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# Community Perceptions of Military Involvement in Epidemic Response in the Northeast Region of Nigeria

## Implications for Civilian-Military Relations

*A Report of the Center for Human Rights and Humanitarian Studies at the Watson Institute for International and Public Affairs, Brown University*


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# Abbreviations Index

| | |
|---|---|
| CDC | United States Center for Disease Control |
| COIN | Counter Insurgency Operations |
| DICON | Defense Industries Corporation of Nigeria |
| DRU | Disaster Response Unit |
| ECHO | European Commission, Humanitarian Aid and Civil Protection |
| FGD | Focus Group Discussions |
| GOARN | Global Outbreak Alert and Response Network |
| HIC | High Income Countries |
| ICC | Incidence Coordination Centre |
| IDP | Internally Displaced Persons Camp |
| JAS | Jama'atuAhlis Sunna Lidda'awatiwal-Jihad |
| KII | Key Informant Interviews |
| LGA | Local Government Areas |
| LMIC | Low- and Middle-Income Countries |
| MACA | Military Aid to Civil Authority |
| MSF | Médecins Sans Frontières |
| NAF | Nigerian Air Force |
| NCDC | National Centre for Disease Control |
| NDRP | National Disaster Response Plan |
| NEMA | National Emergency Management Agency of Nigeria |
| NMDHIP | Nigerian Ministry of Defence Health Implementation Programme |
| NRC | Nigerian Red Cross |
| SEMA | State Emergency Management Agency of Nigeria |
| SGBV | Sexual and Gender Based Violence |
| TCBITTF | Theatre Command Buratai Initiative Task Force |
| UN-CMCoord | United Nations Civil-Military Coordination |
| WHO | World Health Organization |

# Selected Quotes

"My initial view of the Nigerian military has been one that views it as an institution that is made of men and women that are trained to fight on behalf of the country. With their involvement in providing medical assistance to civilians, my ignorance about what the military represents has been altered."

(Community leader in Yola, Adamawa State)[1]

"Through our involvement in the provision of medical support to victims of insurgency in the North East region of Nigeria, we were able to win the hearts and minds of the people. This is one way of using the soft approach to gain the confidence of the people during times of conflicts."

(Military Officer in Maiduguri, Borno State)[2]

"When you see the military involved in pandemic response or any health related issue in the country and the north east region in particular, it is in line with our constitutional mandate under what is referred to as Military Aid to Civil Authorities (MACA), related to disaster management and humanitarian assistance not involving the use of firearms."

(Military officer at the Army Headquarters, Abuja)[3]

[1] Interview with a community leader in Yola, Adamawa State.

[2] Interview with a military officer in Maiduguri, Borno State.

[3] Interview with a military officer at the Army Headquarters, Abuja.

# Introduction

For over a decade, the northeastern region of Nigeria has been plagued by violence perpetrated by the armed group Jama'atuAhlis Sunna Lidda'awatiwal-Jihad (JAS), popularly known as Boko Haram. The humanitarian crisis in this region has affected 29.6 million people,[4] with 2.2 million people internally displaced[5] and over 190,000 people fleeing for Niger, Chad and Cameroon as refugees.[6] Over 4 million people are facing food insecurity and other forms of vulnerability, such as lack of access to schools and medical facilities and heightened threats to livelihood.[7] Many have also been exposed to traumatic events that have not been adequately addressed by psychosocial interventions. Coupled with the highest rate of poverty in Nigeria, the situation in the northeastern region has become one of the world's largest humanitarian crises and the fastest growing displacement crisis in Africa.[8]

Additionally, these vulnerable communities also face outbreaks of infectious diseases, such as Ebola, Polio, and, most recently, COVID-19. In response, the Nigerian Centre for Disease Control (NCDC) and the National Disaster Response Plan (NDRP) were created to devise a more coordinated and comprehensive strategy to deal with these crises. In Nigeria, the military is a crucial actor in the mitigation of such domestic challenges.[9,10]

Military intervention during disease outbreaks has evolved significantly over the past decade. One important example in the Ebola epidemic involves Médecins Sans Frontières' (MSF) response to the Ebola epidemic in West Africa. MSF made the controversial decision to call for military

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[4] United Nations High Commissioner for Refugees (UNHCR). (2017) "Regional Update No.18, Nigeria Situation". Available at: http://reporting.unhcr.org/sites/default/files/UNHCR%20Regional%20Update%20-%20Nigeria%20Situation%20-%20May%202017.pdf. (Accessed April 15, 2020).

[5] European Commission, Humanitarian Aid and Civil Protection (ECHO). (2017) "Factsheet on Humanitarian Situation and Needs in Nigeria". Accessed at: https://ec.europa.eu/echo/sites/echo-site/files/nigeria_en.pdf. (Accessed April 15, 2020).

[6] UN News. (2015) "Crisis in Africa's Lake Chad Basin Must Not Be Forgotten". Available at: www.un.org/apps/news/story.asp?NewsID=51974#.VnBz12SrQ_V (Accessed April 15, 2020).

[7] Federal Republic of Nigeria (2016) North East Nigeria: Recovery and Peacebuilding Assessment, Volume II, Component Report, Abuja: Federal Republic of Nigeria.

[8] United Nations (2002) Policy on Civil-Military Coordination Field Handbook, New York, United Nations.

[9] Interview with an official of the National Emergency Management Agency (NEMA), 20th July 2019.

[10] Interview with a military officer in Abuja, 26 July 2019.

intervention[11], which risked threatening community cooperation, a key ingredient to pandemic response.[12] Such a call by the MSF highlights the evolving role of the military in pandemic response.

The United Nations Civil-Military Coordination (UN-CMCoord) views civil-military coordination as a "dialogue and interaction between civilian and military actors in humanitarian emergencies that is necessary to protect and promote humanitarian principles, avoid competition, minimize inconsistency, and, when appropriate, pursue common goals".[13] Despite common goals recognized by both military and civilian entities, numerous gaps remain in civil-military coordination in epidemic response.[14] Examples include misunderstandings of the role of the military, frustrations regarding various human rights abuses within the military, and a lack of community trust in the military. More specifically, in the context of Nigeria, even though the federal government acknowledges the role of the civilian sector in providing logistical support, relations suffer from an incoherent articulation of the goals of civil-military relations.[15]

In Nigeria, the military performed several key aspects in the nation's 2014 Ebola epidemic response, including healthcare protection, resource provision, and stakeholder coordination. To understand the underlying dynamics of civilian-military partnerships, this study examines the military's roles in the 2014 Ebola epidemic responses in the northeastern region of Nigeria, using insights from experiences with Boko Haram and COVID-19. Insights from the civilian population regarding the military's responsibilities and effectiveness will inform thinking in research, policy, and peacebuilding to provide a sound basis for optimizing the success of civil-military partnerships during infectious disease outbreaks.

