

**COVIDNOMICS IN AFRICA: A STUDY OF ITS IMPACT ON
COMMERCE AND HUMAN DEVELOPMENT INDEX IN NIGERIA**

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CERTIFICATION

This is to certify that this project was carried out by **DAVID EWERE OREWA** in the Department of History and International Studies, University of Benin, under my supervision.

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DEDICATION

The project is dedicated to every life that was lost during the COVID-19 pandemic.
May their souls rest in peace.

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With immense joy in my heart, I wish to express my gratitude to God almighty for His undying love and infinite mercy He showered upon me all thorough my academic years.

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To my course mates and friends, thank you for the words of encouragement and assistance in this endeavor.

DAVID EWERE OREWA

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CHAPTER ONE

BACKGROUND TO THE STUDY

Introduction

The outbreak of the Coronavirus disease (COVID-19) in Wuhan, China in 2019 was phenomenal. It significantly altered the patterns of political and economic behaviour across the globe. COVID-19 engineered the rise of new rhetoric and narratives in academic discourse. This includes the concept of covidnomics that espouses the intricate between COVID-19 and economics in general. As the impact of coronavirus on humanity begins to unfold gradually, its impact on the economy of nations in Africa is glaring. Among the many unprecedented economic challenges it engendered, the dramatic fall in the demand for goods and services in Nigeria and elsewhere in Africa stands tall. The result is that some manufacturers in the continent have been overwhelmed by the imbalance between demand and supply.¹ The fall in demand under the pandemic had nothing to do with a lack of want on the part of the people but, it was a manifestation of the decline of human development index that had impeded consumers’ capacity to make demands of goods and services. In Nigeria and around the world, borders are being

closed and societies are having to change the way they live.² As entire countries come under quarantine orders and consumers around the world try to reduce human contact, manufacturers need to recognize that their response to the novel COVID-19 Pandemic will have a significant impact on their business. Those that respond by rising up to the occasion would seek innovative ways of dealing with the situation, while those who react may struggle with adapting to the change they need to make to remain profitable and resilient in these times.³ Against this backdrop, this study seeks the impact of COVID-19 on commerce and human development in Nigeria.

The lockdown of the major cities in Nigeria and the current foreign exchange devaluation due to drop in crude oil prices, arising from the COVID-19 Pandemic has impacted all sectors in Nigeria. The impact on FMCGs has been mixed as players in Food and Beverage & Pharmaceuticals have been deemed as providers of essential products and services that are allowed to continue operations during the crisis.⁴ The COVID-19 Pandemic has seen certain restrictions placed on the flow of both people and goods across international borders and even locally in Nigeria. People and goods are the lifeblood of all businesses and disruption of these flows, even for a short period, can have a rapid and severe impact on the immediate condition of a business.⁵

The lockdown restrictions have impacted the RTM adopted by most of the companies.⁶ Given the restrictions, it has been challenging for companies with essential products who are still open to move their products through the wholesalers in the market, some of whom are closed down.⁷ Also the retail route was also challenged due to

transportation constraints and limited visibility of open retail outlets. The most significant change during and after the COVID-19 crisis was the surge in e-commerce. Consequently, there was a need for organizations to maximize e-commerce potential and logistics. The ability of FMCGs to leverage the integration of delivery services and fintech providers within the retail sector has been a game changer.⁸

Whilst the economic fallout from the pandemic has affected various sectors of the Nigerian economy, the study focuses on the effects of the pandemic on the commerce and human development sector which was expected to be one of the worse-hit sectors. The remainder of this study is structured as follows: the second section talks about the means through which the virus came into the country; the third section discusses the impact of the pandemic on the Nigerian commercial sector; while the fourth section provides an outlook of the virus on the human development sector.

Aims and Objectives of the Study

The aim of this study is to examine the impact of COVID-19 on commerce and human development in Nigeria, while the objectives include:

- i. to examine the nature and outbreak and manifestations of COVID-19;
- ii. to examine the effect of COVID-19 pandemic in Nigeria;
- iii. to examine the socio-economic implication of the outbreak COVID-19 pandemic in Nigeria; and

- iv. to examine the intervention by the Nigerian government and the international community in curbing the spread and effect of the COVID-19 pandemic on commerce and human development in Nigeria.

Scope of Research

The scope of this project starts from 2019, which is when the virus was first reported in the world, and terminates in the year 2021, which marked the period when the virus was contained in Nigeria.

The study would cover the whole effect of COVID-19 pandemic on commerce and human development in Nigeria from 2019 to 2021.

Methodology

Primary and secondary sources were both used to obtain relevant materials and information in the course of this research.

Primary Sources

The primary sources which will be utilized in the course of the research for this study are of two categories: government gazette and annual reports. They include: annual reports, correspondences and other documents relating to the COVID-19 pandemic. They provided eyewitness account of their experiences in the period under consideration.

Secondary Sources

Secondary sources which will be consulted in some universities and public libraries across the state include: books, journals, periodicals and monograph. These sources helped to provide materials for historical analysis of the project.

Literature Review

There is not much academic work on the impact of COVID-19 on commerce and human development in Nigeria. There are however, certain literatures that deal with Nigeria, the effect and manifestation of COVID-19 victims in Nigeria, and then a few on aspects of economic implication of COVID-19 pandemic on Nigeria. To start with, Ayooluwa Adewole's article entitled, *COVID-19 and Nigeria's Services Sector*⁹, the study focuses on the effects of the pandemic on the services sector which is expected to be one of the worse-hit sectors. The author captures the theoretical linkage between COVID-19 and the services sector, while he further discusses the impact of the pandemic on the Nigerian services sector. The fourth section of the article provides an outlook for the sector post-COVID-19. The fifth and final section provides some policy recommendations and conclusion to the article.¹⁰

Cesar K. Calderon's book titled, *Embedding Digital Finance in e-Commerce Platforms during the COVID-19 Pandemic*¹¹, provided an early assessment of the impact of COVID-19 on e-commerce platforms and digital financial services, identifying the opportunities, good practices, and key challenges that have emerged in different regions. The book was based on interviews with some of the largest e-commerce platforms conducted early after the onset of the COVID-19 crisis and an extensive analysis of their corporate media channels, quarterly and annual financial reports, and general media reports. The author team also engaged with new and emerging platforms that leverage digital channels and digital finance to promote participation of MSMEs in the economy

in emerging markets, Africa in particular. The author also benefitted from interviews and discussion with industry experts, entrepreneurs, associations, and other players in the field.¹²

Kwaw S. Andam, in his article titled “Estimating the Economic Costs of COVID-19 in Nigeria”¹³ analyzed the economic impacts of the COVID-19 pandemic and the policies adopted to curtail the spread of the disease in Nigeria. The author carried out simulations using a multiplier model based on the 2018 Social Accounting Matrix (SAM) for Nigeria, which includes supply-use tables for 284 goods and services. The author later asserts that the pandemic’s global reach and impact on the global economy, combined with the response policies in Nigeria represent a large sudden shock to the country’s economy. The SAM multiplier model is well-suited for measuring the short-term direct and indirect results of this type of shock because the SAM represents both the structure of the economy and the interactions among economic actors via commodity and factor markets. The article focuses on the five-week lockdown implemented by the federal government across the Federal Capital Territory of Abuja and Lagos and Ogun states from late March to early May 2020, the federal lockdown for Kano from mid-April and the state-level lockdowns that were implemented from mid-April for around seven weeks in Akwa Ibom, Borno, Ekiti, Kwara, Osun, Rivers, and Taraba states.¹⁴

