

Examining the Issues of Corruption in the Management and Distribution of COVID-19 Palliatives in Enugu and Anambra States, Nigeria

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Abstract

Covid-19 pandemic and the lockdown policy that followed inflicted hardship on Nigerians which necessitated palliatives to cushion the adverse effects. While this was a wholesome idea, the issues of corruption that ensued in the process has not been given adequate attention hence the need for this study. We examined the issues of corruption in the management and distribution of Covid-19 palliatives in Nigeria. Within a critical ethnographic framework, in-depth interview was adopted to collect data from indigent Nigerians [N=20] drawn from Anambra and Enugu states. Focus Group discussion was also organized for coordinators of palliative distribution [N= 10] within Enugu and Anambra states. Thus, the entire respondents consist of 30. Thematic analytic method was employed to analyse the data. We found amongst other things that; COVID-19 palliative distribution in Nigeria was done in a manner too far from being transparent, relieve item rarely got to the target population, and where palliative was shared it was too meagre to last for family day meal, majority of the indigent people never get any palliative. Majority of the people only heard of palliative on news and there were no practicable measures or definite indices that guarded COVID-19 palliative distribution. Following the findings from this study, we concluded that corruption affected the distribution of Covid-19 palliatives in Nigeria. Thus, making it difficult for Nigeria Government to achieve the main objectives of the palliative and compounding the issue of hardship for millions of Nigerians.

Keywords: *Corruption, COVID-19, Management, Palliatives, South-east.*

Introduction

COVID-19 also known as 2019-nCov is a novel respiratory virus belonging to the corona-virus family. It emanated from Wuhan – a port city in People’s Republic of China. Corona-virus is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] (Shereen, et al, 2020). Coronavirus spread through being in proximity to an infected person and inhaling droplets generated when an infected person coughs or sneezes, or touching a surface where these droplets land and then touching one’s face or nose (Wu & McGoogan, 2020). Albeit, few broad-spectrum antiviral drugs have been evaluated against COVID-19 in clinical trials, resulting in clinical recovery, but, there is no clinically approved antiviral drug or vaccine available to be used against the virus (Shereen, et al, 2020). Covid-19 pandemic, with its hard-wearing attribute, has transformed the lives of communities around the world, forcing people

to adapt to the new restrictions placed on their work life and everyday freedoms (The Global Initiative Against Transnational Organized Crime, 2020).

As Covid-19 spread particularly easily and without stopping (Wu & McGoogan, 2020), national and local governments were compelled to apply different sets of measures aimed at containing the outbreak (Campedelli, Aziani & Favarin, 2020). Prominent of the measures adopted globally is the lockdown or seat at home policy (Wilder-Smith & Freedman, 2020). Frustration, anxiety, depression, hopelessness and mental stress greeted many Nigerian households since the lockdown measures of Covid-19. The urban poor and people in the informal sector are most vulnerable because they depend on daily income which can only be earned as they work each day. In light of the foregoing, governments and international organizations are facing the twin challenges of having to enforce public-health measures with reduced services and minimize the economic damage ushered in by Covid-19 pandemic (The Global Initiative Against Transnational Organized Crime, 2020:2). To this effect, and informed by the hardship a total lock down of the economy could have on the people, well spirited individuals and corporate organizations donated monies in toll of billions and other items to the government to cushion the effect of the hardship. However, these philanthropic gestures tend to provide an avenue for corruption in Nigeria. As noted by The Global Initiative Against Transnational Organized Crime (2020), the coronavirus is, already, changing the state of play for the way state actors operate and is having profound implications for criminal markets the world over; thus, corruption.

Corruption in Nigeria precedes the outbreak of covid-19, to a time way back in history of amalgamation of northern and southern protectorate in 1914. Historically, corruption is as old as the world, because ancient civilizations have traces of widespread illegality and corruption. Osimen, Adenegan and Balogun (2013) noted that, corruption is found in democratic and dictatorial politics; feudal, capitalist and socialist economies. This implies that corruption has been ubiquitous in complex societies from ancient Egypt, Israel, Rome and Greece down to the present (Lipset & Lenz, 2000). It is however, the magnitude of corrupt practices that differs across countries and societies (Osimen, Adenegan & Balogun, 2013). Corruption is worse in countries where institutions, such as the legislature and the judiciary are weak, rule of law and adherence to formal rules are not rigorously observed,

political patronage is the standard practice, the independence and professionalism of the public sector has been eroded and where civil society lacks the means to bring public pressure to bear on governance (Ikezue & Alawari, 2015). The foregoing paints a perfect analogy of the Nigerian society, where almost everything is masked in politics.

