



Local governance:

The delivery of four public
goods in three municipalities
of Niger
(Phase 2 synthesis)

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Jean-Pierre Olivier de Sardan*

1 Introduction

In 2009, the Niger team, composed of Diarra Aissa (maternal health), Younoussi Issa (water and sanitation), Aghali Abdoukader (security), Amadou Oumarou (markets) and Hassane Moussa Ibrahima (municipal institutions), undertook research in the three sites of Balleyara, Say and Guidan Roumdji under the coordination of Jean-Pierre Olivier de Sardan and Mahaman Tidjani Alou. These investigations resulted in five reports in French drafted by the researchers, on the basis of which a synthesis report was produced in April 2010 (available in French and English). This, in turn, was the basis for an article (in English) published in 2011.¹

In 2010, additional research was carried out in the same localities, by the same researchers, to follow up on a number of lines of enquiry identified in 2009 while also seeking to address a new topic, namely the incentives of actors delivering local public goods. New reports were therefore written in 2011 by the five researchers.²

This synthesis report presents the main results from this second phase of research. It has two distinct parts.

The first part should be read as a sequel to the synthesis report of 2010, as further elaboration of the analysis in the light of the new empirical material collected. It develops four important themes:

- Public-policy incoherence;
- the institutionalisation of palliative forms of public goods delivery;
- the multiple forms of accountability to which providers are subject;
- the presence of both reforming and conservative forces within each of the main modes of local governance.

The second part provides a fresh point of entry for APPP analysis with its focus on incentives and disincentives, a topic of particular relevance in the light of current debates on human resource management in African countries.

The emphasis of this report on arriving at analytical propositions on the basis of fieldwork data corresponds to the current priorities of APPP.

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¹ Olivier de Sardan (2011a). Certain of these reports have been published in the LASDEL series of 'Etudes et Travaux' and are downloadable from both www.lasdel.net and the APPP site (cf. Oumarou 2011a; Issa, 2011a; Olivier de Sardan, 2011b; Diarra, 2012)

² For details on the specific sites and public goods, the reader is referred to these reports: Issa (2011b), Oumarou (2011b), Abdoukader (2011), Diarra (2011) and Moussa (2011).

2 Further thoughts on delivery configurations and modes of governance³

2.1 The profound incoherence of public policy

Other research programmes of LASDEL (on decentralisation and user-fee exemptions in health) have focused attention on several peculiarities of the approach taken to the design and implementation of public policies in Niger (as well as in other African countries). Typical problems have been found to include poor technical and financial preparation; diverse and contradictory pressures on the part of development partners (DPs); sudden announcements of changed policy direction; little provision of information to the populations and professionals affected; lack of coordination and multiplication of delivery bottlenecks; disorientation of state officials on the ground; and absence of reliable feedback mechanisms.⁴ The APPP research has confirmed this analysis while also providing valuable information on what exactly is happening at the point where public services are being delivered to users.

For example, we know that the main factor in maternal mortality in cases of obstructed labour requiring caesarean section, is failure to obtain sufficiently prompt transfer of cases to high-level health facilities. The lack of timely transfer can be due to any one of a range of factors, of course. But at least two of them pertain directly to the field of public health policy, namely the non-availability of means of transport and financial barriers.

To address the problem of emergency transfers of women with obstructed labour, but also of course for the benefit of other patients, in 2004 ambulances were provided to all health districts under the Special Programme of the President of the Republic. But this programme was run like a sort of state within a state, administered by the prefects completely outside the normal administrative channels and without any real coordination with the Ministry of Health.⁵ It was a very personal affair, disconnected from the regular procedures, and serving essentially electoral purposes. It disappeared in 2010, just as soon as President Mamadou Tandja was removed from office.

The main bottleneck generated by this situation was the following. Ambulances were indeed provided, but nothing has been planned specifically for their operation, either by the Special Programme (which was only available for investments) or by the Ministry of Health (which had not been involved in the decision). Therefore, when there was a need for an emergency transfer, the family of the patient had somehow to find the necessary money with which to pay the fuel costs and the per diem allowances of the driver, the health personnel accompanying the patient and the Republican Guard soldier required for security.⁶ Raising the necessary funds could take time, and for the most deprived and vulnerable families it was impossible.

The situation was especially paradoxical given that the state had adopted a policy of removing financial barriers to obstetric referrals. Towards the end of 2005, President Tanja

³ We will not provide here any of the additional data collected on the management of the transport stations by the transport unions, insofar as they merely confirm the analysis provided in the previous report.

⁴ Cf Ousseini (2011) and Olivier de Sardan and Ridde (2011). Several issues of 'Etudes et Travaux du LASDEL' report the results of LASDEL's Observatory on Decentralisation.

⁵ Another major case of inconsistency between the Special Programme and the Ministry of Health involved the very expensive financing of the construction mother and child hospitals, thanks to funding from Saudi Arabia, but without taking account of the national health map or official policies in the health sector, and without providing for the (huge) running costs which these structures would bring with them.

⁶ To ensure the security of these ambulances, the Special Programme specified that a member of the Republican Guard had to accompany them on all journeys.

decided to make caesarean sections free of charge (the state now reimbursing maternity referral centres for each caesarean performed). But the transportation costs, which remained the responsibility of users, typically exceeded the fee for the operation (35,000 FCFA). They could easily be as much as 50,000 CFA francs. In more inaccessible areas, the costs could be significantly higher (for example, between 150,000 and 200,000 CFA in Ngourti).

Another example of policy inconsistency is the sudden extension of the user-fee exemption measures beyond the issue of caesareans. Following the crisis of health financing in the 1980s, a policy of partial cost recovery (under the Bamako Initiative) was adopted as the national strategy for 20 years, but in 2006 President Tandja suddenly decided to introduce a generalised exemption from fees for children under five years old. This measure had not really been planned and the corresponding financial resources were not released by the State. The latter is supposed to reimburse health facilities across the country for their costs in treating and providing medicines to children under five. But the reimbursements have in practice been subject to severe delays.

After six years, the amounts owed by the State to health facilities have reached the enormous total of 14 billion FCFA. Each year the deficit grows. Yet consultations by children under five account for by far the largest category of attendances at primary care units, and they account for a large portion of their expected receipts. The delays affecting the reimbursements by the State thus threaten the whole balance of the health system. Many health facilities are heavily indebted to the drug wholesalers, and many drugs are lacking as a result.

