

ECONOMIC AND SOCIAL
EFFECTS OF PUBLIC EMERGENCIES
ON
VULNERABLE
GROUPS,
ESPECIALLY
WOMEN AND
PERSONS WITH
DISABILITIES

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SUMMARY

This report presents the findings of the assessment of economic and social effects of public emergencies on vulnerable groups, particularly women and disabled persons in Nigeria. The primary objective of the assessment is to highlight the social and economic impacts on vulnerable individuals and households of the National Government's use of its exercised emergencies powers by declaring lockdown during the initial phase of the COVID-19 outbreak to curtail spread and protect the public health and wellbeing. The assessment covers issues related to economic and social conditions, including employment and income impacts, household needs for basic items and their access, impacts on children's education and learning activities. It also addresses issues related to their exposure to shocks related to the pandemic, safety nets and their coping mechanisms as well as availability and accessibility of assistance and support.

The analysis in this report is based on data collected through major sources, primary and secondary collection. The primary data is collected through web-based survey of random individuals, especially those that associated as women or have any known form of disability. The survey was conducted between November 2020 and January 2021. We complement the data collected through the survey using additional secondary survey relevant to the assessment in this report. We extract data from the Nigeria COVID-19 National Longitudinal Phone Survey (COVID-19 NLPS) and the COVID-19 National Longitudinal Phone Survey 2020 – World Bank LSMS Harmonized Dataset (LSMS), a nationally represented sample of Nigerian households. The survey was conducted in eight rounds between April and December 2020, and it collated vital and timely data during the initial phase of the lockdown and subsequent months that followed. The survey was carried out by the World Bank with the National Bureau of Statistics (NBS) as the primary investigator. The final round of the survey comprises about 1723 households drawn from the 4976 sample of households interviewed in the fourth wave of the 2018/2019 General Household Survey—Panel (GHS-Panel).

For this assessment, we defined and measured vulnerable households as responding households that have at least one of its members as persons living with disability, an elderly citizen above 65 years old, and at least a child of school aged between 0 and 14, based on the available individual and household information extracted from the COVID-19 NLPS and the LSMS Harmonized Dataset.

Key Findings

- There is a high decline in the work status for individuals who were hitherto working before the pandemic outbreak but were unable to work both as a result of the pandemic and the lockdown.
- About 25 percent of surveyed respondents were not engaged in any form income generating activity prior to the outbreak of COVID-19 pandemic. This result reflects the high rate of unemployment in the country (at about 23.1 percent).
- Only 7% of respondents that had jobs during the lockdown are women, while about 30% of the respondents that are reportedly unemployed are also women.
- Respondents from vulnerable households, especially those with at least a member who is a living with disability, were reportedly more affected as they had less proportion of respondents who were able to work since the outbreak but had jobs prior to the outbreak.
- There were noticeable improvements in the proportion of respondents that were able to work following the lockdown period which further reflects the high prevalence of work informality in the country.
- Most of the responding households with need for basic foods items including beans, cassava, rice, sorghum and yam, were unable to purchase these items and very small proportion of respondents that needed medical treated were able to access treatment.
- Children's education was also disproportionately affected. Only 61 percent of the surveyed households reported that children were engaged in educational activity during the lockdown period, most of which were self-study or being taught by a household member. Very few households had contact with teachers during the period.
- The majority of surveyed households experienced severe economic shocks as a result of the pandemic. The most reported form of shocks include increased food items and farm/business inputs, business closures, and disruptions in farm-related activities.
- In terms of the mechanisms adopted by respondents to cope with the shocks,

most households adopted coping mechanisms that could pose more negative consequences on their wellbeing. Most respondents adapted by reducing their food consumption, while many others relied on their previous savings with some others reducing their non-food consumption, among other coping strategies.

- There was limited assistance to help households cushion the pandemic impacts. Limited number of people reported that they received some form of assistance, either food, non-food items, and/or cash transfers. The few households that reportedly receive assistance mostly got it from their state governments and religious organisations.
- The administration of the assistance and support programmes was also marred with opaque transparency and accountability. The supports only reached a fraction of the targeted population, especially the vulnerable citizens who needed economic support and assistance.

Policy Recommendations

The findings of both the survey and the underlying analyses in this study indicate that there is a need for systemic and concerted interventions to support the population and the disadvantaged groups. Some of the interventions given as policy recommendations to the implementing government actors are as followed:

- **Tackling the employment and economic limitations** from the crisis through an inclusive provision of stimulus packages to strengthen household consumption through income supports, for both formal and informal sector workers.
- Improved **coordination of assistance and support** to individuals and households through transparency and accountability. This can be achieved through collaborations between the public and private sectors, both in the collection and distribution of the assistance and supports.
- Increased **awareness through a multi-pronged mass-media deployment of critical information** on the availability and provision of assistance to the general population and vulnerable groups during the pandemic and beyond.
- Tailor specific **pandemic-support financing model** for small and medium businesses enterprises, both formal and informal sectors, especially those owned by women and disabled persons to assist them in dealing with the adverse effects of the pandemic

- Provision of **financial relief and support for the businesses and farmers, and income support for workers** in order to ramp up production of food and other basic goods.
- Enhance digitisation of educational institutions especially basic education across rural and urban areas, and improvement in internet coverage and access to facilitate uninterrupted educational and learning activities.



INTRODUCTION



Infectious disease is not a new phenomenon in the history of man, both in terms of epidemics, which mainly affects people of a particular region, and pandemics, which affects many people areas across the world. Historical reports show that infectious diseases always have severe and devastating social and economic impacts such as widespread morbidity, high surge in mortality, anxieties, and fears. The global connectedness of the world today has further increased the frequency at which infectious diseases emerge and spread.

Since the fourteenth century, governments have utilized quarantine as a major legislated preventive means to curb or slow down the spread of infectious diseases.¹ Recently, social and physical restrictions are introduced by governments as part of strategies to contain or slow-down the spread of infectious diseases. Recent examples include quarantining of those infected or suspected to be exposed during the swine flu H1N1 pandemic in 2009 to 2010 and community- and society-wide restrictions imposed during the SARS and the Ebola outbreaks.

There is evidence that these isolation and distancing strategies have achieved significant results in preventing the spread of infectious diseases. For instance, the acceptance and utilization of early isolation as a community-based approach to the prevention and care significantly reduced and slowed down the spread of Ebola transmission in Sierra Leone (See Pronyk et al., 2016). There are reports that social restrictions imposed by government during the initial wave of the COVID-19 pandemic outbreak saved lives by reducing the rates of new infections and deaths related to the virus. An

1 <https://www.cdc.gov/quarantine/historyquarantine.html>

initial impact assessment one-week after the lockdown declared by different countries showed a significant reduction in infection rates globally, while countries that who declared lockdown early did better than those that have higher baseline infections and deaths rate.²

However, these measures and strategies sometimes leave behind heavy social and economic burdens and costs. The World Bank in June 2020 projected the deepest global recession since World War 2, with economic activity in the Sub-Saharan Africa (SSA) projected to contract by 2.8% in 2020, the deepest ever recorded.³ The consequences could also have far-reaching impacts on income, employment, education, physical and mental health.

In Nigeria, the index case of COVID-19 was announced on February 28, 2020, making the country among the first set of SSA countries to identify and declare a case of COVID-19. This led to the immediate activation of the National Coronavirus Emergency Operation Centre, given Nigeria's experience with the handling the Ebola virus disease in 2014, a feat which received praise and accolades from the World Health Organization (WHO) and international community⁴. As a response to prevent further spread, and following the popular practice in other countries and territories across the world with rising infections and virus-related deaths, the country declared a nationwide lockdown at the end of March, 2020.⁵ Going by the excruciating impacts that the lockdown may have on social and economic livelihoods of citizens, who are predominantly engaged in the informal sector activities and daily-wage earners, it might be challenging to achieve the desired results of imposing the lockdown.

Against this background, this report evaluates the social and economic impact of the government-imposed lockdown, especially on vulnerable populations in Nigeria, and

2 See Ghosal, Bhattacharyya, and Majumder (2020)

3 World Bank (2020).

4 <https://www.telegraph.co.uk/news/worldnews/africaandindianocean/nigeria/11175725/Ebola-crisis-Nigeria-free-of-deadly-virus-say-health-chiefs.html>. Assessed November 6, 2020

5 At the end of April 2020, governments of more than 90 countries or territories had imposed lockdowns and movement restrictions making about half of the world's population been asked or ordered to stay at home. See <https://www.euronews.com/2020/04/02/coronavirus-in-europe-spain-s-death-toll-hits-10-000-after-record-950-new-deaths-in-24-hou>. Assessed November 6, 2020.

make recommendations for unanticipated future emergencies that will aid effective palliative measures that will be applied by the government and other actors to reduce the social and economic effects of such public emergencies. For this report, emphasis is placed on vulnerable individuals and groups especially women and people living with disabilities. Prior to the nationwide lockdown announcement in Nigeria in March 2020, women in Nigeria were less likely to be employed in the labour market; they were more likely to have lower-income opportunities, such as farming and informal work; and earned far less for a given level of education and work experience than men on the same level with them⁶. These outcomes were far worse for Nigerians living with a form of physical and/or intellectual disability prior to the first major public emergency declared as a containment measure against the rapid spread of the COVID-19 virus in Nigeria.

According to The Borgen Project, 27 million Nigerians live with a form of disability⁷.