The term corruption has occupied a good deal of space in the social science literature (Nye 1967; Heidenheimer 1970). The underlying denominator of the term corruption highlights an emphasis on the misuse of public offices for private gains (Smith, 2007). Iyang and Abraham (2013) noted that, the word 'corrupt' is often employed to describe an aspect of human behaviour that is conceived as obnoxious, mean, degrading and offensive to the acceptable norms with the intention to serve private ends. Adams (2003) argued that corruption is a behaviour of public officers, which deviates from acceptable norms in order to serve private ends. To Osimen, Adenegan & Balogun (2013) corruption is a behaviour which deviates from the formal duties of a public role, because of private gains regarding personal, close family, private clique, pecuniary or status gains. Nye (1967) noted that corruption is a behaviour which violates rules against the exercise of certain types of duties for private gains.

Corruption encompasses a whole lump of indices, which includes but not limited to misappropriation of public fund, embezzlement, crime, abuse and misuse of power. Our focus on this paper is on corruption and its bearing on management of covid-19 palliatives in Nigeria. Issues of palliative became topical in Nigeria as a result of lockdown measures which were copied from the global west. The distinction in the practicability of both measures [lockdown and palliative] highlights the phenomenon of inadequacy of social security system. To this end, Covid-19 palliative provide a perfect opportunity for the people to open up old wounds on issues surrounding transparency, accountability and resource allocation in Nigeria. Billions of Naira has been donated, locally and internationally, to the Nigerian government to combat Covid-19 pandemic, curb the spread of the virus, and alleviate people's sufferings. These funds are expected to be used in procuring medical equipment and supplies (ventilators, test kits, surveillance-enabled ambulances, PPEs, etc), as well as to set up and furnish COVID-19 screening, testing, isolation, and treatment centres. Asides donations, the government has allocated funds for this purpose. Recognizing that these funds do not require legislative approvals before disbursement, the need for transparency and accountability cannot be overemphasized, not only in ensuring it is used for its primary purpose, but also to reduce possible

profiteering. Less has also been heard about the utilization of in-kind supports, such as expert services, testing kits, PPEs, palliative materials contributed by well-meaning people so as to ensure they are not pilfered or sold for financial gains (Civil Society Organization, 2020:10).

Whereas by virtue of maintaining accurate vital data, western countries seem to already earmarked citizens to be targeted for the Covid19 palliative long before the outbreak of the pandemic, most developing countries of the world (Nigeria inclusive) resorts to a mechanistic approach to define beneficiaries of the Covid19 palliative, thus, opening up another conduit pipe of siphoning public fund. In light of the foregoing, Alamba (2020) noted that, the economic assistance that the government has announced in response to the covid-19 pandemic has exposed inadequacies in Nigeria's social protection systems. The practice of shredding transparency in the sharing of the covid-19 palliatives is enough corruption as any data which presents contrary information of spatial distribution of indigent citizen across all parts of Nigeria is misleading ("Covid-19: Be transparent about palliatives", 2020). The criteria that were employed to arrive at the conclusion of uneven distribution of the poorest of the poor remain quizzical (Obinna, Iniobong, Odoh & Kwen, 2020).

The Covid-19 pandemic affected members of each community differently. Daily wage earners have lost their sources of income due to the lockdown, and the poor were starving. In addition to the different prongs of the problem posed by the pandemic, some face compounded challenges ranging from banditry, domestic violence, hunger and poor health. It is imperative to include these classes of persons in response strategies and develop local responses that address the plight of the vulnerable while still curbing the spread of the virus (Christopher, 2020). However, the palliatives promised by the government seem to be truncated along the way. Imperatively, corruption and waste in the system defeats the lofty objective of government palliatives ("Covid-19: Be transparent about palliatives", 2020). Also, in some states, some residents have come out openly making a caricature of what was given out to them as a stimulus package (Obinna, Iniobong, Odoh & Kwen, 2020) indicating that the anecdote on corruption in the management of covid-19 palliative in Nigeria calls for an urgent empirical enquiry. This study therefore, examined the issues of corruption in the management and distribution of Covid-19 palliatives in Nigeria.

