



KNOWLEDGE PLATFORM ON INCLUSIVE DEVELOPMENT POLICIES

Niger in the year of the COVID-19 pandemic

The fear, the grief, and the coping

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Table of Contents

Country Profile.....	4
Executive Summary.....	5
Chapter 1. Introduction	7
1.1 Methodological Note and Study Plan.....	8
Chapter 2. Government Response	10
2.1 Emergency measures	11
2.1 Compensatory measures	12
Chapter 3. Responses from the public.....	14
3.1 Context	14
3.2 Francophones	15
3.3 Muslims.....	18
3.4 Fieldwork in Niamey	19
3.5 Fieldwork in Maradi	21
Chapter 4. Some Basic Conditions in the Economy and the Health Sector.....	25
4.1 The Unorganised sector: Niger's economic beat	25
4.2 The Health sector: scary shabby	26
Chapter 5. The Pandemic Havoc.....	28
5.1 In the unorganised sector.....	28
5.2 In the healthcare sector.....	38
5.3 Responding to the pandemic.....	39
5.4 Social value: the pandemic and beyond	41
Chapter 6. Some conclusions	43
6.1 The Trust Issue	43
6.2 The Inclusion/Exclusion Issue	44
6.3 Points of interest and a Recommendation.....	45

Country Profile

Niger is a landlocked country of the Sahel interior of West Africa. The country has the largest landmass in the region (1.267 million square km), much of which is desert or arid land. The bulk of its population of over 22 million lives in a southern strip of arable land. Most of them reside and work in the rural areas, as Niger has the lowest urbanization rate (19%) in the region, a detail that is important for this study owing to the fact that urban areas were harder hit by the pandemic than rural areas and government restrictions were imposed on urban, not rural areas. The socio-economic indicators of Niger are very depressed. The economy is small, undiversified and marked by the existence of a large traditional and informal sector which employ more than 90% of the workforce. Although GDP growth has been consistently high during the past decade (between 5 and 6%), it has little impact on the structures of the economy and does not cope well with a very high population growth rate (4%). For many years, Niger has ranked at the bottom of the UNDP's Human Development Index, despite a moderate decrease in the rate of poverty (from 48% in 2011 to 41% in 2019). Niger is formally a democracy, but has tended to slid back into authoritarianism during the last decade. The current leadership, in power since 2011, has been mired in a string of financial scandals which have considerably reduced the level of trust in government in the country, a fact that is explored in this study in relation to government management of the pandemic crisis. Some border areas of Niger (west-north corner and south-east) are war zones in which operate a variety of militant forces, including Boko Haram and the Islamic State in the Greater Sahara.

Executive Summary

This study reviews the ways in which the government and the public responded (and responds) to the Covid-19 pandemic in Niger, focusing on issues of trust and inclusion/exclusion. It tells the story of how, following warning from the World Health Organization, and taking into consideration the very limited resources of the national health care system, the Niger's government was on alert at a very early stage and took Covid-19 prevention measures before there was a single confirmed case in the country. This responsivity was inspired by fears stemming from the conviction that Niger faced a humanitarian disaster of untold proportions. The study shows that the strategy that was followed relied essentially on the concept of 'prevention,' meaning slowing down as much as feasible the introduction, and then the propagation of the virus in the country. The main steps that were taken in this view included the closure of national borders, the 'sanitary isolation' of the capital (seen as the main point of entry of the pandemic), the banning of crowd congregations across the country, and the freezing of passenger travels. Controversially, the banning of crowd congregations allowed congregations on the market place but not in places of worship. This led to many incidents, including riots. The study also reviews Niger's healthcare system and how the government attempted overhauling it in the hope of coping somewhat with the expected waves of Covid-19 patients. Alongside these emergency measures, the government took compensatory measures, which are also studied.

The study relies on the results of fieldwork conducted in Niamey and Maradi, in August-October. Reports, studies and other documents were also collected and used. Thus, the study goes into the details of the government policy, and the grain of public response and experience, in particular in the religious sphere and in the urban informal sector. The latter are analysed from the two perspectives indicated above: trust and inclusion/exclusion. In these respects,

- The study found that trust in the government, which has been low before the epidemic, remained so, but in different ways depending on socio-cultural categories. The middle-class 'Francophones' were critical of government corruption and incompetence, and consistently believed in the conspiracy theory that the epidemic official figures – at many points in time the lowest in West Africa – were inflated by the government, which, it was thought, hoped to secure aid funds and embezzle it. People from the popular classes, outraged by the mosques closure in a country where the Islamic faith is often tinged with ideological convictions imported from northern Nigeria, accused the government of being a stooge of the West, which would have created the 'Corona' scare to undermine the practice of Islam. However, mistrust did not hurt compliance, despite incidents related to the latter conspiracy theory in April-May. This outcome is largely due to the counter-balancing effects of an intensive campaign of persuasion that enlisted even figures traditionally opposed to the government;
- with respect to inclusion/exclusion, the study found that the epidemic and the response to it revealed a form of bias that is based not so much on discrimination as on structure. Professional groups and social categories whose needs are amenable to bureaucratic governance are more easily and consistently included in relief schemes than those which are fully into what I call here – borrowing from language used for the economic governance of India – the 'unorganised sector,' i.e., the informal and traditional sectors. This is the case despite the fact that the latter are more vulnerable to and suffer more from the restrictions imposed by the government. Humanitarian aid, which has less of the bureaucratic demands than processive policy, reaches them better but has fewer durable effects.

There are lessons which the government in Niger and in other Sub-Saharan African countries may draw from this.

- Regarding the issue of trust, governments – aside from the ideal point of developing better financial ethics – must become more adept at using tools of persuasion rather than coercion. If, despite the high level of mistrust, Nigeriens were by and large compliant, this is due mainly to the efforts put into sensitization campaigns, including resources allocated to the training of media workers and frequent interventions of usually more distant state officials. A weakness of Niger's state in regard to Muslim political opinions also lies in the fact that it does not keep channels of communication open with independent clerics. As my other work in this particular field has shown me, the rulers of Niger have not yet registered the fact that the religious (Islamic) landscape of Niger is radically different from what it was when the current strategy of relying on a single state-sponsored religious organization gave to the government a fair level of control over dynamics in that sector of society. If Niger's Muslims generally complied with the mosque closures in the urban areas, they did so grudgingly, citing coercion, and this episode may have widened the rift between the government and them. With both Muslim protesters and critics from the Francophone middle-class, the government response was coercive, with arrests and jail times being the knee-jerk reaction. There was no communication strategy geared to debunking conspiracy theories – a widespread problem for modern political governance which can be quite harmful in contexts like a pandemic. There should be one such strategy.
- Regarding the issue of structural inclusion/exclusion, changing the structures to eliminate the problem would be ideal but appears like an unrealistic tall order. It seems better to adapt to them by establishing levels of correspondence between those who, from the point of view of the state, are 'unorganized,' and state/formal bureaucratic order. Pragmatic solutions, including through reliance on technology, may be fleshed out. Moreover, the mobilization of actors to boost up the health care system in response to the emergency of the pandemic showed that it could be far more inclusive than it usually is. Lessons should be drawn to study how one could integrate the observed efficiencies into the regular operation of the health care system.

Points like this indicate where future research effort could be directed. Post-pandemic, it will be useful to research and analyse the institutional efficacy and social value of the various response plans developed by African governments under the pall of mass tragedy. If political will is, in general, more easily available under stress – fear 'concentrates the mind wonderfully,' wrote the English essayist Samuel Johnson –, such periods of stress also test the rigidity of structures and illustrate how far they can be breached, and how much it would be possible to bend them under 'normal' conditions. For the greater good.

Chapter 1. Introduction

In Niger, the first government reaction to the Covid-19 pandemic occurred in December 2019, when initial World Health Organization (WHO) warnings about the virus in China led to an advice that the monitoring procedures under the country's 'One Health' strategy must be activated.¹ Given the well-known inadequacies of the national health system, the government took very seriously the warning of the WHO that the pandemic would cause untold casualties in African countries. On 12 March, following the WHO declaration of the Covid-19 as a pandemic (11 March) a series of prevention measures were taken. On 17 March 2020, at a time when there were still no confirmed Covid-19 cases in Niger, President Mahamadou Issoufou made a televised speech to explain and justify the measures of prevention adopted five days before, as well as the additional measures taken that day. 'On our continent, Africa,' he said, '27 countries, meaning 50%, are affected by this pandemic which is making even the most powerful powerless and defenceless. Their healthcare systems, in particular their reanimation systems, are overwhelmed. At this time, there is neither treatment, nor vaccine against this virus. The only weapon that exists today is prevention.' At the end of the speech, he said again: 'I repeat it: there is neither treatment, nor vaccine. Our only weapon is prevention.'²

The measures taken on 13 and 17 March included a closing of the country's two international airports and of all land borders in the hope of delaying for as long as possible the arrival of the disease in Niger. But in case it was in fact already circulating undetected, social distance and hygiene measures were strongly recommended, including, crucially, a recommendation of avoiding gatherings of more than fifty people. This immediately raised the delicate question of religious gatherings in an overwhelmingly Muslim country where issues touching on religion have sparked trouble in the past. On 19 March, the Prime Minister Brigi Rafini was in the middle of a consultation meeting with religious leaders (Muslims and Christians) when the health minister whispered to his ear that there was a first confirmed Covid-19 case in Niger. The next day, many of the measures which had only been recommendations became compulsory (including the one about 'gatherings') and a slew of rules and policies were adopted under a declaration of state of health emergency.

The fear in the heart of top decision-makers in Niger was fed essentially by the data and projections coming from the United Nations system, including the WHO. In an interview with the global French television channel France 24, President Issoufou explained why he agreed with UN Secretary General Antonio Guterres that the pandemic may make millions of victims in Africa. He extrapolated from then-current forecasts that around 40-70% of world population will ultimately be affected by the disease. Given such figures and the state of public healthcare systems in African countries, he thought a disaster was all but inevitable.

¹ According to the World Health Organization, the 'One Health' system is 'an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.' (WHO website, 'One Health', One health: <https://www.who.int/news-room/q-a-detail/one-health>). The idea of collaboration between multiple sectors (medical, veterinary, pharmaceutical, environment, and civil society) in response to public health challenges has been developed precisely due to the complexity of modern public health crises which must be tackled in as many ways as possible to obtain the best outcomes.

² See France 24, 'Exclusif: Mahamadou Issoufou sur France 24 : « Oui, le virus peut tuer des millions de personnes en Afrique. »' <https://www.france24.com/fr/video/20200403-exclusif-mahamadou-issoufou-sur-france-24-oui-le-virus-peut-tuer-des-millions-de-personnes-en-afrique>

The immediate response of the populace was ambivalent. Especially in the educated and middle-class section of society, the pandemic was taken very seriously and the measures of the government were applauded. Yet, on the other hand, there was mistrust about its capacities, motivations, and, among the less educated and popular-class section of society, greater scepticism about the reality or the seriousness of the disease. In this context, the government developed and tried to apply a programme designed to slow down the spread of the disease by enforcing restrictions on certain activities, keeping borders shut, and putting together emergency social and humanitarian measures with the help of a variety of international aid organizations active in Niger.

Perhaps partly as a result of these measures, the pandemic has had little effect in Niger. At the time of research (September-October), official tallies indicated that total case numbers were of 2,258 confirmed cases, with 80 dead and 1,292 recovered. This is a statistically insignificant impact in a country where the primary killer disease remains malaria.³ However, the socio-economic impact of the disease is more significant, even though the government trod much more carefully in the economy than in other sectors (religion, education). The measures were in full force in March-May 2020. afterward, they were considerably relaxed, either officially, or in terms of their implementation. By August-September, they had become anecdotal, although they have left behind a trail of economic misery. At the time of writing, the state of health emergency is officially in force and the government announces new measures periodically. But except for sectors which the Government can easily control, most remain unenforced, largely due to a sense, in the public, that the Covid-19 disease is not a significant threat in Niger.

In this report, I first present the Government response, describing how it was organized, including the types, mode and extent of restrictions and the compensatory measures that were taken; I next discuss the response from the public, taking the cue from two socio-cultural categories, the Francophone middle-class and the Muslim leadership; this is followed, first by a review of conditions in the economy and the healthcare sector; second, by an analysis of the impact on affected economic activities and the healthcare system; and finally by conclusions on issues pertinent to the research agenda designed by the INCLUDE Platform.

1.1 Methodological Note and Study Plan

The methodological approach in this study is qualitative. We have used three methods: documentary research, interviews (structured and open-ended), and media analysis. The choice of a qualitative approach is determined by the focus and context of the study. The context is particularly important, since our methodology shifted during fieldwork. For instance, initially, we had planned to apply a survey questionnaire (quantitative method) to the study of the informal sector. But during pre-test, we realized that it was fragmented into subsectors that were differentially impacted by the restrictions that the government imposed. The initial sample was thus broken into smaller sub-samples, which made it more useful (and manageable) to apply to them structured interviews instead of questionnaires. Given that the pandemic crisis is a phenomenon with no precedent, qualitative data collection, with its knack at uncovering unexpected information, ultimately appeared to us more pertinent than quantitative. But it relies on small samples, which made it critically important to provide contextual information through which the results may be analysed and related to general conditions. Some of the results have been presented in a 'quantitative' (i.e., numerical) format. But this is for the purpose of conveying information in a short and rapid medium and there is evidently no claim of any statistical significance attached to the tables: they are illustration of empirical, qualitative findings.

³ According to the WHO, Niger had 3,358,058 confirmed cases of malaria in 2018 (WHO World Malaria Report for 2019).

Methods and their limitations are described at the points where they are introduced in the study. However, it can be said here that the methods employed here are qualitative, not quantitative: they have high validity in reporting information in detail, and in a way that make it alive and concrete for the reader, but they lack the generalizability that comes with quantitative methods. Initially, we had planned to use a mix quantitative and qualitative methods, but the field ended up imposing an exclusive focus on qualitative methodology – in particular in the study of the urban informal sector, as is explained in that section.

