

Military Aid to Civil Authorities in Nigeria: Appraisal of Armed Forces of Nigeria Response to the Outbreak of COVID-19

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Abstract

Original Research Article

December 2019 ushered in the outbreak of a deadly disease called the Coronavirus (COVID-19) in the Province of Wuhan, China. Following its spread to other neighbouring countries and other regions across the globe with devastating impact, the World Health Organisation (WHO) declared the disease a pandemic. Various efforts were put in place by governments, organisations and institutions across the globe to combat the spread of this pandemic. The outbreak of the disease in Nigeria was marked by responses from various apparatus of government and non- governmental organisation. The Armed Forces of Nigeria (AFN) in addition to its constitutional responsibilities in defence of the nation's integrity and sovereignty played major roles in curtailing the challenges occasioned by the outbreak of the disease, which is also inline with its constitutional mandate in giving aid to civil authorities. This paper analyses the role of the AFN in the management of the COVID-19 Pandemic by relying on both primary and secondary sources. Focus of this research is on the approach adopted by the Nigerian Military in the fight against COVID-19 and its impact, through a predominantly non-kinetic Military Assistance to Civil Authorities (MACA) framework, complementing the Federal Government efforts to contain the spread of the virus and mitigate its socio-economic consequences. The findings revealed that the AFN made interventions in the 6 geo-political zones of the country majorly in upgrading and making its hospitals as isolation centres for treatment of patients, manufacture of ventilators and other Personal Protective Equipment (PPE), enforcement of lockdowns, as well as provision of palliatives to its host communities. This paper concludes that the AFN involvement in the management of COVID-19 greatly curtailed the spread of the disease, despite having no previous experience in handling such an issue.

Keywords: Nigeria, Armed Forces of Nigeria, COVID-19, Military Aid to Civil Authorities (MACA).

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INTRODUCTION

Events experienced and determined by mankind as evidenced in recorded history, cuts across different aspects of life. Just like these events cuts across all aspects of life, in most cases, they have equally impacted negatively or positively under all

the dimensions development. The 20th century presented a period of series of significant activities, accompanied by series of phenomenon. That period witnessed the outbreak of the two World Wars that greatly influenced the series of activities overtime, resulting in advances in science and technology, as



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well as formation and collapse of alliances or coalitions as the case may be. The world also witnessed an outbreak of a Pandemic, referred to as the Spanish Flu in 1918. This pandemic was widespread to the point of claiming lives, comparable to that during times of war. Although it was eventually curtailed, decades after the outbreak of the Spanish Flu, other diseases would eventually breakout, leading to loss of lives, with its concomitant effect on world economy during the later part of the century. Notable examples of such diseases include, Small Pox and the deadly Human Immune Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS). Although medical professionals were able to come up with preventive and control measures for these diseases, cases of infected persons as well as casualties, are still been recorded up to the 21st Century. The 21st century is equally not an exempted when analysing outbreak of Pandemics. During the first decade of the century, world witnessed the outbreak of a deadly disease known as Severe Acute Respiratory Syndrome (SARS) in China, which was combated in its early stages. It wasn't widely spread like the Spanish Flu. As this disease held sway, the deadly Ebola Virus took the centre stage in 2014 in Democratic Republic of Congo, spreading across the various sub-regions in Africa. Although there were no recorded cases in other continents apart from Africa, citizens from other parts of the world, who were in Africa for one reason or the other, were equally infected. Before Africa and the world at large could formally get over the troubles of Ebola Virus, by December 2019, the world witnessed the outbreak of yet again another pandemic in China, called the Coronavirus, also known as COVID-19. Within a period of less than six months, COVID-19 was reported to have spread across all continents of the world, apart from Antarctica. The pandemic significantly altered the course of modern history, disrupted social and economic systems, and posed unprecedented challenges to governments and institutions worldwide.

