



THE COVID-19 PANDEMIC IN NIGERIA

Brief 4, May 17 2020

CITIZEN PERCEPTIONS AND THE
SECONDARY IMPACTS OF COVID-19

This brief was prepared by UNDP Nigeria on behalf of the UN System in Nigeria.

It is clear that containment strategies operate within a myriad of economic, social, cultural and religious underpinnings and their effectiveness will be ultimately determined by inherent capacities to mobilise citizens to take ownership of these strategies. Connecting the science of virus containment with the unique constructs of Nigerian society will be vital not just for responding to the pandemic but also for rebuilding efforts.

01

Situation Update

It has now been two months since WHO declared the novel coronavirus outbreak a global pandemic. Across the world, a new reality now dictates everyday life with various crisis response strategies activated. At the time of writing, global confirmed cases and case fatalities have exceeded 4.7 million and 300,000, respectively (Figure 1).

Closer to home, cases in Nigeria stand at 5,621 with case fatalities totaling 176. Nigeria is now the most impacted West African nation with the highest number of confirmed COVID-19 cases accounting for 7% of total cases in Africa.

All but just two States in the country – Kogi and Cross River – have registered COVID-19 cases. In addition to Lagos State and the Federal Capital Territory (FCT), a new epicenter is emerging - Kano which has now overtaken the FCT to become the state with the second highest number of confirmed COVID-19 cases. Meanwhile, the rising cases in Borno State and in Nigeria's northern region pose a myriad of concerns expressed in Brief 2.

Upon the completion of five weeks of a federally mandated directive of cessation of movement, a gradual easing of lockdown measures in Lagos, Ogun and the FCT has




been initiated since 4 May 2020. This is supplemented by increased testing and contact tracing coupled with nationwide measures including curfew, mandatory use of face masks in public and ban on interstate movement, among others.

The easing of lockdown measures come at a time when confirmed cases are on the uptick. However, the immense socioeconomic impact witnessed during the lockdown period necessitated a more balanced approach to the public health intervention. In Kano State, however, a total lockdown is still in effect.

The Nigerian Center for Disease Control (NCDC) has made significant progress in expanding the country's health care infrastructure. From an initial 5 COVID-19 molecular testing labs just a month ago, there are now 24 laboratories, including 7 in the Northern region of the country and 2 mega-laboratories in Lagos and Abuja.

National testing capacity has increased to 2,500 tests per day and a total of 33,970 samples tested so far. At least 110 isolation centers have been set up, of which about 50% are in the North-East and North-West regions. Likewise, bed capacity for COVID-19 patients has increased

FIGURE 1 CURRENT NUMBER OF CONFIRMED CASES, FATALITIES (17 MAY 2020)

	TOTAL CONFIRMED	TOTAL FATALITIES	CASE FATALITY RATE (%)	TOTAL CONFIRMED CASES/ 1 MILL POPULATION	TOTAL CASE FATALITY/ 1 MILL POPULATION
	4,715,239	312,315	7	605	40
	83,276	2,726	3	68	2
	5,621	176	3	27	0.9

to around 4,000 with reported occupancy rate at 32% and median hospitalisation duration of about 11 days.¹

Potential trajectory of COVID-19 in Nigeria

Despite bans on interstate travel, 8 States registered their first COVID-19 cases in the first 14-day phase of the Federal lockdown and another 13 States registered their index cases in the second phase of the lockdown. Recent NCDC reports indicate that 262 Local Government Areas (LGAs) – approximately 1 in 3 of total LGAs in the country – have reported confirmed cases.

Preliminary findings of new cases indicate that they are mostly from interstate travel and with 64% of the current case load with no epidemiological link, at the time of writing, it is evident that we have now transitioned into a phase of community transmission in several parts of the country.

Testing remains a challenge. Although testing capacity has increased, testing coverage and pace is still relatively low with 160 tests per million population. Comparatively, the figure is 5,586 and 7,400 for Ghana and South Africa, respectively at the time of writing. Positivity rates of tests vary by State – from 29% in Akwa Ibom to 4% in Oyo – but the national average number of tests per positive case is around 7%.²

The distribution of cases in Nigeria mirror trends seen around the world – for instance, higher case fatality ratios are observed among those more than 60 years old as well as those with preexisting conditions. Gender distribution of cases reveal that men are featured relatively higher among both confirmed and fatal cases in the country – this is consistent across States. Gender disaggregated testing data could lend further insights into this trend.

Daily growth rate of new cases average around 11% and both confirmed cases and case fatalities are doubling approximately every week. Since the outbreak in Nigeria's second most populated city - Kano - several northern states have registered spikes in COVID-19 cases. The lower healthcare capacities coupled with limited access to water, sanitation and hygiene services as well as pockets of highly dense and vulnerable populations, signify that an exponential growth of cases in the region could be imminent.

As in previous briefs, we use an AR (1) model to estimate the number of confirmed cases in Nigeria in the next two weeks. The current model's mean absolute percentage error over the past 7 days has averaged 9%.

It is important to reiterate that the goal of this projection is to provide insight into the possible health care capacity that would be required in the short run. It is not to provide an epidemiological model of the spread of the virus in the country. The projections reflect confirmed cases – which link closely with the testing regime employed – the true number of cases is expected to be much higher.