Various challenges to civilian-military cooperation include confusion about the military's role, cultural barriers, and human rights violations. Structures that promote civilian-cooperation cooperation include civil society inclusion, military public health outreach, and improved human

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[11] Hofman, Michiel, and Sokhieng Au, eds. The politics of fear: Médecins sans Frontières and the West African Ebola epidemic. Oxford University Press, 2017.

[12] Docter, Stynke P., et al. "Public perceptions of pandemic influenza resource allocation: A deliberative forum using Grid/Group analysis." Journal of public health policy 32.3 (2011): 350-366.

[13] Federal Government of Nigeria (2016) North East Nigeria: Recovery and Peacebuilding Assessment, Volume II, Component Report, Abuja: Federal Republic of Nigeria.

[14] FGD with humanitarian workers in Maiduguri, Borno State, 5 June 2019.

[15] Leung, Gabriel M., and Angus Nicoll. "Reflections on pandemic (H1N1) 2009 and the international response." PLoS Medicine 7.10 (2010): e1000346.

rights civilian-military reporting channels. Recommendations provided herein aim to improve civilian-military stakeholder collaboration.

# Existing Literature on Civilian-Military Engagements during Epidemic Responses

Current literature on community perceptions of military involvement in health crisis response typically focus on the effectiveness of the military and multinational actors.[16,17] Some scholars suggest that military or government-led campaigns against outbreaks and epidemics have been a relatively recent phenomenon.[18] In fact, Watterson (2016) argues that the resistance against militarization is derived from both the health and security sectors and risks politicizing health outcomes while also draining limited military resources.[19] However, there seems to be a consensus in accepting the military's ability to effectively respond to disasters, at least in an organizational capacity.[20,21]

The scope of much of the literature on military-epidemic response focuses on epidemics occurring in High-Income Countries (HICs). This study serves an important role in expanding military-epidemic research for epidemics to Low- and Middle- Income Developing Countries (LMICs), such as Nigeria. Among other things, the military can fill voids in leadership, provide technical support, and organize epidemic response in many LMICs. Examples of LMIC military leadership are found during the Ebola epidemics in Liberia and Sierra Leone.[22] In previous studies, some researchers have found generally positive perceptions of military assistance in the Ebola epidemic

[16] Kamradt-Scott, Adam. "Changing perceptions: of pandemic influenza and public health responses." American Journal of Public Health 102.1 (2012): 90-98

[17] Watterson, Christopher, and Adam Kamradt-Scott. "Fighting flu: Securitization and the military role in combating influenza." Armed Forces & Society 42.1 (2016): 145-168.

[18] Ibid, Kamradt-Scott.

[19] Ibid, Watterson.

[20] Smith, Paul. "Transnational Security Threats and State Survival: A Role for the Military?." Parameters 30.3 (2000).

[21] Fidler, David P. "Military forces, global health, and the International Health Regulations (2005)." 1 Journal of Healthcare, Science and the Humanities 117 (2011) (2011).

[22] Kamradt-Scott, Adam, et al. Saving lives: the civil-military response to the 2014 Ebola outbreak in west Africa. The University of Sydney, 2015.

in Sierra Leone.[23] However, other respondents noted the Liberian military's use of intimidation, violence, and lack of effectiveness when helping to construct public health facilities.[24] Limited research into the military's roles in epidemics has led to confusion about the capabilities and responsibilities of this sector. Hence, this study aims to fill these knowledge gaps on epidemic response in Nigeria using the polio and Ebola epidemics.

Scholars have also debated whether shaping the response through the lens of securitization is appropriate, given the obvious medical and public health implications of epidemics.[25] McInnes and Roemer-Mahler (2017) note that framing epidemics as issues of national security has led to an "uneasy relationship between politics and health, by moving national interests into an area traditionally dominated by scientific rationalities and a predisposition towards cosmopolitan norms."[26] In doing so, the authors argue that epidemic securitization fails to properly address the social determinants of health and the need to build resilient public health infrastructure that effectively respond and adapt to new outbreaks. On the other hand, some scholars argue that the military is an actor inherently capable of effective resource distribution, transportation, and healthcare provision.[27]

# Contextualizing Nigeria's Military Epidemic Response

In the wake of the devastation caused by Boko Haram in Nigeria, the military assumed a larger role in humanitarian response. Other actors responsible for humanitarian response in Nigeria include the National Emergency Management Agency (NEMA) and State Emergency Management Agency (SEMA).[28] Although NEMA and SEMA are responsible for coordinating epidemic response, the military has additional logistical and technical capabilities to help deliver immediate assistance to regions most at need. Experiences and lessons from the involvement of

[23] Ibid, Kamradt-Scott

[24] Ibid, Kamradt-Scott

[25] McInnes, Colin, and Anne Roemer-Mahler. "From security to risk: reframing global health threats." International Affairs 93.6 (2017): 1313-1337.

[26] Ibid, McInnes.

[27] Gates, Bill. "The next epidemic—lessons from Ebola." New England Journal of Medicine 372.15 (2015): 1381-1384.

[28] Interview with an official of the NEMA in Abuja.

the military in epidemic response demonstrate that the Nigerian military is prepared for contingency operations[29], and that the military might be able to assume a larger role in health-related emergencies.[30] As a result, the Nigerian military prepares for humanitarian emergencies and contingencies in accordance with Section 217(2)(c) of the constitution, which fundamentally incorporates a statutory mandate of assistance to civil authorities into humanitarian responses and their appertuant operations.[31]

In recent years, humanitarian and security threats have underscored the importance of a unified, transnational response, especially regarding infectious disease outbreaks. In most epidemics, the military plays a crucial, if not central, role in shaping the trajectory of epidemic response.[32] More recently, civilian and military actors in epidemic response have increasingly recognized the need for stronger collaboration and coordination to mount an effective epidemic response. In Nigeria, the framework of the National Disaster Response Plan (NDRP) identified the military as a central actor in national emergency response and coordination.[33,34] Despite this coordination framework, both the Nigerian Ebola and Polio outbreaks demonstrated failures and opportunities for improvement in epidemic response.

In response to the outbreak of Polio virus in Nigeria, the Chief of Army Staff, Lt. Gen. Tukur Buratai launched the Theatre Command Buratai Initiative Task Force (TCBITTF) in 2019. The task force was a partnership between the Nigerian military and state-level healthcare service providers to ensure that an estimated 60,484 children trapped in 2,622 inaccessible settlements in the northeast region were reached.[35] In this instance, the military was the only actor able to reach these inaccessible areas and help diminish the threat of Polio in the northeast region. Challenges for state-level healthcare service providers and other non-military actors included the risk of facing

[29] Interview with a military officer in Abuja.

[30] Interview with a religious leader in Adamawa State.

[31] See 1999 Constitution of the Federal Republic of Nigeria (as amended).

[32] Hofman, Michiel, and Sokhieng Au, eds. The politics of fear: médecins sans frontières and the West African Ebola epidemic. Oxford University Press, 2017.