Methodology

Study Setting

This study was conducted in the south-east geo-political zone of Nigeria, which comprise the following five states – Abia, Anambra, Ebonyi, Enugu and Imo. Out of these five states, Anambra and Enugu states were purposively selected for the study on the basis that the researchers were spread across these two states at the time of this study, which also ensured ease of data collection.

Sampling Procedure

Within a critical ethnographic framework, in-depth interview was adopted to collect data from indigent Nigerians [N=20] drawn from Woliwo and Fegge in Onitsha south local government area of Anambra state, and from Achara lay-out and Abakpa in Enugu metropolis of Enugu state. Focus Group discussion was also organized for coordinators of palliative distribution [N= 10] within Enugu and Anambra states; they comprise of two local government officials and three church leaders from each states. Equal allocation of study participants was given to each state. The entire respondents for this study consist of 30 respondents.

Data Analysis

Data collected from the IDI and FGD were thematically analyzed using Unlu-Qureshi instrument of data analysis, following recurrent themes. The recurrent themes include – Eligibility of selecting beneficiaries of COVID-19 palliatives, Pattern of distributing COVID-19 palliatives, and challenges of Outreach of COVID-19 palliative. Unlu-Qureshi instrument of data analysis is an analytic tool used to analyse data (Unlu, 2015).

Ethical Consideration

Ethical clearance was obtained from the ethical committee of the University of Nigeria, Nsukka. Before the commencement of the In-depth interview and Focus Group Discussion, informed consent was duly obtained from all participants included in the study, and the

participants were made to understand that they can disregard any question[s] and stop the interview whenever they feel like doing so.

Results

Socio-Demographics of Respondents

The respondents consists of 65% females [N= 13] and 35% males [N= 7] for the IDI; while the respondents for the FGD comprise 80% males [N=8] and 20% females [N= 2]. The disparities in sex distribution for the IDI respondents is because women were mostly found in the disadvantaged studied; however, for the FGD participants, men where more than women because more men were found among local government and church representatives. Majority of the participants [63.3%, N= 19] were between the ages of 40-54 years, [20%, N= 6] were below 40 years, while [16.7, N= 5] were over 54 years of age. All the participants were married.

Eligibility of Selecting Beneficiaries of COVID-19 Palliatives

We sought to ascertain the criteria adopted for the selection of the beneficiaries of the COVID-19 palliatives in Nigeria. We found that the criteria considered were “*national social register [NSR], BVN [Bank Verification Number], and the use of mobile networks to know the people that top up credit units on their phones with #100 or less*” [FGD: 47 year old Male participant]. Another FGD participant, a 42 year old Male said:

The target recipients for the COVID-19 palliative are indigent Nigerians, those who depend on their daily wages to carter for themselves and their families. The essence is to cushion the hardship which the lockdown policy could have on their family upkeep.

However, we found disparities between the eligibility criterion and its practical applicability in the distribution of COVID-19 palliatives considering extenuating factors peculiar to Nigeria such as lack of accurate population statistics. A 53 year old female IDI participant from Enugu state said:

I have never been to any bank. I do not have bank account number. It was the women leader of my church who informed me that I should go

to the church store to collect some grains of rice during the lockdown. Later, I heard that the state government provided food items to some churches to share to their members.

Another response was captured thus:

Nobody can say for sure the eligibility criteria adopted for the COVID-19 palliative. There is no recourse to data to verify who is poor or not in Nigeria, because everybody profess hardship in this country irrespective of the level of income.

Overall, data gathered on the eligibility criteria for selecting beneficiaries of COVID-19 palliatives in Nigeria indicate that while certain indices (NSR, BVN, home recharge amount, etc) were set, nearly all the IDI respondents reported that those criteria are not feasible. According to them, the Covid-19 palliative distributors hinged on the institutional inertia to siphon the relief materials and convert to personal use including sharing to family and friends.

