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COVID 19 LOCKDOWN AND PALLIATIVE CARE CRISIS; IMPLICATIONS TO PUBLIC HEALTH AND RELIGIOUS LIFE OF THE MASSES: A REVIEW OF THE NIGERIAN EXPERIENCE

ELEAZAR UFOMBA
Department of Religious Studies, Adeleke University, Ede, Nigeria

&

ABRAHAM NKWACHI UWAOMA
Department of Counseling Psychology,
Tai Solarin University of Education, Ijagun, Nigeria

&

JUSTINA KWASKEBE
Department of Public Health, Adeleke University, Ede, Nigeria

***Corresponding Author: Eleazar Ufomba, Department of Religious Studies, Adeleke University, Ede, Nigeria.* E-mail: highpriest2014@gmail.com**

Abstract

The provision of palliative package and care during emergency and disastrous phenomena has a long history in the act of humanitarian, religious and community services, and remains a key factor that determines what befalls the public health and social welfare of the citizenry in times of crises. Palliative measures have been essential components of care for the masses in times of crises of which if not properly handled, severe suffering and high number of casualties are to be experienced. This study, through the review of literature, discussed the experience of the Nigerian masses during the severest period of movement restriction, and lockdown measures which were put in place by the government to contain the spread of dreaded coronavirus which had its primary outbreak in the Wuhan city of China and spread across the entire globe like wild fire. Through the findings made, the paper argued the period of coronavirus pandemic lockdown exposed diverse weaknesses of the state and masses to tackle emergencies due to lack of preparedness. The weakness of the government in circulating palliative and social welfare packages to majority of the vulnerable population stood glaringly. The brokenness of the safety and security sector to manage, protect and respect the human right of the masses was discovered, together with the display of insubordinate mindset and the tendencies towards lawlessness on the side of the masses. The study opined that the conceptualization of framework and functional structures with equity and national interest of the people's health, safety and relief is the gateway for proper palliative care in a country like Nigeria; as palliative care and measures remain an incontestable and indisputable, yet integral part of a larger holistic response to humanitarian crises which must be given to all irrespective of tribe, religion or political affiliation.

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Introduction

The first index case of coronavirus in Nigeria was reported on the 28th day of February, 2020. It was the case of an Italian traveler who visited the country. The disease which was first reported in China in December 2019 in Wuhan city of China, swiftly spread across the globe that the World Health Organization (WHO) declared it a pandemic (Ohia et al 2020). As the disease entered African continent, tension rose to a high degree in reference to the fragile status of health system experienced in most African nations. The entrance of COVID 19 into Africa necessitated the call for the continent to be proactive and get prepared with strong surveillance system for rapid detection and prevention of the spread of the virus (Kapata et al 2020). It was feared that the pandemic could be more tasking to keep under control in Africa, and could result to severe economic problems if the spread became vast. The route of the spread of COVID 19 into Africa did not connect directly from China, it was rather from Europe and America (Maclean 2020). As of April 18, 2020, Africa struggles for ventilators as supply is low: 41 countries have only 2,000 ventilators between them, and ten countries have no ventilators at all. Even basic supplies like soap and water are subject to shortages in parts of the continent. Since the first index case was reported in February 2020, up to June 13, 2020, Nigeria has so far recorded a total of 15, 682 confirmed cases of corona virus with 407 deaths reported (NCDC 2020).

Declaration and Enforcement of Lockdown

Lockdown of economic activities, restriction of movements and public gathering, stay at home order and observance of precautionary procedures as advocated by the World Health organization (WHO) and other health practitioners were some strategies many counties of the world took as containment measures to curtail the spread of the COVID–19 pandemic. Ekienabor (2020) observes that China, being the first epicenter of coronavirus and some European countries such as; Spain, Italy and Britain went into lockdown as the virus began to sweep through the nations. Then United States of America followed suit as the nations in African continent showed no delay in declaring lockdown strategies to prevent the spread of Covid-19 in their countries. Indeed, the Nigerian state was not left out. The government issued directives and regulations that are to be complied and abided by all citizens of the country, these measures include cessation of movement, closure of business restriction of gathering which necessitated the closure of schools, churches and mosques, even night clubs and the ban of both international and domestic flights (Aduku, 2020). As the Federal Government of Nigeria on 30th March, 2020, released some guidelines for lockdown enforcement, the Nigeria Governors' Forum (NGF) before the expiration of the initial two weeks declared by the federal government for lockdown of public activities and gatherings, took a vote to ban inter-state movement for two weeks as part of their efforts to control the spread of COVID-19 on inter-state level following the NDCD report of high infection rate across various states of the federation.

