

COVID-19: Assessing Social Welfare Policy and the Involvement of Street Level Bureaucrats in Nigeria

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Abstract

The incident of COVID-19 in Nigeria has exposed the dilapidated level of the health sector, inadequacy in the provision and administration of social welfare to the citizens and the challenges faced by the street-level bureaucrats in their course of duties to fight COVID-19. The Study assesses the social welfare policy of COVID-19 in Nigeria and the involvement of the street-level bureaucrat. The study relies on secondary data with content analysis of books, journals, internet source and other relevant materials. The study revealed that COVID-19 pandemic with its damaging effects is real in Nigeria and the number of effected persons and death are gradually increasing. The social welfare policy measures by the government is inadequate, the frontline healthcare bureaucrats faced the challenge of coping with the outbreak of COVID-19 due to shortage of resources such as: equipment, staff, protection gears and other accessories needed to work. Most Nigerian did not believe in the existence of the coronavirus. The study recommended that Nigeria should improve on testing capacity; recruit more health care personnel, institutionalize people oriented social welfare policies with or without emergency situation; there should investment on street level bureaucrats in area of capacity building and motivation. Awareness and sensitization should be created on the existence COVID-19 pandemic and its ravaging effects through mobilization of the people at the grassroots. Government should open up the economy school and the churches should be opened. People must be ready to take responsibility for their health's while the WHO and countries of the word should be proactive in finding cure for the COVID-19 pandemic.

Keywords: *Bureaucrats, Street-level COVID19, Resources, Social, Welfare*

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Background to the Study

COVID-19 which originated from Wuhan, China has brought untold hardship to the whole world. Many people are dying; it has affected the health institutions and the economy of the countries generally. The world health organization is worried because it does not know when it will end. Countries of the world are counting their losses in terms of human and materials. This disease did more damages in countries like: USA, Brazil, Britain, France, Italy, Spain, Russia, etc. These countries and the rest of the world have been working assiduously to stem the tide of the Coronavirus which has continued to ravage human lives unabated. All efforts put in place seem not to be working. The concern of World Health Organizations (WHO) is that if the developed countries find it difficult to cope with the situation what will become of developing countries where there is scarcity of health facilities and funds to cope with such emergency situation.

One thing is observable; the numbers of effected people and death being recorded in Africa has been low compared to other continents. However, the low numbers have been attributed to insufficient testing and the delay between the virus's onset and its manifestation. It has also been suggested that as the confirmed case numbers are ticking up in fragile state of Africa, the only solution to keep the number of death low is if the countries struggle to put in place social distancing or other measures to stop the virus's spread otherwise they could see spikes of cases like those now overwhelming parts of Europe, but with far fewer emergency care facilities available to save lives. (Crisis Group Special Briefing, 2020).

In Nigeria, the incident of coronavirus is so intense that it exposes the dilapidated level of Nigeria health sectors and inadequate in the provision and administration of social welfare to the citizens. Nigeria has been facing internal crises in recent time especially, Boko Haram in the North East and Herdsmen/farmer conflicts, terrorism and Bandits in the North West and ritual killing and robbery in the South. This is coupled with mismanagement and corruption (Ajulor, 2019). Profoundly; Nigeria is ill prepared for outbreak of disease such as COVID-19. The pandemic portends danger for socio economic development in Nigeria. There was no adequate social welfare that has been put in place to help the citizens to cope with such emergency. As a result of this, the street-level bureaucrats suffer in their duties to cope with the effects of coronavirus because they lack of facilities to work. Many of them put their lives in danger because there is shortage of protective gears. This study thus, examines COVID-19: An assessment of social welfare policy and the involvement of street-level bureaucrats in Nigeria.

Statement of Problem

Ill preparation and lack of provision of adequate social welfare in Nigeria in the time of emergency has endangered the front-line bureaucrats who are deployed to fight the coronavirus. There have been shortages of protective gears and other accessories needed by front-line health workers to work. The police and other security personnel at the forefront of the pandemic are complaining of lack of vehicles and other accoutrements. They are particularly complained that they are not provided with adequate welfare. It was said that before the pandemic, the health workers were paid N5000 allowance per month and many are not trained to handle emergency such as posed by COVID-19. This has led to the death of many street-level bureaucrats who are at the forefront of the pandemic.