The World Health Organisation (WHO), in 2018, estimated about 15 percent of Nigeria's national population were living with disability. According to the latest data from the Nigeria National Demographic and Health Surveys (DHS), about 7 percent of household members above the age of five suffer some level of difficulty in at least one their functional domains - seeing, hearing, communication, cognition, walking, or self-care, with 1 percent either having a lot of difficulty or cannot function at all in at least one domain. Furthermore, Nigerians with disabilities are far more likely to experience extreme poverty than those without any form of disability.⁸ Nigerians with disabilities also face barriers when accessing basic services and amenities, and with little or no attention given to them from policy instrumentation replete in Nigeria's governing structures. It is not surprising that inference can be made on the devastating effects of the public emergencies declared by the Nigerian government related to curbing the spread of COVID-19 in Nigeria. Findings from the World Bank (2020) rapid social assessment of persons with disabilities in Nigeria indicate that they lack access to basic services and attitudinal barriers constitute major impediments to their socioeconomic inclusion, with the country completely having non-existent inclusive policies, or where such exists, they are weak or inadequately implemented.

6 (Enfield, 2019)

7 <https://borgenproject.org/disabilities-in-nigeria/>

8 <https://blogs.worldbank.org/nasikiliza/social-inclusion-persons-disabilities-nigeria-challenges-and-opportunities>

For the assessment in this report, data is collected through web-based survey of individuals. The primary unit of analysis are vulnerable individuals including women and disabled persons. The survey is conducted using a web-based application that survey random individuals across all States and the Federal Capital Territory. However, the primary population of target are individuals that associated or described themselves as women or have any known form of disability. The survey questions were designed to retrospectively assess respondents' perception and experience of the national lockdown and it was carried out between November 2020 and January 2021.

Additionally, we extend the assessment using data from the Nigeria's COVID-19 National Longitudinal Phone Survey (COVID-19 NLPS) and the COVID-19 National Longitudinal Phone Survey 2020 – World Bank LSMS Harmonized Dataset (LSMS), a nationally represented sample of Nigerian households. The LSMS survey was conducted by the World Bank with the National Bureau of Statistics (NBS) as the primary investigator. The survey was carried out in eight rounds between April and December 2020, and the gathered information provide important and timely data since it commenced during the initial phase of the lockdown with follow-up in subsequent months after the lockdown was no longer in place. The final round of the survey comprises about 1723 households drawn from the 4976 sample of households interviewed in the fourth wave of the 2018/2019 General Household Survey—Panel (GHS-Panel). We defined vulnerable households using the data as the households with at least one member that lives with disability, children of school age (ages 0 to 14) or old aged members (aged 65 and above). These categories of citizens are believed to be more exposed to and affected by the economic and social injustices occasioned by the COVID-19 lockdown.

The report is organised as follows: Section 2 discusses the data collection methodology and procedures, including the definition adopted to describe vulnerabilities and sample size. Section 4 provides the findings regarding the analysis of the social and economic impacts of the pandemic and public emergency policy aimed at curbing the spread and severity of the virus. The last section summarises the assessment and provides some policy recommendations for handling the affected groups and households considered in the future.



DATA COLLECTION SOURCES AND PROCEDURE



The evaluation of the effects of public emergencies on vulnerable groups in Nigeria presented in this report is based on two broad data sources, primarily collected and secondary data. The primary data is collected through web-based survey of random individuals. The survey was conducted between November 2020 and January 2021. The questions were structured retrospectively to enable respondents reflect on their experience during the national lockdown which was part of the measures taken by the Nigerian government to reduce the spread of the COVID-19 pandemic. The main unit of study are individuals and households that associate with a form of vulnerability, including women, disabled persons and having children of primary and secondary school age. The definition is in tandem with the scope of this report. By focusing on studying the population that are vulnerable, this provides useful insights into the severity of the impact of the crisis and public emergencies impact on individuals and groups that have pre-existing conditions and are highly exposed to social and economic disadvantage. Besides, findings and observations from such group will provide specific guidelines to specific intervention policies for this group in times of crisis in the future.

We complement the data collected through the survey by extracting relevant data from secondary sources particularly the Nigeria COVID-19 National Longitudinal Phone Survey (NLPS) to provide additional information relevant to the assessment in the report. The NLPS was conducted through collaboration between the World Bank and the National Bureau of Statistics leveraging on the Living Standard Measurement Study (LSMS). It involves eight rounds of interviews conducted between May and

December 2020, with the first round of data collection coinciding with the dates of the country’s national lockdown to limit the spread of coronavirus (see **Table 1**). Thus, the data facilitates a timely impact assessment of the national emergency. Specifically, the objective as described on the information page of the survey described the objective of the NLPS as “to monitor the socio-economic effects of this evolving COVID-19 pandemic in real time, and to contribute to filling critical gaps in information that could be used by the government and stakeholders to help design policies to mitigate the negative impacts of the pandemic on Nigeria population, while accommodating the evolving nature of the crises, including revision of the questionnaire on a monthly basis.” (World Bank, 2020).

The survey comprises an approximate sample of 1800 households that are nationally representative, but excluding prisons, hospitals, military barracks, and school dormitories.⁹ For the purpose of this report, we collected and extracted relevant information using both the COVID-19 National Longitudinal Phone Survey 2020 (survey number: NGA_2020_NLPS_v07_M) and the LSMS harmonised dataset (survey number: NGA_2020_NLPS_v01_M_v01_A_COVID) which provides additional respondents information including gender, disability status, age, education, and consumption quintile

Table 1: Data collection cycles and dates

| Cycle | Data collection start and end date | Interview month |
|-------|------------------------------------|-----------------|
| I | 20 April - 11 May, 2020 | May |
| II | 02 – 16 June, 2020 | June |
| III | 06 – 20 July, 2020 | July |
| IV | 09 – 24 August, 2020 | August |
| V | 07 – 21 September, 2020 | September |
| VI | 09 – 24 October, 2020 | October |
| VII | 07 – 23 November, 2020 | November |
| VIII | 05 – 21 December, 2020 | December |

Source: *The World Bank’s COVID-19 National Longitudinal Phone Survey 2020 identification and description*¹⁰

9 See Nigeria - COVID-19 National Longitudinal Phone Survey 2020 (worldbank.org) for a detailed description of the survey methodology and sample selection.

10 See Nigeria - COVID-19 National Longitudinal Phone Survey 2020 (worldbank.org)

2.1. Definition of vulnerable households and sample distribution

The European Centre of Disease Control (ECDC) described vulnerable individuals as persons that are medically vulnerable (the elderly and those with underlying diseases), persons living in socially and economically vulnerable situations. They may include migrants, homeless, persons with disabilities, persons with psychiatric disorders, persons with dementia, persons with problematic substance use as well as persons with other socially or economic constraints. However, for the purpose of this report and in line with the study objectives, we defined vulnerable households as the respondents' households that have at least one of its members with any of the following characteristics:

- i. Persons living with disability.
- ii. Old-aged member that is above 65 years old.
- iii. Children of school age between ages 0 and 14.¹¹

Table 2 describes the sample distribution of response rates across different household categorisations. The information from the survey description shows that about 69 percent (1950) of the 3,000 households that were contacted in the baseline round of the survey were successfully contacted, and these 1950 households constitute the final sample that were contacted in subsequent rounds of the survey. Based on the successfully contacted households, the sample size of analysed households in line with our definition of vulnerable household categories is also provided in **Table 2**.

Table 2: Sample size across different households categories.

| Interview month | All household | Household with disability member | Household with children member | Household with old-aged member |
|-----------------|---------------|----------------------------------|--------------------------------|--------------------------------|
| May | 1950 | 303 | 1521 | 446 |
| June | 1820 | 274 | 1374 | 392 |
| July | 1790 | 259 | 1355 | 395 |
| August | 1789 | 267 | 1348 | 392 |
| September | 1774 | 263 | 1330 | 380 |
| October | 1762 | 261 | 1319 | 379 |
| November | 1726 | 252 | 1296 | 375 |
| December | 1723 | 261 | 1292 | 381 |

Source: Authors classification & The World Bank's COVID-19 National Longitudinal Phone Survey 2020 identification and description¹²

11 The age definition is based on the information collected in the final round of the survey.

12 See Nigeria - COVID-19 National Longitudinal Phone Survey 2020 (worldbank.org)

The report aims at evaluating the overall impact of the pandemic across households that are representative of the entire country, but with emphasis placed on the effects on vulnerable households. Hence, it provides qualitative descriptions of the effects of COVID-19 pandemic on households' socioeconomic status including impacts on employment, income and household finances, access to basic food, medical and hygiene needs. It also evaluates the impacts on education activities as well as households' safety nets, coping mechanisms and the availability of assistance and supports to cushion the devastating impact.



