
AN OVERVIEW OF POLICY RESPONSES TO THE COVID-19 PANDEMIC IN NIGERIA

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ABSTRACT

The outbreak of the Covid-19 pandemic brought to the fore issues regarding government responses to societal challenges in nearly all countries of the world. Nigeria, like other countries, responded with a series of policies to the pandemic. While some of them were designed to contain its spread, others were geared at addressing the contradictions it spawned for the living conditions of the citizens and the economy. This study probed the policy responses to the coronavirus otherwise known as COVID-19 pandemic and their effects in Nigeria. It relied on primary and secondary data elicited from official statements and publications, textbooks, journals, newspapers and internet resources. The results showed that the responses reflected in the proactive and reactive policies of the government. While the proactive policies were designed to curb the spread of the pandemic such as the closure of borders, places of worship, schools and markets, the ban of the inter-state travels, international and domestic flights and social gathering among others, the reactive policies were designed to mitigate the devastating effects of the pandemic. They included a series of economic stimulus and palliative measures for the vulnerable. The study identified weak state capacity and distorted pattern of governance as some of the factors that undermined the effectiveness of the policy responses. It, therefore, recommended among other things, improved technological infrastructure, investment in the health sector and the building of trust between the government and the citizens as some of the requisite coping strategies in the new normal.

Keywords: COVID-19, governance, public policy, new normal, state capacity

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Introduction

Public policies are key instruments at the disposal of every government in addressing societal problems (Birkland, 2015). They are actions taken to address the needs of society. They serve as instruments that show the direction of government activities. This role is more or less like that of a compass in navigation. Public policies appear in different forms. They could be proactive or reactive. Proactive policies are anticipatorily designed before the occurrence of a problem. In contrast, reactive policies are often designed to address societal problems that have already

manifested. (Torjman, 2005).

Although different scholars such as Dye (1972), Anderson (2003), Cochran & Malone (2014), Birkland (2015) and Anyebe (2018) among others have defined public policy from different perspectives, nonetheless, there is the agreement that it is about government actions and inactions. Public policies are concerned with the actions of the government in responding to challenges of society and how the government responds. Public policies are not just the expressions of the intention of the government; they encompass the various

strategies adopted and decisions taken to address a problem of public concern. Viewed in this context, the responses to COVID-19 in Nigeria in the period covered in this study fit in into this notion of public policy. They were sets of policies and decisions taken as well as steps and strategies designed to curtail the spread of the pandemic and in the management of its devastating effects.

The effectiveness of public policies is mostly analysed using a variety of criteria; most of which measures the extent to which a policy addresses a problem it intended to solve. Policy outcome, therefore, has appeared to be a more decisive parameter in measuring the effectiveness of government policies. It captures the short and long terms effects of a policy-decision. A variety of factors equally determine policy outcomes, and they include the political will and the availability of data as well as financial, material and human resources. Others include the effectiveness of the institutions charged with the responsibility of implementing a policy, the synergy among the various agencies associated with a policy, the target group, cultural values, among others. All these factors fall within the theme of state capacity, which denotes the ability of a state to get things done or the ability of states to initiate and implement their intended policies. (Geddes, 1994). Policymaking, as enunciated by different writers, is rational where a systematic procedure is adhered to in the policy formulation process. Such a procedure entails the identification of the problem, the search for plausible solutions, and an assessment of the various alternative solutions to the problem and policy adoption. (Sutton, 1999; Jann & Wegrich, 2007; Anyebe, 2018)

One societal problem that called to question the effectiveness of public policies worldwide in the last quarter of 2019 and first quarter of 2020 was the outbreak of coronavirus otherwise known as COVID-19 pandemic, which was first noticed in Wuhan in China in 2019. The devastating impact of the COVID-19 pandemic brought out questions on effective governance and state capacity in different parts of the world. Though the impact of the pandemic was not even, yet there was hardly any country that was left untouched and unaffected. The first case of the COVID-19 in Nigeria was recorded on February 27, 2020. Since then, the

number of infected persons has continued to increase with attendant rising death toll (NCDC, 2020a).

