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Leading in Crisis: Leaders' Approaches to Societal Mobilisation in Response to COVID-19 In Kano State, Nigeria

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ABSTRACT

The outbreak of COVID-19 posed unprecedented challenges, disrupting public health systems as well as socio-economic and political activities globally, including in Nigeria. In Kano State, the rapid spread of the virus, coupled with a fragmented government response, raised critical concerns. Citizens' reactions to government mobilisation efforts varied widely, with many resisting or disregarding public health measures due to complex social, cultural, and political factors. This article employs a process-based leadership framework to examine how leaders mobilised society in response to COVID-19 in Kano. It explores the patterns of citizens' responses, the emergence of citizen-led initiatives such as Kano Against COVID-19, and other sources of influence shaping these dynamics. Drawing on primary data from ten virtual interviews and secondary data from existing literature, the article highlights key moments where leadership and governance structures were tested. The article argues that, while it is justifiable for the government to mobilise society during pandemics such as COVID-19, its effectiveness in Kano was intrinsically tied to leadership and governance structures. The findings reveal that the nature of leadership, trust, and state-society relations in Kano significantly influenced the government's (in)ability to mobilise and sustain societal mobilisation in response to COVID-19. This highlights the need for hybrid governance systems that integrate formal and informal structures to foster trust, mutuality, and societal mobilisation in the face of global challenges.

Keywords: COVID-19; Leadership; Societal Mobilisation; Kano State; Hybrid Governance

1. INTRODUCTION

The novel coronavirus disease (COVID-19) began as an outbreak in Wuhan, China, in December 2019. The World Health Organization (WHO) declared it a Public Health Emergency of International Concern (PHEIC) on

January 30, 2020, and later labelled it a pandemic on March 11, 2020. Africa reported its first COVID-19 case in Egypt on February 14, 2020¹, marking the beginning of the virus's spread across the continent. Although nearly all African countries reported cases within three

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¹ Odukoya, O.O., and Omeje, U.A., (2020), COVID-19 pandemic in Nigeria: A case study of Kano State – Challenges and lessons learned. *J Clin Sci* 17 (91-2)

months, the spread appeared slower in Africa compared to other regions, based on reported case counts.²

Globally, countries and societies made concerted efforts to prevent, mitigate, and contain the spread of the virus. These efforts were accompanied by unprecedented challenges, disrupting public health systems, as well as socio-economic and political activities globally, including in Nigeria. Nigeria recorded its first case of COVID-19 on February 27, 2020, in Lagos State. The virus subsequently spread to all states in the country, prompting federal and state governments to implement various public health measures, including lockdowns, movement restrictions, and bans on social gatherings.³ However, these measures often met resistance, particularly regarding the closures of communal spaces such as mosques, churches, and event venues.⁴

The federal government's top-down approach, coordinated primarily through the Presidential Task Force (PTF) on COVID-19, often lacked alignment with local dynamics, making it difficult to mobilise a 'whole-of-society' response. Enforcement of restrictions frequently relied on coercion, resulting in clashes between security forces and citizens. Alarming reports indicated that more deaths were caused by security forces' brutality than by the virus itself during the initial response phase.⁵ These challenges highlight the importance of collective action in mitigating pandemics. Successful management of pandemic requires mutual purpose between the state and its citizens, which was notably lacking in Nigeria. Effective leadership and governance structures are critical in mobilising collective action during crises.⁶

Kano state exemplifies these challenges. As Nigeria's most populous state, with over 13.4 million residents and a significant economic hub in northern Nigeria, it faced unique vulnerabilities. The state's high population density, large households, and a significant proportion

of older adults heightened its risks during the pandemic.⁷ By mid-May 2020, Kano and Lagos accounted for approximately 60% of Nigeria's reported COVID-19 cases.⁸ Unlike Lagos and Kaduna, which demonstrated proactive leadership, the Kano State government was hesitant to impose strict lockdowns, raising concerns about its preparedness and response.⁹ Citizens' responses were equally troubling: while some residents complied with public health guidelines, others resisted, spread misinformation, or openly defied directives. Resistance to measures such as the closure of mosques and churches led to low testing rates, increased community transmission, and a surge in mortality.¹⁰

Previous outbreaks, such as the Ebola epidemic, demonstrated the effectiveness of bottom-up approaches involving local networks and institutions.¹¹ However, limited research exists on societal mobilisation during public health emergencies from a leadership perspective. This article addresses this gap by examining Kano state's COVID-19 response through a process-based leadership framework, with particular focus on the emergence of citizen-led initiatives such as Kano Against COVID-19. Building on Albert Murphy's assertion that effective leadership in crisis extends beyond formal leaders to encompass the entire context¹², this article makes two key assumptions. First, while it is justifiable for governments to mobilise society during pandemics such as COVID-19, the effectiveness of societal mobilisation in Kano state was closely tied to leadership dynamics and governance structures. Second, sustained influence during the pandemic relied on foundational state-society relationships and state legitimacy.

This article addresses three key questions: To what extent did societal mobilisation occur in response to COVID-19 in Kano State? What were the patterns of citizens' responses to government mobilisation efforts? What other sources of influence shaped these responses?

