



APPRAISAL OF NIGERIA'S RESPONSE TO CURB THE SPREAD OF COVID 19 PANDEMIC

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Abstract: The study was aimed to appraise Nigeria's response to curb the spread of COVID-19 and identify response gaps. The study employed content analysis to evaluate Nigeria's responses in four major areas covering public health response, physical distancing measures, social protection interventions, fiscal and monetary policy interventions. Several issues and challenges were highlighted which if not resolved may thwart government efforts to curb the spread of the virus disease. It was recommended that the apex bank should inject more funds into the economy especially the facility targeting MSMEs and households who are vulnerable to increase the number that may benefit from the fund to improve their wellbeing and stimulate economic activities. Also, the Nigerian authorities should ensure transparency in the management of COVID-19 cases and funds donated towards the fight against COVID-19 to engender trust and increase access of palliatives to the vulnerable in the country. The government should increase testing capacities and provide sufficient protection to frontline health workers. The use of social workers and non-governmental organization volunteers to support health workers in contact tracing and management of infected patients will help free capacity. The adoption of digital contact tracing to augment the manual contact tracing is advocated especially at this time that the government has started easing lockdown. Collaborating with other stakeholders such as civil society, including community organizations and self-help groups, and the private sector among others, governments can lead the way by developing policies and initiation of sustainable actions to put an end or at least reduce significantly the incidence of the spread and impact of COVID-19 in Nigeria.

Index Terms: Coronavirus, COVID-19 Epidemic, Nigeria's Response, Social Protection, Lockdown, Public Health

I. INTRODUCTION

Coronavirus (COVID-19) pandemic is described as the worst global health crisis in a century that caught the entire world unprepared crippling the global economy and resulting to high mortality rates, spread to over 213 countries around the world (World Health Organisation (WHO), 2020; Worldometer, 2020). COVID-19 is a contagious disease caused by Severe Acute Respiratory Syndrome, Coronavirus 2 (SARS-CoV-2), first reported to WHO in December 2019 in Wuhan, China, and has since spread rapidly, evolving into a full-blown pandemic (WHO, 2020). On January 30, 2020, the WHO declared the outbreak of a novel coronavirus disease (COVID-19) as a Public Health Emergency of International Concern (PHEIC), a global pandemic due to the speed of speed and scale of transmission. As of June 9, 2020, 7,201,136 cases of COVID-19 were confirmed globally with 408,782 deaths, and about 3,538,086 recovered from the virus disease (Worldometer, 2020; European Center for Disease Prevention and Control (ECDC), 2020). This has brought the total number of active cases (currently infected patients) globally to 2,860,760 with United States of America, Brazil, Russia, Spain, United Kingdom, India, Italy, Peru, Germany, Iran, Turkey, France, Chile, Mexico, Pakistan, and Saudi Arabia being the hardest-hit countries with over 100,000 confirmed cases of the virus (ECDC, 2020; Worldometer, 2020; WHO, 2020) reports. COVID-19 is having an unprecedented impact on all countries, both in terms of promoting the scaling of public health preparedness and response, protection of vulnerable populations to mitigate broader social and economic impacts. In Nigeria, the number of COVID-19 confirmed cases has increased from the first case on February 27 to 12,801 as on 9th June 2020 with 4,040 patients recovered from the disease regrettably 361 deaths were recorded. The virus disease is spread across 35 of the 36 States of the federation and Abuja, the nation with Lagos, Kano States and the FCT Abuja reporting the highest number of cases (NCDC, daily updates, 2020). The increase in the number of infected persons is attributed to the 'community transmission' stage of the virus disease. These statistics indicate the ruthlessness of COVID-19 pandemic which has undoubtedly justified the inevitability of the restrictions to curb the spread of the virus disease.

The World Health Organisation prescribed measures such as the imposition of quarantine or isolation, restraining freedom of movement by imposing total or partial shutting down of country's borders, and economic activities, keeping a social or physical distance of about 2m/6ft between persons as well as ensuring regular personal hygienic behaviors such as regular washing of hands with soap under running water and use of alcoholic based hand sanitizers as well as wearing face masks to prevent further spread of the disease (WHO, 2020). In line with these safety guidelines, the Nigerian government on April 13, 2020, announced measures to curb the spread of the virus disease in the country. One of the measures was imposing a total lockdown since March 30 in Lagos and Ogun States, and Abuja, the nation's capital. This measure was reviewed occasionally based on the prevailing conditions of the disease and the welfare of the citizens. International airports, public and private schools, universities, stores and markets, and suspension of public gatherings and lockdown of national and interstate land borders were enforced. All the State governments in Nigeria later replicated these guidelines

with variations to suit the peculiarities in their States (International Monetary Fund (IMF), 2020; NCDC, 2020). The Federal government of Nigeria on the 27th April 2020 announced the gradual easing of the lockdown measures in Lagos, Ogun States, and the Abuja the nation's capital with effect from 1st May 2020 despite the increase in coronavirus cases.