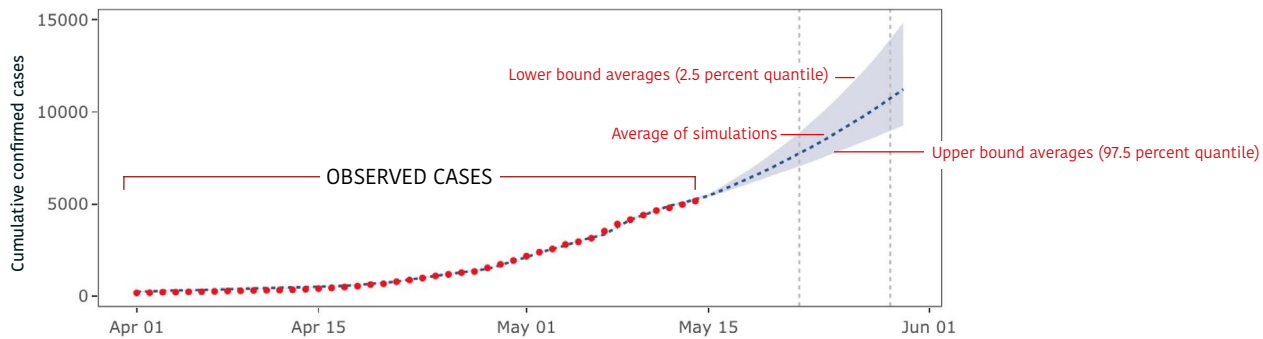
We project that in that in the next two weeks, confirmed cases would reach 10,200 (upper bound = 13,000; lower bound = 8,681). We expect the country to pass the 8,000th case threshold in the next 10 days (Figure 2). We continue to suspect that there are a multitude of COVID-19 cases beyond those confirmed.

With 53% of the active cases monitored in the treatment centers, this could mean that in the next two weeks, as

¹ NCDC presentation May 8 2020

² Ibid

FIGURE 2 PROJECTED NUMBER OF CONFIRMED CASES IN NIGERIA



many as 5400 confirmed cases could require bed space in the treatment centers – more than the number of current COVID-19 beds available. In fact, the current bed capacity could be exhausted within the next 10 days. In the event that this leads to an increase of patients self-isolating in their own homes, it could further exacerbate the risk of the virus, particularly in densely populated areas.

Moreover, the projected numbers would mean that as many as 173,000 tests need to be conducted to meet the NCDC's target of 17 tests per positive case. However, with the current testing capacity of 2,500 it would take close to two and a half months, not accounting for the turnaround rates for test results. It would be

difficult to meet this target. Additionally, depleting critical capacities and the increase in health care workers getting infected - 250 and counting - could pose additional threats in efforts to contain the virus.

At a time when a whole-of-society approach is required to combat COVID-19, this brief collates the perspectives and experiences of Nigerians as they react and cope with their new realities. It attempts to identify challenges and emerging trends to allow for evidence driven policy interventions as Nigeria and Nigerians navigate through this uncertain period.

02

Pulse of the nation

Over the past months, we have drawn on experiences and perspectives from within and outside the continent to investigate the potential implications of COVID-19 on various socioeconomic dimensions in the country. With the objective to provide key policy options that account for and protect the most vulnerable populations, we have explored how the pandemic could play out in humanitarian settings as well as its implications on poverty and wellbeing.

We now bring it closer to home by locating the perspectives and experiences of citizens within the pandemic and the ongoing response. In efforts to bring in greater insight to policy and programming, a better understanding of fundamental questions, including how citizens are reacting and coping with current containment efforts, the real impact to their daily lives as well as their fears and concerns are explored.

As we continue to witness numbers rising alongside concurrent outbreaks emerging and the healthcare capacity rapidly becoming overwhelmed, various measures and degrees of non-pharmaceutical interventions continue to be cascaded throughout the country. The effectiveness of these interventions, including in containing the virus as well as in rebuilding efforts, will become increasingly dictated by the solidarity that is garnered from the people.

Methodology

Over the past three weeks, UNDP Nigeria, in collaboration with NOI Polls, has conducted five waves of nationwide polls with the aim to better understand citizen's sentiments on COVID-19 in the country and how individuals are reacting to and coping with the current environment. Bi-weekly telephone interviews were conducted between 19 April 2020 and 4 May 2020 resulting in the five waves of surveys and a total sample size of 5554 respondents. A proportionate, stratified random sampling was used to select respondents (adults, 18 years and above) in all

the 36 States and the FCT. The interviews were conducted in English, Pidgin, Hausa, Igbo and Yoruba.³

While the sampling strategy purposefully ensured that each LGA was represented and sampling size was proportionate with respect to geopolitical zones, it must be noted that interviews were conducted over the phone thus the resulting sample size does not include individuals without phones. However, with recent estimates of mobile penetration rate in Nigeria reaching 97%⁴, we believe the sampling strategy considered a significant majority of Nigerians.⁵

Moreover, it captures only respondents who agreed to participate in the interviews thus non-response bias could exist. Nevertheless, given the randomized sample generation strategy employed – out of a database of over 70 million Nigerians – findings have been gathered and interpreted to represent a significant majority of Nigerians.

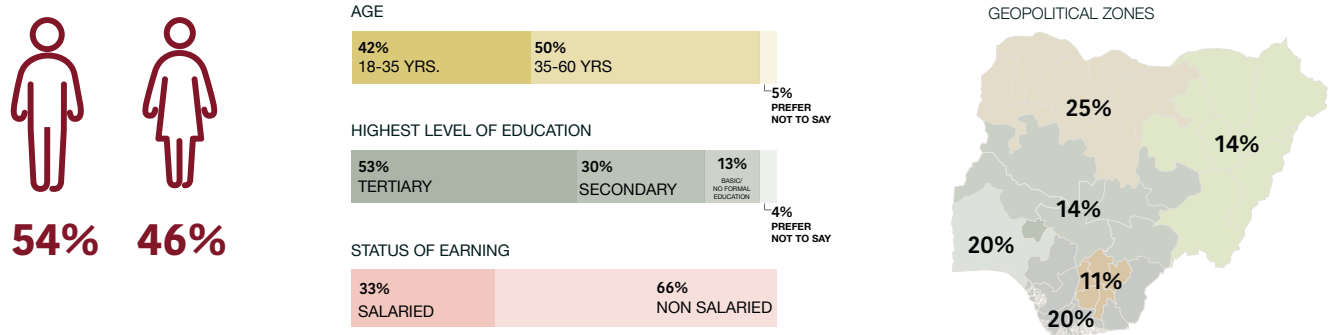
Figure 3 illustrates the demographics of the 5,554 survey respondents. The total sample is made up of 54% male and 46% female. The distribution of respondents by geopolitical zone is proportionate with a majority of the respondents below 60 years old - 42% were between 18-35 years old and another 50% between 36-26 years old. Fifty-three percent of the individuals had some form of education above secondary education, i.e. schooling/vocational training, etc. after completing secondary schooling - just 4% had post graduate schooling. Thirty percent completed second-