² Salyer, Stephanie J., et al (2021), The first and second waves of the COVID-19 pandemic in Africa: a cross-sectional study, *The Lancet* 397 (10281)

³ Nigeria Centre for Disease Control (2019), Case Summary in Nigeria as at April 14th, 2020. Available at <https://covid19.ncdc.gov.ng/> (accessed 01 May 2020).; National COVID19 Multi-Sectoral Pandemic Response Plan: Presidential Task Force on COVID19 Response in Nigeria, March 2020

⁴ Coronavirus: Nigeria's Varied Responses to Controlling COVID-19', *The Africa Report*, 13 May 2020; 'Coronavirus in Nigeria: A Case for Community Engagement', *Think Global Health*, 10 June 2020

⁵ 'Coronavirus: Security Forces Kill more Nigerians than COVID-19', *BBC News*, 16 April 2020, Available at

<https://www.bbc.co.uk/news/world-africa-52317196> (accessed 23 July, 2020)

⁶ Sriharan A, Hertelendy A.J., Banaszak-Holl J., et al. (2022), Public Health and Health Sector Crisis Leadership During Pandemics: A Review of the Medical and Business Literature, *Medical Care Research and Review* 79 (4)

⁷ 'Kano Conundrum: Why It Matters' *Vanguard*, 1 May 2020

⁸ 'Kano Against COVID-19', *Premium Times*, 8 May 2020

⁹ See <https://www.africannewspage.net/2020/05/https-www-africannewspage-net-2020-05-indepth-xraying-kanos-response-to-covid-19>

¹⁰ *ibid*

¹¹ Hartwig, R. and Hoffmann, L., (2021). *Challenging Trust in Government: COVID in Sub-Saharan Africa*, (Hamburg: GIGA)

¹² Murphy, Albert (1941), A Study of the Leadership Process, *American Sociological Review* 6 (5)

To answer these questions, this article draws on both primary and secondary data. Primary data were collected through ten virtual interviews conducted between August and September 2020 with societal actors involved in Kano's COVID-19 response. Secondary data, including a desk study of existing literature, provide contextual background and support the analysis. By examining the nexus between formal and emergent channels of influence, the article offers valuable insights into the dynamics of leadership and state-society relations during crises.

The article is structured into four sections. Following this introduction, the second section reviews literature on leadership during crises and provides a conceptual framework for societal mobilisation. The third section examines the COVID-19 context in Kano, focusing on the government's mobilisation efforts and citizens' responses. The fourth section explores the emergence of Kano Against COVID-19, its leadership processes, and the outcomes achieved. The conclusion reflects on the implications of these findings for leadership and pandemic response in Nigeria and beyond.

2. LEADERSHIP DURING CRISES

In routine governance, citizens turn to authorities to address their everyday concerns, trusting their knowledge, wisdom, and expertise to provide the necessary responses. Authorities, therefore, serve as repositories for citizens' worries and aspirations.¹³ Crises, however, disrupt this predictability, demanding leaders to navigate uncertainty, address rapidly evolving challenges, and adapt to unforeseen circumstances.¹⁴ Public health crises, such as the Ebola epidemic and the COVID-19 pandemic, have highlighted the importance of effective leadership in mobilising collective action to address societal challenges. Scholars often describe crises as 'leadership moments' where society transcends routine governance to address shared difficulties. These moments test leaders' capacity for open-communication, adaptability,

trust-building, and rapid decision-making, distinguishing effective leaders from ineffective ones.¹⁵ Studies on the Ebola epidemic highlight that trust and community engagement are essential at all stages of epidemic preparedness and response.¹⁶ For example, the All-Party Parliamentary Groups (APPGs) study on the Ebola outbreak shows how trust between governments and affected communities was essential in combating fear, panic, and misinformation. Without trust, citizens are less likely to adhere to public health measures, making societal mobilisation difficult.¹⁷ Similarly, Sharon argues that community engagement was essential in controlling the Ebola outbreak. Responders had to engage with communities to understand social and cultural norms, enabling them to develop effective and targeted messaging.¹⁸

Religious and local leaders have also played key roles in bridging trust gaps during public health emergencies.¹⁹ Katherine Marshall's research on the intersection of public health and religion during the Ebola outbreak shows how religious leaders bridged faith and science, addressing mistrust and resistance within communities.²⁰ Initially, mistrust hindered efforts as communities resisted responders. Local and religious leaders were instrumental in addressing scepticism, using their influence and trusted status to guide citizens through the crisis.²¹

Despite these insights, research on societal mobilisation during the COVID-19 pandemic remains underexplored, particularly in contexts like Kano State, Nigeria. This study fills this gap by examining the dynamics of societal mobilisation in response to COVID-19 through the lens of leadership. By focusing on fragile state-society relations and state legitimacy, this research contributes to understanding the relationship between leadership and societal mobilisation during crises.

¹³ Heifetz, Ronald A., and Richard E. Neustadt (2022), *Leadership without Easy Answers*. Harvard University Press, (Cambridge: Harvard University Press)

¹⁴ Yuen Lam Wu, Bo Shao, Alexander Newman, and Gary Schwarz, (2021), Crisis leadership: A review and future research agenda, *The Leadership Quarterly* 32 (6)

¹⁵ Dimitrovska, M., Pushova Stamenkova, L., and Stošić, L. (2023). Leadership in times of crisis, *Science International journal* 2 (1)

¹⁶ Laverack, Glenn and Manoncourt, Erma (2015), Key Experiences of Community Engagement and Social Mobilization in the Ebola response, *Global Health Promotion* 23 (1); Reader, Sharon (2017), *Epidemic Ready: Community*

Engagement Key in Fight against Ebola (West Africa: International Federation of Red Cross and Red Crescent Societies)

¹⁷ Hird, Thomas and Linton, Samara (2016), *Lessons from Ebola Affected Communities: Being Prepared for Future Health Crisis*, (London: All-Party Parliamentary Groups)

¹⁸ Reader (2017)

¹⁹ Sibanda, F., Muyambo, T. and Chitando, E., (2022), *Religion and the COVID-19 Pandemic in Southern Africa* (New York: Routledge)

²⁰ Marshall, Katherine (2017), Roles of Religious in the West African Ebola Response, *Development in Practice* 27 (5)

²¹ Hird and Linton (2016)

2.1 Conceptualising Leadership and Societal Mobilisation

Various perspectives exist in the literature to explain the concept of leadership because of its complexity. Keith Grint conceptualised these perspectives around four typologies namely, leadership as person, position, result, and process.²² Person-based leadership focuses on who leaders are, emphasising personality traits or characteristics that qualify individuals to assume leadership. An individual exercises influence because of their charisma or persona that others cherish and respect. Position-based leadership defines leaders based on the position they occupy in a formal or informal structure of authority in society or an organisation. This confers them the power to make authoritative decisions. Result-based leadership focuses on what leaders achieve that makes them leaders. This form of leadership focuses on individuals providing solutions to outstanding problems while neglecting interactions between the leaders and the followers.

