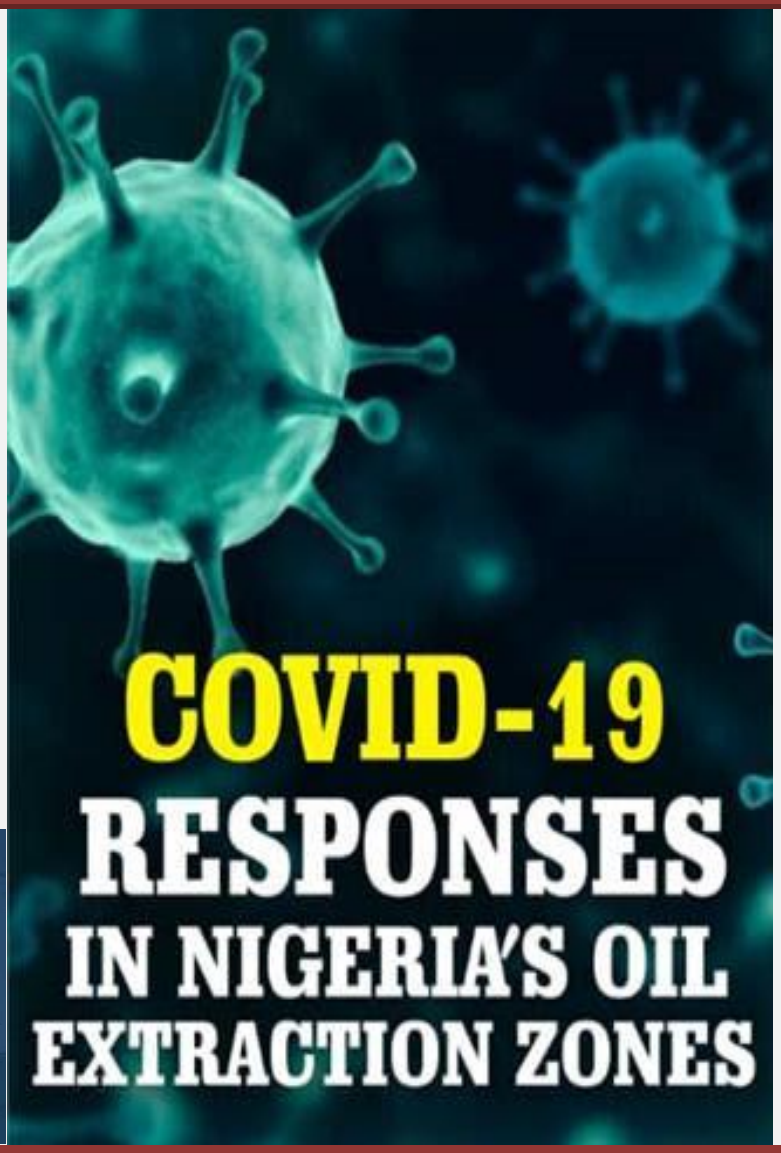
WEBINAR REPORT

MAY 12, 2020

KEBETKACHE WOMEN DEVELOPMENT & RESOURCE CENTRE

WOMEN IN EXTRACTIVES



- **SPACES FOR CHANGE | S4C**
- **KEBETKACHE WOMEN**
- **WOMEN IN EXTRACTIVES**

Introduction

SPACES FOR CHANGE | S4C in partnership with KEBETKACHE WOMEN DEVELOPMENT & RESOURCE CENTRE and WOMEN IN EXTRACTIVES co-hosted a webinar, ***COVID-19, Oil and Host Communities,*** on May 12, 2020. With 62 participants tuned in, the webinar brought together a diverse audience and speakers from the public, private and non-profit sectors to discuss how the COVID-19 containment measures are impacting on local populations, especially the vulnerable groups like women and children living in Nigeria's oil-producing communities in the Niger Delta region.

Following the outbreak of the coronavirus pandemic, countries around the world have suffered major upheavals in their social, economic, political, cultural and health systems. With over four million confirmed cases and above 200,000 deaths across the globe, Nigeria joined other nations to roll out measures aimed at controlling the spread of the virus and mitigating the devastating impact on affected populations. On May 4, 2020, S4C and Kebetkche Women launched a report, COVID-19 Responses in the Oil Extraction Zones, which examined COVID-19 responses in Nigeria's oil extraction zones. The research covered nine oil-rich states that make up the Niger Delta region, namely: Rivers, Akwa Ibom, Bayelsa, Delta, Edo, Cross Rivers, Imo, Abia and Ondo States. The webinar was specifically hosted to publicly present and discuss the research findings with a broad spectrum of stakeholders.

Mrs. Ibim Semenitari, former Acting Managing Director, Niger Delta Development Commission, moderated the panel discussion featuring three panelists: Ms. Victoria Ibezim-Ohaeri, Director of Spaces for Change; Ms. Emem Okon, Director of Kebetkache Women and Ms. Faith Nwadishi, Director of Women in Extractives. This report summarizes the webinar proceedings, particularly the speakers' presentations and participants' contributions.

