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## THE ITP INITIATIVE EXPECTS TO IMPROVE THE PERFORMANCE OF GLOBAL FUND GRANTS IN NIGER

As a result of Niger's participation in the ITP, the country is now seeing increased absorption rates of some grants. The country is one of those participating in the Global Fund's Implementation Through Partnership (ITP) initiative on which a separate article in this issue [here](#), provides a further description.

A 7% absorption rate for January 2016

Absorption rates concerning TB is 7% for the first half of the year 2016. Absorption rates for the HIV and Malaria grants were 76% and 80% respectively as of 30<sup>th</sup> of September. Although those rates are higher than the one for TB, they are less than optimal. The reasons for the low absorption rates include the fact that the principal recipient (PR) was not fully staffed and is progressively recruiting, there was a delay in signing subsidies under agreements with the sub-recipient (SR), and a delay occurred with regard to the PR in the acquisition of health products and equipment.

Other bottlenecks remain despite the Country Coordinating Mechanism (CCM) provision for the proper implementation of the grant, the administrative burden for purchasing and contracting sub recipients, the low operational capacity of actors in the implementation, and the "Zero Cash policy" which is a centralized spending policy at the level of the Principal Recipient (PR). These cumbersome procedures contributed to the low rate of absorption of grants (TB/HSS). The Fund is aware of this situation hence Niger's participation in the ITP initiative.

"Zero Cash Policy" slows the absorption rate.

From 22 to 30 June 2016, the Global Fund Secretariat invited Niger to participate with 10 other countries in the Francophone Africa region to a workshop on performance improvement ([GFO 293](#)). Beyond the

overall recommendations for the region, Niger has adopted specific recommendations related to its own context. A national workshop was organized from 17 to 18 August 2016 with the aim of “Improving the implementation of Global Fund grants through the operational structures of the Ministry of Public Health”.

The workshop brought together central and regional officials from the Ministry of Public Health, members of the CCM, Technical and Financial Partners (TFP), PRs and representatives of Sub Recipients (SR).

For two days, the participants worked on the priority issues that hinder grants such as: coordination of activities; premiums and benefits; preparation, processing and approval of applications; timely transmissions of valid vouchers; quantification, expression of requirements, distribution and stock management.

A member of the CCM told Aidspace that: “low financial consumption is due to the non-functionality of consultation framework, the lack of coordination procedures of the PR; the long duration for the validation of terms of reference and the “Zero Cash Policy”. With regard to the “zero cash” policy, it is the PR that runs all expenses. No transaction passes through health facilities. The health facilities seem frustrated and we noted a certain degree of disinterest in activities financed by the Global Fund. In fact, this policy was adopted by Global Fund to overcome the Sub Recipient’s incapacity in financial management.”

Concerning supply management, he stated that: “insecurity causes delay in the preparation and transmission of bidding documents, there is also product losses due to lack of quality control of inputs; and the lack of insurance system for securing inputs (storage and transport).”

#### “Zero Cash Policy” relief

Now, the CCM and the Strategic Monitoring Committee organize the follow-up of grant implementation with the Secretariat General of the Ministry of Health and give top leadership to local authorities. The Global Fund conducts weekly phone calls with the Secretariat of the CCM to follow up of recommendations. Partners such as UNAIDS, W.H.O, UNICEF and the French Development Agency were mobilized for technical assistance.

The Strategic Monitoring Committee has now strengthened quarterly planning and reprogramming meetings with the SR. These meetings enable the stock-taking of quarterly achievements. The main achievement is “Zero Cash Policy” relief with the adaptation of it to the country context. Community activities are paid for through money transfers via the post-office, including activities of the PR, and SRs. Field activities from the central to regional level have been better defined, and management tools (justification of expenditure) for the three programs have been standardized.

The Chief Administrative and Financial Services at the Ministry of Health now use GF tools to track spending and relevant receipts. The expectation is that these efforts will contribute to increased grant consumption rates for the three diseases.

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