The Nigerian government, like other countries, took some measures to combat the spread of the coronavirus and the management of its devastating effects. Of all measures adopted, the lockdown appeared to be the most devastating because of its impact on economic activities and the living conditions of the citizens in a country with a high degree of poverty that has earned it the obnoxious appellation of the headquarters of poverty of the world. To alleviate the devastating effects of the lockdown on the citizens, the government responded with different policy measures. After the initial lockdown, the government embarked on a phased and gradual opening of the economy which manifested in the lifting of the ban on domestic flights, resumption of inter-state travels, the opening of the places of worship and markets, partial opening of schools to allow candidates in exit classes to complete their programmes among others. It is important to note that the decision of easing the lockdown did not emanate from the observed decrease in the spate of confirmed cases but to a considerable extent, it was due to the uproar and protests by the citizens.

The narratives on the COVID-19 pandemic convey the idea that it will remain with humanity for a long time. This means that humanity would have to adjust to the new mode of life occasioned by the pandemic as the world awaits the vaccine for its cure. Concerning Nigeria, the question is, how prepare is the government for the approaching 'new normal'? It is in the context of the foregoing that this study examines policy responses of the Nigerian government to the COVID-19 pandemic, ascertains their consequences and analyses the implications of the observed contradictions of the policy responses for the new normal.

MATERIALS AND METHODS

The study adopted a qualitative research design that relied on primary and secondary data sourced from official statements and publications, textbooks, journal articles, newspapers, as well as internet resources that are related to the study. Data on the COVID-19 pandemic in Nigeria such as number of

tests carried out, number of confirmed cases, active cases; discharged cases, as well as fatalities, had continued to change daily since February 27, 2020 when the first case was discovered. The data utilised for the study and discussion were for the period of February 29, 2020, to August 8, 2020. The following three research questions were formulated to guide the study. (i) What were the policy responses of the Nigerian government to COVID-19 pandemic? (ii) What were the outcomes and issues associated with their implementation? (iii) What are the requisite coping strategies in the new normal in Nigeria? The organisation and analysis of data were done using multiple methods such as narrative and content analyses.

RESULTS

The activities of NCDC showed that in Nigeria before the first case of COVID-19 was confirmed on February 27 2020. The government had in place mechanisms against the spread of the pandemic. Government responses to the pandemic started with the setting up of the Coronavirus Preparedness Group by the NCDC and the activation of level 3 Emergency Operation Centers (EOC) (Ajisegiri, Odusanya & Joshi, 2020; NCDC, 2020a). The activities of these centres were directed at monitoring the spread of the diseases in other countries, carrying out a risk assessment and enhancing Nigeria's readiness and preparedness (NCDC, 2020a). Data from the NCDC showed that as of August 8, 2020, the total number of confirmed cases had risen to 46,140 of which 12,154 were still active, 33,044 discharged cases and 942 deaths with Lagos state, the FCT and Oyo state having the highest confirmed cases in that order. (NCDC, 2020b).

In his first address to the nation regarding the COVID-19 pandemic, President Muhammadu Buhari announced the release of the sum of 10 billion naira to the Lagos state government and NCDC to tackle the pandemic (Federal Republic of Nigeria, 2020a). He also announced the closure of international borders among others. In his second address on March 29, 2020, President Buhari, among other measures, ordered the lockdown in Lagos and Ogun States as well as the Federal Capital Territory. Specifically, President Buhari

declared that the government would be adopting a two-step approach. The first approach would be tailored towards the protection of lives while the second approach would be directed at safeguarding the welfare of workers and interests of business owners. (Federal Republic of Nigeria, 2020b) He asserted that while some of the measures already taken and those to be taken would certainly spawn some challenges for many Nigerians, they nevertheless represented sacrifices the citizens should be prepared to make for the overall interest of the country (Federal Republic of Nigeria, 2020b),

This study shows that the Nigerian government policies on COVID-19 pandemic manifested in two ways. Namely; proactive and reactive measures.