Violet Aziembemhin, in her book titled *Impact of COVID-19 on the Supply Chain Industry*,¹⁵ captured the issues, challenges and implications of the COVID-19 pandemic on supply-chain activities globally, regionally and in Nigeria. The book also provides

strategies and insights on mitigating the risks and impact of the supply-chain disruptions brought on by the impact of the pandemic. Supply-chain resilience is critical to economic recovery in Nigeria. An effective supply chain system ensures higher efficiency rates, quality over control, better customer relationship and service, faster production cycle, reduced production costs and an overall improvement in the financial performance of a company. The entry of COVID-19 in Nigeria and the subsequent implications and impact has adversely impacted businesses, households and the economy. The slowdown of retail and trade activities, as most finished goods flow through the sector to final consumers, has also affected the manufacturing sector, especially for non-essential goods.¹⁶

Owenvbiugie Robinson Osarumwense's article titled, "Impact of Coronavirus Disease (Covid-19) on Business in Edo State, Nigeria"¹⁷, assessed the impact of COVID-19 on business in Nigeria. From the article, it was discovered that COVID-19 impacted profit, sales volume and business cash flow. The author concluded that COVID-19 has impact on profit, sales volume and cash flow of business. It was also concluded that, business derived a lot of benefits from COVID-19 pandemic. Consequently, it was recommended that business owners should engage in market timing to enable their customers to know their time of opening, engage more in online sales to increase sales volume, as well engage in massive savings to avoid cash crunch during economic crises.¹⁸

Kambou Gerard's article titled, "Impact of COVID-19 on Nigeria's Food Systems"¹⁹, pointed out how the coronavirus (COVID-19) pandemic has disrupted the

world, with a heavy toll on human lives and economic activities. He reiterated its rapid global spread threatened millions of people already made vulnerable by food, insecurity, malnutrition, and the effects of conflict and other disasters. In response, the author capture how the Global Alliance for Improved Nutrition (GAIN) developed the Keeping Food Markets Working (KFMW) programme to provide targeted support to help sustain core food systems, workers, and markets during the COVID-19 emergency. The author also observes that the programme's objective was to mitigate the risk of the collapse of food systems and ensure the availability and affordability of nutritious food. The author summarizes the current situation of Nigerian food systems amidst COVID-19 with a special emphasis on small and medium-sized enterprises (SMEs) and how nutritious foods value chains are changing.²⁰

In as much as we agree that these contributions and views have their own merits towards understanding the issues concerning the impact of COVID-19 on Nigeria's economy, we must also agree that they have not been able to give a total study of the impact of COVID-19 on commerce and human development in Nigeria as its relate to community development. All the books and articles reviewed have been able to cover only some parts of my research. Therefore, this proves to a reasonable extent that a proper study has not been carried out on the growth and impact of COVID-19 on commerce and human development in Nigeria. This research seeks to fill that vacuum that has been created for a long while by various scholars.

CHAPTERIZATION

CHAPTER ONE

BACKGROUND TO THE STUDY

This chapter examines the general blueprint of the entire research work, the chapter observes the aim and objectives of the study, scope of the study, methodology and literature review.

CHAPTER TWO

OUTBREAK AND NATURE OF CORONAVIRUS IN NIGERIA

The chapter examines how COVID-19 got into Nigeria, how the pandemic transited to more widespread community transmission and, the various implementations made by the government to effectively curb the spread of COVID-19.

CHAPTER THREE

COVID-19 AND TRADE AND COMMERCE IN NIGERIA

This chapter talks about how government restrictions affected the trade and commerce activities in Nigeria. Also, it looks at the government's budget, private remittances and, domestic lockdown measures.

CHAPTER FOUR

COVID-19 AND HUMAN DEVELOPMENT IN NIGERIA

The chapter captures how COVID-19 affected the human development in Nigeria. It looks at the life expectancy through the human development index. It looks at other areas affected like the health services, education, vocational skills, etc.

CHAPTER FIVE

CONCLUSION

This is the concluding chapter which gives a general summary of the entire research and gives possible contributions to how pandemic crisis can be put on check to avert economic sabotage.

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CHAPTER TWO

OUTBREAK AND NATURE OF CORONAVIRUS IN NIGERIA

Introduction

As reports of COVID-19 emerged from Wuhan, China, in December 2019, the African continent began its preparations for the outbreak of the disease. Its close connections to China, a primary trade partner and host to more than 80,000 African students, heightened the risk. Several African countries were seen to react quickly, issuing travel bans and quarantine measures to stop the virus from getting a hold on the continent.¹ The first measures taken by African governments were to restrict cross-border movement and limit flight travel. Although countries began implementing physical distancing and other measures to contain the spread of the virus once it became clear that

the pandemic would not be stopped at the border, the speed and depth of these has varied. Rwanda was the first to react, imposing a localised lockdown in the second week of March.² Others quickly followed suit. Malawi declared a national emergency, banned public gatherings and closed down schools on 24 March 2020, before any cases were recorded in the country, though the lockdown was then overturned by the courts after rights groups complained of its impact on the poor and most vulnerable.

South Africa's neighbour Botswana, imposed similar measures as of 2 April, after just three cases of COVID-19 were recorded.³ The coronavirus disease of 2019 (COVID-19) shocked the world, overwhelming the health systems of even high-income countries. Predictably, the situation elicited social and medical responses from Italy on February 27, 2020.⁴ Hence this chapter, the outbreak and nature of coronavirus in Nigeria.

Status of the Pandemic in Africa

As of 22 May 2020, 54 of 55 AU member states (except Western Sahara) had reported over 100,000 cases and 3,100 deaths. The northern region of the AU had provided notification of the most cases at that time, reporting over 31% (over 31,000 cases) of the cases from Africa and the highest regional case-fatality rate (5%), with countries such as Egypt (15,003), Algeria (7,728) and Morocco (7,300) driving the overall numbers.⁵ As more countries conduct targeted mass screening and testing, these figures continued to change. Smaller continental and island AU member states such as Djibouti and Sao Tome have been the most heavily affected, reporting over 230 and 118 cases per 100,000 population, respectively. Unlike the other African countries, both have

shown epidemiological curves similar to those of severely hit countries outside Africa, such as the UK and the USA. For Djibouti in particular this is probably due to a massive screening strategy initiated as the country realized its vulnerability as a commercial gateway to Africa.⁶ Statistical models based on air-travel data from China identified Egypt, Algeria and South Africa as the countries at highest risk of initial introductions and spread in Africa. Drawing experience from the 2014 Ebola virus disease crisis in West Africa, African leaders were keenly aware that failure to contain COVID-19 would threaten health, prosperity and security.

