Distribution of Covid-19 Relief Materials in Kaduna State: Highlighting Issues at stake

April, 2020
Nigeria confirmed its index case of the COVID-19 on February 27, 2020, an infectious disease caused by a newly discovered coronavirus which has ravaged the globe and caused many deaths. Most people infected with the coronavirus will experience mild to moderate respiratory illness and recover without requiring special treatment while some others are faced with severe symptoms.

The federal government has taken several measures to combat the spread of the virus. A Presidential Task Force on COVID-19 was established on March 18 by President Buhari chaired by the secretary to the government of the federation, Mr Boss Mustapha. The task force developed a strategy that has resulted in restrictions on travel to and from 15 high infected countries; closure of land, sea and air points of entry and the expansion of the national testing capacity from 500 per day to 1500 per day. The government also encouraged inter-state restrictions on-road or sea transportation by imposing a lockdown for 14-days in Lagos, Abuja and Ogun states.

Consequently, many other state governments adhered to this as a measure to contain the virus spread, with Kaduna State at the frontline. Speaking on the state government’s plans to improve the burden of the COVID-19 lockdown, the State’s Commissioner of Human and Social Development, Hajia Hafsat Baba, on March 31, 2020, announced that the government had earmarked a sum of N500m as an emergency fund to cushion the effect of the lockdown particularly amongst vulnerable groups in the State.

An analysis of available data shows that the poverty level in Kaduna has increased over the years. From 67 per cent in 2001, the number of people living in abject poverty increased to 95 per cent in 2013. Not surprisingly, the State featured amongst the states with the highest number of poor and vulnerable household with 90,794 and 358,486 households and individuals respectively on the National Social Registered released in March 2020.
Following this, Kaduna State has joined the likes of Lagos State to provide relief materials to poor and vulnerable households in the country. The relief materials that are distributed include cartons of noodles, bags of rice, boxes of four litres of vegetable oil, bags of beans, bags of Semovita, cartons of spaghetti, bags of Garri and Sugar.

The first phase of the distribution of the palliatives started on April 2, 2020, in nine (9) pilot local government areas (LGAs) of the existing twenty-three 23 LGAs, equally spread across the three Senatorial Districts in the State. The government constituted a 7-man Committee in the nine participating LGAs. The committee is made up of stakeholders drawn from different wards in the LGAs. These include religious leaders, traditional leaders, women representative, youth representative, Persons with Disability (PWD), representative and leaders of thought. It has the mandate of identifying more beneficiaries to participate in the program and coordinate with the LGAs in the distribution of the palliatives.

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### Pilot LGAs in Kaduna State

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The state government is using the National Social Register list to identify vulnerable households and individuals. There are two layers of committees constituted at LGA and ward levels to assist with identifying more people who fall within the established criteria of vulnerable groups in the State. In performing its mandate of identifying more beneficiaries the committee works collaboratively with ward level cluster committee established in different wards in the participating LGAs.
Civil societies are included in the monitoring team set up the Ministry of Social and Human Development in the State. Over 20 CSOs are participating in this monitoring process, and CDD’s downstream partner, Young Innovators and Vocational Training Initiatives (YIVTI) is one of the groups.

The Centre for Democracy and Development (CDD), through its downstream partner, YIVTI, is monitoring the distribution process by the Kaduna State government. This report summarises our observations in the past few weeks and recommendations on how the process could be improved.

**Methodology**

CDD and her partner are monitoring the distribution process of the palliatives to vulnerable households and individual in the LGAs. Our monitoring exercise focused on examining the following:

a) Whether people who eventually benefit from the relief materials meet the criteria set out by the government for a vulnerable group as earlier defined.

b) Whether the distribution of relief materials is devoid of any malpractices including diversion by government officials or any party involved in the distribution process.

c) Other concerns associated with the distribution process.

Our downstream partner is physically present in Kaduna North LGA to monitor the distribution process and worked collaboratively with other CSOs in other LGAs to gather reliable data for this purpose. These are Kaduna South, Kachia, Jemaa, Chukum, Kaura, Zaria, Sabon Gari and Igabi LGAs. Data on the monitoring were mainly shared through the "KD Palliative Monitoring Group" purposefully created to facilitate information sharing amongst the CSOs on the distribution of COVID-19 relief materials in the 9 LGAs.

**Acknowledging Government Commitment**

The state government’s swift response during the COVID-19 pandemic by providing palliative measures targeted at the most vulnerable in the society is commendable and essential to the sustaining socio-political stability. Our monitoring process revealed that relief materials were timely procured, supplied to the various distribution points hitch-free. The positive response expressed by some of the target beneficiaries goes to show how desperate they needed the intervention to cushion the economic effect of the lockdown on people’s well-being.
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A breakdown of the food items showed that 24,000 cartons of noodles, 2,040 bags of rice, 3,360 packs of pasta (Spaghetti) and 3,096 packs of vegetable oil were distributed to the vulnerable in Zaria and Sabon Gari LGAs. Also, to be distributed in the two council areas are 10,080 bags of semovita, 2,880 packs of sugar, 288 bags of beans and 5,280 bags of cassava flour (garri).