Session 1: Evaluating emergency preparedness and responses to COVID-19 outbreak in the Niger Delta region

Nigeria recorded its 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. Following the guidelines of the NCDC, various state governments replicated the disease control and emergency response measures in their respective states and communities, and also established enforcement mechanisms to ensure substantial adherence to them.

The containment measures introduced in the oil extraction zones include the following:

- 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 transportation;
- Closure of state/national borders which includes inter-state travel ban, except for essential services;
- Provision of economic stimulus packages and essential palliatives; and
- Contact-tracing and other disease preventive actions (e.g. fumigation, quarantine, self-isolation etc).

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. 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 lockdowns, with some others embracing less stringent actions to enhance compliance. SPACES FOR CHANGE and KEBETKACHE WOMEN observed notable trends and outcomes resulting from the application of the above measures in the region. They are:

1. **Hurriedly enacted COVID-19 regulations:** To give legitimacy to states' COVID-19 emergency responses, new regulations have been hurriedly enacted. Apart from Edo State, all the oil-rich states enacted new regulations prescribing the newly-introduced emergency measures, the scope of limitation of civic rights, the enforcement mechanisms and penalties for violating the lockdown measures. The regulations were enacted with powers derived from a plethora of state and federal laws including the Sections 4 and 8 of the Quarantine Act, Cap. Q2, Laws of the Federation of Nigeria. All the state regulations exempted essential services, even though the services falling under this special category varied from state to state.

2. **Low infection rates:** Compared to other regions in the country such as the Southwest and northern Nigeria, the lockdown measures appear to have kept infection rates low in the oil extraction zones. For instance, Rivers State, in a precautionary move, enforced lockdown even before it recorded its first case of coronavirus infection. Taking into account the high presence of migrant workers in the state, the lock measures involved the closure of its borders to neigbouring states and a strict review of the waivers and permits granted to oil and gas company workers. In Cross Rivers State, Governor Ben Ayade also shut state borders and enforced the compulsory use of facemasks through the state-wide '*no mask, no movement'* policy. 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. On the flip side, the seemingly low coronavirus statistics in the region may not be unconnected with the evidently-low testing threshold. At the moment, there are no testing centres located in Imo, Delta, Ondo, Bayelsa, Abia Akwa Ibom, Cross River States – the prime oil extraction states in Nigeria. With the testing center in Rivers State still a work in progress, the nearest functional testing centre that serves the entire Niger Delta States is the facility in Irrua, Edo State.

3. **Pre-existing social and environmental conditions:** For decades, the region has been devastated by impacts of environmental pollution, soil degradation, water contamination and widespread poverty, all of which are combining to constrain the peoples' ability to adhere to public health protocols recommended by health experts such as frequent handwashing, social distancing, self-isolation, use of sanitizers and healthy living. While the emergency reponse measures are imperative, the pandemic has exposed the high costs of leadership deficiencies and regional under-development for many decades. Particularly significant is the absence of functioning social welfare system for citizens despite the massive amount of oil revenues generated from the region.

4. **Increasing human rights violations**: A notable increase in human rights violations has been witnessed across the country, including the oil-rich states. The database of closing civic spaces in Nigeria is replete with records of disease containment measures radically overstretched beyond context and enforced in ways that hurt civic freedoms. The database reports high incidences of security agencies and law enforcers applying excessive force to enforce lockdown directives. Rivers State recorded the highest number of arrests, destruction of wares, and 3 incidents of death, including that of a female police officer who was accidentally shot when a Police sergeant attached to the State's COVID-19 taskforce allegedly used force to disperse traders at Eneka in Obio Akpor Local Government Area of the State.

5. **Substantial non-compliance with health protocols:** Some places of worship continued to congregate on specific days, defying the ban on public gatherings. Pervasive food shortages, soaring food prices and income losses force local populations out of their homes to search for

food and means of survival, inhibiting their ability to comply with stay-at-home directives. With the major markets shut down, local farmers and fishermen have been forced to embrace new marketing strategies (like door to door sales) of their fish catches and agro-produce, making it difficult for many to practice social distancing.

Session 2: Reviewing compliance to lockdown measures

1. **Misinformation about coronavirus:** In many rural and local fishing communities, locals are aware of the disease, but the pandemic is still viewed with enormous suspicion, fuelling widespread misconceptions and misinformation. Many rural indigenes insist the virus only infects white men or elites who travel abroad. Some locals are also self-administering malaria medicine and herbs to protect themselves from COVID-19. The misconceptions about the coronavirus is affecting the level of compliance of local communities to lockdown directives.

