.1-0.4: Low correlation Summary of correlation

According to the correlation analysis presented here above, different Global Fund supported services and activities corresponding to the achievements of those targeted goals have a positive correlation. The general correlation of .821(high correlation), indicates that Global Fund project’s services have
significant impact to the achievements of Millennium Development Goals. But some challenges hindered the achievements of some of those goals at the level of standards and indicators fixed by UNO up 2015. Also the sustainability of those achieved goals is not granted and ensured for a long period beyond 2015 if strong measures are not taken seriously.

4.2. Hypothesis test

After collecting, presenting and analyzing the data, it is necessary to relate what we have got from the field with the pre-planned hypothesis. This research was based on hypothesis stated that: “Global Fund project’s services contribute to the achievements of Millennium Development Goals in Rwanda” which would be verified basing on the data presented and discussed here above. For this purpose, the present section was made to test that hypothesis as follow: First of all, the respondents made us to know that the main services supported by Global Fund have significant impact on the achievement of Millennium Development Goals (MDGs). Additionally, 98.8% of the respondents have sufficient knowledge and were familial stakeholders of Global Fund project’s services. 94% know well Millennium Developments Goals (MDGs) priorities that were supported by Global Fund.

According to the answers provided by our respondents, the services supported by Global Fund play an important role to boost and speed up the achievements of MDGs in Rwanda. According different reports of Nyamagabe District, Some of MDGs Priorities supported by Global Fund were achieved with 100% in 2015 to the following figures show some of them such as MDG2; MDG4-5:

| Table 16: MDG2 Universal Primary Education in Nyamagabe District (2006-2015) |
|------------------|-----|-----|-----|-----|
| Indicators       | 2005/06 | 2010/11 | 2015 | Target in 2015 | 2016 end June statistics | % of target achieved |
| % of Net primary enrolment | 86.6 | 96.6(2013) | 98 | 100 | 99 | 99% |
| % of Completion rate in primary school | 51.7 | 78.6 | 93 | 100 | 97 | 97% |

Source: Researcher design March, 2016 referring to Nyamagabe District reports
Table 17: MDGs 4 & 5 Maternal and child mortality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
<th>Target in 2015</th>
<th>% of target achieved in June 2016</th>
<th>Observatio n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality rate (per 1000 births)</td>
<td>86</td>
<td>50</td>
<td>32</td>
<td>28</td>
<td>90%</td>
<td>On track</td>
</tr>
<tr>
<td>Proportion of 1 year-old children immunized against measles</td>
<td>85.6</td>
<td>95</td>
<td>93.5</td>
<td>95</td>
<td>215.4%</td>
<td>On track</td>
</tr>
<tr>
<td>Under five mortality</td>
<td>152</td>
<td>72</td>
<td>50</td>
<td>47</td>
<td>106%</td>
<td>On track</td>
</tr>
<tr>
<td>% of children 12-23 months fully vaccinated</td>
<td>75.2</td>
<td>95</td>
<td>98</td>
<td>100</td>
<td>98%</td>
<td>On track</td>
</tr>
<tr>
<td>Proportion of births attended by skilled health personnel</td>
<td>39</td>
<td>69</td>
<td>88.2</td>
<td>89</td>
<td>95.6%</td>
<td>Not on track</td>
</tr>
<tr>
<td>% of Women 15-49 using modern contraceptive method</td>
<td>10.3</td>
<td>49</td>
<td>56</td>
<td>90</td>
<td>62.2%</td>
<td>Not on track</td>
</tr>
<tr>
<td>% of Antenatal care coverage (at least 1 visit)</td>
<td>94.4</td>
<td>98</td>
<td>99</td>
<td>100</td>
<td>99%</td>
<td>On track</td>
</tr>
<tr>
<td>% of prevalence of underweight children &lt; 5 years</td>
<td>21.8</td>
<td>12</td>
<td>0.2</td>
<td>5.0</td>
<td>121.3%</td>
<td>On track</td>
</tr>
<tr>
<td>Unmet need for family planning</td>
<td>37.9</td>
<td>18.9</td>
<td>11.5</td>
<td>10.2</td>
<td>1.173</td>
<td>Not on track</td>
</tr>
<tr>
<td>Contraceptive prevalence rate</td>
<td>16.3</td>
<td>45.1</td>
<td>56</td>
<td>80</td>
<td>44.8%</td>
<td>Not on track</td>
</tr>
</tbody>
</table>

Source: Researcher design June 2016 referring on Nyamagabe District reports

The above data and information collected from different reports of Nyamagabe District stated that some of the MDGs achievements have been tracked by 2015. The information from reports combined with answers from respondents lead us to confirm that our hypothesis which is “Global Fund
project’s services have significantly contributed to the achievements of Millennium Development Goals (MDGs) in Rwanda”is true and is verified.

