

**POLITICS OF COVID 19 PALLIATIVES AND INTANGIBLE  
HERITAGE RESOURCES IN RURAL NIGERIA**

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**ABSTRACT**

This is a case study research that was aimed at examining the relationship between the politics of COVID-19 palliatives and intangible heritage resources in rural Nigeria. Fifteen (15) local communities were randomly sampled from rural Nigeria. A total of seventy-six (76) key informants were purposively and conveniently sampled for the study. Participant observation was another qualitative research approach that was used in the study. The findings show that there is a more negative relationship between the politics of COVID-19 palliatives and the intangible heritage of the sampled traditional communities. Traditional dishes, indigenous values and traditional rulership system were among the worst hit in this negative relationship. The observational study revealed that the rate of hunger that was occasioned by the COVID-19 Lockdown Order made the rural dwellers accept whatever that was given to them as palliatives not minding the implications on their traditional value system. The study further posited that circular politics and other general scenarios should not be positioned to decimate the African traditional value system. The study has implications for the preservation of the African traditional value system during crisis or emergency situations like pandemics.

**Keywords:** COVID-19 Palliatives; Intangible Heritage; Politics; Rural Nigeria; Traditional value system; Lockdown order.

**1.0 INTRODUCTION**

One of the major problems in the analysis of heritage is the vague meanings implied in the term. Often times, people use the term while referring to tangible rather than intangible heritage. This is a mistaken belief evidenced inbuilt heritage resources with regards to conservation funding, preservation policies, administrative support, regional plans and marketing efforts. Kirshenblatt-Gimblett (2004) was of the opinion that tangible heritage alone, without its intangible associations to the past, is essentially meaningless. Therefore, they are inseparable. Another misconception people often hold is that heritage must be old, but the definition of heritage as something that must be passed on from generation to

generation makes this unacceptable. Finally, one may be deceived to assume that heritage must be spectacular or global in its appeal. Realistically, most of the world's heritage are not 'commonplace' but are very personal to individuals or communities. However, these misconceptions are behind the reason that many tourists continue to seek cultural sites that are 'world-renowned', 'tangible' or 'very old'.

"Heritage" consists of those objects and processes which society recognizes as being important to be passed from the present generation to future generations. Davidson (2000) acknowledged that heritage is something that we must preserve or 'save' rather than something to be 'created' or 'built'. Ashworth, Graham and Turnbridge, (2007) assert that heritage is what human beings inherit from the past and utilize in the present. Heritage resources comprise tangible objects and sites, including buildings, archaeological sites (groves, monoliths, rock shelters etc) and museum's collections, (terracotta, wood carvings, objects for body ornaments) and intangible elements such as music, dance, beliefs, folklore, cuisines, language, foodways, handicraft skills, oral histories, familial relations, social mores and identity (Timothy, 2015). These are priceless, most valued and irreplaceable possessions of which their loss constitutes an impoverishment to all the people in the world (UNESCO, 1995 in Eborieme, 2000). The cultural significance of these heritage items and sites qualifies them for conservation and preservation, which serve multi-purpose goals embodied in tourism. Heritage sites make important contributions in sustaining human society, especially through conserving the world's natural and cultural heritage. They also provide an opportunity for rural development and rational use of marginal lands, research and monitoring, conservation, education, recreation and tourism. The intangible heritage is something that cannot be accessed, felt, measured or moved because it has no physical substance and cannot be touched. They are inherited past and contemporary traditions in rural and urban practices in which diverse cultural groups take part. Some of the cultural expressions, representation, skills and practices which individuals, groups and communities recognize as their cultural heritage include festivals, crafts, cuisine, handicraft skills, music and even songs. Others include dance, beliefs, folklore, language, foodways, oral histories and traditions, familial relations and social mores and identity. Oral traditions, a form of verbally transmitted information from one generation to another (Ogundele, 2012), are also part of a people's heritage. They contain the society's wisdom and achievements in arts, science, technology, health, law, politics, origin, beauty and history.

COVID-19 is an illness caused by a novel Coronavirus called 'Severe Acute Respiratory Syndrome Coronavirus 2' (SARS COV-2), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. It was initially reported to the World Health Organisation (WHO) on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency. COVID-19 spread to virtually all the nations of the world by April 2020. The first index case of the virus in Nigeria was recorded on the 27th of February, 2020 in the city of Lagos. By 31st December 2020, Nigeria had recorded over 100,000 cases with more than 1000 deaths from COVID-19 (NCDC Daily Report, 2020). Since March 2020, Nigerians have witnessed a series of lockdown orders and restrictions on movements, closure of markets, bans on socio-economic and religious activities among others, to contain the spread of the virus. All these measures had painful consequences on the socio-economic lives of Nigerians, especially those who

were already within the low-income range. This brought about the government's decision to distribute palliatives to Nigerians, beginning with those in rural areas.

Palliatives are care given to people in order to improve their life. This could be families facing the problem associated with a life-threatening illness like COVID-19. In other words, it is an intentional act of relieving pain without dealing with the cause of the condition. To this end, food items like bags of rice, tubers of yam, cartons of tin tomatoes, gallons of groundnut oil, bags of onions, cartons of spaghetti, loaves of bread, bags of beans, bags of salt, among others, were distributed among Nigerians in both urban and rural areas, but with more concentrated efforts on the rural areas. Most of these items were donated by government agencies, NGOs, private individuals, private organizations and companies. As this went on, we observed some gimmicks that were involved in the distribution of these palliatives. The manifest in what was distributed, how it was distributed, when and where it was distributed, who distributed and who was used in the distribution?. This is what we refer to as 'the politics of COVID-19 palliatives'. We observed that some of these gimmicks were calculated attempts to actualize selfish ends, while others were by accident and without clandestine motives.

For instance, Ezeah (2020) reported that the distribution of COVID-19 palliatives in Abuja was characterized with irregularities as a result of the unverified database to facilitate the distribution to the rural population who are the actual target. In April 2020, the government of Kano State in Nigeria mapped out 50,000 households that live below the poverty level that will benefit from the COVID-19 palliatives. The palliatives included bags of rice, gallons of groundnut oil, bags of dawavita, cartons of spaghetti, and cash gifts of ₦2,000.00 (Two thousand naira) for each household. Unfortunately, the government did not clearly state the modalities for this distribution (Murtala, 2020). This brought about corruption, as sometimes huge amounts of money were shared without priority on the population most hit by the COVID-19 lockdowns. More so, Iroanusi (2020) informed that the Managing Director of the Niger Delta Development Commission (NDDC), reported that the Commission used ₦1.5b as COVID-19 cash palliatives only for members of the Commission. The government observed the uncoordinated distribution of palliatives and the consequential loss of huge revenue and decried their inability to distribute palliatives to the target population in Nigeria (Shittu, 2020). So, they requested the intervention of the private sector and NGOs.