(i) Proactive or anticipatory measures

As noted earlier, proactive or anticipatory policies are usually formulated before the occurrence of a societal problem. They are mainly precautionary in orientation. Regarding the COVID-19 in Nigeria, such measures manifested in two ways. One the one hand, there were policies designed to expand health facilities as well as enhance the capacity of health personnel. On the other hand, there were general precautionary strategies to curtail the spread of the pandemic. The measures for the expansion of health facilities and boosting of personnel featured in the arrays of activities designed to expand the existing health facilities and increase health-related resources as the number of confirmed cases continued to grow daily. These reflected in the increase in laboratories which increased the testing capacity of the NCDC. The responses of NCDC equally focused on the training of health workers, particularly on prevention and control measures as well as the management of the pandemic. (Alagboso & Abubakar, 2020)

The general precautionary measures were those strategies put in place to contain the spread of the disease and were coordinated by the Presidential Task Force (PTF) on COVID-19 pandemic headed by the Secretary to the Federal Government; Mr Boss Mustapha. The general proactive measures featured the ban on international flights, the ban on social and religious gatherings of people that exceeded 50 and the closure of schools in the country. They also

featured the ban on inter-state travels, closure of markets, the imposition of curfew and total lockdown at various points in time (Dixit, Ogundeji & Onwujekwe, 2020; Alagboso & Abubakar, 2020). It is important to state that during the lockdown, food processing, distribution and retailing companies, as well as hospital and related medical establishments, were exempted. Similarly, petroleum distribution and retailing entities, power generation, transmission and distribution organisations, and private security establishments were equally exempted. In the same vein, broadcasters, employees of telecommunication, print and electronic media organisations who could prove that they could not work from home were equally exempted. (Federal Republic of Nigeria, 2020a).

Similarly, part of the mechanisms to curb the spread of the COVID-19 pandemic manifested in the various adjustments made by various government agencies and organisations in their activities and mode of operations. For instance, as noted by Brooks & Knights, (2020), the Securities and Exchange Commission granted a sixty-day extension for companies and capital market operators to file in their 2019 reports. It also postponed its first meeting for the year 2020 which ought to hold on April 23, 2020. The Corporate Affairs Commission came out with guidelines for companies to hold their meetings through proxies. Similarly, the Judiciary also suspended all court sittings throughout the country for two weeks, 'except cases that were urgent or time-bound under Nigerian law' (Brooks & Knights, 2020, para.6). It also embarked on the decongestion of the Correctional Centres by releasing some inmates, particularly those who were considered to be old, terminally ill, low-risk offenders, those who had less than three years to serve but had served a substantial part of their sentences among others.

Part of the strategies for curtailing the spread of the COVID-19 in Nigeria also included constant public enlightenment to create awareness about the pandemic. These strategies included the various jingles in radio and television as well as text messages. (NCDC, 2020a) All these measures were designed to enable the general public knowhow to cope with the pandemic and the importance of adhering to guidelines such as constant washing of

hands, the use of alcoholic based hand sanitisers, the wearing of face mask, social distancing and the need to stay at home if the need of going out was not important.

(ii). Reactive measures

The reactive policies were initiated in response to the contradictions spawned by the lockdown, which paralysed economic activities. They were in two categories. First, there were measures designed to cushion the effects of COVID-19 in the economy and second, those directed at ameliorating the sufferings induced by the pandemic on the individual citizens. As noted by President Muhammadu Buhari in his addresses to the nation earlier referred to, and as captured by Dixit, Ogundeji & Onwujekwe (2020) and Alagboso & Abubakar (2020), the responses of the government encompassed the following.

