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The Unintended Multi-Dimensional Impact of Covid-19 Pandemic Policy Response in Nigeria

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Abstract:

The meat of this work is on unintended consequences that emanated from Nigeria's policy response to COVID-19. These consequences were highlighted and premised on the Nigerian government's arbitrary copying of Western countries' strategies without customizing them to suit its peculiarities. The work employed discourse analysis to interrogate the various ways the COVID-19 policy response of Nigeria impacted on livelihoods of her citizens especially the poor and vulnerable. Unintended consequences of government COVID-19 policy responses are multidimensional in nature impacting the socio-cultural, political, and economic lives of Nigerians. Specifically, issues like an increase in domestic violence and gender-based violence, price gauging, and food scarcity, security agencies' excessiveness, palliative measures corruption, social ceremonies, and burial rites, were discussed as indirect outcomes of COVID-19 response strategies in Nigeria. Exposing how a biological crisis and efforts to contain it inadvertently created survival anxieties. Using secondary sources such as internet, books, newspaper, and journals, the paper argued that Nigeria copied western response strategies without customizing them to reflect her environmental realities. Some of these unintended consequences would not have emerged if Nigeria were reflective in the development of her COVID-19 policy responses. Unfortunately, Nigeria condemned herself irretrievably to Western approaches. Her palliative programs were marred by a lack of transparency and accountability legacy of Nigeria's public service system. The paper contended that Nigerian political leadership failed to use COVID-19 policy response execution to reclaim lost public trust. Rather the COVID-19 palliative program execution has further widened the existing mistrust gap between government and citizens.

Keywords: Covid-19 pandemic, policy, food scarcity, socio-economics, Nigeria

1. Introduction

SARS-CoV-2 equally known as Coronavirus disease 2019 (COVID-19) was traced to have emerged first in Wuhan, Hubei province of China on November 17, 2019. Following the unprecedented pace at which COVID-19 was spreading across countries globally, and in absence of counter medical measures like vaccines, the WHO International Health Regulations (IHR) Emergency Committee on January 23, 2020, released advisory notice counselling all nations to activate their emergency public health preparedness. The IHR Emergency Committee advised countries to prepare for containment of the virus, by putting in place measures like active surveillance, early detection, isolation, and case management, contact tracing, and prevention of spread (www.brookings.edu). Subsequently, the WHO classified COVID-19 as a global public health emergency on January 30, 2020. As the spread continued unabatedly and the growing concern over the disease's threat to human survival, COVID-19 was declared a pandemic on March 11, 2020, by WHO. The DG of WHO at media briefing pointed out that the virus is not just a public health crisis, but a crisis that will touch every aspect of human endeavour. Therefore, every sector and every individual must be involved (Ducharme, 2020). This is a clarion call for all countries to adopt a holistic approach in response to the COVID-19 menace.

From March 11, 2020, when COVID-19 was declared a pandemic to August 11, 2020, it has severely touched every sector of the society with attendant untold economic hardship even despite desperate measures to curb it. The nightmarish issue about coronavirus is compounded by the amorphous transmittable nature of the disease. Its complexities greatly exposed inherent shortcomings in the global health system and public health emergency response preparedness. Due to the absence of effective counter medical measures, nations of the world responded by reactivating non-pharmaceutical interventions (NPIs) approaches.

There are several opinions on why COVID-19 is surging and reproducing. World Health Organization in its COVID-19 Situation Report attributed the rapid spread of the virus to the long incubation nature of the disease (WHO, 2020). Others opined that there are many people experiencing no or mild symptoms (Xu et al., 2020). And the possibility of the virus to last up to three days on surfaces (van Doremalen et al., 2020). Despite these opinions and others, there are still unclear issues about this pandemic. Especially regarding knock-on health complications, it may cause, how far it has spread, and whether antibodies can deliver long-lasting immunity, this situation reflects insufficient or contradictory data and statistical shortcomings (www.cfr.org).

