

AN ASSESSMENT OF COVID-19 PANDEMIC PALLIATIVE AND SOCIAL WELFARE PACKAGE IN ENUGU STATE, NIGERIA.

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Abstract

The primary objective of this field research paper, anchored on social exchange theory is to get people's assessment of the distribution of the COVID -19 palliative in Enugu metropolis of Nigeria. The study thus examined the Nigerian social welfare in relation to the palliative the government distributed to Nigerians to cushion the hardship occasioned by the COVID -19 pandemic. The author studied a total of hundred respondents of which twenty respondents were drawn from each of five different work- groups in Enugu metropolis to make up the sample size. The work groups were petty traders, artisan workers, civil servants, church workers and motor park touts. The sampling approach adopted was availability purposive sampling technique without regard to the socio-demographic characteristics like sex, age, educational attainment of the respondents. During the three weeks period of fieldwork, a 10- point structured questionnaire was used to capture the broad spectrum of the welfare needs of the respondents in the Covid -19 pandemic situation and also elicit information as to what they got as palliative during the distribution of the palliatives. This instrument also served as an interview guide for non - literate respondents. The researcher and five field assistants distributed and collated responses from study participants. Descriptive statistics were employed in quantitative data analysis, whereas content analysis was applied to qualitative data. The study revealed people's dissatisfaction with the government over the exercise of

palliative distribution. Their assertion using their exact words include “ the government is wicked, heartless, selfish and insensitive to the plight of Nigerians.” Over 90% of the respondents denied getting any palliative from the government and appreciated wealthy individuals, churches and non-governmental organizations in their locality that distributed palliative items to them. The study concluded that the peoples welfare needs during COVID 19 era was unmet and recommended greater commitment and fairness to all on the part of government.

Keywords: COVID 19, Pandemic, Palliative, Social Welfare, Government

Introduction: The Evolution of Modern Social Welfare in Nigeria

Social welfare is as old as man considering the fact that man is a social being with the innate trait of mutual aid and interdependence. Indigenous social welfare system the for instance among the Igbo group of south east Nigeria, include communal care, sharing and burden bearing. These are better expressed in Igbo popular sayings (i) *'a tabiri e nye bu nwanne'* meaning communal sharing, love, (ii) *'mmadu ka e ji aka'*, (iii) *'onye nwere mmadu ka onye nwere ego'* meaning the revered place of kit and kin, (iv) *'o nuru ube nwanne agbana oso'* etc meaning communal collaboration in distress situations, access to fruits, vegetables in a neighbour's farm, share cropping etc

However, Irele (2011) traced the history of modern social work and social welfare in Nigeria to the missionaries. The missionary groups who initiated welfare programmes in Nigeria were the Christian churches like the Protestant Churches and the Roman Catholic Church. In addition, “a philanthropist in person of Mrs. Obasa, a Nigerian provided an orphanage for girls (the girls approved institution in Nigeria up to 1967, was named after her)” (Jack, 1999).

During the colonial period some programmes were mounted to strengthen social welfare system in Nigeria. Notable in this regard was the efforts of an expatriate Mr. Faulkner. The spread to the regions started in Lagos and spread to the various regions later viz Western, Eastern and Northern regions. In the various regions the social welfare programmes and social work were located in the Social Development Division in the Federal Ministry of Labour and Social Welfare and were manned by untrained social workers. Later with the creation of states social welfare

programmes were put under the Ministry of Women Affairs and Social Development (op cit).

Social Welfare: A Conceptual Framework

Social welfare is concerned with issues of human needs and a variety of social problems. Social Welfare programmes comprise both government's, non-governmental and volunteer programmes designed to protect the masses from the economic risks and insecurities of life (www.Britanica.com). It is an organized form of social services provided by public or private organisations to assistance individuals, communities meet their needs. Social welfare increases benefits of those in need. It has the goal of creating a social order that can guarantee to each citizen abundant life in terms of health, security, high standard of living, full employment, high productivity and social justice (Muzumba 1962 in Ekpe, 1997).

