

NEWS SITUATION TRACKING - NIGERIA

CORONAVIRUS PANDEMIC IN NIGERIA Vol. 9

Location: NIGERIA

Issue: 2802 confirmed cases, 417 recoveries and 93 deaths following the outbreak of COVID-19.²

Date: APRIL 20-MAY 4, 2020.

COMMUNITY PROFILING

CRITICAL STAKEHOLDERS

INCIDENT PROFILING

Population: Nigeria has a population of over 200,963,599³.

Basic Demography and Geography of Hotspots:

Nigeria shares land borders with the Republic of Benin, Chad, Cameroun, Niger and the Gulf of Guinea of the Atlantic Ocean. The country has 36 States and the Federal Capital Territory (FCT). There are 774 Local Government Areas (LGA's) divided across six (6) geo-political zones.

Ethnicity: Nigeria has over 250 ethnic groups with Hausa-Fulani, Igbo, Yoruba⁴ in the majority.

Nigeria Health Facilities: There are over 20,807

Direct Actors:

Community residents.

Affected Persons:

Residents of Abuja-FCT, Benue, Nassarawa, Niger, Plateau, Kwara (**North-Central**); Bauchi, Taraba, Adamawa, Gombe, Jigawa, Borno, Yobe, Bauchi (**North-East**); Kaduna, Kano, Katsina, Zamfara, Sokoto, Kebbi (**North-West**); Lagos, Ogun, Ekiti, Osun, Ondo and Oyo (**South-West**); Edo, Delta, Bayelsa, Akwa-Ibom and Rivers (**South-South**); Enugu, Ebonyi, Imo, Abia, Anambra (**South-East**);

Nigeria is currently recording cases of the global pandemic-coronavirus disease (COVID-19) since its first detection in Wuhan, China, on December 8, 2019.¹⁰ Since then, the virus has spread across the globe with over 3,584,322 confirmed cases reported in over 210 countries and territories. In addition, there are an estimated fatality of 251, 580 deaths and over 1,168,030 recoveries, as of May 5, 2020¹¹ at 7.32 a.m.

Following the first confirmed case of COVID-19 on February 27, 2020¹² in Nigeria, cases of infection and fatalities continue to increase in the country.

Between April 20 to May 4, 2020, an additional 2,175 confirmed COVID-19 cases have been recorded from 627 to 2802 cases in 15 days¹³.

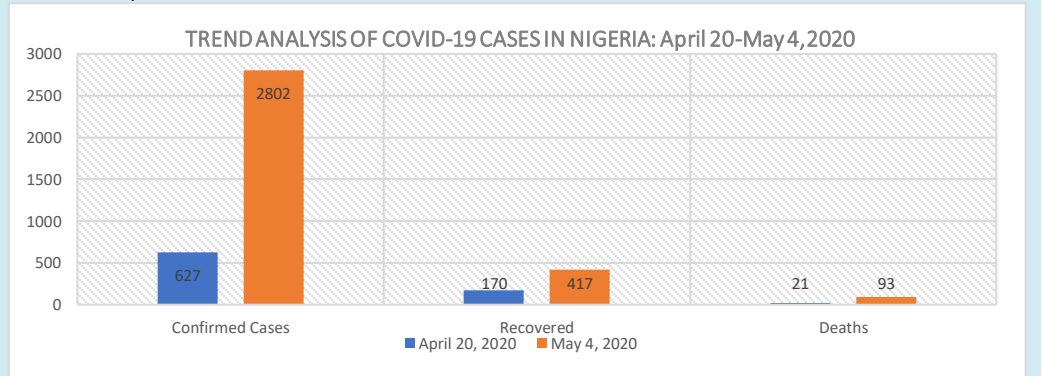


FIG 1: Trend Analysis of COVID-19 cases in Nigeria: April 20-May 4, 2020¹⁴.