To respond to COVID-19, many AU member states have been using a combination of containment and mitigation measures to delay a surge in cases that could overwhelm the availability of hospital beds, while protecting the medically vulnerable, such as the elderly and those with comorbidities.⁷ By the end of March 2020, most countries had imposed travel bans on most affected Asian and European countries and had instituted mandatory quarantine periods for most travellers. Through April and May, more than 40 countries closed their borders, allowing only cargo, freight and the expatriation of foreign nationals. Mitigation measures, including restrictions on movement, public gatherings and schools, were also implemented. As early as 20th March, 2020, AU member states that had reported fewer than 100 cases were imposing lockdowns and curfews to prevent further COVID-19 transmission within their borders. Probably due to these early efforts, some AU member states saw a reduction in average daily case growth.⁸

The Evolution of Covid-19 in Nigeria

The first case of COVID-19 was confirmed in Infectious Disease Centre, Yaba, Lagos State, Nigeria on the 27th February, 2020. An Italian citizen arrived at the Murtala Muhammed International Airport, Lagos at 10:00 p.m. on 24th February, 2020 on-board a Turkish airline from Milan, Italy. He visited his company's site in Ogun State the following day where he presented himself at his company's staff clinic. The physician-on-duty had a strong suspicion of the presence of the virus. This led him to refer the Italian citizen to Infectious Disease Hospital (IDH) and the COVID-19 status was confirmed.⁹

The Nigeria Centre for Disease Control (NCDC) started the contact tracing of 'Persons of Interest' which included all persons on the manifesto of the flight that brought the index case to Nigeria, as well as people who had close contact with the index case while in Lagos and Ogun States. After a period of two weeks, a cluster of cases was detected in Lagos and Abuja, this was noted to be the emergence of the nationwide spread of the virus.¹⁰ The Federal Government, through the Nigeria Civil Aviation Authority (NCAA), restricted International commercial flights into the country, effective from 23rd March, 2020. On the same day, Nigeria registered her first fatality; a 67-year-old male returnee from the United Kingdom who already had underlying medical issues that were being managed before his death. The death occurred in the Federal Capital Territory, Abuja.¹¹

The Federal Government responded with the authorization of the closure of all non-essential services (businesses and industries) and restricted movement of people in Lagos State, Ogun State and the Federal Capital Territory, Abuja, on 29th March, 2020. Most State Governments restricted public gathering and there were restrictions on Inter-state movement. The Federal Government later authorized the gradual easing of lockdown in the previously restricted states on 4th May, 2020.¹²

The Spread and Containment of Covid-19 in Nigeria

The nationwide spread of the virus led to the Federal Government affecting certain measures to contain the virus. The available information on the virus and the welfare of her citizenry were guiding beacons in periodic restrictions to maximize containment. Educational and Religious institutions were the first bodies restricted before containment measures extended to non-essential services. The Federal Government with the aid of different ministries and governmental agencies put up a formidable response in the fight against COVID-19 in Nigeria. Leading the frontlines was the Federal Ministry of Health; the ministry was tasked with the formulation and implementation of policies related to COVID-19 in Nigeria with collaboration with relevant ministries and agencies.¹³ The Federal Ministry of Health through its Accreditation Committee were involved with inspection of public and private treatment centres for COVID-19 confirmed cases.

Furthermore, the ministry handled the training guidelines and personal protective equipment (PPE) distribution for frontline workers for this novel disease. The ministry was strongly supported by Presidential Task Force for the Control of COVID-19 (PTF) and the Nigeria Centre for Disease and Control (NCDC). President Buhari set up a 12-member task force to champion the battle against COVID-19 in the country. The Task Force is chaired by the Secretary to the Federal government, Mr. Boss Mustapha and Dr. Sani Aliyu is the National Coordinator of the Group (Ameh, 2020). The task force's mandate was to create a workable National Response Plan that would be revised on a daily basis as requirements change. The strategy must follow international best practices while taking into account the local circumstances prevailing in the country. The Task Force was given six months to fulfil its mandate.

Moreover, the Nigeria Centre for Disease Control was given the Mandate to lead preparedness, diagnosis and response to outbreaks of COVID-19 in Nigeria. The parastatal publishes regular updates on reported cases, discharged cases and deaths related to COVID-19 via its website and social media channels. The mission of the NCDC was to protect Nigerians' health through evidence-based prevention, integrated disease surveillance and response programs, using a single health strategy, driven by research and led by a professional workforce. The initial performances of the various institutions and agencies of the Government showed the ill-preparedness to combat the virus but, the subsequent responses have been phenomenal. This is evident in the containment of the on-going pandemic spread in Nigeria that began February 2020.

Although, the spread potential is yet to be properly estimated, containment strategy has proven quite effective.¹⁴

A major contributor to the spread worldwide was increased travel, modern transport networks made it easy for travellers to transmit the virus, hence, the ban on inter-state travel was an appropriate containment measure. Due to the nature of the symptoms, only people who have been tested can be easily identified as infected. The test results have shown a rising number of people confirmed to have COVID-19. Though a significant number of people recover from the infection, the greater concern lies with those who are yet to be tested. The ease of transmission coupled the rate of interaction amongst the populace indicated that the confirmed cases were merely a small share of the actual numbers. This was demonstrated by the rate of newly confirmed cases by the day. According to the daily reports provided by NCDC, Lagos State, with the highest population density in Nigeria, recorded the largest number of confirmed cases.¹⁵

Following the confirmation of the index case of COVID-19 in Nigeria, the viral population rapidly increased within the country at an exponential rate. At the end of the fourth week of the virus in Nigeria, there were a total of 25 recorded cases in the country. Further examination of the confirmed cases revealed that 76 percent of COVID-19 cases had travel history outside the country, while 20 percent of confirmed cases had close contact with COVID-19 patients. The remaining 4 percent of confirmed cases were classified as no epidemiological connection and incomplete information. This implied that the majority of confirmed cases in Nigeria were returnees from epicentres,¹⁶ this

prompted NCDC to issue a guideline that made it mandatory for returnees from high-risk countries to stay in isolation for a minimum of 14 days.

The Federal Government suspended all international flights into Lagos and Abuja, effective from 23rd March 2020. The decision was taken as a preventive measure against the spread of the virus in the nation. As of 21st March 2020, only three states of the federation plus the FCT, Abuja, had recorded cases of COVID-19 in the country: Lagos (19), Ogun (2), Ekiti (1) and Abuja (3). By the end of the fifth week, there was at least one confirmed case of COVID-19 in all geographical zones of the country.¹⁷ This led to the restriction of interstate movement and total restriction of movement (lockdown) in Lagos, Ogun, and Abuja. In response to this development, the NCDC needed to increase the testing of suspected cases. Hence, the agency added a modular laboratory at the University College Hospital, Ibadan, Oyo State, to its existing laboratory collection across the country while reporting that additional six would be included in the coming weeks.¹⁸

The efficacy of the lockdown in Abuja, Lagos, and Ogun States was quite doubtful, as citizens were seen to have been reluctant to comply with the restrictions in all three states. The ban on inter-state movement has been allegedly defeated by the corruption embodied by our society. The promise of palliatives (cash transfer and relief materials distribution) has been viewed by members of society as a major failure, considering that Nigeria is the centre of the world's multidimensional poverty. This led to an increase in the crime rate in certain parts of Lagos and Ogun States. The concept of

social distancing was not strongly adhered to in other states of the Federation, some states did not prohibit religious gathering.¹⁹

There was a total of 541 recorded cases in the country as the end of the eighth week of the virus in the country, this represented a significant increase of about 2064 percent from the number of confirmed cases as of 21st March 2020. An investigation into the confirmed cases revealed that 34 percent of COVID-19 cases had travel history outside the country, while 37 percent of confirmed cases had close contact with COVID-19 patients. The remaining 29 percent of confirmed cases were classified as no epidemiological connection and incomplete information. This indicated that Nigeria was gradual moving into “community transmission”. This could be seen from the decline in the percent of confirmed cases that had travelled outside the country recently and the increase in the percentage of confirmed cases classified no epidemiological connection and incomplete information.²⁰

The South-Western region of the country accounted for the majority of the confirmed COVID-19 which was largely contributed by Lagos (which has the highest population density). The increase in confirmed cases of COVID-19 in North-West region called for concern given that the virus was properly contained in the geopolitical zone until the index case was registered in the state of Kano. Kano’s index case was alleged to have attended numerous parties and religious prayer grounds despite his manifestation of COVID-19 symptoms.²¹ This played a major role in the rate of spread across the state and the geopolitical zone as a whole. Kano State became a state of interest due to the number

of deaths recorded, the state government released a report indicating that the deaths were not related to COVID-19.