A BBC news report by Orijinmo Nduka indicated that rural communities that had poor healthcare facilities, inadequate water supply, crappy internet connection and the oldest population were at a higher risk of contracting the virus and dying from it. Unfortunately, as part of the palliative measures, testing kits and nose masks were being shared amongst the wealthy and politically-connected persons, while the vulnerable in these rural communities suffer; noting the existence of this crisis between political officials and traditional institutions while distributing palliatives for the COVID-19 pandemic. Nigeria Governors' Forum reminded the Federal Government of Nigeria of the need to reform the distribution method (Sanni, 2020). The founder of Igbo Youth Movement, Ugochukwu-Uko in an interview, alleged that the distribution of palliatives did not get to the Southeast geo-political zone. He further indicated that the Southeast read about the distribution of palliatives on pages of newspaper and also watched on the news but no cash payments and free food were shared by

the Federal government. He added that no town or village in southeast can claim to have felt the impact of the Federal Government palliatives (Agbedo, 2020).

Orizu (2020) reported the Coalition of United Political Parties' (CUPP) condemnation of the Federal Government's method of palliative distribution to the poor and vulnerable rural communities in Nigeria. The group complained that there was hardly any accountability since many of the palliatives ended up in the hands of politicians, instead of the intended population. They advised the Nigerian government to rather involve the traditional rulers and town unions of the target rural communities in the distribution of the palliatives to ensure that the beneficiaries are the most vulnerable. This was also corroborated by Emelike, Iwok, Odoh, and Kwen (2020) who reported that citizens were defying lockdowns while accusing the Federal Government of discrimination and corruption in the distribution of palliatives. Popoola (2020), the founder of Rate Your Leader App noted that the way the distribution of palliatives to Nigerians during the COVID-19 was handled, reveals the crisis of trust in Nigerian politics. A corroborated report by Njoku, Ebiri, Olumide, Musa and Agboluaje (2020) suggested that the best way to determine the poor and vulnerable Nigerians is to involve town union presidents, traditional rulers and local governments' authorities in the distribution of palliatives. The aim is to guarantee transparency and accountability in the distribution of palliatives.

Onah, Ugwuibe and Onah (2020) studied the inefficiencies of the COVID-19 lockdown palliatives in Nigeria while addressing the gaps and critical strategic issues. Their study aimed at interrogating the template used in distributing the palliatives, as well as finding out how politics and insufficient data impacted the distribution of those palliatives. Their study employed a qualitative descriptive approach with data from official documents. They found inadequate database, ineffective templates and political biases as factors which have affected the distribution of palliatives meant for the vulnerable and rural communities. The study did not, however, go further to examine if the observed political biases in the distribution of palliatives crisscrossed with intangible heritage or indigenous values of those targeted rural communities. Nevertheless, the study recommended that sufficient and disaggregated data on the number of vulnerable people be generated, updated, and stored for such future exercises.

As seen in many reports, it may seem as though there is rarely any political interference with cultural institutions during the distribution of COVID-19 palliatives in rural communities when it is being done by NGOs, churches or other non-political organizations (Obokoh, 2020; Sahara Reporters, 2020; Okogba, 2020). However, in some cases, when these palliatives are distributed by politicians, they tend to use such occasions in the furtherance of electoral fortune, thereby preventing appropriate execution of the palliatives (Independent Newspapers, 2020; Popoola, 2020). While in other cases, political officials involved traditional leaders, women leaders in addition to ward leaders and councillors in the distribution of COVID-19 palliatives (Kevin-Alerechi, 2020). These representatives helped distribute the food to the most vulnerable people in their communities. Another study by Eranga (2020) examined the Nigeria government's effort to distribute palliatives to its vulnerable rural population as part of ways to alleviate the sufferings of the COVID-19 lockdowns. The study looked at the Federal government social safety initiatives like the TraderMoni, FarmerMoni and MarketMoni. It found also, that political actors and government officials used the implementation of those initiatives, funded by taxpayers, for

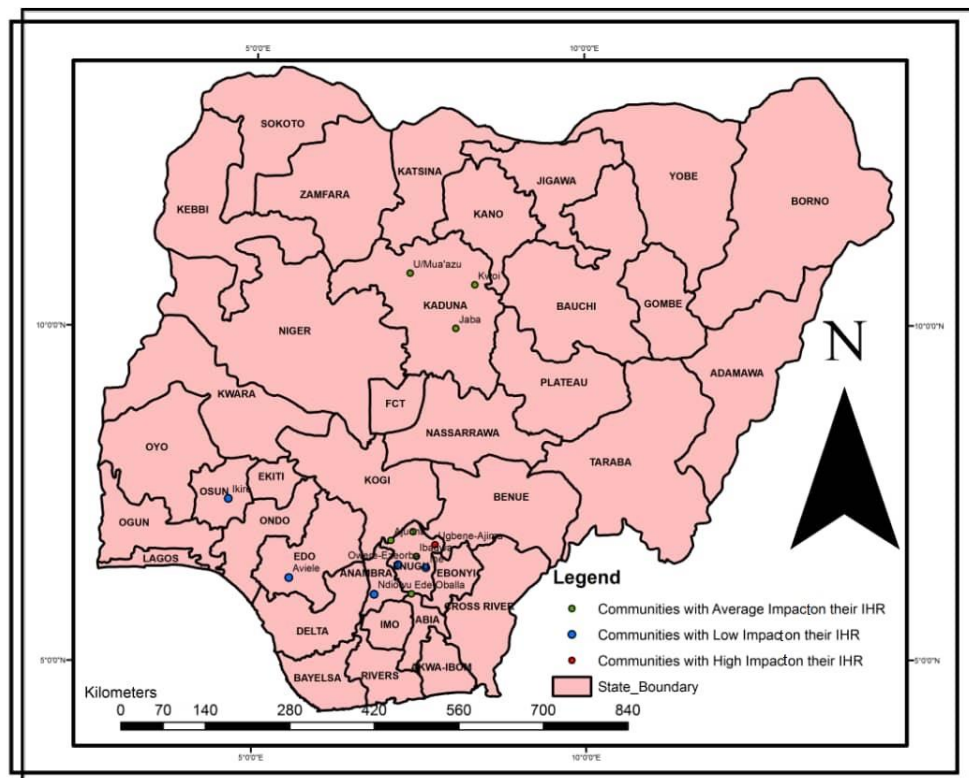
their personal aggrandizement and political gains. However, previous studies did not examine these political interferences in relation to the intangible heritage resources or indigenous values of the rural communities they studied. This current study examined the relationship between the politics of COVID-19 Palliatives and intangible heritage resources in rural Nigeria.