These mitigation strategies, albeit indispensable, have affected the livelihood of most citizens, especially those operating in the informal sector that relies on daily incomes for survival thus government needs to combine public health measures with efforts to prevent the pandemic from destroying the lives and livelihoods of society's poorest and most vulnerable people who are found in the informal sector. More than 80 percent of Nigerians work in the informal sector which includes a wide range of occupations, from street traders, taxi and bus drivers, motorcycle services (Okada), tricycle riders (Keke), petty traders, artisans, food vendors, hairdressers, photographers, etc (International Monetary Fund, 2018). Another group of vulnerable people is internally displaced people (IDPs), people with disabilities (PWDs), children, and aged people (UNOCHA, 2020). It is worthy to note that not only those in the informal sector were affected; those in the formal sector especially those in the private sector were adversely affected with some organizations suspending payment of salaries to employees during the lockdown with some losing their jobs. This disruption to their means of survival has a huge and significant impact on their ability to meet their most basic needs. Besides, an increase in food costs as a result of the lockdown further exacerbates the vulnerability of over 23.1 percent unemployment rate and 92,441,548 million Nigerians already living in extreme poverty on less than 1.9 dollars a day. The above population groups have overlap vulnerabilities that compound the health and secondary impacts of the COVID-19 pandemic (Global Humanitarian Response Plan Covid-19 United Nations Coordinated Appeal, 2020).

As Africa's largest economy with a population of over 205 million, Nigeria is critical to the COVID-19 response in the region. The Federal Government has introduced various social protection policies to support vulnerable groups during the COVID-19 crises. One of the policies in the social protection interventions targeted towards 2.6million households on the social registry for the vulnerable, and an additional 1 million households are to be provided conditional cash transfer for 2months and food rations would also be distributed to vulnerable households (Social Economic Rights Action Center, 2020). The government's failure to disclose key details of the cash transfer intervention has cast doubt on how many people it includes on the register and who has benefited from the cash transfers (Human Rights Watch, 2020). This was even as millions of the country's poorest and most vulnerable people have not benefited from the announced palliatives, donations, reported cash payments, cash transfers, and other benefits (SERAP, 2010). For the COVID-19 social protection interventions to be effective there is a need for realistic measures for targeting of palliatives to those most vulnerable to Covid-19 shocks. Those most likely to be affected by COVID-19 lockdown measures are not necessarily the most vulnerable groups nationwide and are likely to be missing from the social registry used for the federal government's social protection measures. This inadequacy is considered a bottleneck to curbing the spread of COVID-19 in Nigeria.

The COVID-19 outbreak cannot be stopped immediately, but the spread can be slowed through physical distancing measures (WHO, 2020). Researchers from the University of Kentucky and the University of Louisville studied the effects of four different physical distancing policies, school closures, closing restaurants and bars, bans on large gatherings, and shelter-in-place orders to tease out both their individual and cumulative effects in flattening the COVID-19 curve (WHO, 2020). The finding of the research reveals that adoption of government-imposed social physical distancing measures reduced the daily rate by 5.4 percent after 1–5 days, 6.8percent growth rate between 6–10 days, 8.2percent between 11–15 days, and 9.1percent between 6–20 days. Another research by Reilly (2020) comparing US states shows that there is no relationship between lockdowns and lower Covid-19 deaths. The research concludes that densely populated areas are more likely to struggle with Covid-19, no matter what response strategy they adopt. In Nigeria, the NCDC reported that the closure of national borders has reduced the proportion of imported cases of the virus from other countries has reduced to 19percent. However, the number of people infected with the virus has persisted irrespective of the continued lockdown, a social distancing strategy. This phenomenon is associated with the lack of access to or absence of palliative to alleviate the impact of the lockdown on the vulnerable people hence the continued flouting of the lockdown measures by citizens to find a means of survival. There are concerns with the poor coordination of government's palliative interventions aimed at cushioning the effects of the lockdown, which, has resulted in people undermining social distancing and agitating the easing of the lockdown. Also, the enforcement of the lockdown has led to a breakdown of law and social order in some states (especially those on lockdown), as characterized by human rights abuses, extrajudicial killings (Joint Civil Society Organizations report, 2020). Also, there have been reports of extortions and collection of bribes by the security forces enforcing the lockdown to allow citizens to break the restriction on interstate lockdown and curfews, thus endangering people's lives through the continued spread of the disease. These gaps portend a challenge to government efforts in curbing the spread of the virus disease.

To shore-up government efforts to curbing the spread of the virus, international organizations, corporate bodies, religious associations, civil society organization (CSOs), non-governmental organizations (NGOs) and individuals donated billions of naira and other items to the Nigerian government to combat the spread of the virus, alleviate the suffering of the poor and the vulnerable in the society (see some COVID-19 donations here database). These funds are expected to be used in procuring medical equipment and supplies (ventilators, test kits, surveillance-enabled ambulances, PPEs, etc), as well as to set up and furnish COVID-19 screening, testing, isolation, and treatment Centers. Besides donations, the government has allocated funds for this purpose. However, how the funds and items donated have been utilized is a major concern to many people thus calling to question the issue of accountability and transparency. Recognizing that these funds don't need legislative approvals before disbursement, the necessity for transparency and accountability cannot be overemphasized, not solely in guaranteeing it is used for its primary purpose, however additionally to cut back potential corruption and profiteering.

On April 4, the Social and Economic Rights Accountability Project (SERAP), a not for profit organization, filed a freedom of information request seeking details on the government's relief funds. This request was declined by the government through a court injection thus calling to question the issue of accountability and transparency in the distribution of the palliatives. Research in the field of public health ethics and pandemic influenza planning has emphasized the importance of openness and transparency not only to provide individuals and communities with information needed to survive an emergency, but it is also an element of procedural fairness and priority setting during public health emergency (Malley, Rainfold, & Thompson, 2008). To face the pandemic, information about how to contain the virus disease must be accessible to everyone. Denvandas, (2020) argued that little has been done to provide people with disabilities the guidance and support needed to protect them during the COVID-19 pandemic. Public health campaigns and information from national health authorities are often not in sign language thus excluding those who are deaf and dumb. The inability of PWDs to access public health information on COVID-19 increases their vulnerability. From the foregoing, it is imperative to address the

communication gap between government and citizens to foster trust and help the government achieve its objective of containing the spread of the virus disease.

