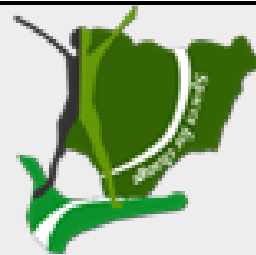


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**COVID-19
RESPONSES IN
NIGERIA'S OIL
EXTRACTION ZONES**

May 2020

This paper brief weighs the costs, gains and pains of the COVID-19 lockdown measures in Nigeria's oil extraction zones in order to inform the review of strategies and response actions aimed at reducing the potential spread and impact of coronavirus infection.

INTRODUCTION

With over three million confirmed cases and above 200,000 deaths¹ across the globe, the coronavirus (COVID-19) pandemic is spreading rapidly, causing incalculable human suffering, social and economic losses. Countries of the world are rolling out measures each passing day to both control the spread of the virus and mitigate the impact on affected populations. In Nigeria's oil resource extraction zones, the enforcement of disease containment measures, especially state-mandated lockdown, is having multifaceted impacts on local health systems, traditional livelihoods, maternal wellbeing and environmental sustainability. The lockdown measures appear to have been successful in keeping coronavirus infections low in the oil resource extraction zones. However, pre-existing problems of environmental pollution and degradation are not only undermining people's resilience and ability to comply with health protocols, but are also triggering unintended adverse consequences especially for women living in and within the areas of oil mineral extraction. This policy brief examines the multifaceted impacts of the COVID-19 containment measures in Nigeria's oil resource extraction zones in order to inform the review of strategies and response actions aimed at reducing the potential spread and impact of infection.

NIGERIA'S OIL EXTRACTION ZONES

The largest oil producing states in Nigeria are Akwa Ibom, Rivers, Delta, Bayelsa, Cross River, Ondo, Abia, Imo and Edo States. Often regarded as the Niger Delta region, the huge mineral oil deposits in these states accounting for 65% of total revenue to the government, makes Nigeria Africa's largest producer of oil, and the 13th largest oil producing country in the world with almost 40 billion barrels of proven oil reserves. The oil-rich states record low levels of developmental progress despite the massive amount of oil revenue the government receives in profits, taxes and royalties from the daily oil production going on around them.

Surrounded by thick mangroves, creeks, deep seas, rivers, ponds and forests, the people of the region predominantly engage in farming and fishing. From one oil-producing state to another, oil companies operating in the region have carried on their oil extraction operations without regard for the health of the local communities: flaring gas, disposing toxic wastes into the air, the subsoil and local waterways in violation of applicable national and international environmental standards. Decades of petroleum exploration and production by oil multinational corporations have resulted in massive pollution, environmental degradation, total or partial destruction of vegetation in many locations, destroying the peoples' ability to live and make a livelihood. This situation is compounded by the government's failure to adequately regulate their extractive operations.

As independent studies establish, people of all ages in the region are exposed to petroleum-contaminated surface water or groundwater when used for bathing, washing, cooking and drinking.² In particular, the United Nations Environmental Programme finds that the types of chemical present in crude and refined oils and released during its combustion may lead to short-term respiratory problems and skin and eye irritation if concentrations are sufficiently high.³ This finding raises an alarm bell, especially when placed side by side with the World Health Organization's (WHO's) caution that people with pre-existing non-communicable diseases such as respiratory diseases appear to be more vulnerable to becoming severely ill with the coronavirus.⁴ The implication is that underlying health conditions often associated with crude oil production predisposes oil-rich communities to greater risk of being disproportionately harmed by the coronavirus.

Safety-enhancing practices recommended by health experts to minimize the spread and transmission of coronavirus include lockdowns, handwashing, social distancing, self-isolation, use of sanitizers and healthy living. In the oil-producing communities degraded by decades of oil pollution and environmental devastation, numerous factors combine to hinder substantial

¹ World Health Organization, Coronavirus disease 2019 (COVID-19) Situation Report – 98/ April 27, 2020

² United Nations Environmental Program (UNEP) Report: Background to Environmental Degradation in Ogoniland, 2011, p.39

³ UNEP Report: Background to Environmental Degradation in Ogoniland, p.13.

⁴ WHO, COVID-19 and NCDs. p.2.

adherence to these practices, increasing their vulnerability to infection. For the women of the region, gender inequalities and lower economic status further constrain their ability to comply with these measures. The impacts of the lockdown on local populations, especially women, are aggravated by a range of factors including preexisting social and environmental conditions, misinformation, food shortages and insecurity, income losses, weak local healthcare systems, lack of access to clean water and gaping inequalities in enforcing lockdowns.