[33] Interview with an official of the National Emergency Management Agency (NEMA), 20th July 2019.

[34]Interview with a military officer in Abuja, 26 July 2019.

[35] Scroll Report (2019) "Buratai Initiative Task Healthcare Development Agencies on Polio". Available at: https://www.scrollreport.com/2019/06/buratai-initiative-tasks-healthcare-development-agencies-on-polio/ (Accessed April 15, 2020)

insurgents and militia-based groups and assisting geographically inaccessible mountainous regions.[36]

More specifically in the West Africa Ebola outbreak, the military filled the need for leadership in Liberia and Sierra Leone.[37] Researchers found generally positive perceptions of foreign military assistance in the case of the Ebola epidemic in Sierra Leone.[38] However, other studies have noted the military's use of intimidation, violence, and lack of effectiveness when assisting in the construction of public health facilities.[39] Limited research into the military's roles in epidemics has led to confusion about the capabilities and responsibilities of this sector. This study aims to fill these knowledge gaps by using the Nigerian military as a case study.

The Nigerian military's expanded role in epidemic response underscores the impact that enhanced civilian-military relations can have on national security.[40,41,42] Examples of epidemic response that were undertaken as part of a broader regional security agenda included the EU's response to the US anthrax attacks of 2001, the 2002 World Health Assembly (WHA) Resolution, and the formation of the Communication on Cooperation in the European Union on Preparedness and Response to Biological and Chemical Agent Attacks by the European Commission.[43, 44] Additionally, epidemics can curtail economic productivity, impact quality of life, and regress important health indices.[45] In this instance, the goals of developed nations often align with the

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[36] Sokoya, Y (2018). "Bill Gates Partners Nigerian Military to Eradicate Polio". Available in https://www.google.com/amp/prnigeria.com/2018/01/28/bill-gates-partners-nigerian-army/amp/ . (Accessed April 15, 2020)

[37]Kamradt-Scott, Adam, et al. Saving lives: the civil-military response to the 2014 Ebola outbreak in west Africa. The University of Sydney, 2015.

[38] Ibid, Kamradt-Scott

[39] Ibid, Kamradt-Scott

[40] Cook, Alethia H. "Securitization of Disease in the United States: Globalization, Public Policy, and Pandemics." Risk, Hazards & Crisis in Public Policy 1.1 (2010): 11-31.

[41] Nsubuga, Peter, et al. "Strengthening public health surveillance and response using the health systems strengthening agenda in developing countries." BMC public health 10.1 (2010): S5.

[42] World Health Organization. The world health report 2000: health systems: improving performance. World Health Organization, 2000.

[43] Commission of the European Communities, Communication on Cooperation in the European Union on Preparedness and Response to Biological and Chemical Agent Attacks (Health Security), p. 13.

[44] Kittelsen, Sonja. The EU and the securitization of pandemic influenza. Diss. Aberystwyth University, 2013.

[45] Sands, Peter, Carmen Mundaca-Shah, and Victor J. Dzau. "The neglected dimension of global security—a framework for countering infectious-disease crises." New England Journal of Medicine 374.13 (2016): 1281-1287.

needs of developing nations. By supporting global initiatives and organizations such as Global Outbreak Alert and Response Network (GOARN) and the World Health Organization (WHO), the global community aims to promote a more unified response to infectious disease outbreaks. On the other hand, critics question whether shaping infectious disease response through the lens of securitization is appropriate, given the medical and public health implications of epidemics.[46] In doing so, the scholars argue that the securitization of epidemics fails to properly address the social determinants of health and the need to build resilient public health infrastructures that would be ready when outbreaks occur.[47] Therefore, addressing social determinants of health is an important consideration for the military in effective epidemic response.

# Methodology

The study aims to assess civilian perception and interaction with Nigerian military's involvement in epidemic response, using insights from both the military and civilian populations. In particular, we aim to address the following questions:

## *Research Questions*

(i) What is the military's role in epidemic response?

(ii) Are there existing structures and mechanisms that engender the acceptance of the civilian community in relation to the involvement of the military in epidemic response?

(iii) Are there specific constraints that make it difficult for the civilian communities to support the military in relation to its involvement in epidemic response?

(iv) What are the guiding principles that define military involvement in epidemics response?

(v) What are the existing challenges that affect cooperation and coordination between the civilian community and the military in relation to epidemic response?

(vi) In what ways can the constraints associated with the military's involvement in epidemic response be addressed?

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[46] McInnes, Colin, and Anne Roemer-Mahler. "From security to risk: reframing global health threats." International Affairs 93.6 (2017): 1313-1337.

[47] Ibid, McInnes.

(vii) In what ways and to what extent do local contexts influence or impact on the involvement of the military in epidemic response?

(viii) What are the most effective ways of engendering better relations between the civilian population in the context of epidemic response?

## *Study Population and Selection*

Adamawa, Borno and Yobe were selected as three states in northeast Nigeria particularly affected by both the Boko Haram insurgency and Ebola epidemic. The military has a significant and active presence in each of these three states due to its role in fighting Boko Haram-led insurgents and deploying resources to support civilians affected by the violence.

Within each state, three local governments most directly affected by the Boko Haram insurgency were selected to determine the perception of Nigerian military involvement in both the Boko Haram insurgency and the Ebola epidemic. These Local Government Areas (LGAs) experienced major humanitarian challenges, exacerbated by weak health systems and substandard living conditions such as poor sanitation and a lack of clean water. LGAs selected include Madagali, Michika and Yola North (in Adamawa State); Maiduguri, Jere and Damboa (in Borno); and Damaturu, Gujba and Geidam (in Yobe).

## *Data Collection Method*

Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) were chosen as principle methods of data collection. Both KIIs and FGDs were conducted in each of the selected LGAs. Participants included community actors, military personnel, representatives from governmental and non-governmental organizations, and various other stakeholders (Tables 1, 2). It is important to note that special attention was given to recruit and capture the voices of socially vulnerable groups such as women and individuals living with disabilities to obtain a holistic view of civilian-military relations. Predesigned interview/discussion guides (Table 3) were employed to conduct the KIIs and FGDs, which were undertaken at locations chosen by the respondents. Both KIIs and FGDs utilized a semi-structured interview format to allow respondents to individualize their responses based on their experiences. The final sample size was based on the principle of saturation; the researchers ceased conducting new interviews when it was evident that the answers were repetitive.

### *Key Informant Interviews*

65 respondents were targeted for the KIIs across the three focal states of Adamawa, Borno and Yobe. Interviewees and organizations were identified through a mapping of their involvement and roles in epidemic response with specific focus on the north-eastern region of Nigeria. Mapping and recruitment were conducted by the Principal Investigator (C.K.) given his work experience and expertise in the region. Examples include traditional and community leaders, community-based organizations, members of women and youth groups, caregivers within host communities affected by insurgency in the three focal states, Internally Displaced Persons (IDPs) camps, humanitarian actors (both local and international), as well as key health and security agencies (Tables 1, 2).