Since the first case of COVID-19 was reported in Nigeria, there has been a plethora of research to determine Nigerians perception of the virus disease, its impact on the Nigerian economy, and the role ICT to curb the spread of the virus disease (Olapegba, Ayandele, Kolawole, Oguntayo, Gandi, Dangiwa, Ottu, & Iorfa, 2020; NBS, 2010; Muktar, Auwal, Usman, Galadima, 2020; Ozil, 2020; Ozil, 2020; Akanni, 2020; Onyekwena, & Akeruche, 2020). To date, very little attention is given to evaluate Nigeria's response so far to identify policy intervention gaps so that practical solutions may be advanced to strengthen Nigeria's response especially now that the numbers of COVID-19 infected persons are increasing exponentially. This study seeks to appraise government's response to containing the spread of COVID-19 to identify policy intervention gaps that may affect government efforts to curb the spread of the novel COVID-19 pandemic and offer practical recommendations that may help curtail the spread of the virus and alleviate the suffering of the vulnerable in the society. To achieve the objectives of the research, a qualitative approach was adopted and content analysis was employed.

II. NIGERIA POLICY RESPONSES TO COVID-19 PANDEMIC: ISSUES AND CHALLENGES

Before the COVID-19 pandemic, developing countries like Nigeria were fragile with GDP growth grappling around 2.5 percent in 2020 with over 92 million from a population of over 200 million Nigerian living in extreme poverty, earning Nigeria the status of the world poverty capital (IMF, 2020; World poverty Clock, 2020; World Bank, 2018). While many countries in Africa have recorded relatively fewer COVID-19 cases, the spread of the virus is currently on an exponential increase in Nigeria, and the weak health care system is likely to worsen the spread and death due to the pandemic and its impact on the Nigerian citizens and the economy. The economic consequences of the COVID-19 pandemic call for urgent policy responses to support households and firms alike, but how this support is designed will be critical to curbing the spread of the virus. Nigeria's coronavirus spread had initially been concentrated in Lagos, Ogun states and Abuja the nation's capital. Those three areas have been under lockdown since March 30, until April, 27 when the government announced the easing some restrictions with effect from 4th May 2020. Kano state has since displaced Abuja and Ogun State to have the second-highest number of cases in Nigeria. To contain the spread of the virus disease, the Nigeria government has adopted various measures in the following areas; (1) Public health response to prevent, detect and control by testing, isolating, caring and treatment, contact tracing, and quarantine, provision of personal protective equipment, creation of health awareness campaign on COVID-19 pandemic and personal hygiene (2) Social or physical distancing measures through lockdowns to restrict movement and physical contact, (3) Social protection interventions such as the provision of palliatives to ease the suffering of the poor and vulnerable (4) Fiscal and Monetary policy interventions. These measures have proven to slow the spread but issues have been raised with the implementation which if not addressed may have negative implications on the efforts of the government to curtail the spread of the virus. This section appraises the Nigerian government response to the COVID-19 pandemic to identify gaps in the response and offer practical solutions to address the challenges raised.

2.1 Health systems response through Prevention, Detection and Control Measures

The most insight from global COVID-19 response to date has been that, to successfully slow transmission and protect health systems, it is essential to accurately diagnose and effectively isolate and care for all cases of COVID-19 including cases with mild or moderate disease (in health setting or home setting depending on the context and the degree of the illness (WHO, 2020). The World Health Organisation (WHO) published updated interim guidance for laboratory testing in March 2020, where it encouraged countries to conduct more tests towards identifying cases for possible isolation and treatment. Diagnostic testing for COVID-19 is critical to tracking the virus, understanding epidemiology, informing case management, and suppressing transmission (WHO, 2020). Contact tracing is a core disease control measure employed by local and state health department personnel for decades is a key strategy for preventing further spread of COVID-19 (Center for Disease Control and Prevention (CDC), 2019). Case investigation and contact tracing is a specialized skill that requires people with the training, supervision, and access to social and medical support for patient and contact. Given the magnitude of COVID-19 cases and plans to eventually relax mitigation efforts such as stay at home orders and physical distancing, identifying contacts and ensuring they do not interact with others is critical to protect communities from further spread hence, the need to utilize the specialized skills of social workers becomes imperative. In Nigeria however, contact tracing is oftentimes carried out by medical personnel contrary to the use of trained social workers, community volunteers, non-government organizations, and civil society (WHO, 2020).

