

Research Article

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Humanitarianism And Government Accountability In Nigeria And Her Response To Health Crisis; A Case Study Of The Covid-19 Pandemic

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ABSTRACT

This study investigates the intersection of humanitarianism and government accountability in Nigeria, using the COVID-19 pandemic as a case study. Health crises have profound social and economic repercussions, particularly in developing nations like Nigeria, where poverty, weak institutions, and under-resourced healthcare systems exacerbate vulnerability. The study critically examines how institutional frameworks, international humanitarian interventions, communication strategies, and socio-cultural dynamics shaped Nigeria's response to the pandemic. Emphasis is placed on the mismanagement of relief efforts, particularly the hoarding of palliatives by public officials, which reflects a broader pattern of systemic corruption and accountability failures. Utilizing a survey research design and purposive sampling of key stakeholders healthcare workers, government officials, NGO representatives, and community leaders the study collected data from 100 respondents with firsthand experience in health crisis management. Findings reveal that socio-economic disparities, cultural factors, and weak governance significantly undermined the effectiveness of humanitarian interventions. The study concludes that enhanced transparency, culturally sensitive communication, and inclusive socio-economic strategies are crucial for strengthening humanitarian responses and fostering government accountability in future public health emergencies.

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Introduction

A healthy population is a cornerstone of any thriving and productive society, as the outbreak of diseases can severely disrupt a nation's ability to function across various sectors [1]. When public health is compromised, it can significantly hinder economic output, limit consumption patterns, reduce travel and leisure activities, and diminish the general well-being of the population. Health crises such as the Ebola virus in West Africa, the MERS outbreak in South Korea, and more recently, the global emergence of COVID-19, have demonstrated far-reaching consequences that extend beyond healthcare impacting national economies and global socio-economic stability [2].

Humanitarianism and government accountability are complex elements in addressing health crises, as they determine the effectiveness of a nation's response to emergencies. Within the context of this proposed study, humanitarianism could be seen as the ethos of promoting human welfare and alleviating suffering [3-8]. Some scholars argue for a universalist approach to humanitarianism, emphasizing the existence of a common set of human rights and dignities that should be upheld across cultures [9].

The economic impact of COVID-19 has been particularly harsh in several Nigerian states, especially within the North-Central region, which was already facing serious financial strain following

the 2016 recession during President Buhari's administration. The nationwide lockdown, introduced as a measure to contain the virus, disrupted multiple sectors ranging from local trade and interstate transportation of goods to the hospitality industry, schools, and tertiary institutions. This disruption led to a sharp decline in business activity. As a result, many state governments experienced a drop in internally generated revenue. The crisis also triggered a wave of layoffs in the banking sector, which worsened unemployment levels. These economic shocks contributed to a rise in domestic violence, hunger-related crimes, and food insecurity. For many citizens, the closure of businesses not only meant a halt in income but also the looming threat of job loss, as employers struggled to meet wage obligations [5].

A study examining the relationship between the COVID-19 pandemic and Nigeria's economic challenges emphasized that the pandemic significantly influenced both the country's economic stability and its underlying structural weaknesses [6].

A study conducted in Bangladesh explored how media platforms contribute to raising public awareness about menstrual hygiene among women. The research focused on the experiences and perceptions of women living in both rural and urban areas, aiming to assess the media's influence on their hygiene practices during menstruation [7]. Nigeria's management of the COVID-19 pandemic offers a compelling context for exploring the relationship between humanitarian efforts and governmental accountability. While various humanitarian actors were active in delivering

healthcare assistance and relief services, the government's overall crisis response drew significant criticism. Allegations of fund misappropriation, delayed interventions, and insufficient implementation of preventive strategies led to growing public concern about the transparency and efficiency of state institutions [8].

Government accountability is the cornerstone of a robust and efficient response to health crises. It encompasses transparency, responsiveness, and the ability of the government to act in the best interest of its citizens. In the Nigerian context, government accountability has been a significant challenge, leading to gaps in the healthcare system and hampering the effectiveness of humanitarian efforts [5]. Nigeria's healthcare system has been marred by issues such as inadequate funding, corruption, and a lack of infrastructure. These challenges have impeded the government's ability to respond promptly and effectively to health crises, leaving the population vulnerable to the devastating impacts of diseases. The importance of accountability becomes evident in situations where mismanagement or corruption hinders the distribution of resources and aid, exacerbating the suffering of those in need [10].

Statement of the Problem

Nigeria faces a significant challenge regarding the lack of government accountability in humanitarian efforts, particularly in responding to health crises. This lack of accountability has impeded effective humanitarianism, leading to issues such as mismanagement, corruption, and diversion of resources meant for the public good. During the outbreak of Covid-19 in Nigeria, this lack of accountability was starkly manifested. Politicians and government officials were reported to have kept palliatives intended for distribution to vulnerable populations for their personal gain. This action not only undermined the humanitarian response but also exacerbated the suffering of those in need. Previous studies have highlighted the systemic issues of corruption and mismanagement in Nigeria's governance structures, which have a direct impact on humanitarian efforts [11]. These studies have shown how corruption and lack of accountability have led to the misallocation of resources, hindering effective response to health crises and other humanitarian needs [12]. However, despite the existing literature on corruption and mismanagement in Nigeria, there is a gap in research specifically focusing on how these issues affect humanitarianism in the country, particularly in the context of health crises. This study aims to fill this gap by providing a detailed analysis of the impact of government accountability on humanitarian efforts during health crises in Nigeria, using the COVID-19 pandemic as a case study.