³ The polls were conducted using a Computer Assisted Telephone Interviews (CATI) on a Questionnaire Processing Software for Market Research (QPSMR) platform. A proportionate, stratified random sampling was used to select respondents (adults, 18 years and above) in all the 36 states plus the FCT Abuja. A sampling frame of over 70 million telephone numbers of adult Nigerians nationwide was employed for sample selection. Strata considered in the random selection are 'Gender' and 'State'. In each round of the survey, a total sample of 1,000+ respondents, phone-owning Nigerians (aged 18+) which proportionately represents the six geo-political zones were interviewed. With this sample size, and the selection method, the results obtained represents the opinions of Nigerians with 95% confidence level and plus or minus 4.65% margin of error.

⁴ Nigeria Communications Commission

⁵ We note that additional efforts need to be made to reach and gain insight into those without a mobile phone as vulnerabilities and coping mechanisms could be particularly pronounced for this population

FIGURE 3 SOCIO DEMOGRAPHICS OF RESPONDENTS



ary schooling and; 13% had less than basic education. In terms of source of income, 66% reported that they were non-salary earners – relatively comparable to the size of the country’s informal sector. Occupations varied, ranging from self-employed traders to religious leaders.

Findings

We present the main findings from the five waves of surveys conducted so far (2 additional waves are currently underway) which are organized into four main subsections; awareness of preventative measures; practice of preventative measures; secondary impacts; and perspectives on future outlook. Disaggregation of findings by various social and economic demographics were conducted and where differences were observed, they are included in the discussion.

Awareness of preventative measures

Almost all respondents are aware of the current coronavirus outbreak as well as its nondiscriminatory nature with 73% indicating that anyone was likely to become infected. Another 14% reported that the elderly were most likely to be infected (Figure 4).

FIGURE 4 AWARENESS OF COVID-19 OUTBREAK

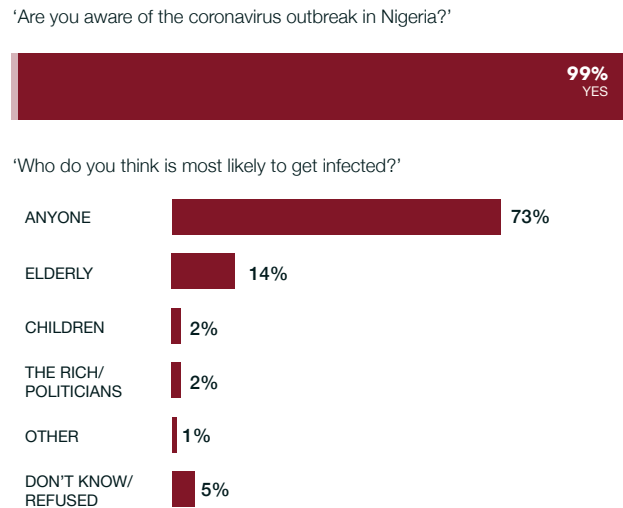
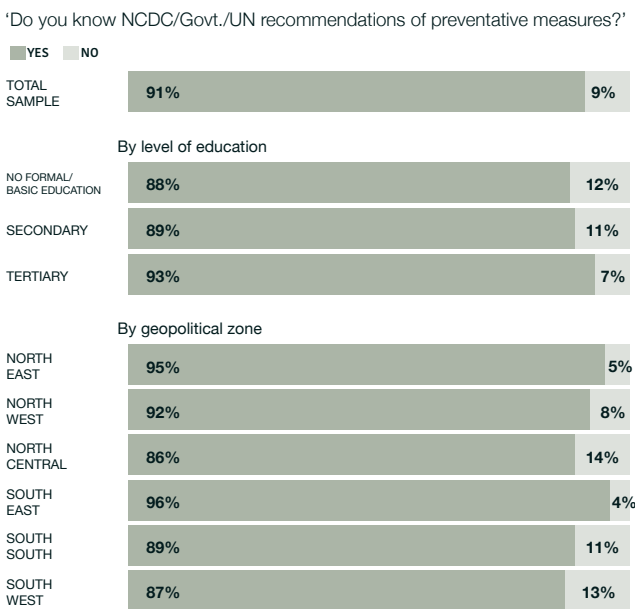


