

Government and Social Services Delivery, A Study of Enugu State Ministry of Health Response to World Health Organization Rules on Covid 19 Pandemic, 2020-2022



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ABSTRACT: This study interrogated Government and Social Service Delivery; A Study of Enugu state Ministry of Health Response to WHO rules on COVID 19 Pandemic,2020-2021: It examined how efficient was the Ministry of health in its response to WHO rules on COVID 19 Pandemic in Enugu. This study anchored on structural functionalism by Gabriel Almond and it presented the hypothesis: Enugu State Ministry of Health was more efficient in its response to WHO rules on COVID-19 pandemic between 2020-2021. Documentary and Survey methods of data collection were adopted together with content analysis of data from questionnaires. This study discovered that despite the challenges confronting the implementation of the District Health System in Enugu State Ministry of Health, that the Enugu State government manifested all the indicators of efficient healthcare delivery to its citizens via constructions of new structures, free gifts of nose masks, sanitizers and transformation of the state-owned health facilities especially during the 2020-2021 COVID-19 pandemic. This Study therefore recommends that Since the government has constructed, re-habilitate and renovated many hospitals, Cottage, and isolation centers for COVID-19 patients within the state, he should also deem it necessary to adopt maintenance culture, employ qualified/trained health personnel, equip all these healthcare Centers and hospitals with modern medical instruments and subsidize the price of drugs/ bills.

KEYWORDS: Social Services, COVID-19, Ministry of Health, Enugu State, WHO

INTRODUCTION

The provision of social services and their finance were made the responsibility of the government under Chapter Two of the 1999 Nigerian Constitution (as amended), with the aim of guaranteeing an elevated and secure level of living. It is also linked to the idea of state welfare, as societies in nations with extensive welfare systems frequently offer a wide range of social services as a necessary social function and a way for governments to address societal issues like COVID 19 communicable respiratory disease through the Ministry of Health.

Mehrara (2016) argued that the responsibility of the government for providing social services extends to benefits and infrastructure like health care, education, food subsidies, fire protection, job training, subsidized housing, policy research, and community administration. He further asserted that providing services is a means of bringing the government closer to the general populace. Additionally, social services that provide an overall transformation of society and an improvement in the living situations of their clients in order to foster stronger communities, more effective organizations, and the advancement of equality and opportunity.

Despite the aforementioned, Nigeria's three levels of government—the federal, state, and local—remain responsible for providing and funding healthcare. The 774 local government areas (LGAs) oversee the primary healthcare system with assistance from their respective state ministries of health and private medical professionals. The village, district, and LGA are the sublevels of primary healthcare. At the state level, the ministry of health oversees the secondary healthcare system. Patients at this level of care are frequently referred by primary care. This is the first tier of speciality services, and it is offered by several state departments. Diagnostic and laboratory services are included in the state's primary healthcare system. At this level, the federal government also collaborates with private practitioners and non-profits (Nigeria National Health Conference Communique, 2019). All Nigerians are expected to have equitable access to basic health services, especially the sick and vulnerable populations like pregnant women, children, people with disabilities, and the elderly, despite the fact that the health care system in Nigeria performs a variety of functions, actions, and activities. This is because the cost of healthcare is expected to be reduced. Although these vulnerable populations may receive free medical care and exemptions, they typically must pay for medical services. Free medical care and exemption policies are frequently driven by politics. States such as Osun, Niger, Kaduna, Kano, Ekiti, Lagos, Ondo, Enugu and

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Jigawa are known to have provided some free health policies at one point or another since the return of democracy in 1999. (Bolaji 2019).

Narrowing it down to Enugu State Ministry of Health, which ensures that residents have access to high-quality healthcare during the COVID 19 pandemic according to the directives of World Health Organization. The COVID 19 pandemic poses unprecedented challenges for governments and societies worldwide, and Enugu State is no exception. However, one thing is clear: the Enugu State healthcare system, like most healthcare systems, was not built to handle a crisis like the COVID 19 pandemic or other unpredictable, large-scale health challenge that affects the entire population and necessitates urgent resource mobilization. However, the manner in which Enugu State dealt to the pandemic has brought attention to the necessity for early planning and a clear definition of institutional duties in the state even before any subsequent outbreak. To ensure cost-effectiveness and efficiency in tackling COVID-19 pandemic, the government spelled out the health services and palliative packages for vulnerable populations.