There is a consensus among those in charge of health policy on the continent that testing rates are woefully low, and this could be distorting the understanding of how far the virus has spread. According to the Africa Centers for Disease Control and Prevention (Africa CDC), as of June 2020, over 1.5 million tests had been conducted across the continent. This implies an average of one test per 1,000 people in the African continent. Available statistics show that Nigeria is lagging in COVID-19 surveillance, contact tracing, and testing when compared with its peers such as Ghana, Egypt, and South Africa that have conducted over 200,000, 100,000 and 900,000 testing respectively as at 9th June 2020. South Africa has tested 943,059 of its 59.3 million population. From the 1.25 percent population tests, it has detected 50,879 cases with 23,700 active cases. However, in terms of percentage progress, the analysis shows that Ghana has done a 7043 test per population ratio in Africa. Ghana has attained a 0.70 percent milestone testing of its 31.07 million population. While it tested 235,443 persons, it was able to confirm the 9910 cases from which 6,217 of them are currently active. Other countries with significant test figures are Egypt which has tested 135,000 people from 102.2 million population; while 5,444 cases have been detected, 24,798 of them are still active. Morocco has tested 322,703 people from 36.9 million and has 8,302 cases with 686 of them active at present. There are however huge discrepancies between countries. Smaller nations, like Mauritius, have some of the highest test rates, even by global standards. By June, 9, the country carried out 133,883 tests, which is the equivalent of 10.5 percent per population of 1,271,605; a higher figure than the USA, Germany, and the UK at the moment. But Nigeria, the continent's most populous country and one of the richest, has carried out 78,244 tests from a population of over 205 million people translating to 0.038 tests per 1 million people. Nigeria has tested less than one percent of the over 205 million population of Nigerians for the novel coronavirus (COVID-19) since testing began in February 2020 for the pandemic (Africa CDC, 2020; Niarametrics, June 9th, 2020). Using the population to test proportion rating, Nigeria is under the threshold of testing for its huge population when weigh against other countries fighting the virulent disease. According to the analysis, it also signifies that unless more testing centers and kits are deployed, more than 80 percent of the over 205 million untested people may not get to run a test for COVID-19 in the coming months. This trend is a result of test kits and inadequate diagnostic capacities in most states in Nigeria. We may never know the true impact of COVID-19 in the country as many of its victims may die before they are diagnosed and recorded accordingly. With the limited capacity and pace of testing, confirmed cases reported in Nigeria could be seriously

underestimating the real state of play. This state of affairs portends great danger because low testing in the country implies that many people with the coronavirus could be going undetected therefore endangering the lives of many in Nigeria.

The poor state of isolation centers in Nigeria is another challenge that could increase the spread of COVID-19. In Nigeria, there have been reports of COVID-19 patients fleeing isolation centers. For example, in Lagos Nigeria, an angry Coronavirus patient at the Lagos State Isolation center attempted to escape, citing the terrible nature of the isolation center as a justification for his action. In Gombe State, Daily Trust on the 6th of May, 2020 reported that about 20 patients broke out from the isolation center staged a protest demanding better healthcare services and good welfare from the medical personnel at the center. They blocked the road to draw government and public attention to their predicament since being consigned in the isolation facility for over a week. The patients claimed they were confined for over two weeks without receiving any form of medical attention from the medical team assigned to take care of them by the government. The patients accused the state Special Taskforce Committee on COVID-19 of neglecting them without any drugs, despite having other ailments before being tested positive for the virus. In Oyo State, southwest Nigeria, two COVID-19 patients absconded from the state isolation center. There were also cases of fleeing COVID-19 patients in Kano, Bauchi, Taraba, Gombe, Kaduna, and Delta State (Punch Newspaper, May 12, 2020). This trend of fleeing COVID-19 patients who test positive if not urgently addressed will jeopardize the ongoing efforts to flatten the curve of infections. Another worrying situation is the lack of bed space in the isolation center. The Director-general (DG) of Nigeria Center for Disease Control mentioned that a good number of COVID-19 patients in Nigeria are not in the health institutions and isolation centers because of government is still struggling to increase bed space capacity across the country. The Director-General, NCDC lamented that providing conveniences and accommodation for hundreds of COVID-19 patients in the country daily is a major snag especially in Lagos, Kano, and Zamfara States where the number of cases is overwhelming the capacity.”(Businessday, May 8, 2020). The rate of frontline staff like Doctors and other health workers treating and managing COVID-19 patients getting infected with the virus is on the rise. NCDC on the 2nd of May 2020 reported that 812 health workers were infected with COVID-19. This due to a lack of personal protective equipment (PPEs) in isolation/treatment centers and other hospitals; this trend if not checked will further reduce the capacity of health emergency response in Nigeria.

2.2 Social/Physical Distancing Measures

In public health, physical distancing also called social distancing is a set of non-pharmaceutical measures targeted at preventing the transmission of infectious disease by observing a physical distance between people and curtail the frequency of close contact with people (ECDPC, 2020; (Fong, Gao, Wong, Xiao, Shiu, Ryu, & Cowling, 2020). COVID-19 transmits essentially among people who are in close contact for a long period. The mode of transmission is when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are dispatched into the air and land in the mouths or noses of people nearby. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19 (Huang, 2020). To practice social or physical distancing, the WHO advised people to stay at least 6 feet (about 2 arms' length) from other people and stay out of crowded places and avoid mass gatherings. Keeping space between individuals is one of the best tools to avoid being exposed to this virus and slowing its spread locally and across the country and world (Center for Disease Prevention and Control (CDC), 2020). Physical distancing also helps limit opportunities to come in contact with contaminated surfaces and infected people outside the home.

In Nigeria, a range of physical distancing measures were implemented to contain the spread of the virus, including the closure of international airports, public and private schools, universities, stores and markets, and suspension of public gatherings, and lockdown of some states. The lockdown is being eased with an extended curfew from 10 pm to 4 am every day in Abuja, Lagos, and Ogun state; the lockdown in Kano state was extended for another two weeks; some states have lifted the partial lockdown. On May 21, the Nigerian government allowed religious congregation of not more than 50 people (NCDC, 2020). Nationwide measures were also introduced, including a nighttime curfew, ban on non-essential inter-state passenger travel, the partial and controlled interstate movement of goods and services, and mandatory use of face masks or coverings in public. Work at home is also encouraged in several states and government institutions while isolation centers are being expanded in the country. The president ordered the release of inmates in correctional facilities to decongest prisons. Though the lockdown is being relaxed in some areas, most states are still enforcing the lockdown.