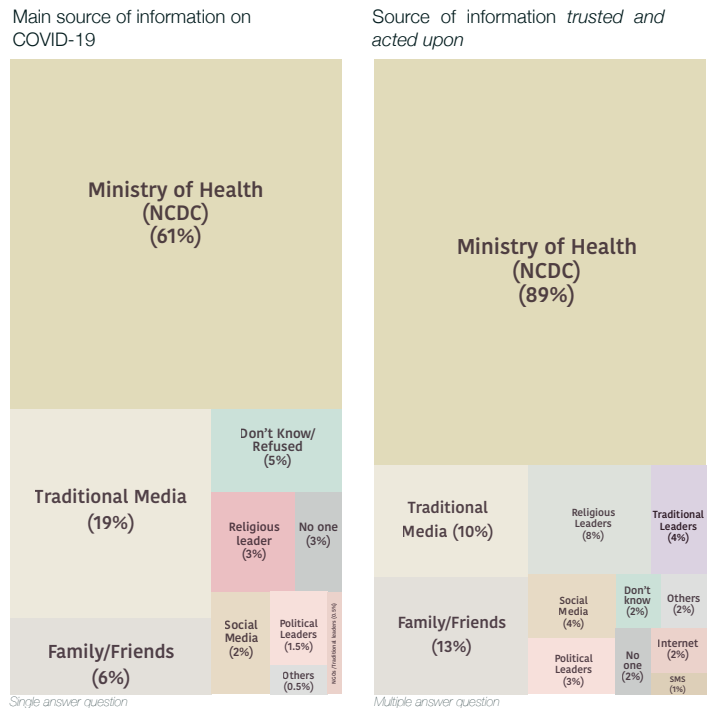
FIGURE 5 'DO YOU KNOW NCDC/GOVT./UN RECOMMENDATIONS OF PREVENTATIVE MEASURES?'



A significant majority - 91% - of the respondents showed familiarity with the Government and UN recommendations of preventative measures (Figure 5), with a higher proportion of respondents with tertiary education reporting awareness compared to their counterparts.

Despite hosting the State with the most cases, were familiar of the recommended measures was slightly lower among respondents from the South-West and higher among those from the South-East. Overall, if scaled to population, it would leave around 18 million people unaware of the recommendations. Nevertheless, both findings were relatively consistent across gender and age groups.

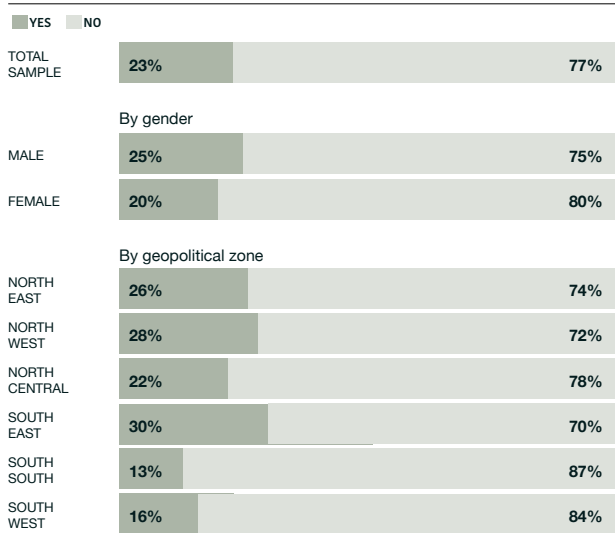
FIGURE 6 SOURCES OF INFORMATION ON COVID-19



With issues of disinformation arising during the pandemic, it is promising to note that for a majority, the Ministry of Health and its agency NCDC is the most commonly cited source of information on COVID-19 and receives the highest number of votes as the source of information respondents 'trust most and tend to act upon' (Figure 6).

Still, around 1 in 5 reported having challenges implementing the recommendations. This was higher among respondents in the South-East. North-East and the North-West as well as among male respondents (Figure 7).

FIGURE 7 'DO YOU HAVE CHALLENGES IMPLEMENTING NCDC/GOVT./UN RECOMMENDATIONS?'



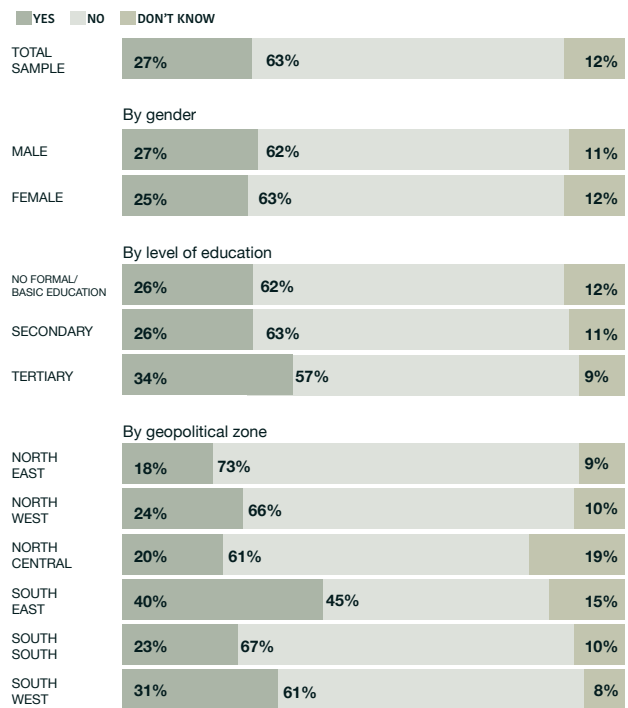
When asked to elaborate on the challenges, 48% pointed to food and financial reasons while another 18% indicated challenges associated with unavailability of the face masks. Higher proportions of male respondents (21%) identified availability of face masks as the main challenge compared to female respondents (13%) – perhaps an indication that male respondents are outdoors more often than female (not shown).⁶

Meanwhile, about 1 in 4 of the respondents believed they were immune to the virus, with higher proportions of this belief reported among respondents in the South-East and South-West as well as among those above 60 years. This however is perhaps more reflective of religious and cultural dynamics rather than in the sense of biological immunity (Figure 8).⁷

⁶ Gender differences are observed with a higher proportion of females reporting to stay-at-home; whereas higher proportion of male respondents reported to be social distancing. This provides further insight into the unavailability of masks identified by male respondents in relation to challenges faced in practicing NCDC recommendations.

⁷ As indicated by interviewers. The question was only administered to respondents in the fifth wave of the polls.

FIGURE 8 'DO YOU THINK YOU ARE IMMUNE TO THE CORONAVIRUS?'



