

GOVERNMENT INTERVENTION IN CURBING THE SPREAD OF CORONA VIRUS PANDEMIC IN OMALA LOCAL GOVERNMENT AREA OF KOGI STATE, NIGERIA

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Abstract

This study seeks to examine government intervention in curbing the spread of corona virus pandemic in omala local government area of Kogi state, Nigeria. The outbreak of coronavirus (COVID-19) pandemic is an unprecedented event that has continued to ravage the earth, resulting in daily increasing rate of morbidity and mortality of the virus across the globe. The objective of the study was to: examine the significant measures to curtail the spread of COVID-19 pandemic in Omala Local Government Area, examine to what extent Covid-19 pandemic has affected the socio-political and economic development of Omala Local Government Area of Kogi State and to evaluate the level of coronavirus pandemic compliance among the people of Omala Local Government Area. Therefore, the following recommendations among others were made; that the already existing laws on COVID-19 should be enforced and sanctions attached to them should be implemented rigorously on defaulters in Omala local government area in order to enhance compliance to preventive further spread, the socio-political and socio-economic development of Omala Local Government Area should be strengthening and so as to able to withstand the challenges of Covid-19 militating against it development, Proper awareness should be giving to the people of Omala Local Government on the danger associated to Covid-19 pandemic so as to effectively comply to Covid-19 guidelines to mitigate the spread of the virus in the Local Government Area.

Keywords: Corona virus, Pademic and Government.

1.0 Introduction

The outbreak of coronavirus, also known as COVID-19 which began in Wuhan (Hubei Province, the cultural and economic hub of central China) late 2019, became a global nightmare in 2020. The first case of the virus was reported on December 31, 2019, and it began to spread from human-to-human and patient-to-medical staff. Through this medium of transmission, because the world is fast becoming a global village, COVID-19 successfully hit many territories across the globe. Deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction, on March 11, World Health Organization (WHO) declared COVID-19 as a global pandemic (WHO, 2020).

The novel virus, which leads to a respiratory illness that can be transmitted from droplets of bodily fluids such as mucus and saliva, has been reported in at least 188 countries (Aljazeera, 2020). Due to this pneumonia caused by the virus, fatalities have been on the increase daily from confirmed cases. According to the data published by Johns Hopkins University on August, more than 17.2 million people around the world have been diagnosed with the new coronavirus, while more than 10 million patients have recovered, and at least 673,000 have died (Rasheed, 2020). Countries that bear the greater brunt include the United States (over 4.6 million cases and 153,000 deaths) Brazil (over 2.7 million cases and 93,563 deaths), India (over 1.7 million cases and 36,511 deaths), Russia (over 843 thousand cases and 14,058), South Africa (over 503 thousand cases and 8,100 deaths). With a high rate of community's transmission, the global COVID-19 curve is still on the rise daily. In response to contain its spread, virus-screening and quarantining measures are being implemented at airports worldwide; as well as extensive travel restrictions (Garda World, 2020). The COVID-19 pandemic and the associated economic crisis are posing huge challenges, raising many unknowns and imposing many economic challenges. Both crises are National, but their impacts are deeply local. The outbreak of pandemic Covid-19 all over the world has disturbed the political, social, economic, religious and financial structures of the whole world. World's topmost economies such as the US, China, UK, Germany, France, Italy, Japan and many others are at the verge of collapse. Besides, Stock Markets around the world have been pounded and oil prices have dropped drastically. Also, many experts on economic and financial matters have warned about the worsening condition of global economic and financial structure. Such as Kristalina Georgieva, Managing Director of International Monetary Fund (IMF), explained that "a recession at least as

bad as during the Global Financial Crisis or worse”. More-over, Covid-19 is harming the Oyo, Adamawa and Kogi state economy because the states have been experiencing the most difficult economic situation since the 2016 economic recession in Nigeria when Buhari took over power in 2015. The lockdown policy due to Corona virus pandemic has restricted various businesses such as trading, interstate travelling for buying/selling and supply of goods and services, hospitality industries, higher institutions and secondary/primary schools, reduction in revenue generation for the states, banks are sacking their staffs creating more unemployment, domestic violence and broad day stealing of food items as a result of hunger and reduction in state monthly allocation which led to payment of 80% payment of civil servants payment.