- i. One-year extension of the moratorium for the repayment of Central Bank of Nigeria intervention facilities.
- ii. The reduction of the interest rate of intervention loans from 9% to 5%.
- iii. The extension of more credit facilities to the private sector.
- iv. Creation of N50 billion target credit facility for the affected household and small and medium enterprises
- v. N100 billion loan to boost local manufacture and production across critical sectors.
- vi. The introduction of the payment of the sum of N20, 000 to 2.6 million households considered to be vulnerable. This was later increased to 3.6 million households.
- vii. The release of N10 billion to the Lagos State government to fight the epidemic
- viii. The release of N5 billion to the NCDC to equip, expand and provide personnel to its facilities and laboratories across the country,
- ix. The federal government equally initiated measures of providing food to the poor through the Ministry of Humanitarian Affairs, Disaster Management and Social Development.
- x. The CBN pledged to pump 3 billion Naira into the critical sectors of the economy.
- xi. Commencement of a three-month

- repayment moratorium for all 'tradermoni', 'marketmoni' and 'farmermoni' loans
- xii. Extension of the deadline for insurance companies to carry out their capitalisation from December 31, 2020, to September 30, 2021
- xiii. The revision of the 2020 budget which streamlined revenue and expenditure to the realities of the COVID-19
- xiv. A sixty-day extension was given to companies and market operators to file their 2019 annual reports and 2020 first-quarter reports.

DISCUSSION

This study shows the determined government efforts in deploying a series of strategies to curb the spread of the COVID-19 pandemic and in the management of its devastating effects. This manifested in the expansion of health facilities and capacity building for health personnel. These activities led to an increase in the number of laboratories for testing for COVID-19. The number as of June 30, 2020, had increased to 30. This increase in test laboratories was seen to have the capacity of carrying out a minimum of 10,000 tests daily (NCDC, 2020a). In terms of capacity building, the activities of the NCDC as of June 2020 had led to the training of 13,000 health workers in infection prevention and control as well as management. NCDC also supported the establishment of Public Health Emergency Operations Centres in 23 of the 36 states in Nigeria (NCDC, 2020a).

These developments in no small measures improved the activities of the NCDC such as the identification, tracing and isolation of infected victims during the period under consideration. Table 1 shows the cumulative increase in the number of tests, confirmed cases, active and discharged cases as well as fatalities. As of July 31, 2020, the total number of test conducted was 283,916, confirmed cases stood at 43,151, active, discharged, and fatality cases stood at 22,707, 19,565 and 897 respectively. Though the testing capacity improved over time, it was, nevertheless low in a country of an estimated population of 200 million people. Table 2 shows that as of August 8, 2020, the cumulative number of confirmed cases stood at 46,140, active cases stood at 12,154 (26.3%), the discharged cases stood at

33,044 (71.6%) while the mortality rate stood at 942 (2%). These figures show a high recovery rate (71%) and low mortality level (2%).

Despite these, some factors undermined the effectiveness of the responses to the COVID-19 pandemic in Nigeria during the period under consideration. These factors included the following.

(i) Delay in responding to the pandemic.

While proactive measures against the COVID-19 have been commended, yet there is the belief that government responses were a bit late. The contention is that after the WHO declared the COVID-19 a global emergency on January 30, 2020, the government should have acted swiftly in closing international borders and banning international flights. This was not done. The government waited till the first index was confirmed and until there were uproar and apprehension over the land before decisions to close borders and ban on international flights were taken. The argument here is that quick and early response by the government would have probably reduced the rate of spread of the virus in Nigeria.

(ii). Pressure on existing health facilities and personnel.

The COVID-19 brought out the inadequacy and weakness of public health institutions. The outbreak of the pandemic aptly showed the poor state of health infrastructure in Nigeria. The increase in the number of confirmed cases was seen to have affected the existing facilities and personnel leading to situations where many routine clinical activities and duties were either reduced or discarded in order to control the COVID-19 pandemic. (Ajisegiri, Odusanya & Joshi, 2020.). The pressure on existing facilities explains the speedy conversion of schools and sports complexes to isolation centres.