The lockdown protocols became expedient so as to ensure that citizens imbibe and maintain social distancing thus reduce transmission rate of Covid-19 in Nigeria notwithstanding its global and local economic and psychological impact on Nigerians (Rawaf, et.al.2020[i]).

Onyekere & Ekeruche (2020) observed an increase in government purchases and hike in over-head expenditure and also a decline in export and import of goods and services. Investments by firms were severely impaired as a result of the lockdown.

The Beginning of the Pain of Hunger and Public Health Crisis

As the COVID 19 lockdown began to take effect in almost every state in Nigeria, the citizens who earn their living from informal sectors, (employees in most of the businesses in private sector, commercial drivers and their mates, loaders at motor parks, food vendors, and others in that category) were severely affected. Ogunde (2020) opines that prior the arrival of coronavirus and its announcement of lockdown measures in Nigeria, immediate job and income loss was rising in a dangerous altitude, affecting the struggling Nigerian small business scale and their owners: a situation occasioned by the pandemic in the earliest days, which showed the height of inter-dependence of the world economy at all levels and the danger a disaster from a particular quarter can pose to the rest of the in the shortest time. According to OECD (2020), The United Nations (UN) estimates that nearly 30 million more people could be reduced into poverty by the effects of COVID 19, with the number of people facing acutely food-insecure significantly increasing rapidly. Hence, the call for African policymakers and their partners to re-assess the trade-offs between short, medium, as well as long-term priorities to tackle the ugly situation tactfully. Related policy measures and rules should continue to evolve as economies pass through successive phases of crisis-response: surviving the pandemic and ensuring adequate resources are channeled to basic needs of the vulnerable majority especially food and medicine, and to ensure that people's physical and mental health, even their safety are secured (OECD, 2020).The rage of hunger increased, and many individuals became unable to feed themselves and their families. Food prices were hiked and many could no longer stock up on necessities. Ewangin Alamba, (2020) observes that COVID-19 lockdown was marked with suffering, lack of food and inconsistent income that many families needed to survive. The inception of COVID 19 occasioned very high need for the government at various levels to syndicate public health procedures and efforts to check the spread of the pandemic with measure that will guarantee provision of basic human needs mostly for the poorest and most vulnerable people in the society Ewangin Alamba, (2020). However, the reserve was the case. The vulnerable population which is the majority in the country was disappointed bitterly, especially when fake news peddlers disseminate information about the government sharing money or food items, which majority of such category of people never saw. As the hope of survival began to dash, people began to fall into depression, and despair, with underlying health conditions coming up severely with life-threatening propensity. Findings in (Agberotimi, et al 2020) show that greater proportion of the Nigerian population was exposed to the experience of insomnia, depression, posttraumatic stress symptoms and anxiety, not necessarily for the pandemic, but attending consequences and measures emanated from it.

The Importance of Palliative during Crisis and Emergencies

The definition of palliative by World Health Organization (WHO), connotes that palliative measures should take care of the needs of victims of circumstances in a total active care which involves the total dimension of persons such as the psychological, social even the spiritual aspects of life. Hence the paramount total goal of palliative care is achievement of the best quality of life (Fallon, 1997). Palliative care is especially applicable in diverse humanitarian scenarios. These include, but not limited to those undergoing protracted humanitarian crises

amidst disease outbreak, palliative care is made for those whose palliative care needs are unmet or exacerbated as a result of the crises. Palliative measures is made for older people who by the reason of their weak age are unable to cope with severe conditions given their vulnerability and poorly identified and understood health-care needs (Schewartz et al, 2020). People should receive palliative care during communicable disease outbreaks with high mortality and limited therapeutic interventions where relief of suffering can be the main treatment option available, like the COVID 19 period, Ebola outbreak etc. Schewartz et al (2020) affirm that palliative packages are constantly enjoyed by those in refugees and displaced people camps and that no formal measures exist to determine the extent of suffering during such humanitarian crises, as well as the number who could benefit from palliative care.