1.1 Objectives of the Study

The general objective of this study is to assess the Government Intervention in Curbing the Spread of Corona Virus Pandemic in Omala Local Government Area of Kogi State. the specific objectives are as follows:

- 2.0 To examine the significant measures to curtail the spread of COVID-19 pandemic in Omala Local Government Area
- 3.0 Examine the extent Covid19 pandemic affect the socio-political and socio-economic development of Omala Local Governmnet Area of Kogi State
- 4.0 Evaluate the level of coronavirus pandemic compliance among the people of Omala Local Government Area.

1.2 Literature Review

The pandemic COVID-19 is one whose impact is unparalleled in history. Although advances in technology have helped in containment, the pandemic spread still poses a strong challenge. This has resulted in countries of the world gathering resources, both intellectual and financial, to combat a common enemy. In spite of this, there appears to be an increase in the spread globally with countries recording daily deaths and increases of up to a thousand and more. Reports indicate that the countries most affected by this pandemic are located in Europe and North America (World Health Organisation, 2020)

According to Shereen (2020), the first known occurrence of the virus began in December 2019 in Wuhan, the capital of the Hubei province of China. It began as a form of pneumonic cases in the province. The cases were reported to the World Health Organisation (WHO) country office and it was discovered to be a new strain of the SARS-CoV virus of 2002. The name Covid-19 was given to the virus by the WHO on the 11th of February, 2020. It is an acronym which stands for CoronaVirus Disease of 2019. The symptoms associated with the disease were common to that of the common cold. They include fever, cough, shortness of breath, loss of smell. However, the complications are of a greater degree than the symptoms as it could lead to pneumonia, viral sepsis, acute respiratory distress syndrome, kidney failure, etc. The complications over time have been said to worsen based on the health status of the individual. (Sohrabi, 2020).

The virus is not airborne but can be spread in various ways. It is primarily spread amongst people during close contact. If droplets from infected persons fall on surfaces, people could get infected. Spread of COVID-19 in Nigeria by touching an already contaminated surface. Various studies have shown that the half-life of the virus outside the human body is temperature and humidity dependent, hence, different regions can have different rates of spread. (Cortegiani, 2020) (Luo, 2020).

The best method of control is to keep safe distance from infected persons, constant washing of the hands and cleaning of possibly contaminated surfaces. The symptoms are irregular, so it is difficult to clearly identify an infected person without testing. The presence of these silent carriers have increased the spread.

The infection potential of these silent carriers is yet to be ascertained, therefore, social distancing has been strongly encouraged. The pandemic and its effects are evident in every country, thereby necessitating different nations to provide contextual solutions to manage the situation while awaiting a vaccine. This study aims to estimate the potential spread through the evaluation of the evolution and the corresponding response of Nigeria to the COVID-19 in her territory.

1.3 The Evolution of Covid-19 In Nigeria

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

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

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

1.4 The Spread and Containment of Covid-19 In Nigeria

The Covid-19 pandemic being considered as a highly contagious and communicable disease, virtually all 36 states in Nigeria and the FCT have recorded cases of this pandemic. As noted by the federal government, in July, the number of states with over 1,000 confirmed cases increased

from four to 10 and the FCT (Vanguard, 2020). Besides from person to person, the disease has transited to community transmission. As a matter of fact, as of August 9, 2020, Nigeria confirmed COVID- 19 cases hit 46,577, including 33,189 discharged cases and 945 cumulative deaths (NCDC, 2020). According to the PTF on COVID-19, “five states still account for 60 percent of cumulative cases; 689 out of 774 Local Government Areas (LGAs) have reported a case; 85 LGAs in 20 states remain with no testing done and no case reported and 50 percent of all cases are in 20 percent LGAs”(Vanguard, 2020).The epicenters of the virus in Nigeria include Lagos state which accounted for over 15 thousand cases, followed by Abuja with over 4 thousand cases. Both epicentres have common characteristics as the sites of major international airports and hubs of commercial and administrative activities in the country (Amzat, 2020).