There are of course many examples of inconsistencies of this sort in other areas of policy. The decentralisation policy is a clear one. The State declared this policy to be a major objective, promoted the creation of municipalities (*communes*) with elected executives and delegated various tasks to them, at the same time denying them the means of accomplishing those tasks, reneging on its budgetary promises, and putting countless obstacles in the way of the municipal councils and mayors.

2.2 The four types of palliative solution

Faced with these inconsistencies and bottlenecks, and with the many serious difficulties that anyway affect the delivery of public services by the bureaucratic mode of governance on account of serious shortages of financial and human resources, in 2010 we highlighted *the importance of the co-delivery of local public services and in particular the adoption of 'palliative' forms responding to the principal 'bottlenecks'*. This co-delivery usually involves some form of payment by the user. Here we want to emphasise the variety of different forms – institutionalised or not – that can be assumed by these locally developed palliative solutions.⁷

⁷ As discussed previously, coordination arrangements that are supra-local but may have a local presence do exist in some fields, thanks to the initiative of government and DPs. They include the land commissions (COFO) and sub-regional committees for preventing and managing food crises. They bring together multiple state services and non-state actors (NGOs, associations, chiefs, etc.) with a view to improving the delivery of public services. These are institutionalised arrangements at the national level, and fully integrated into the official structures of the administration. It is therefore difficult to consider them as local palliative solutions. Nevertheless, it should be noted that the effectiveness of these structures is highly variable from one site to another: they are only really functional as a rule if they are supported by a DP project that is working locally. For example, in the Department of Filingué (where Balleyara is located) a 'project of support to the system for prevention and management of food crises' (APACAN), which is implemented by CARE International and funded by SNV, has developed a number of Vulnerability Monitoring Observatories. The municipal Observatory of Ballayara for example brought together, for the duration of the project, the technical services (agriculture, planning, livestock), local elected officials, the

1) As a rule, the solutions are of the 'do it yourself' type; what we have seen for medical emergencies also applies to drinking water, sanitation, security and market management. Improvised at the local level, and mobilising personal relationships among actors in the different modes of governance, they are fragile and easily undermined. Even the collaboration that exists between police forces of Niger and Nigeria in dealing border banditry depends almost exclusively on personal relationships, making it liable to collapse at any moment.

2) Certain spontaneous local associations, which remain largely informal but are also subject to some degree of institutionalisation (they have a name, members and a leader, without being formally registered as associations), sometimes take a hand in palliative public-goods provision. This would be the case of the *yambanga* (vigilantes) in the field of public security. Similarly, the *fada*, which are sociability groups based on neighbourhood and social status (similar in several respects to the *grin* of Mali) sometimes play a role in security ('monitoring' what happens in their neighbourhood) and in hygiene (by organising collective sweeping of public spaces). But these types of grouping, and their participation in the delivery of public goods, are once again very dependent on individual personalities and are correspondingly fragile (as illustrated by the non-sustainability of the *yambanga* in Balleyara and the sporadic nature of their cooperation with the police in Guidan Roundji).

3) Other associations, formal and of the 'community-based' type, are implemented under 'development projects' intended to address a problem of delivery of a particular public good. These have a more sophisticated kind of institutionalisation (with an executive board, general assemblies, management rules and pyramid-shaped organisational architecture), but this remains essentially local, the product of the project and above all dependent on its financial support. Neighbourhood sanitation committees, borehole management committees for drinking water, market management committees, all present in all three municipalities, are good examples. End of the support, end of the committees! There may be exceptions to this maxim of course, but it was confirmed in our study sites.⁸

4) But, finally, we also came across a rather original palliative solution, one that was both highly institutionalised (in the sense that it rested on arrangements that are part of the fabric of the national administrative system), but which nevertheless arose 'from the bottom up' and without any infusion of financial support from a project. This was the introduction of a scheme for collecting 'extra pennies' with which to address the problem of emergency evacuations.

In 2003, with the agreement of the Regional Health Management Committee representing users, the Directorate of Health for the region of Dosso took the initiative of collecting an 'additional penny', i.e. a sum of FCFA 100, from each patient attending a consultation at a health centre in the region, with the purpose of creating a fund to support emergency transfers. The exact origin of this initiative remains unclear.⁹ However, it quickly proved

chiefs, NGOs and projects, and the security forces, under the chairmanship of the mayor and with the support from the prefect (chief administrative officer). Assessment missions to the villages, data collection and meetings every 27th of the month, were its core activities. At the end of the project, the missions and meetings ceased for lack of money for the fuel and per diems (the prefect finding other uses for the State fuel allocation).

⁸ Note that, unlike other countries in West Africa which have an autonomous 'peasant movement' (Senegal, and cotton-growing areas of Mali, Burkina Faso and Benin), the vast majority of rural associational bodies in Niger are dependent on external aid.

⁹ It seems clear that the regional directorate of Dosso initially piloted the idea in Gaya District, with support from BTC (Belgian Technical Cooperation), which has long supported this directorate. The evaluation of the initiative having been very positive, it was generalised to other districts in the region. Note that the Health Management Committees were consulted from the beginning and assumed responsibility, and an extensive information campaign was undertaken. But we collected two versions on the prehistory of the initiative. For some, there was an evacuation (emergency transfer) initiative already in the late 1980s in

effective: more than enough funds were raised, and they were placed in a special bank account. The practice of extra pennies then spread spontaneously like wildfire to all the health districts of the country, without any directives being issued by the medical hierarchy and without this extension being supported, funded or driven by a 'project'. This arrangement, obliging all users of health centres to pay a modest tax for the sole purpose of assisting those needing evacuation, received a certain kind of popular endorsement thanks to its approval by the district health teams and Health Management Committees.

What is involved here is certainly a form of user charging, but one that differs significantly from standard modalities of cost recovery.

2.3 The various forms of user payment

As previously discussed, there is a certain affinity between the official and institutionalised system of cost recovery in which all health workers were trained from the late 1980s and the logic of palliative payment by the user – the usually informal, but sometimes semi-institutionalised user contributions which, we have said, are now generalised in response to the failures of the state, and are found in many other areas apart from health. Thus, the police, whose fuel allowances are set at a derisory level, do not go out on patrol unless the plaintiffs pay the petrol and their 'expenses'. They only escort trucks through areas where there is risk of bandit attack if the owners of the trucks finance this activity.