In general with all MDGs there was a high economic growth rates since 2000 at National level. Through EDPRS 1, since 2008, higher growth rates in agriculture contributing to food security thanks to programmes like Crop Intensification Program (CIP) that contributed to increasing production and productivity of crops. The Vision 2020 Umurenge (VUP) flagship program of Rwanda’s EDPRS. The one-cow per poor family (Girinka) program and The Ubudehe program allowed the community to be part of the solution to reduce their poverty.

In education, the remarkable rise in enrollment has been driven by the government program of fee-free education up to the first 9 years of school with 6 of those years being primary schooling years. The fees-free education has been extended to cover 12 years of basic schooling, thereby including the entire secondary school cycle Policies & law reforms to promote gender equality:

In Gender equality, laws discriminating against women were abolished e.g. The 2003 Constitution provides for at least 30% of seats to women in parliament ,women now have rights to property and inheritance ,active fight against Gender Based Violence (GBV)- e.g. Isange’ One Stop Centre established to provide comprehensive response, care and support services to girls and boys, women and men survivors of Gender Based Violence (GBV) or child abuse,Women Economic empowerment programs such as access to financial services through women guarantee fund ,women entrepreneurship program etc.

In health, there is a significant improvements in vaccination coverage over this period have been significant contributors with the proportion of children having all vaccinations increasing from 75% in 2006 to 90% in 2011. Over 95% of children are vaccinated against measles.

The key driver for MDG5 has been an increase in the percentage of delivery assisted by skilled providers which has also increased from 39% in 2006 to 69% in 2011, access to ARVs increased to reach universal access (covered under Mutual health insurance scheme), pregnant women and children under 5 getting free treated bed nets and antiretroviral treatment for all HIV/AIDS patients is provided with subsidization after they seek treatment at a health center.

In environmental sustainability there was establishment of institutions to closely monitor & champion environment protection e.g. Rwanda Environment Management Authority, passing of laws determining the use and management of land preserving wetlands and forests ,banning of non-
biodegradable plastic bags, protection of river banks and lake shores, tree plantation programs and rainwater harvesting in public and private institutions.

All MDGs in Rwanda are achievable: there has been substantial progress in many areas over the last decade – (although progress is not uniform for each and every target under the goals, contextualisation is important). The main challenge today and post-2015 will be ensuring sustainability of results, we therefore need to deliver on inclusive economic progress to strengthen the impact and ensure sustainability of results. The strategies and priority areas of EDPRS 2 will lead to the attainment of MDGs since EDPRS 2 was elaborated with the objective of accelerating achievement of MDGs but also mindful of post 2015.

The recognition of the role played by the services supported by Global Fund Project’s services to the achievements of MDGs is also important in case that when many people were impacted by those services because they were involved in those services provision or they were beneficiaries of those services. Moreover, as indicated on correlation relationship, the relationship between services supported by Global Fund project’s services and achievements of MDGs is positive with .821 of correlation.

Thus, Global Fund Project’s services to be sustainable all stakeholders especially beneficiaries should have a strong ownership of those activities and consulted during need assessment for the future project.
CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

This chapter contains the conclusion of the research, Recommendations and suggestions for future Global project that will operate in Rwanda. Strengths and limitations of the study and recommendations for farther research studies. The conclusion and recommendations were written basing on summary of findings from the data that have been collected, presented and analyzed in the previous chapter.

5.1. Conclusion

This section of the general conclusion synthesize the results from the study entitled “The impact analysis of Global Fund project’s services to the achievements of Millennium Development Goals (MDGs) in Rwanda; case study of Nyamagabe District (2010-2015). The main objective of this study was to analyze the impact and challenges of Global Fund project’s services for the achievements of Millennium Development Goals (MDGs) in Rwanda.

