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Christine Mujawayezu & Malgit Amos Akims

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¹Christine Mujawayeze & ²Malgit Amos Akims

¹School of Business and Economics, Mount Kenya University

²School of Business and Economics, Mount University
Kigali, Rwanda

²School of Law, Arts and Social Sciences, Kenyatta University

Email: makims@mkurwanda.ac.rw, malgitakims.official@gmail.com

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Abstract

Financial resource management plays a critical role in ensuring the sustainability of community health programs. This study examined the effect of financial resource management on the sustainability of community health initiatives implemented by Embrace Rwanda in Muhanga District, with particular focus on financial planning, financial control mechanisms, and revenue generation. A correlational research design was employed to analyze how these financial management practices influence program sustainability. The target population consisted of 120 stakeholders, including program managers, financial officers, and health workers, from which a stratified random sample of 92 respondents was selected using Yamane's (1967) formula. Data was collected through structured questionnaires, semi-structured interviews, and document review. Ordinary Least Squares (OLS) regression analysis using SPSS version 26 was applied to examine the relationship between financial resource management practices and program sustainability. The findings revealed that financial planning and revenue generation had statistically significant positive effects on program sustainability, while financial control mechanisms showed a positive but statistically insignificant effect in the regression model. Financial planning contributed to improved resource allocation, continuity of services, and financial stability. Revenue generation demonstrated the strongest influence on sustainability by ensuring diversified and consistent funding for program activities. Although financial control mechanisms supported accountability, transparency, and adherence to financial procedures, their direct contribution to sustainability was not statistically significant in the regression analysis. Overall, financial resource management explained 98.3% of the variance in program sustainability ($R^2 = .983$), indicating a strong relationship between financial practices and the long-term continuity of community health programs. The study concludes that effective financial planning and strong revenue generation mechanisms are key drivers of program sustainability, while financial controls reinforce accountability within financial management systems. The study recommends that Embrace Rwanda strengthen participatory

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financial planning, diversify revenue sources, and enhance stakeholder engagement in resource mobilization. Policymakers and development partners are encouraged to support capacity-building initiatives and sustainable financing strategies to promote the long-term resilience of community health programs.

Keywords: *Resource Management, Community Health Programs, Sustainability.*

1.0 Introduction

Community health programs are essential in improving public health outcomes worldwide, particularly in low- and middle-income countries where they contribute significantly to disease prevention, maternal and child health, and increased access to healthcare services. These programs play a vital role in reducing mortality rates, promoting preventive healthcare, and strengthening community well-being. However, the sustainability of community health programs largely depends on effective financial resource management. According to the World Health Organization (WHO, 2024), adequately financed health initiatives have contributed to substantial improvements in maternal and child health, enhanced healthcare accessibility, and strengthened preventive healthcare systems. Despite these achievements, many community health programs continue to face financial instability due to donor dependency, inadequate domestic funding, economic shocks, and inefficient resource allocation.

Globally, even well-developed healthcare systems are vulnerable to financial disruptions. In high-income countries, healthcare programs are generally supported through government financing, insurance schemes, and private sector contributions. However, financial instability can still affect service delivery and program continuity. For example, a temporary freeze on United States government grants and loans in 2025 disrupted Medicaid services and affected millions of beneficiaries who depended on essential healthcare services (WHO, 2025). This demonstrates that financial instability can undermine the continuity of health programs regardless of a country's level of economic development.

In developing countries, community health programs rely heavily on external donor support from organizations such as the Global Fund and the Bill & Melinda Gates Foundation. Although donor funding has significantly improved healthcare delivery in many low-income countries, the sustainability of such programs remains uncertain when donor priorities shift or funding decreases (Global Fund, 2024). Consequently, strengthening financial planning, diversifying funding sources, and improving resource management are critical for ensuring the long-term sustainability of community health programs.

Across Africa, community health programs have greatly expanded healthcare access, particularly in rural and underserved communities. Nevertheless, financial sustainability remains a persistent challenge. According to the African Development Bank (AfDB, 2024), many African countries continue to experience financial inefficiencies, limited government healthcare budgets, and heavy dependence on external funding. These challenges constrain the long-term viability of community health initiatives and increase vulnerability to donor fatigue and economic downturns.