One can debate the logic underlying the cost recovery policy (as promoted from the Bamako Initiative). Is it essentially a reflection in the health field of the neo-liberal strategy and ideology that came to the fore in the 1980s in the wake of structural adjustment policies, with its advocacy of privatisation and state retrenchment? Or should it be seen as an early form of palliative solution, although institutionalised and coming 'from above', requiring users to fill the gaps left by a state that has become incapable of providing health centres with medicines? (Recall that on the eve of the Bamako Initiative health care was free, but as the supply of medicines dried up, this was reduced to writing prescriptions for medicines that clients had to buy at high prices from pharmacies). In fact, the recovery of costs from users was never more than partial (the state continuing to provide for the salaries of health personnel, infrastructure and equipment). Its essential function was to enable health facilities to buy their own drugs (and support the out-of-pocket expenses of health centres).¹⁰

A reasonable conclusion is that the neo-liberal logic and the logic of a palliative recourse to user fees were bound up together in this case. It is worth remarking that that the resulting policy was actually quite coherent and effective (drugs very quickly became available at low prices in all health facilities), even if did not address at all the problem of access for the most vulnerable.¹¹

Say and in the Boboy area, which were at the time pilot areas for cost recovery policy, but the funds for evacuation were treated as part of the general cost recovery and, under the management of the sub-prefecture, they disappeared. Others refer to an experience with evacuations by radio-ambulance carried out in Ouallam and Tahoua by GTZ. There is documentation of the Ouallam experience in an article by its promoters (Bossyns, Abeche, Sani Abdoulaye and van Leberghe, 2005). In fact, some of the recurrent costs of evacuation were paid directly by the families concerned in the framework of cost-recovery. Thus, neither of these two previous experiments may be said to have 'invented' the 'extra penny' scheme.

¹⁰ Recall that the Bamako Initiative 'package' included, in addition to partial cost recovery, the establishment of a nationwide network of Health Management Committees (COGES), giving users a say in the use of the recovered funds, and the systematic use of generic drugs.

¹¹ Special provisions were also visualised for 'indigent' persons, but they were never really applied (see Ridde, 2006).

The same process, the same combination of these two logics, is found in the drinking water sector. Borehole water was free during the early years of independence, and the maintenance of infrastructure was assured by an Office of State, the OFEDES. But from the late 1980s water became payable, because the state was no longer able to provide the maintenance. The sale of water by the bucket emerged as the only way to ensure the maintenance and repair of pumps and wells, and this applied whether there was community management (with management committees, on the same lines as in health) or was farmed out to a private operator (a more recent modality, usually accompanied by the creation of a 'water users association' to control the operator).

The arrival of water selling did not follow a process identical to that of the Bamako Initiative. Partial cost-recovery in health was the product of a deliberate and proactive national policy, massively supported by major international institutions (and strongly promoted by them to African States) and in a field where the state retained a strong presence. Payment of water was rather the product of the tacit and convergent strategies of some DPs, who had financed drilling or were promoting local development in particular places, in a field – rural water – from which the state had effectively withdrawn. It was these DPs that drove in a decentralised way the establishment of committees to manage the resources generated by the sale of water from modern water points in order to compensate for deficiencies in public water services. This policy was only partially successful, as management issues ('evaporation' of revenues) have been recurrent in the management committees, and many of the facilities have broken down.¹²

As for the 'extra pennies' issue, this is quite specific and therefore particularly interesting. While this is, again, an 'institutionalised palliative solution, it is of quite a different nature. Thus, it is not the result of a deliberate policy or joint initiative of the State and international agencies (as cost recovery was), or a *de facto* strategy of the DPs (as in the case of water selling). On the contrary, as we saw above, the State and DPs in the health sector embarked at more or less the same time on a very different and even opposite policy, that of exemptions from user charges.

The 'additional pennies' strategy is very different not only from the official policy of exemptions, but also from cost recovery. What the user pays has a completely different significance. Under this arrangement, emergency transfers are free. It is no longer direct users who pay for the ambulance (which was previously a factor in maternal mortality for those whose family struggled to raise the money in an emergency), but the evacuation is still ultimately paid by all users. In other words, the cost of this facility is spread over time and shared among all those who attend health centres, through a mechanism that resembles a compulsory insurance scheme. The scheme was, furthermore, fully developed 'from below', without consultation with the Ministry, or with any agreement or support from that quarter. It was not the result of a DP initiative and did not get donor support.¹³ But nevertheless it was not informal but institutionalised, to the extent that it was validated by the district health management teams and health management committees. It was in this sense an

¹² The fact that in the Health Management Committees there is mutual surveillance between the representatives of the people and the health personnel, and a real involvement of the bureaucratic hierarchy in the financial control procedures, may explain why the 'evaporation' there is quite a lot less than in the management committees of the water points, which are not much regulated and are often heavily controlled by the chiefs. Moreover, one should not, in our opinion, confuse privatisations of the corporate, industrial type, which are concerned with the large-scale distribution of drinking water in town (privatisations which have benefited multinationals and stem directly from neo-liberal strategies), and the sale of buckets of water from boreholes, which are at least as much (or more) in the category of 'institutionalised palliative solutions' (even if neo-liberal ideology may have played a role).

¹³ Except from some local 'projects', such as that of Médecins du Monde in Keita.

'institutionalised palliative response from below' to the incoherence of the public health policy in regard to emergency transfers.

There are, however, further lessons to be drawn from this experience. In 2009, the Ministry of Health took steps that threw the evacuation funds into crisis. It decided that this form of payment by users was contrary to official policy on user-charge exemptions, since users that were officially exempt were paying the 'extra penny' like everyone else. It therefore banned health centres from collecting the 100 CFA Francs for consultations involving children under five years (which amount to more than half of the consultations). At one blow, the funds dried up, and we are back with direct payment by ambulance users, sometimes tempered by the do-it-yourself remedies to which people resorted before. The Ministry's intervention forbidding what was happening was done without any proposal for an alternative institutional arrangement.

In other words, a measure enacted in the name of the *formal coherence* of a public policy has had the effect of blocking an interesting and effective remedy for the *real incoherence* of that same policy!

2.4 Multiple accountabilities

In our report of 2010, we raised the issue of 'multiple accountabilities'.¹⁴

This issue came back into prominence in quite a sharp way during the transitional period that followed the military coup of March 2010 that ended the now illegal regime of Tandja Mamadou. At this point, the mayors who had been elected shortly before the coup (December 2009) in an election boycotted by the opposition were dismissed and replaced by administrators appointed by the central government. These officials were generally selected from outside the local area, often from the entourage of the military junta.