Another serious problem is the fact that awareness was not created early enough so many people do not believe in the existence of COVID-19. The bureaucrats who are at the fore-front of the fight are not well protected. They also faced problem from protesting populace who were also demanding for welfare in form of palliatives which are not forthcoming during the lock-downs. Palliatives were given to very few people despite the fact that funds were donated running to billions of Naira. There is uncooperative attitude by the majority of Nigeria. Many refused to keep to the instruction that can prevent them from contacting the pandemic. The front-line bureaucrats are working day and night to ensure enforcement of rules. It is unfortunate that many good intention of the street-level bureaucrat are often misunderstood and in some occasion those at the quarantine centres even protested against them.

Objectives of the Study

The main objective of the study is to assess social welfare policy and involvement of the street-level bureaucrats in the light of the prevailing socio economic problems created by COVID-19 pandemic in Nigeria. This is however subdivided into the following;

- i. To assess social welfare policy and the incident of COVID-19 in Nigeria.
- ii. To analyse the involvement street-level bureaucrats and social welfare policy in the fight against COVID-19 in Nigeria.
- iii. To investigate the uncooperative attitude of Nigerians toward fight against COVID-19 and social welfare policy measures.

Research Questions

1. What is the impact of social welfare policy on the incident of COVID-19 in Nigeria?
2. How are street-level bureaucrats hampered by the inadequate social welfare policy in the fight against COVID-19 in Nigeria?
3. In what way has the uncooperative attitude of Nigerians affected the fight against COVID-19 and social welfare policy measures?

Conceptual Analysis

Coronavirus disease (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) It was first identified in December 2019 in Wuhan, China and have since spread globally, resulting in an ongoing pandemic. The World Health Organization office of the Eastern Mediterranean (2020) explains that it is a new strain that has not been previously identified in humans. Coronavirus is transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans. (WHO, 2020).

Common symptoms include fever, cough, fatigue, shortness of breath, and loss of smell and taste. While the majority of cases result in mild symptoms, some progress to an unusual form of acute respiratory distress syndrome (ARDS) likely precipitated by cytokine storm, multi-organ failure, septic shock and blood clots. The time from exposure to onset of symptoms is typically around five days but may range from two to fourteen days. The virus is primarily spread between people during close contact, most often via small droplets produced by

coughing, sneezing and talking. The droplets usually fall to the ground or onto surfaces rather than travelling through the air over long distances. Less commonly, people may become infected by touching a contaminated surface and then touching their face. It is most contagious during the first three days after the onset of symptoms although spread is possible before symptoms appear, and from people who do not show symptoms. The standard method of diagnosis is by real-time reverse transcription polymerase chain reaction from a nasopharyngeal swab (WHO, 2020)

Measures recommended to prevent infection include frequent hand washing, maintaining physical distance from other (especially from those with symptoms), and quarantine (especially for those with symptoms, covering coughs, and keeping unwashed hands away from the face. In addition, the use of a face covering is recommended for those who suspect they have the virus and their caregivers.

According to the World Health Organization (2020), there are neither available vaccines nor specific antiviral treatments for COVID-19. On 1 May 2020: The United States gave Emergency Use Authorization to the antiviral remdesivir for people hospitalized with severe COVID-19. Management involves the treatment of symptoms, supportive care, isolation and experimental measures (Wikipedia, 2020). As of 28 July, 2020, the number of effected people worldwide has increase to 16,341,920 and the number of death is 650, 805 in 215 countries (WHO, 2020). In Nigeria, the number of confirmed cases is 41,180; active cases - 22,117; discharged –18,203; death – 860. The total number of sample tested – 267,842 (NCDC, 2020).

However, there are some theories put forward as regards the cause of COVID-19 referred to as conspiracy theory. The conspiracy theory has many dimensions: the first dimension states that Bill Gates created the pandemic because he wanted to promote his own vaccination agenda to depopulate and control the world. This idea was later proved wrong. The second dimension of conspiracy theory is that the virus escaped from the Wuham Institute of Virology's laboratory, China and that it was man-made. Senator Tom Cotton of Arkansas and President Trump promoted this theory. However, the American National Intelligence Agency debunked the theory. The third conspiracy theory is the 5 G telecommunications networks caused coronavirus. This was led by on-line platforms in Europe and the USA, it was later proved wrong because the images purported used on the platforms were not 5 G masts but of fibre optic locations. All these conspiracy theories and others only created fears, anxieties and confusion as the COVID-19 ravage the world unabated (Obilade, 2020).