### *Focus Group Discussions*

The FGDs were composed of 7 to 8 participants each and aimed to generate shared understanding of the issues and elicit dissenting views in a respectful manner. The participants for the FGDs were chosen in a way that provided a diverse representation of stakeholders. Stakeholders were identified through a mapping of their involvement and roles in epidemic response (Table 1).

The principal investigator was responsible for conducting the interviews and data collection. The principal investigator and research assistants transcribed the KIIs and FGDs firsthand during and immediately after the conclusion of the interviews. The KIIs and FGDs lasted 40 minutes on average and occurred from June – August 2019. Next, research assistants translated the KIIs and FGDs into English. Transcripts were reviewed for accuracy by the principal investigator and any discrepancies resulted in a complete revision of the transcript and/or translation.

## Data Analysis

English-translated transcripts of each KII and FGD were analyzed for thematic principles by research assistants. This was accomplished through closely reading each line in the transcript. It is important to note that no qualitative or quantitative software was utilized during any point in the data analysis phase of the project. During the close read, a code book was developed based on themes that emerged from the transcript. Any discrepancies between the themes in the code book and transcript resulted in a re-read of the transcript until the principal investigator and research assistant were in complete agreement.

## *Thematic Selection*

For each question (See Table 3 "Interview Guide"), the research assistant made a list of key themes extrapolated from responses in the corresponding FGD and KII. 'Coding' refers to the assignment of themes to each interview question. Two to five themes were elucidated from each question. Given the semi-structured nature of the data collection, themes were associated with the most recently asked question. From there, key quotes were highlighted that corresponded to the identified theme. Examples of themes include: Security/Peace, Transportation, Health Services, and Law and Order. Full list of themes can be found for each question grouping in Table 4 "Code Book". This process for thematic selection occurred the same for each FGD and KII. At the conclusion of the data coding phase, the codebook was analyzed for comparisons between and within each LGA's FGDss and KIIs. Any discrepancies with the codebook were taken up with the principal investigator and research assistant until they were resolved.

***Table 1: Breakdown of Respondent's Particulars (KIIs)***

| Sector | Location | Number | Age Range |
|---|---|---|---|
| Civilian Community | Adamawa, Borno and Yobe States | 24 | 35 – 50 |
| Military | Abuja, Adamawa, Borno and Yobe States | 16 | 35 – 50 |
| Humanitarian Workers | Adamawa, Borno and Yobe States | 9 | 30 – 45 |
| Civilian Government Officials | Abuja, Adamawa, Borno and Yobe States | 16 | 30 – 45 |

*Table 2: Breakdown of Respondent's Particulars (FGDs)*

| Sector | Location | Sex Breakdown | Age Range |
|---|---|---|---|
| Civilian Community | Adamawa, Borno and Yobe States | 4 Males and 3 Females | 45 – 65 |
| Military | Adamawa, Borno and Yobe States | 7 Males and 1 Female | 35 – 50 |
| Humanitarian Workers | Adamawa, Borno and Yobe States | 4 Males and 4 Females | 35 – 50 |
| Civilian Government Officials | Adamawa, Borno and Yobe States | 4 Males and 4 Females | 40 – 50 |

### *IRB Approval*

This study was approved by the Institutional Review Board of the Centre for Peace and Security Studies, Modibbo Adama University of Technology, Yola, Adamawa State, Nigeria. Participants were recruited from a variety of settings and were read a consent script prior to KII or FGD initiation. Participants were allowed to leave at any point in the interview and were able to opt to not answer any questions as they saw fit. Participants' responses were recorded anonymously, and interviews were confidential as no identifying information was transcribed.

# Results

### *Role of the Military in Epidemic Response*

The respondent's perceptions of the military's role in epidemic response varied sharply depending on the individual's background. Responses described the military's involvement in health service

provision, transportation, and security/peace. Numerous responses noted confusion regarding the role of the military in epidemic response:

> "The military play the role of restoring peace in response to violent attacks in communities and other associated dangers."
>
> (KII with UNICEF Child Protection Assistant, Yobe)

The perception of the military's role differed depending on the background of the interviewee. For example, women in Internally Displaced Person Camps (IDPs) enumerated several roles of the military in Sabon Gari, Abba Ibrahim, Damaturu, Yobe State:

> "We don't much about their roles, but they have assisted in many ways such as providing medical services, providing ambulance for those that are critically ill."
>
> "We are actually from Dikwa a village from Borno State, the military assisted us in providing security and help in transportation."
>
> "To provide security."

Other individuals within the military provided very concrete, specific examples of the role of the military. Interestingly, one KII with a military officer in Yola disagreed with the military being primarily responsible for provision of humanitarian aid:

> "The role of the military is to defend the territories of the Nigerian state. We can also be called upon by the civilian to provide aid in situations of insecurity like we have been doing in some cases. That is why you see that there are many internal security operations that the army are involved in Nigeria. It is not our duty to provide medical aids for the people, but we do it because we want to make ourselves friendly to the people so that they can give us the cooperation that we need from them."
>
> (KII conducted with Military Officer in Yola)

This same military officer – who spoke on the condition of anonymity – elaborated further, viewing civilian-military cooperation transactionally:

> "One of the cooperation that we need from them is that we want them to give us vital information of any imminent attack against the Nigerian Airforce or

any other military formation in Yola or Adamawa State. Sometimes too, when huge emergency happens such as bomb blast, flood and other disaster, we can be called upon by the state to provide assistance to the people in terms of rescue operations."

(KII conducted with military officer in Yola)

Another common theme expressed was the military's role in transporting victims of conflict:

"Generally, the military's roles in relation to pandemic response is not encouraging but they are sometimes involved in conveying victims of bombs blast to hospital."

(KII conducted with Community Member in Borno State)

"The only role of the military in pandemic response is the conveyance of the injured to the hospital during intense period of the insurgency. They do not play another role as far law is concerned."

(KII conducted with Community Leader of the Bama Development Association, Borno State)

The military's role in medical transportation was additionally expressed by the WHO:

"I don't think they play any specific roles in term of pandemic response. The only role I can think of is sometimes they convey injured persons to the hospital especially during the bomb period."

(KII conducted with WHO Officer in Borno State)

## *Perception of Military – Civilian Interactions*

The perception of the military's interactions with civilians prompted several strong reactions, ranging from thankfulness to frustration regarding community destabilization caused by the military:

"Members of the community appreciated their involvement because without the military we wouldn't have survived these crises."

(FGD in Yobe IDP Camp).