These administrators, who were only to remain for a short period (democratic municipal elections were indeed held as planned in January 2011), were not therefore subject to any accountability to voters (*representative accountability*) but only to a *bureaucratic-hierarchical accountability* (to the military governors and the Minister of the Interior).

The unanimous view in the three municipalities was that the administrators were remarkably effective, especially in a field in which the former elected mayors had hardly shone, namely sanitation. They effectively dealt with a number of outstanding issues regarding sanitation. In all three municipalities, they organised sanitation competitions and distributed minor equipment for garbage collection. In Say and Guidan Roundji, they solved the problem of the carters' wages. The neighbourhood sanitation committees were reactivated in Guidan Roundji and municipal staff were hired to clean up Balleyara. In sum, various initiatives and innovations were introduced: trash bags were supplied, garbage disposal was arranged in the market (Balleyara), supplies of buckets were ordered (Guidan Roundji) and plastic bags were collected up (Say). To carry out this policy, the administrators were able to call on the support of development projects in the surrounding areas

This success is sometimes attributed to the fact that they were not subject to electoral concerns, and therefore could afford to make themselves unpopular by taking the stringent measures that are necessary because of the indiscipline of the populations on these issues.

¹⁴ Giorgio Blundo has also written on this issue in recent years. See, among others, Blundo (2012) and Blundo (2011). Multiple accountability was highlighted for the first time within the APPP by Staffan Lindberg (2009).

On a first impression, one might draw from this experience the conclusion that *representative accountability* is generally a negative factor in the effectiveness of public policies, while by the same token *bureaucratic-hierarchical accountability* is a positive factor. One might easily extrapolate this reasoning to develop an argument about political regimes. Representative accountability is of course typical of democratic types of regime, whereas bureaucratic-hierarchical accountability, when not associated with representative accountability, is the typical resource of dictatorships, which make muscular use of it.¹⁵ This judgment which imputes a better public service delivery to the firm grip exercised by non-democratic regimes is indeed shared by many citizens of Niger, who typically blame democracy for the malfunctioning of governments since the National Conference, and speak nostalgically of Kountché's military dictatorship as a time of respect for discipline and a sense of the State which has now been lost. Criticism of the injunctions and conditionalities used by DPs to promote democratic 'good governance' on Western lines (fully justified on other grounds) may appear to give comfort to this viewpoint, a viewpoint that in its day helped to legitimise the regimes of Ben Ali in Tunisia and Mubarak in Egypt.

Our position here is quite different. Neither dictatorship nor democracy by itself guarantees a good delivery of public services. This is true both locally and nationally. Some autocratic regimes in Africa have a deplorable record (Mali's Moussa Traore), whereas others are cited as exemplary (Rwanda's Paul Kagame). Similarly, there are democracies that have largely failed in this regard (Nigeria, Benin) and others that have on the contrary succeeded (Ghana, Botswana).

In other words, no form of accountability associated with a particular type of political regime should be considered a panacea. To take it further, *no form of accountability is in itself a miracle solution*. The successes and failures arising within a particular form of accountability may have nothing to do with the form of accountability and everything to do with the context and strategies used in the implementation.

Let us return to the experience with the interim administrators. The hierarchical-bureaucratic accountability to which they were subject was no different from the form of accountability to which state services are subject in ordinary times. The prefects who were the immediate superiors of these administrators were not acting differently than the officials who occupy the senior positions when mayors are elected. Health workers and police officers are also subject to a strong hierarchical-bureaucratic accountability. This does not stop them being often poorly motivated, and sometimes very ineffective. Before decentralisation (in 2004), the appointment of administrators was the norm for the urban municipalities (the only ones that existed) and many of them were badly managed, with little improvement in local public services. In other words, bureaucratic-hierarchical accountability may generate the best and the worst! Similarly, representative accountability can produce 'good mayors' or 'bad mayors' in terms of service provision (see below).

Rather than deciding that the bureaucratic-hierarchical accountability is 'better' than representative accountability, or vice versa, it is better to try to understand why sometimes appointed administrators are more effective, and sometimes not, or why, sometimes, a mayor succeeds where others have failed. In the case that concerns us here, several interrelated contextual factors seem critical (beyond, of course, the idiosyncratic factors arising from the personalities of the actors):

¹⁵ Various studies have stressed the modalities of coexistence between 'vertical' and 'horizontal' accountability (I thank Richard Crook for these references): cf. O'Donnell (1998), Schedler, Diamond and Plattner (1999), Przeworski, Manin and Stokes (1999). But these two axes do not exhaust the complex issue of multiple accountabilities

- the administrators were there for a short time;
- they had received strict instructions and applied the political line of the transitional authorities for the field of municipal governance as regards public salubrity and sanitation;
- they had the support of the State (prefects and governors), whereas the State repeatedly put barriers in the way of the first-cycle elected mayors;
- they came from outside the local arena;
- they had a certain educational level, and at least some administrative experience, including experience in dealing with 'projects'.

By contrast, mayors elected in 2011 seem far better equipped than their predecessors elected in 2004 (judging by the 30 mayors who attended the training sessions offered by LASDEL), in terms of educational level, management skills and awareness of issues.

Furthermore, accountabilities are often combined. Thus, a mayor is representatively accountable to his constituents, but he is also accountable to the prefect in a hierarchical manner (as representative of the central state and guarantor of the legality of the mayor's actions). The picture is further complicated when one brings informal accountabilities into the picture: the mayor is also accountable in partisan fashion to the political party which nominated and clientelistically to the big men who supported and financed his campaign. Similarly, the administrators were clientelistically accountable to the Head of State or his entourage who had them appointed. In addition, many other informal accountabilities regularly interfere with the behaviour of public actors whatever their origin: *corporatist* accountabilities (to peers and colleagues), *local* accountabilities (to people of the neighbourhood, or sons of the same soil), *family* accountabilities, and so on. Paradoxically, accountability to service users is also of the informal type: although it may be closely related to representative accountability (since users are also voters) it is not the same thing (and we know that satisfaction with delivery of public services is only one of many factors influencing voting).