The Western world have expectedly leveraged on their existing strong health structures and resilient economy to weather the storm with the devastating effects of the COVID-19 pandemic in their countries. Yet we witnessed how

surging cases overwhelm local health systems in western countries like Italy notwithstanding that their health systems are advanced, a scenario that thoughtfully alerted Africa's public health and development think tanks. Africa has a legacy of the public health burden of constantly battling against recurring infectious diseases year in year out. It is a continent with high levels of poverty, urban density, widespread infectious diseases, limited access to healthcare, and overcrowded informal settlements (www.africacenter.org). Africa faces a preponderance of risk factors that could aggravate pandemic on the continent (ACSS, 2020). Against these challenges, therefore, coronavirus was calculated to exert enormous multidimensional impacts on the livelihoods of Africa's inhabitants. However, with international data suggesting that serious medical complications and deaths associated with COVID-19 rises with age put Africa on some sort of advantageous position demographically. This could be a saving grace for African countries including Nigeria with fragile public health systems. Not just that Africa lacks strong public health systems, is a continent entangled with a constant battle against recurring infectious diseases, including living and environmental conditions that could potentially exacerbate pandemic risk factors.

COVID-19 inadvertently added to a long list of challenges already facing Nigeria. Existing challenges include Boko Haram insurgency, armed banditry in North-Western Nigeria, falling oil price, large scale internal insecurity, intermittent disease outbreak, discordant political leadership, poverty, and a political tensed environment. So, the arrival of COVID-19 in Nigeria on February 27, 2020, ultimately worsened a bad situation, even though the pandemic is not the country's biggest crisis. COVID -19 simply found itself in a fragile political ecosystem riddled with complex and fluid socio-economic dynamics.

Despite the fact Nigeria has a long-standing history of battling infectious diseases, 2017 WHO's Joint External Evaluation (JEE) of IHR Core Capabilities of Federal Government of Nigeria on the capacity to prevent, detect and respond to public health risks scored Nigeria poorly both in prevention and response competences. Although Nigeria fared better in the detect category showing improved capabilities in detecting new health risks through real-time surveillance, and laboratory capabilities to test diseases. She scored poorly in the response criteria an indication that Nigeria is limited in her capacity to respond to a sudden health risk. Does that invariably mean that Nigeria is unprepared to respond to COVID 19? Do not forget how she successfully contained the Ebola virus in 2014. Wittingly or unwittingly she is presumed to be in a better position than many African countries to effectively combat COVID-19.

Fortunately, too, Nigeria's COVID 19 first case came later in global sequence after incidences in East Asia, Europe, and North America, a situation which offered her lead time to prepare and learn from the affected countries' best practices. The pandemic's surging numbers and how it overwhelmed local health systems in developed countries evidently sent the Nigerian government and the diplomatic missions into panic mode. So much so that some of the diplomatic missions evacuated their citizens and personnel from Nigeria in anticipation of the worst. Months after the first case, the apocalypse is yet to happen as of September 2020. What is magic? Or does it mean that much about the pandemic is unclear? Otherwise, how did Nigeria kept mortality low despite the fragile public health system and overcrowded informal settlements? Although some may raise the issue of inadequate testing capacities and unreported deaths in rural communities. However more deaths were recorded from security forces excessive policing in enforcing COVID-19 control measures in April 2020 than deaths from the virus infection itself. From March when Nigeria proclaimed lockdown to April, there were 32 reported fatalities from security forces' excessiveness in enforcing the COVID-19 response mandate of the Nigerian government (Armed Conflict Location & Event Data Project, 2020).

The COVID-19 outbreak has continued to proliferate in Nigeria since it was first detected in Lagos on February 27, 2019. It grossly exposed apparent weaknesses in the nation's public health system. The economic multiplier effects of the virus surge and containment measures are equally enormous as its worsened Nigeria's fiscal sustainability. Nigerian government modelled its response in line with the global trend of applying non-pharmaceutical interventions (NPI) strategies since there is no vaccination or medical countermeasure to the virus. Non-Pharmaceutical Interventions (NPIs) include measures like social distancing, lockdowns, hygiene regimes, face masks, isolation, or quarantine, contact tracing, school closure, and the banning of public gatherings including religious services.

The general idea behind this mitigation approach of NPIs is to slow and flatten the curve of infections in a systematic way, to save the health system from undue pressure and possible collapse. Undoubtedly non-pharmaceutical interventions are the most appropriate means to mitigate against the pandemic of this nature due to the absence of specific vaccines for the virus strain. However, environmental realities matter therefore the need for customized measures instead of copying Western approaches hook line and sinker.