The government of Enugu State established a ministry of health COVID-19 reaction team, a State Emergency Committee (EOC), and a COVID-19 Multi-Sectoral Rapid reaction Team, adopting all of the World Health Organization (WHO) operational criteria in the process. Three treatment/isolation facilities were developed and furnished by the State. Seven units of type-3 primary health care centers will be built rapidly under awarded contracts. 34 health facilities were rebuilt and outfitted, along with three district hospitals that were refurbished and rehabbed.

Aja (2020) the state of Enugu has restated its commitment to improving the public healthcare system so that residents can maintain the best possible health, particularly during the COVID-19 pandemic. As a result, the state government paid for the distribution of healthcare supplies to each of the 34 chosen healthcare centers in each of the 17 Local Government Areas, including hand sanitizer, water cans for hand washing, aprons, additional pharmaceuticals, and consumables. The government has also erected Type-3 Primary Healthcare Centers in seven Local Government Areas of Enugu State and contemporary Cottage hospitals with Isolation wings in the Awgu, Oji River, Udenu, and Igbo Eze North LGAs over the years.

It is against this background that this study sets out to investigate Government and Social Service Delivery; A Study of Enugu State Ministry of Health Response to WHO rules on COVID 19 Pandemic,2020-2021. Which states that governments across the world should ensure that citizens are not denied access to health services they need simply because they cannot afford or access such services.

LITERATURE PERSPECTIVE

The level of human development and growth observed over a given period of time serves as a yardstick for evaluating the efficacy of any government policies and programs. According to Jeffery and Albert (2019), democratic administration by the people is one in which citizens' needs and capacities are met while liberty, equality, and fraternity are secured to the greatest extent possible. This explanation has, by no means insufficiently, underlined the fundamental connection and defining characteristics of democracy, namely, "people"-inclusive government. Unmatched tendencies are provided by equality, liberty, and fraternity for the survival, development, and advancement of man and his community

According to Mehara (2017;102), a democratic system of administration includes the masses, the proletariat, and the common people, who are the source of power for the privileged people who hold positions of authority. Democracy acknowledges that it holds power in trust for the people and that power belongs to the people. In order to maintain its legitimacy through the provision of social services, it must therefore always bring the people along. This means that it does not listen to the people out of altruism but rather because it has no other alternative.

NATURE OF SOCIAL SERVICE DELIVERY

Service here implies tangible and intangible goods and services provided by the government in order to improve the well-being of the citizenry. Eboh (2006) conceptualized service delivery as the relationship between policy makers, service providers and poor people. It encompasses services and their supporting systems that are typically regarded as a state responsibility. These include social services (primary education and basic health services), infrastructure (water, sanitation, roads and bridges) and services that promote personal security (Justice, police etc.). In Nigeria, government constitutes the major service provider through the public service. The Public Service refers to all organizations that exist as part of government machinery for implementing policy decisions and delivering services that are of value to the citizens. It is mandatory of the state under the 1999 Constitution of Nigeria.

2.1.3 SOCIAL SERVICES PROVIDED BY GOVERNMENT

Tier of Government	Category of Functions
Federal only	Defense, Shipping, Federal trunk roads, Aviation, Railways, Posts telegraphs and telephone, Police and other security services, Regulation of labor, Interstate commerce, telecommunications, Mines and Minerals, Social

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	Security, Insurance, National statistical system, National Parks, Guidelines for minimum education standards at all levels, Water resources affecting more than one state.
Federal-State (shared)	Antiquities and Monuments, Electricity, Industrial, Commercial and agricultural development, Scientific and technological research, Statistics and Surveys, University, Technological and post-primary education, Health and Social services.
State-Local (shared)	Primary, Adult and Vocational education, Health and Social Services, Development of agriculture and non-mineral natural resources.
Local government	Economic planning and development, Cemeteries, Burial grounds, Homes for the destitute and infirm, Markets, Sewage and refuse disposal, Roads, Streets and street lights, Drains and other public facilities.