However, there were allegations that autopsies were not carried out. The Kano State Government in its attempt to prevent the spread of COVID-19 in the state resorted to the evacuation of Almajiris (children migrated in search of Islamic knowledge) from the eight local government areas that make up the metropolis back to their states of origin. By the end of the twelfth week, there was a total of 5,621 confirmed cases of COVID-19 in Nigeria. This represented a significant increase of about 939 percent from the number of confirmed cases as of 18th April 2020. Further inspection in the confirmed cases revealed that 4 percent of COVID-19 cases had travel history outside the country, while 25 percent of confirmed cases had close contact with COVID-19 patients. The remaining 71 percent of confirmed cases were classified as no epidemiological connection and incomplete information.²² This showed that Nigeria was fully in the “community transmission” phase, as majority of the confirmed cases cannot be linked to recent travels outside the country. Therefore, Nigeria responded by increasing testing facilities across the nation.

Nigeria has 29 molecular laboratories spread across 19 states while, Gombe State and Kwara State have their laboratories under construction. Testing has been the strongest tool in implementing the containment measures, therefore, increasing testing capacity would be advantageous to better containment. In addition, PTF and the Ministry of Health had been outstanding with training and personal protective equipment (PPE)

distribution for frontline workers, however, their reach seems limited by availability of resources. The NCDC in collaboration with various telecommunication companies have been reaching out to the Nigerian populace on preventive measures. They also have had constant engagement on social media platforms to keep the citizenry aware of the spread of the virus across the nation.²³

Furthermore, in pursuit of relief, the Federal Government requested a product that allegedly cures COVID-19 from Madagascar. The product had been accredited with high recovery rate in Madagascar. Directives had been given to the National Institute for Pharmaceutical Research and Development (NIPRD) and the National Agency for Food and Drug Administration and Control (NAFDAC), by the President of the Federal Republic of Nigeria, to ensure a thorough analysis and scrutiny before it is admitted into the country.²⁴ However, a 15-member team of Chinese medical personnel arrived in the country on April 8 “to share their experience with fighting COVID-19”. Upon arrival, the teams were discovered to be present only to care for the China Civil Engineering Construction Corporation (CCECC). Their arrival sparked debate among various medical professionals about the need for foreign personnel, this became immaterial with regards to their activities since arrival. The medical personnel are presumed to have returned to China along with 286 Chinese nationals on May 30.²⁵

Conclusion

However, it should be noted here that COVID-19 has jeopardize economies no matter how large or small, developed or developing. As of today, end to this pandemic

remains uncertain. The uncertainty has caused loss of public confidence worldwide. The macroeconomic impacts in any economy are likely to worsen across economies, if consumer and producer confidence is lost and a powerful demand shock coupled with massive supply-side supports cannot be implemented in a timely manner.²⁶ In the current context, recovery from the disease is primary and economics is secondary. However, as evidence of economic adversities emerge, it would be wise to begin from now designing and implementing aggressive and innovative policy actions with a long-term perspective to prevent the looming or, if someone waits for the pandemic to end before taking effective measures, it might be too late and an economic depression might become inevitable and unavoidable.

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CHAPTER THREE

COVID-19 AND TRADE AND COMMERCE IN NIGERIA

Introduction

After spreading through East Asia, Europe, and North America in early 2020, the COVID-19 global pandemic started affecting countries in Africa and Latin America.¹ With the largest population in Sub-Saharan Africa, and long-standing travel and trade links within Africa and to the rest of the world, it seemed inevitable that the pandemic would eventually reach Nigeria.² In late February, Nigeria recorded the subcontinent's first confirmed case, after which it began to spread throughout Lagos, Ogun State, and the Federal Capital Authority (FCT) area of Abuja. The arrival of the pandemic set off a chain of policy actions, including public health and education campaigns, fiscal and monetary measures, restrictions on large sections of the economy, and compensating measures in the form of social protection for poor and vulnerable people.³ It is against

this backdrop, this chapter seeks to examine the impact of COVID-19 pandemic on trade and commerce in Nigeria.

Government Responses to COVID-19 and Its Impact on Nigeria

The first confirmed case of COVID-19 in Nigeria was detected in a traveler who arrived in Lagos from Europe on February 27, 2020. In response, the government invested in preparedness measures, including a US\$27 million increase in funding for the Nigeria Center for Disease Control (NCDC) to strengthen laboratory testing and isolation capacity.⁴ The government also launched public education campaigns emphasizing handwashing, maintaining physical distance from people, and avoiding large gatherings.

The government's response was coordinated by a Presidential Task Force, established in early March that worked closely with the NCDC. The NCDC was made responsible for public health campaigns and for overall management of the testing, isolation, and treatment of patients.⁵ Nigeria's government was quick to recognize the potential scale of COVID-19's economic costs and was among the first developing countries to announce fiscal and stimulus measures to cushion economic impacts. These measures included reducing government spending in anticipation of lower revenues, and providing US\$130 million to support households and small and medium-scale enterprises.⁶

More importantly, Nigeria was among the first on the subcontinent to enforce social distancing. All schools in the country were closed in mid-March, and several states and local authorities instituted bans on public and social gatherings.⁷ After a second case

was confirmed in Lagos, Nigeria instituted bans on foreign travelers from 13 “highly-infected” countries and stopped issuing visas on arrival. By late-March, with 44 confirmed cases, the government closed its land and air borders to all travelers for an initial period of 4 weeks, and suspended all passenger rail services.⁸

On 29 March, President Buhari announced specific restrictions for Lagos, FCT, and Ogun States, which together contain 14% of Nigeria's population.⁹ These “lockdown” measures restricted the movement of residents outside of their homes. They also closed many business operations, as well as the borders linking the lockdown states to the rest of the country. Passenger air travel was also suspended nationwide. Shortly afterwards the Presidential Task Force issued exemptions for medical services, agricultural activities, food manufacturers and retailers, telecommunications, and certain financial services. The president also announced some palliative measures, mainly food distribution and a 2-month advance payment of the conditional cash transfers made by the government to vulnerable citizens.¹⁰ On 13 April, President Buhari announced a 2-week extension of the federal lockdown policies, which were also expanded to include Kano state.¹¹

Although it was the Federal Government that directed lockdown measures in four states, numerous other states implemented their own lockdown policies, sometimes predating the federal policies. States with significant social distancing measures included Akwa Ibom, Borno, Edo, Ekiti, Kwara, Taraba, Niger, Ogun, Ondo, Oyo, and Rivers.¹² These lockdowns generally started with school closings, limited trading hours in informal

markets, and restrictions on large social gatherings, including religious and sporting events. Restrictions were gradually expanded until they largely resembled the federal lockdowns (e.g., stay-at-home orders and the closing of businesses and state borders).¹³