This study adopts the Process-Based Leadership (PBL) analytical framework to examine societal mobilisation in response to COVID-19 in Kano state. PBL conceptualises leadership as a relational phenomenon, where leaders and followers influence one another. It emphasises the processes leaders use to achieve collective goals or outcomes, highlighting the mutual influence and exchange between leaders and their communities.²³ PBL has three overarching components: context, mutuality, and influence. Context or the situation includes the key issues involved and their impact on society.²⁴ In crisis situations, the nature of the problem and the degree to which it affects society influence collective action.²⁵ Mutuality is central to PBL, which refers to the shared needs and common purpose that unite individuals during a crisis.²⁶ In the context of Kano, mutuality is framed as the collective concerns of citizens facing the pandemic and their collaboration with leaders to address these challenges. Mutuality minimises the use of coercive or unethical means, instead relying on a collective commitment to achieving shared goals.

Another core concept in PBL is influence, defined as the process through which leaders and followers affect one another.²⁷ Influence is particularly critical in crisis contexts, where societal problems demand rapid and decisive leadership. In Kano, those asserting influence during the COVID-19 crisis, whether formally appointed leaders or emergent figures, played pivotal roles in mobilising society. The sustainability of their influence in response to the crisis depends on the recognition and acceptance of their leadership by the community. Influence is the essence of leadership; without it, leaders cannot galvanise collective action or achieve societal mobilisation.

Social mobilisation theorists argue that for citizens to be mobilised, they must recognise an issue, such as injustice or crisis, that threatens them.²⁸ This aligns with the position of securitisation theorists, who posit that an issue becomes a threat when framed and defined as such by actors with institutional and social power to do so.²⁹ However, simply articulating an issue as a security threat by an actor does not automatically translate it into a national threat until that 'speech act' is accepted by the population.³⁰ It is pertinent to note that successful securitisation of an issue does not guarantee a collective response; rather, it confers on those in positions of authority the legitimate power to mobilise human and material resources and impose extreme measures, such as declaring emergencies and restrictions that would not be possible during normal politics.³¹

While it may seem logical to expect that the devastating consequences of COVID-19 would lead societies to collectively accept the 'speech act' of their leaders, mobilising citizens and gaining their full support to implement measures such as lockdowns and restrictions, I argue that the effectiveness of societal mobilisation also depends on the leadership and governance structures within a society, including both formal systems and informal relationships based on shared values and foundational interactions between leaders and citizens. A formal governance structure

²² Grint, Keith (2010), *Leadership: An Introduction* (Oxford: Oxford University Press)

²³ Northouse, Peter (2016), *Leadership: Theory and Practice*, 7th edn. (Los Angeles: Sage Publications); Bernard, Bass (1990), *Handbook of Leadership*, 3rd edn. (New York: Free Press).

²⁴ *ibid*

²⁵ Olonisakin, Funmi (2017), 'Towards Re-conceptualising Leadership for Sustainable Peace' *Leadership and Developing Societies* 2 (1)

²⁶ Northouse (2016)

²⁷ Northouse (2016); Bass (1990)

²⁸ Rao, S. (2014). *Social Mobilisation in Urban Contexts*. GSDRC Helpdesk Research Report 1110. (Birmingham: University of

Birmingham); Laverack and Manoncourt (2015); Staniland, P. (2010). Cities on fire: social mobilization, state policy, and urban insurgency. *Comparative Political Studies* 43 (12).

²⁹ Buzan, Barry, Jaap de Wilde, and Ole Wæver. 1997. *Security: A New Framework for Analysis*. Boulder (Colorado: Lynne Rienner Publishers)

³⁰ *ibid*

³¹ Olonisakin, Funmi and Walsh, Barney (2024), *Leadership in Crisis: Markers of sustained influence for societal mobilisation in response to COVID-19*, *Journal of Leadership and Developing Societies*, Vol. 9, No. 1

refers to the systems through which binding or authoritative allocations of values are made and implemented, including institutions such as the executive, parliament, and judiciary.³²

In routine governance, decision-makers receive citizens' demands and convert them into laws, policies, and decisions that address conflicting interests. Some systems function more effectively than others because their formal governance structures make policies that resonate with citizens' demands. Others struggle because their policies do not align with the citizens' needs, and the authorities make no efforts to adjust these policies accordingly.

Where formal systems fail to respond to citizens' demands, alternative channels of influence often emerge to fill governance gaps.³³ For example, emergent leaders, individuals without formal authority, exercise influence through their communication, self-efficacy, and behaviour, which gain recognition and acceptance from others.³⁴ The interaction between formal leaders and emergent influencers is the key to sustaining societal mobilisation during crises.³⁵ Foundational relationships, citizens' support, and shared values reinforce formal institutions, providing the social cohesion necessary for effective leadership during crises.

According to 'Funmi Olonisakin and Barney Walsh, societal mobilization is 'the rapid deployment of the aggregation of an entire population and its resources to fight against this threat to their common existence.'³⁶ Unlike routine social or community mobilisation during normal politics³⁷, societal mobilisation differs in both degree and intensity. It is 'much more spontaneous, intense, rapid and, more total'.³⁸ It involves collective and collaborative action on an extraordinary scale by both state and society in response to a complex crisis and its socio-economic consequences.³⁹ Core features of societal mobilisation include deploying a 'whole-of-society' approach to address the crisis; making temporary sacrifices of societal norms and values to mitigate and contain a common threat; ensuring an equitable response to collective stress caused by the threat; enacting temporary emergency laws and policies; and realigning governance priorities to align with the

new normal.⁴⁰ The next section will analyse the COVID-19 situation in Kano State.