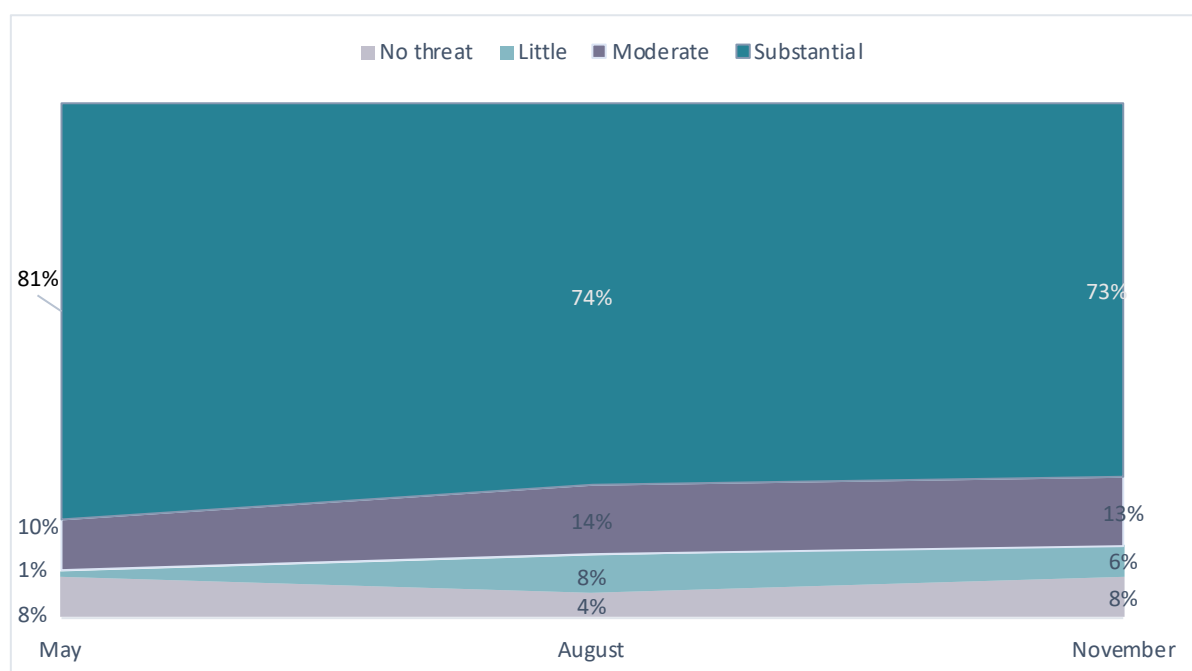
ANALYSIS OF THE SOCIAL AND ECONOMIC IMPACTS OF COVID-19 PANDEMIC



3.1. Employment and income effects

The analysis of the economic risks inflicted by the COVID-19 pandemic and the consequent lockdown of the Nigerian economy in March 2020 reveals that the virus pose significant threat to household finances. **Figure 1** depicts responses on magnitude of perceived threats that the pandemic has on household finances. 81 percent of the respondents replied that COVID-19 is substantial threat to their finance in the first cycle of the survey, which also coincides with the period of the national lockdown. This is followed by another 10 percent of respondents that perceived the threat to be moderate. The percentage respondents that responded that it is a substantial threat to their household finances marginally declined to 74 percent in the August round of data collection, and slightly to 73 percent in November, both periods when there were no longer movement restrictions.

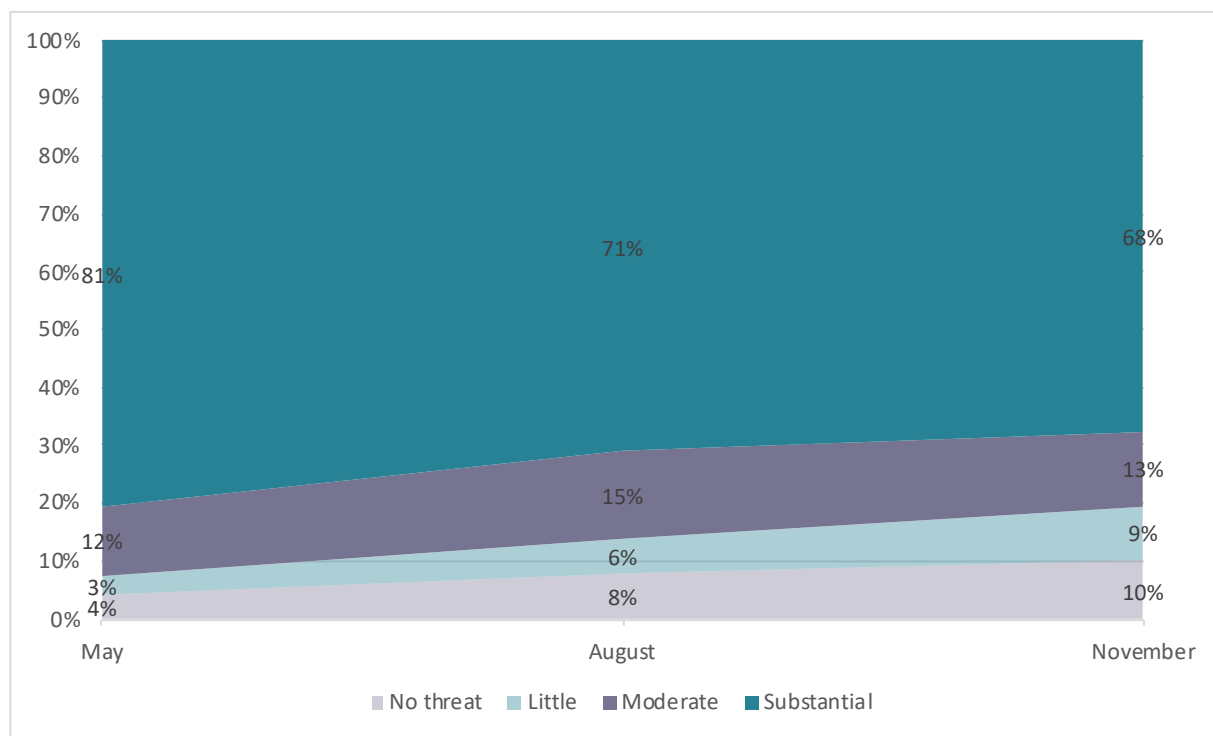
Figure 1: COVID-19 threat to household finances (All Households)?



Source: Authors computation using data from World Bank's COVID-19 NLPS, 2020

Analysis of the risks that COVID-19 lockdown has on finances of households that have at least one member, who is living with disability, also show that the magnitude of threat is like the responses received from the general households. The percentage of households that responded that the threat of COVID-19 is substantial is similar at 81 percent. However, the percentage declined to 74 percent and 73 percent respectively in August and November 2020. However, while about 8 percent of the respondents in the general households claimed that COVID-19 do not pose any threat to their household finance during the lockdown in the first round of the survey, only about 4 percent respondents from households that has at least one disabled member replied that there are no threats to their household finance as a result of the pandemic (see **Figure 2**).

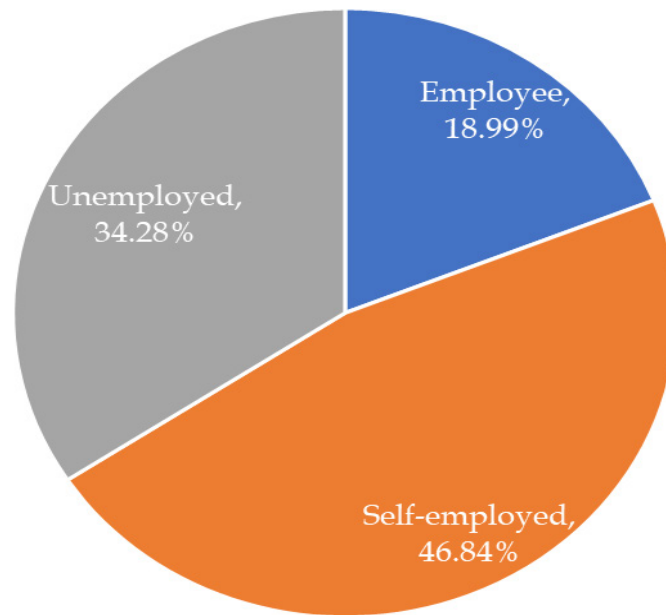
Figure 2: COVID-19 threat to household finances (with disabled member)?



Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

The analysis of respondents’ work status prior to the pandemic (before mid-March 2020) is depicted in **Figure 3** to **Figure 5** using data for individuals survey through the primary data collection and secondary data extracted from the NLPS across different categorisation of household vulnerabilities. The summary of respondents’ work status depicted in **Figure 3** shows that most of the surveyed individuals are self-employed (about 47 percent), with their reported business activity types including artisans, trading, and farming and other agricultural related activities. About 34 percent reported that they were unemployed while about 19 percent are in paid employment including working in family owned businesses and farms.

Figure 3: Respondents' employment status before COVID-19



Source: Authors computation using primary data collected from web-based survey, 2021

In terms of gender distribution, the survey findings showed that women are less likely to be in paid employment than men. **Figure 4** depicts the reported employment status by individuals as at when the lockdown was in place. While 30% of the respondents that reported to be unemployed are women, only 7% of respondents that were in employment are women.

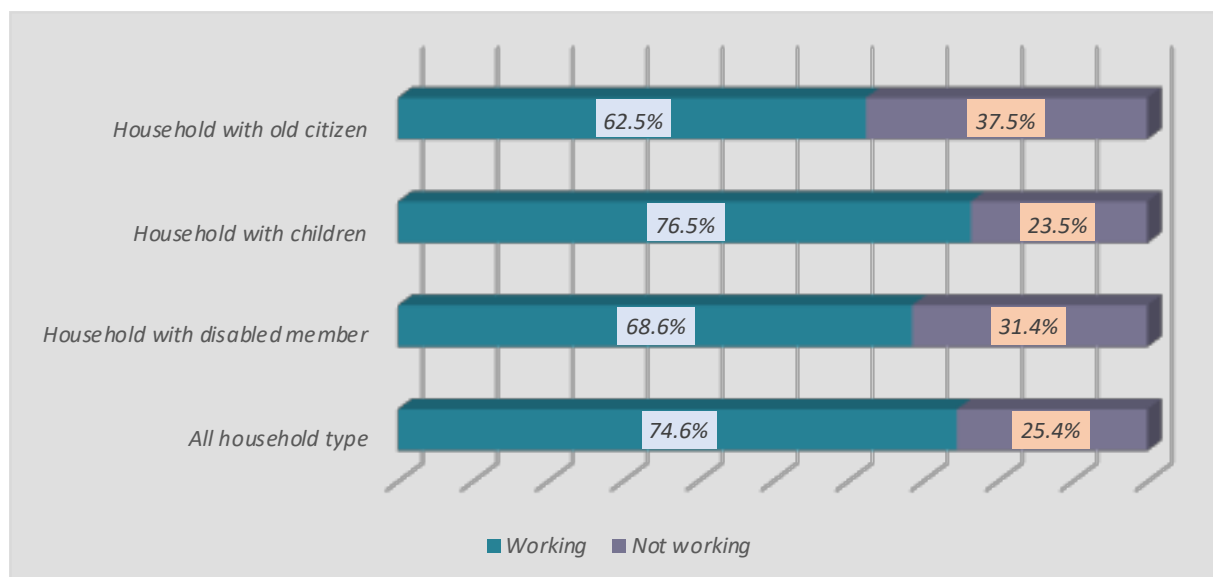
Figure 4: Work status during COVID-19 lockdown by sex



Source: Authors computation using primary data collected from web-based survey, 2021

We further analyse work status of using information from respondents' household members prior to the COVID-19 pandemic extracted from the NLPS survey. The general response from all the households depicted in **Figure 5** showed that about 74.6 percent were working in the pre-pandemic period, while 76.5 percent of respondents from households with at least one child of less than secondary school age responded that they were working. On the contrary, the percentage of respondents that are working and are from households with at least one member who is disabled or above the national working age limit (above 65 years) were less than the response from the general households. While about 69 percent of respondents from households with disabled members replied that they were working pre-pandemic, and 62.5 percent of individuals from households that have old citizens who are above working age, were engaged in an income generating activity pre-pandemic.