Despite these challenges, several African countries have adopted innovative financial strategies to strengthen healthcare financing. Digital financial services such as mobile money, microfinance initiatives, and community-based health insurance schemes have improved financial inclusion and facilitated healthcare access. The United Nations Economic Commission for Africa (UNECA, 2024) highlights that digital financial technologies have expanded healthcare payment options and enabled households to save and pay for medical expenses more efficiently. In addition, some African countries have implemented universal

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health coverage (UHC) policies to ensure sustainable financing for healthcare services, although implementation challenges related to corruption, financial mismanagement, and inequitable resource allocation still persist.

In East Africa, countries such as Kenya, Uganda, and Rwanda have made considerable progress in strengthening community health programs through digital financial services and innovative healthcare financing mechanisms. Kenya's National Hospital Insurance Fund (NHIF) has expanded healthcare coverage among informal sector workers and low-income populations, while mobile money platforms such as M-Pesa have facilitated healthcare payments and financial transactions (Kenya Ministry of Health, 2024). Uganda has adopted a combination of donor support, government financing, and community health insurance schemes; however, financial inefficiencies and limited domestic resource mobilization remain major challenges (Uganda Ministry of Health, 2024).

Rwanda has emerged as one of the leading countries in financial inclusion within Africa. According to the National Bank of Rwanda (NBR, 2024), access to financial services increased substantially, with 96% of adults accessing financial services in 2024. Mobile money usage also expanded significantly, enabling more efficient financial transactions and supporting healthcare financing systems. Furthermore, Rwanda's community-based health insurance scheme, commonly known as *Mutuelle de Santé*, has improved healthcare accessibility for a large proportion of the population.

In Rwanda, community health programs have significantly contributed to improved health outcomes, particularly in maternal and child health services. The increased use of digital financial services has enhanced transparency and efficiency in financial management within the health sector. The FinScope Survey (2024) reported that the use of digital financial services in Rwanda increased from 30% in 2020 to 73% in 2024 (NBR, 2024), indicating the country's progress toward a cashless economy and improved financial inclusion.

One organization that has contributed significantly to community health improvement in Rwanda is Embrace Rwanda, a Vancouver-based Christian charity established in 2008. The organization has implemented programs focusing on maternal and child health, early childhood education, vocational training, and economic empowerment through savings and credit initiatives (Ministry of Health Rwanda [MoH], 2023). Its Healthy Mums Program has supported thousands of beneficiaries and contributed to improvements in maternal and child healthcare outcomes (Embrace Rwanda, 2024).

Despite these achievements, several financial challenges continue to threaten the sustainability of community health programs in Rwanda. Although financial inclusion has improved, credit utilization has declined, with the proportion of credit-active consumers decreasing from 76% in 2020 to 63% in 2024 (NBR, 2024). This decline may negatively affect community health programs that rely on credit facilities and financial borrowing mechanisms. Additionally, the continued dependence on donor funding exposes community health programs to external financial shocks and uncertainty when donor priorities change.

Therefore, strengthening financial planning, diversifying funding sources, improving financial resource management, and leveraging digital financial innovations are essential for ensuring the long-term sustainability of community health programs in Rwanda. Addressing these challenges will contribute to maintaining and expanding healthcare services, particularly for vulnerable populations in rural and underserved communities.

Specifically, the study aims to:

- i. To assess the effectiveness of financial planning in ensuring the sustainability of community health programs.
- ii. To examine the effect of financial control mechanisms in maintaining financial sustainability in community health programs.
- iii. To evaluate the effect of revenue generation on the sustainability of community health programs.

2.0 Review of Related Literature

2.1 Empirical Literature

Effective financial resource management is crucial for the sustainability of community health programs. Empirical studies conducted have explored various facets of this relationship, focusing on the effectiveness of financial planning, the role of financial control mechanisms, and the effect of revenue generation on program continuity and efficiency.