In Nigeria, the COVID-19 pandemic tested the capacity of national institutions to respond effectively to a crisis that transcended conventional security boundaries. As infections increased and restrictive public health measures were introduced, the Federal Government of Nigeria adopted a whole-of-government approach to contain the spread of the virus and mitigate its effects. Central to this strategy was the deployment of the Armed Forces of Nigeria (AFN) in a Military Assistance to Civil Authorities (MACA) role, in line with constitutional provisions and established civil-military relations frameworks. Within this national framework, the AFN continued to discharge its constitutional responsibilities, while simultaneously implementing measures aimed at preventing and controlling the spread of COVID-19 within military barracks, formations, establishments, and cantonments. It is against this background, that this paper aims to analyse the role of the AFN in the Fight against COVID-19, with emphasis on preventive and control measures.

OUTBREAK OF AND SPREAD OF CORONAVIRUS

The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.¹ At the end of 2019, a cluster of pneumonia patients with an unidentified cause emerged in Wuhan, Hubei Province, China. Since then, outbreaks and sporadic human infections have been reported across nations in different regions. Through the analysis of sequence, this unidentified pneumonia was considered to be caused by a novel coronavirus (CoV) named 2019-nCoV. Subsequently, the World Health Organization (WHO) announced a standard format of Coronavirus Disease-2019 (COVID-19), according to its nomenclature, for this novel coronavirus pneumonia on February 11, 2020. On the same day, the International Committee on Taxonomy of Viruses (ICTV) named this novel coronavirus as SARS-CoV-2.²

¹ "Coronavirus Disease 2019 (COVID-19)" <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic> accessed

on 10 April, 2020.

² J. Yuefei et al, "Review: Virology, Epidemiology,

Since its discovery in China, the SARS-CoV-2 infection began to spread across regions posing serious threats to public health and has drastically affected the world economy. On 7 January 2020, Chinese research authorities were announced that they were isolated new virus from sea food market in Wuhan city; named as COVID-19. On 13 January 2020 Ministry of public health Thailand reported a case of 1 patient imported from Wuhan, China. On 15 January 2020, the ministry of health, labour and welfare Japan reported her first case imported from Wuhan China. On 20 January 2020, South Korea recorded its first case. United State of America recorded hers on January 23 2020. On 24 January 2020, Vietnam reported its First case of COVID-19 with no travel history from China, while his family member was the Chinese traveller. So it's the first incidence of human to human transmission of coronavirus. Other countries also were detected and reported the cases of COVID-19 as on 26 January. 2020 (Malaysia), 27 January 2020 (Canada), 28 January 2020 (Cambodia, Germany, Sri Lanka), 29 January 2020 (United Arab Emirates), 30 January 2020 (Philippines, India , Finland), 31 January 2020 (Italy), 1 February 2020 (Russian Federation, Spain, Sweden, United Kingdom), 5 February 2020 (Belgium), 6 February 2020 (Japan), 15 February 2020 (Egypt).³ Nigeria however recorded her first case on 27 February 2020. The case was an Italian citizen, who works in Nigeria and returned from Milan, Italy to Lagos on 25 February, 2020. He was confirmed by the Virology Laboratory of Lagos University Teaching Hospital, part of the Laboratory Network of Nigeria Centre for Disease Control. Since then, there have been recorded cases of COVID-19 across different states in Nigeria and other parts of the world.

The impact of COVID-19 was felt across all parts of the globe. These impacts can be measured under the economic, health and social dimensions of the world. Commodity prices dropped precipitously since the crisis began. The price of crude oil for instance dropped to \$10 per barrel. For countries

whose major revenue is generated through the export of crude oil, this development surely provides a roadmap to the collapse of its economy. The COVID-19 pandemic represents a serious threat the world's economy.

The social impacts of COVID-19 were severe, following travel restriction and closure of schools, markets and sporting facilities. Across the globe, most especially in Europe, all sporting related activities were suspended. In some cases, competitions were either cancelled or postponed. Key examples are the Tokyo 2020 Olympics, COPA America 2020, European Cup of Nations 2020, French Open 2020; all these events were postponed to 2021. Population mobility was also a key factor. Movement become difficult and the travel including visiting families, carrying goods to markets have been restricted. The closure of airports and cancellation of flights affected many people's travel, livelihood, and family life. With the rapid development in worldwide aviation over the last two decades, the risk of global pandemics has escalated with increased passenger traffic.