The steady rise of COVID-19 cases, however, has been attributed to a poor level of compliance with safety measures, guidelines, and protocols as well as unwillingness to accept directives and act by policies being outlined by the government to preserve lives as it reopened the nation’s economy. On August 21, the PTF on COVID-19 blamed Nigerians for the continued non-compliance with COVID-19 safety protocols, and also complained that the government would have been able to flatten the curve if not for their lackadaisical attitude towards containing the pandemic (NAN, 2020; Ajayi, 2020).

Before the eased lockdown in phases, PTF on COVID-19 formulated and recommended numerous non-pharmaceutical guidelines and policies for implementation, which concerns general movement and various political and socio-economic activities. Besides retaining night curfew with limited hours and restriction on large gatherings, some common key implementation guidelines or non-pharmaceutical interventions across the board (such as worship centres, communal commercial spaces (markets/stores), private/public sectors, air, land, and rail transportations, educational institutions, etc.) include mandatory use of face-mask in public, hand sanitizers/hand-washing and physical distancing while awaiting the discovering of COVID-19 vaccines (PTF, 2020). Unfortunately, many Nigerians in their dealings have been violating these COVID-19 protocols as they continue to deny the existence of the virus base on various perceptions.

The nationwide spread of the virus led to the Federal government of Nigeria effecting certain measures to contain the virus. The available information on the virus and the welfare of her citizenry were guiding beacons in periodic restrictions to maximize containment. Educational and Religious institutions were the first bodies restricted before containment measures extended to non-essential services (Onyeji, 2020).

The Federal Government with the aid of different ministries and governmental agencies put up a formidable response in the fight against COVID-19 in Nigeria. Leading the frontlines is the Federal Ministry of Health; the ministry is tasked the formulation and implementation of policies related to COVID-19 in Nigeria with collaboration with relevant ministries and agencies. The Federal Ministry of Health through its Accreditation Committee are involved with inspection of public and private treatment centres for COVID-19 confirmed cases. Furthermore, the ministry handles the training guidelines and personal protective equipment [PPE] distribution for frontline workers for this novel disease. The ministry is strongly supported by the Presidential Task Force for the Control of the COVID-19 (PTF) and the Nigeria Centre for Disease and Control (NCDC).

President Buhari set up a 12-member task force to champion the battle against COVID-19 in the country. The Task Force is chaired by the Secretary to the Federal government, Mr. Boss Mustapha and Dr. Sani Aliyu is the National Coordinator of the Group (Ameh, 2020). The task force's mandate is to create a workable National Response Plan that would be revised on a daily basis as requirements change. The strategy must follow international best practices while taking into account the local circumstances prevailing in the country. The Task Force has been given six months to fulfil its mandate. (Ailemen, 2020).

Moreover, the Nigeria Centre for Disease and Control has been given the mandate to lead preparedness, diagnosis and response to outbreaks of COVID-19 in Nigeria. The parastatal Spread of COVID-19 in Nigeria publishes regular updates on reported cases, discharged cases and deaths related to COVID-19 via its website and social media channels. The mission of the NCDC is to protect Nigerians' health through evidence-based prevention, integrated disease surveillance and response programs, using a single health strategy, driven by research and led by a professional workforce.

The initial performances of the various institutions and agencies of the Government showed the ill-preparedness to combat the virus but the subsequent responses have been phenomenal. This is evident in the containment of the ongoing pandemic spread in Nigeria that began February, 2020. Although, the spread potential is yet to be properly estimated, containment strategy has proven quite effective. A major contributor to the spread worldwide was increased travel, modern transport networks made it easy for travellers to transmit the virus, hence, the ban on inter-state travel was an appropriate containment measure (AbdulAzeez, 2020).