¹ https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Nigeria

² <http://covid19.ncdc.gov.ng/>

³ <http://worldpopulationreview.com/countries/nigeria-population/>

⁴ <https://photos.state.gov/libraries/nigeria/487468/pdfs/Nigeria%203overview%20Fact%20Sheet.pdf>

⁵ <http://snisnet.net/MFLDSS/MFLDSS.php?source=4&snu=0&factpe=8&owner=0&country=NG>

⁶ <https://www.premiumtimesng.com/health/health-features/361373-nigeria-budgets-n2000-for-the-healthcare-of-each-citizen-in-2020.html>

⁷ <https://www.hrw.org/news/2020/03/25/nigeria-covid-19-cases-rise>

⁸ <https://www.ncdc.gov.ng/themes/common/files/sitesreps/bfd8f02878ff5ded5edc9c25308fdad.pdf>

⁹ <https://www.ecowas.int/institutions/west-african-health-organisation-wahlo/>

¹⁰ <https://www.theguardian.com/world/2020/mar/13/first-covid-19-case-happened-in-november-china-government-records-show-report>

¹¹ Coronavirus Global Cases Update (<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>) Data retrieved on April 29, 2020.

¹² <https://ncdc.gov.ng/news/item/241/?t=frequently-asked-questions-on-coronavirus---15%2F03%2F2020>

¹³ www.wanep.org/news

¹⁴ www.wanep.org/news

health facilities including Primary Health Centres (2019 est) ⁵. The healthcare infrastructures are inadequate compared to the population base. The 2020 budget allocation of 427.30 billion accounts for an estimated 4.14% of the proposed budget for the health sector. The year recorded a marginal increase in the overall budget from 424.03 billion naira in 2019.⁶ This is abysmally low compared to the 15% World Health Organisation (WHO) benchmark. According to the Nigeria Medical Association, the country has about 40,000 doctors to provide care for over 200,000 million population. The WHO recommended physician to patient ratio is one doctor per 1,000 patients (1:1000), however, this is not obtainable in Nigeria.⁷

Epidemics: Nigeria has recorded Lassa Fever, Ebola Virus Disease (EVD), Small Pox, Measles, Polio, Malaria, Tuberculosis, Cholera, Guinea worm, Cerebrospinal Meningitis epidemics, amongst others. Recently, the Lassa Fever outbreak in Nigeria has resulted in the fatality 161 people with 906 confirmed cases and 3735 suspected cases ⁸ across twenty-seven (27) States from January 1-March 15, 2020.

ECOWAS Health Infrastructure (West Africa Health Organisation-WAHO): A

Interested Actors:

Federal and State Governments, Federal/State Ministry of Health, National Center for Disease Control (NCDC), United Nations, National Primary Health Care Development Authority, World Health Organisation (WHO), Nigeria Medical Association, National Association of Resident Doctors, Nigerian Private Sector Coalition, E-Health Africa, National/State Emergency Management Agencies, International Coordinating group on Vaccine Provision (ICG), Nigeria Field Epidemiology and Laboratory Training Programme, Doctors Without Borders, Security Agencies including the Nigerian Air Force, Nigerian Ports Authority, Nigerian Civil Aviation Authority, etc.

According to the Nigeria Centre for Disease Control (NCDC), a total of 2802 confirmed COVID-19 cases including 113 health workers were reported as of May 4, 2020 across 35 States. Also, out of 2802 confirmed cases, 417 infected persons have been recovered and discharged with 93 fatalities.¹⁵

The chart below illustrates an increase in the daily trend analysis of confirmed Covid-19 cases in Nigeria from February 27 to May 4, 2020.

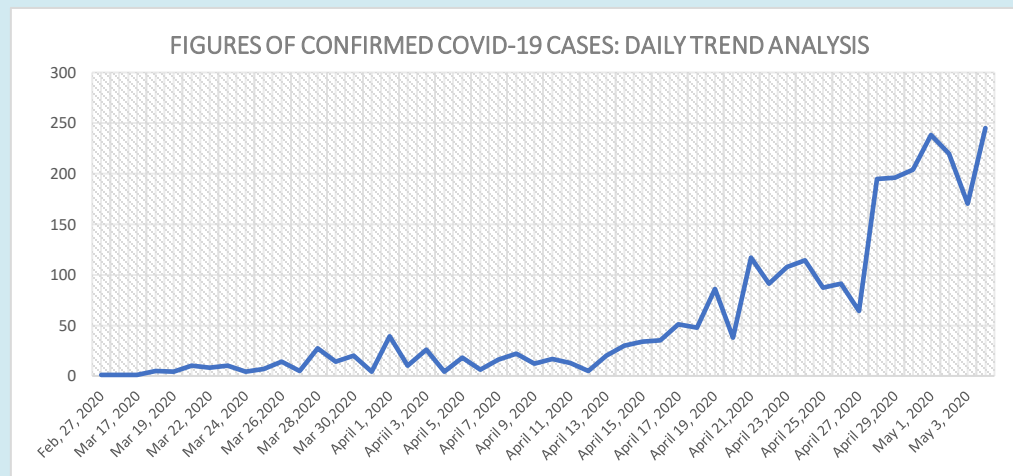


FIG 2: Daily Trend Analysis of Confirmed COVID-19 cases in Nigeria¹⁶.