It is at the intersection of these multiple accountabilities that the action of public actors is located, very often with the result that the multiplicity of accountabilities produces 'contradictory injunctions' (double binds), one of the factors contributing to poor quality of service. In fact, each mode of governance is itself, to a greater or lesser extent, a system of multiple accountabilities. Each mode of governance incorporates its forms of accountability, which are both formal and informal. The fact that there is no dominant type of accountability, widely recognized as legitimate by the majority of actors, is undoubtedly a key feature of the provision of local public goods in Niger, and perhaps beyond.

2.5 More on modes of governance and their internal reformers

As with accountabilities, it is tempting to believe that such and such a mode of governance provides in and of itself a miracle solution. In the face of the difficulties of public administration in Africa, development agencies have always been looking for some new mode of governance that will be the key that will open all doors. After the great defeat of the bureaucratic mode of governance in post-independence Africa, which occurred under both dictatorial and democratic regimes, and whose effects have persisted to this day, the preference was for the associational mode of governance, espoused in the name of community participation. Then it was the municipal mode of governance and democratic decentralization that embodied everyone's hopes. The 'merchant' mode of governance also had its fierce supporters in the era of neo-liberalism. Finally, disappointed by all of the foregoing, some people have been turning to chiefly governance as *the* alternative.

The experience of the management of livestock wells provides a good example. Three forms of management, each associated with a specific form of governance, have been tried in succession in Niger: bureaucratic management (by a department of the State, the OFEDES), community management (by management committees) and market-based management (contracting of a private operator). None of these forms has established a satisfactory system for resolving the enduring problem of how to maintain and repair these facilities.¹⁶

But what goes for political regimes also goes for modes of governance. Contrary to the expectations of many development experts, none of them has intrinsic virtues that guarantee better performance in public goods provision. *In each mode of governance, there are 'reformers' who are concerned to improve performance and 'conservatives' who are content with the current situation and the rents they derive from it.*¹⁷

Let us take the example of the two modes of governance that today appear institutionally best placed to fill the gap left by the 'great defeat' of the bureaucratic mode of governance: the municipal and developmentalist modes.

Reformers in the municipal mode

Decentralisation, which was undertaken under unfavourable conditions, especially due to the State's failure to respect its financial undertakings and weak support given to the mayors by the supervisory authorities, has sometimes been described as a decentralisation of bad management and corruption. It is true that the local councils have had many problems: badly conducted, poorly prepared and cancelled meetings; unrealistic budgets; privilege-creation by the elected officials; factional struggles and patronage systems; weak tax collection; lack of capital investment; charges of embezzlement, etc.

But this should not obscure the existence of reforming mayors and councillors. Under very difficult conditions, there are some who are trying to cope with the budgetary constraints, the lack of support from the State and the pressure to which they are subject from parties and business interests, to develop their municipalities in spite of everything.

Certainly, it is difficult to distinguish the reforming mayors from the others. But the attitude of elected officials to the findings of our research, which highlight the many problems of the municipal councils, is itself an indicator: those who try to minimise these findings or even deny their validity are in the conservative camp, while those who are interested in the results and want to make use of them are on the side of reformers.¹⁸

Reformers in the developmental mode

Development agencies have their own constraints, inconsistencies and contradictions, reproduced in the behaviour of the majority of their staff, and *they are certainly not intrinsically*

¹⁶ This is the conclusion to which one is led by the studies carried out by LASDEL on itinerant pastoralists in the region of Tanout (see the doctoral thesis of Bassirou, 2012).

¹⁷ We use the opposition between 'reformers' and 'conservatives' here not in its usual ideological or macro-political sense, but only in relation to the issue of better access to public services and improvement of their quality.

¹⁸ In 2011, we organised training (in two sessions) for thirty mayors from municipalities in Niger where in previous years we had done local government field studies (not just as part of the APPP, but also under other LASDEL programmes). These trainings, which were non-normative and non-prescriptive, were simply based on discussions around our research results, an approach that was completely unfamiliar to them. We were surprised by the interest, sometimes enthusiastic, that this evoked in the participants, who for once were hearing about the reality of their municipalities as they are, and not as they ought to be in the opinion of outside experts.

and inherently reformist, contrary to what they claim. Their interventions in the field that we have investigated testify to a contradiction between their stated objectives and their logics of action:

- They add to the incoherence of public policies even while claiming to correct or rectify the problem.

Thus, the pressures from the World Bank on Niger to adopt a policy of user-fee exemption, when the financial measures required for its implementation were not in place, disrupted the balance of the Niger health system as a whole.

- They accentuate dependence on foreign aid while posing as a champion of country-owned, government-led development.

Thus the current World Bank arrangement for distributing a monthly sum of 10,000 CFA Francs to so-called vulnerable rural families (according to criteria established by a project and opaque to ordinary people) increases the influence of the welfarist mind-set at the local level.

- They are transitory and ephemeral while claiming sustainability and sustainability:

Thus, the neighbourhood sanitation committees of Guidan Roundji or the Vulnerability Observatory of Balleyara disappear as soon as the project that supports them comes to an end.

- They plant their flags on their constructions and endlessly praise their own actions, while emphasising the urgent need for the national state to take the lead.

Thus, projects multiply wells and boreholes on behalf of the country, and publicise 'their' achievements, while failing to give an account of these activities to the competent authorities: the mayor, the planning boards or the water department.

The 'reformers' within the developmental mode of governance, locally at least, are therefore those who play the card of discreet, low-key support, support that is not subject to short time horizons, to money or to the visibility of a 'project'. They are people who in these respects are swimming against the current, going against the action logics of their own organisations. Consider again the example of the 'extra pennies'. It was the reforming action of anonymous agents of a European development-cooperation agency, without a programmed strategy on this issue, without affixing their logo all over it, without any injection of ad-hoc financing or conditionalities, which, because of the collaborative relationships and trust they had built up with a Regional Director of Health and the chief medical officer of a district, that contributed to the development of this initiative.

To take this to a higher level of generality, we might propose the following hypothesis: one of the main positive – if unexpected – contributions that a foreign aid agency can make is that of providing 'windows of opportunity' for local reformers. There have been many examples in the history of development assistance, but they have always been rather marginal to the whole aid picture and they remain so today.

A second, complementary hypothesis would be this: an institutionalised palliative measure requires the existence of a 'reform coalition' in the field, bringing together the reformers from one or several modes of governance.