Due to the nature of the symptoms, only people who have been tested can be easily identified as infected. The test results have shown a rising number of people confirmed to have COVID-19. Though a significant number of people recover from the infection, the greater concern lies with those who are yet to be tested. The ease of transmission coupled the rate of interaction amongst the populace indicates that the confirmed cases are merely a small share of the actual numbers. This is demonstrated by the rate of newly confirmed cases by the day. According to the daily reports provided by NCDC, Lagos State with the highest population density in Nigeria has been recording the largest number of confirmed cases

1.5 Risk Communication of Covid19 in Nigeria

Public awareness among migrant travelers, providing hygiene products and social distancing, are highly suggested to limit the spread of COVID-19. The Nigeria Centre for Disease Control (NCDC), which is responsible for detecting/controlling infectious diseases in Nigeria, created a rather inadequate public awareness for COVID-19 prior to 27th February 2020—the date COVID-19 was first confirmed in Nigeria and the first reported case in Sub-Saharan Africa. The index case was an Italian who returned from Italy (an epicenter of COVID-19 in Europe) to Nigeria. After the confirmation of the first COVID-19 case, the NCDC released a set of recommendations and proceeded with the acquisition of medical equipment, with the purpose of the initial identification of travelers arriving with COVID-19 symptoms, especially high fevers at airports, and to trace individuals that had contacts with these travelers. Exposed people were requested to self-isolate and contact the NCDC.

The NCDC will, in turn, observed these people for COVID-19 symptoms, collect and ship samples to diagnostic laboratories. These were the suggested measures to control the spread of the disease in the country.

1.6 Covid-19 Government Intervention and its challenges in Omala Local Government

As the cases of COVID-19 in the country continue to increase with many of the cases coming from those who had recently returned from travel to high-risk countries of COVID-19 outbreak, the Nigerian government took several stringent and drastic decisions to curtail the pandemic. Some of these decisions include the shutting down of both international and local airports and other entry points – land borders and seaports into the country were closed; public and private schools including tertiary institutions were shutdown nationwide; churches and mosques were stopped to hold services; nightclubs, cinemas, and sports events were intercepted; civil and public servants providing non-essential services from grade level twelve (12L) downward were asked to either work from home or stop going to work (Aljazeera, 2020; Adedigba, 2020; Salau, 2020). Some of these actions including the banning of congregational prayers in churches and mosques were carried out in various states of the federation by the state governments, through the setting up of their committees on the COVID-19 pandemic. Physical/social distancing was strongly advocated while all social activities such as weddings, funerals, going to parties, beer parlours and eateries were prohibited. A mandatory stay at home order was also declared in some states by the state-governments (Ibrahima, 2020). Specifically, also, the federal government ordered residents of Lagos state, Ogun state, Abuja, the Federal Capital Territory (FCT), to stay at home for an initial period of 14 days with effect from March 30, 2020.

But there were some challenges to the implementation of the contact-tracing strategy which include lack of support and cooperation from the returnees who reportedly filled fake contact addresses and incorrect phone numbers in the forms at the point of entry (NAN, 2020).

Later, residents in Omala Local Government were also ordered to stay at home by the state government in accordance to the federal government directives (Oyeyemi, 2020). The order exempted hospitals and all related medical establishments as well as organizations in healthcare-related manufacturing and distribution (Premium Times, 2020).

The containment period under the lockdown, according to the state government, was to identify, trace, and isolate all individuals that have come in contact with confirmed cases of COVID-19. The government also further adopted an aggressive reinforcement of testing and contact-tracing for prospective carriers of the virus (Ibrahima, 2020; Adebayo, 2020). With the contact tracing, each new cases trend to have about 30-40 contacts to follow up.

The government implementation of the inter-state lockdown was aimed at mitigating the spread of the virus from state to state, with the support of state- governments (Sanni, 2020).