Pattern of Distributing COVID-19 Palliatives

This study beamed a search light on the pattern of distributing COVID-19 palliatives in Nigeria. We gathered the following data:

There is no standardized way of distributing the COVID-19 palliatives. What government did was putting a round peg in a square hole. For me, it is very glaring that the palliatives being rolled out are another way for government to embezzle fund. They just came, snapped pictures with a group of people, and uploaded them online. Those in the pictures do not even look poor [IDI: 46 year old Female participant].

Another respondent said:

There is no defined pattern at all. Even within the government insiders, there are agitations on the pattern to be employed in the distribution of the COVID-19 palliatives. The measures of the palliative distribution are just staggered and not transparent [IDI: 47 year old Female participant].

Another 47 year old female IDI respondent said:

The pattern of distributing COVID-19 palliatives in Nigeria is simply political. If the system is rational enough, it can be ascertained that there are people who are more affected by the lockdown; the poorest of the

poor. But the problem points to how they are to be reached? As it were now, the palliatives are for the rich.

The FGD discussion did not arrive at any identifiable pattern for the COVID-19 palliative distribution. Instead, the eligibility criteria were reiterated by the discussants. However, discussants who are representatives of churches mentioned that patterns which involve various heads of religious groupings within their churches were relied on in order to arrive at data of indigent persons of their congregation.

Challenges of Outreach of COVID-19 Palliative

To ascertain the depth and breadth of the COVID-19 palliative outreach, we enquired about the coverage of COVID-19 palliative distribution. A 41 year old female IDI participant noted that:

Most of these COVID-19 palliative being talked about is only seen on television. I am yet to see anyone who collected the said palliative. However, in my neighborhood, some well to do individuals organized some food items and provisions which was shared to the poor living around here; but that of the government, I did not witness at all.

Another respondent said:

I remember that fateful day, we all gathered at the local government secretariat expecting to receive the COVID-19 relief package, apart from that many came with their children, there were elderly people whom I could categorize as retirees, and we were all roaming about the secretariat till evening to no avail. No official came out to address the people [IDI: 49 year old Female participant].

A 62 year old Male IDI respondent also said:

At the center where we were asked to collect the COVID-19 palliative, people waited till eternity, in the process breaking the social distance rule, at the end of the day nothing was given. I later heard that few persons collected 10 cups of rice. It is laughable anyway.

Although the FGD session tend to disagree with the methodical inconsistencies presented by the IDI respondents in the coverage of COVID-19 palliative distribution, there tend to be a common denominator. The common denominator being that the relief material is far below in reaching out to the target audience. Thus, a 51 year old female FGD participant said:

At the center where I coordinated, there were massive crowd which we could not contain. Considering the level of aggression coming from the crowd who are already breaking the social distance rule, we thought of safety first. Therefore we have to wait until the crowd wanes before we could distribute as much relief material as were allocated to the center.

Another response from the FGD session was gathered as follows:

we shared the relief material to our congregation members” [FGD: 45 year old Male participant].

However, being that the respondents avoided the question as to whether the state governments were able to provide the COVID-19 palliatives to all religious worshipers; it became deducible that there were methodical inconsistencies in the distribution of COVID-19 palliatives.

COVID-19 Palliative distribution process

This study also investigated the COVID-19 palliative distribution processes in Nigeria. We found that the distribution process of the COVID-19 palliative is an extension of corruption in the Nigerian system, especially pattern of corruption that has to do with favouritism, embezzlement, instigating artificial scarcity, and inflicting unnecessary hardship on the poor masses. The following responses buttress the foregoing:

hardly do you see anyone who received the COVID-19 palliative from the government. For me, I would rather say there was never any distribution at all. How can I be talking about the processes of something that never existed? To me it seems that those in charge used the relief materials to favour their loyalists, friends and families to the detriment of the genuine target population. It is not surprising because corruption is always innovative in Nigeria [IDI: 53 year old Female participant].

Another respondent said:

This is just another conduit pipe of embezzlement. For example, why is Enugu state not getting much palliative? Why sharing palliative in core north where the pandemic is not ravaging? So, I think we are all affected by this pandemic and palliative should be shared equitably. So if I am to give a score card, I will score the COVID-19 palliative distribution in Nigeria, it will be 5% out of 100%” [IDI: 53 year old Female participant].