It seems quite unlikely that development agencies will be led by a reading of this report to a radical change of approach in which their actions are based on providing 'windows of opportunity' to local reformers and on the establishment of 'reformist coalitions'! But the capacity of development agencies to adjust their mode of intervention in such a way as to create a real space for this type of initiative – being responsive to and supportive of unanticipated, unplanned local initiatives – would be a good indicator of their ability to reform themselves.

2.6 The diversity of governance logics

The various modes of governance in Niger, as elsewhere, encompass a wide variety of logics of action.¹⁹

Take for example the bureaucratic mode of governance. One finds within it not only clientelism, but also logics of professional competence, logics of ultra-proceduralism (obsessive compliance with rules) and logics of generalized exchange of favours. One finds a logic of privilege-creation (extending as far as possible the privileges associated with the function being performed), of permanent suspicion (every colleague and superior suspected of embezzlement or plotting), of impunity (impossibility of punishing a subordinate who has been at fault) and, of course, the do-it-yourself variety of palliative measure. There are opportunistic logics ('free rising'), charitable logics (the 'compassionate management' of colleagues has an underestimated place among the practices of public officials),²⁰ and logics of dedication to the public good (that too). It seems therefore impossible to put all these often contradictory logics under a single label such as 'neo-patrimonialism'.

3 Motivation and de-motivation

The issue of financial incentives for public servants is back on the agenda, and that from two perspectives: that of local actors on the one hand, and that of external actors, among them the World Bank, on the other. However, the convergence is only apparent, and hides many misunderstandings. Moreover, to judge by the speeches that we have collected in Niger, there many other factors of motivation that seem to need to be taken into account.

3.1 New Public Management

The techniques of New Public Management (NPM) are increasingly being imported into Africa on the backs of the Logical Frameworks,²¹ methods of 'managing for results' (MFR), information technologies and recourse to bonuses and financial incentives.

Thus, in the field of health, large programmes are under way with a view to introducing performance-based remuneration. The World Bank will be financing the early introduction of this system in Niger.

It is true that the problem for which these actions claim to be solutions is real. The lack of consistent and effective management of human resources in African public administrations is without doubt a decisive factor in the poor quality of public services.²² Teamwork scarcely

¹⁹ In our understanding, an action logic corresponds to a specific set of practical norms (more or less distinct from the official norms and/or from the social norms) which govern the convergent behaviours of the social actors in a given domain.

²⁰ Cf. Therkildsen and Tideman (2007).

²¹ Cf. Giovalucci and Olivier de Sardan (2009).

²² Cf. Therkildsen (2005).

exists, postings are largely based on patronage or the exchange of favours, the flight of top executives to development agencies and international organizations is on a massive scale, government officials at all levels set a bad example, department heads monopolizes decisions, transparent management is unknown, leadership skills are rare, and so on.

But the solution favoured by the DPs, focusing on bonuses linked to performance evaluation, is questionable, both because the factors that influence the behaviour of public officials are far from being reducible to financial incentives, and at the same time because the distribution of such bonuses is interpreted by public servants in a way that is very different from the intentions of their initiators.

3.2 The multiplicity of financial incentives

Certainly, local actors attach great importance to the financial incentives they receive in addition to wages. In fact, the term 'motivation', which is recurrent in their complaints, has an emic sense in Niger which is much more economic than psychological. 'Motivation', in the language of civil servants, means very directly bonus, reward or financial incentive.²³

It should be stressed that these bonuses and allowances are multiple: there are office, representation, housing, telephone and water allowances for mayors; and cash-management bonuses, responsibility bonuses and accounting bonuses for employees of the water company (SEEN). It may be a matter of an aliquot share of the revenue of a service (as in health centres with cost recovery). Other supplements to wages are related to the collaboration between state employees and projects, as where, for example, a midwife is the 'focal point' for Project X, or the water officer is the 'focal point' of Project Y. It should also be noted that the per diem, granted on the one hand by the State for official travel, but especially by projects for the same reason, and for the multiple training sessions they fund (even when there is no displacement),²⁴ are widely regarded as important sources of additional revenue and thus are regarded by staff as belonging to the same category as bonuses and incentive-payments.

The almost permanent demand for salary supplements within the public services actually responds to four overlapping kinds of logic.

1) Salaries are considered very inadequate, and are supplemented by various informal strategies for obtaining additional resources, whether at the expense of users or at the expense of the State or projects.

So, bonuses, allowances, shares and per diems are invariably considered part of these additional resources,²⁵ which are taken as fully justified by the low level of wages and not linked in the perception of the officials to any obligations in respect of results.

2) Any additional work requested of a public official, whatever his real work-load, is considered to require the payment of a bonus, in the absence of which the activity in question will most often get 'poorly executed' or effectively boycotted.

In the current environment where public services at the point of delivery are characterised by low productivity, if not sheer idleness on the part of many public officials (see our report of

²³ But here we shall retain the usual and much wider sense of 'motivation'.

²⁴ One speaks then of an 'attendance allowance' [*jeton de presence*], 'taxi money' or 'fuel costs'.

²⁵ Cf. among others, the various 'elementary forms of corruption' described in Blundo and Olivier de Sardan (2006).

2010), a simple increase in productivity, the performance of a new task, or a greater attendance at the workplace, are seen as requiring bonus payments.

For example, in health centres where often the personnel work an average of only three to four hours per day, they drag their feet if they are called upon to develop counselling activities for pregnant women on the HIV-AIDS prevention without additional remuneration. Similarly, when the introduction of free health care for children under five resulted in higher attendance rates, health workers complained bitterly about not receiving financial recognition for this extra work, even though the regulation eight hours of daily work was still far from being performed.

Sanitation officers in rural areas do not usually have offices based and spend much of their day sitting under a mango tree. But if you come and ask them to collect some unusual data, they will very often demand a fee.

3) A job well done deserves an extra remuneration, a kind of bonus for diligence, a 'tip' for a service performed.

The presence of many informal, unpaid personnel at the point of delivery of public services fuels a 'culture of gratification': these people are indeed 'volunteers' who take part in duties by virtue of an 'informal delegation' by the state officials. Their only income consists of the tips, given either by users or by the officials themselves, which are seen as 'compensation' [*dédommagement*] (a term also used extensively in African discourse to express informal remuneration in general). In health, these are the first-aiders, unemployed auxiliaries, unqualified birth attendants, etc. who carry out part of the care in health centres, and receive small amounts from the patients or the health personnel. The police make use of informants as well as volunteer assistants. In justice, unpaid secretaries, clerks, assistants and intermediaries of all kinds populate the courts.