The enforcement of the curfew and border restrictions that involved the interception of vehicles resulted in heavy traffic gridlock at nights as some of the commuters violated the inter-state lockdown; and the exemption granted to vehicles conveying specified goods was also abused by the drivers as they continue to hide passengers and almajiris in truck/busloads to ferry them across state boundaries.

There were isolated cases of compromise by some security operatives, despite the dangers inherent in the seeding of the virus across states through the road transportation sector (Jimoh and Akor, 2020). In May 2020, the federal government reviewed its policy on self-isolation which prescribes those returnees including evacuees and repatriated Nigerian nationals should stay at home for a certain time to authenticate their COVID-19 status. It was observed that most of them especially the bigwigs in the country, reportedly flouted this policy and many later turned out positive being linked with multiplied COVID-19 cases. To curb the incidence of such cases coming in and forming clusters of new infections across the country, the federal government replaced the provision of self-isolation with the compulsory quarantine of returnees on arrival for 14 days (Jimoh and Akor, 2020). In a nutshell, the self-isolation as a failed policy was perceived by many of the health experts as a major factor that hindered the efforts of the federal government to break the chain of transmission in the country. Due to increasing evidence of community transmission, the PTF recommended case searching, involving house-to-house search which increased the number of cases detected especially in Lagos (NCDC, 2020).

However, this was not total lockdown, since some workers are allowed free movement for at least 14 days, in addition to the exemption granted to essential workers. The rationale for a 14-day

lockdown was the outcome of a WHO protocol outline that patients would be symptomatic within 14 days if infected. However, we know that it has been documented that the incubation period for COVID-19 could be as long as 24 days. Another problem with this approach was that, by the end of the 14-day lockdown imposed on only three states in Nigeria, many people in contact with asymptomatic carriers could have contracted COVID-19.

Most workers exempted during the lockdown commuted to their working place in company vehicles without adherence to the social distancing policy. This posed a risk of spreading the disease, since a mass gathering (MG) of any form, including in transport (as exemplified in the Diamond Princess cruise ship) facilitates the spread of COVID-19.

Some facilities in various states were earmarked and turned into isolation centers for COVID-19 patients. However, most of these centers are without basic facilities like adequate water supply and ventilators, and air circulatory systems, which are crucial in the management of COVID-19, especially in critically ill patients. Therefore, pre-COVID-19 readiness to deal with the imported virus from spreading was conspicuously inadequate. At this time, some concerned citizens of Nigeria expressed displeasure about the steps put in place by the government to manage caseloads of COVID-19 and also suggested that the airspace should be closed.

1.7 Effects of COVID-19 Lockdown in Kogi State

The mandated lockdown in Kogi State, as well as restrictions in movement apparently affected the livelihood of the dwellers of Kogi State negatively. The closure of businesses as people were ordered to stay indoors exacted adverse effects on vulnerable population sources of income. Most of them are daily income earners and works in the informal sector of the economy, which required close person- to-person for cash transactions and patronage (UNDP, 2020). While the lockdown policies were critical for disease containment, they undermine the economic and social foundations of survival and resilience structures of the country's most vulnerable (UNDP, 2020).

Meanwhile, the imposed lockdown had also impacted the people's right to life and freedom of movement. Although some people considered the COVID-19 lockdown as a worthy sacrifice for public health, others frowned at it and flouted the orders. However, how security operatives enforced

the lockdown orders to ensure compliance in several areas across the country resulted in the reports of human rights abuses including unlawful killings. It was reported by the National Human Rights Commission (NHRC) that security agents have killed 18 people in their enforcement of directives to curb the COVID-19 pandemic, since the commencement of the lockdown in 8 separate incidents of extra-judicial killings (Olaiya, 2020; Abdulrauf, 2020). Secondly, the right to human dignity was also affected by the series of unjustified punishments inflicted on people who violate lockdown orders by security forces. Several incidents in the NHRC report revealed that people were unlawfully arrested and detained; subjected to torture and inhuman treatment; sexually harassed, extorted and some properties were seized and confiscated during the enforcement of lockdown orders by the security personnel (Abdulrauf, 2020; Olaiya, 2020).