Given the evidence of community spread of COVID-19, most governments also closed non-essential businesses where large numbers of people come into close contact, to help slow the spread of disease. These businesses include movie theatres, event arenas, bars and nightclubs, gyms, bowling alleys, arcades, playgrounds, hair and nail salons, non-essential retail stores, indoor shopping malls, and others. In addition, restaurants and other food-serving facilities are limited to delivery, pick up, or drive-thru with no on-site service. The case of Nigeria was not an exemption. Most states were on lockdown, owing to the rapid spread of the pandemic in the country. In almost all parts of the country, worship centres were also closed to curtail the pandemic.

Pathogenesis and Control of COVID-19", *Viruses* 2020, p.1.

³ NCDC, *COVID-19 Guidance for Schools in Nigeria*, (Abuja: NCDC, 2020), 3.

THE AFN IN THE FIGHT AGAINST COVID-19

The AFN is often called upon to aid civil authority during national emergencies or serious security challenges. These emergencies include riots, terrorist activities, armed banditry, large-scale industrial action, drought, violent storms, flood, erosion, and fire outbreaks among others. The military operations that are conducted in response to these security challenges may vary according to the situation and may or may not involve the use of force. These operations are thus classified as either kinetic or non-kinetic operations. In line with the Federal Government of Nigeria's National Plan for the containment of the COVID-19 pandemic, the AFN was assigned the responsibility of providing Military Assistance to Civil Authorities (MACA) in support of the national response.⁴ Accordingly, the role of the AFN in the COVID-19 response was clearly articulated in the Chief of Defence Staff (CDS) Strategic Directives on the containment of the spread of the disease. As part of its institutional response, the Defence Headquarters (DHQ) constituted the Armed Forces of Nigeria COVID-19 Response Team to provide coordination, guidance, and oversight for pandemic-related interventions across the Armed Forces. The Team was headed by the then Chief of Defence Training and Operations, Major General Lucky Irabor and was tasked to interface with all relevant Ministries, departments and Agencies of the Federal Government of Nigeria managing the COVID 19 Pandemic. Part of the committee's mandate was to develop appropriate AFN response actions in support of the Federal Government of Nigeria (FGN) in mitigating the effects of the pandemic. The response of the AFN was basically in what could be termed a "Two-Pronged" approach namely, the medical and security approaches. It was mainly a non-kinetic military

operation with major features of Civil Military Cooperation (CIMIC) activities.

The AFN COVID-19 Response Team worked in close collaboration with relevant civil authorities, including the Presidential Task Force (PTF), the Federal Ministry of Health, the Nigeria Centre for Disease Control (NCDC), and other Ministries, Departments, and Agencies, in support of national containment and management efforts.⁵ Several intervention efforts were made by the DHQ, Services headquarters and other lower levels of command under the coordination of the AFN Implementation Committee for COVID-19 Response, to ensure a joint approach towards curbing the pandemic. To this end, the AFN upgraded and made available its medical facilities across the six geo-political zones of the country as isolation and treatment centres for COVID-19 patients. On 30 March 2020, the Nigerian Military, in line with its efforts in the fight against COVID-19, named 17 isolation and treatment centres across the country for the management of confirmed Coronavirus cases. The isolation and treatment centres included: the 68 Nigerian Army Reference Hospital, Yaba; 2 Division Hospital, Ibadan; Military Hospital, Port Harcourt; Navy Reference Hospital, Calabar; and the Military Hospital, Benin. Others were: the 211 Regiment Group Medical Centre, Owerri; 82 Division Military Hospital, Enugu, 161 Nigerian Air Force Hospital, Makurdi; 22 Brigade Medical Centre, Ilorin; 44 Nigerian Army Reference Hospital, Kaduna; 465 Nigerian Air Force Hospital, Kano; and the 263 Nigerian Air Force Reference Hospital, Daura. Also listed were 119 Composite Group Medical Centre, Sokoto; 261 Nigerian Air Force Reference Hospital, Bauchi; 163 Nigerian Air Force Hospital, Yola; 7 Division Military Hospital, Maiduguri; and 27 Task Force Brigade Field Ambulance, Damaturu.⁶ By 9 April, 2020, the number of isolation centres provided

⁴ A. Ayakpa, "COVID-19: Armed Forces of Nigeria Response" *Nigerian Defence Headquarters Magazine* (2020), 15.