Social Welfare Policy – Literature shows that social welfare is a broad concept and does not have a precise definition. Besides, social welfare has a very loose meaning and means different things in different jurisdictions in the world. Kwok (2003) argued that social welfare has changed substantially in the modern era. Social welfare refers to a wide range of activities and services by volunteers, non-profit organizations and governmental agencies providing help to needy persons unable to care for themselves; activities and resources designed to enhance or promote the well-being of individuals, families and the larger society; and efforts to eliminate or reduce the incidence of social problems. Beyond the range of its responsibilities for specific

services, social welfare has a further function within the broad area of a country's social development. In this larger sense, social welfare plays a major role in contributing to the effective mobilization and deployment of human and material resources of the country to deal successfully with the social requirements of change, thereby participating in nation building.

The United Nations (1967) define social welfare as a body of activities designed to enable individuals, families, groups and communities to cope with the social problems of changing conditions. But in addition to and extending beyond the range of its responsibilities for specific services, social welfare has a further function within the broad area of a country's social development. To Zastrow (2008) the goal of social welfare is to fulfil the social, financial, health and recreational requirements of all individuals in a society. Social Welfare seeks to enhance the social functioning of all age groups both rich and poor'. In like manner,

There are many different social welfare programmes and they are implemented very differently depending on the country that we are looking at. There are programme for unemployment, elderly-people, retirement; assistance for disabled individuals, widow's care, among a wide range of support efforts most frequently developed as part of a government agenda to attend those particular situations social welfare system provides assistance to individuals and families in need. The types and amount of welfare available to individuals and families vary depending on the country, state, or region. In the U.S., the federal government provides grants to each state through the Temporary Assistance for Needy Families (TANF) program (Kagan, 2019)

The welfare discourse has seen changing dimensions from charity to needs, to rights based approaches. Whatever may be the mode of approach, welfare provisions have become an integral part of governance system, hence a part of administration. Thus understanding welfare administration perforce needs an understanding of welfare and its linkages to other concepts like justice, development rights, equality etc. At the same time the administration of welfare provision requires an understanding of administration structures, processes and participatory approaches.

The administration of welfare has been perforce linked to bureaucracy hence requires an understanding of the functioning of bureaucracy catering to welfare provisions in specific locales. The knowledge and skills associated with administration are heavily drawn from 'managerial sciences.

Street-level bureaucrats: Also referred to as frontline workers are civil servants who work and have direct contact with members of the general public. Street-level civil servant's carryout or enforce the actions required by a government's laws and public policies, in areas ranging from safety and security to education and social services A few examples include police officers, border guards, social workers, front-line workers, health services (doctors, nurses) and public school teachers journalists etc. These civil servants have direct contact with members of the general public, in contrast with civil servants who do policy analysis, who do not meet the public. Street-level bureaucrats' act as liaisons between government policy-makers and citizens

and these civil servants implement policy decisions made by senior officials in the public service or by elected officials the politicians. Street-level bureaucrats interact and communicate with the general public, either in person or with a police officer doing a random check or a civil servant over the phone (as with a government COVID-19 call centre, where civil servants answer phone calls from people who have questions on symptoms of the pandemic).

Street-level bureaucrats often have some degree of discretion on how they enforce the rules, laws and policies which they are assigned to uphold. For example, a police officer who catches a speeding motorist typically can decide whether to give the driver a warning or apply a penalty such as a fine or criminal charge; a border guard who confiscate and destroy the contraband item, or levy a fine or other penalty. Lipsky (1980) describes street-level bureaucrats as the "human face" of policy because they interact directly with citizen. They are responsible for the day-to-day application of discretion in their assessment of people's cases and issues, and their role as policy interpreters. Street-level bureaucrats implicitly mediate aspects of the constitutional relationship of citizens to the state. Lipsky explains further that the exercise of discretion among street-level bureaucrats is critical in how public servants interact with citizens on a daily basis. Kelly (1994) examines the use of discretion among street-level bureaucrats to assert that discretion can either enhance or inhibit street-level bureaucrats' implementation of justice. She asserts that whether discretion is appropriate or not justice theories need to be further examined.