Incidentally, most of these rural communities are typical traditional African communities with great regard for the traditional value system which has characterized their existence since prehistoric times. Often, activities in these rural communities are interwoven with this traditional value system. To this end, we argue that the COVID-19 pandemic and the consequent political intervention through palliatives in the rural areas interfaced with the traditional value systems of these communities where COVID-19 palliatives were distributed. However, the nature of this interface would be explored in this study.

## 2.0 METHOD

This is a qualitative study with a case study research approach and observation. The study was undertaken by a research network known as Tourism Safety and Security Research Network (TOSSREN) and this allowed for large coverage which the study was able to make within a period of time. The study focused on rural populations between the ages of 25 – 65. Purposive and convenience sampling techniques were used in sampling seventy-six (76) informants for key informant interviews, and focus group discussions. Fifteen (15) rural communities were randomly sampled from rural parts of Nigeria. Sixteen (16) members of the network actively participated in the study. While some of them were meant to study the traditional communities with a similar interview guide, others participated in some other aspects of the study. The fieldwork was conducted between July and October 2020. Data collected were descriptively analysed using case study analysis with the aid of tabular illustrations for clarity. It is expected that the result of the study would give a clear picture of the nature of the interface between the politics of COVID-19 palliatives and intangible heritage resources in rural Nigeria. The major limitation of the study was the Lockdown Order by the Federal government. It restricted movements to some locations, but that notwithstanding the study still came out successful. The map below shows the location of different case study areas and affected intangible heritage resources.





**Fig. 1: The case study areas and level of impact on their intangible heritage resources. (Source: Field survey, 2020)**

### 3.0 THEORIZATION

Doxey's Irridex Model was initially propounded by Doxey in 1975 to study and understand the attitudinal transmigrations of the local residents towards tourists and tourism development (Doxey, 1975 cited in Pavlov & Portolan, 2015; Zhang, Inbakaran, and Jackson, 2006) before it was adapted and espoused to study-related issues. According to Cordero (2008), the model assumes a degree of homogeneousness and direct beneficial relationship and markdowns complexities within the host community. This shows that anything that could affect the cultural heritage of the community, in the short-run and/or long-run, should be rejected or readdressed as the theory postulates. According to Oloidi (2019), to plan, make and implement any policy, it is necessary to involve those who are directly or indirectly affected to avoid tampering with their tradition and to achieve the aims of such policy. Irridex Model is not pragmatically grounded on any detailed research but assumed that the consequential circumstances with negative socio-cultural impacts can lead to irritational consequences within the local community (Pavlov & Portolan, 2015).

To initially study the gravity of tourism impact and attitude of the community, Doxey formulated four steps: euphoria, apathy, irritation (annoyance), and antagonism, which according to Cordero (2008), could be applied to other related topics, occurrences and disciplines to assess the stages of impacts that development could bring to the community. In the tourism sector, according to Doxey as stated in Pavlov and Portolan (2015, p. 1):

“during the first stage, the number of tourists is small and the local community welcomes tourism. In the phase of apathy, the number of tourists increases, and the relationship between tourists and residents becomes formalized. Irritation is the phase when residents become concerned about tourism due to significant growth of arrivals and increasing competition for resources. In the last stage, antagonism, tourists become responsible for everything bad that has happened in the host community.”

With respect to this study, euphoria could be an extremely strong feeling of enthusiasm, excitement and relief by the rural dwellers towards palliatives. Perhaps, their major thoughts could be to be safe from infection, secure basic needs and abide by the pronouncements of the government to fight the pandemic. As a result of this, the rural communities eagerly embraced the palliatives because their expectation to curb the Covid-19 pandemic is high. At this phase, the impacts of the palliatives seem not apparent because the rural dwellers are satisfied with all the palliative measures introduced; and could not negate them, basically to avoid the spread of the virus.

At the apathy phase, people could decide not to have interest in the palliatives anymore maybe as a result of the extended lockdown, attitude of the donors of items, egoism and reputation, miniature and impertinent nature of the items shared against expectation, how they were shared, the ineffectiveness of the items shared, or whether the method of executing the palliatives has adversely affected their custom, norms/taboo, political system, ritual practices, traditional dishes etc, which they could not tolerate any longer. However, the above issue could lead to irritation or annoyance. In the third phase, the rural dwellers are exasperated concerning the entirety of the palliatives. Doxey (1975, cited in Pavlov et al, 2015), believes that at this phase of irridex model, the rural dwellers are furious about the activities of the external forces like the tourists as a result of massive competitions with the community resources. At this point, issues about the palliatives and Covid-19 pandemic might have become infuriating, perhaps as a result of elongated lockdown and the nature of the palliatives shared.

More so, at the phase of antagonism, the rural communities finally see palliatives, which are the measures to assist the public during the pandemic, as destruction to friendship and culture in many aspects. They could, at this level, break the guidelines laid down by the authority. When rural dwellers are not comfortable with a policy or development, most especially the ones that tampered with their cultural heritage, sustainable development would not be achieved (Oloidi, 2019). That is why Pavlic et al (2015) believed that this phase in irridex theory means total resentment by the host community. This means that the palliatives could not satisfy the needs of the people.

The weakness of Doxey’s Irridex theory is that it does not define management models or strategies to minimise the adverse effects of development on social, economic, political, religious and environment on the local community (Pavlic et al, 2015). According to Zhang et al (2006), it disregards intrinsic factors associated with the local community members, such as individual demographic and sociographic characteristics, failing to clarify the distinctions between individual residents and their community. Hence, the irritation index is a theoretical model that necessitates constant and contextual empirical examinations, as it can be changed depending on geographical locations, problems, and even aims of a study. In conclusion,

Doxey's Irridex model has helped in hypothetically stating that COVID-19 palliatives and the accompanying politics could crash with the intangible heritage resources or rural communities, with the tendency of motivating hostility against the donors of the palliatives.