There is a continuous debate as to the viability of a continuous lockdown. Although by WHO and NCDC recommendations, a lockdown, as a way of enforcing social distancing, is the most viable way of curbing the spread of the virus; there is need to be sensitive to how average Nigerians, especially those whose livelihood depends on daily earnings, will continue to survive without starving at some point due to the inevitable economic hardship. This is especially so considering the socio-economic effects of lockdowns and curfews on the about 80% Nigerians who work in the informal sector such as barbers, mechanics, hairdressers, bricklayers, farmers, etc who already live below poverty the line, and those considered the poorest of the poor. More so, due to the forced evictions in some communities, some have been rendered homeless, thus exacerbating all other vulnerabilities, while limiting the ability to self-protect against the virus. This is amidst fears of an impending 'economic pandemic', prediction of a second wave of COVID-19 by global experts in epidemiology and growing inconsistencies among them on how to best handle the situation; coupled with how social distancing at the community level is failing across Nigeria and concerns that food security is threatened since lockdown is happening during raining and planting season. Though the easing of the lockdown may be a welcomed development, it is observed that social distancing is jettisoned especially at Automated Teller Machine (ATM) points, Market, business environment, and public transportation especially in Lagos which is the epic center of the coronavirus pandemic.

Irrespective of the challenges, there is a need to consider a 'smart lockdown' that is a hybrid or partial approach such that creates a balance between curbing the spread of the virus and easing the economic pain on the people. This approach includes requiring and enforcing preventive measures such as the continuous and compulsory wearing of facemasks in public, provision of hand washing facilities and alcohol-rich hand sanitizers in public places, social distancing, regularly disinfecting open spaces (public transport, public gatherings, such as markets, religious houses, schools, etc), and observing basic hygiene. These measures which are already enforced can be further reinforced. One downside of the lockdown, while recognizing its importance in curbing the spread of the virus, is that of access to food and non-food essential services (like medicines) for some segments of the population. Different vulnerable groups (elderly, widows, Internally Displaced Persons (IDPs), refugees, and evictees, persons living with HIV/AIDs, minors, out-of-school children, and domestic workers) are disproportionately suffering the effects of the lockdown (WHO, 2020). This exacerbates already existing inequality gaps. These categories of the population including the poor, people with disabilities, low-income earners, daily workers have been gravely affected, with many not having access to supports. This is worsened as many shelters and centers providing support services to vulnerable and marginalized populations are on lockdown.

There is a universal consensus that all individuals are entitled to certain basic rights under any circumstances (Maise, 2003). These embody civil liberties, political rights, and the right to life and physical safety. Human rights advocate the necessity for justice, tolerance,

mutual respect, and human dignity in all of our activities. The enforcement of the lockdown has led to a breakdown of law and social order in some states (especially those on lockdown), as characterized by human rights abuses, extrajudicial killings. For example, a young man, Ifeanyi Arunsi was killed in Ebem Ohafia area of Abia State on 17th April, on May 4th, four people were shot dead and 16 injured as soldiers enforce lockdown in Taraba State, (Premium Times, May 2020), in Plateau State on May 13, a 20years old University of Jos student, Peter Bala was killed by Nigerian Army Sector 1 in Jos (Sahara Reporters, May 13, 2020), May 11, two hotels were demolished in Rivers State by government authorities for alleged breach of lockdown measures (BBC Report, May 11, 2020). The National Human Rights Commission (NHRC) has revealed that no fewer than 18 people have so far been killed by security operatives in an attempt to enforce the lockdown (ThisDay News, 16 April 2020). This speaks volumes of the efficiency level and capacity of law enforcement agents to deal with the civil population. It is a sheer display of impunity and reckless disregard for human life in law enforcement by security personnel in Nigeria. Also, there have been reports of extortions and collection of bribes to break the interstate lockdown of land borders or curfews, thus endangering people's lives through the continued spread of the disease. The troubling trend of armed robbery, gang violence, threats and harassment of people during the lockdown has led some members of different communities to form ad-hoc vigilante groups as a measure to protect themselves, their families, and members of their community, which, if not controlled, may lead to reprisal attacks, tilting towards more violence.

2.3 Social Protection Interventions

Social protection, as defined by the United Nations Research Institute for Social Development (2010) is concerned with preventing, managing, and overcoming situations that adversely affect people's well being. Social protection is a fundamental component of any intentional attempt to trim down the prevalence and sternness of poverty. Social protection thus deals with both the total lack and susceptibility of the poorest in the face of shocks and life-cycle events. The 'public' character of this response may be governmental or non-governmental or may involve a combination of institutions from both sectors (Norton, Conway, & Foster, 2001). While the coronavirus lockdown will adversely affect most Nigerians, the impact will vary markedly across groups, even amongst the poor. There are legitimate questions about the suitability of the existing social registry as a reference for the groups most vulnerable to the economic shocks induced by the coronavirus lockdown. What is known about the current social protection registry is that it largely covers agricultural and rural households, especially those with human capacity constraints. However, these groups are also less likely to be negatively affected by the economic shocks induced by the lockdown for several reasons: First, they are largely isolated from the major economic centers, being primarily rural and agricultural, hence basic livelihoods remain minimally unaffected by the lockdown. Second, the conveyance of foodstuff was excluded from the lockdown implying that rural farmers continued to get their produce to markets. Third, and more importantly, most households in this group produce a majority of what they consume and are therefore better able to maintain basic consumption levels during the lockdown.