There are two orientations to social welfare - residual and institutional views. Residual welfare is welfare intervention when the natural channels through which individuals needs are met, that is the family and the market economy become dysfunctional and aids are then provided to the neediest in times of dire needs while the institutional welfare is an organized system of social services and institutions designed to aid individuals and groups to attain satisfying standards of life and health, It is a normal aspect of life to all in society. In this model social welfare is provided for everyone whether rich or poor and is considered part of what the society should be providing for its citizens (Melendez, S.2018). Every society's welfare objectives originate from her values and needs to abolish poverty, dependency, crime, destitution, disease, unemployment, underemployment, starvation, illiteracy, crime, insecurity etc.

Types of Social welfare

(a) Old age and Invalidity and Survivor Programmes

These address the needs of those that are incapacitated by age to be productive; those not strong to still be in work force, those permanently disabled and dependents of deceased workers(www.britannica.com).

(b) Medical Care Programme

This is the provision of healthcare services to meet the people's health needs throughout their life including prevention. Treatment, rehabilitation and palliative care.

(c) Unemployment Benefit Programme

This is designed to provide pay to those that are unemployed and those who were formerly employed but have become unemployed through no fault of theirs and who are willing and able to work

(d) Family Allowance Benefits

Families need support for their physical as well as mental distress. These are welfare provisions to families to cover the welfare needs of the members.

(e) Work Injury Compensation

This is the welfare package to workers in the event of accident in work setting. Such benefits include medical payments, wage restoration in form of increase of the actual pay, special indemnities for permanent bodily injury, and death benefits.

(f) Public Assistance: These include residual programmes designed for various classes of needy persons like the aged not covered by employment -related programmes, the blind, the disabled not covered by work-injury or other employment – related programmes and impoverished families with dependent children (www.britannica.com).

The Nigerian Social Welfare Administration

Nigeria is a political entity that is composed of three distinct branches -legislative (law makers} executive (the leadership) and the judicial (law dispensers). Their powers are enshrined in and vested by the Constitution of Nigeria in the National Assembly, the President and the Federal courts, including the Supreme Court respectively. She runs the democratic system of government, The World Bank data on world population (2019) places Nigerian population as 200,963,60. The government of a democracy is accountable to the people and she has the responsibility to ensure equitable distribution of national resources and promotion of the rights of the citizens. Nigeria through the Federal Ministry of Social development, Youths and Sports has provisions for the dispensation of social welfare. There are constitutional provisions for social welfare programmes such as healthcare, food

stamps, unemployment compensation, housing assistance and child care assistance. There are also social welfare bills like the Social Welfare Trust Fund bill 2015. In fact Oyedele, T. (2016) highlighted the National assembly effort to establish an Unemployed Youth, Elderly and Indigent Persons Sustainability Allowance Trust Fund to be financed by the Communication Service Tax. The fund will be used for the emergency needs of Nigerians including the payments of stipends to the unemployed, subsidizing infant drugs, hypertension drugs, diabetes drugs and other related matters. These, regrettably, are paper works that were never executed.

The Nigerian social welfare system leaves much to be desired. Colonialism ushered in a social welfare system that is alien and insensitive to the social needs of the masses because they were originally designed to meet not the needs of the colonies but those of the colonial masters (Okennotifa, 1978) But every Nigerian is a client of the Nigerian welfare system. Welfare concerns should be in tax deduction, subsidized hospital and educational programmes, social security, health insurances, unemployment insurance, insecurity etc.

The present Nigerian government is characterized by a repugnant, dehumanizing system that ignores the suffering of the masses, lacks sense of fairness and concern for mutual aid and leaves every citizen to his fate, Only those in power control the country's resources at the expenses of the general populace. The power that be are welfare cheaters and they drain the country of its wealth. They claim good governance but they make assistance as unpleasant as possible and even set up strict requirements for welfare eligibility.

World Bank Report (1997) has this to say "successive governments in Nigeria, like in many African states, lack the political will to initiate or sustain policy or structural transformation, or to embark on sound economic reform to reposition the state for greatness"(World Bank, 1997).The Nigerian leadership has failed in three major areas: security of lives and properties, promotion of the rule of law, and provision of visionary leadership, Self-interest, as against public interest reign supreme in Nigeria.