The group incentives or aliquot shares that are distributed to the statutory staff are often therefore partly redistributed to the auxiliaries who perform unpaid work in the place, or to the benefit, of the statutory workers. It is a sort of compensation.

This situation has another consequence. The official personnel in turn appropriate this culture of gratification and consider that any task performed with diligence and professional dedication deserves a gesture on the part of the user, from whose point of view there is little difference between the voluntary and statutory workers. The fact that business-people hire private guards, or that the neo-traditional *yanbanga* receive 'gifts' from their clients or from the chief of police, in a perfectly open fashion, legitimates and normalizes the 'gratuities' that, in turn, gendarmes and policemen receive more discreetly.

The line between formal bonuses and informal gratuities thus becomes porous and blurred.

4) The importance of 'development rent' means that any DP intervention at any level of operation within any public service is considered to imply a financial windfall from which all of the officials concerned should benefit, whatever their real work

The interventions of development programmes have long since evoked this type of expectations. In health, the most obvious example is vaccination: for both routine immunization and country-wide vaccination campaigns (*journées nationales de vaccination*, JNV), donor-funded bonuses are distributed to health facilities according to the vaccination coverage attained. In addition, JNVs contribute to staff incomes because of the per diems that are distributed.

The culture of 'per diem' was introduced into many fields essentially by development projects.

The intertwining of these four logics explains why bonuses, allowances and financial share-outs are seen above all as a legitimate entitlement, an available resource to be tapped, and not as an incentive for efficiency or excellence, as the New Public Management would have it.

3.3 Issues around bonuses

The distribution of premiums creates a great deal of tension and suspicion within the public services.

When front-line providers (the 'interface bureaucrats')²⁶ do not receive bonuses or do not have access to per diems, their superiors are invariably suspected of having kept them for themselves and to have 'filled their pockets' with donor money.

Frequently, too, the promised bonuses arrive late, or do not arrive, because of bureaucratic delays, management problems or changes in the leadership of projects, which further increases the climate of distrust.

On the other hand, the bonus rates are very uneven across the projects that distribute them. In health, the 'focal points' for mother-to-baby HIV prevention receive 7,000 FCFA per month, while the focal points of the tuberculosis program get FCFA 17,500 per month, and the focal points on quality assurance 25,000 FCFA per month.²⁷ It is the same with per diems, which vary by a factor of four between projects.

Multiple inequalities are thus created by this system: between those who have access to project resources and those who do not, between those who are linked to a 'generous' project and those who work with a 'stingy' project, and between those recruited directly by a project, and state employees who work with this project.

Within this context favouring 'every man for himself' and inducing individualistic and opportunistic strategies, practices of 'cheating on the numbers' are widespread. When 'manufacturing' favourable statistics to obtain more substantial bonuses (including instances of vaccine coverage above 100%), or when lengthening fictitiously the duration of field missions, officials consider themselves to be 'within their rights' (not in terms of legality, but in terms of legitimacy). In this way, they obtain by cunning resources to which they feel they are not given enough access, or of which they think they are unjustly deprived, and they treat this as compensation for the deprivation within which they otherwise exercise their duties. Used to having to resort to a 'do-it-yourself' approach to delivering the services for which they are responsible, they also apply 'do it yourself' for their own benefit, against the background of a general demotivation.

3.4 Demotivation

In fact, demotivation is by a long chalk a more prominent factor than motivation!

²⁶ Cf. Olivier de Sardan (2009).

²⁷ A 'focal point', who is supposed to manage the interface between a project and the public service responsible for the field in which the project operates, and is a member of this service, also has advantages that are not direct pecuniary: access to inputs (foodstuffs, medicines, equipment, petrol coupons) or the power to distribute inputs; access to training or the power to allocate training opportunities, etc.

The demotivation that is so widely shared among public officials, expressed on a daily basis in bitter words, and in gestures and attitudes expressing laxity and low morale, is attributed to many factors: salaries that are much too low, catastrophic working conditions (total deprivation of the instruments of work, from a sheet of paper to petrol coupons), carelessness or profiteering on the part of superiors, lack of human resources and skills, the State's failure to comply with its commitments, a sense of abandonment, of being sent to the front without weapons or ammunition, and so on.

In this context of demotivation of the public actors, it becomes comprehensible that the non-payment of bonuses and financial incentives further increases their demotivation, and, conversely, that their payment is seen more as a recovery or repair than as an incentive to excel.

This also helps us to understand better why the end of a project brings to an end the personal commitment of the state officials who used to work with the project (not counting the fact that the project provided working materials that will now be missing once again). No longer receiving bonuses and per diems, the state officials become completely 'demotivated', contrary to the theory of the development agencies which assumes that they will with enthusiasm take up the reins of the project.

Similarly, officials who are not the 'focal points' of a project are not interested at all in the activities that the focal point is supposed to promote in the service: since he receives the money for that, that is his affair, not that of everyone else.

3.5 Social and professional motivations

If on the other hand, we go back to the broad sense of motivation, what stands out the most from the interviews conducted in 2010 is the variety and complexity of the motivations that are recognised beyond the financial dimension. This broad sense of motivation exists of course in the local languages, and includes the same diversity of possible causes: one says in Zarma *hay kan ga bor no gaabi* (what gives someone strength), or *hay kan ga bor zuga* (what pushes someone).

Three other registers of motivation appeared as having a high potential for mobilisation: the symbolic register, the moral register, and the prospective register.

The register of symbolic recognition

This is about rewards, but symbolic rewards. For public actors, it is essentially a matter of being 'recognised'. *The thirst for recognition is powerfully expressed. It seems to be seriously underestimated.*²⁸

Some forms of symbolic recognition do have a financial dimension which can be hard to separate: the 'sweeping competitions' between neighbourhoods are about emulation, and the winners are proud of their success, but they also receive small prizes; congratulations from a superior bring with them the hope of a promotion or a salary increase; the satisfaction that herdsmen may communicate to a diligent livestock services agent is also expressed with gifts of milk or animals. But even in the absence of financial benefits, or if these are negligible, symbolic recognition is nevertheless highly appreciated, and exists in its own right.

It comes in several sub-registers:

²⁸ One may recall the well-known book by Tendler (1997) in this connection.

a) Hierarchical recognition

We were surprised to see to what extent the 'testimonies of satisfaction' granted by the Minister or the director of a service to an agent considered conscientious or worthy are valued by those who benefit from them (reflected their display in the office or home). More everyday gestures and words of encouragement or thanks from a superior are also important.