For instance, political and socio-economic impacts of lockdown are likely to cause more havoc than the virus itself in an informal dominated economy. Most of the Nigerian population depends on subsistence livelihoods as the economy is largely driven by informal sector activities. A situation that demands innovative and adaptive initiatives, but unfortunately there was little or no effort by the Presidential Task Force to localize COVID-19 policy responses. The current-day strategies were not customized to reflect the inherent challenges, resources, and strengths of the country. Although the COVID-19 Presidential Task Force deployed its cultural component to use culturally specific messaging to cause behavioural change, yet it did not factor the issue of pre-existing mistrust between the government and the people. Given that Nigeria is a highly heterogeneous society, customized strategies that involve dialogue, transparency, and flexibility driven by scientific and cultural sound public health actions are required. Straightjacket copying of strategies from the Western World came with unintended consequences that expressed itself in multi-dimensional ways. These consequences permeated health, religious, social, political, and economic spheres of people's lives. Encouragingly, the Nigerian government initiated some palliative measures to cushion the impacts of these unanticipated hardships associated with

COVID-19 response strategies. On average, the palliative measures and their executions did not effectively correspond to the magnitude of hardship created by government response strategies.

2. Nigeria's COVID-19 Response Strategies

Prior to the first recorded index case in Nigeria on February 27, 2020, Nigeria Centre for Disease Control (NCDC) had published a public notice providing vital information on coronavirus. The information essentially centred on causes, symptoms, means of transmission, and preventive measures (NCDC, 2020). The Federal Government quickly reactivated surveillance and temperature screenings at various airports by deploying equipment used during the Ebola period. Passengers from COVID-19 hotspots were interviewed and their contact details collected. Visitors and returnees were advised to isolate for 14 days. Unfortunately, there was no mechanism in place to ensure or monitor that 14-day compulsory isolation was observed.

On March 9, 2020, the Federal Government of Nigeria established the Presidential Task Force (PTF) with an express mandate to initiate multisector measures aimed at containing and limiting the spread of the virus. The idea of a multisector approach is to apply the whole of government and whole of society approaches to ensure that COVID-19 does not destroy the lives and livelihoods of Nigerians. Faced with the reality of a long-neglected health sector and fragile public healthcare system, the Nigerian government relied on guidance from the international health community in developing its measures to curb the spread of coronavirus. Nigeria's COVID-19 policy response is patterned along with East Asia, Europe, and America strategies, even though she does not share the same peculiarities with countries of those continents. The socio-economic and political realities of Nigeria are quite unique from what is obtained in those countries, so copying their strategies without tailoring it to suit her circumstance might inadvertently create more havoc for the people than the virus. The arrival of COVID-19 in Nigeria shores on February 27, 2020, compounded already a pre-existing crisis in the country. It did not just expose the shortcomings in the healthcare system, it also worsened the nation's precarious fiscal responsibility situation. Pre COVID-19 Nigeria is characterized by youth bulge and high unemployment rate, rising inflation, rising debt, falling crude oil price, insecurity, and insurgency crisis within her borders. Therefore, the virus has the potential to make a bad situation worse.

Handicapped by the absence of counter medical measures like vaccination, the presidential Task Force (PTF) adopted non-pharmaceutical interventions (NPI) approaches to contain and mitigate the spread of the virus in the country. Specifically, the NPI toolkit involves a wide range of strategies from lockdown, social distancing, wearing of face masks, and public health campaigns on personal hygiene. Lockdown order includes the closure of markets, schools, places of worship be it church or mosque, ban of interstate travels and movement restriction, or stay at home. The seamless success of these policies requires reliance on strong community and informal institutions, unfortunately, they are already stretched by various forms of insecurity crises troubling Nigeria. Added to this also, is the mistrust and accountability gap between government and the citizens. Ordinarily traditional channels would have been used as a medium of effective information delivery, support, testing, and treatment. Even at the political elite level there are discordant tunes always emanating within the ruling party hierarchy themselves, and acrimonious bickering from the major opposition party. The two leading religious organizations in the country, the Christian Association of Nigeria (CAN) and the Nigerian Supreme Council of Islamic Affairs (NSCIA) offered their support to lockdowns. They further demonstrated their commitment to government efforts by collaborating with their local and state branches in disseminating accurate information and compliance.