The study has five sections.

The first section describes and analyses the government's response to the pandemic. This section is descriptive, not analytical, since analysis would derive from how the measures are seen to operate in the real world, an issue tackled in the fourth section of the study.

The second section focuses on the public response to the government's response. This section delves into the issue of trust, as it relates first to the Francophone public, and second to the larger public. In the latter case, the emphasis is on religion (Islam), because mistrust was expressed – in riots and acts of disobedience – via a religious, Islamic conduit.

A short third section follows, that portrays (1) the structure of Niger's economy, highlighting the place of the urban informal sector, which is the one in which most of the study of the impact of the pandemic measures was conducted; and (2) the state of the health care system.

The fourth section is the longest of the study. It presents the results of the fieldwork on the socio-economic impact of the restrictions imposed by the government and on how the health care system responded to the crisis. These results are contextualised, described, and analysed in turn.

The fifth section is a conclusion that returns to the issue of trust (studied in section II) and of exclusion/inclusion (section IV) and teases out lessons about the principal driver of exclusion and inclusion uncovered by the study.

Chapter 2. Government Response

In response to the pandemic, the Government created a so-called *dispositif de riposte* ('response system') with a pyramidal chain of command and responsibilities and a number of technical commissions. At the top, sits the decision-making *comité d'orientation* (orientation committee), chaired by the head of state; and an Inter-ministerial Committee for the Management and Response to the Covid-19 pandemic, which serves to coordinate response among the different ministries and the sectors which they are in charge of. This body's role in the decision-making process is to centralize information required for the design of the response measures, and to propose measures to the council of ministers. Besides a consultative committee, which advises on non-technical matters, the committee speaks with the One Health technical committee, eight regional technical committees (one for each region), and seven commissions (logistics, communication, monitoring, laboratories, etc.) that constitute the administrative side of the response system.

Initially, this sprawling system worked on the basis of the worst-case scenario, justified not only by the structural fragility of Niger's healthcare system, but also by the understanding that the virus spreads easily and yet containment measures that were conceivable in the industrialised countries – lockdown in particular – seemed unrealistic in the context of Niger. Moreover, while it was always possible to reinforce border control, no one harboured the illusion that the borders of the vast, landlocked territory could actually be controlled in any adequate way, especially given the fact that some of the border areas were overrun by Jihadists and saw frequent movement of refugees and fugitives.

According to one interviewee, meetings were initially frequent and regular despite social distancing measures, taking place sometimes several times in a week. As time passed, and the disaster did not occur, they became weekly by the month of June. From July onward, they turned occasional. By the time of the fieldwork, only the health ministry's technical committee still met regularly, a couple of times a week instead of daily initially.

All of this activity led to the adoption of a series of emergency and compensatory measures. The decision-making process was national. But in some sectors (financial especially) it was made in coordination with countries of the West African Economic and Monetary Union (WAEMU) grouping. Other influence came from the WHO and from consultation with countries of the Economic Community of West African States (ECOWAS). In each country in the region – and such was the case of Niger too – international NGOs and aid agencies also played a significant role in the funding and organisation of emergency social support measures thanks to their installed capacities in supplying humanitarian aid.

2.1 Emergency measures

The Government took rafts of emergency health measures on the 13 (seven), 17 (eleven), 20 and 27 March 2020.

The measures on the 13 were light. Of the seven, only two were prohibitions, and both affected only the formal/public sectors: (1) international events were cancelled and international travellers were to be quarantined at the government-run Hotel Gaweye, on government dime (this was enforced via border control at the airport of Niamey), and (2) official missions to countries affected by the disease were suspended (this was implemented via an order from the government). All measures affecting the general public were only recommendations, except for the one which forbade gatherings of more than a thousand persons (political, cultural, sports). In theory, this was not a full ban on large gatherings, only a restriction. The recommendations were implemented via a government-funded campaign (radio, posters on billboards); and the restrictions, via policing. Thus, on 15 March, the ban on large gatherings was the ground for the violent dispersal of a political demonstration organised in Niamey about a mounting scandal on embezzlement and misappropriation of military funds.

On 17 March, the rate of prohibitions rose steeply. Of the 11 measures taken that day, six were of that type, two were restrictions, and only one was a recommendation (gathering of more than fifty persons for social celebration or funerals were to be avoided). Importantly, land and air borders were closed. There were two social support measures, including free care for future Covid-19 patients and a decision to establish an emergency fund of one billion Cfa. Francs (about 1.5 million €) in anticipation of further support measures.

Prohibitions can be implemented only via police interventions, control or government order. Therefore, such methods were ramped up. In some cases (closure of schools, bars and nightclubs, cancellation of workshops, seminars, conferences), government order was sufficient. But in the case of mosque closures (though not church), the prohibition was controversial and will later lead to riots and police interventions. Sectors affected by the measures widened to include teachers and students, workers in the hotel and the international passenger transportation sectors, people active in petty border trade, people active in the entertainment industry, and the faithful.

The detection of a first Covid-19 case on 19 March led to additional measures the next day. Earlier prohibitions were reinforced and a curfew was established in Niamey from 7 PM to 6 AM. And on 27 March, Niamey was put in a state of 'sanitary isolation,' which sequestered it from the rest of the country. Nightlife industry (small restaurants and eateries, night markets, an important feature of Niamey's urban economy) and city and inter-city public transportation workers (bus companies, 'bush taxis,' taxis and small taxi buses) were the most affected by these final measures.

The measures on 17 and 20 March were the ones that had the most extensive impact, even though the government hoped it had significantly reduced hurt to the pauper classes by keeping markets open, if with shorter hours.

Perhaps in an effort to temper resistance, the government took the more restrictive measures for periods of two weeks renewable – but renewed they were, each time until mid-May. Following the growing difficulty of enforcing the curfew against the increasingly restive population of Niamey, the government did shorten it to 9 PM-5 AM in late April – also considering the approach of the Muslim fasting month of Ramadan. Eventually, most domestic restrictions and prohibitions were lifted on 13 May. But land borders remained shut in theory. In fact, after the first two months of strict enforcement at checkpoints (roads), the prohibition ended up being 'interpreted' by travellers, with a tacit acceptance from border control agents. At that point, the idea became that the prohibition applied to vehicles but not to individuals walking

around (an idea already ‘tested’ during the ‘sanitary isolation’ of Niamey). As a result, transportation vehicles would drive to the border – from Benin or Burkina Faso for instance – drop passengers, who would then walk through border control and be picked up by transportation vehicles on the other side of the border. On some borders, such as the very busy one with Nigeria in east-central Niger, this charade was not even observed and people went immediately from strict enforcement to full freedom of circulation, despite the fact that the prohibition is still in force.

2.1 Compensatory measures

Here, I list and comment on the compensatory measures which the government took. I will review them against the empirical reality in the section titled ‘The Pandemic Havoc,’ below.

According to a study from the Chamber of Commerce and Industry of Niger, the government took two types of compensatory measures. Some of the measures were economic/fiscal, and others were social support.

(1) Economic and fiscal measures

- Products used in the fight against the Covid-19 (masks, hydroalcoholic gel, etc.) were exempted of tax and duties.
- Customs Bonds were eased for 15 to 90 days for any importer who applied for them.
- Payment of tax disks was deferred for three months (April-May-June).
- On-site tax audits were suspended for two months (April-May).
- VAT on inter-city passenger transportation was suspended for the entire time when transportation companies were prohibited from operating; payments on the general tax were deferred for two months (April-May).
- VATs in the hospitality sector were levied at a rate reduced by 10%, alongside other minor fiscal exemptions.
- Prosecution for the recovery of taxes and imposts was suspended for three months (April-May-June) for travel agencies.
- Prosecution for the recovery of taxes and imposts was suspended for two months (April-May) for bars and licensed premises.
- Prosecution for the recovery of taxes and imposts was suspended for two months (April-May) for sports and entertainment premises.

Aside from these national measures, Niger is a party to measures taken at the level of the regional grouping WAEMU. These measures essentially aimed at boosting the financial resilience of member states. They included an increase of 340 bn. Cfa Francs (533.5 million euros) in the volume of liquidities which the central bank BCEAO would inject weekly on the money market for the community banking sector, rising it to 4,750 bn. Cfa Francs; a broadening of refinancing facilities to include 1,700 additional businesses across the community; financial interventions of the central bank and the WAEMU Commission in view of raising concessional resources for member states; the granting of a concessional loan of 15 bn. Cfa Francs to each member state of WAEMU by the West African Development Bank (WADB). In the case of Niger specifically, the WADB decided a moratorium on the country’s debts for the amount of 13.2 bn. Cfa Francs.

(2) Social support

The Government assessed a need of a total sum of 597 bn. Cfa Francs (over 910 million euros) to finance social support measures that included:

- A waiving of household water and electricity bills for the months of April and May.
- A strengthening of the yearly plan of social support for vulnerable people (free food or reduced prices on foodstuff, etc.).
- Adoption of a price ceiling for certain products (grain and household necessities).
- Early release of 1,540 prisoners (older, juvenile, women, ill).

The economic and fiscal measures concerned exclusively the formal sector. Aside from the tax exemptions and other measures of fiscal relief, resources mobilised through the WAEMU-BCEAO-WADB system led to support plans for the formal private sector via the national banking sector. A financing mechanism in the amount of 150 bn. Cfa Franc was thus set up to supply credit to businesses affected by the Covid-19 crisis. This was divided into a 50 bn. envelope for SMEs and a 100 bn. one for larger enterprises. The monies secured via these loans was to be earmarked for payroll and quarterly fixed expenses only. After the crisis has ended, stimulus credit would be supplied on the basis of files and paperwork prepared by applicants. Access to this aid (both relief and stimulus) is and will be contingent on the production of paper evidence (trade registration, contracts of employees, evidence of loss attributable to the pandemic based on a comparison between turnover documentation in the previous year and since April 2020, etc.). Verification of use and management of the loaned funds require further bureaucracy.

As these details indicate, businesses outside of the formal sector or with limited formal management capacities are de facto excluded from the facility. Yet, these are the vast majority of businesses in Niger, and also the most fragile and the ones which employ the largest number of people. On 17 June, a group of business associations and organisations put together a consortium of economic and social actors and addressed a memorandum to the finance minister, asking for a mechanism tailored to the needs of businesses in the informal sector. Their advocacy has not led to major decisions so far.

Regarding social support measures, the waiving of utility bills is a relief chiefly for middle-class households; and the ‘strengthening’ or broadening of the yearly support plan, which included one-off cash payments in some cases, was an ‘empirical’ extension of established social measures, not measures designed specifically for conditions arising from the pandemic – in part because such conditions are not in fact well-known. The measure on price ceiling was the object of discussion with import-export traders and was not always applied. In the region of Maradi, where I conducted a fieldwork in October, traders convinced the authorities that, in the depressed conditions that then existed and especially given restrictions on transborder trade from both Nigeria and Niger, competition between traders actually would tend to produce lower prices than the price fixed by government order. As a result, the measure was discontinued in the region, and perhaps elsewhere as well.

Chapter 3. Responses from the public

The public responded in variable ways, in accordance with the social milieu, the economic activity, and the type of measure. For this study, we conducted a social media analysis that gave us access to opinions in the Francophone social milieu; fieldwork on public opinion based on Islam; fieldwork collecting information on opinion and experiences among people active in the informal sector, especially public transportation and petty trade; and fieldwork collecting information on experiences among the pauper classes in Niamey.⁴ This section reviews these varied responses but begins by a short narrative that provides the general background against which these responses played out.

3.1 Context

Public response to news of the pandemic and measures from the Government was marked, first, by the evolution of the situation in the country, and second, by issues of (mis)trust vis-à-vis the government. These issues predate the health emergency.

The situation in Niger moved from public fear of a health crisis of unprecedented proportions in March-April-May; to a period of cautious hopes, in June-July, that this might not come to pass; to a growing conviction that the Covid-19 disease is not a serious threat. This evolution is particularly well-reflected in attitudes in the Francophone social milieu, which, in turn, showed a greater responsiveness to government discourse – distinctly because this milieu is also the one from which government staff and decision-makers overwhelmingly come from. In fact, attitudes in government also reflect the evolution: domestic restrictions and prohibitions were in full force (though implemented to variable extents) from mid-March to mid-May; most were lifted by mid-May; and from August onward, the situation has reverted to what it was in early March, when the key idea was to battle the pandemic at the borders, and to issue recommendations (not restrictions or prohibitions) on the domestic stage. The state of health emergency is still in force, and a recent spike has led the Government to reinforce the mask-wearing order included in the state of health emergency provisions.

In the first phase (March-May), the curfew and the closing of mosques to large prayer events triggered resistance, including riots and acts of rebellion, across the country. Such resistance came principally from people in the country's large popular classes. In some cases, police stations were attacked and in Mirriah, a town in the region of Zinder (centre-east) at the border with Nigeria, a school was torched after the arrest of a cleric who was calling for disobedience. In many cases, incidents were avoided only because the police forces sent to guard mosques successfully resorted to negotiation. In practice, the mosque control measures were relaxed or unenforced by the end of April due to the onset of the fasting month of Ramadan (23 April-23 May). Indeed, they were formally ended on 13 May.

Among both the more compliant Francophones and the more restive popular classes, mistrust of the government ran high, though it was expressed in very different ways and led to quite different attitudes.

⁴ Data for the pauper classes are missing at the time of writing.

3.2 Francophones

By ‘Francophones’ is meant here the socio-cultural group of people who have gone through the different levels of schooling – in French – and would generally work in the formal or modern sector of the economy. The better off in this group are the country’s middle class, and the others would at any rate aspire to that social condition. In Niger, French is understood and more or less spoken by many more people than those whom I call the Francophones, but for the latter, the language and the kind of culture that it nurtures foster their distinct social identity, which differentiates them from other social groups in the country. Perhaps ten percent of Nigeriens belong to this social category.