Literature Review

The Concept of Humanitarianism

Humanitarianism is a concept that has evolved over time, reflecting a range of interpretations and applications depending on the context. In Nigeria, a country with diverse socio-political and economic landscapes, humanitarianism is understood and defined in various ways. Each perspective offers valuable insights into the nature of humanitarian action but also comes with its own set of limitations and challenges¹². The prominent definition of humanitarianism in Nigeria views it as altruistic action aimed at alleviating the suffering of others, particularly during crises such as conflicts, natural disasters, and epidemics. The perspective emphasizes the selfless nature of humanitarian work and focuses on providing aid to those in need the idea that humanitarianism is driven by a genuine concern for the well-being of others, often manifesting in emergency responses, relief operations, and support for affected populations [13].

During the Boko Haram insurgency in northeastern Nigeria, humanitarian organizations have provided complex assistance to displaced persons, including food, shelter, and medical care [14]. In the aftermath of the 2020 COVID-19 pandemic, various humanitarian actors have been involved in distributing relief supplies, supporting healthcare facilities, and advocating for public health measures. The altruistic approach highlights the commitment of individuals and organizations to addressing immediate needs and mitigating suffering [15].

However, critics argue that this definition may oversimplify the complexities of humanitarian action. While the altruistic perspective underscores the intent behind humanitarian work, it may fail to address deeper issues such as power dynamics, political interests, and ethical considerations [16]. The distribution of aid in conflict zones can sometimes exacerbate existing tensions or create dependencies, raising questions about the long-term effectiveness and sustainability of humanitarian interventions. The focus on immediate relief may overlook the need for systemic change and long-term development efforts [17].

Another definition of humanitarianism in Nigeria frames it as a moral imperative, emphasizing the ethical obligation to help those in need. This perspective highlights the duty of individuals and societies to respond to human suffering and uphold humanitarian principles. It is grounded in the belief that there is a universal moral responsibility to assist those who are in distress, regardless of their location or circumstances [18]. From this perspective, humanitarian action is seen as a reflection of core ethical values such as compassion, empathy, and justice. It calls for a collective response to address human suffering and promote human rights. The moral imperative approach often informs the principles and guidelines of international humanitarian organizations, such as the Red Cross and Médecins Sans Frontières (Doctors Without Borders), which are guided by ethical codes that prioritize impartiality, neutrality, and independence [19].

Despite its strong ethical foundation, this definition has its critics. Some argue that the moral imperative perspective may overlook the practical challenges and complexities of humanitarian action. For instance, resource constraints, political obstacles, and competing priorities can hinder the ability to effectively address all forms of suffering. The moral imperative approach may sometimes lead to unrealistic expectations about the scope and impact of humanitarian interventions. The idealistic notion of an inherent duty to help others may not always align with the realities of implementing aid in complex and challenging environments [20].

A third definition views humanitarianism in Nigeria as a political tool used by governments, non-state actors, and international organizations to advance their interests. This perspective highlights the instrumentalization of humanitarian action for political, economic, or strategic gains. It suggests that humanitarian efforts are sometimes motivated by underlying agendas rather than purely altruistic or moral considerations. Humanitarian aid can be used to garner political support, influence public opinion, or achieve strategic objectives [21]. During the Ebola outbreak in West Africa, some critics argued that the international response was influenced by geopolitical interests and the desire to maintain regional stability. Similarly, in Nigeria, there have been concerns that humanitarian aid in conflict zones may be used to gain favor with local populations or to further political agendas.

Humanitarianism in Nigeria

Humanitarianism in Nigeria is a complex phenomenon influenced by a range of factors, including ongoing conflicts, natural disasters, and socio-economic challenges. The discussion will delve into the coordination issues among humanitarian actors, the impact of politicization, the role of local resilience, and the Nigerian government's response to crises. Through providing a detailed analysis, this examination aims to offer an inclusive understanding of humanitarianism in Nigeria, drawing on scholarly perspectives and empirical evidence [22].

Humanitarianism in Nigeria is shaped by a unique set of factors, including frequent conflicts, environmental disasters, and significant socio-economic issues. The complexity of humanitarian action in Nigeria is reflected in the diverse challenges faced by humanitarian actors and the varied responses to these challenges. Humanitarian crises in Nigeria often stem from a combination of natural and man-made factors, including insurgencies, flooding, and economic instability [23].

The ongoing conflict with Boko Haram and other insurgent groups, particularly in the Northeast region, has created a severe humanitarian crisis, with millions of people displaced and in need of assistance. The conflict has exacerbated existing vulnerabilities, including poverty, food insecurity, and lack of access to basic services. Nigeria is also prone to natural disasters such as flooding and droughts. These events often disrupt livelihoods, displace communities, and create significant humanitarian needs. The 2012 flooding in Nigeria displaced hundreds of thousands of people and caused extensive damage to infrastructure and agriculture. Socio-economic factors, including poverty, unemployment, and inadequate infrastructure, further complicate the humanitarian landscape in Nigeria. These challenges contribute to the vulnerability of populations and exacerbate the impact of crises [24].

Scholarly perspectives on humanitarianism in Nigeria provide valuable insights into the nature of humanitarian action, its challenges, and its impact. These perspectives often highlight both the strengths and weaknesses of humanitarian efforts in the country. A central issue highlighted by scholars is the lack of coordination among humanitarian actors in Nigeria. Many humanitarian organizations operate independently, leading to duplication of efforts and inefficiencies in aid delivery. The lack of a centralized coordination mechanism can result in fragmented responses, where resources are not optimally allocated, and gaps in assistance are not adequately addressed [25].

A study emphasizes the importance of coordination in humanitarian responses, noting that effective coordination can improve the efficiency and effectiveness of aid delivery. However, in Nigeria, the coordination mechanisms among humanitarian actors have often been criticized for their shortcomings [26].