COVID-19 IN NIGERIA

Nigeria recorded its first index case of COVID-19 infection on February 27, 2020. Since then, infection rates have ballooned, spreading from state to state, forcing the various state governments to introduce measures to contain the spread of the pandemic. Nigeria's COVID-19 national response is coordinated jointly by Nigeria Centre for Disease Control (NCDC), the Presidential Task Force (PTF) on COVID-19 and the Federal Ministry of Health. National COVID-19 Response Plan is developed around 10 pillars, encompassing scaling up surveillance, testing, isolation, contact tracing, infection prevention and control (including protection of medical staff), case management of critically unwell COVID-19 patients, risk communication and community engagement, research and emergency preparedness, security and logistics for mass care, and coordination and resource mobilization.⁵ Along these lines, the disease containment initiatives so far introduced across states include⁶:

- Hurried enactment of legal frameworks legitimizing lockdowns and civil rights restrictions;
- Closure of educational institutions;
- Stay-at-home directives, including the suspension of public and private economic activities;
- Social distancing; Prohibition of public gatherings for religious, social, political and entertainment purposes as well as reduced number of passengers in public transport;
- Closure of state/national borders which includes inter-state travel ban, except for essential services;
- Economic stimulus packages and essential palliatives; and
- Contact-tracing and other disease preventive actions (e.g. fumigation, quarantine, self-isolation etc).

Depending on the population density, extent of transmission and infection, testing and treatment capabilities, social mobility, budget size, scale of social and economic operations with the state, some states have adopted somewhat draconian methods to enforce the containment measures, with some others embracing less stringent actions to enhance compliance. In developing these responses, gender considerations have not been flagged as a priority requiring extraordinary executive or legislative attention. For the communities in the resource extraction zones, both the policy choices, the precautionary measures and the methods used to enforce them have not just caused inconvenience and hardships, but have had significant impact on essential health services, food security, traditional livelihoods, maternal wellbeing and environmental sustainability.

COVID-19: INFECTION AND SPREAD OF CORONAVIRUS IN THE NIGER DELTA

As of May 4, 2020, NCDC conducted 17,566 tests and reported 2,558 infections and 87 deaths. With 121 out of the 2,558 confirmed cases of COVID-19, and 9 out of the 87 deaths, the oil-rich region has recorded low rates of infection. Edo State leads the table with 52 infections while states like Cross Rivers have not recorded any single infection. See table below:

⁵ AfricaNews: Coronavirus - Nigeria: UN, Nigerian Government Launch a COVID-19 Basket Fund to Harmonize Investments in National Pandemic Response Plan, <https://www.africanews.com/2020/04/06/coronavirus-nigeria-un-nigerian-government-launch-a-covid-19-basket-fund-to-harmonize-investments-in-national-pandemic-response-plan/>

⁶ Spaces for Change Policy Briefing Paper 011, COVID-19, Human Rights and Civic Space in Nigeria, <https://closingspaces.org/covid-19-human-rights-and-civic-space-in-nigeria/>

Table 1: COVID-19 Infection in the Niger Delta (April 30, 2020)

States	Edo	Akwa- Ibom	Ondo	Delta	Rivers	Abia	Imo	Bayelsa	Cross River
Infections	52	16	13	17	14	2	2	5	-
Deaths	3	2	0	2	2	0	0	0	-

Gender is an important driver of risk and infection. As of April 12, 2020, 72% of the then 343 infected persons in the country were males while 28% were females⁷. This finding of higher male infection rate in Nigeria matches results from other countries. Of Italy's 21,551 deaths recorded as of April 20, [64 percent were men](#). In Spain, [59 percent of the 12,634 deaths](#) as of April 21 occurred in men⁸. Although there is no medical evidence showing that pregnant women may be susceptible to COVID-19, NCDC advises that bodily changes that occur during pregnancy, may put expectant women at increased risk for some infections.⁹

As we shall see, although the oil-rich states have for the most part, adopted vastly-different emergency responses, they have produced seemingly uniform outcomes in terms of low spread of disease, low infection rates and fewer deaths compared to other states such as Lagos, the epicentre of coronavirus infections in the country. Arguably, these outcomes may not be linked to the precautionary measures adopted in these zones. For instance, testing has been described as an entry point to the control of COVID-19.¹⁰ In the entire region, testing capabilities and infrastructure are substantially lacking, resulting in fewer tests conducted and much fewer cases established.