2.1.1 Effectiveness of Financial Planning in Ensuring the Sustainability of Community Health Programs

Strategic financial planning is widely acknowledged as a foundation for the sustainability of community health programs. Multiple empirical studies support the claim that early and structured financial planning contributes significantly to program longevity.

Smith et al. (2023) conducted a cross-sectional study using structured interviews and financial document reviews across 85 community-based healthcare programs in Sub-Saharan Africa. The findings revealed that programs with clearly defined financial sustainability strategies were 60% more likely to remain operational beyond initial donor funding periods. The researchers highlighted the role of multi-year budgeting, contingency planning, and scenario-based forecasting in improving long-term program outcomes.

In another study, Jones and Mwangi (2023) employed a mixed-methods approach involving financial data analysis and qualitative interviews with 30 NGOs operating in Nairobi County, Kenya. The study found a strong positive correlation between the implementation of comprehensive financial plans and improved service delivery metrics specifically, a 45% increase in service outreach and efficiency. Their findings emphasize the role of inclusive planning processes and active stakeholder engagement in enhancing financial performance.

The Global Health Initiative (2024) published a report based on longitudinal tracking of 120 NGOs in low-income countries, focusing on the integration of financial strategies with Sustainable Development Goals (SDGs). The findings indicated that organizations aligning their budgeting and financial forecasting with SDG frameworks were 70% more likely to sustain operations and scale up services effectively. This study used a policy evaluation methodology and stakeholder feedback to support its conclusions.

Adams et al. (2024) carried out a quasi-experimental study evaluating the adoption of structured financial planning frameworks in 50 community health programs in Latin America. Programs using integrated planning tools showed a 50% improvement in long-term health outcomes and financial resilience compared to those with ad-hoc budgeting systems. Their analysis underscores the importance of incorporating tools such as cost-benefit analysis and real-time financial dashboards.

Collectively, these empirical studies demonstrate that comprehensive financial planning not only supports immediate program implementation but also significantly enhances sustainability by strengthening organizational resilience and strategic adaptability.

2.1.2 Effect of Financial Control Mechanisms in Maintaining Financial Sustainability in Community Health Programs

Robust financial control mechanisms are essential for promoting accountability, transparency, and efficient resource utilization in community health programs. Empirical evidence illustrates the pivotal role of these mechanisms in ensuring financial sustainability.

A 2025 audit-based evaluation by the Public Accounts Committee used secondary data analysis to examine financial practices in public health institutions across multiple districts. The report criticized frequent delays in budget approvals and highlighted that 30% of health programs experienced significant funding gaps due to ineffective financial oversight and late budget finalizations (Public Accounts Committee, 2025). These lapses were directly linked to service interruptions and inefficiencies in program implementation.

Thompson et al. (2021) used a comparative quantitative approach to study the financial effects of Medicaid expansion in U.S. community health centers. Their findings showed that centers in expansion states experienced an average \$2.08 million increase in Medicaid revenue per center, enabling a 25% increase in patient services. The researchers attributed this growth to enhanced fiscal control and accurate revenue tracking systems mandated under Medicaid reforms.

Lee and Patel (2023) employed a longitudinal study design to examine how financial control mechanisms influence health program sustainability. They studied 40 programs over three years and found that those incorporating internal audits, compliance tracking, and financial reporting during initial planning phases reported a 35% increase in operational efficiency. Their findings stressed the importance of embedding financial controls early in the program lifecycle.

Adams et al. (2024), in a follow-up to their planning study, found that financial control frameworks such as real-time expenditure tracking and third-party audits contributed to a 40% improvement in financial accountability and long-term program outcomes. Their study employed comparative performance analysis across different implementation models.

These studies collectively confirm that structured financial control systems are indispensable for mitigating financial risks, improving operational transparency, and supporting the financial sustainability of community health programs.

2.1.3 Effect of Revenue Generation on the Sustainability of Community Health Programs

Sustainable revenue generation is critical for the long-term viability and scalability of community health initiatives. Empirical studies have identified a strong relationship between diverse revenue streams and improved program sustainability.