According to Mimiko (2010), the Nigerian state has degenerated to the point where it is unable to provide minimal social security for its vulnerable population. It is bedeviled with multiple of challenges of insecurity, poverty, injustice, "marginalization, social inequality, political exclusion, corruption, economic

deprivation, unequal allocation and distribution of state resources, high level incidences of politically motivated killings, assassination of political opponents, electoral violence, kidnapping, armed robbery, insurgency and underdevelopment, in general (Mimiko, 2010, Aning, 2016). Nigerians are therefore facing victimization and it is placed upon them by the way the country is governed. The complication is unparalleled. Worse still Nigeria since March 2020 is faced with a global problem of COVID-19- pandemic. The corruption is also evidenced in the distribution of the Covid-19 palliative.

The Spread of Coronavirus (COVID-19) Pandemic in Nigeria

The coronavirus disease 19 (COVID-19) started in Wuhan, China in December 2019. It is a deadly viral infection that is transmitted through droplets in respiratory aerosol, contact with surfaces and possibly through facial-oral contact. It is transmitted through one person to another and through close contact, such as providing care to an infected person or within a hospital setting. Each person infected passes the virus on to an average of three others. The incubation period is about 5–6 days (range 1–14 days). It can survive in aerosols for hours and on surfaces including stainless steel, plastic and cardboard for days, although washing with soap or detergent will destroy the virus. Covid-19 is a serious threat with no human immunity and it spreads like wildfire and kills massively. People most prone to coronavirus infection are the aged, people that have hypertension, diabetes, cardiovascular disease, chronic respiratory disease, obesity, smoking and cancer. It is a terrible disease. Agwuocha (2020) has this to say to describe the menace of the Corona Virus:


The virus has practically brought the world to her knees. It spared neither world powers such as the United States of America (USA), United Kingdom (UK), Italy etc, nor the developing nations such as Nigeria, Ghana, Madagascar etc. Just like wildfire and to the chagrin of respectable world leaders, the disease has continued to ravage the human system, take lives, cripple economy, close borders, ignite political tension, widen social relations, cause scientific and medical confusion, closed schools etc. It literally brought the world to a standstill. There became total lockdown of activities! The way and manner of its modus operandi beats the human comprehension and elicited questions on its possible origin, whether it was natural or manufactured. The

statistics below give an insight into the ravaging role of the Covid- 19 pandemic in Nigeria.

There has not been any breakthrough in the production of a clinically approved antiviral drug or vaccine to treat COVID-19. The claims about medicines that are effective for its treatment are surrounded with controversies and have been disputed. The virus therefore took a toll of world's population. The World Health Organization prescribed that widespread testing of people for Coronavirus COVID-19 will help health services identify infected patients and more effectively focus resource to first curb, and then exterminate the virus.

The first confirmed case of Coronavirus (COVID-19) in Nigeria was announced on 27 February 2020, when an Italian citizen in Lagos tested positive for the virus. The second case of the virus was reported in Ewekoro, Ogun State, a Nigerian citizen who had contact with the Italian citizen. In Nigeria the spread of the virus and the catalogue of deaths that followed led the President of Nigeria to order the lockdown of the three most affected states – Ogun, Lagos and Abuja. Other measures by the government to check its spread include stay at home orders, and closing down non-essential markets and other places of mass gatherings like burials, church worships, also sensitization on social distancing. Most states if not all followed suit by banning burials, social gatherings, clubs, corporate church worship, crusades, conferences, others. There was call through mass media to maintain hand hygiene in form of washing of hands (Vanguard Newspaper. 24 March 2020. Retrieved 24 March 2020).The above conditions and public programme cancellations, travel restrictions, social distancing, and other unprecedented prevention measures had untold adverse and devastating effects on Nigerians.