Nigerian Palliative Promises, Fulfillment and Failure

In the modern dispensation, palliative care has become widely accepted as the needs and circumstances that necessitate the execution keep rising on daily basis in various parts of the globe. As palliative care intervention is widely gaining acceptance and being perceived as a very important humanitarian practice and treatment during crisis settings, a growing need for guidance and policies is being advocated and developed in national and international policy-making bodies (Nouvet et al, 2020). In the Nigerian case, (Aduku, 2020) posits a strong need for elucidation of the values, ethics, and conditions that may militate against or support the provision of palliative care and put a practicable plan on ground in order to deliver the needed measures to the benefits of the right needy population. The lockdown order restricting free movement of people, goods and services except for those providing essential services witnessed an outright default, hence the Federal Government of Nigeria had earlier promised some palliative measures which include cash transfer for two months and distribution of food to ease the effect of the lockdown on mostly the vulnerable and the poor in the county. Okon, (2020) asserts that palliative package proposed by the federal government was bound to be politicized. Oluwaseyi, & Jokotola (2020) in a study pertaining to the Nigerian experience during covid-19 lockdown, observe that some respondent were aware that the government enforced a lockdown, but to them the government did not use the lockdown period to manage the spread of the virus, they saw it as an opportunity of the government to siphon public fund. In the month of April, 2020, the federal government, through the office of the Humanitarian Affairs Ministry began the exercise of paying 20,000 naira ($52) to 2.6 million families whose names appeared in the national social register of poor and vulnerable households (Mbah, 2020). In spite of an additional directive from the government to expand the register to 3.6 households, questions on the significance of 3.6 families enlisted to receive lockdown palliative in a country of about 200 million persons remain unanswered. It was also found that the Palliative promise of the government was not seen in some Senatorial Zones. The process of sharing was marked by in sincerity, lopsidedness and sentiments, even in places where it was received, it was not commiserate with the amount of money budgeted for the project. To augment government efforts some Civil Society Organizations have launched and implemented different projects to support the poor and vulnerable while raising concerns about gaps and areas of improvement. On March 26, a non-governmental body known as the Coalition against COVID-19 (CACOVID) was organized, being headed Aliko Dangote, Africa's wealthiest man, with Access Bank Group, Zenith Bank, Guaranty Trust Bank, and several others backing it (Unah, 2020).The mission objective of CACOVID was to mobilize private sectors, leadership and resources to support to respond to the crisis and also to use their reach to increase awareness of the reality of coronavirus pandemic and provide

palliatives to enhance people's obedience to the tenets of the lockdown measures. Unah (2020), observes that some philanthropic wealthy Nigerians put their resources together in order to health the government to bring succor to the citizens whose channels of livelihood were obstructed by arrival and spread of coronavirus in Nigeria. Alamba, (2020), argues that irregularities in the distribution of the government palliative during the Covid-19 lockdown, as announced by the National government exposed inadequacies of the Nigeria social protection schemes. Sanni, (2020) asserts that Nigerian government has been criticized mostly on social networks over the process of the distribution of the palliatives to those it was meant for, mostly the conditional cash transfer package of the federal government of Nigeria, noting that there was no accountability and transparency in the process of distribution unlike the case in Namibia, the United State of America, Hong Kong and also in Canada. Uroko et al. (2020) posits that the lockdown period was a harrowing period without food and electricity, also transparency on the process of palliative was in doubt. One could deduce from the above that the palliative measures promised by the federal government did not get to the hands of numerous groaning citizens. Additionally, irrespective of how important the aim or intention of the Federal Government was to order stay-at-home, Nigerians expected that the government would have taken a further step to provide them with food and other basic needs. Furthermore, the failure of the National government to fulfill their palliative promises and suffering of many citizens during the lockdown, Kalu (2020) Collaborating with the World Poverty Clock 2019 termed Covid-19 in Nigeria a disease of hunger, observing that Nigeria has the high significant poverty index with poverty line of $1.90 an equivalent of #600 per day. This report depicts the poverty level of Nigerians, indicating that many Nigerians suffered from hunger and lack of some basic needs during the lockdown. Thus, hardship was felt and small scale business men and women were the hardest hit with little or no access to government support.