As of April 25, 2020¹¹, testing infrastructure scaled up to 15 laboratories, with a joint capacity to conduct a minimum of 3000 tests per day. Apart from Lagos with a capacity to conduct a minimum of 1,500 tests per day¹², the remaining 2,000 tests conducted in the Federal Capital Territory (FCT) and 34 other states represents an average of 57 tests per state per day across the country. The testing facilities are located in Borno, Kano, Kaduna, Ebonyi, Rivers, Edo, Plateau, Osun, Oyo, Lagos, Sokoto and the FCT. With the testing facility in Rivers State still in the works, this means that the testing facility in Edo State currently serves the entire region of over 20 million people. This disparity is fuelling civil society agitations about marginalisation and exclusion of the Niger Delta states in selective distribution of test kits and the building of isolation centres.¹³

Substantiated reports of executive insincerity, politicisation of infection rates and cover-ups have also been recorded, with some state governors in the Niger Delta specifically named in allegations of cover up for cases of COVID-19 infections and also blocking moves to test persons with symptoms of the disease. Akwa-Ibom State's epidemiologist was sacked for allegedly refusing to manipulate test figures.¹⁴ A state official revealed that the first batch of 17 samples tested in Akwa-Ibom State returned five positive results, while another 16 samples returned three positive cases.¹⁵ When SPACES FOR CHANGE and Kebetkache asked whether they or any member of their families have been tested, the female respondents in Rivers, Delta and Imo, answered in the negative.¹⁶

⁷ Sodiq Oyeleke, THE PUNCH, *COVID-19 in Nigeria: More Males Infected as Death Toll Rises To 11*

: <https://punchng.com/covid-19-in-nigeria-more-males-infected-as-death-toll-rises-to-11/>

⁸ Aimee Cunningham, SCIENCE NEWS, *COVID-19 kills more men than women. The immune system may be why:*

<https://www.sciencenews.org/article/coronavirus-covid-19-kills-more-men-than-women-why-immune-system>

⁹ NCDC: Guideline for Pregnant Women and Nursing Mothers (April 23, 2020)

¹⁰ Dr. Chikwe Ihekweazu, Nigeria's NCDC chief, speaking at the COVID-19 national briefing held on April 28, 2020

¹¹ News Agency of Nigeria, The Guardian, *Nigeria Adds 2 Molecular Laboratories to Test for COVID-19 – NCDC DG says* (April 25, 2020)

<https://guardian.ng/news/nigeria-adds-2-molecular-laboratories-to-test-for-covid-19-ncdc-dg-says/>

¹² NCDC, *National Strategy to Scale Up Access to Coronavirus Disease Testing in Nigeria*, April 2020, page IV

¹³ The Guardian, CSOs accuse FG of excluding Niger Delta from COVID-19 interventions (April 22, 2020) <https://guardian.ng/news/csos-accuse-fg-of-excluding-niger-delta-from-covid-19-interventions/>

¹⁴ Cletus Ukpomg, Premium Times, *Coronavirus: Nigerian State Sacks Epidemiologist for Allegedly Refusing to Manipulate Test Figures* (April 26, 2020) <https://www.premiumtimesng.com/news/headlines/389889-coronavirus-nigerian-state-sacks-epidemiologist-for-allegedly-refusing-to-manipulate-test-figures.html>

¹⁵ Premium Times, *ibid*.

¹⁶ Interviews with female community leaders conducted by Kebetkache Women in March and April 2020.

The statement from the official and the responses from local residents are pointers that infection rates could be higher if the option of transparent and aggressive testing is explored.

Notwithstanding the evident gaps in testing and emergency preparedness, a number of bold steps have been taken, and safety policies implemented with vigour. Vehement refusal by some state executives to compromise health guidelines or apply preferential treatment have seen states like Rivers locked in conflict with federal counterparts and oil multinationals.¹⁷ Insisting that public safety should not be sacrificed at the altar of economic considerations, the Rivers State government's hard stance appears to have paid off. Despite having a high concentration of frequently-flying foreign oil workers, huge presence of expatriates and road interconnectivity to other states, Rivers State has recorded a low infection rate of 14 infections and 2 casualties which pales into insignificance when compared to states with similar risk exposure levels like Lagos where the record has crossed 1,006 and 28 deaths. The highs and lows of the lockdown enforced across the region are discussed below.

LOCKDOWN MEASURES IN NIGERIA'S OIL-RICH REGION

Emergency preparedness and response to the COVID-19 outbreak in Nigeria have been largely borrowed from the countries in the global north where lockdown directives are popular. Lockdown primarily involves the cessation of all non-essential movement, ban on public gatherings, school closures and the requirement for people to stay-at-home (SAH). These measures have been recommended by health experts as critical preventive strategies for combating the spread of the coronavirus pandemic. An overview of the lockdown measures enforced in the Niger Delta States are detailed below:

An Overview of the Lockdown Measures in the Resource Extraction Zone

STATE	LOCKDOWN DATE	RESTRICTION IMPOSED	LEGAL FRAMEWORK	EXEMPTIONS
Rivers	Thursday, March 26, 2020.	Businesses and all schools closed. Ban on public gathering Air, sea and land routes into the state closed	Quarantine Coronavirus (COVID-19) and Other Infectious Diseases Regulations and Executive Orders	Essential services
Delta	Friday, March 27, 2020: Closure of Asaba airport Sunday, March 29, 2020: closure of land borders Wednesday, April 1, 2020: All businesses – malls, supermarkets, markets and shops	Businesses, schools and land borders closed / Prohibition of all gathering of persons in the State, including sporting activities / Foodstuff sellers are permitted to conduct their businesses within the precinct of their homes.	Delta State Public Health Law Cap P21 Laws of Delta State 2006; Section 8 of the Quarantine Act, Cap Q2 Laws of the Federation of Nigeria (LFN) 2004; and the Infections Diseases (Emergency Prevention) Regulation 2020	Essential services – security, healthcare, pharmacies, water, fire, power, essential departments of media houses & telecommunication companies. List includes livestock farmers such as poultry, piggery & fishermen.
Akwa-Ibom State	Monday, March 30, 2020	Businesses, schools and land borders closed. /Religious gatherings to observe social distancing and not more than twenty persons per gathering. Partial movement restrictions: reduction of passengers on public transportation.	Quarantine and Restriction of Movement Regulation 2020 / Akwa Ibom State Infectious Disease (Control of Spread) Law, 2014.	Foodstuffs, drugs, and other essential commodities
Cross River State	Tuesday, March 24, 2020 Civil servants from grade level 10 in the state resumed work on	Initial lockdown of businesses for two weeks / Maximum of 5 person gatherings with sanitizers provided in all public places / Reduction of the number of passengers that tricycles (keke) taxi and minibuses can carry / Wearing of face masks	Cross River State Epidemic and Pandemic Law 2020	Essential services exempted but their officials must adhere to social distancing and the state's 'no mask, no movement' policy.

¹⁷ Lawani Mikairu, Vanguard, *Caverton: There'll Be an Interface Between FG, Rivers Govt — Aviation Ministry*, Read more at: <https://www.vanguardngr.com/2020/04/caverton-therell-be-an-interface-between-fg-rivers-govt-aviation-ministry/>

	Tuesday, April 14, 2020. No lockdown but 'no mask, no movement' policy still in force.	compulsory / Businesses to ensure temperature checks of guests and visitors using a non-contact infra-red thermometer /Schools, airspace, land and sea and borders closed / Local government council elections suspended indefinitely.		
Edo	10-day dusk-to-dawn curfew on the state, with effect from April 20, 2020.	Curfew from 7 pm. to 6 am / Mandatory screening of drivers by health professionals / Social distancing policy in public transportation / Manifest of travellers required	None	All essential services, including security
Bayelsa	March 26, 2020	Schools and interstate border closure / five-day dusk-to-dawn curfew / Ban on public gatherings/ Clampdown on businesses that inflate prices of goods and services during the lockdown	Executive Order titled: Bayelsa Infectious Disease (Emergency Prevention) Regulation 2020	Food, water, pharmaceutical stores and others rendering essential services.
Imo	March 29, 2020. Relaxed for Easter celebrations, and resumed on April 11, 2020	Markets closed indefinitely, prohibited all forms of marriage & burial ceremonies, dusk to dawn curfew.	Executive Order 001 on COVID-19 Lockdown and Curfew	Approved essential duties
Abia	April 1, 2020	Interstate border closure / partial, and subsequent total lockdown of economic and social activities /public transportation halted, guideline on social distancing developed/ Mobile court to try defaulters.	Abia State Infectious Diseases (Emergency Prevention) Regulations 2020	Properly identified food items haulages, petroleum product tankers, medical and pharmaceutical products, journalists communication companies & security personnel on duty

IMPACT OF LOCKDOWN MEASURES ON LOCAL POPULATIONS, ESPECIALLY WOMEN

As stated above, certain factors influence the impact of the lockdown measures on the local and vulnerable populations, especially women living in the oil extraction zones. They include preexisting social and environmental conditions, awareness of disease prevention practices, food shortages and insecurity, income losses, weak local healthcare systems, lack of access to clean water and gaping inequalities in enforcing lockdowns. These factors particularly determine how the lockdowns increase their risk of infections, and how the methods used to enforce them affects their level of adherence to health and safety protocols. We examine these factors below:

Preexisting social and environmental conditions: Findings of independent investigations¹⁸ disclose that crude oil contamination in the region since the late 1950s is extensive, inflicting grave, negative impacts on the people and on the environment. Members of fishing communities risk exposure to hydrocarbons if they drink, bathe or collect shellfish in contaminated water, or if they come into contact with or accidentally ingest contaminated sediments¹⁹ while engaged in any of these activities. Exposure to chemicals present in crude and refined oils and released during its combustion may lead to short-term respiratory problems and skin and eye irritation if concentrations are sufficiently high.²⁰ The Clean Air Task Force released a **new analysis** showing that childhood asthma attacks are due to smog resulting from oil and gas operations. In turn, people with chronic respiratory diseases, including moderate to severe asthma may be at higher risk of getting very sick from COVID-19.²¹ As these findings show, the pre-existing health, social and environmental conditions in the oil resource extraction zones predispose local populations to the more serious complications of coronavirus.