On April 1, the Humanitarian Affairs Ministry commenced the payment of 20,000 Naira (US\$ 52) to families registered in the National Social Register of Poor and Vulnerable Households compiled in 2016 to combat poverty. The government said that each family on the register will receive monthly cash payments for four months. The present social register uses a three-stage targeting process based on geographical targeting, community-based validation, and proxy-means-testing (PMT) to identify the poorest of the poor in Nigeria. The National Social Register included 11,045,537 people from 2,644,493 households, far fewer than the over 92 million Nigerians estimated to live in extreme poverty, on less than \$1.90 a day (World Poverty Clock, 2020). The Social Register was expanded from 2.6 million households to 3.6 million to accommodate more poor and vulnerable people. With over 92 million Nigerians living in extreme poverty, the social registry covers only about 3.9percent of the poor, excluding many households given the enormous financial requirement for universal social protection. The implication is that these payments are likely to reach only a fraction of the Nigerians who will need economic assistance (Human Rights Watch, 2020). The efficacy of targeting through direct deposit into individuals' accounts using their unique Bank Verification Number (BVN) will be weak in the present circumstances. With 36.8% of the adult population in Nigeria still financially excluded (Nigeria Interbank Settlement System Report, 20219); thus targeting only those with a low balance in their account will exclude the most vulnerable people, who are less likely to have a bank account, and might find it more difficult to get into a bank location where they can withdraw cash. Further, using the banking approach also means individuals rather than households will be targeted. Without a quality system for auditing to check duplication, using BVN alone is susceptible to abuse. In some households, multiple members might be able to take advantage of the palliatives at the expense of financially excluded households.

On April 8, the Nigerian federal government approved the distribution of 77,000 metric tons of food to the poor and vulnerable households impacted negatively by the lockdown in Lagos, Ogun, and Abuja, but the criteria used to identify the poor and vulnerable for the distribution were not clear. Also, the government directed the Humanitarian Affairs Ministry to develop a strategy to maintain the school feeding program. Before schools began closing on March 19, the government said she fed 9million pupils across the country. Though this initiative was well-intended it was not clear how the government intends to continue with the school feeding program especially that Nigeria does not have contact addresses of the majority of these school children and the initial distribution of food to households was also adjudged a failure. Lagos state's government also said on March 27 that it would provide food packages to 200,000 households during the lockdown. Nigeria's other major economic responses to COVID-19 may not adequately protect the rights of the people most likely to lack adequate food, shelter, and other essentials. Under international human rights law, Nigeria's government must protect people's right to an adequate standard of living, including adequate food and nutrition, the highest attainable standard of health, and the right to social security (United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), 2020). In times of economic shock, countries must show that they have made every attempt to marshal all available means, including international support, and allocate them in the manner that maximizes respect for human rights and also taking into account the precarious situation of disadvantaged and marginalized individuals or groups. Palliatives for about 3.5m Nigerians are less than 5 percent of the over 92m Nigerians living in extreme poverty. This indicates that the majority of the poor and susceptible did not benefit from the palliative hence the likelihood to undermine the lockdown in search for sustenance else they die not from COVID-19 but hunger ("hunger virus").

Using data from the Nigeria Demographic and Health surveys (2008 and 2013), we find that the urban poor is more likely to work in non-agricultural occupations, which often involves commuting between suburbs and satellite towns into the urban core. Here, we may think of drivers, cleaners, sales associates, and operators of micro-enterprises, etc. Incomes from these occupations that involve work in the city's core are the most likely to be affected by the lockdown in economic activities. While most agricultural activities will interrupt, exempting food supplies from the restriction measures suggest that income loss here will be minimized. Furthermore, data from the National Living Standards survey (2010) shows that 64% of the food consumed by the poor in rural areas comes from food that they produce themselves (auto-consumption), compared to just 22% for poor urban households. This suggests that the poor residing in urban centers is appreciably likely to experience a greater shortfall in food consumption with a drop in market income. Overall, the data reveal

that the urban poor is more likely to suffer a decline in incomes as a result of the economic lockdown introduced to control the spread of COVID-19. As a result, the urban poor is also substantially more likely to suffer a decrease in food and other consumption, because unlike rural households, they largely consume what they can buy from market incomes. The urban poor has their livelihoods more closely tied to the market, and with a market shutdown, they are better targets for supplementary incomes/consumption intended to alleviate the hardships induced by COVID-19. This group of the poor is fundamentally excluded from the existing social protection registry. The exclusion of the majority of the poor and vulnerable from social protections violates their right to social security enshrined in international human rights law. Governments are obligated to ensure access to food, water, health care, and other basic needs for everyone at all times, and in particular those subject to lockdown and other severe restrictions on movement. To more effectively target groups of the poor that are most vulnerable to negative consumption shocks during the COVID-19 lockdown, we need to ask, in the most basic terms; which groups of people need to earn an income every day to purchase food? Put another way, poor households whose basic income and consumption patterns are more closely tied to the market would be most likely to be negatively affected by the lockdown.

2.4 Monetary and fiscal policy Interventions

In response to the Covid-19 outbreak, the monetary authority, the Central bank, said it would provide support to affected households, businesses, regulated financial institutions, and other stakeholders to reduce the adverse economic impact of the Covid-19 outbreak. The central bank provided support in six ways. One, it granted an extension of loan moratorium on principal repayments from March 1, 2020. This meant that any intervention loan currently under moratorium would be extended by one year. Two, it offered interest rate reduction on all intervention loan facilities from 9% to 5% beginning from March 1, 2020. Three, Nigeria's Central Bank has announced a 50 billion Naira (US\$ 128.5 million) targeted credit facility "to support households and micro, small and medium enterprises affected by the COVID-19 pandemic." The government approved a credit facility, through which nuclear family will access up to three million Nigerian monetary unit loans (US\$7,700), however, the conditions of the loan necessitate proof of security, like transferable assets, that several poor families could doubtfully have. The loans attract an interest rate of five percent initially and will be reverted to nine percent after March 2021. These requirements may negate the spirit of the intervention and exclude many of the MSMEs and households that the program is designed to support. Besides, N50 billion facility targeting over 41 million MSMEs and over 92 million extreme poor households is unrealistic and practicably not sufficient. Another issue is that only 40 million Nigerians, 25 percent of the population, have a bank account (CBN, 2016) and just one micro-finance bank with limited national coverage was nominated for the processing and managing the fund thus may delay the procession time and limit many MSMEs and households from accessing the facility.