⁵ A.G. Olonisakin, "From the Desk of the Chief of Defence Staff" *Nigerian Defence Headquarters Magazine* (2020), 4.

⁶ "COVID-19: Military unveils 17 Isolation, Treatment Centres" <http://www.thetidenewsonline.com/2020/03/31/covid-19-military-unveils-17-isolation-treatment-centres/> accessed on 10 April 2020.

by the Military were up to 21; the Nigerian Navy Reference Hospital, Navy Town, Ojo in Lagos, the Nigerian Navy Hospital Warri, the Nigerian Navy Medical Centre Borokiri Port Harcourt and Nigeria Navy Logistics School Medical Centre, Owerri.⁷

In addition to the provision of isolation centres for the management of COVID-19, a good number of Armed Forces of Nigerian medical personnel were trained on the management of COVID 19 cases, which was be done in liaison with Nigeria Centre for Disease Control (NCDC). As of 10 April 2020, 80 trained medical personnel of the AFN were deployed to the centres to provide support in the facilities with capacity of 20 to 100 patients.⁸ In the same vein, about 48 Disaster Response Units of the AFN were on notice to move in conjunction with NEMA. These units were mandated to handle operations other than medicals that may arise during this non kinetic military operation.⁹ In addition, the AFN trained over 300 medical personnel across military formations in the country on COVID-19 cases management/ infection, protection and control, comprising doctors, pharmacists, and laboratory scientists, on the management of the disease.¹⁰

Furthermore, in line with the Presidential directive given by the President and Commander-In-Chief, for the AFN was to implement all restriction on movement; the AFN provided critical support to the Nigeria Police Force and other security and law enforcement agencies in enforcing restrictions on movement, border closures, the ban on interstate

travel, and nationwide lockdown measures aimed at mitigating the spread of COVID-19 across the country.¹¹

Also evident in the role of the Nigerian military in the fight against COVID-19 is the production of Liquefied Oxygen for immediate supply to isolation centres and designated hospitals for the management of COVID-19 cases. By 10 April 2020, the first batch of the production of oxygen was completed, put into cylinders and awaiting distribution. It is pertinent to state that the Nigerian Air Force's Liquefied Oxygen (LOX) Plant at the 103 Strike Group (103 STG) at the Nigerian Air Force Base, Yola was on 24 hours operation to ensure uninterrupted production of pure Liquefied Oxygen.¹² Furthermore, the Nigerian Air Force Investment Limited (NAFIL) Tailoring Workshop contacted relevant Government Agencies for the licensing of locally produced personal protective equipment (PPE) for use in Nigerian Air Force Hospitals, while the Air Force Research and Development Centre (AFRDC) was tasked to develop a ventilator locally to be used after certification by relevant Government Agencies.

The role of the Nigerian Air Force was also evident in the fight against COVID-19. On 24 March 2020, Nigerian Air Force airlifted medical materials donated by the Jack Ma Foundation, China, for tackling the COVID-19 in Nigeria, from the Murtala Mohammed International Airport (MMIA), Lagos to the Nnamdi Azikiwe International Airport (NAIA),

<https://www.facebook.com/NigerianAirForceHQ> accessed on 10 April 2020.

¹⁰ A.G. Olonisakin, "From the Desk of the Chief of Defence Staff" *Nigerian Defence Headquarters Magazine* (2020),4.

¹¹ A.G. Olonisakin, "From the Desk..."

¹² "COVID-19: Nigerian Military Inaugurates three Treatment Centres, Deploys 80 Medical Personnel" <https://businessday.ng/health/article/covid-19-nigerian-military-inaugurates-three-treatment-centres-deploys-80-medical-personnel/> accessed on 10 April, 2020.