Moreover, the COVID-19 pandemic equally revealed the inadequacy of health personnel. It was noted that during the period covered by this study, there were 40,000 medical doctors for a population of about 200 million. This inadequacy was also noticeable in other categories of health workers. Apart from this high doctor-patient ratio, working facilities were grossly

inadequate. It was observed that the nation could only boast of 350 ventilators and 350 Intensive Care Units (ICU) for a population of about 200 million before the outbreak of COVID-19 in Nigeria. It was the outbreak of the pandemic that led to the acquisition of an additional 100 ventilators. (Dixit, Ogundeji & Onwujekwe, 2020). The inadequacy of health facilities, therefore, was a major identified factor that undermined the fight against COVID-19 in Nigeria during the period under consideration.

(iii) Limited impact of the economic stimulus.

The various monetary measures adopted had limited impact because of the limited coverage and modalities for accessing them. As noted earlier, the lockdown of the economy and restriction of economic activities worsened the living conditions and well being of the citizens. Dixit, Ogundeji & Onwujekwe (2020) noted that over 87million of the population were living on less than \$1.90 a day. Similarly, it has been observed the majority of people affected by the lockdown were those surviving on daily income. (Dixit, Ogundeji & Onwujekwe, 2020; Campbell & McCaslin, 2020). Therefore, the restriction was nothing to them but a lockdown of their means of survival. This spawned protests in some parts of the country which forced the government to decide on partial easing of the lockdown at a time the rate of transmission was still high.

(iv) Low-level of compliance with government regulations

Low-level of compliance with government regulations was one of the factors that impacted negatively on the effectiveness of policies and regulations designed to contain COVID-19 pandemic in Nigeria. This manifested in people's disregard to regulations regarding social distancing and the use of face mask. While some people doubted the reality of the COVID-19 pandemic, some considered it as a disease for the elite. These notions concerning the COVID-19 pandemic defined citizens low compliance level to government regulations on prevention of the spread of the pandemic. For instance, the directive that stipulated the number of passengers in commercial

vehicles was violated, markets, and Automated Teller Machines (ATM) centres of various Banks remained crowded. Many people were seen going about their normal activities without observing rules on social distancing and putting on a face mask even in some states like Lagos and Ogun, with prescribed punishment for non-compliance. The non-compliance with government regulations is, however, the effect of lack of trust in political leadership in Nigeria and a manifestation of weak state capacity.

(v) Weak framework for the distribution of palliatives

One of the most discussed issues regarding the management of COVID-19 pandemic in Nigeria is in the realm of the lockdown of the economy. The intervention of the government with palliatives to the vulnerable aptly revealed the weaknesses of government institutions for welfare administration. There are different narratives on this. In some quarters, it was either the palliatives did not get to the designated section of the society, i.e. the poor or the quantity or quality of such palliatives could hardly address their needs. (Okon, 2020; Eniola, 2020).

Apart from this, the method used in selecting the most vulnerable in society was not clear; instead, it was shrouded in secrecy. Besides that, the economic stimulus initiatives were seen to have been directed at those in the formal sector with little or no attention on those in the informal sector that constituted about 83.2% of the Nigerian economy (Donnelly & Hassan, 2020). This again is a manifestation of weak state capacity. Nigeria cannot boast of a comprehensive database that captures those in the formal and informal sectors of the economy.

(vi). Abuse of human rights

The implementation of reactive policies to the COVID-19 pandemic in some parts of Nigeria rather than alleviating the sufferings of the citizens compounded their living conditions. Some government regulations spawned some unintended consequences such as reported cases of abuse of human rights and extra-judicial killings during the peak of the lockdown in some parts of the country. With the lockdown and restriction placed on the

movement of people except those on essential services and food-related activities, there were reported cases of law enforcement agencies that were mandated to enforce compliance with orders of the government trampling on the rights of the citizens. In one of the reports, eighteen people were said to have died because of the brutalisation by the law enforcement agencies (BBC, 2020; Olanrewaju, 2020; Donnelly & Hassan, 2020)).