All national-level political leaders are Francophones, as are most local-level elected officials; French-based school education being a requisite for positions in government and the civil service, state staff are all Francophones; and businesses in the formal sector as well as activities related to the modern sector of the economy are mostly led by Francophones. Francophone opinions and attitudes are important due to this general elite position, which makes them highly influential (both formally and informally) in society and government.

We analysed their response to the pandemic and the government’s Covid-19 emergency policy by conducting a kind of longitudinal media analysis of Francophone social and news media, assessing ‘positive’ and ‘negative’ responses in four chronological stages (‘first contacts’, ‘intensification’, ‘attenuation’, ‘relaxation’) of the pandemic, and picking up key arguments and comments illustrating the two types of responses. The differences in proportions of positive and negative comments that we found in this way must be interpreted against the context and are less reliable than those which would have been found through a classic questionnaire survey. However, we think that by enlarging the sample as much as was practicable, we did improve reliability. The sample of opinions was determined by the number of online news media that allow people to post comments. We analysed all of them⁵ on articles that concern the pandemic. Of course, it was easier to collect opinions for the more recent period (‘relaxation’), and there is thus an in-built bias in the methodology. At any rate, the exercise has qualities of randomness, ease of implementation, and access to extensive verbal content – which, incidentally, gave it at least more validity than a questionnaire survey. More importantly, it was the only viable way to study opinions overtime, thanks to the archive effect of many Internet sites.

Summaries of the data follow:

First Contacts (March): We analysed 46 comments/arguments dated in that month’s final two weeks across the main press web-portals of Niger and found that 32 were positive and 14 were negative. The positive comments, supportive of government reactivity, were all based on belief in the reality and peril of the pandemic and the need to urge and support the government in taking all necessary measures to fight it off as much as possible. The negative reactions accepted the reality and peril of the pandemic but found faults in the attitudes of the government. Writers and commenters criticised it on the issue of the so-called ‘imported Covid-19 cases’ (unchecked border crossing), what they saw as the lack of full and transparent information, and the fact that the Government was much too ready to arrest anyone who gave information running counter the one it supplied. Indeed, based on the state of health emergency decree, the government had been quick to arrest people airing dissenting views on the nature of the

⁵ The media consulted were news media and social media. The news media were: Actuniger (www.actuniger.com), Agence Nigérienne de Presse (www.anp.ne), aNiamey (www.aniamey.com), Ici Niger (www.iciniger.com), Niamey et les deux jours (www.niameyetles2jours.com), and Coronavirus Niger (www.coronavirus.ne). Social media include influential Facebook, Twitter, and Instagram. The comments were comments posted on the sites (at bottom of news articles) and in social media threads.

malady, or on how the authorities were handling the crisis, even when these views were voiced in private messages. In one case, a medical doctor was temporarily arrested after he had expressed doubts on the real number of Covid-19 cases – which he believed was smaller than the one announced by the government – in a WhatsApp voice message. Because the message went viral, the government considered it public communication.

In this specific case, the reason behind the Government's edginess was likely the theory widespread at the time that it inflated numbers of Covid-19 cases in order to attract more donor funding, and misuse it. This theory spoke to the ill-repute of a government widely seen (in the press and public discourse) as full of grafters and cheats. Just before the pandemic broke out, the government's reputation had indeed gone from bad to worse. In February, an audit from the General Inspectorate of the Army had found that upward to 76 bn. Cfa Franc of national defence funds had been misappropriated between 2014 and 2019.⁶ The culprits were un-named people in high place conniving with local businesses. The ensuing scandal had significantly weakened public trust in the government.

Intensification (April): We analysed 66 comments/arguments and found that 50 were positive and 16, negative. This is the period when number of cases multiplied, sensitization campaigns were ubiquitous, quarantine orders became the talk of the day, and most prevention measures were enforced by the government and respected and by majorities of people. The positive response largely reflects this climate. The overwhelming majority of positive comments were encouragements to the ministry of public health and plaudits to health agents and caregivers.

Negative comments – more vehement in tone – dwelt on the same topics as in March, with accusations that the government was lying in order to con the people and donors; and criticisms of government information, described as untrustworthy on number of cases, deaths and possibilities of treatment.

Attenuation (May): We analysed 89 comments/arguments and found 49 that were positive versus 40 that were negative. At this stage, most of the emergency measures were gradually relaxed, and they were eventually lifted by mid-month. A sense began to grow that the pandemic was not the public-health crisis that had been feared. Positive comments, still slightly in the majority – although the 'margin of error' of this method is quite large – put this outcome to the credit of the health ministry, health agents and caregivers and consisted mainly in thanking them. This also redounded to the government.

There were more negative comments than before and they added new suspicions and accusations to the previous misgivings. To many, the Covid-19 crisis had proven the point that the government had been neglecting the healthcare system in favour of what they saw as costly, low-priority projects such as the building of showy urban infrastructure. This refers in particular to an ongoing (since the early 2010s) programme of beautification of the city of Niamey, which includes the construction of a ring road, several road interchanges and boulevards, conference centres, luxury hotels, a new airport terminal, and a high rise for the finance ministry. Other criticism aimed at the management of equipment from the health ministry, including suspicion that the ventilators that were ordered that month would be available only to the better-off in private clinics. There was a marked rise in sarcastic commentary and outright insults targeting the President and the health minister.

⁶ See <https://www.jeuneafrique.com/988350/politique/niger-ce-que-contient-laudit-du-ministere-de-la-defense/>

Relaxation (June-October): We analysed 213 comments/arguments across the period and found that 111 were positive versus 102 that were negative. Given that the period covers four months and half, this is an average of 47 comments per month. This means a tapering of comments on the subject. The content of comments did not change significantly. Positive comments insisted that the disease was still circulating and that social distancing measures should be observed, but this did not translate much in real life behaviours. During my own stay in Niger in September/October, I could observe that the 'regulated' behaviour which I witnessed in March/April (I was present in Niger then too) had been completely abandoned. For instance, in March, an upscale shop catering to middle-class Nigeriens and European expatriates, and where I used to run my errands, would not admit customers if they did not wear a face mask and did not accept the offer of free disposable gloves; these precautions were entirely gone in September, when I visited that shop again (an example among many). Only public buildings directly run by the state (ministries, e.g.) still actually enforced social distancing (face mask, no handshake), at least in the capital. In Maradi, the rule was in place at the governor's office but was not enforced.

Criticism is still levelled at the Government on account of perceived irregularities in the purchase of ventilators and other financial misconduct in relation to the management of the pandemic. This is evidently a throwback to the earlier scandal of the pilfering of national defence funds. Since most of that abuse took the form of fake or inflated bills for the purchase of military equipment, many are convinced that the same corruption is plaguing the acquisition of medical supplies as well. In addition to older sources of frustration, a comment that is trending in this period is about the re-opening of land borders. They are still officially closed at the time of writing.

Conclusion: The Francophones have been broadly supportive of government efforts to fight the pandemic. If anything, they chided it for not doing enough, in particular because they lack trust in its ethics, goals and skills. In that regard, if, at the beginning, positive opinions tended to be significantly more numerous than the negative ones, by October, they were almost fifty/fifty. One would expect that the fact that the initial fears of a cataclysmic health disaster did not transpire would be credited to the government. In fact, it mostly was not, since Nigeriens compared their case to that of other countries in West Africa and largely concluded that this positive outcome must have come more from some as yet unknown West African (or even Sub-Saharan African) parameters, than from government policy. This was all the more the case because as the sense of peril receded, the sense of distrust increased or returned.

It must be noted that this media analysis accounts well for the mainstream of Francophone opinion but does not capture its full spectrum. For instance, informal exchanges shows that some Francophones are sceptical about the existence or peril of the virus, and others bought or buy into conspiracy theories that were spread by the social media, many from the West (France especially). But this seems to be marginal occurrence. A key difference between the Francophones and other social categories lies in the fact that they consume the news, fake and real, that trend in the international media and this strongly influences their views. The fact that many more Francophones believe in the existence and peril of the disease than people in other social categories largely comes from their access of international news sources in the West.

3.3 Muslims

Over 98% of Nigeriens are Muslims, but Islam isn't a monolithic reality in the country. It is shaped by history, sociology, and external influences. Most Nigeriens are Sunni Muslims, and most of them also belong to the popular classes (urban low-income and paupers, rural poor). Moreover, Niger's Islamic culture is deeply influenced by Nigeria's. A plurality of Nigeriens are ethnic Hausa, and a large majority speak the language, but the metropolises of Hausa culture (Kano, Katsina, and Sokoto) are all in northern Nigeria and Izala, a homegrown – though also Saudi-assisted – brand of Salafism, has become mainstream there since the 1980s, crossing into Niger at that point. In Niger, this brand of Salafism became mainstream in the 1990s, about a decade after it had achieved that status in northern Nigeria. It comes with an ideological dimension that presents Islam – i.e., an orthodox interpretation of Sunni Islam – as the cure to all social ills and political injustices. In its extreme form, Salafism has devolved into Jihadism, with epicentres in north-eastern Nigeria and north-central Mali. In Niger, the impact of Jihadism is felt in rural Tillabéry (north-west, bordering northern Mali) and Diffa (south-east, bordering Nigeria's north-east) regions. But Salafism is mostly present in urban areas and is peaceful in general, even though Salafists have been responsible for a number of urban riots since the 1990s. In recent years, most of these riots were connected to international, not domestic events. Characteristically, they erupt only in the two main Hausa cities of the country, Zinder and Maradi, both located near the border with Nigeria – and in the capital, Niamey, which is a major site of immigration from these two cities. However, in Niamey, rioters are not exclusively Hausa. At any rate, the 'mainstreaming' of Salafism has hardened the faith-based attitudes of large numbers of Muslims in Niger, and this is most visible among sections of the popular classes across all regions and towns in the country.

Given this context, designing social distancing rules for mosques and religious events was a delicate proposition. In March, the government was convinced that was a necessity, given news that religious events tended to turn into contamination clusters. It developed a campaign of consultation and persuasion on the issue in March. We have seen above that Prime Minister Rafini got wind of the first confirmed case of Covid-19 while he was in the middle of an exchange with religious leaders. The public media broadcast news on mosque closures in Arab countries, including footages of a deserted Masjid al-Haram (the Great Mosque in Mecca). But many clerics rejected the government's efforts, and when mosques were closed and congregational prayers obstructed, they called for resistance. Such calls were also made in northern Nigeria and found an immediate echo in Niger. In mid-March, a prominent Izala leader, Mallam Sani Yahaya Jingir, made a fiery sermon on Izala TV in which he described 'corona' as a Western plot against Muslims⁷ and later also said that the disease was not real. Videos of crowds of his supporters chanting that 'corona is not real'⁸ went viral on WhatsApp and widely circulated in Niger, where some comments praised the 'learned ones' for enlightening the faithful on the truth of the matter. As a result, the government's efforts to prevent large religious congregations led to riots, as described above.

⁷ See Terhemba Daka, 'Covid-19 is Western deceit, conspiracy against Muslims, says Islamic cleric,' in *The Guardian* (Nigeria) (26 March 2020): <https://guardian.ng/news/covid-19-is-western-deceit-conspiracy-against-muslims-says-islamic-cleric/>. See also, Hannah Hoechner, 'In northern Nigeria, distrust jeopardises the response to coronavirus,' in *The Conversation* (15 April 2020): <https://theconversation.com/in-northern-nigeria-distrust-jeopardises-the-response-to-coronavirus-135347>

⁸ See video on Aliyu Dahiru Aliyu's twitter account: <https://twitter.com/aliyussufiy/status/1243822592382959618>

These riots were triggered by the government method of arresting anyone who spoke publicly against the campaign to fight the pandemic. For example, we have seen above that a medical doctor was arrested after a message critical of the government's numbers circulated widely on WhatsApp. Another was arrested for having described the Covid-19 as 'simple flu.' Similarly, the government arrested vocal clerics it considered threats to the success of the pandemic policy. But in these cases, throngs of supporters took to the streets, clamouring for the release of 'our cleric,' attacking police stations and, in Mirriah – a town on the border with Nigeria – burning down a school, seen as a fount of the impious Western culture of the government.

Yet, if such events indicated that Muslim resistance to the government's pandemic policy was stoked by an ideological discourse coming out a specific area of Niger's Islamic landscape, the broader Muslim response also highlights some of the flaws in the government's methods.

The fieldwork about this issue was conducted on two sites. We conducted a first fieldwork in Niamey. Based on the initial analysis of the results, we created a new set of questions that tried to hone in not just on the opinions of clerics, but also and more significantly, on their views and relations with the authorities in the context of the pandemic. That second set of questions was used in the fieldwork in Maradi, a city close to Nigeria and where Salafist opinions are dominant.

I first present the results of the fieldwork in Niamey; then in Maradi; and I offer a short analysis of the data.

Figure 1. At the headquarters of AIN, Niamey



3.4 Fieldwork in Niamey

In Niger, it has been government policy since the mid-1960s to maintain supervision on Islam via a state-sponsored organisation of notable clerics across the country. Until the 1990s, this was an Islamic association of Niger (AIN in the French acronym), the only such association that was allowed to exist. In that period, AIN enlisted all imams of Friday mosques and vetted any new Islamic current that sought to be active in the country. However, with political liberalisation in the 1990s and the principle of freedom of association, many new Islamic associations were created. These were autonomous from the government, and some developed ideological views which were critical of its secularist stances. By the 2000s, Niger's Islamic landscape was fractured, marked in particular by a divide between the ideologues and the rest. In 2006, the government created a new body, the Islamic Council of Niger (CIN, in the French acronym), which, under the leadership of AIN, was tasked to foster consensus among the varied Islamic associations and keep the religious peace. Pro-government clerics are tied to CIN and even more closely, to AIN, although CIN is a big tent that also includes clerics with more independent positions. For this study, we interviewed in Niamey a representative of AIN and eight independent religious leaders. Two of the latter were supportive of the Government's measures and the others were critical, but on different

grounds. It must be noted that the interviewees do not constitute a statistically representative sample of the opinions of clerics in Niamey. If the respondent from AIN does answer for that organization, the other clerics represent only themselves. But the goal here is to interpret their responses through the context that was described above and understand them as an *illustration* of what clerics generally think in that specific context.