Another significant concern is the politicization of humanitarian aid. Scholars have argued that humanitarian assistance in Nigeria is sometimes used as a political tool by governments and non-state actors. This instrumentalization of aid can undermine the principles of neutrality and impartiality, which are essential for effective humanitarian work [27]. Jones explores the impact of politicization on humanitarian efforts in Nigeria, highlighting instances where aid has been used to advance political agendas rather than addressing the immediate needs of affected populations. The politicization of aid can lead to unequal distribution, favoring

certain groups over others, and can also affect the credibility of humanitarian organizations.

Despite these challenges, scholars also highlight the resilience of local communities in Nigeria. Many communities have developed their own mechanisms for coping with and responding to crises. Local knowledge and practices can play an essential role in enhancing the effectiveness of humanitarian responses [28].

Role of International Humanitarian Organizations in Health Crises
Numerous international humanitarian organizations have been involved in health crisis interventions in Nigeria. These organizations vary in size, scope, and operational focus, but all share a commitment to alleviating human suffering, particularly during emergencies. Among the most prominent organizations active in Nigeria are the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), Médecins Sans Frontières (MSF), the International Committee of the Red Cross (ICRC), and various United Nations (UN) agencies such as the World Food Programme (WFP) and the UN Office for the Coordination of Humanitarian Affairs (OCHA). In addition to these, several non-governmental organizations (NGOs), including Save the Children, the International Rescue Committee (IRC), and Action against Hunger, have also been active in Nigeria's health crises [29].

The WHO has played a leading role in coordinating health interventions and providing technical expertise to Nigeria. Its primary function is to support the Nigerian Ministry of Health in developing strategies and implementing policies for disease prevention, control, and treatment. WHO has been particularly active during outbreaks of diseases such as Ebola and COVID-19, where it has provided complex guidance on infection control, vaccine deployment, and patient care? UNICEF focuses on child health and nutrition, and during health crises, its efforts are primarily directed toward providing life-saving services for children and women. It also works on promoting water, sanitation, and hygiene (WASH) programs to prevent the spread of diseases. MSF, known for its rapid response capabilities, has been a vital partner in delivering emergency medical care during outbreaks, especially in hard-to-reach areas. The ICRC operates in conflict-affected regions of Nigeria, such as the northeast, where it provides emergency medical assistance, including during disease outbreaks, to communities affected by conflict and displacement. Other organizations like Save the Children and Action against Hunger focus on providing nutrition support, especially during crises that lead to food insecurity, which can exacerbate health issues [30].

The collaboration between international humanitarian organizations and the Nigerian government is essential to ensuring a coordinated and efficient response to health crises. The relationship is typically governed by formal agreements and protocols, with the Nigerian government often acting as the primary partner in overseeing the distribution of humanitarian aid. This partnership framework is established to ensure that international assistance aligns with the country's national priorities and that resources are distributed equitably and effectively.

One of the main mechanisms for collaboration is the Nigeria Humanitarian Fund (NHF), which is managed by the UN's Office for the Coordination of Humanitarian Affairs (OCHA). The NHF pools resources from various international donors and channels them to address the most complex needs in the country, including health emergencies. Through this mechanism, the

Nigerian government can access international funds to support its response to health crises. Similarly, during the COVID-19 pandemic, international organizations worked closely with the Presidential Task Force (PTF) on COVID-19, which coordinated Nigeria's response. This collaboration involved sharing technical expertise, providing medical supplies, and supporting public health campaigns. The Nigeria Centre for Disease Control (NCDC) frequently collaborates with the WHO and other international organizations to develop national strategies for managing disease outbreaks. The NCDC has benefited from technical support, including disease surveillance and response training, laboratory testing capacities, and public health communication. For instance, during the Ebola outbreak, WHO and other partners helped Nigeria to establish protocols for screening and quarantining travelers, which played a complex role in preventing the spread of the disease within the country [31].

The success of these collaborations often hinges on mutual trust, clear communication, and shared objectives. While international organizations bring in much-needed resources and expertise, the Nigerian government provides the political backing and access to local networks necessary to implement interventions effectively. This partnership model has generally worked well, although challenges such as bureaucratic delays, political interference, and mismanagement of resources can sometimes strain these relationships.

Humanitarian aid has significantly contributed to Nigeria's ability to respond to health emergencies. The financial support, technical expertise, and medical supplies provided by international humanitarian organizations have been essential in addressing gaps in the country's healthcare system, especially during large-scale crises such as the COVID-19 pandemic. One of the major contributions of humanitarian aid during health crises is the provision of emergency medical supplies. During the Ebola outbreak, organizations such as the WHO and MSF were quick to mobilize resources, providing protective equipment for healthcare workers, medicines, and diagnostic kits. Similarly, during the COVID-19 pandemic, international humanitarian organizations provided personal protective equipment (PPE), ventilators, and other complex medical supplies to Nigerian health facilities. These supplies were essential in managing the surge in COVID-19 cases, as Nigeria's healthcare system was initially unprepared for the scale of the pandemic [32].

Public communication is crucial to controlling the spread of disease, and international organizations have played a major role in disseminating public health messages. For example, during the COVID-19 pandemic, UNICEF and WHO collaborated with the Nigerian government to launch campaigns promoting handwashing, mask-wearing, and social distancing. These campaigns, conducted in multiple languages, were essential in raising public awareness and encouraging preventive behaviors, particularly in rural areas where access to information was limited. Humanitarian aid has also been essential in addressing secondary health impacts of crises, such as malnutrition and lack of access to basic healthcare services. Organizations like Action Against Hunger and Save the Children have provided food aid and nutritional support to vulnerable populations, especially children, in areas where food insecurity was exacerbated by the pandemic. These interventions helped prevent a secondary health crisis from emerging as a result of the economic and social disruption caused by the pandemic [33].