(vii). Corruption and lack of transparency.

The effectiveness of the policy responses to COVID-19 was also undermined by corrupt practices, particularly in the administration of palliatives to reduce the suffering of the people (Dixit, Ogundeji & Onwujekwe, 2020). The administration of palliatives was not effective because of the proportion of the population captured and the modalities used in selecting the vulnerable. The administration of the palliatives was fraught with a series of contradictions. (Okon, 2020). Majority of the impoverished citizens who genuinely deserved them appeared not to have benefited from the relief package (Independent Editorial, 2020). The preceding suggests ineptness in responding to the needs of the people, which is a manifestation of weak state capacity as well as distorted governance.

Policy Implications for the New Normal

One of the familiar catchphrases associated with COVID-19 pandemic is that humanity would live with it until a vaccine for its cure is found. While scientists are engrossed with the task of discovering vaccine to cure the pandemic, social scientists are preoccupied with devising mechanisms for coping with its devastating impacts. This explains the concept of the 'new normal' being used to describe life amidst COVID-19 pandemic. The question that is germane at this juncture is how ready is Nigeria for the new normal?

First, we need to state that one of the precautionary measures adopted by various government institutions and agencies to curtail the spread of the pandemic during the period of the lockdown was the 'moral persuasion to work from home. It is a migration to online activities or

transactions. Working from home, whether as an employee either in the public or private sector mostly depends on the nature of activities involved. Nonetheless, it has the capacity of reducing social contacts that may increase the risk of the spread of the pandemic. The work from home, however, depends on an effective and functional internet system. While this may not be a major challenge in countries with developed technology, same claim and optimism cannot be articulated for Nigeria with weak capacity where the internet system is poor coupled with inadequate support facilities such as electricity. This challenge of internet aptly explains the prolonged closure of schools and colleges because of the inadequacy of facilities for virtual learning. The implication of this is that investment in technology and the provision of necessary support facilities are some of the requisite measures that would make virtual activities to be effective in the new normal.

Second, lack of trust in those in a leadership position reflected in the way the citizens responded and still responding to some guidelines and regulations designed to curtail the spread of the pandemic. As noted earlier, some citizens regarded all the issues regarding the COVID-19 pandemic as a sham, and this reflected in their disposition towards maintaining of social distancing and wearing of face mask. Some people termed the COVID-19 pandemic as a disease of the elites while others read a spiritual dimension to it as a punishment visited on those who failed to invest in the country's health system (Nwaubani, 2020). Though the government has been employing different strategies and platforms to educate the citizen, there is the need to intensify awareness among its citizens. Building trust in government is, therefore, a critical factor in eliciting high compliance with guidelines and regulations.

Third, concerning COVID-19 to be specific and emergency health management in general, the pandemic has revealed the weaknesses and inadequacy of the health sector whose facilities are inadequate due to little attention from successive Nigerian leaders who have cultivated the habit of embarking on medical tourism to other countries, after abandoning the health facilities in the country to deteriorate. The political will to accord the health sector a priority in policy activities of the

government is needed in order to have an effective health care delivery system. Though in the revised 2020 budget, the sum of N500billion Naira was earmarked for the control and management of the COVID-19 pandemic, the reduction in the allocation to the health sector could be seen as counter-productive to the fight against the COVID-19 pandemic. In the revised year 2020 budget, rather than sustaining the initial paltry allocation to the health sector, the allocation was reduced by 42.5%. (Akinkuotu, 2020). This reduction aptly shows that the political commitment to the development of the health sector despite the ravaging effects of the COVID-19 pandemic remains low. There is no other period priority should be accorded to the health sector than this critical period of the COVID-19 pandemic.