Lack of resources is also a major problem that causes street-level bureaucrat to develop simplified routines for processing cases that influence their everyday tasks, these routines for decision making affect public policy. In the opinion of Hill (2014) street-level bureaucrats often lack research resource son how to shape specific policies for their specific situation. There is also problem access to expertise and skills training to better their decision-making and awareness in specific challenging situations that arise at the street level. Another key resource that front-line bureaucrats often lack is time to fully assess individual cases. In social services, social workers often have such a large caseload that they can only see social assistance recipients or applicants for a very short time each week. As a result, social workers have to make very rapid decisions as to whether to approve or deny welfare benefits.

Theoretical Framework

This study leveraged Marxism theory to understand COVID-19: assessment of social welfare policy and involvement of street-level bureaucrats. Mishra (1975) explain that Marx was concerned with the critique of the capitalist social system. His intellectual and moral concern lay closest to the area of welfare, the problem of poverty and degradation of the vast of the people under the regime of unrestrained capitalism. Spicker (2020) argues that Marxists see society in terms of a conflict between economic classes. A dominant class (the bourgeoisie or 'capitalist' class) owns and controls the means of production; an industrial working class, the 'proletariat', is exploited by them. The Marxist analysis of welfare concentrates principally on its relationship to the exercise of power. The state can be seen either as an instrument of the ruling capitalist class or as a complex set of systems which reflects the contradictions of the

society it is part of. It is often argued that welfare has been developed through the strength of working-class resistance to exploitation which has made exploitation continue unabated.

Dahrendorf (1959) argues that class conflict has been institutionalized in post capitalist's society by way of unionism, collective bargaining the court system and the legislative debate which has reduce the intensity and severity of class strive and made Marx's argument irrelevant in modern society. Neo-Marxists argue that the state has two main functions. The first is to improve the conditions for the accumulation of capital - that is, the chance for industries to make profits. The second is to legitimize the capitalist system, by introducing measures (like welfare policies, pensions and health services) which lead people to accept the system as it stands. The requirements of accumulation and legitimization may be contradictory, and the costs of legitimization have led to a 'crisis'.

Spicker (2020), COVID-19 has exposed the level of exploitation of workers especially the street-level bureaucrats in their attempt to deal with COVID-19 situation. Much money was donated to combat the pandemic, while the top government officials feed fat on the billions of Naira collected the majority of the people are suffering. The street-level bureaucrats are bearing the brunt of not releasing money as expected to take care of their allowance and protection. All they could do is to go on strike.

Research Method

The researchers used content discourse analysis to examine COVID-19: An assessment of Social Welfare Policy and the Involvement of street level bureaucrats. The paper which is qualitative in nature, draw its argument basically from secondary data which include journal publication, textbooks, internet sources etc. Documents of WHO and Nigeria Disease Control and Development publications on COVID-19, were also extracted from internet for the purpose of this study. Some empirical data from similar studies were also used where necessary as evidences to buttress our argument.

The Incident of COVID-19 and Welfare Policy in Nigeria

The Incident of COVID-19

The emergent of COVID-19 and the numbers of COVID-19 patients seeking medical care have put pressure on the entire healthcare systems worldwide. In many countries, it overwhelmed hospitals and healthcare professionals. “The effects go far beyond those felt by healthcare systems; they stretch across virtually every sector of society—from food systems to education—and have debilitated economies” (Weible, 2020).