By the end of April, the group of states under lockdown measures accounted for almost two-thirds of the national economy. Under growing pressure to relax restrictions, the President announced that lockdowns would be eased in Lagos, FCT and Ogun States starting from around mid-May, but that the lockdown in Kano would be extended until early June.¹⁴ During June, and despite continued increases in daily cases, the government lifted restrictions on domestic airlines and interstate travel and allowed schools to reopen for graduating students. The number of new cases peaked at the end of June and fell during July and August. On 3rd September, the government lifted all remaining restrictions on local markets.¹⁵

Impacts of Lockdown Policies

The first major impact channel is the expected shortfall in federal budget revenue due primarily to the plunge in oil prices. Likewise, on the expenditure side, there are substantial unanticipated spending needs associated with COVID-19 in the form of increased health costs, new stimulus packages for businesses, and increased social support for vulnerable households.¹⁶ The second channel is the expected decline in private remittances into Nigeria as COVID-19 affects the well-being of Nigerian workers living abroad and remitting income back home. The third channel is the impact of domestic policies that restrict movement of people and business activities, particularly in

the lockdown zones of Abuja FCT, Lagos, and Ogun States.¹⁷ These measures imposed, simultaneously, a demand-side shock as people were only permitted to buy essential goods and a supply-side shock as only essential businesses were permitted to operate.¹⁸

Oil Revenues and the Government Budget

With the pandemic expected to continue for most of 2020, the global economic slowdown will have consequences for Nigeria's oil-dependent economy. Air and ground travel effectively came to a halt in most parts of the world, and oil prices have fallen by 45% to around US\$30 per barrel in the first quarter of 2020.¹⁹ A direct consequence for Nigeria's federal government was a sharp decline in revenues. Oil revenues contribute more than 60% of government revenues, and projected revenues for 2020 were based on a benchmark oil price of US\$57 per barrel. The Ministry of Finance, Budget, and National Planning (MFBNP) estimated that, due to COVID-19, government's monthly oil receipts decline from USD 2.3 billion to around US\$1 billion by September 2020.²⁰

Apart from a revenue shortfall, the federal government also faced significant pressures to raise spending in areas not previously budgeted for, including US\$300 million toward disease preparedness and response and stimulus payments of US\$700 million.²¹ The government undertook a significant budget revision, and announced that revenue shortfalls lead to cuts to capital spending rather than recurrent spending and social transfers. The government also applied for new loans from the African Development Bank, Islamic Development Bank, the IMF, and the World Bank.²²

Private Remittances

Nigeria is one of the largest recipients of foreign remittance income in Sub-Saharan Africa, and these comprise about 5% of Nigerian GDP. The Economist reports that Nigeria relies on “major lockdown economies,” such as Britain, France, Italy, Spain, and the United States of America, for 54% of remittance incomes.²³ Remittances from these countries declined dramatically in early 2020; for example, some payment companies in Europe reported declines of 80–90% in remittance payments to Africa. The World Bank provides a longer-term perspective, predicting that remittance flows into Nigeria declined by 25% last year due to COVID-19.²⁴ This was at the upper-end of the 5–25% range decline anticipated by Kuhlcke and Bester based on an analysis of remittance flows during past crises, although they warn that the high proportion of remittances coming through informal channels makes it difficult to assess the true impact.²⁵

Domestic Lockdown Measures

The third major impact channel includes the direct effects of policies adopted to mitigate the spread of the coronavirus, specifically the 5-week restrictions on movement and economic activity imposed by the federal government on the Abuja Federal Capital Territory (FCT), Lagos State, and Ogun State, as well as the extended lockdowns in other states, such as Kano.²⁶ These restrictions directly reduce economic output and household incomes for a large share of the residents who are unable to work and earn an income. Consumer demand is also curtailed directly through measures that prevent consumers from spending money on non-essential goods and services.²⁷

Lockdown measures were not applicable to sectors considered “essential.” The Federal Government issued exemptions for medical services provided by public and private hospitals and pharmacies, food retail in markets during restricted hours, supermarkets and grocery shops, and prepared foods for delivery. The policies allowed farms, food and drug manufacturers, and food distributors to continue their activities.²⁸ Other services considered essential, and therefore exempt, included fuel stations, private security companies, and limited financial services to maintain cash availability and to allow for online transactions. Public utility services, news companies, and telecommunications providers were also exempted.²⁹

Sectors or subsectors that were not exempt from the lockdown measures were significantly affected. The impact on a sector or subsector at the national level depends on the share of productive activities that take place within the lockdown zones. Likewise, the immediate overall impact on the national economy depends on the importance of the sector in terms of its share of GDP or employment.³⁰

Manufacturing: Many nonfood manufacturing activities were suspended during the lockdown period and in the lockdown zones. The Lagos and Ogun State industrial clusters account for about 60% of manufacturing in Nigeria, according to some estimates, and the Apapa Port in Lagos serves as the point of entry for primary and intermediate manufacturing inputs. As such, it anticipates a major negative shock for the manufacturing sector.³¹ Affected industries include manufacturers of cement, basic and fabricated metals, plastics, glass, and furniture products. While port and cargo operations

were exempted from movement restrictions, port operators and manufacturers still reported that the lockdown almost immediately resulted in a backlog of containers and increased congestion at the port, as interstate movement restrictions and fear of harassment led to reduced trucking services. Moreover, although manufacturers of food, drugs, pharmaceuticals, among others, were exempted from restrictions, anecdotal evidence suggests that security concerns and supply chain disruptions resulted in companies operating below capacity.³²

Construction: There were no exemptions for private or public construction works in the affected areas. Moreover, movement restrictions, locally imposed curfews, and state border closures affected construction activity outside of the affected areas as well due to difficulties in obtaining important inputs such as cement or other building materials.³³

Transportation, Storage, and Cargo Handling: With the nationwide closure of bus services, passenger rail services, and phone-based taxi services, the movement restrictions curtailed most ground transportation in the affected areas.³⁴ Transportation was limited to essential trips for food or medicines or to seek medical treatment. Although port cargo handling, air cargo services, and associated services, such as storage and warehousing, continued to operate, insecurity and fear of harassment on transport routes reduced operations for exempted services.

Hotels, Catering, and Food Services: COVID-19 policy responses severely affected the business of hotels, restaurants, and catering services. Movement restrictions included

bans on visiting restaurants. The lack of a “food delivery culture” in Nigeria implied a near-total shutdown of urban food services during the lockdown period.

Repair Services: The bulk of repair services are carried out either in repair shops in markets as part of Nigeria's large informal sector, or by itinerant repair workers. This sector suffered severely from restricted movement and the closure of market centers.³⁵

Domestic Workers and Other Personal Services: Domestic workers (e.g., cooks, childcare providers, cleaners, gardeners, private security guards etc.) form a large share of the working population within the lockdown zones. While some domestic workers reside at their places of work, those who live outside were no longer able to commute to work. We estimated that about half of these workers are live-in workers and will continue to work and earn a living during the lockdown period.³⁶

Whereas some of the COVID-19 restrictive measures, such as school closures, limits on the size of gatherings, and restrictions on intercity or interstate passenger travel were imposed nationwide, most lockdown measures were imposed in specific states. Therefore, where required, initial demand shocks are weighted to reflect this geographical targeting. Nigeria lockdown measures were instituted at two levels of government. Those imposed early on by the federal government affected Lagos, FCT-Abuja, Ogun, and Kano.³⁷ These states account for about 40% of national GDP, and lockdown measures lasted for 5 weeks from 30 March until 4 May. Others were imposed by state governments independently of the federal government. These states account for around 25% of GDP, and lockdowns remained in force for about 8 weeks.³⁸

Conclusion

It is no surprise that sub-sectors within the service industry was vulnerable to the effects of the pandemic as was the case with most other sectors in the economy. As consumers curtail non-essential expenditure, activity in sectors like trade and commerce, hospitality and leisure, construction and real estate, textile apparel and footwear became decline. Other sub-sectors including fast food and restaurants, land and air transportation was also vulnerable to the effects of the pandemic, resulting from lower disposable income for consumers, restriction of movement and closure of borders, and this affected human capital output.