Table 1: Confirmed COVID-19 cases in Nigeria by state

State	Cases	Active	Recovered	Deaths
 Lagos	11,670	9,839	1,698	133
FCT	2,348	1,614	699	35

Oyo	1,573	743	811	19
Edo	1,503	536	910	57
Delta	1,323	838	454	31
Kano	1,291	210	1,029	52
Rivers	1,284	404	836	44
Ogun	1,057	372	663	22
Kaduna	889	288	589	12
Katsina	628	164	441	23
Borno	563	75	453	35
Ondo	550	406	124	20
Gombe	524	116	387	21
Bauchi	519	9	497	13
Ebonyi	503	-3	500	6
Plateau	478	223	241	14
Enugu	431	163	256	12
Abia	400	179	218	3
Imo	356	287	61	8
Jigawa	318	-	308	10
Kwara	307	136	162	9

Bayelsa	282	124	141	17
Nasarawa	234	113	113	8
Osun	210	119	84	7
Sokoto	153	2	135	16
Niger	124	30	87	7
Benue	121	80	35	6
Akwa Ibom	112	38	71	3
Adamawa	100	22	71	7
Anambra	93	27	57	9
Kebbi	86	16	63	7
Zamfara	76	-	71	5
Yobe	61	2	51	8
Ekiti	45	3	40	2
Taraba	27	16	11	-
Kogi	5	-	3	2
Cross River	5	1	3	1
Total	30,249	17,192	12,373	684

Note: Data as of 2020/07/08 23:00 WAT

Source: Wikipedia, the free encyclopedia

COVID-19 Palliative Distribution in Nigeria

Merriam – Webster Learners Dictionary (2021) defines palliative as “something that is intended to make a bad situation seem better but that does not really improve the situation.” The World Health Organization (WHO) defines palliative care as: “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.” Palliative care addresses wholistic aspects of a patient’s suffering in the event of a sickness or a pandemic and provide relief of burdensome symptoms, give attention to social concerns and reduce the effects or symptoms of a condition medical and or otherwise without curing it. It can be in form of medication or provision of other welfare packages. Its inception in Nigeria was in 2003 through the Palliative Care Initiative of Nigeria (PCIN) now known as Center for Palliative Care, Nigeria (CPCN), located at the University College Hospital (UCH), Ibadan. University of Nigeria Teaching Hospital Ituku-Ozalla established one in 2008. Prior to these periods, a few private-owned and missionary hospices existed in obscurity in the country (Eranga, I.O., 2020)

The Federal Government of Nigeria in order to address the plight of Nigerians due to the lockdown that was necessitated by the spread of the Corona virus under President Muhammadu Buharidished out the following palliative measures for targeted groups: three months interest holidays for those holding Tradermoni, Marketmoni, and Farmermoni loans issued by the Bank of Industry, Bank of Agriculture, and the Nigeria Export and Import Bank.

TraderMoni is a loan program of the Federal Government, created specifically for petty traders and artisans across Nigeria. It is a part of the Government Enterprise and Empowerment Program (GEEP) scheme of the Federal Government, being executed by the Bank of Industry. With TraderMoni, an individual can receive interest-free loans starting from Nigeria Naira, N10, 000 (exchange rate US \$1 = N400) and growing all the way to N100, 000 as the person pays back. Beneficiaries get N10, 000 as the first loan. When they pay back the first loan, they immediately qualify for a second loan of N15, 000. After payback of the second loan, they qualify for a N20,

000 loan, and then N50,000, and then N100, 000 (<http://tradermoni.ng/about.html>) .

MarketMoni, also known as the Government Enterprise and Empowerment Program (GEEP), issues interest-free loans to market women and traders, artisans, youth and farmers. It is one of the social intervention programs of the Federal Government, and is being executed by the Bank of Industry. MarketMoni has kicked off disbursements to its early set of beneficiaries and is expanding across the country. Beneficiaries receive loans ranging from N10,000 to N100,000 per applicant for as long as 6 months. MarketMoni attracts no interest except a one-time 5% administrative fee. So far, over 24,000 beneficiaries have accessed MarketMoni(<http://www.marketmoni.com.ng/>)

FarmerMoni is a Government Enterprise and Empowerment Programme (GEEP) Initiative created to boost the Nigerian economy through leverage and access to finance for farmers. FarmerMoni is designed to help petty traders expand their trade through the provision of collateral free loans. The loans are repayable over a period of six months. Under the scheme, beneficiaries can get access to a higher facility ranging from N300,000 to N2,000,000 when they repay within the stipulated time period (<https://startcredits.com/loans/farmermoni/>).