The study population consisted of Global Fund stakeholders including Global Fund project staff, health services providers (nurses, doctors, counselors) working in 9 health centers and Kigeme District hospital of Nyamagabe District. People working in education especially head teachers and school staff without forgetting project beneficiaries such as patients and students. 83 respondents have been identified and chosen from the population, including 46 women equal to 55.4% and 36 men equal to 43.4% ranged in four categories of age with majority comprised of 62.7% whose age is between 31 and 40 years old. Regarding to educational level, 48.2% of the respondents studied secondary school in nursing, while 43.4% completed university studies and 3.6% have masters degree. The rest occupying 3.6% and 1.2% did primary school and have no school respectively.

After discussing with respondents about the level of impact of Global Fund project’s services to the achievements of Millennium Development Goals (MDGs) in Rwanda and presenting the collected data in the form of description, percentages, figures, statistical tables and frequency distribution, we realized that the big number of the respondents confirmed that Global Fund project’s services have a significant impact that contribute to the achievements of Millennium Development Goals (MDGs) in Nyamagabe District as a case study.
In fact, all respondents have sufficient information about Global Fund project and MDGs. Regarding to the impact of those services to the achievements of Millennium Development Goals, the respondents revealed that Global Fund project support has significant positive impact that contribute to the achievements of Millennium Development Goals by providing good services in health and education sector.

- In line with the first objective which is to assess the level of impact of global fund project’s services in improving socio-economic welfare of the population, information from reports and answers from respondents confirm that this objective is achieved.
- In line with the second specific objective that consisted to analyze the level of District achievements compared to indicators of Millennium Development Goals (MDGs), statistics from reports of Nyamagabe District revealed that the objective is on track.
- The third specific objective which is to show the link between Global Fund project’s services and MDGs’ indicators, arguments explaining the relationship between those two variables are presented and supported by facts.

Thus, the respondents led us to know that all this objective have been attained with a significant record that lead us to confirm with high confidence level that the main objective of this study was achieved and questions of this research were answered conveniently.

Within this context, the Pearson correlation analysis indicated that there is a positive relationship between Global Fund project’s services and the achievements of Millennium Development Goals (MDGs) 0.821, meaning that Global Fund project’s services bring a potential effect in the process of achieving Millennium Development Goals (MDGs) in Rwanda in general and specifically in Nyamagabe District.

However, there are some conditions and challenges that prevent the Global Fund project’s services to perform well during project implementation. Among those conditions and challenges, the first one is the inaccuracy of data, and the delicate balance of the pricing of the various indicators, the second one is the lack of regional harmonization of malaria, HIV/AIDS and tuberculosis control interventions in preventive services and poor quality of care in health centers and hospitals.

The financial barriers to access to health services are still seen in poor families and the changing macroeconomic and international health environment are also a challenge of Global Fund project. The biggest challenges found in health services is the enrollment of the poorest Rwandans and regulation the package of benefits as well as the payments mechanisms to ensure equitable access to quality services. Among MDGs challenges are weaknesses with respect to the recruitment and retention of trained staff within the public health system and the supply and distribution of health commodities, including ARVs.
Finally the respondents gave their suggestions on what can be done for proper project planning, implementation. Respondents’ suggestions were compiled with researcher’s ideas to formulate recommendations as indicated in the following section.

5.2. Recommendations / suggestions for global project implementation

Global project initiators should conduct need assessment before planning for a big project like Global Fund project. Beneficiaries must be involved in all phases of project where it is possible in order to build strong ownership that can bring project sustainability.

5.2.2. To the Global Fund

Recommendations to Global Fund refer to the renew of the projects related to improvement in prevention services, building sustainability in health service provision. Global Fund also should continue to support the increase the number of qualified services providers, support and encourage efficiency use of health resources with infrastructure equipments.

5.2.3. To the project stakeholders

Brainstorming of potential stakeholders must be organized before the introduction of a new project in order to identify project priorities, resources needed for the project, organizations or people who will be affected by the project, organizations or people on the sidelines of the project who will influence, attitudes and behaviors, mindset, and culture of stakeholder.