Besides human rights violations, the lockdown led to a sharp increase in cases of domestic violence; sexual and gender-based violence across the country. According to the Minister of Women Affairs and Social Development, Senator Pauline, each of the 36 states of the federation recorded at least 100 rape cases during the COVID-19 induced lockdown. This suggested that no fewer than 3,600 cases of rape were recorded nationwide (Aborisade, 2020). Many of these victims – girls and women were stuck in various abuse environments as the lockdown compromised their escape routes and access to life-saving services and justice at a time when these were needed most (Young, 2020). These prevailing circumstances became worsened due to the extension of the lockdown orders for another 14 days. As earlier noted, most vulnerable people affected by the lockdown orders live on daily income with little or no savings to act as a financial buffer during the lockdown. The lack of social determinants of health – water, power supply, appropriate housing rendered many in the informal sector more vulnerable to difficulties in the absence of social safety nets (Abdulrauf, 2020; Onyemelukwe, 2020). And with deficient levels of savings, the continued lockdown financially and economically incapacitates them; cost significant hardship and hunger; and then raised the odds in favour of anger and protestations (Ike-Muonso, 2020). For example, on April 22, 2020, hundreds of Ogun indigenes took to the streets to protest the COVID-19 lockdown in the state. The majority of the protesters, whose means of livelihood had been truncated, were traders and artisans. In a demonstration, the protesters angrily complained that they were hungry and tired of the lockdown (Oludare, 2020). There were also viral videos that revealed public outcry against the continued lockdown without the government making adequate

provisions for their feeding and overall welfare. These pockets of protests from the informal workers and unemployed groups in various parts of the country forced the government to begin easing the lockdown on the movement of people to avoid national social unrest despite the cases of COVID-19 on the increase every day since the enforcement of the lockdown (Igwe, 2020).

However, as a way of cushioning the effect of the lockdown, the Nigerian government introduced and rolled out several palliative measures to combat both an economic crisis and health emergency occasioned by the COVID-19 pandemic. This included granting a three-month repayment moratorium for all government-funded loans. The moratorium covered the Government Enterprise and Empowerment Program (GEEP) initiatives and schemes of the federal government, such as Tradermon, Marketmon, Farmermon, and all loans issued through the Bank of Industry, Bank of Agriculture, and the Nigeria Export-Import Bank (Okwumbu, 2020).

1.8 The Social-Ecological Theory

This study is anchored on Social-Ecological theory, Bookchin, (1960) offers an understanding of behavioral reactions from a person, interpersonal, organizational, community, and public policy concerning the formation of behavior within the nearby social environment. The theory assists in the recognition of issues affecting behavior and also offers direction for developing successful programs through social environments. The social-ecological theory emphasizes the numerous levels of influence (such as individual, interpersonal, organizational, community, and public policy) and the idea that behavior is shaped and shaped by the social environment. The philosophies of Social-ecological Theory are connected with Social Cognitive Theory perceptions which propose that providing an enabling environment that results to change is significant in making it easier to implement healthy behavior.

With the emergence of COVID-19 which separates Nigeria from other countries of the world, serious attention should be given to shaping and adopting healthy behavior such as sanitization, social distancing, movement restriction, ban on worship, testing suspects, isolation, quarantining, and business closures. The relationship between the theory and this study is a detailed understanding of the reasons why people behave the way they behave. Therefore, SMEs that can alter the way they do things during and after COVID -19 will survive and prosper.

1.9 Research Design

Survey research design was adopted in this study. This research strategy was considered necessary because of its ability to view comprehensively and in detail the major questions that will be raised in the study. According to Spector (1981) and Denscombe (2003), this research design is an efficient way of collecting information from a large number of respondents and the ability to use statistical techniques to determine statistical significance (Spector, 1981: Denscombe, 2003).