Figure 5: Work status before COVID-19.

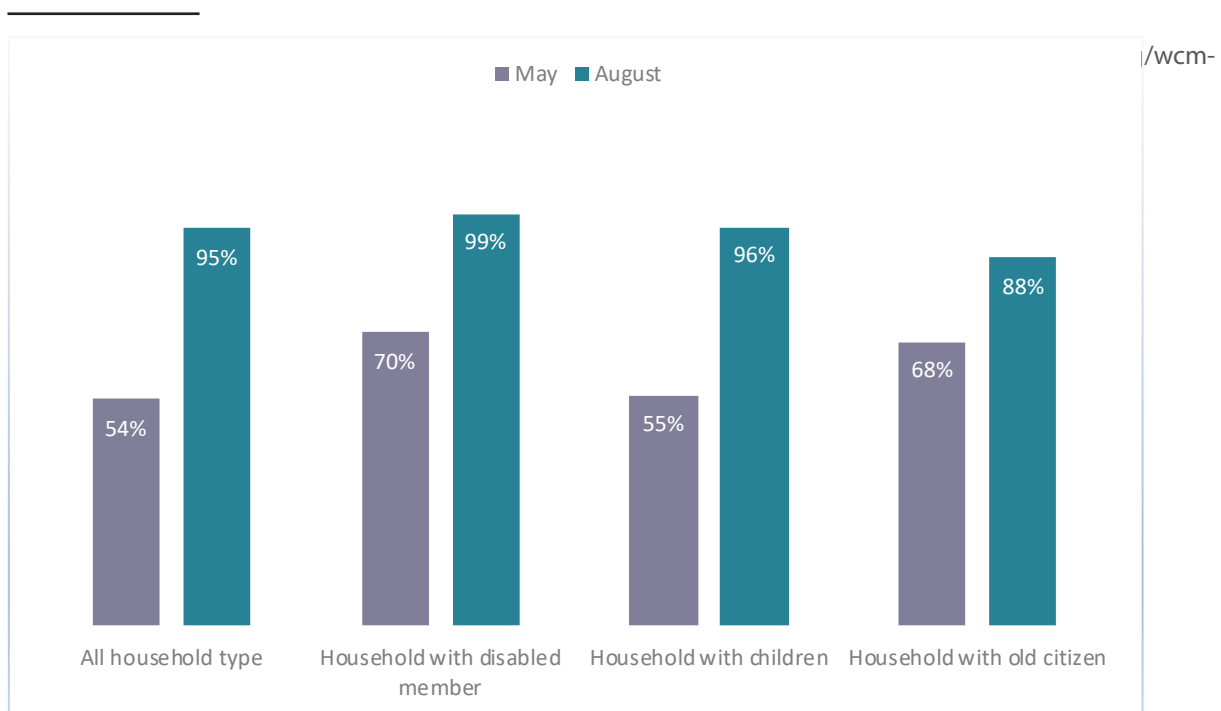


Source: Authors computation using data from World Bank's COVID-19 NLPS, 2020

The predominance of informality in the Nigerian labour market is further reflected in the impact of the restriction of movement, commencing with the two major cities – Abuja and Lagos, and thereafter extended nationwide. The 2018 statistical report of workers in Nigeria by the International Labour Organisation (ILO) put the estimate of informal

job in the country at 93 percent of all employment.¹³ Consequently, the restrictions on movements of people and commodities in the country is expected to aggravate their work and earnings situations, especially the vulnerable populations. The analysis of respondents work status in the initial phase of the survey, and throughout the period of the lockdown shows that only about 54 percent of the respondents that were working prior to the pandemic were still engaged in their usual wage job during the lockdown (see **Figure 6**). The work status of respondents significantly improved for the general households after the lock down. This is demonstrated with about 95 percent of the survey individuals in working in their usual wage job in the August round of the survey. **Figure 6** also depicts similar reported responses for participants from households with children, disabled member or with an elderly individual. Overall analysis from both data sources indicates that women and disabled persons were more exposed to the impacts of the pandemic as they were more likely to be engaged in self-employed and in informal and vulnerable sectors such as retail, artisanal and farm-related jobs.

Figure 6: Percentage of respondents working in usual job?

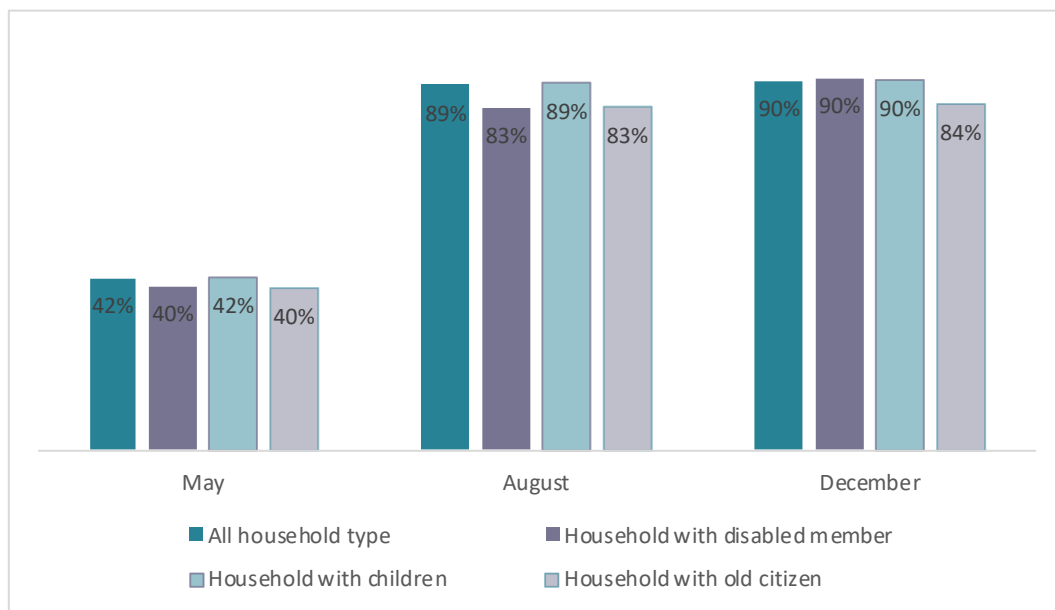


Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

A further analysis of households’ alternative sources of incomes showed that the lockdown had serious debilitating effects. The survey probed respondents’ engagement in alternative income generating activities sources in different rounds of data collection. **Figure 7** depicts the summary of respondents that replied that they were able to engage

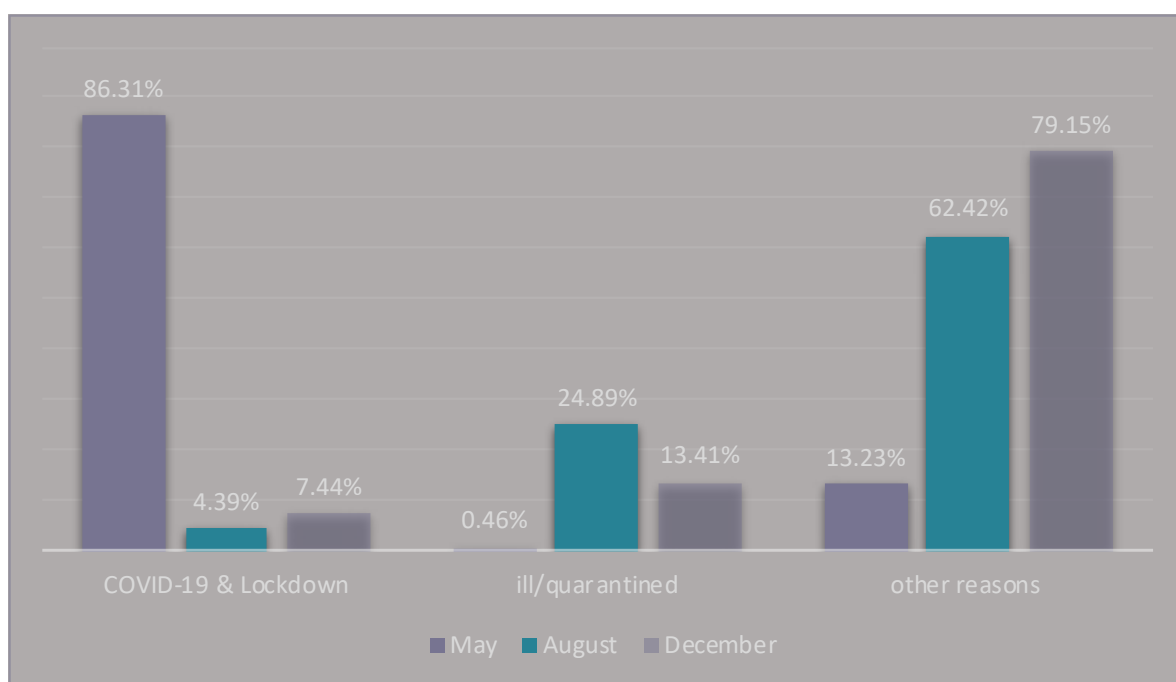
in alternative income generating activities across three different rounds of the survey. The percentage of respondents that engaged in other income source was below half of the surveyed individuals across all the different category of households considered. The small proportion can be ascribed to the initial shock occasioned by the lockdown, which was later removed and with subsequent improvements in access to alternative income sources as reported by respondents in subsequent survey cycles. For example, when asked the reasons for not working in the first round, large proportion of respondents ascribed reasons that are connected to the COVID-19 and the movement restrictions, mostly business closures, and inability to visit farms (about 86 percent). This declined to 7.4 percent when asked similar question in December on why they were unable to work in the past seven days before the interview (see **Figure 8**).