While humanitarian aid is intended to be neutral and impartial, the provision of aid in Nigeria is often influenced by political

and strategic considerations. Humanitarian organizations must navigate complex political environments, where their actions can have significant political implications. The Nigerian government's relationships with international donors, regional powers, and internal political factions can all influence how aid is distributed and received. One of the main political considerations in Nigeria is the federal structure of the government, which grants significant autonomy to state governments. This decentralized system can create challenges for international organizations, as they must negotiate with both federal and state authorities to deliver aid. In some cases, state governments may resist international intervention due to concerns over sovereignty or political interference. During the Boko Haram insurgency in northeastern Nigeria, some state governments were initially hesitant to allow international organizations access to conflict-affected areas, fearing that their presence could undermine state authority or expose government failures in addressing the insurgency [34].

Humanitarian organizations must also be mindful of the security situation in Nigeria, particularly in conflict zones such as the northeast. In these regions, humanitarian actors face the challenge of operating in environments where armed groups, such as Boko Haram, may view international organizations as targets. To mitigate these risks, humanitarian organizations often engage in negotiations with both government forces and non-state actors to ensure safe access to affected populations. However, this can sometimes lead to accusations that international organizations are compromising their neutrality by engaging with armed groups.

The geopolitical interests of donor countries can also shape the provision of humanitarian aid. Many of the countries that provide funding for humanitarian interventions in Nigeria have strategic interests in the region, including access to natural resources, trade routes, and regional security. These interests can influence the priorities of donor countries and, by extension, the focus of humanitarian aid. For instance, during the COVID-19 pandemic, some international donors prioritized funding for initiatives that aligned with their own public health and economic recovery objectives, such as vaccine distribution [35].

Responding to the COVID-19 Pandemic in Complex Humanitarian Crises

In 2020, it was projected that more than 168 million individuals across 50 nations would require humanitarian aid. Addressing disease outbreaks during complex emergencies such as Yemen's cholera crisis and the Ebola outbreak in the Democratic Republic of Congo continues to pose a growing challenge to global health systems. The prolonged duration and high mortality rates of these epidemics in both countries underscore how difficult it can be to contain familiar infectious diseases in fragile humanitarian environments. The emergence of a novel virus, SARS-CoV-2, presents an even more formidable danger to populations in these crisis settings, where there is limited infrastructure, insufficient healthcare services, and a lack of coordinated support systems to manage a large-scale outbreak. In such unstable contexts, weak governance, widespread public skepticism, and ongoing political conflict may severely hinder the effectiveness of public health interventions [36].

Communities impacted by humanitarian emergencies face heightened vulnerability to COVID-19, primarily due to factors such as forced displacement, overcrowded shelters, undernutrition, poor access to clean water, sanitation, and hygiene (WASH) resources, and the social stigma surrounding illness. The emergence of infectious diseases in these regions further restricts access to

already scarce healthcare services, which are often weakened by attacks on medical infrastructure and overwhelmed health systems. These challenges make it increasingly difficult to communicate timely and accurate public health information to affected groups. As global responses to COVID-19 unfold, public health officials operating in crisis-hit zones are often at a disadvantage when it comes to implementing necessary measures such as infection prevention within health facilities, identifying infected individuals, delivering supportive treatment or emerging therapeutics to those in critical condition, and carrying out effective contact tracing. Such efforts are significantly constrained in humanitarian settings. For instance, the lack of widespread public health systems, diagnostic labs, and basic healthcare services impedes widespread testing. Providing the limited pool of healthcare personnel with the necessary training, protective equipment, and reliable supply chains is a major undertaking even under normal conditions and even more so in unstable regions. Additionally, frequent relocations of populations and the absence of reliable contact records make contact tracing exceedingly difficult [37].

Deep-rooted structural issues particularly overcrowded living conditions significantly hinder the effective enforcement of quarantine for exposed individuals and isolation for those infected. These compounded risks highlight the urgency of prioritizing humanitarian settings in both national and global strategies to confront the ongoing pandemic. It is imperative to allocate adequate resources to safeguard frontline health personnel, establish rapid diagnostic capabilities, enhance disease monitoring systems, and ensure that proper measures for quarantine and isolation are put in place for both suspected and confirmed cases [38].

In order to lessen the effects of COVID-19 on populations already affected by humanitarian emergencies, national authorities and aid organizations are adopting globally recognized and scientifically supported strategies for controlling respiratory infections. Preventative measures like proper respiratory etiquette, physical distancing, and frequent hand hygiene have been proven to reduce transmission of viruses like SARS-CoV-2. Handwashing, in particular, is a practical and effective action—studies show that providing soap in crisis environments can boost handwashing behavior by more than 30%. Moreover, encouraging hand hygiene promotes personal responsibility and aligns with the principles of human dignity and the right to engage in decisions about one's welfare during emergencies. Even in low-resource settings, the use of alcohol-based hand sanitizers can be scaled up, supported by existing guidelines for localized production [39].

The Sphere Handbook, recognized globally as the leading framework for rights-based humanitarian assistance, outlines key minimum standards in emergency response. While the effectiveness of hand hygiene in curbing the spread of both bacterial and viral infections is well-supported, current humanitarian WASH (Water, Sanitation, and Hygiene) protocols primarily emphasize preventing diseases spread via the fecal-oral route. As a result, handwashing efforts are often centered around latrines. However, in emergency environments, these toilet facilities are frequently shared and situated far from where people reside, thereby exposing users particularly women and girls to heightened risks of gender-based violence. This threat significantly discourages individuals from utilizing handwashing stations located near latrines, especially for protecting themselves from respiratory illnesses [40].