5.3. Strengths and limitations of the study

Strengths of the study

This study emerges from the reality of project management and project stakeholders managements and has been an opportunity of analyzing the impact of Global Fund project’s services to the achievements of MDGs in Rwanda. It helped the researcher to find out the necessity of project impact assessment that can be done in order to evaluate the potential effects of projects on the population beneficiaries and other stakeholders. It was very crucial to the Global Fund stakeholders who were involved in Global Fund project phases to bring significant effects on wellbeing of the population. More over this period of research enabled us to acquire new knowledge and skills due to dealing with many individual and participating in many activities. However, some challenges were faced along this research as shown here bellow.
Limitations of the study

The researcher faced various challenges that include the following:
The problem of limited time, many of the respondents had no time to respond adequately to the questions. To solve this problem, questionnaires were distributed and collected at a later time. Some respondents were also not willing to provide information for they were suspicious of where the information was to be taken. To minimize the limitation of inadequate understanding of the topic, the researcher made an effort to explain to the respondents what the research is all about and to control other problems such as fear to provide the true information.
Due to poor infrastructures (poor roads) in the remote cells and villages of the nine selected health centers from nine sectors of Nyamagabe district, there were a lot of problems to reach some of the respondents.

5.4. Recommendations for further research

Lastly, as far as the objectives of this study are concerned, they have been covered satisfactorily, however, some other interesting areas have been identified which necessitate some attention by future researchers. These areas include: Analyzing the factors that influence the achievements of Global Fund project activities in Rwanda, Contribution of Millennium Developments Goals in national planning for sustainable development of Rwanda. It is also important for future studies to carry out a national survey on the impact of Global Fund project’s services to socio-economic welfare of Rwandans. This may broadly provides significant information about potential effects from different services with significant linkage to Millennium Development Goals (MDGs).
REFERENCES


Bell, J. (1999). Doing your research project. Buckingham: OUP.


Kapp, C. (February 2002). "Global fund on AIDS, tuberculosis, and malaria holds first board meeting."[Online](Updated 2 February 2013) Available at: https://dx.doi.org/:10.1016/S0140-6736(02)07634-1[ Accessed 30 October 2015].


**APPENDICES**

**Research questionnaire**

Dear respondent,

Greetings,

I am a student from Institute of Lay Adventist of Kigali/Nyanza Campus. I am doing MBA Program in Project Management and I am conducting my research on “**The Impact analysis of Global Fund projects to the achievements of Millennium Development Goals in RWANDA: case of study: NYAMAGABE District 2006-2010**.” In order to accomplish this work successfully we need your contribution in terms of ideas, information, data and comments related to the impacts of Global Fund projects on people of Nyamagabe District. Please complete this questionnaire as accurately and as truthfully as you can. Your answers to this research will be treated with strict confidentiality. Thank you very much!

**RESPONDENT’S IDENTIFICATION**

**Put a sign ( x ) on the appropriate response and fill in the blank spaces as required.**

<table>
<thead>
<tr>
<th>A. Gender of respondent</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B. Age of respondent: 20-30</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30-40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Education level</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelors ‘level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters’ level</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. The current Profession/occupation of Respondent

Salaried job

Business

Agriculture

Other specify

1. a. Do you know Global Fund projects?

Yes

No

b. Do you Know Millennium Development Goals (MDGs)?

Yes

No

C. What are services/activities funded by global fund do you know?

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
......................

A. Among the following, which services have you benefited from global fund projects?

Health services

<table>
<thead>
<tr>
<th>Diseases</th>
<th>HIV/ treatment</th>
<th>AIDS</th>
<th>Malaria</th>
<th>Tuberculosis treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Education services
<table>
<thead>
<tr>
<th>Global fund support</th>
<th>School fees</th>
<th>School material</th>
<th>Start up equipments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TVET</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maternal health services and child care

<table>
<thead>
<tr>
<th>Global fund support</th>
<th>Financial incentives/Salaries</th>
<th>Medical Products/equipments</th>
<th>Trainings</th>
<th>Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal consultation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted birth delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. What is the level of satisfaction from the benefited services?
Answer with: Low level; Medium level and High level

<table>
<thead>
<tr>
<th>HIV/ AIDS treatment</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria eradication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing children mortality through child health care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education services: School fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Via Global fund support, describe activities done and services provided that contributed to the achievements of Millennium development Goals.
   a. Activities
   ..................................................................................................................................................  
   ..................................................................................................................................................
   ..................................................................................................................................................
   B. Services
   ..................................................................................................................................................
   ..................................................................................................................................................
   ..................................................................................................................................................