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CHAPTER FOUR

COVID-19 AND HUMAN DEVELOPMENT IN NIGERIA

Introduction

Like many sub-Saharan countries in Africa, Nigeria has low human development, meaning that the country has not sufficiently tapped and harnessed the potentials of our people; nor provided the right environment and tools for them to unleash their potentials while living life to the full.¹ The United Nations Development Program (UNDP) described human development as a process of enlarging people's choices, and strengthening human capabilities in a way, which enables them to lead longer, healthier, and full lives. To devise a yardstick for measuring the human development of a nation, UNDP uses the widely accepted tool called the human development index (HDI) that measures life expectancy at birth, adult literacy and per capital income.² It is against this backdrop, this chapter seeks to examine the effect of covid-19 on human development in Nigeria.

Human development has become a significant term since it was introduced in development discourse in the 1990s. It has remained a veritable term in discussing the living standards of any country. But human development has been under threat by the novel corona virus. COVID-19 was detected in Wuhan, China at the end of 2019, but quickly spread across the world in the first quarter of 2020 causing unprecedented disruptions of varying proportions not seen since the 20th century.³ Using the constituents of human development, that is life expectancy, education and per capita, recognized by the United Nations Development Program, this chapter brings to fore the disproportionate impacts of the pandemic on human development in Nigeria.⁴ This was largely because the human development index of countries in the sub-Saharan Africa is low, consequently, these countries are not able to withstand massive impact of a pandemic.⁵ It was hoped that the governments of developing countries such as Nigeria would seize the opportunity the pandemic presents and change strategies by bridging the gap of inequalities, improving the capabilities of its peoples, diminish poverty and increase the enablers that will improve the human development of its people.⁶

Life Expectancy

This COVID-19 created an unprecedented situation in Nigeria. Nigerians were at risk of facing hunger, starvation, and malnutrition amidst lockdown. With so many people earning a daily wage belonging to the 65 percent informal sector of the economy, continue living was a battle that must fight and win. Little wonder, the initial weeks of the lock down was as traumatic as was pathetic.⁷ People continuously violate the

lockdown order in a bid to go out to get what to eat. There was spat of protests in some parts of the country against government directive as insensitive and callous. Lagos, Kano, Bauchi, Plateau states witnessed antilock down protests for lack of reliefs to families to cushion the pains of staying at home without work or what to nourish them. This lockdown, and social and physical distance policy of the government was criticized as alien to Nigerians and were superimposed on Nigeria without contextualizing it.⁸ Although the lockdown work in Europe and America, it did not work in Nigeria, social distancing in communities where houses are closely built to each other commonly referred to as “face me-I face you” was impossible; and social distancing practicable within a family with five children living in one room and parlour all of them having contact with people outside was also impossible. Hence, COVID-19 was exacerbating the low life expectancy as many Nigerians risk dying of hunger and starvation because there was no drastic measure to crushing the effect. Particularly, vulnerable groups such as older people, women, young workers, migrant households, unprotected workers, people living in shelters, people who are homeless or in informal settlements, and people with underlying health issues.⁹

The Federal and state governments in Nigeria although announced some palliatives for the vulnerable but that did not cover the more than 40 percent that are living below the poverty level. In the pandemic, the poor was experiencing the impacts of astronomical increase in prices of food stuffs as markets are closed, and government restrictions curtailed the movement of agricultural products among states.¹⁰ The palliative

measures of government include the distribution of cash and food to poor households. However, The Situation Room of the civil society groups observes that the palliatives were not reaching many of the most vulnerable households in places monitored. Corruption and bureaucratic bottlenecks impede the effective administration of these palliatives. It also frowns at the practice of sharing government palliatives across party lines. And where families received food items, it would not last them beyond a day or two, in most cases.¹¹

Sad to note, some persons who were out in a bid to fend for their families met stiff brutality from the law enforcement agents. The Civil Rights Councils (CRCs) documented cases of violation of the rights of the people and even outright killing of innocent citizens by security personnel. On April 18, the National Human Rights Commission (NHRC) stated that law enforcers had killed 18 people in Nigeria within two weeks since lockdowns began on March 30, while coronavirus had killed 12 people. Those whose lives that were cut short would have left home to avoid dying by starvation and hunger just to meet death by the hands of those who vowed to protect them.¹²

Healthcare Services

Coping with the Coronavirus in a country of more than 200 million people with a broken healthcare system deficient in almost everything from staff to equipment poses a huge challenge. A survey carried out by the World Health Organization (WHO) in 2015 ranks Nigeria as number 189 among the 201 countries.¹³ Known to poorly invest in the health sector, Nigeria has turned its wealthy citizens to health tourists in foreign countries

of India, Germany, the U.A.E, the United States, the United Kingdom among many others. In 2000 and 2001, Nigeria invested 0.2 percent of its GDP in the health sector. With corruption and poor infrastructure in the country, the health sector has continued to drop in quality and service delivery. A common case of disease is malaria caused by mosquitoes found in Africa's tropical environment. It is on record that malaria results in two-thirds of deaths of under-five children. Other health challenges that persist in Nigeria include maternal and infant mortality, tuberculosis, diabetes, hypertension, breast cancer, etc.¹⁴

As the corona virus spreads and takes its toll on people, the health system was overwhelmed. It was medically confirmed that at its peak of the attack, the novel virus attacks the respiratory system and patients have trouble breathing.¹⁵ That makes ventilators valuable to aid those who are having difficulty with breathing. Unfortunately, as confirmed cases infected with the virus increases across the country, lack of adequate ventilators to fight the disease hamper reasonable progress to save lives. It was reported Nigeria has only 169 ventilators in sixteen out of the 36 states, implying an average of 10 ventilators in each state. The ministry of Finance purportedly responded to Elon Musk Tesla through its twitter handle and pleaded for 100-500 ventilators to deal with the increasing levels of COVID-19.¹⁶ This dearth of medical facilities was also exacerbated by hospitals' unreliable electricity, insufficient equipment to deliver oxygen to patients, shortage of medical supplies, and limited clinical skills as medical personnel continues to

leave the country in doves. Lack of protective gear was also exposing medical staff to the virus and some has already succumbed to death.¹⁷