¹⁸ At the request of the Federal Republic of Nigeria, the United Nations Environmental Program (UNEP) conducted an independent assessment of the environment and public health impacts of oil contamination in Ogoniland, in the Niger Delta, and options for remediation. UNEP's Environmental Assessment of Ogoniland, 2011

¹⁸ UNEP's Environmental Assessment of Ogoniland, 2011

¹⁹ Ibid. at p.39

²⁰ United Nations Environmental Program (UNEP), *ibid.*

²¹ United States Center for Diseases Control and Prevention, [Coronavirus Disease 2019 \(COVID-19\): https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html)

Consistent with the traditional constructs of gender roles, women primarily carry out domestic chores like fetching water, fetching firewood, cooking, washing, cleaning, fishing, subsistence farming, going to markets, caring for the sick, the young and the elderly in the home. For these women, practising social distancing is difficult because the entire clan or community fetch

Despite the robust enlightenment campaigns, false speculations about the pandemic are rife, particularly in rural parts of Imo, Rivers, Edo and Delta States. Songs, banters and anecdotes suggesting that the pandemic is 'a hoax', 'affects only the rich or white people,' or is a 'plot by politicians to make money', have gained traction.

water from the same river or well, and go to the same market. These routine tasks practically keep women outside, undermining their ability to fully comply with stay-at-home directives. As such, they carry a higher burden of risk exposure to petroleum-induced hazards because of their regular contact with contaminated soil and water in performing their social and traditionally-constructed gender roles. In turn, their constant interaction with earth surfaces and daily engagement with outdoor activities doubly raises their risk of getting infected.

Local healthcare systems: Governors of Niger Delta States have all announced plans to improve their emergency preparedness to the COVID-19 pandemic. Official emphasis, however, has been placed on either situating or improving the healthcare facilities often located in the urban centers. Health disparities have always existed between urban and rural areas, but the pandemic is now widening the gap. In Rivers State, the 250-bed Isolation Centre is located at the heart of the state capital. Plans are underway to build a high-tech Emergency Operations Centre (EOC) in Calabar, the Cross-River State capital.²² Isolation centers in Imo State—carved out from the existing general and teaching hospitals—are fairly dispersed across the three senatorial zones in the state.

For the local populations in the oil-rich region, infections will be easier to report and manage, and deaths avoided if people had access to emergency care located not too far away from them. The dusk-to-dawn curfews and movement restrictions in place pose additional constraints to accessibility of healthcare during a pandemic. More tellingly, because of the COVID-19 outbreak, official attention has dramatically shifted away from other diseases, medical conditions and emergency care services that serve the health needs of citizens. The conversion of existing hospitals to isolation centers, accompanied by evacuating admitted patients,²³ is now commonplace across states. Abia, Edo, Bayelsa²⁴ and Imo State governments adopted this approach, converting existing health facilities to isolation centers. Perception is high that such conversions deflect the government's focus from other essential health services such as access to emergency obstetric, gynaecological, paediatric and surgical care.

The use of isolation centers as correctional facilities is another trend putting additional pressure on local healthcare systems. In Rivers State, the Port Harcourt Chief Magistrate Court remanded five persons at the Rivers State Isolation Centre for violating the provisions of the Rivers State Quarantine Coronavirus (COVID-19) and Other Infectious Diseases Regulations and Executive Orders.²⁵ By court order, they are to undergo screening for COVID-19 pending the consideration of their bail applications and trial. Similarly, on April 19, 2020, twenty-two (22) staff of ExxonMobil and their pilots were quarantined at the state's 250-bed Isolation Centre. Involuntary quarantine on a sweeping scale not only holds enormous potential to inflict emotional and psychological stress, but also puts uninfected persons at greater risk of infection. Bed spaces occupied by uninfected persons during involuntary quarantine could also deprive access to emergency care for those in critical need.

²² The center forms part of national efforts to strengthen the capacity of network laboratories of the NCDC.