5. Have you ever benefited from the activities funded by Global Fund projects?
   If yes. What did you benefit from this project?
   ..................................................................................................................................................
   ..................................................................................................................................................
   ..................................................................................................................................................
   If no explain why.
   ..................................................................................................................................................
   ..................................................................................................................................................
   ..................................................................................................................................................

6. To what extent do you appreciate the impact of global fund project on service delivery or job performance? (Tick the correct answer)

   Low level:  
   
   Medium /satisfaction  
   
   High level  

7. At which level was Global Fund project’s service achieved in HIV/AIDS control in your health institution (Health center or Hospital)?

   Low level  
   
   Medium level/satisfaction  
   
   High level  

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8. At which level was Global Fund project’s service in Tuberculosis control in your health institution (Health center or Hospital)?

Low level

Medium /Satisfaction level

High level

9. At which level Global Fund project’s service was achieved in Malaria control?

Low level

Medium /Satisfaction level

High level

Malaria treatment?

Low level

Medium /satisfaction level

High level

Malaria eradication?

Low level

Medium/satisfaction level

High level

10. At which level was Global Fund projects ‘service achieved in reducing child mortality in your Health institution (Health center or Hospital)?

Low level

Medium level

High level
11. At which level was Global Fund project’s service achieved in improving Maternal health in your Health institution (Health center or Hospital)?

- Low level
- Medium level
- High level

12. At which level Global Fund project’s activities were achieved in improving education services by paying School fees for students from vulnerable families?

- Low level
- Medium/Satisfaction
- High level

13. At which level Global Fund project’s activities were achieved in Universal primary education and education for all?

- Low level
- Medium/Satisfaction
- High level

14. To which level MDGs were achieved in health services through HIV/AIDS, malaria and tuberculosis control in your health institution (Health center or Hospital)?

- Low level
- Medium level
- High level
15. Do you expect sustainability from global fund activities? Yes ☐ No ☐

Among the following activities choose the Global Fund activities which are sustainable using (x)

<table>
<thead>
<tr>
<th>HIV/AIDS treatment activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis treatment activities</td>
</tr>
<tr>
<td>Malaria prevention activities</td>
</tr>
<tr>
<td>Malaria treatment activities</td>
</tr>
<tr>
<td>Malaria eradication activities</td>
</tr>
<tr>
<td>Education services: School fees payments</td>
</tr>
<tr>
<td>Universal education for all</td>
</tr>
<tr>
<td>Child health care improvement activities</td>
</tr>
<tr>
<td>Maternal health improvement activities</td>
</tr>
<tr>
<td>Gender equality implementation</td>
</tr>
<tr>
<td>Women empowerment</td>
</tr>
<tr>
<td>Start up equipments for TVET students</td>
</tr>
</tbody>
</table>

16. Describe the challenges faced by Global project implementers that hinder the achievement of MDGs in Nyamagabe District?

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17. Suggest recommendations that can be helpful for the future projects support working in your sector or service.

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**Interview Guide**

This interview guide was presented to the Executive Secretary of Nyamagabe District.

All data collected will be aggregated, and be kept in a strictly confidence. No individual respondent or organization will be identifiable from any published results.

Please complete the form by placing a tick ‘( )’ in the appropriate box, and by inserting Your views where requested. Please return the completed interview guide to the interviewee.

1. How many people has Global Fund employed?
2. In this institution how many beneficiaries supported by Global Fund project?
3. Is your institution what is the level of contribution from Global Fund to the achievements of MDGs based on its indicators
4. How has Global Fund project services impacted on your wellbeing?
5. What was the main benefit /services did you get from Global Fund support?
6. What was the main change brought by Global Fund support in your life?
7. How many employees that were hired by Global Fund Project budget from 2010 up to 2015?
8. What was Global Fund target in your institution?
9. Did you have Global Fund data manager unit in your organization?
10. How many building did Global Fund financed this hospital/health center?
11. Has the incentives given by Global Fund increased motivation of employees?
12. How many people supported by global fund in this institution?
13. What was the annual budget of Global fund allocated in this institution?