The nation's leader, President Mohammad Buhari, also announced an expansion of the initial number of households that would benefit from the direct distribution of food and cash from 2.6 million households to 3.6 million households, whom he described as most vulnerable in the society. He, therefore, directed the Ministries of Industry, Trade and Investment; Communication and Digital Economy; Science and Technology; Transportation; Interior; Health; Works and Housing; Labor and Employment; and Education, to jointly develop a comprehensive policy for a Nigerian economy functioning with COVID-19 pandemic (Eranga, I.O., 2020).

He also announced the distribution of ₦20,000 each to the poor. "For the most vulnerable in our society, I have directed that the conditional cash transfers for the next two months paid immediately. Our internally displaced persons will also receive two months of food rations in the coming weeks," the President said. He further announced an expansion of the initial number of households that would benefit from the direct distribution of food and cash from 2.6 million households to 3.6 million households, whom he described as most vulnerable in the society. Shortly after his announcement,

the distribution commenced, and Nigerians wondered who the "vulnerable" receiving these distributions were. Millions were claimed to have been spent on palliatives whereas Nigerians are raising alarms over the government claims and even the manner of the distribution of the palliatives.

Ezea (2020) x-rayed the palliative distribution in Abuja. The Federal Capital Territory (FCT) is made up of Abuja Metropolitan city and five area councils of Abaji, Bwari, Gwagwalada, Kuje and Kwali. These five other area councils are essentially rural settlements with a huge number of poor and vulnerable households. The first phase of palliative distribution was targeted at 100,000 poor and vulnerable households in each of the six council areas, given a total of 600,000 poor and vulnerable households. The distribution of the palliatives in Abuja was chaotic using Ezea (2020) exact words.

In Rivers state Governor Wike announced and implemented free bus rides as coronavirus palliative for citizens. Also, the Private Sector Coalition Against Covid-19 (CACOVID) provided palliatives to cushion the effect of the measures instituted to check the spread of the Coronavirus in Nigeria. There were other agencies that gave relief materials to people but for want of space and for the purpose of this paper which is assessment of the distribution of the palliatives in Enugu state the author will not go further to list the palliatives administered in Enugu state

Regrettably the events that followed during the youths' restive EndSars protest showed that there was a misdemeanor in the distribution of Covid-19 palliative.

Many state governments were reported to have hoarded the ones sent to them for the masses. And the youths broke into the warehouses where these were hidden and carted away those palliatives like rice, indomie, semolina etc. Some of those warehouses are: In Osun state palliative items in a warehouse in Ede donated to the Osun Food and Relief Committee by the Private Sector Coalition Against Covid- 19 (CACOVID). In Kwara state a warehouse in Ilorin, in Plateau state a warehouse in Buruku community housing palliatives collected from the Federal Ministry of Humanitarian affairs, Social Development and Disaster Management for Jos South LGA. These warehouses were broken and the palliatives carted away. It was the same experience in Lokoja in Kogi state, Gwari in Kaduna state, Lagos, Adamawa

and Ekiti states. Shockingly the governments of these states cooked up stories to conceal the actual fact of their corruptive practice of hoarding and diversion of the palliative items.



Youths struggling to cart away food palliatives from inside a truck



A chaotic scene of people struggling and scrambling over food palliation on top of a truck. (Source: Ezea (2020)).

We obey the lockdown. But we are hungry, No food. No light. How do they want us to stay inside?– <https://www.premiumtimesng.com>

The situation in Enugu, Enugu state was the alleged shooting of a youth by the police in their bid to prevent the youth from accessing the warehouse at Queens School, Enugu where the palliatives were believed to have been kept. The death of this youth who was a filling station fuel pump attendant and at his work place was greatly mourned by the general public in Enugu state. The looting was prompted by the outcry by the masses that the distribution of the Covid-19 pandemic palliative was stage-managed, fraudulent and highly politicized. It is this situation that motivated this academic discourse on Covid-19 pandemic palliatives in Enugu metropolis, Nigeria.

Theoretical thrust

The study adopted the Social exchange theory. The proponent of this theory was

an Austrian sociologist George Homans. It says that people make decisions by consciously or unconsciously measuring the costs and rewards of a relationship or action, ultimately seeking to maximize their reward. And when it is clear that the benefits are not forthcoming the relationship becomes strained. Nigerians would want benefits of social welfare and decry marginalization or deprivation. That is the situation with the distribution of COVID-19 pandemic palliative in Enugu state. People are debunking the Enugu state claim of distribution of the palliative.