This research collected data and described it in a systematic manner. Data that were collected were analyzed and reported without any manipulation or distortion of any of the variables. The researcher used questionnaire as an instrument or sources of data under the method of data collection.

2.0 Summary

In Nigeria, the onset of the COVID-19 sent waves of panic across the country due to its dilapidated healthcare infrastructure and poor preparation to mitigate its spread. It is quite unfortunate that after the experiences of Ebola in 2014, the health sector was not further equipped with modern-day facilities to manage a new outbreak of infectious diseases. Nevertheless, the COVID-19 era has unfolded another opportunity to upgrade the nation's healthcare system. Since its existence has continued to be a threat to public health, most countries including Nigeria are now given much attention to healthcare needs. Therefore, a series of investments that have been made in the Nigerian health sector so far, its' should be sustained and improved on to tackle a subsequent surge of any outbreak. Challenges were ranging from lack of isolation centres, Personal Protective Equipment (PPE), testing kits, ventilators, and others in the early response to COVID19. Some of these challenges were relatively resolved through various aids.

The imposed lockdown was a typical of unintended consequences as socio-economic activities were grounded to its lowest ebbs. The lockdown was enforced to restrict the movement of peoples and social events to contain the spread of the pandemic. While the lockdown has been helpful in this regard, it limits commercial activities across the country. This largely affected the fabric of the informal sector which dominates the Nigerian economy. Most vulnerable people in this sector were prevented from going out to fend for themselves. The lingering of the lockdown amid constraint-resources caused 'hunger-virus', severe hardship, and even threat to the general well-being of the people. Its enforcement also resulted in a sudden increase of domestic violence;

violation of human rights and some Nigerians were extra-judicially murdered by security personnel, and further exacerbated the insecurity situation of the country.

2.1 Conclusion

Government policies and measures, as well as restrictions of movement executed against the COVID-19 pandemic, have contributed to the protection of public health in Nigeria. Conversely, the COVID-19 outbreak is an unprecedented event; as such, its newest behaviour has posed a very difficult task for both developed and developing countries to contain the spread of the pandemic. Humans as prime carriers of the virus aid and facilitate it spread across the globe. Therefore, from a few imported cases, most nations are currently dealing with multiple cases resulting from communities' transmission of the virus. Besides the provision of healthcare supports to salvage the global health crisis, the enforcement of preventive policies and measures in the fight against the COVID-19 pandemic by the governments of various countries including Nigeria, were in determination to avoid a huge population from contracting the deadly virus.

In response, unfortunately, the government palliative measures which included foodstuffs and cash transfers to cushion the effects of the lockdown were grossly inadequate; not effectively distributed and much of its didn't get to the actual vulnerable people and households in the society. The distribution of the meager palliatives was not properly coordinated and the social register contains a limited number of most vulnerable households. It was further compounded with the lack of a national database. Other responses' such as moratorium was targeted at a particular group of people: who are holders of government-funded loans. Thus, the effects of the lockdown may linger beyond the COVID-19 era, with the projection that more millions of Nigerians will be pushed into extreme poverty, temporary and permanent unemployment, which are common factors that fuel social problems.

Therefore, for Omala Local government to successfully defeat the COVID-19 pandemic, various perceptions trailing the existence of the virus which continues to result in flagrant disregard for safety protocols and guidelines by Nigerians must be dissipated with a risk-communication campaign strategy to foster self-awareness as well as self-conscious daily.

2.2 Recommendations

The following recommendations were made

- i. The already existing laws on COVID-19 should be enforced and sanctions attached to them should be implemented vigorously on defaulters in Omala local government area in order to enhance compliance to preventive further spread.
- ii. The socio-political and socio-economic development of Omala Local Government Area should be strengthening and so as to abke withstand the challenges of Covid-19 militating against it
- iii. Proper awareness should be giving to the people of Omala Local Government on the danger associated to Covid-19 pandemic so as to effectively comply to Covid-19 guidelines to mitigate the spread of the virus in the Local Government Area.

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