Also, the FGD discussion the following were gathered:

I am not in a position to appraise the process which I am part of, however, in the capacity where I functioned, we were able to reach out

to many indigent congregational members whose list were submitted to the committee in charge of distributing the COVID-19 relief materials [FGD: 49 year old Female participant].

Another participant said: “As government officials, we act on instructions, and once the instructions are given from your superiors you have to obey. So whether the process is smooth or not depends on the instructions given by top officials” [FGD: 51 year old Male participant].

Discussion

This study examined the issues of corruption in the management and distribution of COVID-19 palliatives in Nigeria. We found that although it was clearly spelt out by the FGD participants that only indigent Nigerians were targeted through national social register, BVN [Bank Verification Number], and the use of mobile networks to know the people that top up credit units on their phones with #100 or less; the indigent Nigerians who formed the IDI participants expressed doubt on the set criteria, insisting that the said criteria is impracticable within the Nigeria system given that many Nigerians do not have mobile phone. It is important to note that lack of accurate statistical records that could have guided the distribution of the palliatives formed the base for the inefficiencies in COVID-19 palliatives distribution in Nigeria. This finding aligned with the findings of Maduekwe, Banjo and Sangodapo (2017) who found that registration of vital events in Nigeria is suboptimal and information on their structure and operations are scanty. Eze et al. (2020) also observed the absence of a reliable statistical record in Nigeria to guide the distribution of palliatives during the pandemic. On the pattern of distributing of COVID-19 palliatives, we found that there is no clear-cut pattern set out for the distribution of the COVID-19 relief materials which could ensure wider reach, hitch-free collection process and avoidance of systematic bias in the process. Thus, we found that no standardized pattern was set forth for the COVID-19 palliative distribution in Nigeria, therefore opening up loop holes for corruption and mismanagement. Ochayi (2020) had observed that many Nigerians have faulted the process of distribution of Covid-19 palliatives. According to him, over 80% of the affected Nigerians are yet to feel the impact of the palliatives.

We also found methodical inconsistencies in the coverage of the COVID-19 palliative distribution. Although the responses from the IDI and the FGD differed in this regard, a common denominator is that the relief material is far from reaching out to the target audience presented

itself from both sets of interaction. This finding strengthened the Civil Society Organization that the process of COVID-19 palliative distribution in Nigeria lack transparency (Civil Society Organization, 2020). From both sets of interview, we found that it is difficult to give a positive appraisal to the COVID-19 distribution process. Rather, the distribution process of the COVID-19 palliative was marred by mismanagement, hoarding and embezzlement as an extension of corruption in the Nigeria system. This finding aligned with Onwukwe (2020) who noted that Nigerian leaders have proclivity to mismanage and misappropriate funds earmarked for public good. According to him, Nigeria politicians are known for harvesting in crisis.

The key assumptions of Collective action theory (Olson, 1965) were revalidated in this study. Collective action theory posits that systemic corruption persists despite laws making it illegal, and various anti-corruption efforts. Following this, we found that methodical inconsistencies were created to pave way for mismanagement of COVID-19 palliatives. We also found that indices of corruption in COVID-19 palliative distribution in Nigeria such as favouritism, embezzlement, instigating artificial scarcity, and inflicting unnecessary hardship in the palliative collection process.

Conclusion

Following the findings from this study, we conclude that corruption slow the pace of development in all aspects, this is because corruption has permeated into all works of life and sectors of Nigeria society. Despite the fragile situation presented by the COVID-19 pandemic, certain Nigerians still find avenue to siphon, misappropriate and mismanage relief materials intended to cushion the hardship inflicted by the COVID-19 pandemic on indigent persons. Therefore, remedying corruption in Nigeria require attitudinal change and re-orientation in all aspects of social living. Thus, in relation to management and distribution of COVID-19 palliatives, reliable social security system need to be developed to ensure that there are specific indices that could be creditably referred to in determining who gets what in the system without methodical bias.

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Data Availability Statement

Our manuscript has no associated data.

Declaration of Competing Interest

The authors declare no competing interests in respect of this research authorship and publication.

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