CONCLUSION

The 1999 Constitution of the Federal of Nigeria (as amended) in Section 14, 2(b) expressly states that security and welfare of the citizens shall be the primary purpose of government (Federal Republic of Nigeria, 1999). The COVID-19 pandemic is a life-threatening phenomenon and the contradictions it spawned demand an aggressive

and holistic reorientation of governance to guarantee the welfare of the citizens and sustain the economy. Given the fact that government exists to protect and promote the well being of the citizens by formulating and implementing policies to address the challenges of society, the government can only respond appropriately if it has the requisite coercive, infrastructural and extractive capacities. The mode and pattern of government responses to the contradictions spawned by the COVID-19 pandemic aptly showed lack of openness and transparency, corrupt tendencies and institutional weakness.

The COVID-19 pandemic is a life-threatening global health challenge which demands serious attention and commitment of governments, corporate bodies and the citizens. The catchphrase 'COVID-19 has come to stay' implies that humanity cannot run away from its reality. Consequently, efforts aimed at its prevention and management must be vigorously pursued by the government, non-state actors, non-profit making agencies and the citizens.

Table 1: Summary of Cumulative COVID-19 Outbreak in Nigeria Situation report from February 29 –July 31, 2020

Month	Total Test	Cumulative Confirmed Cases	Cumulative Active cases	Cumulative No of discharged Cases	Cumulative cases of confirmed fatalities
February	N/A	1	1	0	0
March	N/A	139	128		
April	15759	1932	1555	319	58
May	63882	10162	6868	3007	287
June	138462	25694	15358	9,746	590
July	283,916	43151	22707	19565	897

Source: Adapted from NCDC COVID-19 outbreak in Nigeria Situation Reports from the month February 29, 2020 to July 31 2020.

Table 2: Summary of COVID-19 Data Spread Among the 36 States and FCT in Nigeria as of August 8, 2020.

	State	Confirmed Cases	Active Cases	Discharged Cases	Death
1	Abia	644	122	517	5
2	Adamawa	185	87	86	12
3	Akwai	235	30	197	8
4	Anambra	142	5	119	18
5	Bauchi	576	36	526	14
6	Bayelsa	346	22	303	21
7	Benue	409	291	109	9
8	Borno	682	78	569	35
9	Cross River	68	18	42	8
10	Delta	1,596	144	1,409	43
11	Ebonyi	851	32	793	26
12	Edo	2,376	185	2,095	96
13	Ekiti	161	83	76	2
14	Enugu	905	401	485	19
15	Gombe	629	47	559	23
16	Imo	476	318	148	10
17	Jigawa	322	3	308	11
18	Kaduna	1,566	175	1,379	12
19	Kano	1,622	265	1,303	54
20	Katsina	746	265	457	24
21	Kebbi	90	0	82	8
22	Kogi	5	0	3	2
23	Kwara	833	406	406	21
24	Lagos	15,768	2,453	13,122	193
25	Nasarawa	367	136	223	8
26	Niger	226	49	165	12
27	Ogun	1,439	181	1,234	24
28	Ondo	1,284	502	754	28
29	Osun	625	277	335	13

30	Oyo	2,860	1,427	1,402	31
31	Plateau	1,421	772	629	20
32	Rivers	1,939	245	1,641	53
33	Sokoto	154	0	138	16
34	Taraba	72	13	55	4
35	Yobe	67	2	57	8
36	Zamfara	77	1	71	5
37	FCT	4,376	3,083	1,247	46
	Total	46,140	12,154	33,044	942

Source: Adapted from NCDC, Situation Report Week 32 of August 8, 2020. Retrieved from <https://ncdc.gov.ng/diseases/sitreps/?cat=14&name=An%20update%20of%20COVID-19%20outbreak%20in%20Nigeria>

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