> "The community's perception of the military in pandemic response is poor because they are sometimes seen [to cause] unrest [in] the community."
>
> (KII with Community Member 1, Borno)

> "They [referring to the military] are not friendly and their role in such sector is limited if any."
>
> (KII with Community Member 2, Borno)

> "Military are looters are not healthy for the community at all."
>
> (FGD in Borno IDP camp)

While others expressed gratitude towards the military's efforts and maintained positive perceptions of the military's involvement, with a few caveats:

> "We really appreciate [their help] but sometimes they harassed members of the community."
>
> (FGD in Yobe IDP Camp)

> "Very good, we look at the military as up to the task."
>
> (FGD in Yobe IDP Camp)

While civilian perceptions of the military varied depending on the location and setting of the FGD and KII interviews, the military's own thoughts on civilian perception of their efforts was often very positive:

> "People are usually very appreciative of the military medical intervention because it is usually very useful to the people in resolving long standing ailment in the community."
>
> (KII with Officer in Adamawa State Emergency Management Agency)

> "Actually, the perception of the people about that is that of happiness and joy… They [the civilians receiving medical care] were so happy about it that in fact they gave an appreciation and vote of thanks to the NAF (National Airforce) because they were very happy because of that"
>
> (KII with Anonymous Airforce Officer, Yola)

The military has also provided various medical intervention to help establish cordial relationships between civilian-military entities:

> "Carrying out medical intervention to people has been used to establish cordial relationship with the people and people have been so happy receiving such medical aids from the military at that particular time. So I will say the perception of the people about it is that they are happy about it and crave for more because everything is free; they do not have to pay money and we give them medical facilities that they may not find in many hospitals around them."
>
> (KII with Anonymous Intelligence Officer, Yola)

### *Structures that Support or Endanger Civilian-Military Partnership*

Women at the IDP camp in Borno enumerated health provision as crucial to the civilian-military partnership:

> "The provision of the health center at the Dalori camp has made the civilian-military relation very cordial."
>
> "The Air force clinic in the camp, the free distribution of drugs, and treatment of ill persons."

Similar sentiments were expressed in FGD participants in IDP camps in Yobe and Borno:

> "They provide medical services alongside NGOs, even in camps."
>
> (FGD in Yobe IDP)
>
> "The provision of security especially during distribution of food and drugs are the only mechanism that brings about acceptance of the military."
>
> (FGD in Borno IDP)

One FGD in Adamawa described challenges toward community acceptance regarding public health issues, in crisis or non-crisis times:

> "One of the basic challenges is the refusal or the community to accept such intervention. This can result from many factors such as religion culture or the nature of relationship between the military and the people. For instance, many people may reject polio vaccine die largely to religion."

(FGD with Male, Age 36 in Adamawa)

This statement underscores the complexity of civilian-military relations, and the need for the military to consider local context during service provision. These challenges are one example of local barriers to effective civilian-military partnership. Perhaps the most honest admission of barriers to successful civilian-military partnership was described by one anonymous Airforce Officer, suggesting that military abuses contributed to the rise of the Boko Haram insurgency:

> "Actually, in some locations there are constraints because some of our military boys, once there is issue of insurgency they will use that as an advantage against the community like the issue of rape, force pregnancies, among others. Sometimes they [the community] find it very difficult to collaborate with the military because of that fear like in Numan we received intelligence report based on the introduction of the military in that location that the rate of rape and forced pregnancy has increased now and this is normally carried out by the military officers."

(KII with Anonymous Airforce Officer, Yola)

This airman went on describe the military's dismissal of officers that behave inappropriately and explained how that affects perceptions of military aid those civilians receive:

> "So, what I am saying is that bad behavior of the military can make people reject medical aid of the military in pandemic situation."

(KII with Anonymous Airforce Officer, Yola)

As a result, this airman highlights the impacts of ignoring local context and "bad behavior" can have on civilian medical aid provision by the military. In several regions, the Nigerian military aimed to obtain greater civilian acceptance. For example, in Adamawa State, one FGD described several targeted interventions: military awareness campaigns, opportunities for civilian participation, and removing physical barriers to communication, such as removing weapons while communicating with civilians.

> "They are supposed to go out with fewer arms so that they will not scare the people away. That is also very important."

(FGD with 40-year-old male in Adamawa State)

One KII with an MSF officer in Kobe recommended participation of civil society leaders to foster community, and military, adoption, and understanding.

> "Through creating awareness and involvement of civil societies, traditional rulers, community leaders in order to enlighten the [people] on the importance of cooperation among the two bodies."
>
> (KII with MSF Officer, Kobe)

Military human rights violations were also repeatedly mentioned as a barrier to effective civilian-military communication throughout the interviews:

> "Extortions, sometimes they collect our food ticket provided by NGOs."
>
> (FGD Yobe)

> "Human right violations including sexual and gender-based violence."
>
> (FGD Yobe)

> "Threats, sexual harassment and looting."
>
> (FGD, Borno)

Additional barriers to effective civilian-military interactions include linguistic barriers, cultural barriers, and frustrations regarding the military refusing to understand local context.

### *Encouraging Local Civilian-Military Partnership and Capacity Building*

The fluidity of international alliances and aid operations encourages LMIC governments to pursue more robust civilian-military coordination. Civilians interviewed in areas with greater civilian-military inclusion, such as Adamawa, tended to view the military more positively:

> "Military should continue with their medical aid even after the insurgency. From my own observation, I think that the military medical outreach has also made more people to believe in the military and familiarize themselves with them."
>
> (FGD participant, 42-year-old male, Adamawa)

Likewise, participants in areas with limited military community engagement were more likely to be ambivalent towards the military, such as in Borno. In areas with high community engagement,

such as Adamawa, the community leaders (ethnic, religious, and political) were key catalysts for program successes, as expressed by one respondent below:

> "The military intervene in our communities through their medical outreach teams. They do not just visit the communities and start implementing their programs. They [coordinate] with the community leaders [and] are working with them to either inform or sensitize their people about the nature and type of intervention. This approach is responsible for the high level of acceptance that the military has enjoyed among the people."
>
> (FGD, Adamawa)

Further, our research suggests that the civilian population might refuse to see the military as a partner in the epidemic response, which reflects the various experiences of the military with the communities they are serving. For example, some of the military personnel deployed to the communities as part of the Counter Insurgency Operations (COIN), have been linked to several forms of human rights violations such as harassment of civilians, rape and other forms of Sexual and Gender-based Violence (SGBV). In these situations, communities might find it difficult to trust the military regardless of its intention of winning the hearts and minds of the people through medical outreach:

> "They [the military] will use that [their power] as an advantage against the community like the issue of rape, force pregnancies, among others. sometimes they [the community] find it very difficult to collaborate with the military because of that fear… …we received intelligence report based on the introduction of the military in that location that the rate of rape and forced pregnancy has increased now and this is normally carried out by the military officers."
>
> (KII, Anonymous Airforce Officer, Adamawa)

Repeatedly, respondents expressed frustration regarding cultural competency of the military. One example was from a community leader in Borno who described difficulties approaching the military:

> "The military is very difficult to be approached so the issues of community influencing given [are not considered] is not there."
>
> (KII with Community Leader, Members Hunter Group, Borno)

As a result, future focus on local norms and cultural competency is crucial to the overall success and effectiveness of military interventions in Nigeria.