### 3.1 Presentation of Findings

In this section, data from the sampled fourteen (14) rural communities across Nigeria is presented using a case study presentation pattern in tabular form:

**Table 1: Presentation of the results of Case Study Research from sampled Traditional communities in Nigeria.**

Communities	Results of Case Study Research
<p><b>Case Study One:</b> <b>Ajuona-Ovoko</b> <b>Community</b></p>	<p>Ajuona-Ovoko is one of the three rural communities that make up Ovoko in Igbo-Eze South Local Government Area of Enugu state. Five informants were purposively sampled for interview sessions (between July 23 and August 4, 2020), coupled with detailed observations. COVID -19 Palliatives shared in this community were cash gifts, bags of rice, bags of beans, tubers of yam, and other items, such as face masks, hand sanitizers, hand gloves, wash hand buckets, laundry soap etc. Also, medical services such as checking of body temperature were carried out. These palliatives came from the state and local government, NGOs, private individual, churches and politicians. Sharing of palliatives was carried out as stipulated by donors. Generally, traditional rulers, ward counsellors, churches' Welfare/ Palliatives Committees and individuals including medical doctors recruited by Rt. Hon. Dr Asadu were used. In most cases, the palliatives brought were usually small compared to the number of the targeted "poorest of the poor" audience. Consequently, the palliatives were shared in such a small quantity per household. The palliatives shared met the immediate needs of the beneficiaries; hence, they expressed their gratitude. Being a crisis situation, materials shared were subjective, thus beneficiaries were subjected to receive what was offered to them. Government identified with the traditional political structure of Ajuona- Ovoko in sharing part of their palliatives, while using the Church structure also for the other batch. Members of the Community's response level to their indigenous knowledge and technology during the period remained high, because the number of days during which the palliatives were shared were few and they never spent much time in the sharing. Only a few was said to have ignored their traditional roles in the community for this sharing. However, COVID -19 Palliatives was said to have partly debased the traditional dishes. Traditional dishes were not part of the palliatives. Communal living and cohesion could be said to have been supported to some extent, after the sharing. Unfortunately, some members of the community believe that these palliatives could have been given to the traditional ruler to manage in line with their existing indigenous method of sharing items in the community. Also, some cultural groups like age-grade system, masquerade cult, and umuada system felt that they were not carried along in the sharing.</p>
<p><b>Case Study Two:</b> <b>Alor-Agu Community</b></p>	<p>Alor-Agu community is in Igbo-Eze South, LGA of Enugu State. Four informants, including the Vice President General of the community, Ugwuoke Samuel Ejiofor, were interviewed during the field research. The COVID-19 palliatives shared in Alor-Agu Community were cartons of noodles, bags of rice, bags of beans, tubers of yam, balls of onions, and hand sanitizers. The palliatives were given to the community by the Local government Chairman and the sharing was handled by some selected community leaders, priests from Churches and Imams of Mosques. The palliatives were shared equally to selected beneficiaries. What was shared though wasn't enough but was appreciated by some of the people due to the inherent hunger that was occasioned by COVID-19 Lockdown. The community was almost thrown into chaos after the sharing because the palliatives were not enough to get to the last of the targeted population. However, the community perceived the palliatives as an avenue to score cheap political points by the politicians who donated the palliatives. Members of the community were not carried along in the choice of what to be shared and how it was going to be shared. Also, the item distributed were much below the size of the targeted population in the community. The sharing aroused some mixed feelings among members of the community towards one another; this is a threat to the community's usual communal living and respect for culture and tradition. Though the palliatives were handed over to the community leadership but the sharing was manipulated to favour a selected few due to the limited size of the palliatives when compared with the originally targeted population. Majority of the food were the usual local food items though there were</p>



	<p>noodles which so many never valued because they are not their usual indigenous food. Finally, the sharing of the palliatives created more enemies in the community as those who weren't accommodated are aggrieved and sees the organizers as their enemies. This affected the traditional value system of the community since hatred and disregard to communal activities is affecting some traditional cultural practices of the community like masquerading, cultural dance, and ritual practices.</p>
<p><b>Case Study Three:</b> <b>Aviele Community</b></p>	<p>Aviele is one of the traditional communities in Edo State. Eleven key informants were engaged in interview sessions in the community. The palliatives shared to cushion the effect of Covid 19 in Aviele were from the state government and some notable sons and daughters of the land. Items shared were food items which include bags of rice, cartons of spaghetti, cartons of noodles, sachets tomatoes, sachets salt, seasonings, bags of beans, bags of garri and gallons of vegetable oil. The sharing was done by persons selected by loyalist to the present ruling party of the area alongside some traditional office holders. The sharing did not follow traditional protocols for such distribution in the community. For instance, the informants informed that the sharing was bias; as not every member of the community was informed of the arrival and sharing of these palliatives. To this end, only a few persons got items while others only heard after the sharing was done. The palliatives shared by individuals were more coordinated than that of the government. Although the shared items were appreciated by the young generations, their traditional food (yam, olene, soup items) that the elderly love to consume were not included in the package. Some members of the community vowed that since the community leaders and political office holders cannot be transparent in the sharing of these palliatives, there is nothing the community will want of them that they will do. This is because items were only shared to close family members of the various leaders in charge of the sharing. However, the palliatives pitched the people against each other as some members of the community who were aware of the arrival and date for sharing these palliatives but refused to inform others out of selfishness. Although the sharing was peaceful, it has succeeded in planting seeds of discord in the hearts of some community members against others. Also, the palliatives did not in any way support traditional dishes as the foodstuffs shared did not include traditional dishes.</p>
<p><b>Case Study Four:</b> <b>Ede-Oballa Community</b></p>	<p>Ede-Oballa is one of the traditional communities in Nsukka Local Government Area of Enugu State. The Community which is endowed with great traditional values has His Royal Highness, Igwe Engr. (Dr.) C.U. Asogwa (Eze Chi chiri and Udelegba-Ola I of Ede-Oballa), as the traditional ruler. Five key informants including the traditional ruler were interviewed. The research showed that palliatives shared in Ede-oballa came in different forms from different sources. Palliatives includes food items like yams, garri, rice, noodles, Agbugbu, groundnut oil, and money, etc. While the sources include the former Chairman Nsukka LGA Late Mr. Patrick Omeje (Jr.) (who gave the community six 20kg bags of rice, six cartons of 70g indomie noodles and a carton of groundnut oil containing six 3litres oil. These items were shared to "the poorest of the poor" in the six quarters of the community, 1 bag of rice+ 1 carton of noodles +1 bottle of oil to each quarter. Then there was free donations from Umu-Ede (illustrious sons and daughters of Ede-oballa) through a platform that was created for the purpose and was coordinated by Rev. Fr. Kevin Eze in which almost six million naira was realized and from it, one thousand tubers of yam, 1000 20kg bags of rice, 1000 cartons of noodles and 43 100kg bags of Agbugbu were bought and shared to 1000 persons who are considered to be the poorest in the community, according to the numerical strength of each village. It was done openly in the central primary school of the community. The items shared especially those from Umu-ed represents the need of the beneficiaries at that moment, while the palliatives did not make much impact on cultural festivals, marriages, etc as most of these activities were suspended during these periods occasioned by the covid-19 lockdown rules.</p>
<p><b>Case Study Five:</b> <b>Ibagwa Community</b></p>	<p>Ibagwa-Aka community is one of the traditional communities that make up Igbo Eze South local government area in the present-day Enugu state. The community is being headed by His Royal Highness Igwe Hyacinth Eze (Eze Chukwudebelu ii of Ibagawa kingdom) as the traditional ruler of the community. Ibagwa-Aka community is organized by quarter which include Amebo, Ezema and Echara respectively and it is being headed by the eldest (Onyishi) in each quarter. The key informants were carefully selected. One from each quarter and one from none indigene residing in the community making the key informants total of four. Covid-19 palliatives that were shared in the community include tubers of yam, noodles, beg of rice, beg of beans and cash gift. They were donated by the government, town union and wealthy members of the community. While some of these palliatives were shared according to traditional quarters in the community, some were shared using political wards. The sharing was targeted at the less privileged. Most people responded to the sharing due to economic hardship that was occasioned by Covid-19 lockdown policy. However, the Covid-19 palliatives were said to have crashed with some cultural aspects of the community traditional values. For instance, the Onyishi (Eldest) in Echara quarter passed on and in their tradition the post of Onyishi cannot be left vacant within eight days in Igbo calendar week (Izu) and some rituals need to be performed before the new Onyishi can resume his new office. But all the rituals did not take place due to lockdown and physical distancing imposed by the government. So, the palliatives in Echara quarter were</p>