During this pandemic and subsequent lockdown, Social Action, a non-profit organization, was monitoring Borno State, Northeast Nigeria which hosts 70 percent of Internally Displaced Persons (IDPs) because of the activities of Boko Haram terrorist group.¹⁸ Since its first case, the state government declared 14 days of total lockdown, border closure, restriction of religious and social gatherings, closures of markets, and restrictions on general movement across the state. Years of violence by Boko Haram insurgents had already destroyed more than half of the healthcare facilities in the state, and now the pandemic. In the health sector, 45 percent of all health facilities (including 21 hospitals) were destroyed, as insurgents target such public utilities in the Northeast.¹⁹ IDP camps were known to struggle with limited access to medical and healthcare to deal with malaria, maternal health challenges, and other diseases, subjecting those in the camps to hardship and misery. An outbreak of COVID-19 in Borno disproportionately impact women, children, and other vulnerable groups that were already victims of insurgency and the humanitarian crisis in the region. It is important to reiterate that women and girls constituted 80 percent of those affected by the humanitarian crisis in the state.²⁰

Education

As schools have resumed, there is a rush in the curriculum as public tertiary institutions try to catch up with their contemporaries in the private sector. This has

resulted in half-baked graduates in the labour market. The government's prohibition of all forms of congregations of people to limit the spread of the virus, led to the closure of schools. The long-term implication cannot be quantified as thousands of students' trajectory to earn a degree in tertiary education within the stipulated time was thwarted. Already, UNDP report shows that the disruption in education due to COVID-19 has been unprecedented. Schools have closed nationwide in at least 147 countries, affecting more than 1.4 billion children and youth, around 86 percent of the world's student population.²¹

With the spread of this pandemic across the country of Nigeria and the consequent lock down of schools, the impact would be enormous to the generation of young Nigerians who desperately need education. The adult literacy rate in Nigeria, according to the National Bureau of Statistics in 2010, is estimated at 56.9 percent, with variations between states (Lagos 92.0 percent and Borno 14.5 percent), and sex (male 65.1percent and female 48.6percent).²² And the demographic difference between the North and South is succinct likewise the gender dimension. COVID-19 did not only impact the Northern states alone but also disproportionately endanger the education of the girl child. According to the UNICEF report, only 20percent of women in the Northwest and Northeast of the country can read and write while the North central and Northwest remains worst.²³ 70 percent of young women (ages 15-24) in the Northwest Nigeria have not completed primary school. Studies show that lack of accessibility to schools was a huge setback to girls' enrolment and retention in school. This was despite the policy on universal basic education for every child.²⁴

In the findings of research, 14 percent of girls surveyed walked over six kilometres to school every day. Many girls (61percent) walked between 1 to 3 kilometres. In an earlier survey conducted in 2008 in the Northern states of Nigeria, 21percent of girls viewed distance to school as a major obstacle to girl-child education. Some of them come to school already exhausted because of distance and hunger and, are likely to sleep while classes are going on. Due to poverty that ravishes the rural communities, parents pull the girl-children out of school into various forms of work, such as hawking, nannies, domestic help etc., to make money for the family.²⁵ UNICEF estimates that 15 million children work full time in Nigeria, the majority of whom are girls dropped out of school in the Northern states. This is a clear abuse of the fundamental human rights of women and girls.²⁶

Despite the declaration of The United Nations General Assembly (UNGA) and other relevant instruments that education is a fundamental right of every child (1989), girl child education remains a challenge. Now that schools are closed for fear of the pandemic, the situation becomes complex as many girls would miss their only opportunity. Some girls in the rural part of the North would have been married off by the time school resume. Women and girls were disproportionately affected during the COVID-19 pandemic.²⁷

Some states in the south were able to quickly switch to e-learning using the radio, television, emails, whatsapp and online format to teach their pupils at home during this lockdown especially those in high school preparing for their leaving certificates. In order not to be left behind, teachers are completing their syllabus via television, radios, and

smartphones.²⁸ Some private schools were easily migrated to online teaching and, parents of pupils serve as guides at home to assist their children to learn. The question arises, how many students have access to laptops, tablets, and other electronic gadgets to study online? How do we mitigate the cost of data to allow more students to participate in online learning? How do we ensure that electricity to power these gadgets is not a problem? The case in Northern Nigeria was extremely pathetic. With more illiterates, e-learning was a herculean task. How many teachers and students have access to laptops, tablets etc. and can participate in e-learning? The teaming Almajirai of about 10million (children who are students of Quranic education) who was estranged from Western education further worsen the situation.²⁹ It should be noted here that the Northern governors and elites never envisage such a situation and the impact of COVID-19 further erode the education system in the country.

Vocational Schools/Skill Acquisition (Apprenticeship)

The Federal Government's order for the closure of all schools and the prohibition of the gathering of people also affected Vocational Education and Training (VET) institutions. Students could not complete their training due to the pandemic. Unlike private institutions where teaching was carried out through online platforms, this could not be done in some public VET institutions. This led VET students to look to online medias, like YouTube, and also go to nearby locations like barbing saloons, make-up studios, etcetera, in order to continue their training. This helped them to retain the skills they had acquired and improve on them.

Those who were learning from outside sources like mechanic workshops or photography studios, still continued their work as long as their boss “Oga” came to work. Most of their bosses did not believe in the covid-19 and were more interested in feeding their families, that they had to continue their work.

Nigeria’s Economy and Per Capita Income

The impact of land boarder closure on the economy to fight smuggling was still estimated. With the pandemic, all boarders were closed thereby limiting the importation of goods and services. Consequently, it impacted on per capita income as many businesses could not operate.³⁰ Per capita income was an important indicator of the living standard of citizens of a country and its economic wellbeing. Invariably, the higher the economic growth of a state, the higher the per capita income of the citizens. According to the World Bank in 2018, Nigeria’s per capital stood at 2,028 dollars. But with a massive growth of more than 200 million in population, and without commensurate growth in the economy, that was not sustainable. Before the pandemic, Nigeria’s economy was projected to grow at 2.5 percent in 2020.³¹

It is no gainsaying that Nigeria’s economy is a mono-economy that depends largely on oil exports. The talks about diversification of the economy the past decade was not matched with action. With the fall in global oil prices and Nigeria’s Bonny Light at \$33.01, the economy remains in a precarious state. Government must be creative to

devise alternative means of funding the budget, for example, the 2020 budget was predicated on \$53 per barrel of crude oil.³² The capacity of the country to meet 2.64 trillion Naira oil revenue target has been slashed by about 40 percent. This shortfall risks putting Nigeria's economy in a potential slump with oil being the country's biggest export. Now Nigeria has surplus oil looking desperately for buyers and worse, no storage tanks to store the oil. The implications are far reaching because it will affect government spending, being the largest spender and employer of labour. This in extension affected the Nigerian worker and consumers. Already unemployment rate was predicted at 33 percent in 2020, while underemployment rate that was 16.6 percent in 2018 was bound to rise.³³

With the lockdown policy of the government to stem the tide of the Corona virus, the impact on the employment rate was catastrophic. Some sectors were already considering laying off staff especially the financial sector because of the 'new normal'.³⁴ In the new normal, big corporations and organizations could now accomplish work through teleconferencing and more staff can work from the comfort of their homes. If that persists, some argue the office was indispensable likewise some staff would become redundant, only essential workers were required. The excuse was to cut down the cost and balance accounts of months lost to the pandemic. Thereby this was diminishing the per capita income of average Nigerians that was already low. Furthermore, with tanks of crude oil unsold, there was a scarcity of foreign currencies. Many firms rely on foreign currency especially the dollar to import raw materials to power many sectors of the

economy, such as manufacturing, pharmaceuticals, raw materials, health care and education. All these may suffer as inflow of oil dollars reduces, consequently impacting on the Gross domestic product.³⁵