Materials and Methods

This paper sought to discuss the Nigerian social welfare in relation to the palliative the government distributed or claimed to have distributed to Nigerians to cushion the hardship occasioned by the COVID -19 pandemic. The fieldwork lasted for three weeks. The author studied twenty respondents from each of five different work-groups in Enugu metropolis namely petty traders, artisan workers, civil servants, church workers and motor park touts. The approach adopted was availability purposive sampling technique without regard to the socio-demographic characteristics like sex, age, educational attainment of the respondents. The goal was to get people's assessment of the distribution of the COVID -19 palliative in Enugu metropolis. A 10-point structured questionnaire was used to capture the broad spectrum of the welfare needs of the respondents in the Covid -19 pandemic situation and also elicit information as to what they got as palliative during the distribution of the palliatives. This instrument served as an interview guide for non-literate respondents and five field assistants were used to distribute and collate their responses.

Findings

The findings are very revealing. The study reveals high level of disillusionment against Nigerian government in general and Enugu state government in particular by the public. To elicit response from them was a herculean task. No respondent was willing to discuss the issue of COVID-19 palliative. The few that responded was after much persuasion and appeals. The general reaction was rather embarrassing and speaks volumes of people's dissatisfaction with the government in general and in the exercise of palliative distribution in particular. This shows how disgusted the

masses are with the government of the day. Their assertions using their exact words include “we have no government, they promised us good governance but we didn’t see it,” “the government is wicked, heartless, selfish and insensitive to the plight of Nigerians.” This made the fieldwork last longer than expected – from two weeks to three weeks.

Over 90% of the respondents denied getting any palliative from the government. They said it was only few wealthy individuals, churches and non-governmental organizations that distributed palliative items like rice, yam, garri, indomie, salt etc to their people or members. Some respondents confessed that there was government palliative meant to be shared to them but just few people were given and the rest diverted. An artisan worker said that the one brought to his locality was given to few persons under a camera and then carried away.

Respondents also highlighted the myriad of problems they are experiencing since the onset of the pandemic. They range from hunger, hardship, inflation/high cost of living, business shutdown, closure of companies, loss of jobs, non-payment and cut down of salaries, paucity of money in circulation, inconvenience of COVID-19 protocols, deaths, rape, restrained social gatherings and social life, closure of schools and colleges, payment of school fees without commensurate teaching. There was a reported case of loss of life in a well in search of water. They also complained about extortion in form of school fees from the parents for the period schools were closed. Only one respondent said that she did not experience any problem during this pandemic. Rather she made plenty money as she organized private teaching for her students and handsomely paid by parents and, also had business boom in her sale of soap and detergents.

Respondents’ expectations from the government to alleviate the sufferings occasioned by COVID-19 pandemic, their assessment of Enugu state government intervention programmes in this regard and the Nigerian government in general, are shown in the tables below:

Table 2: Respondents’ expectations from the government to cushion the effect of COVID-19 pandemic.

Palliative	Traders	Civil	Artisan	Church	Motor	Total
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Items		servants	Workers	Workers	Park Touts	
Money	<u>10</u>	<u>15</u>	<u>12</u>	<u>12</u>	8	<u>57 (30%)</u>
Food Items	<u>10</u>	<u>15</u>	<u>14</u>	<u>12</u>	8	59 (31.1%)
Transport	2	5	1	2	8	18 (9.5%)
Medicare	10	9	7	4	2	32 (16.8%)
Health Education	4	6	5	4	5	24 (12.6%)
Total	36	50	39	34	31	190

People's expectations as shown in the above table include provision of cash payments (30%) food items (31.1%), medicare (16.8%), health education (12.6%). Respondents' other expectations from the Enugu state government include provision of social amenities like water, free energy or reduction of electricity bills, subsidizing their rent or compel landlords to wave some months' rent, free transport, enact policies that will stabilize the economy and check inflation (prices of goods and services e.g., food items and fuel). The government should also set up agricultural programmes, employ people in those establishments and as well give loans to empower Nigerians.

Table 3: Expectations met by the Government to cushion the effect of COVID-19 Pandemic.