Sources: 1999 constitution of Nigeria as amended.

These services are provided by government to ensure the well-being of all citizens because the economic development of any state or nation is dependent on its population being physically and mentally healthy. For someone to be productive he/she must be in good health.

GOVERNMENT AND HEALTH MINISTRY RESPONSE TO WHO RULES ON COVID -19 PANDEMIC.

NCDC (2020) noted that the initial strategy adopted by Enugu state government in response to COVID-19 spread was closing its border with all neighboring states, restrict movement and close markets, offices and public places. The state also promoted containment strategies designed to prevent community transmission such as prompt contact tracing and quarantine.

According to UNDP report Enugu State government set up a Ministry of Health COVID-19 Response Team, State Emergency Committee (EOC) and COVID-19 Multi-Sectoral Rapid Response Team and adopted all the guidelines developed by the Nigeria Centre for Disease Control (NCDC), for their operations. The State built and equipped three treatment/isolation centers. Contracts for the immediate massive construction of 7 units of type-3 primary Health Care centers were awarded. Three district hospitals were upgraded and rehabilitated, about 34 selected Healthcare Centers, in each of the 17 Local Government Areas, with Massive construction/reconstruction of health centers, and cottage hospitals with particularly emphasis on the re-construction of Enugu state infectious Disease Hospital center formerly known as Colliery Hospital Enugu, for isolation and treatment of patients with infectious diseases. (UNDP,2019).

Jonathan (2019) also deposited that Enugu State government granted different types of tax relief and incentives to taxpayers in the state. The state’s efforts were supported by development partners including United Nations children’s fund COVID-19 community sensitization campaigns.

NCDC (2020) deposited the Release of #350 million to the state’s COVID-19 Multi-Sectoral Rapid Response Team under the Ministry of Health to help combat the spread of the sickness in Enugu state. Establishment of Isolation and Treatment Centers for COVID—19 in Nsukka and the ESUT Teaching Hospital, Parklane Enugu. Approved welfare packages for all the health workers in the state as incentive to battle COVID-19 and the building of a world class infectious disease control center in the former Colliery Hospital Enugu for Isolation wing and treatment of COVID19.

The editor-in-chief of the Guardian Newspapers, Martins Oloja also appreciated the government efforts in the provision of social services towards healthcare, he added that he was impressed by what he saw in the newly constructed and equipped Type3 Primary Healthcare Centre and the cottage Hospital with Isolation wing, they finishing was impressive and they even considered so many things that people in the village need and also built quarters for doctors and nurses.

The Enugu State University Teaching Hospital Association of Resident Doctors (ESUTH-ARD) (2020) deposited the government giant strides in the area of COVID-19 interventions, provision of medical equipment and construction of physical infrastructures, both in Enugu and Igbo-Eno sections of the state-owned Teaching Hospital, among other health facilities, especially in the rural areas such the Type-3 Primary Healthcare Centers. They also commended the government on the payment of COVID-19 health hazard allowance to health workers since April 2020 notwithstanding the dwindling revenues of the state. Similarly, the Association of Medical Laboratory Scientists of Nigeria (AMLSN) at its 15th National Annual Public Health Lecture series, graced by the Director General of Nigeria Centre for Disease Control (NCNC), Dr. Chike Ihekweazu, honored Enugu state government with COVID-19 Response Champion award for his sterling performance and dedication to healthcare ministry during the period the COVID-19 ravaged the globe in 2020.

Jonathan (2019) deposited that Enugu government equipped the 4th busiest public secondary healthcare facility in the state and the only public secondary healthcare facility within Udi/Ezeagu otherwise known as Udi General Hospital, Poly Clinic, Asata to

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General Hospital, after rehabilitation and constructed a Tertiary Hospital in Igbo-Eno, Enugu North Senatorial District, to serve as one of the facilities for the ESUT College of Medicine that has been relocated to Nsukka.