²³ Vanguard, COVID-19: *Obaseki Evacuates Patients, Converts Stella Obasanjo Hospital, Others to Isolation Centres*, March 27, 2020: Read more at: <https://www.vanguardngr.com/2020/03/covid-19-obaseki-evacuates-patients-converts-stella-obasanjo-hospital-others-to-isolation-centres/>

²⁴ The Niger Delta University Teaching Hospital, Okolobiri has been converted into the state's isolation centre for COVID-19 infections.

²⁵ Daniel Abia, Daily Independent, *COVID-19: Court Convicts Five, Remands 33 Others In Isolation Center*, (April 26, 2020) <https://www.independent.ng/covid-19-court-convicts-five-remands-33-others-in-isolation-center/>

Misinformation about COVID-19: Local women may pronounce COVID-19 incorrectly, but they certainly know what the virus is. Radio jingles dominate the airwaves enlightening locals about the pandemic in local languages. Non-governmental organizations and concerned individuals²⁶ complement the radio messages through the delivery of grassroots sensitization campaigns aimed at bolstering local knowledge of how the disease is spread, transmitted and how communities can keep safe. Despite the robust enlightenment campaigns, false speculations about the pandemic are rife, particularly in rural parts of Imo, Rivers, Edo and Delta States. Songs, banter and anecdotes suggesting that the pandemic is ‘a hoax’, ‘affects only the rich or white people,’ or is a ‘plot by politicians to make money’, have gained traction. Targeted sensitization is needed to dispel these rumours and counter misinformation.

Access to clean water and personal hygiene: Clean your hands often using soap and running water or frequently clean them using an alcohol-based hand sanitiser; Clean and disinfect frequently touched surfaces on a daily basis.²⁷ These lines form part of the health protocols issued by the NCDC and global health professionals. Adherence to this protocol is premised on the availability of constantly water supply.



Figure 1: Contaminated stream in Ibenu, Akwa Ibom State

Following decades of oil spills, the contamination of rivers and water sources is fueling scarcity, limiting access to the important resource needed for handwashing. Private bore holes are popular alternatives, but that requires water to be bought. The household expense typically incurred in buying water for washing and cooking doubles in the face of increased handwashing and hygiene demands. Some households groan amid rising water needs for the family while some just ignore the increasing burdens in order not to compound their worries. Handwashing points and sanitizers are largely unavailable, leaving the mostly local women with the option of using unclean water drawn from wells.

The use of sanitizers and wearing of face masks are recommended as part of the ways to improve hygiene and keep safe. Cross River’s ‘no mask, no movement’ policy is unique, representing a radically-different approach from the copycat lockdown measures. According to the policy, wearing of face masks in public places is compulsory, while ban on mass gatherings like place of worships, weddings, burials etc. remains intact. All businesses and public places are also enjoined to provide sanitizers for public use. Businesses are to ensure temperature checks of guests and visitors using a non-contact infra-red thermometer. In sum, Cross River’s ‘no mask, no movement’ policy deemphasizes strict movement restrictions, but rather, encourages social and behavioural changes within homes and in the communities. The state-owned garment factory mass-produces face masks for free distribution to the public. The production capacity of the factory has increased to the extent that Cross Rivers State has received purchasing orders from the governments of Lagos and Kano States to supply face masks. Lagos requested for one million pieces while Kano demanded another 100,000 pieces to help contain the spread of the coronavirus.

The Cross-River policy may have paid off after all. Cross River, Kogi and Nasarawa are the few states with zero-infection record in the country. The government’s provision of face masks relieves rural dwellers and those on lower incomes of the burden of buying face masks and sanitizers, which many complain they cannot afford. The people of the region will benefit from an expanded implementation of this policy to help in curbing the spread of the virus.

²⁶ For instance, in Ogoni, a local jingle in local language on Rhythm 93.7 FM sponsored by Hon. Dum Deekor, representing Khana, Gokana Federal Constituency, has reached many communities.

²⁷ NCDC: COVID-19 Guidelines for Pregnant Women and Nursing Mothers, p.3.

With the lockdown in place, women's small businesses and major markets have remained shut. Having lost the patronage of their customers from the cities, rural women are not practicing social distancing because they now have to take their farm produce and smaller fish catches from door-to-door, looking for buyers.

Food insecurity and food shortages:

Women are the backbone of the rural economy, and on average, comprise 43% of the agricultural labour force in developing countries.²⁸ Staple food crops like vegetables, fruits and grain grown by women are consumed in the home or sold in local markets. Even though sale of foodstuffs and agricultural products fall under exempted essential services, local women complain they are

not allowed to go to the farm. Because storage facilities are lacking, preserving perishable agro-produce is difficult, compounded by unstable power supply. Without being able to farm, to preserve or to sell, their daily source of income and livelihood are threatened by the lockdown without giving them any alternatives.