Hunger Crisis, Criminality and Break of Lockdown Rules

As the lockdown restriction began to have adverse effect on non-salary earners, especially artisans, petty-traders and those who fend for themselves and their families as they hustle on daily routine; there began a break of the lockdown curfew by some citizens who could no longer tolerate the scourge of hunger. Movement restrictions and the state of uncertainty in the lockdown stipulations by the federal government became consequential to **food supply chain problems**, as both the producers and consumers were separated. As commercial transportation wound down with roadblocks littered on the streets, **the conveying of food and agricultural produce** proved difficult **(Adeshokan, 2020).** Evidently, the stripes of hunger were the root cause of lack of adherence to the lockdown order. Peoples' access to some basic necessities such as food and other necessary amenities were not available, as the government could not make sufficient provision such that could attend to these basic needs. The increase in the incidents of robbery was alarming too. Lagos state, which is the most populated area in Nigeria as well as the commercial capital of the country witnessed diverse waves of curfew banditry, which stimulated the residents of the state and its neighbourhood to introduce emergency vigilante groups in assisting the conventional government security agencies in curbing criminal activities that marked the COVID 19 lockdown period (Mbah, 2020).

Military Intervention and Abuse of Rights to Life and Security

Human Rights contain body of rules ensuring that every human being lives a dignified life. These rights range from civil and political rights to economic, as well as socio-cultural rights

(Aduku 2020). Rights that are essential for dignified human, especially food (Dhupdale, 2017) were affected. Enforcement of the lockdown order by law enforcement agents was one of the greatest challenges of the period. The BBC News of 20th April 2020 reported that more people were killed by security enforcement agents than coronavirus itself in Nigeria. During the COVID 19 lockdown, the Nigerian police force was accused of sustaining bad reputation for brutality, extortion and harassment, a phenomenon that has preexisting history prior to the current coronavirus pandemic and the lockdown imposed to contain the virus (Khalid, 2020). To correct the development, the Nigerian police authorities promised to do their best in sanctioning erring officers and allowing justice to prevail.

Conclusion

The period of the coronavirus lockdown posed a severe public health and safety crisis on Nigerian citizens, than ever before. Those with underlying hypertensive condition never found it easy to cope, as the situation brought more burdens and anxiety on the masses. The outbreak of coronavirus and the lockdown measures exposed the weakness and unpreparedness of both the government and citizenry to tackle social crisis of such nature. The public health and social welfare aspects of the country faced serious challenges of sustainability as many people were not able to feed, get medical attention or receive any palliative package but gnashed their teeth in pity and sorrow, while others chose to boycott restrictions and lockdown rules in order to look for survival, rather than dying of hunger.

Recommendations

Based on the findings of the study, the following recommendations were made:

i. In any case of national or global emergency and crises, saving humanity irrespective of their region, religion or language should be the central focus of the government.
ii. Religious bodies should prepare ahead of time for the unknown, and be ready to partner with the government in sustaining the welfare of the vulnerable and victims of crisis and public health emergencies.
iii. Government should train and retrain law enforcement and security agencies on the need of protecting the lives of the masses and respecting their rights in the course of discharging their duty.
iv. The circulation of palliative and social welfare packages to majority of the vulnerable population is a duty that needs no bribery, mal-practicing and politicizing.
v. Lockdown measures should be considered with care and workable strategies on how the masses who are entering indoors should survive within the period with blueprint plans on how to revive the livelihood of the survivors whose source may have been hampered by the wave of disaster.
vi. Workable framework and functional structures with equity and national interest of the people's health, safety and relief should have a center-stage in governmental strategies and policy making.
vii. In a large country like Nigeria that has greater number of its population falling among the vulnerable and poor, palliative care and measures remain an incontestable and indisputable when there is crises and should be carried out without prejudice, tribalism, ethnicity or religious favoritism.

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