	<p>not given the supposed traditional acceptance and blessing by the Onyishi. People abandoned traditional rituals in other quarters in order to partake in the sharing of the palliatives. Also, some items shared were not indigenous to the community, but they were left with no option as a result of the hardship and hunger that were brought by Covid-19 pandemic.</p>
<p><b>Case Study Six: The Community</b></p>	<p>The study was in the community in Nsukka Local Government Area. The community has five political wards and four traditional quarters. Four key informants were engaged in the study including the traditional ruler of the community, His Royal Highness Igwe George F. O. Asadu (Okpe Udo 1 of Nsukka Asadu). However, COVID - 19 palliatives were shared in the community by four groups of people. These were politicians, other philanthropists, town union and the government. The items shared were cash donations, tubers of yam, cartons of noodles, bags of beans, bags of rice, gallons of groundnut oil, bags of garri, hand sanitizers, and face masks. Five thousand (N5, 000.00) naira was shared to 10 persons from the five political wards in the community by a politician, the food items were also shared to these political wards by the traditional ruler. From, the informants, there is a relationship between what was shared and the need of the members of the community. It unites them together as a community, thus promoting communal living. Members of the community were happy with the sharing because the items were strictly shared to those that were less privileged (the poor, widows and physically challenged). The President General, Chief Amoke Nduka said that before the arrival of these COVID-19 palliatives, the traditional ruler, had assembled his cabinet members and the executives of the community and addressed them. In his speech, he said that the palliatives would be for the less privileged. This statement led to the coordinated sharing of the palliatives in the community. It was only the traditional dishes that were affected. They were not among the food items that were shared. Also, some members of the community insisted that the sharing could have been done according to the traditional village structure to respect the sanctity of their culture and tradition. Instead, the politicians insisted that those palliatives should be shared according to political wards to facilitate their future political campaigns to the detriment of the community's traditional village system.</p>
<p><b>Case Study Seven: Ikire Community</b></p>	<p>Ikire is a traditional community in Osun State with minimal number of rural populations. Seventeen key informants were engaged in in-depth interview sessions that were organized for the study. From the information gathered, the COVID-19 palliatives in Ikire community include bags of rice, bags of beans, bags of garri, cartons of noodles, gallons of vegetable oil, cartons of spaghetti and loaves of bread, and inedible items like sanitizers, handwash, buckets with taps for storing water, and nose masks. The people responsible for sharing of these palliatives were political office holders, individuals, religious organizations and some private schools. The palliatives shared by political office holders had political undertones as their palliatives were distributed to political wards whilst the traditional ruler's share was taken to his palace. Information revealed that beneficiaries of such palliatives were mostly card-carrying members of political parties though other members of the community benefitted but they were in the minority. However, the sharing of these palliatives was chaotic as members of the community did not apply decency to the collection thus putting an end to the sharing. The general response of the community after the sharing was agreeably not good enough and they perceived it to have political undertones and biases as familiarity formed the bases of sharing. Furthermore, there was a flagrant disregard for the traditional dishes of the benefiting communities since some of the foods shared were alien to them. However, sellers of the traditional snacks in the area known as Dodo Ikire, suffered loss of patronage. Again, the palliatives debased communal living and cohesion albeit for a short time. This according to the informants resulted from the sharing which sees that the privileged got more while the less and under privileged got less.</p>
<p><b>Case Study Eight, Nine, Ten, &amp; Thirteen: Kwoi Community, Kajuru Community, Jaba Community, &amp; U/Mua'azu</b></p>	<p>U/Mua'azu, Kwoi, Kajuru, and Jaba traditional communities were sampled from three local governments in Kaduna State for the study. These Local Government Areas include Kaduna South, Jaba and Kajuru. Eight key informants were conveniently sampled from these local communities for the study. The palliatives shared in these communities were done by the government, seasoned politicians in the state, churches and other organizations like YMCA. The State government had constituted a palliative committee that is saddled with the responsibility to distribute palliatives to rural areas accordingly. The committee was instructed to give out the relief materials to the vulnerable, needy, widows, and orphans and less privilege in the communities. The package given to each beneficiary was, 4 litres of vegetable cooking oil, 5kg of garri or corn flour, 5kg of beans, a carton of indomie noodles, a packet of spaghetti and 1 or 2 packs of magi seasoning. Members of these communities were appreciative of the palliatives shared to cushion the lockdown that was occasioned by COVID-19. However, it is worthy to note that the government committee did not include the traditional council in the sharing of these palliatives. People raised some complaints on government disregard of traditional authorities. The palliative distribution did not work in resonance with the cultural practices of the people. For instance, the items distributed did not include any of the native food item of the people. It was basically food items that have long shelf life and can easily be transported without serious damage. Also, the traditional political structure and other cultural groups in these communities were not carried along. That notwithstanding, the palliative encouraged communal living as</p>