## *Healthcare Capacity*

Responses on the military's role in epidemic response varied significantly between and within locations. Several military officers explained the military's role in epidemic response in terms of national security:

> "The key role of the military with relation to their involvement in pandemic response is to ensure that such pandemic disease does not spread especially when the location is very close to a military facility like military barracks. If such pandemic disease spread, it may indirectly or directly affect the military facility and enemies can take the advantage of that to unleash havoc on such facility. So, military have role to play in curtailing the spread of a pandemic disease."
>
> (KII with Intelligence Officer, Adamawa)

Participants' rationale for military involvement in healthcare provision in epidemic response contrasted with the military's rationale. One health worker in the Borno Ministry of Health explained his rationale for military epidemic involvement:

> "Due to the insecurity, the military is deeply involved in the pandemic response in the Northeast… our [the Ministry of Health's] staff do not [have to] go out especially when they rendering health services [and] during emergency relation in Maiduguri or outside Maiduguri we need their services, they [the military] really helps in that respect."

This contrasted with the rationale for healthcare provision presented by one military officer in Yola:

> "The role of the military is to defend the territories of the Nigerian state. We can also be called upon by the civilian to provide aid in situations of insecurity like we have been doing in some cases….It is not our duty to provide medical

> aids for the people, but we do it because we want to make ourselves friendly to the people so that they can give us the cooperation that we need from them."
>
> (KII conducted with Military Officer in Yola)

The military's involvement in epidemic response currently involves hospital transportation, public health vaccination campaigns, and resource distribution. One setting where resource allocation and distribution was noted is in Internally Displaced Persons (IDP) camps:

> "Right now, they [the military] are very much involve in providing primary health care services in most of the communities in the North East [for example] many military clinics which the local communities and IDP can access to."
>
> (KII with Youth Leader, Yobe)

FGDs and KIIs conducted in IDP camps repeatedly identified the military as crucial to providing medical assistance. These insights underscore the important role of the Nigerian military in enhancing healthcare provision during humanitarian emergencies.

## *Military's Response to Epidemics and Linkage with Security*

In both civilian and military stakeholders, the military's role in epidemic response was repeatedly linked back to security:

> "The primary responsible of the military is not only community policing, the primary role is the provisional of security. Once there is a bomb blast, or outbreak of disease, they help in conveying injured and conveying the sick and assist distribution of drugs."
>
> (KII with the Director of the Ministry of Heath Damaturu, Yobe)

> "To provide security."
>
> (Women FGD with in IDP Camp, Damaturu, Yobe)

> "We are actually from Dikwa a village from Borno State, the military assisted us in providing security and help in transportation."
>
> (Women FGD with in IDP Camp, Damaturu, Yobe)

One youth leader expanded the military's most important role in times of emergency:

> "They [the military] have many roles, but the key role is the rapid response to pandemic because of their capability of deployment in a large scale and maximum coordination of the situation such as logistical assistance of emergency medical care."
>
> (KII with Youth Community Leader, Yobe)

This expanded role during times of crises was appreciated by community members, including one who felt that:

> "Members of the community appreciated their [the military's] involvement because without the military we wouldn't have survived this crisis."
>
> (Women FGD with in IDP Camp, Damaturu, Yobe)

As a result, further research is warranted to specifically define and evaluate the military's humanitarian impacts in epidemic response.

# Discussion

## *Opportunities for Improved Civil-Military Relations in Epidemic Response*

Civilian-military interactions in Nigeria demonstrate successful models and opportunities for improvement in LMIC epidemic response. To start, encouraging further civilian-military collaboration promotes collaboration in epidemic response, resulting in better national health outcomes. Examples of strategies to promote civilian-military collaboration include military participation in public health campaigns, involvement of civilian leaders in military outreach, and partnerships with local organizations such as the Nigerian Red Cross (NRC). NRC participation was mentioned by one participant who believed that:

> "Since some members of the NRC speak the local languages and can easily relate with the communities, members of the communities extend such trust to the military."

Therefore, involvement of local health personnel through the NRC – who might have a better understanding of local norms and community acceptance – can enhance civilian-military acceptance and cooperation. Additional examples of organizations the Nigerian military could partner with include local community health clinics, representatives from corresponding LGAs,

and businesses of community leaders, many of whom participated in the FGDs and KIIs. Promoting civilian-military communication engages numerous key stakeholders in epidemic response – stakeholders who often have similar outcome goals but lack structures to effectively achieve them.[48]

Next, it is important to note the military's role might extend beyond the provision of security during epidemic response. In the context of COVID-19, the evolving role of the Nigerian military could be extended to the construction of field hospitals to increase healthcare capacity during surge times, as modeled in Italy, China, and the US.[49,50,51] Given that the construction of temporary facilities would require significant logistic and technical capabilities, we recommend re-purposing parts of military barracks and IDP camps due to geographic proximity to communities most in need. Further, rural, lower socioeconomic communities are often harder hit by COVID-19, and therefore resource allocation to these areas would help prepare Nigeria for a potential second surge of COVID-19.[52,53,54] Secondly, construction of temporary facilities by the Nigerian military would create a structure by which the military could coordinate international actor participation – actors such as MSF, the WHO, and various NGOs – and direct resources to areas most at-risk. It is important to note that developing domestic, local healthcare resources and human capital is requisite for healthcare resiliency. Strategies for building LMIC healthcare capacity includes healthcare 'twinning', educational investments, and development of community health worker

[48] Neill-Harris, Katharine A., et al. "Assessing partnerships between the military and civilian agencies to meet transitioning service members' needs." Armed Forces & Society 42.3 (2016): 585-604.

[49] Carenzo, L., et al. "Hospital surge capacity in a tertiary emergency referral centre during the COVID-19 outbreak in Italy." Anaesthesia (2020).

[50] Chen, Simiao, et al. "Fangcang shelter hospitals: a novel concept for responding to public health emergencies." The Lancet (2020).

[51] Chopra, Vineet, et al. "How should US hospitals prepare for coronavirus disease 2019 (COVID-19)?." (2020): 621-622.

[52] Yancy, Clyde W. "COVID-19 and African Americans." Jama (2020).

[53] Nicola, Maria, et al. "The socio-economic implications of the coronavirus and COVID-19 pandemic: a review." International Journal of Surgery (2020).

[54] Qiu, Yun, Xi Chen, and Wei Shi. "Impacts of social and economic factors on the transmission of coronavirus disease 2019 (COVID-19) in China." Journal of Population Economics (2020): 1.

programs.[55,56,57,58,59] However, the development of long-term healthcare human capital is beyond the scope of this paper.