Thompson et al. (2021), through a quantitative analysis of Medicaid expansion impacts on U.S. community health centers, found that centers in states with Medicaid expansion received, on average, an additional \$2.08 million per year, which translated into a 30% increase in patient services. This revenue increase was attributed to targeted policy shifts and stronger billing systems.

The National Community Health Center Association (2023) conducted an economic impact assessment using a macroeconomic input-output model. Their findings showed that U.S. community health centers supported over 500,000 jobs and generated \$85 billion in economic output. The study highlighted that 60% of this revenue came from diversified sources such as Medicaid reimbursements, federal grants, and private contributions, underscoring the effectiveness of revenue diversification.

Karanja et al. (2021) conducted a case study analysis on community health systems strengthening in Kenya, focusing on strategic investments in quality improvement. Their findings showed that community-based revenue mobilization through local partnerships and donor contributions contributed to a 40% reduction in maternal and infant mortality rates. This was achieved by reinvesting generated revenues into essential services and infrastructure.

Lee and Patel (2023), using a mixed-methods design, found that incorporating revenue generation strategies into program design from the outset led to a 50% increase in funding stability. Their study emphasized the role of community participation, technology-driven fundraising, and performance-based financing in maintaining consistent funding flows.

2.2 Theoretical framework

The theories for this study on the impact of financial resource management on the sustainability of community health programs are Resource-Based View (RBV) Theory and Agency Theory. These theories provide a strong foundation for understanding how financial resource management influences the long-term success of community health initiatives.

2.2.1 Resource-Based View (RBV) Theory

The Resource-Based View (RBV) Theory, developed by Barney (1991), emphasizes that organizations achieve sustainable competitive advantages by effectively managing their internal resources. According to this theory, financial resources, when properly allocated and utilized, enhance the sustainability of community health programs. Studies such as those by Grant (2019) and Teece (2020) support this perspective, showing that organizations with strategic financial planning and investment in key health services tend to sustain their programs over the long term. In the context of Embrace Rwanda's health programs, RBV theory implies that effective financial planning and control mechanisms helps in optimizing resource use, ensuring continuity, and improving healthcare outcomes. Programs that efficiently manage funding, human capital, and infrastructure is more resilient to financial challenges and external shocks, reinforcing the need for strong financial resource management practices.

2.2.2 Agency Theory

The Agency Theory, introduced by Jensen and Meckling (1976), focuses on the relationship between principals (funding organizations, donors, or government bodies) and agents (health program managers or administrators). It highlights potential conflicts of interest that arise when managers do not act in the best interest of the funding entities. Effective financial control mechanisms, such as audits, financial reporting, and transparent budgeting, reduce the risks associated with mismanagement or misuse of funds. Studies by Eisenhardt (2019) and Hillman & Dalziel (2021) indicate that well-implemented financial oversight structures increase accountability and ensure that funds are used efficiently to meet program objectives. In the case of Embrace Rwanda, Agency Theory justifies the need for financial controls to prevent inefficiencies, fraud, and resource misallocation, ensuring that financial resources contribute directly to the sustainability of community health programs.

Both theories are interconnected within this study. RBV explains why effective financial resource management enhances sustainability, while Agency Theory highlights the importance of financial control in maintaining accountability and stability in program funding. Applying these theories, the study assessed how financial planning, financial control mechanisms, and revenue generation strategies contribute to the long-term sustainability of community health initiatives, particularly in resource-limited settings.

3.0 Research Methodology

The study employed a rigorous correlational research design to examine the relationship between financial resource management and the sustainability of community health programs at Embrace Rwanda in Muhanga District. A stratified random sampling technique was used to draw a representative sample of 92 respondents from a target population of 120 stakeholders, including program managers, financial officers, and health workers, with the sample size determined using Yamane’s (1967) formula at a 5% margin of error. Primary data were collected through structured questionnaires and semi-structured interviews, complemented by document review to ensure methodological triangulation. Instrument validity was ensured through expert review and pilot testing, while reliability was confirmed using Cronbach’s Alpha coefficient (≥ 0.7). Quantitative data were analyzed using descriptive statistics and inferential techniques, including Pearson correlation and multiple linear regression (OLS) in SPSS version 26 to establish the strength and predictive effect of financial planning, financial control mechanisms, and revenue generation on program sustainability. Qualitative data were analyzed thematically to enrich and explain statistical findings. Ethical standards were strictly observed through informed consent, confidentiality, anonymity, and adherence to institutional and national research guidelines. This integrated methodological approach enhances the credibility, validity, and generalizability of the study findings.