KEY FINDINGS

Communication efforts have handsomely been rewarded with a majority of the respondents aware of the coronavirus outbreak in the country and well aware of the preventative measures recommended by NCDC and the Government. However, communication gap within 9% of the population remains.

Although most respondents are familiar with the preventative measures, factors that could discount or impede practicing them begin to appear with 1 in 5 respondents facing challenges implementing the recommended measures and for another 1 in 4 respondents, cultural and dynamics seem to influence their responses where they indicated their belief in immunity to the virus.

Practice of preventative measures

Overall respondents reported observing an average of 2-3 preventative measures with the most common being washing hands regularly with soap – 78 % indicated to doing so (Figure 9). Other practices reported include staying at home (57%) and social distancing (50%). The fifth wave of the polls coincided with the recent Presidential directive of compulsory face masks in public. As such, a significant increase in the proportion of those practicing respiratory hygiene, including wearing face masks in the most recent wave of interviews, was observed. The use of hand sanitisers was less common (and decreasing over the course of the surveys) with just 5% reporting its use.

While social distancing has contributed to the success of containment efforts elsewhere, they pose peculiar challenges in Nigeria. For instance, the period before easing of lockdown measures, 70% of the respondents in the Federally mandated lockdown States (Lagos, Ogun and the FCT) observed stay-at-home directives - 14 percentage points higher than in other States. However, less than 50% practiced social distancing

FIGURE 9 'WHAT ARE YOU DOING TO KEEP YOURSELF PROTECTED FROM COVID-19?'

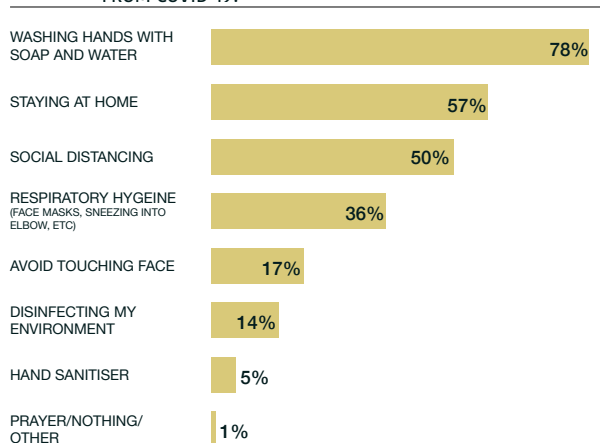
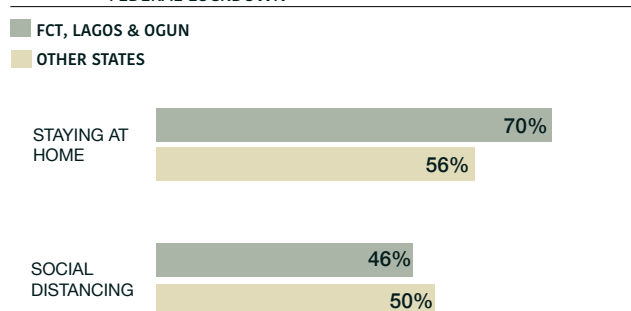


FIGURE 10 SOCIAL DISTANCING AND STAYING AT HOME DURING FEDERAL LOCKDOWN

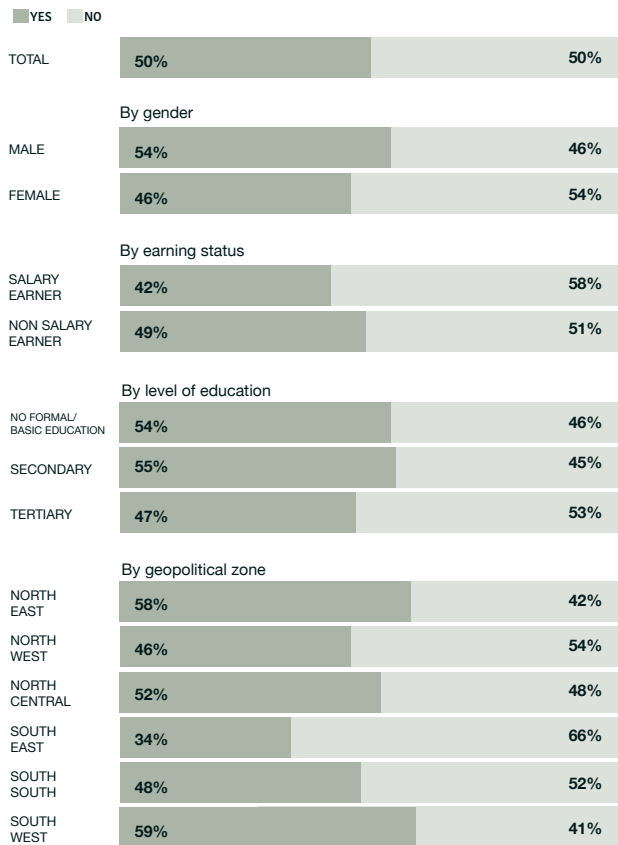


and in even lower proportions than those not under the Federally mandated lockdown (Figure 10). A substitution effect between staying at home and social distancing seems to be at play. Perhaps by staying at home, respondents might have given less prominence to social distancing given the social and familiar home environment and perhaps even the space available to do so.

It is also noteworthy that despite the lockdown directives, 30% of respondents in the three states did not report to be staying at home. Possibly, respondents did not find the need to articulate it given the status quo. It could also be indicative of the estimated 7.5 million people relying on the informal sector thus for many - staying at home would jeopardise food security.

A relationship between socioeconomic status and practice of social distancing is also observed; salary earners and those with higher levels of education report practicing social distancing in higher proportions compared to among non-salary earners and those with lower levels of education, respectively (Figure 11). Both groups however register similar proportions of those staying at home. Thus, the ability to social distance appears to be a privilege.