Although there were pockets of dissidence opinions by few clerics from both sides. The 36 state governors of Nigeria showed their commitment to Federal Government efforts by unanimously agreed to enforce the ban on interstate travel on April 23, 2020. In fact, some governors had imposed lockdown in their states before the April 23 agreement with the federal government. This collaboration between states and the federal government is a welcome development. Conclusively, Nigeria's policy response was centered on lockdowns, ban on interstate travel, school closures, social distancing, travel restrictions, public health campaigns on personal hygiene, ban on social and religious gatherings. In event of suspected cases of the disease, contact tracing and quarantine measures are activated. COVID-19 response strategy is driven by the Federal Government with respective states required to localize and execute the same in their states.

3. Multi-Dimensional Impact of COVID-19 Policy Response

The unintended consequences of Nigerian government policies to combat COVID 19 have a multidimensional impact on the people. Apparently, the interplay between protecting the economy and saving lives was fundamental in making policy to combat COVID-19. So, policy developed from this contemplation will ultimately come with risks and costs with multidimensional consequences. Lockdown and shutdown could cost lives due to loss of jobs, suicides, domestic violence, drug abuse, rape and gender-based violence, price gauging, food scarcity, and security agencies' excessive enforcement force and corruption. All these are in cultural, socio-economic, and political spheres.

3.1. Food Security

Lockdown and banning of interstate travel caused disruption to the food supply chain and thereby threatened food security. The policy made the movement of agricultural products from production areas to cities cumbersome, which in turn created insufficient access to quality nutritious food. Food scarcity ensued and prices skyrocketed. The directive on the closure of markets and slow transportation networks associated with the interstate travel ban created wastages in the production areas and inadequate supply at the cities. This resulted in demand outpacing supply thereby causing an

increase in the price of food items. Food price increase inadvertently means that the poor who are already out of job because of the lockdown would not be able to stock up on necessities, especially as they depend on daily earnings as their only source of income. There has been a continued increase in food prices since the government responses took effect.

According to the Trading Economics consumer price index report, it rose from 14.9 percent in February 2020 to 15.18 percent in June 2020 an increase of about 0.28 percent within four months, and with a forecasted 17 percent in September 2020 (Trading Economics, 2020). The increase in prices was witnessed across all kinds of food items, although prices differ from states to states. Lagos, Ogun, and Abuja were worst hit with food scarcity and price increase, perhaps because they are the epicenter of lockdown. It is important to note that food security is one of the seven components of human security according to United Nations. Even though the policy restricting interstate travels exempted providers of essential services such as distributors of agricultural products and food vendors, it nevertheless worsened the already fragile food logistics system. In the sense that on a normal day interstate movement is characterized by the poor road network, excessive security checkpoints, highly insecure cross border roads, and lack of insurance policy on lost or damaged goods. With the enforcement of interstate restriction, the security forces increased their excessiveness and firmly entrenched an extortion regime against road users including those on the exemption list. A situation that has a direct impact on the food supply chain by creating scarcity and price increase.

In the words of Anietie Ewand, Nigerian researcher at Human Rights Watch 'millions of Nigerians observing COVID-19 lockdown lack the food and income their families need to survive' (www.she.foundation.org). It impacted severely the lives and livelihoods of Nigeria's poorest of the poor and the vulnerable. So interstate travel restrictions expressly led to the food price increase, the lockdown caused most of the people working in the informal economy to have little or no expectation for future income. A disruption of the daily earnings of these people directly impacted on their ability to meet their basic food needs. The informal sector includes those like drivers, artisans, street vendors, food vendors, tradesmen, barbers, and hairstylists. Typically, those in this sector earn low incomes, lack savings, and other social safety net benefits like insurance and pension. Lockdown to them in practical terms means denial of their right to adequate food and nutrition because they are restricted from conducting their daily businesses. Felix Morka of Social Economic Rights Action Centre (SERAC),

Lagos based NGO contended that most people outside the formal sector are devastatingly hit by the lockdown. Essentially declining income, food supply shortage, and price increase grossly affected physical and economic access to sufficient, safe, and nutritious food. A condition that is a threat to human security because the availability of food in the market and household consumption is hampered by both scarcity and lack of income. In Nigeria, once price rises it hardly comes down, now the lockdown has eased food prices continued to rise unabatedly. This has happened in the wake of a general decline in livelihoods and income of the people as jobs that are lost due to the pandemic have not been recovered. In announcing the lockdown in March, the president stated the government's commitment to put in place measures to preserve the livelihoods of workers and business owners especially the vulnerable, to ensure their families get through this very difficult time in dignity (www.hrw.org).