3. THE SITUATION OF COVID-19 IN KANO STATE, NIGERIA

Kano, Nigeria's most populous state according to the 2006 national census, registered its first confirmed case of COVID-19 on April 11, 2020. By March 4, 2022, the state had recorded 4,978 cases with 127 deaths.⁴¹ The virus spread rapidly across the state, prompting responses from the government. These responses differed significantly in timing, measures adopted, and enforcement. The COVID-19 pandemic served as a litmus test for political leaders in Nigeria, challenging them to maintain public trust amidst the crisis while balancing citizens' essential needs for food, water, and healthcare.⁴² Like many states in Nigeria, Kano has a poor public health system. Prior to the first confirmed case, hospitals in the state were overwhelmed, resulting in a reduction in non-emergency health services. Consequently, millions of residents with other health conditions were denied access to essential medical care.⁴³

Following the identification of the index case, the Kano State government urged its citizens to practice social distancing, maintain personal hygiene, and stay at home, in line with the Nigerian Centre for Disease Control (NCDC) guidelines and the WHO 2019 Novel Coronavirus (2019-nCoV) strategic preparedness and response plan. With no vaccine available at the time, leaders relied on non-pharmaceutical measures such as surveillance, case management, risk management, and public engagement. The government also imposed bans on all social and cultural gatherings, closed schools and places of worship, and restricted non-essential travel. Citizens were encouraged to avoid panic and refrain from spreading unverified information about the virus. However, these directives were met with mixed reactions due to several factors that jeopardised citizens' livelihoods and welfare. These factors are examined in the subsequent section.

³² Easton, David (1965) *A Systems Analysis of Political Life*, (New York: John Wiley and Sons)

³³ Ibid.

³⁴ Northouse (2016)

³⁵ Olonisakin and Walsh (2024)

³⁶ Ibid, p.1

³⁷ WHO (2009), *Whole-of-Society Pandemic Readiness: WHO Guidelines for Pandemic Preparedness and Response in the Non-Health Sector* (Geneva: World Health Organisation)

³⁸ Olonisakin and Walsh (2024), p.2

³⁹ WHO (2009)

⁴⁰ Olonisakin and Walsh (2024)

⁴¹ USAID (2022), *Covid-19 Response in Nigeria: A State-to-State learning Report*

⁴² 'Nigeria's Response to COVID-19', *Effective States and Inclusive Development*, 5 May 2020

⁴³ 'Deaths in Nigerian City Raise Concerns over Undetected COVID-19 Outbreaks', *The Guardian Newspaper*, 30 June 2020

3.1 Patterns of Citizens' Response to COVID-19 in Kano

Citizens' responses to the government's COVID-19 measures in Kano State varied significantly, influenced by public perceptions of government performance and corruption, trust in its directives, and varying levels of education and awareness about the pandemic. At the onset of the outbreak in Nigeria, public awareness in Kano was low, with many uninformed about the virus. Some even denied its existence, a scepticism fuelled by certain community and religious leaders.⁴⁴

In several communities, children were heard chanting in local dialects, 'Mallam ya ce babu Korona' (meaning Mallam says COVID-19 does not exist), while others claimed, 'COVID would not survive in Kano'. This misinformation stemmed partly from the leader of one of Nigeria's largest Muslim organisations, who initially dismissed COVID-19 as a fabrication and argued that the measures were intended to prevent Muslims from practicing their religion.⁴⁵ Although the religious leader later retracted this statement following interventions from government and influential traditional and religious leaders, the damage had already been done, as many people continued to believe the initial message. This situation highlights the pivotal role religious leaders play in either supporting or hindering public health efforts.

There were also mixed reactions from religious and traditional leaders. Some leaders, particularly those with both religious and secular education, supported the government measures, moving religious activities online and broadcasting their sermons via social media platforms like Facebook and Telegram to reach their followers. Others, however, resisted, spreading misinformation and conspiracy theories that hindered efforts to contain the spread of the virus.⁴⁶ These leaders only adhered to the government's ban on social gatherings under duress, as a result of threats, force, and arrests by security personnel.

Trust is critical enabler of societal mobilisation. It creates consent for government actions, allowing officials to make and implement decisions without reliance on coercion.⁴⁷ Governments that resort to coercive power often do so because their legitimacy is weak. Public health measures are effective only when a large portion of the population adheres to them, but in Kano, this trust was lacking.⁴⁸ Many residents continued their usual social activities, attending large social gatherings, such as weddings, funerals, and prayers in mosques and churches. Some youths even organised a football competition called the 'Corona Football Tournament', disregarding public health measures as recommended by the NCDC, such as social distancing and mask-wearing.⁴⁹ Citizen's compliance and cooperation are founded on trust in government institutions, which are crucial for implementing policies that require citizens' cooperation and compliance.

It was only after Kano recorded its first confirmed case and subsequent deaths that some residents began to accept the reality of the virus. Even then, many continued to view the pandemic as a political ploy, aimed at resources diversion, while others viewed it as a 'disease of the elite.'⁵⁰ This denial, combined with widespread misunderstanding about the virus, discouraged testing. Many people believed that a COVID-19 diagnosis was a death sentence, leading those who tested positive to hide their results, with some even fleeing isolation centres. This reflected widespread ignorance about the virus and a lack of effective public health education from the authorities. Effective crisis management depends on trust, clear messaging, and the ability to engage and motivate citizens. Kano's authorities struggled with these aspects, further eroding public confidence. In an interview, a stakeholder from Kano noted that the state government's messaging was inconsistent. For example, Governor Abdullahi Ganduje was quick to ease the lockdown on the state on July 2, 2020, despite high case numbers.⁵¹ Numerous mosques and churches operated during the peak of the pandemic without observing social distancing, and many residents