Four, it provided credit support to the healthcare industry to meet the increasing demand for healthcare services during the outbreak. The loan was available only to pharmaceutical companies and hospitals. Five, it provided regulatory forbearance to banks which allowed banks to temporarily restructure the tenor of existing loans within a specific period particularly loans to the oil and gas, agricultural, and manufacturing sectors. Six, it strengthened the loan to deposit ratio (LDR) policy which allowed banks to extend more credit to the economy. On the other hand, the fiscal authorities had to review and revise the 2020 national budget of N10.59 trillion (US\$28 billion). The government announced that the budget was reduced by NGN1.5 trillion (\$4.90 billion) as part of the measures to respond to the impact of coronavirus on the economy and in response to the oil price crash. The new budget was benchmarked at US\$30 per barrel from US\$57 per barrel in the previous budget. Contingency funds of N984 million (\$2.7 million) have been released to Nigeria's Center for Disease Control, and an additional N6.5 billion (\$18 million) was distributed for purchasing more testing kits, opening isolation centers and training medical personnel. The sum of N10 billion (\$28 million) was granted to the Lagos State to increase its capacity to contain the outbreak.

The government is reviewing its 2020 budget and, given the expected large fall in oil revenues, announced plans to cut/delay non-essential capital spending by N1.5 trillion (close to 1 percent of GDP). A fiscal stimulus package, in the form of a COVID-19 intervention fund of N500 billion (\$1.4 billion), has been approved by the President to support healthcare facilities, provide relief for taxpayers, and incentivize employers to retain and recruit staff during the downturn. Import duty waivers for pharmaceutical firms were also introduced. Fuel pump prices have been reduced from N145 to N125 per liter. The government also approved a liquidity injection of 3.6 trillion (2.4 percent of GDP) into the banking system, including N100 billion to support the health sector, N2 trillion to the manufacturing sector, and N1.5 trillion to the real sector to impacted industries. Also, the CBN announced another N1 trillion support to the agriculture sector as food shortages loom. Regulatory forbearance was also introduced to restructure loans in impacted sectors. The CBN is also coordinating a private-sector special intervention initiative targeting N120 billion (\$333 million) to fight COVID-19. As of April 16, N42.6 billion was received, including a \$50 million grant from the European Union. The Nigeria Solidarity and Support Fund were established, looking to raise \$50 million to support the physical infrastructure of healthcare centers in Local Governments and existing Social Investment Program. The House of Representatives on March 24 passed the Emergency Economic Stimulus bill, 2020 to provide a 50 percent tax rebate for employers and business owners who agree to not make staff cuts in 2020. While the bill, if it goes into effect, may prevent job losses in the formal sector, it contains no provisions for informal workers. The official exchange rate has been adjusted by 15 percent, with an ongoing unification of the various exchange rates under the investors and exporters (I&E) window, Bureau de Change retail and wholesale windows.

III. CONCLUSION AND RECOMMENDATIONS

3.1 Conclusion

The early experience in countries with large-scale community transmission shows that COVID-19 requires unprecedented mobilization of health systems. Although Nigeria has responded swiftly to curb the spread of coronavirus, inadequate health emergency response capacity and the poor state of the public healthcare systems, lack of transparency, and limited social protection are stumbling blocks to Nigeria's government efforts to contain the spread of the virus. As Nigeria braces to be part of what is most likely a third wave of the COVID-19 outbreak where the virus will interact with a low healthcare infrastructure and multiple preexisting fragilities it is of utmost importance that all actors to double efforts to improve healthcare facilities and safeguard the most vulnerable people in the country. The human and economic devastation caused by COVID-19 provides a strong rationale for temporary government support for households and firms. Public sector support to firms can help address liquidity or solvency needed during the pandemic and ensure that economies are well-positioned to rebound once the COVID-19 is arrested. Support should be timely, targeted, and sustainable. Transparency in policy interventions and implementation will ensure trust in the response and cooperation of health professionals and the public. The COVID-19 pandemic may be a take-heed call to policymakers because the uncommon nature of the crisis has revealed the weakness in our health systems and the need to strengthen the health systems thus reduce over-dependence on foreign health care support for the supply of medical equipment given the global competitive demand for medical supplies. The government must work in partnership with different

actors like civil society organizations, community organizations, and non-public sectors among others to develop policies that are sustainable and capable of curtailing the spread of the virus and significantly reduce the impact of COVID-19 on the vulnerable population in Nigeria. Slowing the surge in the spread and most horrible consequences of the virus will depend on the state rebuilding trust with its citizens through effective leadership.