2. **Mass survival under threat:** Decades of oil pollution and reckless resource extraction operations in the region have resulted in the destruction of agricultural lands and depletion of fish in local waters. This situation has, in turn, inflated the cost of living for local communities who bear the brunt of living in a severely-degraded environment. Already suffering from an acute lack of amenities and polluted environment, the ban on social and economic activities is threatening the survivability of rural indigenes whose lives are connected to fishing, informal fish trade and cultivating subsistence crops.

3. **Inadequate palliatives to cushion the unintended consequences of lockdown measures**: Locals claim that they have either not received palliatives or those shared were insufficient. Discrimination in the distribution of palliatives was also observed in some localities, with non-indigenes living in the oil-producing communities denied access to the welfare packages.

4. **Water scarcity makes frequent handwashing impossible**: Adherence to frequent hand-washing recommended by health experts is premised on the availability of constantly water supply. Following decades of oil spills, the contamination of rivers and water sources is fueling scarcity, limiting access to the important resource needed for handwashing. Without water, local populations are unable to substantially adhere to this public health protocol.

Session 3: Pre-existing social and environmental conditions magnify vulnerabilities to infection

1. Respiratory diseases predispose locals to infection: 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. 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. 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.
2. Pervasive food shortages: Inhabitants of oil extraction communities engage in subsistence farming to meet their daily food needs. Across the region, food supply falls under the category of essential services exempted from the lockdown measures. Fearing sanctions from law enforcement officers, local farmers are unable to go to the farm. Food sellers also limited their sales to their immediate clans fearing they may be fined or arrested by

overzealous security operatives. For instance, in Imo State the driver of truck conveying essential food items was arrested and fined. The state, through its Board of Internal Revenue, arrested and impounded the truck passing through the state, alleging contravention of the state's lockdown order. The ultimate consequence of the restrictions on food cultivation and delivery is a shortage in food supply. Without access to food, locals are unable to maintain a healthy diet that nourish the body and increase their resistance to diseases.

3. **Access to healthcare limited by coronavirus**: In many states, including the oil-rich states, several hospitals in Edo, Imo and Bayelsa States were converted to isolation enters. Rivers State converted isolation centers to correctional facilities. The medical facilities and isolation centers are mostly located in urban areas, making it difficult for rural dwellers to access healthcare on time. Similarly, a lot of medical personnel were drafted as frontliners to contain further spread of the virus. With limited hospital beds and medical personnel redeployed to attend to people suffering from coronavirus, patients who suffer other medical conditions were neglected and sometimes, discharged by hospitals to make room for patients of coronavirus. The excessive focus on COVID-19 by state governments in the region has implications on access to health for local populations living in severily degraded environments. Pre-existing emergencies or illnesses could become life-threatening if not quickly treated or assigned medical significance, leaving suffering patients with the possibility of a lifelong disability or death. For instance, pregnant women may suffer where they lack access to medical intervention during labor.

WHAT CAN BE DONE?

A brief discussion followed the presentations, with participants sharing eye-witness accounts of the lockdown measures across states, and within the oil extraction zones. There was a consensus that safety nets are weak for vulnerable citizens, and certain steps should be taken to mitigate the impacts of the lockdown measures. Some mitigating measures proposed include:

- State authorities should conduct mass sensitization campaigns in local communities to build trust and dispel misinformation.
- State authorities should explore the use of market unions to promote self-organised physical distancing measures amongst traders instead of the highhandedness of lockdown enforcers.
- Halt the conversion of existing hospitals into isolation centres at the expense of patients sufefreing from other illnesses.
- Impress on State authorities and National Human Rights Commission to address issues of human rights violations across states. CSOs can also explore the use of court action to challenge the illegalities associated with the enforcement of lockdown, and bring offenders to book. Already, the Action Group on Free Civic Space, a network of organisations and individuals working together to defend the civic space in Nigeria, set up legal helplines to provide free legal assistance to persons advsersely affected by COVID-19 lockdown measures. The Group has influenced the release of over 105 citizens illegally arrested and, continues to address these issues by interfacing with the National Human Rights Commission and other appropriate remedial agencies to correct such abuses.
- Provide adequate palliatives for vulnerable populations. Access to clean water should be considered an important palliative for people living in the Niger Delta. In many homes in Nigeria, women are the breadwinners. As such, palliatives should target more women.
- A lot of interstate traveling is still happening despite lockdown orders. This has great implications for security in most states and also suggests a corruption of enforcement

operations.

- Civil Society Organisations (CSOs) working with security agencies need to collaborate with other stakeholders to address the issue of human rights abuses by lockdown enforcers. Post COVID-19, there is a need to groom security agencies to operate professionally and ethically when dealing with citizens.

- Lastly, participants noted the need for CSOs to review how COVID-19 has affected extractive justice advocacy. Because the pandemic is impacting work-life and activities are moving from offline to virtual spaces, there is a need to consider how poor access to gadgets and the internet may affect women and youths from connecting to advocacy activities. CSO s must think of designing appropriate responses to remedy such gaps.

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