Palliative Items Given	Traders	Civil servants	Artisan Workers	Church Workers	Motor Park Touts	Total
Money	1	-	1	1	2	5(6.1%)
Food Items	3	-	2	2	-	7(8.5%)

Transport	-	-	1	-	-	1(1.2%)
Medicare	-	-	7	1	-	8(9.8%)
Health Ed	3	4	2	3	-	12(14.6%)
None	6	10	11	6	16	49(59.8%)
Total	13	14	24	13	18	82

The details in the above table show that 59% of the respondents held the opinion that Enugu state government did not meet their expectations during the COVID-19 pandemic. Of the little she did health education ranked highest with 14.6%, provision of money and food 6.1%, 8.5% respectively.

Table 4: Rating of Enugu State Government Services/Role in alleviating the effects of COVID-19 Pandemic

Services	Traders	Civil servants	Artisan Workers	Church Workers	Motor Park Touts	Total	Rating of Enugu State Government overall performance
Excellent	-	-	1	2	1	4(6.2%)	2(1.9%)
Very Good	-	-	1	1	-	2(3.1%)	5(4.9%)
Good	4	2	3	1	-	10(15.4%)	11(10.7%)

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Poor	1	1	2	5	-	9(13.8%)	17(16.7%)
Very Poor	6	2	7	3	-	18(27.7%)	30(29.4%)
No Role/Insensitive	2	1	4	1	14	22(33.8%)	37(36.4%)
Total	13	6	18	13	15	65	102

Findings in this table show the respondents' rating of the services of Enugu state government during the COVID-19 pandemic as follows: No service (33.8%), very poor (27.7%), good (15.4%). Poor (13.8%). This is an indication of the people's feeling of disappointment with the government.

Table 5: Respondents' expectations from wealthy individuals and non-governmental organisations to cushion the effect of COVID-19 pandemic.

Palliative Items	Traders	Civil servants	Artisan Workers	Church Workers	Motor Park Touts	Total
Money	9	6	13	6	4	38(29.6%)
Food Items	10	14	11	10	5	50(39.1%)
Transport	4	4	2	4	1	15(11.8%)
Medicare	1	3	2	2	1	9(7.0%)
Health Ed.	3	3	4	5	1	16(12.5%)
Total	24	30	32	27	12	128

To make a comparative analysis of the government and non-governmental/wealthy individuals' roles in the COVID-19 palliative distribution in Enugu state information was sought on the role of non-governmental organisations in COVID-19 pandemic palliative. They include religious organisations, town unions, cooperative societies, commercial agencies and other financial institutions such as banks. The above table shows the respondents' expectations from them as being mainly food (39.1%) and money (29.6%).

Table 6: Expectations met by wealthy individuals and non- governmental organisations to cushion the effect of COVID-19 pandemic.

Palliative Items	Traders	Civil servants	Artisan Workers	Church Workers	Motor Park Touts	Total
Money	3	4	3	-	2	12(19.1%)
Food Items	4	6	9	4	5	28(44.4%)
Transport	-	-	-	-	-	-
Medicare	1	-	1	-	-	2(3.2%)
Health Education	1	1	2	2	-	6(9.5%)
None	1	3	2	4	5	15(23.8%)
<u>Total</u>	10	14	17	10	12	63

Information in the above Table 6 shows that the non-governmental organisations gave out mainly food items (44.4%) as palliative to the people. Some interviewees said that their kit and keen in diaspora shared out food items to their people in their

communities. Spectacular among the non-governmental organizations' intervention programmes in COVID-19 pandemic was that one wealthy philanthropist in Akwuke gave ten thousand (N10,000) to every widow resident in that community whether indigene or a tenant. Comparatively non-governmental organisations performed better than the government in providing palliative to the people in Enugu state as shown in Tables 3 and 6.