⁷ "COVID-19: Nigerian Military Inaugurates three Treatment Centres, Deploys 80 Medical Personnel" <https://businessday.ng/health/article/covid-19-nigerian-military-inaugurates-three-treatment-centres-deploys-80-medical-personnel/> accessed on 10 April 2020.

⁸ "COVID-19: Nigerian Military Inaugurates three Treatment Centres, Deploys 80 Medical Personnel" <https://businessday.ng/health/article/covid-19-nigerian-military-inaugurates-three-treatment-centres-deploys-80-medical-personnel/> accessed on 10 April 2020.

⁹ I. Daramola, "Combating COVID-19-NAF Airlifts more Medical Equipment, Provides other Support as it Sustains Measures to curb Spread of the Virus",

Abuja in fulfilment of the Nigerian Air Force's roles of providing Military Aid to Civil Authority (MACA).¹³ The donated medical materials, which consisted of 107 boxes of medical supplies and equipment, comprising surgical masks, medical disposable protective clothing, face shields and detection kits, weighing about 3,000 pounds, were airlifted in a single mission using the Nigerian Air Force C-130 Hercules aircraft (NAF 913) and handed over by the Nigerian Air Force Aircrew to a delegation from the Federal Ministry of Health led by the then Permanent Secretary, Alhaji Abdulazeez Mashi Abdullahi, on 25 March 2020, at the Nnamdi Azikiwe International Airport, Abuja.¹⁴ On 10 April, 2020, Nigerian Air Force airlifted another batch of medical equipment and supplies donated by the Turkish Government to Nigeria from the Murtala Mohammed International Airport (MMIA), Lagos to the Nnamdi Azikiwe International Airport (NAIA), Abuja. The donated medical items, consisted of several boxes of equipment, medications and other supplies, weighing about 4,000 Kg, were airlifted by a Nigerian Air Force C-130 Hercules aircraft (NAF 917).¹⁵

Furthermore, with the advent of the COVID-19 pandemic, all local and international flights were suspended. Consequently, the Nigerian Air Force provided critical airlift missions in support of the National COVID-19 response throughout the period of flight suspension. As part of this support, the Nigerian Air Force made aircraft available to the Federal Ministries of Health, Information, Humanitarian Affairs and Foreign Affairs, as well as the National Emergency Management Agency

(NEMA), among others. The Nigerian Air Force also provided airlift support to teams from the Nigeria Centre for Disease Control (NCDC) and the Central Bank of Nigeria (CBN). These missions contributed immensely to the movement of COVID-19 management stakeholders, as well as the transportation of COVID-19-related equipment, logistics, and other essential consumables during the nationwide lockdown. Notable among such cases was Nigerian Air Force's airlift of some healthcare professionals from the Irua Specialist Teaching Hospital in Edo State to Abuja to enable them to sustain their vital functions.¹⁶

The Nigerian military also took serious measures, about the safety of her personnel and their families across various military formations in the country. According a vanguard publication on 31st March, 2020:

The medical personnel in Bonny Camp Cantonment intensified the screening of personnel and individuals going in or out of the cantonment by checking temperature and mandatory hand washing. Wash hand basins, sanitizers and soaps were positioned at suitable locations at the entrance of the Cantonment to ease or ensure compliance...Inhabitants and visitors to Abakpa Cantonment Enugu and 82 Division Headquarters Complex along Abakaliki Road were also screened

¹³ I. Daramola, "COVID-19: Nigerian Air Force Airlifts Medical Materials Donated by Jack Ma Foundation from Lagos to Abuja", <https://www.facebook.com/NigerianAirForceHQ> accessed on 10 April 2020.

¹⁴ I. Daramola, "COVID-19: Nigerian Air Force Airlifts Medical Materials Donated by Jack Ma Foundation from Lagos to Abuja", <https://www.facebook.com/NigerianAirForceHQ> accessed on 10 April 2020.

¹⁵ I. Daramola, "Combating COVID-19-NAF Airlifts more Medical Equipment, Provides other

Support as it Sustains Measures to curb Spread of the Virus",

<https://www.facebook.com/NigerianAirForceHQ> accessed on 10 April 2020.