But hierarchical recognition also works in reverse, from top to bottom: being liked by one's subordinates (according to multiple criteria: for one's generosity, for one's competence, or because of the example one sets) is also a form professional recognition.

b) Recognition by the 'community'

Most state employees in rural areas are posted for a limited time. Some therefore do not give great importance to their local reputation, while others instead are very sensitive to it, and emphasise with pride the expressions of regret and nostalgia that break out among users when they are transferred to another post.

For auxiliary personnel, who themselves are not subject to transfers to other localities, community recognition is more important.

The moral register

The moral satisfaction from work well done, the exercise of a profession that is pursued as a vocation and respect for ethical values, are regularly cited by our respondents.

As would be expected, three institutions that are classically considered sources of morality are most often cited as examples: family, school and religion (essentially, Islam). The education received from a father, mother, parent or tutor is cited as the source of ethics of cleanliness, honesty and professionalism, as are the advice and example that may be provided by a teacher. Religion appears in a complementary register concerning compassion, altruism and charity.

Civic motivations (the public good, public interest) also arise from the moral register, but they are in fact rarely mentioned. Note that they are not emphasised by the three institutions mentioned above, and they are counter-balanced by a discourse which is widespread in the population which rejects the political class, its verbiage and its promises, and indeed politics itself (the word *politik* has passed into Zarma and Hausa, where it has strongly negative connotations, associated with *fitina*, discord).

The prospective register

Many state officials say they attach importance to their work, above all in the hope of future promotion and 'making a career'. Today's work is therefore seen as an investment with a view to future rewards. It is this projection into a better future that allows people to bear the thousands of disappointments entailed by their current work, in particular the shortage of resources and lack of remuneration worthy of the name. Among the expected satisfactions of tomorrow or the next day that make today tolerable, we should also count the sponsored trips abroad (which generate significant per diems), placements or international organisations or missions, and academic or professional training opportunities.

The prospective registry is the heart of the strategies of the 'volunteers', whose ultimate goal is to manage, after years of work without pay, to be 'recruited', that is to say, hired by a public

service (or by the municipality). It is a strategy of dogged persistence which often pays off, but only in the long term.

In the management committees (for health, safety or water), the 'voluntary' character of the time spent by the committee members, which projects take as a signal of community commitment and is experienced by those concerned as a conditionality (see above), also falls into this category: one hopes, in the future, to get access to a salary, or to some of the financial benefits associated with projects.

3.6 Some other factors in motivation

Fear of punishment

Impunity is a significant factor in professional misconduct and mismanagement, and many officials complain about this. At best, it is possible to remove an incompetent worker by awarding a nominal promotion that removes him or her from direct contact with clients (for example, the re-posting of the notorious midwife of Guidan Roudji). In the discourse, this impunity is considered an important factor in the prevailing laxity, from which one can infer that a coherent policy in this area could well have motivating effects. Obviously, such a policy would come up against other well established logics (clientelism, compassionate treatment, etc.). Nevertheless, we encountered fear of punishment having some effectiveness in two cases.

a) The transport union

It seems that this corporate body that effectively manages all bus stations uses control devices and graduated sanctions which, unlike the administrative procedures, meet with some success.²⁹ Control is evidenced by the many road-blocks that the union puts up to detect drivers who evade the rules of the organisation. The range of sanctions begins with an 'embargo' (the driver at fault is temporarily prohibited from operating) and then a fine is added, while only the ultimate recourse involves the police.

b) Magico-religious powers

The magico-religious reputation of a chief, a prefect, a bus station or market manager, or a customs officer, sometimes does more to get his instructions followed than his authority attached to his position. Mystical or occult powers are feared everywhere. But while they can be used to reinforce compliance with rules, they can conversely protect those who violate the rules. This is why there is ambiguity around the magical 'shielding' of the *yambanga*; this gives them a certain invulnerability, even giving them cover to go over to the thieves.

The end of vocations?

A common type of discourse evokes nostalgia for time past when you chose to be a nurse by vocation, and becoming a public official was inseparable from an ideology of State service. The same discourses stigmatise the present, seen as dominated by opportunism, venality and careerism.

Four elements were regularly cited to explain this change: (a) the years without pay, symbolising a loss of confidence in the State, (b) the dramatic growth of corruption, from the summit of the State to the base, and the bad example provided by the political elite ('the fish

²⁹ Cf. Workman (2011).

rots from the head' is a regularly quoted saying), (c) the deplorable state of the labour market and of graduate unemployment, and (d) with respect health, the proliferation of private training schools, purely commercial, without control of educational standards.

Social obligations and the feminisation of professions

The weight of 'social obligations' arising from the spheres of family and neighbourhood sociability (baptisms, marriages and funerals, in particular) constantly interferes with service delivery. Day after day, it is a factor in an absenteeism that is generally regarded as legitimate.

According to the general view, it is women who are particularly constrained by this type of social obligations, and who give them priority over their professional obligations. Thus, the feminisation of certain professions (like health) is often seen as being at the expense of the needs of public service. The absence for two days of the only midwife in a maternity section, on account of a baptism in the nearby town, is a typical example. This is obviously an important factor in demotivation.

4 Conclusion

The forthcoming introduction by the World Bank of a remuneration system based on performance within certain segments of the bureaucratic mode of governance will provide a unique opportunity to see how such a system works out in a context like Niger. Designed by economics experts from international agencies and management schools in the North and implemented in conditions very different from those where it was designed, the reform will surely be 'appropriated' (or 'perverted') by the interested parties, according to their own logics of action and practical norms.

Here we shall have an ideal case study for analysing the 'implementation gap' that is typical of public policy, permitting the real-time tracking of a reform, induced from the outside but with the agreement of the national authorities, to improve human resource management, the organisation of services, worker productivity and service-quality issues, which are indeed important bottlenecks of bureaucratic governance.

The system to be introduced rests a new form of accountability that we might call statistical accountability (also known as 'the politics of numbers'). This is supposed to be the final solution to the very real problems of 'motivating' officials, allowing them to be paid on the basis of quantitative instruments for monitoring their performance

One may wonder what the effects will be of a reform that privileges one form of accountability and a single form of 'motivation', in a social and professional universe dominated by pluralism and co-delivery. It would therefore be particularly interesting to document, for Niger and for other countries, the process of implementing this new policy.

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