It is important to note examples of the Nigerian military's response to COVID-19. One such example involves the Nigerian Air Force (NAF), which commenced the production and air lifting of liquified oxygen to be distributed to the isolation centers established for the treatment of COVID-19 victims across the country. This is part of a broader partnership between the Nigerian military and the Presidential Task Force on COVID-19 Epidemic that coordinates all responses of the Nigerian government on the epidemic. The Nigerian Air Force was also responsible for the airlifting of a team of health officials of the Nigeria Centre for Disease Control from Congo Brazzaville where they were stranded due to the closure of air and land borders as a result of the COVID-19. Furthermore, the Defense Industries Corporation of Nigeria (DICON), a parastatal under the Ministry of Defense with mandate for the production of defense equipment also produced ventilators as part of its strategic intervention in responding to the COVID-19.

Structured leadership within the Nigerian government and military can help create an algorithmic flow of responsibility during humanitarian crises. In the example of the COVID-19 epidemic in Nigeria, the Presidential Task Force on the COVID-19 might be one example of this leadership. However, given the ongoing nature of the epidemic, further evaluation is needed to determine the effectiveness of the Presidential Task Force. Recommendations for improved leadership lucidity include developing an independent agency responsible for epidemic coordination, removing political influence from the decision-making process, and including a nationally representative sample of leaders to help promote epidemic coordination and collaboration. One such agency that might be positioned to best lead epidemic response in Nigeria is the Incident Coordination Centre (ICC) of the Nigerian Centre for Disease Control (NCDC), currently positioned under the Presidential Task Force, given their political independence and experience with the 2014 Ebola epidemic.

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[55] Cadée, Franka, et al. "The state of the art of twinning, a concept analysis of twinning in healthcare." Globalization and health 12.1 (2016): 66.

[56] Yudkin, John S., et al. "Twinning for better diabetes care: a model for improving healthcare for non-communicable diseases in resource-poor countries." (2009): 1-2.

[57] Sandwell, Rachel, et al. "Stronger together: midwifery twinning between Tanzania and Canada." Globalization and health 14.1 (2018): 1-10.

[58] Citrin, David, et al. "Developing and deploying a community healthcare worker-driven, digitally-enabled integrated care system for municipalities in rural Nepal." Healthcare. Vol. 6. No. 3. Elsevier, 2018.

[59] Abrahams-Gessel, Shafika, et al. "Training and supervision of community health workers conducting population-based, noninvasive screening for CVD in LMIC: implications for scaling up." Global heart 10.1 (2015): 39-44.

Next, respondents also discussed how the peace dimension of the military was framed in terms of civilian-military relations by the defense headquarters. One key mandate of this civilian-military directorate is to foster a better relationship between civilians and military personnel, which has been severely damaged in the past by long years of military rule that was characterized at times by the gross violation of the rights of the civilian population. For instance, respondents in Yola, Damaturu and Gujba of Adamawa, Yobe and Borno States expressed the belief that the military plays an important role in reaching out to civilians, particularly through programmes such as the medical outreaches that targets the provision of healthcare to civilian population in areas affected by the insurgency. By undertaking the medical outreach, which has to do with the provision of medical supplies and emergency surgeries, the military aims to effectively build citizens' confidence in and acceptance of military personnel.

While most civilians view epidemics as solely a medical issue, the military views epidemics from both a health and security standpoint. For the Nigerian military, once there is a health emergency in the country, they are put on alert by the military corps of the defense headquarters that have strong links with health institutions such as the federal ministry of health and the national Centers for Disease Control (CDC). According to a respondent in one of the IDP camps,

> "Though the roads are insecure, the military was able to provide the security that was needed to convey medicines and health personnel from one point to the other in response to the cholera outbreak."[60]
>
> (Community Leader, Borno State)

In camps located in Dambo and Maiduguri of Borno State, as well as Gujba and Damaturu in Yobe state, the military provided escort and protection for health personnel and was directly involved in the medical treatment of affected persons (for instance, surgeries were carried out at the 7th Division Military Hospital and the Air Force Hospital in Borno State).[61]

Military involvement in both epidemic and insurgency response presents several obstacles for robust civilian-military cooperation in Nigeria. Two particular challenges include human rights violations and civilian confusion regarding the military's role. Strategies for confronting these challenges include facilitating improved human rights violations reporting both internal and

[60] Interview with a community leader in Maiduguri, Borno State.

[61] Interview with a military officer in Maiduguri, Borno State.

external to the military, more extensive military participation in public health campaigns, and improved military partnerships with civilian leaders.

Additionally, regional and cultural differences threaten cohesive epidemic response in Nigeria. Of the many recommendations given to improve civilian-military recommendations, training was often mentioned as a way to improve military understanding of cultural norms. Civilian inclusion – through community civilian leaders, for example -- can foster civilian-military adoption and understanding. This goal for mutual understanding, however, neglects the various challenges that constrain effective civil society participation. Namely, structures do not currently exist within the Nigerian military to allow for civil society participation in epidemic or insurgency response. As a result, the following recommendations were developed to ameliorate civil society participation and enhance civilian-military relations in the epidemic and insurgency response.

## *Recommendations for Enhanced Civilian-Military Collaboration in Epidemic Response*

### *I. Deepen Understanding of Local Context*

The findings of this research drew attention to a breakdown in trust between the military and the civilian population against the backdrop of their experience with the military in the theatre of conflict. In the light of the foregoing, the military should make every effort towards a proper understanding of the local environment and contexts in which it operates. Such a purposeful engagement and understanding of local cultural norms can improve civilian-military relations and promote a more cohesive and successful epidemic response. More specifically, the credibility and effectiveness of the military is directly related to the quality of interactions with the civilian population, which can best be achieved through a more nuanced understanding of local contexts.

### *II. Expansion of Military Doctrine*

This paper advocates for a broadening of military doctrines from civilian protection against enemies to include civilian protection against diseases. Therefore, this calls for a transformation within the military to strengthen its skills and expertise against unconventional threats to human security such as disease outbreaks, which underscores a fundamental principle in civilian-military engagement and: civilian protection. The Nigerian Ministry of Defense Health Implementation Program (NMOD-HIP) remains a critical vehicle and catalyst for the actualization of such a grand vision for the military. Additionally, although beyond the scope of this paper, transnational partnerships with NGOs and foreign governments presents an opportunity for training and resource sequestration.

### *III. Building Community Trust Between Epidemics*

Given the military's constitutional mandate in epidemic response, the military needs to develop strategies to foster community trust between infectious disease outbreaks. Expanding military-community involvement during times of stability and in non-military areas might promote civilian-military cooperation during crisis situations. Examples of areas in which the Nigerian military can build community trust include public health campaigns, educational programs, and economic development projects.