FIGURE 11 SOCIAL DISTANCING



In terms of geopolitical zones, the respondents from the South-West, North-East and North-Central report to practice higher levels of social distancing than the rest, particularly the South-East region where it is practiced by only 34% of the respondents. The data also points to lower proportion of female respondents reporting social distancing but higher proportion staying at home when compared to male counterparts. This is also suggestive of the substitution effect alluded to earlier.

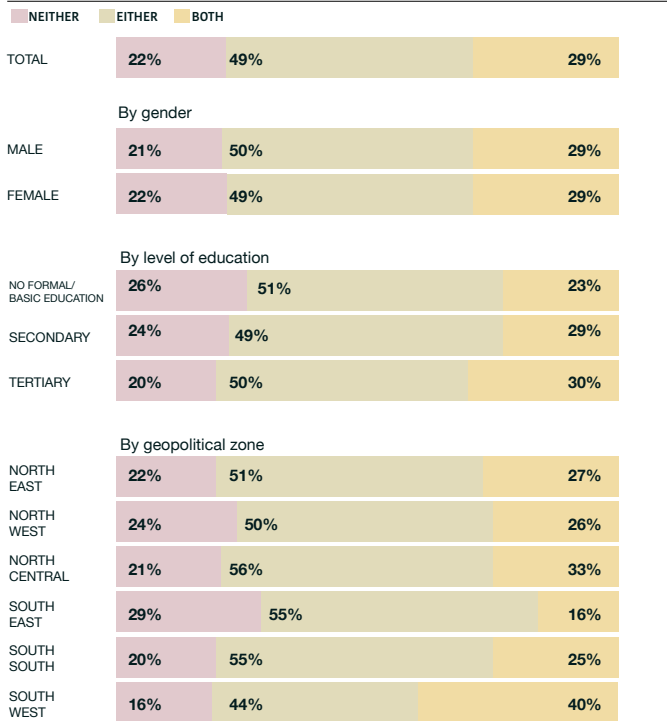
Recalling that a majority of respondents indicated they faced no challenges in implementing NCDC/Government recommendations, the low levels of social distancing practiced particularly among those in the lower levels of the socioeconomic strata lends weight to our previous analyses that social connectedness is the main and perhaps the only source of comfort and safety net especially for vulnerable segments of society in times of crises.

Physical distancing not only abolishes these vectors of resilience but demands a fundamental shift in their way of life. Perhaps this is why a significant proportion – whether consciously or unconsciously – do not place effort into practicing it. It is evident that for social distancing to be implemented in the country, it will require behavioural change – one that cannot be simply evoked by recommendations or enforcement alone.

We further explored differences among those following both social distancing and stay-at-home measures. Twenty-two percent of respondents did not practice any of the measures, another 49% practicing either one of the measures and just 29% practiced both (Figure 12).

While this means that 78% of the population observe either one or both of the measures, given the nature in which the virus spreads, the need to supplement the current non pharmaceutical interventions to enable citizens to simultaneously observe both measures are crucial.

FIGURE 12 SOCIAL DISTANCING *and* STAYING AT HOME



Over the course of the 5 waves, there has been an increase in the practice of both social distancing and staying at home, however no corresponding decrease in the proportion of those that practice neither is observed. Thus, findings point to dynamics – social, economic, cultural, or otherwise – that consistently hinder about 1 in 5 respondents from adhering to both social distancing and staying home.

Education – which was seen earlier in relation to awareness of the preventative measures as well as in practicing social distancing – continues to play a role; the higher the level of education, the greater the proportion of those practicing both measures.

Together, these findings hint at a gap in awareness - and perhaps therefore practice – particularly among those with lower levels of education. Insofar as income levels and well-being measures are correlated with education, the results also shed insight into the financial, social and practical ability to adhere to both measures. Still, 20% of those with tertiary education did not report to be practicing either social distancing or staying at home.

Distinct patterns across geopolitical zones are observed. Forty percent of respondents in the South-West and 33% in North-Central reported to practice both social distancing and staying at home, significantly higher compared to respondents from the South-East (16%) and South-South (25%).

The lower proportions in the latter two zones could be reflective of the lower levels of confirmed cases in the respective regions, thus the more lax attitudes or less strict enforcement of containment policies. Responses also point to possible social and religious dynamics in light of the high proportion of respondents in the South-East reporting to believe they were immune to the virus – 40% compared to 27% at the national level mentioned above.

It is clear that containment strategies operate within a myriad of economic, social, cultural and religious underpinnings and their effectiveness will be ultimately determined by inherent capacities to mobilise citizens to take ownership of these strategies. Connecting the science of virus containment with the unique constructs of Nigerian society will be vital not just for responding to the pandemic but also for rebuilding efforts.

KEY FINDINGS

On average respondents observe 2-3 preventative measures with washing hands with soap and water being most commonly practiced.

Social distancing however poses a challenge to many Nigerians and the ability to do so appears to be a function of socioeconomic status where salary earners and those with higher levels of education reporting to social distance in higher proportions compared to among non-salary earners and those with lower levels of education, respectively.

The practice of social distancing also varies by geopolitical zones with respondents from the South-West, North-East and North-Central practicing the measure at higher levels compared to other zones. Meanwhile the South-East region recorded the lowest proportion of respondents practicing social distancing. Gender differences also emerge with a lower proportion of female respondents social distancing but higher proportion staying at home when compared to their male counterparts.