As result of devastated effect of COVID-19 in Nigeria, on April 13, 2020, the Nigeria President, Mohammodu Buhari announced a two-week lockdown which was backdated to March 30 in Lagos state, Ogun state, and Abuja (the nation's capital). This was extended for another two weeks on expiration. Other states in Nigeria also imposed lockdown in one way or the other especially in Kaduna State, Kano States, Oshun State, etc. The lockdown was later adjusted to partial lockdown throughout the country. Schools, Worship centres, Hotels, Club houses, event and recreation centres, markets, inter-state movement was restricted and curfew

was imposed throughout the country from 6; 00pm to 6;00 am. Border was closed both local and international flights were suspended. The lockdown does not apply to those providing essential services such as food distributors and retailers, including market stalls selling food and groceries, which the government allowed to operate for four hours in 48 hours. (Office of the Secretary to the Government of the Federation, 2020)

The implications of all these are that the lockdown prevented many Nigerians working in informal sectors from travelling to work or conducting their businesses. Local food vendors and traders were unable to feed their families with their daily earnings which is their only source of sustenance. There was an increase in food prices as a result of the lockdown and many could not stock necessities. The informal sectors which form 80 percent of Nigeria workforce with wide range of occupations were lockdown such as: street traders, taxi drivers, tradesmen and artisans, food vendors, hairdressers, etc. Informal workers have lower incomes and often do not have savings, health insurance, or pensions that provide a basic social safety net and almost 72 percent are poor (Human Right Watch, 2020).

Before the Covid-19 outbreak, there were major social problems which include insecurity, bandit, kidnapping, child abandonment, armed robbery, homelessness, mental health problems, divorce, and problems of single parenting. The COVID-19 also gave birth to another form of criminality. For example, 'one million boys', many company workers were locked up in their premises and were not allowed to go home in Lagos, Oyo and Kaduna states. In order to mitigate the suffering of the people the government put up social welfare policy measures.

Social Welfare Policy Measure by the government to Combat Incident of COVID-19

Orji (2018) asserts that there is an absence of a clearly defined social welfare policy in Nigeria. Although there are pockets of policy programmes designated for the care of the vulnerable people with a fragmented provision of healthcare, education, housing, feeding, water, clothing and so on. In a similar vein World Bank (2019) also states that the absence of a clearly defined policy framework in Nigeria is a primary bottleneck that the government is trying to address with the ratification of the Social Protection Policy.

However, COVID-19 threw up challenges and government have to put in place emergency social welfare policy measures to ameliorate the situation. COVID-19 created multidimensional issues and the government take the bull by the horn by establishing multi stakeholder's collaborations such as: emergency Operations Centre (EOC), National Prevention Centre (NPC), the National Centre for Diseases Control (NCDC), Ministries of Humanitarian, Disasters and Social Development, Ministry of Health. The coordinating body is the NCDC. The NCDC take it as a responsibility to give daily reports of activities directed towards the fight against COVID-19. Welfare palliatives in form of food and cash transfer were given to the people in the state where the Federal government imposed lockdown like Lagos, Ogun and Abuja (the Federal Capital Territory). Donations and equipment were received locally and internationally. The following and many others were put in place as a response to the lockdown which has affected the economy including businesses, individual and families; Reduction of interest rates on all CBN intervention facilities from 9% to 5% per annum for one

year effective 1 March 2020; Creation of a ₦50 billion targeted credit scheme for households and small- and medium-sized enterprises that have been particularly hard hit, including but not limited to hoteliers, airline service providers, healthcare merchants, etc.; Provision of ₦100 billion credit support for the healthcare industry particularly pharmaceutical companies, hospitals and health practitioners, that want to start new or expand existing drug manufacturing or healthcare facilities; Regulatory forbearance in form of leave granted to Deposit Money Banks (“DMBs”) to consider temporary and time-bound restructuring of the tenor and loan terms for businesses and households adversely impacted.; Strengthening of the CBN Loan to Deposit Ratio (LDR) policy by supporting industry funding levels to maintain DMBs' capacity to direct credit to individuals, households and businesses and by indicating readiness to consider additional incentives to encourage extension of longer tenured credit facilities; Provision of ₦1 trillion in loans to boost local manufacturing and production across critical sectors.