To mitigate the pains of vulnerable Nigerians and medium scale businesses, the Nigerian government has extended filing of tax returns, and moratorium period on Central Bank facilities, waivers on imported medical goods, etc. It further sets aside 50 billion (local currency) credit facilities to households and medium size enterprises and cash relief of 3.6 million (local currency) to poor households during the lockdown but what was that to a country where millions of people are living in extreme poverty? After overtaking India as the poverty capital of the world, with the highest number of extremely poor people in the world in 2018, Nigeria was also among the 16 countries globally with the extremely poor people.³⁶ The recent report released by the National Bureau of Statistics shows that 40 percent of Nigerians equivalent to 83 million, are living below the poverty level. The economic impact of the virus was felt disproportionately on both gender and geographical lines.³⁷

The lockdown policy exposed the vulnerability of the Nigerian society were hunger and poverty breed insecurity. The situation precipitated insecurity within the neighbourhoods, and this relates to the lack of work and livelihoods among the youths. In Lagos for example, there was a report of a “one million boys” during the lockdown who go from street to street, maiming, robbing people of their property and even raping women and girls. This was in addition to the prolonged insurgency, armed bandits’ and

herdsmen's attacks that have terrorized communities across the country. In the worst affected Northeastern states (Borno, Adamawa, and Yobe), the Boko Haram conflict has rendered 5.1 million people in a dire need of special diets against famine.³⁸ Also, 1.2 million children under the age of 5, and pregnant and lactating women are malnourished. Hence, the conflicts have disrupted provision of essential social services such as education, health, water and sanitation as the militant groups deliberately target and destroy infrastructure, facilities, and equipment.³⁹

Conclusion

Base on the analysis above it should be noted here that Nigerian government cannot sustain its people for two months meaning, there is something largely wrong with the system. The massive population of people that live below the poverty line, the high unemployment and underemployment rate, the large gap between the haves and have-nots remind us of the task ahead. In the long term, the government must set up mechanism to tackle the social malaise using capability approach to improve the living standard of the people. This means creating the enabling environment to access goods and services, income-generating activities, education, social and recreation opportunities, internet technologies, security, peace, and prosperity for all citizens. The need to close the gap of inequality among Nigerians and raise more people out of poverty should be the goal going forward.

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CHAPTER FIVE

CONCLUSION

With the entry of the pandemic into Africa and subsequently Nigeria, the Nigerian government led by the Ministry of Health, with the assistance of the Presidential Task Force (PTF) and Nigeria Centre for Disease Control (NCDC), swung into action. They implemented various restrictions in order to curb the spread of the virus. Although their efforts and attempts were applaudable, Nigeria gradually entered into the community transmission phase that caused her to see cases no longer arising from travel returnees but, from people with no epidemiological connection and incomplete information. So, the lockdowns began in various states.

Government responses to the COVID-19 pandemic affected the lives of its citizens, especially in their various businesses. The lockdowns, restrictions, bans and harassment by government officers hindered the activities of businesses in the nation. Aside this, the COVID-19 pandemic did take its toll on the economy with a fall in oil revenues and private remittances. This caused the Ministry of Finance, Budget and National Planning (MFBNP) to re-examine the national budget and make adjustments to it. While this was going on, the citizens of the nation were being hit, not just by COVID-

19 but, by the Federal and State Governments with their enforcement of the lockdown policies.

The healthcare services in Nigeria are not top-notch in anyway. One would have hoped that the Government would have tried to bridge the gap between our healthcare services and the one in Europe but, that wasn't feasible. The lack of healthcare services combined with Nigeria's multidimensional poverty, and also COVID-19, caused a fall in the human development index (HDI) of the nation. Life expectancy dropped. Education, both vocational and academical, came to a halt. Nigeria's economy went into a state of shock and her per capita income dropped. All of these took a toll on the life and finances of the Nigerian citizens.

So far, the study has succeeded in examining the effects of the COVID-19 pandemic on crime, poverty, health, unemployment and also the national budget in Nigeria and its threat to the actualization of the sustainable development goals. The study findings on crime show an increase in organized crime, rising level of cyber-crime, growing violent crime, extra-judicial killings, as well as palliative fraud; while a fall in Gross Domestic Product (GDP), food system, and spread of poverty to urban areas, were found to be the impact of COVID-19 pandemic on poverty.

At the twilight of 2020 people made plans as usual not anticipating the quantum of damage the year would bring with it. But the initial preparedness in terms of strong institutions, healthcare, economy, research, and education, among developed countries served as shock absorbers to minimize the damage caused by the pandemic. Developing

countries such as Nigeria need to follow suit and learn the hard lessons from the disastrous effect of COVID-19.

Nigeria must reconsider how her institutions are run. I recommend that our government must invest in infrastructures: healthcare, schools, roads, railways, ports, airports, mechanized agriculture, provide social services etc., with an equity lens to minimize the inequality in the system. COVID-19 has exposed the deficit in Nigeria's structural development. Also, the importance of investing in research in our institutions of higher learning cannot be overemphasized. During this pandemic, we have seen a surge in research among scientists, medical researchers, epidemiologists etc., in the race to find a cure or vaccine for the virus. Absence of funds to support local scientists to step up their research is counterproductive to the Nigerian collective growth in the 21st century. Investment in research could take care of equipment such as ventilators, face masks, test kits, gloves, sanitizers etc., to fight the virus without being dependent on importation. A multidimensional approach is needed. The entire health system needs to be overhauled. Social institutions that have an impact on the human development of the people need to be revamped.

Link to the above point is the collection of a central data bank for the country. Lack of this showed the unsystematic way Nigeria distributed palliatives during the pandemic. For example, monies are allocated and distributed, but no data to show who the beneficiaries are. The government's fight against such a virus ought to be strategic. Such a data bank of every Nigerian would not only help in checking insecurity especially

the criminal elements across the borders but will boost trust and transparency in governance. Lack of data to show how and who are receiving these benefits cause tension among followers. Already, there is a chasm between the governed and the governors in the country. This disconnect and mistrust emerged from the electoral process which itself is fraught with fraud and electoral malpractices. The government can improve transparency and accountability by regularly publishing its strategies, data, and expenditures for everyone to interrogate.

The clash of two ideologies of ‘mono-economy’ versus ‘diversification’ was glaring during the pandemic. And the takeaway for the Nigerian government is to realize that mono-economy drives the country to absolute dependence on importation, while the latter helps in self-sufficiency and exports, not at the expense of human solidarity. The era of importing virtually everything ranging from pizzas, toothpaste, chicken to toothpick, soaps, toilet rolls etc., should be discouraged. The immediate, medium, and long-term strategies of the Central Bank of Nigeria should be supported by both the government and citizenry to diversify the economy. If there is any ‘new normal’, it is that the Nigerian government cannot continue to do the same thing, the same way, to expect different results. It is therefore paramount for the Nigerian Government to invest in the nation and its institutions in order to be better prepared if another crisis arises.

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Efosa Omogui	43yrs,	Trader	Benin City	22, October, 2022.
Enoma Osagie	33yrs,	Business Man	Benin City	25, January, 2022.
Osazee Omoruyi	41yrs,	Business Man	Benin City	22, October, 2022.
Spiff Oseni-Ali	35yrs,	Barber	Auchi	9, August, 2022.
Temitope Johnson	29yrs,	Hair Dresser	Lagos	7, July, 2022.

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