<p><b>Community</b></p>	<p>some of the beneficiaries said it made them see the need to care for their neighbours. On the other hand, other members of these communities have a different story to tell. Some of them claim that the palliatives from government only got to people that are connected government officials. Such people are now perceived to be saboteurs of culture and tradition of the people. And some challenges were encountered as a result of this disregard of the traditional council in the distribution of the palliatives.</p>
<p><b>Case Study Eleven: Ndiowu Community</b></p>	<p>Ndiowu is one of the traditional communities in Orumba North Local Government Area of Anambra State. The community has a Traditional Prime Minister (Mazi Ikechukwu Ugbaja) after the death of the Traditional Ruler. Four key informants were purposively sampled for the study. COVID-19 palliatives that were distributed to the community include cartons of noodles, bags of rice, tubers of yam, salt, maize and bags of beans. These items were said to have been donated by the notable politicians, state and local government authorities, and philanthropists. While the sharing of most of these items followed the traditional political structure of the community, the remaining few did not. This few were shared by politician and their loyalists in the community. Oral sources have it that the rate of agitations was much after the politically motivated sharing by the interested politicians. However, most of the informants noted that their most of their traditional cultural practices were affected by the sharing. These include traditional dishes, cultural dance, age-grade activities, and traditional rulership structure. People were said to have abandoned these traditional cultural practices just to partake in the sharing. Such shouldn't have been the case if the traditional political structure of the community were mandated solely to do the sharing in the community.</p>
<p><b>Case Study Twelve: Owerre-Ezeorba Community</b></p>	<p>Owerre Ezeorba is among the traditional communities in Udenu Local Government Area of Enugu State. Four informants were purposively sampled for the in-depth interview sessions in the community. Some palliatives were shared in this community. These include cash gifts, bags of rice, bags of local beans (agbugbu), and salt. Others include tubers of yams, cartons of noodles, gallons of vegetable oil, and packets of magi seasoning. These came from the government, church, politicians, NGOs and other individuals from the community. The distribution in Owerre Ezeorba was undertaken by various individuals and groups including the clergy, local government Chairperson, Councillors, traditional rulers and women organization. The sharing did not get to everybody, rather, it went to the less privileged since the palliatives that were received would not go round to all the members of the community. One informant noted that the palliative from the Catholic Bishop was shared to all members of the community who were in the category of less privileged irrespective of the denomination and religion. Some individuals were aggrieved that the palliative did not get to them. The traditional council in the community had expected to have been given the palliatives to distribute in the community but this did not happen. Hence the sharing did not go down well with the traditional council and other socio-cultural groups in the community. Also, the traditional menu of the community was not considered. That notwithstanding, most members of the community were happy with what was shared and not how it was shared.</p>
<p><b>Case Study Fourteen: Ugbene-Ajima Community</b></p>	<p>Ugbene-Ajima is one of the traditional communities in Uzo-Uwani LGA of Enugu State. The community, which is headed by a traditional ruler is made up of 62 villages, and each is headed by the eldest man known as "<i>Onyishi</i>". There were four in-depth interview sessions involving four key informants. Food items and financial aid were distributed as COVID-19 palliative in the community. The food items include, rice, beans, <i>garri</i>, maize, noodles, and tubers of yam. The government offered these items through the Local Government Chairman. Bishop of Catholic Diocese of Nsukka (Bishop Prof Onah) gave ₦500.00 to some less privileged people in the community. For the government palliative, each person collected 1 tin of milk, 2 cups of beans, 2 cups of <i>garri</i>, 2 cups of maize, and 2 cups of rice respectively. 2 packets of indomie noodles and 2 tubers of yam were given to a very few persons. Also, Barrister Godwin Utazi (from the community) offered bags of rice and bags of beans as palliatives. The women shared these among themselves and each person collected 8 cups of rice and 4 cups of beans. This made them brand the government palliatives as '<i>Ngaezilam</i>' meaning 'Take and Stop Looking at Me'. They see the government palliative as an embarrassment to the community identity. They further composed a panegyric poem that was sung in the village square for Barrister Godwin Utazi. It reads:</p> <p style="padding-left: 20px;"><i>"Anyimurunwa Anyimurunwa Anyimurunwa di anyimma n aru Goddyutazibunwa di anyimma n aru Anyimurunwa di anyimma n aru"</i> Meaning 'We gave birth to a good child, Goddy Utazi'</p> <p>However, the community has traditional method of sharing items that are given to the community. It is the role of '<i>Asogwa</i>' (The apex Titled men) to perform the sharing. After the sharing, the <i>Onyishi</i> (Eldest man) takes the largest share followed by the kinsmen, followed by the <i>Umu-ozo</i> (the <i>Ozo</i> title holders). But the</p>

	<p>palliatives donors failed to recognize the traditional method of sharing items in the community. Also, apart from the fact that the sharing of the palliatives did not go down well with the traditional protocol of the community, it also affected the people's traditional dishes which were debased through sharing of what they don't eat (Noodles). And farming/hunting activities were neglected on the days of this sharing which was done during the hours of these indigenous knowledge systems (9am-4pm).</p>
<p><b>Case Study Fifteen:</b> <b>Umuoyo Community</b></p>	<p>Umuoyo is among the notable traditional communities in Nsukka Local Government Area of Enugu State. It belongs to the Nru-Nsukka Traditional Quarter. They are predominantly farmers and craft men. Five key informants were engaged in the study. The government with some politicians (like Hon Celestine Ogbu and Hon Emmanuel Ugwuera member Enugu state house of Assembly) form Nsukka, shared some palliatives in the community in collaboration with Info Outreach Centre Nsukka, politicians and Concern Nsukka People. The items shared includes tubers of yam, bags of rice, bags of beans, cartoons of noodles, gallons of groundnut oil and bags of Garri, including hand sanitizers and facemasks. The president general of the community and his executive were responsible for the sharing which was done under the two Traditional Quarters that made up the community (Amigbo/Umuaje and Umuala), with each of the quarters having eight villages. Each quarter collected their own share and it was then shared among the villages through their village representatives. There is a relationship between what was shared and the need of the community. The people needed sustenance at that time. It is worthy of note that the distribution of palliatives affected their traditional values in many ways. Their Omabe masquerade festival was on ground but its activities were restricted during this period. Most of their cultural practices were suspended and this affected the traditional routine and sequence of the cultural outings of the masquerades. The Omabe masquerade displays were suspended by the practitioners to enable everybody partake in the sharing of the palliatives. Indigenous activities like palm wine tapping, palm oil processing, marriage ceremonies were suspended to allow for the smooth sharing of these palliatives.</p>