In the context of complex humanitarian emergencies, strictly following standard evidence-based protocols may not be sufficient during the onset of a pandemic like SARS-CoV-2. Unless current

frameworks are adjusted to fit the realities of these environments, any mitigation strategy will likely fall short of meeting essential public health and human rights obligations. It is crucial to actively involve communities impacted by crises in the planning of pandemic responses to ensure that proven interventions are truly effective in practice. Reliable and open channels of communication become even more critical when vulnerable groups face the threat of widespread disease. Building trust through dialogue with populations historically skeptical of health interventions, as well as finding ways to engage contentious or marginalized actors, forms a vital part of sound health governance in fragile settings. Therefore, health responses must be inclusive, needs-driven, and supported by transparent communication and collaborative decision-making if they are to succeed in protecting those most at risk from COVID-19[41].

Theoretical Framework

This paper uses structural functional theory, Structural functional theory is a sociological perspective that examines the functioning of society as a whole, emphasizing the interdependence of various social institutions and their contribution to the overall stability and functioning of society. Proponents of structural functional theory include prominent sociologists such as Emile Durkheim. Structural functional theorists posit that society is made up of interconnected parts that work together to maintain social order and stability [42]. These interconnected parts are referred to as social institutions, such as family, education, government, and economy. Each social institution has its own specific functions and contributes to the overall functioning of society.

In the context of humanitarianism and government accountability during a crisis in Nigeria, structural functional theory provides insights into how various social institutions work together to address societal challenges. During a crisis such as a natural disaster or an armed conflict humanitarian agencies such as the National Emergency Management Agency (NEMA) play an essential role in providing assistance and aid to those affected. Under the framework of structural functional theory, humanitarian agencies can be seen as a social institution that fulfills the function of addressing the immediate needs of individuals and communities impacted by the crisis [43].

Government accountability, on the other hand, can be viewed as another social institution that has the function of ensuring that resources are allocated effectively and transparently during crises, and that the needs of the affected population are prioritized. Structural functional theory would argue that in times of crisis, such as the ones frequently witnessed in Nigeria, humanitarian agencies and government accountability are essential for maintaining social order and stability [44]. Humanitarian agencies provide essential services and support to those affected by crises such as food, shelter, medical aid, and other forms of assistance. In parallel, government accountability ensures that resources are used efficiently and fairly, preventing corruption and ensuring that aid reaches those who need it most.

The application of structural functional theory provides a framework for understanding the interplay between humanitarian agencies and government accountability in addressing societal challenges during crises in Nigeria. By analyzing the functions and contributions of various social institutions such as humanitarian agencies and government bodies structural functional theory helps to explain how these institutions work together to meet the needs of individuals and communities affected by crises. The theory emphasizes interdependence and collaboration between

humanitarian agencies and government oversight in addressing humanitarian challenges [45]. It highlights the importance of both institutions in maintaining social order and stability, as well as ensuring that resources are allocated effectively and transparently [46].

Relief agencies face challenges on all levels to develop sound practices in providing humanitarian assistance that can lead to long-term benefits for populations affected by disaster. They must constantly adapt and improve their methods of recipient participation, quality assurance, personnel development, and addressing long-term reconstruction and rehabilitation need [47]. Moreover, as the scale and complexity of humanitarian emergencies increase in Nigeria and globally, structural functionalism provides an analytical lens for evaluating how societal mechanisms and institutions either adapt successfully or fall short in response to collective distress. The resilience and responsiveness of these institutions ultimately determine how well society can maintain its equilibrium in the face of systemic shocks such as pandemics, conflicts, and natural disasters [48].

Conceptual Review

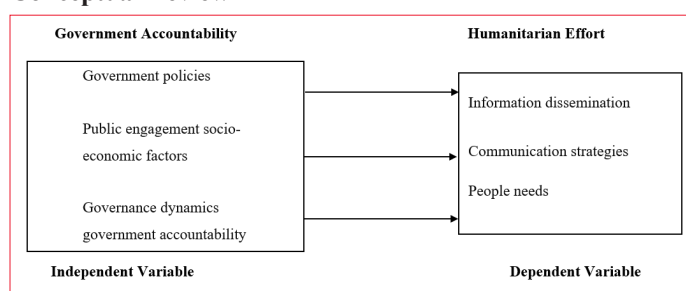


Figure 2: Conceptual Model

This study is anchored on the conceptual understanding that government accountability (independent variable) plays a significant role in shaping the effectiveness of humanitarian efforts (dependent variable), especially during public health emergencies. The conceptual model assumes that transparent, responsible, and responsive governance practices directly influence how humanitarian responses are planned, coordinated, and executed in crisis situations.

To the best of current understanding, this study explores the influence of government accountability on humanitarian responses during public health emergencies in Nigeria, with a particular focus on the COVID-19 pandemic as a case study. The literature review highlighted both local and international humanitarian health organizations that were actively involved during the pandemic and engaged in various healthcare governance initiatives. However, these efforts were often inconsistently executed and lacked alignment with structured policies or designated institutional resources.

This gap highlights a pressing need for a unified framework within the humanitarian sector that will:

- Define what constitutes healthcare governance in emergency contexts;
- Identify its core components (e.g., transparency, coordination, legal mandates, and institutional oversight);
- Clarify the roles and responsibilities of humanitarian actors and government institutions; and
- Establish standardized procedures for addressing inefficiencies, malpractice, or corruption in a systematic and accountable manner.