WHO (2020) stated that in keeping with the World Health Organization's (WHO) demand for governments across the world to ensure that people are not denied access to health services they need simply because they cannot afford or access such services, the government of Enugu State under the able leadership of Governor Ifeanyi Ugwuanyi, has fulfilled the requirements for Basic Health Care Provision Fund in addition to payment of the mandatory #100million counterpart fund that will enable the people of the state benefit from healthcare services under the Universal Health Coverage of WHO.

Ezea Samson (2020) Posited that government released #350 million to the state's COVID-19 Multi-Sectoral Rapid Response Team, and equipped the ultra-modern Enugu State Medical Diagnostic Centre and designated it as an isolation/ treatment center and also approved welfare packages for all health workers in the state as an incentive to battle COVID-19. Rehabilitation of facilities and provision of essential supplies in 34 health facilities across the 17 LGAs, to scale up delivery of linked services and preparedness against community spread of COVID-19 pandemic by the Enugu state Save One Million Lives (SOML) project.

THEORETICAL FRAMEWORK

This study adopted structural functionalism theory propounded by Almond Gabriel in the 1970s as framework for analysis. The structural functional approach is derived from the earlier use of functionalism and systems models in anthropology, sociology, biology and political science. Structural functionalism assumes that a bounded (nation-state) system exists, and studies structures in terms of their function(s) within the system. The goal is to find out whether something actually does happen in a political system, as opposed to what it is supposed to do. Structural Functionalism is employed as a theoretical framework so that possible ways of survival of a system can be discovered. The analysis is primarily directed towards the amount of change at the structural level that a system can accommodate without seriously hindering the fulfillment of its basic functional requisites.

Application of the Theory

Applying this theory in the analysis of Government and Social Service Delivery; A Study of Enugu State Ministry of Health Response to WHO rules on COVID 19 Pandemic, 2020-2021. It is important to note that a political system comprises of many structures, all working or performing certain functions to make the system work. For any political system to work, several activities need to be performed and certain institutions are created to perform some of these roles or functions for the society to keep the system going. (Odoziobodo, 2015).

Therefore, the basis of structural functionalism stated that there should be an institution which must constitute the structures that perform certain functions and such institutions in the case of health in Nigeria remains the Ministry of Health which works in accordance with the WHO rules and its major functions of prevention and treatment of diseases such as COVID-19 pandemic. Ideally, this would mean delivery of health care to the entire population without regard to race-ethnicity, social class, gender, age or any characteristic. At the same time, the health care system is currently notable for a number of negative functions caused by government inability to equip and fund the health centers at the peak of COVID-19 pandemic in Enugu state between 2020-2021.

It also emphasizes on the systematic way that various social/political institutions are related to each other, together forming the relatively stable character of social services in society. It can be seen with regard to how the health care system is entangled with government, through such things as federal regulation of new drugs and procedures. The government is also deeply involved in health care sector through scientific institutions such as the National Institute of Health- a huge government agency that funds new research on various matters of health and health care policy. As a social institution, health care is also one of the nation's largest employers and thus, is integrally tied to systems of service delivery to the citizenry. Government is therefore, expected to do the needful via provision and funding of social services delivery in the ministry of health especially in order to avert high rate of fatality like what happened in Enugu state during the COVID-19 in mid-August 2020, while Nigeria according to WHO registered 54,000 COVID-19 confirmed cases and about 987 case fatalities, Enugu State recorded a total of 976 COVID-19 cases, 19 deaths, 650 discharged patients and 307 cases on treatment. Enugu state has a crude case fatality rate of 1.95% for COVID-19 as at mid-August 2020 until the government via Ministry of Health structure, started doing the needful: Constructions of isolation centers, distribution of health kits, mandatory rules of masking nose, Regular washing and sanitizing hands, maintenance of social distance and closure of clubs/large gathering places.

Population of the Study

The population of Enugu State residents by 2021 according to worldpopulationreview.com is 795,271.

Sample Size and Sampling Technique

In order to determine the sample size, the population for the study was broken down according to Krejcie and Morgan's sample size determination: (N- Population 795,271, with S- Sample size 384)

The tables below present demographic information of the respondents in the study.