Ordinarily, a complete package for each household is five packs of noodles, two packet of pasta, one pack of Maggi, 1 litre of groundnut oil, 1 litre of palm oil, 4-5 module of rice, etc. But our observation reveals that COVID-19 relief materials to be allocated to each vulnerable household is dependent on the total number of vulnerable families in LGA and items available for the council.

At the beginning of the process, the CSOs were hampered by restrictions of movement to monitor the distribution. However, the cooperation and commitment of some of the local government coordinators to work with civil society to track the process helped in navigating this challenge.

Challenges

The Centre in the course of the monitoring observed several challenges that militated against the maximum attainment of the desired goal of the palliative measure. We highlight it to serve as valuable lessons that will strengthen and make the process more result-driven as the government prepares to scale up the intervention. The challenges include:
1. **Non-application of criteria for selecting beneficiaries**

The clear-cut criteria for the selection of beneficiaries were ignored in some local government areas (LGAs). This challenge occurred as a result of two factors:

- Premature Deployment. Investigations revealed that due to the rush by the government to implement the palliative program, members of the committees were hurriedly constituted but not adequately briefed about the established criteria for selecting beneficiaries and how this should guide the process of identifying additional beneficiaries for the COVID-19 relief materials.

- The politicisation of the process. In Kaduna North LGA, for example, we observed that some persons mobilised to benefit from the relief materials were members or supporters of a political party. In other words, instead of the process to be guided by the set-out criteria, it was mainly influenced by party membership and affiliation.

The appointment of the top officials of the ruling party into the cluster committees caused disenchantment and apathy in some communities. This led many to label the distribution as a party affair and led to apathy amongst some genuine would-be beneficiaries.

2. **Poor Communication - Are Relief Materials for All?**

The general lack of awareness on who beneficiaries of the COVID-19 relief packages are for impacted the process negatively. We observed that most of the community members in Narayi, Kaduna South LGA, thought that the COVID-19 relief items were meant for everyone due to the lockdown, this led to a free for all fight as shown in the video below. The absence of public enlightenment on who are beneficiaries led people to assume it was for everybody.

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3. The disproportionate distribution of COVID-19 Palliatives

CDD and her partner observed that there was no structured quota system for each category of vulnerable beneficiaries leading to unequal distribution of the relief materials. This is despite some of the LGAs having social registers that should serve as a guide. The uneven distribution was further compounded by poor planning and coordination by some of the cluster committees, thereby leading to an outbreak of violence and hijacking of palliatives in some local governments.

4. Neglect of precautionary measures against the spread of COVID-19

Absence of crowd control strategy in some of the LGAs resulted in the neglect of precautionary measures such as social distancing, wearing of face mask etc. during the distribution. Recipients and distributors of the palliative all disregarded social distancing in their quest to access the COVID-19 relief materials. This was prevalent in Narayi, Kaduna North LGA.

5. Diversion of Relief Items

Investigations by CDD and its partner revealed that the polythene bags used for the distribution of the COVID-19 relief materials were not branded unlike in places like Lagos State, and this could aid diversion or rebranding of the materials to serve another purpose.

In Nasarawa/Kudanden cluster (Chikun LGA), Doka 1(Kaduna North LGA), we gathered that 102 cartons of Indomie and 300 gallons of Vegetable oil of relief materials were diverted by parties responsible for the distribution. Similarly, some households in a ward were removed
and replaced by those deemed to be vulnerable. Having noticed the unscrupulous attitude of those responsible for the distribution, citizens protested, which later resulted in the dismantling of the committee.

6. **Muddling the process to disrupt transparency**

CDD’s partner observed attempts to muddle the process to disrupt openness and transparency. For example, the allocation for Gaji Ward component of Doka Cluster 1 that comprises of 400 packs was transferred to Badarawa Cluster. The ward party chairman heads the cluster committee. The partisanship of cluster committees’ members helped in muddling the transparency of the distribution process and led to many members of the communities feel unhappy.

**Recommendations**

CDD and her partner recommend the following:

- That all distribution process takes into cognisance social distancing and other precautionary measures.
- Effective utilisation of traditional and social media platform as well as existing community networks in the State to create awareness about the distribution of the COVID-19 relief materials.
- Enunciate and strengthen existing compliance measures to guide the activities of government officials and members of the committees.
- Actors with the mandate of identifying beneficiaries and coordinating the distribution of the palliatives at community level should be adequately empowered before the commencement of phase 2 of the intervention.
- The list of the identified beneficiaries should be provided to the communities for validation before distribution.

In conclusion, CDD and its partners are already carrying out a rapid check to determine the critical concerns that people have identified that touch on their personal, family safety and also identify those who are genuinely in need of relief across communities in Kaduna. Also, CDD will be working with other partners where palliative materials are distributed to ensure transparency and accountability.

*This report is produced as part of the Strengthening Citizens Resistance Against Prevalence of Corruption (SCRAP-C) and Upright4Nigeria Campaign project*
The Centre for Democracy and Development (CDD) was established in the United Kingdom in 1997 as an independent, not-for-profit, research training, advocacy and capacity building organisation.

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