3.2 Recommendations

Drawing from the appraisal and the conclusions, the following recommendations were made;

1. Improving Public Health Response to COVID-19

There is need to sustain essential healthcare services while releasing up the capability to care and treat COVID-19 patients by also protecting and caring for people seeking care for other health conditions such as antenatal care, births, management of chronic diseases, renal dialysis, urgent response, critical care services, etc.). This is to avoid fatalities due to other health complications. The wellbeing and health of frontline health workers should be prioritized by providing personal protective equipment (PPE) for the health workforce in all services. Ensure that health workers have adequate rest and recuperation time, and consider putting in place other measures to protect them and their families, such as dedicated accommodation facilities for highly exposed staff to use during rest periods. All information about COVID-19 should be accessible and available in multiple languages including those with low or no literacy. This includes engaging qualified sign language interpreters for televised announcements. Develop a website that is accessible to people with vision, hearing, learning, and other disabilities. There is a need to engage more social workers volunteers and non-governmental organizations to help in COVID-19 contact tracing in other to free up health worker's capacity. Digital contact tracing apps should be used to augment the manual contact tracing strategy. It is however necessary to determine ethical considerations and the appropriateness of the application of the digital contact tracing, right to privacy, and risk associated with the use of the app vis-à-vis the benefits.

2. Need to improve the administration of social protections Interventions

The preceding discussion highlighted the inadequacy of the present social register as the urban poor are not sufficiently captured. However, it is difficult or impossible to rebuild or update the social registry amid the pandemic. The government will need to explore alternative targeting mechanisms in the immediate term. One key characteristic of the urban poor is that they mostly live in slums, which enables them to minimize rental costs in cities. Social security targeted at the slums and other geographical locations where the urban poor people reside will be crucial. Conduct an assessment of the different vulnerable and at-risk populations, while disaggregating data to show their unique challenges and how the intersections of the problems they face have caused them to be disproportionately impacted. Based on the outcome of the aforementioned assessment, develop response and support strategies for the different population segments, putting into consideration their unique needs. With proper accountability and transparency in place, non-state actors can assist in the identification of vulnerable households and suggest other effective ways of reaching them. This suggests a combination of geographic targeting complemented by community identification. This plan should be developed in consultation with community-based organizations with experience in serving people living in poverty. The Government can benefit from the social infrastructure and local knowledge of non-governmental organizations (NGOs) that have worked with urban poor in the past. Integrating social workers in the of planning social protection interventions to the vulnerable people is integral to the success of these interventions because of social workers' long history of working with people in poverty situations and witnessing their changing behavior thus, involving social workers in the provision of palliatives as well as supporting in the management of COVID-19 patients has proven to yield positive results in most countries suffering from the pandemic. The government ought to communicate its economic relief plans to the general public and clarify eligibility, timelines, and procedures.

3. Need to improve monetary and fiscal interventions

In light of the proceedings, for CBN's interventions during COVID-19 to be effective and achieve its aim, it is pertinent for the apex bank to inject more funds into the economy especially the facility targeting MSMEs and households who are vulnerable to increase the number that may benefit from the fund to stimulate economic activities. The CBN should consider enlisting more banks with wider coverage to the grassroots to facilitate the procession and disbursement of the fund. If the fund is to achieve its intended and stated goals of alleviating the impact of the COVID-19 on businesses and households, the CBN as a matter of necessity review the collateral requirements for the loan and make the loan interest free.

4. Need to improve on accountability and transparency

The government should provide periodic updates to the general public on all donations, allocations, and in-kind supports (publicly and secretly announced). The government should constitute and publicly announce a COVID-19 Funds Management Team, comprising of government officials, private sector, and CSOs, to manage and report on all COVID-19 funds and supports. Periodically report on the numbers and names of beneficiaries and value of money given as palliative sums and ensure judicious spending of COVID-19 funds, by subjecting requisitions and disbursements to thorough, yet timely, scrutiny. As a whistle-blowing approach, government and CSOs should introduce toll-free lines for citizens to call and report any act of corruption regarding the distribution of COVID-19 palliatives. Establish an independently managed monitoring process that ensures foolproof measures are in place to block all possible financial loopholes while checking fraud and curbing financial corruption. The government should empower the EFCC and ICPC to identify, investigate, and ensure the punishment of persons found guilty of COVID-19 related financial crimes, within a timely and reasonable time. Such actions must be made public.

5. Need to adopt a smart lockdown

Considering that Nigeria was already overwhelmed with the surge in the rate of unemployment and poverty before the outbreak of COVID-19, the country does not have the fiscal space necessary to accommodate the severe assault the total lockdown will unleash on our economy and its citizens. Therefore, the current form of total lockdowns in the country is not a feasible approach to containing the spread of the coronavirus hence the need for a phased and flexible approach to ease the confinement while making efforts to contain the spread of the coronavirus through voluntary enforcement of physical distancing. To achieve this goal, banks must streamline their service to be in tandem with NCDC guidelines on physical distancing and personal hygiene not only in the banking hall but particularly at their ATM points. Incentives can be considered for market associations to set up and maintain hand washing facilities in markets and enforcement of physical distancing. The government should consider procuring more buses for public transportation to check overcrowding of private owned commercial buses without making it too costly for the urban poor to afford. NCDC should collaborate with Nigeria Union of Road Transport Workers (NURTW), Nigerian Road safety, the Nigerian Police, and other related unions to help the enforcement of social distancing and personal hygiene measures to slow the spread of the virus.

6. Need to protect Human right and Dignity

Human Rights Desks in each state should give regular (daily or weekly) briefings on human rights violations during the lockdown. Improve security and safety of all people, at all times and in all places, especially in inner cities and communities and ensure that adequate punitive measures are activated when state and non-state actors violate human rights or defy lockdown orders and other instructions put in place to curb the spread of the virus. The government should monitor and investigate human rights abuses especially those committed by state actors while ensuring immediate trials and providing supports to victims and/or their families. The public should be briefed on these disciplinary actions to serve as deterrence while building public confidence. Train and sensitize law enforcement agents on best practice in enforcing lockdowns, such that does not violate human rights. The government should empower some the mobile courts already constituted to punish violators of the lockdown to expeditiously hear and determine COVID-19 related human rights violations.

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