The position of AIN was shaped by their view of themselves as middlemen between the government and the faithful. AIN did not question the government's measures but undertook to explain them to the Muslim community. Significantly, AIN officials presented the mosque closures as a decision which the government took under their advice, which was not quite accurate. There was indeed no written government order decreeing the mosques closure, and the instruction came in the form of a communiqué read by AIN's spokesperson. But in discussions between CIN and government officials on the matter, some CIN representatives requested a written document. The ministry of Interior – headed by a man who has gone on to become the ruling party's candidate for Niger's presidency in the 2020 elections – declined to issue one, given the sensitivity of the measure.⁹

AIN justified the measure by explaining that medical science had determined that the disease was extremely contagious and dangerous; and by invoking the example of Arab countries – including Mecca and Saudi Arabia – where mosques had been shut and large religious gatherings had been banned. In our interviews, the AIN representative implicitly admitted that the association's efforts had failed. First, they did not prevent violent confrontation in some places, even though the cleric minimised this by saying that in those events, rioters were only 'young folks... who wanted to plunder and destroy.' Second, most mosques in the country in fact remained open. There were too many of them for the police to control, and if they rejected the AIN's message, there was not much that could be done about it. And third, the representative strongly doubted that the measure could work if a resurgence of the disease leads the Government to want to reinstate it again. 'That would be hard because people still deny that the disease exists, or they say it is nothing but a new kind of cold and flu.'

The two religious leaders that were supportive of the measures were also both Francophones. Like most other Francophones, they believe that the disease exists and is dangerous, and that measures needed to be taken to fight it. One of the two took inspiration from the Qur'an and Hadiths and urged compliance to the measures on the ground of the sacredness of life and the need to protect it. The other, the chairman of the Association of Niger's Students Muslims (i.e., university students forming an Islamic association), said he stressed to the government that the mosques closure measure was not adapted to conditions in Niger; that social distancing inside mosques and the appropriate hygiene measures would work better; but that his association would comply nonetheless. He evoked the glaring inconsistency that most undermined the government's decision: the fact that while mosques were told to close, markets were told to stay open.

Among the six other religious leaders who were interviewed, five mentioned that inconsistency. One of them pointed out that because markets were not closed, the mosques that were inside markets were not closed either. Their criticism of the government's measures revolved on three main points: (1) mosque closure and banning of collective prayers was an extraordinary measure that had little to no precedent in recorded Islamic history (some examples were given and shown to be different from the current case); (2) the measure was imposed by force, rather than persuasion; and (3) persuasion could not work

⁹ This was told us not by the AIN representative, but by one of the independent clerics who took part to consultations with the minister of the Interior.

because the Government had no evidence that the disease was so dangerous that it required such an extreme, unprecedented and mindboggling measure. One of the leaders who insisted on the last two points said that he could not advise his congregants to comply with the measures because they expected from him explanations and evidence, ‘which are all I could offer, since, unlike the government, I do not have police and gendarmes at my beck and call.’

A religious leader who did not dwell on these points justified his non-compliance by accusing the Government of being an adept of a Western system of governance that did not care for true and legitimate religious leadership; of behaving like the ungodly Pharaoh; and of lacking the wisdom of the rulers of (northern Nigeria) who did ban Friday prayers but did not close mosques, including Friday mosques, because they knew that would lead to popular uprising.

At the end of this fieldwork, we concluded that the clerics could be classified in three broad groups: pro-government (the AIN); ideologues (one of the nine leaders); and moderates (the seven others). Or rather, there were really two groups: moderates and ideologues, since in fact the AIN leaders were in broad agreement with the moderates but took up a pro-government stance due to their official obligations. However, we missed a sense of how exactly the measures defined the issue of trust in the Government. Hence, we developed a different approach in the fieldwork in Maradi.

3.5 Fieldwork in Maradi

We assumed that the issue of trust would be more prominent in Maradi, due to the fact that the city is fully exposed to influences from northern Nigeria. It is an hour drive away from Katsina and the highway between the two cities is undoubtedly among the two or three busiest in Niger.

We selected seven religious leaders:¹⁰ two from the old-style ‘traditional Islam’ tendency; two from the Tijaniyya, a Sufi current prominent in rural Maradi; and three Salafists, the current that predominates in the city itself. We asked them to respond to six open-ended questions:

1. What are your perceptions of the Covid-19 pandemic?
2. What do you make of the measures taken in Niger regarding that situation?
3. How do you think the Government should have acted?
4. Did you have access to the authorities to tell them what you think?
5. What do you think led the Government to take these measures?
6. Is there a difference between what rulers did in Nigeria and in Niger?

¹⁰ We approached many more clerics, but only seven accepted to be interviewed in the time that we had. The star Salafi preacher of the city was in town but declined to be interviewed.

One key finding is that responses did not vary as much as in Niamey. The frequency table below is therefore built around the questions rather than the background (Traditional, Sufi, Salafi) of respondents. (Obviously, this is not a statistical frequency table, only a tool for presenting in an 'economic' way results that are based on *qualitative* research. It itemizes a discourse).

Table 1. Clerics' assessment of the government's response, Maradi

Perceptions of the pandemic	It exists and is serious	It exists but is not serious	It does not exist
	0%	100%	0%
Perceptions of the measures	Good	Comprehensible	Bad
	0%	0%	100%
How the Gov't should have acted	As it did	Working with us	Shouldn't have acted at all
	0%	100%	0%
Access to authorities to speak one's mind	Yes	Occasionally	Never
	0%	0%	100%
Reasons behind measures	Sense of care	Care but also Western influence	Western ploy
	0%	0%	100%
Difference between Niger and Nigeria ¹¹	Niger's better	About the same	Nigeria's better
	57% (four responses)	14% (1 response)	0%

¹¹ Two interviewees said they did not know what government did in Nigeria.

This table synthesises verbal responses. It shows that the discourse that prevails among the highly influential clerical class of Maradi, all backgrounds taken together, is that:

- The Covid-19 disease exists but is not serious ('it is the common cold,' 'it affects White people but not so much Black people');
- the measures, therefore, are excessive and wrong ('we complied because we fear the force of the Government, but we are very unhappy,' 'our heart ached, but we complied, sadly'¹² 'People wonder why the markets are open and they close the mosques, which open for only a few minutes at a time');
- the Government should have discussed with all clerics, not just the ones who toe the line, before deciding which measures were best adapted to the situation ('the Government follows the orders of the West, so it cannot listen to us');
- it could not have done that since clerics have no access to the authorities ('it is they who come to us, we never get to go to them,' 'the only contact I had with them was with their judges and police');
- the latter take all their orders from the Westerners, the enemies of Islam ('Our misfortune is that they take all their instructions from the Westerners, the people who caricature the Prophet,' 'if they did care, why is it that when they put me in prison because I did not comply, I found that we were hundreds of men in a cell, with no social distancing at all?', 'there was cholera two years ago, it killed many people, I know people who died, but the only measure they took was to forbid street sellers to sell vegetables. If it were true that they care for our health, and not for what the Westerners say, then they would have done more during the time of the ravages of cholera');
- all the same, the way things happened in Niger was better than in Nigeria ('it is good that here, they did not close the markets,' 'Nigeria is a mess, Niger is more orderly, here, people obey the Government even when they do not like its decisions,' 'In Nigeria, they closed everything, even the shops and markets, people were starving and if they went out, they were beaten up by the police, it was much worse.')

This discourse says a lot about the level of mistrust that the Islamic leaderships feel toward the Government. Although the insistence on the guilt of the West – more perceptible here than in Niamey – reflects the strong ideological influence of northern Nigeria's West-phobic Islamic culture, the discourse also uncovers flaws in the Government's pandemic policy in the sensitive area of Islam.

¹² One of the interviewees did not comply, was arrested, spent some days in prison, and thinks he was very brave to have led the prayer when he was there.

Conclusion: Closing mosques and other places of worship was a decision which most, if not all West African states took in the early months of the pandemic. What distinguished Niger was that unlike many of its neighbours, it did not close the markets as well; and unlike in particular the countries of the Francophone Sahel (Burkina Faso, Mali, Senegal) with which it has so much in common, it is under the influence of opinion trends in northern Nigeria. These two facts combined to make the measures that tried to restrict religious gatherings more controversial in Niger than in neighbouring countries. While citizens, even religious leaders, praised the government (if grudgingly) for keeping the markets open, they also were struck by the inconsistency of having these day-long, crowded areas going while mosques were told to shut. And the general mistrust of a government that was not known to care very much for the living conditions of the popular and pauper classes is heightened, in Niger, by the widespread belief, sourced from northern Nigeria, that the government was a stooge of the West, seen as the enemy of Islam. This is an ideological belief, which is not moved by contradictions: thus, the interviewee quoted above, and who mentioned the (perceived) government inaction during a cholera epidemic as proof of its lack of care, stressed that the population was saved in the instance by an emergency health centre built by Médecins Sans Frontières, a Western organisation: yet, he kept assuming that the West was hostile to the Muslim people of Niger. Because these clerics are more influential among the popular and pauper classes, these ideological beliefs are more prevalent there too.

Both the fieldwork in Niamey and in Maradi suggest also that the government's methods were inappropriate because work was not done to associate and persuade all clerics, not just those who were known to be in the pay of the state (AIN). The reach of the latter is limited and to some extent, they are tainted by their association with the Government. Therefore, the measures would have been more successful if other clerics – more influential and more numerous – had accepted the government's line. But, as we have seen in the case of Maradi – and that is true for Niamey and other regions as well – the ministry of the Interior, which has a direction of religious affairs (*Direction du culte*), does not maintain with independent clerics a regular line of communication that could be 'activated' in emergency circumstances. Especially outside the capital,¹³ the measures were conveyed to them not through consultation, but via an order that was communicated to them by traditional chiefs (for example, the Sultan of Katsina-Maradi in Maradi).¹⁴ This stark top-down approach ultimately proved ineffective and deepened rifts between the Islamic leaderships and the government.

¹³ In Maradi, one of the clerics said that although things work better in Niger than in Nigeria, at least in Nigeria the decisions were taken by states (i.e., the federated states constitutive of the Federal Republic), whereas in Niger, the orders came from Niamey, which he thought was unfair.

¹⁴ In Niger, traditional chiefs are agents of the state, under the ministry of the Interior. The higher-ranked (sultans, chiefs of province and chiefs of canton) have salaries and perquisites.

Chapter 4. Some Basic Conditions in the Economy and the Health Sector

The emergency measures of the government had immediate social-justice effects, which may be parsed as effects of inclusivity and exclusivity. These effects did not develop in a vacuum, but in the specific context of Niger's economy and health sector. In this section, I propose a view on the relevant features, the basic conditions of these two loci, where these effects played out (and are still playing out).

After this very concise presentation, I turn, in the next section to an analysis of the abovementioned effects as the EPGA team observed them during fieldwork in Niamey and Maradi as well as through documentary research.

4.1 The Unorganised sector: Niger's economic beat

The various sectors of Niger's economy can be grouped into four large sectors defined by the fact that they form opposite yet integrated dyads: the modern and traditional sectors, and the formal and informal sectors. Most Nigeriens are active in agriculture, pastoralism, and services. Most of agriculture and pastoralism belong in the traditional sector, and most of services in the informal sector. Therefore, most Nigeriens are active in the traditional (over 80%) and informal (over 15%) sectors. The traditional sector is prevalent in the rural areas, and the informal in the urban centres. 'Traditional' and 'informal' may be lumped together into a category which India's political economists call 'the unorganised sector',¹⁵ a term that works well in the conditions of Niger. The unorganised sector may be defined, by and large, as consisting of the sectors of economic activity that are marginalised because rules and policies that comprehensively organise credit, investment, and social protection under the aegis of the state either do not apply to them, or apply only occasionally and minimally. Since the government's compensatory measures rely essentially on credit and institutional social protection,¹⁶ the consequences for the unorganised sector – and especially for the (urban) informal sector – are not hard to fathom. The urban informal sector is hard hit by the measures, but cannot receive relief to the same extent – or even to any extent – as the organised sector.

Here, I focus on the urban informal sector, which has been the object of fieldwork, although some of our findings will also concern the rural areas.

The urban informal sector includes marketplace, street, and network retail trade; eateries and catering (many makeshift); handicraft and makers of household goods; mechanics; city public transportation (most of it); inter-city public transportation (some of it); personal services (barbershops, etc.); domestics; carting and distribution (of water, e.g.); and casual workers. This sector employs the vast majority of urbanites. It is partly integrated with the traditional sector, since some of the goods and products sold on the markets and some of the raw material used in some of the activities (food, e.g.) come from the rural areas. Moreover, workers in the city send remittances in the rural areas and invest there in local trade (animals, grains).

¹⁵ See <https://vikaspedia.in/social-welfare/unorganised-sector-1/unorganized-sector-informal-sector>

¹⁶ According to the United Nations Research Institute for Social Development, social protection includes any mechanism that aims at preventing, managing, and overcoming situations that adversely affect people's well-being. The notion of institutional social protection advanced here is not so all-encompassing and describes only the protections offered by institutional funds, such as pension, insurance and mutual aid organizations in the (formal) public and private sectors.

Conditions in the unorganised sector are not equal. If most who are active there belong in Niger's popular and pauper classes, it is also a place of capital accumulation that leads some to great wealth. Indeed, the wealthiest social layer of Nigeriens, the merchant capitalists, began their journey 'from rags to riches' in the unorganised sector and still remain active there. The sector is arguably more divided along gender lines than the organised sector. For example, none of those wealthy traders is a woman, whereas women are remarkably successful in the top reaches of the organised sector.¹⁷ Owing to conservative Islamic values, Nigerien women are more active in network petty trade than in the more rewarding marketplace trade (in contrast, for example, with women in the Gulf of Guinea). The customary rules that apply in the unorganised sector – given the vanishing act played by official rules and policies – also favour men and, especially in some places in the rural areas, high 'caste' men and women.