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Gender

Table 3.5.1: Gender of Respondents

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	183	49.8	49.8	49.8
Female	201	50.2	50.2	100.0
Total	384	100.0	100.0	

Source: Researcher’s Field work, 2021

The above table shows that in the total of 384 respondents, the males were 183 which is approximate to 49.8 percent while the females were 201 which is approximate to 50.2 percent.

Sample Size and Sampling Technique

In other to minimize sampling error, this study applied simple random technique in administrating questionnaires to the citizens of the State (Bernard 2002, Lewis & Sheppard 2006).

The tables below presented data collected in simple percentage. A total of 384 questionnaires were administered and 380 was returned. Thus, the analysis of data was based on the returned questionnaire.

Table 3.5.1. Questionnaire Distribution and Return Rate

S/No.	Questionnaire Distributed	No of Returned Questionnaires	Questionnaires not returned	Total Percentage %
1	384	382 (95%)	2 (5%)	100%

Source: Researcher’s Field work, 2021

Age

Table 3.5.2: Age Distribution of Respondents

Age	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 24-29	116	29.0	29.0	29.0
30-34	150	40.5	40.5	70.5
35 & above	118	30.5	30.5	100.0
Total	384	100.0	100.0	

Source: Researcher’s Field work, 2021.

The Age frequency table shows that respondents between the ages of 24-29 were 116 which are approximate to 29.0 percent of the total respondent. 150 respondents were between the ages of 30-34 which is approximately 40.5 percent and from the age of 35 and above, 118 respondents were of that age which is 30.5 percent.

ENUGU STATE MINISTRY OF HEALTH RESPONSES TO WHO RULE ON COVID 19 PANDEMIC BETWEEN 2020-2021.

Samson (2020) posited also the government provision of social service delivery towards health sector during the early stage of COVID-19 Pandemic as follows: The rehabilitation of facilities and provision of essential supplies in 34 health facilities across the 17 LGAs, to scale up delivery of linked services and preparedness against community spread of COVID-19 pandemic by the Enugu State Save One Million Lives (SOML) project. Construction of Cottage Hospital with isolation wing in Awgu, Oji River, Ogrute (Enugu Ezike) General Hospital and also in Orba, Udenu LGA. Release of #350 million to the state’s COVID-19 Multi-Sectoral Rapid Response Team under the Ministry of Health to help combat the spread of the sickness in Enugu state. Establishment of Isolation and Treatment Centers for COVID—19 in Nsukka and the ESUT Teaching Hospital, Park lane Enugu. Approved welfare packages for all the health workers in the state as incentive to battle COVID-19 and the building of a world class infectious disease control center in the former Colliery Hospital Enugu for Isolation wing and treatment of COVID19.

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With the above empirical evidences, this study is able to uphold the hypothesis that of Enugu State Ministry of Health efficiently response to WHO RULE ON COVID-19 pandemic, between 2020-2021.

Question: Constructions, re-habitation and renovation of special health wings to serve as isolation centers took place within the state, in response to WHO RULE ON COVID-19 mandate

Table 4.1.6. Responses of respondents:

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
D	83	21.0	21.0	21.0
SA	150	40.8	40.8	61.8
A	53	13.5	13.5	75.3
SD	99	24.8	24.5	100.0
Total	382	100.0	100.0	

Based on this result, according to the response of the respondents, 21 percent respondents disagreed with the fact that Constructions, re-habitation and renovation of special health wings to serve as isolation centers took place within the state, in response to COVID-19 mandate. 24.5 percent respondents strongly disagreed. 13.5 respondents which is an approximate value to 13.5 percent agreed while 40.5 percent respondents strongly agreed that Constructions, re-habitation and renovation of special health wings to serve as isolation centers took place within the state, in response to COVID-19 mandate.

Therefore, based on the data analysis, this study is able to uphold the hypothesis that of Enugu State Ministry of Health efficiently responded fast to the WHO rule on COVID-19 pandemic, between 2020-2021.

Question: Government knows and performs her roles in social services provision to Enugu State Ministry of Health.