Soaring food prices prevalent across the country is ostensibly worse off in the resource extraction zones. A random survey of food prices in rural and urban markets in Bayelsa State showed over 100 per cent increase in the prices of garri, yam, tomatoes and other food items following the lockdown in place to check the spread of COVID-19. Because of the prohibitions on interstate travels, trucks transporting food items from the country's north where they are grown to the south where the markets are located are becoming scarce, fuelling low supplies.²⁹ Garri, a staple food, is now sold for N1,500 for a rubber paint against for the former price of N500 in Port Harcourt, Rivers State. In the neighbouring state, Bayelsa, food shortages have been reported. In Delta State, inflating the prices of/or hoarding food, drugs and other essential goods and services within the State during this period of emergency constitutes an offence under the state's Infectious Diseases (Emergency Prevention) Regulation 2020, but no one has ever been prosecuted or punished.

For the inhabitants of environmentally-degraded communities where farmlands have been polluted up to the point where roots of trees are completely coated in oil, sometimes with a 1 cm or more thick layer of bituminous substance,³⁰ the fear of hunger and malnutrition is well-founded. While the lockdown restrictions may significantly help in reducing spread, if prolonged, especially the closure of smaller businesses and markets 'will lead to ... long term consequences of under-nutrition, mass starvation and eventually death, especially among our most vulnerable populations'.³¹

Income losses: All the Niger Delta states closed their state borders between March 26 and April 1, prohibiting interstate travel. In Rivers State, a task force coordinated by the local government authorities are strictly enforcing the lockdown. With the big markets closed and interstate travels prohibited, rural women in the suburbs of Port Harcourt, Rivers State, have lost the patronage of big customers from the cities that throng their communities on market days. Only the small markets within clans are allowed to operate and social distancing is not observed, exposing women to greater risk of infection. The resulting loss of income affects women's capacities to feed their families, enroll their children in schools, and cater for their needs of dependents.

Household heads engaged in commercial transportation such as tricycle, taxis and minibuses also complained about drastic income losses. In states observing partial lockdown such as Akwa-Ibom, Cross River and Edo, the reduction of the number of passengers any tricycle or vehicle can carry has been prescribed as part of the social distancing measures. Tricycles that usually carry four passengers are now required to carry a maximum of two passengers while minibuses are to carry one passenger per row and private vehicles to carry two persons at the back seat and one on the front seat. Passenger reductions translates to reduced income from commercial transportation. As a result, transporters have increased fares to make up for the shortfall from passenger cuts as

²⁸ Food and Agriculture Organization of the United Nations, The Female Face of Farming: <http://www.fao.org/gender/resources/infographics/the-female-face-of-farming/en/>

²⁹ Josephine Okojie, Business Day, *Food Prices Soar As Coronavirus Lockdown Disrupts Supply Chain*, <https://businessday.ng/exclusives/article/updated-food-prices-soar-as-coronavirus-lockdown-disrupts-supply-chain/>

³⁰ UNEP Report, *ibid*.

³¹ Ndidi Nwuneli, Business Day, *Ensuring that Hunger Does Not Kill More People than COVID-19 in Africa*, (March 24, 2020) <https://businessday.ng/features/article/ensuring-that-hunger-does-not-kill-more-people-than-covid-19-in-africa/>

commuters groan. Those whose livelihoods (e.g road transporters, local farmers etc) depend on crossing interstate borders, have also lost income, and the additional threats of hunger and want.

Gaping inequality in enforcing lockdowns: Nothing illustrates the inequality in enforcing lockdowns more than the Caverton and Exxon Mobil saga in Rivers State. Paragraph 8 of Rivers State Quarantine (Coronavirus (COVID-19) and Infectious Diseases) Regulation, 2020 suspends *flight operations and no person landing at the airports in the state shall be allowed to transit into or through the State to any neighbouring State effective 6.00 pm of Thursday, March 26, 2020.* Defying this order, Caverton Group, a private helicopter service company that renders flight support to oil companies, obtained a counter approval from the federal aviation minister to fly essential services in the oil and gas industry. Although not classified as an essential service under state law, Regulation 1(6) of the Federal COVID-19 Regulations 2020 exempts only petroleum distribution and retail companies and deems them to be essential service providers.

It is easy to deduce that while informal and small-scale businesses substantially complied with the lockdown measures, many big businesses benefitted from state-granted exemptions or waivers,³² ensuring that their businesses and bottom-lines remained unaffected. In Port Harcourt, big shopping malls like Market Square, Everyday Supermarket, Port Harcourt mall are all open for business. On the other hand, rural populations in



the resource extraction zones operate a largely informal economy. Women in the region are actively engaged in petty trading, subsistence farming, fishing, including marketing and processing of fish. With the lockdown in place, women's small businesses and major markets have remained shut. Having lost the patronage of their customers from the cities, rural women are not practicing social distancing because they now have to take their farm produce and smaller fish catches from door-to-door, looking for buyers.