The graphical analysis below (Fig.3) further reveals that out of the 2802 confirmed cases, Lagos, Kano and Abuja-FCT are the epicentres of the disease in the country with 1183, 365 and 297 cases each in the reviewed period. Also, Gombe, Borno and Ogun States accounts for 96, 100 and 85 cases, while Edo, Katsina, Sokoto, Bauchi, Kaduna and Osun States recorded 62, 83, 66, 80, 81, and 37 cases. Oyo States accounts for 39, while Akwa-Ibom, Rivers, and Kwara recorded 16, 14 and 16 cases. Ondo and Delta States accounted for 13 and 17 cases each with Ekiti and Taraba States recording 12 and 8 cases each. Jigawa, Bayelsa and Zamfara States recorded 39, 5 and 13 cases. Enugu and Nassarawa States recorded 8 and 11 cases each, while Kebbi, Niger and Adamawa States recorded 12, 4 and 12 cases. Abia and Ebonyi, Plateau States accounted for 2, 5 and 3 cases each with 2, 1, 2 and 13 cases each in Benue, Anambra, Imo and Yobe States respectively. However, as of May 4, 2020, only Cross-River (South-South) and Kogi (North-Central) have zero case in Nigeria.

Out of 417 recoveries, Lagos State accounted for the highest recovery rate of 254, while Abuja-FCT and Osun States recorded 40 and 30 recoveries. In Edo, Ogun and Akwa-Ibom States there were 10, 12, 10 recoveries each with Oyo States accounting for 9 recoveries. 10 and 6 cases in Kaduna and Bauchi States. Delta and Ondo States accounted for 2 and 3 recoveries, while Kwara, Ekiti, Rivers and Enugu States recorded 8, 2 and 2 each and one (1) in Niger, Abia Anambra and Sokoto States. The chart below also highlights the figures of fatalities in Lagos (30), Borno (14), Sokoto (8), Abuja (3), Kano (8), Edo (4), Osun (4), Katsina (7), Oyo (2), Delta (2), Rivers (2), Akwa-Ibom (2), Ekiti (1), Yobe (1), Kaduna (1), Jigawa (1), Zamfara (1) and Ogun (2) States¹⁷.

Following the expiration of the second phase of the “two-weeks order” previously issued by the Federal Government on April 13, 2020, President Muhammadu Buhari, in his nationwide broadcast on April 27, 2020, further extended the lockdown by “one-week” and approved a phased and gradual easing of lockdown measures in Abuja-FCT, Lagos and Ogun States from May 4, 2020¹⁸.

In addition to the coronavirus spread, there are other emerging health concerns in Kano State that has resulted in the spike of deaths. Preliminary investigations have revealed that many of the deceased exhibited symptoms of malaria, meningitis, hypertension and diabetics, which resulted in over 150 deaths in the State in five days¹⁹ from early April 2020 without identifying the cause of the deaths. The inability to identify the cause of deaths is linked to the Islamic practices of immediate burial of the deceased, which posed a challenge to the collation of actual death statistics and causes in the State. To ascertain the actual death rate and causes of death, the State Government has commenced

¹⁵ <http://covid19.ncdc.gov.ng/>

¹⁶ www.wanep.org/news

¹⁷ <http://covid19.ncdc.gov.ng/>

¹⁸ channelstv.com

¹⁹ Unpacking Falsehoods: COVID-19 and responses in Kano State, May 2020. Survey report by the Centre for Democracy and Development.

regional agency with the responsibility of safeguarding the health of the sub-region's populace, enabling high-impact and cost-effective health interventions and programs including combating health problems, capacity building for health personnel and epidemiological surveillance in the sub-region. WAHO supports quality improvement of health systems, support for development of sustainable financing of health, amongst others⁹.