⁴⁴ 'Coronavirus: Why some Nigerians are gloating about Covid-19' BBC News, 22 April 2020, <https://www.bbc.co.uk/news/world-africa-52372737> (accessed 23 July 2020)

⁴⁵ 'Mallam Has Said There's No Corona', This Day, 2 April 2020

⁴⁶ *ibid.*

⁴⁷ Mattes, Robert, and Alejandro Moreno (2017), 'Social and Political Trust in Developing Countries: Sub-Saharan Africa and Latin America', in Eric M. Uslaner (ed.), *The Oxford Handbook of Social and Political Trust*, Oxford Handbooks Oxford: Oxford Academic)

⁴⁸ 'Coronavirus in Nigeria: A Case for Community Engagement', Think Global Health, 10 June 2020

⁴⁹ *ibid.*

⁵⁰ 'Coronavirus: Why some Nigerians are gloating about Covid-19' BBC News, 22 April 2020, <https://www.bbc.co.uk/news/world-africa-52372737> (accessed 23 July, 2020)

⁵¹ Interview with representatives of CSO in Kano on September 11, 2020

moved freely even during the federal government's total lockdown.⁵²

Compliance with preventive measures was poor, even among those who believed in the existence and threat of the virus. This raises the question: why, despite evidence of COVID-19's danger, did many citizens fail to comply? A key factor lies in Kano's role as the commercial hub of Northern Nigeria, with a large proportion of its population reliant on the informal economy. The pandemic and related measures disrupted economic activities, exacerbating existing vulnerabilities such as poverty and food insecurity. This severely impacted the livelihoods of millions, particularly the urban poor and rural communities' dependent on daily income.

Both the federal and Kano State governments promised palliatives, including financial support and food distribution to cushion the effect of the lockdown. However, many citizens complained about the inadequacy of these measures, with some hearing of the aid only through media reports.⁵³ Corruption, poor communication, and lack of transparency further undermined the distribution of these social safety nets. As a result, the government deemed it necessary to reopen the economy, relaxing the lockdown and allowing businesses to resume operations while enforcing public health measures such as mandatory use of hand sanitizers and face masks.

Social media platforms became a forum for public expression, with many voicing concerns.⁵⁴ For example, many residents acknowledged the gravity of the virus but argued that it could not be compared to the hunger and poverty being experienced across the state.⁵⁵ This economic hardship contributed to the public's resistance to compliance. According to the World Poverty Clock, Nigeria was ranked as the poverty capital of the world, with at least 40% of its population living below the poverty line. To effectively engage citizens in crisis response, the livelihoods of the poorest and most vulnerable must be safeguarded.⁵⁶ The failure to address structural vulnerabilities, provide adequate support, and effectively communicate public health measures

revealed critical gaps in Kano's pandemic response, as evidence in its state-centric and uncoordinated approach.

3.2 State-Centric and Uncoordinated Response

Bernard Bass defines leadership as the ability to influence, motivate, and enable members of a society to contribute to the effectiveness and success of that society.⁵⁷ Kano state's response to COVID-19 pandemic revealed significant gaps in leadership and governance, as the government relied heavily on routine, top-down management approaches ill-suited for a complex crisis requiring adaptive leadership. The Kano State Task Force on COVID-19, co-chaired by deputy governor Alhaji Nasiru Yusuf Gawuna, was established to coordinate the pandemic response. However, the task force lacked a clear and coherent policy approach from the outset. Crucially, key societal actors, such as civil society leaders and the Nigerian Medical Association (NMA), were neither consulted nor included in the decision-making process.⁵⁸ This exclusion created a disconnect between the government strategies and the needs of citizens, resulting in poor compliance with public health measures.

The institutional mechanisms coordinating Kano's pandemic response were plagued by disorganisation and confusion. For instance, several task force members contracted the virus themselves. Additionally, one of the state's testing laboratories was temporarily closed for cleaning on April 22, 2020, significantly reducing testing capacity amid rising cases.⁵⁹

There was also a low degree of coordination between the state and the federal governments. This was evident in the handling of what the state government called 'mysterious deaths' reported in May 2020, which claimed over 500 lives.⁶⁰ Grave diggers revealed a spike in deaths between March and April 2020, but the state government quickly denied any link to COVID-19. The federal government imposed a two-week total lockdown on the state on April 28, 2020, to investigate these deaths. The Presidential Task Force (PTF) on

⁵² Interview with representatives of CSO in Kano on September 9, 2020

⁵³ Interview with representative of CSO in Kano on September 11, 2020

⁵⁴ Interview with representative of CSO in Kano on September 8, 2020

⁵⁵ Interview with representative of CSO in Kano on September 8, 2020

⁵⁶ 'COVID-19 in Nigeria: A Disease of Hunger, *The Lancet*, 29 April 2020

⁵⁷ Bass (1990)

⁵⁸ Interview with representative of CSO in Kano, September 11, 2020

⁵⁹ 'Amidst Increase in Cases, Coronavirus Testing Halted in Kano', *Premium Times*, 22 April 2020

⁶⁰ 'COVID-19 Outbreak in Kano, Nigeria, is just one of Africa's alarming hot spots' H5N1, 17 May 2020

COVID-19 linked them to the pandemic through verbal autopsies, but the state government's expert panel attributed the deaths to common ailments like malaria, diabetes, and hypertension.⁶¹ Independent studies, such as those conducted by researchers from Yusuf Maitama Sule University, confirmed that most of the deaths were COVID-19 related.⁶²

Despite this evidence, the state government 'shot itself in the foot,' revealed a representative of CSOs in Kano.⁶³ Rather than use this opportunity to galvanise support for their response, the government denied the obvious and destabilised its response strategy. This lack of clear messaging and acknowledgment of the crisis allowed misinformation to thrive, hindering societal mobilisation. The government did not take that opportunity to develop a vision and use what they called 'mysterious deaths' to portray the seriousness of the pandemic in the state and mobilise the state around a common narrative.⁶⁴ The spike in unconfirmed cases and deaths resulted from poor public awareness and low levels of testing, enabling rapid community transmission.⁶⁵