Figure 7: Proportion of respondents with other income generating activities.



Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

Figure 8: Reasons for not working.



Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

3.2. Basic needs and access.

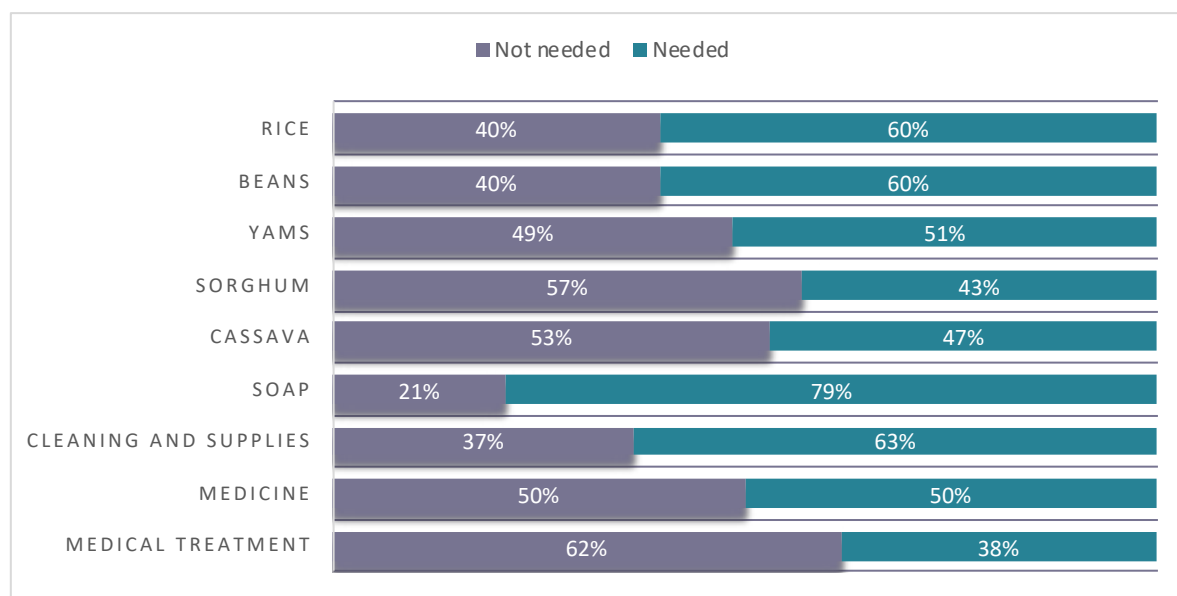
The restriction of movement as part of the measures adopted to mitigate the spread and effects of the COVID-19 pandemic further expose individuals and households to stringent conditions in accessing basic needs. Almost all the respondents reported that they had to stock up on more food prior to the movement restriction than they would do at normal times before the pandemic. While most of the respondents reported that they had to skip a meal because of lack of money or resources to procure food.

Respondents in the NLPS surveyed were also asked about their basic food, medical and hygiene needs, and the ability to procure these items in the past 7 seven days before the interview during the first phase of the survey. This period also overlaps with the period when movements were restricted. **Figure 9** depicts the summary of basic needs collected from individual responses, while **Figure 10** shows the distribution of responses for households that were able and unable to purchase the items.

A high proportion of respondents that reported they have needs for basic staple foods including beans, cassava, rice, sorghum, and yam, in the seven days prior to the interview were unable to purchase these items. The percentage of responses ranges between approximately 31 percent for sorghum and about 59 percent for yam. On the

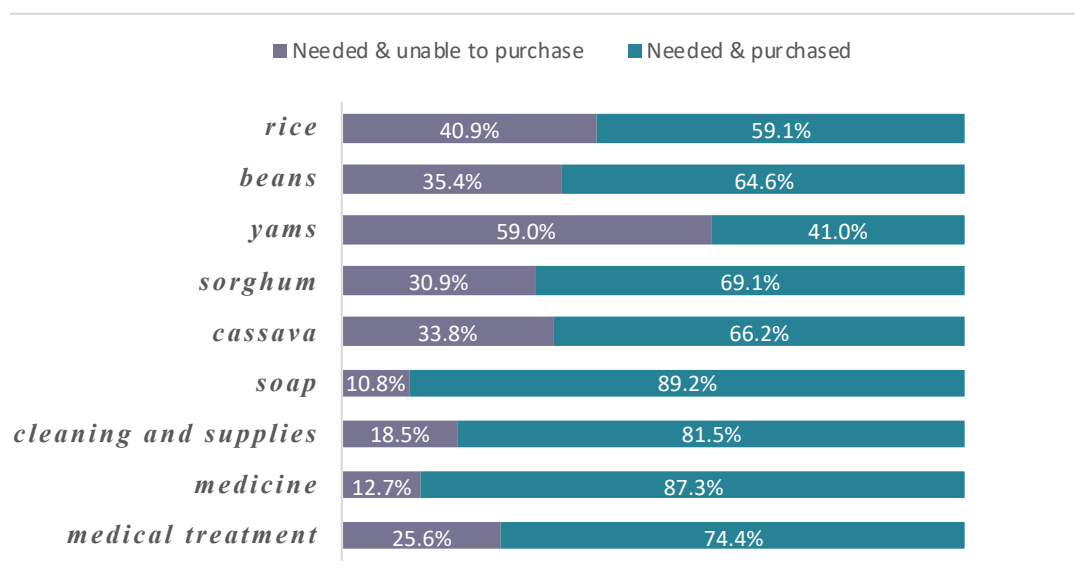
other hand, most households that needed basic hygiene items such as soaps, cleaning and supplies were able to purchase them. However, about 26 percent of respondents from households that needed medical treated were unable to access the needed treatment. Most of the reasons ascribed to difficulties encountered in being able to purchase these items relate to the restrictions in movement, limited transportation, mandatory closure of markets, high costs and lack of money.

Figure 9: Household basic needs during the lockdown period.



Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

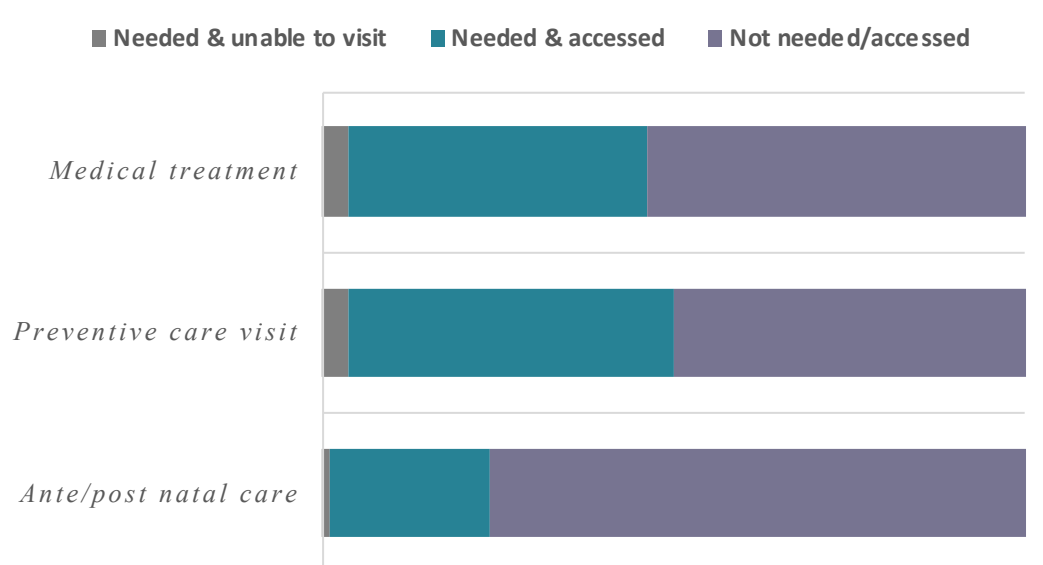
Figure 10: Respondents' access to basic needs



Source: Authors computation using data from World Bank's COVID-19 NLPS, 2020

The post-pandemic analysis of respondents' access to basic medical services, preventive care and ante/post-natal services are shown in **Figure 11**. Although, most of the respondents reported that they do not need medical treatment during the cycle of the survey. However, **Figure 11** also shows that high percentage of respondents that reportedly needed these services were able to access them.

Figure 11: Basic medical needs and access to preventive care, post-lockdown.