'verbal autopsy'²⁰ (interview) with families of the deceased to ascertain what symptoms the victims exhibited before death. Further investigations have also revealed that the inability of affected residents to access adequate health care following the coronavirus-induced fear of contracting the virus in hospitals and of health workers attending to patients increased the risk.

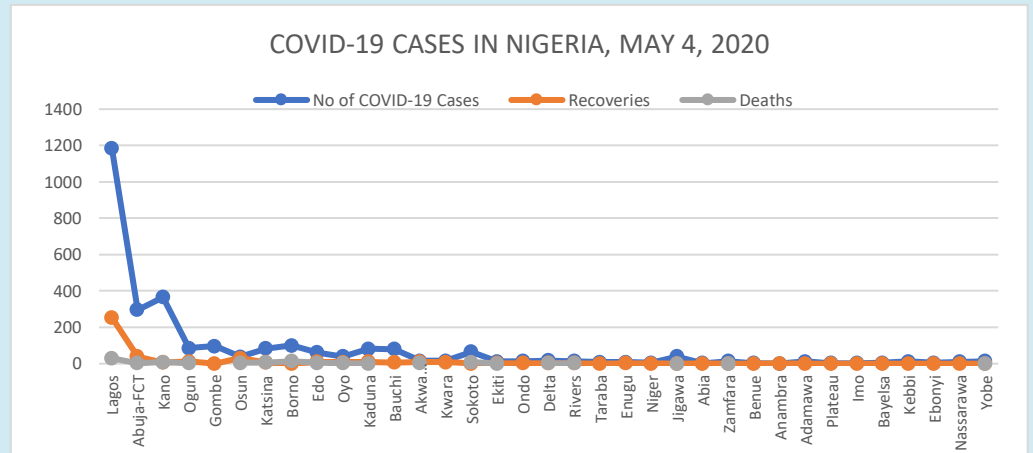


FIG 3: Number of confirmed, recovered and fatality from Covid-19 cases in Nigeria²¹.

GEOGRAPHICAL DYNAMICS OF COVID-19 IN NIGERIA

As the country continues to roll out mitigation strategies to flatten the curve and reduce the spread of the virus across communities and States, some people are of the opinion that Coronavirus is a myth. However, State Governors have imposed an inter-state lockdown to further prevent the movement of persons from high-risk States.

At the onset of the pandemic, Lagos (1183 cases) and Abuja-FCT (297 cases) have been the major hotspots with infected cases, following the arrival of foreigners and several other Nigerians who had travel history to countries with high risk of the virus. Currently, Kano State accounts for the second highest infected cases (365 cases) in the country. Since the first case was reported in Kano State on April 11, 2020, the State has witnessed a sudden surge in the daily reported case profile till date. Several reasons have been cited for this increase. These include, ill-preparedness by the State Government in its preventive mechanisms. For example, Lagos, a densely populated State like Kano, proactively set up house-to-house teams who search for symptoms of the virus among communities, amongst other efforts. Also, the situation in Kano State was further worsened following the shortage of testing kits and due to some staff being infected with COVID, according to the Minister of Health, as NCDC reopened Kano's only testing centre on April 28, 2020²².

In addition, while lockdown measures were imposed in the three States of Lagos, Abuja-FCT and Ogun to curb the spread of COVID, other States received an influx of people from these States without prior isolation and testing of travellers. This has also been attributed to the spread of coronavirus to other States that hitherto had zero infected case. Moreover, all 19 States in the Northern region of Nigeria also commenced a repatriation of children of the Quranic (Almajiri) educational system²³ to their original abode to minimize their risk of exposure to the virus. State Governments also began the compulsory isolation of almajiris' and returnees to the States to stem the spread of the virus. As at May 3, 2020, 57 pupils from the Quranic schools in Kano State have tested positive to COVID in Kaduna and Bauchi States²⁴ respectively.

The recurrent deaths, internal displacements and destruction of sources of socio-economic livelihoods associated with criminal attacks further increases the fragility of the affected States and human security in Nigeria. As recorded in the WANEP's National Early Warning System (NEWS), an estimated 35 people were abducted in Anambra, Plateau, Abuja-FCT, Anambra, Oyo, Cross-River, Kaduna, Ondo, Bayelsa and Ekiti States. Also, 58 fatalities emanating from armed banditry (Niger, Kaduna and Zamfara); communal violence (Anambra and Benue); cult-related violence (Cross-River, Rivers, Akwa-Ibom); terrorism (Borno); militia herders attack (Benue, Delta) and other criminal attacks (Adamawa, Ogun, Abuja-FCT, Ondo) were recorded between April 20-29, 2020²⁵. These highlighted security challenges hinders social distancing and lockdown measures to restrict human movements and mitigate the spread of the pandemic in the affected geographical areas.