By conceptualizing humanitarian effort as an outcome variable influenced by the extent of government accountability, the framework emphasizes the importance of policy coherence, inter-agency collaboration, and transparent resource management in delivering impactful humanitarian health responses. It also underlines that without adequate government oversight and policy integration, humanitarian responses may remain fragmented, reactive, and unsustainable.

Research Methodology

This study employed a survey research design to systematically collect data on humanitarian efforts and government accountability in Nigeria's health crises. The survey approach allowed for broad data collection, capturing public perceptions and stakeholder experiences while ensuring coverage across Nigeria's vast geographic area.

The study population included individuals directly impacted by health crises and key stakeholders such as healthcare workers, National Emergency Management Agency (NEMA) officials, government officials, NGO representatives, and community leaders. A sample size of 100 respondents was selected using purposive sampling, ensuring that only individuals with relevant experience in health crisis response were included.

A questionnaire served as the primary data collection instrument, comprising both quantitative and qualitative sections. The quantitative portion focused on demographic details and perceptions of government accountability, while the qualitative section captured personal experiences and recommendations for improving crisis response. This dual approach enriched the study with both statistical insights and detailed personal accounts.

To ensure validity, the questionnaire was reviewed by experts in health crisis management and humanitarian aid to align with the study objectives. Construct validity was maintained by grounding the questionnaire in established theories and concepts. Reliability was tested through a pilot study with a small group, refining the instrument for clarity and consistency before full deployment.

The data collection process involved distributing questionnaires both online and in-person to accommodate diverse respondents across Nigeria. Follow-up reminders were sent over a four-week period to maximize response rates, with assurances of confidentiality and anonymity to encourage honest participation.

For data analysis, descriptive statistical methods were used to summarize the collected data, utilizing SPSS (Statistical Package for the Social Sciences) to generate frequencies, percentages, and cross-tabulations. This analysis helped identify patterns in respondents' views on government accountability and humanitarian efforts during health crises.

Findings and Discussion

Effective crisis response and government accountability during health emergencies depend on multiple interconnected factors, including institutional frameworks, policy implementation, international collaboration, communication strategies, and socio-economic influences. This section examines respondents' perceptions of these elements in Nigeria's health crisis management. The findings highlight both strengths and challenges in institutional accountability, the role of humanitarian organizations, public engagement, and governance dynamics, offering valuable insights for improving future health emergency responses.

General Information of the Respondents

Table 4.1: General Information of the Respondents

S/N	Variables	Frequency	Percentages (%)
1.	Age Group		
	a. Less than 25 years	15	18.75
	b. 26 - less than 40 years	34	40.0
	c. 40 - less than 55 years	21	26.25
	d. 55 years & above	12	15.0
	Total	100	100.0
2.	Gender		
	a. Male	63	63.75
	b. Female	37	36.25
	Total	100	100.0
3.	Highest Educational Attainment		
	a. High School	11	13.75
	b. Diploma	18	22.5
	c. Bachelor's Degree	38	45.0
	d. Master's Degree	14	17.5
	e. PhD	1	1.25
	Total		
4.	Years of Experience		
	a. Less than 5 years	18	22.5
	b. 5-9 years	30	30.0
	c. 10-14 years	36	36.25
	d. 15-19 years	10	10.0
	e. 20 years & more	1	1.25
	Total	100	100.0
5.	Occupation		
	a. Healthcare Workers	15	15.0
	b. NEMA Officials	10	10.0
	c. Government Officials	15	15.0
	d. NGO Representatives	30	30.0
	e. Community Members	30	30.0
	Total	100	100.0

Source: Researcher's Survey, 2024

Table 4.1 shows the age distribution of respondents indicates that the majority (40%) are aged between 26 and 40 years, followed by 26.25% aged 40 to 55 years. A smaller proportion falls within the below 25 years (18.75%) and 55 years and above (15%) categories. This suggests that most respondents are in their active working years, positioning them as valuable sources of insight into Nigeria's COVID-19 response and government accountability.

In terms of gender, the sample is male-dominated (63.75%), with females comprising 36.25%. This reflects broader gender disparities in leadership roles within government and humanitarian organizations. Male respondents, likely in decision-making positions, provide authoritative perspectives, while female respondents contribute important insights into the gendered impact of the pandemic, particularly in healthcare access.

Educational attainment data show that 45% of respondents hold a Bachelor's degree, 22.5% have a Diploma, and 17.5% hold a Master's degree. A smaller percentage attained a high school education (13.75%), while only 1.25% hold a PhD. This suggests that the majority of respondents have post-secondary education, equipping them with analytical skills to assess humanitarian efforts and government accountability effectively.

Regarding work experience, most respondents have 10 to 14 years (36.25%) or 5 to 9 years (30%) of experience, with fewer having less than 5 years (18%) or 15+ years (11.25%). The prevalence of experienced respondents ensures well-informed opinions on government policies, humanitarian aid distribution, and crisis management strategies during the pandemic.

The occupational background is diverse, with community members and NGO representatives (30% each) forming the largest groups. Healthcare workers and government officials (15% each), along with NEMA officials (10%), provide a balanced perspective. This mix ensures a comprehensive understanding of Nigeria's COVID-19 response, incorporating grassroots experiences, humanitarian challenges, and governmental decision-making processes.