Table 4.1.4. Responses of respondents

Valid	Frequency	Percent	Valid Percent	Cumulative
D	82	23.8	23.8	23.8
SA	184	45.8	45.8	69.5
A	65	16.3	16.3	85.8
SD	55	14.2	14.2	100.0
Total	382	100.0	100.0	

Source: Researcher's Field work 2021.

Based on this result, according to the response of the respondents, 23.8 percent respondents disagreed with the fact that government knows and performs her roles in social services delivery to Enugu State Ministry of Health. 14.5 percent respondents strongly disagreed. While 45.8 percent respondents strongly agreed that government knows and performs her roles in social services delivery to Enugu State Ministry of Health.

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Question: Enugu state government responded fast and effectively via Ministry of Health in order to avert the spread of COVID-19 pandemic at the early stage?

Table 4.1.5. Responses of respondents:

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
D	90	22.5	22.5	22.5
SD	71	21.3	21.3	43.8
A	43	10.8	10.8	54.6
SA	181	45.5	45.5	100
Total	382	100.0	100.0	

Source: Researcher's Field work, 2021.

NCDC (2020) noted that the initial strategy adopted by Enugu state government in response to COVID-19 spread was closing its border with all neighboring states, restrict movement and close markets, offices and public places. The state also promoted containment strategies designed to prevent community transmission such as prompt contact tracing and quarantine. Samson (2020) posited also the government provision of social service delivery towards health sector during the early stage of COVID-19 Pandemic as follows: The rehabilitation of facilities and provision of essential supplies in 34 health facilities across the 17 LGAs, to scale up delivery of linked services and preparedness against community spread of COVID-19 pandemic by the Enugu State Save One Million Lives (SOML) project

Based on the above empirical evidences and which is summarized as follows, response of the respondents, 22.5 percent respondents disagreed with the fact that Enugu state government responded fast and effectively via Ministry of Health in order to avert the spread of COVID-19 pandemic at the early stage. 21.3 percent respondents strongly disagreed. 10.8 percent respondents which is an approximate value to 11 percent agreed while 45.5 percent respondents strongly agreed that Enugu state government responded fast and effectively via Ministry of Health in order to avert the spread of COVID-19 pandemic at the early stage. In Summary the data is upheld.

CONCLUSION

It was discovered from this study that despite the challenges confronting the implementation of the District Health System in Enugu State Ministry of Health, that the government in response to WHO rules of safety, has shown all the indicators of efficient healthcare response especially during the 2020-2021 COVID-19 pandemic via transformation of the state-owned health facilities, particularly the building of the world class infectious disease control center in the former Colliery Hospital Enugu, others include the Type-3 Primary Healthcare centers, which were newly constructed in seven local government Areas of Enugu State and Modern Cottage hospitals with isolation wings in Awgu, Oji River, Udenu and Igbo Eze North LGAs. Etc.

REFERENCES

BOOKS

- 1) Alvarez, R. M., Lonna, R.A., & Thad, E. (2015). *Evaluating Social service: A handbook of methods and standards*, New York: Cambridge University Press. Privatization and the Poor
- 2) Ariyo, A. and Jerome, A (2016) "Utility Privatization and the Poor: Nigeria in Focus" Global Issue Papers, No 12, Heinrich Boll Sifting Foundation.
- 3) Akinyemi, E.T (2017) *Appraising Energy Service Delivery in Nigeria: PHCN and NNPC Since 1999*, A Paper presented at the international colloquium on Thirty Years of Social Service Delivery in Nigeria. Benin-City, March 26-29.
- 4) Action Aid Nigeria, (2014) *Civil Society in Nigeria: Contribution to Positive Social Change*, Civil Society Index, A Publication of Action Aid Nigeria and Development Information Network.
- 5) Bernard (2002) *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. 3rd Atta Press, Walnut Creek, California.
- 6) Coronavirus disease (COVID-19) *outbreak situation*. Geneva> World Health Organization, 2020(cited 2020 April 3). Available from: <https://www.who.int/>
- 7) Du Toit A. (2020) *Outbreak of a novel coronavirus*. Nat Rev Microbial. 2020; 18:123. Doi:10.1038/s41579-020-0332-0.
- 8) Eboh et al (2006) *Economic Competitiveness Across Nigeria States, the Challenges of Infrastructure and Utilities*. BECANS working Paper 2, African Institute of Applied Economics, Enugu, Nigeria.
- 9) Hassan S. U and Tafida, A. D (2015) *Democracy and Social Welfare Services in Nigeria: A Perspection of the Forth Republic Public Policy and Administration Research* www.liste.org ISSN 2224-5731