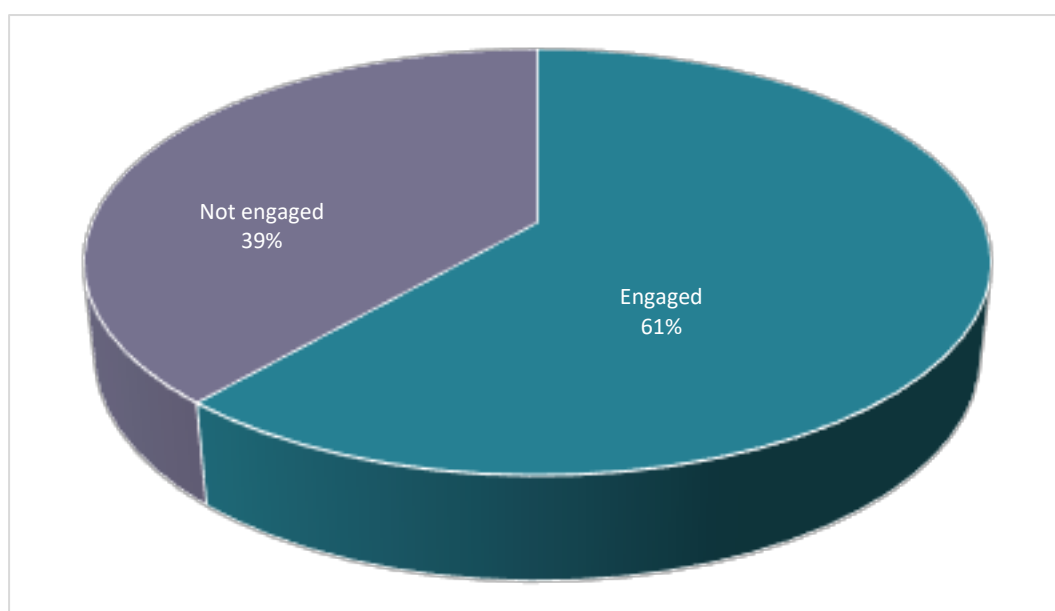


Source: Authors computation using data from World Bank's COVID-19 NLPS, 2020

3.3. Impact on education and learning activities.

The closure of schools in Nigeria and the rest of the world due to the COVID-19 has reportedly had devastating consequence on children’s learning and well-being, with most vulnerable paying the heaviest price. According to UNICEF, “more than 1 billion children are at risk of falling behind due to school closures aimed at containing the spread of COVID-19.”¹⁴ Only 61 percent of the surveyed households with children of attending primary or secondary schools were engaged in any form of learning activity during the period of the lockdown, while the other 39 percent of households have children that were not engaged in educational activities (**Figure 12**).

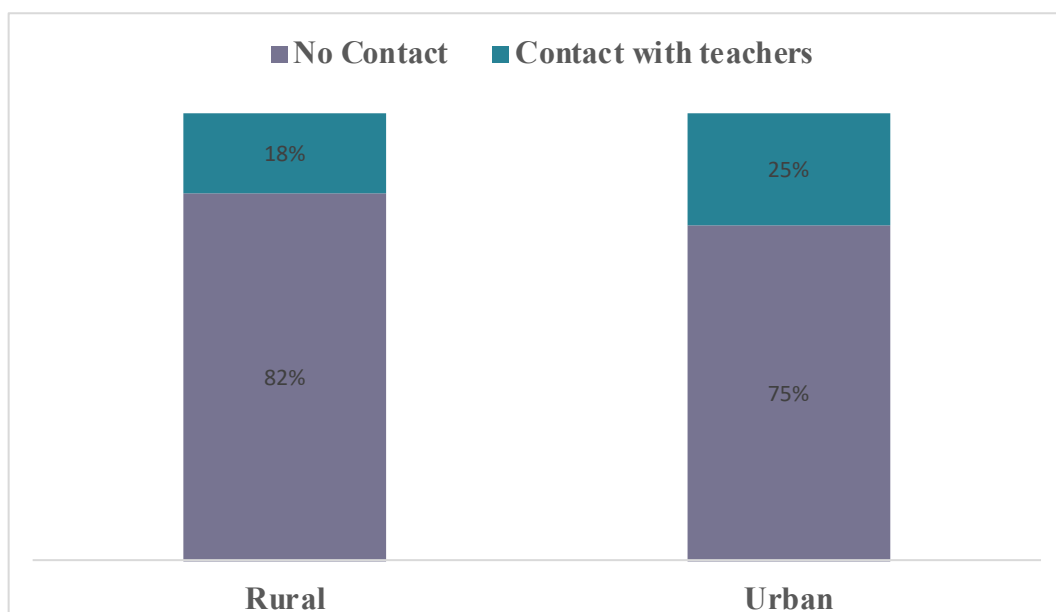
Figure 12: Proportion of children engaged in educational activity during lockdown.



Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

Furthermore, only about 20 percent of the surveyed households with school attending children pre-pandemic had contacts with their teachers during the lockdown. This shows that high percentage of the surveyed households did have not contact with children’s teacher. Thus, indicating that majority children do have contact any form of contact with their teachers outside the four walls of classes when the schools were shut. The distribution of responses by residential sector of households as depicted in **Figure 13** further reveals children from households in rural areas had less contact with their teachers that urban households while the schools were closed.

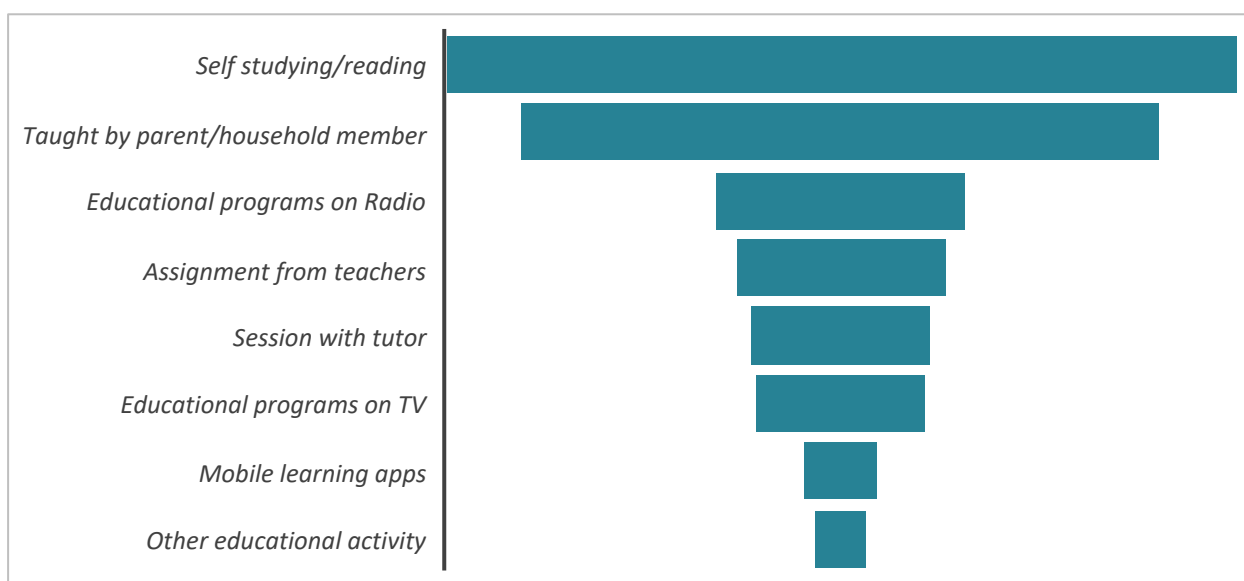
Figure 13: Children’s contact with teachers by residential sector.



Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

The further breakdown of educational activities that children participated in for the responding households who had their children/ward engaged in educational activities is summarised in **Figure 14**. Majority of responding households reported that their children were involved in self-studying or reading (about 64 percent), while another large percentage of children were reportedly taught by their parents or another member of the household. The third highest proportion of children that engaged in learning activities did so by listening to educational programmes aired on the radio.

Figure 14: Educational activities by type during the lockdown.

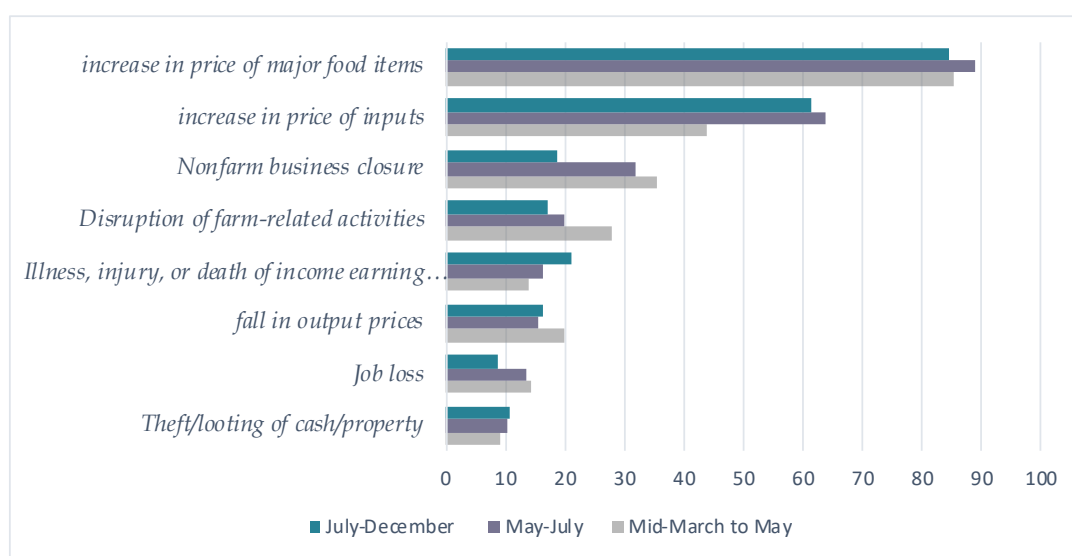


Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

3.4. Shocks, safety nets and coping mechanisms

The analysis of the magnitude of economic shocks that households were exposed to as a result of the COVID-19 pandemic reveals that all the interviewed households are exposed to and affected by the shocks. The prices of major food items and farming and business inputs were reportedly increased. Also, households reported disruptions to their economic activities, fall in output prices, as well as disruptions in farming operations and closure of nonfarm businesses (see **Figure 15**). In mitigating the effects of the shocks, households adapt using various approaches. However, there are limited coping mechanisms available to the households. Based on the available information in the survey, we explore the coping mechanisms adopted by households to cope with the unprecedented economic shocks pose by the COVID-19 pandemic and national lockdown.