The FIRS introduced the following measures: extension of timeline for filing of value added tax and withholding tax from the 21st day to the last working day of the month following the month of deduction; Extension of the due date for filing of companies' income tax returns by one month (“revised due date of filing”); Filing of tax returns by taxpayers without audited financial statements (provided that the financial statements would be submitted within 2 months of the revised due date of filing); Use of electronic platforms for payment of taxes and processing of tax clearance certificates. Proposed creation of a portal where documents required for desk reviews and tax audits will be uploaded by taxpayers for online access by the tax authority; Facility for submission of tax returns online by taxpayers via efiling.firs.gov.ng or by designated e-mail accounts published by the FIRS; Some state tax authorities have also introduced similar measures for tax payers in the states. In a public notice issued by the Federal Capital Territory Inland Revenue Authority (“FCT-IRS”), the deadline for the filing of personal income tax returns has been extended by 3 months from 31st of March to 30th of June 2020. The Lagos State Internal Revenue Service (“LIRS”) on the other hand announced the extension of the deadline for filing personal income tax returns by 2 months from 31st of March to 31st of May 2020.

International Supports -UNICEF supported the Nigerian Government's response to the outbreak, including through encouraging preventive actions in communities with risk communications, providing hygiene and medical kits to schools and health clinics, and monitoring the impact of the outbreak to support continuity of care, education and social services. The European Union (EU) announced a EUR 50 million (N21 billion) contribution towards the implementation of a coordinated response to the COVID-19 pandemic in Nigeria. The new donation according to EU was a reflection of the strong partnership, friendship and solidarity with Nigeria. Nigeria also got \$1.4 million United States Dollars from the Nigerian-UN COVID--19 basket Fund launched on Monday to combat the coronavirus pandemic. Also, 50 ventilators and other medical supplies arrives the country before the end of this week to help in fight against the dreaded coronavirus.

Olawale (2020) explains that social protection in itself is a universal human right with far-reaching response in the prevention, reduction of poverty and inequality, improving access to health care, and ability to cope with socioeconomic shocks. However, in spite of the importance, he contends that the inability of the Nigeria government to design sustainable social protection policies prior to the pandemic has led to the complexities of challenges faced in the engineering of social support in COVID-19 period. Such challenges include the absence of poor and vulnerable data, crisis of Implementation, modalities and institution, and the problem of identifying and redefining vulnerability as a result of the pandemic pose difficulties.

Dizii, Ogudeje and Onwujekwe (2020) carried out a research using 20 indicators and concluded that Nigeria performed badly in the respond category with an average of score of just 1.5 suggesting that Nigeria has limited capacity to respond to the a sudden a health risk. These scores suggest that Nigeria is not prepared to respond to the current COVID-19 pandemic. This is most obviously evident from the low testing rate in the country. Nigeria. They explain that Nigeria currently has the capacity to test only 2500 samples a day and just half of these are actually administered each day because of shortage of human resource, testing kits, and laboratories, and case definition for testing that prioritizes symptomatic cases and their contact.

The pandemic also has gross implication for food security as a result of the movement restriction which prevents farmers from farm, halt marketing of agricultural produce and supply chain of agricultural goods to urban centres. More than 80 percent of rural population in Nigeria rely on subsistence farming (Dizii, Ogundeji and Onwujekwe, 2020).

Involvement and Challenges of Street-Level Bureaucrats in the fight against COVID-19 in Nigeria

Street-level bureaucrats also referred to as front-line workers exercise discretion and self-regulation. They rely on discretion to develop routines, norms, and creative strategies as a means of coping with the often unreasonable responsibilities assigned to them (Hupe 2013). Street-level health care workers, social workers, security agents, journalists and others are at the front-line of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk of infection. There is no doubt that there is COVID-19 pandemic in Nigeria with its damaging effects. Social service workers are on the frontline of the promotion, preventive and the treatment services to ensure the health and wellbeing of the people they serve. In countries where many individuals are infected, workers are ensuring they have access to needed services, providing remote counselling and organizing ways to overcome isolation in other communities. Workers are distributing factual information to dispel myths and fear, reaching out to agencies to assist with preparedness ensuring inclusive planning efforts and advocating to government for increased support

The frontline bureaucrats faced the challenge of coping with the outbreak of COVID-19 due to the following:

1. Shortage of resources like: equipment, staff, protection gears and other accessories needed to work which has led to the rise of the infected and death of frontline workers and the people.
2. The frontline bureaucrats lack training and are inexperienced in dealing with respiratory related pathogens which are common problems attributed to the infection.
3. The large numbers of patients, long shifts and inadequate rest periods are also common problems faced by frontline workers.
4. There were no housing subsidies, energy and utilities subsidies, and assistance for other basic services to individuals that were most affected by the coronavirus outbreak.
5. The street-level bureaucrats also faced the problem of protesting populace who were demanding for welfare in form of palliatives because they were given to few people.
6. Doctors went on an indefinite strike nationwide on 15 June 2020 to protest inadequate supplies of PPEs for health workers and lack of hazard allowance.
7. Authorities continue to deny escalating spread and community transmission of the virus, prompting review and suspension of measures to further ease restrictions (UN Office for the Coordination of Humanitarian Affairs, 2020)

Attitude of Nigerians toward COVID-19 Social Welfare Policies in Nigeria

First, Nigerians continue their normal life and downplayed COVID-19 when it was first reported on February 20, 2020. The people opinion was that the pandemic is the disease of the 'whites' and later that of the big-men in Nigeria. Second, the urban slums, inadequate health care and sanitation facilities with social mixing among Nigerians made the enforcement of hygiene and social distancing almost impossible. Third, there was also misinformation in form of promoting unscientific traditional treatment (Ebere et al, 2020).

Fourth, it has also been impossible for government to prevent people from gatherings especially religion and cultural activities funerals wedding and sports was also a problem. The gathering of people in the burial of Chief of Staff to the president Mohammed Buhari and non observant of social distance is a good example. Fifth, now the government through National Centre for Disease Control (NCDC) ask everybody to wear facemask. Even when the some people were arrested for the purpose people still refuse to wear it. My observation around Lagos and Ogun State showed that Nigerians are not complying to the directive and as a result of this persons infected with corona virus in Nigeria have continue to rise (Ebere et al, 2020). It is so bad that effected people quarantined in the isolated centre were shown in the National TV dancing and making merry and some protested against the street-level frontline workers at the isolated centres in some states in Nigeria..

Conclusion and the Way Forward

COVID-19 is real in Nigeria and the numbers of infected persons and death figures have continued to increase gradually. The government has put in place social welfare policy measures to cushion the effect of the diseases and he has continued to ensure that those who are affected are quarantined and treated at isolated centres established for that purpose. Social service workers are on the frontline of the promotion, preventive and the treatment services to

ensure the health and wellbeing of the people they serve. The street-level bureaucrats are ensuring that the effected patience have access to needed services, providing remote counselling and organizing ways to overcome isolation in other communities. Workers are distributing factual information to dispel myths and fear, reaching out to agencies to assist with preparedness ensuring inclusive planning efforts and advocating to government for increased support.

In all, only a small population in the urban centre have been tested and are also provided with palliatives with the neglects of the rural people. The testing has been slow because of inadequate testing capacity and human capital. There is also shortage of other equipment like protective gear and other medicals. The street-level bureaucrats are facing challenges of shortage of resources to work. The worse part of it is that many Nigerians did not believe that COVID-19 exist and those who believe openly express their view that it is 'white-men' and 'big-men' diseases. The paper therefore recommended the following:

- i. Nigeria should improve on testing capacity and human capacity building; health care personnel should be properly motivated to help combat the incident of coronavirus.
- ii. The government should provide more social welfare palliatives for the poor people. The policy maker really needs to come up with a social welfare policy that will be more favourable to its citizens especially during emergency period.
- iii. The social welfare palliative by the Federal and State governments should be channelled through the 774 local governments because they are closer to the grassroots.
- iv. There should be special welfare provisions and palliatives for the frontline bureaucrats in terms of allowances for the police, other security agents, frontline health workers and social workers and the Journalists.
- v. We need to invest in our frontline health workers, police and other street-level bureaucrat in the area of capacity building more especially now when they are risking their lives to keep us safe.
- vi. Mechanisms should be put in place to create more awareness and sensitization on the existence of COVID-19 pandemic and its ravaging effects. There should be total mobilization of local government workers and community development association for the purpose of passing information to the people to know that COVID-19 is real.
- vii. Special subsidy should be provided for the farmers in form of fertilizer and seedling and other incentives so that they can farm massively in the next faming period.
- viii. Government should open up the economy businesses, school and the churches. People must be ready to take responsibility for their health
- ix. WHO and countries of the word should come together and be proactive in finding cure to the COVID-19 pandemic instead of blame trade by the world leaders and the deceptive conspiracy theory.

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