Investigate how institutional structures and policies in Nigeria impact the accountability of the government in responding to health crises

Table 4.2: Responses on Questions on how institutional structures and policies in Nigeria impact the accountability of the government in responding to health crises

S/N	Questionnaire Questions	SA (%)	A (%)	D (%)	SD (%)	U (%)	Total (%)
1	The current institutional structures in Nigeria ensure proper accountability during health crises.	30 (37.5)	35 (43.75)	20 (25.0)	10 (12.5)	5 (6.25)	100 (100)
2	Health policies in Nigeria adequately address the government's responsibility in managing health crises.	25 (31.25)	40 (50.0)	20 (25.0)	8 (10.0)	7 (8.75)	100 (100)
3	The lack of accountability mechanisms weakens Nigeria's ability to effectively respond to health crises.	35 (43.75)	30 (37.5)	20 (25.0)	10 (12.5)	5 (6.25)	100 (100)
4	Institutional corruption has affected the government's ability to respond efficiently to health crises.	40 (50.0)	30 (37.5)	15 (18.75)	8 (10.0)	7 (8.75)	100 (100)

5	Nigeria's healthcare policies are sufficiently flexible to accommodate changes during emergencies.	20 (25.0)	25 (31.25)	30 (37.5)	15 (18.75)	10 (12.5)	100 (100)
6	The existing legal framework supports government accountability during a public health crisis.	28 (35.0)	32 (40.0)	25 (31.25)	12 (15.0)	3 (3.75)	100 (100)

Source: Researcher's Survey, 2024

Table 4.2 show the perspectives on the effectiveness of Nigeria's institutional structures and policies in ensuring government accountability during health crises.

Most respondents (37.5% strongly agree, 43.75% agree) believe that Nigeria's institutional structures are aligned with accountability principles. However, 25% disagree, indicating concerns about the effectiveness of these structures in practice. Similarly, 50% agree and 31.25% strongly agree that Nigeria's health policies are well-conceived, but 25% disagree, suggesting that while policies may be sound, they may not fully address complex health crisis needs like those seen during COVID-19.

A significant 81.25% (43.75% strongly agree, 37.5% agree) feel that the lack of accountability mechanisms weakens Nigeria's health crisis response, showing a widespread perception that better frameworks are needed. Additionally, 87.5% (50% strongly agree, 37.5% agree) believe corruption negatively impacts the government's ability to respond efficiently, emphasizing corruption as a major barrier to effective crisis management.

Regarding policy flexibility, 31.25% agree and 25% strongly agree that Nigerian healthcare policies are adaptable, but 37.5% disagree, indicating concerns that rigid policies may hinder rapid crisis response. Finally, 75% (40% agree, 35% strongly agree) acknowledge that Nigeria's legal framework supports accountability, but 31.25% disagree, suggesting that while laws exist, their implementation remains a challenge.

The roles in which international humanitarian organizations play in shaping Nigeria's response to health emergencies.

Table 4.3: Responses on the Role of International Humanitarian Organizations in Nigeria's Response to Health Emergencies

S/N	Questions	SA	A	D	SD	U	Total
1	International humanitarian organizations have played a significant role in providing medical supplies during health emergencies in Nigeria.	32 (32.0%)	38 (38.0%)	14 (14.0%)	10 (10.0%)	6 (6.0%)	100 (100%)
2	Collaboration with international humanitarian organizations has improved the government's ability to respond to health crises.	35 (35.0%)	30 (30.0%)	18 (18.0%)	12 (12.0%)	5 (5.0%)	100 (100%)
3	International humanitarian organizations have increased the efficiency of resource allocation during health emergencies in Nigeria.	28 (28.0%)	34 (34.0%)	20 (20.0%)	12 (12.0%)	6 (6.0%)	100 (100%)
4	International humanitarian organizations have enhanced the training and preparedness of health workers in Nigeria.	30 (30.0%)	37 (37.0%)	18 (18.0%)	9 (9.0%)	6 (6.0%)	100 (100%)
5	The influence of international humanitarian organizations has improved accountability in the government's health response strategies.	25 (25.0%)	40 (40.0%)	16 (16.0%)	12 (12.0%)	7 (7.0%)	100 (100%)
6	International humanitarian organizations have significantly contributed to the improvement of health infrastructure during health emergencies.	27 (27.0%)	36 (36.0%)	19 (19.0%)	10 (10.0%)	8 (8.0%)	100 (100%)

Source: Researcher's Survey, 2024

Table 4.3 results indicate that international humanitarian organizations have played a critical role in Nigeria's health crisis response, particularly in medical supply distribution, government collaboration, resource allocation, health worker training, accountability, and infrastructure development. A majority (70%) of respondents agree that these organizations were instrumental in providing medical supplies during emergencies, highlighting their essential role in pandemic response efforts. Similarly, 65% believe that collaboration with these organizations has improved the government's ability to manage health crises, though 30% express concerns over coordination challenges.

Regarding efficiency in resource allocation, 62% of respondents believe international organizations have contributed positively, yet 32% disagree, suggesting possible inefficiencies in aid distribution. In terms of health worker training and preparedness, 67% acknowledge the significant role of international organizations, reinforcing their impact on capacity-building and long-term health system resilience.

Accountability is another key area of influence, with 65% agreeing that international organizations have improved government transparency in health response strategies. However, 28% remain skeptical, indicating that further efforts may be needed to ensure sustained accountability. Lastly, 63% believe that international organizations have enhanced health infrastructure, though 29% question whether these improvements are sufficiently widespread and effective.

Information dissemination, communication strategies, and public engagement contribute to or hinder the transparency and accountability of the Nigerian government in the face of health emergencies.