A doctor in Kano state general hospital narrated that many people demonstrated ignorance and spread a lot of misinformation about the virus. This was due to low levels of awareness about the virus, highlighting the need for citizens to be sensitised about the dangers of the pandemic.⁶⁶ Effective communication is critical in managing a pandemic. Public health information should be timely, accurate, and disseminated through various channels to build trust and counter misinformation.⁶⁷ Leaders must articulate a clear vision and convey consistent messages to the public to effectively mobilise societal compliance with health measures.⁶⁸ In Kano, the government struggled to gain buy-in and ownership of their response strategy by not engaging wider members of the society.⁶⁹

The Kano State government's request for fifteen billion naira (approximately 9.6 million dollars) from the

federal government to fund its pandemic response was denied. The state government accused the PTF of neglecting its efforts, citing insufficient testing centres, shortage of sample collection tools, and personal protective equipment (PPE).⁷⁰ While support from the federal government, development partners, and the private is essential, several actions at the state and local levels could have improved the response strategy.⁷¹ These include depoliticising the pandemic response, engaging all societal sectors, and increasing community sensitisation and awareness to support public health measures and protocols.

Kano's uncoordinated response and initial reluctance to acknowledge the virus's spread stemmed from weak state-society relations and fragile leadership foundations. The absence of a shared vision, coupled with ineffective communication, and a failure to mobilise key societal actors, left the state ill-prepared to manage the pandemic's impact.

3.3 Leadership, Trust, and State-Society Relations in Kano

State-society relations, as defined by DFID, refer to interactions between state institutions and societal groups, where public authority is negotiated and influenced by the people.⁷² In Kano, these relations are marked by a lack of accountability, political patronage, exclusion of citizens and societal actors from governance processes, and tensions arising from diverse sources of influence. These dynamics significantly shaped the government's response to the COVID-19 pandemic, as pre-existing distrust between the government and influential societal actors complicated efforts to mobilise public support for health measures.

⁶¹ *ibid.*

⁶² Mukhtar, Y., (2020), 'Recurrent Prevalence of Covid-19 Symptoms among Inhabitants of Madobi Town, Kano-Nigeria Coincides with The Period Of Disease Outbreak in the State: A Timeframe From April - May 2020, *African Journal of Biology and Medical Research*, 3 (2)

⁶³ Interview with representative of CSO in Kano, September 10, 2020

⁶⁴ Interview with representative of CSO in Kano, September 11, 2020

⁶⁵ Interview with representative of CSO in Kano, September 9, 2020

⁶⁶ 'Fears of COVID-19 Outbreak in Nigeria's Kano State', Human Rights Watch, 04 May 2020

⁶⁷ *Ibid.*

⁶⁸ Kielkowski, Robin (2013), Leadership During Crisis, *Journal of Leadership Studies*, 7 (3)

⁶⁹ Cornel, Michael (2019), Mutual on a Spectrum, *Leadership and Developing Societies* 3(1)

⁷⁰ 'Ganduje Accuses Presidential Taskforce on Coronavirus of neglecting Kano', The Guardian Newspaper, 27 April 2020

⁷¹ Kano and COVID-19 Challenges: Memo to Governor Ganduje', Relief Web, 3 May 2020

⁷² Haider, H. and Mcloughlin, C., (2016), *State-Society Relations and Citizenship in Situations of Conflict and Fragility: Topic guide supplement*, (Birmingham: GSDRC)

Notable sources of tension included the tension between the state government and the Kano Emirate Council under then-Emir of Kano Muhammdu Sunusi II in 2019; disputes arising from the 2019 governorship elections, which polarised the state along two political divides: Gandujiyya and Kwankwasiyya factions, and tension between the state government and certain religious leaders accused of partisan politics during the 2019 election period. Further exacerbating these relations, was Governor Abdullahi Ganduje's controversial decision to decentralise the historically influential Kano Emirate into five separate emirates. This decision, made after the Kano Emirs Appointment and Deposition Amendment Bill passed on May 6, 2019, resulted in the dethronement of the former Emir, Muhammad Sanusi II.⁷³ Many argue that the former emir's leadership and influence could have been instrumental in mobilising and unifying the people of Kano during the COVID-19 pandemic.⁷⁴

Traditional and religious leaders, who are considered the custodians of culture and religion in Kano and northern Nigeria, play a key role in promoting social cohesion.⁷⁵ Tensions between the state and influential societal actors undermine this cohesion, weakening both trust and the legitimacy of state institutions.⁷⁶ Trust is a key component of collective action, as evidenced by both political theory and development practice.⁷⁷ Trust in public institutions requires these institutions to be competent and effective in addressing citizens' most important needs and to operate consistently with values, reflecting citizens' expectations of integrity and fairness.⁷⁸ Conversely, citizens are less likely to trust the government if they feel it is involved in corruption.⁷⁹

The COVID-19 pandemic in Kano underscored the importance of trust, leadership, and state legitimacy in societal mobilisation. Public trust is essential for effective responses, especially during the community transmission phase of a pandemic. Without meaningful public engagement, preventive measures such as social distancing and testing become challenging to implement. The state's inability to address citizens' welfare and improve living standards during normal times weakened state-society relations, making it

difficult to mobilise citizens during crises. Hence, leaders must align their actions with public expectations and demands to enhance legitimacy and maintain social stability.