### *IV. Strategic Partnerships within Epidemics*

Research demonstrates the opportunity for a strategic partnership between civilian and military sectors in epidemic response. Both the KIIs and FGDs directly elucidated the importance of a coordinated response to epidemics. Specifically, more robust plans of communication between the military and civil society can enhance resource distribution and epidemic response efficacy. By leveraging strategic partnerships, the capacity of the Nigerian military would be bolstered and better positioned for more effective outcomes. Together, a multinational partnership strategy between developed and developing countries can be a strong mechanism for expanding mutual cooperation on issues of common interests, such as epidemic response and international security.

### *V. Utilizing Military Resources for More Robust Responses*

The securitization of epidemic response in Nigeria has the potential to improve the efficiency of epidemic response. One such example is in the administration of polio vaccines to geographically inaccessible mountainous areas in Nigeria. In this example, the military administered the polio vaccines in hard-to-reach areas across Adamawa, Borno and Yobe. Also, the air-lifting capacity of the air-force was utilized in the distribution of health related equipment in response to Covid-19, particularly in hard to reach locations across the country. The work of civil societies in amplifying these realities through advocacy is imperative. Through training and advocacy, civil society can foster respectful and impactful dialogues to improve the future of civil-military relations and epidemic response. This is one potent way to mainstream civil-military relations in the public discourse on the securitization of epidemic response in Nigeria.

## *Limitations*

It is important to note that KIIs and FGDs were conducted before the 2020 COVID-19 pandemic, meaning that interview responses do not refer to the military's involvement in the COVID-19 response. Further, the FGDs and KIIs were conducted in three states in Nigeria. Civilian-military relations might strongly differ in other regions of Nigeria, and therefore generalizability of the research to all of Nigeria or other LMICs should be cautioned given regional differences in

socioeconomic demographics, culture, and civil society. Further research is warranted to evaluate the role of civilian-military relations in other parts of Nigeria and LMICs more generally and with the evolving challenges of responding to COVID-19.

# Conclusion

In recent years, humanitarian and security threats have underscored the importance of a unified, transnational response in infectious disease outbreaks. In most epidemics, the involvement of the military is common and plays a crucial, if not central, role in shaping the trajectory of the response. Over the past few years, the relationship between civilian and military actors in epidemic response has undergone a major transformation. These two entities have increasingly recognized the need for stronger collaboration and coordination if they are to mount an effective response to emergencies in the context of epidemics.

Military involvement has become a cornerstone of modern epidemic response. While some view military participation as a critical element in bridging the gap in relations between the military and civilians, others are skeptical of such actions, citing experiences with the military that were characterized by gross violation of human rights. Therefore, further research is needed to analyze and elucidate potential strategies for further military-civilian partnership enhancement. This report described challenges to civilian-military cooperation in Nigeria, including confusion regarding the military's role, cultural barriers, and human rights violations. Structures that promote civilian-military cooperation include civil society inclusion, military public health outreach, and improved human rights civilian-military reporting channels. Recommendations provided herein aim to improve civilian-military stakeholder collaboration.

Epidemic response has become an established aspect of military involvement in emergencies. The core premise is that in situations where humanitarian actors are unable to respond in a timely and efficient manner -- as was the case with the Boko Haram insurgency in Nigeria's northeastern region -- the military is bound to act because of its capacity for immediate deployment of personnel. Such responses can be justified along three attributes. First, human lives must be protected. Secondly, by protecting human lives during emergency situations, the military is fostering greater civilian-military cooperation and relations. Last, the military is able to contain the risks associated with further deterioration of the living conditions of the people in affected regions.

From this research, it is evident that understanding military operations also requires a joint civilian-military appreciation of the military's non-kinetic operations, which involves both epidemic and

humanitarian responses. This research highlights mixed perceptions of military involvement in epidemic responses in Nigeria. While some view military participation as a critical element in bridging the gap in civilian-military relations, others are skeptical of such actions, citing experiences with the military that were characterized by gross violations of human rights. Therefore, further research is needed to analyze and expand upon potential strategies for further military-civilian partnership enhancement.

# Appendix

Table 3: "Interview Guide"

## Interview Guide

**Key Informant Interviews:**

(i) In your view(s) what do you think constitute the key roles of the military in relation to their involvement in pandemic response?

(ii) How do the members of the communities where such interventions take place perceive the involvement of the military in pandemic response?

(iii) Are there existing structures and mechanisms that engenders community acceptance and support in relation to the involvement of the military in pandemic response?

(iv) Are there specific constraints that make it difficult for communities to support the military in relation to its involvement in pandemic response?

(v) Are there guiding principles that define military involvement in pandemic response in the north east region? If yes, what are they?

(vi) What are the existing challenges that affect cooperation and coordination between the military and communities in relation to pandemic response in the north east region?

(vii) In what ways can the constraints identified above be addressed?

(viii) In what ways and to what extent do local contexts influence or impact on the involvement of the military in pandemic response in the north east?

(ix) How has the military responded to these local contexts in its response to pandemics in the north east region?

(x) Are there better or effective ways of engendering civil-military relations in the context of the involvement of the military in pandemic response in the north east?

**Focus Group Discussions:**

(i) What is/are the specific role(s) of the military in relation to pandemic response in the North East region?

(ii) How do communities perceive the involvement of the military in relations to pandemic response in the North East region?

(iii) What are the existing structures and mechanisms that engenders community acceptance and support or otherwise, in relation to the involvement of the military in pandemic response in the North East region?

(iv) What are the guiding principles that define military involvement in pandemic response in the North East region?

(v) What are the existing challenges that affect cooperation and coordination between the military and communities in relation to pandemic response in the North East region?

(vi) In what way(s) and to what extent do local contexts influence or impact on the involvement of the military in pandemic response in the North East region?

(vii) What are the most effective ways of engendering civil-military relations in the context of the involvement of the military in pandemic response in the North East region?

Table 4: "Code Book"

| **Question**: | **Themes:** |
|---|---|
| **Role of the Military** | Security/Peace |
| | Transportation |
| | Health Services |
| | |
| **Perception of Military Interaction with Community Members:** | Harassed Community Members |
| | Okay/Appreciated Help |
| | |
| **Structural Barriers to Military Partnership:** | Medical Services |

| | |
|---|---|
| | Traditional Leaders |
| | Cannot Recognize Needs |
| | Creating awareness |
| | No idea |
| | |
| **Guiding Principles for the Military (in your view):** | Law and Order |
| | No idea |
| | |
| **Challenges of Military Cooperation:** | Human Rights Violations/Extortion/Gender Based Violence |
| | Language |
| | Dissemination of Information/Communication |
| | Safety Concerns |
| | Lack of Understanding |
| | |
| **Local Context for Civilian-Military Relations Breakdown:** | Use of traditional leaders helpful |
| | Civilian task force |
| | Community Security Meetings |
| | Lack of Trust |
| | Lack of Structures/Resources |
| | |
| **Strategies for Promotion of Civilian-Military Partnership:** | Military should be protected |

| | |
|---|---|
| | Military respect civilians/Ethics Training |
| | Awareness |
| | Provisions to military to aid |
| | Dialogue |