Table 4.4 Responses on Information Dissemination, Communication Strategies, and Public Engagement during Health Emergencies

No	Statement	SA Freq(%)	A Freq(%)	D Freq(%)	SD Freq(%)	U Freq(%)	Total Freq(%)
1	Information dissemination strategies by the Nigerian government improved transparency during health emergencies (e.g., COVID-19 pandemic)	35 (35.0)	30 (30.0)	15 (15.0)	10 (10.0)	10 (10.0)	100 (100)
2	Communication strategies used by the government hindered public accountability in the face of health crises	20 (20.0)	25 (25.0)	30 (30.0)	15 (15.0)	10 (10.0)	100 (100)
3	Public engagement through town halls and digital platforms contributed to increased government transparency during the pandemic	30 (30.0)	35 (35.0)	20 (20.0)	10 (10.0)	5 (5.0)	100 (100)
4	Delayed information dissemination by the government during the COVID-19 pandemic resulted in confusion and reduced public trust	28 (28.0)	25 (25.0)	20 (20.0)	15 (15.0)	12 (12.0)	100 (100)
5	The government's communication strategies failed to address public concerns adequately during the health emergency	22 (22.0)	28 (28.0)	25 (25.0)	15 (15.0)	10 (10.0)	100 (100)
6	Public involvement in decision-making processes improved accountability in the government's pandemic response	27 (27.0)	30 (30.0)	25 (25.0)	10 (10.0)	8 (8.0)	100 (100)

Source: Researcher's Survey, 2024

Table 4.4 results reveal mixed perceptions regarding the Nigerian government's information dissemination, communication strategies, and public engagement during health emergencies.

A majority (65%) of respondents agreed that government information dissemination strategies improved transparency, though 35% expressed concerns about ineffectiveness or uncertainty in these efforts. Public engagement through town halls and digital platforms was also viewed positively, with 65% agreeing that it increased government transparency, though 30% had reservations about its effectiveness.

However, the government's communication strategies were seen as problematic by a significant portion of respondents. While 30% disagreed that these strategies hindered accountability, 45% believed they did, indicating issues with clarity and trust in official messaging. Similarly, 50% agreed that delayed information dissemination caused public confusion and reduced trust, highlighting the importance of timely and transparent communication during crises.

Regarding public involvement in decision-making, 57% agreed that it improved accountability, but 35% disagreed, suggesting that engagement efforts were not uniformly effective. Additionally, 50% felt that government communication strategies failed to address public concerns adequately, while 40% believed they were sufficient, reflecting divided opinions on the government's crisis response approach.

Evaluate the extent at which socio-economic factors, cultural considerations, and local governance dynamics impact the implementation of humanitarian strategies and government accountability in the context of health crises in Nigeria.

Table 4.5: Responses on Socio-Economic Factors, Cultural Considerations, and Local Governance Dynamics in Humanitarian Strategies

No	Statement	SA Freq(%)	A Freq(%)	D Freq(%)	SD Freq(%)	U Freq(%)	Total Freq(%)
1	Socio-economic factors significantly influence the effectiveness of humanitarian strategies in health crises	32 (32.0)	28 (28.0)	20 (20.0)	15 (15.0)	5 (5.0)	100 (100)
2	Cultural considerations play a essential role in the successful implementation of health-related humanitarian interventions	30 (30.0)	35 (35.0)	20 (20.0)	10 (10.0)	5 (5.0)	100 (100)
3	Local governance dynamics are a major factor affecting the accountability of government responses during health crises	28 (28.0)	32 (32.0)	25 (25.0)	10 (10.0)	5 (5.0)	100 (100)
4	Socio-economic disparities impact the distribution and effectiveness of humanitarian aid during health emergencies	35 (35.0)	25 (25.0)	20 (20.0)	15 (15.0)	5 (5.0)	100 (100)
5	Effective local governance is essential for ensuring transparency and accountability in health crisis responses	30 (30.0)	35 (35.0)	20 (20.0)	10 (10.0)	5 (5.0)	100 (100)
6	Cultural barriers affect public participation and the success of humanitarian strategies during health crises	25 (25.0)	30 (30.0)	30 (30.0)	10 (10.0)	5 (5.0)	100 (100)

Source: Researcher's Survey, 2024

Table 4.5 findings show the significant role of socio-economic factors, cultural considerations, and local governance dynamics in shaping humanitarian strategies and government accountability during health crises in Nigeria.

A majority (60%) of respondents agreed that socio-economic factors influence humanitarian strategy effectiveness, though 35% disagreed or were uncertain, suggesting some differences in perception on how these factors are managed. Similarly, 65% agreed that cultural considerations are essential for successful health interventions, emphasizing the need for culturally sensitive approaches, though 30% expressed doubts about their impact.

Regarding local governance and accountability, 60% agreed that governance dynamics play a key role, but 35% were skeptical, indicating concerns about local government effectiveness in ensuring transparency. Socio-economic disparities were also seen as a major barrier to humanitarian aid distribution, with 60% agreeing, though 35% felt otherwise, reflecting differing views on how well aid reaches vulnerable populations.

Effective local governance was considered essential for transparency and accountability by 65% of respondents, though 30% questioned its current effectiveness. Additionally, 55% agreed that cultural barriers hinder public participation and humanitarian success, but a significant 40% disagreed, suggesting a divide in perspectives on how cultural factors influence engagement during crises.

Conclusion

The study concludes that the effectiveness of Nigeria's health crisis response is significantly shaped by institutional structures, international humanitarian involvement, information dissemination, and socio-economic and cultural factors. Institutional frameworks play a critical role in ensuring government accountability, with

outsourcing logistics improving efficiency, although challenges such as cost implications persist. International humanitarian organizations contribute positively to Nigeria's health emergency response by enhancing logistics and supply chain management, yet some inefficiencies remain.

Information dissemination and communication strategies influence transparency and public trust, with delays in government messaging causing confusion and reduced confidence. Public engagement through digital platforms and town halls was identified as a positive factor in promoting government accountability.

Socio-economic disparities, cultural considerations, and local governance dynamics impact the effectiveness of humanitarian aid and government interventions. Economic inequality affects resource distribution, cultural beliefs influence public compliance with health measures, and governance structures shape transparency and coordination.

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