Figure 15: Percentage of households that experience shocks and type of shocks.

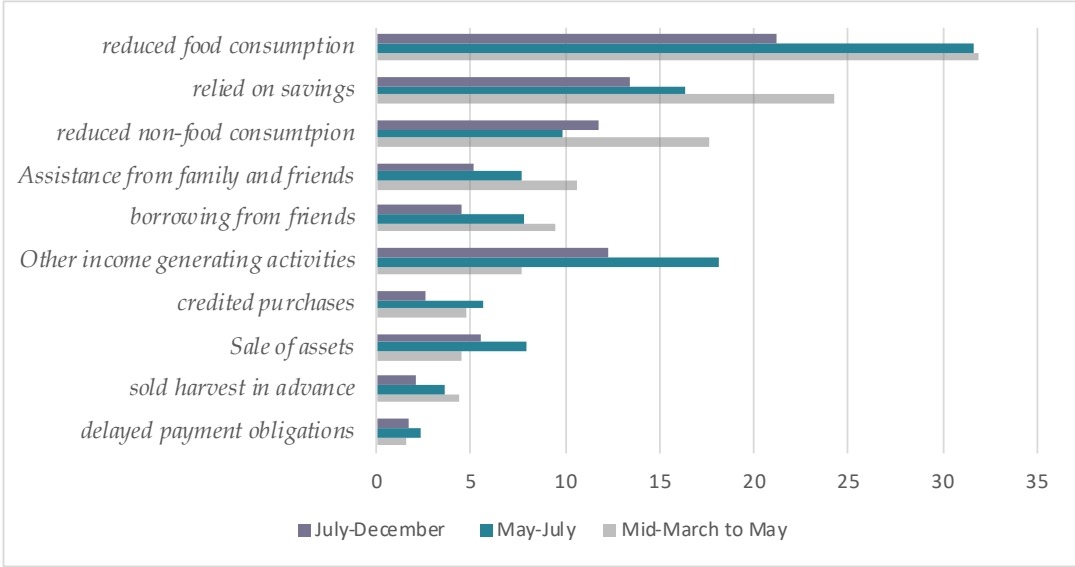


Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

We summarised the shocks coping mechanisms reported by responding households in **Figure 16**. The highest percentage of households adapted through reduction in their food consumption, while many others relied on their previous savings. Others reduce their non-food consumption, among other coping strategies. The coping mechanisms resulted to by most of the households can have extended negative impacts on their wellbeing. For example, more than 50 percent of the surveyed households across the three interview periods resulted to reduction in their food consumption. This could

have far reaching consequences on health including undernourishment and increased risk diseases development.

Figure 16: Coping mechanisms by periods.



Source: Authors computation using data from World Bank’s COVID-19 NLPS, 2020

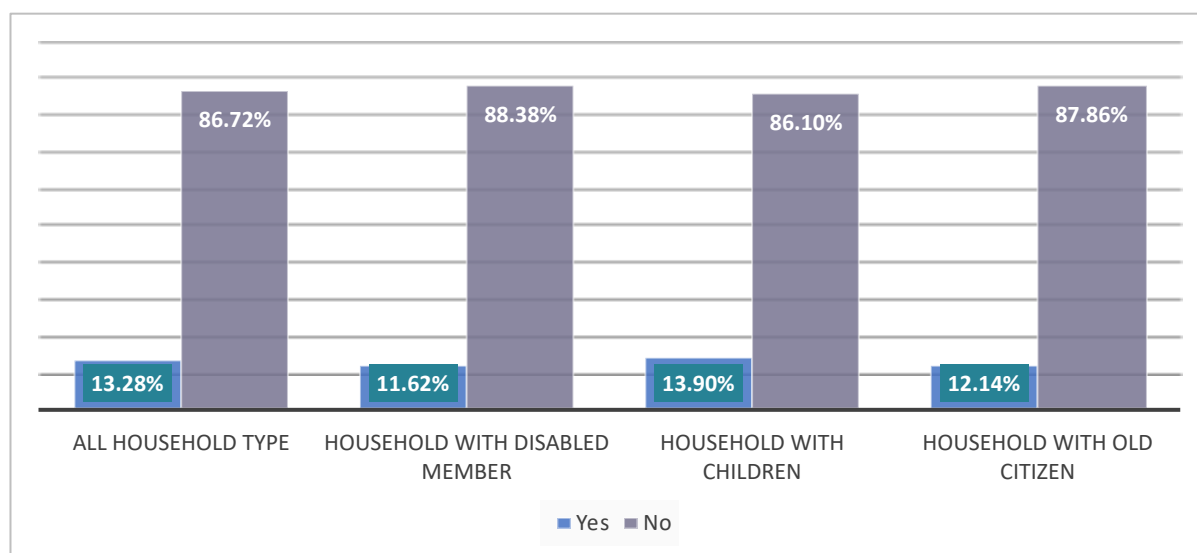
3.5. Assistance and support received.

The COVID-19 pandemic and the lockdown down measures adopted by Nigeria to contain its spread exacerbated the devastating effects it has on household living conditions as shown in household responses in previous sections. Nigerian government set out series of social and economic stimulus plans to lessen the impact of the pandemic both on businesses and households.¹⁵ Some of the measures targeted at individuals and households include the announcement in March 2020 that 20,000 Naira cash transfers will be made to about 2.6 million households registered poor and vulnerable households on the National Social Register. The Central Bank of Nigeria also offers a collateralized-loan package of 3 million Naira to low-income families impacted by COVID-19.¹⁶ The Federal Ministry of Humanitarian Affairs Disaster Management and Social Development also announced in April 2020 following the first lockdown to provide food rations to vulnerable households across states.¹⁷

15 See Nigeria - Measures in response to COVID-19 - KPMG Global (home.kpmg)
 16 How well has Nigeria responded to COVID-19? (brookings.edu)
 17 Federal Ministry of Humanitarian Affairs (see <https://t.co/kHflaqANA8> / Twitter)

However, evaluating respondents' responses in terms of assistance and supports and the sources of these supports, very few households reported that they got any form of support during the pandemic. The overall percentage of households that received assistance over the ten-months survey period was only 13 percent of all households responding households, while 87 percent did not receive it. The assistance and support were either in the form of food items, direct cash transfers, or other in-kind transfers. Disaggregating across households with vulnerable members, 11% of the surveyed households that has at least one member living with disability got assistance, while 14 percent and 12 percent of responding households received assistance for those with a child and old-aged member, respectively (See **Figure 17**).

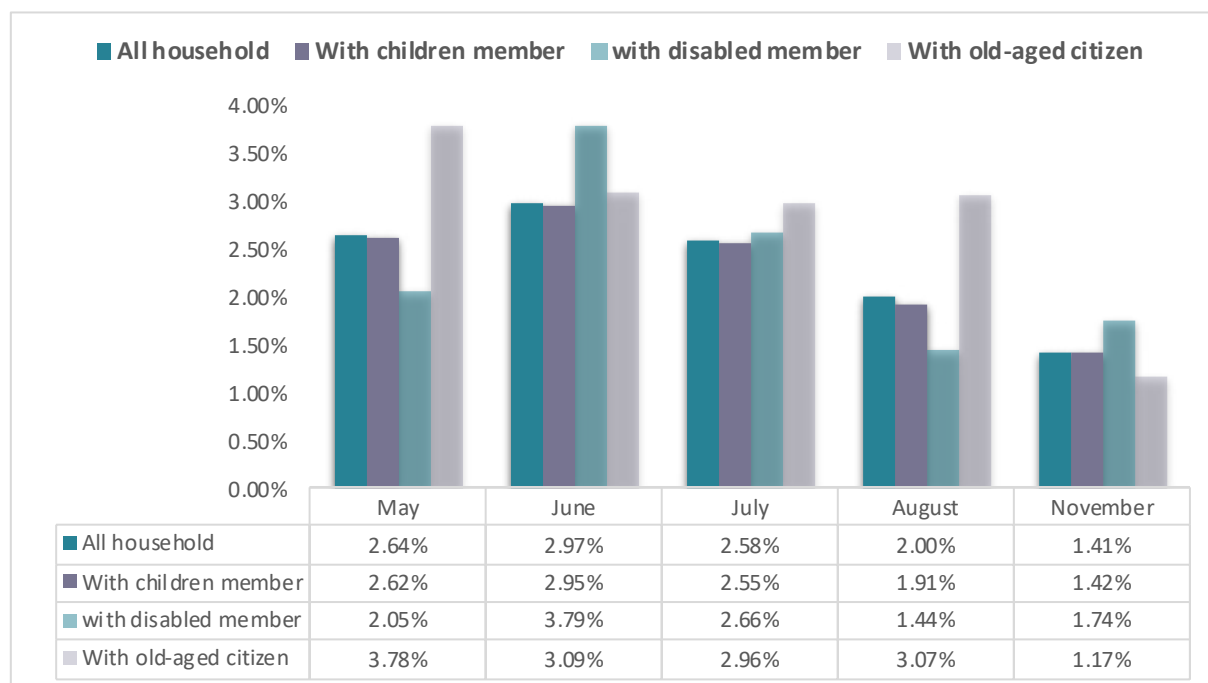
Figure 17: Proportion of surveyed households that received assistance (March – December).