4. EMERGENCE OF KANO AGAINST COVID-19

In response to the gaps in leadership, trust, and weak state-society relations that hindered the state government's pandemic response, 'Kano Against COVID-19' emerged as a citizen-led initiative to address these shortcomings. This coalition of community, business, and religious leaders mobilised to provide a coordinated and effective response to the pandemic. This leadership emergence, as Albert Murphy posits, is a product of the situation.⁸⁰ Crises create opportunities for the emergence of leaders who exercise sense-making functions, articulating a clear vision and direction during uncertainty that helps followers make sense of the crisis.⁸¹ Kano Against COVID-19 emerged and exercised leadership in response to COVID-19 in the state because of situational factors and circumstances.

Some of the key issues involved in Kano include the reluctance of formal leaders to accept the spread of the virus in the state, the inadequate state government preparation to control and manage the pandemic, and the absence of clear direction or shared goals between the state and society. This created gaps and avenues for misinformation and disinformation. Initially, there was widespread rejection of the existence of the virus and later indifference to its threat. Consequently, the restrictions and lockdown imposed by the federal government were largely not complied with or enforced in Kano. Many citizens ignored social distancing directives and continued with congregational activities like prayers, burials, and funerals.⁸² The situation of COVID-19 in Kano State, particularly the weak response from the state government to the 'mysterious deaths' recorded in the state, and the patterns of citizens' response towards COVID-19, exposed the state government's inadequacy in addressing the pandemic.

⁷³ 'Sanusi II dethroned, Banished', Vanguard, 10 March 2020; see <https://punchng.com/ganduje-signs-emirs-appointment-and-deposition-amendment-bill-into-law/>

⁷⁴ 'Kano Conundrum: Why It Matters' Vanguard, 1 May 2020

⁷⁵ Interview with community leader in Kano on September 12, 2020

⁷⁶ Interview with representative of CSO in Kano, September 11, 2020

⁷⁷ UNDP (2021). *Trust in Public Institutions: A Conceptual Framework and Insights for Improved Governance Programming*. A Policy Brief (Oslo: UNDP)

⁷⁸ Haider and McLoughlin (2016)

⁷⁹ Mattes and Alejandro (2017)

⁸⁰ Murphy (1941)

⁸¹ Bass (1990)

⁸² Interview with community leader in Kano September 12, 2020

It was in this context that Kano Against COVID-19 emerged and sought to achieve the following goals in their response to COVID-19 in the state. First, to define the nature of the crisis and the best way to address it. Second, to identify key problems and challenges in curbing the pandemic. Third, to engage in advocacy and mobilisation across all tiers of government, the private sector, and international development partners to combat the pandemic. Fourth, to improve public enlightenment on combating COVID-19 in the state.⁸³

Kano Against COVID-19 recognised the unprecedented challenges posed by COVID-19 and the inadequacy of government responses. It stepped up and bridged the gap between the formal institutions and the citizens. Its emergence demonstrated a high degree of mutuality among relevant stakeholders in Kano, sharing a common goal in fighting the global pandemic. This was crucial for strengthening social cohesion in crises and beyond, especially one requiring a 'whole-of-society' response. Situational theorists propose that leaders demonstrate styles of influence depending on the given situation.⁸⁴

4.1 Kano Against COVID-19 Leadership Process

Leadership, in this context, refers to the exercise of influence, as it entails influencing people to work together to achieve a shared goal. Kano Against COVID-19 utilised referent, legitimate, and expert powers to mobilise resources and foster coordination. In some instances, they worked in synergy with the state government to achieve specific outcomes, while in some instances, the state government failed to collaborate.⁸⁵ To contain the widespread transmission of the pandemic, Kano Against COVID-19 facilitated the rapid expansion of testing capacity by establishing additional well-equipped testing centres, a mobile testing laboratory, isolation centres, and providing personal protective equipment (PPE) such as ventilators, testing kits, and face masks.

This was achieved with financial support from the private sector and NGOs like the MacArthur

Foundation, the Private Sector Coalition Against COVID-19 (CACOVID), the Dangote Foundation, and the BUA Group.⁸⁶ The involvement of societal actors presented an opportunity for greater collaboration between the state and society in response to the crisis. A high degree of mutuality, demonstrated by shared goals, was crucial for strengthening state-society relations.⁸⁷ Formal authorities derive their legitimacy through interaction with citizens and civil society.

Kano against COVID-19 proposed establishing a joint task force with members from the state government, private sector, civil society, and religious and traditional leaders, as well as women and youth leaders to promote mutuality. However, there was no buy-in from the Kano State government. In a conversation with a member of Kano Against COVID-19, they narrated that representatives of the government did not attend any meetings of the proposed task force.⁸⁸ Unfortunately, the government continued to neglect the agency of the Kano citizens to develop local solutions and failed to participate in a collective response that involves members from the government and the society.

To improve public enlightenment, Kano Against COVID-19 engaged religious and traditional leaders to educate the public about the dangers of the virus and ensure compliance with measures to address it. A high degree of mutuality was achieved because this approach was accepted and promoted by community leaders, leading to participation from other societal actors. Ownership of a shared goal 'binds the leaders and the followers within a similar space.'⁸⁹

Religious and traditional leaders used their referent powers to a great extent, to successfully mobilise their followers to adhere to the measures recommended to contain the spread of the virus. They supported the government's public health measures through suspension of religious activities and mass gatherings, as well as promoting awareness on observing social distancing, personal hygiene, and the use of face masks. This was achieved without resorting to coercive power, due mainly to the high degree of mutuality that existed

⁸³ Interview with member of Kano Against COVID-19 in Kano, September 11, 2020

⁸⁴ Murphy (1941)

⁸⁵ Interview with member of Kano Against COVID-19 in Kano, September 11, 2020

⁸⁶ Kalu, Bernard (2020), COVID-19 in Nigeria: a disease of hunger, *Lancet Respir Med* 8(6)

⁸⁷ See <https://businessday.ng/coronavirus/article/cacovid-nigerias-private-sector-response-to-covid-19/>; Alike, Ejiyofor et

al (2020), Nigeria: Presidential Task Force Links Kano Deaths to COVID-19, *This Day Newspaper*, <https://allafrica.com/stories/202005040620.html> retrieved on 1/9/2020

⁸⁸ Interview with member of Kano Against COVID-19 in Kano, September 11, 2020

⁸⁹ Cornell, Michael (2019), Mutuality on a Spectrum: Ownership and Buy-In, *Leadership and Developing Societies* 3 (1)

between these leaders and their followers even before the outbreak of the pandemic. They also promote safer and Islamically accepted ways of burying the deceased.