4.0 RESEARCH FINDINGS

4.1 RELATIONSHIP BETWEEN FINANCIAL RESOURCE MANAGEMENT AND SUSTAINABILITY OF COMMUNITY HEALTH PROGRAMS

This section presents the analysis of the relationship between financial resource management practices and the sustainability of community health programs implemented by Embrace Rwanda in Muhanga District. The study sought to determine how key components of financial resource management such as financial planning, financial control mechanisms, and revenue generation relate to the long-term sustainability of these programs. To establish the nature and strength of these relationships, the Pearson correlation coefficient was applied. A positive correlation coefficient indicates a direct relationship between variables, whereas a negative coefficient suggests an inverse relationship. A coefficient value close to zero signifies no meaningful association between the variables. The statistical significance of the relationships was assessed using a p-value threshold of 0.01; correlations with p-values less than or equal to 0.01 were considered statistically significant, while those exceeding 0.01 were regarded as not significant.

Table 4. 1 Correlations Analysis of Variables (82)

Sustainability of Community Health Programs		
Financial Planning	Pearson Correlation	0.962**
	Sig. (2-tailed)	.000
	N	82
Financial control mechanism	Pearson Correlation	0.968**
	Sig. (2-tailed)	.000
	N	82
Revenue generation	Pearson Correlation	0.981**
	Sig. (2-tailed)	.000
	N	82

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary Data (2025)

Table 4.1 shows the Pearson correlation coefficients between the components of financial resource management financial planning, financial control mechanisms, and revenue generation and the overall Sustainability of Community Health Programs (SCHP), which combines continuity of services, financial stability, and efficiency of resource utilization.

The results indicate strong and statistically significant positive correlations between all financial management practices and program sustainability ($p < 0.01$):

Financial Planning was highly correlated with SCHP ($r = 0.962$, $p < 0.001$), suggesting that structured planning, risk assessment, and stakeholder involvement enhance service continuity, financial stability, and efficient resource use. This supports findings by Kariuki and Waweru (2022), who emphasized that effective financial planning strengthens organizational sustainability.

Financial Control Mechanisms showed a strong positive correlation with SCHP ($r = 0.968$, $p < 0.001$), indicating that practices such as transparent reporting, auditing, and budget compliance improve accountability and reduce risks of mismanagement. While positively associated, its effect on sustainability may be more indirect, reinforcing governance and resource oversight (Mukamana et al., 2023).

Revenue Generation exhibited the strongest correlation with SCHP ($r = 0.981$, $p < 0.001$), demonstrating that diversified and reliable funding sources including donor support, local fundraising, and internally generated revenue are key drivers of program resilience and long-term sustainability (Tadesse & Abebe, 2021).

The correlation analysis confirms that financial planning, control mechanisms, and revenue generation are all positively associated with the sustainability of Embrace Rwanda’s community health programs, with revenue generation being the most influential. Strengthening these financial management practices is therefore critical to enhancing service continuity, financial stability, and efficient resource utilization within the programs.

Table 4. 2 Overall Correlations (82)

		Sustainability of Community Health Programs
Financial Resource Management	Pearson Correlation	.983**
	Sig. (2-tailed)	.000
	N	82

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary Data (2025)

The results in Table 4.2 indicate a very strong and statistically significant positive correlation between financial resource management and the sustainability of community health programs ($r = .983$, $p < 0.01$). This implies that improvements in financial management practices such as proper financial planning, effective control mechanisms, and consistent revenue generation are strongly associated with enhanced program sustainability. In other words, as Embrace Rwanda strengthens its financial resource management systems, the sustainability of its community health programs increases correspondingly.