Source: Authors computation using data from World Bank's COVID-19 NLPS, 2020

Disaggregating households that received support across household types through the interview cycles, **Figure 18** depicts the representation of the percentage of households that got at least one form of assistance by period. Less than 4 percent of the households reported that they received assistance across each of the interview months, irrespective of household type.

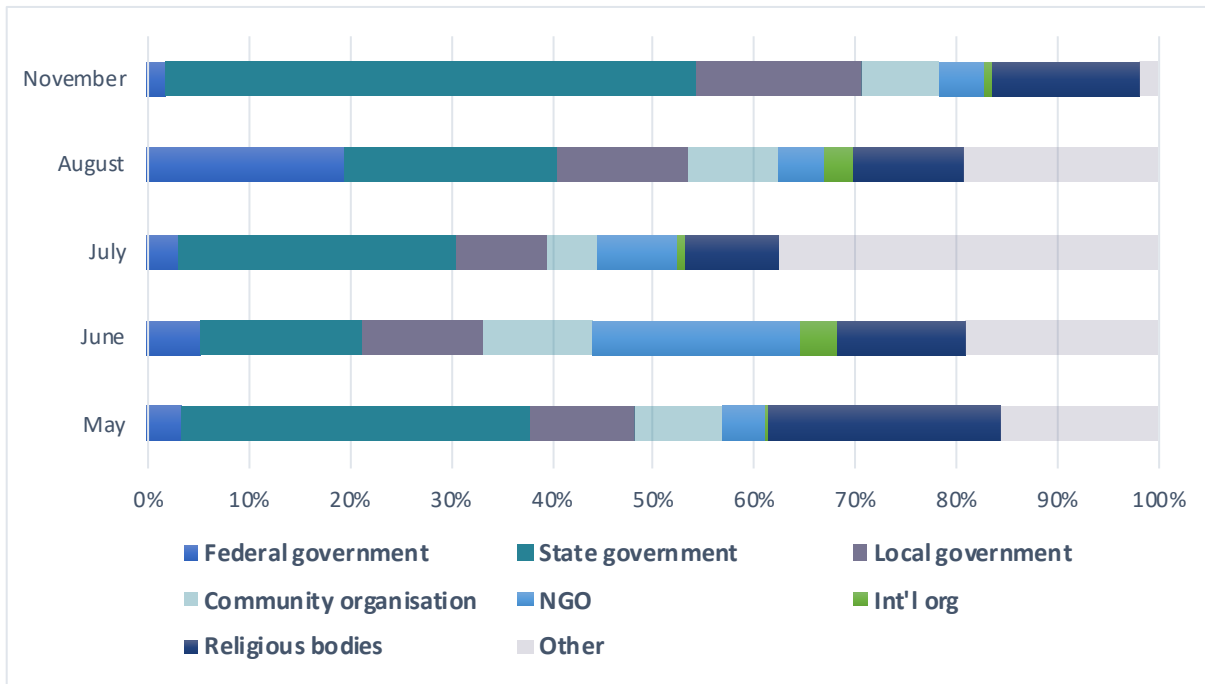
Figure 18: Percentage of assisted households by survey period.



Source: Authors computation using data from World Bank's COVID-19 NLPS, 2020

In terms of the source of assistance, most households that received assistance both during periods of lockdown and throughout the survey period post-lockdown, reported that they got the support from their state governments (35 percent and 52 percent respectively in May and November interview periods). This is followed by religious institutions (22.99 percent in May), other sources (15.57 percent) including assistance from neighbours and family. Additional sources of assistance reported include the two other tiers of government (Federal and Local government), Non-Governmental Organisations (NGO), cooperative and community organisations and international organisations (**Figure 19**).

Figure 19: Source of household assistance by survey period.



Source: Authors computation using data from World Bank's COVID-19 NLPS, 2020



CONCLUSION AND POLICY RECOMMENDATIONS

The importance of nuanced measures towards preventing and containing the spread of infectious diseases cannot be over-emphasized especially with regard to vulnerable groups in developing countries like Nigeria. This report evaluates the social and economic impact of the government-imposed lockdown, especially on vulnerable populations in Nigeria. The analysis is based on the secondary data obtained from the Nigeria COVID-19 National Longitudinal Phone Survey (NLPS) facilitated by the World Bank and implemented by the National Bureau of Statistics. The information gathered through the eight rounds of individuals and household interviews enables an on-the-spot assessment of the social and economic impact of the COVID-19 pandemic and the associated nationwide lockdown on vulnerable populations in Nigeria.

We employed a definition of vulnerability to include households that has at least one member that either has a disability, is a child or an elderly member that is above 65 years old. The definition enables analysis of a more inclusive representation of vulnerable individuals and households. In addition, it facilitates an extensive impact analysis in with available data and information collected during the pandemic and national lockdown.

The analysis reveals the magnitude of threats that the pandemic together with the restriction of movement on household's finances. Both the general households and households with vulnerable members reveals COVID-19 and the emergent public emergency as a containment measure to halt the spread of the virus, has substantial

levels of threat to their finances. However, the proportion of threats declined when in subsequent months, after the nationwide lockdowns were lifted. This further establish the adverse economic effects of restricted movements on the individuals and households.

In summary, the key findings highlighted from the analysis of the effects of COVID-19 public emergencies on vulnerable groups and general households in Nigeria using the NLPS data include:

- There is a high decline in the work status for individuals who were hitherto working before the pandemic outbreak but were unable to work both because of the pandemic and the lockdown.
- About 25 percent of surveyed respondents were not engaged in any form income generating activity prior to the outbreak of COVID-19 pandemic. This result reflects the high rate of unemployment in the country (at about 23.1 percent).
- Most of the surveyed respondents were reportedly out of work during the lockdown with only about 7% of those in employment women.
- Women and disabled people were more exposed to the impact of the pandemic as they were more likely to be engaged in self-employed and in informal and vulnerable sectors such as retail, artisanal and farm-related jobs.
- Respondents from vulnerable households, especially those with at least a member who is living with disability, were reportedly more affected as they had less proportion of respondents who were able to work since the outbreak but had jobs prior to the outbreak.
- There were noticeable improvements in the proportion of respondents that were able to work following the lockdown period which further reflects the high prevalence of work informality in the country.
- Most of the responding households with need for basic foods items including beans, cassava, rice, sorghum, and yam, were unable to purchase these items and very small proportion of respondents that needed medical treated were able to access treatment.
- Children's education was also disproportionately affected. Only 61 percent of the surveyed households reported that children were engaged in educational activity during the lockdown period, most of which were self-study or being taught by a household member. Very few households had contact with teachers during the period.
- Majority of surveyed households experienced severe economic shocks as a

result of the pandemic. The most reported form of shocks reported include increase in prices of food items and farm/business inputs, businesses closures and disruptions in farm related activities.

- In terms of mechanisms adopted by respondents to cope with the shocks, majority of the households adopted coping mechanisms that could pose more negative consequences on their wellbeing. Most respondents adapted through reduction in their food consumption, while many others relied on their previous savings with some others reducing their non-food consumption, among other coping strategies.
- There was limited assistance to help households cushion the pandemic impacts. A limited number of people reported that they received some form of assistance, either food, non-food items, or cash transfers. The few households that reportedly receive assistance reportedly got it from their state governments and religious organisations.
- Other analysis reports that the administration of the assistance and support programmes were marred by opaque transparency and accountability¹⁸, with the supports only reaching a fraction of the targeted population, especially the vulnerable citizens that needed the economic support and assistance.

The survey findings and the underlying analysis of households' socioeconomic situation contained in this report reflects that COVID-19 pandemic is not just a health crisis, but its impacts encompass wide implications for household social and economic wellbeing. The level of exposure of vulnerable members of the population also reflects that adequate and tailored policy responses to cushion both the immediate and long-term consequences, and to ensure that these groups are not left behind in the social and economic recovery efforts.

Some of the recommended interventions emanating from the analysis include:

- **Tackling the employment and economic limitations** from the crisis through an inclusive provision of stimulus packages to strengthen household consumption through income supports, for both formal and informal sector workers.
- Improved **coordination of assistance and support** to individuals and households through transparency and accountability. This can be achieved through collaborations between the public and private sectors, both in the collection and distribution of the assistance and supports.

18 "We hope our cries will attract attention" | African Arguments

- Increased **awareness through a multi-pronged mass-media deployment of critical information** on the availability and provision of assistance to the general population and vulnerable groups during the pandemic and beyond.
- Tailor specific **pandemic-support financing model** for small and medium businesses enterprises, both formal and informal sectors, especially those owned by women and disabled persons to assist them in dealing with the adverse effects of the pandemic
- Provision of **financial relief and support for the businesses and farmers, and income support for workers** to ramp up production of food and other basic goods.
- Enhance digitisation of educational institutions especially basic education across rural and urban areas, and improvement in internet coverage and access to facilitate uninterrupted educational and learning activities.

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About PLAC

Policy and Legal Advocacy Centre (PLAC) is a non-governmental organization committed to strengthening democratic governance and citizens' participation in Nigeria. PLAC works to enhance citizens' engagement with state institutions, and to promote transparency and accountability in policy and decision-making processes.

The main focus of PLAC's intervention in the democratic governance process is on building the capacity of the legislature and reforming the electoral process. Since its establishment, PLAC has grown into a leading institution with capacity to deliver cutting-edge research, policy analysis and advocacy. PLAC receives funding support from donors and other philanthropic sources.



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