Recognising the importance of the urban informal sector in the livelihood of most Nigeriens, the government did not apply any real lockdown measure to it. Given the inadequacies of Niger's healthcare system (see next sub-section), this decision had some aspects of a wager. Ultimately, it appears to have paid off, and Nigeriens did not have to go through the coronavirus scare with closed shops and no easy access to food and other necessities of life, as happened in Nigeria for example. Yet the government did feel compelled to make decisions that hurt some of the activities in the urban informal sector, as will become clear in the next section.

4.2 The Health sector: scary shabby

Prior to the pandemic, Niger's healthcare system did not meet the objectives that the state has set to itself. Niger did not reach its own goal of spending 15% of public revenue to the health sector, largely, it must be indicated in fairness, owing to the emergency expenditures of the two-front wars on insurrectionary terrorism that broke out in 2012 in the Sahel region. In any case, this translates into much fewer health personnel, much weaker institutional capacities, much poorer infrastructures, and starker inequality between urban centres and rural areas, than was hoped or envisioned in the early 2010s, when the Government committed to larger social spending.

Today, Niger has 2467 rural infirmaries (in small towns and villages), 1285 integrated health centres (in secondary towns and the neighbourhoods of larger towns), 56 private hospitals and clinics, 70 public hospitals, 346 pharmacies and laboratories, and 484 small private health centres. Before the pandemic, there were all of 9,828 hospital beds in the system, and only 52% of the population had ready access (less than 5 km distance) to a health care facility of any type. Indeed, data from the Direction of Human Resources of the Health Ministry show that, in 2015, 76% of all health personnel worked in the urban centres, which have only 20% of the country's total population. The city of Niamey, which has 7% of Niger's population, concentrates 34% of the health personnel. These service inequalities and imbalances are reinforced by the fact that health insurance and social protection is, in the main, tied to jobs in the organised sector.

¹⁷ See Clarisse Juompan-Yakam, 'Au Niger, le business est (aussi) une affaire de femme,' in Jeune Afrique (22 October 2016) : <https://www.jeuneafrique.com/mag/270940/economie/au-niger-le-business-est-aussi-une-affaire-de-femmes/>

More to the point, in early 2020, there were only 22 anaesthetists specialised in reanimation and capable of operating a ventilator: 18 were based in Niamey, two in Maradi, one in Zinder and one in Tahoua.¹⁸ At the beginning of the pandemic, only those anaesthetists were specialised in reanimation and knew how to operate the 25 reanimation ventilators then available, and there were no intensive care units. (In comparison, Belgium, with half the population of Niger, had more than 2000 ventilators inside intensive care units).¹⁹ There were only about 20 ambulances equipped with integrated oxygenation equipment.

Acute awareness of this gross inadequacy of the country's equipment regarding Covid-19 infections explains the fearful reaction of the Government, and why measures were taken even before there was a single confirmed case in Niger. As we shall see, Niger, assisted by an array of aid agencies and organisations, ramped up pandemic preparedness in the health sector, although the task of reaching standards required to cope with the pandemic at levels observed in the industrialised countries was hopeless. This effort had some effects on the healthcare system in terms of inclusion and exclusion.

¹⁸ See Enabel, 'An 1 de la convention de contribution de l'Union européenne. « Renforcement de la résilience du système de santé publique au Niger, face à la crise COVID19 »', <https://www.rvo.nl/sites/default/files/2020/05/Nationaal-Actieplan-Niger-COVID-19-FR.pdf>

¹⁹ See <https://www.enabel.be/fr/story/enabel-appuie-le-plan-national-de-reponse-du-niger>

Chapter 5. The Pandemic Havoc

Faced with a frightening new disease with the potential of causing immense and unprecedented tragedy in Niger, the government responded with a sense of care and caution despite the high voltage pressure of fear and panic, justified by Niger's well-known infirmities. The response did not eschew the system of inclusion and exclusion which is built into Niger's political economy. But because the havoc wrecked both by the pandemic and the response to it dramatized Niger's socio-economic rifts, it provides an opportunity for examining the grain of how that system produces its effects, how people cope, and, ultimately, what may be done better.

In this section I present the results of research on the socio-economic impacts in the urban informal economy, with an appendix on impacts in the rural areas; and the way the health system responded to the stress.

5.1 In the unorganised sector

Although there was no lockdown in Niger, the government took measures that had direct impacts on some key activities in the urban informal economy: the curfew, the sanitary isolation of Niamey, the freezing of inter-city passenger travels and the border closure. The impacted activities were: eateries, arts and craft, public transportation, and petty trade, transborder and street-based. EPGA organised surveys of people active in these sectors in Niamey and Maradi. The surveys were based on semi-structured interviews. As in the case of clerical leaderships in Maradi, the objective was to piece together, on the basis of testimonies collected in a standard format, the general view of categories of people who share certain activities, yet may have different positions – and, in this case, resources and ways to cope.

Summaries of results by category of people surveyed follow.

Eateries. Restaurants in the formal sector suffered from the measures significantly less than eateries in the informal sector. Restaurants have hours of operation that were less affected by the curfew. Even if they lost dinner custom, their lunch hours stayed busy. They could more easily implement social distancing and hygiene measures and organise catering and food delivery. They could also set up furlough plans for their staff with the support of government services, including in applications for relief credit. After the end of the curfew period, their activity snapped back into its former self with no lasting damage.

The picture for eateries in the informal sector was and is very different. Due to the dominant lifestyle in Niamey, the busiest time for their activity is from 2 PM (or later) to 1 AM. Daytime eateries are usually snack suppliers, especially grilled meat and skewers. The big business happens after dusk. People unwind as the night sets in, and that's when turnover is made in eateries, especially around the many 'night markets' of the city.

We interviewed ten owners of eateries, including five women and five men. Their businesses range from those that are more restaurant-like (with premises, furniture and a staff) to those that are makeshift installations. Figures of daily turnover losses starkly indicate that the more profitable businesses tend to be those owned by men, which seems to reflect well the general context in Niamey (see Table below). Indeed, although the data is about a small group of people, trends and structures in the unorganised sector are more favourable to men than to women.

Table 2. A view of losses in the eateries sector (blue for men, pink for women)

Gender	Estimated daily turnover loss under curfew, in Euros
M	305
M	300
M	106
M	92
M	61
F	61
F	53
F	30
F	15
F	15

The stories behind these figures show the ramifications of these losses. People with the higher daily turnovers also employed a comparatively large staff, which they had to lay off almost completely in all cases. Although they have rehired afterward, their staff is smaller today ('things still have not gone back to normal,' 'this is true poverty, sister.²⁰'). In one case, we learn that the curfew has upended a classic plan of immigrant social integration. Many of the owners of these businesses are immigrant from the rural areas. One of them, the man who lost 92 € daily turnover, is a 25-years old who had just got married and came to town in search of opportunities that would help him support the family he was starting. Now, he said, he was unable to send remittances to his newlywed, who he had left back at the village, and who he had planned to bring to town once his business had flourished enough. Others said they had stopped sending food (rice) 'back home,' i.e., in the rural areas. None reported any kind of support from the authorities. They do not understand the measures ('So is it that the virus moves about only at night time?', a woman asked). In most cases, they survived by dipping into their savings or receiving help from friends and relatives. In all cases, they had to cut on some life necessities, including food.

Arts and crafts. Unlike the eateries sector, the arts and crafts sector in Niamey is self-organised. Artisans and workers in this sector can be divided in two groups: those who have a spot in artisan centres, i.e., the *Village Artisanal de Wadata* and the *Musée National Boubou Hama*; and those who have shops in the city. They are in general registered with the Niger Chamber of Arts and Crafts (CMANI in the French acronym), which gives them a toehold in the formal sector. Those in the *Village Artisanal* and the *Musée National* are also members of those centres' cooperatives.

The arts and crafts industry has typically larger turnovers than other industries in the urban informal sector, although this varies enormously. The more successful artisans can make hundreds of thousands of Cfa Francs per month, in contrast to a few tens of thousands for those at the bottom. Success is

²⁰The EPGA researcher for this sector was female.

extremely dependent on tourism. Artisans already suffered in the past when the first terror attacks in the Sahel curtailed tourism in Niger, in the early 2010s. At that point, many took the habit of travelling outside Niger and the Sahel to make their wares available to tourists. Those who did not travel entrusted their productions to those who did, and hence, business travels became a central part of the business for many artisans in Niamey. These trips led them to festivals, shows and fairs across West Africa and a few even found their way to Europe. The measure that hit them hardest is therefore the closure of borders: not only are ‘tourists’²¹ no longer travelling in, but artisans cannot travel out. They also complained of the curfew, which, by limiting times of operation, also automatically limited the sales opportunities that remained.

We interviewed ten artisans, all men (the industry appears to be entirely populated by men). Estimated turnover losses confirms the fact that artisans belong in very different leagues, as the Table below illustrates:

Table 3. A view of losses in the artisan sector

High earners estimated turnover losses due to restrictions since late March to October (€)
18,000+
15,000+
10,000+
10,000+
9,000+
Low earners estimated turnover losses due to restrictions since late March to October (€)
1,200+
1,000+
530+
460+
380+

Despite the differences in earnings, reported hardship are very similar. If low earners have cut dramatically in their spending (‘I went from about 2,000 francs [3€] a day to 500 [0.7 €],’ reported one), the income stoppage also has dramatic consequences for high earners due to their higher spending and fixed costs (rent, utilities). High earners employed paid apprentices, who they had to lay off. The man who reported the highest losses and regularly attended lucrative events in France found a way to export artsy masks there, and has kept one paid apprentice out of eight: ‘I had to let the others go because there were things I was no longer being able to take care of in my own household.’ Others in both categories have tried their hand at different activities, but with little luck: ‘I tried,’ said one, ‘but very unfortunately, I realised that the Covid has made things harder in all activities.’ ‘I opened a small shop at my door and tried selling rice, but that really wasn’t my area, I was a bit confused about it.’ They also tried cutting their prices and directly contacting customers. The results, they said, were lacklustre.

²¹ Tourism as such is in fact virtually dead in Niger owing to insurrectionary terrorism in the Sahel, but there is a corresponding increase in the flow of humanitarian workers from the West who, by and large, have the same buying behaviour as tourists as far as the arts and crafts are concerned.

Unlike workers in the eateries sector, everyone reported having received food aid, either through the cooperatives, or through CMANI. These organisations give to artisans a voice in meetings with the authorities and donors, even though they are not set up in such a way that they could organise group solidarity. In terms of income stoppage, the situation remains somewhat critical in this sector despite the reopening of air borders. Travels are still a trickle. But most of the interviewees are hopeful.

Public transportation I: Taxis and 'Faba': Niamey has a unique – relative to other towns in Niger – city public transportation system that combines buses (a formal-sector company), taxis and minibuses known as '*faba*' ('succour,' in the local Zarma language). They are the main city public transportation, given that the bus network has limited reach. Taxis and *faba* are registered at city hall and pay the imposts tied to trade vehicles. This gives them a certain level of formality that has enabled their drivers to unionize, and at times, to organise strikes – mainly against petrol price increases. They are operated either by their owner, or more frequently by a hired driver who must make periodic payments to the owner. The relationship is established via an informal contract, and the owner can take his or her car back at any moment. To keep fares low – the base fare is 200 francs, i.e., 3 cents of euro, but grow with distance, difficulty of access or destination into areas known to have few customers – taxis operate on the basis of carpooling. For a single general destination, they aim at filling the car to the maximum allowed, i.e., four customers (and sometimes more, although with the risk of a fine or bribe to the police). *Faba* are allowed to take up to 17 passengers. Taxis are free to drive anywhere within city limits whereas *faba* ply fixed itineraries. At night-time, there are fewer taxis and fares increase. Taxi drivers who feel they have had a bad day in terms of earnings are often tempted to work through the night or part of the night. Aside from the 'regular' drivers, taximen may lend their car to friends in need, who then work as '*kama mini*' ('Hold it for me,' in the local Hausa language).

The measures that affected taxis and *faba* are the curfew and the social distancing prescriptions. The police strictly controlled the latter and was not sensitive to bribing during the period. This measure limited the number of passengers but the fare rate remained the same. Profit margins for taximen, especially those who work for an owner, are thin and volatile, requiring them to make constant calculations of fare, distance, and petrol consumption in order to save the day. The social distancing measure threw a wrench in those calculations. Owners have little patience when taximen do not make the daily payments, and this was the case even under the special conditions of the pandemic. Owners have to spend money on maintaining the car and paying for its taxes. Many owners have small incomes. Six out of the ten taximen we interviewed said they lost their contract during the pandemic (one, only for three months). Even though the sample is very small, it is still significant considering that the proportion is actually even higher (i.e., 6/8), because two of the ten interviewees were the owners of their taxi. The social repercussions of such loss of income are significant, given that many taximen support relatives in the rural areas. In one case, a taximan-owner told us: 'I host several high school students from our village because it doesn't have a high school. But this year, I told them not to come to my house, save for just one, because I have no means to support all of them.' Another one had to divorce at the age of 56 (see box below).

There is no programme to help taximen. Their union was able to secure food aid during the duration of the restrictions (April-May) but it was offered only to hired taximen. Not only did taximen-owners receive nothing, but city authorities declined to give them relief on taxes and fees beyond a stated time (see Section I.2 above). The man who could no longer host school students from his village told us he had to park his car and work as a *kama mini* because his straitened circumstances did not allow him to sort the bureaucratic payments.

Box 1. Taximen under stress

Taximen under stress.

The car's gone. Well, the crisis has meant that the car's gone, the owner took it back. That's because of the curfew. I worked for that person on the afternoon and evening shift, that means from 1 PM to 6 PM, and after an hour break, I worked again from 7 PM until late in the night. But with the curfew, I couldn't make the payments, and also, I had a colleague who worked in the morning, but he was no longer able to do it. So the owner could rely only on my payments, which I couldn't make. See, the thing is, before, I always managed to make 5,000 francs [7.6 €] a day after I made the payment, but during the curfew, that was impossible. The owner was losing money, so of course he took the car back. So I became a porter, I am able to give to my wife 1,000 francs each day, that's half what I gave her before. I have back rent of 140,000 francs. The taxi drivers' union got us some food aid, I was told about it and went to get my share. But when I got there, they told me my name wasn't on the list. Frankly, the government has destroyed me.