Government and Social Services Delivery, A Study of Enugu State Ministry of Health Response to World Health Organization Rules on Covid 19 Pandemic, 2020-2022

- 10) Lewis & Sheppard (2006) *Culture & Communication Landscape Visualization Improve Forest Management Consultation with Indigenous Communities? Landscape and Urban Planning* 77: 291-313.
- 11) NCDC. (2020). *First case of corona virus disease confirmed in Nigeria*. (cited 2020 Mar 11) Available from <https://ncdc.gov.ng/news/227/first-case-of-corona-virus-disease-confirmed-in-nigeri>.
- 12) Sampon Ezea (2020) *Nigeria: Enugu Govt's proactive Response to Spike in COVID-19 Cases*. This Day (Lagos); 30 June 2020.
- 13) Ozoene, S. (2016) *Jonathan, Public Opinion and Subsidy Removal*", National Mirror, January 22. Punch Newspapers April 22 2007
- 14) Rodney, W. (1973) *How Europe Underdeveloped Africa*, Bogle, l'ouverture Publishing House, London and Tanzania.
- 15) UNDP (2009) *United Nations Human Development Report- Nigerian 2008-2009 Achieving Growth with Equality*, Abuja, Nigeria.
- 16) Varma, S.P.(1975). *Modern political theory*, New Delhi: VIKA's Pub. House PVT Ltd

JOURNALS

- 1) Akinola, S. R (2017) Coping with infrastructural Deprivation Through Collective Action among rural people in Nigeria, *Nordic Journal of African Studies*, Vol, 16, No 1.
- 2) Adejumbi, S. (2000) Privatization Policy and the Delivery of Social Welfare service in Africa: A Nigerian Example, *Journal of Social Development in Africa: A Nigeria Example*", *Journal of Social Development in Africa*, Vol:14, No 2. African Economic Outlook (2010) Nigeria.
- 3) Asaju K., Sunday O. A., and Silas F. A., (2013) Corruption and service delivery: the case of Nigerian public service. *Wudpecker Journal of Public Administration* 2013 Wudpecker Journals Vol. 1(1), pp.001- 006, July 2013.
- 4) Odoziobodo (2015) INEC and The Conduct of Election in Nigeria: An Appraisal of the 2007 General Elections; *European Scientific Journal*, Vol II. No 31.
- 5) Umeh L.C (2021) Election Management and Voters Turnout in Enugu State: A case study of 2015 Governorship Election. *World Wide Journal of Multidisciplinary Research and Development*. *WWJMRD* 2021;7(7):35-42. E-ISSN:2454-6615

ONLINE MATERIALS

- 1) Ayeni, T. P., & Esan, A.O. (2019). The impact of ICT in the conduct of elections in Nigeria. Retrieved from www.imedpub.com/articles/the-impact-of-ICT-in-the-conduct-of-elections-in-nigeria.php?aid=22211
- 2) [Daily Post dailypost.ng](http://www.dailypost.ng)(November 17, 2020)
- 3) [Nigerian National Health Conference Communique, 2019](http://www.nigerianhealthconference.com)
- 4) [Vanguard news on COVID 2019](http://www.vanguardngr.com)
- 5) WHO (2020). COVID-19 cases top 10,000 in Africa. (cited 2020 April 18). Available from: <https://www.afro.who.int/news/covid-19-cases-top-10-000-africa>
- 6) [World Health Organization Report of March 11, 2020](http://www.who.int),
- 7) [worldpopulationreview.com](http://www.worldpopulationreview.com)



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