(Source: Case Study Research, 2020)



**Fig 1 & Fig. 2: Across section of members of Ajuona-Ovoko Community during the distribution of palliatives by the government**  
(Source: Field Survey, 2020)



**Fig. 3 (Tubers of yam), Fig. 4 (Cartons of noodles) & Fig. Five (Balls of onions): A public display of what was shared in the Ajuona community as palliatives by the government.**

## 4.0 DISCUSSION



This study was an attempt to understand the nature of the interface between the politics of COVID-19 palliatives and intangible heritage resources in rural Nigeria. It examines what was shared as palliatives in the selected communities during the COVID-19 Lockdown, who donated the items and how it was shared. It further examined the relationship between answers to the above questions and intangible heritage resources of the benefiting rural communities. Having presented the various case studies’ results in the previous section, this aspect of the study tends to discuss the various data that were acquired via the case study research. The results from these case studies are summarized in the tables below.

**Table 2: A Tabular representation of COVID-19 Palliatives that were distributed in the sampled traditional communities in Rural Nigeria**

Traditional Communities	Spaghetti	Cash Donations	Noodles	Bags of Rice	Tomatoes	Groundnut Oil	Seasonings	Bags of Garri	Tubers of Yam	Bread	Onions	Salt	Hand Sanitiser	Maize	Bags of Beans	Tins of Milk
Ajuona		X		X					X				X		X	
Alor-Agu			X	X					X		X		X		X	
Aviele	X		X	X		X		X				X			X	
Ede-Oballa		X	X	X		X			X						X	
Ibagwa		X		X					X						X	
Ihe		X	X	X	X	X		X	X				X	X		
Ikire	X		X	X		X	X	X		X			X		X	
Jaba						X		X			X		X		X	
Kajuru						X		X			X		X		X	
Kwoi						X		X			X		X		X	
Ndiowu			X	X					X			X		X	X	
Owerre Ezeorba		X	X	X		X	X		X			X			X	
U/Mua’azu						X		X			X		X			
Ugbene Ajima		X	X	X				X	X					X	X	X
Umuoyo			X	X		X		X	X				X		X	

(Source: Field survey, 2020)

Table 2 above gives a tabular representation of the various items that were shared in these communities as palliatives. Bags of rice and bags of beans dominated the palliatives. They were followed by some other conventional food items like tubers of yam and bags of garri. Other items like bread and milk recorded the least percentage. It was obvious that these communities were not consulted when making decisions on the items to be bought and shared as palliatives as was informed by most of the informants. The donors have their peculiar reasons for the choice of each of the items that were shared. Ayanda (2020) and Emenike et al (2020) asserted that availability and convenience were among the determining factors to what was shared as palliatives coupled with the donors’ insensitivity to the opinions of the beneficiaries. This formed part of the outcries in some quarters (i.e. Ndiowu, Ugbene Ajima, Jaba, Kajuru and Kwoi). They only accepted what was given out of the frustration that was



occasioned by the lockdown order. An informant asserted that under normal circumstance his community wouldn't have accepted some of the items that were shared as palliatives. However, the euphoria was out of inherent hardship in these communities as at that time. The irritation only came in full force after the lockdown and that may have formed part of the reasons for the breaking of COVID-19 Palliative Warehouses across the states of the federation during the October 2020 #ENDSARS Protests in Nigeria. It was obvious that most of the items shared in these traditional communities were incongruent with the needs of the community but were only received to cushion the effects of COVID-19 lockdown. Table 3 below looks at the various donors of these palliatives to rural communities in Nigeria.

**Table 3: A Tabular representation of the sources or donors of COVID-19 Palliatives that were distributed to the sampled traditional communities in Rural Nigeria**

Traditional Communities	Churches/Mosques	NGO's	Age Grades	Elite Groups	Politicians	Philanthropists	Interest Groups	Government	Entrepreneurs	Town Union
Ajuona	X	X			X	X		X		
Alor-Agu	X				X			X		
Aviele			X	X			X	X		
Ede-Oballa	X			X			X	X		
Ibagwa					X	X		X		
Ihe					X	X		X	X	X
Ikire	X				X	X			X	
Jaba	X	X			X		X	X		
Kajuru	X	X			X		X	X		
Kwoi	X	X			X		X	X		
Ndiowu					X	X		X		
Owerre Ezeorba	X	X	X		X	X		X		
U/Mua'azu	X	X			X		X	X		
Ugbene Ajima	X				X			X		
Umuoyo		X			X	X	X	X		X

(Source: Field survey, 2020)

Furthermore, Table 3 is a tabular illustration of results with regards to the various donors that gave palliatives to the sampled rural communities in Nigeria. The unexpected emergence of the pandemic threw the government and the general public into a state of pandemonium in terms of containing and cushioning the effect of the hardship on the masses that was occasioned by the lockdown (Shittu, 2020; Orjinmo, 2020; Murtala, 2020; Ezeah, 2020). Apart from the government (federal, state and local) who donated most of these palliatives in the sampled rural communities (except the Ikire community) (See Case Study Four), politicians are other popular donors. During the fieldwork oral sources have it that most of these politicians saw the season as the opportunity to register their political interests in the minds of electorates. And this informed their unprecedented involvement in the sharing of the palliatives to these rural communities. Some of the communities (i.e. Alor Agu, Ndiowu, Aviele, Ajuona-Ovoko, Kwoi, Jaba, Kajuru and Owerre-Ezeorba) lamented that those

palliatives from the politicians were shared by the respective political party chairmen and other party faithful to the detriment of traditional values and protocols of these traditional communities. Also, most of the palliatives donated by the government were hijacked by some of these politicians to score cheap popularity in their respective communities (Eranga, 2020; Onah et al, 2020; Popoola, 2000). The next table (Table 4) considers the relationship between the palliatives and intangible heritage resources of the sampled rural communities in Nigeria.