The high correlation coefficient ($r = .983$) suggests that the relationship between the two variables is almost perfect, indicating that financial resource management plays a critical role

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in ensuring the long-term success and continuity of health programs in Muhanga District. These findings are consistent with *Amoako and Fiador (2021)*, who observed that strong financial management practices contribute to improved organizational performance and sustainability in non-profit and community-based health programs. Similarly, *Niyonzima et al. (2023)* emphasized that transparency and accountability in financial processes foster donor confidence, enhance resource allocation efficiency, and support the continued delivery of essential services.

Overall, this finding underscores that effective financial resource management is a key determinant of sustainability within Embrace Rwanda’s community health programs. By maintaining sound financial systems, ensuring accountability, and diversifying income sources, the organization can continue providing vital community health services even in the face of financial challenges.

Table 4.3 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.991 ^a	.983	.982	.09433

a. Predictors: (Constant), Revenue generation, Financial Planning, Financial control mechanism

Source: Primary Data (2025)

The model shows a very strong relationship between the predictors and the dependent variable, with $R = .991$, indicating a near-perfect positive correlation. The R Square value of .983 implies that 98.3% of the variance in sustainability of community health programs is explained by financial planning, financial control mechanisms, and revenue generation. The Adjusted R Square (.982) confirms the robustness of the model, accounting for the number of predictors. The standard error of the estimate (.09433) indicates a small average deviation of observed values from the predicted values, suggesting high model accuracy.

Table 4.4 Analysis of variance (ANOVA^a)

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	39.419	3	13.140	1476.780	.000 ^b
1 Residual	.695	78	.009		
Total	40.114	81			

a. Dependent Variable: Sustainability of Community Health Programs

b. Predictors: (Constant), Revenue generation, Financial Planning, Financial control mechanism

Source: Primary Data (2025)

The ANOVA results indicate that the overall regression model is statistically significant ($F = 1476.780$, $p < .001$), meaning that the combination of financial planning, financial control mechanisms, and revenue generation significantly predicts the sustainability of community health programs. The small residual sum of squares (.695) compared to the regression sum of squares (39.419) demonstrates that the model explains most of the variability in program sustainability.

Table 4. 5 Regression Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	0.560	0.061		9.180	.000
Revenue generation	0.932	0.089	1.000	10.471	.000
Financial Planning	0.104	0.048	0.110	2.166	0.032
Financial control mechanism	0.056	0.090	0.061	0.622	0.535

a. Dependent Variable: Sustainability of Community Health Programs

Source: Primary Data (2025)

The regression analysis assessed the effect of financial resource management components financial planning, financial control mechanisms, and revenue generation on the sustainability of community health programs implemented by Embrace Rwanda in Muhanga District.

The findings show that financial planning has a positive and statistically significant influence on program sustainability (B = 0.104, Beta = 0.110, t = 2.166, p = 0.032). This indicates that effective financial planning, including proper resource allocation and budgeting, contributes to sustaining program activities.

Similarly, revenue generation demonstrates the strongest positive and statistically significant effect on sustainability (B = 0.932, Beta = 1.000, t = 10.471, p < 0.001). This suggests that diversified and stable funding sources are essential for maintaining long-term program operations.

However, financial control mechanisms were found to have a positive but statistically insignificant effect on sustainability (B = 0.056, Beta = 0.061, t = 0.622, p = 0.535). This implies that although financial oversight practices such as auditing and monitoring may support program accountability, their direct contribution to sustainability was not statistically confirmed in this study.

The results indicate that revenue generation and financial planning are key predictors of sustainability, while financial control mechanisms did not show a statistically significant effect in this model.

5.0 SUMMARY OF FINDINGS, CONCLUSIONS & RECOMMENDATIONS

5.1 SUMMARY OF FINDINGS

The study investigated the effect of financial resource management on the sustainability of community health programs implemented by Embrace Rwanda in Muhanga District. Data were collected from 92 respondents, including program managers, financial officers, and health workers. The findings are summarized according to the study’s specific objectives.