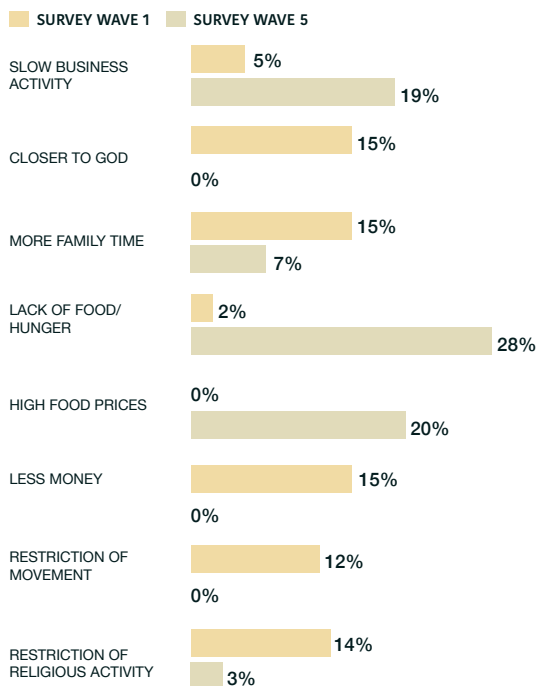
Yet findings point to dynamics – social, economic, cultural, or otherwise – that consistently hinder about 1 in 5 respondents from adhering to both social distancing and staying home.

Secondary impacts

It becomes evident that any immediate or long-term strategy related to containment or rebuilding will need to be strongly balanced between the technicalities and sciences of overcoming COVID-19 and the secondary socio-economic impacts.

Eliciting experiences of Nigerians during the past three weeks illustrate food insecurity that was beginning to unfold in the country. In each wave of the polls, respondents were asked about the most significant change in their daily lives since the coronavirus outbreak (Figure 13).

FIGURE 13 'WHAT IS THE MOST SIGNIFICANT CHANGE IN YOUR DAILY LIFE SINCE THE CORONAVIRUS OUTBREAK IN NIGERIA?'



In the first wave of the surveys, the changes cited were largely observational, including increase in family time (15%), the use of hand sanitisers (19%), restriction of movement (12%) as well as a decline in religious gatherings (14%). Another 15% cited financial hardship.

Within two and a half weeks, the fifth wave of interviews paint a distinctly different picture. Most significant changes in daily lives related to food security, including hunger and high price of food, was cited by 48% of the respondents – compared to just 2% in the first wave of interviews. Similar increases are observed across all geopolitical zones.

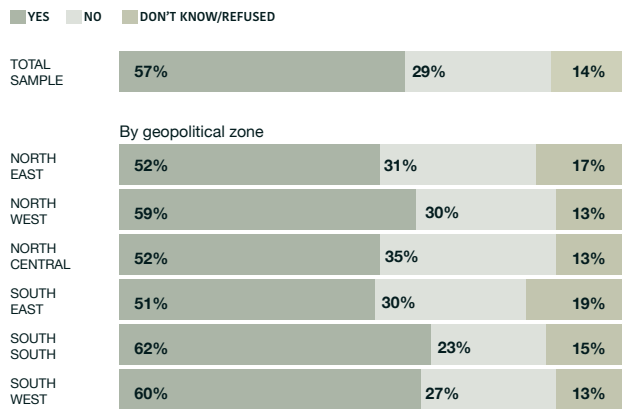
Closely related to food security, 19% cited a decline in their business activities - a 14-percentage point increase from the first wave – as the most significant change.

At the same time, it appears that for many, the threat of food insecurity – expressed through concerns about finance in the first wave - evolved and manifested into real hunger within two and a half weeks.

If lockdown policies had continued for another 14 days, and assuming trends stayed the same, it could have adversely impacted food security conditions for close to 50% of the respondents and risking parallel crises – a pandemic on one hand and a food security crisis on the other.

Under such circumstances, it is not difficult to imagine non-compliance to the public health interventions. Perhaps this is why 57% are supportive of the easing of the lockdown policies (Figure 14). We also notice a high rate of don't know/refused in responses to the question about support of the ease of lockdowns – perhaps an indication of the dilemma between lives and livelihoods at the individual level just as it is at the policy level.

FIGURE 14 'ARE YOU IN SUPPORT OF THE EASING OF LOCKDOWN IN LAGOS, OGUN AND FCT?'



Respondents also identified similar changes in their communities as they did in their own daily lives. Recent trends of social unrest and criminality are also reflected with 11% of the respondents indicating increases in crime rates.

This was particularly high during the first week of the interviews (20 April 2020 – 25 April 2020) although it appears to be ongoing in the South-West zone with 10% of respondents indicating an increase in crime rate as the most significant change in their community in the most recent wave of interviews.

KEY FINDINGS

The secondary impact of containment efforts is evident, particularly with respect to food security. Over the course of two and a half weeks, there was a 46-percentage point increase in those experiencing deteriorating food security conditions.

Respondents also indicated social unrest and increase in criminality as the most significant changes observed in their communities. This was higher in the earlier phases of the lockdown.

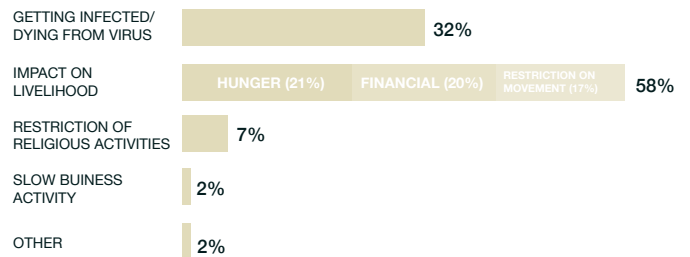
Perspectives on future outlook

While formal institutions have the mandate to contain the spread of the disease, results indicate that citizens are resorting to informal networks and systems to cope with the crisis. This may provide insight and perspective on strategies to influence behavioral change as well as on how best to build the social contract required to implement a ‘whole-of-society’ approach.

Across all waves of the interviews, a majority of respondents indicated that they expect their lives to be adversely impacted by the virus in the next 2 months and have expressed a consistently high level of concern – averaging a score of 8.5 on a scale of 1 to 10 with 10 being extremely concerned and 1 being not concerned. However, for many, concern about the virus, including dying from it, are secondary to its impact on their livelihood.