**Table 4: A Tabular representation of Intangible Heritage Resources that were affected by the Politics of COVID-19 Palliatives in parts of Rural Nigeria**

Traditional Communities	Cohesion	Festivals	Wine Tanning	Farming	Trad. Dishes	Trad. Marriage	Cult. Dance	Masquerading	Culture Groups	Rulership Syst.	Indigenous Values	Ritual Practices	Sharing syst.	Trad. Hunting	Belief syst.	Traditional Medicine
Ajuona					X			X		X	X		X		X	
Alor-Agu	X				X		X	X		X	X	X				
Aviele	X	X			X					X	X					
Ede-Oballa			X	X	X						X			X	X	
Ibagwa	X		X	X	X	X		X		X	X					X
Ihe					X				X	X	X					
Ikire	X				X					X	X		X			
Jaba		X		X	X	X	X			X	X					
Kajuru		X		X	X	X	X			X	X					
Kwoi		X		X	X	X	X			X	X					
Ndiowu	X				X		X		X				X			
Owerre Ezeorba									X				X			
U/Mua'azu		X		X	X	X	X			X	X					
Ugbene Ajima			X	X	X					X	X	X	X	X		X
Umuoyo		X	X					X		X	X					

(Source: Field survey, 2020)

However, Table 4 above addresses the major concern of the study. It gives a tabular picture of interface between politics of COVID-19 palliatives and intangible heritage resources in sampled rural communities in Nigeria. It examines the affected intangible heritage resources with emphasis on the negative effects. Africans have much regard for their intangible heritage which form integral part of the indigenous value system. According to Zhang et al (2006) and Cordero (2008), most host communities have the potentialities to attack alien programmes that debase their common values. The irritation index seems to be higher in such cases (see Pavlic & Portolan, 2015). In the case of these COVID-19 palliatives, the host communities may not have raised much antagonism against the program due to hunger, even when the programme is debasing their common values. The people were frustrated by the lockdown owing to the occasioned hunger and lack. At that time food becomes paramount in their need. The effect on their common traditional values can only be ascertained and reflected on after the lockdown regime.

Moreover, from Table 4, it is obvious that intangible heritage resources (IHR) like traditional dishes, traditional rulership system and indigenous value system have the worst hit by the politics of COVID-19 palliatives. This was the case in 85% of the traditional communities that were sampled for the study. What really happened? On the traditional dishes, many of the donors did not factor in the community interest as they did not consult to understand their preference. During the fieldwork many of the informants complained that they were forced to eat what they don't eat due to the inherent hunger and lack that was brought by the lockdown. The donors shared what they were interested to share so as to accommodate their respective interest without regard to the implications on the people's traditional menu. The implication is the imminent crisis between the traditional and modern dishes in these communities with the modern dishes having the upper hand due to convenience. Hence, the youths and the children who form the bulk of the population will buy into patronizing the modern food type to the detriment of their local food type which has promoted the community identity and common values over the years. They also pay less attention to the nutritional values of these local dishes and their relevance in traditional cultural practices in these communities. This is a terrible stain in the preservation of intangible heritage resources.

In addition, the traditional rulership system was designed to enhance communal living, understanding and respect for indigenous values in a typical traditional African society. Authority and power in a traditional African society flow within the ambits of the traditional rulership system. Abuse of this system does not only negate the people's traditional authority but also crashes their indigenous value system on the long run (Kirshenblatt-Gimblett, 2004; Ashworth et al, 2007). It was obvious that political and other interests of most of these donors made them to boycott the traditional political structure of most of these rural communities, thereby creating a huge gap between the rural population and their traditional leaders. The effect of this will be understood more in the post-COVID-19 regime as noted by some of the key informants in Ndiowu, Ugbene Ajima and Owerre-Ezeorba traditional communities. For instance, Emenike et al (2020), Eranga (2020), Ezeah (2020) and Pappoola (2020) in their respective studies assert that the problems created by the nature and manner COVID-19 palliatives were distributed in some rural communities will outlive COVID-19 and possibly leave a crack on communal living in these traditional communities. This is because traditional African societies have traditionally structured political authority that binds the people together. Distributing these palliatives in accordance with the dictates of these traditional authorities would have saved the donors and the communities the embarrassments and assaults that were experienced during the distribution.

Also, another factor that has contributed to the peaceful coexistence in these traditional communities is respect for the people's indigenous value system. This accounts for one of the reasons you have fewer social vices in these rural communities, unlike their urban counterparts. It is an integral part of people's heritage (Lowenthal, 2005). The indigenous value system dictates the roles and expectations of people in traditional African society. The politics that was engaged in the sharing of these palliatives in these rural communities did not spare this value system according to the informants. These include contradictions in the assignment of roles, distribution of palliatives that negate the tenets of this value system, displacements of traditional/indigenous engagements and locations. For instance, some of the sampled communities noted that most of the palliatives were not shared at the traditional village square where communal items are shared accordingly. This was the case in Umuoyo,

Owerri-Ezeorba, Ugbene-Ajima and Ede-Oballa where the traditional village square known as "Otobo" was not used. The same was also the case at Kwoi, Kajuru, Jaba and U/Mua'azu communities. The implication is that traditional regard for such sacred places would have diminished in the post-COVID-19 regime in those communities. What then becomes the fate of the people's traditional value system which has characterized their communal system since their existence?

More so, intangible heritage resources like traditional medicine practice, festival, farming, Cultural dance, masquerading, palm wine tapping, traditional hunting, ritual practices, traditional marriage system, among others, were affected in some of the sampled communities (see Table 4). For instance, only a few of the informants had noted that the uncoordinated sharing of palliatives affected the smooth practice of some aspects of their indigenous value system like traditional bone-setting, palm wine tapping, and traditional hunting. This was as a result of time and interest clash with the traditional practitioners. The inherent hunger and hardship left them with no alternative than to jostle for the palliatives at the expense of their indigenous value system. For example, one of the key informants and a leader of a cultural dance group in Ndiowu informed that their normal practice for new dancing steps was interrupted on many occasions because members were keen at getting their own palliatives which was uncoordinatedly and inconsistently distributed among members of the community.

## 5.0 CONCLUSION

Intangible heritage resources are an integral part of traditional African societies. They promote communal living, communal identity and afford them the opportunity for tourism and other economic activities. This explains why these intangible heritage resources are held tenaciously despite the continuing threat from modernity and alien cultures. The result of this study has shown that the way and manner COVID-19 palliatives were distributed to rural communities in Nigeria is a threat to the preservation, promotion and sustainability of their intangible heritage resources. This does not in any way imply that the concept of distributing palliatives to cushion the effects of hunger and hardship in rural communities is wrong. Our major argument is that the politics that was involved in the distribution were wrong since it negates the people's value system. However, it is highly recommended that in subsequent times (not praying for a reoccurrence of COVID or similar pandemics), such palliatives should be distributed in consultation with the leadership of these traditional communities in Nigeria. This has to do with what to buy when to share it, where to share it, who is to share it, and how it is to be shared. This will help to maximize the gains and reasons of palliatives to rural communities, and at the same time to preserve the people's value system and intangible heritage resources (Zhang et al, 2006; Cordero, 2008).

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