The Humanitarian Affairs, Disaster Management, and Social Development initiated food rations distribution program to vulnerable households, but this can only reach an insignificant fraction of the targeted group. Even the cash transfer program of the government cast doubt on the demography of the beneficiaries especially as the government was unable to communicate key details on the methodology employed in the transfers. Basically, the government did not communicate its economic relief strategies to the public with exact information on eligibility, timeline, and processes involved. Against this background, it is difficult to ascertain the extent of reach or effect of government economic COVID-19 relief programs. Apparently, at this time it seems the said fund has been exhausted. Therefore, how can the poor and vulnerable meet their basic food needs in this worrying period?

3.2. The Sociological Impacts

Social distancing disrupted our traditional and human deep-seated impulses for connection. It caused changes to the behavioural pattern of how we greet friends and relatives, how we get together, and the way we touch each other. The new behavioural practice or the new normal altered our natural social species and handed us new norms overnight. Nigerian social ecosystem is dominated by a culture of elaborate ceremonies, be it weddings, birthday parties, anniversaries, thanksgivings, burial, and funeral rites. All these ceremonies are usually elaborate with guests mingling freely in various customary forms without a restrictive injunction of public health risks. Ban on social gatherings made intending couples to change their wedding plans by postponing the dates and those who could not postpone theirs had to execute it in a very low key with no more than ten persons in attendance in accordance with COVID-19 protocol. Lagos as Nigeria's capital city of social life and 'Owanmbe' parties were without parties and its associated music noise pollution.

A popular Lagos Nollywood actress who could not resist the temptation of no parties was charged and convicted by the court for hosting birthday parties in violation of the ban on social gatherings. Businesses equally declined for those who provide support services for social ceremonies. Service providers like cake bakers, photographers, brochure printers, caterers, venue decorators, DJ music, chairs, and canopy rental vendors were without engagements. Even now ban on social gatherings has been eased, events are held within family residence premises which means no income for hall renters. The new normal priorities for an event have shifted to having in place handwashing equipment, facemasks, hand sanitizers without the usual free greetings of hugging and handshaking. The flip side of it though is that events cost less to host now. Like other social events, burial and funeral rites ceremonies depending on the deceased ethnic origin were disrupted too.

Burial and funeral rites in Nigeria are public ceremonies involving family members, community members, friends, and well-wishers. There is usually interplay of religion and culture in deciding the extent of burial rites given to a deceased. Apart from religion and culture, the position of the deceased in society is equally a factor. But coronavirus has touched on how the bereaved grieve, mourn, and bury their lost ones, especially the non-Muslim communities. Elaborate burial rites are commonly described as a befitting burial in Nigeria. A lot of preparations are involved in organizing burial ceremonies by bereaved families including making of uniforms for mourners and sympathizers. This uniform is generally called 'aseobi' in local parlance. The burial of the deceased is immediately followed by feasting, drumming, music, and dancing. Depending on the tribe or ethnicity funeral rites runs for days providing opportunities for people who want to pay condolence visits.

Due to the way coronavirus took everybody by surprise and how swift the government responded, bereaved families preparing for burials paused their plans. Unfortunately, the prolonged shutdown led reports of morgue being overcrowded in some parts of Nigeria especially in the South-Eastern part of the country. Apart from the ban on social gatherings, restriction on interstate travel compounded the woes of the bereaved as they were unable to travel from the cities to their villages to commit the deceased to mother earth. So, some bereaved family members who could not travel because of lockdown missed the burial of their loved ones. Even burials executed during the lockdown period were without the usual elaborate ceremonies in line with COVID-19 protocol guiding social gathering.

3.3. Cash-Cow Flu

There is general apprehension in the public space about how the government various palliative measures were being executed with special focus on conditional cash transfers and food rations relief programs to the vulnerable households. Writing on Vanguard Newspapers of April 06, 2020, Olu Fasan contended that the COVID-19 pandemic has led to global fiscal splurges and where there is a dramatic expansion of public spending, corruption, or misappropriation of public funds are nearby. According to him, in Western countries, the COVID-19 stimulus fund is trackable unlike Nigeria where funds cannot be traced, or anyone holds accountable for them. Piqued by the secrecy surrounding non-disclosure of key details of the palliative program, an NGO Social and Economic Rights Accountability Project (SERAP) filed a freedom of information request (FOI) soliciting details on how the relief funds were distributed. Since many Nigerians are concern that millions of the poorest and most vulnerable citizens have not gained from the supposedly announced palliatives from the government. Even though under Nigeria's freedom of information law, the government is required to provide information within seven dates of FOI application, no response was provided to SEARP April 4, 2020 fillings to date (August).