Possibly to tackle the evident inequalities, Rivers State government detained 22 staff of the oil multinational oil giant, ExxonMobil, intercepted at the border between Rivers State and Akwa-Ibom State on April 19. The release of the ExxonMobil staff came few days after a Port Harcourt Chief Magistrate's Court granted bail to two pilots and 10 passengers of Caverton Helicopters, who had been remanded in state government-owned facilities for illegally flying into Rivers State, contravening the state's COVID-19 regulations. One outcome of the disparity in the enforcement of lockdown directives is the brewing tension between state and federal COVID-19 regulations, as represented by the Caverton saga. The consequence is that compliance with states' COVID-19 regulations may lead to contravention of federal regulations and vice versa, creating judicial confusion. Not only that, the special exemptions confer on big businesses certain advantages that are not extended to smaller businesses, including informal businesses, widening deeply entrenched social and economic inequalities in the region.

One last area where inequality in enforcing the lockdown is evident is the distribution of palliatives. The federal government's grants of cash transfers of N20,000 to poorest of the poor have not reached many communities in the Niger Delta. Many respondents in Rivers State complained they have yet to receive any kind of palliatives from the Federal Government. *'We have not received any palliatives either from the state or federal government'*, women in Tai Local Government Area of

³² In Ogun State, the state government exempted trucks belonging to Dangote Plc from the restriction of movement order during the lockdown. See also Olayinka Olukoya, The Tribune, Lockdown: Ogun Govt Exempts Dangote Trucks From Restriction Of Movement, April 5, 2020: <https://tribuneonline.com/lockdown-ogun-govt-exempts-dangote-trucks-from-restriction-of-movement/>

Rivers State told SPACES FOR CHANGE and KEBETKACHE. Except food donations by a few private agencies and individuals whose food supplies didn't go round, communities in Rivers insist they have received no form of support to cushion the harsh effects of the lockdown restrictions. Consequently, cries of marginalization rent the air, especially when communities in the north of the country have benefitted immensely from the federal palliatives. Reflecting the surging discontent in the region, a civil society coalition recently complained about deliberate marginalization and exclusion of Niger Delta states from the distribution of palliatives.³³ For the people of the region, the absence of social protection system not only lowers human capacity to survive hunger and deprivation during the lockdowns, but also acts as multiplier on the coronavirus's spread and deadliness.

RECOMMENDATIONS: REVERSING BAD PRACTICE, SCALING UP GOOD PRACTICE

- Emergency preparedness to the COVID-19 pandemic should be well-dispersed within rural and urban areas. Situating healthcare facilities, including testing and isolation centers nearer to local populations is necessary to reduce hospital travel time, reduce infection spread and expand access to emergency care to all, without leaving anyone behind.
- Sensitization of law enforcement officers is critical to ensure those in urgent need of testing and medical care are exempted from dusk-to-dawn curfews and movement restrictions
- The conversion of existing hospitals to isolation centers should be undertaken with care. Emphasis should be placed on ensuring other essential health services such as emergency obstetric, gynaecological, paediatric and surgical care, remain accessible at all times, especially during a pandemic.
- The use of isolation centers as correctional facilities should be discontinued.
- Targeted sensitization is needed to dispel these rumours about COVID-19, counter misinformation, increase enlightenment about disease preventative measures and encourage social and behavioural changes within homes and in the communities.
- Community adherence to frequent handwashing proprieties can be bolstered by improving communities' access to clean water. Clean water and sanitizers should be considered as parts of palliatives and humanitarian assistance to rural communities. Private individuals and corporations can complement this effort by adding the supply of water to the list of corporate social responsibility initiatives implemented in the region.
- The people of the region will benefit from an expanded implementation of Cross River State's 'no mask, no movement' policy to help in curbing the spread of the virus.
- Soaring food prices should be checked. Relaxing the prohibitions on interstate travels for trucks transporting food items to the region, is imperative.
- Economic stimulus packages for smaller businesses should be considered as part of the post-lockdown economic recovery plans.
- There should be equal, fair and transparent distribution of palliatives across the country. Palliatives should primarily target women, the aged and the disabled within communities, to reduce the need to constantly go out in search of daily bread for their households.

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³³ The Guardian, CSOs Accuse FG of excluding Niger Delta from COVID-19 Interventions, (April 22, 2020) <https://guardian.ng/news/csos-accuse-fg-of-excluding-niger-delta-from-covid-19-interventions/>