It's getting better. I couldn't work as much as I used to, so it kind of broke me a bit financially. You know, with the social distancing, and the curfew, this was a great deal less to have in one's pocket. The owner was understanding to some extent. He reduced my daily payment from 7,000 francs to 5,000 francs. And I cut on spending at home. It wasn't too bad, I just spent less. I did get some food aid, the union drew up lists and gave us tickets, and officers of the Water and Forestry Authority distributed the food. But I thank God, it's getting better now.

It's all pain. I worked the night shift, so with the curfew, the owner just fired me. At the time, if I subtract the payment to the owner and petrol costs, I made 3,000 francs a day. And all of sudden, I was making nothing. I could no longer help the family back home, in the village, which I used to do. But with the loss of income, my wife became very angry at me, and eventually, she left me. I feel completely helpless. When I find something, I do it, and when there's nothing I am patient. The union gave me tickets for food aid, and the Water and Forestry Authority handed it out. This was 50 kg of millet, 50 kg of maize, and 20 kg of black-eyed pea per month. We got it twice, until they lifted the curfew. But in the meantime, I have become a man with no job and no wife. It's all pain.

You just cannot not work. With the pandemic, customers became very wary. And then there were the measures from the government. These created hardship but in the end, I think they were efficient. Because they prevented the fast spread of the virus, didn't they? Anyway, I used to make 10,000 francs and even more before, I mean, after I made the payment and paid the petrol. This went down to just 2,000 francs, pretty steep. And then at some point, it became impossible to make any payment to the owner. The owner got fed up and sold the car. That was tough. You know, I was in the habit of bringing fruits to the kids each day at the end of my shift. But then I became so embarrassed that I could no longer do that that I started to be back home after their sleeping time. I also got into debt. A taximan just cannot not work. I worked really hard to keep that car, but it didn't happen. I got some food aid through the union, and now, I am mostly doing *kama mini*. Things are a bit better now that the measures have been lifted. Of course, I no longer have a car, but it's better than when the measures were in force.

Public Transportation II: 'Bush taxis'. So-called bush taxis are intercity public transportation vehicles, usually with 17 passengers' seat (although the practice is to take in 18 people by adding an additional spot in the front cabin). In the case of Niamey, these minibuses connect the city to other towns in Niger and to foreign towns, especially in northern Mali, Burkina Faso, and Benin. In recent years, the development of bus transportation (formal sector companies) has tended to crowd them out of the more popular international destinations (i.e., Burkina Faso, which is on the way to Ghana, Côte d'Ivoire, and southern Mali; and Benin, which is also on the way to Togo). They are much cheaper than the buses and popular with people in the rural areas and the more impoverished social categories. Their organisation is very similar to that of the urban taxis: some of them are driven by their owners, others by hired drivers who must make payments after each trip; and they are registered in the transportation system and must pay taxes and car insurance. However, they are not unionized.

During the sanitary isolation of Niamey (from late March to mid-May), the activity was virtually dead. Not only were the land borders closed, connections with other towns in Niger were also stopped. Unlike with the taximen, bush taxi drivers did not receive any food aid during the period, which can be ascribed to the fact that they are not unionized. The union offers a level of formality which could help the authorities identify legitimate aid recipients, and it could also talk with the government. Without such an organisation, the bush taxi drivers were only part of the mass of the needy, most of whom would only receive, by luck, some occasional humanitarian aid. Given the limited reach of such aid, it had no impact on the situation of bush taxi drivers.

In theory, transportation of goods was allowed, and although that sector was already occupied by goods transportation vehicles' drivers and owners, some were lucky to secure contracts to engage in the same business. But the police systematically fined any passenger transportation minibus that they found on the roads, even if it was empty. For men who were attempting to eke out a thin profit, the fine of 5,000 francs (7.6 €) was always a big blow. Attempts were also made to circumvent the city's isolation via a scheme in which passengers would walk outside city limits and wait for the vehicle at a designated place. The empty vehicle, duly fined at city issue, would then pick up its passengers in the open country. The practice was very profitable while it lasted: not only were the cars full, but passengers were made to pay a significantly higher fare. But the police found out about the scheme in a matter of days and organised patrols to stop it.

For some, though, this proved to be a boon *after* the sanitary isolation of Niamey was lifted. At that point, the only restriction left – aside from the shut borders – was the social distancing measure which cut the number of persons admitted in a minibus from 20 to 10 (driver and 'apprentice' included). Due to this measure, steep increases in fare (generally more than three times higher) were allowed. But since the police had ended the patrols which only aimed at enforcing the isolation of Niamey, some drivers resumed the practice of rendezvousing with passengers in the open country. As a result, these drivers were able to fill their car to capacity at a much higher fare than before. One interviewee who was particularly successful at this business was straightforward about the result: 'the fact is, the crisis has given a big boost to my profit.' But given government regulation, this is still a risk and those who tend to take it are drivers who are also owners (which is the case of that interviewee).

For many more, the period has been, and still is, a time of misery. It is a time of dishonour: 'The only option that was left to me was debt, but since I cannot repay it, I live in dishonour.' 'My wife cannot accept that I cannot provide, she's angry, she yells at me, and I cannot respond, because I am not providing.

The government has dishonoured me in the eye of my wife.’ A time of helplessness: ‘I just go at the station, and sit, and wait, and nothing happens, and so I come back home, we are supported by friends and kind-hearted people.’ ‘Now I am picking wood and selling it on a cart, it is that or nothing.’ This is the fate especially of hired drivers, who were laid off since the vehicles are no longer profitable. But many driver-owners also suffer a similar situation. After having spent their savings and gotten into debt, the bureaucratic costs of running the business became unbearable: ‘I could not pay the papers, so I parked my car and now I am doing *kama mini* when I get the chance.’ The crisis has disrupted the industry’s organisation and habits, with one result being that the minibus stations are deserted by travellers. Some drivers have therefore started to park at unconventional spots, where custom is more easily found. But they are harassed by the police. One of them was fined a hefty sum (73 €) at the time when the EPGA researcher was interviewing him at one such location. This kind of lack of understanding from the authorities deepens the sense that ‘*le gouvernement s’en fout de nous*’ (‘the government does not care a fig about us’). Moreover, they have to contend with the competition of the big bus companies, which have taken to travel to secondary towns. Before, such minor destinations were left to the bush taxis. As long as the borders are not open, this competition will continue.

The social and economic consequences of the crisis extend beyond the misery of transportation workers. In most cases, these workers are breadwinners for their family and for relatives in the rural areas. One very successful driver-owner possesses six minibuses. Although childless, he has calculated that he has over 40 persons directly under his care in Niamey and in his village, all of whom suffered from the income stoppage. The minibuses are also a key factor in petty trade, especially between the rural areas, secondary towns, and Niamey. Many of these precarious ventures were broken by the fact that the bush taxis could no longer move goods around. The freezing of minibus stations wrecked the street trading of small retailers, coaxers, snack vendors, etc., that flourished around them.

In May, the Government ended some of restrictions and calculated that 85 bn. Cfa francs were needed to restore the passenger transportation system to its former self:²² but this estimate is based on the needs of the formal sector. The latter is a dynamic and booming sector of Niger’s service economy, with 18 bus companies that connect all the main towns of the country and destinations across West Africa, and specialise in postal service and intercity and international instant cash transfer. Some of these enterprises belong to Niger’s wealthiest businessmen – including notorious tax evader Mohamed Rhissa Ali of ‘Panama Papers’ fame²³ – and the diversification of their activities mean that, while they are certainly reeling from the restrictions,²⁴ they do not lack the sinews to rebound when international borders reopen. They, and not the bush taxis, are set to reap the benefits of the stimulus policy which the government is planning for after the pandemic (see Section 1.2, above).

²² See Morgane Le Cam, ‘« La route est vitale pour nous » : au Niger, le secteur des transports au bord du gouffre,’ in Le Monde (11 November 2020) : https://www.lemonde.fr/afrique/article/2020/11/11/la-route-est-vitale-pour-nous-au-niger-le-secteur-des-transports-au-bord-du-gouffre_6059376_3212.html

²³ See <https://panamapapers.investigativecenters.org/niger-2/>

²⁴ We interviewed the director of one of those companies, *Société des Transports Moderne* (STM), which has 650 employees. He reports a loss in turnover of 40% caused by the restrictions and salary payments of 50% in May. However, the company’s capital allowed them to maintain their infrastructure (including station buildings rented across Niger and in some West African countries), and if costs were cut on some running bills, employees are now paid in full, partly on shareholders’ dime. In the universe of Niger’s bus companies, STM is middle-ranked. The lower-ranked ones suffer more from the pandemic havoc, including in terms of non-payment of salaries.

Petty trade: MKK and Buckets. Petty trade is a common activity in the unorganised sector, either as a way to add to income on the side, or as principal activity. It ranges all the way from established small-size shops to street hawkers and peddlers. We studied them not with the view to obtain a comprehensive picture of how they were affected by the pandemic measures – that would have entailed much more resources than was available – but to understand some of the ways in which people in the sector were affected or profited from the pandemic. For this, we conducted fieldwork in Maradi and Niamey.

The interest of the fieldwork in Maradi lies in the fact that much petty trade there is transborder trade or piggyback on the transborder trade – with Nigeria. The third largest town of the country, Maradi sits just an hour drive from Katsina, and a three-hour car ride from Kano. It serves as a dry harbour for these two Nigerian cities under a scheme known in Niger as ‘the special transit.’ Merchants in the three cities import consumer goods and equipment via Niger’s docks in Cotonou and ferry them through southern Niger and into northern Nigeria, paying only transit taxes in the process. Under cover of the Nigerian imports, merchants in Maradi could also import goods at the same reduced tax rates. Moreover, Maradi is part of the trade corridor known as MKK (Maradi-Katsina-Kano) or KKM (Kano-Katsina-Maradi), a trade route that has its own office at Maradi’s chamber of commerce. In this commercial system, Maradi exports agricultural and pastoral products and buys consumer goods and equipment, a fraction of which is manufactured in Nigeria. If the rate of profits depends a good deal on the exchange rate between the Naira and the Cfa Franc,²⁵ goods bought in Nigeria are at any rate cheap by Nigerien standards, since conditions in the enormous Nigerian market tend to generate low prices in comparison with those in Niger.

This trade – the most intensive at any border region in Niger and, in fact, in any part of the country – has many effects, including the fact that many among Maradi popular and pauper classes earn a living through petty trade. In this activity, individuals may set themselves as suppliers of certain kind of goods to customers ranging from the working poor to the middling classes of civil servants and traditional notables. They are small fish chipping a meagre but sustainable livelihood off the commercial sea of import-export trade animated by the special transit and the arrangements of the MKK corridor. In August 2019, Nigeria disrupted these arrangements when it closed its borders for trade with Niger (and all its other neighbours) in an effort to protect rice production and certain other commodities for which it wishes to grow self-sufficient. The border closure did not target petty informal trade, which takes the form of shopping trips on board passenger cars (bush taxis) or WhatsApp orders. But it was implemented in a way that increased border crossing difficulties for petty traders and transporters, including the rate of bribes on the Nigeria side of the border.

However, this paled in comparison with the Covid-19-related border closure. In this case, both Nigeria and Niger froze passenger-cars traffic and the border was effectively sealed. The ‘Corona closure,’ as it is known, proved more efficient in stopping the flow of trade than ‘Buhari’s closure’ (from the name of Nigeria’s president Muhammad Buhari). This turned Maradi into a ghost town. ‘Maradi is a place where there are always people from elsewhere, from other towns, from the countryside, because of trade, and all of a sudden, they’re gone,’ said a plastic bag (for purified water pouches) supplier. At the time of writing, borders are still officially closed, but the measure is no longer enforced in this part of Niger, despite the fact that it is still enforced – if in a more relaxed way – in other parts of the country: a testimony to the importance of the border for Maradi.

²⁵ They are, at present, favorable to Niger, due to the depression in the global petroleum market. But many in Maradi deplore the loss in value of the Naira, because it depresses commercial activities in Nigeria and, by repercussion, in Maradi.

The stories we collected from petty traders and shopkeepers describe effects that are reminiscent of those attending a natural disaster. The border closure brought hardship to the smaller traders, those who, given their dependence on short spurts of cash flow, had to make several trips to Nigeria a week (for some, a day) to sustain their activity. When these trips became impossible, they were completely deprived of income. On the other hand, those who could make stocks (shopkeepers and suppliers of certain types of goods, for example plastic bags for the making of water pouches²⁶) benefited from the higher prices created by penury. This, according to testimonies, was counterbalanced by the fact that these traders frequently had to sell on credit, or – in the case of commodities such as water bags – at a loss, when it came to habitual customers.

Petty trade differs from other occupations by its adaptability, as was shown by the case of hygiene kit sellers in Niamey. Most of those we interviewed were small retailers (shopkeepers) who found themselves in difficulty when their customers dwindled in number and re-stocking became a challenge. A case in point is that of a shopkeeper successful enough to run two shops, one of which he entrusted to a brother brought from the village. Given the fall in business that came with the curfew, travel restrictions, and border closure, he closed his shop, sent his brother back to the village, took over that other shop, and turned it into a selling point for buckets. That article had become popular due to the government's hygiene campaign. Soon afterward, he learned how to turn buckets into hygiene kits (a bucket set in a high-legged metal basket, and sporting a faucet and a soap dish on the sides). 'I went from being a seller of wrappers and women's articles to being a seller of hygiene kits and all that goes with that,' he said. Another trader said that such conversion came from the simple fact that they saw sales of bucket going from two to three units on average per day to several dozen almost overnight. 'The crisis,' he said, 'has created some temporary jobs, such as making and selling masks. But I think these hygiene kits are here to stay, and we know how to make them.' The hygiene kits were adopted by many eateries and may become an essential article in those businesses or in households.