The government's lack of response to SERAP's FOI further widened the existing mistrust gap between the government and the citizens and buttresses the government low capacity for accountability and transparency. Evidently, the relief program of the government is impeded by poor communication, inefficiencies, and lack of transparency inherent in Nigeria's public service system. This scenario has made many Nigerians to view the pandemic as a hoax contrived by the politicians to grease their greedy and incessant looting appetite. The pandemic handed to Nigeria's political leadership an opportunity to offer decisive leadership in remedying the already battered image, yet they floundered. From local to state and federal levels of government there are questions concerning how palliative and relief funds are administered. The government at various levels failed to systematically communicate to the public the recipients, budgets, and delivery mechanism of the relief programs. Therefore, it is difficult to think about these palliative and relief measures in Nigeria without being literally apprehensive about political manipulation of the process. None of these levels of government-employed efficient and effective mechanisms in implementing the various palliative programs.

These programs are all riddled with corruption and poor accountability notwithstanding the level execution occurred. The wife of the president, governors, and local government chairmen wives were not left out in the bonanza of palliatives projects. These offices of first ladies initiated their own programs apart from the government mechanism of palliative distribution. The duplication of efforts increased wastages and lack of accountability which further raises more questions than answers on the verifiability of criteria employed to identify the target population. It is highly questionable why wives of the elected executives should initiate parallel relief programs in this precarious financial period. Rightly or wrongly the perception is that the pandemic has become a cash cow otherwise why the unnecessary duplication.

A public outcry followed the announcement by the Minister of Humanitarian Affairs, Disaster Management, and Social Development, stating that the government have spent about N523.3 million on the school feeding program during the pandemic lockdown(www.fmhds.gov.ng). The Nigeria's social media ecosystem went berserk alleging corrupt practices on the grounds that school feeding could not have taken place in a period of school closure. The minister later responded to the allegation by stating that the program was modified and implemented in Abuja, Ogun, and Lagos states in line with the presidential directive on 29 March 2020, and the exercise was conducted in consultation with stakeholders. 'The ministry in obeying the Presidential directive, went into consultations with state governments through the state governor's Forum, following which it was resolved that 'take-home rations', remained the most viable option for feeding children during the lockdown (www.marketwatch.com). So, it was a joint resolution of the ministry and the state governments to give out take-home rations' (www.nairametrics.com).

The minister's explanations fell short of providing accurate details on the mechanism employed by the so-called stakeholders in identifying and reaching out to recipients. Apparently perceived corruption in time of this pandemic is an existential threat to the poor and vulnerable group. Corruption legacies in Nigeria provided an opportunity for businessmen and conmen to take advantage of the citizens. Conmen or scammers capitalized on the secrecy surrounding government cash transfers programs by sending suspicious phone messages to the citizens and fraudulently solicit for

their bank card information. Those who responded with their bank card information are defrauded. Businessmen engaged in the hoarding of available supplies and price gouging. Equally, there was an increase in substandard and falsified products being offered for sale at the early stages of the lockdown.

3.4. Domestic and Gender Based Violence

Domestic violence is a grievous human rights violation, both men and women are potential victims of domestic violence acts. However, women are mostly the victims of the act, and it has multiple severe impacts on women especially their mental, sexual, and reproductive health. 12 months prior to the advent of COVID-19, an estimated 243 million women and girls (15-49) were subjected to sexual or physical violence according to Phumzile Mlambo-Ngcuka (<https://www.women.org/en>). In the same vein, the United Nations also raised an alarm of the increase in domestic and gender-based violence cases which were associated with forced proximity caused by lockdowns. From March when lockdown took effect in Nigeria to July 2020, Lagos State Domestic and Gender Violence Response Team received increased reports of sexual and domestic violence (<https://dsvrtlago.org>).