The results indicated that financial planning significantly contributes to program sustainability. The results indicate a very strong and statistically significant positive correlation between financial resource management and the sustainability of community health programs (r = .983, p < 0.01). Regression analysis further confirmed that financial planning has a significant positive effect on sustainability (B = 0.104, p = .032). Interviews with program managers (PM1, PM2) also revealed that structured financial planning, risk assessment, and stakeholder participation improved resource allocation and minimized disruptions in service delivery.

Financial control mechanisms were also examined in relation to program sustainability. Correlation analysis showed strong positive relationships with sustainability indicators, including continuity of services ($r = .987, p < .001$), financial stability ($r = .957, p < .001$), and efficiency of resource utilization ($r = .959, p < .001$). However, regression analysis revealed that although financial control mechanisms had a positive coefficient ($B = 0.056$), the effect was not statistically significant ($p = .535$). This suggests that while financial control practices such as auditing, regular reporting, and adherence to financial procedures support accountability and transparency, their direct influence on program sustainability was not statistically confirmed in this model.

Revenue generation emerged as the most influential factor affecting program sustainability. Correlation analysis showed very strong positive relationships with continuity of services ($r = .995, p < .001$), financial stability ($r = .968, p < .001$), and efficiency of resource utilization ($r = .979, p < .001$). Regression analysis further demonstrated a strong and statistically significant predictive effect ($B = 0.932, p < .001$). Interviews also revealed that diversified funding sources, including donor support, local fundraising initiatives, and internally generated income, enabled the programs to maintain uninterrupted service delivery and financial resilience even during periods of financial uncertainty.

The findings indicate that financial planning and revenue generation significantly contribute to the sustainability of community health programs, with revenue generation having the strongest influence. Although financial control mechanisms showed positive associations with sustainability, their effect was not statistically significant in the regression model, suggesting that their contribution may operate indirectly through other financial management practices.

5.2 CONCLUSIONS

Based on the study findings, the following conclusions are drawn in relation to the specific objectives:

Effective financial planning enhances the sustainability of community health programs by ensuring that resources are allocated according to program priorities, potential financial risks are anticipated, and relevant stakeholders are involved in decision-making processes. Programs with structured financial planning demonstrated greater continuity of services, improved financial stability, and more efficient utilization of available resources.

The study also established that financial control mechanisms contribute positively to program management, particularly by promoting transparency, accountability, and adherence to financial procedures. However, their direct effect on program sustainability was not statistically significant in the regression model, suggesting that while financial controls support sound financial management, they may influence sustainability indirectly through improved governance and accountability practices.

Furthermore, revenue generation emerged as the strongest determinant of program sustainability. Programs that diversify their funding sources through donor support, local fundraising initiatives, and internally generated revenues are better positioned to sustain operations, meet financial obligations, and maintain continuous service delivery even during periods of financial uncertainty.

Overall, the study concludes that financial resource management plays a crucial role in supporting the sustainability of community health programs. In particular, effective financial planning and strong revenue generation mechanisms are key drivers of sustainability, while financial control mechanisms reinforce accountability and strengthen the financial management environment within which programs operate.

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5.3 RECOMMENDATIONS

For Embrace Rwanda Program Management

- Strengthen participatory financial planning processes, ensuring all stakeholders contribute to budget development and resource allocation.
- Regularly update financial plans to reflect changing program needs and financial realities.

For Financial Officers

- Conduct regular financial forecasting to anticipate funding gaps and ensure resources are available for essential program activities.
- Maintain detailed financial records and periodic audits to promote transparency and support informed decision-making.

For Donors and Partners

- Provide consistent and predictable funding to support program sustainability, while encouraging capacity-building for local financial management.
- Collaborate with Embrace Rwanda to develop strategies for revenue diversification and long-term financial resilience.

For Policy Makers and Health Authorities

- Support community health programs by creating frameworks for financial accountability, resource mobilization, and public-private partnerships.
- Encourage capacity-building initiatives that enhance financial literacy and management skills among program staff.

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