Still, these shopkeepers are petty traders. They had to buy the buckets from wholesalers who, seeing the rising demand, increased the prices. In this expanded market, the petty traders endeavoured to obtain the buckets at the same source as the wholesalers, but the bribes extracted by custom officers made this not so worthwhile: 'We tried making our orders by WhatsApp, without travelling ourselves. But the things still had to travel, which means, bribes still had to be given.'

This interviewee was particularly frustrated by the illegal harassment from customs officers. He said that their new venture helped them to survive while also helping the country to fight the pandemic. Yet, despite having all papers in order, they were treated as if they were drug traffickers. Still, the business was profitable, as was shown, he said, by the sad fate of those traders who did not 'adapt' by embracing it.

Rural Areas. At the time of writing, the pandemic did not spread in any significant measure in the rural areas. The same cannot be said of the government's restrictions. We did not conduct field research in the rural areas, but, in addition to interview data from the urban informal sector, documentary research suggests that they have a significant economic impact there. In May-April 2020, three international organisations, Save the Children, the Food Economy Group, and the USAID, teamed up to conduct a Household Economy Analysis (HEA) study in an attempt to understand the impacts of Covid-19. The HEA looks at a baseline profile of household economics, in particular the way people obtain access to the things they need to survive and prosper, and it complements that by analysis that measures the

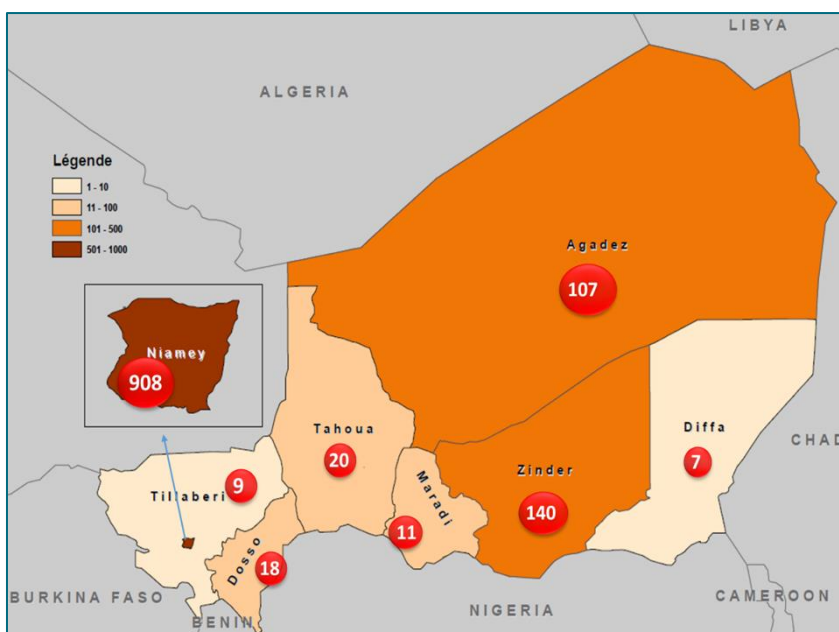
²⁶ In the indigent economy, water pouches initially played the role which bottled water has in more affluent economies. But they have become a standard on the market for retailing drinking water in most African countries.

impacts of different shocks on those household economics. In the period considered (April-September), the study found that, were it not for the Covid situation, people in the rural areas would have fared better than people in the urban areas. Before Covid, 771,289 people would have faced what the study calls 'livelihoods protection and survival deficit.' Over two million would face that dilemma with Covid, the majority (70%) in the rural areas.

There is need to emphasize that the HEA is not in fact a stock-taking study of the impact of Covid. It is much too early for a real assessment of what the pandemic has wrought in the rural area. It is only an anticipation of what it might be, based on past data and certain scenarios. Thus, its findings do not tell us what actually happened. But those findings, somewhat speculative as they are, still are a reminder that the rural areas are not isolated from the general welfare of the country. They also took into account the fact that the 'rural areas' are complex regions with different 'livelihood zones.' They assessed factors tied to that general welfare and that may offer positive or negative prospects according to both the scenarios that would have unfolded and the livelihood zone. In this view, the restrictions would affect cash streams and revenues by:

- reducing by up to 40% the sales of animals and animal products;
- reducing by up to 40% the supply of agricultural manpower;
- significantly cutting the rates of seasonal cash transfers from urban areas (our interviews in the unorganised urban sectors confirm this).
- Significantly reducing sales of garden products since main buyers were prevented from travelling
- Significantly reducing trade incomes due to the fact that rural markets were cut from outside consumers
- Significantly increasing the cost of agricultural inputs due to restrictions on transportation.

Figure 2. Snapshot of official number of coronavirus cases by October 2020



At this stage, the data on how this played out in the rural areas, and what people did to cope, are still lacking. But these estimates show that the HEA projection of greater impacts in the countryside are based on the extensive dependence of the rural economy on urban economies – and the latter were (are) on the frontline of the pandemic, exposed to the full brunt of the government's restrictions and prohibitions.

Figure 3. Hygiene kits on sale in Niamey, October 2020



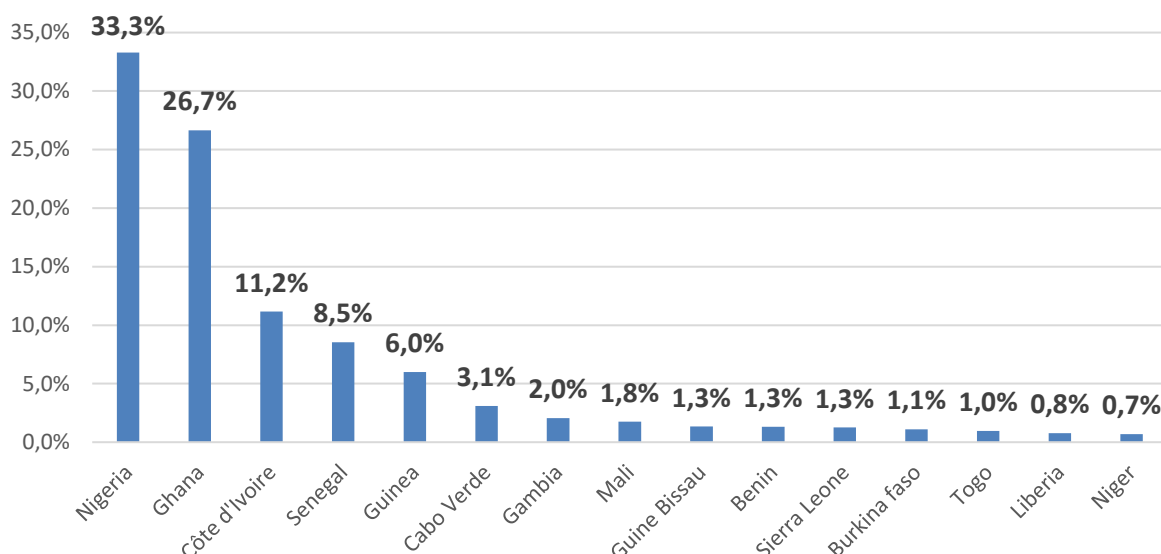
5.2 In the healthcare sector

The pandemic has not taken in Niger the dramatic proportions that were feared in March. Most confirmed cases are still concentrated in Niamey. Given the lack of mass testing, the figures are only indicative (The map below registers confirmed cases by October 2020), but other evidence suggests that the prevalence of the disease remains comparatively low, even if spikes occur and maintain the authorities on high alert.

At the time of the research, Niger was the least impacted country in West Africa. This is shown in the graph below, established by the West African Health Organization and recording the share of each of the countries of the Economic Community of West African States (ECOWAS) in the total number of confirmed Covid-19 cases in the region in late September.²⁷

²⁷ In the last available update (December 7), Niger has traded places with Liberia.

Figure 4. Covid cases in West Africa, September 2020 (West African Health Organisation)



This outcome could not be known in March, when Niger began to adapt its healthcare system to better respond to the pandemic. Not only did the Government made rapid decisions to ramp up capacities for detecting, testing, isolating, and treating severe cases, aid organizations present in the country also were mobilized by the emergency. As a result, there was an overhaul of the healthcare system which is still ongoing, and which begs the question of its nature – passing or lasting? – and its extent – inclusive or exclusive?

5.3 Responding to the pandemic

In theory, the healthcare system operates on the basis of the worst-case scenario. In the spring, this scenario postulated that by end of year, and due to generalized community contamination in the eight regions of the country, 40 to 70% of Niger's population (9 to 16 million people) would be infected; 20% (1.8 to 3.2 million) would have to be hospitalized; and 5% (90,000 to 160,000) would require respiratory assistance. 4% (3,600 to 6,400) of these would die. These figures were partly based on the weak coping and testing capacity of Niger and on the models that explained how Covid-19 tends to spread at exponential rates once it makes a breakthrough.

This scenario has yet to come to pass. In the latest update from the health ministry (14 December), Niger has had all of 2,322 confirmed cases and 82 deaths, since the spring. There was a peak of 371 confirmed cases registered in the first week of April, which dwindled to near 0 in September, before rebounding in late November. A new peak of 317 confirmed cases was registered by mid-December. This, according to Prime Minister Rafini, is tied to 'the Harmattan season', and he called Nigeriens to learn to 'live with it' by returning to the hygiene and social distancing practices that they had dropped in the intervening period.²⁸

²⁸ See Youssouf Sériba, 'Santé publique : la Covid-19 désormais au rang des maladies endémiques au Niger,' in Niamet et les 2 jours (19 November 2020) <https://www.niametles2jours.com/l-uemoa/sante/1911-6187-sante-publique-la-covid-19-desormais-au-rang-des-maladies-endemiques-au-niger>

This somewhat positive outcome is attributed partly to the Government's restrictions and prohibitions, and partly to a Covid-related overhaul of the healthcare system – although account must also be taken of some unknown factors. The overhaul of the healthcare system consisted in:

- acquiring medical equipment, for example the 50 reanimation ventilators purchased in the spring, which trebled the capacity of the system;
- allocating more (non ICU) beds to hospitals in anticipation of an increase in the numbers of the Covid-affected (in Niamey, in addition to a hundred beds allocated to the general hospital, a hundred beds were ordered for rooms at the national stadium);
- acquiring technical skills, not only for caregiving but also for communicating on the disease (health staff were trained in the operation of ventilators and journalists in informing about the disease in French and the main local languages);
- developing institutional efficiency to rapidly implement health measures.

Aside from investments from the state, aid agencies, largely under the coordination of Belgium's Enabel, mobilized to boost the pandemic response with increased funding – some reorientated – and donation of equipment. In addition, the epidemiologic research centre CERMES, which has been working since 1977 in combating meningitis and cholera, was reorganized to also run the testing system; and a system of community and institutional surveillance was set up and tasked with sending 'alerts' to the medical authorities in case of suspicion of a case of Covid-19.

But it is not clear what impact this overhaul has had on the pandemic. One evidence of its efficacy that is mentioned is the fact that the number of deaths apparently never took off, as is indicated in the health ministry update graph (red dotted line). Another indication of performance – if one that is rather lugubrious – is the fact that caregivers are the professional category most affected by the virus.²⁹ But an impact assessment must take into account the fact that the virus is more widespread than official figures indicate. Niger tests only people presenting symptoms consistent with the disease, and travellers. The fact that a significant minority of the latter test positive shows that the virus is significantly more prevalent than known. This is all the more the case since there appears to be a correlation between number of confirmed cases and number of community alerts. The less of the latter, the less of the former. Alerts peaked in the early days of the pandemic, when many people were scared of the unknown disease that the government seemed so alarmed about; they dropped as people began to take it less seriously, given that the ravages predicted in the spring failed to transpire.³⁰ This popular feeling is sustained by the fact that if deaths by Covid are certainly occurring undetected, there is no noticeable rise in mortality in the country.

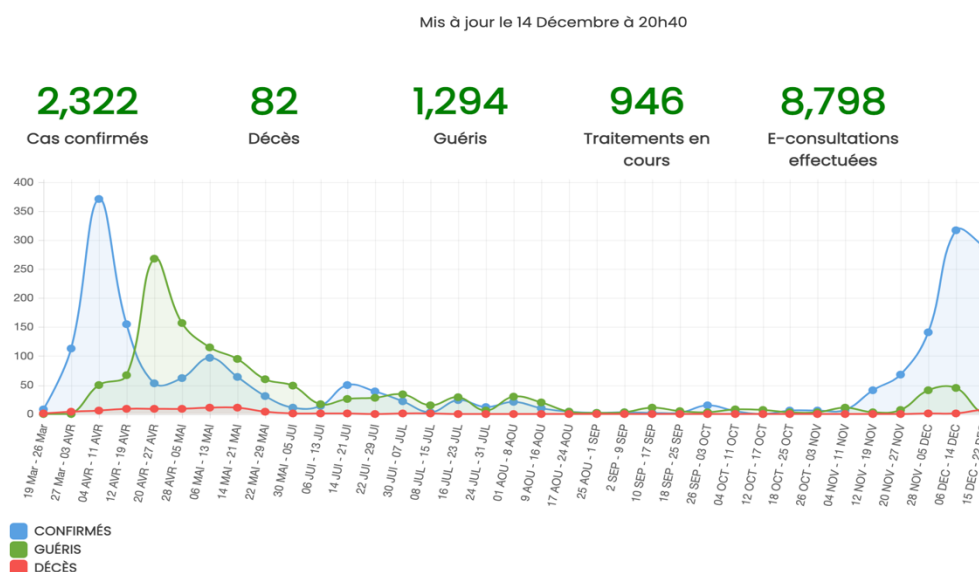
The evidence-supported theory is that, here as in many Sub-Saharan African countries, the number of asymptomatic and non-severe cases is exceptionally high due to the youth of the population. The largest number of confirmed cases in Niger concerns younger people (20-39 year-old), when the rate of lethality is high only among the elderly (80-89 year-old). Other factors as yet unknown or insufficiently analysed (low urbanization, low population densities, unconfirmed forms of immunization, etc.) may be at play.