When asked to identify the main reason for their concern, 32% indicated factors related to contracting/dying from the virus while 58% identified livelihood related aspects including hunger (21%), financial hardship (20%) and restrictions on movement (17%). (Figure 15).

FIGURE 15 ‘WHAT IS YOUR MAIN REASON FOR CONCERN?’



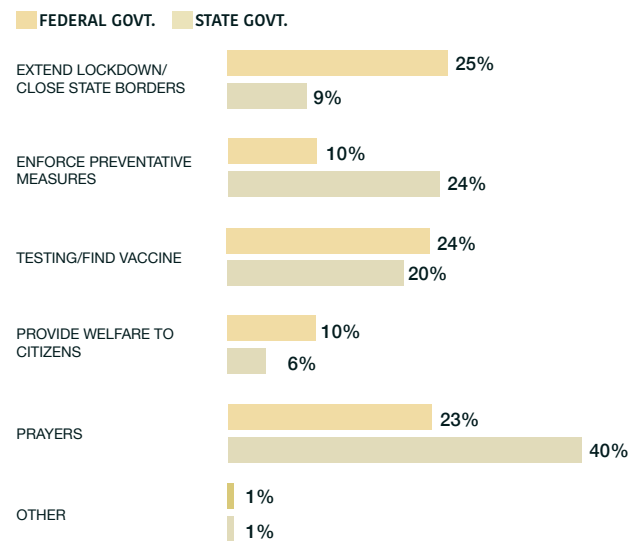
Similar to trends in those who practice social distancing, differences in levels of concern over the virus vis-à-vis livelihood related concerns was particularly stark among respondents with different levels of education and among salary/non salary workers; with higher proportions of tertiary level educated respondents as well as salary earners identified virus related reasons as their main concern compared to their counterparts. Once again, the threat of a disproportionate secondary impact among the more vulnerable populations is highlighted.

Well aware of the stealth of the virus but with efforts of containment competing with their livelihoods, an increase in the desire to resort to the strong faith-based and communal infrastructure that often times serve as resilience mechanisms was revealed. Over the course of the interviews, there was a decline in the virus being the main reason for concern, instead concerns over restriction of religious activities increased by 15-percentage points. The role of religion and faith as a coping mechanism is further revealed as even among those not concerned about the pandemic, 26% indicated it was because they were protected by God.

When asked what the Federal and State Governments should do to contain the spread of the virus, responses were balanced between measures directly related to containment, including testing, lockdowns and research to find the cure, together with prayers. 'Prayers' was cited by 22% and 40% in relation to what the Federal and State Government could do, respectively (Figure 16).

A majority of the Nigerians recognize and understand the need and importance of containment, however the desire for social connection as they navigate through the two competing realities is marked. This perhaps presents an opportunity for the Government to leverage and initiate rebuilding of trust to strengthen government-citizen relationship.

FIGURE 16 'WHAT CAN THE GOVERNMENT DO TO CONTAIN THE SPREAD OF COVID-19?'



KEY FINDINGS

Concerns about the secondary impacts of the pandemic, including those related to food and financial security as well as restrictions in movement, are higher than concerns over the virus - including getting infected and dying from it.

Over the course of the interviews, there was a decline in the virus being the main reason for concern with many resorting to religion and faith as resilience mechanisms during this crisis.

03

Key Policy Options

As we move towards easing of lockdown measures with an expanded list of non-pharmaceutical interventions, the success of containment efforts will be significantly dictated by individual efforts. As such, it is imperative that containment efforts are underpinned by a 'whole-of-society' approach which by implication suggests that the secondary effects of the pandemic need to be addressed in tandem with ongoing response efforts and the social constructs of the country located within containment efforts.

Mobilise efforts towards garnering social cohesion

The findings make it clear that a majority of Nigerians understand the gravity of the virus with many implementing or attempting to implement the recommended preventative measures; clear gaps however are evident. In this regard national solidarity is central to current ongoing efforts and the mobilisation of citizens to own and lead implementation of current preventative measures critical. In this regard, engagements within communal social networks and with community leaders and persons of influence to identify ways to incentivise behavioural change could be considered. This will also require that citizen preparedness is ascertained and to ensure buffers against secondary effects of the pandemic are put in place.

Mitigate against food insecurity

Polling results highlight the clear and present risks of secondary effects, particularly food insecurity, that coincide with the various containment efforts put in place. Some actions in this regard could be the following:

- Ensure food security for the most vulnerable through expansion of social safety net programmes, including cash transfers and cash for work programmes, while ensuring inclusive distribution strategies. At the same time, it is recommended that measures are put in place to ensure that current efforts of palliative distribution do not undermine the productive agencies while capacities of individuals and households are instead amplified;

- Support the development and enhancement of productive capacities of the agriculture sector for value addition and ease of access for food products into markets to lower inflationary pressures. With the agriculture season underway, additional financial and technical support to ensure its continuation in the form of subsidized inputs could be considered;
- Provision of financial and technical support to sustain livelihoods and employment especially for micro and small enterprises could be considered.
- As the easing of lockdown measures are phased out, prioritizing putting in place directives that will allow market transactions to take place with observing social distancing could be considered.

Risk communication and community engagement

Given the increasing trend of Nigerians resorting to religion, mobilisation of custodians of culture and traditional leaders during the time of the pandemic to provide additional support could be considered. Findings also indicate that while a majority of Nigerians are aware of the preventative measures, a communication gap however exists particularly among those less educated. Further targeted risk communication efforts and as well as on containment among the most vulnerable could be undertaken. With faith-based sentiments competing the scientific and general understanding of the pandemic, the role of religious and community leaders would be key in this regard.