¹⁶ I. Daramola, "Combating COVID-19-NAF Airlifts more Medical Equipment, Provides other Support as it Sustains Measures to curb Spread of the Virus",

<https://www.facebook.com/NigerianAirForceHQ> accessed on 10 April 2020.

by medical staff from the Division's hospital...Drastic measures were also emplaced to restrict access to the mammy market in the barracks to prevent the spread of the virus. At Adekunle Fajuyi Cantonment housing 2 Division Nigerian Army, there was an increase in medical checks at the two major gates leading into the Cantonment, as thermometers and hand sanitizers with the requisite medical staff from the Division's hospital were in position and available to soldiers, their families and necessary visitors into the Cantonment. The situation was similar at the 81 Division Lagos, where the medical personnel were strategically positioned at the main gate entrance to the headquarters' complex to screen personnel getting into the building.¹⁷

The above statement reveals the proactive steps taken by some military formations in the fight against COVID-19. In addition, these were also initiated across all military formations to prevent the spread of the deadly virus into their respective barracks and other locations. Further measures included the adjustment of opening and closing hours of Mammy Markets to reduce crowding and all personnel returning from overseas deployments or official travels were placed on supervised quarantine for a mandatory period of 14 days, with appropriate

quarantine facilities provided by the DHQ and the respective Services.¹⁸

The AFN also demonstrated commendable indigenous capacity by manufacturing ventilators and other essential items, including Personal Protective Equipment (PPE), hand sanitizers, and face masks. The AFN, through the Defence Industries Corporation of Nigeria (DICON), successfully produced a digital mechanical ventilator known as DICOVENT, as well as hand sanitizers branded DICSanz and non-permeable PPEs.¹⁹ In addition to the contributions of DICON, the Nigerian Army, the Navy and the Air Force, as well as the Nigerian Defence Academy (NDA) and other military institutions, also undertook indigenous production of ventilators and other medical equipment.²⁰ These locally manufactured medical and protective solutions formed part of the AFN's contribution to national efforts aimed at curtailing the spread and impact of the COVID-19 pandemic in Nigeria.

In addition, the military provided coronavirus-related palliatives to its host communities and other less-privileged segments of society during the period of lockdown and restrictions on movement. During the anniversary celebrations of the three arms of the AFN, the Nigerian Army, the Nigerian Navy and the Nigerian Air Force distributed palliatives to host communities. The Nigerian Army on 4 July 2020 distributed palliatives to over 500 civilians to cushion the effects of the COVID-19 pandemic lockdown as part of activities marking the Army Day Celebration 2020 in Gusau. The palliatives donated to each of the beneficiaries included 25kg bag of rice, cooking oil and noodles.²¹ On its part, the Nigerian

¹⁷ "Nigeria: COVID19- Army Intensifies Preventive Measure in Barracks" <https://www.vanguard.com> accessed on 4 April 2020.

¹⁸ A. Ayakpa, "COVID-19: Armed Forces of Nigeria...",19.

¹⁹ Defence Headquarters, "COVID-19: Nigerian Military Manufactures Ventilator, Others" Nigerian Defence Headquarters Magazine, 2nd & 3rd Quarter (2020),88.

²⁰ Defence Headquarters, "COVID-19: Nigerian...", 89.

²¹ M. M. Nasir, "The Nigerian Army on Saturday distributed palliatives to over 500 civilians to cushion the effects of the COVID-19 pandemic lockdown as part of activities marking the Army Day Celebration 2020" <https://thesun.ng/army-day-nigerian-army-donates-palliatives-to-over-500-civilians/> accessed on 23 December 2025.