Still, the Government operates on prudential assumptions that a deadlier outbreak remains possible, and Niger should not lower its guard. Thus, the healthcare system remains focused on the pandemic, and this raises questions about its social value.

²⁹ See *OMS Niger. Bulletin hebdomadaire pandémie Covid-19*, No. 21 of 28 September 2020, p. 2.

³⁰ See <https://www.dw.com/fr/les-nig%C3%A9riens-se-rel%C3%A2chent-face-au-coronavirus/a-55305850>

Figure 5. Total Covid cases officially recorded by mid-December 2020, Health Ministry



5.4 Social value: the pandemic and beyond

The social value of the pandemic response can be said to be high in some key respects. Because the pandemic was from the beginning an urban affair and has stayed more prevalent – so far as is known – in the urban areas than in the countryside, the stark imbalance of Niger's healthcare system in favour of cities and large towns has had the effect that resources were (are) more concentrated where they are more urgently needed. This is expressed in a way by an interview response of the assistant secretary general of the health ministry: 'the pandemic has gone almost unnoticed [in the rural areas]... The sanitary isolation of Niamey, the epicentre of the pandemic, has prevented it from spreading there, which is a good thing, since we cannot be everywhere and elsewhere at the same time, given the fragility of the healthcare system.'

Moreover, because the pandemic was seen as a health emergency, inclusion and exclusion based on ascription or social status did not come into play. Care was delivered free of charge and measures of isolation at the Government-run Hotel Gaweye and other facilities similarly came with no cost to patient. The limited resources imply that some patients were given priority, but it is not clear that this was done on a systematic basis that would have included some and excluded others. Furthermore, because of the comparatively low known impact of the pandemic in Niger, the healthcare response system was not overwhelmed as happened, for example, in some Western countries. The hundred beds which the Government ordered for rooms at the national stadium of Niamey in anticipation of a humanitarian disaster remained unused.

The concerns that are heard are not about the target points of the pandemic response of the health care system, but about the fact that intensive resource mobilization to fight the Covid-19 outbreak threatened operation and progress in the larger healthcare system. However, it is hard, at this stage, to pinpoint effects, and they may not be structural. Circumstantial signs include the fact that public hospitals – which cater especially to the popular and pauper classes – have become less frequented, especially in the spring, partly due to the protective measures taken to contain the virus, and partly because of the fear of catching it in care centres.

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More significant for many in Niger is the fact that the alacrity of the health system's response at all levels – including institutional, media, aid – has revealed that it is severely underperforming: not that its social value has decreased, but that it can actually be much higher than it is outside the 'Covid sector.' In particular, it could be much more inclusive, if the principles applied under emergency became, if only to some extent, more commonplace.

Chapter 6. Some conclusions

The Covid-19 story in Niger highlights two issues: political trust between state and society in the Nigerien context, and the structures of exclusion and inclusion that inhere in state policy in such a context. These conclusions can, to some extent, be generalized to the Sub-Saharan African region.

Emergency policy is controlling/restrictive, and yet inclusive ('we are all in this together') and it requires greater 'instant' trust than processive policy. The study has grappled with the questions of what happens when emergency measures appear necessary in a context where trust of government is weak; and of what forms of socioeconomic inclusion transpire in such an event.

After reviewing conclusions on the 'Trust Issue' and on the question of inclusivity/exclusivity, I will address here more specifically a number of points that are in the brief of the INCLUDE Platform's research programme on the pandemic in Niger and other countries in Africa.

6.1 The Trust Issue

Nigeriens, on the whole, have little trust in their government. The mistrust is based on notions that government is corrupt and cares little for the good of the people. Whether well or ill-grounded, mistrust of government appears to be the default position of the Nigerien populace. The sense of care which the government showed in response to the Covid-19 pandemic put to the test that default position, including in terms of how much Nigeriens accepted to follow its lead in a policy that restricted their lifestyle – rich in religious and social celebrations and community relations – and imperilled their economic well-being.

The study found that the nature and degree of mistrust varied in accordance with socio-cultural categories and areas of Nigerien life. In particular, we studied the issue in relation to the socio-cultural categories of the Francophones and Muslims. The two overlap somewhat on the cultural level, since most Francophones are also Muslims; but on the sociological level, most Francophones can be distinguished from other Nigeriens by the fact that they form the country's middle class. Moreover, government staff and the leading political personnel belong in this category. As a result, Francophone mistrust is grounded almost exclusively in the issue of corruption and other forms of lack of financial ethics, not in cultural (religious) perceptions of the government. In the context of the pandemic, this mistrust is expressed in somewhat contradictory ways. If most Francophones believe that the Covid-19 exists and is dangerous, many imagine nonetheless that the government is inflating its impact in Niger in order to obtain more aid money, which – it is assumed – will be misappropriated. This verges on the conspiracy theory, since those harbouring the suspicion overlook, or are not aware of, the fact that Niger's government reports a smaller – if not the smallest – impact of the virus than most West African governments. A victim of unfounded suspicions, Niger's government is thus paying the price of past financial laxity and corrupt behaviour.

If other classes of Nigeriens also suspect the government of corruption, their lack of trust in the circumstance seems to have been more cultural in nature. Among those other social categories, Muslim clerics are opinion leaders who inspire trust in their knowledge and understanding even of matters that lie beyond religion. This expansive cultural authority of clerics is marked by the preponderance of northern Nigerian clerics, many with an ideological view of Islam which they see as an embattled faith antagonized by the West. Nigeriens of the popular classes and, more generally, those outside the circles of Francophone culture, were initially sceptical – rather than mistrustful – about the government's alarm-sounding on Covid-19. This may be ascribed in large part to their more limited access to global sources

of information and a lack of understanding of modern science. But the government's decision to prohibit large religious gatherings and close mosques to Friday prayers turned scepticism into outrage. Soon, stories propagated from northern Nigeria gave structure and focus to the outrage by claiming that Covid-19 was an invention of the West, which intended to destroy Islam by undermining the practice of the religion. Given that the government is literally issued from schools operating on a Western model (hence the attack on a school in Mirriah), and that some of the measures it took were announced on the heels of measures announced by President Macron in France, a conspiracy theory took hold that accused the government of being a stooge of the West. That theory, which appears to have been relatively weaker in Niamey, was still very widespread in Maradi at the time of research.

The question that then must be asked is, how much did these issues of (mis)trust affect the public's response to the government's emergency measures. The answer must be, not that much. Although there was some resistance among the popular classes, including rioting in some places, compliance was relatively high where it was most required, i.e., in urban centres. On the one hand, the Francophone mistrust was not of the kind that would prevent compliance in this circumstance. And on the other hand, in other sectors of society, mistrust was counterbalanced – aside from fear of the police – by the intensive government campaigning and communication, which enlisted even leaders of the political opposition and civil society who are more generally trusted by the populace and are usually highly critical of the government.

Moreover, despite the fears of a humanitarian disaster, the government chose not to close markets. It thus left a breathing room to the unorganised sector of the economy, a fact that significantly reduced the violence of the response policy in comparison with many other West African countries. This circumstance made compliance comparatively easier. And finally, the government lifted most of the restrictions just when growing scepticism about the seriousness of the virus would have made compliance harder to maintain.

But as we have seen, some sectors of the unorganised sector of the economy were seriously affected, including by the system of inclusion and exclusion that is built into Niger's economic structures and the kind of governance and policies they tend to foster.

6.2 The Inclusion/Exclusion Issue

The most salient observation in regard of this issue is that Niger's dual-structured economy played out as a structure of inclusion and exclusion when it came to designing a support policy in compensation for the damages brought by the restrictions. This is not a matter of discrimination but rather of how the state works in its capacity as an administrative structure. The more bureaucratic and formally organized a group (social category such as the middle class; businesses in the organized sector of the economy), the more they could be included in compensatory policy.

Unlike the response measures, the compensatory measures do not constitute an emergency policy. Instead, they are a processive policy, which follows the established bureaucratic standards and unfolds through steps that rely on a paper trail. Even food aid for affected professional categories relied on some level of organization: the taximen, drivers working for the bus companies of the formal sector received food aid throughout the spring, the former because they have a union which could produce a list of hired drivers, and the latter, because they are workers of the formal sector, registered at the employment office with a notarized contract. The aid was clearly destined to the more vulnerable in these categories: the taximen union's registry differentiates between drivers-owners and drivers-employees and only the latter

received the aid because they were deemed more vulnerable. But the bush taxi drivers who were equally affected and equally vulnerable received nothing. They do not have a union and lack the modicum of formal organization which had made of taximen a category amenable to processive policy.

The same is true in the social space. If the middle class' life was made slightly easier by cuts in utility bills, the circumstances of many in the popular and all in the pauper classes were not similarly improved. (We conducted a survey of urban low income-earners on this topic and some, who had access to running water and electricity, did benefit from that measure). Here, too, this compensatory measure was decided because it could be implemented more easily and faster, given the bureaucratic nature of state action. Helping people who bought water from itinerant water vendors and have no bank account is a more complicated proposition. The government did organize some humanitarian aid (one-off food aid, one-off money payments) for people in these social categories, but humanitarian aid is an emergency measure which could be applied on the basis of more informal (less verifiable) criteria.

This outcome is inequitable, since the people more vulnerable and thus more affected by the restrictions are not the object of the more consistent form of socio-economic support. Yet, this bias is not the result of discrimination, i.e., a deliberate and systematic decision to marginalize whole categories of people. Those categories were excluded through the automaticity of structure and the lack of correspondence between the bureaucratic order of the state and the non-bureaucratic order in which they live. This means that inclusion is possible by pragmatic means, if means are found to organize more of the citizenry in such a way that they can be more consistently subject to social and economic policy – and have a voice in the formal arena.

6.3 Points of interest and a Recommendation

- Were the measures taken **appropriate**, that is a suitable response to the most important challenges, and **proportionate** i.e. were the measures proportional to the scale of the 'problem' both in terms of prevention/mitigation and in terms of social-economic support/compensation?

This question has a trick to it: measures could be assessed to be appropriate or not if the danger to which they would constitute a response were well known and understood – which was (and to an extent still is not) the case of the issue of the novel coronavirus. The rationale of all the measures taken by the government was to slow the entry of the virus in Niger, and its propagation within Niger, when it has – inevitably – entered in the territory. In view of that goal, which appears reasonable and proportionate to the resources at the disposal of the nation, the measures were appropriate and proportional to the scale of the problem in terms of prevention/mitigation *and* available resources. But they were not proportionate in terms of social-economic support/compensation: the hardest hit socio-economic sector, the urban informal sector, was the one that received the least support and compensation.

- How **inclusive** were the government measures? Did they **intend** to assist those most affected? Did they actually **reach** those intended to benefit from the measures? Did the measures reduce or exacerbate existing inequalities?

As is suggested by the response to the previous set of questions, the government measures were not very inclusive. In some sense, there was an intention to help the most affected, as is shown, for instance, in the case of food aid. But the type of assistance that targeted the most affected was contingent rather than structural: it was charity aid and a temporary suspension of certain fiscal obligations, not support in the ways of work and in recovery assistance. Moreover, the reach of this assistance was limited by the channels that were used and that were too formal for the workings of the informal sector. As a result, these measures exacerbated the inequalities that already existed between businesses active in the formal and informal sectors. Nothing shows this better than the fact that the well-capitalized formal-sector bus companies can claim payroll support whereas the bush taxis were not only left to fall by the wayside, but also harassed by police when they tried survival tactics.

- To what extent were key stakeholders consulted prior to taking the measures?

Most measures taken were emergency measures adopted with limited involvement of stakeholders. They were consulted, but the consultation was more in the form of *information* that such and such measure will be taken, rather than of opinion seeking for a consensual formation of the decision – an attitude which is not peculiar to Niger in the wider context of the pandemic's management. It is to be noted, though, that while organized stakeholders were more consistently consulted for the support measures (as opposed to the emergency measures), such was not the case of most stakeholders in the urban informal sector.

- Where did the learning come from in terms of policy? Were measures copied from others (and from the north) or was the country context taken into account when drawing the measures? Was experience from earlier epidemics taken into account?

The key inspiration for Niger's policies was the World Health Organization and its relays in Africa, including the Africa CDC (Centres for Disease Control), the African Health Organization, and the West African Health Organization. This was in part the case, because these organizations assisted countries like Niger in terms of access to information and medical supplies. The thrust of Niger's preventive policy (border closure and freezing of passenger transportation, e.g.) was based not on foreign examples, but on the conviction that the country could not cope with the pandemic if the virus was allowed to spread. But even this conviction did not lead to an adoption of the stringent lockdown measures taken in Europe or Asia. In fact, unlike its neighbours, Niger did not even close its markets, taking a risky wager in consideration of the extreme economic fragility of the country. So, Niger's measures were largely shaped by the influence of international health organizations combined with the context of the country. Experience of earlier epidemics did not play a decisive role because, in Niger, epidemics (cholera, e.g.) tended to hit the pauper classes whereas the Covid 19 epidemics was novel in more ways than one, including in the fact that it did not discriminate on the basis of social class.

- What can we learn for the future in terms of inclusivity of policy measures? Are there any successes that can be shared and learned from?

The response to these questions may be formulated in the form of the central recommendation coming out of this study. In the context of economies structured like that of Niger, policy cannot apply the recipes and routines applicable in the context of developed economies where there is a close correspondence between the organization of state administration and the activity of businesses and other economic agents. Governments must encourage, including via incentives, all activities to organize, even if in the basic form of the taxi drivers' 'union' for example (in fact, an association), and be inclusive themselves – especially in terms of gender, critical in the context of Niger – so that there would be permanent channels of communication between decision-makers and workers and businesspeople in the informal sector, and beyond, in the traditional sector (farming/herding) as well. The limited success of Niger's government in providing food aid to vulnerable workers in the informal sector was entirely conditioned by the existence of such basic organizations, as is shown by the fact that workers who were not thus organized did not receive the aid. (See also the similar reflection in the Summary).