Some of the reported violence cases are associated with spousal violence, landlord-tenant violence, parent-children abuse, and neighbour to neighbour fighting. In other cases, issues relating to house help molestation, child rape, and sacrilegious sexual acts between siblings were received. Lockdown is being regarded as a trigger of the increase in cases because it has occasioned unavoidably proximity between abuser and potential victims. The surging figure for rape cases generated online outcry and news media discussions. The Nigerian police chief acknowledged that COVID-19 restrictions have caused a surge in cases of rape and gender-based violence. According to him from January-May 717 rape incidents were recorded across the country and 799 suspected arrested (www.barrons.com). There might be underreportage of cases as well because during lockdowns and restriction of movements it is more difficult for the abused to easily report attacks or reach police stations.

4. Findings

Nigeria's response to the containment of COVID-19 was undermined by a lack of strong and capable leadership across all levels of government. This failure of government widened the already existing distrust gap between the government and citizens. A distrust that created doubt in the mind of the Nigerian populace on the real threat of COVID-19 pandemic. Basically, government efforts were seen by the people as a conduit means for looting public funds. Evidently, the execution of various palliative programs initiated by the government was shrouded in secrecy and poor public service delivery. Issues like palliative eligibility criteria for targeted are not clear, decisions on to be recipients are not clearly seen to reflect need and vulnerability, and political prejudice and corruption are well written over the entire palliative process. The situation is complicated by poor infrastructural public health system coupled with health force in lack of necessary expertise. Due to prevalent distrust between government and citizens, Nigerians lack the social capital of abiding with pandemic protocols as enunciated by the Nigeria Centre of Disease Control.

Majority of people feeling unwell resort to self-medication mostly relying on preparing local concoction for both curative and preventive measures. This approach inadvertently drove up the prices of lemon, ginger, garlic, and other spices associated with the potency to cure COVID-19. Lagos state government can be adjudged as the only state in Nigeria that demonstrated better leadership in the management of the pandemic containment. There were reported increases in violence cases especially sexual and gender-based violence during the lockdown. Apart from Abuja, Lagos, and Ogun states, people living in other states largely did not abide by the COVID-19 protocol as established by NCDC. There are instances where people in those states publicly showcase disdain to COVID-19 protocol as recorded in Kano state. Shortly after that public display, the state was hit with mysterious deaths. Mysterious in the sense that none of the bodies were subjected to COVID-19 testing. It took the intervention of the Federal government in concert with some developmental agencies to comprehensively control the situation and prevented it from spilling into other states bordering Kano. That was indeed a national health disaster averted.

5. Conclusion

In absence of a medicinal cure to combat COVID-19, when Nigeria confirmed the first case of the virus in Lagos on 27 February 2020, she adopted non-pharmaceutical interventions (NPI) approaches to mitigate against the spread of the virus. She typically followed the global strategy of locking down businesses and restricting movements. However, Nigeria's own realities are at variance with those of advanced countries she copied. Unlike the western world countries, Nigeria is battling with a high level of poverty, urban density, highly crowded informal settlements, poor public health system, and an economy on verge of recession. Against this background, NPI approaches like lockdown, restriction of movements, and shutting down of business activities would come with multidimensional consequences on most of the population dependent on subsistence livelihoods.

Therefore, the need for customized initiatives that should reflect her own realities, resources, and capabilities. Admittedly, the government in its own wisdom understood there are potential unintended consequences associated with their response strategies and initiated several palliative measures to cushion the effects. However, the execution of these palliative measures rekindled discourse on governance and accountability questions especially as Nigeria has a legacy of corrupt public service delivery. Nigeria's cooperate sector and wealthy Nigerians showed responsive commitment by their philanthropic support to government efforts to combat the pandemic. The major disconnect is that the citizens do not share a common desire with them and the government on this cause due to citizens' lack of trust in government. Apparently, the government bungled the opportunity to reclaim lost public trust as it embraced a business as usual

approach in administering palliative programs. Such a level of citizens /government trust issue is a red flag for Nigeria's long-term democratic stability and sustenance.

This reality should serve as a wakeup call to the government at all levels to drive an apolitical rebuilding process with the people through their various communities. In the same vein, the corporate community and wealthy Nigerians should be more committed in society building just they supported COVID-19 response efforts. The Nigerian government and its elites can use lessons learned from the entire process of responding to COVID-19 threats to reset new vision for Nigeria especially in the public health system, governance, and accountability. However, there is no sign from the body language of the political leadership that COVID-19 has provided the opportunity to revamp Nigeria's healthcare system.

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