Navy (NN) distributed palliatives to its host communities across several Commands, including the Western Naval Command in Lagos, Eastern Naval Command in Cross River State, Central Naval Command in Bayelsa State, Naval Training Command in Lagos, Naval Logistics Command in Delta State, as well as communities within Abuja.²² The Navy also donated Personal Protective Equipment (PPEs) to frontline health workers and commissioned a 400-bed Isolation Centre in Lagos to complement the Federal Government's initiatives aimed at containing the spread of COVID-19.²³ Similarly, the Nigerian Air Force extended humanitarian assistance to host communities within its various formations. These included the Tactical Air Command in Benue State, Special Operations Command in Bauchi State, Mobility Command in Bayelsa State, as well as the Federal Capital Territory (FCT). Additional distributions were carried out by the Air Training Command in Kaduna State, Ground Training Command in Enugu State, and the Logistics Command in Lagos State. The palliatives distributed by the NN and NIGERIAN AIR FORCE comprised bags of rice, beans, garri and semovita, as well as tubers of yam, cartons of instant noodles, and assorted condiments.²⁴ The AFN in essence played critical civil-military support roles during the COVID-19 pandemic by complementing Federal Government efforts through extensive humanitarian outreach, public health infrastructure support, and community engagement across multiple states.

IMPACT OF AFN RESPONSE

The AFN's response was comprehensive and multidimensional, anchored on medical, security, logistics, humanitarian, and institutional protection measures. The impact of its engagement can be summarised as follows:

Firstly, the AFN's provision of isolation and treatment centres across all geopolitical zones

significantly expanded Nigeria's public health infrastructure at a critical period. By upgrading existing military medical facilities and making them available to civil authorities, the AFN reduced pressure on civilian hospitals and enhanced national surge capacity for pandemic response. The deployment and training of military medical personnel further improved the availability of skilled healthcare professionals for COVID-19 case management.

Secondly, the establishment of the AFN COVID-19 Response Team at the Defence Headquarters ensured a coordinated, joint, and unified military response. This structure facilitated effective inter-agency collaboration with the Presidential Task Force, NCDC, Federal Ministry of Health, and other MDAs, thereby improving information sharing, operational synchronisation, and decision-making during the crisis.

Thirdly, through MACA operations, the AFN's support to the Nigeria Police Force and other law enforcement agencies enhanced compliance with movement restrictions, border closures, and lockdown measures. Military presence served as a force multiplier, deterring violations and contributing to the reduction of community transmission, especially during the early and most critical phase of the pandemic.

It is also pertinent to state that the local production of ventilators, PPEs, hand sanitizers, and medical oxygen by DICON, the Services, and affiliated research centres demonstrated Nigeria's growing indigenous capacity. This reduced dependence on foreign medical supplies, improved response self-sufficiency, and reinforced the strategic importance of defence-led research, development, and manufacturing in national resilience planning.

Finally, the COVID-19 response enhanced the AFN's experience in large-scale non-kinetic operations, particularly in public health emergencies.

²² F.S Adottah, "Nigerian Navy, Air Force Mark Anniversary Amidst COVID-19 Pandemic: Distributes Palliatives to Host Communities" *Nigerian Defence Headquarters Magazine* (2020), 28.

²³ F.S Adottah, "Nigerian Navy, Air Force..."

²⁴ F.S Adottah, "Nigerian Navy, Air Force..."

Lessons learned in medical logistics, disaster response coordination, inter-agency cooperation, and CIMIC operations have strengthened the AFN's preparedness for future pandemics and other complex national emergencies.

CONCLUSION

The paper reveals that the pandemic proved to be deadly looking like the number of cases and deaths associated with its outbreak and spread from China across other nations, within a period of less than five months. COVID-19 pandemic constituted an unprecedented non-traditional security threat that tested the resilience, adaptability, and institutional capacity of states worldwide. In Nigeria, the Armed Forces of Nigeria emerged as a critical national

instrument in support of civil authorities, demonstrating the military's relevance beyond conventional warfighting roles. Through a predominantly non-kinetic Military Assistance to Civil Authorities (MACA) framework, the AFN effectively complemented Federal Government efforts to contain the spread of the virus and mitigate its socio-economic consequences, as notable successes were recorded in sustaining operational effectiveness while safeguarding personnel and their families during the pandemic. Beyond the discharge of its constitutional responsibilities of defending Nigeria's territorial integrity and sovereignty, as well as safeguarding the lives and property of law-abiding citizens, the AFN significantly contributed to the national response to the COVID-19 pandemic.