Table 7: Respondents' rating of Wealthy Individuals and Non- governmental Organisations' role in alleviating the effects of COVID-19 Pandemic

Rating	Traders	Civil servants	Artisan Workers	Church Workers	Motor Park Touts	Total
Excellent	-	-	2	-	3	5(12.2%)
Very Good	2	-	2	3	-	7(17.1%)
Good	3	-	5	3	3	14(34.1%)
Poor	1	2	2	2	1	8(19.5%)
Very Poor	-	1	-	1	1	3(7.3%)
No Service	1	-	-	-	3	4(9.8%)
Total	7	3	11	9	11	41

34.1% of the respondents rated the non-governmental organisations' role in alleviating the suffering occasioned by the COVID-19 pandemic being good (34.1%), very good (17.1%). Some respondents (19.5%) that were interviewed said that the wealthy individuals didn't do well because instead of giving the palliatives to the masses they gave them to the government to curry favour and the palliatives were diverted and never given to the masses. Some respondents also said that some churches gave to their indigent members while some were selfish and their pastors still collect tithes, seed sowing fund at the expense of the members.

Conclusions and Recommendations

Social welfare is the right of every citizen. The nation's resource is not the prerogative of the selected few. That one is in an elected position is not the mandate to usurp the power of the masses. Power belongs to the people and whoever that is entrusted with that power should be sensitive to the social welfare needs of the people especially in a pandemic situation such as COVID-19. Nigeria is a democracy and should be run that way. The masses seriously decry the humiliations meted to them by the government in the distribution of the COVID-19 palliatives. Our findings in this study attest to that. There was unanimous claim that the distribution was fraudulent, discriminatory and deceitful. The respondents claim that promising welfare pronouncements by the government that are meant to cushion the effects of the pandemic are mere paper-work that did not translate into concrete actions and the people wondered why they were made in the first place. They showed their frustrations in their utterances like "we have no government," "the government is wicked, heartless, selfish and insensitive to the plight of Nigerians."

The results of this study also show that the welfare needs of the respondents and Nigerians in Enugu urban in this Corona virus (COVID-19) pandemic were not met. The effects of the pandemic on them which range from economic recession evidenced in business shutdown, hyper-inflation, hunger and starvation, catalogue of avoidable deaths, loss of jobs, poor liquidity flow, to mention but a few were not addressed. Rather the government keeps on instituting and perpetuating obnoxious Hitler mode of administration evidenced in the increase in the price of tariffs, fuel

and closure of borders and people who are not dead are living in abject poverty.

We therefore recommend that the government retrace her steps and rise to the challenges of the COVID-19 effects on the masses to avoid a mass revolution that may be bloody and deadly.

We enjoin the government to be fair to human conscience and distribute the COVID-19 palliative to all Nigerians. She should desist from tribalism, favoritisms or dehumanization of a particular section of the country in the distribution of the palliative. Nigerians own Nigeria and should all partake in the sharing of the national resources.

Social welfare is primary in every society's project and we recommend that it be decentralized. The palliatives should be sent to community leaders through their community-based non-governmental grassroots organisations and they in turn will give to their people because they know them and are accountable to them.

The government should investigate and bring to book all the states and public individuals who diverted the palliative packages that were meant to be given out to the masses.

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APPENDIX

An assessment of Covid-19 Pandemic Palliative and Social Welfare in Enugu, Nigeria.”

Questionnaire

Dear respondent,

This is a research study on “An assessment of Covid-19 Pandemic Palliative and Social Welfare in Enugu, Nigeria.”

Kindly respond to the questions in this questionnaire honestly. We assure you that your responses will be treated with utmost secrecy and anonymity.

Sex ()

Establishment _____

1.Mention the major unpleasant experiences you have had so far since the Covid -19 pandemic and lockdown

2 , What are your expectations from the government to alleviate peoples suffering in a pandemic situation like this one of covid-19 pandemic

.Money () Food items() Transport () Medicare () Health education () others

(specify)

3. List the expectations that were met by the government of the day

4. Rate the services Excellent () Very good () Good () Poor () Very Poor () None ()

5. If none state your reason

6. What are your expectations from wealthy individuals, non-governmental organizations (religious organisations, town unions, cooperative societies, commercial agencies and other financial institutions such as banks) .Money () Food items() Transport () Medicare// Health education () Others (specify)

7. List the expectations that were met and by which agency

8.. Rate the services Excellent () Very good () Good () Poor () Very Poor () None ()

9.If none state your

reason_____

10. How would you rate the government of today in meeting the welfare needs of Nigerians in this Covid -19 pandemic era. Excellent () Very Good () Good () Poor () Very Poor () Insensitive