²⁰ <https://www.dailytrust.com.ng/kano-moves-to-unravel-cause-of-mass-deaths.html> (Verbal Autopsy has to do with interviewing relatives of the deceased about the nature of deaths and results of test conducted were necessary.)

²¹ www.wanep.org/news

²² Unpacking Falsehoods: COVID-19 and responses in Kano State, May 2020. Survey report by the Centre for Democracy and Development.

²³ <https://punchng.com/covid-19-northern-govs-insist-on-banning-almajiri-system/>

²⁴ <https://healthwise.punchng.com/covid-19-four-year-old-tests-positive-in-bauchi-as-kaduna-gets-14-new-cases/>

²⁵ <https://www.dailytrust.com.ng/50-almajirai-infected-with-covid-19-in-kaduna.html>

²⁵ www.wanep.org/news

In the reviewed period, there were several cases of physical assaults, arrest of violators with vehicles impounded by security operatives in the course of enforcing the lock-down order across States. In addition, States have begun to grant bail to some inmates, in line with the Federal Governments' directive to decongest all correctional facilities across the country as part of the precautionary measures to curb the spread of the virus.

As of May 4, 2020, 18,536 people have been tested for COVID across the 36 States of Nigeria including the Federal Capital City (FCT). In addition to the above figures, the Nigeria Centre for Disease Control (NCDC) has targeted the testing of about two million people in the next three (3) months²⁶ of May to July, 2020. In a bid to increase the number of testing capacities in the country's huge population of over 200 million people, the NCDC has expanded the testing laboratories across the six-geopolitical zones to 18.

RISK ANALYSIS

- The security threats may further hamper the delivery of relief items to communities affected by conflicts as well as internally displaced persons.
- The number of food-insecure communities is likely to increase due to the socio-economic impact occasioned by Coronavirus. The hike in the price of raw materials by manufacturing companies as well as food supplies. This has implications for households for consumption. This affects low income earners and the poor in communities and States.
- Due to the emphasis on the treatment and prevention of COVID-19 in the country, minimal medical attention to other ailments is evident, particularly as witnessed in Kano State. In the reviewed period, over 150 people were reported dead from typhoid fever, malaria, meningitis and diabetes in the State.
- Several communities have embarked on demonstrations over alleged partial distribution of relief/food supplies, selective movements of persons and the inability of families to daily provide for their households following the non-payment of salaries occasioned by the lockdown.
- As the lockdown measures persist, several cases of Sexual and Gender Based Violence (SGBV) were evident in Imo, Kaduna, Benue, Delta, Rivers, Jigawa, Ebonyi, Gombe, Akwa-Ibom, Osun, Ogun, Yobe, Abuja-FCT, Oyo, Lagos, Edo and Plateau States. 22 cases of rape were reported in the States as recorded in WANEP NEWS in the reviewed period.
- The congestion of IDP camps and some rural settlements also constrain the health mitigation guidelines relating to the prevention of COVID-19, especially the social distance measures. This further increases the potential spread of the virus.

RECOMMENDATIONS

- The State and Local Governments in partnership with State Ministries of Health, Civil Society Organisations and Traditional/Community Leaders should enhance decentralization of response mechanisms at the local levels to ensure adequate distribution of relief/food supplies in rural communities, enforce initiatives and increase public health and safety education to mitigate the spread of COVID-19 across States;
- It is also imperative for the Federal, State and Local Governments to enhance the capacity of security agencies to mitigate the surge in criminality across States. The Federal and State Government should prioritize adequate provision of personal protective equipments for security officers to reduce the risk of contagion while carrying out their duties in the States;
- The Northern State Governments in collaboration with the Ministry of Health should ensure adequate testing for all Almajiri children repatriated to their original abode to reduce the risk of community transmission in the States.

²⁶ <https://www.premiumtimesng.com/news/headlines/390452-breaking-nigeria-reports-highest-cornavirus-daily-figure.html>