Kano Against COVID-19 also deployed technology to address the pandemic. They developed and amplified narratives on social media to educate the public, set up a COVID-19 call centre facility to connect people with the NCDC, and respond to members of the public seeking information or intervention. They also developed self-test application, which people could use to test themselves based on protocols developed by the Nigerian Ministry of Health. The NCDC received the result of the test and act accordingly, which also increased the testing capacity of the state. This collaboration between CSOs and traditional and religious leaders was crucial when the COVID-19 vaccine was developed. Religious leaders helped drive the vaccination efforts, significantly advancing the state's vaccination drive.

Due to low sensitisation from the government and failure of the state to build a common narrative in the state when COVID first emerged, there was initially low turnout for COVID-19 testing. However, in early June 2020, Kano Against COVID-19 worked with the state government task force and ran a pilot mass community testing scheme. They sought help from societal leaders in Zango and Dorayi wards, two major socio-political hubs in the Kano Municipal Council and Gwale Local Government Areas respectively.

Community and religious leaders, market women, and youth leaders were mobilised to lead community testing. These leaders sensitised community members about the virus, educated them on the methods of transmission, and advised on how to protect against it. The community buy-in and ownership of the process were driven by the trust and respect these leaders had from the community members. As a result, health officials collected more than 2,200 samples in Zango and Dorayi wards within four days. This accounted for 40% of the total 5,378 samples collected in the state from

April to June 2020.⁹⁰ The state government promised to extend community testing to other communities in the state. The State government incident manager said, 'moving forward, we will expand the sample collection to all the LGAs of the metropolis and some silent LGAs based on the selection criteria.'⁹¹

Over the next few years, the pandemic response in Kano and Nigeria as a whole evolved, with improvements in government measures and continued reliance on local actors for effective pandemic management. By March 2022, risk communication and community engagement committees were established in all 44 local government areas of Kano State, alongside social mobilisation committee and a crisis communication centre.⁹² These efforts were driven by social mobilisation, community engagement, and collaboration with traditional and religious leaders, civil society actors, and other stakeholders to enhance awareness and acceptance of COVID-19 vaccines.⁹³ Through these engagements, key messages were developed and disseminated via town announcers, while radio spots were broadcast in local languages. These collaborative efforts played a crucial role in promoting vaccine education and uptake, demonstrating the importance of community-driven approaches in public health interventions.

COVID-19 revealed the limitations of formal institutions and the critical role of informal leadership in filling these gaps. Trust, mutuality, and inclusive collaboration are essential to effective state-society relations. Trust determines the level of cooperation between citizens and leaders, and trust is gained when followers are involved in decision-making. Leaders need to motivate and inspire followers to buy into their vision by explaining how to feasibly achieve the stated goals.⁹⁴ Hence, leaders must adopt a bottom-up approach, engaging societal actors to build responsive and resilient governance systems capable of mobilising communities during crises.⁹⁵

5. CONCLUSION

⁹⁰ 'Community Leaders Help Drive COVID-19 Testing in Nigeria's Kano, 29 June, 2020 <https://www.afro.who.int/news/community-leaders-help-drive-covid-19-testing-nigerias-kano> (accessed 20 August 2020)

⁹¹ 'Community Leaders Help Drive COVID-19 Testing in Nigeria's Kano, 29 June, 2020 <https://www.afro.who.int/news/community-leaders-help-drive-covid-19-testing-nigerias-kano> (accessed 20 August 2020)

⁹² USAID (2022), Covid-19 Response in Nigeria: A State-to-State learning Report

⁹³ 'How clerics helped to drive COVID-19 vaccination in Kano', Dataphyte, 10 April 2023

⁹⁴ Kotter, John P., (1990), What Leaders Really Do, *Harvard Business Review*, 103 (111)

⁹⁵ DFID (2010), *Building Peaceful States and Societies: A DFID Practice Paper*, (London: DFID)

The early phase of the COVID-19 pandemic tested the leadership and governance structures in Kano State, exposing the challenges of societal mobilisation in a context characterised by weak state-society relations. While it is justifiable for the government to mobilise society during pandemics such as COVID-19, its effectiveness was undermined by trust deficits, limited institutional capacity, and resistance from citizens influenced by socio-economic and political factors. The findings of this article highlight how weak state-society relations and inadequate government responses led to the emergence of Kano Against COVID-19, a citizen-led initiative that shaped the response to COVID-19 pandemic in the state. By leveraging referent, legitimate, and expert powers, this citizen-led initiative addressed critical gaps, mobilised resources, expanded testing capacity, provided palliatives, and promoted public awareness and compliance with health measures.

Over the next few years, the pandemic response in Kano and Nigeria as a whole evolved, with enhanced government measures and strong local collaboration. By March 2022, the establishment of risk communication and community engagement committees, along with the involvement of traditional and religious leaders, and civil society, played a crucial role in promoting vaccine awareness and acceptance. These efforts underscore the importance of a whole-of-society approach to pandemic response.

The findings challenge leadership theories that focus solely on formal leaders as the sole repository of influence in society, emphasising instead the significance of informal and emergent leadership during crises. As Albert Murphy contends, crises create opportunities for the emergence of leaders, and effective leadership involves more than just formal leaders; it encompasses the entire situation.⁹⁶ Hence, there is a need for hybrid governance systems that integrate formal and informal structures to foster trust, mutuality, and societal mobilisation in the face of global challenges.

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