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Audit of Rwanda Grants Finds Some Weaknesses, but Mostly Successes and Best Practices By:David Garmaise 1

Programmes in Rwanda supported by the Global Fund are generally well managed and have achieved some notable successes, according to the Global Fund's Office of the Inspector General (OIG).

The OIG recently issued a report on an audit of 10 Rwandan HIV, TB and malaria grants. The audit was carried out between 8 March and 30 April 2010. (It is not uncommon for the final report on an audit to take about a year to be issued.) All of the audited grants are administered by the Ministry of Health, the sole principal recipient (PR) for all Rwanda grants. The audit also covered several sub-recipients (SRs).

In the audit report, the OIG noted some financial management and internal control weaknesses. However, unlike many OIG reports released in the past year on audits in other countries, there were no findings of misappropriation of funds or serious financial irregularities in the Rwanda audit.

According to the OIG, the most remarkable achievement of the Global Fund grants to Rwanda is "the constructive way in which they have been applied to strengthen the national health and social systems." The OIG identified five areas in particular that have been strengthened: health information systems, health care infrastructure, human resources for health, health care financing and social protection.

In its report, the OIG said that Rwanda had achieved almost universal HIV testing and counselling of male partners of pregnant women, a major contributing factor to the excellent results achieved in the country's PMTCT programmes. The OIG also identified several best practices in the grant programmes being administered by the Ministry of Health, including the use of a mobile phone-based information system for HIV care; basing social support on poverty rather than disease status; and "one-stop care" for people co-infected with HIV and TB.

The OIG said that the mobile phone-based information system is "revolutionary in its simplicity and functionality." The system is being expanded to other areas of health care, starting with maternal and child health. The OIG said that this system should be closely monitored and may well deserve to be replicated in other countries through the use of Global Fund grants.

The OIG said that although, in most countries, social support programmes funded by HIV grants is provided on the basis of HIV status, in Rwanda these programmes are based instead on poverty, and focus on access to health care and education for people most in need. The OIG said that the Rwandan method is much more likely than the other approaches to "lay the foundation of a sustainable national social safety net."

The weaknesses in financial and control systems identified in Rwanda by the OIG included inadequate supporting documentation for some grant expenditures, expenditures charged to wrong budgets, funds transferred between grants without Global Fund approval, and advances to sub-recipients charged to the grants as expenditures.

Editor's note: A member of the Aidsplan Board, Ida Hakizinka, is the Secretary of the Rwanda CCM. She had dealings with the OIG during the course of the audit. Ms Hakizinka had no involvement either in the decision to publish this article or in the drafting of the article.

The information for this article was taken from the "[Audit Report on Global Fund Grants to Rwanda](#) ." Paragraph 59 of that report provides a brief explanation of the mobile phone-based information system referred to in this article. A more detailed description of the system is available [here](#).

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